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Telehealth Best Practices for Healthcare Professionals

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Introduction

In lieu of face-to-face visits, we will all be meeting increasing numbers of our patients through telephone or video connections. This is a big change for many of us, so this document is a way for us to share best practices for patient care using these channels.

Many of us have experienced trying to provide care via PatientSite or over the phone, but video may be new. As we move from the in-person encounter to video to telephone to e-messaging, the density of information drops and we must both appreciate this fact and learn to adapt to it.

This is why sometimes we can't manage a patient using the channel of communication they have chosen, for example e-messaging, and we have to transition to a higher density communication modality (e.g., "I really need to see you for this problem…"). What we will learn from this is that there are many situations for which we can adapt to adequately manage patients using a modality that is more efficient than an in-person visit. We will often need more information than is available, such as biometrics, physical examination, and tests, but we will find workarounds for many of these, such as visiting nurses, local laboratories and imaging centers, and maybe even retail clinics.

Having spent their lifetimes mainly receiving care in the office, both patient and healthcare professionals may initially be uncomfortable with this, and we will have to learn together. Some of our patients (and some of us) will never be comfortable with this. But this will be our new normal for a while and may lead to long term improvements in more efficient healthcare delivery.

Pre-Visit Preparation

If you haven't yet been oriented, see Virtual Visits - Getting Started.

As important as pre-rounding is for an efficient clinical session, it is at least as important for telephone and video visits. When we are searching for information with the patient in the office they can see what we're doing, but when we do this during a telephone or video encounter the patient may hear silence or be staring at the tops of our heads.

It may be good practice to jot down some notes and a to do list for each patient scheduled or even to pre-populate your note, but you will evolve your own techniques.

One thing to know is that there are plenty of no-shows in the office, but this is less common in video / phone care (especially because if a video visit does not work for some reason you can fall back on a phone call). So don't count on no-shows.

Likewise patients are less often late for virtual visits because they can do them from home.

Virtual visits require more continuous engagement than in-person visits. There is no down-time while patients disrobe, have AOBP measurements, or have testing like EKGs. So you will likely remain connected with that patient for the duration of the visit (unless you or the patient get called away for some reason).

A pre-visit planning document is automatically pushed to patients via PatientSite, and any responses appear as part of their electronic record.

Technology Preparation

Technology Options for Video Visits

- BIDMC Virtual Visit: Our HIPAA-compliant technology of choice is the BIDMC Virtual Visit platform. Although HIPAA rules for video visits have been relaxed during this pandemic, Virtual Visit will be the only platform you can use in the long-run. It also permits patients to be scheduled for you (send e-mail to "HCA Virtual Visits") and you do not need to share your e-mail address or phone number with the patient. Most importantly, BIDMC Virtual Visit links to your OMR schedule.
- Doximity offers free HIPAA-compliant video chats through their popular Dialer feature. It is available for iPhone, Android, and now web app; patients do not need to download an app; to invite a patient, enter their mobile phone number and they will receive a link via text message. Note that video quality is not very good.
- StarLeaf: Another HIPAA-compliant tool that can be used is StarLeaf. See this for details about using StarLeaf for video visits. You will have to schedule your own patients. Patients will see your e-mail address in the visit invite that is generated by StarLeaf.

Additional Technology Considerations

- Wired connection to network or strong wi-fi signal if doing video visit (there are many articles about improving your wi-fi speeds, including this).
- If your computer is running slow, restart it before your scheduled visits
- Load application and login in advance of your scheduled visits for video visits
- Make sure your camera is working and lens is clean (use microfiber cloth to clean lens)--if you don't have a decent camera you can buy one inexpensively
- Consider using a wireless or wired headset for best audio quality and patient privacy—noise cancelling a bonus
- Adjust your camera so your head is centered (left-right) and in the middle to upper half of the screen; you may need to elevate the back of your laptop to make that work (wine corks work well and prevent slippage, or you can buy a laptop stand)
- Using dual monitors will make your life much easier; you can have the video visit on one screen and OMR on the other (if you have an iPad and a recent vintage Macbook you can use the iPad as a second screen). Excellent monitors such as this are available for under $150; other options here (make sure your laptop has the appropriate connections and that you have the appropriate cables and connectors). You may want to buy a stand for the monitor so you can use it above your laptop screen.
- If you want to permit patients to upload documents or photos without sharing your contact information, there are a few options here.

Environmental Preparation

- Quiet room
- Private space to protect patient privacy; use earphones if others will hear you
- Non-distracting (or embarrassing) background for video visits (if you're using Zoom and have a new enough computer you can use a virtual background)
- Adequate lighting and avoid backlighting for video visits
- Adequate mobile phone signal (if using your mobile phone)
- If you're not a facile typist and need to take notes, have a pen and paper ready
    - You may want to outline your agenda and key points you want to discuss
- If you dictate, print out the patient's last annual, and use this to take notes on, then use this as the construct for your dictation.
- Consider copying forward the last annual, and use this as the construct for your note, deleting sections that you didn't review.

During Visit (also see this on the Portal)

- Appearance: Dress as you would for your regular clinical sessions. Fine patterns will often produce a moiré effect and be distracting. Some will want to wear a white coat and even a stethoscope, but keep in mind this may look silly when patients know you're at home.
- Camera angle: You will look best when the camera is at the same level as your eyes and directly in front of you; consider arranging your workspace to accommodate this (see Technology Considerations above.
- Gaze: Try to focus your attention on the camera so the patient will think you're looking directly at them. It's a good idea to move the video window to the top of your screen (or wherever your camera is positioned) so that the video of their face is near the camera.
- Note-taking: All documentation can be done directly in OMR.
- Full screen view: You may want to use the full-screen view to show the patient more life-size and make the visit seem more immersive.
- Microphone (mute) and video controls: Familiarize yourself with turning these off and on if it becomes necessary.
- Mark transitions verbally whenever you look at your other screen for OMR, just as you would do in an in-person visit
    - "I'm going to look at your chart now to look at the note from Dr. X and review your echo"
    - "I'll be looking at your med list now while you tell me your med questions/refills needed"
- Manage the time, just as you would do in an in-person visit:
    - "We'll have about X minutes together today"
    - "We have just about 5 minutes left to wrap up, so let's make sure that we cover X"

- Patients may be able to use their camera (especially if not fixed to a laptop or desktop computer) to show you:
    - Rashes
    - Wounds
    - Eyes, throat, etc.
    - Pitting edema
    - Medicine labels
    - Written information like BP logs
- If a visiting nurse is present during your virtual visit you may be able to ask him/her to perform elements of the physical exam for you and share their findings
- Both you and the patient can invite others, such as a caregiver, family member, or interpreter to the virtual visit. Up to 4 participants can be in the visit at once. Follow these steps to add another participant:
    - Click on the “Navigator” link in the OMR schedule
    - Add the name of the other participant
    - Select role
    - Add the other participant’s email address and click “Email Invite” or their cell phone number and click “Text Invite”
- Chat window: Some platforms have a chat window. This can be used for several purposes before and during virtual visits:
    - Let patients know if you’re running late
    - Help them through minor technical issues
    - Explain that you’re having technical issues
    - Share links to educational resources on the web, for example, the CDC’s COVID-19 resources, BIDMC urgent care information, other other useful sites (it’s good to save a document on your computer containing a catalog of useful links)
    - Type in instructions you commonly give to patients for specific conditions (it’s great to save a document on your computer that contains different instructions for easy copying and pasting)
    - Send them the name of a specialist, or name of a medicine, so that they have the spelling
    - Share a link or instructions on how to upload pictures or documents (see this information above)

Post-Visit

- Record the time elapsed (stop your timer or check the tool you’re using to see if it tracks the duration of the call/chat).
- Document your visit, making sure to use the “CLINICIAN TELEPHONE or VIDEO VISIT TEMPLATE” macro along with any desired elements of your usual note. Make sure to record your time.
- Bill for your visit following the standard procedures for telephone or video visits.

- Process for using macro and billing here.