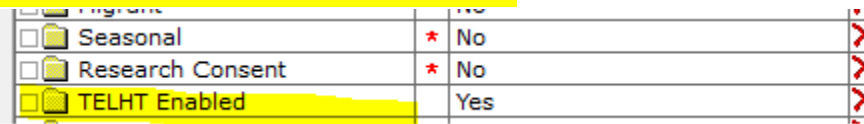


Neighborhood Healthcare's TeleHealth Visit Workflow

General notes

- a. Our goal is to continue to care for our patients while minimizing the risk of SARS-CoV-2 transmission to patients and to our staff.
- b. Rather than canceling visits, we will continue to “see” patients virtually through video calls and phone calls, also known as telehealth visits.
- c. We will convert prior visits to telehealth visits whenever possible
- d. We want to make video visits the 1st option and phone visits the 2nd one and in-person emergency/urgent needs the 2nd one
- e. Effective, April 27th, we will ask all patients one question, “Do you have access to a device that has a camera, mic and internet connection, such as a smartphone, computer or tablet?”

- i. Each patient's Yes or No answer will be recorded in the Patient Information>Additional Info> Structured Data field “TELHT enabled”.



Seasonal	* No	
Research Consent	* No	
TELHT Enabled	Yes	

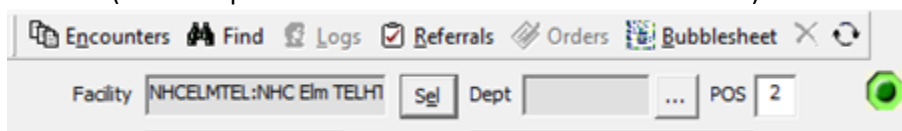
- ii.
- iii. This information will help us track video visit capability for future reference.
- iv. CCRs will be asking this question and recording the answer when scheduling the appointment and PSRs are to double check when doing confirmations.

- f. We will schedule new visits as telehealth visits whenever possible
- g. We will be using the visit type *PhoneVisit* for phone visits and *VideoVisit* for video visits.



Visit Type: <input type="radio"/> VideoVisit (Video Visit)	Visit Type: <input checked="" type="radio"/> PhoneVisit (Phone Visit)
Visit Status: <input type="radio"/> PEN (Pending)	Visit Status: <input checked="" type="radio"/> CONFPHONE (Confirmed)

- h.
- i. Make sure you update the facility to the site's NHC TELHT facility and reselect the department if needed. (For example NHC ELM TELHT or NHC MENIFEE TELHT)



Encounters Find Logs Referrals Orders Bubblesheet

Facility: NHC ELM TELHT Sel Dept: ... POS: 2

- j.
- k. Telehealth visits will default to 15 minute duration slots, please make new patient appointments and hospital follow ups 30 minutes.
- l. Eligibility should continue to be checked prior to day of visit by PSRs.
 - i. PSRs will make use of Express Status Guidelines to indicate eligibility check. [Instructions on how to use Express statuses found here.](#)
 - ii. Effective April 8th, front desk will need to scrub the schedules at the beginning of each session AND at the end of the day to capture ALL visits that still need eligibility verification.
 - iii. Effective April 8th, HRSA guidelines require that we make every effort to collect for services rendered.

- i) Cash patients will be charged for the Telehealth and Teledentistry services.
 - (1) We will not refuse service to any patient due to the inability or refusal to pay.
 - (2) Sliding Fee Discount will be applied if DOI form is completed. Follow the same process as you have in the past for any self-pay patient.
 - (3) PSR can collect from patient by phone, just follow the [phone payment guidance from the Cash Team found here](#).
 - (4) If the patient is not able to pay at the time of service, PSR is to inform the patient will be receiving a statement for this service. Online Bill Pay is available on our NHCare.org website.
- m. Video visits will occur via a non- MA-driven workflow using our in-house built video conferencing tool called NHC LIVE. [Instructions on how to do a 3 way video call using NHC LIVE found here](#).
- n. Phone visits will occur via an MA-driven workflow using the conference calling feature of our Digium phone system. [Instructions on how to do a 3 way call using Digium Work Phones found here](#).
- o. We will continue to have in-person visits when necessary. Scheduling of these visits will use an [In-Person Scheduling Protocol](#).
- p. When a patient has two encounters on the same day, [a workflow has been created for the PSR to utilize and make the phone/video visit non-billable](#), since only one visit is payable by the health plan. We will choose to make the face to face encounter billable.
 - i. When a patient has a medical and dental visit on the same day, both can stay as billable.

Prior Existing Appointments – Converting to TeleHealth Visits

- a. We will continue to see certain in-person visits
 - i. critical peds and adult immunizations
 - ii. critically important labs visits
 - iii. **up to 24-month CPE**
 - iv. Prenatal with midwife
 - v. Depo-provera
- b. We will attempt to convert *all* other visits to telehealth visits. PSRs at sites will call patients on the schedule to offer a video visit, phone visit or reschedule their appointment.
- c. Script “Due to the Corona Virus outbreak, we recommend being seen by video visit or phone visit. We plan on keeping your appointment scheduled for (____/today). Instead of visiting the site, your Provider will send you a link with an invitation to a join video call or if you decide, will just call you on your phone “.
- d. Please be aware that not all items can be addressed over video phone, but they will do all they can to assist you”.

“If you think a visit is truly needed, we will make note of it and someone from our office will call you to schedule an appointment later today.”
- e. If patient does want to be seen physically, change that visit status to RESCHEDULED, and then reschedule per [In-person Scheduling Protocol](#).
- f. If patient agrees to a telehealth visit, change visit type to *Video Visit* or *PhoneVisit* as appropriate, and leave appointment on the schedule and change visit status to CONFIRMED PSR

will schedule the patient accordingly and change the visit status to confirmed. Make the patient aware of the “Appointment Window”. Patient may receive a call or text with link 30min before or 30min after scheduled appointment time.

- g. In the future, we may attempt to collecting limited vitals during lab visits (BP, weights, etc).

Booking New Appointments

- a. We will continue to schedule certain in-person visits (see list above). Questions about the necessity of these visits should go to triage RN.
- b. For all other visits, let patients know that due to the COVID-19 outbreak, we recommend being seen by phone visit, or video visit if provider offers it. If patient wants to be seen in clinic, we will do so by RN triage.
- c. If patient agrees to a telehealth consultation, schedule as *VideoVisit* or *Phone Visit*. Make sure you update the facility to the site’s NHC TELHT facility and reselect the department if needed. (For example, NHC ELM TELHT or NHC MENIFEE TELHT)

- d.
- e. Make the patient aware of the “Appointment Window”. Patient may receive a call or text, 30min before or 30min after scheduled appointment time.
- f. New patient hospital F/U visits will be reviewed by RN/provider before scheduling.
- g. All new patients will be scheduled as phone video visits.
- h. Effective, April 27th, we will ask all patients one question, “Do you have access to a device that has a camera, mic and internet connection, such as a smartphone, computer or tablet?”

- i. Each patient’s Yes or No answer will be recorded in the Patient Information>Additional Info> Structured Data field “TELHT enabled”.

<input type="checkbox"/> Seasonal	*	No	X
<input type="checkbox"/> Research Consent	*	No	X
<input checked="" type="checkbox"/> TELHT Enabled		Yes	X

- ii.
 - iii. This information will help us track video visit capability for future reference.
 - iv. CCRs will be asking this question and recording the answer when scheduling the appointment and PSRs are to double check when doing confirmations.

Project Dulce

- a. Project Dulce is to keep all scheduled appointments as is
- b. the same processes are to take place as the new patient and existing appointments. Once the RN has completed their assessment - they are to inform the project dulce provider of the day (same EMV process as before) and the provider will complete the visit over video or phone call as needed.
- c. RN is to schedule follow-up appointments as needed.

Comprehensive Perinatal Service Program

- a. [Please refer to the CPSP Telehealth Visits Workflow found here.](#)

During a Video Visit

- a. If the patient provides consent to a video visit, medical assistant will use [NHC LIVE \(video conferencing tool\)](#) to start video call.
 - i. Medical Assistant needs access to a laptop to use NHC Live.
 - ii. NHC LIVE can be accessed by clicking on this link: <https://nhclive.herokuapp.com/>
 - iii. [Instructions on how to use NHC LIVE can be found here.](#)
- b. Medical Assistant or Provider will merge ECW *Phone/Video Visit Template*.
- c. When patient joins video call, provider will introduce him/herself, verify patient's name and birthdate, and verbally consent patient for medical care through video call. This will be documented in the template:

Chief Complaint(s): ▾
• Need for Telehealth visit due to pandemic corona virus

HPI: ▾
Phone/Video visit
Please use the following to introduce yourself to the patient:
Hello, my name is ____ and I'm contacting you on behalf of Neighborhood. I am licensed in the state of CA and I am board certified specialized in (pls state your qualification/specialties).
You attest that you have appro ID yourself to the patient ____.
Did the patient verified their name? ____.
Did the patient verified their date of birth? ____.
Did the pt consent to the del of med services via Telehealth ____.
Time spent with patient: min ____.
Type of the visit
Delivery of Medical service through ____

- d.
- e. If you cannot hear you patient, and patient is using an iPhone, ask them to do the following:
 - i. Go to their iPhone Settings
 - ii. Scroll down to Safari
 - iii. Click on Safari
 - iv. Scroll down and click on Microphone
 - v. Select Ask or Allow
- f. If you cannot see your patient, and patient is using an iPhone, ask them to do the following:
 - i. Go to their iPhone Settings
 - ii. Scroll down to Safari
 - iii. Click on Safari
 - iv. Scroll down and click on camera
 - v. Select Ask or Allow
- g. For unsuccessful video visits due to technical issues, MA or Provider should switch to phone visit without hesitation, and document in the template the unsuccessful attempt to conduct video visit.
 - i. Documentation for attempt should be noted under the Notes section of the "type of visit" question in the template:

- ii.
- h. Provider will document the start and end time of video call duration of visit and the type of visit in the template and add appropriate E&M code.
 - i. **Note:** Do not remove *TELHT –TeleHealth visit* from the procedure codes.
- i. Providers should delay labs as much as possible. However, they can order imaging and referrals as per their discretion.
- j. Providers should lock notes as usual
- k. Providers working from home can optionally perform video visits without MA support.
[Instructions on how to use NHC LIVE for providers working without MA support can be found here.](#)
- l. Provider should be able to Skype team for assistance when needed.

During the Phone Visit

- a. MA to merge ECW *Phone/Video Visit* Template.
- b. MA will create a 3-way conference call. They will initially call the provider and then add the patient ([see conference call procedure](#)).
- c. When Patient does not answer
 - i. Change visit status to *FailedMsg* and move on to the next patient. If time permits, retry a *Failed* visit at the end of the scheduled visits. At the end of the day, change *Failed* visits to the *N/S*.
 - ii. MA should document *Failed* attempts in general notes section of appointment so that other staff (call center, etc.) can discern the status of the appointment.
 - iii. Leave VM after 2nd failed attempt asking patient to callback and reschedule. Create a TE documenting 2 attempts were done.
- d. When Patient answers
 - i. Provider will introduce him/herself, verify patient's name and birthdate, and verbally consent patient for medical care through phone. This will be documented in the template:

Chief Complaint(s): ▾

- Need for Telehealth visit due to pandemic corona virus

HPI: ▾

Phone/Video visit

Please use the following to introduce yourself to the patient:

Hello, my name is ____ and I'm contacting you on behalf of Neighborhood. I am licensed in the state of CA and I am board certified specialized in (pls state your qualification/specialties).

You attest that you have appro ID yourself to the patient ____.

Did the patient verified their name? ____.

Did the patient verified their date of birth? ____.

Did the pt consent to the del of med services via Telehealth ____.

Time spent with patient: min ____.

Type of the visit

Delivery of Medical service through ____.

- ii.
- e. Provider will document the start and end time of video call duration of visit and the type of visit in the template and add appropriate E&M code.
 - i. **Note:** Do not remove *TELHT –TeleHealth visit* from the procedure codes.
- f. Providers should delay labs as much as possible. However, they can order imaging and referrals as per their discretion.
 - i. Providers should lock notes as usual