VIRTUAL RESIDENT PRECEPTING AT HCA

All resident visits will be precepted via phone or video with the assigned preceptor in real time with the preceptor interacting via video or phone. The precepting assignments can be found on the daysheet sent out as part of the daily Clinical Guidance email.

Residents will use **BIDMC Virtual Visit** for video visits, or Doximity for telephone visits and then merge the preceptor into the encounter. Below are details for residents and preceptors on this process, but the information is not exhaustive. Please contact Elizabeth Norian or Jim Doolin if any clarification is needed or questions arise.

1. PRE-VISIT COMMUNICATION

Residents

a. Check daysheet for preceptor assignment, sent out in the daily Clinical Guidance email
b. Determine if a pre-visit discussion is needed with your preceptor
c. Send your cell phone to your assigned preceptor
d. Notify preceptor if any visit is a video visit and if any pre-visit discussion is needed for any patient
e. Discuss, via email or text, the best way for your preceptor to make changes to the plan while on the phone with the patient

Preceptors:

a. Check daysheet for preceptor assignment, sent out in the Clinical Guidance email
b. Send your cell phone number to your assigned residents
c. Participate in any pre-visit discussion with resident as needed
d. Discuss, via email or text the best way for you to make changes to the plan while on the phone with the patient
e. At start of precepting session, send group text to your residents

*In order to provide situational awareness, the preceptor will send a group text to all the residents they are precepting at the start of each session.
*When a resident is ready to precept, respond to group text indicating the resident is contacting the preceptor ('Elizabeth calling now' or 'invitation to video in email').
*When the preceptor has completed that encounter, the preceptor will text 'off' to the group.
*This will allow residents to pace themselves during visits and ensure all visits are precepted in real time.
*There may be situations when it's not possible for the preceptor to join the encounter. If this happens, please precept via phone at the end of the session and do not bill.

2. CONDUCTING VIDEO VISITS:

Residents:

a. log into https://bidmcvirtualvisit.connectedcare.md/provider using Safari or Google Chrome browser on your phone or computer

b. Conduct the visit as normal including HPI, med review/confirmation, physical exam as applicable and possible through the platform, review of prior testing and an assessment and plan.
c. When the resident is ready to merge the preceptor in, it is done as follows:
    a. Click on the "Navigator" link in the OMR schedule
    b. Add the name of the other clinician
    c. Select "Other Clinician" as the role
    d. Add the other clinician's email address and click "Email Invite" or their cell phone number and click "Text Invite"
    e. Text preceptor in group chat that you are ready for them to join, and the invitation is in their email/phone
d. Please note that you will not have the ability to "chat" privately with the preceptor through the platform so please communicate important information during pre-visit huddle.

Preceptors:

a. When you receive a text from a resident that they are ready to precept the encounter, please find the link via your email or phone.
b. Precept as you typically would, making any additions to the plan if needed, and note the amount time spend in the encounter.

3. CONDUCTING TELEPHONE VISITS:

Residents:

a. Call each patient through the Doximity app
b. At the start of the call, inform the patient that at the end of the visit, they will be placed on hold briefly and the preceptor will join the call.
c. Inform patient if the call is accidentally disconnected, the resident will call back. Some additions to the plan may be made by the preceptor.
   Conduct the visit as normal including HPI, med review/confirmation, review of prior testing and an assessment and plan.
d. When you are ready to merge the preceptor in:
    1. Text preceptor/resident group
    2. Press 'ADD CALL' on phone interface and call preceptor
    3. Discuss any details that cannot be discussed in front of the patient.
    4. Press 'MERGE CALLS' on phone interface
    5. Introduce preceptor, present the patient and confirm or change plan as necessary
    6. Preceptor will note the number of minutes spend on the encounter, then hang up and resident can wrap up visit

Preceptors:

a. When resident texts you that they are merging you in, text 'ready' to the group precepting text
b. Precept as you typically would, making any additions to the plan if needed
c. Exit call
d. Text 'off' to group precepting text

4. RESPONSIBILITIES AFTER PATIENT ENCOUNTER:

Residents:

a. Document note as you typically would in OMR using the HCA Phone visit MACRO at the bottom. *Be sure to include the amount of time spent in the encounter*
b. Complete the bill as you typically would in eVTe using the specific directions below:
    a. The provider completing the ticket **must select** one of 3 options: In person, Video or Telephone

- When entering a Video visit, please use appropriate CPT Codes along with **Modifier 95.**
- When entering a Phone visit, please use appropriate CPT codes along with **Modifier GT.**
- **These modifiers will be entered in the same place a modifier "25" or "GC" would be added.**
- *NOTE: Failure to use the modifier with the appropriate CPTs may result in an error message and will prevent the clinician from entering charge*

Preceptor:

a. Sign the resident note with the appropriate precepting macro
   For video visit: "On this day, I saw the patient and discussed the patient with Dr. ____, via video. I spent _____ minutes with the patient and the resident in evaluation and management and in reviewing the history and plan. I agree with the resident assessment and plan as detailed in the note. Please see resident note for full details.

b. For telephone visit: "On this day, I spoke with the patient and discussed the patient with Dr. _____, via telephone. I spent _____ minutes with the patient and the resident in evaluation and management and in reviewing the history and plan. I agree with the resident assessment and plan as detailed in the note. Please see resident note for full details."

c. Review the eVTE bill to ensure appropriate billing, details below, see #6.

5 . Frequently Asked Questions):

a. How do I make a follow up appointment at HCA?

- Email CAA for any visits needed with resident PCP or NP before July 1st
- Use Return to Care order in OMR for any visit needed with resident after July 1st
- If patient needs an in-person visit based on your discussion, email your CAA to arrange for the patient to be seen by a faculty member. Please provide detailed information in your note for this follow up visit, or contact the faculty member by email

b. What do I do if a patient needs labs?

- Defer all routine labs until the summer, orders can be entered with that later date.

- Any labs that are necessary for current clinical management can be ordered and completed. Consider sending patients to the Chelsea or Chestnut Hill labs to minimize exposure to the hospital setting.

c. What if a patient is due for preventative health measure or other health screening? ***Note this does not apply to patients who need surveillance of abnormalities***

- Colonoscopies should be deferred for 3-6 months, consider Cologuard – email CAA to arrange, as form will need to be signed by you.
- For routine screening mammograms, provide number to patient and have them call to schedule.
- Pap smears should be deferred to next in person visit.
- Routine vaccinations should be deferred to next in person visits. Urgent injections (rabies vaccine, injection antibiotics, Depo, Vivitrol) can all be scheduled. Email HCA LPN to schedule.
- PHQ-2 can be completed in the visit, recorded and managed if positive.

6. <u>Billing/eTicket Instructions FOR PRECEPTORS ONLY:</u>

There are two approaches to billing, one based on time and one based on medical decision making (MDM). If you have not yet viewed the HMPF video on telehealth billing, please be sure to do so as this covered more in depth there.

a. Time: Based only on the time the PRECEPTOR has spent in the encounter
b. Medical decision making: Based on complexity, as you would for an in-person visit

In general, for resident visits, billing for MDM will result in a higher level. As always, you should only bill for the work that is done.