Virtual Practice

Conducting Telemedicine Visits
Topics To Consider

Ted J. Hudspeth, MD, FAAFP
Ochsner Health
Email: thudspeth@ochsner.org

Facebook: FB.ME/TEDHUDSPETHMD
Dr. Ted’s Virtual Visit Grading Scale

• GREET them warmly and know them as a PERSON? 25%
• LISTEN to their entire reason for seeing you? 25%
• ADDRESS their problem and EXPLAIN your plan? 25%
• EXPRESS EMPATHY? 25%

100%
Topics

• Definitions In Telemedicine
• Changes In Healthcare
• 5 Best Practices For Virtual Care
  • Team Support
  • Care Management Strategies
  • Workflow Development
  • Communication-business/medical
  • Technology Choices
Definitions

Telemedicine: The practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication via two-way video and audio transmissions simultaneously.

Telehealth: Telehealth means a mode of delivering healthcare services that enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from healthcare providers. Facilitates patient self-management and caregiver support for patients and includes synchronous and asynchronous communication.

E-Visit: Epic workflow to provide low level diagnosis and treatment via asynchronous communication between a provider and patient via epic: Dermatology.

Virtual Visit: All synchronous video interactions with patients are virtual visits: there are different channels this can be provided.
- Provider Direct
- Consumer Direct
The World Is Constantly Changing
Hospitals & Physicians Are Not Meeting The Demands Of Consumers

Consumers are driving the demand for change!

What Millennials Want
- 71% want to book appointments with mobile apps
- 74% would prefer to see a doctor virtually
- 75% look at online reviews before selecting a physician
- One-third downloaded a health app in the last 30 days
- 42% have used synchronous video telemedicine

What Hospitals Provide
- Only 14% offer digital tools and information to enable consumer engagement
- Only 23% offer a range of virtual/telehealth access points
- Only 20% have an online price estimation tool
- Only 43% provide messaging between patients and providers

Macro Trends Transforming Healthcare
Payment Structures, Insurers, Competitors, AI/Technology Are driving change!

- Consumer Search, Triage & Navigation
- Financial Pressure, Health Financing Evolution & Shift of Risk
- Affordability Driving Steering & Transition To Lower-Cost Settings
- Reduction Of Commercial Insurance, Employers Take Action To Reduce Cost of Care
- Emergence Of New Competitors
- Digital Options, Technology & AI Capabilities

Driving The Reconfiguration Of Traditional Health Systems & Care Delivery
They Are Not Coming... They are HERE!

CVS Health’s MinuteClinic Introduces Virtual Care Offering

Wednesday, August 8, 2018

MinuteClinic Video Visits now available through Walgreens

WOONSOCKET, R.I., August 8, 2018—CVS Health has introduced MinuteClinic Video Visits, a telemedicine service available seven days a week, for patients who live at least 4 miles from a MinuteClinic location or who prefer the convenience of a virtual visit.

MinuteClinic Video Visits are offered at no additional cost for patients who have a MinuteClinic membership. Patients can schedule video visits online or by calling 800-748-2383.

MinuteClinic Video Visits are available for a variety of common illnesses and injuries, including sore throats, cold or flu symptoms, minor cuts and scrapes, sprains and strains and ear, nose and throat conditions. The service is staffed 24 hours a day, seven days a week by MinuteClinic clinicians who provide care primarily by phone or video connection.

MinuteClinic clinicians complete a rigorous training program and are supervised to ensure high quality of care. They have access to the same medications and supplies as MinuteClinic clinicians working in the stores and can refer patients to a MinuteClinic or a health care provider as needed.

MinuteClinic Video Visits expand the number of times patients can conveniently see a MinuteClinic clinician by offering extended hours. MinuteClinic Video Visits are now available in stores and online in 1,400 CVS Pharmacy locations in 49 states and the District of Columbia. MinuteClinic Video Visits are also available in the company’s MinuteClinic mobile units that travel to college campuses, community centers and mobile health clinics.

Additional Resources

Visit CVSHealth.com for more information on MinuteClinic Video Visits.

For more information on CVS Health, visit CVSHealth.com.

Skip the waiting room
SEE A DOCTOR
—— $59 per visit ——
$0 Doctor visit
Video chat with a doctor 24/7 for as low as $0.

SEE A DOCTOR ONLINE

Doctor On Demand lets you see a doctor on your schedule, right from your computer, tablet, or phone. It’s available to most people enrolled in a Walmart medical plan.

Talk to a doctor anytime, anywhere.

Save time and money
U.S.-based, board-certified doctors can diagnose and treat common conditions through video-chat for as low as $0 a visit.

Talk it out
Licensed psychologists and psychiatrists are also available to help with depression, anxiety, or other behavioral health issues.

Check your options
Access and cost will depend on your medical plan. See below for your options—even if you’re not enrolled.
CVS Plans To Become The New “Front Door” Of Medicine

Eight out of 10 Americans are within 10 miles of a CVS!

“CVS will become the Front Door to Healthcare in America”
- Larry Merlo, CVS CEO, 2019

Nearly **36,000** Clinical Professionals, Including Nurse Practitioners, Infusion Nurses & Pharmacists.

More Than **75%** Of U.S. Population Lives Within 5 Miles Of A CVS Pharmacy
Risk Structures Are Changing-2019

Medicare Risk Structure

- Medicare Advantage
  - Health Plans
    - Providers
- Federal Government
  - Capitation 35%
  - 55%
  - 10% Global Budget
- Traditional Medicare
  - Physicians, Health Systems
    - Next Gen ACO Track 1+

Legend: = Full Risk or Risk Sharing
Risk Structures Are Changing-2025

Risk Shifting is driving change!
You need new ways to care for patients more efficiently.

Medicare Risk Shift

Federal Government

Capitation

Global Budget / Capitation

Health Plans

Physicians, Health Systems

Other Entities Accepting Risk
(CVS / Walgreens / Amazon)

Providers

Insurance Owned Providers

Providers

FFS Reimbursement
(Rate Takers In The Future)
Outcomes = Income

VALUE is driving change!

Volume-Past  Value-Future
What Do Provider Direct Care and Consumer Direct Care Mean?

**Provider Direct**
- Ambulatory/Clinic
- Hospital
- Post Acute
- Nursing Homes

**Consumer Direct**
- Patient Initiated
- Home, Work, School, Leisure
- Patient’s Mobile Device
- Retail
The Value Of Consumer Direct Telehealth

New patient acquisition and current patient retention
Increased access and convenience for patients
- Rural and underserved
- At work, home, school, leisure
- In disaster situations—It has been Transformative during the COVID Crisis
Job flexibility, new payment mechanisms, lower overhead costs for providers
Utilize the appropriate level of clinical service
- Harness new technology and tools to maintain or improve quality outcomes (blood pressure and glucose control) and provide care easier at less cost
Defining Your Future

How Can You Implement Telemedicine To Help You Transform Your Delivery Of Care
5 Best Practices To Provide Virtual Care

• Gain team buy-in to develop Posture & Confidence
• Develop new care management strategies
• Establish virtual care workflows-Team & Patients
• Streamline patient communication and accessibility to your virtual front-door and be an EXPERT at using EMPATHIC communication to drive engagement and outcomes
• Identify appropriate virtual delivery options and technology to fit your needs
Team Buy In

Posture & Confidence
Your Posture

- Virtual Visits is a major way that you will do business
- Many things can be cared for when a Provider/Patient have a **Relationship** and you are **Responsive** to their needs—in person or virtually!
- Requires you to **RETHINK** your value and your workflows
  - If it involves **EVALUATION & MANAGEMENT**, it is potentially billable.
  - Allows capturing visits for work previous done for free.
  - Problem types that can be managed with a proper **WORKFLOW** include:
    - **Urgent care issues**
    - **Medication refills/Annual Health Reviews**
    - **Mood disorders**
    - **Chronic medical problems like Diabetes & Hypertension**
    - **Abnormal or surprise lab reviews**
    - **Healthy Lifestyle Planning**
Team Confidence

• Nurses, MA's, NP's, Front Staff, Ancillary Staff are all CRITICAL
• Identifying at least one Champion would be a great first step
• Caring Communication is the SECRET SAUCE to transfer BELIEF.
  • Convey **confidence** that we can care for their needs via a Virtual Visit
  • Instill **trust** that the Nurse or MA will guide them to successfully complete a visit
  • Convey that they **care** for them
  • **Praise** them for each successful step that they make

• THEY TROUBLESHOOT-TROUBLESHOOT-TROUBLESHOOT
• Staff are vital to engaging patients to use Virtual Visits and to handle the patient care needed after visits!!!!!!!
Care Management

Develop Your Strategies
Care Management Strategies And Problem Types

Follow up visit for medicine changes
- Hypertension-enrolled in Digital Hypertension program or send them the MyChart Blood Pressure/Pulse order to log their data
- Diabetes-enrolled in Digital Diabetes program or send them the MyChart Glucose reading order to log their data

**Depression/Anxiety**
New evaluation and follow up

**Attention Deficit Disorder** prescription refill visits (3 of 4 per year)

Complex Workup follow-up

Surprise Findings on workup-big change in A1c, etc.

Urgent Care
Cold/flu and cough, COVID-19, Allergies and sinus issues, UTI, Fevers, Pink Eye, Sore Throat, Stomach Aches, Rashes
Workflows

Provider/Team
Provider/Patient
## Virtual Visit Workflow – Primary Care

### Pre & Post Visit Workflows

<table>
<thead>
<tr>
<th>7 Days Prior to Appt</th>
<th>1-2 Days Prior to Appt</th>
<th>Day of Appt</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td><strong>Provider</strong></td>
<td><strong>LPN/CCC</strong></td>
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</table>
| ePre-Check available 7 days prior to appt | Required for every visit:  
  - Meds/Pref pharmacy  
  - Allergies  
  - Clinical Questionnaires*  
  - Vital*  
  Additional items not required every visit:  
  - Referring provider  
  - Health Maintenance  
  - History Questionnaires | Patient logs into MyChart mobile app 15 minutes before scheduled appt time | Patient receives AVS with information regarding follow up steps |
| Patient receives a text to prepare for visit | Patient receives a text 2 days prior if not completed | Patient will be in virtual waiting room with arrived status until provider joins |
| Health Maintenance routed for follow up and documentation | Calls patient to reconcile Health Maintenance | MA completes rooming workflow as indicated by clinic preference (i.e. dot system) |
| **LPN/CCC**          | **MA**                 | **Patient** |
| Scrub schedule for next day patients that have completed ePre-Check | Verify meds and allergies, update pref. pharmacy, review Hx if applicable | Contact patient to complete follow up tasks |
| Column available on MyChart to show completion of ePre-Check | Review virtual visit requirements with patient | |

*Based on specialty request

**MA** completes rooming workflow as indicated by clinic preference (i.e. dot system)

When VV indicator shows patient has joined, provider opens the virtual visit in Canto or Haiku

Provider conducts visit with patient, reviewing patient entered information

Completes note with appropriate templated requirements, places orders, and drops charges

Visit is routed to staff pool for follow up
Nursing Command Central

• Make the appointment/Convert current appointment
• Explain they will receive instructions and will need to do a precheck
• Monitor entry into the visit (video camera icon)
  • If not logged on at the time of the appointment-call patient and troubleshoot
  • If unsuccessful, drive patient to DOXIMITY Meeting
  • Await closure of the visit
• Discharge the patient based on orders/instructions
Provider/Nurse Communication
Secure Chat for Problems
Wrap Up Tab for Discharge
HTN/DM FOLLOWUP
MyChart Order Options

In the "ORDERS TAB", Type "MyChart Patient Entered......" & select a value you want the patient to track
Patient Receive Instructional Video On How To Enter Vital Signs In MyChart

How to enter...
Once you send the patient an order to track any parameter, they will have an icon on their MyChart App's "desktop" that can forever be used by them to track their data.
Call Functions To Pull Patient Entered Blood Pressure or Glucose Entries Into Your Notes

• @REVFS(415:15)@  
  Call Functions to pull the last 15 home blood pressures and pulses in the flowsheet into your note

• @REVFS(414:15)@  
  Call Function to pull the last weight in the flowsheet into your note

• @LASTWT(1)@  
  Call Function to pull the last 20 home glucoses in the flowsheet into your note

• @REVFS(417:20)@  
  Call Functions to pull the last 20 home glucoses in the flowsheet into your note
Primary Care Telemedicine Note
The patient location is: Patient Home
The chief complaint leading to consultation is: Hypertension
Total time spent with patient: ***

Visit type: Virtual visit with synchronous audio only and video
Each patient to whom he or she provides medical services by telemedicine is: (1) informed of the relationship between the physician and patient and the respective role of any other health care provider with respect to management of the patient; and (2) notified that he or she may decline to receive medical services by telemedicine and may withdraw from such care at any time.

Subjective:
@SUBJNOHEADERBEGIN@Patient ID: @NAME@ is a @AGE@ @SEX@.
Chief Complaint: Hypertension
@SFHPI@@prohtn@
@curmed@
@hmdue@

@ROSBYAGE@
Constitutional: Negative for chills and fever.
Respiratory: Negative for cough and wheezing.
Cardiovascular: Negative for chest pain and palpitations.
@SUBJECTIVEEND@
Objective:
@OBJNOHEADERBEGIN@
The patient has been recording blood pressures and pulses at home and the following is the data that was reviewed to make an evaluation and management decision today.
@REVFS(415:15)@
@REVFS(414:15)@
@PHYSEXAM@
Constitutional: The patient is oriented to person, place, and time. He appears well-developed and well-nourished.
Pulmonary/Chest: Effort normal. No respiratory distress.
Neurological: He is alert and oriented to person, place, and time.
Psychiatric: He has a normal mood and affect. His behavior is normal. Judgment and thought content normal.
@OBJECTIVEEND@
Assessment:
@ASSESSNOHEADERBEGIN@  
@DIAGX@@ASSESSMENTEND@  
Plan:
@PLANNOHEADERBEGIN@  
***@PLANEND@
How To Take Photos During A Visit in Haiku or Canto & Import Them To Note

1. Snap a photo while seeing the patient in Haiku or Canto by clicking the camera (will be a white button when a patient is active.)
2. When writing a note, click on photo button and select photo(s) to paste into note.
Virtual Visit Introduction Note Template

Primary Care Telemedicine Note
The patient location is: Patient Home
The chief complaint leading to consultation is: ***
Total time spent with patient: ***

Visit type: Virtual visit with synchronous audio only and video
Each patient to whom he or she provides medical services by telemedicine is: (1) informed of the relationship between the physician and patient and the respective role of any other health care provider with respect to management of the patient; and (2) notified that he or she may decline to receive medical services by telemedicine and may withdraw from such care at any time.
Communication

Business Marketing
Patient Connection
Create A Group Letter To Your Patients

• Develop a letter to your patients about your offering
• Explain the software that will be needed for a virtual visit
• Provide instructions on how to connect to the visit
• Provide a telephone # to troubleshoot issues
Sample Group Letter

Dear @NAME@,

ONLINE DOCTOR VISITS at Ochsner Health Center-Hammond, LA

In these uncertain times, if you are adhering to social distancing but have medical concerns or needs, you can see any of the providers at the Ochsner Clinic in Hammond via a TELEMEDICINE VISIT on your phone or Ipad using the MYCHART APP. We can care for things such as many urgent care issues, medication refills, mood disorders, and manage chronic medical problems like diabetes, hypertension, etc. through a visit of this type. These visits are much like a "FaceTime" visit except that it is through the MyChart App and you can do it in the convenience of your home. Many currently scheduled appointments can also be converted to a Virtual Visit to care for your needs if you like. Most insurances and now Medicare covers these visits just like you are being seen in the office.

IF YOU ARE A CURRENT MYCHART USER, use your MYCHART APP on your phone/ipad or use a computer to go to MY.OCHSNER.ORG and log in to message us for a new appointment or to convert an existing appointment and we will reach out to you to get you scheduled.

If you have a loved one or friend that is not a current MYCHART USER, have them go to MY.OCHSNER.ORG and click SIGN UP NOW->SIGN UP ONLINE. Once active, they will be able to download the MYCHART APP on their phone or iPad and request an appointment to be seen online by their Ochsner Provider.

Hammond providers that are available for these services include Dr. Ted Hudspeth, Dr. Mike Dunn, Dr. Gerald Sparks, Dr. Brian Callihan, Dr. Kacie Watts, Dr. Ashley Ingolia, Nina Jackson-Battiste, NP, and Trenna Craig Richard, NP.

If you have any questions, please reply directly to me through this message and I will get them answered.

MYCHART Site-https://www.ochsner.org/my-ochsner
VIDEOS ON HOW TO USE MYCHART-https://www.ochsner.org/my-ochsner/how-to-use-myochsner

We Offer Telehealth & Same Day Appointments!

Book your Telehealth appointment through my nurse or on MyChart and request a VIRTUAL VISIT

Office-985-543-3600
Patient Instruction To Schedule A Virtual Visit

To schedule a Virtual Visit with any provider in the Hammond Clinic through your MyChart App, go to the App and click on the tabs in the following order:

- Appointments->
- Schedule an Appointment->
- Tell us why you're coming in->
- Same Day Virtual Visit->
- Yes, Continue->
- Yes, Continue->
- Yes, Continue->
- Yes, Continue->
- Choose The Provider Of Your Choice-> (me or another MD in my practice)
- Pick A Time from the provider's schedule that is convenient for you.
Patients Receive Instructions on how to Complete a Virtual Visit
Patient Instructional Video On How To Start A MyChart Visit

How to enter
Scripting: Hypertension/Diabetes

- Scenario-the patient's blood pressure or glucose is out of control and a change is made on the medicine/therapy. We need to plan a follow up.

- Script- "I usually follow up on this type of problem in 2 weeks. I now offer for this to be done through our Telehealth service which is like doing a facetime visit through the MyChart App. You can do this from anywhere and don't have to come to my office. If you want to do this, I can have my nurse arrange this for you." I then:
  1. Send them an order for blood pressure and pulse or glucose entry into the app daily
  2. Schedule them for a Telemedicine Visit in 2 weeks
  3. See them in 2 weeks using the Telemedicine Hypertension or Diabetes Follow Up Note Template
  4. Evaluate and manage their problem based on data from 2 weeks of therapy
Approach To Virtual Visits

Make it about your patient as a Person
You are concerned enough that you want to reach out to them
There is enough to discuss that it warrants a follow up from me personally
The problem at hand can be managed via a Telemedicine visit

Make it about their Convenience
Most people are very busy and life circumstances might make a visit to your office difficult. Telemedicine visits can break that barrier.
Most people want to see their provider

Make it about Quality
Not many others in private practice are taking the initiative to work personally with patients remotely to make sure that they are getting the best of care and coordination of care.

Implement Humanistic Techniques

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<th>Acknowledge</th>
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<td>E</td>
<td>Explanation</td>
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<td>T</td>
<td>Thank you</td>
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“People don’t care what you know until they know that you care!”
-Theodore Roosevelt
Patient Want and Needs, Short Form

Decrease anxiety with increased adherence

- How Do We Answer Their Unspoken Questions?

**Acknowledge**
You are important; I respect you.

**Introduce**
You can count on us. “Team”

**Duration**
I respect your time.

**Explanation**
I want you to understand, so you feel safe and confident about your care.

**Thank You**
I appreciate you allowing me to assist you.
Preparing For A Virtual Visit

1. Test Out Your Webcam.
3. Test Your Microphone.
4. Plug In Your Computer Or Mobile Device.
5. Use A Wired Internet Connection.
6. Close Unnecessary Programs.
7. Use the Right Browser.
8. Dress Appropriately.
9. Find a quiet space.
10. Adjust the lighting.
11. Read the patient complaint beforehand, if possible.
During The Virtual Visit

1. Share your screen when prompted.
2. Have the support team’s number easily accessible.
3. Have the patient’s history on hand and CONVEY that you do.
4. Follow the same clinical guidelines you would with an in-person visit. Confirm their **reason** for making the appointment. **Listen** fully while they speak and let them finish prior to you filling in history.
5. Stay ENGAGED and be CONCERNED-Look in the eye.
6. Use facial expressions to convey feelings.
7. Enunciate clearly.
8. **Summarize** what you are doing to address their reason for making the appointment and **Explain** Next Steps.
9. **THANK THEM!**
Demonstrating Empathy & Using Empathic Gestures

• Warm tone
• Eye contact
• Admiration
• Acknowledgment
• Listening
• Non-verbal cues
• Key Words

• “Must be” and “Sounds like”
• “That must be difficult.”
• “Sounds like you’re going through a lot right now.”
• “That must be miserable.”
• “I can’t imagine what you must be going through right now.”
• “That must have been awful for you.”
Caring Communication

- Decrease Anxiety
- Show Empathy
Decreased Anxiety + Increased Adherence = Improved clinical outcomes and increased patient and physician engagement
Making a Connection

Empathy → Connection → Trust → Compliance → Acceptance → Honesty
Model for Deconstructing Burnout

- Engagement
- Burnout

Resilience
Capacity to Cope

- Added Reward
- Inherent Reward
- Added Stress
- Inherent Stress
“People will not always remember what you say; they may not remember all you do; but they will always remember the way you made them feel.”

-Maya Angelou
Technology

Choose Tools
Choose Tools-⚒
Think Through Needs

- Must be HIPPA compliant!
- App vs Web Based?
- Supports Communication before and after visit?
- Support patient entered HPI and ROS?
- Patient Entered Data? (Glucoses, blood pressures, pulse, weight, photos)
- Can it take photos during visits for documentation?
- What hardware will you and the staff need?
- IT Support?
- Interfaces with your EMR?
- Allows Escribing?
- Allows peripherals to support physical exam (otoscope, tongue depressor, stethoscope, thermometer)
Virtual Visit Options & Tools

Scheduled Virtual Visits With PCP

24/7 Virtual Care using Virtual Practice Providers

Ochsner Health Kit
SUMMARY

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