INFORMATION SPECIFIC TO CLERICAL STAFF

The primary goal of this guide is to provide information specific to telehealth in WV. A quick summary specific to Mercer Medical Group's experience is given below. Instead of reinventing the general process, the following are links to two excellent references for starting a telehealth program, not specific to West Virginia:

American Medical Association: AMA Telehealth Implementation Playbook:
https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf
American Academy of Family Practice: A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice
https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
National Consortium of Telehealth Resource Centers:
https://telehealthresourcecenter.org/resources/toolkits/covid-19-telehealth-toolkit/
Health and Human Services: Telehealth for Providers:
https://telehealth.hhs.gov/providers/

WHICH PATIENTS CAN/SHOULD BE SCHEDULED AS TELEHEALTH?
It is important to decide which patient presentations are suitable for telehealth visits.

FROM AAFP Telehealth Toolkit:

Family practices can use telehealth to care for:

Generally Healthy Patients	Patients With Chronic Conditions	Children	Pregnant Women	Geriatric Patients	Behavioral Health
Infectious diseases to reduce transmission Ad hoc, low-risk concerns Pre- and post-operative checks	Quick check-ins between visits for continuity Rapid follow-ups after tests and labs Medication management Remote patient monitoring Self management groups and other supports	Common low-risk conditions that can easily be evaluated remotely (e.g., rashes, pinkeye) Improve care environment for children with special needs Limit time away from school	Routine checks for uncomplicated pregnancies Remote patient monitoring for blood pressure and blood sugar	Avoid travel for frail patients Improve care for patients with dementia	Routine monitoring of common medications for anxiety, depression, and ADHD Conduct psychotherapy online Improve integration between behavioral health and family practitioners

Important Points for Clerical Staff to Remember:

1. **PATIENTS MUST INITIATE VISIT:** All telehealth appointments must be initiated by the patient. If the provider needs to see them and the patient requests a telehealth appointment instead, this is considered appropriate. It is also appropriate to suggest a telehealth appointment if the patient is not aware this service is offered at your facility.
2. **CONSIDERATION BY CHIEF COMPLAINT**

| WHAT CHIEF COMPLAINT IS APPROPRIATE FOR TELEHEALTH? ||
APPROPRIATE	INAPPROPRIATE
Can be new or established patients during Public Health Emergency	ANY procedure
Respiratory symptoms: Potential COVID cases	Eye, gynecologic or abdominal complaints
Chronic disease management	New multisystem complaints
Discussion of abnormal test results	Well child exams particularly where immunization due (Can be done but not ideal)
Counseling	Wellness Exam codes are covered telehealth codes and can be done by telehealth for most insurers. For Medicare Adult Wellness exams, it is an issue that vitals cannot be obtained except by true remote monitoring (directly from patient device to EHR) or where PAP or prostate exam is indicated.
Skin disorders	New musculoskeletal complaint requiring exam
Mental Health Issues	IPPE G0402 or Welcome to Medicare (not reimbursed if done via telehealth)
	Neurological complaints/possible TIA, stroke

3. **BILLING CONSIDERATIONS**:
   - During COVID-19 and the PHE, regulations have been relaxed. More potential codes are now billable by telehealth visits including regular office visits. **See the 2022 List of Medicare Telehealth Services EXCEL Spreadsheet in the guide. Some have been placed on Category 3 List until the end of 2023 and will reassessed for permanency.**

AS CLERICAL STAFF, YOU CAN HELP! BECOME A TELEHEALTH EXPERT!

BECOME FAMILIAR WITH SOFTWARE AND HARDWARE:

The goal is to make the telehealth visit go as smoothly as possible. Become an expert.
1. HARDWARE: You can play a role by becoming an expert on the hardware used by the patients to connect to your providers. Practice being a patient and see what it looks like from their side using several different devices:
   - Android smart phone
   - iPhone
   - iPad
   - Tablet
   - Microsoft laptop
   - Mac Laptop
   - Desktop
2. SOFTWARE: Become an expert in loading APPS on all the above mobile devices and practice explaining how to do this with patients. Must approach in a recipe-like manner. Get ingredients ready and then simple step by step instructions to get it done.

3. PORTAL: Become a PORTAL expert such that you can help patients enroll in the portal, and eventually use the portal AV platform for telehealth visits. Patients eventually may be able to upload and share medical information such as vitals and blood sugars with the portal through an API (Application Programming Interface).
4. COPAYS and DEDUCTIBLES: Become an expert on your organization's policy on this issue. Learn how to pay copays and deductibles online before telehealth visits. If this requires going to another webpage, have that ready and available and teach patients how to find it.

MIRROR THE IN-PERSON VISIT AS MUCH AS POSSIBLE:
1. Continue to use appointment reminders.
2. Confirm appointments.
3. Register telehealth patients as you would if they were standing in front of you
4. Make sure there is a consent to treat on the chart which includes telehealth not older than one year.
5. Collect copays and deductibles.
6. Send visit summaries and book their next apt as per their provider request.