**How to use this guide**

|  |  |
| --- | --- |
| **Overview**This document aims to help frontline staff, schedulers, and care team members determine if a patient’s needs can be addressed with a virtual visit. The content was developed using existing resources from Oregon Health Leadership Council, Redwood Community Health Coalition, and other California health center materials. Administrative and clinical leaders from the [Connected Care Accelerator](https://www.careinnovations.org/programs/connected-care-accelerator/), a collaboration between the Center for Care Innovations and California Health Care Foundation, and the California Primary Care Association provided ongoing input.Telehealth is a broad term encompassing remote or technology-driven health care. For this guide we will focus on virtual visits, which is a component of telehealth. The effectiveness of virtual visits, which includes real-time visits between patients and providers through phone or video, for many health conditions and patient populations is largely unknown. This document is meant to be a starting point for providers and health centers as they develop their own practice standards. **How to Customize**We encourage clinics to regularly update and edit this Word Document. At the end of this guide, you’ll find a section called “Template Materials.” To add to this document, simply copy and paste the template material. If you customize or revise this scheduling guide, please submit those changes to the California Primary Care Association at telehealth@cpca.org. This will allow us to continue to revise and improve this resource tool. **Acknowledgements**The California Primary Care Association and the Center for Care Innovations in partnership with Pacific Health Consulting led the development of the guide with the financial support from Health Net and the California Health Care Foundation. The Health Net Initiative, *Community Health Center Provider Assistance for Virtual Care Delivery Project Overview*, is designed to improve workflows for patient care by developing tools and resources to assist clinics in enhancing the efficiency and effectiveness of their virtual work for better patient outcomes and staff/patient satisfaction.**Last Updated**February 8, 2022 | **Table of Contents**[Overview](#_9xxu2zoj1n6b)[Adult Medicine](#_e1ew88wqmwo3)[Chronic Conditions](#_u0tj194favg9)[Non-Urgent Routine Care](#_hyi73aal8efn)[Acute Symptoms](#_fqu9m6ucrwyv)[OBGYN](#_mvhaafw5c9nw)[Pediatrics](#_wc111erl01y7)[Template](#_3wri4wr9vifq) Materials |
|  |

#

# Overview

**Telehealth Scheduling Guide**

**This document outlines what patient situations warrant an in-person visit and what situations can utilize a virtual visit. All scheduling decisions should prioritize patient preference and clinician input above all. If in doubt about what type of visit to schedule, please discuss with a clinician.**

|  |  |
| --- | --- |
| **Schedule an in-person visit when*** Patient prefers it
* Patient has difficulty using virtual visit technology
* Patient does not have access to a phone or computer
* Patient does not have stable internet access
* Patient has cognitive issues
* Patient has difficulty hearing or seeing
* Patient has overdue labs, tests, vaccinations or procedures
* Provider decides an in-person visit is needed
 | **Schedule a virtual visit when*** Patient prefers it
* Clinical guidelines allow it
* Patient is comfortable receiving clinical care via virtual visit
* Patient is comfortable using technology
* Patient can use the virtual visit platform
* Patient lives far away or cannot travel to the clinic
* Provider decides a virtual visit is appropriate
 |

# Adult Medicine

## Chronic Conditions

|  |  |  |
| --- | --- | --- |
| Allergies | **Status** | **Modality Guidance** |
| Most Cases | Virtual Visit |
| Needs testing or injections | In-Person |

|  |  |  |
| --- | --- | --- |
| Anxiety or Depression | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit with initiation of medications with virtual follow-up. |
| All Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Asthma | **Status** | **Modality Guidance** |
| New Diagnosis | Virtual VisitAt least one in-person visit with second in-person visit as discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Mild, Intermittent | Virtual VisitVirtual visit every 6 months. |
| Mild to Moderate, Persistent | Virtual VisitVirtual visit every 3 months with remote monitoring (e.g., peak flow) as needed. |
| Severe, Persistent | Virtual VisitVirtual visit every 1-3 months with remote monitoring as needed. |
| Exacerbation | Virtual Visit and In-PersonIn-person visit 0 to 48 hours after exacerbation based on clinical severity and concern with a virtual visit if not possible to get in quickly. Then follow up with weekly virtual visits until stable. |
| Hasn’t been seen in-person for 1+ years | In-Person |

|  |  |  |
| --- | --- | --- |
| Chronic Kidney Disease (CKD) | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit with second in-person visit at the discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Urgent Issue and/or significant decline | In-PersonAt least one in-person visit with second in-person visit at the discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Most Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Chronic Obstructive Pulmonary Disease (COPD) | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit and second in-person at discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Stable, mild | Virtual VisitVirtual visits every 3 months with once annual in-person visit. |
| Stable, moderate to severe | Virtual VisitVirtual visit every month with remote monitoring (e.g. peak flow) and case management. |
|  | Exacerbation | Virtual Visit and In-PersonIn-person visit 0 to 48 hours after exacerbation based on clinical severity and concern with a virtual visit if not possible to get in quickly. Then follow up with weekly virtual visits and home monitoring until stable. Can start treatment prior to in-person visit. |

|  |  |  |
| --- | --- | --- |
| Chronic Pain and Controlled Medications | **Status** | **Modality Guidance** |
| Opiates | Virtual VisitVirtual visit every month with periodic drug-screen. At least one in-person visit every 6 months for high MED and 12 months for < 50 MED and with any exacerbation of pain. |
| Benzos | Virtual VisitVirtual care every month with periodic drug-screen. At least one in-person visit every 6 months for high dose and 12 months for lower dose and with any exacerbation of pain. |
| Stimulants | Virtual VisitVirtual care every month with periodic drug-screen if needed. Weight and blood pressure for children one month after they start and then every 6 months. |

|  |  |  |
| --- | --- | --- |
| Cognitive Impairment (Dementia) | **Status** | **Modality Guidance** |
| New Diagnosis | In-Person |
| Cognitive Test,Advanced Illness | In-Person |
| Cognitive Test,Mild Illness | Virtual Visit |
|  | All Other Routine Care | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Congestive Heart Failure (CHF) | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit, with a second in-person visit at discretion of the clinician. Then, weekly virtual visit with home monitoring until stable. |
| Stable, mild to moderate | Virtual VisitVirtual visit every 3 months with once annual in-person visit. Labs twice/year. Home monitoring with at least a scale and blood pressing monitoring capabilities. |
| Stable, severe | Virtual VisitVirtual visit every month with remote monitoring abilities and case management. |
|  | Exacerbation | Virtual Visit and In-PersonIn-person visit 0 to 48 hours after exacerbation based on clinical severity and concern with a virtual visit if not possible to get in quickly. Then follow up with weekly virtual visits and home monitoring until stable. |

|  |  |  |
| --- | --- | --- |
| Coronary Artery Disease (CAD/ASCVD) | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit or home health with a second in-person at discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Stable, mild to moderate | Virtual VisitVirtual visit every 3 months with once annual in-person visit with remote monitor including weight and BP; Labs twice/year and EKG in-person |
| Stable, severe | Virtual VisitVirtual visit (video preferred) every month with remote monitoring and case management. If phone only, in-person visit annually. |

|  |  |  |
| --- | --- | --- |
| Diabetes Type II | **Status** | **Modality Guidance** |
| New Diagnosis or uncontrolled | In-PersonStart in-person for an initial evaluation and treatment initiation with a second in-person at clinician’s discretion. Follow-up with virtual visits every week with home blood sugar monitoring until stable. |
| Stable or controlledA1c < 7 | Virtual VisitIf labs completed virtual visits every 6 months with once annual in-person visit. |
| Stable or controlledA1c 7-8 | Virtual VisitVirtual visits every 3 months with once annual in-person visit (include foot exam), Patient should have a retinal exam every year). Labs every 3 months. |
|  | Hasn’t been seen in-person for 1+ years | In-Person |
|  | Due for labs, foot exam, or cognitive screening | In-Person |

|  |  |  |
| --- | --- | --- |
| Drug Use or Dependence – Alcohol, Tobacco | **Status** | **Modality Guidance** |
| Needs UA or Other Labs | In-Person |
| High Risk Patients | Virtual VisitHigh risk patients include those with a history of non-fatal overdose, co-occurring mental illness, and pregnant patients. |
| All Other Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Hepatitis C | **Status** | **Modality Guidance** |
| New Diagnosis with Labs, Primary Care | In-Person |
| Known Diagnosis, Specialist Care | Virtual Visit |
| Treatment Intolerance Concerns | In-Person |
| Routine Care | Virtual Visit |
| Advance Care Planning | Virtual Visit |
| Alcohol/Substance Abuse Screening | Virtual Visit |
| Monitor for New or Worsening Psychiatric Illness | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| HIV | **Status** | **Modality Guidance** |
| New Diagnosis | In-Person and Virtual VisitAt least one in-person visit then weekly virtual visits until stable. |
| MildIntermittent | Virtual VisitVirtual visit every 3 months with labs with at least one in-person visit every year. |
| Mild to Moderate Persistent | Virtual VisitMonthly virtual visits with in-person visits as needed for examination. |

|  |  |  |
| --- | --- | --- |
| Hyperlipidemia | **Status** | **Modality Guidance** |
| New Diagnosis | Virtual VisitAt least one in-person visit including labs and then regular virtual visits for follow-up. |
| Most Cases | Virtual Visit |
| Has Not Been Seen in 1+ Years | In-Person |
|  | Needs Screenings | In-Person |

|  |  |  |
| --- | --- | --- |
| Hyperthyroid Disorders | **Status** | **Modality Guidance** |
| Most Cases | Virtual Visit |
| Due for Labs | In-Person |

|  |  |  |
| --- | --- | --- |
| Hypertension/High Blood Pressure (HTN) | **Status** | **Modality Guidance** |
| New Diagnosis or uncontrolled | In-PersonStart in-person for an initial evaluation (with second in-person visit at provider discretion) and treatment initiation. Follow-up with virtual visits every other week with home monitoring until controlled. In-person BP checks until they can obtain a cuff for home monitoring. |
| Stable or controlled | Virtual VisitIf home monitoring is successful, virtual visits every 6 months with remote BP. Once annual in-person visit. Labs and EKG once a year in-person. |
| Hasn’t been seen in-person for 1+ years | In-PersonVirtual visit (video preferred) every month with remote monitoring and case management. If phone only, in-person visit annually. |

|  |  |  |
| --- | --- | --- |
| Hypothyroid Disorders | **Status** | **Modality Guidance** |
| New Diagnosis or starting medications | In-Person or Virtual Visit |
| Most Cases | Virtual Visit |
| Due for Labs or Has Not Been Seen In-Person for 1+ Years | In-Person  |

|  |  |  |
| --- | --- | --- |
| Inflammatory Bowel Disease and Irritable Bowel Syndrome | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit with second in-person visit as discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Routine Care | Virtual Visit |
| Worsening Symptoms | In-Person |
| Due for Labs, IV Infusion, or Cancer Screenings | In-Person |

|  |  |  |
| --- | --- | --- |
| Gastroesophageal Reflux Disease (GERD) | **Status** | **Modality Guidance** |
| Diagnosis unclear | In-Person |
| Routine Care | Virtual Visit |
| Meets criteria for endoscopy, esophageal impedance, and/or esophageal manometry | In-Person |

|  |  |  |
| --- | --- | --- |
| Musculoskeletal Pain (Back Pain, Neck Pain) | **Status** | **Modality Guidance** |
| New or worsening pain | In-Person |
| Most Cases, ongoing monitoring | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Osteoarthritis | **Status** | **Modality Guidance** |
| New Diagnosis | In-PersonAt least one in-person visit with second in-person visit as discretion of clinician and then weekly virtual visits with home monitoring until stable. |
| Most Cases | Virtual Visit |
| Needs Cane, Brace, or Orthotic Fitting or worsening of symptoms | In-Person |
|  | Intraarticular Injection | In-Person |

|  |  |  |
| --- | --- | --- |
| Osteoporosis | **Status** | **Modality Guidance** |
| New Diagnosis or starting medications | In-Person |
| Most Cases | Virtual Visit |
| Due for Bone Density Screening, IV Infusion, or Labs | In-Person |

|  |  |  |
| --- | --- | --- |
| Pre-Diabetes | **Status** | **Modality Guidance** |
| Most Cases | Virtual Visit |
| Life Threatening Obesity | In-Person |
| Metabolic Syndrome | In-Person |
|  | Needs labs | In-Person |

|  |  |  |
| --- | --- | --- |
| PReP | **Status** | **Modality Guidance** |
| New to PReP | In-Person or Virtual VisitAt least one video visit with initial labs. In-person visit for swabs or any symptoms which need examination. |
| On PReP | Virtual VisitVirtual visits every 3 months with labs with at least one in-person visit every year. |

|  |  |  |
| --- | --- | --- |
| Psoriasis and Psoriatic Arthritis | **Status** | **Modality Guidance** |
| New Diagnosis | In-Person |
| Needs Phototherapy or Infusion | In-Person |
| PPD Testing for Medication Initiation | In-Person |
|  | Routine Care | Virtual Visit |
|  | Functional Status Assessment, Disease Activity Measurement | Virtual Visit |

## Non-Urgent Routine Care

|  |  |  |
| --- | --- | --- |
| Advance Care Planning (ACP) | **Status** | **Modality Guidance** |
| All Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Hospital or Emergency Department Follow-Up | **Status** | **Modality Guidance** |
| Needs Vitals Taken | In-Person |
| Worsening Condition Since Discharge | In-Person |
| Unstable or High Risk for Readmission | In-Person |
|  | Requires Follow-Up Diagnostics | In-Person |
|  | Medication Reconciliation and Medication Management | Virtual Visit |
|  | All Other Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Prostate Exam | **Status** | **Modality Guidance** |
| All Cases | In-Person |

|  |  |  |
| --- | --- | --- |
| Medicare Wellness Visits | **Status** | **Modality Guidance** |
| All Cases | Virtual VisitHealth risk assessment, medical history, behavioral health assessment, functional assessment, prevention planning, advance care planning. |
| Patient Does Not Have Access to Remote BP or Weight Measurement | In-Person |

|  |  |  |
| --- | --- | --- |
| Results Follow-Up | **Status** | **Modality Guidance** |
| Additional In-Person Diagnostics Required | In-Person |
| All Other Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Routine Physical | **Status** | **Modality Guidance** |
| All Cases | In-Person |

|  |  |  |
| --- | --- | --- |
| Skin Check | **Status** | **Modality Guidance** |
| Biopsy or Palpation Needed | In-Person |
| Wound Care, Burns, Ongoing Care | In-Person |
| Presence of Mucosal Lesions | In-Person |
|  | Potentially Malignant Lesions Identified | In-Person |
|  | Virtual Assessment Not Possible | In-PersonFor example, lesions are in hair-bearing areas or images are difficult to take. |
|  | Full Body Exam Needed | In-Person |
|  | All Other Cases | Virtual VisitHigh-quality images may be shared asynchronously. |

|  |  |  |
| --- | --- | --- |
| Women’s Medicare Gynecological Exam | **Status** | **Modality Guidance** |
| All Cases | In-PersonPAP test, pelvic exam, and breast exams require in-person visit. |

|  |  |  |
| --- | --- | --- |
| Women’s Wellness Exam | **Status** | **Modality Guidance** |
| General Assessment | Virtual VisitGeneral Assessments include alcohol, anxiety, depression, obesity, tobacco and other substance use, and urinary incontinence screenings. |
| Needs Infectious Disease Testing, Contraceptive Device Insertion or Removal, Pelvic Exam, or Osteoporosis Screening | In-Person |
| Due for Labs, Mammogram, PAP, or other Cancer Screening | In-Person |
|  | Counseling | Virtual Visit |
|  | Infectious Disease Risk Assessment and Counseling | Virtual Visit |
|  | BRCA Testing Risk Assessment | Virtual Visit |
|  | Interpersonal and Domestic Violence Screening and Resources | Virtual Visit |
|  | Preeclampsia Screening and Prevention | Virtual Visit |

## Acute Symptoms

|  |  |  |
| --- | --- | --- |
| Abdominal Pain | **Status** | **Modality Guidance** |
| New Issue, Undiagnosed | In-Person |
| Known Issue, Mild | Virtual Visit |
| Undiagnosable, Severe,or Not Improving | In-Person |
| Red Flag Symptom is Present | In-PersonRed flag symptoms include nausea, cramping, vomiting, weight loss, melena, rectal bleeding, rectal pain, fever, bloody stools, dehydration, severe pain, fever, sudden onset, hematochezia, hematemesis, pregnancy, intractable vomiting, lightheadedness with standing, trauma, intensifying pain, distended abdomen, diaphoresis, abdominal pain with walking, or pulsatile mass. |

|  |  |  |
| --- | --- | --- |
| Behavioral Health Needs, Acute | **Status** | **Modality Guidance** |
| All Acute Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Conjunctivitis | **Status** | **Modality Guidance** |
| Red Flag Symptom is Present | In-PersonRed flag symptoms include severe pain, vision loss, copious purulent discharge, corneal involvement, traumatic eye injury, recent ocular surgery, distorted pupil, herpes infection, or recurrent infections. |
| Culture Testing Needed | In-Person |
| No Red Flags | Virtual Visit |
|  | Physical Exam Needed | In-Person |

|  |  |  |
| --- | --- | --- |
| Dizziness, Vertigo | **Status** | **Modality Guidance** |
| Red Flag Symptom is Present | In-PersonRed flag symptoms include loss of consciousness, falls, or sensory/motor disturbances of the face or extremities. |
| Needs Vestibular Testing or Imaging Studies | In-Person |
| Fall Prevention Education | Virtual Visit |
|  | Teach BPPV Positioning Maneuvers | Virtual Visit |
|  | All Other Cases | Virtual Visit unless exam needed |

|  |  |  |
| --- | --- | --- |
| Ear Pain | **Status** | **Modality Guidance** |
| Pediatric, New onset | In-Person |
| Most Cases | Virtual Visit |
| If high fever, severe pain, foreign body, not improving, or worsening | In-Person |

|  |  |  |
| --- | --- | --- |
| Eye Complaints | **Status** | **Modality Guidance** |
| All Cases | In-Person |

|  |  |  |
| --- | --- | --- |
| Falls and Fall Risk | **Status** | **Modality Guidance** |
| Needs Multifactorial Risk Assessment | In-PersonMultifactorial Risk Assessments include gait balance, visual acuity, muscle strength, cardiovascular status, postural hypotension, foot/footwear, or neurologic testing. |
| Caregiver is unable to join remotely | In-Person |
| Needs Home Safety Assessment | Virtual Visit |
| All Other Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Gastrointestinal Issues (GI, Constipation, Nausea, Heartburn, Diarrhea) | **Status** | **Modality Guidance** |
| New Issue, Undiagnosed | Virtual Visit unless exam is needed |
| Known Issue, Mild | Virtual Visit |
| Cannot Diagnose Virtually, Severe, or Not Improving | In-Person |
| Red Flag Symptoms | In-PersonRed flag symptoms include nausea, cramping, vomiting, weight loss, melena, rectal bleeding, rectal pain, fever, bloody stools, or dehydration. |
|  | Additional Diagnostics Needed | In-PersonFor example: stool culture, microbiological assessment, rectal exam. |
|  | IV Fluids Needed | In-Person |
|  | All Other Cases | Virtual Visit |

|  |  |  |
| --- | --- | --- |
| Headache, Migraine | **Status** | **Modality Guidance** |
| History or Symptoms Warrant NeuroImaging, Labs, Lumbar Puncture, etc. | In-Person |
| Red Flag Symptom is Present | In-PersonRed flag symptoms include focal neurological signs, papilledema, neck stiffness, an immunocompromised state, sudden onset of severe headache, personality changes, headache after trauma, or headache worse with exercise. |
| All Other Cases | Virtual Visit unless exam is needed |

|  |  |  |
| --- | --- | --- |
| Sexually Transmitted Infection Symptoms (STI) | **Status** | **Modality Guidance** |
| Needs Labs, Culture, or Biopsy | In-Person |
| Needs Pelvic Exam | In-Person |
| Needs Parenteral Medication | In-Person |
| Needs Cryotherapy or Surgical Lesion Removal | In-Person |
| All Other Cases | Virtual Visit unless labs or testing is neededHigh-quality images may be shared asynchronously. |

|  |  |  |
| --- | --- | --- |
| Upper Respiratory Infection Symptoms (URI, Congestion, Cough, Fever, Sore Throat) | **Status** | **Modality Guidance** |
| All Cases | Virtual VisitVirtual visit to obtain history and assess severity. |
| Needs radiology exam, physical exam and/or lung auscultation | In-Person |
| Needs Labs or Culture | In-Person |

|  |  |  |
| --- | --- | --- |
| Urinary Tract Infection Symptoms (UTI) | **Status** | **Modality Guidance** |
| Male Patients | In-Person |
| Needs Urinalysis or Culture | In-Person |
| Red flag symptom is present | In-PersonRed flag symptoms include fever, back pain. |
| All Other Cases | Virtual Visit |

# OBGYN

|  |  |  |
| --- | --- | --- |
| Prenatal Visits | **Status** | **Modality Guidance** |
| <8 Weeks | Virtual VisitVirtual intake and lab order. |
| 8-10 Weeks | Virtual Visit and In-PersonVirtual visit for history followed by an in-person visit for dating sono and labs. |
| 14-15 Weeks | Virtual Visit |
| 16 Weeks | In-PersonIn-person visit for exam and fetal survey referral. |
| 22 Weeks | Virtual Visit |
| 26, 30, 34, 36 Weeks | In-PersonIn-person visits for labs, Iz, education, and scheduling. |
|  | 37 Weeks | Virtual Visit |
|  | 38-41 Weeks | In-Person |
|  | Postpartum (Vaginal) | 2 Weeks Postpartum: Virtual Visit4 Weeks Postpartum: Virtual Visit6 Weeks Postpartum: In-Person for LARC, lz, and PAP |
|  | Postpartum (Cesarean) | 1 Weeks Postpartum: Virtual Visit4 Weeks Postpartum: Virtual Visit6 Weeks Postpartum: In-Person for LARC, lz, and PAP |

##

|  |  |  |
| --- | --- | --- |
| Birth Control | **Status** | **Modality Guidance** |
| Most Cases | Virtual VisitObtain history and assessment, provide education, contraceptive counseling, medication management, Rx Refill. |
| Contraceptive Placement (Implant, IUD, Injection) | In-Person |

##

#

# Pediatrics

|  |  |  |
| --- | --- | --- |
| Well Child Visit | **Status** | **Modality Guidance** |
| Newborns | In-PersonIn-person visit at least once and then virtual visits. Additional in-person visits as needed. |
| 0-2 Year Olds | Virtual Visit and In-Person |
| 3-6 Year Olds | Virtual Visit and In-PersonPrecede WCC with a virtual visit or symptom screening. Then have an in-person visit for vaccines, measurement, and examination. |
| 7-11 Year Olds | Virtual Visit and In-PersonPrecede WCC with a virtual visit or symptom screening. Then have an in-person visit for vaccines, measurement, and examination. |
|  | 12-21 Year Olds | Virtual Visit and In-PersonPreceded WCC with a virtual visit or symptom screening. Then have an in-person visit for vaccines, measurement, and examination. Consider a telephone visit for privacy with the teen. |

# Template Materials

We encourage you to edit, add, and delete from this guide to best suit your clinic’s needs. You can copy and paste the table below to add a new diagnosis or visit need and the related modality guidance.

|  |  |  |
| --- | --- | --- |
| Diagnosis or visit need | **Status** | **Modality Guidance** |
|  | Virtual Visit or In-Person |
|  |  |
|  |  |
|  |  |

**Thank You**

A big thank you to our health center partners and [Connected Care Accelerator](https://www.careinnovations.org/programs/connected-care-accelerator/) co-designers for their support and expertise: Ben Morrison, Community Medical Centers; Natalie Cervantes, JWCH; Kevin Vu and Sarah Kerr, Open Door Health Centers; Melissa Bishop, Neighborhood Health Center, Jason Owyand, NEMS; Gina Johnson, Northeast Valley Health Center; Danielle Oryn, Petaluma Health Center; Mai Buid-Duy, Salud Para La Gente; Lynea Seiberlich-Wheeler, West County Health Center; Grace Floutsis, White Memorial Health Center.