

Standardization of Telehealth for fellows/AIM

1. 1 To make a telehealth appointment for patient
 - a. Have doctor send Clinesha Peters a task stating whether patient has phone or smartphone capability, and a time frame in which to see the patient (days, weeks, months). Others with access and ability to do these:
 - i.
 - b. If patient can only do visit by telephone (no video capability), note “phone only” on the schedule in Centricity, with a T appointment type.
 - c. If patient doing telehealth, confirm appointment time and send email to appropriate common AIM email with this format: **TeleMed w/ Patient Name 4/3 AIM (or endo, gi, or cardio)**. This allows docs to see correct patient without opening every email. Note that same day scheduling is currently (4/3/20) not showing up immediately on the attending schedule (maybe Centricity is overloaded?)
 - i. Aim common email: aimtelehealth@gmail.com
 1. Aim new patients preferentially to Dr. Peterson hugh.peterson@louisville.edu
 - ii. Cardio common email: aimcardiology@gmail.com
 - iii. Endo common email: aimendocrinology@gmail.com
 - iv. GI common email: aimgastroenterology@gmail.com
 - d. For AIM primary care appointments, these patients will be placed on Dr. Kubiak and Dr. Koch’s schedules. New patients to be scheduled with Dr. Peterson when possible. As more need occurs, we will increase appointments. Do NOT send email BlueJean invitations to residents; they are often ill and not being covered. Do NOT overbook telehealth appointments.
 - e. If changing from in person to telehealth appointment: delete the old appointment and put in a T appointment. This allows the billing to go through correctly and correct modifiers placed by the coding team. For primary care, if this is not done, the bill goes through without editing and could be denied since place of service and telehealth modifiers are not in place.
 - f. At end of clinic, print the day’s schedule, and have doctors note if patient showed for telehealth. Have staff arrive and discharge patients for telehealth at the end of the day. DO NOT no show any appointment type until this is received. Unsure if this must be done on day of clinic per guidelines.
 - i. Staff person assigned to do this: hallway MAs for aim
 - ii. Backups available to do this: Rebecca, Joe, Angie
 - g. New patients that do not want to have a telehealth initial appointment must have their issue reviewed by a physician, who will make a determination about the timing of the appointment or appropriateness. Clinesha Peters will task the attending about this.
 - h. Internal medicine residents will contact patients through April and attempt to convert them to telehealth. Some have been unable to be contacted. If that patient calls in and willing to do telehealth, check with providers in the office before switching to telehealth at the same time slot (on the resident schedule). We may be able to accommodate it, but will depend on number of appointments and residents.