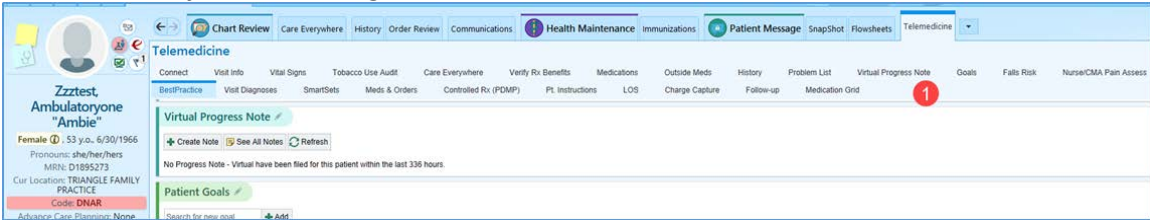

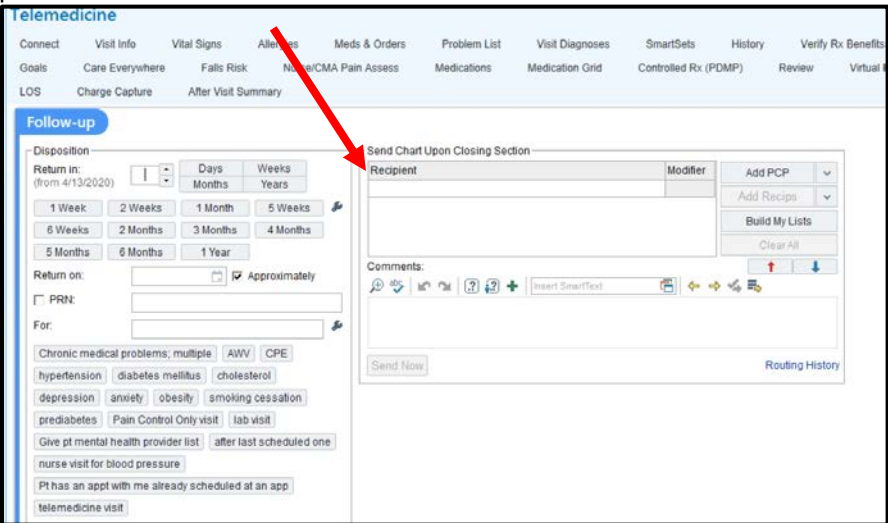


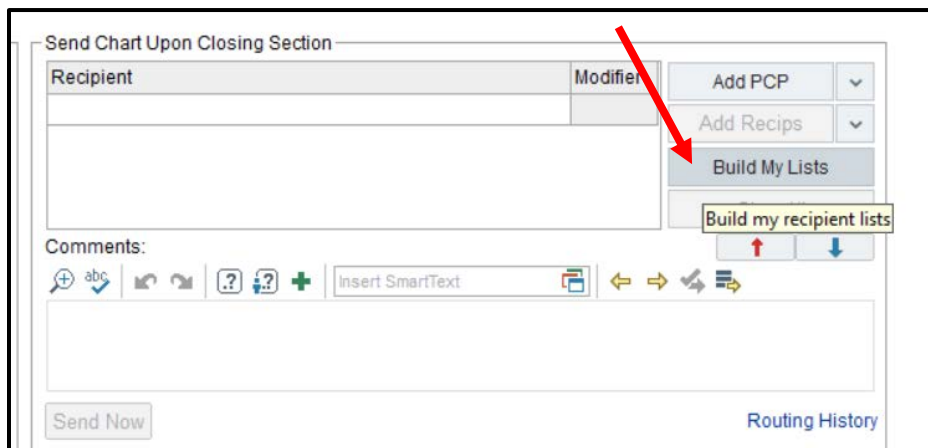
Process: Conducting Telephone Visit Appointments

Step	Operator	Important Steps	Modifications for Working from Home
1	Provider, Clinical Staff (MA, LPN, RN)	Provider and MA (or other clinical staff) review the schedule at the beginning of the clinic day to confirm telephone visits.	Provider reviews schedule and communicates with clinical staff via Jabber or in the “Notes” section of the schedule if there are office visits that need to be converted to telephone visits or rescheduled with a provider in the office.
2	Clinical Staff	<p>If the provider is running on schedule, call patient in advance of the provider visit to confirm the callback number and perform virtual intake. Follow standard work to verify patient ID (two identifiers).</p> <p><i>Scripting: Hello Mr./Ms. [NAME]. I’m calling from Duke Primary Care [LOCATION]. I’m [PROVIDER NAME]’s medical assistant and calling to verify some information before your provider begins the appointment. Can you please verify your name and DOB?</i></p> <p>Please follow these steps and collect the following information:</p> <ul style="list-style-type: none"> ● Arrive the patient – patient may be arrived by MA/other clinical staff if they are trained. Otherwise, see Step #6 for arrival ● Start Visit: Do not start visit prior to this call ● Confirm preferred phone number – indicate in Maestro ● Confirm phone number provider should use if different from preferred number ● Medication Reconciliation ● Allergies ● Reason for Visit ● Vitals with weight if patient is able to provide ● Learning Screening ● Smoking Status ● OB/Pregnancy ● Blood Sugar (most recent as necessary) if patient is able to provide ● If visit diagnosis is anxiety or depression follow-up, confirm with provider if PHQ9 or GAD7 assessment should be completed. 	<p>Clinical staff may perform intake as part of pre-work similar to intake prior to a telephone visit in the clinic. During intake, clinical staff informs the patient that he/she will receive a phone call from the provider. Send a Jabber message to the provider when patient is ready.</p> <p>All arrivals should be performed by PSA at the end of the day. Clinical staff should not arrive patient.</p>

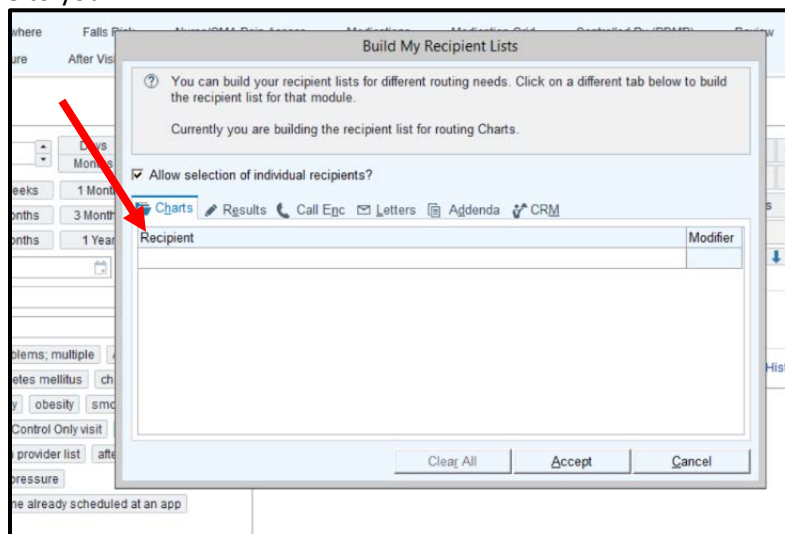
		<p>If the clinical staff is unable to reach the patient, leave a voicemail for the patient and inform them that they will be called back. Add note to the Telephone Visit encounter. Jabber the provider as needed.</p> <p>Once this is complete, facilitate a warm hand-off and notify the provider that the patient is ready for the appointment. This can be done verbally or via Jabber.</p> <p>If the provider is delayed, call the patient to notify them of the delay. Inform patient of the duration of the delay.</p> <p><i>Scripting: Hello Mr./Ms. [NAME]. I'm calling from Duke Primary Care. I'm [PROVIDER NAME]'s medical assistant and I wanted to let you know that your provider is running behind schedule. There is a delay of about [##] minutes. Does this appointment time still work for your scheduled?</i></p> <p>If the patient is able to keep their appointment, perform intake and arrive the patient. Notify the provider that the patient is ready for their appointment. If the patient is unable to keep their appointment, reschedule the appointment.</p>	<p>Provider can use Jabber to communicate to clinical staff if they are running behind, or if an appointment needs to be rescheduled.</p>
3	Provider	<p>Call patient at the appointment time. Follow standard work to verify patient ID (two identifiers).</p> <p><i>Recommendation for providers: Wrench in Virtual Progress Note for better accessibility of documentation field when using the Telemedicine tab.</i></p>  <p>Upon accepting the call, provider will begin the visit and should use this dotphrase for documentation:</p> <p>Non-COVID: .XTELEPHONECHARGEABLESOAP</p> <p>COVID: .COVID19PROVIDERTELEPHONENOTEPRIMARYCARE</p>	

		<p>Enter a chief complaint. Enter vital signs as appropriate/if able to collect. Document provided vitals using “Patient reported” to start documentation.</p> <p>Use the “DPC-DUC Telephone Visits_Maestro Tipsheet” for additional instructions for documentation.</p>	
4	Provider	<p>Use the tipsheet for information on Charge Capture. Provider should select one of the codes under Telehealth/Non Video: 99441, 99442 or 99443. Providers should be aware of start/end time for the visit in order to complete charge capture process. Refer to tipsheet.</p> 	
5	Provider	<p>CC Follow-Up: Provider uses CC routing to send follow-up instructions to staff.</p> <p>The provider writes in all follow-up in the appropriate area. The provider uses the section in Follow-Up entitled “Send Chart Upon Closing Section” and sends this to their practice-specific follow-up pool: [Practice Name] Schedule Follow Up Pool. This screenshot shows the area to find the “CC Recipient”:</p> 	<p>Jabber staff to inform them the visit is complete. Use CC routing to send follow-up instructions to staff.</p> <p>The provider writes in all follow-up in the appropriate area. The provider uses the section in Follow-Up entitled “Send Chart Upon Closing Section” and sends this to the designated follow-up pool: [Practice Name] Schedule Follow Up Pool</p>

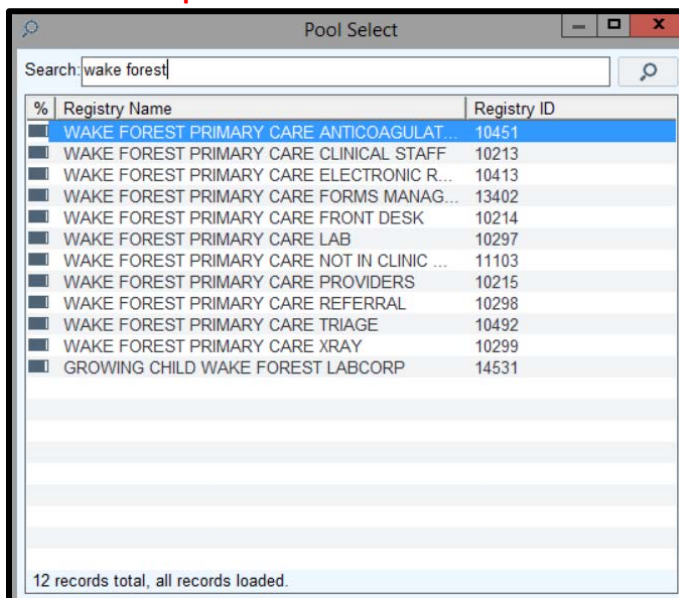
This screenshot demonstrates how to find the “build my list” button so that you can find the pool you want to insert.



Once you have clicked “build my list” it takes you to the next window. You will locate the pool name here. If you do not know the pool name, you can insert p<space>?. In order to pull up a list of pools available to you.



In this screenshot, we are showing the list of pools available to this particular practice. Search for **[Practice Name] Schedule Follow Up Pool**.



Practices may also decide to use the colored dot system in the schedule to indicate whether patient needs follow-up.

Example:

Green: Completed visit

Red: No-show/unable to contact

Black: AVS contains follow-up instructions such as scheduling follow-up appointment or lab visit.

No need for AVS mailing.

Blue: Patient is not on MyChart and needs AVS mailed/Appointment scheduled

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6 PSA/MA

At the end of the day, PSA is responsible for ensuring that all telephone visits completed have an “arrived” status. Staff assigned to the practice’s Schedule Follow Up Pool will schedule follow-up as indicated by the PCP.

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Additional Notes:

1. Providers should use headphones for the telephone visit when possible for ease of documentation during appointment.
2. Staff pre-work should include GAD-7 and/or PHQ-9 flowsheet(s) completed for the appropriate patient (refer to PHQ2-9/GAD2-7 standard work).