THE FAMILY HEALTH CENTERS

ASHEVILLE | ARDEN | HOMINY VALLEY

Telemedicine Case Scenarios

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The Family Health Centers

- Outpatient family medicine
- Physician owned, independent
- 3 offices with lab, x-ray, limited ultrasound, integrated behavioral health
- 20 physicians, 3 extenders, 1 clinical pharmacist

We are currently at about 95% virtual visits.

One location is closed to patients – staff only working phones, socially distanced

2nd location operates a "respiratory clinic" outside for patients that need to be seen with any URI/LRTI symptoms. If patient needs more attention, we have access to x-ray, ECG, labs. Limited personnel to conserve PPE

3rd location for labs, INR and in person visits on limited basis that pass screening criteria and cannot be handled through a telehealth appointment

64-year-old male with hypertension, hyperlipidemia and asthma

- Originally scheduled as a commercial CPE. He called to cancel his appointment and push it back, but the scheduler recommended he keep the appointment and we would do it "virtually". It is explained that it will not be a traditional "physical" but we will manage his medical conditions
- Pre-visit planning allows for provider to bring down the chief complaints of HTN, HLD and asthma to alert medical assistant as to what issues to address
- Day of visit, medical assistant calls to fill in chief complaints, update meds, allergies and any self reported vitals. He/she then explains how the logistics of the appointment, consents the patient to telemedicine and sends chart to provider

64-year-old male with hypertension, hyperlipidemia and asthma

- Provider sends text through platform (UPDOX or Doximity) and starts visit
- Provider to manage above problems, refill meds, order labs and then arrange for follow up appointment to be in person CPE or virtual visit depending on the time frame.
- We use an auto-replace text to document the consent for telehealth and whether it was a visit using video or audio only. This allows our billers to apply correct modifiers. We also drop a penny charge for telephone vs. video so we can track these internally.
- At sign off, it will automatically be a virtual visit because of visit type on PM side. Provider assigns appropriate E/M level based on either time or complexity of visit

64-year-old male with hypertension, hyperlipidemia and asthma

- Provider "checks out" the patient on his/her schedule which alerts our clerical staff to arrange for the follow up appointment, any referral information or inhouse services. Tries to collect copay if needed (our understanding is that the requirement of collecting copayment has been waived at the discretion of the provider)
- To keep it as simple and consistent as possible, we bill all encounters except MCAW with an E/M level. If the visit was performed by telephone and patient is Medicare beneficiary, our billers will change to the appropriate 99441-443 code as documented based on time

83-year-old female due for her Medicare Annual Wellness

- Now that we are some what caught up on converting to virtual visits, our clerical staff will contact patients prior to appointment and update demographics, insurance information, collect co-pay if applicable and mail any forms that may be due. If time allows, we mail wellness forms and new patient forms.
- The day of appointment medical assistant calls the patient and will update information in chart along with functional/risk assessment. If patient only has landline or does not have a smartphone for video platform, check to see if any relative would be available to assist
- MA updates medications, allergies and social history including any barriers to care. Get self reported vitals (BP, height/weight) if available. Send chart to provider with contact number

83-year-old female with osteoporosis, HTN, DM & mild MDD

- Provider contacts the patient, offering a video link if possible or by telephone only.
- Address patient concerns, functional/risk concerns, health care maintenance as appropriate, meds, monitoring etc… This is a great opportunity to discussed Advance Care Planning
- At sign off, we submit the G0439 code if done virtually. If only telephonic then it will need to be time based and much less reimbursement. One option is to opt out of the MCAW and do a problem based telephonic visit and reschedule for in person MCAW.