



Telehealth Implementation During the COVID-19 Crisis

A practice leader's checklist and guide to
enable optimal execution

Written by Dr. Lawrence Gordon, CEO of WRS Health



The Coronavirus crisis has created an urgent and immediate need to implement telehealth in our practices. Before this crisis, Telehealth technology was either lightly implemented or deferred due to payment or operational reasons, or simply because demand wasn't there. That has all changed. We are now faced with a choice of keeping our practices open and servicing our patients remotely, or not at all.

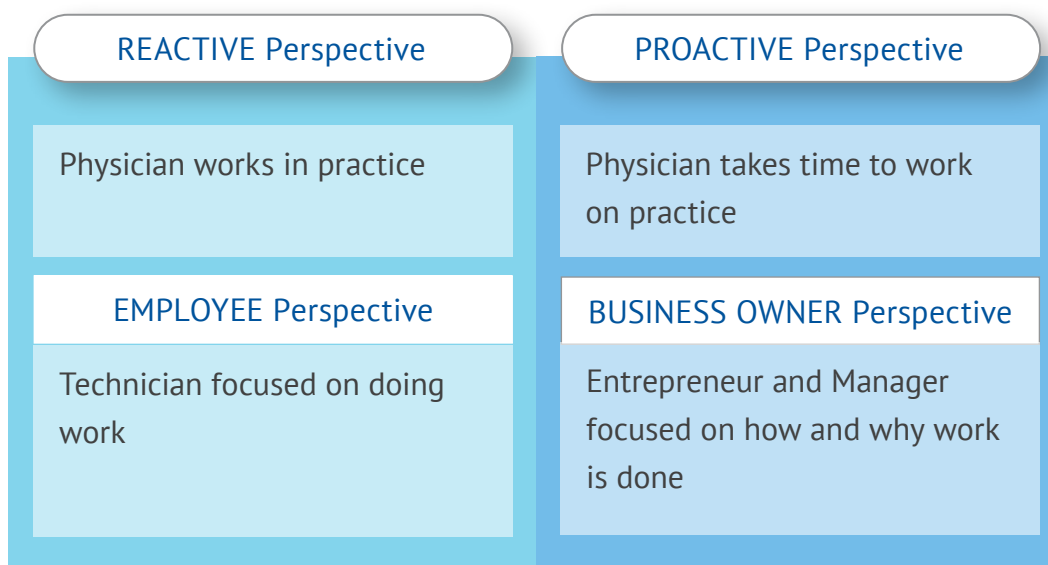
This guide provides a framework to successfully implement telemedicine in your practice, as well as a roadmap, checklist and choices that should be considered in your implementation. In the midst of this adversity, we have an opportunity as practitioners to execute on a plan that previously may have only been partially considered. Conditions have changed to relax the rules surrounding payment, provider types, location and insurer-specific restrictions. This moment in time enables us to work through issues that not too long ago may have taken months or years to negotiate and resolve. The decision now is to use the time and space mandated by the current Coronavirus environment as an opportunity to add this value to our practices and significantly benefit our patients at the same time.

Your Values and Approach

REACTIVE VS. PROACTIVE APPROACH TO IMPLEMENTATION

Before embarking into telemedicine, it's important to understand why you want to pursue it and to outline specific goals and objectives for the service. Then you will be in a good position to address how it should be implemented for maximal benefit. Importantly, you should have a vision about the value it can bring to your practice. Taking the time to answer these preliminary questions will inform other decisions you make during implementation and will serve as a guide to you and your staff. If you are only pursuing a telemedicine tool to see patients in response to the current crisis, there are software tools that are easy to understand and deployed out of the box. How the tools work together is less important if you are not interested in making telehealth a sustaining feature of your practice.

If you had previously considered the workflow associated with telemedicine and have a vision of the sustaining value it can provide your practice --but payment or logistical challenges prevented easy deployment in the past --, then you are proactive versus reactive in your thinking and approach. This guide is ideal for those who are proactive and want to use the current pause in their practice to implement this valuable tool and service.



Problems Telehealth Can Solve

Front Desk Bottlenecks: Paired with a robust check-in module and/or patient portal, by moving patient interactions online you can enable tools and processes to relieve pressure on your front desk.

Reduce Physician Data Entry and Review of Data Prior to Encounter: With the initial part of the check-in and encounter shifted online, there are more opportunities for patients to enter information that will be used later for the encounter note. EHR implementations without rethinking workflow have put an excess burden on the physician for data retrieval and entry, which ultimately detracts from the time they could have better spent listening and processing patient problems.

Payment for Patient Communications Outside of the Office: Payments for phone visits, or telehealth visits, were previously minimal. That is changing. Moreover, there is now an opportunity for quicker and more immediate follow up with patients for test results and other communications without consuming office appointment time or inconveniencing patients. The opportunity to correctly match the level of visit to the care and value rendered creates greater flexibility in our work week.

Based on the opportunities to surmount some of these problems, let's review the elements of a successful implementation.

Telehealth as a Solution to Practice Problems



There is interplay between people, processes and software tools that should be considered when introducing new systems into your practice. This helps remove roadblocks and identify problems when falling short of a new goal.

SOFTWARE TOOLS AND TECHNOLOGY FOR TELEHEALTH

There are 6 interrelated software features or tools that will need to be considered in your Telehealth deployment:

1. **Video Conference Software**

Most people are familiar with video chat online. However, unfamiliar tools and the user interface may confuse your patients. Consider the patient experience, how they would use a mobile versus a workstation environment and the ease of handoff to and from office staff during intake or check-out. How this software is integrated with other practice processes will be pivotal to successful implementation without placing additional management burdens on the physician.

2. Check-In Module

A robust and fully integrated check-in module enables a patient to self check-in online before the encounter or at a kiosk in the office. Having patients make payment, confirm registration and payment data, and enter clinical information prior to the encounter relieves pressure on the front desk and reduces charting pressure on the physician. Elements such as the entry of Review of Systems information before the encounter can relieve the physician of a charting burden while providing all of the clinical benefits.



The screenshot displays a web-based interface for patient check-in. On the left side, there is a vertical navigation menu with seven steps: 'Step 1 Log in' (highlighted in blue), 'Step 2 Patient Profile', 'Step 3 Insurance', 'Step 4 Pharmacy', 'Step 5 Questions', 'Step 6 Co-Pay', and 'Step 7 Finished'. Above the menu is a logo for 'WRS Implementation & Training I' featuring a red apple and a stethoscope. Below the menu is the 'Powered by WRSHealth' logo. The main content area is titled 'Patient Check-In' and includes the instruction 'Let's start. Simply Follow the instructions shown below.' It contains two input fields: 'Last Name' and 'Date of Birth', each with a corresponding text box. Below these fields is a prominent green 'Login' button.

A self check-in module can relieve pressure on the physician and remove the bottleneck at the front desk.

3. Appointment Scheduler and Appointment Types

Properly structured, an integrated scheduler that is used for all other practice appointments is what should set up the telehealth appointment as well. The schedule event initiates timed communications and instructions prior to the appointment and guides the operational flow during the appointment. An example of orderly flow includes reliably knowing when the patient self checks-in and has initiated the video session. This enables structured management of the encounter.

The screenshot shows a 'New Appointment' form with the following fields:

- Date:** Thursday 03/19/2020
- Time:** From 08:00 AM to To 08:20 AM
- Location:** WRS HEALTH TRAINING
- Resource:** test, Provider
- Patient:** KEIRA BEDNAR
- Appointment Type:** A dropdown menu is open, showing options: Established patient, New patient visit, Office Procedure, Surgery, and Telehealth. A red arrow points to the 'Telehealth' option.
- Notes:** Enter Comments
- Send Email Notification:**

A telehealth appointment in your EHR enables structured management of the encounter.


4. **Quality and Clarity of Email and SMS Instructions, and Reminders**

Scripted and stored email and SMS messages enable the patient to check their hardware and software setup for the telehealth visit. It also directs them to check-in at the appropriate time and then ushers them to the telehealth encounter. Understanding these communications and workflow will enable patients to service themselves. Front desk personnel should not double as computer technicians and should only be called upon intermittently to facilitate the encounter.


HELLO, ROSE TEST

YOUR APPOINTMENT IS SCHEDULED


Date: 03/26/2020, Thursday
Time: 12:40 PM
Type: Telehealth
Provider: NORMAN DOCTOR
Room Name: c49e90




! Use your room name on Jitsi Meet App settings



STEP 1
Prepare Your Device
Setup your device.
Hardware and Software Instructions



STEP 2
Self Check-In
At least 60 minutes before your appointment Please self check-in using Patient Online Check-In Module
! This link is valid ONLY on the day of your appointment.
? [Check-in Assistance?](#)



STEP 3
Join Session
30 Minutes Before Visit with your healthcare provider

Email communications to patients should be clear and easy to follow.

5. Revenue Cycle Management (RCM) System

An integrated RCM system enables the practice's standard visit and telehealth codes to be communicated from the clinical setting to those doing the billing. This includes the type of visit, place of service and appropriate modifiers.

6. Office Hardware and Setup

A multi-screen workstation greatly facilitates speaking with the patient on one screen and reviewing chart notes and labs on the other. Of course, a high quality webcam and microphone greatly enhances communication. Your office staff, assistants and scribe will also need a similar set up to assist or join during the encounter.

Process Consideration

Keeping your goals in mind, review the processes of your telehealth encounter. These are appropriately grouped into **pre-appointment processes** and **appointment-specific processes**. By first defining and then physically drawing a process diagram you can visualize the experience, identify weak spots, and help define responsibilities and roles.

PRE-APPOINTMENT PROCESSES

Setting your Schedule – Consider Grouping your Telehealth Visits in a Block

The workflow associated with a telehealth visit is different than seeing a patient in the office. You should adjust your schedule accordingly to group telehealth visits. This will enable your staff to assist you so that the logistical aspects of the encounter are properly distributed to your office staff. Consider the time block required and the optimal times to meet with patients remotely – both from your perspective and the patient's.

Today's Appt List			
Time	Name		
TEST DOCTOR			
12:00 pm tel	1	Test, Anne	E
12:30 pm tel	1	Adam, Test	E
1:00 pm tel	1	Bob, Test	E

Grouping telehealth visits together, as shown, can increase efficiency when they are your sole focus during that time.

Points of Communication for Telehealth Workflow

Setting and reviewing a standard script with the person setting your appointments will pay dividends at the time of the encounter. It should be stressed that email addresses and mobile phone numbers should be confirmed and entered at the time of registration. This will allow follow-up email and SMS instructions, as well as reminders to be sent to the patient.

Time	Name
TEST DOCTOR	
\$ 12:00 pm tel 2	Test, Anne

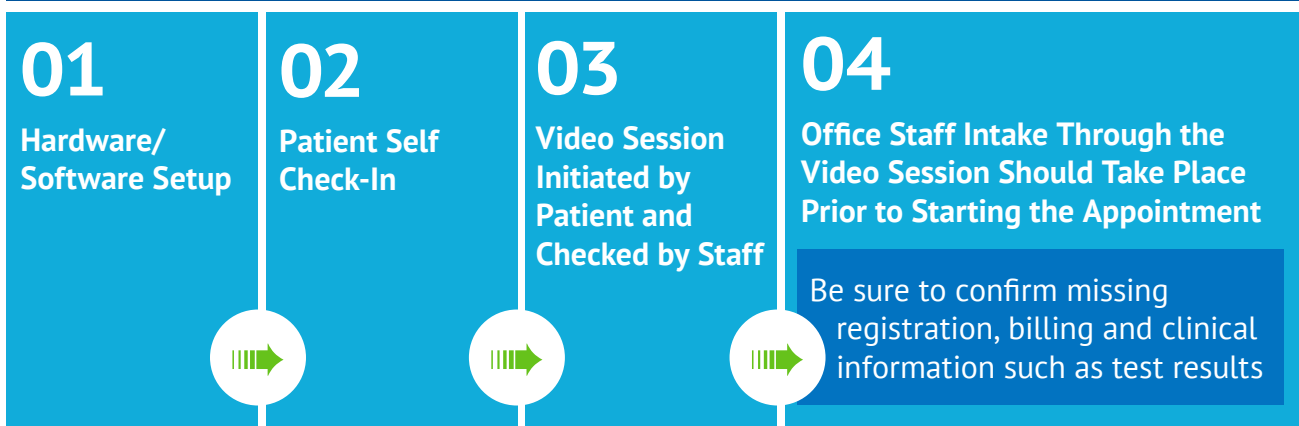
When the patient has self checked-in, that visit turns red and queues the staff that the patient is ready.

Additionally, the patient should be verbally reminded to check their hardware setup on their mobile phone or workstation. Checking in and initiating the video encounter early, gives your office staff time to mediate technical difficulties before the visit so as not to back up your schedule. This early check-in process also informs your office staff that the patient is ready to begin their session. Once the video session is initiated, the office staff can collect missing information or help patients with technical difficulties.

PROCESSES DURING THE ENCOUNTER

The goal during the video visit is not just to make video contact, but to set a system in place for seeing patients that includes all the office staff. This ensures that the work of the front desk and medical assistant will not fall on the provider's shoulders.

Based on the flow and timing, the major variables that should be executed before the encounter **INCLUDE:**



CHARTING THE ENCOUNTER

Absent the standard physical exam and face-to-face contact, there is more room to chart the telehealth encounter. However, if a physician assistant, medical assistant or scribe charts part of your encounter currently, then you should model where and how this should be done digitally as well.

If you are hoping to use scribe services at some point in the future, this is an opportune time to incorporate it. Although there is a direct expense and investment associated with a scribe, there is a very large return on investment for busy providers whose time is better spent caring for patients than it is charting the encounter and aggregating data.

DISPOSITION AND HAND-OFF TO FRONT DESK

After the clinical decisions have been made, there is necessary follow up that includes providing patient education, follow up tests and a follow up appointment and communications. This is typically handled by front desk personnel. How this hand off happens should be articulated and prototyped.

The Importance of Prototyping

With fewer patients being seen in the coming weeks, you will have the opportunity to set, test and optimize each of the above phases of the telehealth visit. Look at them individually and review with your office staff how you can improve. Pick a small batch of patients, and leave time in your schedule for these reviews. When you are satisfied that you have achieved an optimal flow, look at the next phase. Within a few days, you should have your system down pat.

Factors to consider during prototyping:

1. Do we have a common understanding of goals?
2. Has each element of the system been defined and correctly assigned to staff?
3. At the end of the encounter does the physician feel that their time was used wisely? If you are spending a lot of your time functioning as a network administrator for patients or serving as your own front desk and scribe, then the answer is likely “no.”

Employees are the Lynch-pin of a Good System



There has never been a better time than now to ask for and gain the alignment and buy-in of your office staff. A crisis can galvanize people to help. Enabling the practice to stay open and care for patients should be a strong motivator for any healthcare employee.

It should be understood by everyone that it takes commitment to do things differently. You should ask for and seek their verbal support. Their response should serve as a litmus test as to whether or not you have the right team. Time otherwise spent in delivering care prior to COVID-19 now can be focused on building the systems and processes that will enable more efficient care delivery in the future.

It is your responsibility to provide leadership, the proper tools, an articulated set of goals and a clear path for your office staff to understand their individual roles in enabling your practice's success. Given the limited scope of using these tools and modifying existing processes, there is no reason why this can't be incorporated into your practice and optimized within one to four weeks. If you are having personnel challenges, perhaps consider business process outsourcing (BPO) for some of the roles required.

It is worth considering the inclusion of telehealth into your practice as a complete system with goals and milestones, but to achieve them requires people who are engaged in the processes and are using the software tools. Once the system is set, consider automating as many of the elements as possible. Sometimes adversity presents us with opportunities. In these weeks and months of COVID-19, telehealth is truly an innovation worth exploring to expand the scope of your practice and improved patient access to your care now and in the better days that lie ahead.



Checklist for Telehealth Implementation Plan

STRATEGY PLAN/SETUP AND CONFIGURATION

- › Goals Defined
- › Office Staff Alignment and Buy In Secured
- › Setup and Configure Scheduler for Telehealth
- › Review Registration Process for Email and Mobile Phone Capture
- › Define front desk appointment setting script and instructions

INVENTORY SOFTWARE TOOLS AND HARDWARE FOR TELEHEALTH ENCOUNTER

- › Hardware setup for office staff and physician including
 - › Webcam
 - › Microphones
 - › Speakers
 - › Multi-screen display
- › Video conference software including convenient mobile app
- › Check-In Module
- › Scheduler Integration
- › RCM Integration

PROCESS REVIEW

- › Prototype patient registration process and front-desk phone script
- › Prototype patient experience including:
 - › Receipt of email
 - › Setup and configuration of hardware and software for video
 - › Ease of access and clarity of check-in module
 - › Initiating Video conference
- › Prototype practice video encounter experience
 - › Process to understand when patient has check-in
 - › Process to understand when patient has initiated Telehealth visit
 - › Process for office intake when patient initiates Telehealth visit
 - › Physician setup and charting of encounter
 - › Incorporation of assistant or scribe during encounter
 - › Hand-off to front desk or office personnel for follow up, patient education and directions for radiology and lab testing

PEOPLE REVIEW

- › Roles and tasks required for Telehealth encounter defined and assigned
- › Practice human resources reviewed and optimized
- › Gaps in human resource skills or roles inventoried
- › Business Process Outsourcing of Personnel considered
 - › Virtual front desk
 - › Scribe



OPTIMAL SCENARIO



STRATEGIC PLANNING

When set up and configured properly, a patient will be able to check themselves in and virtually meet with the provider.



REGISTRATION

Capturing essential patient data (email address, cell phone number) during registration will allow the patient to self check-in at the time of their visit.



VIDEO ENCOUNTER

FOR PATIENT: By following the instructions in the email / SMS received, the patient will be able to seamlessly check-in to the appointment and initiate the visit.

FOR PROVIDER: Engaging office staff as part of the encounter, whether it be a scribe, medical assistants, or front desk associates, will allow for an optimized Telehealth experience.



DISPOSITION & HAND-OFF

After the clinical decisions have been made, there is the necessary hand-off that includes the creation of follow-up appointments, providing patient education, and collecting any balances.



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Dr. Gordon founded WRS Health to give physicians more control over their practices and their lives. He is the company's chief software architect as well as its CEO. Dr. Gordon is a practicing Otolaryngologist-Head and Neck Surgeon and serves on the voluntary faculty of Columbia College of Physicians and Surgeons Department of Otolaryngology. He is a graduate of the University of Pennsylvania and the Columbia College of Physicians and Surgeons.



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