Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon

Welcome You

Bronze Sponsors:

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Non-profit:

Pacific Northwest University of Health Sciences, University of Utah Health Clinical Neuroscience
VIRTUAL SESSION INSTRUCTIONS

• Audio and video are muted for all participants
• Use the Q&A feature to ask questions 🗣️
• Moderator will read questions to the speaker
• Presentation slides are posted at https://nrtrc.org/sessions. Recordings will be posted after the conference.
• Moderator: Deb LaMarche
• Presenters:
  – Cindy Roleff, Telehealth Program Development Manager, Alaska Native Tribal Health Consortium
  – Cara Towle, Associate Director, Psychiatry Consultation & Telepsychiatry, University of Washington
  – Cathy Britain, Executive Director, Telehealth Alliance of Oregon
  – Deb LaMarche, Program Director & Principal Investigator, Northwest Regional Telehealth Resource Center
  – Jennifer Erickson, Acting Assistant Professor, University of Washington
  – Tammy Arndt, Director, Northwest Telehealth
The ‘5’ Q’s: Creating a Clinical Work Flow

Jennifer M. Erickson, DO FAPA
Assistant Professor
1. List the 4 components of a telemedicine clinic that should have a workflow
Why Have a Workflow

1. Clinics run on workflows
2. Prevents back ups/confusion
3. Manages expectations
4. Guidelines for rare or emergency events
Why Have a Workflow

- Workflows are like...
  - A recipe
  - A playbook
  - A syllabus
- Workflows keep things consistent
Getting the Look...

- Where is this happening
- What needs to happen
- Who needs to do it
Where & What?

• Telemedicine is different than In-person
  • Yes… Not News
• Telemedicine is similar to In-person
  • Again, Not News
• When setting up a workflow you need remember both of these at the same time
Similarities: Tele- Vs In-Person

1. Clinical skills used are the same as in-person
2. Building relationships with the patient
3. Clinical assessment
4. Chart review
5. Documentation
6. Talking with staff about next management steps
Differences: Tele- Vs In-Person

1. Provider is not actually there
2. Two computers
3. Two clinical locations
4. If it isn’t in the EHR or visible, it does not exist
5. EHR access (proficiency) cannot be assumed
Who?
Workflows: Starting

1. Training
2. Access to EHR
3. Credentialing
4. Staff turnover
BEFORE APPOINTMENT

**BILLING PROVIDER**

* Psychiatrist creates a standing meeting with a unique meeting ID and password for every clinic to which s/he provides telepsych services.

**PATIENT SITE STAFF**

Pre-Telepsych visit: introduction; telepsych consent form?

**UWP**

Schedule Telepsych visit with Psych Provider in HMC Madison Psych Clinic EPIC Visit Type 9020 – visit reminder off

Schedule Telepsych visit in Room/‘resource’ at Kitsap Madison clinic EPIC Visit Type 9020 – visit reminder on

* Appointments are linked so that arriving the patient at patient location (SP or Olympia) will arrive at the Belltown site at the same time.
Workflows: PRIOR to Starting

1. Collective breath
2. Clinical space at BOTH sites
3. HIPPA Compliant software
4. Appropriate scheduling templates set up
5. Legal approved consent/disclosure
6. Billing is aware of new type of bills
Workflows: Questions for the Team

Referrals
1. How do referrals come in?
2. Are they screened and, if so, who screens them?
3. Who decides when an appointment is set?
4. How is that communicated?
5. Are consents required?
Workflows: Questions for the Team

The Appt
1. How is the patient checked in?
2. How does the provider know they have someone to see?
3. How does the patient get to the equipment?
4. Who turns it on the equipment?
5. What is required of the 2 rooms?
Workflows: Rooms
Workflows: Rooms

- Anyone who is in either room needs to be introduced.
- Anyone present has to be documented in the tele-psych statement.
- No one should enter the room if an appointment is happening unless there is an emergency.
- The software you are using is HIPPA compliant.
As at home to home telemedicine continues...

Mind your backgrounds

Avoid screen crashers
Workflows: Encounter

Providers often run encounters

• Introduce themselves to the patient
• Introduce everyone else who is in the rooms
• Verbally consent the patient for the tele-appointment
• Sett
Psychiatrist doses and documents in HMC Madison EPIC with Visit type 9020
Appropriate CPT code + GT modifier
Appropriate diagnosis code
Include dot phrase to document telemed visit

Kitsap Provider closes in Madison Kitsap EPIC with visit type 9020
Q8014 billing code for telemed “facility fee” in charge capture navigator
Generic diagnosis code: Z76.89
Include dot phrase to document telemed visit

“Dot phrases” approved by Community
Provider: Telepsychiatry patient encounter was conducted from UW Medicine, Seattle, WA (clinic name). Via secure, live, face to face video conferencing to the patient at XYZ clinic name, city, state. The patient, provider X, and XXX participated in the encounter. Prior to this interaction, the risks and benefits of telepsychiatry were discussed with the patient and verbal consent was obtained. No recordings are kept of this encounter.
Resource (patient location): Using clinic space and equipment at XYZ clinic, provider participated in a live, face to face video conference with XYZ provider X.

Bill for Fee
Bill for Facility Fee
Workflows: Ending

1. How does the encounter end?
2. Who helps the patient do the next step?
3. Who turns over the room?
4. Where are the recommendations recorded?
Workflows: Documentation

1. Where does the note live?
2. What should it contain?
3. Who needs to document?
Workflows: Billing

1. Bill as normal EXCEPT:
2. Add the GT modifier to the encounter’s billing code
3. Additional billing maybe done by the local site
Workflows: Testing

You have thought of EVERYTHING, right?
1. Who needs to beta test their roles?
2. What should be tested
3. How often should you revisit testing?
Workflows: Events

What do you do if...
1. The computer won’t work or stopped working?
2. The patient has a medical emergency?
3. A staff member is sick?
4. The patient walks out of the room?
5. There is an earthquake or fire in one of the buildings?
You have new staff or staff turn over:
1. New staff will need to learn the workflow!
2. Who walks them through it?
3. What are the concrete tasks they need to know?
4. When do they need to know this?
5. When were the cheat sheets last up to dated?
**Workflows**

1. Can help tele-clinics run, too!
2. Build a clinical team to create one
3. Document it
4. Revisit it
5. Improve it
6. Create Cheatsheets