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# Creating a Policy and Procedure Manual for Telehealth

August 8, 2018



# Today's Agenda

1. Welcome & Introductions
2. Why a Policies & Procedures Manual for Telehealth
3. P&P Panel Discussion
4. Closing

# “Telehealth Trifecta” Team



Veenu  
Aulakh



Alexis  
Wielunski



Chris  
Perrone



Jeanne  
Russell



Kathy  
Chorba



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# Participating Sites



West County  
Health Centers

*Caring for our Communities*  
a californiahealthcenter



NEIGHBORHOOD HEALTHCARE

a californiahealthcenter



Eldorado

Community Health Centers

PLACERVILLE | DIAMOND SPRINGS | CAMERON PARK



Clinicas de Salud  
del Pueblo, Inc

# **Poll: Do you have a Policy & Procedure Manual for telehealth at your organization?**

**Yes**

**In Progress**

**No, but we would like to**

**No, it's not a priority for us**





# Why would you want a Telehealth Policies and Procedures (P&P) Manual?

*"We develop our P&Ps so that if anyone is called to duty, they know exactly what to do."  
James Maldonado, General Council, OCHIN*

While our goal is to treat telehealth care the same as "Brick and Mortar" care, we cannot ignore the fact that significant differences exist for telehealth.

As a result, P&Ps must be established to provide consistent, quality management of clinical and administrative aspects of telehealth.

# Policies and Procedures: What's the difference?

A Policy is a guiding principle used to set direction in an organization.

*"Our policy for credentialing telehealth service providers is to credential by proxy"*

A Procedure is a series of steps to be followed as a consistent and repetitive approach to accomplish an end result.

*"The steps involved in credentialing by proxy are as follows..."*

Together, they are used to empower the people responsible for a process with the direction and consistency they need.

<https://www.bizmanualz.com/write-better-policies/whats-the-difference-between-policies-and-procedures.html>



A photograph of a modern office interior. The scene includes a wooden door on the left, a green office chair, and a person's legs in blue pants and black shoes at the bottom. The ceiling has a green circular light fixture and a smoke detector. A large white rectangular box is overlaid on the center of the image, containing text.

**And now for a few format  
examples  
from our friends at gpTRAC, UC  
Davis and North County....**



## Sample Policy Any Facility, USA

Policy Title: Assisting with a Telemedicine Patient General Exam

### **Purpose:**

- To promote a quality telemedicine experience for the patient and practitioner
- To maintain the continuum of care

### **Key components of a successful consult**

- **Attitude:** Demonstrate a positive attitude towards telemedicine
- **Assessment:** Appropriate assessment skills are necessary to meet the requirements of the consult
- **Anticipate:** Anticipate the practitioners needs, making the consult more efficient
- **Assist:** Assist with the examination at the direction of the specialty practitioner
- **Advocate:** Advocate for the patient and practitioner, seeking/ providing clarification when needed

### **Transfer of Information:**

1. Transfer of information should follow your normal process. If your organization and the practitioner are on the same electronic medical record, (EMR) information can be accessed using the EMR
2. If not on the EMR, information should be faxed as soon as the appointment is made to allow for chart development and review by the practitioner.
3. If the practitioner has specific forms that the patient would complete if they came to their office, these forms should be made available to the patient to complete at the rural site as well and faxed prior to the consult.
4. If the patient is originating from another organization verify that they will be providing the specialty practitioner's clinic the required medical information.

### **Preparation:**

1. As needed, move the video equipment to the consult location. Position in the room to meet the requirements for the consult.
2. Turn the video unit on prior to the consult to be ready to receive video call and allow for testing and troubleshooting if needed.

3. Prepare examination camera, stethoscope, and other telemedicine peripherals as indicated by the patient condition. Example: exam camera to visualize a wound

4. Check that all equipment required for the specialty is available. Example: reflex hammer, chart to figure BMI, monofilament, etc.

5. If the patient's chart is not available electronically, obtain the patient's medical record as available.

### **Patient preparation:**

1. Patient should arrive 30 minutes before their appointment time for registration and preparation.
2. Register patient according to your facility's policy.
3. Assist patient to the telemedicine examination room.
4. An appropriate tele-presenter will need to be present to assist with the examination.
5. Explain the telemedicine process. It should be explained that this is an actual consult and that the tele-presenter will be assisting the practitioner with the examination. The patient should be encouraged to ask questions just like a traditional in-person consult.
6. Follow your facility's policy on informed consent for telemedicine.
7. Provide the patient with any specific forms that need to be completed prior to the telemedicine consult.
8. Obtain the patient's BP, TPR, height and weight, list of current medications and other assessments or information as required by the specialist. Record in EMR as soon as completed or be prepared to provide information to the specialty practitioner verbally or by fax.
9. Prepare patient for examination.
  - a. If necessary for proper viewing of condition, have the patient put on a patient gown
  - b. Properly place the patient for best visualization of patient condition.
  - c. Prepare stethoscope and exam camera for use as instructed by the practitioner.
  - d. Set video presets to assist with camera transitions.

### **Procedure:**

1. The consult begins with the main camera focused on the patient and telepresenter. When the specialist and/or their staff appear on the video screen, introduce the patient and anyone else present in the room.
2. Assist with the patient examination at the direction of the consulting practitioner. This may involve performing basic and specific assessments under their direction; using the examination camera to view wounds, rashes, etc.; placing of the stethoscope to listen to heart, lung and bowel sounds; viewing of the lower extremities to assess edema; and more. The telepresenter should be positioned so as to not obstruct the view of the specialist while performing the exam. The specialist should be able to see the telepresenter's technique and the patient's responses to the assessment.
3. Advocate for the patient and practitioner seeking clarification and relaying information as needed. During the consult, the telepresenter should observe for clues that something may need to be repeated or clarified and also that the specialist is hearing the full intent of what the patient is saying. The telepresenter should also let the specialist know of any specific findings that were found during their assessment
4. After examination is completed, complete any procedures as needed (example, re-dressing a wound)
5. After the consult is completed, the specialist will review the plan of care with the patient and the telepresenter.
6. Provide discharge instructions to the patient as given by the consulting practitioner providing any clarifications as needed.

### **Continuum of Care:**

1. Orders should be entered electronically into the EMR or faxed as needed.
2. Assist with scheduling any follow-up testing as needed.

### **Documentation:**

1. Document according to your facility's policy. Add the names of those present during the consult.



**UC Davis Medical Center  
Specialty Clinic Preparation  
Telemedicine Program**  
Center for Health and Technology  
Ties to UCD PPM 200-40 (B)  
Revised 06/2015

**Purpose:** To define the responsibilities of the coordinator to permanent and temporary staff in the event a Coordinator is not able to perform his/her duties.

**General:** The Telemedicine Program has a commitment to seamless coordination of patient referrals. In order to do so, processes have been established to create a more standardized methodology.

**Setting:** Telemedicine Clinic, CHT Building, Suite 4310

**Procedure:**

1. Two business days prior to a clinic, print all appointments (EXAMPLE: if the clinic is on Monday, start this process on Thursday).
2. Pull patient files from the SCHEDULED file drawer.
3. For each patient, re-check the "Authorization and Eligibility" section of the database to determine if insurance has been verified.
4. Review the file to ensure you have received all the information needed for the appointment using the specialty referral guideline and dictation report (if follow up appointment) as a guide.
5. Call the rural site coordinator to confirm the appointment, verify patient's intention to attend the appointment, and obtain any information necessary. Let the coordinator know the open status of the appointment will be elevated to the clinic manager and may be cancelled if the information is not received by the close of business THE FOLLOWING DAY. (Using the above example, this would be close of business on Thursday).
6. Replace patient file in SCHEDULED drawer and lock drawer.
7. One business day prior to the appointment date, call the coordinator to confirm the patient intends to keep the appointment (using the above example, this would be on Friday).
8. After speaking with/leaving a message for each coordinator, finalize the appointment list for each physician, place patient file under list, and file in SCHEDULED drawer by specialty: alphabetically, by physician name, in order of appointment date and time.



**UC Davis Medical Center  
Setting Up Next-Day Clinic  
Telemedicine Program**  
Center for Health and Technology  
Ties to UCD PPM 200-40 (C)  
Revised 01/2016

**Purpose:** To define the responsibilities of the coordinator to permanent and temporary staff in the event a coordinator is not able to perform his/her duties.

**General:** The Telemedicine Program has a commitment to seamless coordination of patient referrals. In order to do so, simple processes have been established to create a more standardized methodology.

**Setting:** Telemedicine Clinic, CHT Building, Suite 4310

**Procedure:**

1. Log into EMR
2. From the "Dept Appts" button, select the UCD CAD Check-In DAR report for appropriate date, run report and print.
3. Pull records from the SCHEDULED file drawer and verify all records have been received. Remove any records for patients who have been canceled.
4. Contact consulting specialist and remind him/her of clinic start time or notify of any changes to clinic schedule.
5. Place records back into SCHEDULED file drawer and lock drawer.
6. On day of clinic, place records in clinic room immediately before clinic start time.



UC Davis Medical Center  
Conducting the Specialty Clinic  
Telemedicine Program  
Center for Health and Technology  
Ties to UCD PPM 200-40 (D)  
Revised 01/2016

**Purpose:** To define how to conduct a specialty clinic to permanent and temporary staff in the event a coordinator is not able to perform his/her duties.

**General:** The Telemedicine Program has a commitment to seamless coordination of patient referrals. In order to do so, simple processes have been established to create a more standardized methodology.

**Setting:** Center for Health and Technology Building, Telemedicine Clinic, 4610 X Street, Room 4310, Sacramento, CA

**Procedure:**

1. It is the coordinator's responsibility to identify problematic sites and schedule test calls no less than 48 hours before the consult to make sure proper connection and that all equipment is in working order.
2. Upon opening clinic in the morning, ensure that telemedicine unit is turned on and able to receive a call.
3. Review patient list for cancellations, removing those patient files.
4. Place patient files in the consult room for that day's clinic.
5. Check to make sure the computers are not locked out and that all necessary peripherals are working.
6. Place phone call to the remote site to confirm clinic is ready as scheduled.
7. Advise the rural site coordinator if the consulting clinician is running late.
8. Remind rural coordinator that clinic cannot start until UCDHS Acknowledgement of Receipt: Notice of Privacy Practices form (for new patients) has been received via fax.
9. Verify with rural coordinator that verbal consent for the telemedicine consultation has been obtained and is documented.
10. Confirm with site the room number and/or dial in number.
11. Page the consulting clinician and advise him/her of the time for the first patient if different than regularly scheduled start time.

12. Brief consulting clinician on clinic changes/patient cancellations.
13. Monitor secure fax server for any patient notes or labs that may be required for clinic and print out and give to consulting physician.
14. Remind the rural site coordinator to fax the request for a follow-up appointment to CHT Telemedicine Clinic Coordinator.
15. At the conclusion of the clinic:
  - a. Confirm with physician patients seen/not seen if unclear for appointment check-in purposes.
  - b. If specialist requests PHI to be scanned into EMR: using Adobe Acrobat Professional, insert header on each page (in red font) including patient's name and UCD medical record # and Coordinator's initials. Save document with following structure:  
YYYYMMDD\_FirstInitialLastName\_TELCHT\_01 (subsequent documents to be scanned use 02, 03, 04, etc.) and upload to OnBase scanning folder on desktop.
  - c. UCDHS Acknowledgement of Receipt: Notice of Privacy Practices form: using Adobe Acrobat Professional, insert header on each page (in red font) including patient's name and UCD medical record # and Coordinator's initials. Save document with following structure:  
YYYYMMDD\_FirstInitialLastName\_TELCHT\_01 (subsequent documents to be scanned use 02, 03, 04, etc.) and upload to OnBase scanning folder on desktop. Update the documentation status of the Notice of Privacy Practices acknowledgement form in the EMR accordingly.
  - d. Gather the patient referrals, notes and place in confidential shred bin.
19. In EMR, check-in patient (arrives patient) and check-out patient (completes patient).
20. In Database, document if patient Did Not Keep Appointment (DNKA) with reason.
21. Cancellation of an appointment on the same day is considered a DNKA.

# North Country Telemedicine Pilot P&P

- Patient selection
- Referral process
- Consent
- Appointment scheduling, cancellations & no-shows
- Physical surroundings and staffing
- Security and emergency protocol
- Check-in and check-out for patients
- Administration and billing
- Provider communication
- Prescribing and medication management
- Technology troubleshooting
- Technology standard operating procedure

## North Country Telemedicine Pilot Policies and Procedures

<b>Department:</b>	<b>Policy Description:</b> Telemedicine Patient Selection
<b>Page:</b> 1 of 1	<b>Replaces Policy Dated:</b>
<b>Effective Date:</b>	<b>Reference Number:</b>
<b>Approved by:</b>	

**Purpose:** Telemedicine provides patients located in rural areas with timely access to specialist care via real-time television/video communication.

**Policy:** Patients in need of specialty care, as determined by their primary care provider, will be referred to telemedicine services provided at the affiliated hub/specialist site.

**Procedure:** Providers at the spoke/patient site will use their clinical judgment in selecting patients for the telemedicine service. Patients who would otherwise be referred to an outpatient appointment with a traditional specialist are welcome to utilize the telemedicine service. If a patient is in a crisis situation and in need of emergency services, the same emergency procedure should be followed as was in place prior to the launch of the telemedicine program.

Patients who do not have insurance coverage for telemedicine services can be referred to the service if they agree to pay for the service out-of-pocket.

If the provider at the spoke/patient site determines that one of his or her patients could benefit from telemedicine services, the provider will:

- 1) Discuss the service with the patient or legal guardian and obtain their consent.
- 2) Put the patient in contact with the front desk staff who will issue the patient the *Telemedicine New Patient Packet*.
- 3) Complete a telemedicine referral authorizing the appointment. Refer to telemedicine referral process policies and procedures for more information.

# What Elements Should be Included in a Telehealth Policy and Procedure Manual?

*Everything that pertains to telehealth but differs from standard clinic operations!*

*Some examples include the following...*

- Contracting with providers (and existing contracts with providers)
- Credentialing (full credentialing or by proxy)
- Practice model (consultative vs. direct care)
- Technology (requirements, troubleshooting, technical support)
- Billing and service provider payment (may differ between health plans and service providers)
- Evaluation (utilization, financial, patient and provider satisfaction, etc.)
- Data collection (to support evaluation)
- Consent
- Staffing (job descriptions and training)
- Clinic Operations (Workflow)
- Referral guidelines
- Room set up
- Appointment scheduling
- Patient presentation requirements per specialty
- Provider participation requirements per specialty
- Prescribing and medication management
- Medical record and chart note exchange



# Exit Exam: Is a Workflow Diagram a Policy or a Procedure?

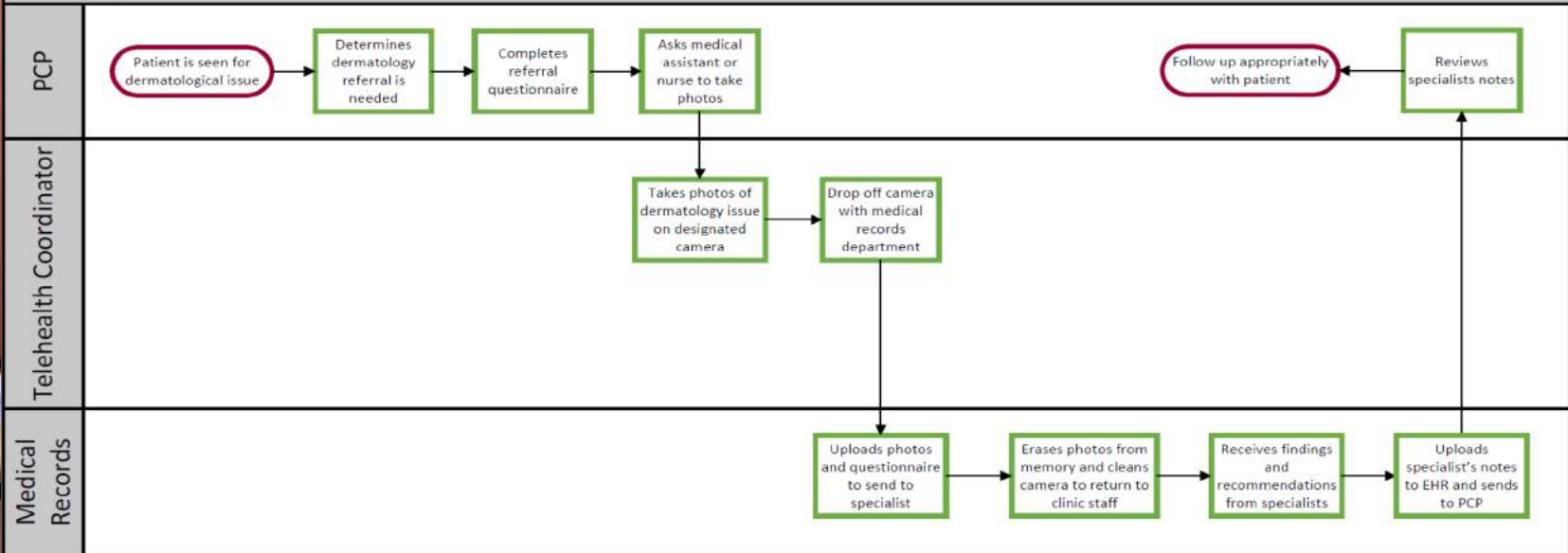
“Our policy for Dermatology referrals is to use telehealth store and forward technologies”

“Our procedure for utilizing telehealth store and forward Dermatology is shown in the workflow diagram”

## TeleHealth: Store-and-Forward Dermatology

Workflow for creating a referral for dermatology using Store-and-Forward processes.

November 9, 2017



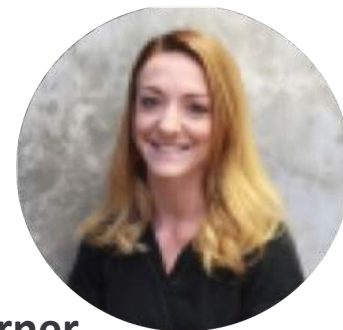
# Panelist Discussion



**Mia Houlberg**  
Operations



**Leslie Warner**  
Telemedicine Manager



**Rhonda Weaver**  
Telemedicine Advisor



**Cindy Snelgrove**  
Director of Clinical Services



**Wendi Vierra**  
Director of Behavioral Health Operations



**Alex Delira**  
Retinal & Telehealth Coordinator



**Can you each give us a high-level overview of what is included in your P&P manual/documents?**





**Can you give us a high-level overview of what is included in your P&P manual/documents?**





**Corporate Policies & Procedures**  
**CLINICAL PRACTICE**

**Telemedicine Policy**

---

**POLICY**

Clinicians and staff delivering clinical services, including remote clinicians through the use of telemedicine, must adhere to this policy regarding the delivery and reporting of clinical services via videoconferencing to all patients.

Consultations made with specialists will include the exchange of all required chart notes, labs, x-rays, outside correspondence (notes/letters/recommendations), etc. to ensure the following:

1. Patients will be seen within an adequate timeframe.
2. Patient receives follow-through with a plan of treatment and a referral appointment.
3. A report is received from the referring specialist by the Ampla Health clinician ordering the referral.



Corporate Policies & Procedures  
CLINICAL PRACTICES  
Telemedicine Procedure

I. Purpose

- A. Ampla Health clinicians have a choice on what specialist they prefer a patient to see based on the two different payment models and providers Ampla Health contracts with.

II. Procedure

- A. Ampla Health has been working with UC Davis Medical Center for several years. UC Davis Medical Center bills for their own services; this allows Ampla Health clinicians to see patients on the same day and offers the opportunity for the primary care physician (PCP) and specialist to collaborate with the patient on a treatment plan. The endocrinologist does not write the prescription but makes a suggestion to the PCP. If the PCP agrees, the prescription is prescribed to the patient. The clinician sends a referral request to the nurse or MA to process and obtain prior authorization if necessary, including a referral request form for UC Davis Medical Center if needed.

- B. The appropriate staff schedules the appointment on the patients PCP's schedule, which coordinates with the times provided by UC Davis Medical Center. The patient is notified of the appointment and provide the required documents, to include Notice of Privacy and consent form. Appointment reminder calls are made to the patient on the three consecutive days before the appointment and confirmations are required for all UC Davis appointments.

III. Iris Telehealth Scheduling/Telemedicine Appointment Psychiatry Procedure

- A. Ampla Health has a contract with Iris Telehealth.

1. Iris Telehealth providers are contracted with Ampla Health. Iris Telehealth bills Ampla Health through an invoice and providers timesheets. The Telemedicine Advisor checks the date/time of services to ensure billing is correct and signs off on them. The paperwork is then routed to the Director of Clinical Services who signs and requests payment from the accounting department. Billing then bills the patients insurance and/or patient for services.
2. Appointments are scheduled by each Ampla Health clinic. Some sites have dedicated telemedicine schedulers, while others collaborate on the workload.

- B. The patient checks in for his/her appointment at the front reception desk. (Please refer to the workflow for appointment check-in of established patient).

1. Patient presents for visit and checks-in with front office.
2. When the check-in process is complete, the nurse will take the patient to the exam room.
3. Nurse navigates to the telemedicine schedule in the EHR.
4. Staff hovers over the patient icon and clicks on Health Summary.
5. Staff collects the patient vital signs. Use the following steps to enter the vital signs into the EHR:
  - a. Go to Vital Signs section and click on Vital Signs or the edit link. The EHR will open a new window for data entry.
  - b. Enter the patient vital signs, for example, height, weight, blood pressure, etc. Note, the BMI will automatically populate when the height and weight is entered.
  - c. When finished, click Save. Note: if the vital signs do not fall within the normal range, the vitals display in red and the user receives a POP-UP warning.
  - d. On the Health Summary page, click on the Review link. **Note: this step contributes to Meaningful Use reporting for Core Measures 8 Vital Signs. Note: DO NOT click Save New Visit.**
  - e. When the Vital Signs process is complete, the clinician may see the patient.
  - f. Process repeats for the next patient.

IV. Telemedicine Charge Tickets/Encounter

- A. The provider signs off the encounter form in the EHR, along with the proper codes.
- B. The Billing Department runs a monthly report of all billed encounters.

V. Referral Instructions

- A. Ampla Health PCP refers patient to telemedicine specialty care by sending a request in EHR to the referral nurse to forward to the appropriate receptionist or work list depending on the specialty requested.

- B. All referrals need to be sent to the referral nurse including the psychiatric referral request so the nurse can track them in i2iTracks and the referral dashboard.
- C. Once the referral nurse receives the request, she then routes it to the work list of the receptionist.
- D. Receptionist calls the patient to set up an appointment:
  1. The receptionist will need to schedule the appointment in two spots: one with the specialist at the time the patient is to arrive and the other on the primary care provider's schedule in Centricity for the time the PCP will be needed at the end of the appointment for UC Davis. Ampla Health PCP's do not enter the room for psychiatry.
  2. If the referral is for a medical specialty with UC Davis the referral nurse then fills out the referral request from to fax along with the patient's records to UC Davis (1-866-622-5944).
- E. Nurse has the referral request and any other pertinent information scanned into the patient's chart and forwards the referral to the Telemedicine Other Work List to be scheduled by Telemedicine staff.
- F. Telemedicine staff will schedule the consult with UC Davis, notify the patient, and add it to the referring provider's schedule.
- G. Staff will be notified prior to the consult. The PCP will be asked to step in during the last 5-10 minutes of the consult for UC Davis consultations.
- H. A consult note will be received from the specialist within one week of the visit.
- I. After a psychiatric appointment, the patient may schedule a follow-up appointment with the receptionist before leaving.

## VI. Tele psychiatry Services

- A. Iris Telehealth is a contracted provider.
- B. Iris Telehealth providers work for Ampla Health.
- C. Iris Telehealth providers write prescriptions.
- D. Iris Telehealth bills Ampla Health for services.

## VII. Reimbursement Models:

- A. The billing model is based upon who and how services are billed for the Telemedicine visit.
  1. Iris Telehealth - Psychiatry
    - a. The specialist is a contracted Ampla Health clinician.
    - b. Specialists are treated the same as any other contracted clinician.
    - c. The specialists are responsible to write prescriptions and handles any issues related to the prescription.
    - d. The specialists are setup to e-scribe in the EHR (practice fusion) and may also fax, call-in, or send prescriptions, if needed, to the pharmacies and the patients.
    - e. As Ampla Health clinicians, Ampla Health may bill for the specialist's time. Therefore, the PCP does not participate in the consult.
    - f. The patient only needs to be scheduled in one location because the specialist is a BILLABLE clinician.
    - g. The specialists are responsible for completing their notes in the EHR for the visit.



## Corporate Policies & Procedures

### CLINICAL PRACTICES

#### Telemedicine Cellular Telephone/Laptop Usage Procedure

##### Cellular Telephone

There are ten (10) cell phones. They are distributed to Chico, Magalia, Gridley, Hamilton City, Lindhurst, Orland, Oroville, Los Molinos, Richland, and Yuba City Medical.

The cell phones are to be used by assigned Telemedicine nursing staff in each clinic to be utilized during Telemedicine encounters. The phone number is noted on the cell phone packaging, as well as labeled on the cellphone.

The cellphone will be stored in a locked cabinet in the Nurse's station with the telemedicine laptop.

The cell phones are assigned to staff to ensure telemedicine appointments run smoothly and communication with the specialist is ongoing before, during, and after visits.

Every three months the cell phone will need to be reloaded with more time because it is a prepaid phone. The cell phone is paid per day so please use it ONLY on Telemedicine days.

The Nursing Supervisor is responsible for keeping a cell phone checkout log that is current and for reloading of minutes.

##### Laptop

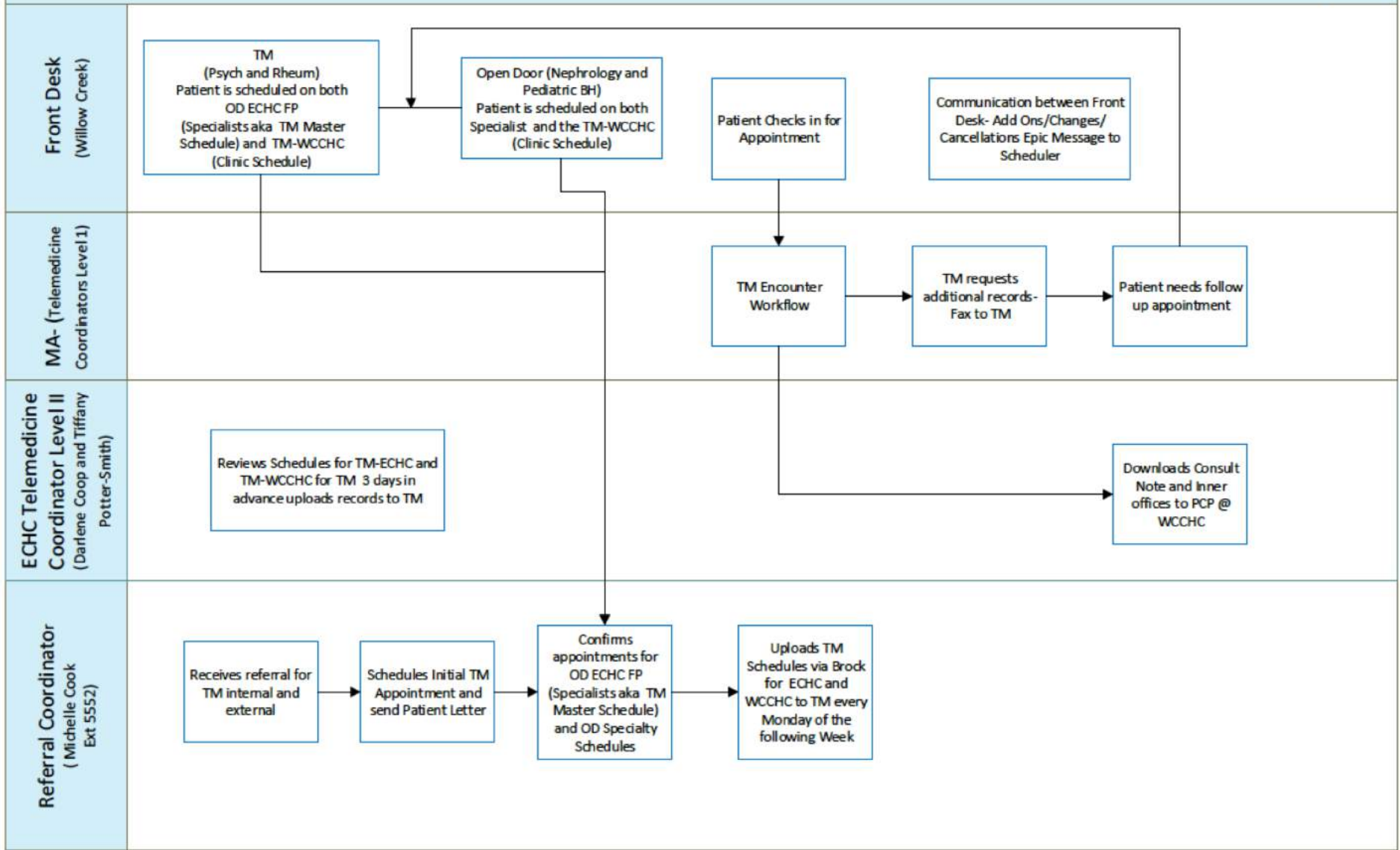
There are ten (10) laptops. They are distributed to Chico, Magalia, Gridley, Hamilton City, Lindhurst, Orland, Oroville, Los Molinos, Richland, and Yuba City Medical.

The laptops are to be used as a backup system if Polycom unit fails for the MAVEN Project psychiatry encounters.

The laptops will be stored in a locked cabinet in the Nurse's station with the telemedicine cell phone. The Nursing Supervisor is responsible for keeping a laptop checkout log that is current.

**Can you give us a high-level overview of what is included in your P&P manual/documents?**





TM Coordinators can order FUTURE LABS only. They MUST be ordered under the referring provider's name.

The patient MUST RE-CHECK in for Lab only visit. Effective as of April 23<sup>rd</sup> 2018

<u>TM Specialty</u>	<u>MA</u>	<u>RN</u>
Endocrinology	<ol style="list-style-type: none"> <li>1. Confirm patient address and phone number</li> <li>2. Confirm patient name with Specialist</li> <li>3. Report Vitals</li> <li>4. Report any medication changes</li> <li>5. Remain in room as directed or check in at end of consult</li> </ol>	Lung Sounds (As needed)
Rheumatology	<ol style="list-style-type: none"> <li>1. Confirm patient address and phone number</li> <li>2. Confirm patient name with Specialist</li> <li>3. Report Vitals including O2 Stats</li> <li>4. Report any medication changes</li> <li>4. Observation of eyes, and ears, ask if dry, or any drainage.</li> <li>5. Starting with fingers gently squeeze on each joint then wrist, elbow, and shoulder feeling for tenderness and looking for nodules.</li> <li>5. Use hand held camera if available, for close ups</li> <li>6. Remain in room during consult</li> </ol>	
Pulmonology	<p>Prerequisite-Training with electronic stethoscope</p> <ol style="list-style-type: none"> <li>1. Confirm patient address and phone number</li> <li>2. Confirm patient name with Specialist</li> <li>3. Report Vitals including, O2 Stats</li> <li>4. Report any medication changes</li> <li>5. Connect stethoscope to transmit lung sounds</li> <li>6. Remain in room during consult</li> </ol>	



Role	Responsible for
Patient	<ol style="list-style-type: none"> <li>1. Must have an Open Door PCP to be scheduled ( as of May 2018)</li> <li>2. Picks up medication from pharmacy</li> </ol>
TM Provider	<ol style="list-style-type: none"> <li>1. Patient Care for limited duration of time</li> <li>2. Prescribing of <u>Non-Controlled Medications</u></li> <li>3. Documenting pt. verbal consent for <u>Non-Controlled</u> medications in TM consult note</li> <li>4. Verbally share medication changes with TM Coordinator at the end of each visit</li> <li>5. Continues to prescribe and refill until pt. is stable</li> <li>6. Documenting <u>recommendations for Controlled Medications</u> in TM consult note</li> <li>7. TM consult note - completed within 3 working days</li> </ol>
TM Coordinator	<ol style="list-style-type: none"> <li>1. Send chart notes and medication list and document in Referral</li> </ol> <p><u>Pre Consult</u></p> <ol style="list-style-type: none"> <li>2. Visit Encounter (Patient on Site)</li> <li>3. Transcribe medication changes and read back to TM Provider.</li> <li>4. Document in <u>Progress note</u> "Medication Changes have been made by Dr _____".</li> <li>5. Document in <u>Pt Instruction</u> the medication changes for AVS.</li> <li>6. Document Medication changes in <u>Routing comments</u>.</li> <li>7. CC Chart Encounter to Ordering Provider and PCP</li> <li>8. Close Visit Encounter</li> </ol> <p><u>Post Consult</u></p> <ol style="list-style-type: none"> <li>9. Retrieves TM consult note, 3 days after DOS</li> <li>10. Addend the encounter and enter pts's medications if prescribed by TM Provider as Historical. Add routing comment and route chart to PCP.</li> <li>11. Addend the encounter and discontinue pts's medications if directed by TM Provider. Add routing comment and route chart to PCP.</li> <li>12. Sends TM consult note to OD Provider.</li> </ol>
Open Door Provider	<ol style="list-style-type: none"> <li>1. Review most recent TM Coordinator visit encounter for medication changes</li> <li>2. Review most recent TM consult note</li> <li>3. Reconcile Medications</li> <li>4. <u>Prescribe Controlled medications</u>, (if recommended) in TM provider's consult note</li> <li>5. Resume medication management once pt. returns to PCP care</li> <li>6. Sign/Initial TM consult note and send to Scanning</li> </ol>
Medical Records	<ol style="list-style-type: none"> <li>1. Scan TM Consult note within 72 hours of receipt</li> </ol>

**Can you give us a high-level overview of what is included in your P&P manual/documents?**



#### 4. Staff Responsibilities Day of Telepsych Appointments

- a. Primary care site designates MA to work with the psychiatrist.
- b. The psychiatrist must be informed how to connect immediately with MA/RN at the clinic during the hours he is seeing patients (back office phone # or cell phone).
- c. PSR's Obtain patient signature on Telepsych consent (different than regular consent) if a current (within the last year) consent is not on file.
- d. Telepsych MA responsibilities:
  - 1) Check the equipment prior to arrival of first patient – this will require logging on and making a direct connection via telepsych equipment with provider;
  - 2) Obtain vitals on all patients (this includes ht & wt for BMI);
  - 3) Reconcile the current medication list;
  - 4) Confirm allergies;
  - 5) Confirm smoking status;
  - 6) Offer the provider's card to patient (be sure it has the primary care site phone #);
  - 7) Room patients;
  - 8) Provide paper and pen/pencil for patient use;
  - 9) Place microphone on table in front of patient and confirm sound level with psychiatrist;
  - 10) Speak briefly with the psychiatrist with the patient present at the beginning of the visit;
  - 11) At the end of the visit, speak with the psychiatrist while the patient is in the room to confirm any labs or other orders and to confirm the time frame for the patient's return visit; (i.e., at intake UDS on all patients, except developmentally delayed patients and pregnancy test on females ages 13-17)
  - 12) Print out visit summary and give to patient;
  - 13) Escort patient out of room to front desk to schedule their next appointment; and

## 2. Primary Care Site Responsibilities

- a. Schedule appointments in eCW under the psychiatrists' provider schedule;
- b. Inform patient of appointment time;
- c. Confirm insurance status and obtain prior authorization if necessary;
- d. Text and confirm appointment reminder with patients;
- e. If patient no shows, outreach to patient will be made to determine reason and reschedule;
- f. Assign MA to psychiatrists for each day of telepsych; and
- g. Respond to telepsych patient questions/concerns/information requests.

**Can you give us a high-level overview of what is included in your P&P manual/documents?**





## Title: Telemedicine Policy and Procedures

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Document Owner: Leslie Warner (Telemedicine Manager)	Original Creation Date: 04/01/2007
Approver(s): Kerry Fasking (Board Member), Laura Dougan (Director of Clinical Operations)	Date Reviewed/Approved: 01/30/2018

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

### I. Policy:

It is the policy of Shasta Community Health Center (SCHC) to provide high quality, patient focused, primary health care, behavioral health care and dental health care to the underserved population of our community. The Telemedicine Program is designed to provide the medically underserved patients of Shasta Community Health Center access to high quality specialist care.

### II. Purpose/Goal:

A. The Telemedicine Policy and Procedures is designed to support the mission and vision of Shasta Community Health Center as it pertains to the use of Telemedicine for patient consultation, diagnoses, and/or treatment.

**B. Definitions:**

1. Telemedicine: allows healthcare professionals to evaluate, diagnosis, and treat patients in remote locations using telecommunications.
2. Hub Site: the site where the specialist is located.
3. Spoke Site: the site where the patient is presented during the appointment.
4. Consultative: the specialist makes recommendations for the primary care provider to implement.
5. Comprehensive: the specialist prescribes medications, orders labs, and diagnostics.

**III. Procedure:**

SCHC functions as a spoke site obtaining specialty care from other facilities outside our area. A consultative model of care is used for some telemedicine appointments. This model requires that a member of SCHC staff is present during the appointment and the Primary Care Clinician (PCC) is asked to assist in coordination of recommendations the specialist may have. The telemedicine staff will ensure that the consult note is sent to PCC for review and implementation within one to two weeks of date of service. A comprehensive model of care is used for some telemedicine appointments, meaning that the specialist prescribes medications, orders labs, as well as diagnostics.

**A. Spoke Site Procedure**

1. SCHC primary care clinician shall make electronic referral to desired telemedicine specialty.
2. Telemedicine personnel will process referral, and schedule patient with appropriate specialist.
3. Patient will be notified of appointment date and time at the time of scheduling.
4. Telemedicine personnel ensure that the telemedicine equipment is turned on and working properly before the appointment. If there is a problem with the equipment, telemedicine personnel shall troubleshoot equipment and make necessary adjustments. If problem is outside the realm of expertise, assistance shall be requested from Information Technology department. ~~Services.~~
5. Personnel will also make follow-up appointment as required by specialist and work with care team to ensure all recommendations are implemented in a timely fashion.
6. ~~Telemedicine staff is responsible for coordinating telemedicine clinics, and ensuring that the specialist has all patient information necessary to provide high quality care.~~



### C. Billing/Grants

Telemedicine visits will be billed to insurance as appropriate and, when the patient is uninsured, the Sliding Fee Discount Program will be applied. Please refer to [Billing Policies and Procedures](#) for further information.

The telemedicine department will search various avenues for granting opportunities and will work with the Grant Administrators to pursue additional funding as appropriate. Once a grant is obtained, it is the responsibility of the telemedicine personnel to ensure fulfillment of the requirements of the grant.

### D. Credentialing

Specialists that provide comprehensive telemedicine care are credentialed through SCHC's third party credentialing process. Consultative telemedicine specialist are credentialed through Partnership Health Plan. Specialist that are contracted through University of California Davis are credentialed bi-proxy.

## IV. Forms:

### A. Spoke Site Forms

1. [UC-Davis Health System Telemedicine Program/SCHC Referral Request Form](#)
2. [UC-Davis Notice of Privacy Practices](#)
3. [UC-Davis Notice of Privacy Practices – Acknowledgment of Receipt](#)
4. [PCSD Patient Demographic Form](#)
5. [PCSD Authorization and Consent to Participate in Telemedicine Consultation](#)
6. [TeleMed2U Provider Referral Form](#)
7. [TeleMed2U Consent to Participate in Telemedicine Consultation](#)
8. [TeleMed2U TeleMedicine Patient Survey](#)

For additional information regarding credentialing of Telemedicine providers, please see Section "K" of [Credentialing Policy and Procedures](#).

### Written By:

Leslie Warner Telemedicine Manager



# Tell us about the process of developing your first P&P manual for telehealth.



**Cindy Snelgrove**  
Director of Clinical Services  
Ampla Health



**Rhonda Weaver**  
Telemedicine Advisor  
Ampla Health



# How do you communicate your workflows and procedures out to the right staff?



**Mia Houlberg**

**Operations**

Open Door Community Health Centers

**Who is responsible at your organization for updating your P&P manual? How do you ensure staff is aware of changes made (and not just update a piece of paper)?**



**Wendi Vierra**

**Director of Behavioral Health Operations**  
Neighborhood Healthcare



**Alex Delira**

**Retinal & Telehealth Coordinator**  
Neighborhood Healthcare

# What advice would you give to health centers looking to create their first P&P manual for telehealth?



**Leslie Warner**  
Telemedicine Manager  
Shasta Community Health Center



# Questions?





## Sustainable Models of Telehealth in the Safety Net

### In Person Workshop

November 5, 2018 | 10:00 am – 4:00 pm

UC Davis Center for Health and Technology in Sacramento, CA

- Networking & relationship building
- Peer sharing
- Knowledge Dissemination
- Skills building
- Program Updates

# **Poll: What topics are you most interested in covering in the November workshop?**

- 1. Workflow Mapping**
- 2. Talking with Leadership about Telehealth**
- 3. Quality Improvement 2.0**
- 4. Other – Please Type Into the Chat Box**

A close-up photograph of a person's hands working at a desk. One hand is using a calculator, while the other holds a pen over a document. In the background, a rolled-up document is visible. The scene is lit with warm, golden light, creating a professional and focused atmosphere.

# Upcoming Call: How to Complete your Progress Report





## Program Reminders

- **Program Website:**  
[www.careinnovations.org/telehealth-portal/](http://www.careinnovations.org/telehealth-portal/)
- **Request Telehealth Training:**  
<https://www.careinnovations.org/telehealth-portal/training/>
- **Revised Monthly Data Report Template:** start using for August Report, due September 14<sup>th</sup>



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CALIFORNIA  
TELEHEALTH  
RESOURCE  
CENTER



**Thank you!**  
**\*Please fill out the evaluation survey\***

