

### Application: Ambulatory Resident Release date: 3/20/2020



# Documenting Telephone Remote Visit (Televisit)

Starting on Monday, March 16<sup>th</sup> 2020, BMC will begin rescheduling patients using the newly implemented visit type called **Telephone Remote Visit** (Televist) in all of our outpatient areas. These telephone visits do not replace the routine phone calls that providers make to their patients (e.g., to see how they are feeling, to provide test results, etc.). To ensure compliance with billing requirements, the telephone visit must fulfill the same standard criteria that an office visit would have.

Providers must:

- Identify the patient using the patient's name and DOB
- Disclose and validate his/her identity and credentials
- Inform patients of the location of the provider and obtain the location of the patient
- Inform the patient how they can see a clinician in-person in the event of an emergency or otherwise needed.
- Review patient's medical history and any available medical records
- Document that you did the above by selecting Yes to the third consent (screen shot below).
- 1. Telephone Remote Visits will now appear on your schedule. When you are ready to begin the visit, double click the encounter.

Meds Due BPA Due Time 🔺 Location/Statu: Patient	Visit Type Pt Accommodations Pt. P	Chec Provider Referring Provid Outside	PCP ERAS
10:00 AM PRIMARY CARE 5A CARE	Telephone Remote Visit	9 Christine A Prifti AM	Patient does not have

2. When you are prompted with the message "**Pre Charting – Patient Not Arrived Yet**," please click **Start the Visit**:

Pre-Charting	⊖ © <b>⊻</b> *
Patient Not Arrived Yet	
Welcome to the Pre-Charting workspace, where you can get a head start on your work for this visit! This screen includes tools that are helpful before the patient arrives. If the patient arrives while you're here, click Start the Visit to see your ful toolset. Here are some other helpful tips:	
Any nodes that you write before the palant checks in are accessible to only you and other clinicians who work in the encounter. Often clinical if and these nodes elsewhere in the chart.     Any nodes that you write before the system deletes the and copy those nodes forward to a visit within that time frame.     Any nodes that you write before the adjustance the palant and writes to the schedule deportment. If the palent networks, or reactive before that you write before the system deletes them and copy those nodes forward to a visit within that time frame.     Any nodes that you write the palent and writes to the schedule deportment. If the palent networks, or reactive before the style write to remain active.	
· · · · · · · · · · · · · · · · · · ·	Start the Visit

- 3. For each visit, ensure you are completing the following components:
  - \rm Contacts
  - Interpreter
  - Consent and Time
  - Travel Screening
  - </u> Visit Info
  - Progress Notes
- \rm Review
- Visit Diagnosis
- Pt Instructions
- Length of Visit
- Charge Capture
- Routing (if applicable)

4. Document that this is an outgoing call in the **Contacts** section. You can block your personal landline or cell number by pressing \*67 prior to dialing the patient phone number.

Telephone (Outgo	ing)				
Type: $\otimes$	Telephone (Outgoin	a)			
.,,	12:28 PM EDT ()	3/13/20	20		
Relationship:	Self	9	Self: One, Trv		
			Pharmacy		
Contact name:	One, Trv				
Phone:	617-111-2222		1: Home: 617-11	1-2222	
Patient's phone	æ Edit				

- a. Alternatively, you can also download Doximity Dialer:
  - To set up your cellphone to show the clinic number when calling, download Doximity dialer:

https://www.doximity.com/clinicians/download/dialer

- You can create a free account and then use the dialer function to call patients.
- You can list any number you want to show up on the caller ID (most use the clinic main number)
- 5. If an interpreter is needed, Click Interpreter Usage, select Yes and complete the cascading fields.
  - From an internal BMC phone line, dial 7-5757 to connect to Cyracom and complete the usual prompts
  - From outside BMC, call Interpreter services at (617) 414-5549 and press option 3 during regular business hours, option 2 after hours and weekends to be connected to Cyracom
  - **4** The interpreter will call the patient and connect the provider to the call
- 6. Document the patient consent for the visit in addition to capturing the time of the call:

Consent and Time
Telephone Remote Visit BMC is offering telemedicine visits to deliver medical services without having a potentially ill patient leave the comfort of his/her home and potentially spread the illness to others along the way. Although telemedicine is helpful because of those factors, there are some risks. Those risks include the information transmitted by telemedicine may not be sufficient for an appropriate medical decision. Your physician will tell you if he/she believes you need to be seen in person. Additionally, although unlikely, security protocols can, in rare circumstances fail, causing a breach of confidentiality of your medical information. The same laws of privacy and confidentiality of medical information apply to telemedicine. The patient has a right to know where the provider is located. The patient also can change his/her mind about telemedicine at any time and make an appointment or come into the Emergency Room.
Does the patient agree to this telemedicine visit? 🔺 Yes No Unable to Reach
Did you notify the patient that "Today's visit may 🔥 Yes No Unable to Reach
involve a standard copay for Medicare and some other insurance plans, as do most health care services. ?"
I identified the patient, myself, my and the A Yes No Unable to Reach
patient's locations, now the patient can see a clinician in-person, and reviewed the medical history and available records.
Time of Call:

If patient does **not** consent to being billed:

• We proceed and do not bill the patient

If patient does **not** consent to being seen:

• Visit concludes. Tell patient to call the clinic and we can add them to a waitlist once normal business operations resume

7. Document Travel Screening by clicking **Travel Screening**. Complete the screening and travel history:

		Travel Screening		
nmunicable Dise	ase Screening			
the last month, have y	ou been in contact with som	neone who was confirmed	or suspected to have Coronaviru	is/COV
,				
Yes	Unable to a	assess 🗋		
you have any of the fe	ollowing symptoms?			
None of these	Unable to assess	Abdominal pain	Bruising or bleeding	
Cough	Diamea	✓ Fever	🗌 Joint pain	
Muscle pain	Rash	Red eye	🛩 Severe headache	
Shortness of breath	Vomiting	UWeakness		
Shortness of breath	Verniting	Weakness		
Shortness of breath vel History ve you traveled interna Yes	Veniting ationally in the last month? No Unable to	Weakness		
Shortness of breath vel History ve you traveled intern Yes Enter a location + A	Vemiting ationally in the last menth? No Unable to a	Weakness		
Vel History Ve you traveled interna Yes	Veniting	Weaknoss		
Shortness of breath vel History ve you traveled intern Yes Enter a location + A 7 No Documented Van cose to be	Veniting ationally in the last month? No Unable to a tidd Travel . Travel	Weakness assoss D		
Shortness of breath vel History ve you traveled intern Yes Enter a location + 7 % No Documented You can use the b	Veniting etionally in the last menth? No Unable to Add Travel Travel ex to the upper left to add a	Weakness		

8. Document the reason for call in the Visit Information section.

Visit Inforn	natio	n						
Reason for	Visit							
Chest P	ain	Dizziness	ę	Shortness of	Cough	Female GU Pr	Knee Pain	s
Lightheade	dn	Male GU Prot	<b>)</b>	Neck Pain	Results	Shoulder Pain	Sore Throat	
Weight L	oss							
Reason for 1	Visit		Comr	ment				
Fever			Last	3 days				
I Restore		<ul> <li>Close</li> </ul>						

 Identify a cosigner then complete your progress note using the same template you would use for an office visit. Inputting a cosigner will allow for this note to be routed to the attending for cosign. Note: If your template pulls in Physical Exam and Vital Signs, remove those components from your note.

My Note			<b>●</b> Tag	<u>D</u> etails ⊗
Progress Notes			• -	
ROS Physical Exam Proc	edures			
M Cosign Required	Cosigner: 🔒	9		
Summary:				
🎄 B 🗩 🦈 与 😰 🕇	insert SmartText 📑 🔶 🔿	<b>■</b> C ■		
Progress Note+				
Subjective:				
Constitutional: Positive for Respiratory: Positive for	or chills and fatigue. shortness of breath and	wheezing.		
Objective:				
There were no vitals take	en for this visit.			
Procedures				
Assessment/Plan:				
Problem List Items Addre	essed This Visit			
None		Remo	/e	
<	Ш			>
Sign on saving note 🗸			✓ Accept	X Cancel

10. Ensure to review Meds, Problems & Allergies. Review can be completed through the **Review** section:

Review			0 † ‡
<b>4</b> ₀ Allergies <sup>©</sup> Peanut Rash	🚴 Ma	edications 5	Prior Authorizations
Problem List	ە 🖉 🍝	bacco History <sup>5</sup>	۶ ۵
None	Sm Sm	noking Status Never Assessed nokeless Tobacco Status Unknown	
None	🔊 Su	rgical History	<b>₽</b> ≈
S Family History	۶ 🖉 No	ne	
None			
	Mark All as Reviewed		
✓ Close			↑ Previous ↓ Next

- 11. Input todays Diagnosis in the **Visit Diagnosis** section. Add the diagnosis as you normally would during a clinic visit.
- 12. In the **Pt Instructions** section, appropriate COVID related educational materials appear automatically. You have the ability to manually add additional instructions as needed.
- 13. Document the Length of Visit in the **Length of Visit** section. Ensure to select **Minutes** after inputting the duration.

Length of Visit
Telephone Remote Visit         Length of Call:       15         Minutes
Enter "0" if you were unable to reach the patient or the patient declined to have a telephone visit
I⊀I Restore ✓ Close

14. In the Charge Capture section, select No Charge / 90000.



#### 15. In the Routing section:

<u>For COVID19 Concerns</u>: If it is determined the patient should be seen in clinic, in person, please route the encounter to the **P BMC COVID COMMUNICATIONS**.

For NON COVID19 Concerns: If it is determined the patient should be seen in clinic, in person for other reasons outside of COVID, please route to your **normal nurse pool**:



- 16. When you are finished with the visit and have completed your documentation, **route the** encounter to the attending preceptor.
- 17. Televisits appear in Chart Review with a Visit Type of Telemedicine.



 In the event you are unable to reach the patient but have opened your encounter, please document that you were unable to reach the patient in the **Consent and Time** section. Document each consent question: **Unable to Reach**.

Consent and Time	
Telephone Remote Visit	
Did you notify the patient that "Today's visit may involve a standard copay for Medicare and some other insurance plans, as do most health care services. ?"	Yes No Unable to Reach
"BMCs is offering telemedicine visits to deliver medii comfort of his/her home and potentially spread the helpful because of those factors, there are some risi telemedicine may not be sufficient for an appropria believes you need to be seen in person. Additional circumstances fail, causing a breach of confidential and confidentiality of medical information apply to provider is located. The patient also can change his appointment or come into the Emergency Room."	cal services without having a potentially ill patient leave the illness to others along the way. Although telemedicine is is. Those risks include the information transmitted by the medical decision. Your physician will tell you if he/she ly, although unlikely, security protocols can, in rare ty of your medical information. The same laws of privacy telemedicine. The patient has a right to know where the s/her mind about telemedicine at any time and make an
Does the patient agree to this telemedicine visit?	Yes No Unable to Reach
I identified the patient, myself, my and the patient's locations, how the patient can see a clinician in-person, and reviewed the medical history and available records.	Yes No Unable to Reach
Time of Call:	O Now
HI Restore V Close	

- 2. In the event you are unable to reach the patient but have opened your encounter, please open the **Erroneous Encounter SmartSet** 
  - a. Go to SmartSets in your Navigator
  - b. Search for **Erroneous** and press Enter

- c. The Erroneous Encounter SmartSet defaults as selected
- d. Select Open SmartSets

SmartSets		
erroneous	+ Add	
Favorites	SmartSets	±.4
	Search for new SmartSet + Add	
I≪ Restore ✓ Clo	Search Results	*
	Erroneous Encounter	
	Favorites	*
	BMC AMB ORTHO INJECTIONS	
		✓ Open SmartSets × Clear Selection
	I≪ Restore ✓ Close	↑ Previous ↓ Next

- 3. No edits are required to the orders in the SmartSet. Sign SmartSet.
- 4. In the Length of Visit section, put in 0 and select Minutes:

Length of Visit
Telephone Remote Visit         Length of Call:       0         Minutes
Enter "0" if you were unable to reach the patient or the patient declined to have a telephone visit
I Restore ✓ Close

5. Sign your Visit.



1. In the event the patient does not consent to the Televisit, document that in the **Consent and Time** section.

Telephone Remote Visit			
BMC is offering telemedicine visits to deliver medii comfort of his/her home and potentially spread th helpful because of those factors, there are some ris telemedicine may not be sufficient for an appropri believes you need to be seen in person. Additiona circumstances fail, causing a breach of confidentia and confidentially of medical information apply to provider is located. The patient also can change h appointment or come into the Emergency Room.	cal services e illness to sks. Those ate medical illy, althoug lity of your o telemedici is/her mind	without having a po others along the way isks include the infor decision. Your phy: h unlikely, security p medical information ne. The patient has about telemedicine	tentially ill patient leave t y. Although telemedicine yrmation transmitted by sician will tell you if he/sh rrotocols can, in rare . The same laws of privac a right to know where th at any time and make an
Does the patient agree to this telemedicine visit?	Yes No	Unable to Reach	
Did you notify the patient that "Today's visit may involve a standard copay for Medicare and some other insurance plans, as do most health care services. ?"	Yes No	Unable to Reach	
Did you notify the patient that "Today's visit may involve a standard copay for Medicare and some other insurance plans, as do most health care services. ?" I identified the patient, myself, my and the patient's locations, how the patient can see a clinician in-person, and reviewed the medical history and available records.	Yes No Yes No	Unable to Reach	

2. In the event the patient does not consent to the Televisit, document **0** in the **Length of Visit** section and select **Minutes**:



6. In the event the patient does not consent, please document 90000 - No Charge:





## MyChart Workflow

- Televisits will follow the same process as normal Office Visits meaning patients are notified of their visit in their My Chart 1 week prior to the scheduled visit.
- At the conclusion of a scheduled Televisit, patients can see the AVS in their MyChart
- If a patient does not have a MyChart, suggest enrolling them or notify them of the selfenrollment process.

### MyChart Self Enrollment:

• If a patient does not have an activation code, they can still sign up for MyChart!! Patients should go to our BMC MyChart page, click **sign up now** and then **sign up online** under the No Validation Code header. The patient should fill out the demographic fields and if it matches their record at BMC, they'll get an email to activate MyChart.

### MyChart Televisit Enrollment:

 If the patient is interested in signing up for a MyChart with your assistance, go to More → MyChart Administration. Select MyChart Email Signup. The patient will receive an email with instructions and next steps for signing up.