

Family Care Clinic Guidelines: Virtual Telephone Visits

Riverside County Health System
Family Health Center Guidelines

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Family Care Clinic Guidelines: Virtual Telephone Visits

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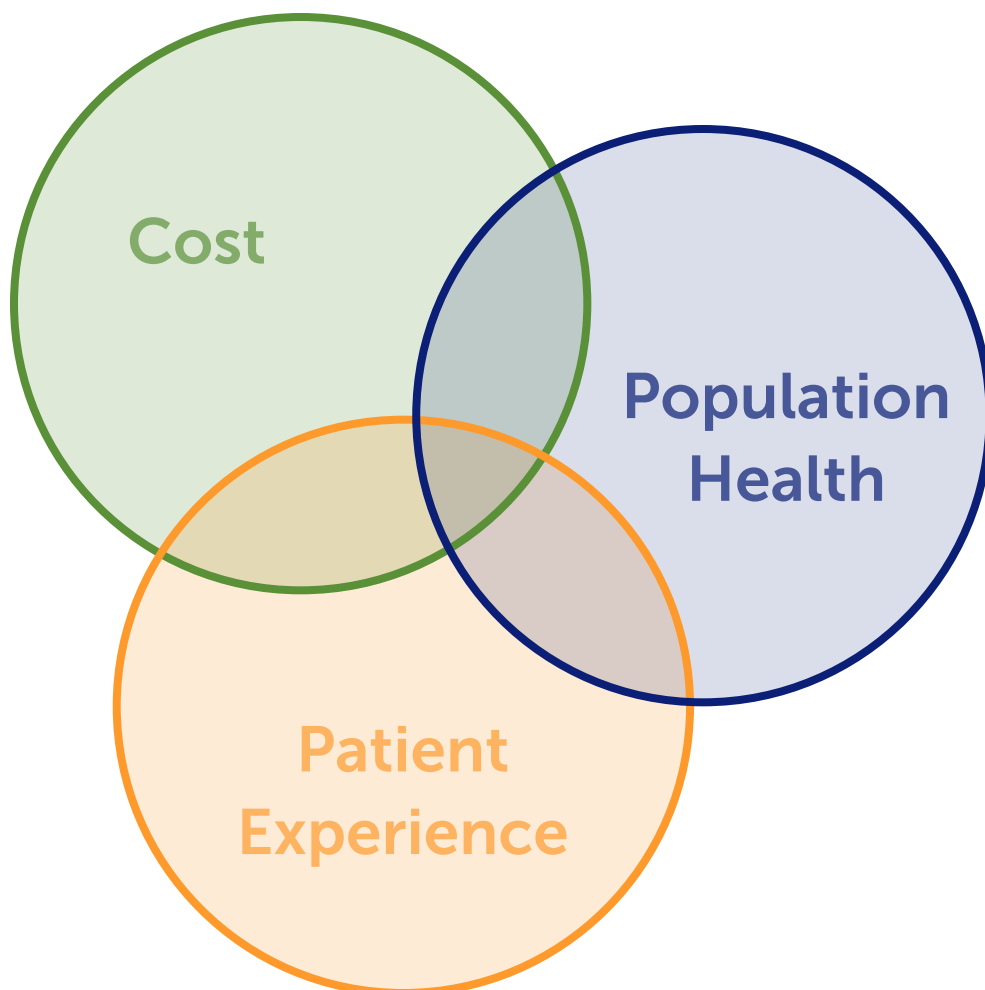
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Background

Virtual telephone visits are clinical exchanges that occur via telephone between providers and patients. Virtual telephone visits have the potential to:

- increase patient access
- decrease hospital readmission rates
- decrease unnecessary emergency room visits
- improve patient satisfaction and
- decrease overall costs of care.

In this respect, virtual telephone visits support the “Triple Aim” of improved Patient Experience, improved Population Health, and improved overall Cost.



Definition

Although all members of the health care team may interact with patients via the telephone, this set of guidelines and definitions refers specifically to virtual telephone visits conducted by providers (e.g., physicians, nurse practitioners, and physician assistants).

Similar to in-person clinic visits, all virtual telephone visits are to be documented in the medical record. An encounter form is generated for all virtual telephone visits, and the provider should document the appropriate telephone CPT code (99441, 99442, 99443) depending upon the duration of the virtual telephone visit.

In order to meet the **definition of a “virtual telephone visit,”** the telephone visit:

- 1) Should involve medical decision making and / or care coordination that necessitates the involvement of a provider (physician, nurse practitioner, or physician assistant)
- 2) May serve as a substitute for in-person clinic visits
- 3) May involve changes in treatment plans and medications
- 4) May involve refills of medications that would have otherwise necessitated a clinic or emergency room visit
- 5) May serve as a virtual follow-up visit following a previous in-person clinic visit
- 6) May involve counseling, motivational interviewing, patient education, and informed consent (e.g., for ordered diagnostic and laboratory tests)
- 7) Should not be an appointment reminder call
- 8) Should not involve only the communication of normal routine results or other information that can be communicated via non-licensed staff

Documentation

Prior to initiating virtual telephone visits, **minimum required documentation elements** include:

- 1) Date and time of service
- 2) Name of provider
- 3) Chief complaint or reason for call
- 4) Relevant history, background, and / or results

5) Assessment

6) Plan and Next Steps

A sample chart is included in the **Appendix**.

Standard Workflow and Protocol

Although the general workflow for virtual telephone visits is similar to that of in-person clinic visits, there are some important differences outlined below. Although virtual telephone visits may be initiated as either outgoing provider calls or incoming patient calls, the vast majority of virtual telephone visits will occur as outgoing provider calls; therefore, the workflow below assumes an outgoing provider telephone visit. Please also note that workflow will be significantly affected by whether the clinic site has or has not yet implemented an electronic health record system.

Scheduling the Virtual Telephone Visit

In general, the schedule template should include appointment slots that are designated specifically for virtual telephone visits. While the goal is to allow any staff member (including the Scheduling Center or Call Center) to be able to schedule patients for virtual telephone visits, during initial implementation, the clinic site may choose to allow only medical home team members and providers the ability to schedule or authorize virtual telephone visits.

When scheduling the virtual telephone visit, staff should request and verify the best telephone number at which to reach the patient, as well as a secondary or back-up telephone number. Staff should be clear and explicit that the appointment scheduled is for a “telephone visit” and not an “in-person clinic visit.” It is also recommended that staff provide each patient with an estimated “window of time” for when the patient should expect a call from his or her provider (e.g., “Please expect a call between 8 and 9 am tomorrow morning from your physician”).

Virtual telephone visits should not be offered to new patients who have never been seen before within the health system (and who do not yet have a medical record number or chart). In some cases, in-person clinic visits may be preferable over virtual telephone visits. However, virtual telephone visits may be utilized in a wide variety of situations, examples of which are listed below:

- Discussion of abnormal laboratory or diagnostic test results
- Changes in medication or treatment plans
- Care coordination (including referral management)

- Management of chronic conditions (e.g., diabetes, hyperlipidemia, etc.)
- Management of acute conditions (e.g., simple urinary tract infection, viral symptoms, etc.)
- Counseling, and supportive therapy
- Health education, outreach, and preventive care
- Post-emergency or post-hospital follow-up
- Incoming patient-generated calls or questions

Preparing for the Virtual Telephone Visit

Virtual telephone visits require the same level of pre-visit preparation as is required for in-person clinic visits. Charts should be prepared and reviewed in advance of the virtual telephone visits to ensure that all results (e.g., laboratory results, diagnostic test results, etc.) and documentation (e.g., consultation notes, emergency room notes, discharge summaries, etc.) are available for the provider prior to the time of the appointed visit.

Appointment reminder calls should be completed one day prior to the time of the scheduled appointment whenever the telephone visit has been scheduled 2 or more days in advance. During the appointment reminder calls, staff should clearly state that the reminder is for a scheduled “telephone visit” and that the patient can expect a call during a given window of time (e.g., “Please expect a call between 8 to 9 am tomorrow morning from your physician”).

Conducting the Virtual Telephone Visit

The virtual telephone visit should be conducted as close to the appointed time as possible. If the provider is running late, clinic staff should inform the patient of the anticipated delay. Upon calling the patient, the provider should first verify the identity of the patient. Only after verifying the patient’s identity should the provider clearly state that, “I am calling today for our telephone visit.” Just as with a regular in-person clinic visit, it may be helpful for the provider to first review and negotiate the agenda for the telephone visit with the patient. A Telephone Visit Script for providers to test and adapt is available in the **Appendix**.

At the end of the virtual telephone visit, it is strongly recommended that the provider review the main points of discussion from the telephone visit as well as the plan or next steps. Before completing the virtual telephone visit, it may be helpful for the provider to ask the patient, “Do you have any questions from our telephone visit today?” An additional follow-up survey is recommended, a sample of which is available in the **Appendix**.

Documenting, Coding, and Completing the Virtual Telephone Visit

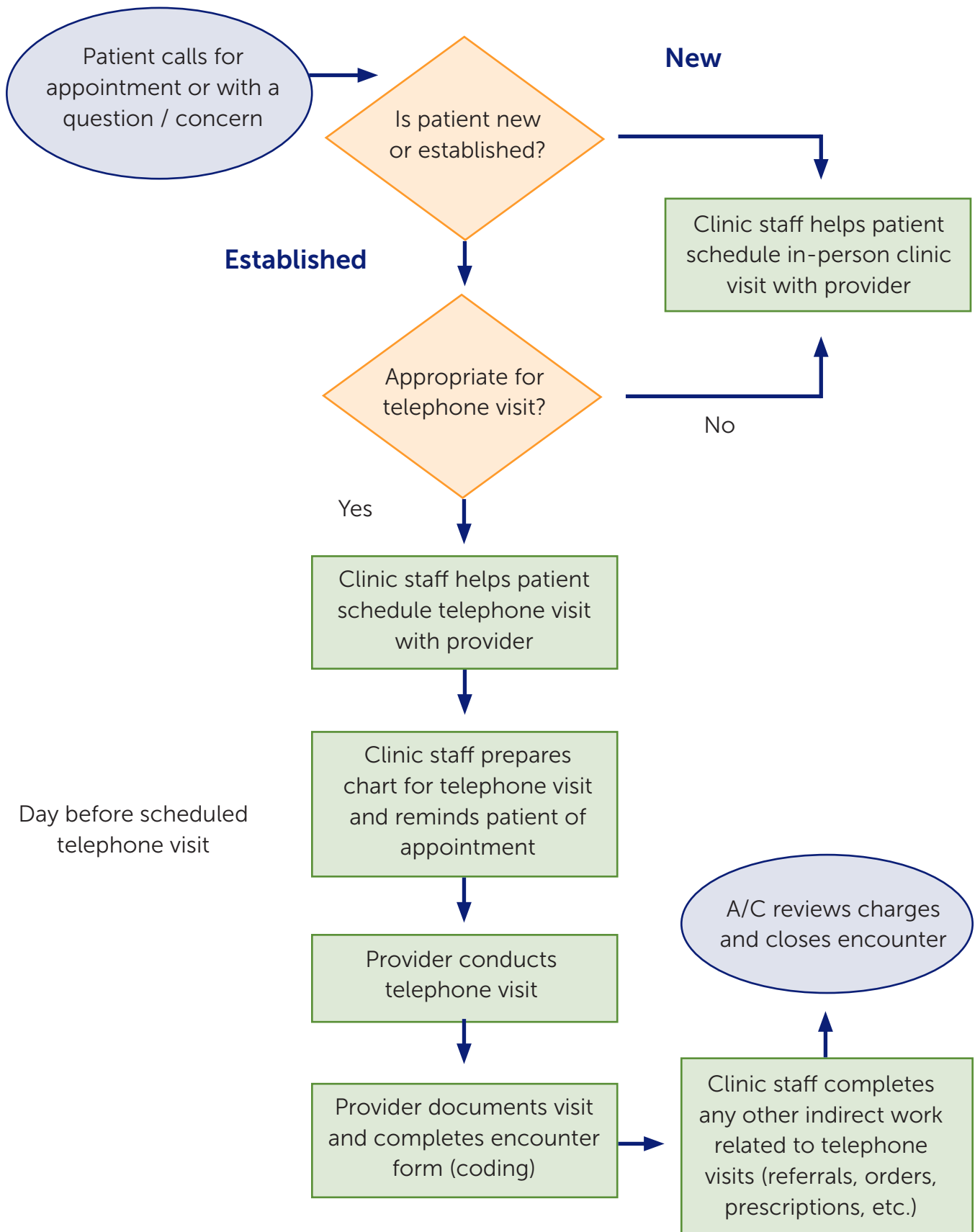
The virtual telephone visit should be documented in the medical chart during or immediately after the time of the visit. As stated above, minimal required documentation elements include:

- Date and time of service
- Name of provider
- Chief complaint or reason for telephone visit
- Relevant history, background, and / or results
- Assessment
- Plan and next steps

After the virtual telephone visit has been completed, the provider should complete an encounter form (also known as “charge form”) and mark the appropriate CPT code for the virtual telephone visit depending upon the length of the visit (i.e., 99441, 99442, 99443). Completion of the encounter forms is important because it allows for the work associated with the virtual telephone visits to be counted and quantified.

Any additional items related to the virtual telephone visit (e.g., prescriptions, laboratory or diagnostic test orders, referrals, follow-up appointments, etc.) should be completed (and tasked to relevant clinic staff) immediately following the virtual telephone visit.

Workflow Diagram



Frequently Asked Questions (FAQ's)

1. Which patients are good candidates for virtual telephone visits?

Providers should only conduct virtual telephone visits with established patients. Virtual telephone visits are appropriate for a wide variety of clinical issues and follow-up items, including but not limited to: discussion of abnormal laboratory or diagnostic test results, medication management, care coordination (including referral management), management of chronic conditions, management of acute conditions (e.g., cough / cold symptoms, simple urinary tract infection, etc.), post-hospital or post-emergency follow-up, preventive care, health education, outreach, and supportive counseling. Patients who are on the waiting list for an appointment may also be good candidates for virtual telephone visits.

2. What is the expected number of virtual telephone visits to be completed per hour?

Each virtual telephone visit will vary in length depending upon the nature of the visit. The overall goal is to complete approximately 6 virtual telephone visits per hour.

3. Why are we doing virtual telephone visits?

Virtual telephone visits offer a convenient alternative for patients who may have difficulty with transportation or with taking time off from work to be seen in the clinic. Virtual telephone visits allow us to improve patient access and help us with "completing today's work today."

4. Is there a specified number of attempts we should make before asking staff to contact the patient for an appointment?

On average, providers are calling patients 3 times.

Conclusion and Next Steps (what to expect)

Insert text

Appendix

Sample Work Flow from Riverside Neighborhood Clinic

Front Desk

1. Patient calls with question/concern. Phone visit is offered.
 - a. If accepted, patient is added to phone visit schedule in BCA.
 - b. No encounter is printed but extra labels and progress note is printed.

Provider

1. Collects patients to be called
 - a. Abnormal lab results (attached to chart)
 - b. Phone messages from patients requesting callback (attached to chart)
 - c. Patients requiring follow up based on current history (e.g., post-hospitalization, poor compliance, multiple comorbidities). Provider will have an ongoing list of these patients (using patient labels if possible, with medical record number) and designate which patients need to be contacted during the next phone visit session. Chart will need to be pulled.

Front Desk

Day before phone visits

1. Pulls charts of patients on the Provider list and BCA schedule.
2. Composes a schedule of 8 patients.
3. Prints the schedule and calls patients. Informs patients that provider will call at scheduled hour; confirms whether patient will be available for call. If not available, calls next patient from provider's follow up list (1c. above) and uses Clinic Add slots to input into BCA.
4. Reprints revised schedule if necessary.
5. Gives all charts to Back Office medical assistant with the schedule and provider's patient list.

Day of phone visits

1. Prints encounters for patients on the schedule.

Back Office

1. Separates charts for patients on the schedule from additional charts pulled.
2. Gives provider the charts for patients on the schedule and keeps the additional charts for possible calls.
3. Returns provider's patient list.

Provider

1. Calls patient.
2. Documents call on progress note.
3. Completes encounter (ICD-9 codes 99441-99443) depending on length of call.
4. If patient does not answer, provider will note this on the progress note.
5. Provider decides acuity of problem to be addressed. If urgent, the progress note plan will include instructions to the nurse to try to reach the patient and discuss the problem or arrange for an appointment. If possible, the provider will ask the Front Desk staff to place the patient on the next phone visit schedule or will contact the patient by mail.
6. If the provider completes the schedule and has time remaining, additional patients are contacted from the additional chart stack and added to printed schedule.
7. Provider places (or leaves) action placards on completed charts according to action needed.
8. Returns all completed charts (including additional charts without encounters) to Back Office medical assistant.

Back Office

1. Completes provider instructions (e.g., mail information on test results, fax prescription to pharmacy) except charts with Referral placard and documents actions in chart.
2. Gives all charts to Front Desk CMA.

Front Desk

1. Prints encounters for additional phone visits.
2. Gives all charts to A/C.

A/C

1. Reviews charges and clears encounters.
2. Gives charts with Referral placard to LVN.

LVN

1. Completes instructions, documents action and files chart.

A summary of the tasks required for one day prior to the phone visit and on the day of the phone visit is below:

Day before phone visit:

1. Front CMA picks up charts of patients to be called from provider the afternoon before calls will be made. The provider will also have a running list on a clipboard of patients to be contacted.
2. Front CMA pulls charts of patients from provider's list up to a maximum of 8 patients total.
3. Front CMA notifies patients of provider phone calls during a specified time period the next day.
4. The charts of patients who are contacted and will be available are prepared:
 - a. Preregistration, including face sheet, encounter and coverage eligibility (RCHC/ MISP, IEHP, etc)
 - b. Progress note for provider to complete
 - c. Labels
5. If patient is not contacted, all of the above materials are prepared EXCEPT the encounter.
6. If patient is not available for phone visit, CMA calls patient on provider's list (see #1 above) and uses Clinic Add slots to input into BCA schedule.
7. Phone visit schedule is printed.

Day of phone visit:

1. Front CMA returns prepared charts, additional charts pulled and schedule to provider.
2. Provider completes phone calls and completes progress note and encounter.
3. Provider places placards with desired action on top of chart (new prescription, prescription refill, lab results given, Xray results given, Referral)
4. Provider continues to make calls to additional patients on the clipboard or from other charts held if a scheduled patient is not available
5. Provider completes a blank progress note and encounter and places action placards on additional charts as in Step 3.
6. At the end of the scheduled time, Back CMA picks up all charts and completes work according to provider direction:

- a. New prescriptions and refills faxed to pharmacy
 - b. Lab or imaging results discussed during the visit filed in chart
 - c. Contacts patient and arranges follow up visit with the provider or for phlebotomy.
 - d. Referrals go to LVN (see step 10).
7. Front CMA picks up the charts of scheduled and additional patients.
 8. Front CMA registers the additional patients contacted, including a printed encounter.
 9. Front CMA gives all charts to A/C.
 10. A/C reviews charges and pass charts with Referral placard to LVN.
 11. LVN completes instructions, documents action and files chart.

Sample Documentation Table

DATE _____		PHONE VISITS				PROVIDER _____			
NAME	MR#	INC	COM	DIAGNOSIS	VISIT TYPE	RESPONSE		REPEAT	COMMENTS
						pos	neg		

Telephone Visit Script for Providers to Test and Adapt

- Good morning (afternoon) Ms./Mr._____.
This is Dr._____. I'm calling you for your phone visit. How are you today?
- I'm calling to discuss your (lab/x ray/CT scan/MRI) result
OR
I'm calling to see how you've been doing since being discharged from the hospital
OR
I'm calling to see how you've been doing since your last appointment with me
OR
I'm calling you back at your request. How can I assist you?
OR?
- Do you have any questions about what we've discussed?

4. I know that during our visits, we're able to discuss several issues, but today I'd like to focus on (the test result/your surgery/your first question).

We can discuss your other concerns during another phone call. Could I call you tomorrow at the same time?

OR

We can address your other concerns at your next visit. I'll have my nurse schedule an appointment and contact you with the date and time.

OR?

5. (If applicable)

We will check on the status of your _____ referral and let you know

OR

I will write a prescription for _____ and have it faxed to _____ pharmacy

OR

I will write a refill for _____ and have it faxed to _____ pharmacy

OR

I will call you _____ at the same time

OR?

6. Thank you for speaking to me. Have a good day!

Patient Survey

Patient Satisfaction Survey

The survey questions will take approximately 5 minutes to administer and should be conducted within 3 to 5 days of the visit.

Riverside County Health System Division of Ambulatory Care

Patient Satisfaction Survey

Insurance Type: IEHP MEDICAL MEDICARE RCHC MISP
 Other _____

1. Did you receive a scheduled phone visit from your Primary Care Provider? YES NO
2. Were you contacted by clinic staff prior to the date of the call? YES NO
3. Did the Medical Provider call at the expected time? YES NO
4. Did the Medical Provider clearly identify themselves? YES NO
5. Did the Medical Provider explain information in a manner in which you could understand? YES NO
6. Would you recommend a phone visit to someone else? YES NO
7. Would you use a phone visit again? YES NO
8. Would you have preferred a visit to the clinic instead of a phone visit? YES NO
If yes, why?
9. Overall rating of phone visit:
 Excellent Very Good Good Fair Poor

Why? _____

Please circle the clinic where you are soon:

Riverside Corona Jurupa Lake Elsinore Hemet Blaine
Banning Indio Perris Palm Springs Rubidoux Dental

Comments: _____

Which Provider did you speak to? _____ Date: _____

Name / Phone Number (Optional)