Telephone Visits

Riverside University Health System

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Welcome and Introductions

- **Alameda Health System**

  Meritza Brown, Rafael Vanquerano, Ivonne Spedalieri

- **Center For Care Innovations**

  Jaclyn Lau, Jenny Wright

- **North County Health Services**

  Erica Eacott, Elaine Lam, Hector Orozco, Stephanie Rojas

- **Venice Family Clinic**

  Jessica Stroik, Elvira Linarte, Bessie Mathew

- **Internal Medicine Clinic, RUHS**

  Christina Kim, Miriam Codemo

Roadmap

- Implementation (Piloting, Spreading, Sustaining)
- Current Use and Impact
- Coding and Tracking Approaches
- Reporting of Services and Evaluation of Success
- Lessons Learned

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Riverside University Health System Family Care Clinics

- 12 Family Care Clinics - 10 FQHCs & 2 hospital-based
- 130,000+ visits per year
- 51 physicians, nurse practitioners & physician assistants
- 70% Medi-Cal

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Implementation of Telephone Visits

- Phase 1: Piloting (March 2013 – February 2014)
- Phase 2: Internal Spreading (September 2013 – July 2015)
- Phase 3: Sustaining (August 2015 – present)
- Phase 4: External Spreading (2015 – present)

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Implementation: Phase 1 (Piloting)
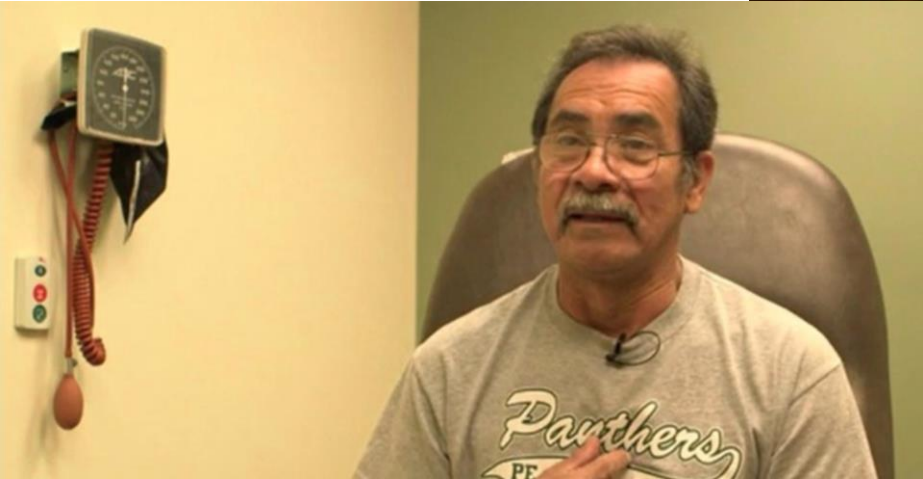
Access challenges

- Inability to schedule follow up appointments in a timely manner
- Backlog of appointment requests (large unmet need)
- Patient dissatisfaction
- Provider dissatisfaction
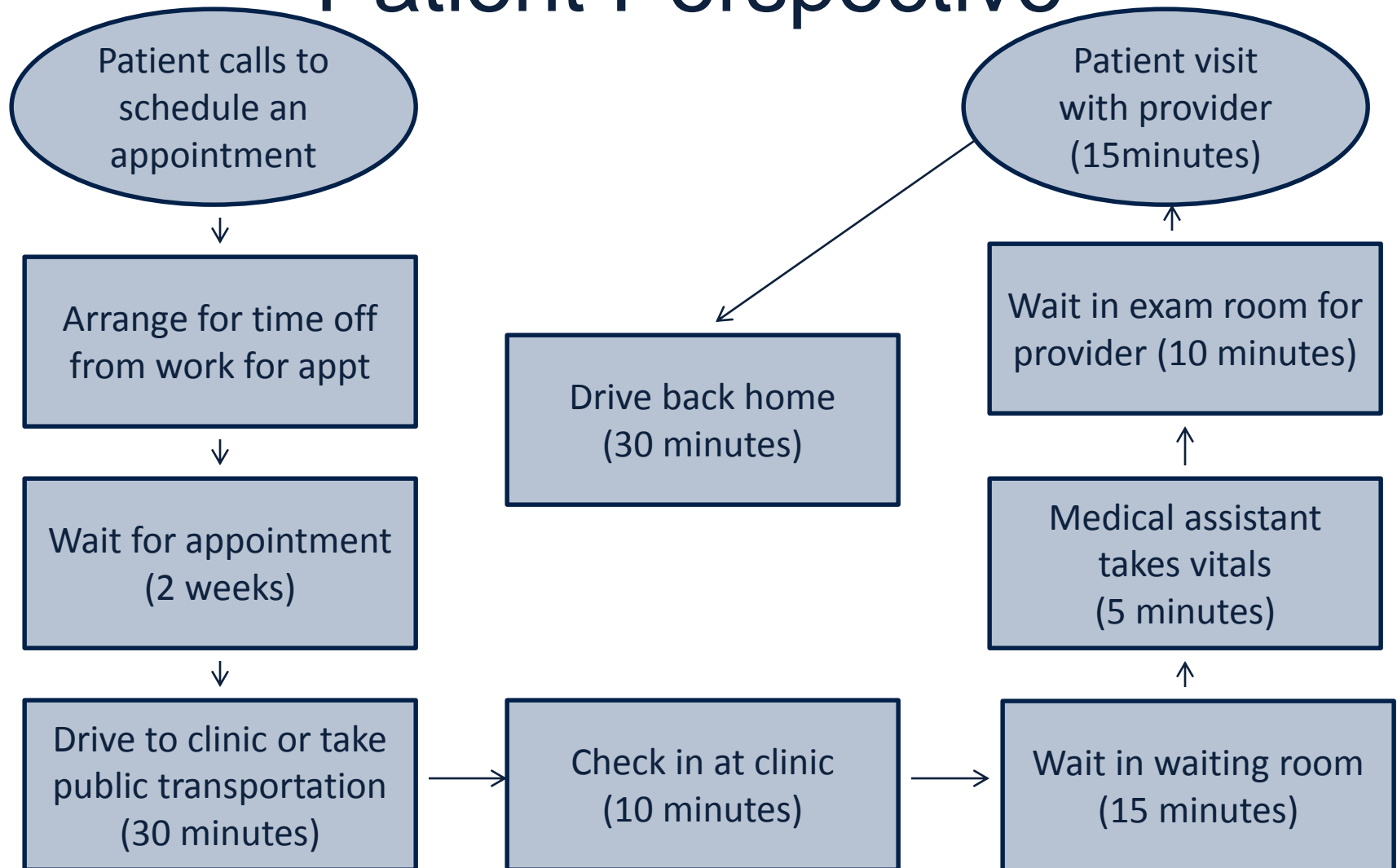
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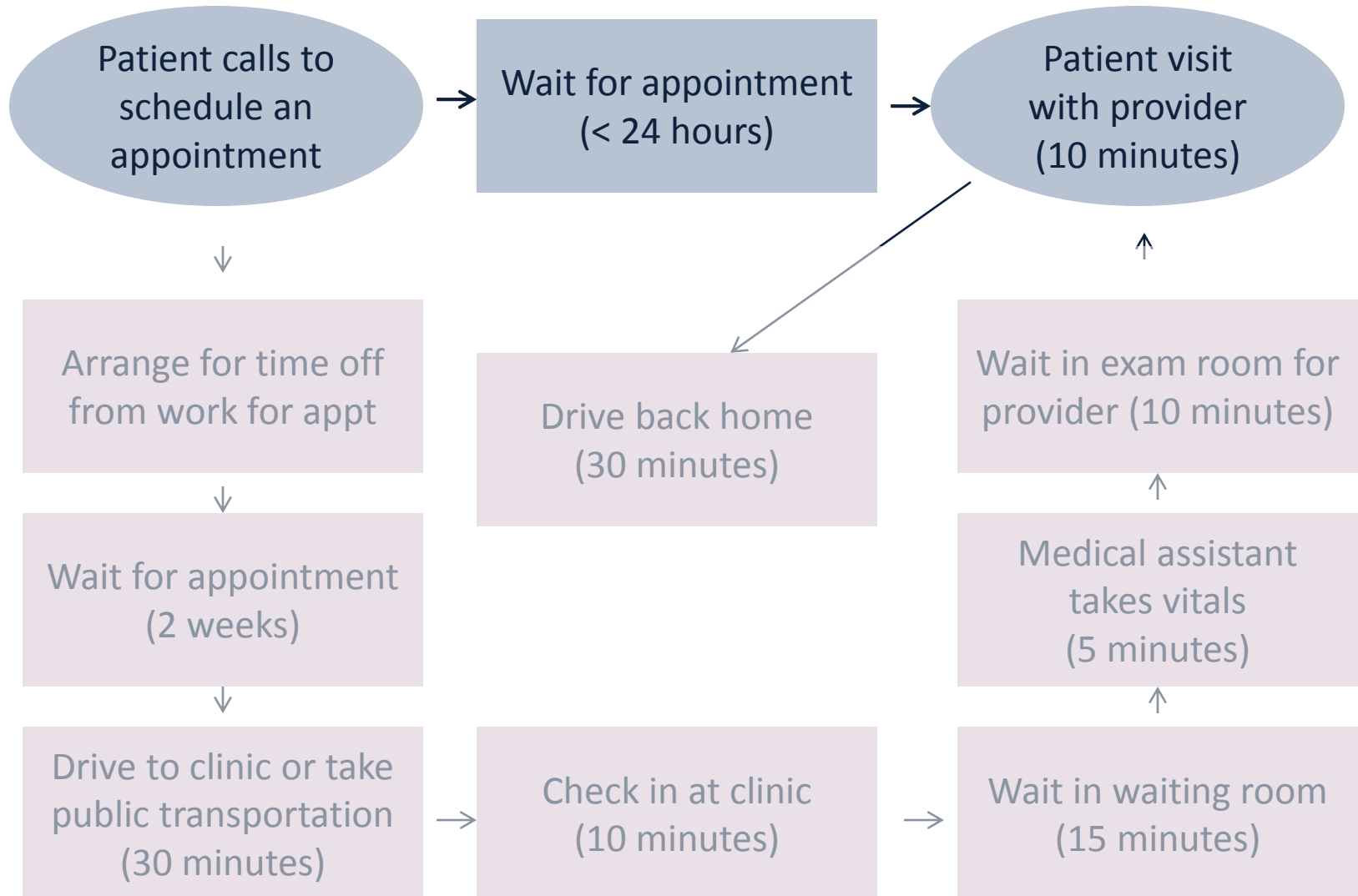# Implementation: Phase 1 (Piloting) Critical Ingredients for Success

- Big Picture Goal (Access)
- CCI Expertise (Structure, Process, Pathway)
  - Opportunity to brainstorm and reflect
- Patient Input
- Coaching
- Enthusiastic Team
- Weekly Touchpoint (Tuesdays 7-7:30 am)

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Implementation: Phase 1 (Piloting): Patient Perspective

Implementation: Phase 1 (Piloting): Patient Perspective

Patient calls to schedule an appointment → Wait for appointment (< 24 hours) → Patient visit with provider (10 minutes)

Arrange for time off from work for appt

Wait for appointment (2 weeks)

Drive to clinic or take public transportation (30 minutes)

Drive back home (30 minutes)

Check in at clinic (10 minutes)

Wait in exam room for provider (10 minutes)

Medical assistant takes vitals (5 minutes)

Wait in waiting room (15 minutes)

Telephone Visit definition

- Clinical exchanges that occur via telephone between providers and patients

- Connect with patients in any setting (e.g. home, work, etc.)

- Not:
  – appointment reminders
  – communication of normal routine results

Implementation: Phase 1 (Piloting)
Defining Virtual Telephone Visits

- Requires one or more of the following:
  - Involves **medical decision making** or **care coordination** that necessitates involvement of a provider
  - Serves as a **substitute for an in-person visit**
  - Involves **counseling**, **patient education**, **informed consent**, or **motivational interviewing**

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Implementation: Phase 1 (Piloting) Defining Virtual Telephone Visits

- What "reasons for visit" are appropriate for telephone visits?

Implementation: Phase 1 (Piloting)
Appropriate for Virtual Telephone Visits

- Chronic disease management
- Medication management
- Discussion of results
- Care coordination (including referrals)
- Motivational interviewing
- Preventive health (e.g., care gaps)
- Minor illnesses (e.g. colds, urinary tract infections, etc.)
- Emergency and hospital follow-up

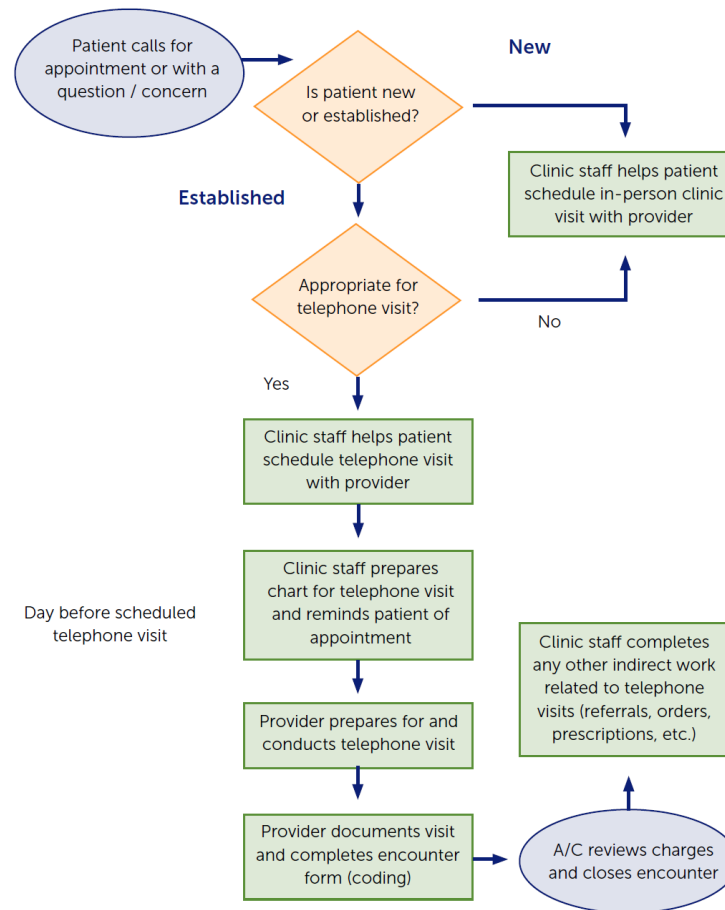Riverside University HEALTH SYSTEM

Implementation: Phase 1 (Piloting)
More Appropriate for In-Person Visits

- New patients

- Physical examination

- Controlled substances (e.g., opioid pain medications)

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Implementation: Phase 1 (Piloting)
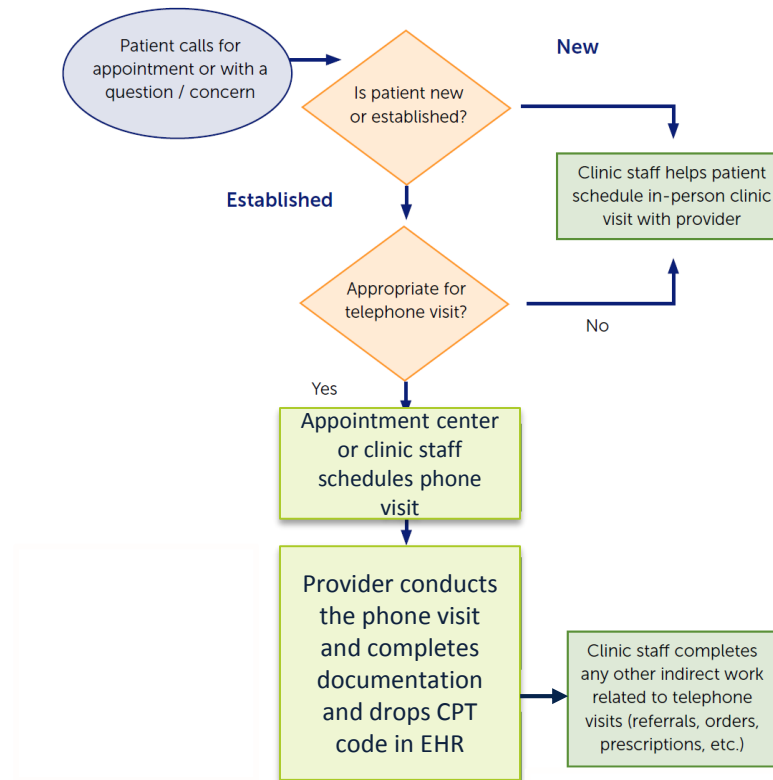
Defining Telephone Visit Workflow – Paper Charting

Implementation: Phase 1 (Piloting)
Defining Telephone Visit Workflow – EHR

Workflow Diagram

Implementation: Phase 1 (Piloting) Documentation Requirements

- Date and Time of Call
- Reason for Call
- Subjective
- Objective
- Assessment / Diagnosis
- Plan / Next Steps
- Coding / Level of Service

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Implementation: Phase 1 (Piloting) Reinforcing Value

- Documentation expectations similar to that of an Office Visit

- Time built into schedule (designated appointment slots)

- For productivity purposes:
  - 2 telephone visits = 1 in-person visit

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Implementation: Phase 1 (Piloting)
Addressing Stakeholder Anxiety

Administrators

- Start as small as tolerable
- Framing as "Administrative Time"
- Focusing on value to patients (decreased backlog, reduced appointment requests)
- Preparing for future

Providers

- Start with what you are comfortable with
- Value work you are already doing
- You choose the time
- You decide which patients appropriate for telephone visits (initially)

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Implementation: Phase 1 (Piloting)
Initial Findings

Planned Evaluation

- Appointment Backlog
- Patient Satisfaction
- Clinical Metrics (A1c)

Appointment Not Given (6/2/14-6/6/14)

Unexpected Results:

- Improved satisfaction of Scheduling Staff
- Improved satisfaction of Clinic Support Staff
- Improved patient-provider bonding
- Reduced provider anxiety regarding follow-up
- Improved efficiency with right care at right time

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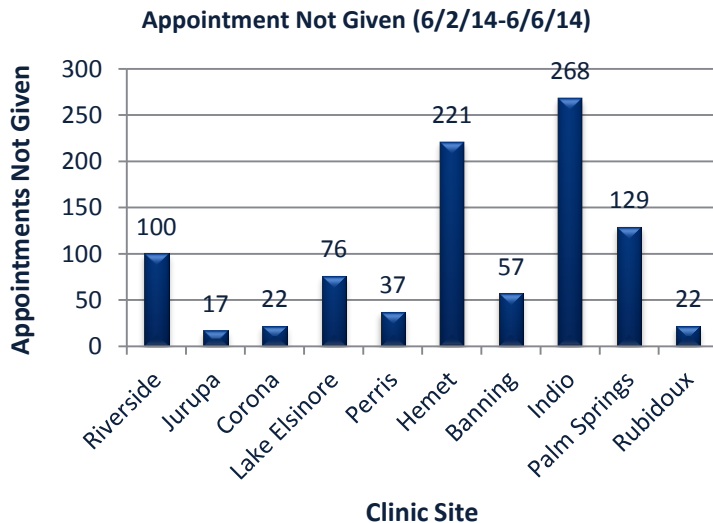
Implementation: Phase 1 (Piloting)
Other Topics

- Scripting

- Post-Telephone Visit Patient Survey

- Frequently Asked Questions (purpose)

Implementation of Telephone Visits

- Phase 1: Piloting (March 2013 – February 2014)
- **Phase 2: Spreading (September 2013 – July 2015)**
- Phase 3: Sustaining (August 2015 – present)
- Phase 4: External Spreading (2015 – present)

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Telephone Visit Toolkit

Includes:

Standard workflow

Preparing for virtual telephone visit

Frequently asked questions

Telephone Visit Script

Family Care Clinic Guidelines:
Virtual Telephone Visits

Riverside County Health System
Family Health Center Guidelines

December 2013

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Epic Tip Sheet

Tip Sheet

Telephone Encounter vs. Telephone Visit

There are two ways to communicate with patients via the phone. A **Telephone Encounter** is like a telephone call in the paper world. It's for talking with the patient about results, questions, refills etc. This encounter doesn't need to be checked in, doesn't need a level of service and can be created on the fly when needed by clinical support users. The **Telephone Visit** is an actual visit that needs to be scheduled, reg'd and checked in. It is just like an office visit and will need to have a LOS and have the visit signed. These visits will be scheduled and seen on the schedule.

Telephone Encounter

1. Use the **Telephone Call** button on the tool bar to create a **Telephone** encounter.

   Hyperspace - RUH FAMILY CARE CLINIC - LLUH POC - NURSE F.
   Epic ▾   Schedule   In Basket   Chart   Telephone Call

2. Look up the patient and click **Accept**.
3. Open the **Contacts** section.
4. Click ✚ **Incoming Call**, ✚ **Outgoing Call**, or ✚ **Other**.
5. Enter relevant information, including the name of the person calling or being called and her phone number.
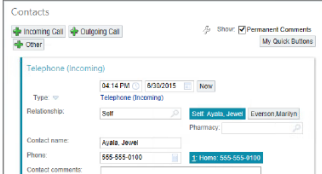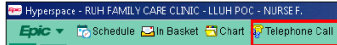
6. Open the **Reason for Call** section.
7. Enter the first few letters of the reason in the **Reason** field and press **Enter**. A list of matching reasons appears. Double-click a reason to select it.
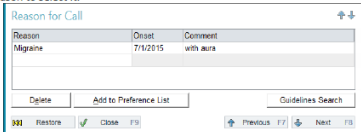
8. In the **Documentation** section, write your comments by typing or using SmartTools.
9. When you're finished, close the section to save your note.
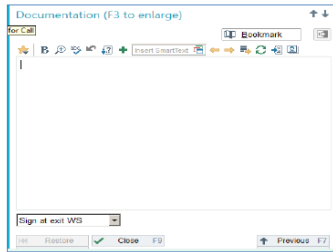
. Open the **Routing** section.
. To send an In Basket message, enter a clinician or group in the **Recipient** field. The message is sent when you close the patient's workspace.
. To send a fax, click **Add Fax** and enter recipients in the Edit Fax Recipients window.
. When you're done documenting the call, press **Ctrl+W** to close the workspace and send the message.
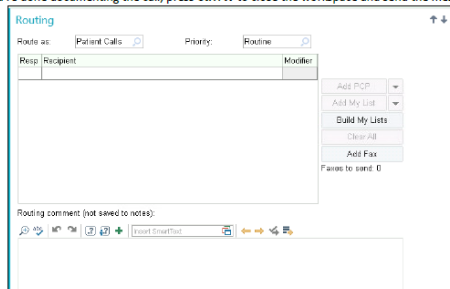
Telephone Visit

1. Make sure the **Telephone Visit** is checked in on the schedule.
2. Double-click the visit to begin documenting.

3. Once inside the encounter, document like a normal office visit on the **Visit Navigator**.
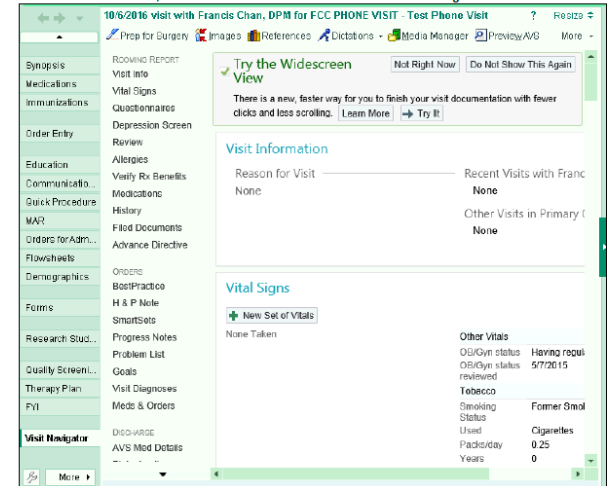
4. All of the normal sections that are documented during an office visit can and need to be documented to complete the visit: **Visit Info, Visit Diagnosis, Progress Notes, Meds & Orders, LOS and Sign Visit.**

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Implementation: Phase 2 (Spreading) Video

http://www.careinnovations.org/knowledge-center/video-how-telephone-visits-improve-care-at-riverside/

Implementation: Phase 2 (Internal Spreading)
Initial Spread Sites

Implementation: Phase 2 (Spreading) Timeline for Spread

- March 2013: add Site 1 (Riverside Neighborhood)
- July 2013: add Site 2 (Perris)
- Aug 2013: add Site 3 (Family Care Clinic 2)
- Jan 2014: add Site 4 (Family Care Clinic 1)
- Nov 2014: add Site 5 (Lake Elsinore)
- Dec 2014: add Site 6 (Indio)
- Mar 2015: add Site 7 (Palm Springs)
- May 2015: add Site 8 (Banning)
- June 2015: add Site 9 (Corona) and Site 10 (Hemet)
- July 2015: add Site 11 (Jurupa) and Site 12 (Rubidoux)

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Implementation: Phase 2 (Spreading) Gaining Buy-In

Implementation of Telephone Visits

- Phase 1: Piloting (March 2013 – February 2014)
- Phase 2: Spreading (September 2013 – July 2015)
- **Phase 3: Sustaining (August 2015 – present)**

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Current Use :
Total Telephone Visits

- Telephone Visits make up about 9% of all RUHS primary care clinic encounters

- We believe 33-50% of all clinic encounters could be conducted by Telephone

Cost

Population Health

Patient Experience

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Current Use: Daily Schedule
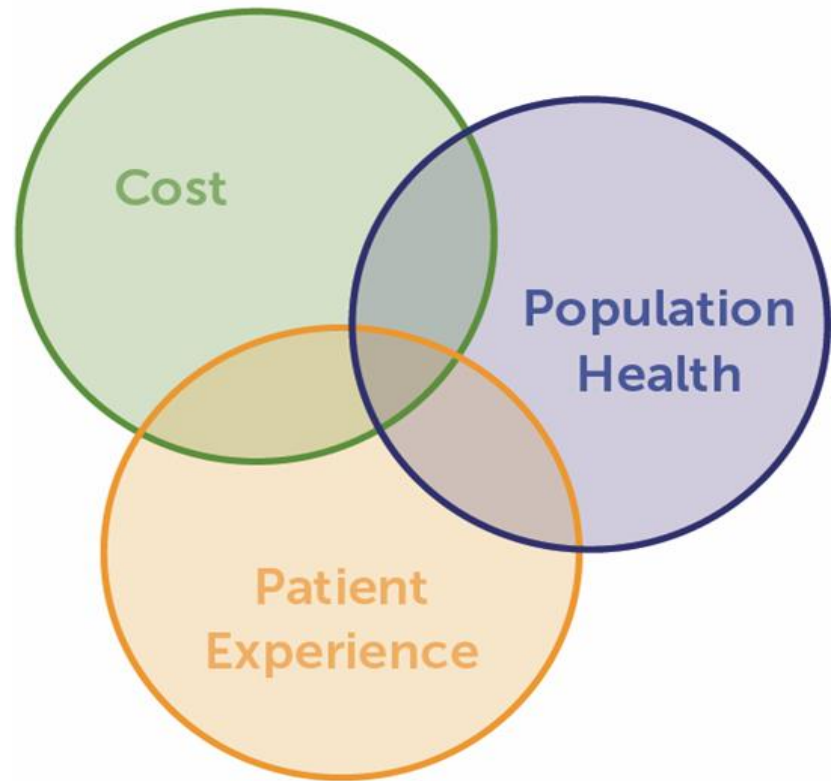
Time		Age/Sex	Appointment Type	Reason	Status	Scheduled Provider	Visit Provider
8:00 AM		64 y.o. / M	FCC2 RETURN PT	MEDS REFILL	No Show [NS]	Mahbuba Khan, MD	Khaing Myint, MD
8:00 AM	●	61 y.o. / M	FCC2 NEW PT	Knee injection	Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
8:40 AM	●	69 y.o. / F	FCC2 RETURN PT	f/u	Closed: Comp	Mahbuba Khan, MD	Not Specified Provider
9:00 AM	●	62 y.o. / M	FCC2 NEW PT	rt f/u med refill	Closed: Comp	Mahbuba Khan, MD	Not Specified Provider
9:20 AM		57 y.o. / F	FCC2 SAME DAY APPT	Follow up Ultrasound Results per Dr. Myint	No Show [NS]	Mahbuba Khan, MD	Not Specified Provider
9:40 AM	●	55 y.o. / F	FCC2 SAME DAY APPT	f/up	Closed: Comp	Mahbuba Khan, MD	Shunling Tsang, MD
10:00 AM		55 y.o. / F	FCC2 RETURN PT	Pap	No Show [NS]	Mahbuba Khan, MD	Not Specified Provider
10:20 AM	●	23 y.o. / M	FCC2 NEW PT	new pt physical exam	Closed: Comp	Mahbuba Khan, MD	Not Specified Provider
10:40 AM	●	34 y.o. / F	FCC2 RETURN PT	eye pain	Closed: Comp	Mahbuba Khan, MD	Nathan D McLaughlin, MD
11:00 AM	●	59 y.o. / F	FCC2 SAME DAY APPT		Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
11:20 AM	●	56 y.o. / F	FCC2 CONTINUITY CARE	pap and mammo results needs to apply for EWC	Closed: Comp	Mahbuba Khan, MD	Khaing Myint, MD
1:00 PM	●	52 y.o. / F	FCC2 PHONE VISIT		Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
1:20 PM	●	60 y.o. / F	FCC2 PHONE VISIT		Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
1:40 PM	●	66 y.o. / M	FCC2 PHONE VISIT		Closed: Comp	Mahbuba Khan, MD	Bob Chiang, MD
2:00 PM	●	57 y.o. / F	FCC2 RETURN PT	rt med refill	Closed: Comp	Mahbuba Khan, MD	Not Specified Provider
2:00 PM	●	54 y.o. / F	FCC2 RETURN PT	XRAY RESULTS/ MED REFILLS	Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
2:20 PM	●	52 y.o. / M	FCC2 RETURN PT	Results	Closed: Comp	Mahbuba Khan, MD	Parastou Farhadian, MD
2:20 PM	●	55 y.o. / M	FCC2 NEW PT	f/u	Closed: Comp	Mahbuba Khan, MD	Rajagopal Krishnan, MD
2:40 PM		51 y.o. / F	FCC2 SAME DAY APPT	RT DM PT; [URGENT F/U]	No Show [NS]	Mahbuba Khan, MD	Not Specified Provider
2:40 PM	●	64 y.o. / F	FCC2 SAME DAY APPT	New Oncology Pt; Establish Care	Closed: Comp	Mahbuba Khan, MD	Not Specified Provider
3:00 PM	●	51 y.o. / F	FCC2 SAME DAY APPT	left breast pain	Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD
3:20 PM	●	48 y.o. / M	FCC2 RETURN PT	SHOULDER	Closed: Comp	Mahbuba Khan, MD	Mahbuba Khan, MD

Current Use: Daily Schedule

PROPOSED 9 hour SCHEDULE

Time	Len	Open/Ovb	Block Info
7:30 AM	10	1/0	FQHC Phone (1)
7:40 AM	20	1/0	**FOLLOW UP (1)**, FQHC Prenatal (1), Family Planning (1), Walk In (1)
8:00 AM	20	1/0	**FOLLOW UP (1)**, FQHC Prenatal (1), Family Planning (1), Walk In (1)
8:20 AM	20	1/0	New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)
8:40 AM	20	1/1	**FOLLOW UP (1)**, FQHC Prenatal (1), Family Planning (1), Walk In (1)
9:00 AM	20	1/0	New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)
9:20 AM	20	1/1	Hold (1), SR Physical (1), Clinic Add (1), DUAL choice (1)
9:40 AM	20	1/0	New FQHC (1), Physical (1), SR Physical(1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC
10:00 AM	20	1/1	Hold (1), Walk In (1)
10:20 AM	20	1/0	New FQHC (1), Physical (1), FQHC Prenatal (1), Family Planning (1), WCC (1), RET WCC (1)
10:40 AM	20	1/1	Hold (1), Clinic Add (1)
11:00 AM	20	1/0	**FOLLOW UP (1)**, FQHC Prenatal (1), Family Planning (1)
11:20 AM	20	1/1	**FOLLOW UP (1)**, Clinic Add (1)
11:40 AM	20	1/0	**FOLLOW UP (1)**

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Sample Telephone Visit Note

4/4/2018 visit with Mahbuba Khan, MD for FCC2 PHONE VISIT - Phone visit

✎ Prep for Surgery ▦ Images ▦ References 🎤 Dictations ▾ 📁 Media Manager 🔎 Preview AVS 🖨 Print AVS ⮕ Request Outside Records ✖ Pt Declined AVS

PHONE VISIT

- Contacts
- Reason for Call
- Allergies
- Verify Rx Benefits
- Medications
- BestPractice
- **Progress Notes**
- Goals
- Problem List
- Visit Diagnoses
- Meds & Orders
- SmartSets

📞 Contacts ✎

➕ Incoming Call   ➕ Outgoing Call   ➕ Other

Date/Time ▲	Type	Contact
04/04/2018 03:17 PM	Phone (Outgoing)	Tupas, Rolando Letada (Self)
By Mahbuba Khan, MD		

💭 Reason for Call ✎

	Onset	Comment
MRI result	4/4/2018	

📄 Progress Note ✎

➕ Create Note in NoteWriter ▾   ➕ Create Note   📄 Go to Notes   🔄 Refresh

A new note is open and in progress which has not yet been saved.

Mahbuba Khan, MD	Physician	Signed	🖋	Creation Time: 04/04/2018 151

Spoke with pt
MRI Rt foreram reviewed - ? Rhabdomyosarcoma in brachioradialis
Discuss the result with pt
Plan to refer to Ortho as urgent
Staff notified
Discussed importance of follow up as recommended. Patient verbalized understanding of information discussed and opportunity was provided for patient to ask questions. All of patient's questions were answered with acknowledgement of understanding from patient. Patient agrees to take any applicable medications and to accept treatment plan. Patient is advised to call Urgent Care or the Emergency Department as soon as possible or follow up in the office sooner if symptom is without improvement or persisted, or if patient experienced side effects of the proposed treatment/medication. After visit information discussed and provided. Pt agreed to keep future appointments.

Coding and Tracking:
Sample Telephone Visit Charge Capture

Telephone Visit CPT Codes

- 99441 5-10 minutes

- 99442 11-20 minutes

- 99443 21-30 minutes

Coding and Tracking:
Sample Provider Productivity Report

Provider Productivity Report

For transactions between 1/1/2018 and 3/31/2018

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RUH FAMILY CARE CLINIC 2

Physician

		Clinic Visits	Booked Hours	Productivity	Walk In	No Show	Left Not Seen	Cancel	Telephone Encounter	Telephone Visit	Clinic Visits + (Phone Visits/2)
	January	108	57.34	2.25	0	31	0	30	44	42	129.0
	February	98	62.67	1.84	0	45	0	30	56	35	115.5
	March	127	72.00	2.08	0	31	0	59	23	46	150.0

Physician Assistant

		Clinic Visits	Booked Hours	Productivity	Walk In	No Show	Left Not Seen	Cancel	Telephone Encounter	Telephone Visit	Clinic Visits + (Phone Visits/2)
	January	274	155.67	1.99	0	84	0	106	9	73	310.5
	February	228	138.67	1.91	0	96	0	68	5	75	265.5
	March	259	154.67	1.97	0	98	0	91	4	91	304.5

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Evaluation of Success:
Patient Feedback on Telephone Visits

- "I am very pleased to know my doctor cares about me. I never had a doctor call me before."

- "It's really really useful!"

- "I do not have to spend time and money on transportation"

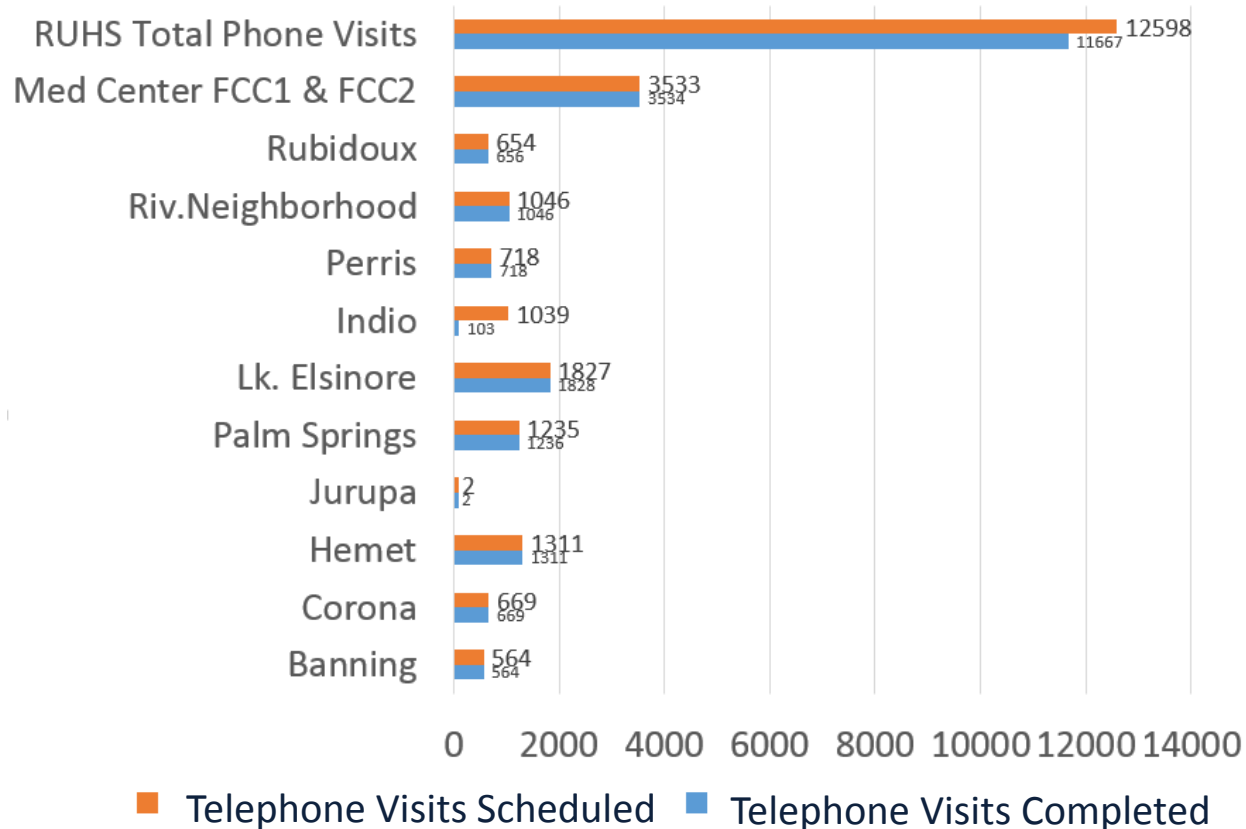- "I have told all my friends and family about it"

Evaluation of Success:
Clinician Feedback on Telephone Visits

- "I learned that I can do so much with telephone visits"
- "My patients are very happy"
- "There are so many things I can address over the phone"
- "I feel like I am in control…I know what is happening"
- "I feel like the quality of care I provide is better"

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Total phone visits 2017 12,598 visits

Location	Telephone Visits Scheduled	Telephone Visits Completed
RUHS Total Phone Visits	12598	11667
Med Center FCC1 & FCC2	3533	3534
Rubidoux	654	656
Riv.Neighborhood	1046	1046
Perris	718	718
Indio	1039	103
Lk. Elsinore	1827	1828
Palm Springs	1235	1236
Jurupa	2	2
Hemet	1311	1311
Corona	669	669
Banning	564	564

■ Telephone Visits Scheduled ■ Telephone Visits Completed

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Community Health Clinics and Family Care Clinics 1 & 2

2017
TOP DIAGNOSES

Rank	# of Phone Visits	Diagnosis	ICD
1	1715	Encounter to discuss test results	Z71.89
2	747	Essential hypertension	I10
3	721	Dyslipidemia	E78.5
4	657	Follow up	Z09
5	367	Mixed hyperlipidemia	E78.2
6	321	Chronic pain syndrome	G89.4
7	245	Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)	E11.9
8	212	Uncontrolled type 2 diabetes mellitus with hyperglycemia, unspecified long term insulin use status (HCC)	E11.65
9	208	Acquired hypothyroidism	E03.9
10	194	Prediabetes	R73.03
11	189	Vitamin D deficiency	E55.9
12	185	Hypertriglyceridemia	E78.1

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A1c Reduction Pilot
Utilizing Telephone Visits
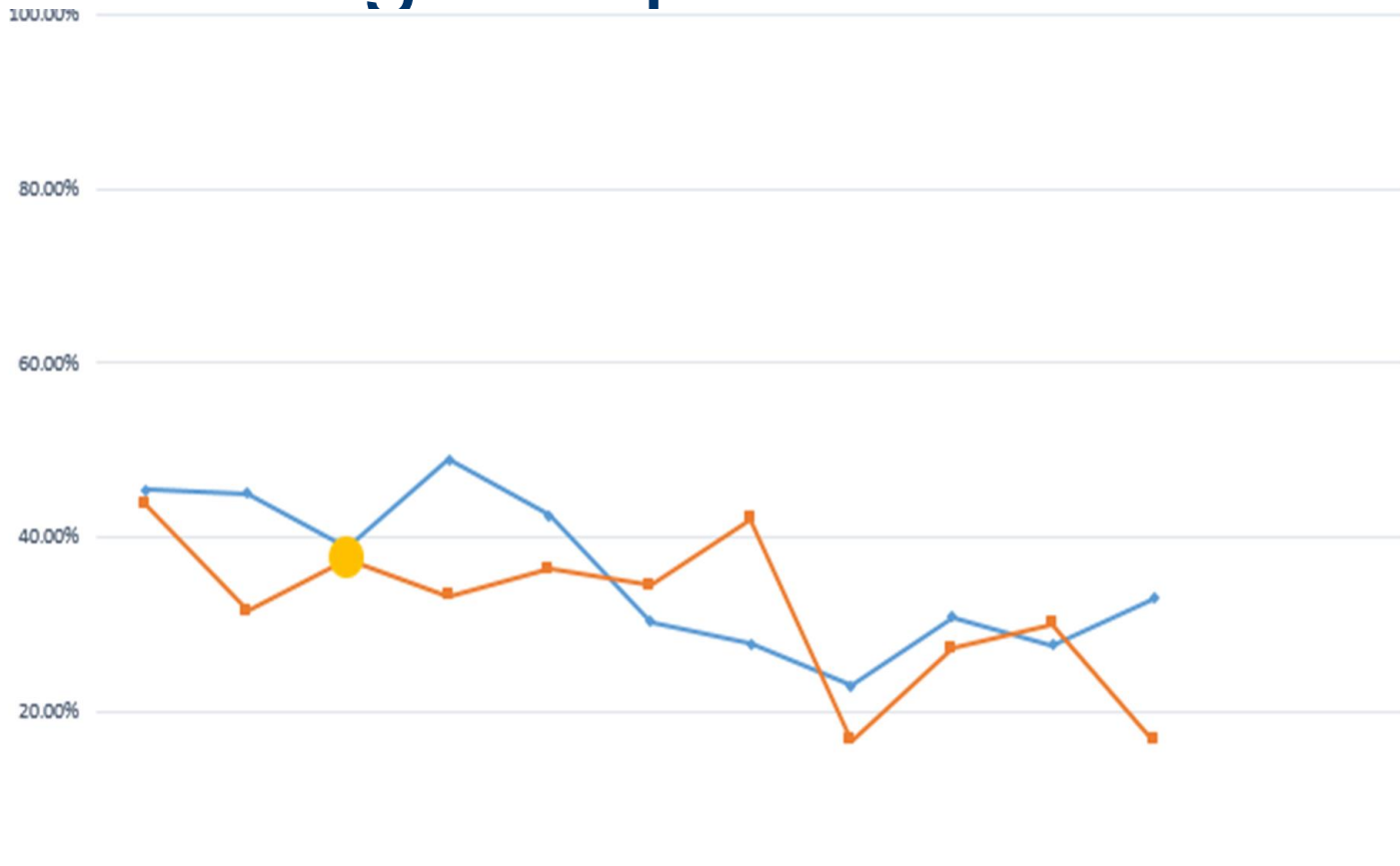
	12/1/2016	1/1/2017	2/1/2017	3/1/2017	4/1/2017	5/1/2017	6/1/2017	7/1/2017	8/1/2017	9/1/2017	10/1/2017	11/1/2017	12/1/2017
Dr. Khan - All Visits	45.45%	45.07%	38.89%	48.89%	42.50%	30.30%	27.78%	22.97%	30.88%	27.69%	33.03%		
Dr. Khan - Phone Visits	43.75%	31.58%	37.50%	33.33%	36.36%	34.48%	42.11%	16.67%	27.27%	30.00%	16.67%		

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Evaluation of Success:
Ideal Measures versus Actual Measures

Ideal Measures:

- Quality of care
- Hospitalization admission rates
- Unnecessary emergency room visits
- Time to care
- Overall cost of care

Actual Measures:

- Access (appointment backlogs)
- Patient Satisfaction
- Staff and Provider Satisfaction
- Diabetes Testing and Control

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Sustaining: Phase 3
Video

https://youtu.be/T9oqe2LtlZI

Lessons Learned

- Let patient be your guide
- Let front line staff drive the process
- Changes take time (first pilot started in 2013)
- Help different stake holders feel comfortable
- IT and Finance are critical partners
- Start small and track outcomes
- Marketing to patients, staff and care teams still needed
- Shift mindset of frontline and leadership on what can be done virtually
- We estimate that at least **one third to one half** of all clinic visits can be substituted with virtual telephone visits
- Lack of reimbursement is a major barrier to widespread implementation
- Some reimbursement models (such as capitation) may better support telephone visits
- Global Payment Program (GPP) has helped to reinforce the value of non-traditional services
- Telephone Visits are part of a larger strategy of creating medical homes, integrated delivery systems, and population health

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Phase 4: External Spreading:
CCI Telephone Site Visit (March 2017)

Questions?

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- Mahbuba Khan, M.D. (Associate Medical Director): m.khan@ruhealth.org, 951-567-3908
- Shunling Tsang, M.D. (Associate Medial Director): s.tsang@ruhealth.org, 951-204-7997