



CareOregon telemedicine

technical assistance guide

CareOregon telemedicine technical assistance guide

The purpose of this document is to provide concise and actionable information on the following topics:

Determining telemedicine services and modalities 2

Video platform vendor information 5

Implementation of video platforms..... 6

Integration of video visits and telephone visits into workflows 8

Guidance on best practices for using video capabilities and video visit etiquette..... 11

Telemedicine and integrated behavioral health 13

Third-party interpreter services in telemedicine are addressed under the following topics:

- **Video platform vendor information**
- **Integration of video visits and telephone visits into workflows**
- **Video visit etiquette**

Determining telemedicine services and modalities

CareOregon uses the same definition for telemedicine and telehealth: The use of telephonic or electronic communications of medical information from one site to another regarding a patient’s health status. These modalities include:

Patient-to-clinician services via:	Clinician-to-clinician consultations via:
<ul style="list-style-type: none"> • Telephone • Two-way audio and video (synchronous) • E-visits (asynchronous online services) 	<ul style="list-style-type: none"> • Telephone • Electronic communication (online services) • E-consults (asynchronous online services)

What can be treated via telemedicine?

A variety of acute and chronic conditions for which there is a reasonable level of certainty in establishing a diagnosis and generating a treatment plan, especially when visual information coupled with access to a medical record with diagnostic studies and imaging (when available) can be effectively treated with telehealth.

Examples of these conditions include:

Acute

- COVID-19 symptoms
- Common ailments (cold, cough, flu, sore throat, headache)
- Uncomplicated cases of allergy/asthma
- Chronic bronchitis
- Conjunctivitis
- Some genitourinary conditions
- Low back pain
- Otitis media
- Rashes
- Upper respiratory infections
- Some gastrointestinal conditions

Chronic conditions

- Mental illness/behavioral health
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Diabetes
- Hypertension

Prevention and wellness

- Wellness visits
- Smoking cessation
- Diet and physical activity
- Substance use and depression screening and brief assessment/treatment

Level of care and consults

- Evaluation of a patient who may require referral to specialist (non-urgent)
- Follow-up plan with patient after specialist advice or consult is obtained

New patients (during the COVID-19 crisis-only)

- Establish care (approved by OHA to be done via telephone)

Conditions not suited for telemedicine are those for which an in-person visit is required to evaluate.

These include:

- Need for a physical examination in which a provider must lay hands on the patient
- Need for protocol-driven procedures
- Need for aggressive interventions
- Conditions needing laboratory or other testing for diagnosis or treatment changes
- Poorly controlled conditions at risk for acute complications

Other circumstances not suited for telemedicine:

- Some patients with cognitive disorders
- Intoxication
- Emergency situations that warrant escalation to an emergency department visit or 911
- Patients who do not have the requisite technology to complete a telemedicine visit

Telemedicine management of the patient may involve establishment of a diagnosis and treatment plan, or it may result in a referral to a medical facility for further evaluation and/or treatment.

Providers shall exercise their professional judgment when deciding whether or not to use telemedicine, taking into account COVID-19 exposure/potential exposure, the patient's condition, mitigating circumstances, available resources and their own comfort level and expertise in using telehealth.

Telemedicine: Video visits, phone call or online services?

Providers need to know how to establish a provider-patient relationship in the context of a telemedicine encounter, whether using synchronous (real time) or asynchronous (transmission of data) modes of communication/interaction makes a difference, and how to proceed accordingly with an evidence-based standard of care.

Patient evaluation

Patient examination should be commensurate with the level of assessment required to manage the patient, taking into consideration the technical quality and extent of information that may be elicited remotely. This evaluation should be supported by:

- Clinical history
- Access to the patient's medical record (where possible)
- Diagnostic data
- Information obtained via self-report or access to store and forward databases (e.g., CareEverywhere)
- Laboratory test results
- Peripheral devices for patient physical examination when appropriate (e.g., thermometer, home blood pressure cuff)

Video visits

During a video visit, the provider performs a virtual physical examination, as indicated by the patient complaint and medical history and other relevant information reported by the patient conforming to the standards of medical practice and provided by a credentialed and qualified practitioner. This examination may include a demonstration or an explicit physician-guided self-examination, which may include peripheral devices.

Phone visits

Audio-based evaluation may be used for consultation if the evaluation, diagnosis and treatment of conditions can be made reliably on the basis of complete medical history, full understanding of presenting symptoms reported by the patient or caregiver and consistent with established clinical protocols.

Online services (e-visits)

An e-visit is an online exchange of medical information between an established patient and a provider. The provider evaluates one of several *symptom-specific* conditions that leads to a diagnosis and treatment of the condition. The visit is held via online secure communication (e.g., an online patient portal like MyChart). The patient logs into the portal, fills out a symptom-specific questionnaire, and the results are sent to their provider. The practice can choose what conditions they want to treat for this type of visit and create questionnaires, or their online patient portal may include standard questionnaires for certain conditions.

Common conditions include:

- Back pain
- Diarrhea
- Cough
- Headache
- Red eye
- Sinus problems
- Urinary problems
- Vaginal discharge/irritation

Other concerns or circumstances suited for an e-visit are:

- Prescription refills
- Paperwork for handicap placards
- Provider letter to school requests
- Provider letter to work requests

Conditions and situations not suited for an e-visit include:

- New patient establishing care*
- Pregnancy*
- Emergency situations
- Conditions with a significant visual diagnostic component
- Clarification of issues from previous visits*
- Diagnostic results reporting

**Conditions and situations not suited for an e-visit can still be addressed through telemedicine, but should involve a video or phone visit. Because of the asynchronous nature of e-visits, low acuity and low risk conditions are called out, where time sensitivity would likely not cause a negative outcome.*

For the full list of CMS- and OHA-approved telemedicine services, please visit our resource page at careoregon.org/providers/covid-19, where you will find the most recent information.

Video platform vendor information

Step 1. Choose a video platform that is right for your practice.

When choosing a platform, you need to decide what services you need the platform to perform and then evaluate the platforms based on that. (See “Determining telemedicine services and modalities” on page 2.)

The policy and payment landscape—regarding telemedicine—remains complex. However, as the country navigates the COVID-19 pandemic, change is happening rapidly to expand these services. Oregon Health Authority (OHA) and Centers for Medicare and Medicaid Services (CMS) are continually updating coding requirements in response to COVID-19. CareOregon and our associated coordinated care organizations (CCOs) will follow all state and federal coding updates. For the most up-to-date coding information, refer to OHA and CMS guidelines. You’ll find some helpful links below:

- [OHA updates](#)
- [OHA announcement about coverage of telephone/telemedicine/telehealth services](#)
- [CDC updates](#)

Following is a list of video platforms that can be used for telemedicine. Although regulations have been loosened around the use of platforms that are not Health Insurance Portability and Accountability Act (HIPAA) compliant, all the vendors below are HIPAA compliant.

Doxy.me:

- Free basic version.
- Doxy.me is the only platform that has a free version (if you pay you have access to more features).
- No need for clients to download anything; you send them a link before the appointment.
- HIPAA compliant: they offer a Business Associate Agreement (BAA) with the free service.
- Real-time messaging while connected via video.
- Mobile friendly.
- Screen sharing and document sharing not free.
- Doxy automatically tracks call length, date and time, all of which are key elements needed for billing.
- Doxy has a YouTube channel that has short videos to walk you through everything! (Patient check, executing BAA, three-way calls for interpreters, troubleshooting, etc.) Find it at

[youtube.com/user/doxyme/videos](https://www.youtube.com/user/doxyme/videos)

- Website: doxy.me

Zoom for Healthcare:

- 10 licenses are \$200 a month or \$2000 a year if paid up front. (Note: you can purchase other types of Zoom licenses for business. However, if you want the HIPAA compliant version with a BAA included, you must purchase the telehealth version.)
- Can be integrated with EPIC.
- Website: zoom.us/healthcare

VSee:

- Best suited for rural health, as it broadcasts low-bandwidth high definition (HD) video.
- Integrated intake, consent and patient triage queue.
- Offers individual basic licenses for \$50 a month, or enterprise-wide licenses can be quoted.
- Video demos for patient, provider or workflow can be viewed here: vsee.com/tutorials
- Website: vsee.com

UpDox:

- HIPAA-compliant video chat.
- HIPAA-compliant broadcasting (mass texts) and secure texts between patients and providers.
- Ability to send reminders, schedule appointments, collect in-take forms and process payments online.
- Website: updox.com

Doximity:

- Has an application (app) in which providers can call patients and their phone number does not show — it will appear to the patient like the medical clinic is calling. You can also use *67 to block caller ID.
- The Doximity app’s integration into EPIC Haiku allows you to call patients directly from their chart.
- Ability to send, sign and date HIPAA-secure faxes from your iPhone or Android phone.
- Website: doximity.com

Implementation of video platforms

Step 2. Implementing your video visit platform.

The American Medical Association (AMA) created a quick guide in response to COVID-19 that contains a practice implementation guide: ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

What technology do I need to use the platform?

- **A computer or mobile device.**
Ask your telehealth vendor which specific device(s) their software will run on. This might include desktop computers, laptops, tablets and/or smart phones. Be sure to ask not only about the compatible device type, but the operating systems as well (i.e., Mac or Windows).
- **An integrated or external microphone.**
Most mobile devices and computers have a built-in microphone that should work fine. If the patient's device does not have one, they'll need to find a separate microphone. There are many inexpensive options. Check out [this list](#) for some top microphones your patients can use.
- **An integrated or external camera.**
Like microphones, many devices already have an integrated camera. However, if the patient is using a desktop computer or older laptop, they might not have a built-in webcam. Here's a quick [list of webcam options](#) to share with your patients.
- **Access to broadband internet.**
You need enough bandwidth (both patient and provider) to transmit audio and video data. Ideally, internet speeds should be at least 15 Mbps download and 5 Mbps upload. While video streaming can happen with slower internet connections, these are the speeds needed to have a clear video experience. A good way to check your internet connection is to go to [speedtest.net](https://www.speedtest.net). Click "Begin Test" to see your download and upload speeds.
- **Video connection/platform video interface.**
There are a variety of different video systems available, and the type you choose depends on the type of system and practice you decide to establish. The basic system is a direct-to-consumer system in which the patient uses their home computer or app-enabled smart phone to communicate with the provider. These systems are usually offered through a third-party vendor, mentioned above.
- **Computer technical support.**
The support is necessary for any program to run well. Support staff will be able to insure stable, secure internet connectivity. More importantly, they need to be available to help with technical and hardware problems which may occur during a clinic day.
- **Headphones.**
To maintain privacy on a telemedicine call, we recommend wearing headphones.

What kind of agreements do I need to have in place?

Assure that telehealth platform is HIPAA compliant, which means they offer BAA and follow HIPAA breach notification rules and HIPAA privacy and security rules.

Note: *Given the special circumstances of the COVID-19 pandemic, the federal government has **announced** that the Office for Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties on providers using telehealth in the event of noncompliance with regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) in connection with the good faith provision of telehealth during the COVID-19 national public health emergency.*

What does the patient need in order to use the platform?

1. Instructions, in order to operate the visit smoothly. Communicating patient instructions in advance of the visit is helpful. Visit this [link](#) for example patient instructions that can be sent electronically before the visit. (Instructions will vary depending on the platform.)
2. Either a laptop with a camera or a smart phone with a camera.
3. Headphones. (Recommendation: Use headphones to reduce echo and mic cutout when the other individual speaks.)
4. A strong internet connection.
5. A private area to block out background noise and maintain privacy for the visit.

Messaging

Secure messaging via the patient portal provides a great space for things that were previously discussed via telephone calls or during in-person follow-up appointments, which can now be done digitally to help streamline the interaction.

To maximize efficiency, practices must integrate reading and responding to email into their workflow.

For example, assign a staff member to acknowledge all patient messages within a business day. Providers can then respond to the patient's question or issue at their convenience.

Uploading and sharing documents

When transferring files, it is important to remember to safeguard information that might have protected health information (PHI), including consents, health history, questionnaires, etc. Doxy.me and Doximity both offer HIPAA-compliant file transfer so you can send files between you and your patient. This is a better alternative to email, as the data you send might contain PHI.

Instructions can be found here.

Integration of video visits and telephone visits into workflows

Scheduling telemedicine appointments

Note: Begin by asking the patient's preferred language. If you need an interpreter, you can use CareOregon's interpretation services. For more information, please see the section "Arrange interpreter services" below.

Telephone visits

When scheduling a virtual telephone visit, staff should request and verify the best telephone number to reach the patient as well as a secondary or back-up telephone number. Staff should be clear and explicit that the appointment scheduled is for a telephone visit and not an in-person clinic visit. It is also recommended that staff provide each patient with an estimated window of time when the patient should expect a call from their provider (e.g., "Please expect a call between 8:00 and 9:00 a.m. tomorrow morning"). If the provider will call from a blocked number, be sure to inform the patient not to ignore the call.

- ▶ **To view an example of a telephone visit workflow from the Clackamas County Health Department, [click here](#).**

Video visits

When scheduling a video visit, staff should provide patients with information on system requirements and instructions on how to download apps, what browser is best, etc. See "[What does the patient need in order to use the platform?](#)" on page 7 for more information. Additionally, suggest that the patient log on five to ten minutes before the appointment to get everything set up.

Before the video appointment

- 1. Run an equipment check** (e.g., video, microphone, speaker)
 - a.** If you are calling the patient from your personal phone, be sure to either:
 - i.** Block your number (dial *67 before calling the patient), or
 - ii.** Use a vendor to mask your number and display the office number (e.g., Doximity.com or a cloud-based phone system/voice over internet protocol (VOIP))
- 2. Check the patient in**
 - a.** For billing purposes, there may be specific requirements for the check-in process. Some EHRs restrict providers from being able to check-in their own patients. If this is the case, create a workflow where an administrative staff member can check-in telemedicine visits in advance of the appointment. Be sure that if the patient does not login or answer the phone call you follow your procedures for a "no show" and cancel the check-in.
- 3. Arrange interpreter services** (if applicable). As telemedicine services expand, language access continues to be an important and required factor in providing effective care. CareOregon provides interpreter benefits for our members. Here are three options to connect:
 - a. Linguava:** Call Linguava, give them your customer code and patient identification number (Medicaid/DMAP ID) and the language needed. Ask for "third party dial out" and give Linguava the phone number and patient name. Linguava will get the interpreter and the patient on the phone. [Click here](#) to learn how to use a Linguava interpreter during a video visit and see their workflow and compatible platforms [here](#).
 - b. Passport to Languages Inc:** Call their office as usual for all of your language access and translation needs, at 503-297-2707. They will continue to handle all onsite

interpreter requests (both spoken and ASL), phone (OPI), video (VRI) and document translation needs. They will continue to collect OHP information (Medicaid/DMAP ID) to verify each patient’s eligibility.

- ◆ **Passport to Languages Inc. video (VRI):** If the call requires video, please include the link to your preferred platform, assuming there will be three distinct endpoints. This link will be forwarded to the interpreter and patient prior to the scheduled encounter. Passport to Languages Inc. is fully familiar and engaged with Zoom, Google Hangouts, Microsoft Teams, Doxy.me and Vsee, and can adapt quickly to any other platform that you may prefer. They also have their own proprietary video product that can be setup for on-demand needs. In all cases, the interpreter assigned can also assist the patient with their video set up if needed.

[Click here](#) to learn how to use an interpreter during a video visit.

- ◆ **Passport to Languages Inc. phone (OPI):** If your needs are immediate, Passport to Languages Inc. can connect you promptly with a local interpreter via phone as well as video. Just simply ask for third party dial out and provide the phone number and patient name. Passport to Languages Inc. will get the interpreter, patient and provider on the phone together, and then drop off. They can also do this via Zoom if that is preferred. If you already have a toll-free number that connects directly to telephonic interpretation, please continue to use this as usual. Your current intake for workflow will remain the same.

[Click here](#) to learn how to use an interpreter requiring an immediate phone connection.

- c. **CareOregon Provider Customer Service:** Call Customer Service at 503-416-4100 or 800-224-4840, give them the patient ID and language needed, and provide the patient phone number and name. CareOregon will get the interpreter and the patient on the phone.

Video or telephone appointments

1. Introduce the interpreter (if applicable)

Once the interpreter and the patient are connected, a standard script can be used to let all parties know their role. Here is an example:

“This visit is confidential. The interpreter has signed a confidentiality statement and all confidentiality rules apply the same as in the clinic. I also want to make sure you know that the interpreter will speak in first person. This means that if I say, ‘I am the doctor’ the interpreter will say ‘I am the doctor.’ If you say, ‘I have a headache’ the interpreter will say, ‘I have a headache.’ This is to make sure that I hear everything that you say as you say it and you hear everything that I say as I say it. If either one of us is speaking too fast or saying too much, the interpreter will interrupt and ask us to slow down or repeat something. Again, I want to make sure that I hear everything you’re saying, and you hear everything I’m saying. Finally, everything will be interpreted — even interruptions and someone talking in the background. It would be helpful if you are in a quiet area, if possible. This will also help with confidentiality. If I need to put you on hold, I will let you know and mute the phone. At that time, the interpreter will also mute their phone. I will ask that you do the same. Do you have any questions? Are you ready to begin the visit?”

2. Obtain consent

- Obtain verbal consent from the patient and document the patient’s consent in the visit note. This is appropriate while the COVID-19 crisis and associated temporary Oregon Administrative Rules (OARs) are in effect.
- Follow up for signed consent:
 - ◆ Mail the consent form to the patient to sign and send back to the clinic. Be sure to have a way to track who needs a consent form mailed and whether it has been returned. You may want to consider sending a self-addressed stamped envelope.

- ◆ Check with your compliance designee whether e-signatures can be utilized. Your EHR may have an option through their MyChart or using third-party platforms such as HelloSign or DocuSign.
- The following information should be included in your consent:
 - ◆ Inform patients of their rights when receiving telemedicine, including the right to stop or refuse treatment.
 - ◆ Tell patients what their responsibilities are when receiving a telemedicine visit.
 - ◆ Have a formal complaint or grievance process to resolve any potential ethical concerns or issues that might come up as a result of telemedicine-delivered care.
 - ◆ Describe the potential benefits, constraints and risks (like privacy and security) of telemedicine.
 - ◆ Inform patients of what will happen in the case of technology or equipment failures during telemedicine sessions, and state a contingency plan.
 - ◆ In addition, you may want to outline some of your basic telemedicine program policies around billing, scheduling, cancellation, etc.
- 3. Documentation:** Requirements for any form of virtual care are the same as those for documenting in-person care. The only addition is that if a code is time-based, evidence of the amount of time must be documented. We recommend you document the start time and end time of encounter.
- 4. Engaging patients in virtual spaces:** See ***“Guidance on best practices for using video capabilities” on page 11.***
- 5. Referrals:** Continue to place referrals using the following guidelines:
 - a. If external:** Let the patient know that there will be a delay as specialists find new ways to provide care with telehealth. An alternative is to get an eConsult through companies like ***RubiconMD.com***
 - b. If internal:** determine with your clinic the best process to communicate internally:
 - ◆ **Example scenario 1:** A provider is referring to a Community Health Worker or a Behavioral Health Clinician. Route the message/chart to a group/pool rather than an individual, since that individual may be out sick or redeployed.
 - ◆ **Example scenario 2:** Staff are not located together in the same building and a Behavioral Health Clinician needs to reach a registered nurse (RN) for a medical question quickly, so they use an instant messaging app (e.g., Gchat or Skype) rather than their EHR in-basket.

Medication

1. Refill prescriptions early and opt for a 90-day supply when applicable.
2. Mail order: Have the patient contact their pharmacy for mail order options. If their pharmacy does not provide mail order, they can switch to OptumRx or Oregon Health Science University (OHSU) mail-order pharmacy. Instructions on how to do this and relevant forms are found ***here***.

Billing and coding

For the most up-to-date resources, check our webpage at ***careoregon.org/providers/covid-19***

Sources

American Telemedicine Association: Practice Guidelines for Live, On Demand Primary and Urgent Care: ***researchgate.net/publication/272076989_ATA_Practice_Guidelines_for_Live_On_Demand_Primary_and_Urgent_Care***

“Patient Portals” and “E-Visits.” Barbara Walters, DO, MBA; Deborah Barnard, BS; Steven Paris, MD: ***pdfs.semanticscholar.org/28f5/dd968fcb7cca4ff96fe8177cefa9fde8fbf6.pdf#page=31***

Guidance on best practices for using video capabilities and video visit etiquette

Setting the right tone

Note: Many of the environmental and connectivity suggestions below also apply to your patients/clients.

1. Lighting

- a. Don't sit in front of a window. Cover windows with dark curtains or pull blinds. You do not want the bright light to wash you out.

2. Have a neutral background

- a. Patient will see anything in the room behind you, so it's best to sit in a fairly neutral area.
- b. Plain walls — particularly blue or gray — provide the best visual experience.
- c. Try to fill the screen with people rather than objects.

3. Attire

- a. Avoid bright colors and clothes with loud patterns, including things like florals or plaids. Those patterns can be distracting and/or create visual anomalies on the screen.

4. Sound

- a. Speak normally, don't shout.
- b. Use a headset whenever possible. iPhone microphones are not ideal.
- c. Pause briefly before speaking to allow for lag time.
- d. Try to be in a room that does not have a lot of distracting noises, such as air conditioners, fans, furnaces, etc.
- e. Rooms with carpeting can help minimize echo when you speak.
- f. Your microphone may be sensitive and amplify sounds like clicking pens, shuffling papers or typing.

5. Eye contact

- a. Look at the camera, not the screen. Sitting back a little way from the screen allows you to look more generally at the screen and maintain eye contact while still seeing the patient on the screen and appearing to look at the camera. When you sit too close, you need to look up to look in the camera. This can be difficult as your eyes are drawn down to the screen to look at the patient.

Preparing your patient

1. As you start your session, review the plan with your patient and the expectations of the appointment.
 - a. **If you lose your connection**, calling the patient to resume the appointment is the best option. Your patient, though, may not have a phone, or may not be in an area with good phone signal. In those situations, following up with a portal message may be better.
 - b. Have a phone available in case you lose connection.
 - c. Assure that you have your patient's best phone number to reach them at the start of EVERY appointment. They may not be at their current residence, or their phone number may have changed.
2. Ask your patient if they're in a safe and confidential environment for the appointment. It's important to remind your patient that you value confidentiality and that the appointment is confidential, even though their visit is taking place in a different format. At this point, you can also let your patient know how you would handle the situation if someone were to walk into your space.
3. Discuss the issue of recording the session, and that the expectation is that the session is not recorded by either the clinician or the patient.

Preparing the environment

1. Try to be in a place with a good, consistent internet. This can sometimes vary within the rooms of one's home. If you experience latency, sitting closer to the router can help.
2. If possible, hardwiring to the router or modem (connecting an ethernet cable rather than using Wi-Fi) can also help with latency.
3. Another bandwidth consideration is how many people are using your internet connection at the same time. If you have a house full of people using the internet, it can slow down your connection.
4. Close all non-related programs before the telemedicine session. Important examples of programs to quit are:
 - a. Skype, Dropbox, Google Drive and other file synchronization/sharing services.
 - b. Cloud backup software.
 - c. Antivirus programs or system software updates that might run during your session.
5. Try to get on early before the session starts to test the system to make sure everything is working properly, including your microphone and speakers.
6. Having two screens can allow for concurrent documentation — one to document and review records, and one to maintain eye contact with your patient. If you do not have two screens, you'll be looking at your camera while looking at other objects on your screen, which can be disconcerting to the patient.
7. Pay attention to the monitor size (tablet vs. laptop vs. desktop). According to the American Telemedicine Association, the smaller the monitor, the less well you can assess the patient's mental status.

Cultural considerations

1. When possible, avoid using texting or chat boxes with patients who have limited English or literacy proficiency.
2. Ensure that patients understand the images that shown on the screen and what they mean. Your patient may not understand how to mute themselves or turn on their camera if the platform uses images that seem standard for you but are culturally specific. Using a platform that is more culturally well known (e.g., FaceTime) while technology barriers have been minimized can allow for cultural barriers to be minimized as well.
3. If the platform you're using allows you to increase the text size in chat boxes, tell your patients how to do this. The chat box may be difficult to read for patients with visual impairments.
4. Non-verbal cues may be limited when you're communicating with a small camera, or not available at all via phone. It may become more difficult to understand and communicate with patients who speak in a language other than English. Consider using a translator to ensure all information is understood.

Telemedicine for integrated behavioral health

General guidance for integrated behavioral health

Behavioral health clinicians (BHCs) are able to perform essential duties remotely via telemedicine services. Some clinics choose to have a rotating schedule so only one BHC is on site each day to limit the number of staff on site. Other clinics are choosing to have BHCs work from an administrative site. Clinics choosing to have BHCs work onsite are having BHCs provide almost all patient care via phone or video services. In-person care is reserved for emergent cases such as high-risk suicidal ideation or active psychosis. We recommend that clinics implement workflows and screening tools to help classify patients' risk level, so providers, support staff and BHCs are on the same page regarding when a BHC should engage in in-person care versus providing remote services.

Warm handoffs

1. Contacting the BHC:

- Whether the BHC is in the clinic or remote, the primary care provider (PCP) needs to be able to connect to the BHC to facilitate a warm handoff without leaving their exam room. Warm handoffs, therefore, must be done electronically. There are several ways this can be done depending on a clinic's technology:
 - ◆ **Phone:** The BHC has a phone that providers are able to call throughout the day. In this scenario, the provider calls the BHC to notify them of a patient they would like to refer. This can happen while the PCP is in an appointment or afterward.
 - ◆ **Instant messaging:** The PCP sends a message to the BHC either through the EHR system or through a third-party instant messenger system, altering the BHC of a referral.
 - ◆ **Chart routed:** The PCP routes the chart to the BHC who reviews and then calls the patient to follow up and schedule.

2. Joining the appointment:

- Depending on how the BHC is notified of the referral and a warm handoff is facilitated, there may be an opportunity for the BHC to join in on the telemedicine appointment. This will vary depending on how the PCP and the patient are communicating (e.g., phone vs. video platform) and, if they are using a video platform, what type of platform is being used.

- Some video platforms (e.g., Zoom) have the option of the BHC joining the meeting while it's in progress.
 - ◆ The BHC can find the Zoom link in the PCP's appointment notes, or the medical assistant (MA) can send the BHC the link during the warm handoff communication. The BHC can then use the link to join the Zoom appointment. The PCP can introduce the patient to the BHC and many of the same interactions between the patient, PCP and BHC can take place over the video.

3. Contacting the patient:

- If joining the appointment in the moment is not an option due to platform limitations or because the BHC was supporting another patient during the time of the warm handoff, it will be necessary to follow up with the patient.
- After being notified via the warm handoff, BHCs will want to reach out to patients. Some clinics may have the PCP or MA schedule the patient while they are still with the PCP. Even if the patient already has an appointment scheduled, it doesn't hurt to call the patient and say you are looking forward to talking with them and making sure they have the proper technology in place and understand how to use it so the appointment goes smoothly. In integrated behavioral health, many appointments are successful because of the warm handoff.
- If you are not calling, sending a portal message to the patient acknowledging that you are looking forward to the appointment and letting the patient know what to expect can begin to form a connection.

Pools/inboxes

- Pools or group inboxes can be a good tool for BHCs and PCPs to utilize right now. They can facilitate good communication between BHCs and PCPs even while they are not working in the same space. If a clinic has multiple BHCs, or if there are multiple BHCs spread across a clinic system, it can allow the group to work together and combine their resources.
- PCPs can use the group inbox for warm handoffs, requests to reach out to certain patient populations or to ask general questions of the BHCs.
- The group inbox can be a good space for consultative support for the PCPs, who are used to being able to collaborate with BHCs on patient care.
- Clinics can divide the work so certain BHCs monitor the inbox during certain times of day or different days of the week. Or, it can be a group effort approach in which everyone monitors together at all times. Establishing expectations among the BHC team is important.

Scrubbing schedules

- Scrubbing schedules refers to the BHC reviewing who is coming into the clinic for the day and notifying the PCP of potential warm handoffs to the BHC.
- Schedule scrubbing can continue in the light of COVID-19.
- The BHC can remotely review PCP schedules to see which patients are good candidates for referrals to behavioral health.
- BHCs can notify the PCP in a number of ways:
 - ◆ Provide a list to the MA via an inbox message.
 - ◆ Put a note in each patient's appointment schedule.
 - ◆ Notify the PCP via a remote huddle in the morning.
 - ◆ Send a list to the PCP or MA via instant message.
- Most importantly, work with each PCP and MA team to decide what process will work best for them.

Transferring BHC work to an online platform

- Many platforms let you share your screen, so if you want to do a worksheet you may be able to do it together via screen sharing. If the client is on the EHR's online portal and it allows for uploading documents, you can upload the document for them later.
 - ◆ Practice sharing your screen with a colleague, talking through the document and how you'll teach the technique via telehealth.
- Relaxation and guided imagery exercises transfer well to telehealth. Particularly during this time of high stress, you may want to consider using them more than normal.
- Take time to familiarize yourself with the platform to minimize your own anxiety and distractions, so you can be present for your patients.

315 SW Fifth Ave
Portland, OR 97204

careoregon.org

COR-9303-2095313-0512b

