



# 2020 NRTRC TAO VIRTUAL CONFERENCE



## Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon **Welcome You**

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# VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions An icon consisting of two overlapping speech bubbles, one orange and one blue, with a small shadow underneath.
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.



# Telehealth 101 Workshop



- 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



# Learning Objectives

1. List the 4 components of a telemedicine clinic that should have a workflow

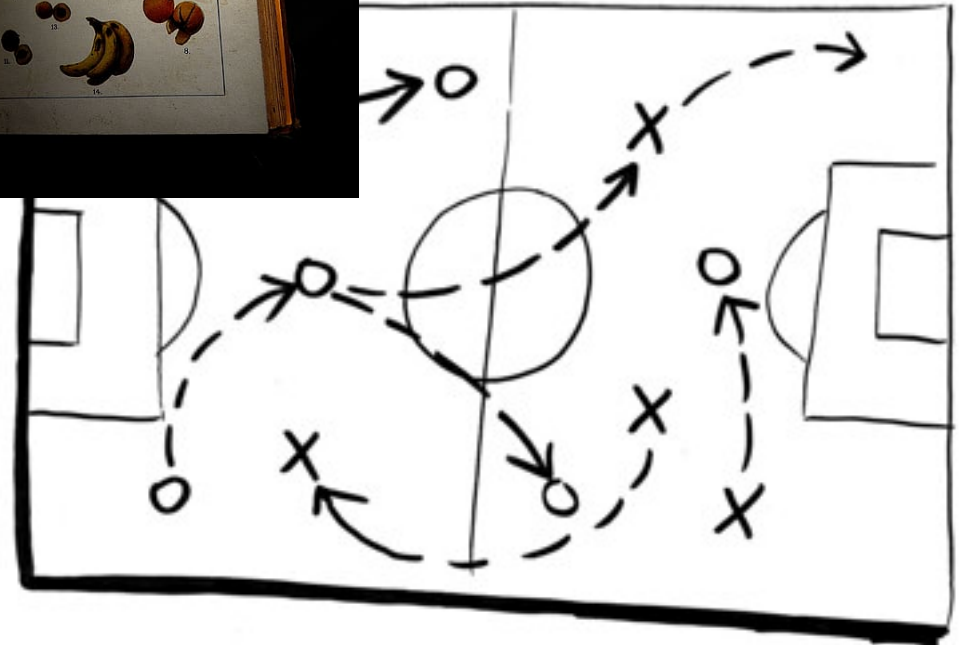
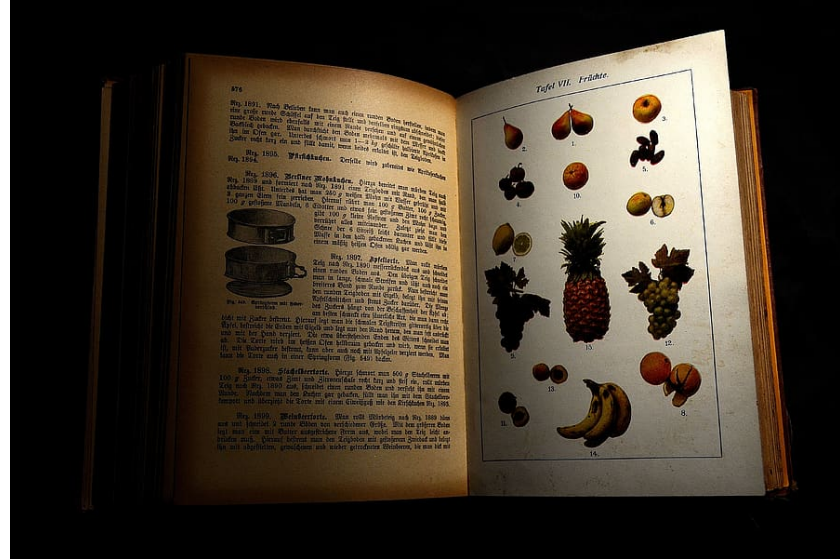


# Why Have a Workflow

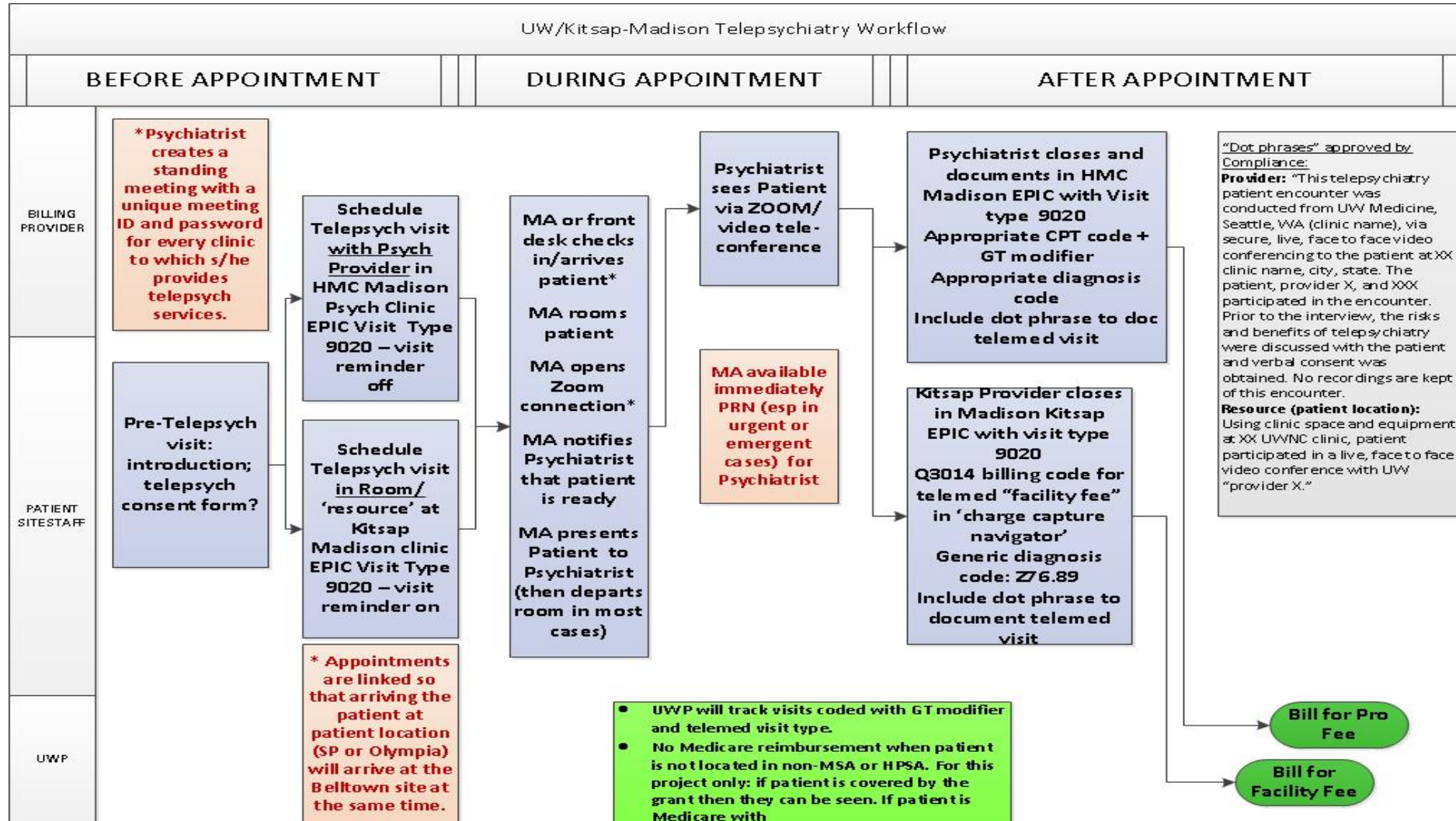
1. Clinics run on workflows
2. Prevents back ups/confusion
3. Manages expectations
4. Guidelines for rare or emergency events

# Why Have a Workflow

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

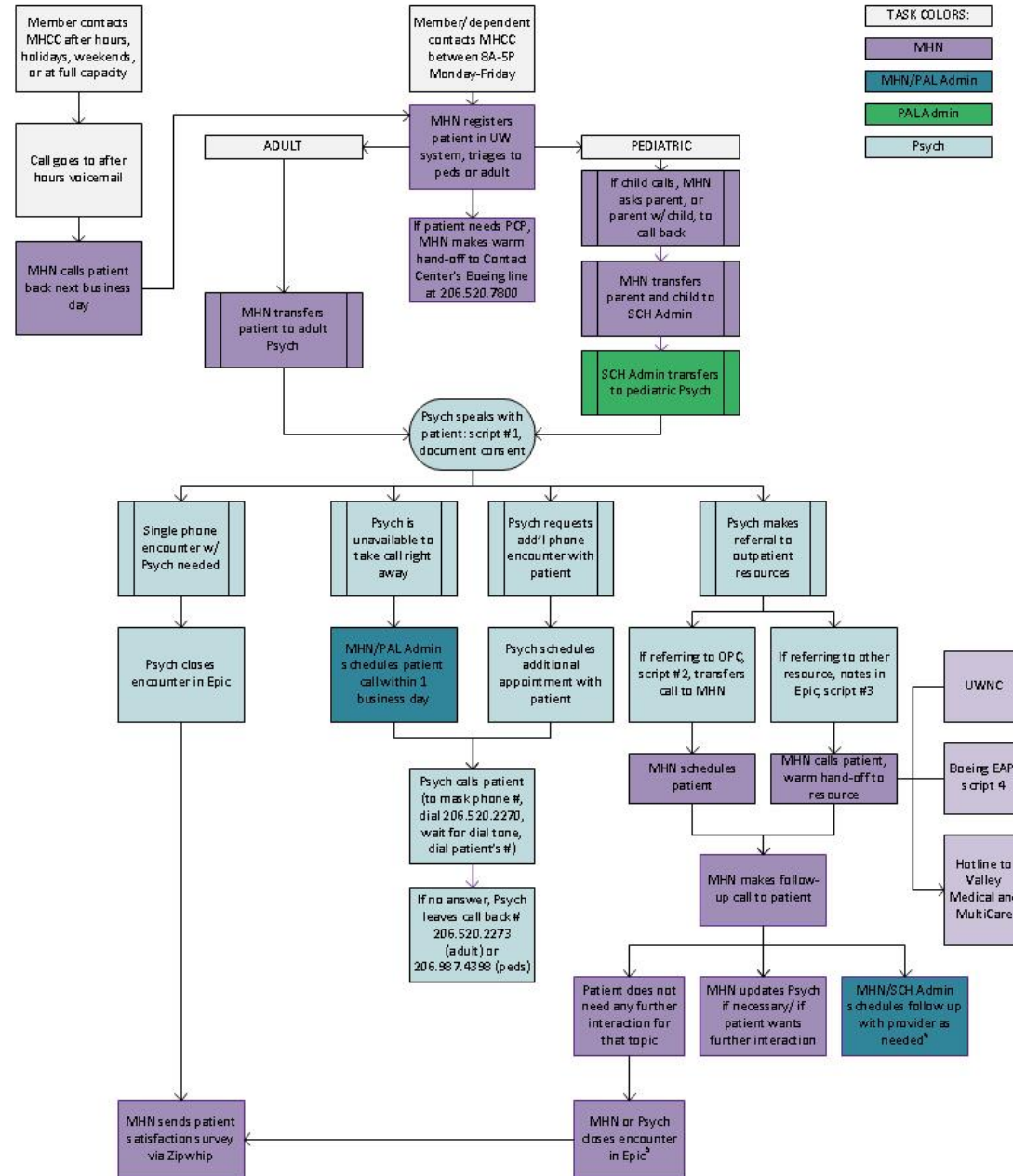


# How could this look?



# How could this look?

## UW Mental Health Care Connect Workflow





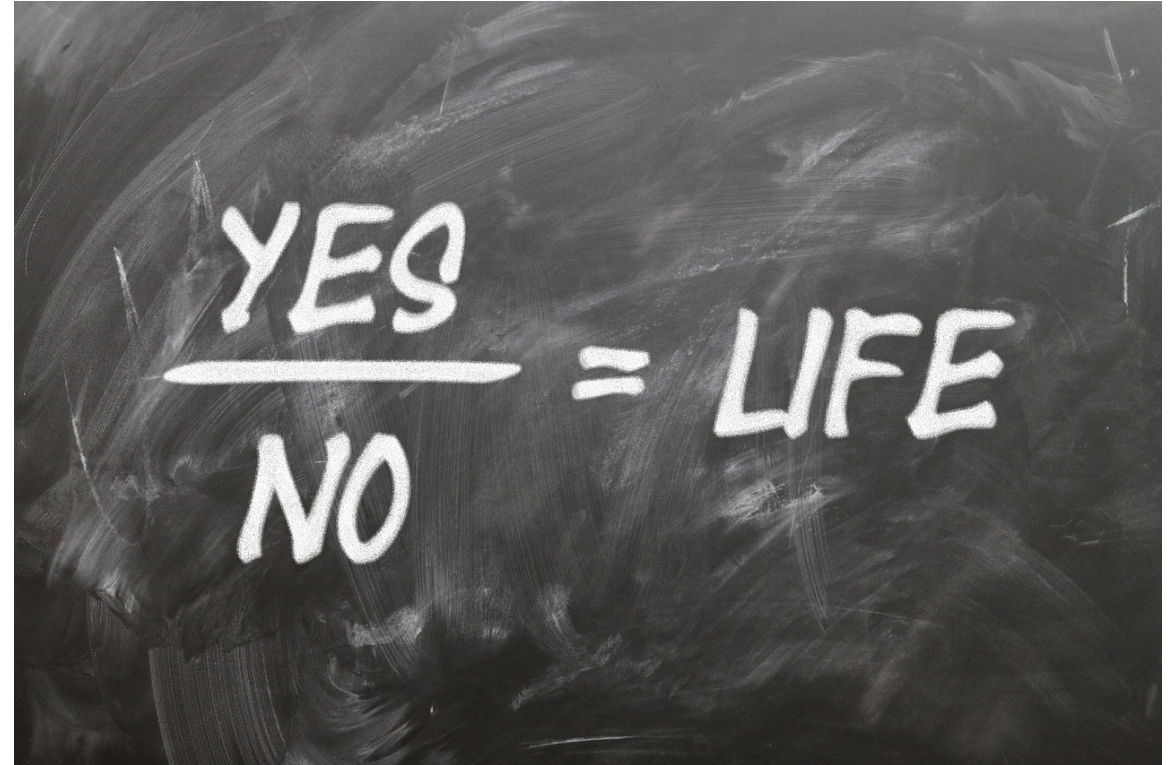
# Getting the Look...

- 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

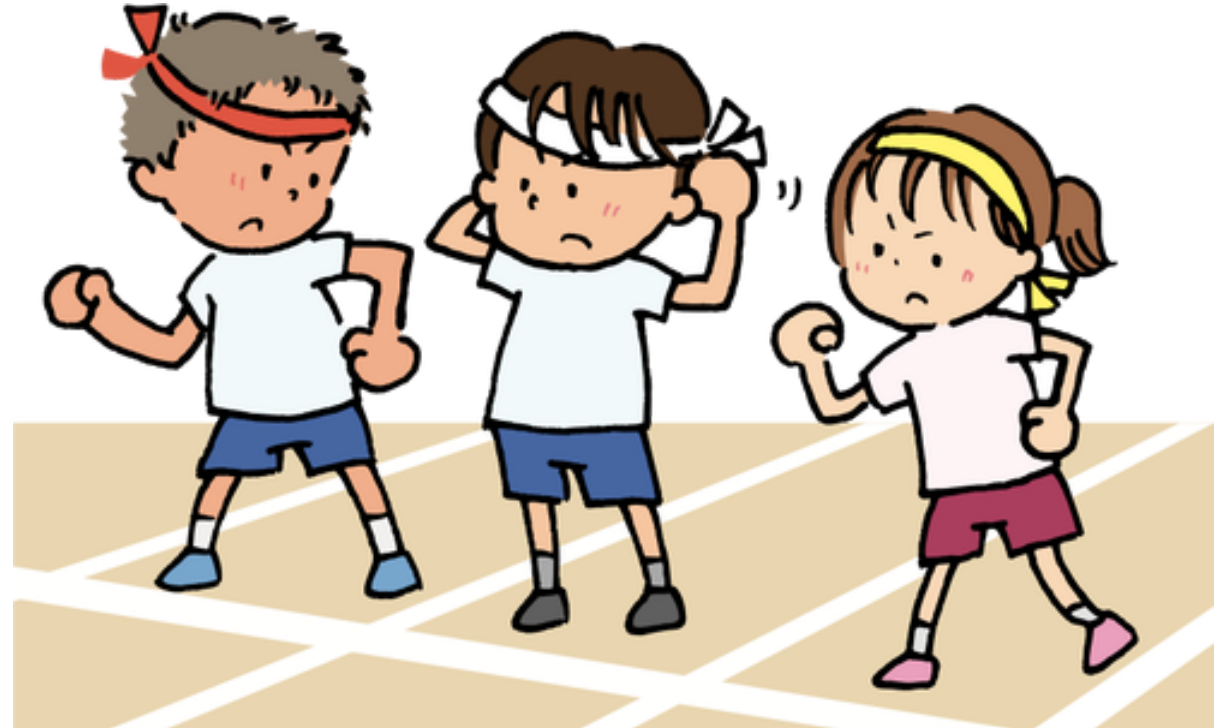
1. Provider is not actually there
2. Two computers
3. Two clinical locations
4. If it isn't in the EHR or visible, it does not exist
5. EHR access (proficiency) cannot be assumed

# Who?



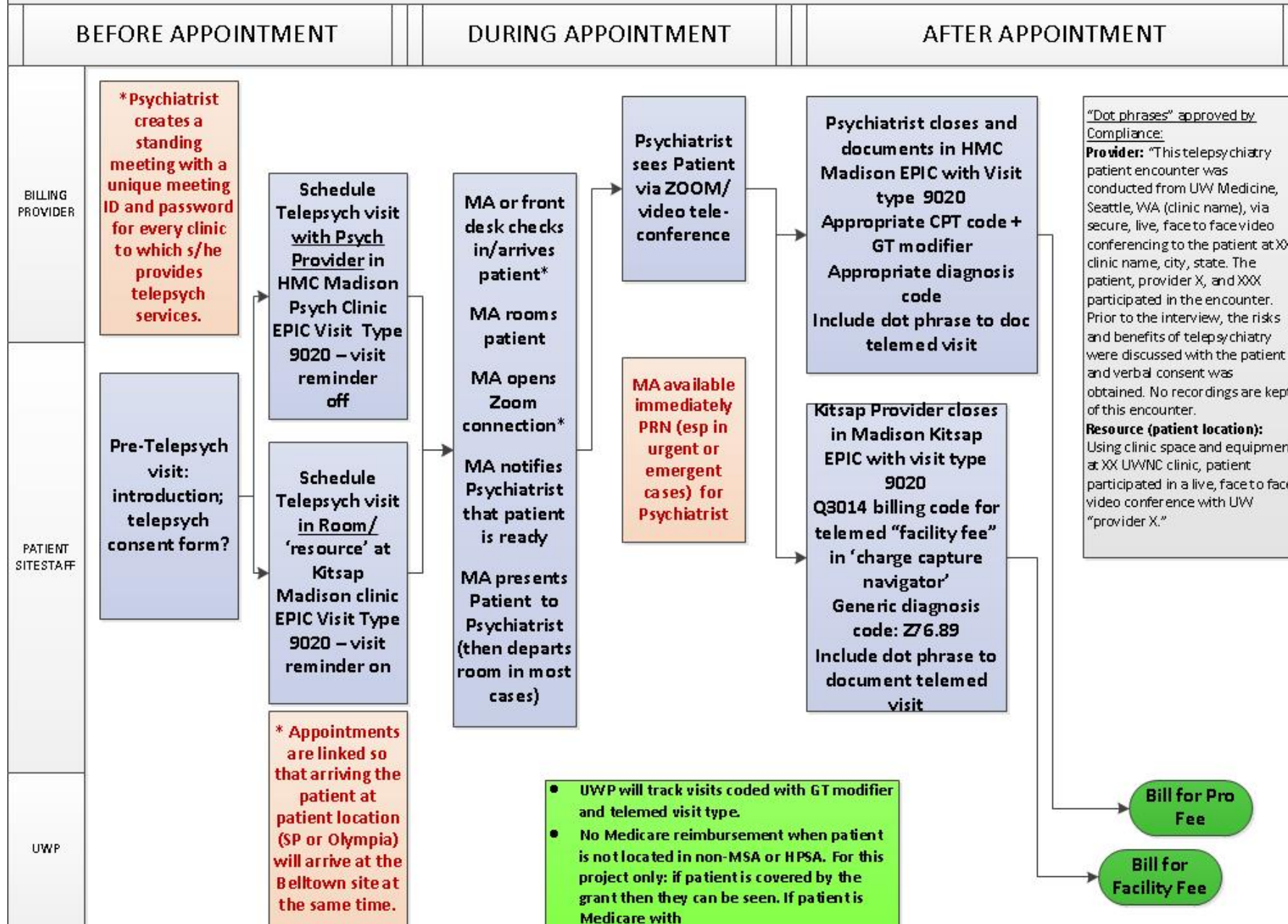
# Workflows: Starting

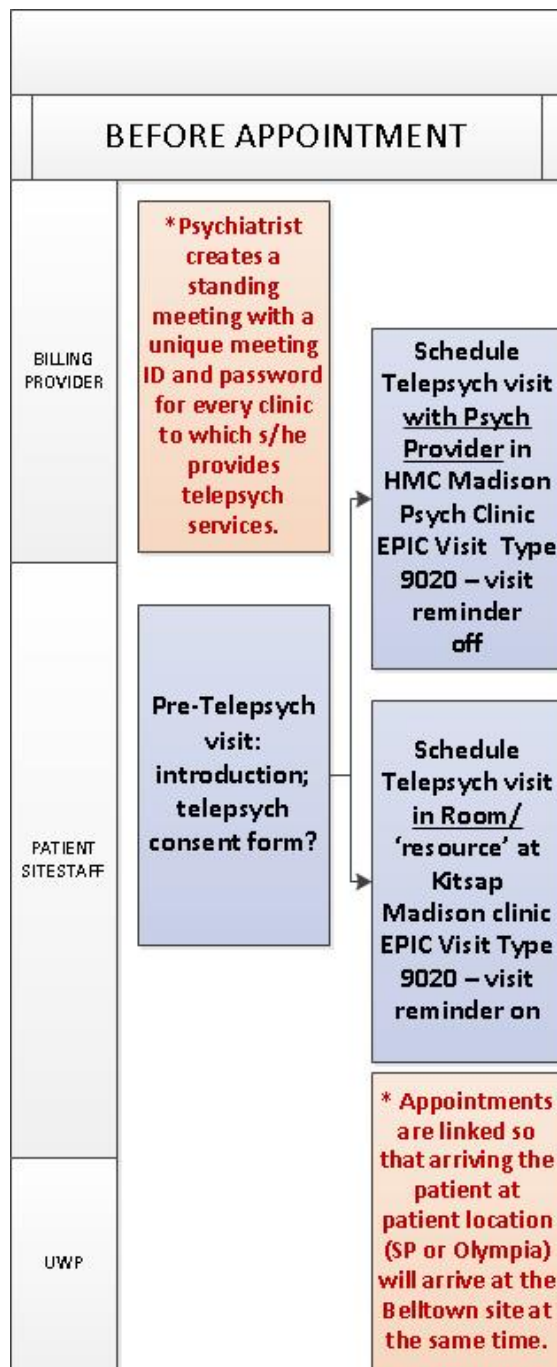
1. Training
2. Access to EHR
3. Credentialing
4. Staff turnover





# UW/Kitsap-Madison Telepsychiatry Workflow





# 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?

## DURING APPOINTMENT

MA or front desk checks in/arrives patient\*

MA rooms patient

MA opens Zoom connection\*

MA notifies Psychiatrist that patient is ready

MA presents Patient to Psychiatrist (then departs room in most cases)

Psychiatrist sees Patient via ZOOM/ video tele-conference

MA available immediately PRN (esp in urgent or emergent cases) for Psychiatrist

- UWP will track visits coded with 99.03 and telemed visit type.
- No Medicare reimbursement v is not located in non-MSA or H project only: if patient is cover grant then they can be seen. If Medicare with

# 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





# Workflows: Rooms

- ◎ 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



Workflow

## AFTER APPOINTMENT

Psychiatrist closes and documents in HMC  
Madison EPIC with Visit type 9020  
Appropriate CPT code + GT modifier  
Appropriate diagnosis code  
Include dot phrase to doc telemed visit

Kitsap Provider closes in Madison Kitsap  
EPIC with visit type 9020  
Q3014 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 Compliance:

**Provider:** "This telepsychiatry patient encounter was conducted from UW Medicine, Seattle, WA (clinic name), via secure, live, face to face video conferencing to the patient at XX clinic name, city, state. The patient, provider X, and XXX participated in the encounter. Prior to the interview, 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 XX UWMC clinic, patient participated in a live, face to face video conference with UW "provider X."

with GT modifier

when patient  
IPSA. For this  
ed by the  
patient is

Bill for Pro  
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?

# Workflows: Training

You have new staff or staff turn over:

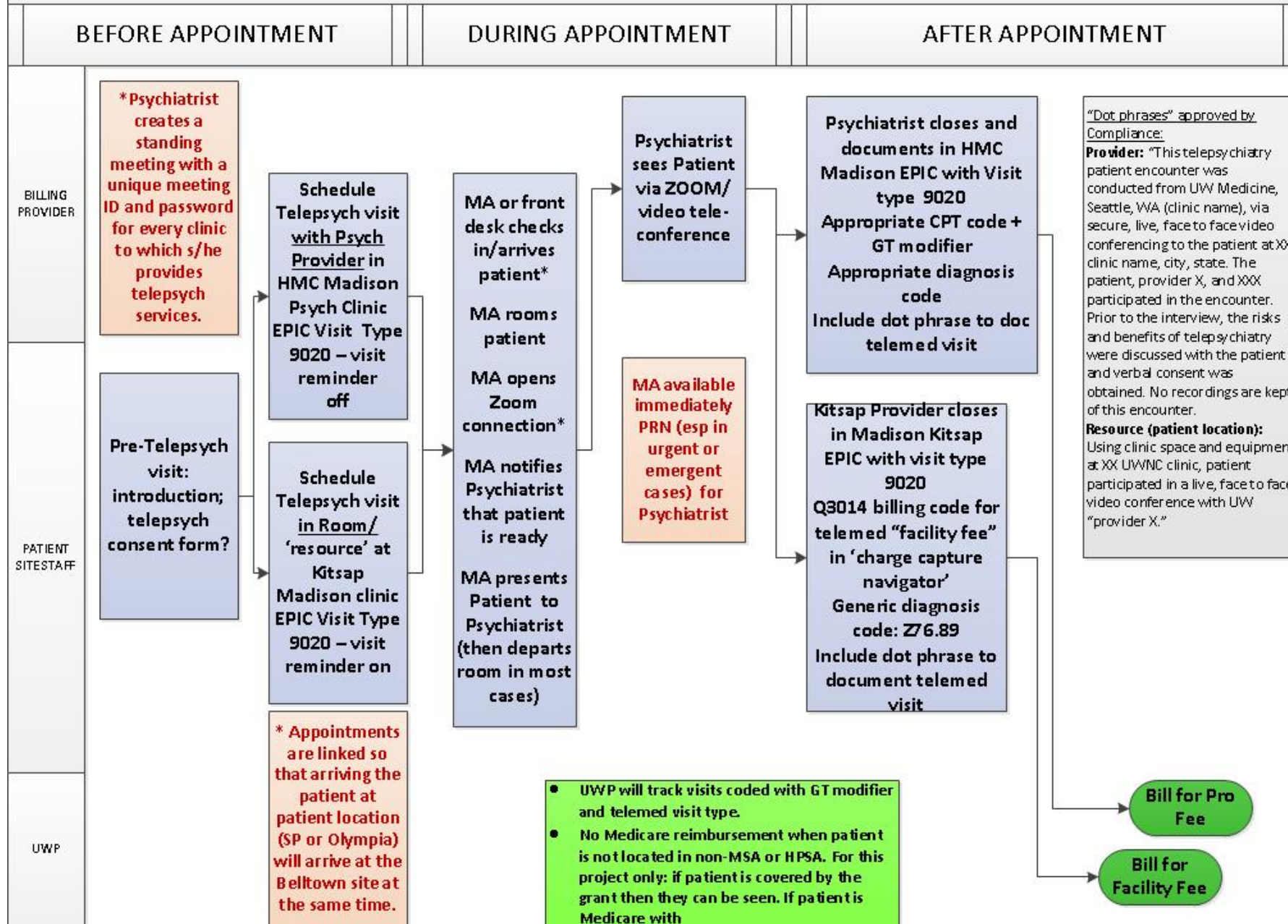
1. New staff will need to learn the workflow!
2. Who walks them through it?
3. What are the concrete tasks they need to know?
4. When do they need to know this?
5. When were the cheat sheets last up to dated?



# 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

# UW/Kitsap-Madison Telepsychiatry Workflow



# UW Mental Health Care Connect Workflow

