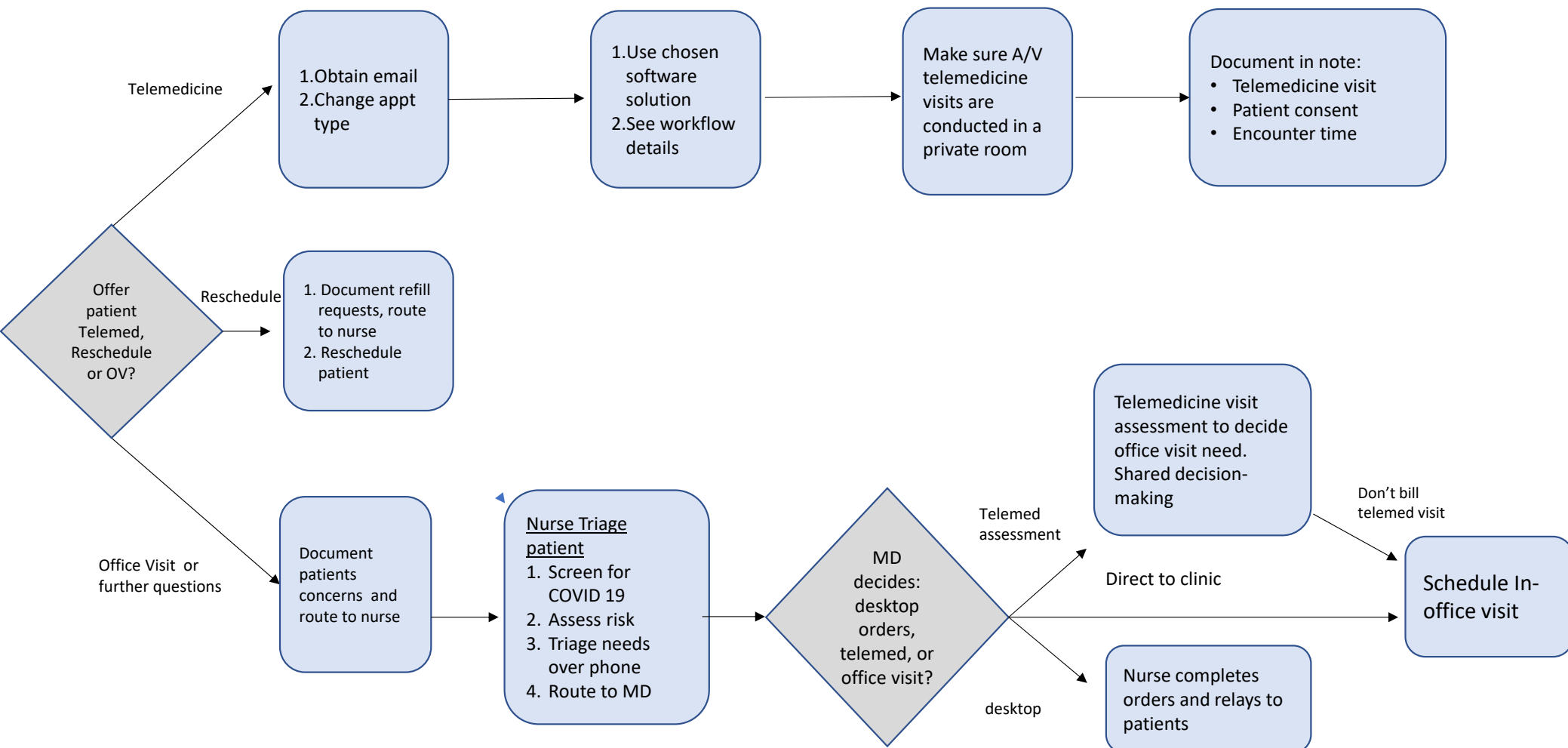


Rescheduling Workflow Triage for COVID-19



Please see script telemedicine workflow*

Telemedicine Workflow

1. 2-3 DAYS BEFORE TELEMEDICINE VISIT: Email Notification

Patients will get email from 2-3 days before to notify them about telemedicine visit as a primary method

Dear patient,

Due to the recent COVID-19 pandemic, we are replacing in-person office visits with telemedicine visits in an effort to decrease unnecessary exposure to our patients and staff. Medicare and most insurances are covering these visits, without a copay needed. You will need a working email and a smartphone or laptop with a camera and microphone. We will call you the day before your appointment to answer any questions and ensure you are ready for your visit. Patients with clinical needs that need an in-person evaluation and testing will still be able to come to the office, if absolutely necessary. Please remember that elderly patients with cardiac conditions are particularly at risk if they become infected with COVID-19.

If you have any questions, feel free to call us.

2. 1 DAY BEFORE TELEMEDICINE VISIT: Phone call

Patients will be called day before (front desk/call center staff) with script to discuss options and prepare for telemedicine

a. Offer patient telemedicine visit:

We are offering telemedicine as an alternative to your office visit to prevent unnecessary exposures to COVID-19. Insurances are covering this service. The doctor will decide if it is necessary for you to come to the office based on this visit. To do the telemedicine visit, you will need a working email and a smartphone or computer with working camera and mic. We also ask that you have a BP cuff and scale at home and measure your blood pressure, heart rate and weight prior to your scheduled appointment"

b. Patient must:

- i. Have smart device.
- ii. Finish pre office information
- iii. Have email
- iv. Understand possible need to download an app
- v. Ideal: BP cuff, scale
- vi. If patient has Cardiac Rhythm Management device, ask to do an unscheduled transmission day before visit

For more information, contact

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3. IF PATIENT DOES NOT AGREE WITH TELEMEDICINE:

- a. Document why and needs (refill, etc.)
- b. Offer to rescheduling
- c. If patient wants to be seen in clinic:
 - i. Route to nurse:
 1. Nurse contacts patient
 - a. Screen for COVID symptoms/Exposure
 - i. Appropriate measures if positive
 - b. Discuss with patient their increased risk of mortality if they become infected (based on age and comorbidities)
 - c. Route to physician to decide next steps
 - i. Recommend telemedicine
 - ii. Office visit if clinically necessary only

4. IF PATIENT DOES AGREE:

- a. Make sure patient has access to what is required to conduct a visit. Make sure patient's email address is correct in registration records.
- b. Schedule the visit as telemedicine appointment type in regular office schedule:
 - i. Telemedicine F/U
 - ii. Telemedicine hospital return
 - iii. Telemedicine New Patient
- c. If you choose to send virtual visit invite in advance of the office appointment, tell patient to call if they don't receive it and login 5 min before scheduled time. This is dependent on software used.
- d. If patient has a cardiac rhythm management device, ask them to send in transmission before appointment if none on recent chart. Let Device clinic know with a flag.
- e. Tips for success:
 - i. When explaining the visit to the patient, set the expectations:
 - Explain what resources they will need, what will happen, and what they will see and should anticipate.
 - Provide your contact information and advise the patient to call with problems.
 - Notify the patient of any known glitches or problems and how to navigate these issues.
 - Patients greatly appreciate a practice session, If possible.
 - Consider training staff to become "customer support" to help patients with technology needs
 - ii. Ask the patient to prepare for the visit the best they can:
 - Complete any online information needed (surveys, consent to treat, review of systems, family history, etc.).
 - Send in any device transmission or biostatistical data before the visit.
 - Record weight, blood pressure and heart rate, if possible.
 - Prepare a list of questions to discuss with the physician.
 - Have medication list (name and dosage) ready for review.

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- iii. Test your own equipment before time of visit. Anyone involved in the visit should understand the patient user-experience and workflow step-by-step to help the patient troubleshoot and navigate any problems.
- iv. Having 2 screens available to conduct the visit works best (one to view patient and one to view EMR and other documents)

5. DAY OF VISIT – NURSE WORKFLOW

- a. Different workflows can be done based on your clinic needs and resources.
- b. Depending on your software, you can send the appointment invite before or at the time of the scheduled appointment.
- c. **Easiest** is to have nurse perform assessment via phone call and then let provider know when patient ready to start video telemedicine visit
 - i. Call patient at the scheduled appointment time
 - ii. Complete assessment over phone
 - iii. Confirm email
 - iv. Once complete, let physician know patient is ready
 - Provide physician with patient’s email and / or phone number if visit invite not already sent to patient.
- d. **Alternative** is to open a video call (using your preferred software) in a patient exam room with a webcam enabled computer in the room
 - i. Call patient at the schedule appointment time
 - ii. Initiate video call (using preferred software)
 - iii. When nurse finishes, leave video call ON and leave room
 - iv. Contact physician, who enters the room to continue the encounter

6. DAY OF VISIT -- PHYSICIAN WORKFLOW:

- a. Video Call Approaches and Documentation
 - i. After nurse completes assessment and documentation in office note, initiate video call
 - 1. Either approach works best if EMR opened in one computer or monitor and Video software in another
 - 2. If using the “easiest” approach above, use the software solution that nurse had discussed with patient
 - a. Open desired software
 - b. Send patient email invite when you are ready for telemedicine visit.
 - c. Start visit.
 - 3. If using the “alternative” approach above, simply enter the room where patient is already on the video
 - ii. Documentation:
 - 1. This is a telemedicine evaluation, via videoconferencing (or telephone)
 - 2. Patient consented to telemedicine evaluation
 - 3. Total time spent with encounter (face-to-face and completing encounter)

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iii. Bill as Telemedicine Established Patient or Telemedicine New Patient

1. Reimbursement for telemedicine has changed rapidly and multiple times over past few weeks, and it changes based on patient's insurance.
2. A preferred approach for clinics is to simply "bill" as telemedicine New or Return and then allow billing staff to figure out how to submit appropriate charges based on patient's insurance

7. TIPS FOR SUCCESS / TELEMEDICINE ETIQUETTE

a. Preparation

- i. Be prepared for the visit with all software needed ready to be used.
- ii. Login in advance.
- iii. Have the camera set at eye level, with your face and body centered and the focus of the screen so the patient can read your nonverbal cues and facial expression
- iv. Make sure your face is well lit. Backlight is undesirable. Try to have a light in front of you to light your face.
- v. Turn off all device pop-ups and notifications!
- vi. Have references and visuals available to "screen share" for education.
- vii. Make sure the environment in which the visit is conducted is private and professional.
- viii. Consider the use of headphone to protect patient privacy

b. Patient Interaction

- i. Make sure the patient can hear and see you. Ask them!
- ii. Always notify the patient of anyone else in the room who can hear what is being said.
- iii. Give the patient expectations of how the visit will be conducted. Remember, the patient is trusting you to guide them through this experience.
- iv. When talking to the patient, look into the camera to mimic eye contact.
- v. When looking away from the camera, explain what you are doing.
- vi. Be very clear with post visit instructions and care plan. Send this to them electronically for their reference.

8. POST-VISIT

- a. Ensure patient receives orders, instructions and care plan.
- b. Ensure there is a plan for follow-up
- c. Ensure referrals and orders are completed

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SAMPLE WORKFLOW USING DOXY.ME

- Doxy.me is a HIPAA compliant, free solution for telemedicine.
- Note that there are other technical solutions, including those provided by electronic health record systems

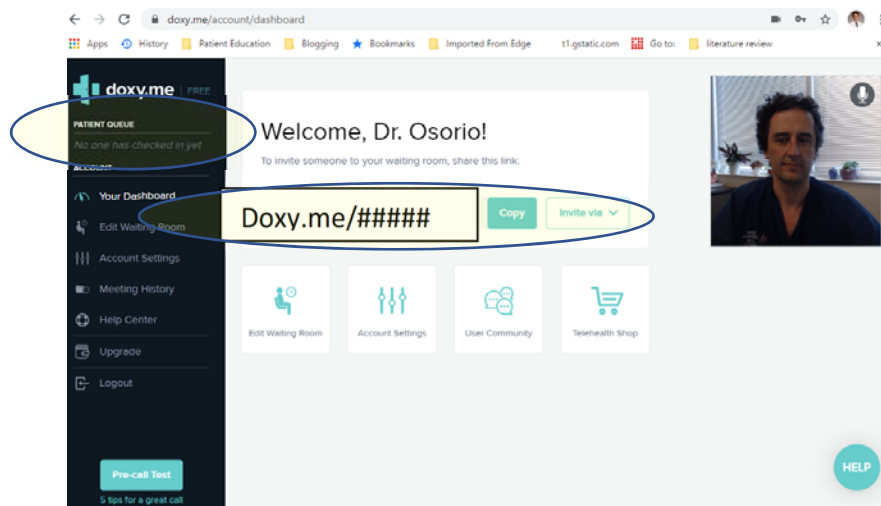
Proposed workflow:

1. Nurse calls patient

- When nursing portion is complete, telemedicine visit can be started by either:
 - Giving patient the Doxy.me waiting room link
 - <https://doxy.me/####>
 - #### is the name of the “waiting room you choose when creating your free account
 - Sending email from doxy.me to patient
 - Privacy!!!
 - When using free accounts, emails are sent from your email client. Patient will see email

2. Physician workflow

- Create free doxy.me account
 - Create your “waiting room name”
 - After nurse has completed assessment:
 - Send invite to patient via email or text (paid version)
 - Nurse tells patient to go to:
 - <https://doxy.me/####>
 - #### is the name of the “waiting room you choose when creating your free account
 - When patient has “checked in” you will see on the patient queue and you can initiate telemedicine visit



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