

Telehealth In Practice

March 11, 2021



Urgent Care 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

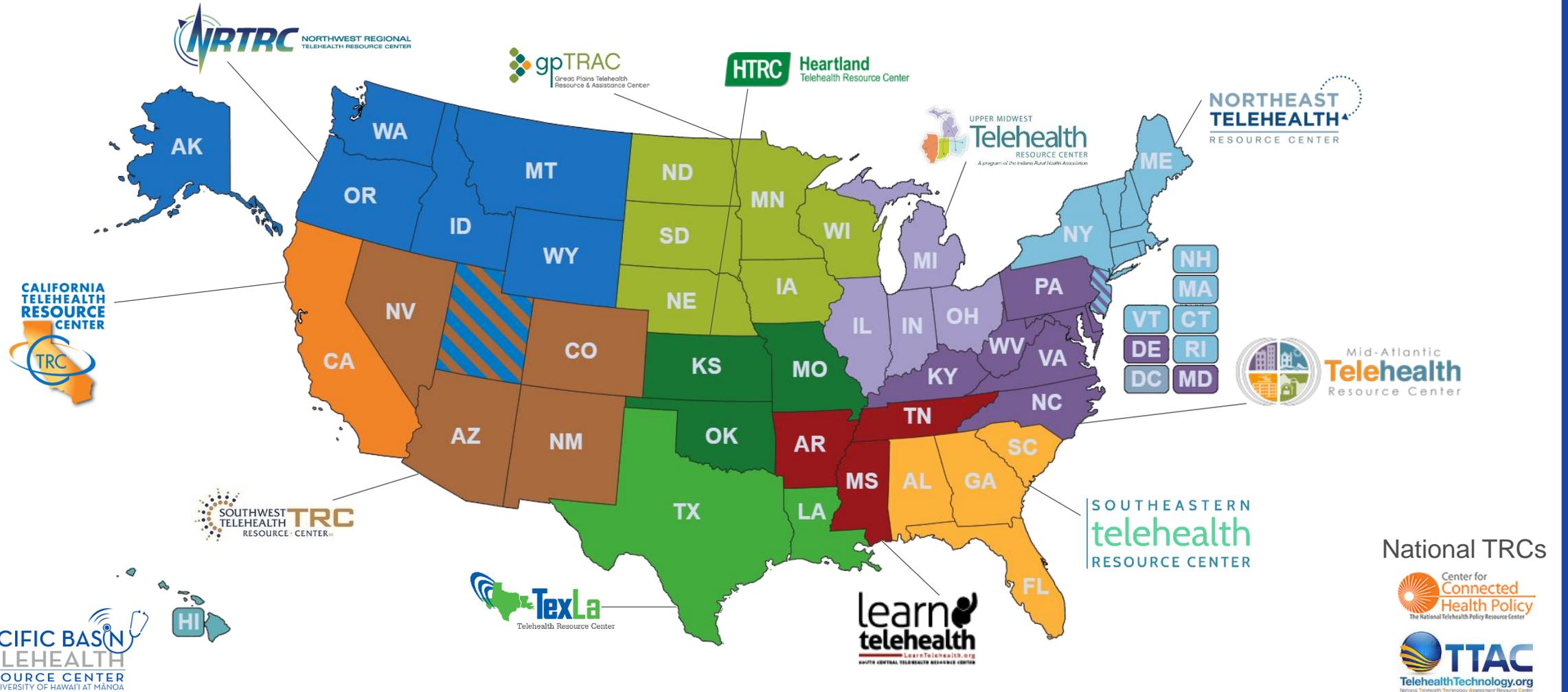
- On Demand: Team Troubleshooting
- On Demand: Professionalism & Legal Considerations
- On Demand: Best Practices & Caring Communication
- On Demand: Telemedicine Billing

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.

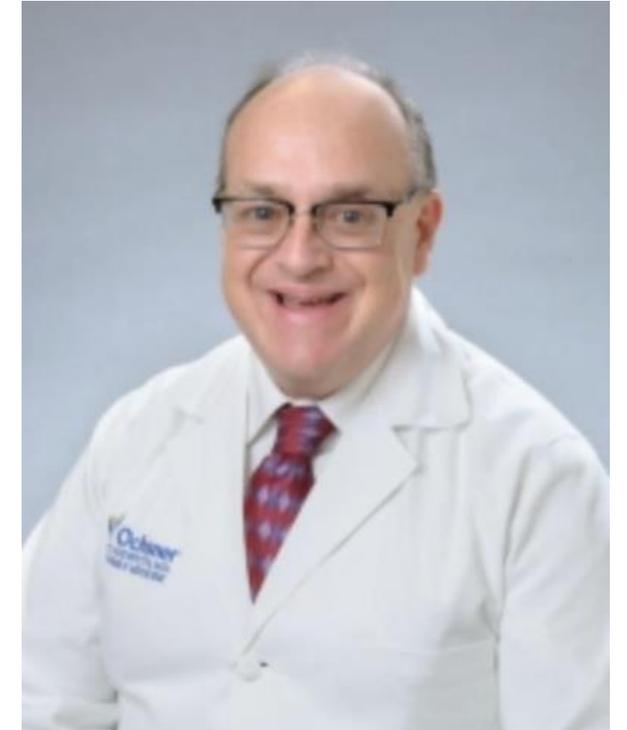
This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number G22RH30359, the TexLa Telehealth Resource Center, in the amount of \$325,000.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Telehealth Resource Centers



Speaker

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 - 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



Q&A FROM PREVIOUS SESSIONS

*“Care shouldn’t start in the
emergency room!”*

—James Douglas

OVERVIEW

Overview

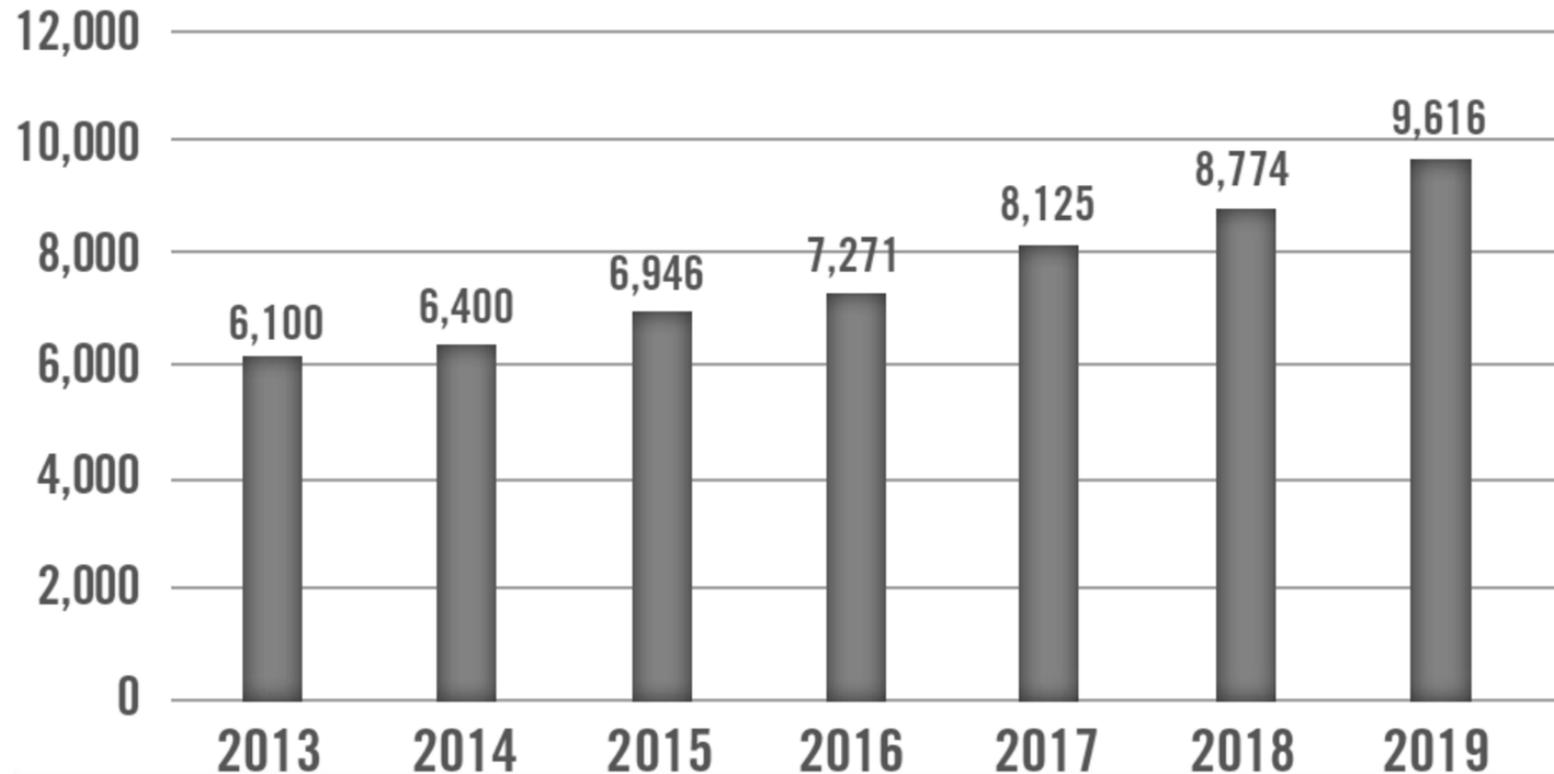
- Urgent care statistics
- Telemedicine statistics
- Urgent care visit types
- Urgent care protocols
- Urgent care physical exam
- Urgent care documentation
- Listing your practice online for urgent care

URGENT CARE STATISTICS

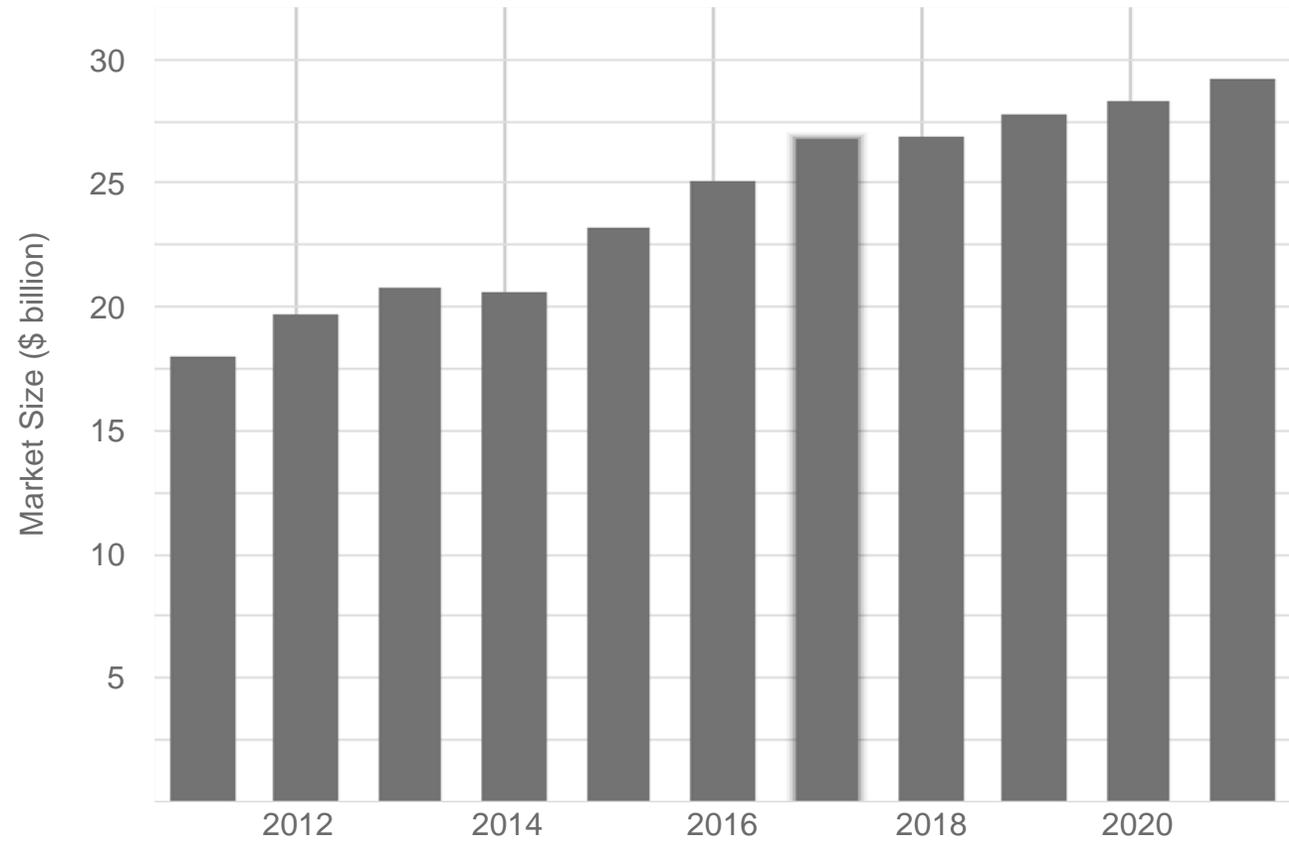
Urgent Care Statistics

- In the United States, there are more than 1 billion ambulatory care visits and more than 130 million ER visits every year
 - Estimates vary, but telemedicine may be able to replace 30-50% of these visits
- About 20% of Americans live in rural areas without easy access to primary care or specialist medical services
- Only about one in 10 physicians practice in rural areas in the U.S.

Number of Urgent Care Centers in the U.S.



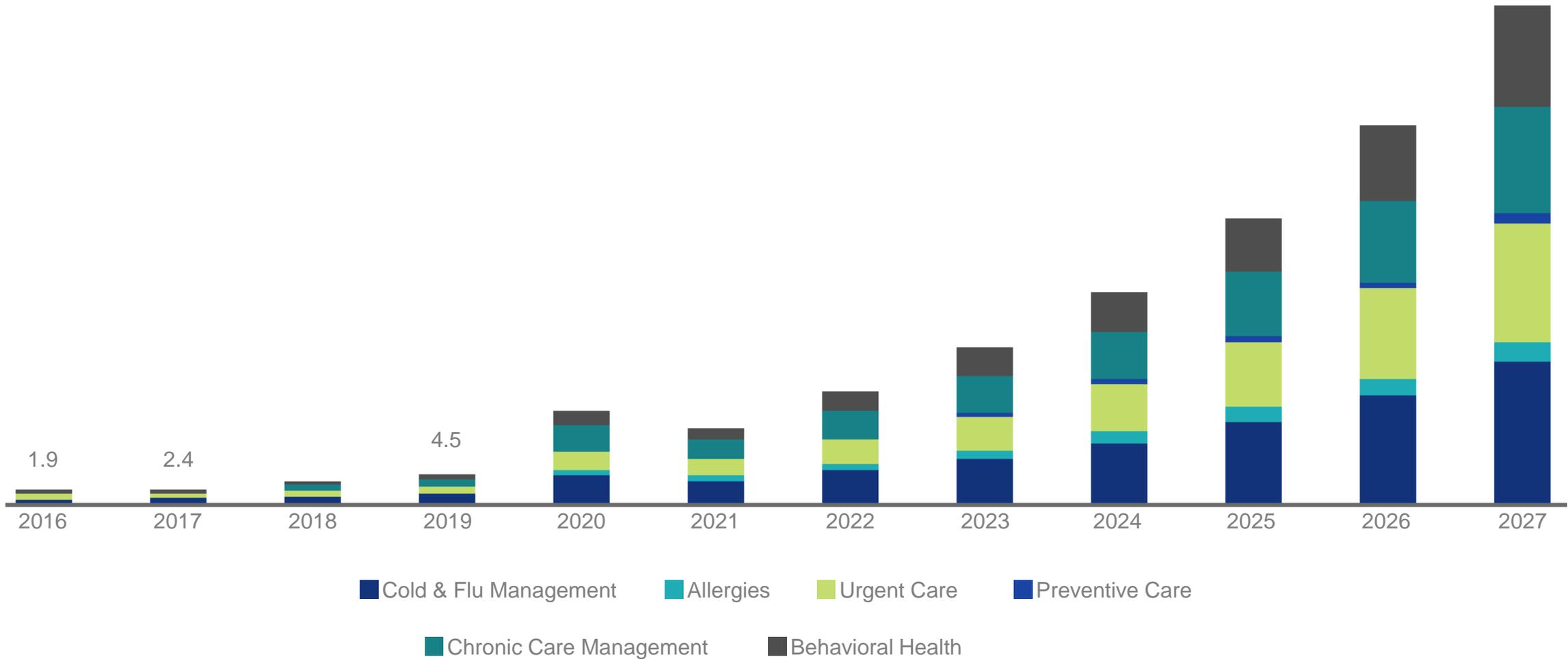
Urgent Care Market Size



Urgent Care Market Size

- Measured by revenue, the urgent care centers industry is \$29.2B in 2021
 - Expected to grow 3.1% in 2021
- Urgent care clinics handle about 89 million patient visits each year
 - 29% of all primary care visits in the U.S.
 - 15% of all outpatient physician visits

Virtual Visits Market Size, by Service Type

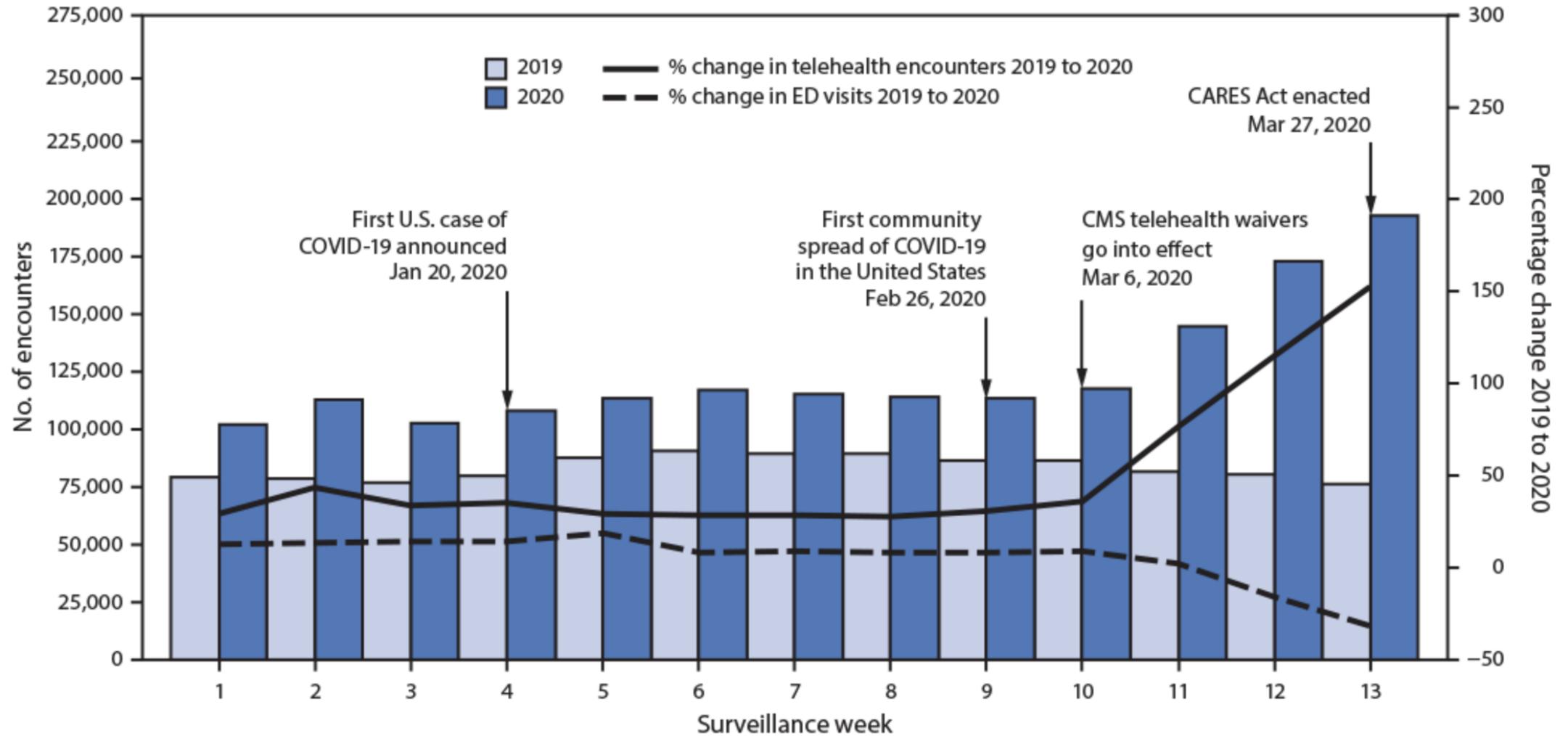


TELEMEDICINE STATISTICS

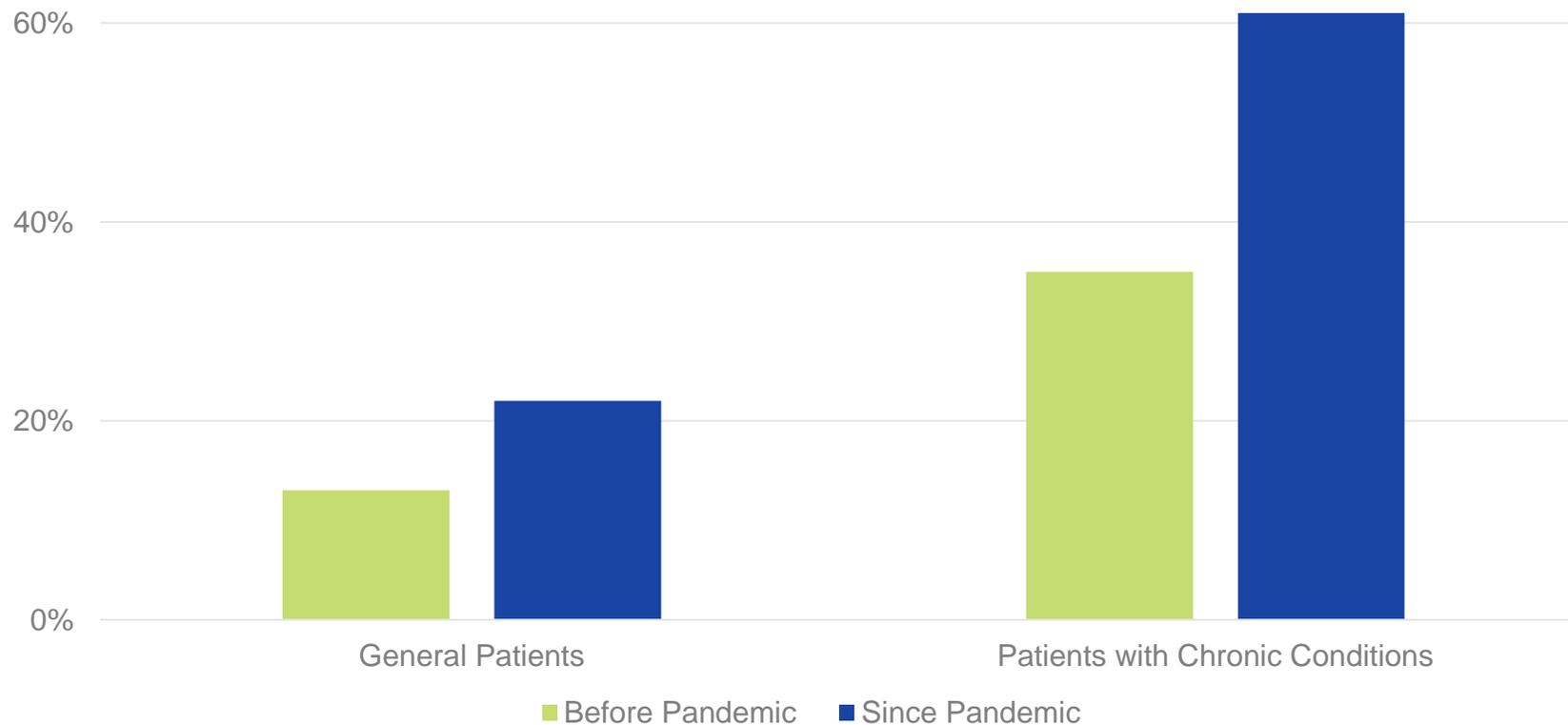
2020 State of Telemedicine Report

- We asked 2,000 U.S. adults (half who identified as having a chronic illness) about their attitudes and preferences towards telemedicine starting in July 2020
 - [https://c8y.doxcdn.com/image/upload/v1/Press Blog/Research Reports/2020-state-telemedicine-report.pdf](https://c8y.doxcdn.com/image/upload/v1/Press%20Blog/Research%20Reports/2020-state-telemedicine-report.pdf)

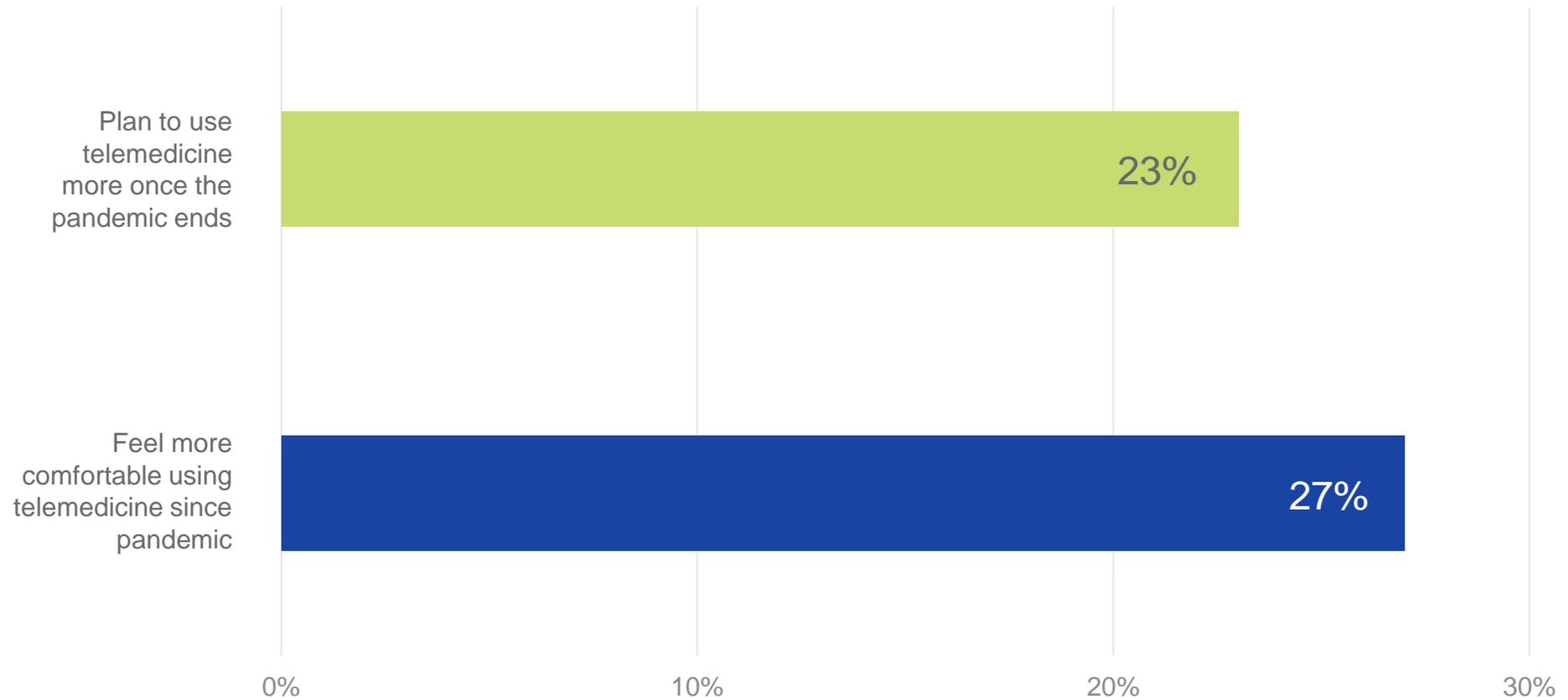
Telehealth vs. Emergency Room Visits



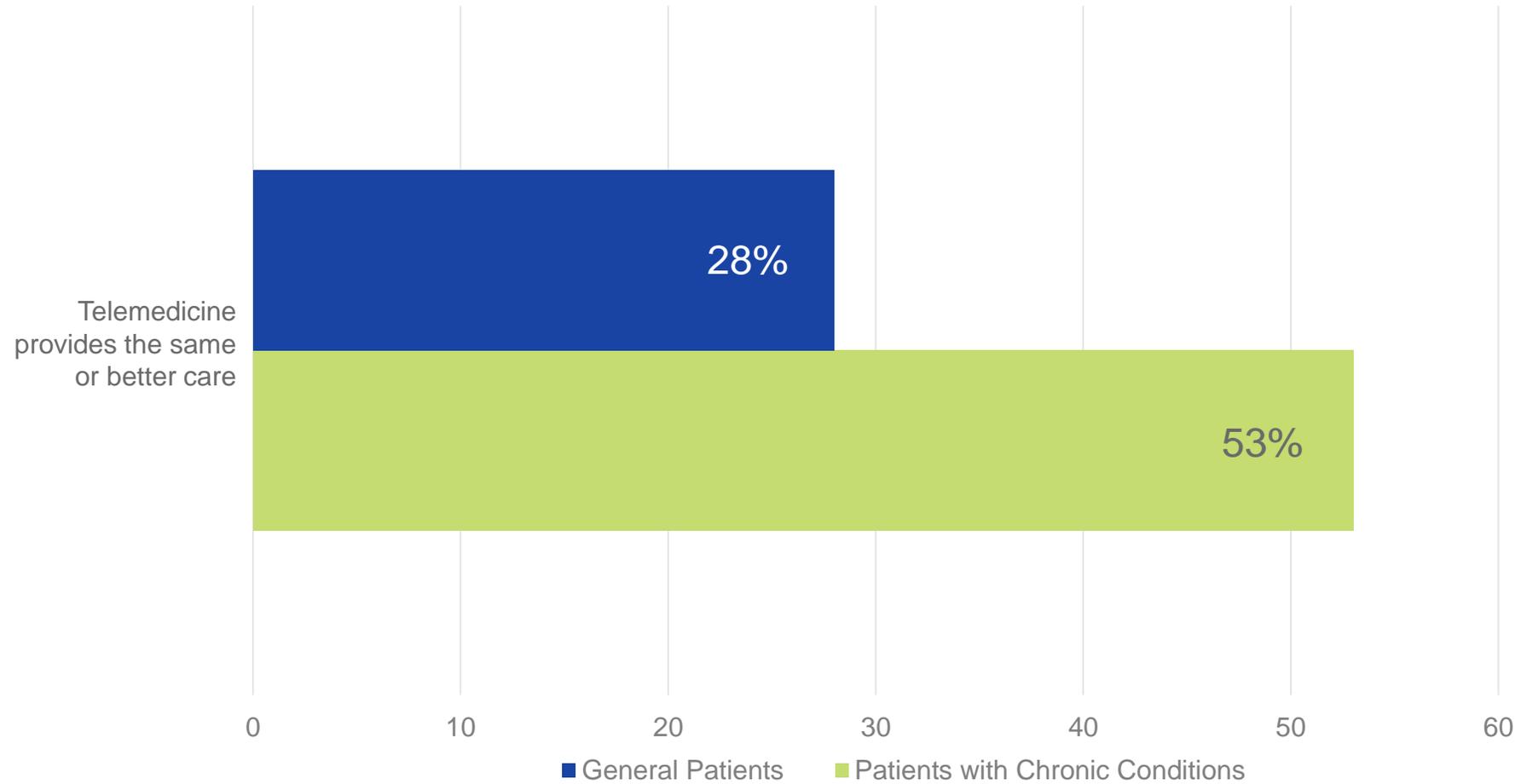
Americans Who Have Participated in a Telemedicine Visit at Least Once



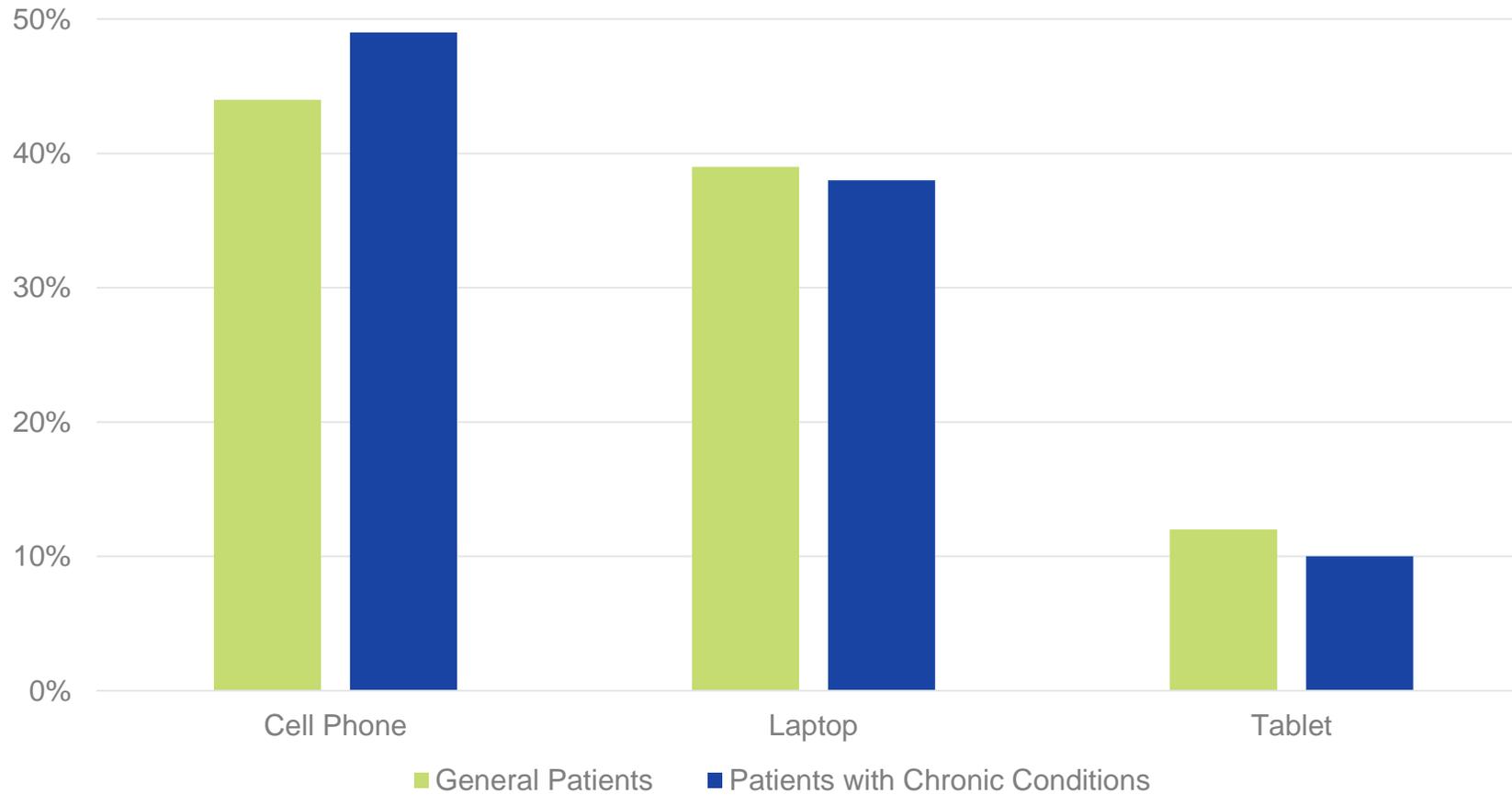
Plans to Use Telemedicine in the Future



Comparing Telemedicine to In-person Visits



Telemedicine Device of Choice



Americans Prefer Cell Phones for Telemedicine Visits

- With continued innovation and advances in telemedicine technology, some telehealth tools only require patients to have access to a smartphone.
 - Since the clear majority of Americans (81%) already own a smartphone, telehealth can help bridge the digital divide in medicine.
- <https://www.shadac.org/news/internet-access-measures-impact-digital-divide-and-covid-19>

URGENT CARE VISIT TYPES

Reference: Telemedicine Problem Types

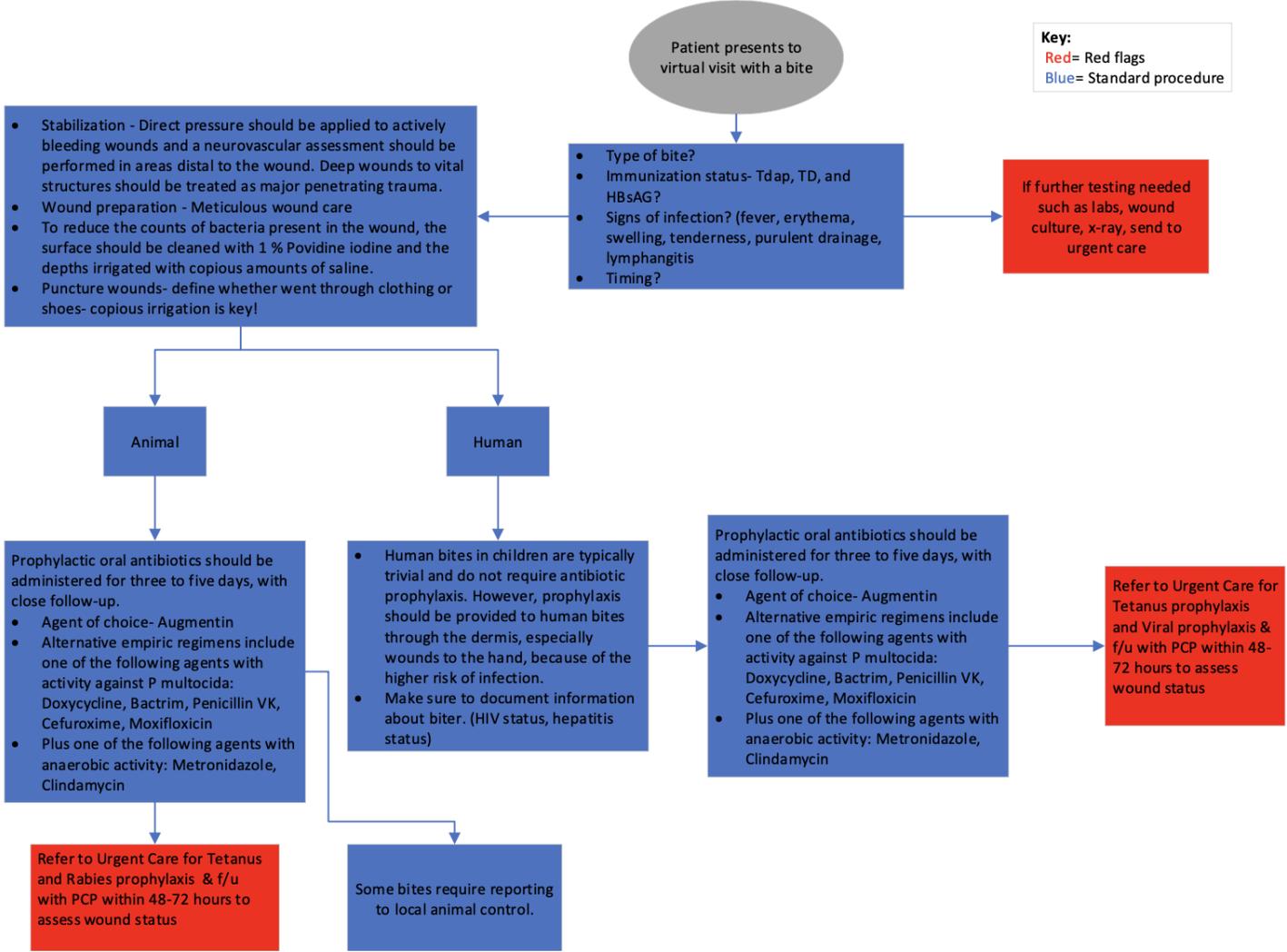
Visit Category	Ideal Patients	Conditions	Treatment	Billing
Annual/Physical	Younger, healthy patients	In lieu of physical examination, document mental status, respiratory effort, and visual assessment.	<ul style="list-style-type: none"> Orders for immunizations Orders for annual labs Refill of medications 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

Common Urgent Care Problems Managed via Telemedicine

- Allergies, sinus problems, and colds
- Anxiety, depression, insomnia
- Asthma and cough
- Fever
- Flu/COVID
- Headache
- Hypertension
- Muscle strains
- Pinkeye
- Rash
- Sore throat
- Stomachache, diarrhea, constipation and nausea
- Urinary tract infection (UTI)

URGENT CARE PROTOCOLS

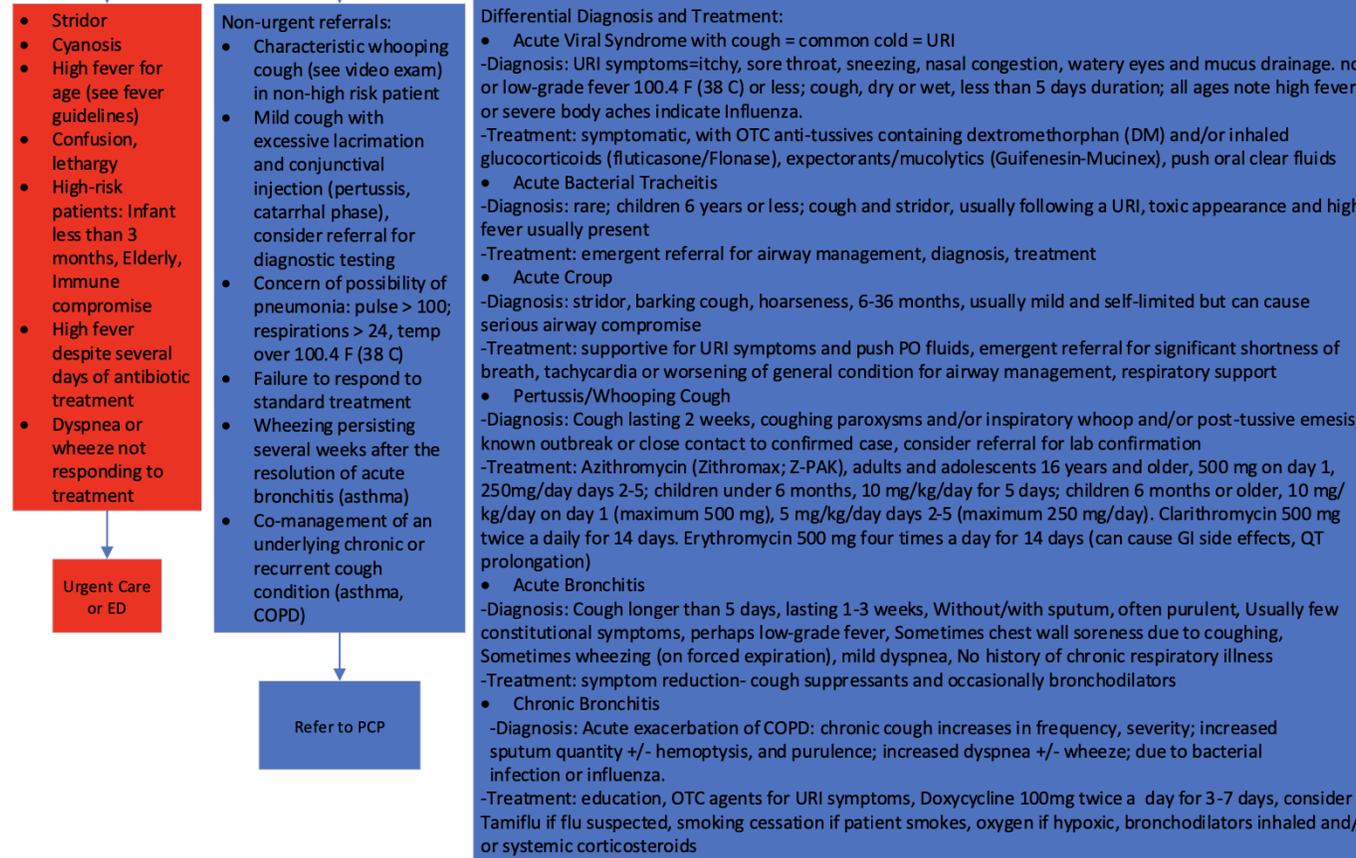
Bites



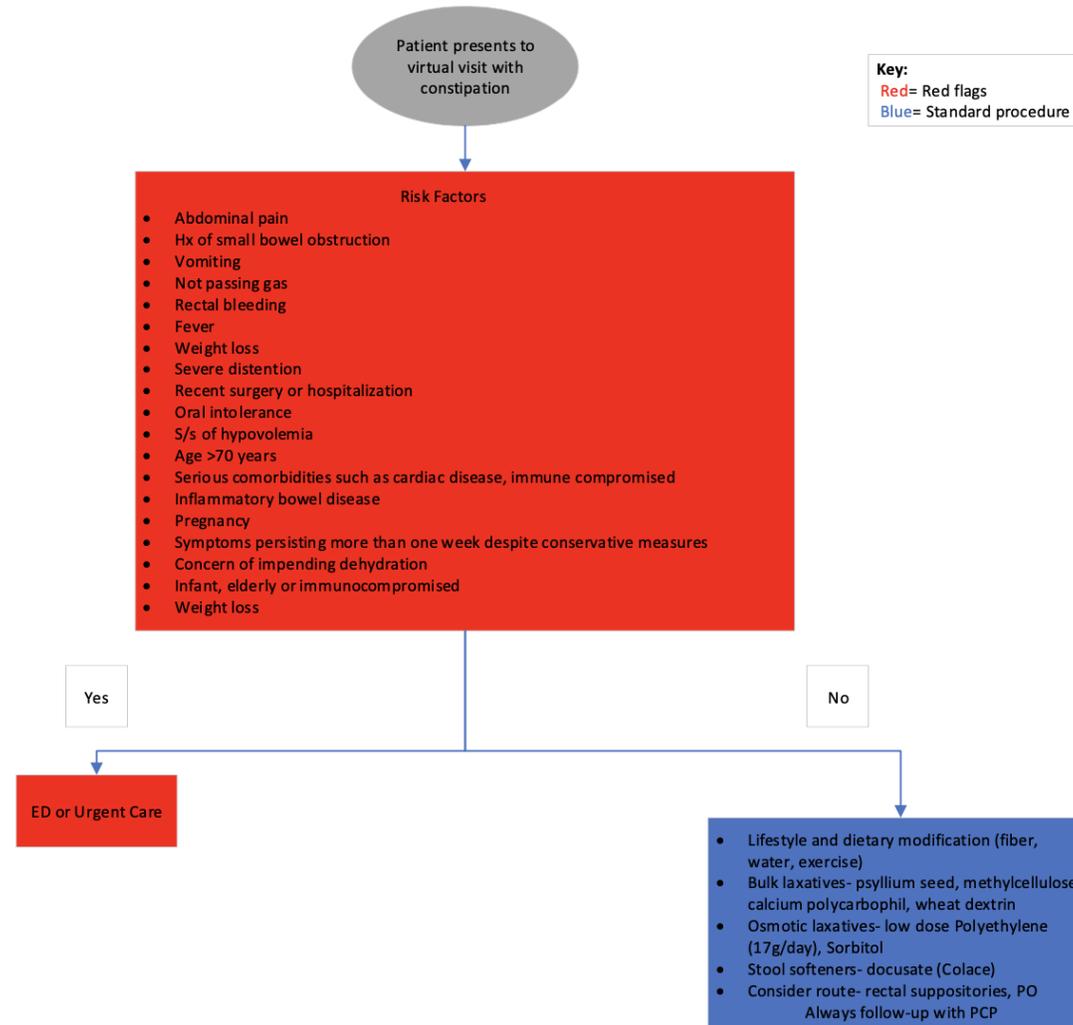
Bronchitis

Patient presents to Ochsner Anywhere Care with possible bronchitis

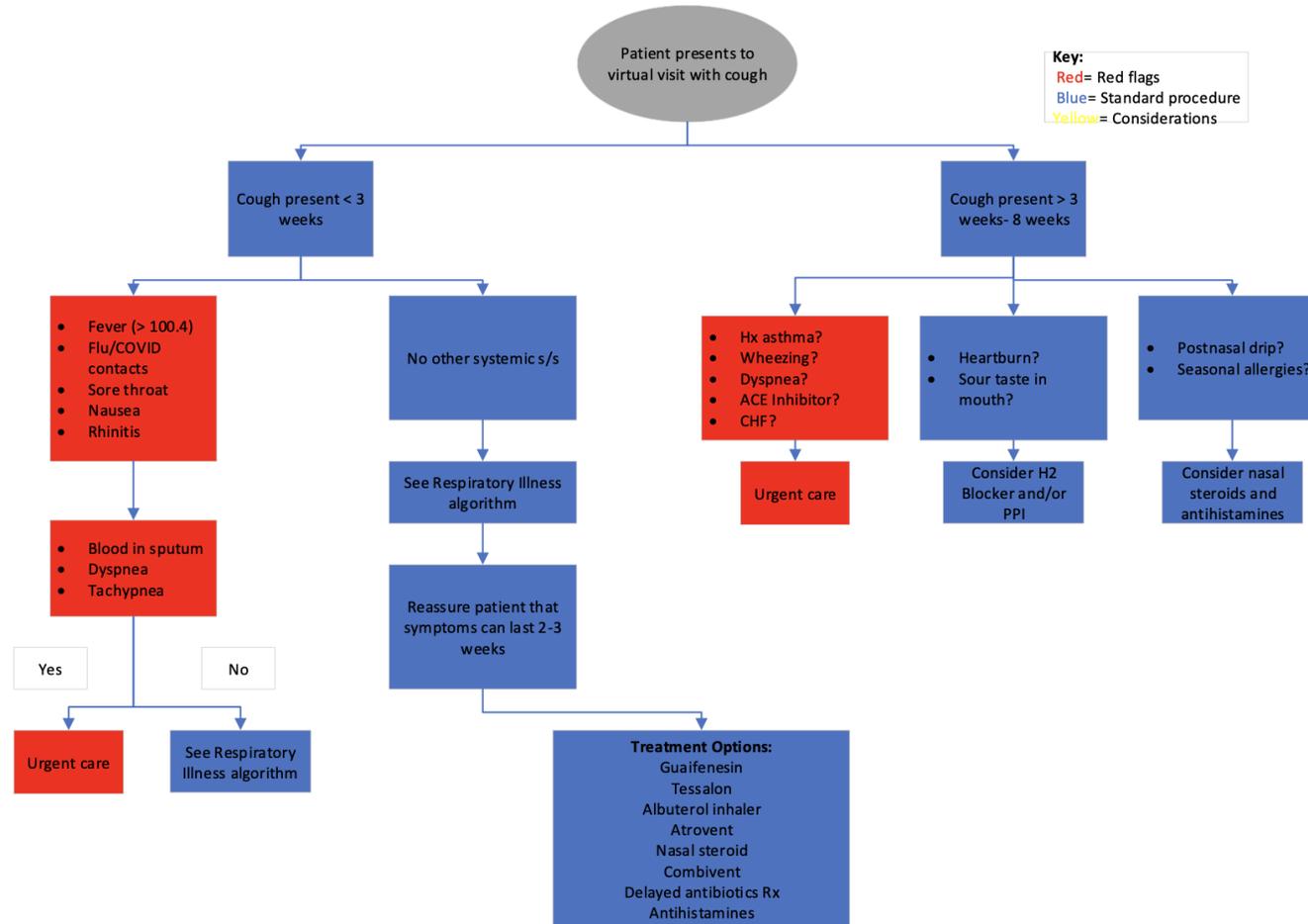
Key:
 Red= Red flags
 Blue= Standard procedure



Constipation



Cough



*If cough > 8 weeks, send patient to clinic for x-ray and additional evaluation

Diarrhea

Patient presents to virtual visit with diarrhea

Key:
Red= Red flags
Blue= Standard procedure

- Initial management includes:
- Medication review to ensure none causing symptoms
 - Treat underlying condition
 - Fluid repletion and maintenance
 - Bismuth salicylates if symptomatic therapy is indicated
 - Consider anti-emetics if concomitant emesis

- Risk Factors**
- Recent hospitalization or antibiotic use for 3 or more days
 - Bloody diarrhea
 - Very high fever
 - Oral intolerance
 - Unable to take enough fluid in PO to compensate for diarrhea
 - S/s of hypovolemia
 - Obstructive bowel symptoms
 - Severe abdominal pain
 - Age >70 years
 - Serious comorbidities such as cardiac disease, immune compromised
 - Inflammatory bowel disease
 - Pregnancy
 - Symptoms persisting more than one week despite conservative measures
 - Public health concerns (diarrhea in healthcare worker or food handler)
 - Concern of impending dehydration
 - Need for stool testing or other labs
 - Infant, elderly or immunocompromised
 - Weight loss

Yes

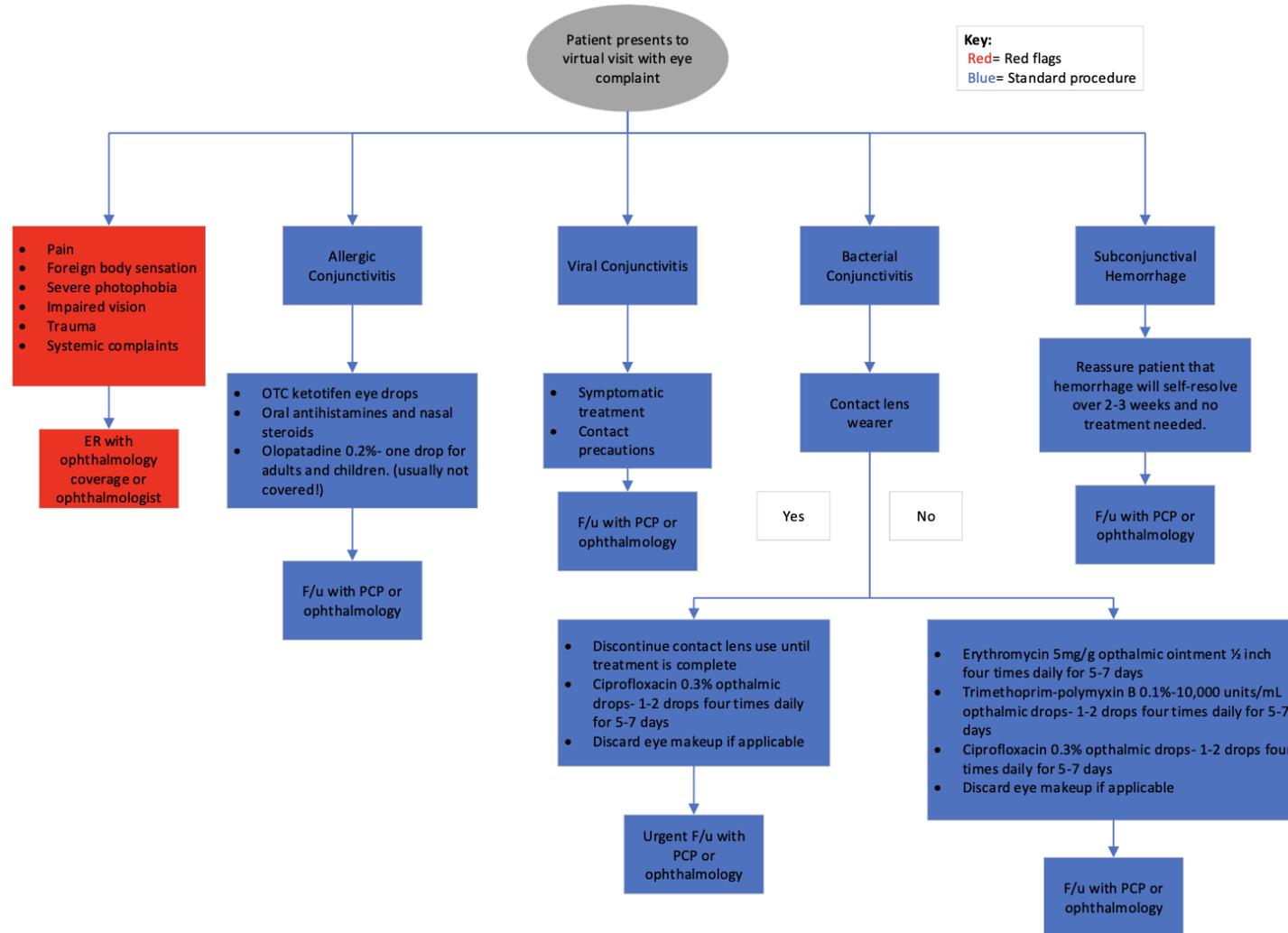
Clinic, urgent care, or ER depending on severity of symptoms

No

- Watery diarrhea
- Nausea
- Clear and self-limited etiologies (i.e., infectious gastroenteritis) in a stable patient can be managed online
- Benign functional disorder such as irritable bowel syndrome or functional dyspepsia may be treated with home care or medications as appropriate.
- Unclear diagnosis but no surgical abdomen

F/U with PCP

Eye Complaint



Fever

Patient presents to virtual visit with fever

Key:
Red= Red flags
Blue= Standard procedure
Yellow= Considerations

- Peds <6 weeks old
- Stiff neck or severe headache
- Altered mental status
- Double vision
- Focal neurologic findings
- Lethargy or toxic appearance
- Difficulty breathing
- Chest pain
- Dysuria with back/flank pain and/or rigors
- Moderate or severe abdominal pain
- Significant vomiting or any bilious vomiting
- Prolonged history of diarrhea or blood in stool
- Sexually active female with genital pain or discharge
- Inability to maintain fluid intake

ED

- Consider at-risk populations
- Prolonged fever, greater than 3 days; fever of 1 week or longer may be an FUO requiring thorough evaluation
- Fever with chest symptoms or dysuria
- Fever with significant ear or sinus pain
- Abscess or markedly enlarged lymph node
- Mild to moderate cough, or any difficulty breathing
- Patient requiring lab evaluation

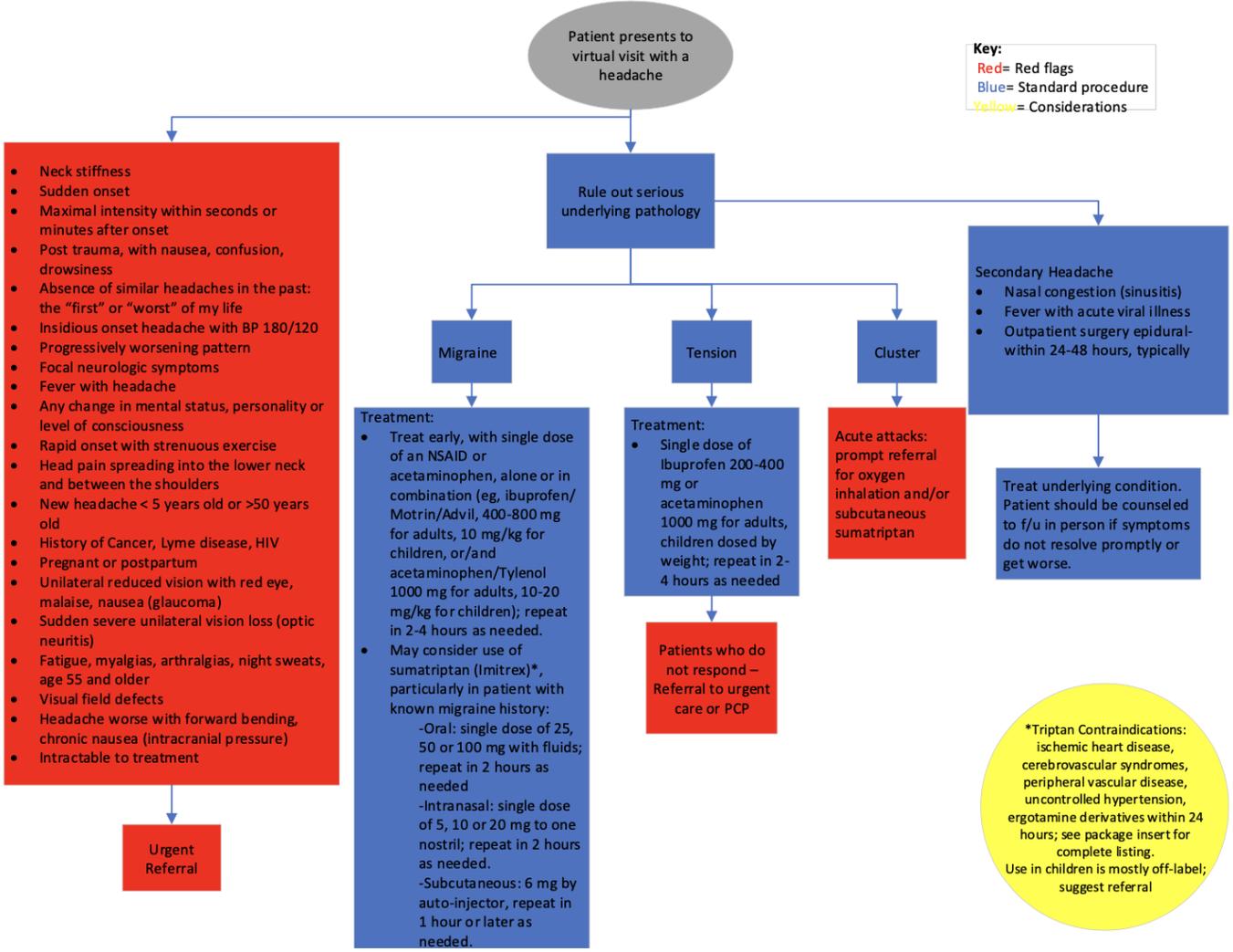
Refer to Urgent Care/ PCP

- Maintain fluid intake. Inability to do so requires parenteral treatment
- Acetaminophen (Tylenol) and Ibuprofen (Motrin, Advil)
- External cooling, like sponging with comfortably warm or tepid water, may be used, but cold baths or alcohol baths are not recommended
- Close attention should be paid to determining the underlying cause
- Antibiotics may be used if the patient exhibits evidence of a localized, mild infection- such as sinusitis and simple cystitis.
- Antivirals might be considered if influenza is suspected (Tamiflu)

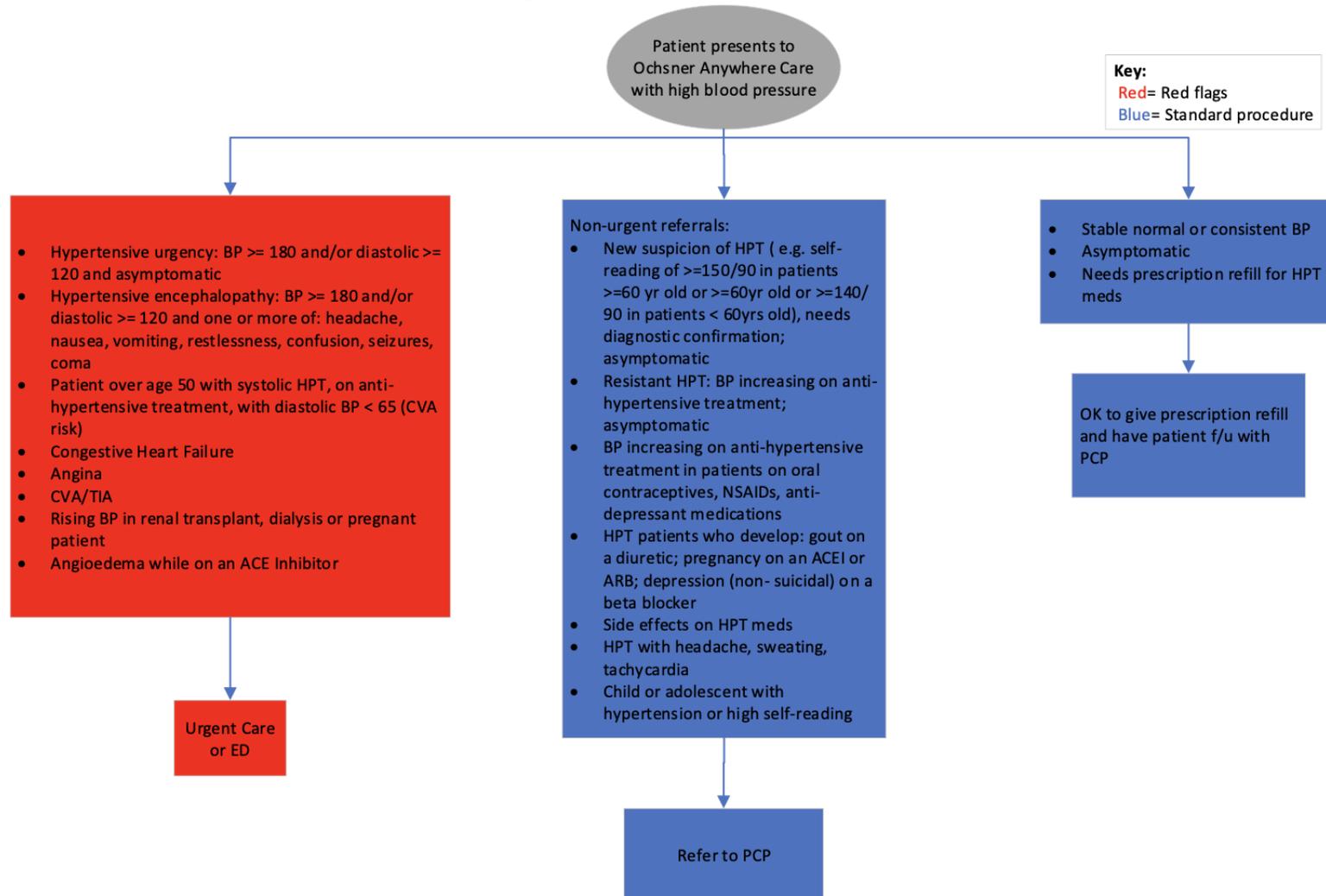
F/U with PCP

- At-risk populations:
- Elderly
 - Immunocompromised
 - Chronically ill
 - Children (Refer to Fever- Peds Algorithm)

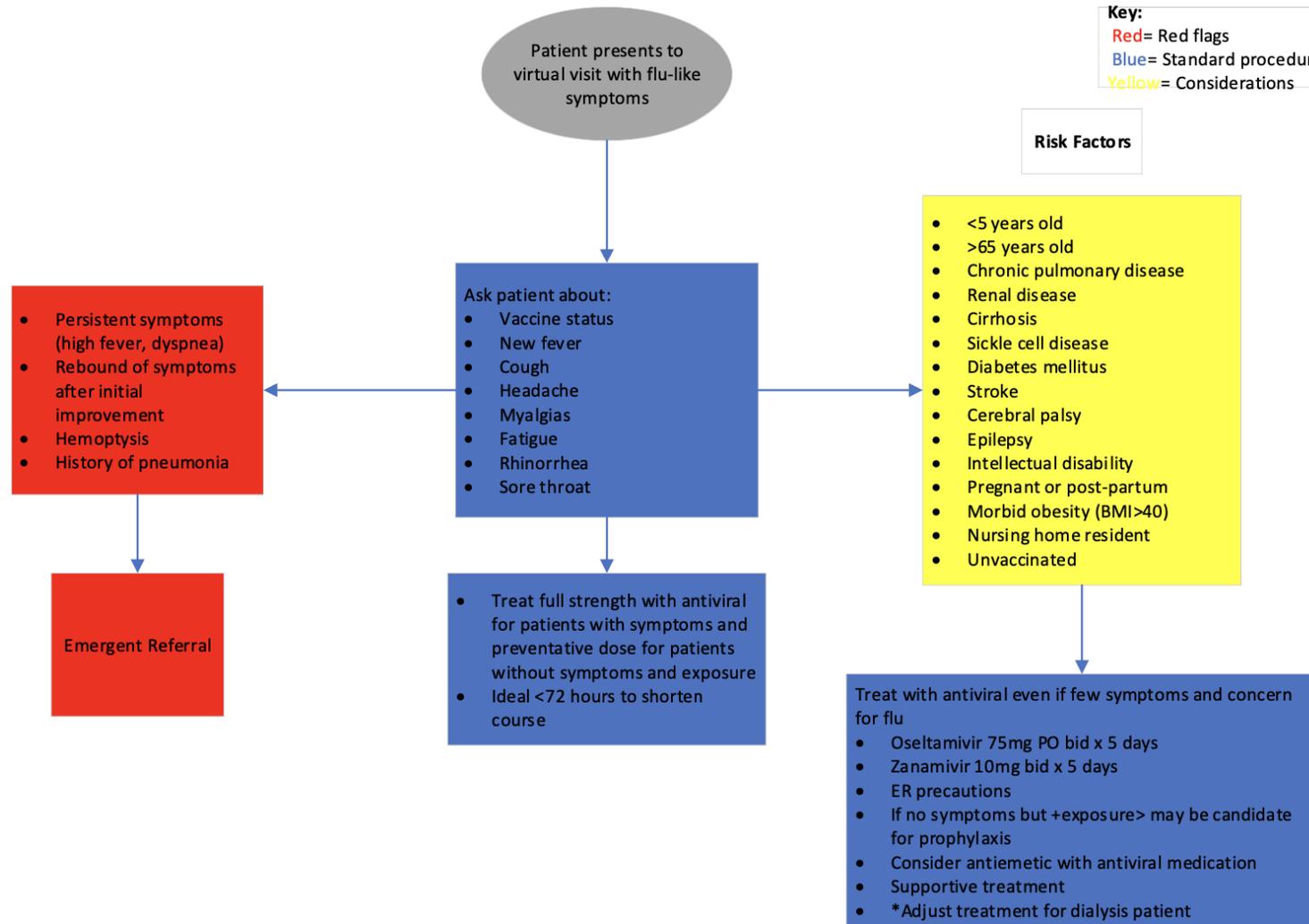
Headache



Hypertension



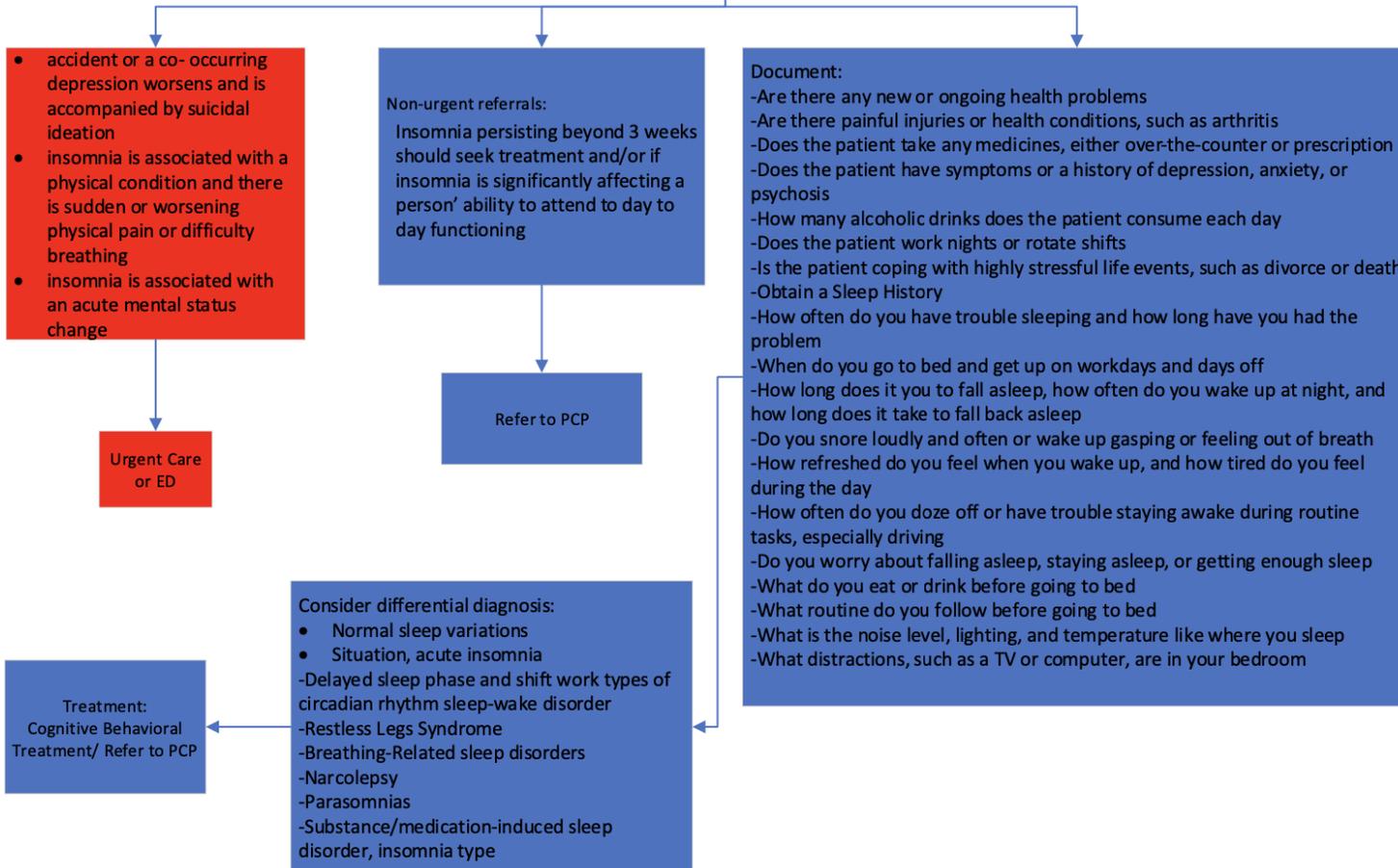
Influenza



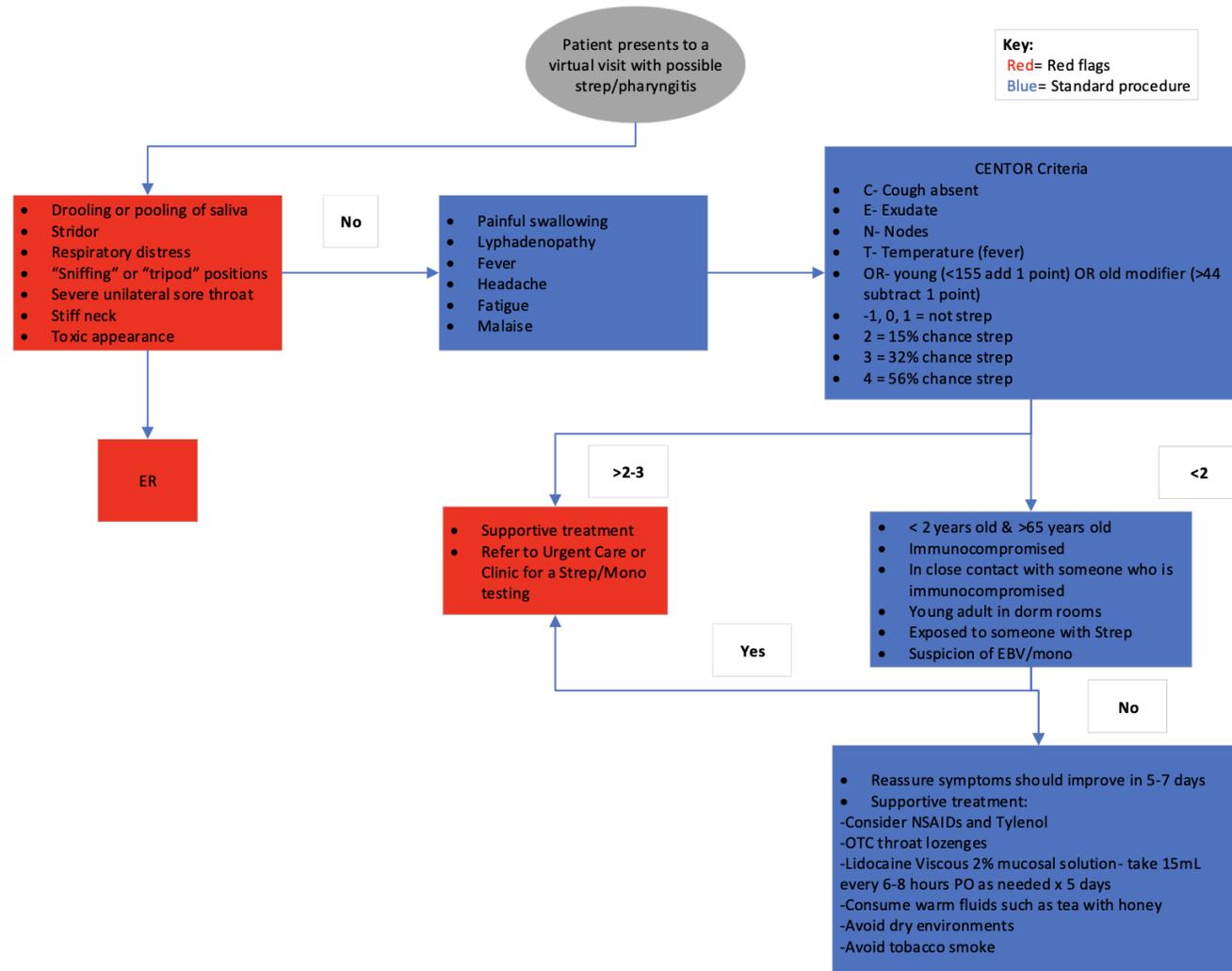
Insomnia

Patient presents to virtual visit with insomnia

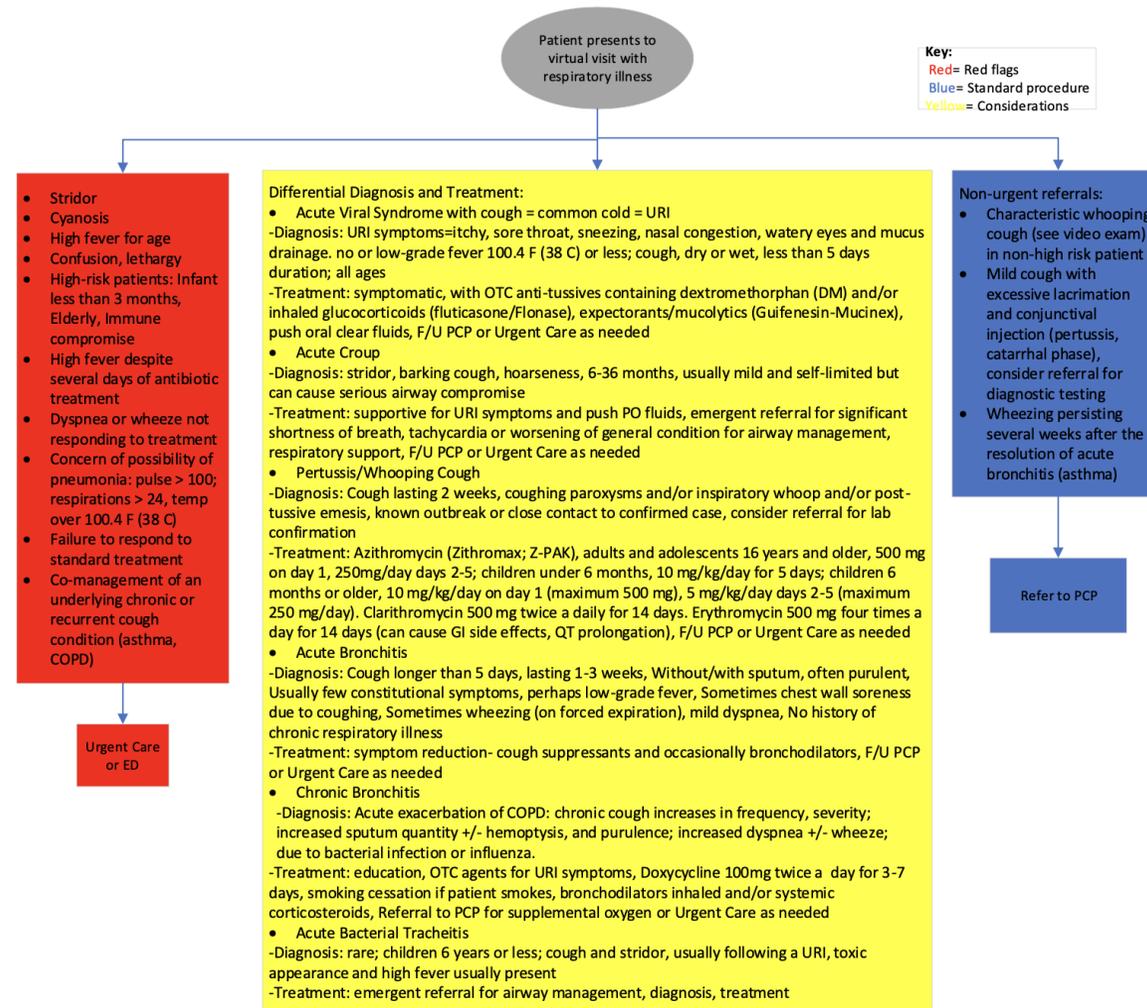
Key:
Red= Red flags
Blue= Standard procedure



Pharyngitis



Respiratory Illness



Vomiting

Patient presents to virtual visit with vomiting

Key:
Red= Red flags
Blue= Standard procedure

- Severe abdominal pain or history of abdominal hernia
- Inability to keep water down PO
- Hematemesis
- Pregnancy or suspected pregnancy
- Headache
- Head trauma
- Neck stiffness
- Drug or alcohol abuse
- Confusion
- Persistent fever
- Recent travel outside of US
- Age >70 years or personal history of MI

Yes

No

ER

- Drink plenty of fluids
- Try eating soup, Jell-O, popsicles, saltine crackers, ginger. Avoid food with fat.
- Promethazine, Ondansetron, Metoclopramide

URGENT CARE PHYSICAL EXAM

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.

Telehealth Physical Exam

EYES

- Appearance of conjunctiva and lids (lid droop, crusting/exudate, conjunctival injection)
- Appearance of pupils (equal, round, extraocular eye movements)
- Assessment of vision (seeing double)



EARS, NOSE, MOUTH, AND THROAT

- External appearance of the ears and nose (scars, lesions, masses)
- Assessment of hearing (able to hear, asks to repeat questions)
- Inspection of lips, mouth, teeth and gums (color, condition of mucosa)
- Gross inspection of throat (tonsillar enlargement, exudate)
- Appearance of face (symmetric, appropriate movement of mouth, no drooling or labial flattening, ability to raise eyebrow, frown/smile, close eyes, show upper lower teeth, puff out cheeks)
- Pain or tenderness when patient palpates sinuses or ears



NECK

- External appearance of the neck (overall appearance, symmetry, tracheal position, gross evidence of lymphadenopathy, jugular venous distention)
- Gross movement (degrees of flexion anterior, posterior and laterally)



RESPIRATORY

- Assessment of respiratory effort (intercostal retractions, use of accessory muscles, diaphragmatic movement, pursed lip breathing, speaking in full sentences or limited due to shortness of breath)
- Audible wheezing
- Presence and nature of cough (frequent, occasional, wet, dry, coarse)
- Determine Roth Score¹



CARDIOVASCULAR

- Presence and nature of edema in extremities (pitting, weeping)
- Capillary refill
- Temperature of extremities per patient/other measure



CONSTITUTIONAL

- Vital signs (heart rate and respiratory rate; if available, temperature, blood pressure, weight)
- General appearance (ill/well appearing, (un) comfortable, fatigued, attentive, distracted, disheveled/unkept)



CHEST

- Inspection of the breasts (symmetry, nipple discharge)
- Chest wall or costochondral tenderness with self-palpation



ABDOMEN

- Examination of the abdomen
- Tenderness on self-palpation or palpation by attendant
- Observation of patient jumping up and down



MUSCULOSKELETAL

- Examination of gait and station (stands with/without use of arms to push off chair; steady gait, broad/narrowed based)
- Inspection of digits and nails (capillary refill, clubbing, cyanosis, inflammatory conditions, petechiae, pallor)
- Extremity exam may include:
 - Alignment, symmetry, defects, tenderness on self-palpation
 - Range of motion, pain, contracture
 - Muscle strength and tone (flaccid, cogwheel, spastic), atrophy, abnormal movements
 - Presence and nature of edema, temperature
- Self-Assessment using [Ottawa ankle and knee rules](#)



SKIN

- Rashes, lesions, ulcers, cracking, fissures, mottling, petechiae
- Cyanosis, diaphoresis



NEUROLOGIC

- Dermatomal distribution of numbness or pain
- Examination of sensation (by touch or pin)



PSYCHIATRIC

- Orientation to time, place, and person
- Recent and remote memory
- Mood and affect
- Pressured speech
- Mood lability (crying, laughing)



Vital Signs

- Use a validated, digital, upper-arm blood pressure (BP) cuff to measure their BP and heart rate and an electronic scale for measuring daily body weight
- On the day of the telehealth visit, patients should be asked to weigh themselves in the morning; we advise patients to take an accurate basal BP
 - Patients should sit quietly for 5 minutes with the cuff fitted appropriately to their arm size without looking at any screens, talking, or writing

Vital Signs

- If orthostatic issues are of concern, they should take the BP and heart rate twice, stand, and then after 1 minute, take a standing BP and heart rate
 - While some patients omit writing down the heart rate, it is essential in determining whether a significant postural decrease in BP is associated with a compensatory increase in heart rate or not, which can be an early clue to autonomic causes of orthostatic hypotension
- Temperature checks and pulse oximeter readings are especially useful in identifying patients in whom COVID-19 might be suspected
- The patient can be guided through these measurements by a medical assistant or nurse prior to the virtual visit

Skin

- Instruct patients to perform a self-assessment and identify any new bruises, rashes, lacerations, psoriasis plaques (look on elbows, knees especially), or swelling
 - Ask if there are areas where they have scratched repeatedly as a clue to dermatitis
 - Ask patients to look at their face, neck, arms including elbows, chest, abdomen, and legs
- **Video clue**
 - Have the patient show you what they have found
 - If there is a trusted person with them, ask them to show you their back

Head, Eyes, Ears, Nose and Throat

- Ask about hearing to be sure the patient hears you! Are they wearing their hearing aids?
- Ask if vision or sense of smell is acceptable or has changed, including anosmia, if examining for possible COVID infection.
- **Video clue**
 - Have patients close their eyes and look for xanthelasma. After patients open their eyes, ask them to look up and see if there is a prominent corneal arcus, an oft-overlooked clue to familial hypercholesterolemia in a younger person under age 45 years. As patients look up, you can quickly see if their pupils are symmetrical and whether they are constricted or dilated. Assess the sclera and evaluate for icterus. Also note any ptosis.

Neck

- Instruct patients to look over their right shoulder and then look over their left shoulder
 - Do they endorse any pain or limitation with motion?
- Ask patient to swallow and see if there is any pain with swallowing, which can be a clue to a goiter
- Ask if they note a bounding pulsation in the neck
- **Video clue**
 - While sitting, ask patients to turn their head to the left and observe the neck veins while sitting. Distension of neck veins above the clavicle while sitting is a clue to volume overload. If the patient sits next to a window, then natural lighting may make observing patients' neck veins easier

Lungs

- Ask patients to deeply inhale and exhale through an open mouth. Listen for cough or wheezes
 - Ask patients to deeply inhale again and hold their breath while you count to 10 and listen again
- **Video clue**
 - Watch for tachypnea and accessory muscle use as signs of impaired respiration

Heart

- Ask if the patient or caregiver can take the pulse at the wrist
 - Have them count out the beats they feel
- Ask if there are any skips or pauses or if the pulse is irregular in nature, which can be a clue to atrial fibrillation, atrial flutter with variable block, or atrial or ventricular ectopy
 - If the BP cuff has the visual pulse indicator, ask if they noticed irregularity to the rhythm
- **Video clue**
 - Ask if patients can show you the output from an Apple Watch (heart rates and electrocardiogram) or similar smart phone technology. This may be displayed via the monitor during the visit or uploaded by the patient to his/her chart prior to the visit

Abdomen

- Ask patients if their abdomen is soft, non-tender, and normal in size
- Ask them to self palpate in all of the quadrants and watch how deep they go
 - Monitor for facial grimacing
 - If tender or distended, and especially if coughing causes tenderness, then an in-person clinic visit may be required
- Ask if any abdominal scars are present, and if so, what they were from

Extremities

- Ask if patient's hands or feet are colder than usual, or just the fingertips and toes
 - If cold distally, ask questions about cold sensitivity and color changes to diagnose Raynaud's phenomenon
- Have patients feel their lower legs and ankles and use the thumb to note any pitting edema
 - Ask patients to put hands around the calves and say whether one calf is more swollen than the other
- **Video Clue**
 - Confirm impression of lower leg swelling, especially if one leg is more swollen.
 - Have them show you the lower legs near the window so you can see more clearly
 - You can direct where patients sink their thumb into the skin to determine pitting. If they have a measuring tape, then they can measure the calves a fixed distance up from the ankle

Neurologic

- Ask patients to hold their arms out with elbows straight, spread their fingers, and turn their hands up as if catching rain
 - Ask patients if they have noticed a tremor (or if tremor when using utensils to eat) or if one arm is weaker than the other
 - If so, then ask if shoulder problems cause them to keep one arm lower than the other when they extend their arms
- Ask patients to rise up from a seated position with arms folded across chest to detect proximal weakness
 - Ask if light-headed when arising
 - If so, you will want to get blood pressure and heart rates sitting and standing

Neurologic

- Ask them to walk to the door and back
 - Ask whether their gait is steady and whether they use a cane or walker at times
- **Video clue**
 - Observe for pronator drift, indicative of more subtle unilateral weakness
 - Watch patients arise from a chair with arms folded to gain a clue to the severity of proximal muscle weakness
 - This examination finding provides a useful clue to an underlying muscular disorder or in some cases, statin-associated muscle weakness that should lead to testing of serum creatine kinase

Social Determinants of Health

- Inquire about issues regarding changes in diet, physical activity, sleep, stress, and social support
- Ask about if they have insecurities related to food, medicines, and supplies, if they have adequate housing and transportation, and if they feel safe at home
- **Video clue**
 - Observe patients' surroundings and interactions with caregivers. Assess their mood and facial expressions during the visit

How to Conduct a Physical Exam via Telemedicine



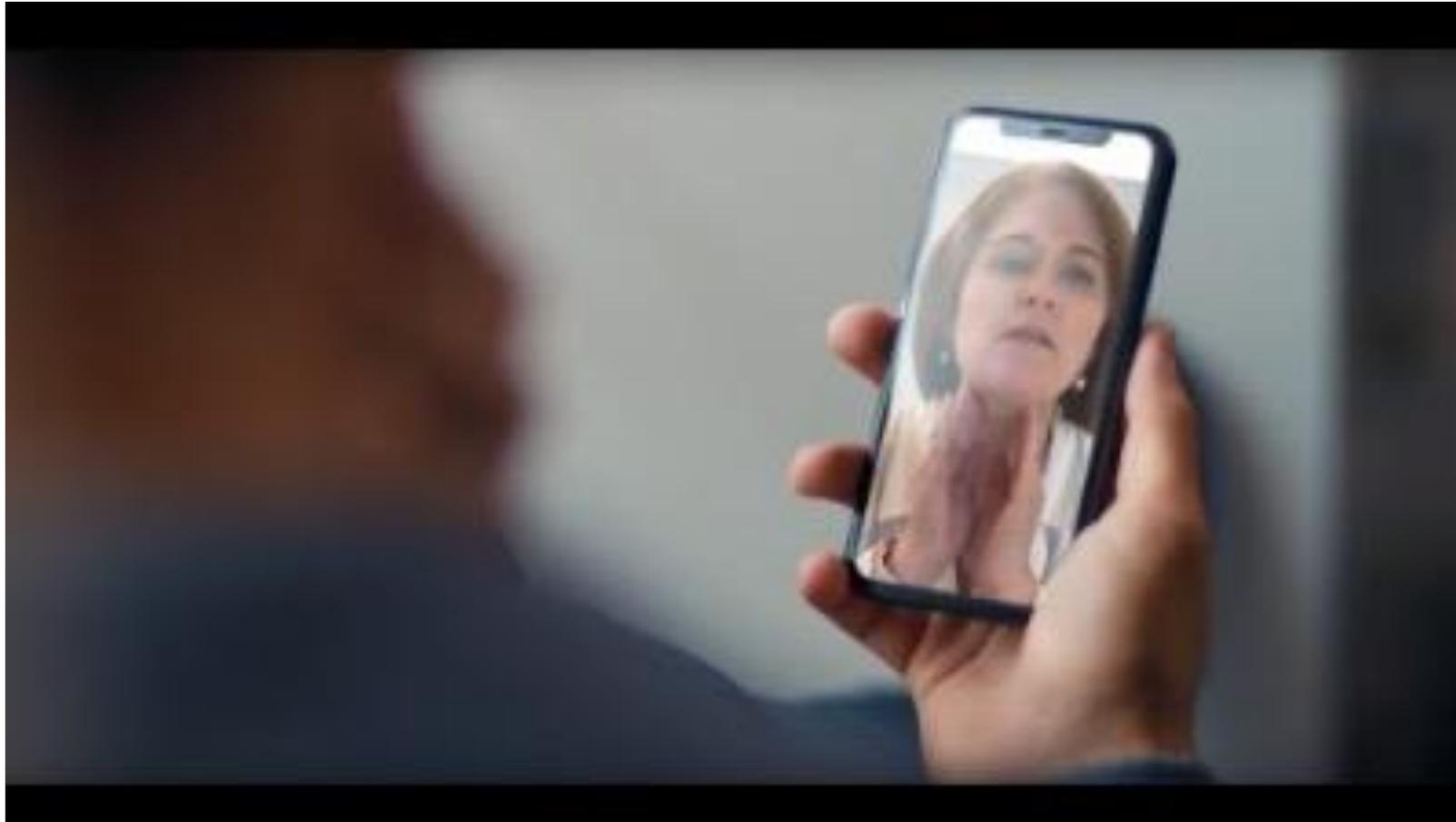
How to Conduct an ENT Exam via Telemedicine



How to Conduct a Cardiopulmonary Exam via Telemedicine



How to Conduct a Respiratory Exam via Telemedicine



How to Conduct an Abdominal Exam via Telemedicine



How to Conduct a Musculoskeletal Exam via Telemedicine



How to Conduct a Neurological Exam via Telemedicine



How to Conduct a Dermatological Exam via Telemedicine



How to Conduct an Effective Telemedicine Physical Exam

General Observations

- Signs of acute distress
- Somnolence and speech difficulties
- Skin irregularities (ie, discoloration, rash, breakdown)
- Diaphoresis
- Appearance of adequate self-care/hygiene

HEENT

(head, eyes, ears, nose, and throat)

- Assess pupil size and scleral coloration
- Observe extra-ocular muscle movement and presence of nystagmus
- Gross observation of hearing based on the communication of the visit

Cardiopulmonary

- Observe respiratory rate, including regularity of respirations and any labored breathing
- Listen for adventitious breath sounds; use of accessory muscles
- Assess for peripheral edema in the extremities
- Look for skin changes consistent with venous stasis
- Assess digits for signs of clubbing or cyanosis

Neurologic

- Observe for grossly intact CN II-XII (eg, wrinkle brow, close tight/open eyes wide, stick out tongue, shrug shoulders)
- Romberg's sign for balance
- 10-sec Grip-and-Release test for cervical myelopathy
- Finger tap or finger-to-nose test to assess upper extremity coordination
- Heel-to-Shin test to assess coordination in the lower extremities
- Self-performed Babinski test
- Stand on toes/heels
- Sensory evaluation (patient can use a cold spoon/object to assess sensory symmetry at face, trunk, upper and lower extremities)

Mental Status (a mini assessment)

- Observe and assess for signs of depression or anxiety
- When taking history, ask about: treatment of comorbid mental health conditions & any side effects, sleep hygiene
- Assess for prescription misuse potential, opioid risk, if appropriate
- Perform a self-harm assessment if there is high clinical suspicion

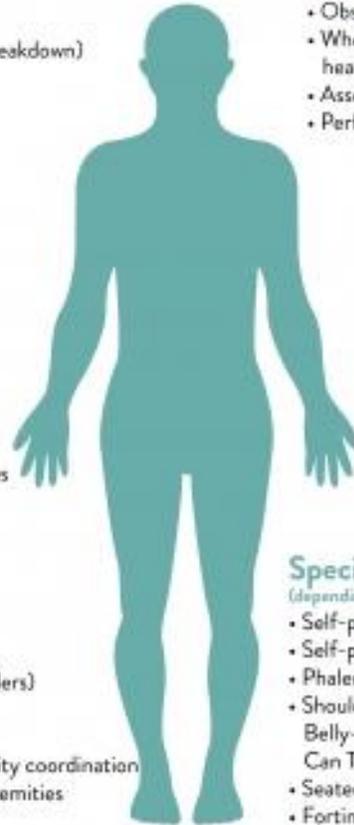
Musculoskeletal

- Assess peripheral joints for inflammation, ROM, deformity
- Assess for passive strength against gravity
- Assess range of motion in the cervical and lumbar spine; note which motion is provocative to pain (especially pain over facet joints with hyperextension/lateral rotation)
- Observe posture and gait (eg, ask patient to stand, walk, observe their shoulders when they are sitting)
- Observe for muscle asymmetry, atrophy, or deformities
- Have the patient point to the exact location of his/her pain (diabetic patients)
- Pinch strength (ask patient to open a jar, bottle, sealable bag)

Specialized Tests

(depending on the pain/case presented)

- Self-performed Spurling Maneuver
- Self-performed Speed's Test (biceps lesions)
- Phalen's test for Carpal Tunnel Syndrome
- Shoulder maneuvers: Apley Scratch test for shoulder ROM, Belly-Press test (subscapularis lesions), self-performed Empty/Full Can Tests, Scarf test for AC joint testing
- Seated Straight Leg Raise test
- Fortin's finger test for SI joint dysfunction
- Observe "Prayer sign" for joint mobility limitations
- Passive FABER test



How to Evaluate Anxiety, Depression, and PTSD via Telemedicine

- The evidence supports that psychological treatment delivered by telehealth (telephone or videoconferencing/videophone) is clinically effective and that the magnitude of the treatment effect is comparable between telehealth and the same treatment delivered by traditional means (in-person/same room therapy) for adult patients with depression, anxiety, or PTSD
- [Telehealth for the Assessment and Treatment of Depression, Post-Traumatic Stress Disorder, and Anxiety: Clinical Evidence](#)

How to Conduct a Psychological Exam via Telemedicine

- [Beck Anxiety Inventory](#)
- [Beck Depression Inventory](#)
- [Beck Hopelessness Scale](#)
- [Hamilton Depression Rating Scale](#)
- [PHQ-9](#) (Patient Health Questionnaire)
- [GAD-7](#) (General Anxiety Disorder Test)
- [AUDIT Questionnaire](#) (Alcohol Use Disorders Identification Test)
- [CAGE Questionnaire](#) (Alcohol Abuse Questionnaire)
- [Geriatric Depression Scale](#)

URGENT CARE DOCUMENTATION

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 for Users Whose EMR Uses Data Links

- Primary care telemedicine note
 - The patient location is: ***
 - The chief complaint leading to consultation is: ***
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 - Visit type: Virtual visit with synchronous audio only and video
- Each patient to whom they provide medical services by telemedicine is:
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- Subjective: @SUBJNOHEADERBEGIN@ Patient ID: @NAME@ is a @AGE@ @SEX@.
 - Chief Complaint: @CCN@
 - HPI:***
 - @HMDUE@
 - @SFHPI@
- @ROSBYAGE@ @SUBJECTIVEEND@
- Objective: @OBJNOHEADERBEGIN@
 - @PHYSEXAM@ @OBJECTIVEEND@
- Assessment: @ASSESSNOHEADERBEGIN@
 - @DIAGX@ @ASSESSMENTEND@
- Plan: @PLANNOHEADERBEGIN

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LISTING YOUR PRACTICE ONLINE

Listing Your Practice Online for Urgent Care



Make it easier for patients to reach your clients

By using APIs to “sync” calendars across various platforms, patients see available appointment slots and can book appointments in real time.



Reduce manual work for your practices

Cut back on manual scheduling and tied up phone lines by giving patients the ability to book online.



Be an Industry Leader

With 60+ EHR and practice management system partners already, join the leading practice management software companies by partnering with Zocdoc.

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](#)

References

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- [Best telemedicine software of 2021](#)
- [National Telehealth Technology Assessment Resource Center \(TTAC\)](#)
- [Videoconferencing–Technology Overview](#)
- Physical Exam References:
 - [The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination](#)
 - [Caravan Health Telemedicine Exam Reference](#)

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 - [Louisiana Health Professionals Facebook group](#)

QUESTIONS?

Thank You for Joining Us!

March 11, 2021

