INFORMATION SPECIFIC TO CLINICAL 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:

Important Points for Clinical 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 CLINICAL 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.

How to get patients on board with Audio-Visual Platform

1. Do they have any device or if a family member has a smart phone/tablet with access to internet or cellular?
2. Do they feel comfortable in downloading the audio-visual APP or your EHR Portal? Do they have a family member who could?
3. Have them download the APP or Software the day before the visit.
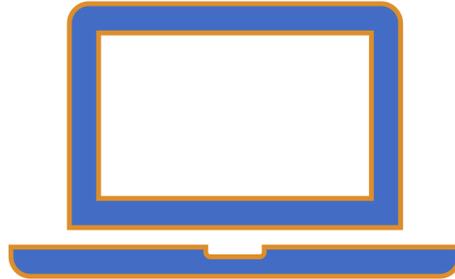
BEFORE THE VISIT BEGINS:

1. INTRODUCE YOURSELF: If you are new to the patient, you may want to show your name badge and photo to the camera for patient to see. This also makes it easier to ask for the next step.
2. CONFIRM THE PATIENT'S IDENTITY: If you know the patient well, this will not be necessary.
3. VERIFY THE PATIENT'S EQUIPMENT IS WORKING: Help the patient download the appropriate APP if this has not been completed yet. Once they have connected, be sure they can adequately see and hear you. If not, make adjustments or reschedule.
4. CONFIRM THE PATIENT'S LOCATION AND PROVIDER LOCATION/LICENSURE: If they are different, this is telehealth. If these locations are the SAME, this is NOT telehealth even if the connection is digital. Location must be documented in the office note for auditing purposes. Templates can include queries to make this easy for office staff. Make sure your provider is licensed in the state where the patient is located.
5. ESTABLISH CONSENT: It is best if you include a telehealth consent in your general patient consent and renew it yearly. If this is not done you must obtain consent verbally or in written format at the beginning of the visit. Consent must be documented in the note or in the chart. Again, template queries can make this easier.
6. DISCUSS WHAT TO DO IF CONNECTIVITY IS INTERUPTED: This is mostly for new patients. Ask/confirm alternative phone number. Make sure patient knows office number. Easiest if you contact them if there is an interruption.

MIRROR THE IN-PERSON VISIT AS MUCH AS POSSIBLE: Patients are most comfortable sticking to this format. It will feel more like a real visit if you maintain this structure.

1. INTAKE: Obtain any vitals the patient may have for you. NOTE: For meaningful use quality measures, only vitals obtained by remote monitoring devices sending readings electronically to you are allowed. If the patient is using a BP cuff for example and reports the reading verbally to you, you can record this in the record but not in the area where it will be counted for meaningful use. Usually there is a comment section where these can be added. If not, add to the chief complaint section. Obtain chief complaint as you normally would.
2. MEDICATION RECONCILLIATION: Reconcile medications and renew medications as per your usual in-person visit protocols.
3. REVIEW Past medical, surgical, family and social history if this is part of your usual protocol for the type of visit you are performing.
4. REVIEW OF SYSTEMS: Complete appropriately if this is your usual protocol for in-person visits.
5. DETERMINE DETAILS OF HOW TO HAND OFF TO PROVIDER: Be sure your workflow easily indicates when it is the provider's turn to engage the patient. Determine if you will leave them connected to the visit in a virtual waiting room, or will you reconnect them when the provider is ready?
6. Your provider can indicate any orders or nursing tasks needed in the usual way during the visit.