

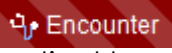
**Application: Ambulatory Resident**  
**Release date: 4/1/2020**

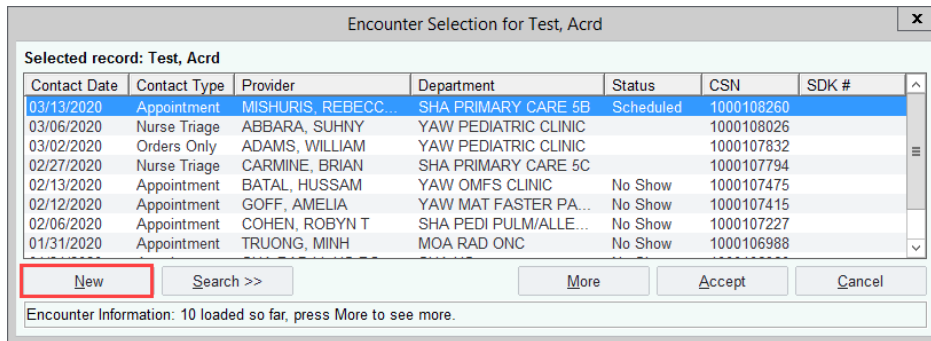
## Telephone Remote Visit (Televisit) on the Fly

Starting on Monday, March 16<sup>th</sup> 2020, BMC will begin seeing patients using the newly implemented visit type called **Telephone Remote Visit** (Televisit) 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.

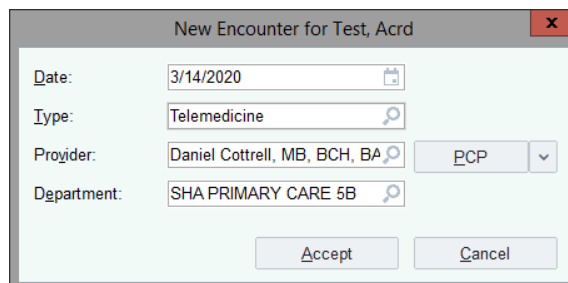
Providers must:

- 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 can be created "on the fly" meaning they do not need to be scheduled
2. Go to **Encounter** in your top toolbar. If it is not in your toolbar, go to **Epic → Patient Care → Encounter** 
3. Pull up the patient by searching for MRN or First Name, Last Name
4. At the Encounter Selection screen, select **New**:



5. On the New Encounter screen, verify the Date, Provider and Department are correct. In the Type field, select **Telemedicine**:



6. For each visit, ensure you are completing the following components:

- + Contacts
- + Interpreter Use (if applicable)
- + Consent and Time
- + Travel Screening
- + Visit Info
- + Progress Note
- + Review
- + Visit Diagnosis
- + Pt Instructions
- + Length of Visit
- + Charge Capture
- + Routing (if applicable)

7. 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.**

The screenshot shows the 'Contacts' section of a medical software interface. At the top, there are three tabs: 'Incoming Call', 'Outgoing Call' (which is highlighted with a red box), and 'Other'. Below the tabs, the form is titled 'Telephone (Outgoing)'. The 'Type' is set to 'Telephone (Outgoing)'. The 'Time' is '12:28 PM EDT' and the 'Date' is '3/13/2020'. The 'Relationship' is 'Self'. The 'Contact name' is 'One, Trv'. The 'Phone' is '617-111-2222'. There is a button for 'Home: 617-111-2222'. The 'Patient's phone comments' section has an 'Outcome' dropdown with options: 'No Answer/Busy', 'Left Message', 'Not Available', and 'Missing or Invalid Number'. There is also an 'Edit' button and a 'Contact comments' text area.

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)

8. 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
- ✦ The interpreter will call the patient and connect the provider to the call

9. 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? ⚠

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. ⚠

Time of Call:

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

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

Travel Screening

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**Communicable Disease Screening**

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Do you have any of the following symptoms?

<input type="checkbox"/> None of these	<input type="checkbox"/> Unable to assess	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Bruising or bleeding
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea	<input checked="" type="checkbox"/> Fever	<input type="checkbox"/> Joint pain
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash	<input type="checkbox"/> Red eye	<input checked="" type="checkbox"/> Severe headache
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Weakness	

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**Travel History**

Have you traveled internationally in the last month?

You can use the box to the upper left to add a trip to the list

No more travel to load

11. Document the reason for call in the **Visit Information** section.

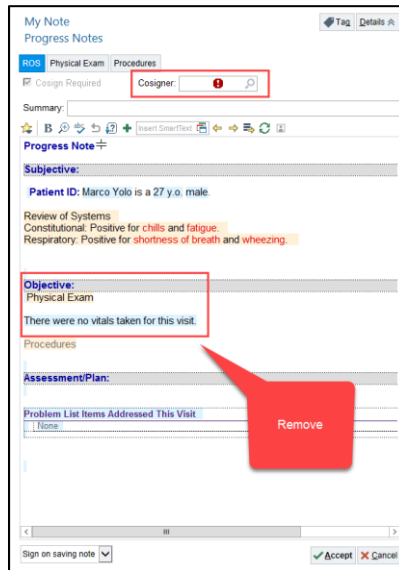
**Visit Information**

**Reason for Visit**

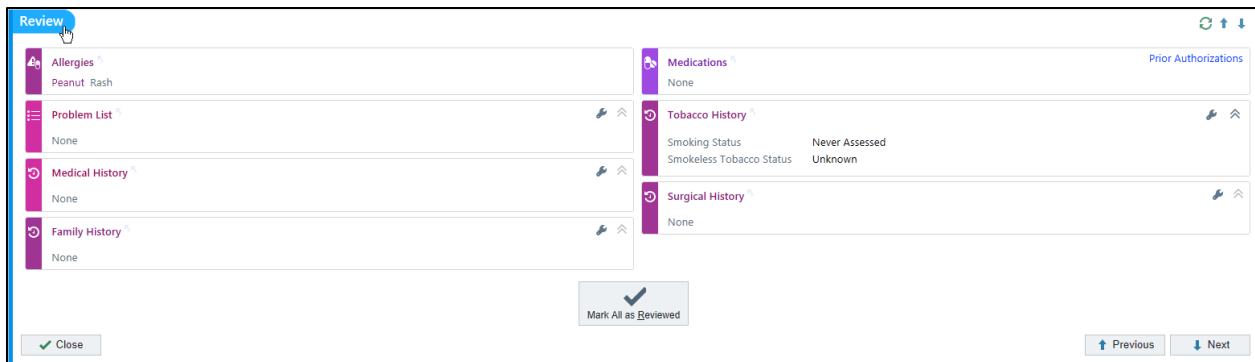
Chest Pain	Dizziness	Shortness of...	Cough	Female GU Pr...	Knee Pain
Lightheadedn...	Male GU Prob...	Neck Pain	Results	Shoulder Pain	Sore Throat
Weight Loss					

Reason for Visit	Comment
Fever	Last 3 days

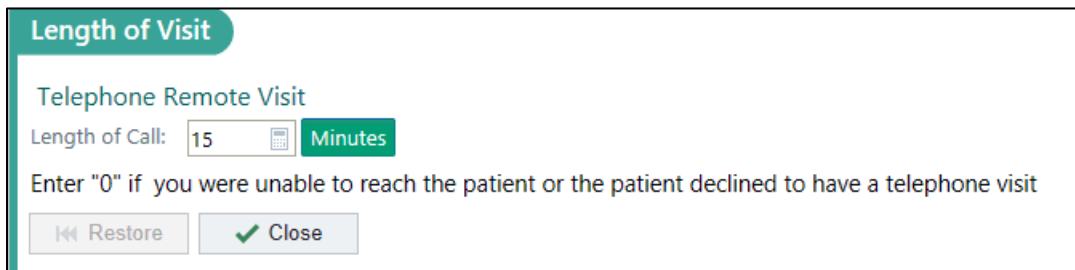
12. Identify a cosigner then complete your progress note using the same template you would use for an office visit. Identifying a cosigner will route your note to the attending for cosign. **Note:** If your template pulls in Physical Exam and Vital Signs, **remove** those components from your note.



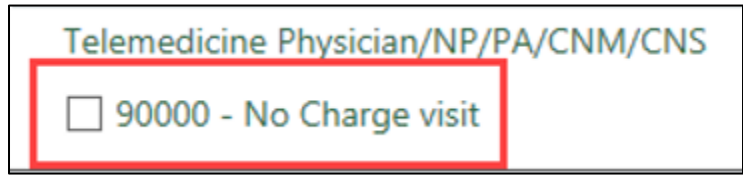
13. Ensure to review Meds, Problems & Allergies. Review can be completed through the **Review** section:



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



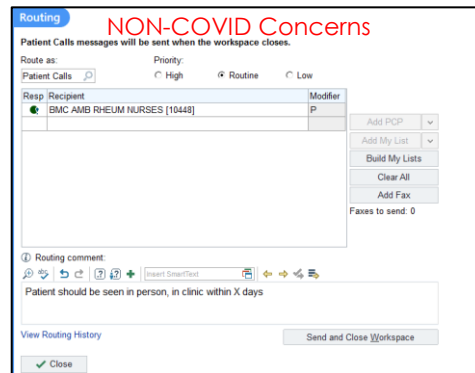
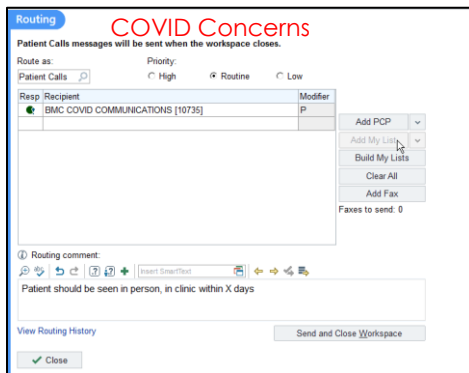
17. In the **Charge Capture** section within the **Telemedicine Physician/NP/PA/CNM/CNS** section, select **No Charge / 90000**.



18. In the **Routing** section:

For COVID19 Concerns: 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**:



19. When you are finished with the visit and have completed your documentation, **route the encounter to your attending preceptor**.

20. Televisits appear in Chart Review with a Visit Type of **Telemedicine**:

Chart Review						
Encounters						
When	Type	With	Department	Description		
Recent Visits						
Yesterday	Appointment	Pediatrics - Douglass, L	SHA PEDI NEU			
Yesterday	Telemedicine	Internal Med - Cottrell, D	SHA PC 5A	Epigastric pain		
Yesterday	Travel					



## Patient Does Not Consent

1. In the event the patient does not consent to the Televisit, document **No** in the **Consent and Time** section:

**Consent and Time**

**Telephone Remote Visit**

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Does the patient agree to this telemedicine visit?

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.

Time of Call:

1. In the event the patient does not consent but you have opened your encounter, please open the **Telemedicine – Patient Did Not Consent to Visit** SmartSet. It is listed as a Suggestion.
  - a. Go to **SmartSets** in your Navigator
  - b. Check off **Telemedicine – Patient Did Not Consent to Visit**
  - c. Select **Open SmartSets**

**SmartSets**

Search for new SmartSet

Suggestions

Telemedicine - Patient Did Not Consent to Visit  Telemedicine - Unable to Reach

2. No edits are required to the orders in the SmartSet. **Sign SmartSet.**
3. **Sign** your Visit.



## Unable to Reach Patient

1. If you “start the visit” before reaching the patient, 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**

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Does the patient agree to this telemedicine visit?

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.

Time of Call:

2. In the event you are unable to reach the patient but have opened your encounter, please open the **Telemedicine - Unable to Reach** SmartSet. It is listed as a Suggestion.
  - a. Go to **SmartSets** in your Navigator
  - b. Check off **Telemedicine - Unable to Reach**
  - c. Select **Open SmartSets**

**SmartSets**

Search for new SmartSet

Suggestions

Telemedicine - Patient Did Not Consent to Visit  **Telemedicine - Unable to Reach**

3. No edits are required to the orders in the SmartSet. **Sign SmartSet.**
4. **Sign** your Visit.



# MyChart Workflow

- Patients are notified of their visit in their My Chart 1 day 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 self-enrollment 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.

