

San Mateo Medical Center Telephone Visit Toolkit

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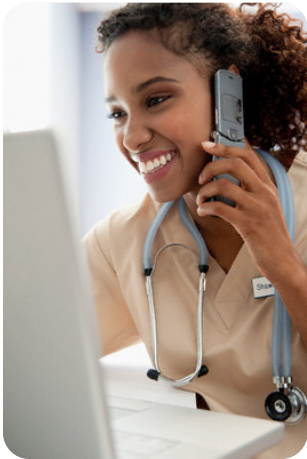
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Telephone Visit Objectives and Definition

Objectives

Telephone Visits are clinical exchanges that occur via telephone between providers, nurses, and patients. These visits have the potential to:

- Increase clinic access
- Reduce unnecessary burden on patients (i.e. travel, time off work, finding child care, etc.)
- Reduce unnecessary emergency room visits and hospital readmissions
- Improve continuity of care
- Maximize physician and nurse time

Definition of a Telephone Visit

Although all members of the health care team may interact with patients via the telephone, this set of guidelines and definitions refers specifically to Telephone Visits conducted by providers and nurses.

In order to meet the definition of a “Telephone Visit”, the telephone visit requires one or more of the following:

- 1) Involves medical decision making and / or care coordination that necessitates the involvement of a Provider, Nurse, or PharmD, such as changes in treatment plans and medications
- 2) Serves as a substitute for in-person clinic visits
- 3) Involves refills of medications that would have otherwise necessitated a clinic or emergency room visit
- 4) Serves as a follow-up to a previous in-person clinic visit
- 5) Involves counseling, patient education, informed consent (e.g., for ordered diagnostic and laboratory tests) and motivational interviewing

Only established patients are eligible for Telephone Visits.

The following do NOT qualify as Telephone Visits:

- 1) Appointment reminder call
- 2) Communication of normal routine results or other information that can be communicated by non-licensed staff
- 3) Telephone consults that result in an in-person visit within the next 24 hours¹

Similar to in-person clinic visits, all Telephone Visits are to be documented in the medical record as an encounter. Encounters are generated for all Telephone Visits and the provider should document the appropriate telephone CPT code along with the diagnoses code:

Charge Code	CPT	Name
60691193	99441	NURSE PHONE VISIT 5-10 MINS
60691201	99442	NURSE PHONE VISIT 11-20 MINS
60691219	99443	NURSE PHONE VISIT 21-30 MINS
60591195	99441	PROVIDER PHONE VISIT 5-10 MINS
60591203	99442	PROVIDER PHONE VISIT 11-20 MINS
60591211	99443	PROVIDER PHONE VISIT 21-30 MINS

¹ CPT 2016 Guidelines

General Guidelines for SMMC Telephone Visits²

DOCUMENTATION

Documentation for Telephone Visits should be the same as for any patient that you may see in person. Minimum documentation requirements include:

1. **Notation that patient consented to consult held via telephone**
2. Names of all people present during a telemedicine consultation and their role
3. Chief complaint or reason for telephone visit
4. Relevant history, background, and/or results
5. Assessment
6. Plan and next steps
7. **Total time spent on medical discussion**

PATIENT RIGHTS

- Patients have a right to choose if they would like a consultation done via telephone or travel to the consultant's office site.
- Patients have a right to choose to stop a Telephone Visit at any time.
- The physician/nurse has a right to request the patient to be seen face to face if enough patient information cannot be obtained via telephone to provide a diagnosis.

PRIVACY AND CONFIDENTIALITY

- Patients should be introduced to who is present at each location and their role in the consultation.
- The consult should be held in an area that provides auditory privacy.
- All staff present will need to comply with facility policies on privacy, confidentiality, and electronic security.
- Tele-medical records should be treated as any other medical record and not released without the receipt of written authorization from the patient/legal representative.

² Telehealth standards information adapted from Avera Health/SMMC Health Information Management to meet San Mateo Medical Center's specific needs

Scheduling Workflow and Protocol

Telephone visits may be initiated by the patient, provider, or nurse.

Scheduling the Telephone Visit

- **All Telephone Visits must be scheduled with the following visit types in the Electronic Medical Record, eCW:**
 - Tele-PROV
 - Tele-CTeam
- **Telephone visits initiated by patients**
 - A “Tele-PROV” or “Tele-CTeam” visit may be scheduled by a PSA when a patient makes a request, if the patient need meets the criteria. These criteria are to be determined by each individual provider and/or clinic.
 - *EXAMPLE: If the following symptoms are given, schedule the telephone visit with provider or nurse –*
 - *Cough*
 - *Seasonal allergies*
 - *Sore throat w/o fever*
 - When scheduling the Telephone Visit, staff should:
 - Pre-register the patient at the time of scheduling the appointment for the Phone Visit
 - Request and verify the best telephone number at which to reach the patient, as well as a secondary or back-up phone number. Document phone number in the **NOTES** field of the appointment
 - **Be clear and explicit that the appointment scheduled is for a “telephone visit” and not an “in-person clinic visit”**
 - Provide each patient with an estimated “window of time” for when the patient should expect a call from his or her care team member. This should be a 30 minute window (up to 15 minutes before or after their scheduled appointment time).
- **Telephone visits initiated by providers or nurses**
 - If a provider or nurse determines that a patient could ‘be seen’ over the phone, they should inform the PSA (or other appropriate support staff) to schedule a “Tele-PROV” or “Tele-RN” visit with the patient
 - When scheduling the Telephone Visit, staff should:
 - Pre-register the patient
 - Request and verify the best telephone number at which to reach the patient, as well as a secondary or back-up phone number. Document in the **NOTES** field of the appointment
 - **Be clear and explicit that the appointment scheduled is for a “telephone visit” and not an “in-person clinic visit”**
 - Provide each patient with an estimated “window of time” for when the patient should expect a call from his or her care team. This should be a 30 minute window (up to 15 minutes before or after their scheduled appointment time).

Conducting the Telephone Visit

Contacting & Arriving the patient

- The Telephone Visit should be conducted as close to the appointed time as possible.
 - Two attempts should be made to contact the patient. If the patient cannot be reached during the second call, document “no answer & [time]” in the billing notes.
 - Leave a voicemail informing the patient who you are, why you called, and instruct them to call the clinic back to reschedule.
 - Mark the visit as No Show (N/S) in eCW
- Upon contacting the patient, **ARRIVE** the patient in eCW
- The provider or nurse should first verify the identity of the patient. Only after verifying the patient’s identity should the provider/nurse 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.
 - *le:* (provide a small sample script)

Documenting, Coding, and Completing the Telephone Visit

- The Telephone Visit should be documented in the medical record.
Minimum required documentation elements include:
 1. **Notation that patient consented to the consult held via telephone**
 2. **Names of all people present during a telemedicine consultation and their role**
 3. **Chief complaint or reason for telephone visit**
 4. **Relevant history, background, and/or results**
 5. **Assessment**
 6. **Plan and next steps**
 7. **Total time spent on medical discussion**
- After the encounter has been completed, submit the following:
 1. **Appropriate CPT code** (*Nurse Phone Visit [time]* or *Provider Phone Visit [time]*)
 2. **Diagnoses code**
- Change status to CHECK OUT in eCW, unless further PSA support is needed.

FAQ

Which patients are good candidates for Telephone Visits?

- Established patients, patients who need a follow up appointment, patients who do not need a physical exam

Why are we doing Telephone Visits?

- Telephone visits have the potential to:
 - Increase clinic access
 - Reduce unnecessary burden on patients (i.e. travel, time off work, finding child care, etc.)
 - Reduce unnecessary emergency room visits and hospital readmissions
 - Improve continuity of care
 - Maximize physician and nurse time

What are some example issues that can be dealt with via telephone visit?

- Examples include, but are not limited to: medication titration, patient follow up, lab follow up, chronic disease management, health education

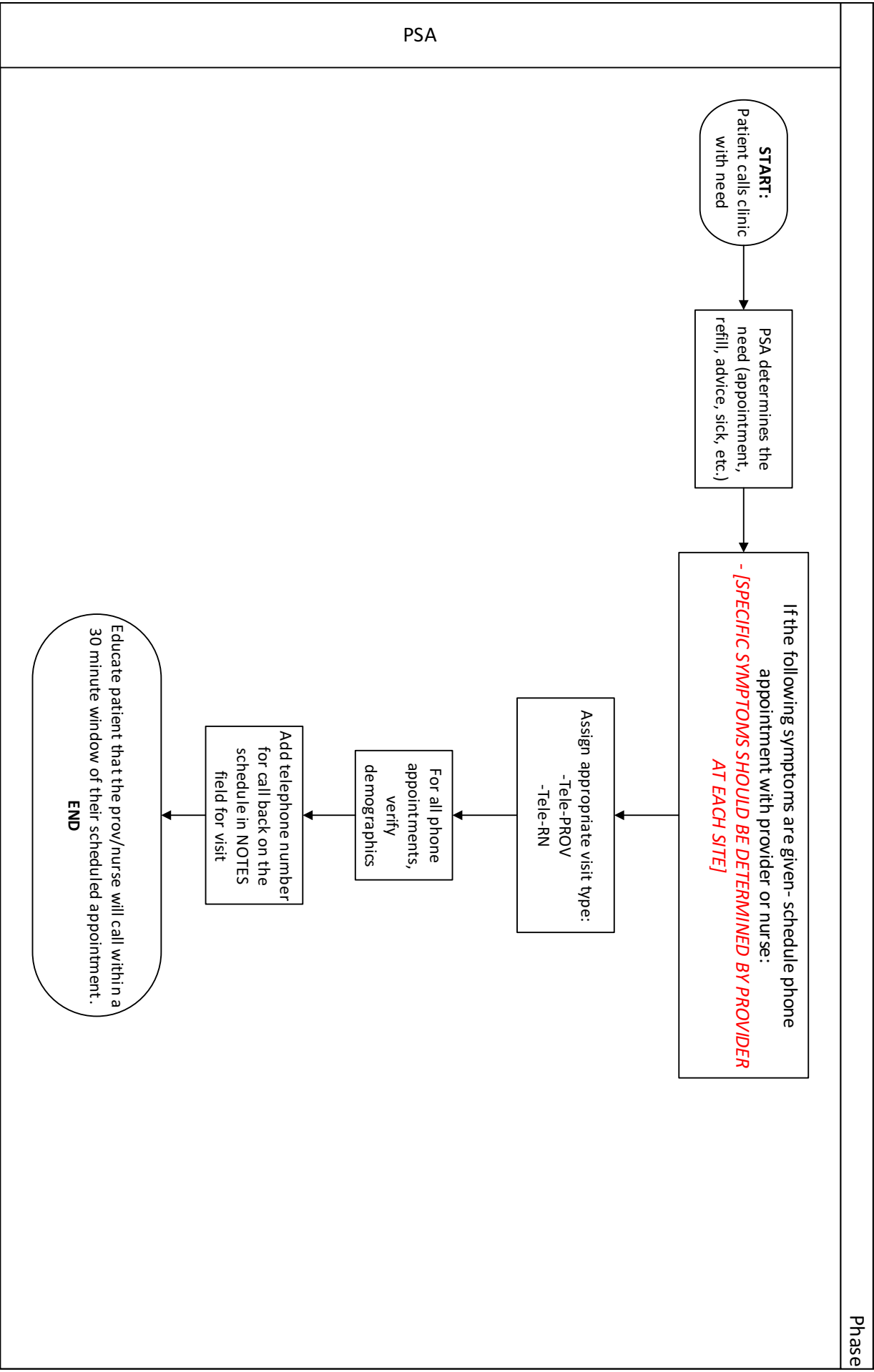
What is the difference between a routine phone call and a Telephone Visit?

- In order to meet the definition of a “Telephone Visit”, the telephone visit requires one or more of the following:
 - 1) Involves medical decision making and / or care coordination that necessitates the involvement of a Provider or RN, such as changes in treatment plans and medications
 - 2) Serves as a substitute for in-person clinic visits
 - 3) Involves refills of medications that would have otherwise necessitated a clinic or emergency room visit
 - 4) Serves as a follow-up to a previous in-person clinic visit
 - 5) Involves counseling, patient education, informed consent (e.g., for ordered diagnostic and laboratory tests) and motivational interviewing
- The following do NOT qualify as Telephone Visits:
 - Appointment reminder call
 - Communication of normal routine results or other information that can be communicated by non-licensed staff

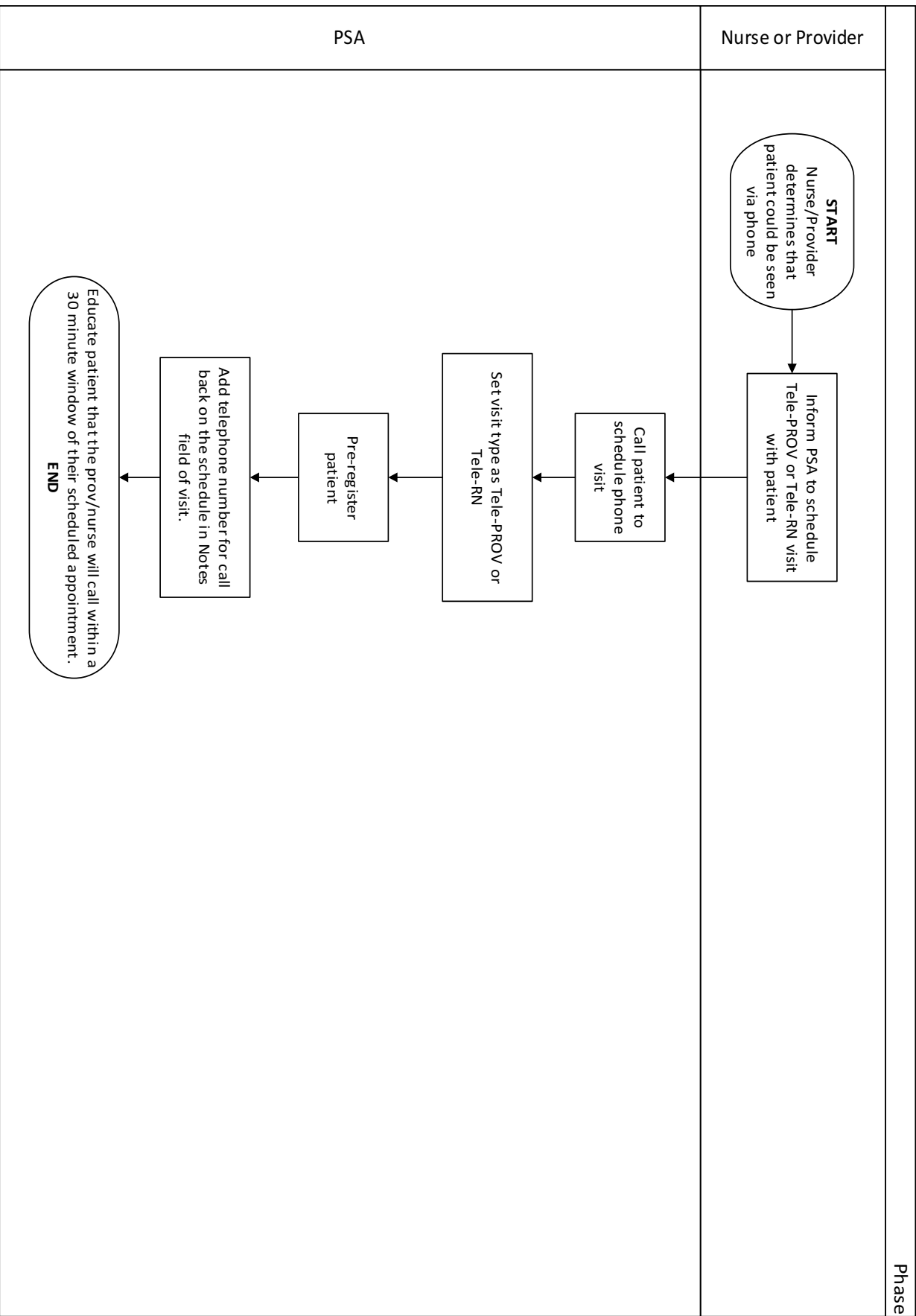
Appendix:

- Workflow - PSA Scheduling Telephone Appointment INITIATED BY PATIENT
- Workflow - PSA Scheduling Telephone Appointment INITIATED BY NURSE OR PROVIDER
- Workflow - Call, Change of Status, Documentation
- Telephone Visit Template

Telephone Visits: PSA Scheduling Telephone Appointment INITIATED BY PATIENT



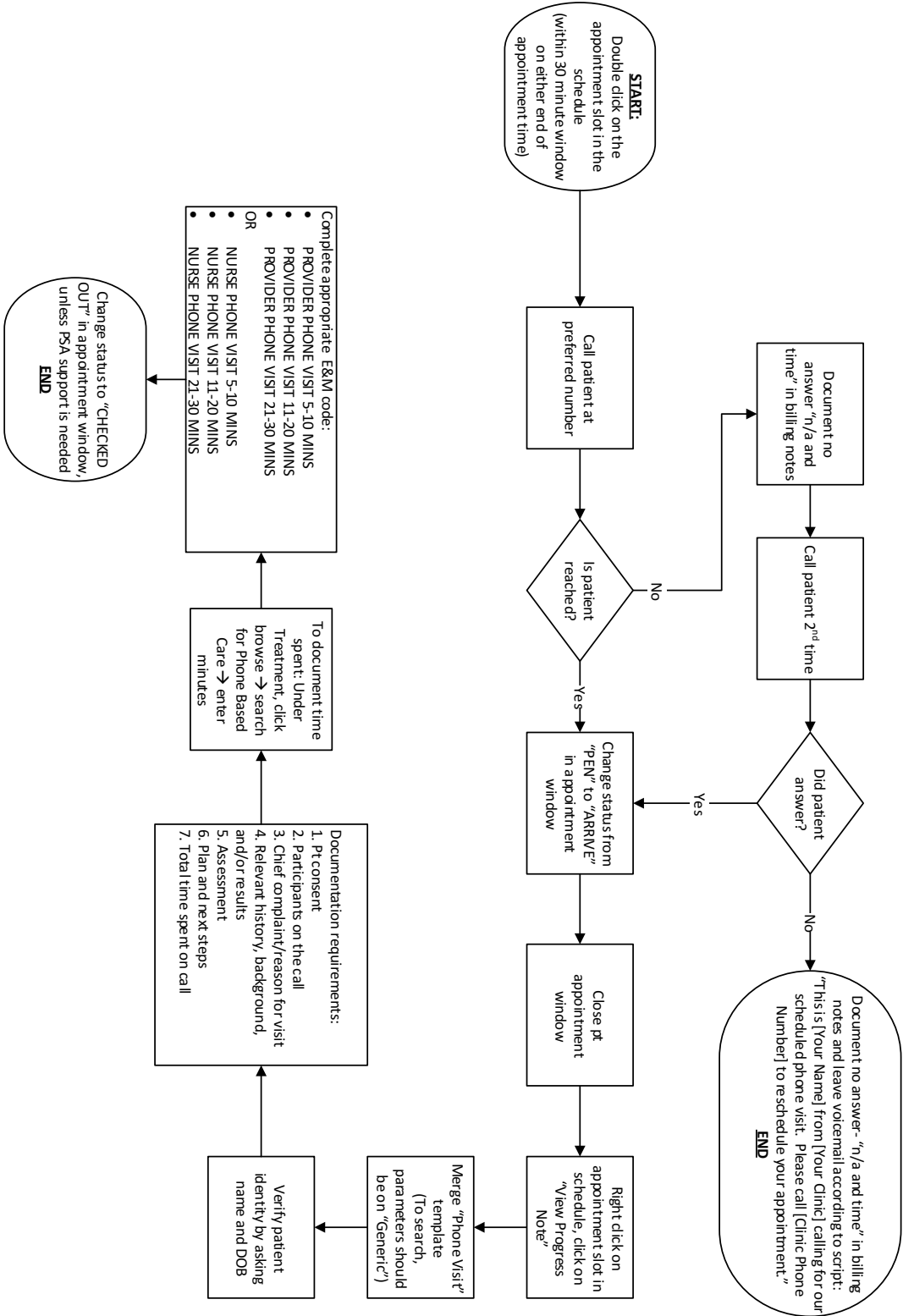
Telephone Visits: PSA Scheduling Telephone Appointment INITIATED BY NURSE OR PROVIDER



Telephone Visits: Call, Change of Status, Documentation

San Mateo Medical Center

LAST UPDATED: 6/8/16



Nurse/Provider

ECW Template Name: *Phone Visit (Tele-health – Nursing)* or *Phone Visit (Tele-health – Provider)*

Patient: T, TEMPLATES
Account Number: 8663
DOB: 01/01/1970 **Age:** 31 Y **Sex:** Male
Phone: 508-836-2700
Address: 114 TURNPIKE ROAD, SUITE 204, WESTBOROUGH, MA-01581

Subjective:

Chief Complaints:

1. Phone Visit.

HPI:

Phone Visit:

Patient Name and DOB Verified :: Interpreter used :: Call attendees :: Notes: (____).

Medications: None

Allergies:

Objective:

Assessment:

Plan:

Preventive:

Tele-Health: Tele-Health Total Visit Time (min) (___).

Provider:

Patient: T, **TEMPLATES DOB:** 01/01/1970 **Date:** 01/01/2001



Electronically signed by on 12/11/2015 at 12:24 PM PST
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