NC Department of Health and Human Services

Telehealth Implementation Best Practices
Sharing practical ideas during the COVID-19 pandemic

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:

Lakeisha Moore
Office of Rural Health

Dr. John E. Jenkins
Greensboro AHEC

Randy Jordan, CEO
NC Association of Free and Charitable Clinics

April 13, 2020
Logistics for Telehealth
Best Practices

Questions during the live webinar

Technical assistance
technicalassistanceCOVID19@gmail.com
Welcome safety net sites

North Carolina Office of Rural Health
SFY 2019 Safety Net Sites

*Numbers inside symbols indicate the number of sites within the respective county

Fedrally Qualified Health Center data: last updated on February 5, 2019
Free and Charitable Clinic data: last updated on February 5, 2019
Health Department data: last updated on February 5, 2019
ORIN Supported Rural Health Center data: last updated on February 5, 2019
Federal CMS Certified Rural Health Clinic data: last updated on February 5, 2019
School Based Health Center data: last updated on January 23, 2018
School Based Health Center (Telemedicine) data: last updated on January 23, 2018
Critical Access Hospital data: last updated on February 5, 2019
Agenda and Housekeeping

**Agenda**

- CME is available (Lisa Renfrow)
- Presentation of Telehealth Implementation Best Practices in responding to COVID-19 and Telehealth FAQs (Dr. John E. Jenkins, Paula Locklear, and Felicia Coats)
- A Rapid Deployment Model for Telemedicine (Randy Jordan, Mark Scheerer, and Dr. Andrew Barbash)
- NC HealthConnex – (Jessica Brehmer)
- Question and Answer (Robyn McArdle)
  - Please submit your questions through Q&A

**Housekeeping**

- This Webinar is being recorded and will be available on the ORH and AHEC websites with slides
- If we are unable to ask the presenters your question during the session, we will consider the question for future webinar topics. You can also e-mail questions after the session to questionsCOVID19telehealth@gmail.com
- The goal of today’s webinar is to highlight telehealth best practices for implementation and other telehealth resources specific to COVID-19.
- There are additional webinars on COVID-19 clinical care, NC Medicaid updates, and more listed on the NC AHEC COVID-19 Resource webpage.
Attention All Participants
To Receive CME Credit
Text Code: 13406
To: 336-793-9317
*MyAHEC account is required for credit
For more instructions visit: www.nwahec.org/textreg
ACCREDITATION
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the North Carolina Medical Society (NCMS) through the joint providership of Area L AHEC, Office of Rural Health, NC AHEC Program Office, Northwest AHEC, and Greensboro AHEC. Area L AHEC is accredited by the NCMS to provide continuing medical education for physicians.

CREDIT
The Health Education Foundation/Area L AHEC designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credits(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. All non-physicians will receive 0.1 hour of Continuing Education Units (CEUs), which is the equivalent of 1.0 contact hours.

DISCLOSURE
The Health Education Foundation/Area L AHEC adheres to ACCME Essential Areas and Policies regarding industry support of continuing medical education. Commercial support for the program and faculty relationships within the industry will be disclosed at the activity. Speakers and planners will also state when off-label or experimental use of drugs or devices is incorporated in their presentations. Presenters and planners for this activity do not have commercial relationships and that they will not be discussing any off-label or investigational drugs. No commercial support has been received for this activity.

DEFINITION OF A COMMERCIAL INTEREST
A commercial interest is any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:
Government organizations, Non-health care related companies, Liability insurance providers, Health insurance providers, Group medical practices, For-profit hospitals, For-profit rehabilitation centers, For-profit nursing homes, Blood banks, and 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint sponsor, but they can be a commercial supporter.)

Continuing education credit is available for participants who attend the live April 13, 2020 session only. Continuing education credit is not available for those who view the archived webinar.
The first thing you’ve got to do is recognize the environment you’re in. And that takes a different set of skills.

You’ve got to think that everything you’ve learned was learned in the past.

I might be the absolute best manager to operate a practice a year ago—in a different environment.

You have to look at what plan is going to work in this environment? From Charles Bayless

THE WHY: ACCESS, ACCESS, ACCESS

THE MESSAGE:
Stay home except for essential needs
Wear a mask if you go out
Social distance everywhere
Wash your hands
We are still here for you!
But we can manage most of your chronic and acute needs through virtual technology while keeping you safe and at home or able to go to your essential job.

DO NOT FORGET TO ASK THE COVID-19 THREE
Cough? Fever? Shortness of breath?
Today’s webinar
Session Three

1. John Jenkins MD
   GAHEC
   Quick review of operational pearls

2. Paula Locklear
   Felicia Coats
   Quick Coding Pearls

3. The North Carolina Association of Free and Charitable Clinics

4. Jessica Brehmer
   NC HealthConnex
   NCDIT
Virtual Operational Pearls

Telephonic medicine:
1. Call the patient by name
2. Make sure there is a smile in your voice
3. Know the limits of the medium.
4. Never hang up first.

Virtual Visits (audio/visual)
1. Set visit expectations.
2. Follow a familiar flow with the patient.
3. Dress professionally (confidence builder).
4. Have a neutral (no distractions) backdrop.
5. Get consent for a virtual visit.
7. Watch the patient obtain vitals for your documentation.
8. Most visits are 99213 for established pt.

Office:
1. Consider separate Covid-19 access such as a cough clinic with Covid-19 triage.
2. Have a “safe” lab draw and immunization site for routine/wellness.
3. Convert walk-in’s to virtual (loaner tablets).
4. Develop FAQ’s and “how to complete a visit for patients.”
Routine Virtual Visit Types

Acute Visits:
1. Expectation creation for common simple issues
2. When possible document a photo

Wellness visits:
1. AWV’s*
2. Adult wellness (lab and immunizations)
3. Well child?

Telemonitoring:
1. Covid-19 quarantine
2. CHF, COPD, ASTHMA**

Management of chronic problems:
1. Create protocols for required data or labs
2. Observe vitals and elicit patients for components of exam**

Acute Visits:
1. Expectation creation for common simple issues
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Management of chronic problems:
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Follow up visits:
Scheduled follow ups and rechecks

Covid-19 screening
Underlies every contact

* March 30th webinar

** April 6th webinar
Virtual Primary Care

By automating best practices and deploying digital health tools the patient's team can create a personalized plan of action for most routine wellness activities.

- New Patient Wellness exam
  - Exam Kit mailed
  - Appropriate screening labs scheduled by patient online
  - Obesity and HTN

- Life Coach Referral to virtual live coach to set-up well weight plan

- Follow up HTN
  - Medication started
  - HTN follow up
  - Peripherals data analyzed
  - Protocol launched

- Sensor Alert for HTN
  - Team member has virtual visit

- Team member refers to pharmacist for med titration

- HTN protocol updated

- Sensor Alert for HTN
  - Team member has virtual visit

- Team member refers to pharmacist for med titration

- HTN protocol updated

- Flu Like symptoms are treated in online urgent care visit

- Yearly Wellness visit
  - Care Gap closure call prior
  - Pt online schedules gap visits and labs

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

- Monthly touch base by asynchronous or AI

Monthly check-in by either asynchronous questionnaires via text or portal or phone calls.

*Future state: chat bots will use AI to interact with the patient for check-in visits*
Frequently Asked Telehealth Billing Questions

• Is there a difference in telehealth and telephonic coverage for new versus established visits?

• What are the payor requirements for coding, specifically the E&M visit code, modifier and location of service?

• Are annual wellness exams, physicals or well child checks covered by telehealth?

• Are FQHCs/RHCs able to perform and bill for telehealth with Medicare and Medicaid patients?

• What is the effective date for payors so that we can retroactively file claims?
NC AHEC Telehealth Resource Center
Includes billing/coding tip sheets for Medicare and NC Medicaid

https://www.ncahec.net/covid-19/telehealth-resources

AMA Physician Practice Relief Guide
Includes information on small business loans and Medicare advanced payments

The Role of Virtual Visits in Responding to COVID-19

A Rapid Deployment Model for Telemedicine
The experience of the NC Association of Free and Charitable Clinics during COVID-19

Presenters: Randy Jordan, CEO – NCAFCC
Mark Scheerer, Deputy Director – NCAFCC
Dr. Andrew Barbash, Tele-Neurologist – Rockville, Maryland
An Overview of NCAFCC’s Telemedicine Initiative

2018

• NCAFCC initiated a telemedicine-based, free neurology consult service
• The telemedicine platform was donated by a vendor to all NC free and charitable clinics
• A small pilot group of clinics was aided by Dr. Andrew Barbash, an experienced tele-neurologist, who provided training to pilot clinics

Caring Community Clinic in Jacksonville helps the medically uninsured using telemedicine.

www.ncafcc.org
An Overview (con’t)

• At the onset of COVID-19 in North Carolina, NCAFCC’s leadership decided to rapidly deploy a strategy of clinics using telemedicine to triage, screen and treat their own patients.

• A favorable group contract was negotiated with a telemedicine vendor to grant access to telemedicine to up to 55 member primary care clinics.
An Overview (con’t)

• In mid-March, NCAFCC’s Deputy Director and Dr. Barbash immediately began enrolling member clinics in the platform and conducting training through webinars and individual clinic training consults that could fully onboard a clinic with no telemedicine experience in less than three hours.

• Within two weeks, NCAFCC stood up telemedicine services in 36 of its member clinics.
NCAFCC’s Telemedicine Rapid Deployment Strategy

Keys to Success
- Value of NCAFCC’s prior years of experience with telemedicine
- The Role of a Super-User
- Training Sessions
- Access to a virtual help desk

How NCAFCC Member clinics are using telemedicine during the COVID-19 pandemic
The Importance of Workflow Considerations in Onboarding Telemedicine

Disruption or Integration?

The role of the Apractis Clinic portal in onboarding telemedicine for NC’s free and charitable clinics

The future of telemedicine in medical practice settings post-COVID-19
Special acknowledgment to the following for generously underwriting NCAFCC’s telemedicine program.

Kate B. Reynolds Charitable Trust
Investing in Impact

Biogen Foundation

North Carolina Association of Free & Charitable Clinics
Telemedicine Resources

NCAFCC website: Four-part series on NCAFCC’s Healthy Neighbors podcasts “Introduction to Telemedicine” (www.ncafcc.org – Podcast tab on home page)

North Carolina Association of Free and Charitable Clinics
1399 Ashleybrook Lane, Suite 110
Winston-Salem, NC 27103

Randy Jordan, CEO randy@ncafcc.org
Mark Scheerer, Deputy Director mark@ncafcc.org

Telemedicine Vendor: Updox www.updox.com

www.ncafcc.org
NC HealthConnex Clinical Portal

AHEC – ORH Telehealth Virtual Office Hours Webinar - COVID-19 Response

Jessica Brehmer
COVID-19 NC HealthConnex Use Cases

- New Patient Test/Lab Results
- Hospital Encounters
  - Neighboring states
  - VA
  - Dept. of Defense
- Vaccines
- Medications
**Uni-directional Connection**

**Electronic Health Record**
Clinicians enter data into EHR and that data is automatically sent to HIE

**Data Provided**
Clinicians who have care relationships with their patients are able readily access that data

**Log in using any browser**

**50% of participants are sending real-time data**
Clinicians enter data into EHR and that data is automatically sent to the HIE.

Clinicians who have care relationships with their patients are able readily access that data via their EHR.

NC HealthConnex
Powering Health Care Outcomes
# Clinical Portal – Functional Roles

<table>
<thead>
<tr>
<th>Clinical Portal Functionality</th>
<th>Clinician</th>
<th>Clerical</th>
<th>PAA User Admin</th>
<th>Clinician &amp; PAA Admin</th>
</tr>
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<tbody>
<tr>
<td>View Clinical Portal Home Page</td>
<td>X</td>
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<tr>
<td>View User Administration Home Page</td>
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<tr>
<td>Search for Patients</td>
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<td>View Recent Patients</td>
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<tr>
<td>Break the Privacy Seal (Patient Level Access)</td>
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<td>View Demographics</td>
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<td>View Encounter History</td>
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<td>View Problems</td>
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<td>View Procedures</td>
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<tr>
<td>View Lab &amp; Pathology Results</td>
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<td>View Radiology Reports</td>
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<td>View Clinical Documents</td>
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<tr>
<td>Level</td>
<td>Description</td>
<td>Common Examples</td>
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<tr>
<td>--------------------------------------------</td>
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<tr>
<td>%HS_Clinician</td>
<td>This level of access is assigned to a credentialed health care provider or someone who works under a credentialed health care provider to provide patient care functions.</td>
<td>• Physician&lt;br&gt;• Physician Assistant&lt;br&gt;• Nurse Practitioner&lt;br&gt;• Nurse&lt;br&gt;• Resident or Intern&lt;br&gt;• Therapist&lt;br&gt;• Pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%HS_Clerical</td>
<td>This level of access is assigned to a user who may access the Clinical Portal to search for patients and verify demographics. This level of user may not access clinical data.</td>
<td>• Practice Manager&lt;br&gt;• Administrator&lt;br&gt;• Billing Clerk&lt;br&gt;• Medical Assistant II&lt;br&gt;• Registration Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%HS_PAA User Administrator</td>
<td>This level of access is assigned to a user who maintains NC HealthConnex Clinical Portal end user accounts for their organization, including password management. This level of user may not access any patient data.</td>
<td>• Participant Account Administrator (PAA)&lt;br&gt;• Healthcare Organization (HCO) Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%HS_Clinician &amp; %HS_PAA User Administrator</td>
<td>This level of user maintains NC HealthConnex Clinical Portal end user accounts for their organization, including password management, and is also a health care provider or works under a health care provider to perform patient care functions. This level of user may access all the administrative and clinical functionality within the Clinical Portal.</td>
<td>• A clinician or health professional who is the PAA and also requires patient access.</td>
<td></td>
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</table>
Logging into the Web-based Clinical Portal

Notice:
The NC Health Information Exchange Clinical Portal and Direct Secure Messaging (Web Communicate) will experience regularly-scheduled, routine maintenance every third weekend. The outage is planned to begin at 7:00 AM EST on Saturday. We apologize for any inconvenience this may cause.

NC HealthConnex
Powering Health Care Outcomes

DemoID1

Login

NC HIEA DEMO ENVIRONMENT
The North Carolina Health Information Exchange Authority (NC HIEA) operates North Carolina’s statewide health information exchange, NC HealthConnex. This secure, standardized electronic system promotes the access, exchange, and analysis of health information.

Login Agreement
Please note that every time you login, you are agreeing to the terms signed by your organization, that provided you with a unique User ID, including (but not limited to) the following:
DISCLAIMER

Please read the following information. It will be updated on an ongoing basis. By using this application, you consent and agree to abide by all applicable federal and state law and the NC Health Information Exchange Authority (NC HIEA) Participation Agreement.

Confidentiality Notice for Alcohol and Drug Abuse Information
Confidentiality of Alcohol and Drug Abuse Patient Records Regulations (42 C.F.R. Part 2). The federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

Confidentiality Notice for Psychotherapy Information
Confidentiality of psychotherapy notes (45 C.F.R. 164.501). This information has been disclosed to you from records whose confidentiality is protected by the HIPAA Privacy and Security Rule. You are prohibited from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by the HIPAA Privacy & Security Rule. A general authorization for the release of medical or other information is not sufficient for this purpose.

Physician Responsibility
All or some of a particular patient's information may not always be available through the HIE network. You, as the patient's physician or health care provider, have the ultimate responsibility for obtaining your patient's complete medical history. When treating your patients, always consult them about prior treatments, diagnoses and medications prescribed. You also have the responsibility to collect and retain a patient's written authorization to disclose certain protected health information to other health care providers in compliance with federal law and regulations, where applicable.

[Buttons: Disagree, Agree]
### Patient Search

#### Review of Records

*NOTE: Some records have been filtered due to Consent*

<table>
<thead>
<tr>
<th>Identifiers</th>
<th>Name</th>
<th>Gender/DOB</th>
<th>Address</th>
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<tbody>
<tr>
<td>1000000069</td>
<td>DEMO, JANE M</td>
<td>F 1942-03-29</td>
<td>123 UNKNOWN LN, RALEIGH NC 27565</td>
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</table>
Data in NC HealthConnex does not indicate that you have been granted full consent with the patient you have selected. In order to gain one-time access to this patient's record, you must "Break the Seal". This declaration will be audited.

Click "Declare Relationship" to continue, or click "Cancel" to return to the search results.
Patient Results from eHealth Exchange

DEMO, JANE M

Female • 76 Years (1942-03-29) • 123 UNKNOWN LN, RALEIGH, NC 27665 • +1 (655) 1331123

SUMMARY

ALLERGIES

<table>
<thead>
<tr>
<th>DETAILS</th>
<th>CATEGORY</th>
<th>ALLERGEN</th>
<th>NATURE OF REACTION</th>
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<tbody>
<tr>
<td>Propensity to adverse reactions to drug</td>
<td>Vancomycin</td>
<td>Other (See Comments)</td>
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</tr>
<tr>
<td>Propensity to adverse reactions</td>
<td>Warfarin</td>
<td>Nausea Only</td>
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<tr>
<td>Propensity to adverse reactions</td>
<td>Benzalkonium Chloride</td>
<td>Rash</td>
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<tr>
<td>Propensity to adverse reactions</td>
<td>Sulfis (Sulfonamide Antibiotics)</td>
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<td>Propensity to adverse reactions</td>
<td>Lisinopril</td>
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DIAGNOSES

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<th>DESCRIPTION</th>
<th>ICD CODE</th>
<th>DIAGNOSIS DATE</th>
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<tr>
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MEDICATIONS

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<tr>
<td>Advair Diskus 250 Mcg/50 Mcg Dose Powder For Inhalation</td>
<td>In Progress</td>
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<td>Metoprolol Tartrate 25 Mg Tablet</td>
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<td>Dicyclomine 20 Mg Tablet</td>
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<td>Furosemide 20 Mg Tablet</td>
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<td>Lactose-Reduced Food With Fiber 0.06 Gram-1.5 Kcal/MI Oral Liquid</td>
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DOCUMENTS

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<tr>
<td>Consolidated CDA R1.1 Unstructured Document</td>
<td>Summary of Care</td>
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<tr>
<td>Consolidated CDA R1.1 Unstructured Document</td>
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</table>

GENERAL LAB RESULTS

<table>
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<tr>
<th>DETAILS</th>
<th>DESCRIPTION</th>
<th>STATUS</th>
<th>RESULTS RESULT DATE</th>
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<tr>
<td>HEMOCULT/GUAWAC (COLORECTAL SCONE) 82270</td>
<td>Final</td>
<td>Results</td>
<td>04/25/2018 00:00</td>
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<td>CBC IN-HOUSE</td>
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OTHER RESULTS AND NOTES

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<th>RESULTS RESULT DATE</th>
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<td>ECG ROUTINE ECG WILEAST 12 LDS W1&amp;R</td>
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<td>Results</td>
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## Allergies

### Allergies and Adverse Reactions

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<th>Details</th>
<th>Category</th>
<th>Allergy</th>
<th>Nature of Reaction</th>
<th>Severity</th>
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<td>Drug reaction</td>
<td>Vancomycin</td>
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<td>ROANOKE CHOWAN COMM HLNTH CTR (RO), Yvonne Cross CNA</td>
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<td>Propensity to adverse reactions</td>
<td>Warts</td>
<td>Warts</td>
<td>Nausea Only</td>
<td>06/24/2013</td>
<td>Active</td>
<td>06/24/2013 00:00</td>
<td>ROANOKE CHOWAN COMM HLNTH CTR (RO), Edward Wilson MD</td>
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<tr>
<td>Propensity to adverse reactions</td>
<td>Benzalkonium Chloride</td>
<td>Rash</td>
<td>MPR</td>
<td>05/21/2012</td>
<td>Active</td>
<td>05/21/2012 00:00</td>
<td>ROANOKE CHOWAN COMM HLNTH CTR (RO), Nancy C. Coley LPN</td>
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### Patient Alerts

<table>
<thead>
<tr>
<th>Alert Category</th>
<th>Alert</th>
<th>Message</th>
<th>Status</th>
<th>Date Entered</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Directive</td>
<td>Patient has advance directives. For more information, please contact FirstHealth of the Caroines 155 Memorial Drive PO Box 5000 PINEHURST, NC 28374</td>
<td>Active</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Patient Encounters

**DEMO, JANE M**

Female · 76 Years (1942-03-29) · 123 UNKNOWN LN, RALEIGH, NC 27565 · +1 (565) 1331123

<table>
<thead>
<tr>
<th>ENCOUNTERS</th>
<th>DATE OF ENCOUNTER</th>
<th>TYPE</th>
<th>FACILITY</th>
<th>DEPARTMENT</th>
<th>ATTENDING PHYSICIAN</th>
<th>ENCOUNTER NUMBER</th>
<th>END OF ENCOUNTER</th>
<th>INSURANCE</th>
<th>LOCAL MRN</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>05/01/2018 13:59</td>
<td>Outpatient</td>
<td>ROANOKE CHOWAN COMM HLTH CTR (RC)</td>
<td>RCACHC</td>
<td>CHANTHY GUTIERREZ</td>
<td>999888777</td>
<td>05/01/2018 13:59</td>
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<td>Outpatient</td>
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<td>CHANTHY GUTIERREZ</td>
<td>317904777</td>
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<td>Outpatient</td>
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<td>RCACHC</td>
<td>CHANTHY GUTIERREZ</td>
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<td>10/25/2017 08:09</td>
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<td></td>
<td>10/25/2017 00:00</td>
<td>Outpatient</td>
<td>AHOSKIE COMPREHENSIVE CARE</td>
<td>1 2 840 114350 1 13 66 2 7 2 688980 59001001</td>
<td>Julian Taylor</td>
<td>318387039</td>
<td>10/25/2017 00:00</td>
<td>999876</td>
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</tr>
</tbody>
</table>
## Medications

### DEMO, JANE M

Female · 76 Years (1942-03-29) · 123 UNKNOWN LN, RALEIGH, NC 27565 · +1 (555) 1331123

### Recent Medications

<table>
<thead>
<tr>
<th>Details</th>
<th>Order Name</th>
<th>DOSE</th>
<th>Drug Route</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dicyclomine</td>
<td>20 Mg Tablet</td>
<td>3 Caps/day</td>
<td></td>
<td>05/01/2018</td>
</tr>
<tr>
<td>Metoprolol</td>
<td>Tartrate 25 Mg Tablet</td>
<td>1 Caps/day</td>
<td></td>
<td>05/01/2018</td>
</tr>
<tr>
<td>Advair Diskus</td>
<td>250 Mcg-50 Mcg/Dose Powder For Inhalation</td>
<td>2 per day</td>
<td></td>
<td>05/01/2018</td>
</tr>
<tr>
<td>Furosemide</td>
<td>20 Mg Tablet</td>
<td>1 Cap oral</td>
<td>C38288-t13</td>
<td>03/22/2018</td>
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</table>

### Historical Medications

<table>
<thead>
<tr>
<th>Details</th>
<th>Order Name</th>
<th>DOSE</th>
<th>Drug Route</th>
<th>Ordered On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactose-Reduced</td>
<td>Food With Fiber 0.06 Gram-1.5 Kcal/ML Oral Liquid</td>
<td>3 (can)</td>
<td>oral (C38288-t13)</td>
<td>01/29/2018</td>
</tr>
<tr>
<td>Trianimcinolone</td>
<td>Acetonide 0.025 % Topical Cream</td>
<td>2 Apply</td>
<td>topical</td>
<td>10/25/2017</td>
</tr>
<tr>
<td>Nitrofurantoin</td>
<td>Monohydrate/Macrocrystals 100 Mg Capsule</td>
<td>1 Caps/day</td>
<td></td>
<td>10/25/2017</td>
</tr>
<tr>
<td>Potassium Chloride</td>
<td>20 Meq/15 Ml Oral Liquid</td>
<td>1 Tbsp</td>
<td></td>
<td>10/24/2017</td>
</tr>
</tbody>
</table>
### Conditions

**Summary**

- **Discharge** - Rash
  - ICD Code: 271807003
  - Status: Active
  - Diagnosis Date: 05/01/2018
  - Last Updated: 05/01/2018 20:03

**Present Illness**

- **Chronic allergic rhinitis**
  - Onset Date: 05/01/2018
  - End Date: 05/01/2018
  - Problem: Chronic allergic rhinitis
  - Status: Active
  - Last Updated: 05/01/2018 20:03

- **Dyslipidemia**
  - Onset Date: 05/01/2018
  - End Date: 05/01/2018
  - Problem: Dyslipidemia
  - Status: Active
  - Last Updated: 05/01/2018 20:49

- **Constipation, chronic**
  - Onset Date: 03/04/2014
  - End Date: 03/04/2014
  - Problem: Constipation, chronic
  - Status: Inactive
  - Last Updated: 03/04/2014 21:12

- **Conjunctivitis**
  - Onset Date: 04/23/2013
  - End Date: 04/23/2013
  - Problem: Conjunctivitis
  - Status: Active
  - Last Updated: 04/23/2013 22:12

- **Candidal dermatitis**
  - Onset Date: 09/28/2012
  - End Date: 09/28/2012
  - Problem: Candidal dermatitis
  - Status: Inactive
  - Last Updated: 09/28/2012 02:13

- **Seborrhic keratosis**
  - Onset Date: 09/28/2012
  - End Date: 09/28/2012
  - Problem: Seborrhic keratosis
  - Status: Inactive
  - Last Updated: 09/28/2012 02:13

**Past Illness**

- **Moniliasis of mouth**
  - Onset Date: 08/27/2014
  - End Date: 05/01/2018
  - Problem: Moniliasis of mouth
  - Status: Resolved
  - Last Updated: 08/27/2014 23:03

- **Insomnia**
  - Onset Date: 04/23/2013
  - End Date: 05/01/2018
  - Problem: Insomnia
  - Status: Resolved
  - Last Updated: 04/23/2013 22:21

- **Hypernatremia**
  - Onset Date: 04/23/2013
  - End Date: 05/01/2018
  - Problem: Hypernatremia
  - Status: Resolved
  - Last Updated: 04/23/2013 22:21

- **Obesity, unspecified**
  - Onset Date: 10/07/2011
  - End Date: 03/27/2014
  - Problem: Obesity, unspecified
  - Status: Resolved
  - Last Updated: ROANOKE CHOWAN COMM HLTH CTR (RC)
### Procedural/Results

**DEMO, JANE M**

**Female - 76 Years (1943-03-29) - 123 UNKNOWN LN, RALEIGH, NC, 27565 - +1 (555) 1331123**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Procedure Date</th>
<th>Case Number</th>
<th>Procedure Code</th>
<th>Last Updated</th>
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<tr>
<td>CBC, IN-HOUSE</td>
<td>04/25/2018</td>
<td>123456789</td>
<td>123456789</td>
<td>04/25/2018</td>
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**CBC, IN-HOUSE**

<table>
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<tr>
<th>Test Item</th>
<th>Flag</th>
<th>Value</th>
<th>Units</th>
<th>Comment</th>
<th>Result</th>
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<tr>
<td>WBC</td>
<td>Normal</td>
<td>7.2</td>
<td>-</td>
<td></td>
<td>Final</td>
</tr>
<tr>
<td>RBC</td>
<td>Normal</td>
<td>3.81</td>
<td>-</td>
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<td>Final</td>
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<tr>
<td>HGB</td>
<td>Low</td>
<td>10.9</td>
<td>g/dL</td>
<td></td>
<td>Final</td>
</tr>
<tr>
<td>HCT</td>
<td>Low</td>
<td>33.0</td>
<td>%</td>
<td></td>
<td>Final</td>
</tr>
<tr>
<td>MCV</td>
<td>Normal</td>
<td>87.4</td>
<td>fl</td>
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<td>Final</td>
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<tr>
<td>MCH</td>
<td>Normal</td>
<td>27.7</td>
<td>pg</td>
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<tr>
<td>MCHC</td>
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<td>MCV</td>
<td>Normal</td>
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<td>fl</td>
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<tr>
<td>PLT</td>
<td>Normal</td>
<td>231.8</td>
<td>-</td>
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<tr>
<td>MPV</td>
<td>Normal</td>
<td>6.5</td>
<td>fL</td>
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<td>Final</td>
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<tr>
<td>LYM</td>
<td>Normal</td>
<td>20.2</td>
<td>%</td>
<td></td>
<td>Final</td>
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<tr>
<td>LYMP</td>
<td>Normal</td>
<td>18.5</td>
<td>-</td>
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<tr>
<td>MONO</td>
<td>Normal</td>
<td>7.1</td>
<td>%</td>
<td></td>
<td>Final</td>
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<td>NEO</td>
<td>Normal</td>
<td>0.90</td>
<td>-</td>
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</tbody>
</table>

**NC HealthConnex**

Powers Health Care Outcomes
DEM0, JANE M

Female · 76 Years (1942-03-29) · 123 UNKNOWN LN, RALEIGH, NC 27565 · +1 (555) 1331123

VACCINATIONS

<table>
<thead>
<tr>
<th>DETAILS</th>
<th>ORDER NAME</th>
<th>DOSE</th>
<th>DRUG ROUTE</th>
<th>START DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE</td>
<td>0.5 mL Intramuscular</td>
<td>01/26/2018</td>
<td></td>
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</tr>
<tr>
<td>INFLUENZA, INJECTABLE, QUADRIVALENT, PRESERVATIVE FREE</td>
<td>0.5 mL Intramuscular</td>
<td>11/23/2018</td>
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<td></td>
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<tr>
<td>PNEUMOCOCCAL CONJUGATE PCV 13</td>
<td>0.5 mL Intramuscular</td>
<td>01/21/2016</td>
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<tr>
<td>INFLUENZA, SEASONAL, INJECTABLE</td>
<td>0.5 mL Intramuscular</td>
<td>11/04/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE</td>
<td>Intramuscular</td>
<td>09/24/2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFLUENZA, SEASONAL, INJECTABLE</td>
<td>Intramuscular</td>
<td>10/20/2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Documents - Continuity of Care Document

**DEMO, JANE M**

Female - 76 Years (1942-03-29) · 123 UNKNOWN LN, RALEIGH, NC 27665 · +1 (555) 1331123

#### Table of Contents

- Reason for Visit
- Encounter Details
- Allergies
- Medications
- Conditions
- Procedures/Results
- Vaccinations
- Summary
- Allergies & Alerts
- Encounters
- Social History
- Progrees Notes
- Plan of Treatment
- Results
- Visit Diagnoses
- Insurance

#### Summary

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>CLINICIAN</th>
<th>DOC TYPE</th>
<th>ACTIVITY DATE</th>
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<tbody>
<tr>
<td>Summary of Care</td>
<td>Consolidated CDA R1 1 Unstructured Document</td>
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<td></td>
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<td>Summary of Care</td>
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<td>04/27/2018 12:19</td>
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</table>

#### Reason for Visit

<table>
<thead>
<tr>
<th>Reason</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow Up</td>
<td>Rash on thigh and back of neck</td>
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</table>

#### Encounter Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Department</th>
<th>Care Team</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>04/26/2018</td>
<td>Office Visit</td>
<td>Roanoke Chowan Community Health Center - Ahoskie</td>
<td>Gutierrez, Chanthly, FNP</td>
<td>Rash (Primary Dx)</td>
</tr>
</tbody>
</table>

#### Allergies
Reach out to your PAA!

Your PAA will be able to request a portal account for you by emailing HIESupport@sas.com.

Please note: PAAs are the only individuals that can request credentials for staff members.
Additional Covid-19 NC HealthConnex Resources

Website: hiea.nc.gov/covid-19
Questions?

For more information visit: www.nchealthconnex.gov

E-mail: hiea@nc.gov
Attention All Participants
To Receive CME Credit
Text Code: 13406
To: 336-793-9317

*MyAHEC account is required for credit
For more instructions visit: www.nwahec.org/textreg
FCC Announces $200 Million in COVID-19 Telehealth Funding

1. Obtain an eligibility determination form from the **Universal Service Administrative Company (USAC)** – Form 460

2. Obtain an **FCC Registration Number** (FRN);

3. Register with **System for Award Management**

   [https://www.fcc.gov/covid-19-telehealth-program](https://www.fcc.gov/covid-19-telehealth-program)
TELEHEALTH TECHNICAL ASSISTANCE CONTACT INFORMATION

Safety Net Health Care Providers

- Safety Net Provider Questions and Telehealth Technical Assistance Requests – Contact NC Office of Rural Health (ORH)
  - NC ORH Website - https://www.ncdhhs.gov/divisions/orh
  - Email – ORH_Telehealth@dhhs.nc.gov

Health Care Providers

- Health Care Providers Questions and Telehealth Technical Assistance Requests – Contact NC Area Health Education Centers (AHEC)
  - NC AHEC - https://www.ncahec.net/practice-support/what-we-do/
  - Email - practicesupport@ncahec.net

State COVID-19 website: www.ncdhhs.gov/COVID19