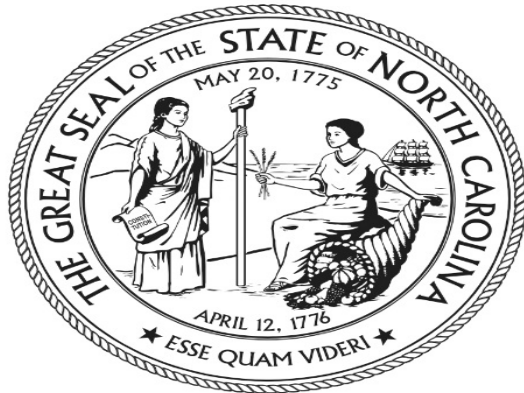


NC Department of Health and Human Services

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:

<https://www.captionedtext.com/client/event.aspx?EventID=4409135&CustomerID=324>



Lakeisha Moore
Office of Rural Health

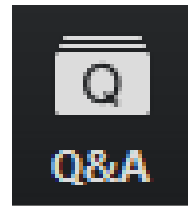
Dr. John E. Jenkins
Greensboro AHEC

Randy Jordan, CEO
NC Association of Free and Charitable Clinics

April 13, 2020

Logistics for Telehealth Best Practices

Questions during the live webinar

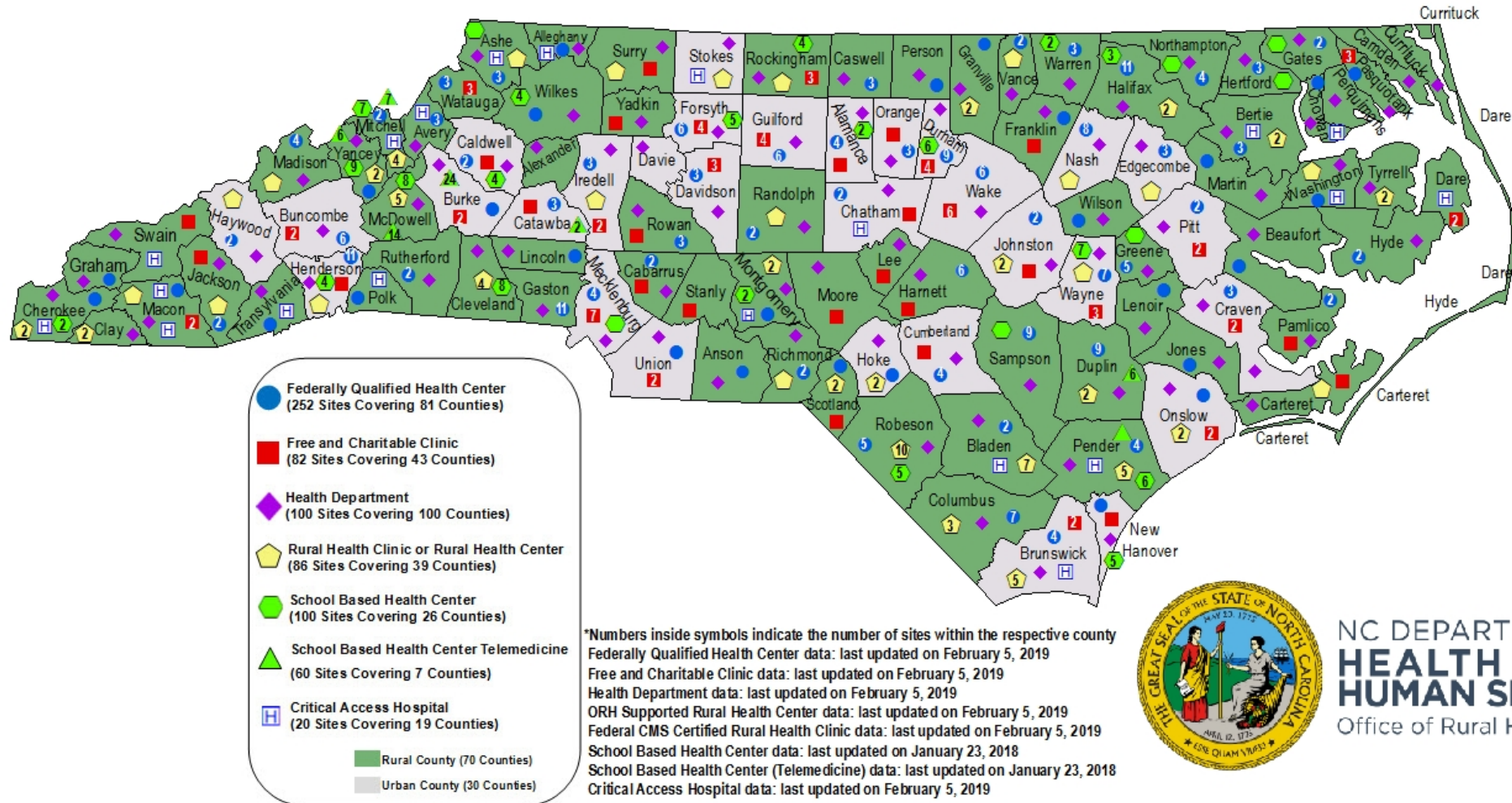


Technical assistance

technicalassistanceCOVID19@gmail.com

Welcome safety net sites

North Carolina Office of Rural Health SFY 2019 Safety Net Sites



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Office of Rural Health

Agenda and Housekeeping

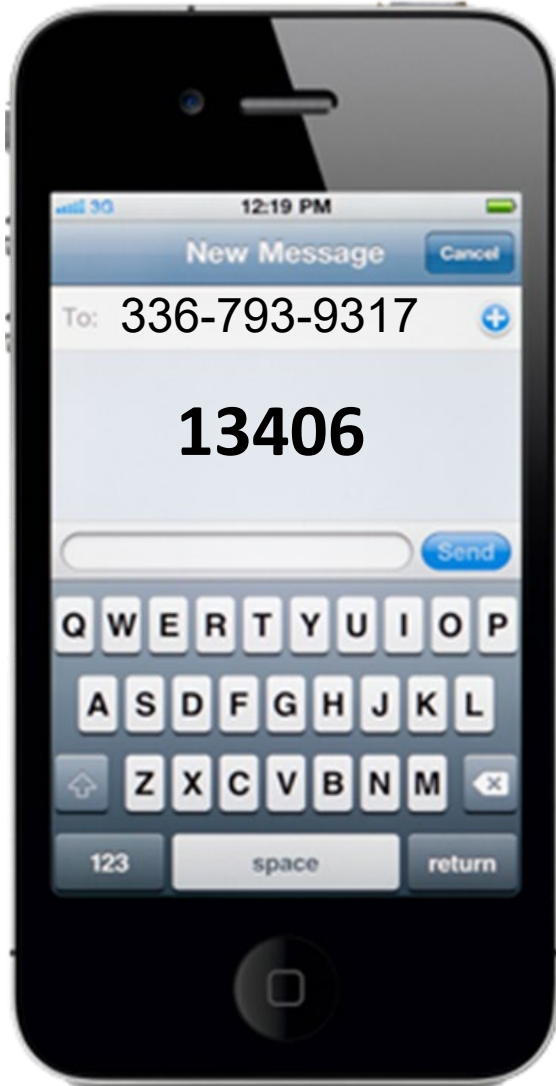
Agenda

- 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.

Telehealth Implementation Best Practices Episode 3

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 !

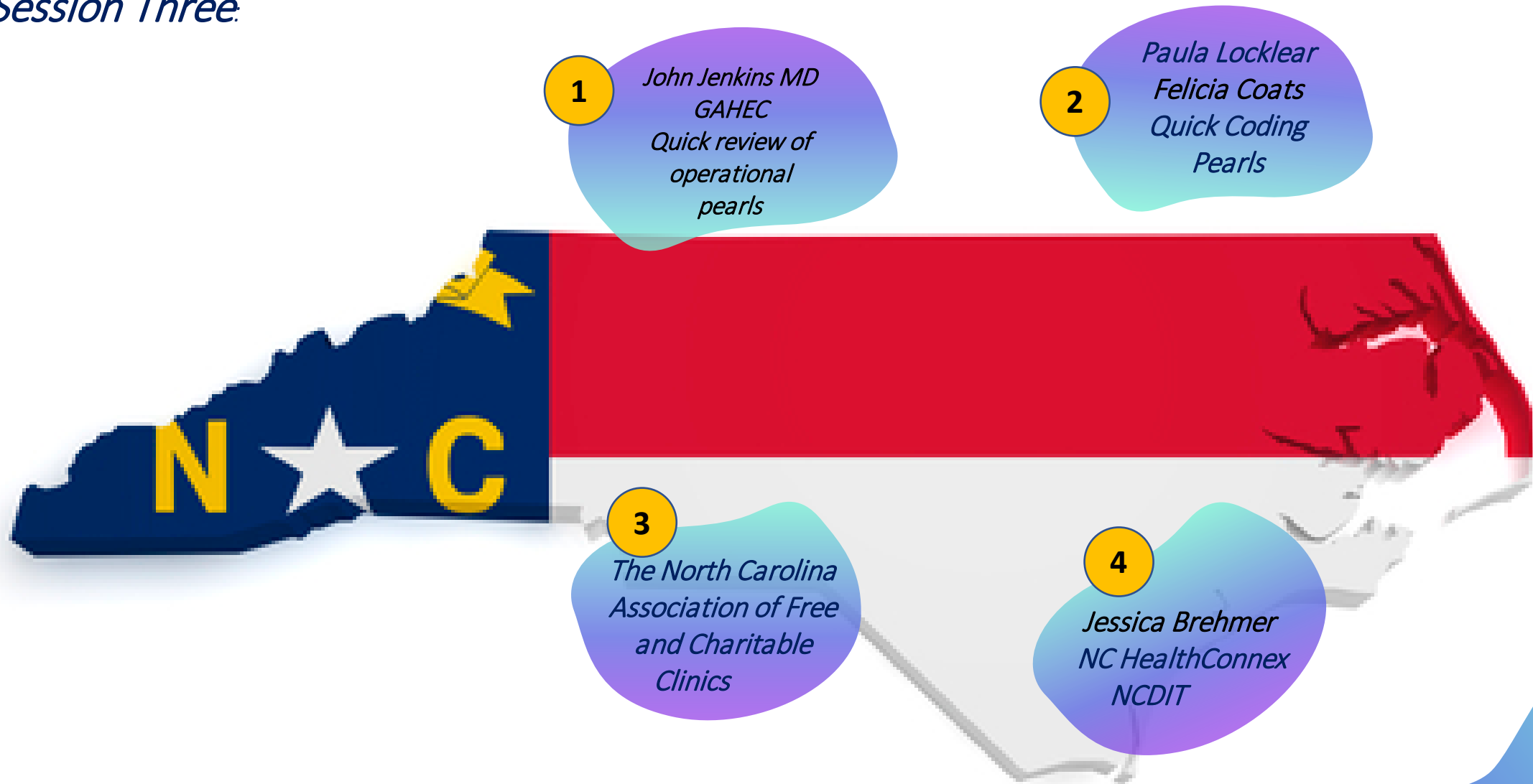
But we can manage most of your chronic and acute needs through virtual technology while keeping you safe and at home or able to go to your essential job.

DO NOT FORGET TO ASK THE COVID-19 THRE

Cough? Fever? Shortness of breath?

Today's webinar

Session Three:



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.
6. Document in an office note.
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

Follow up visits :
Scheduled follow ups and rechecks

Acute Visits:

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



Management of chronic problems:

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

Wellness visits:

1. AWW's*
2. Adult wellness (lab and immunizations)
3. Well child?



Telemonitoring:

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

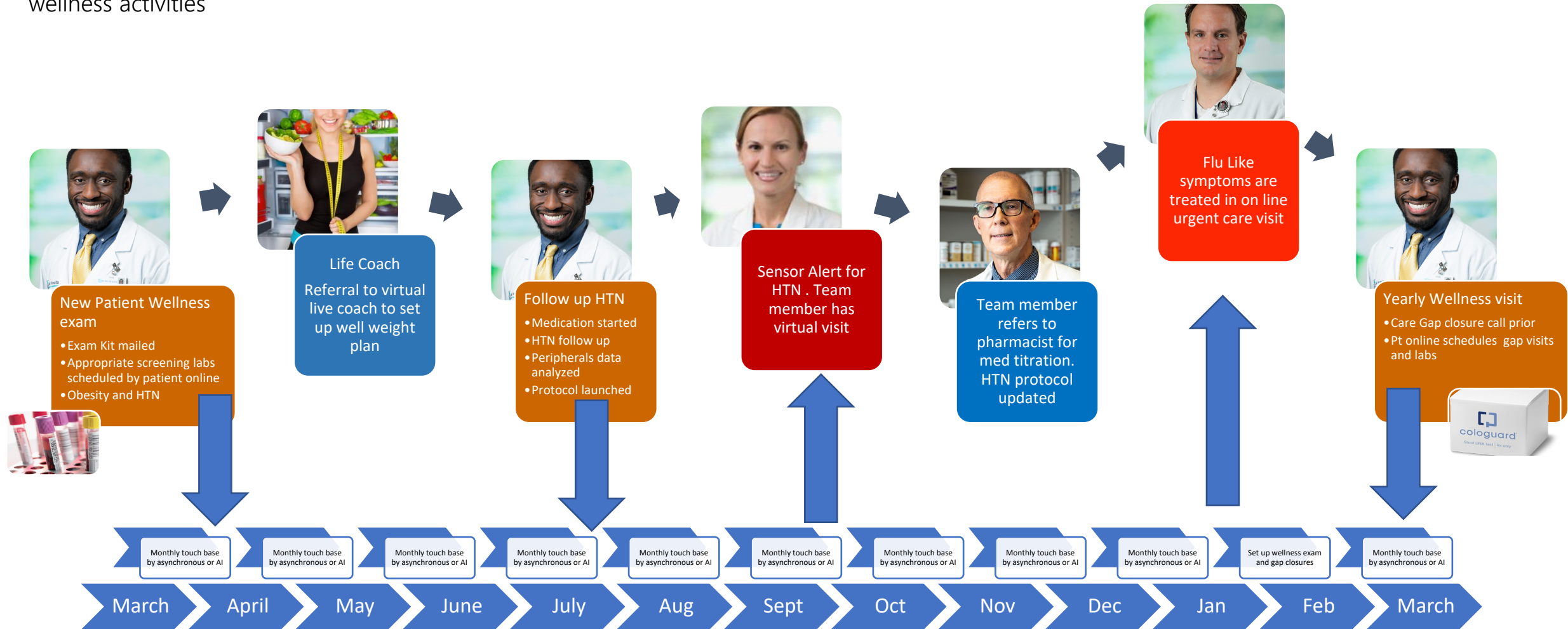
* March 30th webinar

Covid-19 screening
Underlies every contact

** 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



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

<https://www.ama-assn.org/system/files/2020-04/physician-practice-financial-relief-guide.pdf>



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

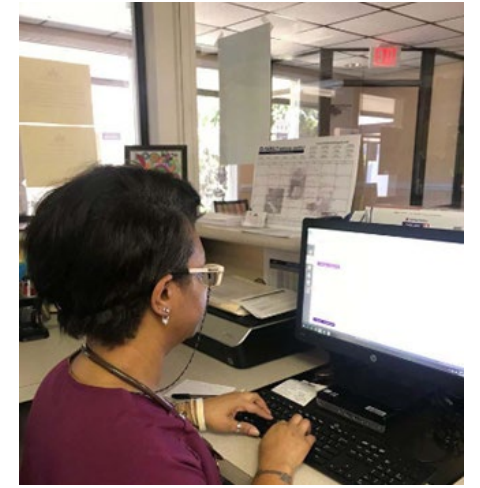
Mark Scheerer, Deputy Director – NCAFCC

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



updox

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
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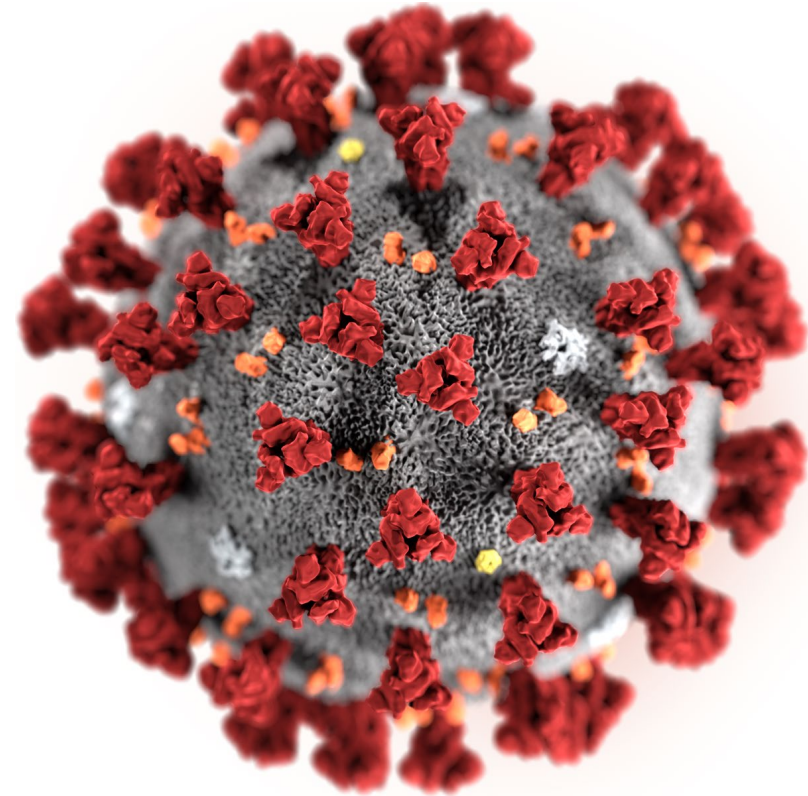
NC HealthConnex Clinical Portal

**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



Exchange

Web-based Portal

Uni-directional Connection



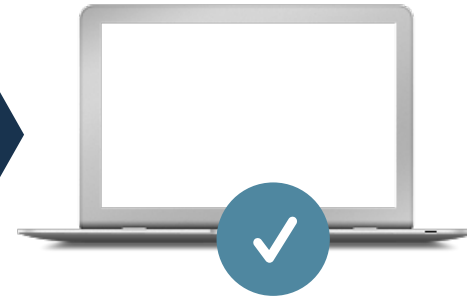
Electronic Health Record

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**



Exchange

Electronic Health Record Integration

Bi-directional Connection



Electronic Health Record

Clinicians enter data into EHR and that data is automatically sent to the HIE

Data Sent into EHR

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



Clinical Portal – Functional Roles

Clinical Portal Functionality	Clinician	Clerical	PAA User Admin	Clinician & PAA Admin
View Clinical Portal Home Page	X	X		X
View User Administration Home Page			X	X
Search for Patients	X	X		X
View Recent Patients	X	X		X
Break the Privacy Seal (Patient Level Access)	X			X
View Demographics	X	X		X
View Encounter History	X			X
View Problems	X			X
View Procedures	X			X
View Lab & Pathology Results	X			X
View Radiology Reports	X			X
View Clinical Documents	X			X
View Continuity of Care Documents	X			X

Clinical Portal – Functional Roles Examples

Level	Description	Common Examples
<i>%HS_Clinician</i>	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.	<ul style="list-style-type: none"> • Physician • Physician Assistant • Nurse Practitioner • Nurse • Resident or Intern • Therapist • Pharmacist
<i>%HS_Clerical</i>	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.	<ul style="list-style-type: none"> • Practice Manager • Administrator • Billing Clerk • Medical Assistant II • Registration Staff
<i>%HS_PAA User Administrator</i>	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.	<ul style="list-style-type: none"> • Participant Account Administrator (PAA) • Healthcare Organization (HCO) Staff
<i>%HS_Clinician & %HS_PAA User Administrator</i>	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.	<ul style="list-style-type: none"> • A clinician or health professional who is the PAA and also requires patient access.

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.



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:



Web-based Portal

Patient Search

Messages (0)

Clinician Tools

My Account

Logout

EMR Id

Assigned By

Last Name

First Name

Middle Name

Date of Birth

MM-DD-YYYY

Search

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.

Disagree

Agree

Patient Search

EMR Id

Assigned By

Last Name

First Name

Middle Name

Date of Birth

Search

View Records

* NOTE: Some records have been filtered due to Consent

Identifiers	Name	Gender/DOB	Address
<input checked="" type="checkbox"/> <input type="button" value="+"/> 100000069 ...4321	DEMO, JANE M	F 1942-03-29	123 UNKNOWN LN, RALEIGH NC 27565

Break the Seal

Patient Search

Messages (1)

Clinician Tools

My Account

Logout

Help

EMR Id

Assigned By

Last Name

First Name

Middle Name

Date of Birth

MM-DD-YYYY

Search

View Records

* NOTE: Some records

Identifiers

☒ 100000069 ...43

DECLARE PATIENT RELATIONSHIP

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.

-- Select Reason --

I am a clinician treating this patient

Care coordination

Conducting a quality audit check

Conducting a privacy/administrative audit

Cancel

Declare Relationship

Patient Results from eHealth Exchange



[Patient Search](#) [View Summary](#) [Messages \(1\)](#) [Clinician Tools](#) [My Account](#) [Logout](#) [Help](#)



DEMO, JANE M

Awaiting results from: eHx-GAHIN , eHx-GRACHIE , eHx-VA [Click to Refresh](#)

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



[view timeline](#)

Summary

Allergies & Alerts

Encounters

Medications

History

Conditions

Procedures/Results

Vaccinations

Documents

SUMMARY

ALLERGIES

DETAILS	CATEGORY	ALLERGEN	NATURE OF REACTION
...	Propensity to adverse reactions to drug	Vancomycin	Other (See Comments)
...	Propensity to adverse reactions	Warfarin	Nausea Only
...	Propensity to adverse reactions	Benzalkonium Chloride	Rash
...	Propensity to adverse reactions	Sulfa (Sulfonamide Antibiotics)	
...	Propensity to adverse reactions	Lisinopril	

DIAGNOSES

DETAILS	DESCRIPTION	ICD CODE	DIAGNOSIS DATE	LAST UPDATED
...	Rash	271807003		
...	Rash	271807003		

GENERAL LAB RESULTS

DETAILS	DESCRIPTION	STATUS	RESULTS	RESULTS DATE
...	HEMOCCULT/GUAIAC (COLORECTAL SCRIN) 82270	Final	Results	04/25/2018 00:00
...	CBC. IN-HOUSE	Final	Results	04/25/2018 00:00

MEDICATIONS

DETAILS	ORDER NAME	ORDER STATUS	START DATE
...	Advair Diskus 250 McG-50 McG/Dose Powder For Inhalation	In Progress	05/01/2018
...	Metoprolol Tartrate 25 Mg Tablet	In Progress	05/01/2018
...	Dicyclomine 20 Mg Tablet	In Progress	05/01/2018
...	Furosemide 20 Mg Tablet	In Progress	03/22/2018
...	Lactose-Reduced Food With Fiber 0.06 Gram-1.5 Kcal/ML Oral Liquid	Inactive	01/29/2018

1 ▶

DOCUMENTS

DETAILS	DOC TYPE	DOCUMENT
...	Consolidated CDA R1.1 Unstructured Document	Summary of Care
...	Consolidated CDA R1.1 Unstructured Document	Summary of Care

OTHER RESULTS AND NOTES

DETAILS	DESCRIPTION	STATUS	RESULTS	RESULT DATE
...	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	Final	Results	



Allergies



[Patient Search](#) [View Summary](#) [Messages \(0\)](#) [Clinician Tools](#) [My Account](#) [Logout](#) [Help](#)

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Documents

ALLERGIES AND ADVERSE REACTIONS

DETAILS	CATEGORY	ALLERGEN	NATURE OF REACTION	SEVERITY	ONSET DATE	STATUS	LAST UPDATED
	Propensity to adverse reactions to drug	Vancomycin	Other (See Comments)		04/12/2018	Active	04/12/2018 00:00, ROANOKE CHOWAN COMM HLTH CTR (RC), Yvonne Cross CNA
	Propensity to adverse reactions	Warfarin	Nausea Only		09/24/2013	Active	09/24/2013 00:00, ROANOKE CHOWAN COMM HLTH CTR (RC),
	Propensity to adverse reactions	Benzalkonium Chloride	Rash		09/24/2013	Active	09/24/2013 00:00, ROANOKE CHOWAN COMM HLTH CTR (RC), Julian Taylor MD
	Propensity to adverse reactions	Sulfa (Sulfonamide Antibiotics)			05/10/2011	Active	05/10/2011 00:00, ROANOKE CHOWAN COMM HLTH CTR (RC),
	Propensity to adverse reactions	Lisinopril			05/10/2011	Active	05/10/2011 00:00, ROANOKE CHOWAN COMM HLTH CTR (RC), Nancy Coley LPN

PATIENT ALERTS

ALERT CATEGORY	ALERT	MESSAGE	STATUS	DATE ENTERED	ENTERED BY
Other Directive	Patient has advance directives. For more information, please contact: FirstHealth of the Carolinas 155 Memorial Drive PO Box 3000 PINEHURST, NC 28374		Active		



Patient Encounters



[Patient Search](#) [View Summary](#) [Messages \(1\)](#) [Clinician Tools](#) [My Account](#) [Logout](#) [Help](#)

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[view timeline](#)

- Summary
- Allergies & Alerts
- Encounters**
- Medications
- History
- Conditions
- Procedures/Results
- Vaccinations
- Documents

ENCOUNTERS

DATE OF ENCOUNTER	TYPE	FACILITY	DEPARTMENT	ATTENDING PHYSICIAN	ENCOUNTER NUMBER	END OF ENCOUNTER	INSURANCE	LOCAL MRN
05/01/2018 13:59	Outpatient	ROANOKE CHOWAN COMM HLTH CTR (RC)	RCACHC	CHANTHY GUTIERREZ	999888777	05/01/2018 13:59		999876
04/26/2018 08:09	Outpatient	ROANOKE CHOWAN COMM HLTH CTR (RC)	RCACHC	CHANTHY GUTIERREZ	317990477	04/26/2018 09:00		999876
10/25/2017 08:09	Outpatient	ROANOKE CHOWAN COMM HLTH CTR (RC)	RCACHC	CHANTHY GUTIERREZ	111222333	10/25/2017 08:09		999876
10/25/2017 00:00	Outpatient	AHOSKIE COMPREHENSIVE CARE	1.2.840.114350.1.13.66.2.7.2.686980.59001001	Julian Taylor	318387030	10/25/2017 00:00		999876



Medications



[Patient Search](#) [View Summary](#) [Messages \(1\)](#) [Clinician Tools](#) [My Account](#) [Logout](#) [Help](#)

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RECENT MEDICATIONS

DETAILS	ORDER NAME	DOSE	DRUG ROUTE	START DATE
	Dicyclomine 20 Mg Tablet	3 Caps/day		05/01/2018
	Metoprolol Tartrate 25 Mg Tablet	1 Caps/day		05/01/2018
	Advair Diskus 250 McG-50 McG/Dose Powder For Inhalation	2 per day		05/01/2018
	Furosemide 20 Mg Tablet	1 Cap	oral (C38288_t13)	03/22/2018

HISTORICAL MEDICATIONS

DETAILS	ORDER NAME	DOSE	DRUG ROUTE	ORDERED ON
	Lactose-Reduced Food With Fiber 0.06 Gram-1.5 Kcal/ML Oral Liquid	3 {can}	oral (C38288_t13)	01/29/2018
	Triamcinolone Acetonide 0.025 % Topical Cream	2 Apply	topical	10/25/2017
	Nitrofurantoin Monohydrate/Macrocrystals 100 Mg Capsule	1 Caps/day		10/25/2017
	Potassium Chloride 20 Meq/15 ML Oral Liquid	1 Tbsp		10/24/2017



Conditions



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DEMO, JANE M

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



[view timeline](#)

- Summary
- Allergies & Alerts
- Encounters
- Medications
- History
- Conditions**
- Procedures/Results
- Vaccinations
- Documents

DIAGNOSES

DETAILS	DIAGNOSIS TYPE	DESCRIPTION	ICD CODE	STATUS	DIAGNOSIS DATE	LAST UPDATED
	Discharge	Rash	271807003	Active		ROANOKE CHOWAN COMM HLTH CTR (RC)
	Discharge	Rash	271807003	Active		ROANOKE CHOWAN COMM HLTH CTR (RC)

PRESENT ILLNESS

DESCRIPTION	ONSET DATE	END DATE	PROBLEM	STATUS	LAST UPDATED
Chronic allergic rhinitis	05/01/2018		Chronic allergic rhinitis	Active	05/01/2018 20:03
Dyslipidemia	05/01/2018		Dyslipidemia	Active	05/01/2018 20:49
Constipation, chronic	03/04/2014		Constipation, chronic	Inactive	03/04/2014 21:12
Conjunctivitis	04/23/2013		Conjunctivitis	Active	04/23/2013 22:12
Candidal dermatitis	09/28/2012		Candidal dermatitis	Inactive	09/29/2012 02:13
Seborrheic keratosis	09/28/2012		Seborrheic keratosis	Inactive	09/29/2012 02:13

PAST ILLNESS

DESCRIPTION	ONSET DATE	END DATE	PROBLEM	STATUS	LAST UPDATED
Moniliasis of mouth	08/27/2014	05/01/2018	Moniliasis of mouth	Resolved	08/27/2014 23:03 ROANOKE CHOWAN COMM HLTH CTR (RC)
Insomnia	04/23/2013	05/01/2018	Insomnia	Resolved	04/23/2013 22:21 ROANOKE CHOWAN COMM HLTH CTR (RC)
Hyponatremia	04/23/2013	05/01/2018	Hyponatremia	Resolved	04/23/2013 22:21 ROANOKE CHOWAN COMM HLTH CTR (RC)
Obesity, unspecified	10/07/2011	03/27/2014	Obesity, unspecified	Resolved	ROANOKE CHOWAN COMM HLTH CTR (RC)



Procedures/Results



Patient Search View Summary Messages (0) Clinician Tools My Account Logout Help

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view timeline

Summary

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Encounters

Medications

History

Conditions

Procedures/Results

Vaccinations

Documents

PROCEDURES

PROCEDURE	PROCEDURE DATE	CARE PROVIDER	PROCEDURE CODE	LAST UPDATED
ECG ROUTINE ECG W/LEAST 12 LDS W/1&R	04/30/2018	Coleman, Christine	93000	,ROANOKE CHOWAN COMM HLTH CTR (RC).

GENERAL LAB RESULTS

ORDER ITEM	CUMULATIVE	RESULT 1
CBC, IN-HOUSE		04/25/2018 00:00
HEMOCCULT/GUAIAC (COLORECTAL SCRIN) 82270		04/25/2018 00:00

[F]

OTHER RESULTS AND NOTES

DETAILS	DESCRIPTION	STATUS	RESULTS	RESULT DATE
	ECG ROUTINE ECG W/LEAST 12 LDS W/1&R	Final	Results	

HealthShare - Internet Explorer

https://ncqdemohs.ondemand.sas.com/csp/healthshare/hsaccess/web/csp/websys.csp?TUID=1280&TUID=3810

DEMO, JANE M

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

Previous Result

Next Result

Cumulative

Order Details

Order Start Date & Time04/25/2018 00:00

Ordering Clinician

Specimen82&BLOOD - Blood

Specimen Collection Date & Time

Specimen Received Date & Time

Result Date & Time04/25/2018 00:00

Result StatusFinal

Placer ID

Last Updated AtROANOKE-CHOWAN IN-HOUSE LAB

Age at Time of Test76 Years

TEST ITEM	FLAG	VALUE	UNITS	REFERENCE RANGE	TEST ITEM STATUS	COMMENTS	SENSITIVITIES	MESSAGE FLAG
WBC	Normal	7.2	1	3.5 - 10.1	Final			
RBC	Normal	3.81	1	3.8 - 5.79	Final			
HGB	Low	10.6	g/dl	11 - 16.9	Final			Abnormal
HCT	Low	33.0	%	35 - 52.7	Final			Abnormal
MCV	Normal	87	1	80.0 - 97.0	Final			
MCH	Normal	27.7	1	26.0 - 32.0	Final			
MCHC	Normal	32.0	1	31.5 - 36.0	Final			
RDW	Normal	13.7	%	11.5 - 14.5	Final			
PLT	Normal	278	1	150 - 533	Final			
MPV		6.3 um(3)		6 - 9.6	Final			
LYM%	Normal	26.2	%	13 - 50.9	Final			
LYM#	Normal	1.80	1	0.8 - 3.6	Final			
MON%		7.3	%	4.1	Final			
MON#	Normal	0.50	1	0.2 - 1.3	Final			

83%



Vaccines



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view timeline

- Summary
- Allergies & Alerts
- Encounters
- Medications
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- Conditions
- Procedures/Results
- Vaccinations
- Documents

VACCINATIONS

DETAILS	ORDER NAME	DOSE	DRUG ROUTE	START DATE
...	INFLUENZA,INJECTABLE,QUADRIVALENT,PRESERVATIVE FREE	0.5 mL	Intramuscular	01/26/2018
...	INFLUENZA,INJECTABLE,QUADRIVALENT,PRESERVATIVE FREE	0.5 mL	Intramuscular	11/23/2016
...	PNEUMOCOCCAL CONJUGATE PCV 13	0.5 mL	Intramuscular	01/21/2016
...	INFLUENZA, SEASONAL, INJECTABLE	0.5 mL	Intramuscular	11/04/2014
...	INFLUENZA, SEASONAL, INJECTABLE, PRESERVATIVE FREE		Intramuscular	09/24/2013
...	INFLUENZA, SEASONAL, INJECTABLE		Intramuscular	10/20/2011



Documents - Continuity of Care Document



Patient Search View Summary Messages (1) Clinic

DEMO, JANE M

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

view timeline

- Summary
- Allergies & Alerts
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- History
- Conditions
- Procedures/Results
- Vaccinations
- Documents**

DOCUMENTS

DETAILS	DOCUMENT	CLINICIAN	DOC TYPE	ACTIVITY DATE
	Summary of Care		Consolidated CDA R1.1 Unstructured Document	05/01/2018 20:59
	Summary of Care		Consolidated CDA R1.1 Unstructured Document	04/27/2018 12:19

Summary of Care - Internet Explorer

https://ncqdemohs.ondemand.sas.com/csp/healthshare/hsaccess/web/csp/websys.csp?TUID=329&TUID=3709#Ni

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- [Insurance](#)

Reason for Visit

Reason	Comments
Follow Up	Rash on thigh and back of neck

Encounter Details

Date	Type	Department	Care Team	Description
04/26/2018	Office Visit	Roanoke Chowan Community Health Center - Ahoskie 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910-8161 252-332-3548	Gutierrez, Chanthy, FNP 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910 252-332-3548 252-332-1665 (Fax)	Rash (Primary Dx)

Allergies



Exchange

Clinical Portal How to Gain Access

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



← → ↻ hiea.nc.gov/covid-19

Apps Log in - Jira NC User account | NC... Login - Intersystem... DocuSign - Travel P... Sharepoint - Home Webex Enterprise Si... Travel Reimburse... iContact Pro

NC DIT Health Information Exchange

Search...

NC.GOV AGENCIES JOBS SERVICES 1

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COVID-19 Response

March 25, 2020

The NC HealthConnex team has developed a COVID-19 Quick Reference Guide, a document that walks providers through how to access COVID-19 patient results in the NC HealthConnex clinical portal. Follow the link [here](#) for the COVID-19 Quick Reference Guide.

March 20, 2020

Over the last few weeks, our communities have experienced a variety of challenges and uncertainty from the coronavirus. We understand that many of your health care organizations are on the front line of this public health crisis. During this volatile time with changes happening daily, we want to share our thoughts and well wishes for all of you to remain healthy.

We also want you to know that we're here to help. Supporting communities with real-time patient data during an emergency is a proven use case of HIEs like NC HealthConnex.

Related Links

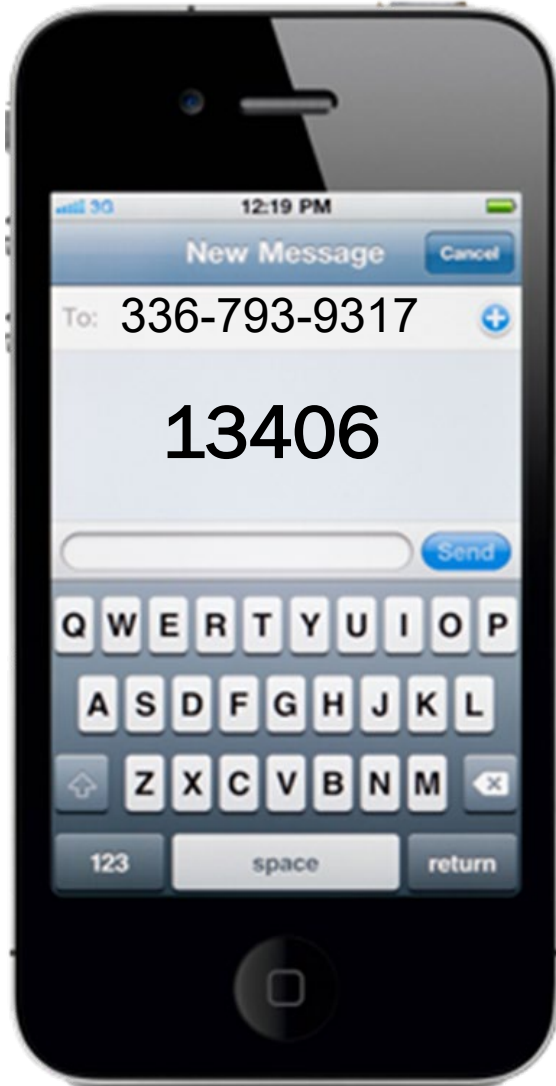
- [More than 5,000 surgery centers can now serve as makeshift hospitals during COVID-19 crisis](#)
- [How HIEs Are Accommodating Data Exchange During COVID-19](#)
- [NCHICA COVID-19 Resources](#)
- [Coronavirus Disease 2019 \(COVID-19\) Response in North Carolina](#)
- [CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response](#)



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>



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