

# Telehealth Technology: Lessons Learned & Best Practices

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October 12, 2021

# Telepsych Team Members

Success is dependent upon teamwork!

- **Multiple Teams**

- Providers
- Outreach Coordinators/Educators
- PSR/Schedulers
- Medical Assistants
- Translators
- Scribes
- Patients and caregivers
- IT / EMR technicians

- **Communication**

- Training, retraining, and retraining
- Live time program oversight (visit types, scheduling, billing)
- Care coordination - SDOH



# Considerations & Lessons Learned

- Think widely - Repurpose Staff as Outreach Coordinators, Educators, and Troubleshooters
- Telemedicine templates for providers (consent, visit type)
  - Teaching empathy and sensitivity skills to providers
- Determine which system works best for you – purchase licenses
  - Zoom, Doxy.Me, Doximity, Healow, etc.
- Test connectivity for both provider and patient
  - Identify staff to support patient with applications and testing
  - Consider signal congestion, privacy, broadband (how much data can be sent) vs. speed (how fast data is sent)
- IT hub vs. routers/servers at each clinic



# Best Practices

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- Replace desktop systems with laptops (remote access & VPN)
- Stockpile monitors, cables, laptops, headphones, webcams
- Telehealth tablets on wheels
- WiFi Hotspot (pocket-sized mobile router)
- Test connectivity for both provider and patient
- Tiered IT support staff



# Langley Health Services: Staff Engagement with Telehealth Adoption

Presenter: Allie Ray, LPN

Director of Clinical Informatics



# Staff Education

- “Deep Dive” into Telehealth vs. “Dipping our Toes”
- Providing safely spaced group education as well as individual learning as needed
- Workflow guides created for front staff, clinical staff, and providers
- Webinars and PowerPoint presentations created to educate all staff on engaging with patients via Telehealth
- Easy instructions posted to social media/websites for patients to help with patient buy-in
- Handouts and hang-up signs for patients
- Test visits put into place after equipment setup
- Staff to be fully confident before taking part in Televisits



# Efficiency

- Introducing more efficient clinical workflows: questionnaires built in for import – Healow check-in process
- Pre-visit Planning
- Connection to patients before Televisits
- Creating easy billing order-sets for staff that could be used during Televisits
- Templates for providers to document necessary information needed for Televisit visit types
- Direct links sent to patients via email or cell phone that bypassed having to login to the Telehealth platform
- Designated days or time frames of being the Telehealth provider and Telehealth nurse



# Competition

- Creating a fun environment for the staff to become more engaged with telehealth
- Prizes provided to staff members
- Feedback received from patients in anonymous survey where we were able to provide the comments to staff members for encouragement

**Patient36912260**

I greatly appreciate their upgrades

Comments: IF you completed a televisit, how would you rate the process of setting up and completing the visit?

**Patient35345023**

Love it

**Patient35263424**

My provider spent time with me and went over everything we had to go over Great

**Patient34580012**

first time and Dr. Olga was very good with handling me.

**Patient34069513**

Kate was more than prompt and courteous to my needs and set up virtual visit right away. She is great!

**Patient33836188**

Awesome



**Procedure Name: Use of Multiple Displays**

**Relevant Policy:**

**Applicable for:** All Staff

**Effective Date:**

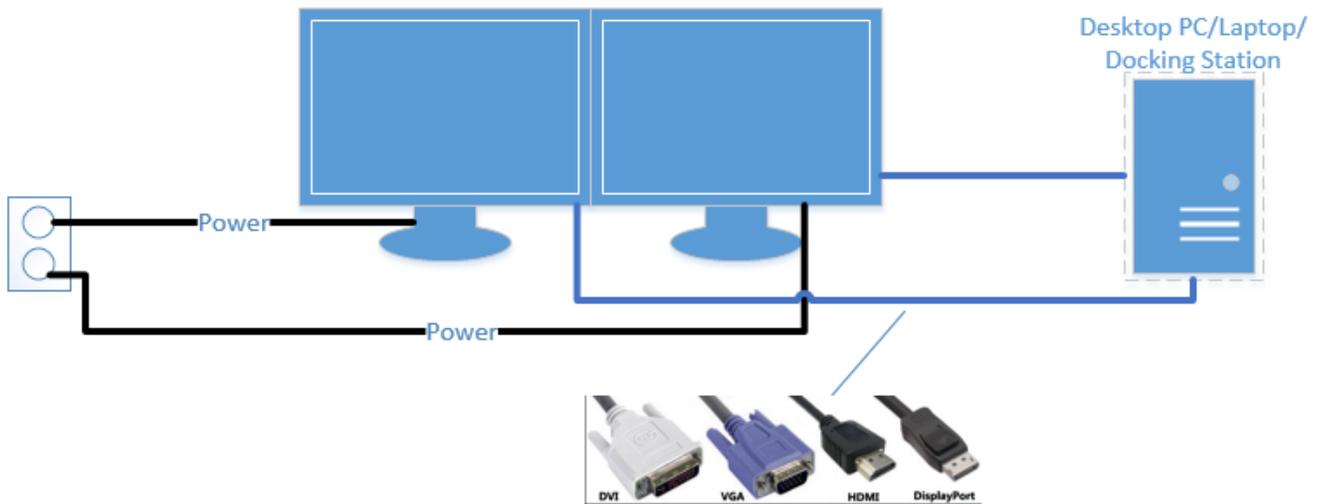
**Background:** Using multiple screen, can prove to be a benefit to providers and other staff to help gain efficiency in the clinic setting. The below can be used to help guide the set up process for use of multiple display settings.

**Procedure:**

**1. Make sure all cables are properly connected**

First, make sure that all cables are properly connected. Here's what to look for:

- The first monitor is connected to both your computer and a power outlet.
- The second monitor is connected to both your computer and a power outlet.



The display cable may be any of the above types and will go to the corresponding port in the PC/Laptop/or docking station. Your computer might have 1 HDMI port and 1 VGA port. If so, there may be one of each cable.

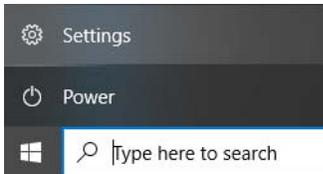
If you have a monitor that doesn't have a matching port, the cable may be plugged into an adaptor and then to the PC. The adaptor usually plugs in to your computer's USB port.

**You do not need to link the 2 monitors to each other via a cable.**

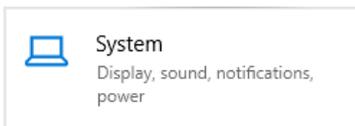
## 2. Adjust your display settings

Your computer might not immediately recognize the second display. If not, then navigate to the display settings:

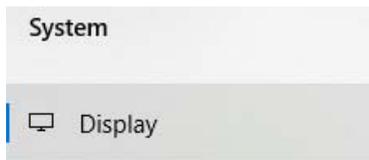
- Press the “Windows” key. 
- Click the “Settings” button (the gear icon).



- Click “System”



- Click the “Display” tab.



The first thing you’ll want to do is make sure that your displays are arranged in the correct way. Both displays are represented by icons that are labeled either “1” or “2.”

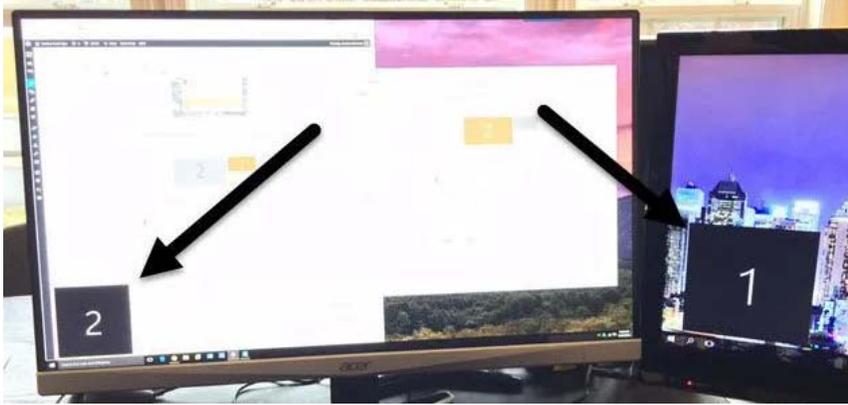


**Tip:** If your computer didn’t automatically detect your second monitor, double check to make sure that everything’s plugged in correctly, click the “Detect” button.



Each monitor is assigned a number, and you’ll want to make sure that the arrangement of the icons matches the way your monitors are physically arranged.

Click “Identify” to confirm each monitors number label.



If Display 1 is on the left and Display 2 is on the right, you'll want to make sure that the Display 1 icon is also on the left and the Display 2 icon is on the right. If the icons don't match your arrangement, you can *click and drag them to their correct position*.

### 3. Setting duplicate displays

Most likely, you will want to extend "Extend these displays". This will allow you to have different windows(programs) open on the multiple monitors. You will be able to move your mouse pointer from one monitor to the other

If you want one display to duplicate the other monitor, scroll down to the "Multiple Displays" selection. Change the setting from "Extend these displays" to "Duplicate these displays."

## DOCUMENTATION IN EMR FOR TELEHEALTH VISIT

### **Initiating Telehealth Calls & Reviewing Informed Consent:**

- 1) Verify you are speaking to the patient--usually by asking DOB;
- 2) Obtain information regarding the patient's current location (in case of crisis, you'll need this to provide to emergency services);
- 3) Inform the patient that they cannot be driving while participating in a call;
- 4) If you are completing an intake, and the patient has never been to your office, you must provide the patient with your professional license number;
- 5) Landlines are secure, cell phones are not. Please let the patient know that if they are using their cell phone for the session, it is not 100% secure. If you (the clinician), are using your cell phone to contact your patient, you must let the patient know and must have their consent to continue the call;
- 6) Remind the patient that there may be connection problems and it is possible that the call may be disconnected. Make sure you discuss how you will handle this type of situation (i.e., you will call back within 5 min, if the patient does not receive a call, they may go about their day, the session has ended)—just an example of something you can do;
- 7) Inform the patient that the same ethics, mandated reporter laws and treatment regulations that apply for in-person sessions apply to telehealth;
- 8) Remind them to treat the session like they would an in-person session. Specifically, they should plan to have privacy when they speak with you. This also applies to us as clinicians as well. Please have your session in a private space and avoid multitasking while speaking to your patient;
- 9) Inform the patient that telehealth sessions may not be appropriate for crisis/emergency situations. If there is a crisis, and the patient's safety is at risk, let the patient know that they should call 911, not you. If they call you (the clinician), you will have to call 911.

**CONSENT** - The patient was made aware that this visit is being performed using virtual visit technology. The benefits include efficient medical evaluation and management by allowing the patient to stay in their home or remote site. The risks/limitations of a virtual visit include but are not limited to the lack of physical exam and possible technology failure. The patient verbalized understanding and provided consent to continue with the visit.

The COVID-19 pandemic prevents the visit from being conducted face-to-face, such as the patient is quarantined at home, local or state guidelines direct that the patient remains at home or remote site and/or in the opinion of the treating provider the risk of spread of contagion outweighs the benefit of a face-to-face encounter. The treating health care practitioner is intending for the virtual/telephone encounter to take the place of a face-to-face visit and documents this in the patient's medical record. The treating health care practitioner believes that the covered service or benefit being provided are medically necessary. The covered service or benefit being provided is clinically appropriate to be delivered via virtual/telephonic communication and does not require the physical presence of the patient.

### **Phone/Video visit:**

You attest that you have appropriately ID yourself to the patient Yes.

Did the patient verify their name and Date of Birth? Yes.

Did the pt consent to the delivery of med services via Telehealth Yes.

Type of visit

Delivery of Medical service through: *Phone - was offered video, but pt declined.*

## Senior Outreach Workflow

### I. Outreach Seniors, prioritizing seniors with established care

- a. Focus only on your list to reduce repetitive calls to patients
- b. Check encounters PRIOR to reaching out to senior to make sure no other program or staff have already reached out to senior
- c. In general, use the script below:

“Hello, my name is \_\_\_\_\_. I’m calling from Neighborhood Healthcare, your community healthcare clinic. We are outreaching our seniors to check in and see how we can offer support to you at this time. Some of our seniors may feel alone, stressed, or have medical complications during these uncertain times. Neighborhood Healthcare is currently offering telephonic appointments to meet your needs. Would it be alright if I ask you a few questions to assess how you are doing?”

1. “Are you experiencing any loneliness or isolation?” If yes, “Do you have family or friends that are calling or checking in on you?”
  - a. If no, “Would you like our staff to reach out to you each week to check in on you?” (If yes, **send Referral to ...**)
2. “How is your sleep and appetite?” If poor, “These can often be a sign of stress, anxiety, depression. Would you like to speak with a provider about these concerns?” If yes, **send a Referral to ...**
3. “Are you having feelings of anxiety or sadness?” If yes, **send a Referral to...**
4. “Do you have enough food and/or essential household items?” If no, **send a Referral to...**
5. “Are you at risk of losing your housing?” If yes, **send a Referral to...**
6. “Do you feel safe in your home?” If no, ask why. If pt feels threatened by someone in their home **make a referral to...** and a BH Provider will outreach pt to determine safety issue and need for welfare check by police.
7. “If you are taking medications, do you have enough? Have you had any difficulty filling your prescriptions?” If yes, ask which medications and **send a referral to...**
8. “Do you have any physical concerns that you would like to talk with your PCP about?” If yes, **send referral to... or schedule the visit with PCP.**
9. “Do you have any questions or concerns about COVID19, social distancing, or concerning symptoms you may be experiencing?” If yes, provide education on social distancing and why it is important and ask if they would like to speak with a PCP about any symptoms they are having. If yes, **send a referral to....**
10. “Are there any other issues you are having right now that we may be able to assist you with?” If yes, make referral to service as needed.

# TeleHOME

## Healthcare from Your Home

Horizon Health Care clinics are now using telehealth, or virtual appointments, to reduce the risk of potential viral transmission between healthy and affected patients at our facility. Call your local Horizon clinic and we'll determine what type of visit works best for you — whether that's a TeleHome or in-person appointment.

### TeleHome Health Appointments

TeleHome is a new, convenient option for you to see your healthcare provider through your own technical device without leaving the comfort of your home. If your health provider determines that your appointment is applicable for TeleHome, you will receive an email from your clinic with an appointment reminder and a link to connect via video. To prepare for the TeleHome appointment, follow a few simple steps.

#### What You Will Need for a TeleHome Appointment:

- A working laptop, tablet or smartphone with a front camera
- A fully charged device, or access to power
- An internet connection
- Your email address
- A well-lit space so the doctor or nurse can see you
- A quiet space to reduce distractions
- Headphones that connect to your device for clear audio and to protect your privacy

#### Device Instructions to Join a TeleHome Consult with your Healthcare Provider

##### Computer:

1. Select the Join link in your email invitation.
2. Your web browser will open a webpage that will show your meeting information.
3. Enter your information.
4. Click Join Meeting.
5. Choose your audio connection.
6. Set your video preference to video on.

##### Mobile Phone or Tablet:

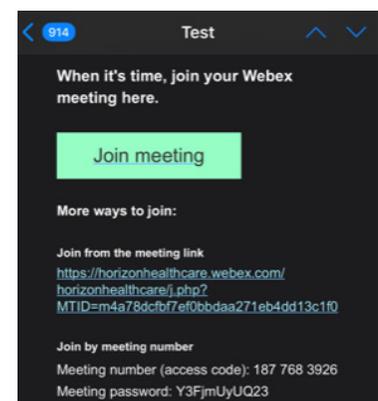
1. Download the Webex meetings app from the Google Play Store or Apple App Store.
2. Once the app is installed you may go ahead and open it. You do not need to create a Webex account to connect to our meetings.
3. To connect to your meeting open up the Webex Meeting invitation that was sent via email from your clinic. Click 'Join Meeting' at least five minutes before your scheduled appointment to allow yourself to work through any connection issues.

#### Health Conditions for TeleHome Services

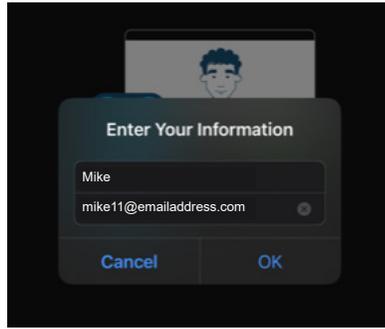
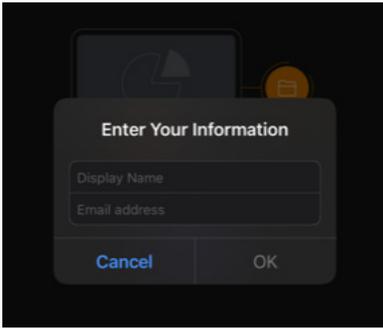
TeleHome is a great option for behavioral health appointments and acute care needs. Your healthcare team will determine if this is the appropriate type of healthcare visit for you.

#### *A few exceptions will apply:*

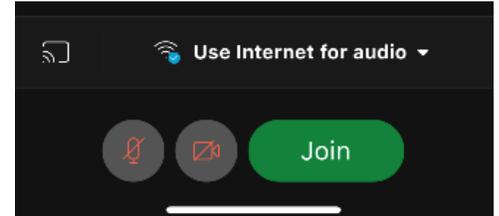
- You must be an established patient to utilize (you've been previously seen in our clinic)
- This type of appointment is not appropriate to address chest pains, vision changes, signs of stroke or other issues that may require immediate medical attention.



4. Enter your name and email address



5. Tap the red microphone icon to connect your audio.
6. Tap the red video icon to allow camera access.
7. If applicable select 'Join', if the device remembers you, it may automatically join upon the entry of your name and email address.



Your provider or their nurse will begin the face-to-face visit and disconnect when the appointment ends. If you need help connecting your audio or video, you will be able to message the clinical staff in the chat window.

## TeleHome Appointments FAQs

### How do I schedule a TeleHome appointment?

Call your local clinic as normal to schedule your appointment.

### What if I need to cancel or am late to an appointment?

If you need to cancel/reschedule your appointment, please call the clinic as you would for any other type of visit. If you are late to the appointment, your provider will be waiting, but we will not be able to extend your appointment time due to scheduling.

### What if I experience technical issues during my appointment?

The provider meeting with you will follow up to ensure you get reconnected to continue the appointment.

### How do I pay for this type of visit?

This is a billable visit to your insurance company or if you participate in our Sliding Fee Program, your sliding fee discount will apply.



## Televisit Adoption Tips:

**Create Templates for Providers:** In order for the televisit to be billed properly it needs a telehealth statement regarding the patient's consent to the visit and it also needs a GT modifier when billing your visit code. Example of HPI statement:

<input type="checkbox"/> Televisit HPI	Public	★
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General HPI 

WEB/PHONE CONSENT:  
This visit was completed via a web enabled audio and video by Healow with eCW due to the restriction of the COVID-19 pandemic. All issues as below were discussed and addressed but no physical exam was performed and no vitals were taken unless patient provided. If it was felt that the patient should be evaluated in clinic then they were directed there or scheduled for in-office evaluation. The patient verbally consented to visit.

Constitutional 

## Build Questionnaires for Healow Check-in and Portal:

Questionnaires	Trackers	External Health Records
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All submitted Intake Forms have been reviewed for this patient.

Clinical staff can then see the Healow sticky note while conducting the pre-visit workflow with patient and can import questionnaires at that time.

## **Televisit Clinical Workflow**

1. Chart-prep remains the same. Conduct your usual routine of prepping the patient's chart.
2. If patient has already completed the check-in process ahead of time – you will see the Healow sticky note inside the progress note indicate that information has been collected by patient. Import this information. Ensure all data is received and if anything is missing – ensure to retrieve information while connecting to see if prepared for televisit.
3. Either the afternoon before or morning of the visit – reach out to your patient to make sure they know the workflow of connecting for their televisit. Remember to mention they can connect via text, email, or through the portal (browser or Healow app). If any information is needing to be collected regarding triage questionnaires or patient monitoring of vitals – collect at this time.
4. When time for televisit appointment – make sure that you see the patient show as “arrived” on time. If the patient does not show as arrived in designated time frame – reach out and see if there was some type of issue they ran into in order to troubleshoot or if they simply could not be reached. If patient does show as arrived and provider is working remotely – send an eClinicalWorks “M” message to the provider letting them know the patient is ready – this will notify their cellphone that they have a clinical message and to connect with the patient.
5. The provider should be checking the patient out while ending the televisit automatically by clicking Check Out and End Call. However, if you notice the patient is still in the arrived status yet they are offline from the provider – change status to checked out.