

Telehealth In Practice

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Visit Workflow and Documentation in Telemedicine

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Webinar Series Topics

- Why You Should Develop a Telemedicine Practice
- How to Choose a Telemedicine Platform
- Telemedicine Pre-Visit Workflow
- **Telemedicine Visit Workflow and Documentation**
- Urgent Care in Telemedicine
- Chronic Care in Telemedicine
- Marketing Your Telemedicine Practice
- Value Metrics in Telemedicine

Webinar Series Topics: On Demand

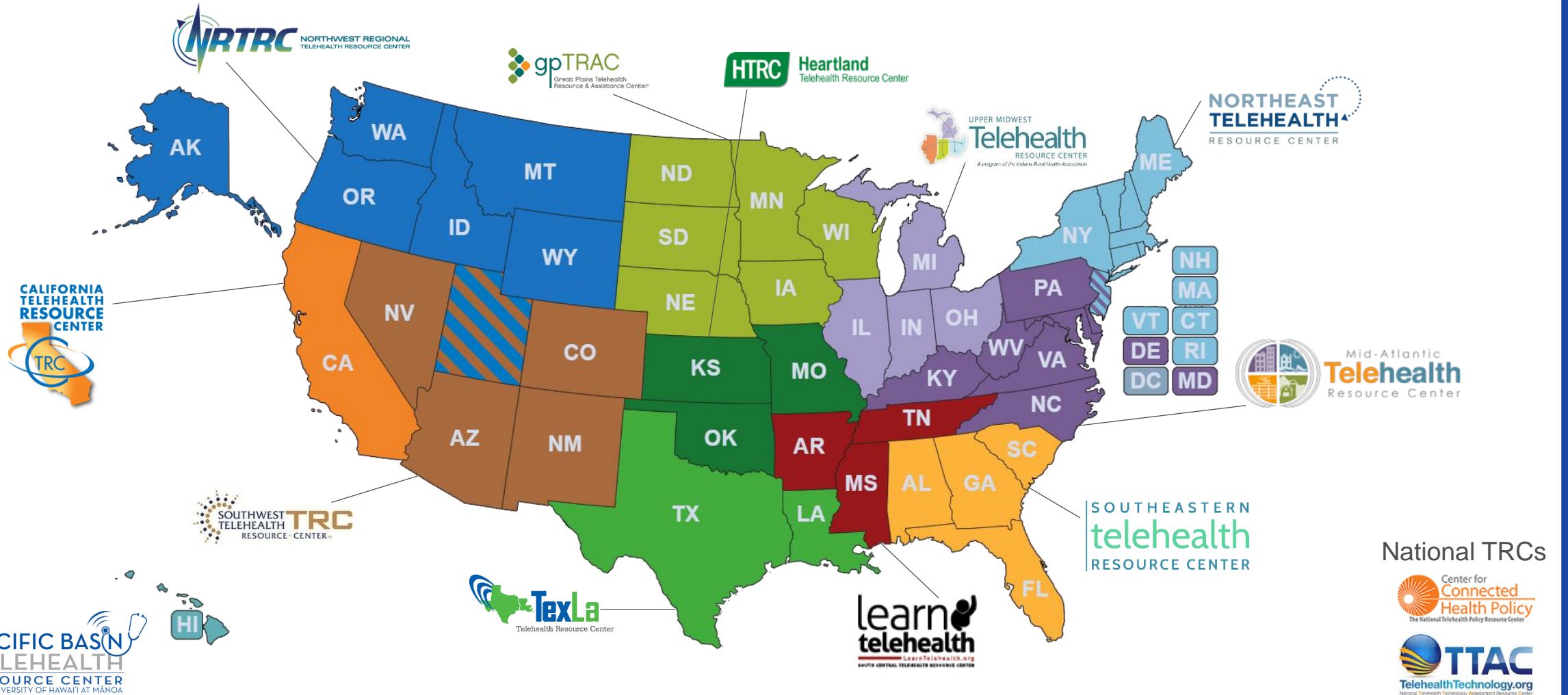
- On Demand: Team Troubleshooting
- On Demand: Professionalism & Legal Considerations
- On Demand: Best Practices & Caring Communication
- On Demand: Telemedicine Billing

TexLa Telehealth Resource Center

- The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.
- The F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is the support representative for Texas. Well-Ahead Louisiana, the chronic disease prevention and healthcare access arm of the state Department of Health, is the support representative for Louisiana.

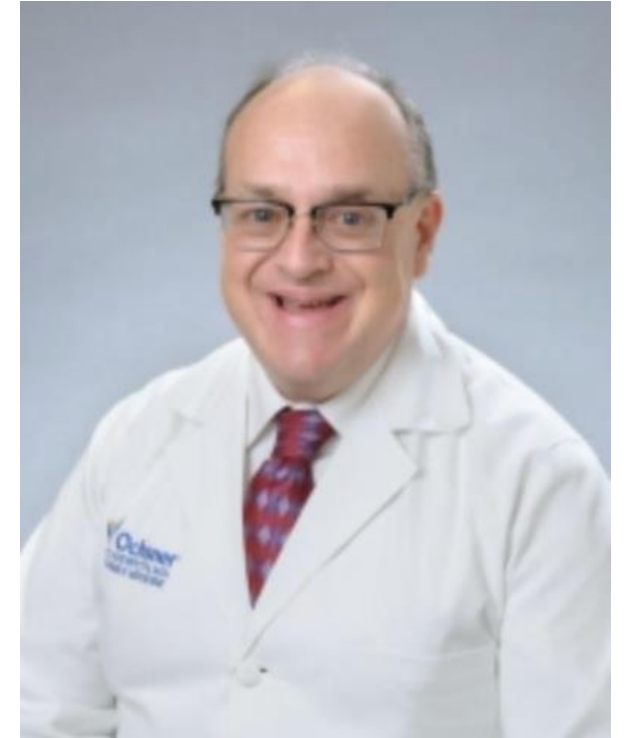
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Telehealth Resource Centers



Speaker

- Ted J. Hudspeth, MD, FAAFP
 - Grew up in Amite, LA
 - BS in Microbiology at LSU Baton Rouge
 - Doctorate at LSUMC in New Orleans
 - Family Practice Residency at LSUMC Shreveport
 - Practices at Ochsner Health Center Hammond and Ochsner Hospital of Baton Rouge since 1993
 - Currently serving as the Ochsner Medical Director of Informatics of the Baton Rouge Region



A Provider's Journey Through Telemedicine

“The first responsibility of a leader is to define reality. The last is to say thank you. In between, the leader is a servant.”

—Max DePree

Q&A FROM PREVIOUS SESSIONS

OVERVIEW

Overview

- Posture
- Visit preparation
- Conducting the visit
- Visit documentation
- Closing

POSTURE

Posture

- Virtual visits are a major way that you do business
- Rethink your value!
- Relationships and responsiveness to people's needs are valuable
- Evaluation and management should be remunerated

Virtual Visit Problem Types

- Problem types that can be managed with a proper workflow include:
 - Urgent care issues
 - Chronic medical problems like diabetes and hypertension
 - Medication refills
 - Annual health reviews
 - Mood disorders
 - Abnormal or surprise lab reviews
 - Healthy lifestyle planning

Team Communications

- Communication with your team is important
 - Check in issues
 - Check out issues
 - Obtaining outside information
- Communication methods:
 - Secure chat
 - Teams
 - Many apps provide HIPAA-compliant communications

VISIT PREPARATION

Environment

- Ensure privacy
 - What is behind you?
 - Best not to show doors or windows
 - Blank wall with matte finish is best
 - Shelves should be uncluttered
- Lighting needs to be optimized
 - Adequately light face without shadows
 - Avoid reflections on glasses
- Avoid background noise
 - Consider small earphones (Bluetooth or wired)
 - Confirm that your audio and video equipment work

Telemedicine Visit Best Practices

- Turn off other applications and notifications
- Position camera at eye level
- Center your face in the field
- Use a noise-cancelling headset if possible
- Put a sign on your door to not enter when doing visits
- Look professional and avoid patterns on clothes
- Avoid big, noisy jewelry
- Check glare on glasses
- Wear a lab coat
- Do not drink or eat during sessions
- Do not hold device in hand due to shakiness
- Do not walk with your device during a visit

CONDUCTING THE VISIT

Entry Into the Visit

- Review chart prior to entry
- Identify yourself to new patients
- Confirm the patient's identity and location
- Verify that the patient's equipment is working
- Discuss what to do if connectivity gets interrupted
- Ask about privacy and who else is in the room with them
- Create a patient safety plan in case of a crisis
- Keep the visit as much like an in-person visit as possible using friendly body language and eye contact

Patient Interaction

- Introduce yourself to patient if new
- Make sure they can see and hear you well
- Adjust the camera if needed to eye level
- State and confirm the purpose of the visit
- Ask who else is in the room and acknowledge them also.
Question their participation in your patient's care
- Narrate actions
- Pause to allow transmission delay
- Speak clearly and deliberately and look into the camera more than the screen
- Convey that you have their chart information in front of you
- Verbalize and clarify plans, prescriptions, and orders
- Choose empathic language
- Use non-verbal language to show you are interested and listening

Patient Interaction

- Actively listen by summarizing what patients say and verbally reflecting on their statements
- Ask questions to clarify points and try not to interrupt when they are speaking
- Use open-ended language and invite questions
- Allow the patient's priorities to guide the discussion
- Employ shared decision-making and ask patients to repeat-back the plan to ensure they understand
- Ask if there is anything else you can do for them at the end of the virtual visit

“90% of your diagnosis should come from your history, and 10% should come from your exam and testing to prove what you already believe!”

—Dr. Ted Hudspeth

POLL

VISIT DOCUMENTATION

Reference: Telemedicine Problem Types

Visit Category	Ideal Patients	Conditions	Treatment	Billing
Annual/Physical	Younger, healthy patients	In lieu of physical examination, document mental status, respiratory effort, and visual assessment.	<ul style="list-style-type: none"> • Orders for immunizations • Orders for annual labs • Refill of medications • Place referrals • Update health maintenance • Lifestyle review 	Preventive
Chronic Medical Problem Reviews	Medicare & All	<ul style="list-style-type: none"> • Address 3 or more problems • Create "yearly plan" • Schedule annual/physical in 3-4 months 	<ul style="list-style-type: none"> • Orders for immunizations • Orders for annual labs • Refill of medications • Place referrals • Update health maintenance • Lifestyle review 	99214
New Patient	Any	<ul style="list-style-type: none"> • Sick/Urgent visit • Problem/Chronic visit • Establish care 	<ul style="list-style-type: none"> • Order medications • Testing • Update health maintenance • Request outside records 	99201-99205: Billing requires 3/3 (History, PE, MDM); PE will likely keep this code low
Sick/Urgent Visits	All	Cough, sore throat, congestion, allergy/sinuses, fever, headache, asthma, UTI	<ul style="list-style-type: none"> • Order medications • Flu, strep, COVID-19 testing • Labs • X-ray 	99213 or 99214 depending on number of problems or time spent
Problem/Chronic Visits	All	Back pain, acid reflux, insomnia, anxiety/depression	<ul style="list-style-type: none"> • Order medications 	99213 or 99214 depending on number of problems or time spent
Review Visits	All	<ul style="list-style-type: none"> • Review labs • Review and adjust medications • Review medical conditions • Refill medications (ADHD, testosterone, hypertension, diabetes, controlled anxiety/depression) 	<ul style="list-style-type: none"> • Order medications • Order labs 	99213 or 99214 depending on number of problems or time spent
Visible Conditions	All	Rashes, cellulitis, conjunctivitis, bites	<ul style="list-style-type: none"> • Order medications 	99213 or 99214 depending on number of problems or time spent
Interpreter Services	Deaf/Foreign Language	All conditions listed above	<ul style="list-style-type: none"> • Based on corresponding condition listed above 	Based on corresponding charge related to condition

URGENT CARE

Telemedicine Note Introduction

- Primary care telemedicine note template
 - The patient location is: ***
 - 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 they provide medical services by telemedicine is:
 - 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
 - Notified that he or she may decline to receive medical services by telemedicine and may withdraw from such care at any time.

Generic Telemedicine Note Template

- Primary care telemedicine note template
- Subjective:
 - @SUBJNOHEADERBEGIN@Patient ID: @NAME@ is a @AGE@ @SEX@.
 - Chief Complaint: @CCN@
 - HPI:***
 - @HMDUE@
 - @SFHPI@
 - @ROSBYAGE@ @SUBJECTIVEEND@

Generic Telemedicine Note Template

- Primary care telemedicine note template
- Objective:
 - @OBJNOHEADERBEGIN@
 - @PHYSEXAM@ @OBJECTIVEEND@
- Assessment:
 - @ASSESSNOHEADERBEGIN@
 - @DIAGX@ @ASSESSMENTEND@
- Plan:
 - @PLANNOHEADERBEGIN

Normal Physical Exam Components

Physical Exam	
Constitutional	General: The patient is not in acute distress. Appearance: The patient is well-developed and is not diaphoretic.
EENT	PERRL, EOMI, No icterus or conjunctival erythema. Nose does not sound congested with sniffing. No nasal flaring. No maxillary or frontal sinus pain and no cervical lymph node pain on patient's self palpation. No oropharyngeal erythema, exudates, tongue sores noted. No uvular swelling or erythema noted. No audible stridor. The neck has full range of motion. Normal dentition is noted. No gum swelling or erythema is noted.
Pulmonary	Effort: Pulmonary effort is normal. No respiratory distress. Respiratory rate is normal.
Abdomen	The abdomen does not appear distended or tender on deep self palpation while the patient is laying down.
Skin	No rashes erythema, or petechia noted in the area examined. No swelling is noted in the area examined. The area blanches and revascularizes appropriately when the patient presses on it. Capillary refill is normal.
Musculoskeletal	The joint examined has full active range of motion and the patient has no pain with that range of motion. The joint is not erythematous or swollen compared to the opposite side. There is a negative leg raise noted with the help of an attendant.
Neurological	Mental Status: The patient is alert and oriented to person, place, and time. Strength appears normal by visualizing the patient lifting objects. Rapid alternating movements of hands is normal. Gait appears normal. The face is symmetric.
Psychiatric	Attention is normal. Speech is not slurred and there are no word search deficits. Behavior is normal. Thought content is normal. Judgment is normal. The patient does not appear depressed or anxious and speech is not pressured. Short and long term memory appear intact.

HYPERTENSION AND DIABETES

Hypertension and Diabetes Workflow

- Scenario
 - Blood pressure or glucose is unmanageable
 - Change is made on the medicine or therapy
 - Follow-up is needed

Hypertension and Diabetes Script

- *“I usually follow up on this type of problem in two weeks. I now offer for this to be done through our telemedicine service, which is like doing a FaceTime visit through your phone. 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 a virtual visit for you.”*

Hypertension and Diabetes Action

- Action
 - Schedule a telemedicine visit in two weeks
 - Patient enters blood pressure, pulse, or glucose values into the app daily
 - See them in two weeks using the Telemedicine Hypertension or Diabetes Follow-up Note Template
 - Evaluate and manage their problem based on data from two weeks of therapy
 - Reschedule as needed

Hypertension Documentation

- Primary care telemedicine note template
- Subjective:
 - @SUBJNOHEADERBEGIN@Patient ID: @NAME@ is a @AGE@ @SEX@.
 - Chief Complaint: Hypertension
 - @SFHPI@ @prohtn@ @curmed@ @hmdue@
 - @ROSBYAGE@
 - @SUBJECTIVEEND@

Hypertension Documentation

- Primary care telemedicine note template
- 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@

Hypertension Documentation

- Primary care telemedicine note template
- Assessment:
 - @ASSESSNOHEADERBEGIN@
 - @DIAGX@ @ASSESSMENTEND@
- Plan:
 - @PLANNOHEADERBEGIN@
 - *** @PLANEND@

Diabetes Documentation

- Primary care telemedicine note template
- Subjective:
 - @SUBJNOHEADERBEGIN@Patient ID: @NAME@ is a @AGE@ @SEX@.
 - Chief Complaint: Diabetes
 - The patient presents with diabetes. The patient denies polyuria, polydipsia, polyphagia, hypoglycemia and paresthesias. The patient's glucose control has been ***.
 - Home glucose averages are routinely checked. The patient is without retinopathy currently. The patient has no history of neuropathy. The patient currently complains of no podiatric problems. The patient has excellent compliance. The A1c trend is below:
 - @A1C@
 - @LASTUMIC@
 - @DMSCORECARD@
 - Glucoses have been tracked at home via MyChart and are listed below. These were reviewed to make a medical evaluation and management decision.
 - @revfs(417:30)@
 - @SFHPI@ @curmed@ @hmdue@
 - @ROSBYAGE@
 - Constitutional: Negative for chills and fever.
 - Respiratory: Negative for cough and wheezing.
 - Cardiovascular: Negative for chest pain and palpitations.
 - @SUBJECTIVEEND@

Diabetes Documentation

- Primary care telemedicine note template
- Objective:
 - @OBJNOHEADERBEGIN@
 - If blood pressures and pulses have been being tracked at home via MyChart, they are listed below:
 - @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@

ANXIETY AND DEPRESSION

Anxiety and Depression Workflow

- Scenario
 - The patient's medicine is refilled, changed, or started, and we need to plan a follow-up

Anxiety and Depression Script

- *“I usually follow up on this type of problem in two weeks. I now offer for this to be done through our telehealth service, which is like doing a FaceTime visit through your phone. 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 a virtual visit for you.”*

Anxiety and Depression Action

- Action
 - Schedule a telemedicine visit in two weeks
 - See them in two weeks using the Telemedicine Anxiety/Depression Follow-up Note Template
 - Evaluate and manage their problem based on data from two weeks of therapy

Anxiety and Depression Documentation

- Primary care telemedicine note template
- Subjective:
 - @SUBJNOHEADERBEGIN@Patient ID: @NAME@ is a @AGE@ @SEX@.
 - Chief Complaint: @CCN@
 - @FNAME@ is following up on treatment for {HH depression/anxiety:109305}. @caphe@ complains of the following symptoms:{depression symptoms:1002} and denies {depression symptoms:1002}. Situations that have made the symptoms worse include {Situational context:60315} and things that makes it better includes ***.
 - Onset was approximately {numbers; 0-10:33138} {time units:11} ago and treatment with *** was started {numbers; 0-10:33138} {time units:11} ago. The patient is currently {clinical course - history:17::"unchanged"} since that time. @caphe@ denies current suicidal and homicidal plan or intent. @CAPHE@ complains of the following side effects from the treatment: {side effects:15372}.
 - @HMDUE@
 - Past Medical History:
 - @PMH@
 - @SURGICALHX@
 - @ALLERGY@
 - @MED@
 - @SOC@
 - @FAMHX@
 - @ROSBYAGE@ @SUBJECTIVEEND@ {Psych ros 100:32052}

ATTENTION DEFICIT DISORDER

Attention Deficit Disorder Workflow

- Scenario

- The patient is on Attention Deficit Disorder (ADD) medication and needs routine follow-up
- You can see them once a year in the office and visits 2, 3, and 4 can be done via telemedicine during the rest of the year
- Tracking vitals (BP/Pulse) on the day of the visit are a required part of the standard of care

Attention Deficit Disorder Script

- *“I can now offer three of our four visits to refill medications each year to be done through our telemedicine service. This type of visit is like doing a FaceTime visit through your phone. You can do this from anywhere and don't have to come to my office. It is required that you check your blood pressure and pulse prior to the visit and have the information ready when we meet. If you want to do this, I can have my nurse arrange these virtual visits for you.”*

Attention Deficit Disorder Action

- Action
 - Send orders to track blood pressure and pulse readings in the app
 - You must track blood pressures and pulse reading on ADD medicine follow-up!
 - Schedule a telemedicine visit in three months
 - See the patient in three months using the Telemedicine ADD Follow-up Note Template
 - Evaluate and manage their problem based on their interview and review of their vital signs, review the Prescription Monitoring Program (PMP), and refill the medications
 - You may see them three times per year in this fashion, but must physically see them in the office annually

Attention Deficit Disorder Documentation

- **ADD problem-oriented HPI template text:**

- The patient is being seen via telehealth today to discuss the chronic use of attention deficit medications. The patient is enrolled in the Telemedicine ADD Program and receives 3/4 refills via telehealth with 1/4 being in-person. This visit is ***/4 in that rotation. The patient is tracking blood pressures and pulses with a cuff that has been validated in our office on ***. The patient has been on the medicine for the last {NUMBER:21927}{TIME:23805} and has been stable on the current dose of medicine for the last {NUMBER:21927}{TIME:23805}. The patient has been compliant on the medicine and is not receiving narcotics from any other physician. The PMP for the State of LA has been viewed. The patient denies any complications from taking the medicine. The patient's weight and appetite has been stable and they have not had difficulties with agitation. The patient reports improvement in the symptoms with the current dose.

Anxiety and Depression Documentation

- Primary care telemedicine note template
- CC: Attention Deficit Disorder
 - HPI: @PROBDIAGOVN@
 - The patient's Health Maintenance was reviewed and the following appears to be due at this time:
 - @HMDUE@
 - @CURALLERGY@
 - @ENCMEDSTART@
 - Physical Exam
 - @REVFS(415:15)@
 - @REVFS(414:15)@
 - Constitutional: The patient appears well-developed and well-nourished. No distress.
 - Psychiatric: The mood appears not anxious and the affect is not angry, not blunt, not labile and not inappropriate. Speech is not rapid and/or pressured, not delayed, not tangential and not slurred. The patient is not agitated, not aggressive, is not hyperactive, not slowed, not withdrawn, not actively hallucinating and not combative. Thought content is not paranoid and not delusional. Cognition and memory are not impaired. The patient does not express impulsivity or inappropriate judgment and does not exhibit a depressed mood. The patient expresses no homicidal and no suicidal ideation and has no suicidal plans and no homicidal plans. The patient is communicative and exhibits a normal recent memory and normal remote memory. The patient is attentive.
 - @DX@
- Plan:
 - @ENCMEDP@

CLOSING

Closing

- Review your diagnosis and plan
- Provide an after-visit summary
- Give information on how to connect if needed or next steps the patient should take
- Route chart to team to act on orders and plan
- Thank the patient!
- Complete notes and billing

RESOURCES

Resources

- [Texas Medical Association Telemedicine Vendor Evaluation](#)
- [American Medical Association \(AMA\) Digital Health Implementation Playbook](#)
- [Centers for Medicare & Medicaid Services \(CMS\) General Provider Telehealth and Telemedicine Toolkit](#)
- [National Telehealth Technology Assessment Resource Center](#)
- [TexLa Telehealth Resource Center](#)

Resources

- [American Health Information Management Association Telemedicine Toolkit](#)
- [Center For Connect Health Policy Current State Laws And Reimbursement Policies](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [Patient Take Home Prep Sheet](#)
- [Consumer Technology Association Digital Health Directory](#)

References

- [The Best 10 Free and Open Source Telemedicine Software](#)
- [Comparing the latest telehealth solutions](#)
- [Technical Specifications for Selected Platforms](#)
- [Telemedicine Vendor Evaluation](#)
- [AMA Telehealth Implementation Playbook](#)
- [Picking The Right Telehealth Platform For a Small or Solo Practice](#)
- [Comparing 11 top telehealth platforms: Company execs tout quality, safety, EHR integrations](#)
- [Leading Age Technology Selection Tools](#)
- [Best telemedicine software of 2021](#)
- [National Telehealth Technology Assessment Resource Center \(TTAC\)](#)
- [Videoconferencing–Technology Overview](#)

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QUESTIONS?

Thank You for Joining Us!

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