

Duke Primary Care Quick Reference Guide for Scheduled, Chargeable Telephone Visits

*** Telephone Visit (chargeable) should be utilized by MD/APPs only and are used to replace in-person visits. These cannot be created by the provider. They must be scheduled and arrived by the front desk or triage staff.

Other clinical staff will not have the security to close these encounters. If they have begun using this visit type they will need to route the encounter to a MD/APP for closing.

***Telephone Call (no charge) and internal Communication encounters should continue to be used as they have previously.

Patients:

- Are registered Duke patients with working telephone number(s)
- Meet clinical criteria for a phone visit (i.e., no hands-on interaction) or would benefit from use of phone.

Providers/Clinicians:

- Will be available to all DPC providers
- Should conduct telephone visits in private space with limited noise or distractions, compliant w/ HIPAA
- Ask the patient to provide two-patient identifiers to verify the patient's identity (i.e. name, DOB)

Scheduling Workflow:

There are three ways that patients can be scheduled for a telephone visit.

1. A triage nurse or provider may decide based on a MyChart Message or Patient Call that the patient needs to be scheduled for a telephone visit.
2. A patient may call and request a telephone visit.
3. Providers may request that a current office visit on their schedule be changed to a Chargeable telephone encounter. Providers are encouraged to review their schedules a day or two in advance. Patients who should not be seen in the office can be rescheduled for a later date or the visit can be changed to a telephone visit.

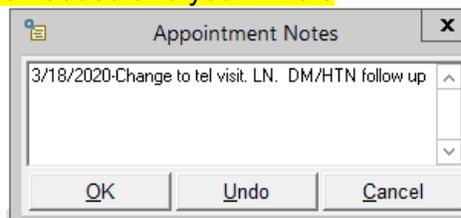
For the 3rd scenario above, here is how you communicate with the front desk that the visit needs to be changed from an Office Visit to a Telephone visit:

1. Click the Notes tab above the multiprovider schedule. (In the Schedule screen, not the Home screen).



The screenshot shows the MyChart interface for a patient named NADLER, ELISABETH B. The 'Notes' tab is highlighted with a red box. Below the patient name, there is a table with columns: Time, Checked, Status, Patient Name, Age/Gender, Has, MRN, Notes, Pt. Portal, and Type. The first row shows a 9:00 AM appointment with status 'Sch' and patient name 'Browndog, Josie "Beautyprin...'. The 'Notes' column contains 'DM/HTN follow up'.

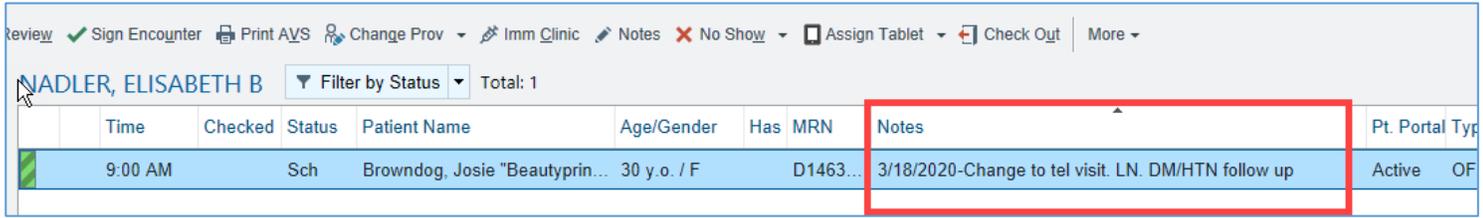
2. In box, type **date of request, what is needed and your initials:**



The screenshot shows a dialog box titled 'Appointment Notes'. The text inside the box is '3/18/2020-Change to tel visit. LN. DM/HTN follow up'. Below the text box are three buttons: 'OK', 'Undo', and 'Cancel'.

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3. You will now see this in Notes column on your schedule.



Time	Checked	Status	Patient Name	Age/Gender	Has MRN	Notes	Pt. Portal	Type
9:00 AM		Sch	Browndog, Josie "Beautyprin...	30 y.o. / F	D1463...	3/18/2020-Change to tel visit. LN. DM/HTN follow up	Active	OF

4. The schedulers and triage staff can see this on their view as well and can make the change. Once they have made the change, they will put the date they made the change, "Done" and their initials. Once the visit has been converted from an Office to a Telephone Visit, you will see it on the schedule in the column called "Type"



Slots	Time	Pri?	Checked I	Status	Patient Name	Age/Gender	Has MRN	Notes	Pt. Portal	Type	HCC Sc	PCP
TRIANGLE FAMILY PRACTICE												
	7:15 AM	Exam...		Exam...	Zzztest, Ambulatoryo...	53 y.o. / F	D1895...	DM/HTN follow up	Active	TELEPHONE VISIT (CHARGEABLE)		NADLER.

Documentation: At the time of the visit, open the encounter as you would a regular office visit encounter. The patient's telephone number is easily available in Storyboard. If the patient has already been arrived by the front desk, you will go directly into the Telemedicine encounter. If they have not been arrive, you will land in Precharting. Just click the Start the Visit, and you're good to go.



Pre-Charting - 3/19/2020 visit with Nadler, Elisabeth B, MD for TELEPHONE VISIT (CHARGEABLE) - F

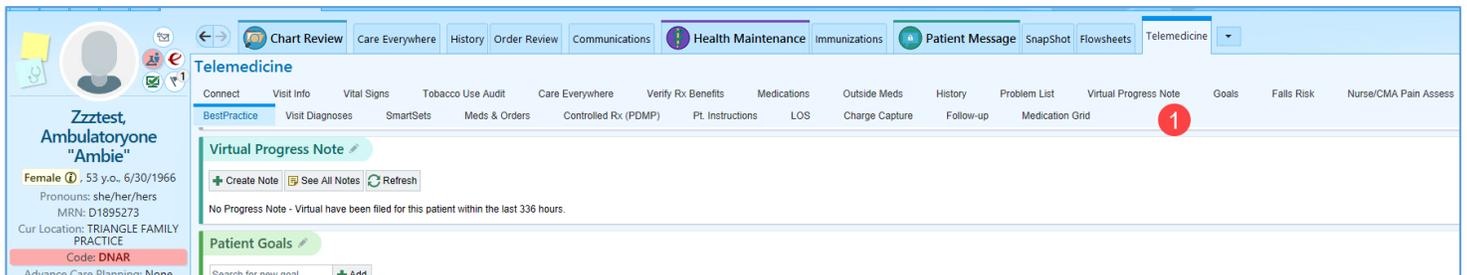
Patient Not Arrived Yet

- Welcome to the Pre-Charting workspace, where you can get a head start on your work for this visit! This screen includes tools that are helpful before the patient's arrival. Here are some other helpful tips:
- Notes written prior to the patient checking in (pre-charting) are only viewable by you and other clinicians within the encounter
- If the appointment is rescheduled, pending notes are available for 30 days via the Copy Previous button in the new appointment
- Encounters containing pre-charted information do not need to be closed out as Erroneous or No Show if the patient does not complete the visit

Warning: Reconciling outside medications will start the visit

[Start the Visit](#)

The Telemedicine encounter has all of the regular elements of an office visit, but they are in one tab. (We are still working on pinning the note to the sidebar.)



Telemedicine

Virtual Progress Note 1

Virtual Progress Note

Create Note See All Notes Refresh

No Progress Note - Virtual have been filed for this patient within the last 336 hours.

Patient Goals

Search for new goal Add

As the provider, you should enter the Reason For Visit/Call in the Visit Info section, any vitals the patient is able to report.

At this time, the Progress Note needs to be launched for each encounter and is called "Virtual Progress Note". (Shown as 1 above).

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In your progress note, you now have two new templates to choose from:

.XTELEPHONECHARGEABLESOAP –this template is to use for all established patients who do not have respiratory symptoms that require COVID-19 evaluation. **It is a standard SOAP note that has been adjusted to include telephone encounter requirements and physical exam portion has been removed.** It has synonyms that can be used instead: .TELEPHONECHARGEABLESOAPNOTE or .SOAPNOTETELEPHONECHARGEABLE

Please read through the template the first time you use it to be sure you understand the telephone encounter pieces. All of the elements of the previously rolled out telephone visit consent are included in the template.

The second template is for you to use for any patient where you need to evaluate for possible COVID-19. It is **.COVID19PROVIDERTELEPHONENOTEPRIMARYCARE** and will walk you through the documentation and orders for COVID-19 rule out.

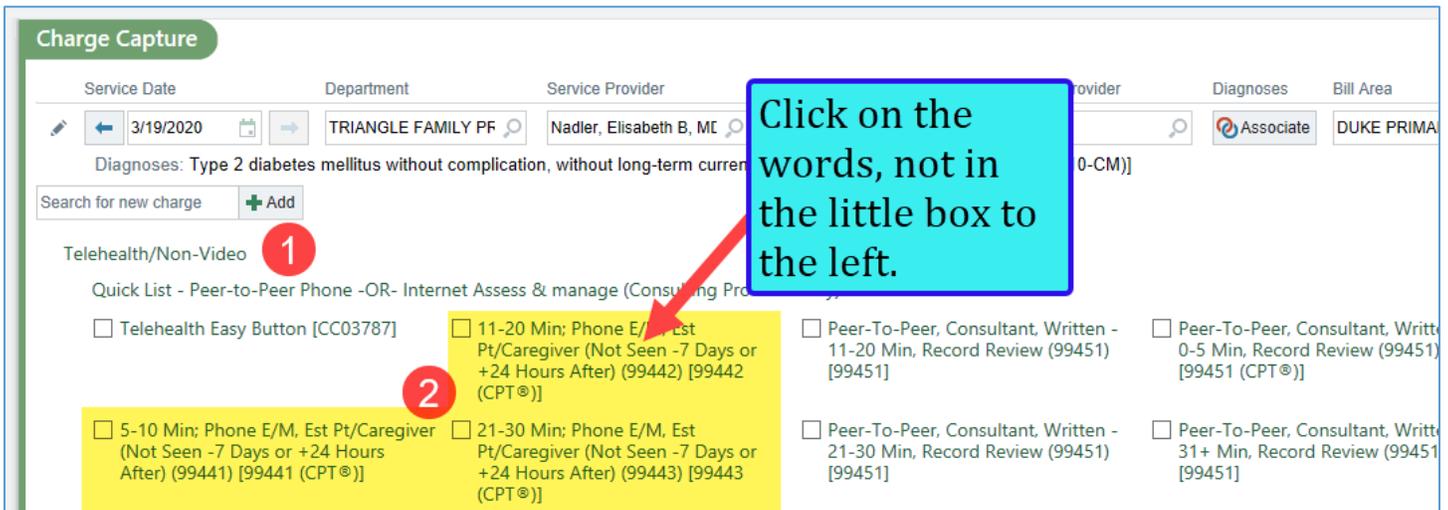
Document as usual. If you have completed all of the usual elements and you can't close the encounter, the most likely reason is because the appointment has not been arrived. Have your clinical staff work with the front desk to get this completed.

Billing:

To bill for this encounter, you do not need to put anything in the LOS.

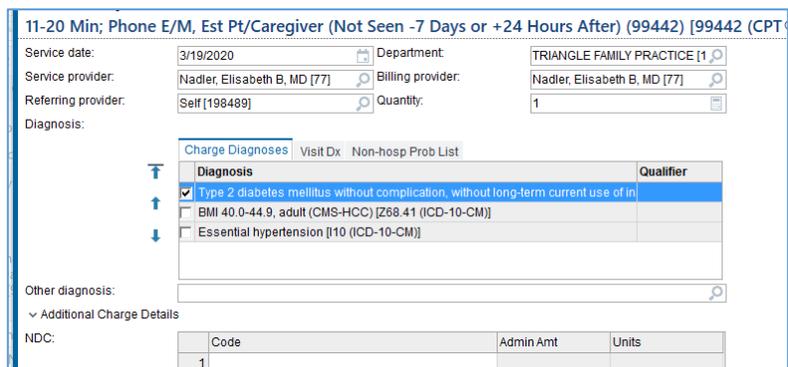
Go to Charge Capture and follow the steps below to charge for the telephone call. There are other possible charges that we may be able to use, but for now, just use the time based charges shown below.

It is still always best in Charge Capture to click the words, not the check box to make sure that the charge is associated with your primary diagnosis.



The screenshot shows the 'Charge Capture' interface. At the top, there are fields for Service Date (3/19/2020), Department (TRIANGLE FAMILY PF), and Service Provider (Nadler, Elisabeth B, MD). Below these are fields for Diagnoses (Type 2 diabetes mellitus without complication, without long-term current use of insulin) and Bill Area (DUKE PRIMA). A search bar is present with a '+ Add' button. A list of charges is displayed, including 'Telehealth/Non-Video' and several '11-20 Min; Phone E/M, Est Pt/Caregiver' charges. A red callout box with a blue border points to the text of one of the 11-20 min charges, with the text: 'Click on the words, not in the little box to the left.' There are also red circles with numbers 1 and 2 highlighting specific areas of the interface.

Confirm that the check is next to your primary diagnosis:



This screenshot shows the 'Diagnosis' selection screen. It includes fields for Service date (3/19/2020), Department (TRIANGLE FAMILY PRACTICE [1]), Service provider (Nadler, Elisabeth B, MD [77]), Referring provider (Self [198489]), Billing provider (Nadler, Elisabeth B, MD [77]), and Quantity (1). The 'Diagnosis' section has a table with columns for 'Diagnosis' and 'Qualifier'. The first row is checked and highlighted in blue: 'Type 2 diabetes mellitus without complication, without long-term current use of insulin'. Other rows include 'BMI 40.0-44.9, adult (CMS-HCC) [Z68.41 (ICD-10-CM)]' and 'Essential hypertension [I10 (ICD-10-CM)]'. Below the table is an 'Other diagnosis' field and an 'Additional Charge Details' section with a table for NDC, Code, Admin Amt, and Units.

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