

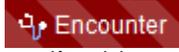
Application: Ambulatory MD / NP
Release date: 4/6/2020

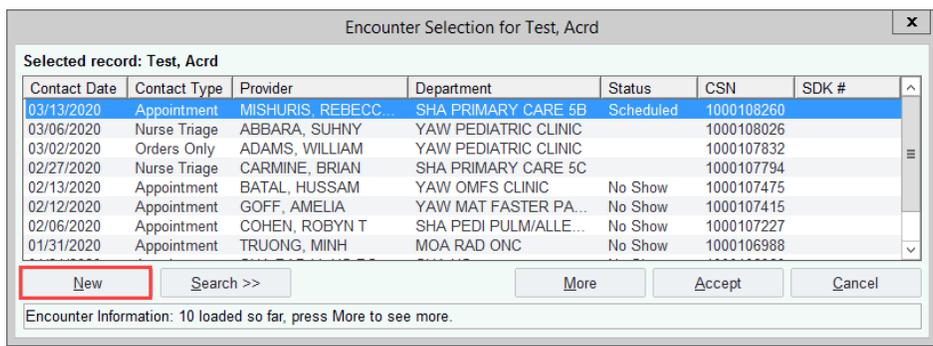
Telephone Remote Visit (Televisit) on the Fly

Starting on Monday, March 16th 2020, BMC will begin seeing patients using the newly implemented visit type called **Telemedicine Visit** 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.

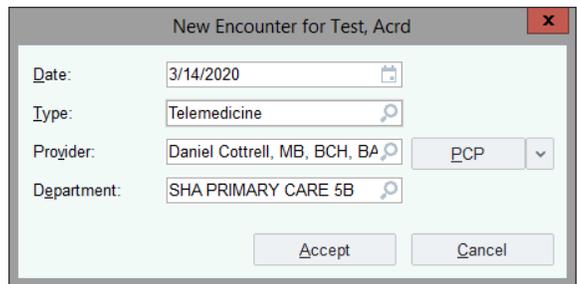
Providers must:

- 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**:

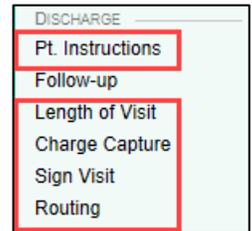
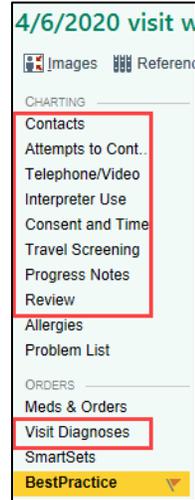


5. On the New Encounter screen, verify the Date, Provider and Department are correct. In the Type field, select **Telemedicine**:



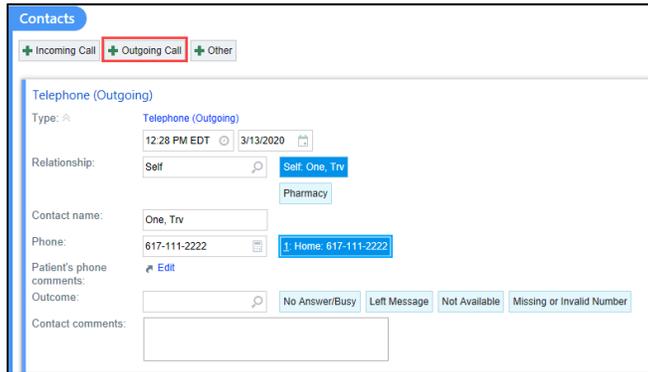
6. For each visit, ensure you are completing the following components:

- + Contacts
- + Attempts to Contact
- + Telephone/Video
- + Interpreter Use (if applicable)
- + Consent and Time
- + Travel Screening
- + Progress Note
- + Review
- + Visit Diagnosis
- + Pt Instructions
- + Length of Visit
- + Routing (if applicable)
- + Charge Capture



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.



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. In the **Attempts to Contact** section, indicate whether this is your 1st, 2nd, or 3rd attempt to reach the patient (follow your Department's guidance on how many times to try to reach a patient). If you are unable to reach the patient on your last attempt, you will need to document **Unable to Reach** in the **Consent and Time** section. You will also need to apply the **Unable to Reach SmartSet** (steps can be found at the end of this document).

9. In the **Telephone/Video** section, indicate that this is a telephone visit.

10. 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

11. Document the patient consent for the visit in addition to capturing the time of the 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

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

Travel Screening

Communicable Disease Screening

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

Yes No / Unsure Unable to assess

Do you have any of the following symptoms?

None of these Unable to assess Abdominal pain Bruising or bleeding

Cough Diarrhea Fever Joint pain

Muscle pain Rash Red eye Severe headache

Shortness of breath Vomiting Weakness

Travel History

Have you traveled internationally in the last month?

Yes No Unable to assess

Enter a location

No Documented Travel

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

No more travel to load

13. 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

14. Complete your progress note using the same template you would use for an office visit.
 Note: If your template pulls in Physical Exam and Vital Signs, **remove** those components from your note.

My Note

Progress Notes

ROS Physical Exam Procedures

Cosign Required

Summary:

Progress Note

Subjective:

Patient ID: Trv Two is a 59 y.o. male.

Review of Systems

Objective:

Physical Exam

There were no vitals taken for this visit.

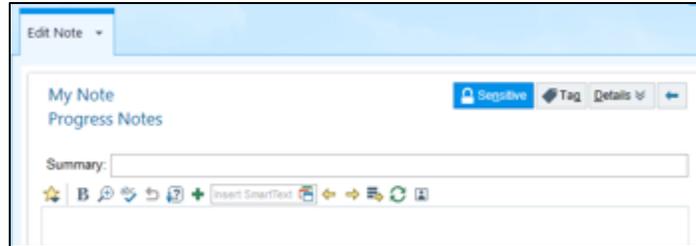
Procedures

Assessment/Plan:

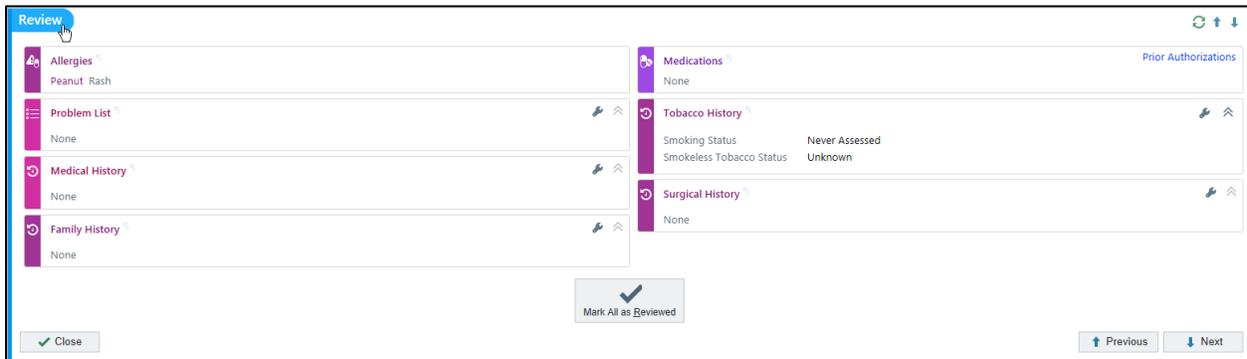
Problem List Items Addressed This Visit

Fever

Note: For Behavioral Health Providers: You have the ability to mark your note as sensitive. It is **not** marked sensitive automatically. Mark it as sensitive for any service where if care was provided in clinic, it would have been sensitive (i.e. psychotherapy):



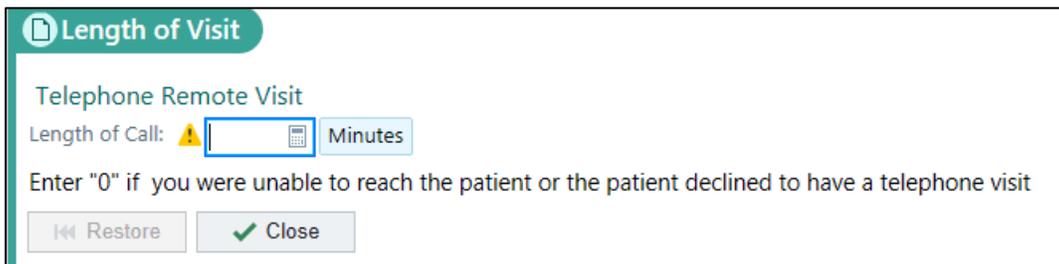
15. Ensure to review Meds, Problems & Allergies. Review can be completed through the **Review** section:



16. Input today's Diagnosis in the **Visit Diagnosis** section. Add the diagnosis as you normally would during a clinic visit.

17. In the **Pt Instructions** section, appropriate COVID related educational materials appear automatically. You have the ability to manually add additional instructions as needed.

18. Document the Length of Visit in the **Length of Visit** section. Ensure to select **Minutes** after inputting the duration.



19. Select charges for the Televisit in the **Charge Capture** section. **Select your charge from the Telemedicine Physician/NP/PA/CNM/CNS list.**

Telemedicine Physician/NP/PA/CNM/CNS			
<input type="checkbox"/> 90000 - No Charge visit	<input type="checkbox"/> 99204 - MD/APP NEW: 45 Minutes	<input type="checkbox"/> 99213 - MD/APP EST: 15 Minutes	<input type="checkbox"/> 99497 - Advance Care Planning First 30 Mins
<input type="checkbox"/> 99201 - MD/APP NEW: 10 Minutes	<input type="checkbox"/> 99205 - MD/APP NEW: 60 Minutes	<input type="checkbox"/> 99214 - MD/APP EST: 25 Minutes	<input type="checkbox"/> 99498 - Advance Care Planning Ea Addl 30 Mins
<input type="checkbox"/> 99202 - MD/APP NEW: 20 Minutes	<input type="checkbox"/> 99211 - MD/APP EST: 5 Minutes	<input type="checkbox"/> 99215 - MD/APP EST: 40 Minutes	<input type="checkbox"/> No Charge - Post-Op Global
<input type="checkbox"/> 99203 - MD/APP NEW: 30 Minutes	<input type="checkbox"/> 99212 - MD/APP EST: 10 Minutes		

20. If you have one billing area, it will default within the charge. If you have multiple bill areas, you will need to manually enter the specific bill area within your charge.

21. Click on the charge itself:

Charges to be Accepted Upon Leaving the Section							
Description	Code	Dx	Service Date	Service Prov	Modifiers	Qty	Status
☆ 99442 - MD/APP Telephone Evaluation 11-20 Min	99442 CPT®		03/20/2020	Daniel Cottrell, MB, BCH, BAO		1	New

22. Within the **Additional Charge Details** section of the screen, input the correct bill area:

▼ **Additional Charge Details**

NDC:

Code	Admin Amt	Units
1		

Modifiers:

Start time:

End time:

Bill area:

Comment:

23. 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**:

Routing

Patient Calls messages will be sent when the workspace closes.

Route as: Patient Calls Priority: High Routine Low

Resp	Recipient	Modifier
	BMC COVID COMMUNICATIONS [10735]	P

COVID Concerns

Routing comment:
Patient should be seen in person, in clinic within X days

Routing

Patient Calls messages will be sent when the workspace closes.

Route as: Patient Calls Priority: High Routine Low

Resp	Recipient	Modifier
	BMC AMB RHEUM NURSES [10448]	P

NON-COVID Concerns

Routing comment:
Patient should be seen in person, in clinic within X days

24. When you are finished with the visit and have completed your documentation, **Sign Visit**

Note: The Following Items Are Required To Sign Your Visit:

- i. Contact
- ii. Consent/Time
- iii. Diagnosis
- iv. Charges
- v. Duration/Length of 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

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**

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: Now

Restore Close

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 + Add

Suggestions

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

Open SmartSets Clear Selection

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



Patient Does Not Consent

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

i **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:

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**

i **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.



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.

