Health System

Virtual visit workflow for academic/university/large practice

It is best to utilize the video platform recommended or built-in to your institution's electronic health record, as this will prevent the hassle of checking if it is compatible with your electronic health record or having to manage separate scheduling/billing workflows.

General Guidelines:

1. **Send a list to your schedulers with your scheduling guidance so they know how to triage patient calls and existing appointments for example:**

   a. total body skin exams (routine) - reschedule in 3-6 months

   b. flaring rash or bleeding mole – video visits

   c. non-flaring rash, or medication follow-up – e-visits or telephone visits

2. **Most institutions with video visit platforms will have patient instructions that can be pushed through the portal.**

3. **If you have a robust e-visit (asynchronous) setup, offer e-visits, otherwise, try to prioritize the type of visit you offer patients:**

   i. video visits

   ii. e-visit

   iii. telephone visits

   a. Note that asynchronous or telephone-only encounters generally reimburse at a lower rate than live audio video telehealth.

4. **Make sure you communicate with your call center/scheduling team by routing your recommendation for follow-up at the end of your virtual visit. This process is important to avoid things falling through the cracks.**

Prior to the visit:

1. **Residents/physician/non-physician clinicians/schedulers**
   should assess the patients' schedules at least one week before the scheduled visit to ensure that the patient has access to the video visit software and information is correct.

2. **If your electronic health record has a "chat" or messaging feature**
   that allows for submission of static images, practice staff may recommend that your patients send in a photo of their chief complaint prior to the visit. This will allow you to triage and make the visit more efficient, and often gives a better picture of the skin condition than the video stream will allow.

At the time of the visit:

1. **Video visits:**
   (use the video platform provided by your institution; if they don't have one, consider the list of vendors supplied in the AAD Teledermatology toolkit)

2. **Confirm a patient's identity**
   (name and date of birth) and verbally document consent and patient location (state). If you are using another device (tablet/phone) to make a video conversation, make sure you have opened the patient chart on a laptop/desktop. If you are working with a resident, you can utilize a number of workflows:

   a. If the resident and faculty are in the same outpatient clinic setting, the resident pauses the visit and informs the patient that he/she is stepping out to discuss the plan with faculty, or you could ping the faculty to join the visit.

   b. If the resident and faculty are working remotely, you could send out email invites to all the participants on the visit, or if you are working through an app, the resident and faculty can both join the patient's video visit. This will allow the resident to do initial triage and get some history prior to the attending faculty joining the call. This process can vary depending on the video platform one is using, but many allow for multiple video streams to be conducted at once (note, sometimes adding more video streams degrades video quality).

3. **At the end of the visit,**
   let the patient sign off first. This set up allows the patient to address all their concerns, add patient instructions, sign medication orders, and complete the note. Wrap up with Level of Service (LOS) – for new patient 99201 -99205 and established patient 99212-99215. Make sure you route your follow-up to your schedulers.
   Please check with your billing department to make sure they have a workflow in place to append the appropriate Place of Service and Modifiers depending on the insurance plan.

E-visits (asynchronous visits):

1. **Practice staff should use the patient portal**
   and send clear instructions to the patient for what needs to be submitted including photo instructions, when they can expect their recommendations and cost of the e-visit. Check with your EMR platform if they can build a patient friendly questionnaire. The questionnaire should capture necessary information regarding their skin condition, what treatments has been used, result of treatments and any new medications they have started.

2. **The patients are reminded to submit the e-visit 1-3 days prior**
   to their appointment by the schedulers. The patient completes the questionnaire and submits the e-visit along with the photos.

3. **These visits arrive in the inbox of the dermatologist/resident.**
   Check the quality of the photos by clicking on the photos. If the quality is not clinically helpful, send back a smartphrase with instructions to how to obtain clinically helpful photos. At the visit, confirm the patient identification, look at the photos provided, comment on the quality of the photos, time spent and mode of encounter, and document your recommendations and observations in a patient-friendly way. Provide patient instructions in your note. Make sure you close the loop with your front desk/schedulers so that they act on your follow-up instructions. For the level of service, follow the time-based codes 99421-99423. If you are working with a resident – the resident addresses the e-visit and has a phone conversation with the attending regarding the diagnosis, plan, and management before closing the e-visit. The faculty co-signs the encounter.

4. **Route the follow-up to the front desk staff.**

Telephone visits:

1. **These visits are done via telephonic communication without images.**
   The front desk could call the patients on the list designated as telephone visits to let them know the time window when the physician is going to call. The other option is the faculty, and the resident can scrub the list and have a plan in place before the resident calls the patients.

2. **At the visit,**
   please confirm the identity of the patient by stating "Please tell me your full name and date of birth?" and obtain a verbal consent to provide care via telephone visit. If the plan helps resolve the patient's concern, close the visit using a phone note and include time spent addressing the patient's condition. The encounter note is forwarded to the faculty for co-signing. Use the appropriate time-based telephone codes 99443. Route the follow-up to the front desk staff.

3. **If the resident feels that the phone visit could not resolve the patient's concern,**
   the visit could be rescheduled as a video visit or e-visit or in the clinic. Route the follow-up to the front staff for scheduling.