Multi-Role – Telehome – Telephone Visit
Workflow Quick Start Guide

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Please Note:
All screen shots were either provided by EPIC or taken from the URMC eRecord Test System.
No actual patient PHI was used in this document.
OAS Staff

Adding a Telehome Block to Provider’s Templates

**This step is not mandatory but if no block for Telehome or a block that includes Telehome is used, the appointment will take the duration of the time slot you are scheduling into.**

Provider’s templates can have a Telehome Block associated with the template. Each Telehome Visit Type does not have a duration associated with the type. With the visit type block on the template the appointment duration will take on the duration of the block. If there is no block with Telehome, the appointment will take on the duration of the time slot you are scheduling into.

![Adding the Telehome block to a provider’s template. The Telehome visit type will be 30 minutes in this example – matching the slot length built on the template.](image-url)
Potential Telehome OAS Script/Consent:
OAS should confirm whether the patient is MyChart active or not and offer to set the patient up if they are not.

“Our primary goal at UR Medicine is to provide the very best quality of care in an environment that is safe for everyone. Given the public health risks surrounding the potential spread of this new virus we are reaching out to you today to see if you would like to move your in-person appointment to a telephone visit with your provider. The provider will contact you via the phone number you prefer at the same time as your scheduled in-person appointment. Medical information shared with your provider during this visit will be documented and safeguarded just as it would during an in-person visit. There may be a fee associated with a telephone visit but it’s typically lower than the cost of an in-person appointment. Would you like me to change your in-person to a telephone appointment? What phone number would you like the provider to contact you with?”

Changing an Existing Appointment to a Telehome Visit
This is the same workflow you use today with Change Appointment. Call the patient and confirm they are okay with converting their appointment from in-person to a telephone call from the provider.

1. Change the visit type to Telehome and update the Notes section to include the patient’s primary phone number and reason for visit.

Double-check the patient’s phone number is the same number listed in eRecord.

2. The change reason is Converted because of COVID-19 concerns.
Scheduling a Telehome Appointment

Appointment notes:

- Indicate it is a phone only encounter, add the patient’s primary phone number, and reason for appt.

Double-check the patient’s phone number is the same number listed in eRecord.

Select the Telehome visit type.

Finish scheduling the appointment like normal.

The appointment arrival location will be the patient’s home. You will also see this information on the Appointment Review screen.

Checking In/Checking Out a Telehome Appointment

Arrive and check out a telehome appointment from the DAR at the scheduled appointment time as a standard process or if not possible, at the end of each session or each day.

Read the checkout comments from the provider, either from the Check Out workflow or using the Check Out Comments DAR column (since no patient will be stopping by the check out desk) and then call the patient to schedule any follow up appointments, etc.

Follow up appointments can be one of your regular visit types and converted to a Telehome visit type at a later point (if needed).
If the Appointment Needs to be Canceled or Rescheduled

If the patient would prefer to cancel or reschedule their appointment, use one of the new cancel reasons of **COVID-19 Patient Concerns** or **COVID-19 Location Change Concerns**. You will also begin to see the new MyChart cancelation reason citing COVID-19 concerns.

![Category Select](image)

Future appointments can be one of your regular visit types and converted to a Telehome visit type at a later point (if needed).
Providers

Telehome Visits will appear on your schedule just like any other appointment.

Doximity Dialer:
This or another mechanism can be used to mask your phone number from patients. Doximity dialer works directly within the Epic Haiku app, but you do not have to use Haiku – you can simply enter the patient’s number in Doximity dialer.

For Android phones:

- Install and log into the Doximity app
- Install and log into Epic Haiku
- Open a patient's chart on Haiku
- Tap on the patient's phone number and select Doximity to place the call

For iPhones:

- Install and log into the Doximity app from the app store
- Install and log into Epic Haiku from the app store
- Tap on the main Settings icon on your iPhone
- Scroll down and tap on Haiku settings
- Scroll down and select Doximity under Place Calls Using
- Open a patient's chart on Haiku
- Tap on the patient's phone number and Doximity will launch

Or Block Caller ID using *67

You have the option to block Caller ID either temporarily or permanently using any cellular network

- Enter *67
- Enter the number you wish to call (including area code).
- Tap Call. The words "Private," "Anonymous," or some other indicator will appear on the recipient's phone instead of your mobile number.
Interpreter Services
From the Cyracom Appt:

- The Cyracom App can be downloaded and accessed on an Apple, Android, or workstation on wheels with camera.
  - New users (please contact Interpreter Services at 275-4778 to obtain Log-in Access)
- Select language from drop down menu.
- Languages available in video have a camcorder symbol. Others are audio only.
- Enter patient’s MRN.
- For video ensure camera is clear, unobstructed, and at appropriate angle for use.
- A mobile cart is recommended to use with an iPad or other similar devices.
- Internet must be robust and reliably accessed and visual set up must be monitored for quality.
- Note: If the volume is too low, use an AUX cable directly with an iPad, phone or workstation. Bluetooth speakers do not work with this App.

For more information, click here: Interpreter Services Resources

Starting the Visit
Look for the Patient’s telephone number in the Notes column or in the demographics section of the Snapshot report. When you call the patient, you’ll want to be sure you are in a private location within the clinic. The use of a headset is strongly encouraged. If you cannot use an office phone and need to use your cell phone be sure to use a service like Doximity to prevent disclosure of your cell phone number.

Double-click the Telehome visit from your schedule to open the encounter.

1. You may need to add the Notes column to your schedule view. To do this, click the gears.
2. Search for Notes in the notes field. There are multiple Notes. Select the notes listed in the image. If you cannot find this one, it is likely that it is already on your schedule view.
3. Select the Notes with the description explaining that it will display appointment notes in the Multi-provider schedule.
4. Click Add Column – this will add the column to the end of the Selected Columns list below.
5. Use the arrows to change the location of the Notes column.
6. Click Accept. You will see the Notes column on your schedule.

Contact the patient at the phone number provided. Once you have them on the line, click start the visit highlighted below to begin documentation. You need to be out of “pre-charting” to complete your visit. Do not click start the visit until you have contacted the patient as this will be the indication that the patient has “arrived” as OAS staff can check and “arrive” these patients on the back end.

**Pre-Charting**

If your OAS staff has not yet “arrived” the patient you will see the Pre-Charting screen. Your OAS staff will be arriving and checking out the appointments at a later time but you can begin the visit when you have the patient on the line by clicking the **Start the Visit** button to access your regular visit view.
Documenting the Visit in eRecord
You will need to add the patient’s Chief complaint for these visits. Follow these steps:

1. Click the Rooming Tab – if you have removed the Rooming tab, use Chart Search to locate it.
2. Click Visit Info.
3. Add the patient’s Chief Complaint.
4. Click Close.
5. Navigate to the Plan tab to add the Visit Diagnosis as well as adding any Follow Up and Patient Instructions as you would for any clinic visit.

6. To complete your note, use the URMC Telehome Telephone Note Smartphrase. Type .urmctelehomenote to pull it into your note. Complete the note by filling in the SmartLists and Wildcards.
   - **Attestation:** use the URMC Telehome attest smartphrase. Type .urmctelehomeattest or .telehomeattest to pull it into your note. Complete the note by filling in the SmartLists and Wildcards.
Select a visit diagnosis and follow up as you would for any clinic visit.

**Note:** For MVA or WC telehome telephone visits, continue to use the appropriate Progress Note type. For documentation in the note, use the URMC Telehome Required documentation smartphrase. Type `.telehomerequireddoc` to pull it into your note. Complete the note by filling in the SmartList.
Select a Level of Service:
Billing for telephone visits is time based and we ask that you use the following codes:

99441 Telephone E&M: 5-10 minutes
99442 Telephone E&M: 11-20 minutes
99443 Telephone E&M: 21+ minutes
99024 Follow-up visits included in a global surgical period
0500F
0502F Prenatal care placeholders
0503

Note: Some specialties, such as Behavioral Health, may have specialty CPT codes. Check with compliance if you believe it may apply to your specialty.

To add Level of Service buttons to your LOS view in eRecord, click the wrench.

However over one of the empty boxes and add the above codes.

Anytime you are unsure of what code to bill, use 99999.
Close the Encounter

You should close your encounter as you would for a normal outpatient visit, paying specific attention to the Level of Service section outlined above and specific documentation needed for telehome telephone visits, also outlined above.

**Auto Communications Note:** letters for this visit type will automatically go to PCP and referring provider for departments who currently have this process in place upon close of the encounter.

**Telehome Visits:** Providers can open the encounter, click “start the visit” from the pre-charting activity, and close a telehome encounter without it being arrived. The arrival process must be completed at some point prior to end of day processing.

**Standard Office Visits:** Providers can prechart on the encounter but it must be arrived prior to signing the visit.