

Practical Tips and Reminders for Telehealth Visits



Pre-Implementation	
1	Be thoughtful about the number of VCP licenses/accounts are needed to balance cost and capacity. For example, basing it on the “least common denominator”, provides the number of licenses needed if all providers were performing telehealth visits simultaneously. That number can be reduced to account for the likelihood this occurs and the proportion of visits you expect to deliver via telehealth; consider a 20% reduction for these factors.
2	Consider setting up accounts with non-user specific email addresses, i.e. TeleH1!@kumc.edu, TeleH2!@kumc.edu, etc. If a VCP allows only one account per email address, and a provider has an existing account for faculty work, another may not be set up for that individual’s clinical use.
3	Create a calendar for each VCP account that is used. Ensure front desk staff who schedule telehealth visits, also schedule a meeting on the account-specific calendar, and staff members who will participate in the call, and include VCP link/Meeting ID/Password info in the invite. The schedulers that who set up the visits are also responsible for keeping it up-to-date. This will ensure visibility to which accounts are in use when, so double-booking that could lead to interruptions is avoided.
4	If passwords are required to access your meetings, keep them SIMPLE so they are easy for patients to remember and to write down accurately.
5	Be prepared to offer resources to meet patient needs that can be anticipated, for example, if a patient using a desktop computer doesn’t have a camera, have a couple webcam options handy to share. Another example is checking with local pharmacies to see if they are delivering right now and if charges apply, so if a patient needs meds or a thermometer to report their temp, you can help problem-solve.
6	Train patients, providers and clinic staff who will use the VCP how to use its chat feature to communicate should issues arise, i.e. poor connection, “freezing”, audio issues, etc.
Pre-Encounter	
7	Verify patient meets technology/connectivity requirements to complete a telehealth visit (add requirements to patient scheduling/registration check-list).
8	Assign accountability to the scheduling staff for creating visits/meetings in the VCP immediately after each visit via telehealth is confirmed with the patient. This is a critical step.
9	Schedule patient visits 30 minutes prior to provider’s start time to ensure ability to join videoconference and complete all pre-encounter entries in the EMR.
10	Add the VCP link for patient encounters into the “Reason for visit” field in the EMR for the provider’s use
11	Make sure the patient has a dial in number to use when a back-up is needed to complete their visit.
12	Inform patients that telehealth visits may run shorter than in-clinic visits due based on insurance coverage.
Encounter	
13	Consistently remind providers, schedulers and roomers to capture patients’ verbal consent and to enter it in a visible place within the note, so multiple people are checking for it. The confirmation of verbal consent is required for reimbursement.
14	Here are vital signs that might be reportable by patients from home: <ul style="list-style-type: none"> • Temperature (note type of thermometer used) • Blood pressure (note type of BP cuff used and proper protocol followed) • O2 level oximetry (pulse oximeter) • Pulse (manual wrist counting for 30seconds, smart watch, phone app, pulse oximeter) • Height and weight • Other Smartwatch and activity data