

Telemedicine In a Small Practice

How do we do it?



Who are we?

Practice Name: Dry Ridge Family Medicine, located in Weaverville, NC

Office Staff: We have one location and a staff of 6 people, including Dr. Ogg, who is the only physician in the practice. Additionally, we have one nurse practitioner, one RN, one medical assistant, one front desk person, and our office manager, Anne-Marie.

Patient Demographics: Approximately 1600 patients with the majority being between the ages of 45 and 74. 42% of our patients have either Medicare or Medicare Advantage. 33% of our patients have BC/BS.

Getting off the ground with Telemedicine

- March 16: First confirmed case reported for Buncombe County. Patients began to cancel appointments. We receive an email from Updox (our platform for e-faxing, patient portal, and secure text messaging), letting us know about their video platform. We tell them to turn it on.
- March 17: We complete our first telemedicine appointment. Within a week 90% of visits are done via telemedicine, but visits are down substantially. Then Buncombe County, and later the state, issue Stay at Home orders.

Next Steps

With at least a month of telemedicine appointments ahead of us, we change our focus. First, we begin to model these visits after our normal in-house visits. This process will be modified and streamlined over the next few weeks.

1. Medical Assistant contacts patient to gather information about why the visit is needed and obtains whatever vitals the patient is able to provide.
2. Provider sends invitation for video and completes visit.
3. Front desk contacts patient to schedule follow-up visit and/or lab appointment, and collects copays as applicable.
4. Claims are sent to insurance. Those processed incorrectly are marked for future rebilling.

Communicating with Patients

Next we focus on communicating with our patients:

- Facebook posts with hours and visit options (we're also doing carside visits)
- Email updates via our patient portal (~every two weeks)
- Phone calls to high-risk patients
- Reminder calls to patients already on the schedule, with options to convert to telemedicine appointment or reschedule
- Phone calls to patients who are due for Annual Wellness Visits

Keys to Success

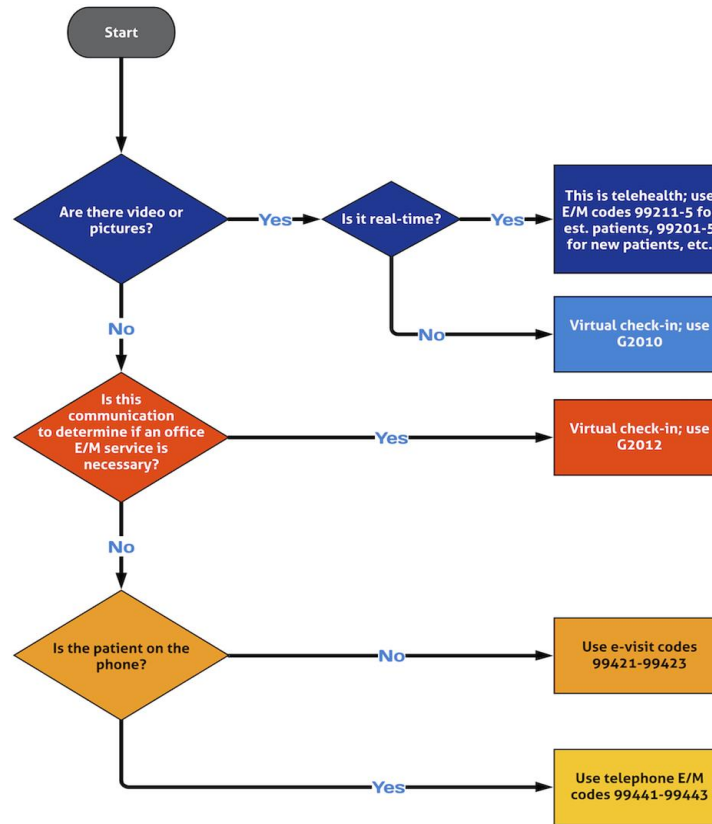
One of the keys to our success in implementing Telehealth so quickly has been the great communication between our office manager and providers/staff. We have morning huddles every day. This has been extremely important is sharing the latest updates in billing/coding requirements for virtual visits, as well as discussing the latest COVID-19 testing recommendations.

By being in a small office we feel that we can make decisions “on the fly” and can implement changes immediately.

We have depended on the ECHO meetings to help guide us for billing/coding updates and also clinical guidelines.

Keys...

We have found the AAFP Telehealth Algorithm extremely helpful:



Annual Wellness Visits

- Perfect opportunity to remind patients of the importance of managing their chronic diseases, reviewing their medications, updating vaccines, setting health goals for the year, and also to discuss advance directives. The last topic is particularly pertinent in light of COVID-19
- Does not require a physical exam so is ideal for a virtual visit.
- A great way to fill empty holes in the schedule and generate revenue for the practice

AWV- Our Workflow

- Scheduling 2-3 AWV per day. Each appointment is given a full hour on the schedule, split between our RN and Dr. Ogg
- RN calls patient and spends ~20 minutes going through the Health Risk Assessment questions. This includes falls screening, depression screening, Mini-Cog screen, and review of ADL's and IADL's. Medications are reviewed and refilled as necessary. Screening tests and vaccines are ordered as necessary. Advance Directives discussed if applicable.
- After the RN visit, Dr. Ogg then establishes a Telehealth visit with visual connection with patient to review any questions they might have. Average time spent is around 10-20 minutes with Dr. Ogg.

AWV- Our Workflow (cont)

- Lab orders are placed and patient can come in same day or later, depending on their comfort level. At the time of lab draw the following can also be done:
 - Vitals checked and added as an addendum to their AWV note.
 - Any necessary vaccines given
 - Five Wishes and/or MOST form can be notarized (one of our staff members has certification) and signed by M.D.

AWV- Our Workflow (cont)

Once visit is completed, our medical receptionist contacts the patient to “check out” the patient - she schedules any follow-up or labs visits and collects copays or coinsurance if applicable.

Claims are sent the next day. Currently billing for the AWV, depression screening, and advanced directives as applicable. All have been paid at our usual reimbursement rates.