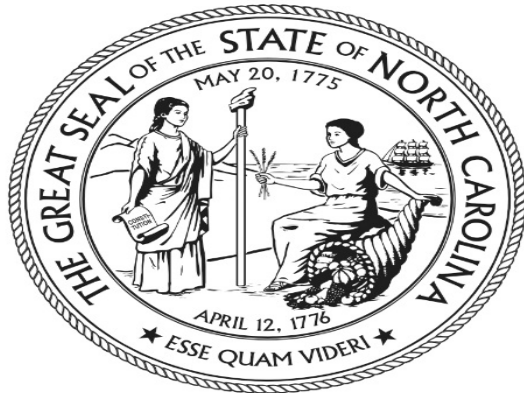


NC Department of Health and Human Services

# Telehealth 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=440  
6178&CustomerID=324](https://www.captionedtext.com/client/event.aspx?EventID=4406178&CustomerID=324)



**Lakeisha Moore**  
**Office of Rural Health**

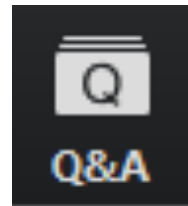
**Dr. John E. Jenkins**  
**Greensboro AHEC**

**Kim Schwartz, CEO**  
**Roanoke Chowan**  
**Community Health Center**

**April 6, 2020**

# Logistics for Telehealth Best Practices

**Questions during the live webinar**

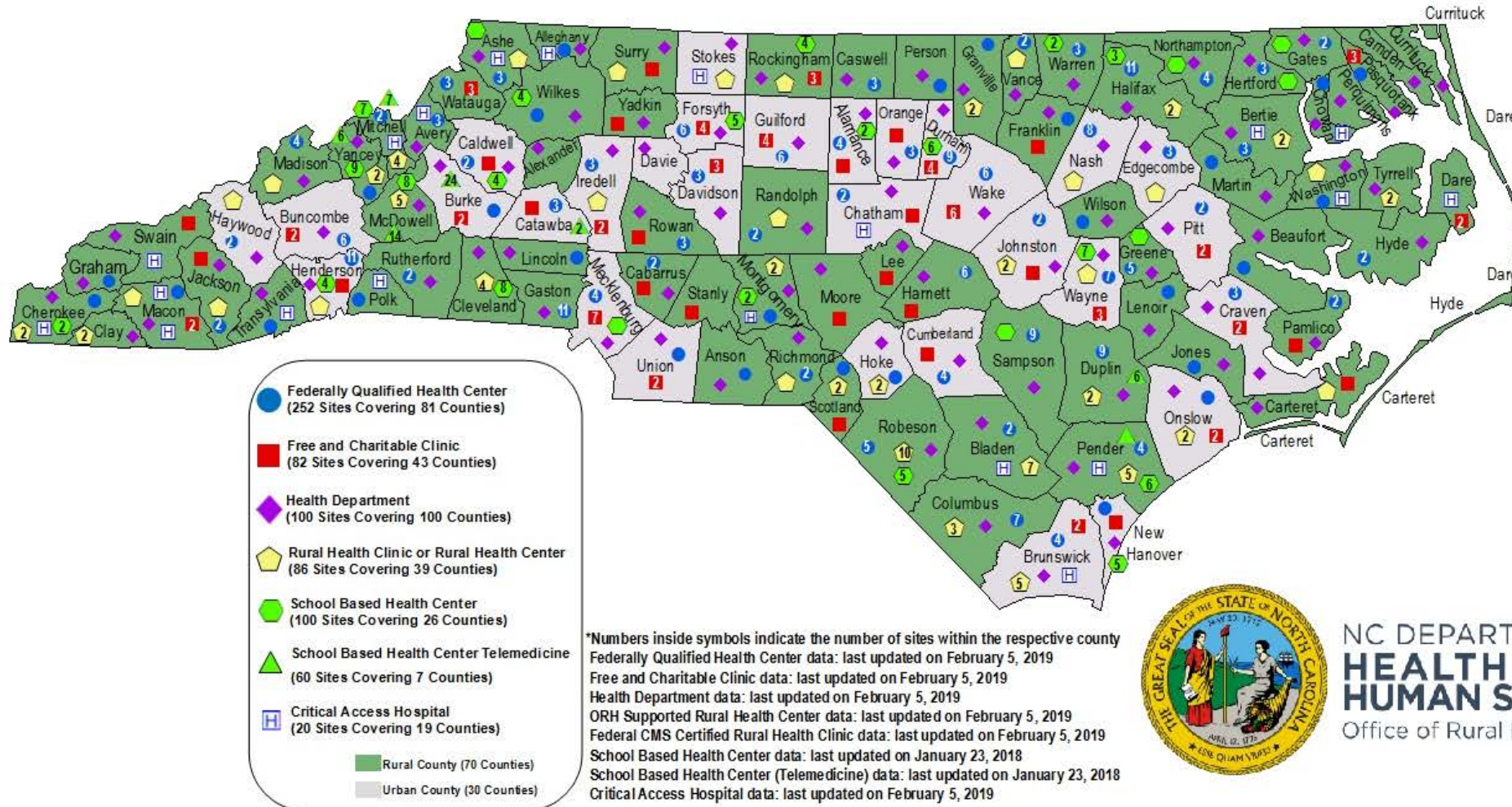


**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto: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

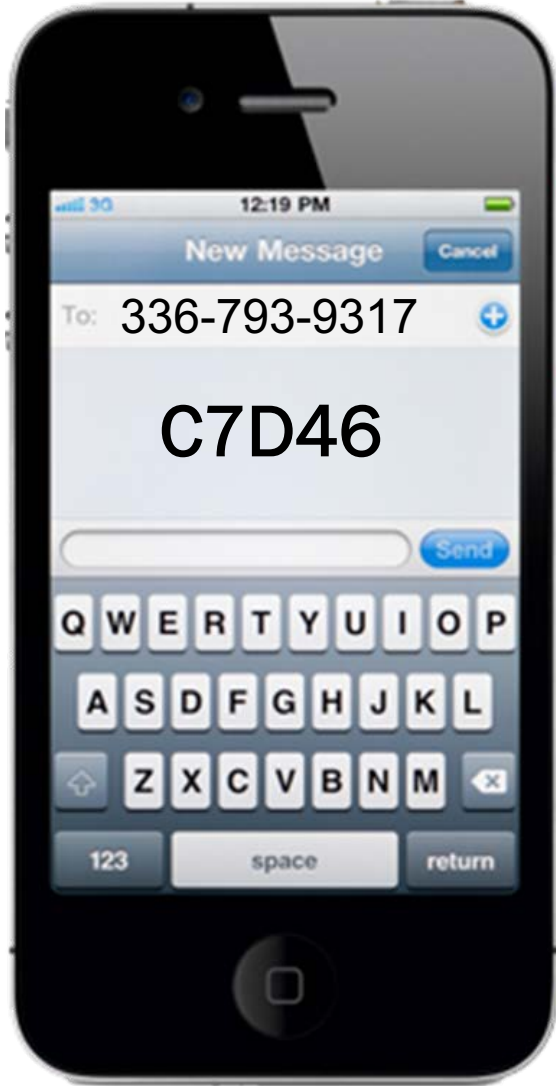
## Agenda

- CME is available ([Ryan Wilkins](#))
- Presentation of Telehealth Best Practices in responding to COVID-19 ([Dr. John E. Jenkins](#))
- Roanoke Chowan Community Health Center Telehealth Best Practices ([Kim Schwartz and Jen Cobb](#))
- 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](mailto:questionsCOVID19telehealth@gmail.com)
- The goal of today's webinar is to highlight best practices and associated workflows 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: **C7D46**

To: **336-793-9317**

**\*MyAHEC account is required for credit**

For more instructions visit: [www.nwahec.org/textreg](http://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, 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.)

# How Practices are Succeeding with Virtual Visits



# Our Shared Goals for Telehealth:

Leverage Virtual Visits for

- COVID-19 screenings
- Acute Issues
- Chronic Follow-up

To keep our patients safe during the pandemic



Clear on-line information and guidance



Proactive conversion of routine follow-ups to virtual visits



Offering virtual visits for simple acute issues



Practice management of at-risk patients




# CREATING AWARENESS : OPENING THE DIGITAL FRONT DOOR

## THE CASWELL MEDICAL STORY

Caswell Family Medical Center > Telehealth

### TELEHEALTH



**Telehealth Services From Caswell Family Medical Center, Inc.**

When we first heard of Coronavirus, no one had any expectation that it would change our lives the way it has. Nevertheless, here we are. We trust that you are doing your part in helping to flatten the curve by complying with the stay-at-home order, practicing social distancing and most importantly: keeping those hands washed!

For CFMC and JAHC, business continues to be anything but normal. Today marks a new change for us: Telehealth. We now have capacity to provide healthcare services to established patients through video, sometimes referred to as telemedicine. For our patients that don't have access to video, we can provide phone/voice visits. If our medical staff determines a patient cannot be safely treated using Telehealth, he/she will be brought into the office. We have implemented additional measures to ensure both patient and staff safety to the greatest extent possible. We have prepared the following 'frequently asked questions' that may help you better understand how this service works:

**How do you set up an appointment with a provider by phone or video?**

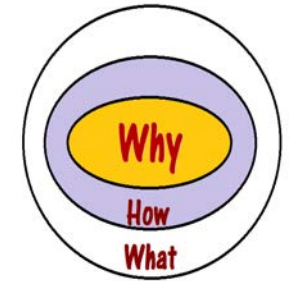
The process starts with a phone call. Simply call our office and our staff will take you step-by-step through determining the best and safest way to ensure you get the health care you need.

**What will you have to pay?**

Every health insurance is different; however, all are quickly updating their plans to cover Telehealth. Please call the number on the back of your insurance card to learn more about your specific coverage.

<https://caswellmedical.org/telehealth/>

- Give a clear statement of the “why”
  - The visit is secure and we want you to be safe.
- FAQ approach to creating awareness
  - How?
  - Cost?
  - What technology is needed?
  - Who is performing the visit?
  - Can I still come into the office?
  - Accepting new patients?
  - Other services? Behavioral Health?
- If you have a question call 555-555-5555



Always give a number  
manned by a person  
who knows the FAQ's

# KEY COMPONENTS FOR SUCCESS:

1. Routing patient calls to set up the telephonic or telehealth visit.
  - Provide a script why virtual are a safe and secure option in the COVID-19 crisis.
  - Never deny an in-person request but be persuasive
  - Create a process to sign-up the patient for your portal or the application you are using
2. Publish your FAQ's on your web site for both information and marketing.
3. Know the platform: does the patient need a download, have they turned on their mic and camera?



# A LOOK INSIDE: THE SUCCESSFUL OFFICE THE EAGLE PRIMARY CARE STORY



- Promote virtual visits with every patient
  - Promote Telehealth as an option for clients on your patient portal, in your practice newsletter, via email, and on your social media page.
  - When clients call to book or reschedule appointments, offer Telehealth as an alternative.
- Redeploy team members
  - Foot traffic has significantly decreased
  - Check-in, check-out and rooming personnel now trained in telehealth support roles
- Document the visits in standard office visit notes with guidelines for providers about virtual consent

## ■ Creative solutions

- **Freedom to innovate:** Eagle has a virtual visit portal through their EHR but some providers found it “too clunky” and were given the freedom to use “free” modalities to connect with their patients.
- **New Patients:** team members guided new patients through quick registration processes
- **Fear of flying:** Patients expressed concern about coming into the office for routine non-COVID-19 testing. Eagle set up an “outside of the office” lab collection station in an adjacent office.

**The results: One week into virtual visits  
Eagle is averaging over 12 virtual visits per provider**

# INTERVIEW WITH A SUCCESSFUL PROVIDER

**DR HUNTER: FAMILY MEDICINE WORKING IN A MULTI-PROVIDER SITE INCLUDING APPS**



- Set personal goals to get his access back to pre-COVID-19 levels
- Experimented with platform choice
  - Goal to find a platform that was easy to invite patients and geared toward medical use
  - Now using a free platform call Doxy.me
- Uses the medium to its best advantage
  - Has the patients and parents 'help' in the physical exam
  - Was able to lead a parent through an exam that diagnosed acute appendicitis. Referred for US and successful emergent surgery!

Biggest barrier: working with older patients sometimes requires recruiting a family member with the necessary technology

# OPERATIONAL PEARLS AND ADDITIONAL RESOURCES

## Pearls from Practice Calls

- Consider setting up a separate work flow for COVID-19 concerns
- Keeping triage and questions about COVID-19 out of the routine virtual office workflow creates efficiency
- Could be staffed by RN or APP
- Set up a “safe” lab draw site outside of the office to keep well patients out of exposure risk
- Convert walk-ins to virtual

## Resource Websites

### DHHS COVID-19

- <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>
- <https://www.ncdhhs.gov/divisions/orh>

### NC Area Health Education Centers

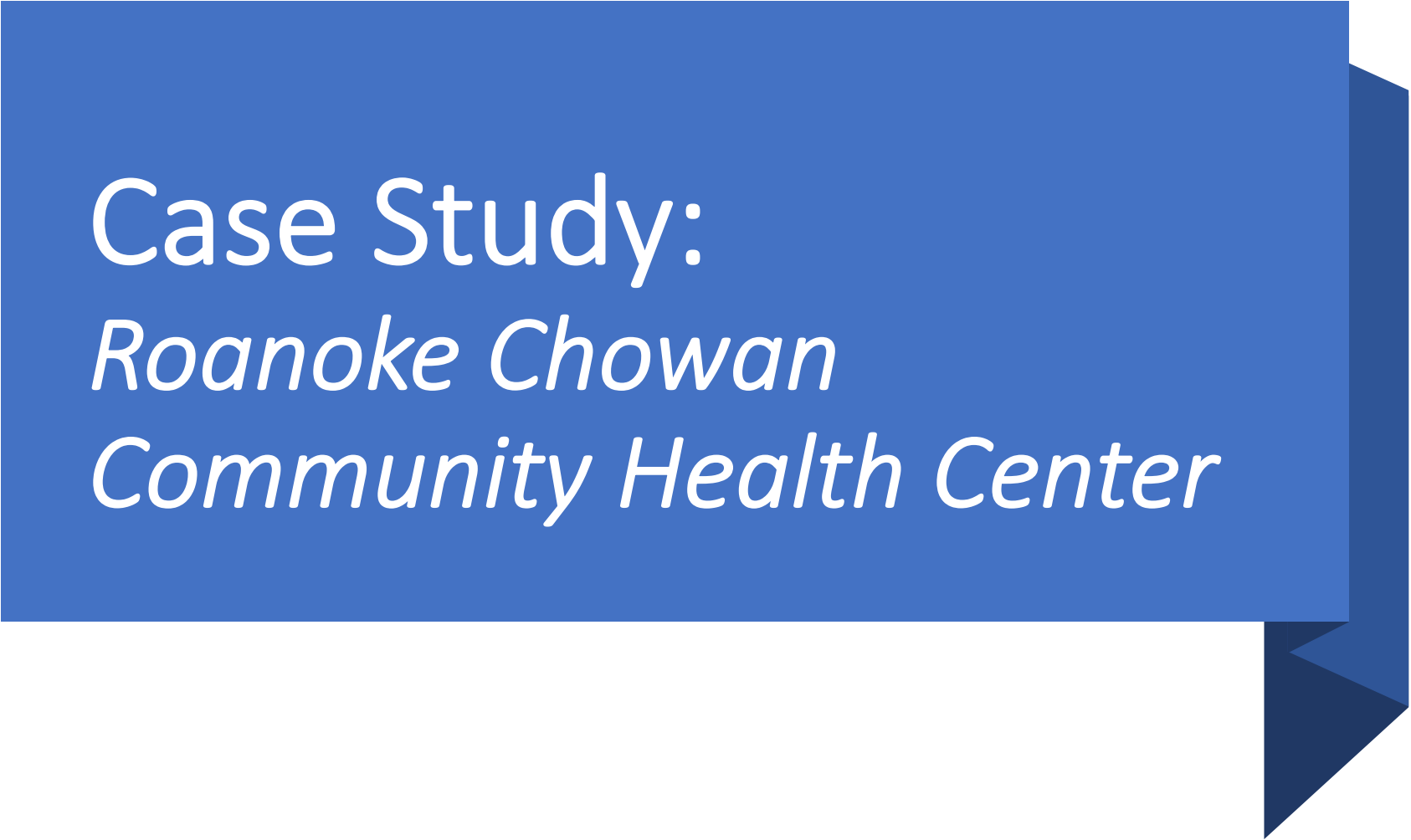
- <https://www.ncahec.net/covid-19/webinars/>

### Community Care of NC

- <https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

### NC Medical Society

- <https://www.ncmedsoc.org/covid-19/>

A blue ribbon graphic with a folded end on the right side, containing white text.

# Case Study:

*Roanoke Chowan  
Community Health Center*





# Telehealth Implementation

IN A COVID CRISIS

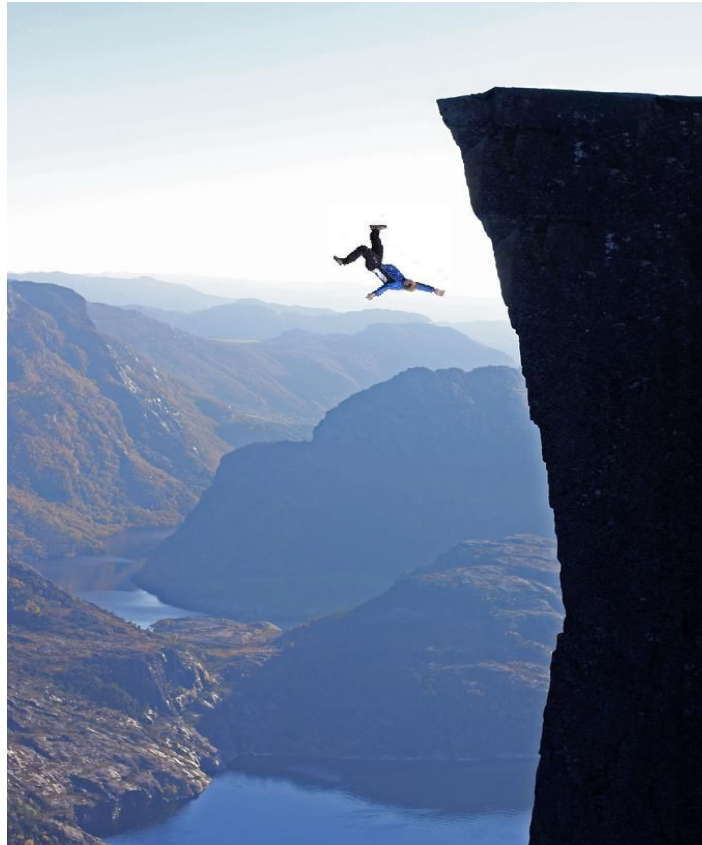
- ▶ Kim Schwartz, CEO
- ▶ Jen Cobb, Revenue Cycle Manager/Telehealth Coordinator



# Roanoke Chowan Community Health Center



# Fall forward, learn fast






# RCCHC Telehealth Culture

- ▶ Remote Patient Monitoring since 2006
- ▶ Current – Nurse Case Management
  - ▶ ACO
  - ▶ Medicaid
  - ▶ COVID-19



# Tuesday, March 24th

- ▶ OCHIN EPIC, HCCN
- ▶ MyChart portal
- ▶ Prior to COVID-19: 30% MyChart usage rate
  - ▶ Now patient must opt out of MyChart 
- ▶ Turn off automated schedule reminders
- ▶ Began workflow for front desk and created scripts for phone visit change
- ▶ Converted all scheduled visits to phone visits on March 24<sup>th</sup>
  - ▶ Week prior – below 50% productivity
  - ▶ March 24<sup>th</sup> – boosted productivity by 30%
  - ▶ Consistently been at about 75% productivity since then



# Phone Visits

- ▶ All user meetings, created workflows and scripts
- ▶ Trainings on phone etiquette for clinical staff
  - ▶ For example, reminded clinical staff to compliment the patient on what a good job they did on the phone visit
- ▶ Motivational Interviewing Techniques emphasized
- ▶ Script for phone visit and co-pays
  - ▶ “With the recent threat of the coronavirus and the CDC’s recommendation for distancing ourselves from others, we need to get your appointment changed over to a phone consult rather than having you come into the office. Just so you are aware, your insurance will be billed for the consult with your provider over the phone. Your insurance may charge copays or coinsurance for these visits; however, most have waived these charges because of the current situation.”

# PR

- ▶ Lots of patient information was pushed out through Facebook, newspaper articles, website
- ▶ <https://www.roanoke-chowannewsherald.com/2020/03/27/virtual-medicine/>
- ▶ [www.rcchc.org](http://www.rcchc.org)
- ▶ Community promotional video in process

Subscribe Services Classifieds Facebook Specials E-Newsletter Signup About Us E-Edition

**Roanoke-Chowan News-Herald.com**  
"Serving the Roanoke-Chowan Community since 1914" 70°

HOME NEWS SPORTS OPINION SOCIETY OBITS BUSINESS SCHOOLS CLASSIFIEDS



Ahoscie Comprehensive Care Pharmacy Director Angie Kent-Mitchell (center) is joined on Friday morning by Pharmacy Tech Johnna Godwin (left) and Ag Outreach Tech Jorge Gomez as they prepare for the next patient to use a newly opened drive-up area. Pharmacies locally and nationwide are taking extra precautions in an effort to slow the spread of COVID-19. Staff Photo by Cal Bryant

**LATEST STORIES**

- Del Rania Pike
- Hattie M. Freeman
- Gates County reports first COVID-19 case
- Bertie County resident succumbs to COVID-19
- 'Bear' sightings increase

**Virtual Medicine**

By Cal Bryant  
Email the author  
Published 6:48 pm Friday, March 27, 2020

AHOSKIE – Extreme times call for extreme measures.  
That's the rallying cry of medical providers as they attempt to

# Friday, March 27th

- ▶ Fast tracked activation of virtual visits utilizing our patient portal
- ▶ Began training providers and their support staff through use of test patient
- ▶ Updated front desk script to identify patients with connectivity to support virtual visit



# Who should have a video visit?

- ▶ Anyone who would have had an in-person visit
  - ▶ Infection prevention
  - ▶ Quarantine
  - ▶ Homebound
  - ▶ Check-in visit for controlled substances
  - ▶ Behavioral Health
- ▶ “If you can do it by video, why not by phone?”
  - ▶ Video visits substitute for in-person encounters, not phone calls.
- ▶ Availability of phone visits are still essential due to broadband connectivity issues

# Clinical Staff

- ▶ Clinical Support Staff performing their normal duties associated with a patient visit
- ▶ Mimicking the flow of an in person visit
- ▶ Obtain consent
- ▶ Create the ***atmosphere of a regular in-person visit***, e.g. if you ordinarily wear a stethoscope around your neck, wear one during the video visit
- ▶ Be aware of your surroundings that are on camera – look what's behind you
- ▶ Remember to protect patient privacy – close you door and signage
- ▶ HIPAA relaxed for platform – not practice

# Pre-visit Planning

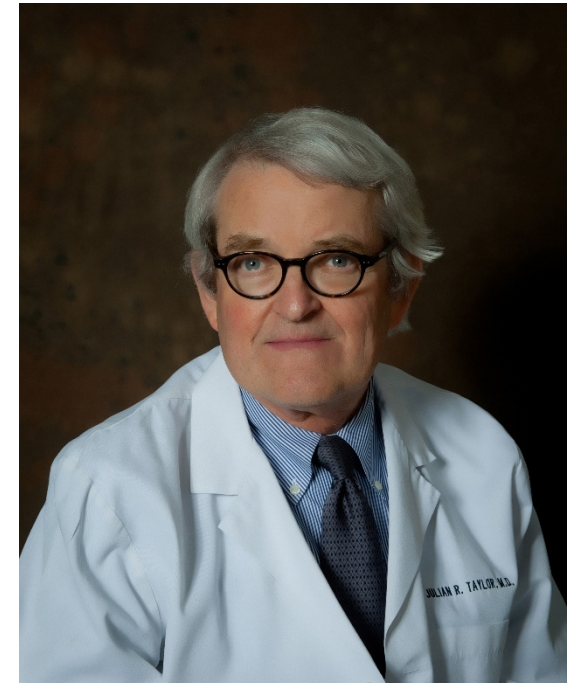
- ▶ Front office staff outreach:
  - ▶ Educate the patient on how to use the portal
  - ▶ Confirm the appointment
  - ▶ Walk the patient through check in process
- ▶ MyChart Portal allows check in 24 hours prior to visit
- ▶ Outreach 15 minutes prior to appointment to help navigate any barriers
- ▶ Verify phone number in case there is video/audio disruption



# During the visit

- ▶ Smile! You're on camera!
- ▶ You just made your patient's life much better by saving them a trip to the doctor.
- ▶ Who's present (Patient? Family members?)

*"It has gone surprisingly well, my patients are so appreciative to have the connection, especially at this crucial time." - Dr. Julian Taylor, RCCHC Provider*



# Documentation Requirements

Telehealth encounters meet the same documentation standards as in-person encounters. However, providers must document the following:

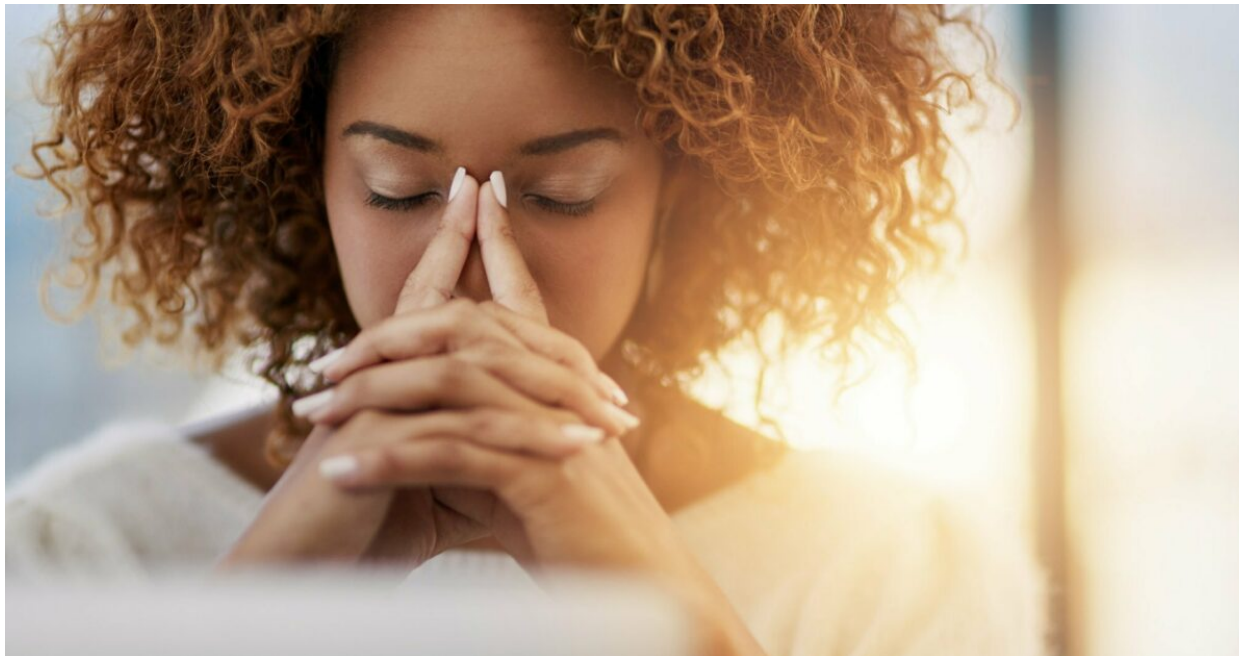
- ▶ That the visit occurred via telemedicine
- ▶ The physical location of the patient
- ▶ The physical location of the provider
- ▶ The names of all persons participating in the telemedicine service (such as family, specialists, etc.) and their role in the encounter

# Billing

- ▶ Instructed providers how to code utilizing 99441-3 for phone consults
  - ▶ Any payor specific modifications are made by the EHR in claims processing
  - ▶ COVID crisis coding are the exception
- ▶ Telehealth utilizes E/M codes
  - ▶ Changes are made in the background in claims processing
  - ▶ Place of service identifiers are automated based on type of appointment

# Billing

- ▶ Currently holding claims for payors who are continuing to make changes and addendums



# Future Plans

- ▶ Utilizing kindle fires purchased through a previous grant for patients to utilize in the parking lot of our sites
  - ▶ iPads are preferred equipment but repurposing what we've got
- ▶ Setting up clinic parking lots as hot spots
- ▶ Maximizing the use of MyChart tools and features

# Keep Calm. Carry On.

...(If you know  
your) WHY you  
can bear any  
HOW. -*Viktor E.  
Frankl*





# 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](mailto: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](mailto:practicesupport@ncahec.net)**

**State COVID-19 website: [www.ncdhhs.gov/covid19](https://www.ncdhhs.gov/covid19)**