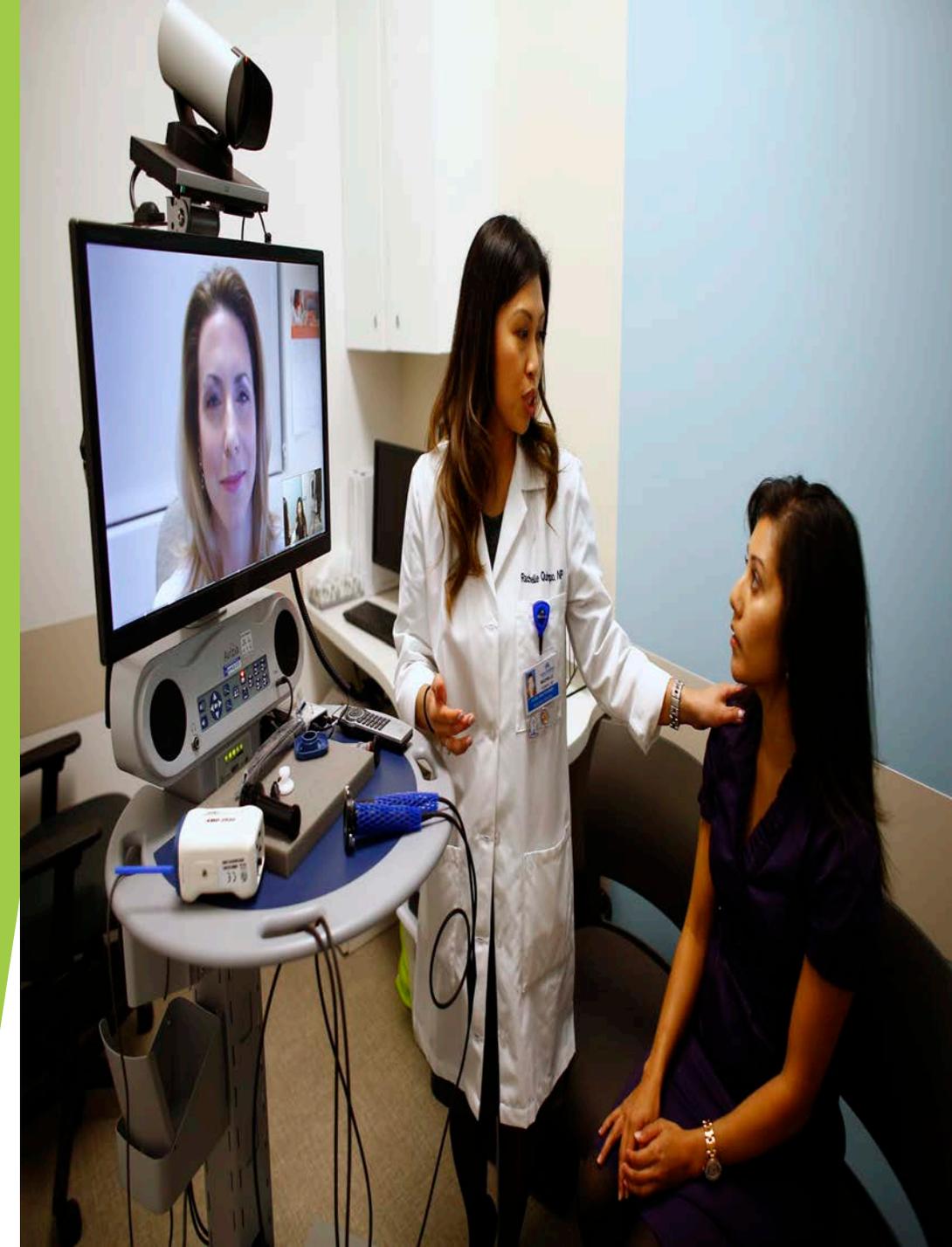# ArchProCoding
RURAL & COMMUNITY HEALTH

Getting Started with Telehealth in the Primary Setting

Telehealth Presenter Series

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Randy brings more than 25 years of healthcare and management experience to **Diversified Healthcare & Management Consulting**. Randy currently serves at the Telehealth Project Manager for the Louisiana Primary Care Association. Randy served as Rural Health Clinic Administrator at Bienville Family Clinic in Arcadia. He joined the Louisiana Department of Health and Hospital's Bureau of Primary Care and Rural Health in 2009 as a Practice Management Consultant, where he served until 2013. He is also a Louisiana Licensed Nursing Facility Administrator.

During Randy's tenure as Administrator at Bienville Family Clinic, the clinic, in collaboration with the Bienville Parish School Board, received the 2019 National Rural Health Association's Outstanding Program Award for their work in providing Telemedicine Services in Bienville Parish Schools. Randy also served as the President of the Louisiana Rural Health Association in 2019.

Randy holds a Bachelor of Business Administration Degree from Dallas Baptist University, and Masters' degrees in Public Administration from the University of North Texas, and Criminal Justice from Grambling State University. He also has 30 graduate hours in Adult Education (Northwestern State University).
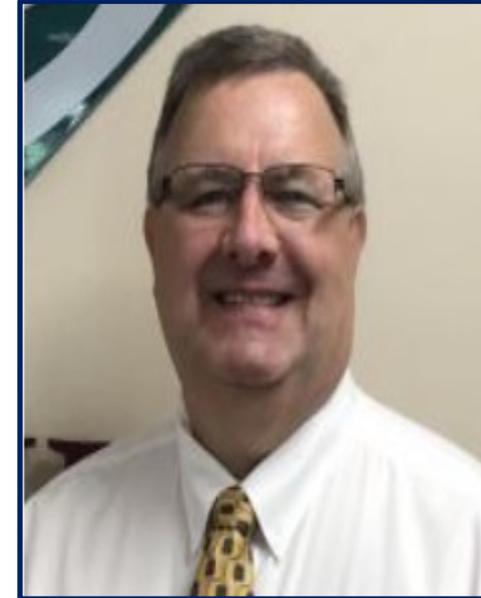
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Telehealth Presenter 1:
An Introduction to Telehealth and Telemedicine

Participants in this training module will be able to:

1. Discuss basic terminology associated with telehealth.
2. Discuss the benefits of using telehealth in hospitals, schools, nursing homes and in other residential healthcare facilities.
3. Differentiate between the "distant" and "originating" sites, related to the provision of telehealth services.
4. Identify and discuss some video conferencing hardware, as well as peripherals, currently available for telehealth use.
5. Discuss one method for integrating a behavioral health screening tool into a telehealth visit.

Basic Telehealth Terminology

- **Telehealth**
  - A specific "set of methods" for the delivery of health-related services
    - Telehealth is not the "services" themselves

Telehealth vs. Telemedicine

- **"Telehealth" vs. "Telemedicine"**
  - These terms are often used interchangeably
    - **TELEMEDICINE**
      - a BILLABLE interactive clinical service performed at a distance
    - **TELEHEALTH:**
      - Includes all remote health activities
        - Medical Education
        - Patient Education
        - Clinical Remote Patient Monitoring

HHS offers this simplification:

- **Telehealth — sometimes called telemedicine — is the use of electronic information and telecommunication technologies to provide care when you and the doctor are not in the same place at the same time. If you have a phone or a device with internet access, you already have everything you need to get medical care or services through telehealth — you may be able to:**

  - Talk to your doctor live over the phone or video chat.

  - Send and receive messages from your doctor using chat messaging, email, secure messaging, and secure file exchange.

  - Use remote patient monitoring so your doctor can check on you at home. For example, you might use a device to gather ECG or other vitals to help your doctor stay informed on your progress.

Source: https://telehealth.hhs.gov/patients/understanding-telehealth/?gclid=CjwKCAjwhMmEBhBwEiwAXwFoEagC98eevjMUoZNzkH1TFLr9KsDM_M2pvcdD2q9pM_-XJ4ph_luQFxoC4N0QAvD_BwE

Uses for Telehealth

- **There are 3 basic uses for Telehealth**
  - Integrated Primary Care
    - Medical
    - Behavioral Health
      - Family Counseling
      - Group Counseling
    - Dental
  - Hospital and Specialty Care
    - Specialists see and manage patients remotely
  - Transitions and Monitoring
    - Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
      - Example: Remote Patient Monitoring (RPM)

Other Uses for Telehealth

- **Education**

  - Medical Education

  - Patient Education

- **Connecting family, friends and other caregivers into visits**

- **Support groups**

- **Administrative meetings**

- **Video interpretation services where interpreters are:**

  - Multilingual

  - Culturally competent

  - Trained in medical terminology

Telehealth Benefits

- **Reduces barriers to access**

- **Increases efficiency for providers**

- **Reduces overall health care costs**

- **Reduces delays in care**

- **Increases patient satisfaction**

- **Improves quality of care**

  - Primary care and specialty care

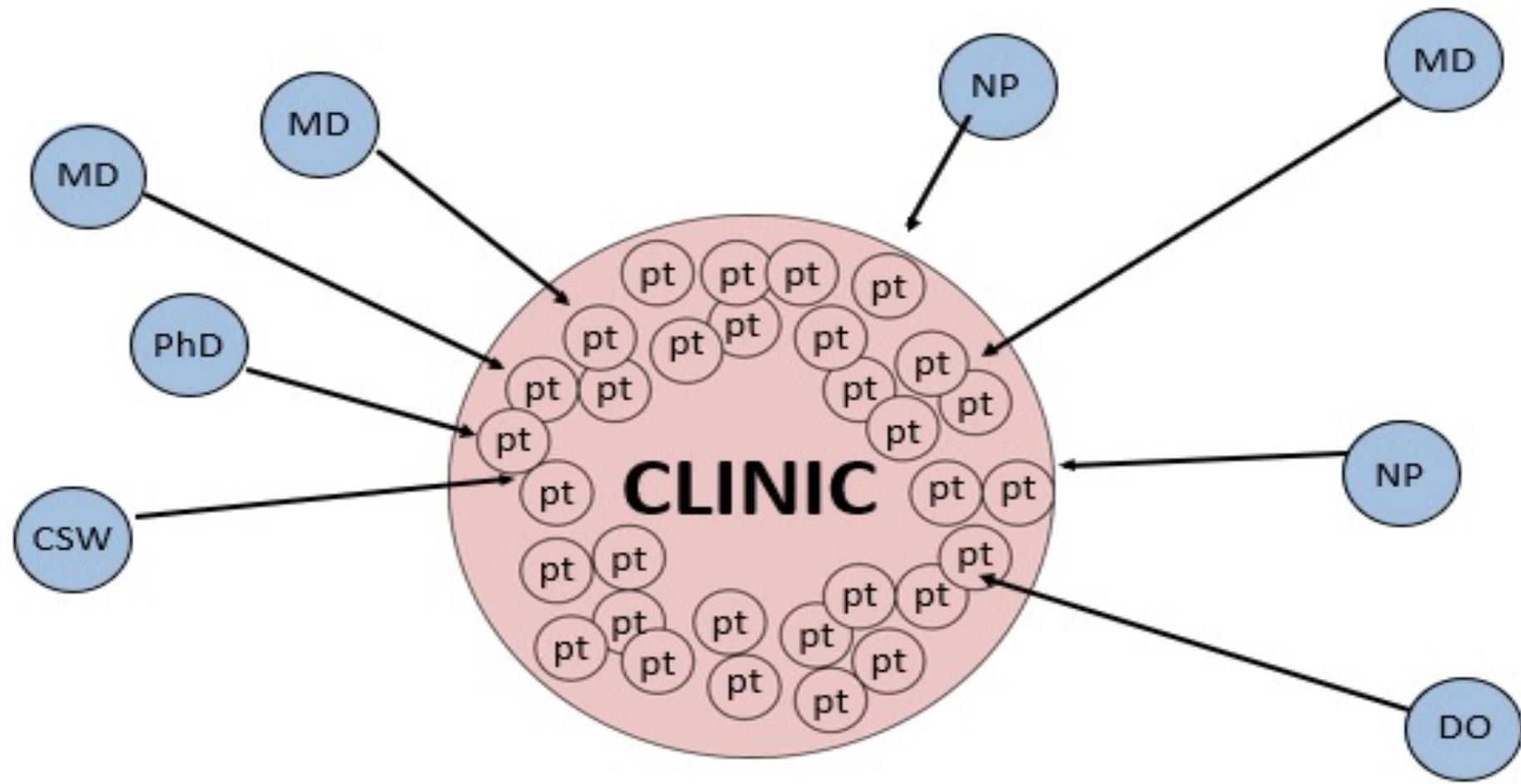- **Improves health outcomes**

- **Virtual accessibility**

Telemedicine Models

- **Models of Telemedicine"**
  - Hub and Spoke
  - Peer to Peer

Hub and Spoke Telemedicine
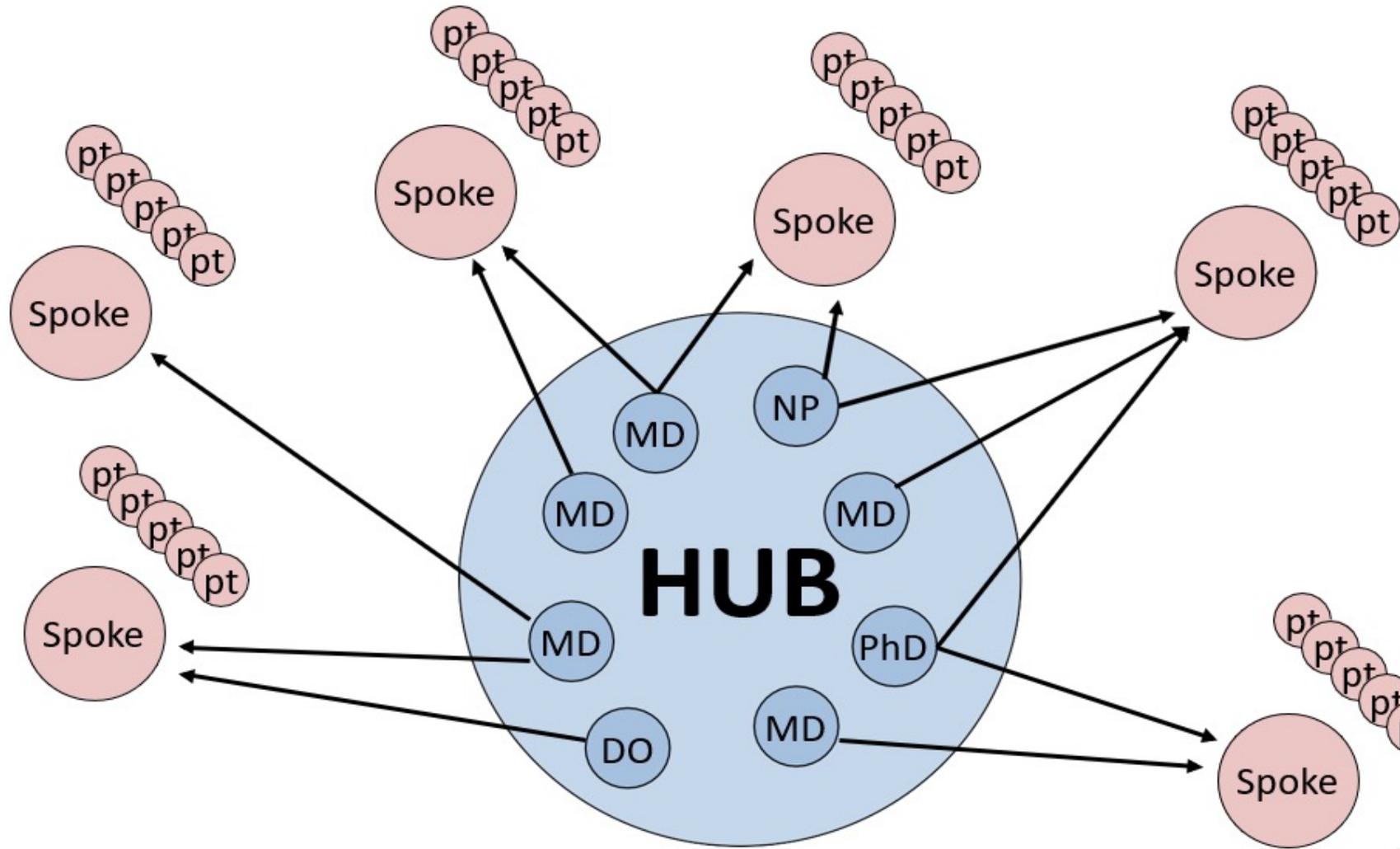
Peer-to-Peer Telemedicine

Example of Peer-to-Peer Telemedicine

Telehealth SITE Terminology

- **Originating Site**
  - Where the patient is located
    - School
    - Another healthcare facility
    - Home or any other location
- **Distant Site**
  - Where the provider is located
    - Hospital
    - Clinic
    - Provider's own home or other location

Types of Technology

- **Live Videoconferencing**
  - A LIVE Audio-Video Connection

- **Store and Forward**
  - Provider takes a photograph of a lesion on an individual, forwards to dermatologist
  - Patient takes a photo of rash and forwards to Nurse Practitioner

- **Remote Patient Monitoring**
  - Physiological monitoring data is sent to provider over internet

- **Mobile Health**
  - Use of any mobile device that can transmit data, information, audio, video (smart phones most common)
    - Monitor fitness, blood pressure, count calories

Live Videoconferencing

- **This is known as Synchronous Communication**
  - Live, two-way interaction between patient and provider using a real time, audio/video connection

Store-and-Forward

- **This is known as *Asynchronous* Communication**
  - Transmission of RECORDED health history through an electronic communications system to a practitioner (usually a specialist) who uses the information to provide for evaluation and management of the patient.

Videoconferencing Hardware

- **Cameras**

  – Pan/Tilt/Zoom

  – Stationary

  – External USB

  – Built in Webcam

- **Microphones**

  – Placement (Tabletop/Lapel/Built--In)

- **Monitors**

  – Single/Dual

  – Large/Small

  – Fixed/Moveable

Peripherals

- **General Exam Cameras**
- **Dermscopes**
- **Otoscopes**
- **[any scope with a video output]**
- **Electronic Stethoscopes**

Dental Lens

DENTAL LENS

Call JEDMED For Pricing

The dental lens attachment for the Horus Scope system is used for viewing the oral cavity and teeth. This attachment has built-in LED technology providing excellent illumination and color reproduction. It is designed to use a disposable mirror (sold separately) which is disposed of after each patient. The lens rotates 360 degrees so proper orientation can always be maintained.

VIEW FULL DETAILS

Ophthalmology Lenses

FUNDUS/OPHTHALMOSCOPE LENS

Call JEDMED For Pricing

The Non-Mydriatic ophthalmic attachment for the Horus Scope system is used to capture images of the Fundus including the optic nerve. This attachment uses both IR and LED technology to easily capture images without the requirement of dilation. By utilizing both of these technologies, the Horus Scope not only provides crisp, clear images of the fundus, but the images are very easy to capture. In addition, the scope provides a 40-degree field of view of the fundus giving the user a large field of view with which to examine.

ANTERIOR CHAMBER LENS

Call JEDMED For Pricing

The Anterior Chamber attachment for the Horus Scope system is used for viewing cornea, anterior segment, and scleral areas of the eye. The lens incorporates standard LED and cobalt blue light, often referred to as a woods lamp, for viewing corneal defects. This lens gives the user a highly magnified, high-resolution of the anterior segment.

VIEW FULL DETAILS

ANTERIOR VIEW ATTACHMENT

Call JEDMED For Pricing

The anterior attachment for the Horus Scope system is used for screening the cornea, anterior chamber,posterior chamber, and lens. This attachment may help identify cataracts, keratopathy, and conjunctival lesions. This attachment allows for different illumination angles, working distances, and focal ranges.

VIEW FULL DETAILS

Otoscope View—The Inner Ear
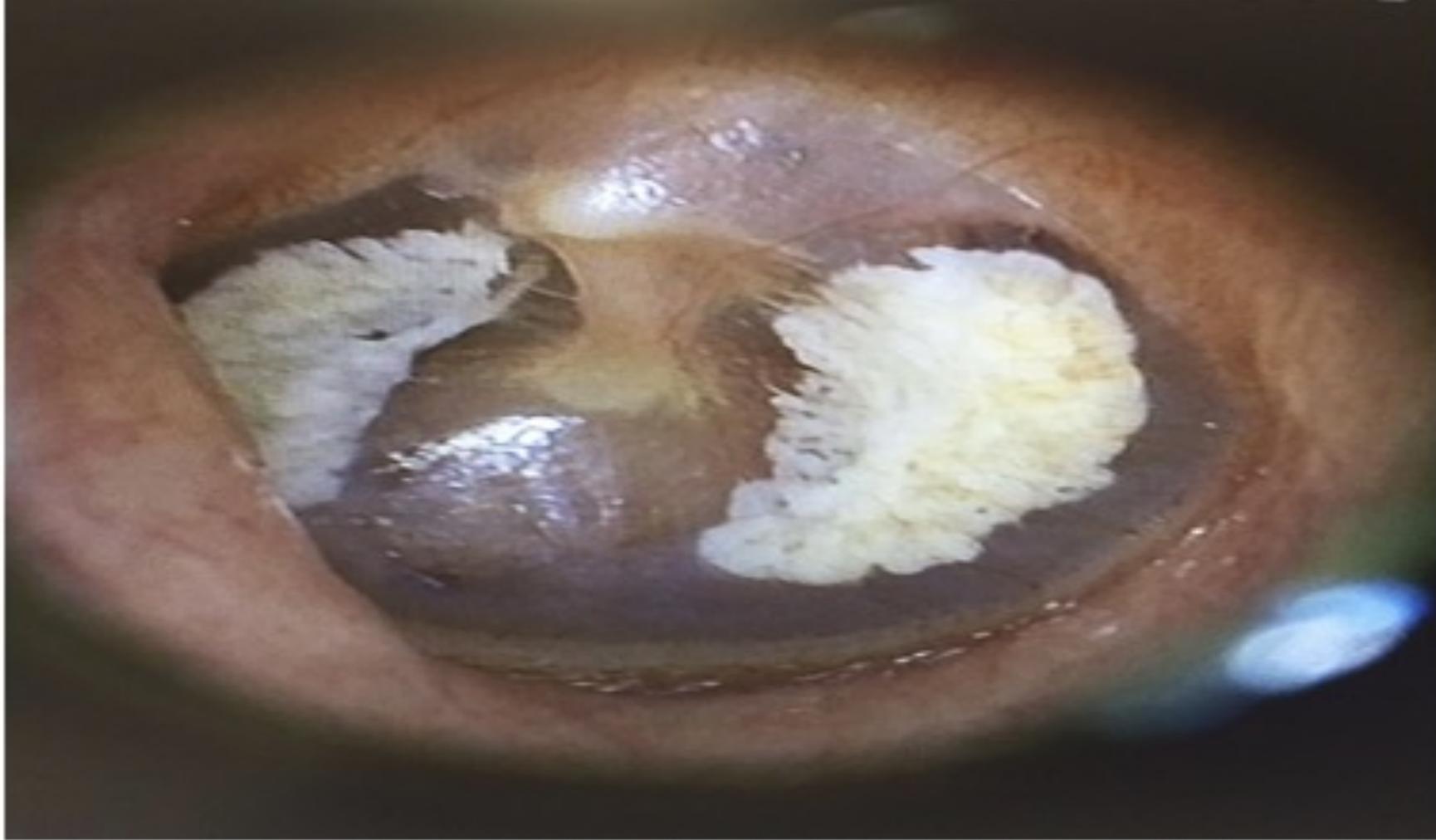
Overall Telehealth Trends

- **Changing Technology**
  - Selection of the right technology is critical
  - When equipment is purchased, it is soon "out of date"
- **The Healthcare Environment is Changing**
  - EHRs, mobile devices and broadband
  - New models of care, new models of payment
- **Technophobia!**

Challenges in Telehealth

- **Challenges in Telehealth**
  - Won't my EHR do this?
    - Not Quite
  - High cost of equipment and peripheral devices
  - Reimbursement
    - Or lack thereof

Integrating Behavioral Health

- **While there may be several appropriate approaches to integrate behavioral health into a telemedicine visit, integrating the PHQ 2 and the PHQ 9 are widely accepted depression tools that can be used.**

    - Both incorporate widely accepted depression criteria with other leading major depressive symptoms into a brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. *(https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health)*

Integrating Behavioral Health

Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a "first-step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	○ 0	○ +1	○ +2	○ +3
2. Feeling down, depressed or hopeless	○ 0	○ +1	○ +2	○ +3

PHQ-2 score obtained by adding score for each question (total points)

Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Telehealth in Hospitals
BENEFITS . . .

- A wide range of care can be offered

  - Primary and specialty care

  - Presurgical consultations

  - Specialty care

Telehealth in Hospitals
BENEFITS . . .

- Hospitals can manage need and capacity

  - Improved management of patient needs and provider workloads using off-site clinicians

  - Recruiting and retention

    - Telemedicine in hospitals can help physicians to see patients from home and keep more flexible work hours

  - Improved specialty care by using specialists where centers of excellence and high concentrations of expertise in specialty areas are located

    - Hundreds (or even thousands) of miles away

      - An example of this would be a Tele-Stroke Program

- Follow-up with patients after discharge

  - Remote Patient Monitoring (RPM)

    - Prevent readmissions related to chronic diseases such as diabetes, heart failure or COPD

Telehealth in Hospitals
BENEFITS . . .

- Support continuity of care to keep other health centers updated
  - Virtual health platforms can connect
    - Doctors and other providers
    - Pharmacists
    - Clinics
    - Nursing facilities
      - And other residential care facilities

Telehealth in Hospitals
BENEFITS . . .

- Reach more patients
  - Providing medical care to inmates at correctional facilities
    - Decreased liability
    - Decreased security risks
    - Less cost

Telehealth in Hospitals
BENEFITS . . .

- Involve family members and other caregivers in patient care
  - Hospitals can keep relatives of hospitalized patients connected to those who they care for
    - --Even hundred or thousands of miles away
- Prevent crowed emergency room waiting rooms
  - Patients can be quickly routed to laboratory and x-ray providers, or to primary care providers which helps E.R.s to be able to treat the "true" emergencies

BENEFITS . . .

- **"Benefits" of School Telehealth**

  - Improved access to children

  - Consenting parents can have their children seen through telehealth, in their school—in an environment where their children are already comfortable.

  - Economic Benefit:

    - Parents aren't required to leave work to take their children to a provider; this can have a positive economic impact on the family, as many of those who we serve may not get "paid leave" for taking their child to a medical provider.

    - The provider can "call in" the prescription to the pharmacy of the parent's choice

Telehealth Visits in Schools
BENEFITS . . . (continued)

- **"Benefits" of School Telehealth (continued)**

  - Infection Control:

    - If communicable diseases such as influenza or strep (or COVID) are detected in the School Health Center, the child is sent home, and not back into the school population.

      - Schools are less likely to be forced to close due to high rates of flu, etc.

    - Parents are made aware, so they can begin increased infection control procedures in the home (hand washing).

- **Benefits of Using Telehealth in Nursing Homes**

  - Many Nursing Homes and Assisted Living Facilities are responsible for transporting patients to and from provider visits

    - Telehealth can

      - Reduce workload on staff

      - Reduce overall costs involved with transportation

      - Reduce overall risks associated with patient care and safety during transportation

  - Long Term Care patients (many times elderly), and their family members can be stressed by the necessity of "getting the patient ready" for transportation to a provider visit

    - Using Telehealth can reduce this stress on patients & families

Telehealth Visits in Nursing Homes/Assisted Living Facilities Benefits . . . (continued)

- **Benefits of Using Telehealth in Nursing Homes**

  - Long Term Care patients must often go to emergency rooms when they have a change in status, such as developing an abnormal body temperature

    - In such a case, the availability of telehealth can reduce emergency department visits, and reduce hospital admissions and re-admissions

  - Long Term Care patients can receive their visit, and treatment, in their facility (where they live and are most comfortable)

  - Using telehealth, access to IMMEDIATE care can be available

Telehealth Visits in Nursing Homes/Assisted Living Facilities Benefits . . . (continued)

- **Benefits of Using Telehealth in Nursing Homes**

  - Physicians and other providers can see patients from their office environment, as opposed to the requirement of having to go to the facility to see the patient.

    - This offers a substantial time savings

      - *To providers, "time is money."*

        - *Clinic/Hospital REVENUE…..*

Telehealth Potential

- **Availability to Primary Care**
  - To have clinical care availability anytime and anywhere
    - *Home*
    - *Parking Lot in a Private Area*
    - *--ANYWHERE*
  - *Our chief limit here is internet connectivity*
- **Availability to Specialty Care**
  - Clinicians can obtain consultations with specialty providers and with medical centers of excellence anytime and anywhere.
- **Access**
  - Home bound patients can be monitored remotely
- **Medical education programs are available anytime and anywhere.**
- **Provides additional access to rural and underserved areas**

Telehealth Presenter 2:

Facilitating a Telehealth Visit with a Primary Care Provider and a Patient at a Distant Site (Home or Other Location)

Participants in this training module will be able to:

1. Support the development of a "telehealth patient packet" and a "telehealth emergency plan." Discuss the work that should be completed prior to a telehealth visit with the patient and provider.
2. Facilitate a secure telehealth visit that will lead to improved health outcomes for patients.
3. Identify one method for screening for depression during a telehealth visit.
4. Discuss the importance of after-visit follow-up and documentation.

Prior to Starting A Telehealth Program

Develop a Telehealth Packet
Who is Responsible? *Administration*

- **Develop a "telehealth packet" to send to patients prior to the visit.**
  - Demographic Information
  - Consents
  - Medical Questionnaire
    - This may be sent through e-mail or through regular mail.
      - If mailed, include a self-addressed, stamped envelope to return completed paperwork in.
    - If patient decides to scan and send back through e-mailed system, advise them that their personal information could be compromised by doing this.
      - *Once you have told them this, if they still want to do that, then that is their choice.*
  - *The telehealth packet may also include instructions on "what the patient needs to do to have a successful telehealth visit."*

Develop a Telehealth Packet
Who is Responsible? *Administration*

- **Things to be communicated in the Telehealth Packet**
  - The telephone number to schedule a telehealth appointment
  - How to cancel the telehealth appointment
    - Proper notice for cancelling (24 hours)
  - How to get medications, if prescribed
    - *"Your medicines will be ordered electronically at the pharmacy of your choice."*
      - *"You may pick them up whenever they are ready."*

What Should be in the Consent Form?

- **The telemedicine consent form should include:**
  - Authorization for the health center to provide services through live, audio-visual communication
  - A statement that the service is not a direct patient/provider visit, as <u>**the patient will not be situated in the same room as the provider**</u>

What Should be in the Consent Form? (Continued)

- **Risks and Benefits**
  - A statement that there are benefits of having visits through telehealth, as well as risks.
    - Benefits:
      - Improved access
      - Convenience of having visit in own home, rather than having to travel to provider's office
    - Risks
      - Interruptions in connectivity (technology)
      - Unauthorized access by third parties
      - Immediate assistance may not be available in case of an emergency

What Should be in the Consent Form? (Continued)

- **The form should also include:**
  - A statement that reflects the patient's understanding that if he/she needs **assistance** to carry out the telehealth visit (someone in the room with them during the telehealth visit), that they need to have a trusted friend or relative available to assist
    - And that the individual assisting may hear information relating to the patient's heath and/or care
    - Such individual should be listed on the form by the patient and authorization given by the patient to allow the individual to "sit in" on the visit
  - A statement reflecting that the patient's insurance company will bill for the visit, and that some insurance policies may not pay for telehealth visits, and therefore, the charge would be the patient's responsibility to pay, if the insurance company failed to pay
  - No-show policy, if applicable

Develop an Emergency Plan
Who is Responsible? Administration

- **The Emergency Plan should include:**
  - Emergency telephone contact for police, fire, EMS or hospital **WHERE THE PATIENT IS LOCATED**
  - Emergency telephone contact for:
    - A trusted neighbor, friend or relative who lives immediately nearby who can go to the location of the patient to assist
    - A family member who can be notified that the patient is having an emergency

Develop an Emergency Plan
Who is Responsible? *Administration*

- **If the provider determines that the patient needs immediate hospitalization:**
  - The patient should be informed
  - Arrangements should be made for immediate transport of the patient to the appropriate hospital or emergency department
    - EMS/FIRE/POLICE
    - Family member
  - Arrangements should be made for necessary documentation to be completed and sent to hospital
  - Follow-up should be initiated to ensure that the patient arrived at the hospital or emergency department and is receiving care

Develop an Emergency Plan
Who is Responsible? *Administration*

- **Develop a Telehealth Visit Emergency Plan which Includes:**
  - Verifying the identify of the patient
  - Verifying the closest emergency resources available
    - If you are seeing a patient during a telehealth visit in another parish or county, then the provider/staff must know the emergency resources available in that county, including telephone numbers
      - Sheriff, Police, Fire & EMS, Hospitals
  - Know the name of a trusted, close-by relative or friend who can arrive quickly to intervene in case of an emergency.
  - A statement verifying that the patient understands that if someone enters the room (or comes within "earshot" of where he/she (patient) is located), that he/she will inform the provider and that the visit can be discontinued if the patient wishes to do so

When the Appointment is Made

When the Appointment is Made
Who is Responsible? *Front Office Staff*

- **Get all information that you normally would if someone called in for an in-person appointment.**
- **Tell the patient that you will mail out (or e-mail if they have capability to receive an e-mail) a list of "Things for the patient to do" (The "Telehealth Packet") before the appointment.**
  - Tell them that this will include:
    - a medical questionnaire
    - a demographic information form
    - Consents (if applicable)
    - Other necessary documents

Pre-Visit Work (With the Patient)

5-7 Days Prior to Visit
Who is Responsible? *MA, Front Office or Nurse*

- **Contact patient**
  - Let patient know that a visit is coming up
    - Give them the appointment day and time
- **If patient is oriented to the patient portal, ask patient to go into portal and complete necessary information (if you don't already have it on file)**
- **If patient is not oriented to portal, telephone the patient for needed information, check to see if the "Telehealth Packet" has been received.**
  - Demographic Information
  - Insurance Information
  - Fax or Photograph of Insurance Cards and Identification Card
- **Consent for treatment**

5-7 Days Prior to Visit
Who is Responsible? *MA, Front Office or Nurse*

- **Ask the patient where they will be physically located during the visit:**
  - Address, Parish
- **Ask patient to have a trusted individual nearby (if possible) who can assist if there should be an emergency**
- **If there is no individual nearby, ask for the name of a neighbor or next of kin who could help in case of an emergency**
  - Get phone numbers of these individuals

5-7 Days Prior to Visit
Who is Responsible? *MA, Front Office or Nurse*

- **Tell the patient this:**
  - "Your appointment is at 2:00 p.m."
  - "The nurse will call you sometime between 1:45 and 2:15 to start the appointment."
    - Please answer during this time, even if you don't recognize the number, if your phone says "SPAM" or if the called ID is "BLOCKED."
  - "Please have a list of ALL of your medicines with you."
  - "Have a list of the main concerns that you want to talk to your provider about."
  - "Have a flashlight with you in case you need to add light to a portion of your body so that your provider can see better."
  - "Try to stay away from windows or doorways where light is coming in so that your provider can see you good without glare."

5-7 Days Prior to Visit
Who is Responsible? *MA, Front Office or Nurse*

- **Review List of Medications being currently taken**
  - Prescribed
  - Over the counter
  - Vitamins/supplements
    - Ask the patient to write the medications down
      - Medication name
      - Dose
      - Frequency
      - Special instructions
        - Before meals, specific times

5-7 Days Prior to Visit
Who is Responsible? *MA, Front Office or Nurse*

- Ask about allergies

- Administer clinical questionnaire over phone
  - Clinical questionnaires may depend on specialty

- Tell the patient that the nurse will ask for these on the day of the visit:
  - Temperature
  - Heart Rate
  - Blood Pressure
  - Weight
  - Blood Sugar Readings
    - Over past _____ days???

Pre-Visit Work (With Provider)

Review Patient's Test Results and Specialty Provider Notes (if applicable) with Provider

- **Blood or Other Tests**
  - **A1C**
    - **Others?**
- **Radiology Studies**
- **Notes from Specialty Providers**
  - Neurology
  - Urology
  - Cardiology
  - Pulmonology
  - Others?

Identify Provider's Clinical Goals for this Patient

- **Preventing disease**
- **Preventing injury**
- **Maintaining health**
- **Relieving Pain**
- **Relieving Anxiety**
- **Other Goals?**

Starting the Visit

Enact Procedures for Emergency Contact: *ADD TO NOTES*

- **Address of Patient's CURRENT Location**
- **Telephone Number if Disconnected from Audio/Visual Visit**
- **The name and phone number of a trusted individual who may immediately assist if something goes wrong.**
  - HIPAA—Be sure to note in chart
- **Ensure that you know the PARISH that patient is located in at the time of the visit so that you can call emergency help in that locality if needed**
  - EMS/Fire in locality of patient
  - Sheriff/Police in locality of patient

Review for Completion of Necessary Paperwork

- **Demographic Information**
  - For patient identification
  - For payment
- **Consent to Treat**
  - Consent to Treatment by Telehealth Visit
- **Medication List**

Getting Information Needed by Provider

- **Demographic Information**
  - For patient identification
  - For payment
- **Consent to Treat**
  - Consent to Treatment by Telehealth Visit
- **Medication List**

Start the Appointment as though the Patient is in the Office

- **Step 1: Nurse Calls Patient on Telehealth Platform (or telephone, if applicable) to start visit**
  - Verify connectivity and quality of connection
    - Audio
      - Is the audio clear and understandable?
        - If not, ask patient to move closer to microphone or computer (if microphone is built in)
    - Video
      - Is the patient well-lit so that provider can see patient's body?
        - If not, ask patient to:
          - Turn lights on or off, as needed
          - Close curtains/blinds to alleviate sunlight from coming in and obscuring provider's view
  - Verify that patient is ready for visit

Start the Appointment as though the Patient is in the Office

- **Step 2: Identify the patient.**
  - Have the patient hold up driver's license or other identification card to camera so that you can see

Ensure Information and Conversation Security

- **Step 3: Ask the patient to "pan" the room with his/her camera**
  - If there are others in the room, ask for the name of each person, and ask the patient if he/she gives permission for them to stay during the visit.
    - Ensure that everyone else is out of earshot.
    - Document the names of all present during the encounter, including yourself (and the provider, as well).

Ensure Information and Conversation Security

- **Step 4: The staff member should then "pan" the room that they are in to allow the patient to see that no one else is in the room.**
    - The provider should do this, as well, whenever he/she starts.

Ask Questions . . .
Identify Patient's Goals for the Visit

- **Step 5: Nurse should Ask "leading" questions:**
  - How have you been doing since your last visit?
  - How are you doing now?
  - What are your concerns that you would like to discuss with your provider during this visit?
  - Do you have concerns about your future health?
    - Physical
    - Mental
    - Social

Vital Signs

- **Step 6: Ask for vitals: (if applicable)**
  - Heart rate
  - Pulse
  - Temperature
  - Blood pressure
  - Weight
- Ask for blood current blood sugar (if applicable)
  - If applicable, ask for list of blood sugar readings over specific time period (example: over the past week).
- Document everything.

Screen for Depression

- **Step 7:** Screen for Depression
  - **An accepted method for doing this is by using the PHQ-2 Patient Health Questionnaire**

Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a "first-step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the **last 2 weeks**, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3

PHQ-2 score obtained by adding score for each question (total points)

Interpretation:
- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

When Patient is "Ready" to See the Provider

- **Step 8: Flag the patient as "ready" in the software system**
  - Bring in the provider for the visit.

After the Visit . . .

- Step 9: After the visit, follow up on all provider orders (treatment plan, medicines, etc.)

After the Visit . . .

- Step 10: Send the patient a visit summary printed from the E H R

After the Visit . . .

- **Step 11: Further follow-up with the patient as needed.**

Throughout the entire process . . .

DOCUMENT EVERYTHING!

Telehealth Presenter 3:
Facilitating a School Telemedicine Visit

Participants in this training module will be able to:

1. Discuss the potential benefits of school telehealth program development to schoolchildren, families of schoolchildren, faculty and staff, and to the greater community.
2. Support the development of a school telehealth program.
3. Support the development of a school telehealth visit workflow.
4. Facilitate a school telehealth visit.
5. Respond to and troubleshoot technology problems that may be encountered during a telehealth visit.

The Bienville Model of School Telehealth

Telehealth Potential on Our School Campuses:

- Improved healthcare access for children, faculty, and staff
- A potential reduction in emergency room visits, hospital stays and length of hospital stays, as well as a reduction in associated costs

"Well Children Learn Better!"

- **A child's ability to learn is compromised if he/she is sick.**
  - Where medical visits are offered in schools, children can see medical providers more quickly than if parents come to the school, pick them up and take them to see a provider.
    - With this, they are diagnosed more quickly, and thus, get well faster, and therefore learning is not as likely to be compromised.
      - This may result in overall decreased school absenteeism, improved grades, and even increases in high school graduation rates.

Economic Impact on Families

- **A Families may face a negative economic impact when parents or other guardians who may not have paid leave time available, are required to leave their job to come to the school, pick up their child and take the child to see a provider.**
  - If the child can see a provider within the school environment, this alleviates that negative economic impact.
  - Additionally, any prescription can be called in or sent electronically to the pharmacy of the parent's choice, and the parent can pick up the prescription after work.

Children are Already Comfortable in Their Schools

- **Visits to the doctor or other provider can be scarry for children.**
  - Schools offering medical visits on campus provide for opportunities for children to see providers in their school, in an environment where they are already comfortable, and therefore less fearful

Assistance with Management of Chronic Diseases

- **Chronic diseases can be managed during the child's school day.**

Developing a School-Clinic Telehealth Visit Workflow

- **Organizations must collaborate in order to achieve optimal healthcare outcomes for children in schools when planning for telehealth visits.**
  - We have put together a step-by-step process for doing this:
    - This is ONE of many possible processes
   - Clinics & Schools may differ in their processes

Program Marketing & Community Information Program

- **This process is built based on the assumption that the program has been developed and that:**
  - Appropriate Marketing/Community Information Program has been developed and executed
    - Inform Parents, Grandparents & other Guardians
    - Inform School Officials, Faculty & Staff
    - Inform Community Leaders

Prior to School-Year Opening Marketing & Community Awareness Campaign

- **Press Releases**
- **Guest Columns in Community News Publications**
- **Direct Mail**
- **Word of Mouth**
- **Social Media**
- **Speaking at Community Organizational Events**
  - **Civic Clubs**
  - **Churches**
- **Developing Information Packet**

Double-Pocket Folder
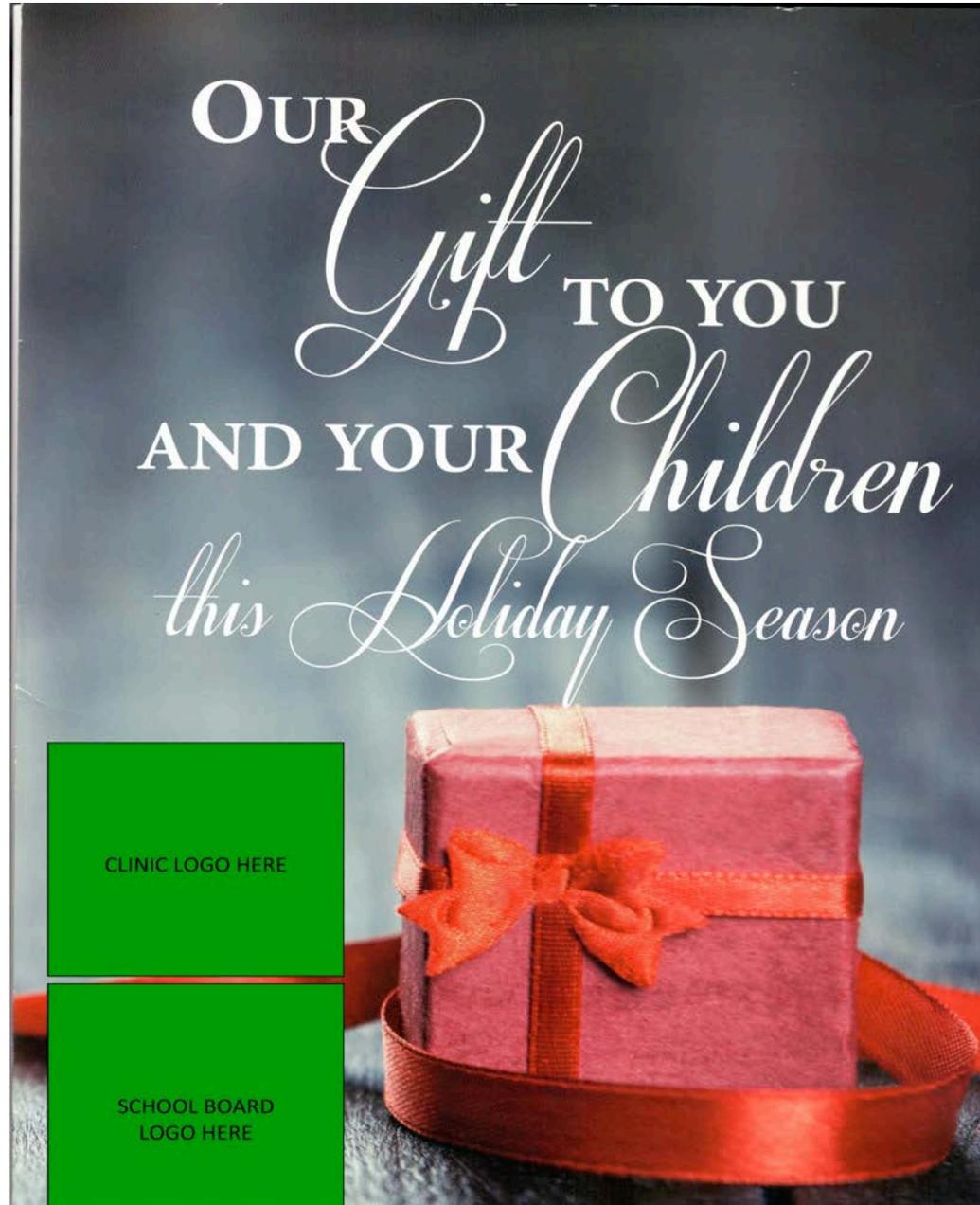
HOW WILL THE SCHOOL-BASED HEALTH CENTER/ TELEHEALTH PROGRAM WORK?

WHAT IS A SCHOOL-BASED HEALTH CENTER?

WHAT IS TELEHEALTH?

WHAT SERVICES WILL BE OFFERED AT THE SCHOOL-BASED HEALTH CENTER AND CAN I MAKE AN APPOINTMENT FOR MY STUDENT TO BE SEEN?

WHAT DO I NEED TO DO TO ENROLL MY STUDENT IN THE SCHOOL-BASED HEALTH CENTER/TELEHEALTH PROGRAM?

HOW MUCH WILL SERVICES COST AND WHO IS ELIGIBLE TO RECEIVE SERVICES IN THE CENTER?

HOW MUCH DOES IT COST?

Neither you, nor your child, will ever be asked to pay an insurance co-pay or a deductible for care received at your School-Based Health Center. Insurance carriers will be billed, if your student has insurance. But remember, **neither you, nor your student, will be asked for money at** _____ **Parish School-Based Health Centers.**

Funding for the program is currently provided by

SCHOOL-BASED HEALTH CENTER PROGRAM INFORMATION

SCHOOL BOARD LOGO HERE	CLINIC OR COMMUNITY HEALTH CENTER LOGO HERE

LOUISIANA UNIFORM CONSENT FORM FOR SCHOOL-BASED HEALTH CENTERS

Note to Parents/Guardians: If you choose NOT to sign your student up for the School-Based Health Centers, he/she will continue to receive all school nursing services currently being provided in <parish> Parish Schools. Participation in the School-Based Health Centers will allow for EXPANDED SERVICES/MEDICAL VISITS for your student. Please ensure that all areas in YELLOW HIGHLIGHT are filled in.

Student's Name:	Last		First	Middle Initial	ID# (Office use only.)

Student's Address (include city):		Zip Code:

Student's Date of Birth:	Age:	Sex: ❑ M ❑ F	Ethnicity: ❑ WHITE/NON-HISPANIC ❑ HISPANIC/LATINO	Race: ❑ AMERICAN INDIAN OR ALASKA NATIVE ❑ ASIAN ❑ BLACK OR AFRICAN AMERICAN ❑ NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ❑ WHITE ❑ MULTIPLE/OTHER RACE

Student's Social Security Number:	Campus: <school campus names here>	Student's Grade:

SCHOOL-BASED HEALTH CENTER CONSENT FORMS

Workflow (continued)

- **This workflow process is also built based on the assumptions that:**
  - The School Nurse has access to document in the facility's Health Records System AND
  - The School Nurse Has immediate "intercom-based" telephone system contact (such as Voice Over IP (VOIP)) with staff:
    - Providers
    - Administrator (or School Telehealth Project Manager)
    - Nursing Staff
    - Other Support Staff

Workflow (continued)

- **This workflow also assumes that the school has:**
  - Connectivity with a Provider through implementation of a HIPAA-Compliant Telehealth platform capable of providing:
    - a real time, audio-visual encounter and
    - appropriate cameras and lenses to achieve an examination supporting a billable level of medical decision making and treatment

STEP 1—Back-to-School Parent Night & Ongoing . . .

- Obtain consents, medical history and insurance/demographic information from parents or guardians at the beginning of the school year during "back-to-school" or similar events.
  - Give parents/guardians "packets" to take home, complete and send back to homeroom teacher
    - Homeroom teacher forwards to school nurse
  - For parents not present at Back-to-School Parent Night, send packet home with child to be completed and returned to school the next day.

STEP 2

- **The patient presents in the school health center with a health-related complaint or concern.**

STEP 3

- **The nurse triages the patient**

STEP 4

- **The nurse determines whether the patient can benefit from a telehealth visit.**
  - If the nurse determines that the child does not need a visit, the nurse will render first aid or give other appropriate care.
  - If the nurse determines that the child can benefit from a telehealth visit, the nurse checks to ensure that a consent is on file.

STEP 5

- **If a consent is not on file, the nurse contacts the parent or guardian and requests consent.**
  - The nurse arranges for getting a signed consent
    - In no case should a telehealth visit occur without a signed parental consent unless a life-threatening emergency exists.

STEP 5 (continued)

- **If a consent and appropriate documentation is not already on file, it may be obtained in one of the following ways:**
  - The parent may come to the school health center, in person, to sign a consent form and to complete demographic, medical history and insurance forms.
  - Forms may be scanned and e-mailed to the parent, the parent may then print, sign, scan, and e-mail back to the school nurse.
  - Forms may be photographed, printed, completed, signed, and returned by photograph which must be printed by the school nurse and scanned into the electronic health records system, prior to the telehealth visit.

STEP 5 (continued)

- Documents may be stored on the school website and/or the health center website, and may be printed, signed and scanned or faxed back to the school nurse.

- Documents may be completed and signed by electronic signature, online, if the school or health center has made such software feature available either on the school website or on the health center website.

STEP 5 (continued)

- **If consent and related documentation cannot be accessed, the nurse should notify the parent that the child needs to be seen by a medical provider, and that the child needs to be picked up and taken for treatment.**

STEP 6

- **The availability of the next appointment should be checked in the software system, and an appointment should be scheduled.**

STEP 7

- **The patient's triage information should be entered into the software system.**

STEP 8

- **If the nurse has access to the clinic's telephone intercom system, the nurse should contact the front desk to inform them of the appointment.**

STEP 9

- **The parent or guardian should be contacted and informed of the patient's status.**

STEP 10

- **The nurse should ensure that the child is ready for the visit**

STEP 11

- **When the provider is ready for the visit, the provider will call the school on the telehealth platform. The provider, as well, based on is written in the chart, contact the school nurse for pre-visit discussion.**
    - If the provider gives the nurse directives to be carried out prior to the visit, the nurse should carry out the provider's directive (s) (medical tests, etc.) and enter results into EHR.

STEP 12

- Once the provider has reviewed the nurse's notes in the software, he/she will call the school health center on the telehealth platform for the live, audio-visual visit.

STEP 13

- **The school nurse may call the parent to connect to the call by listening through the telephone speaker system, if this feature is available in the school health center.**

STEP 14

- **If the provider-school telehealth connection is made, then the provider, with the school nurse as "telehealth presenter," will proceed with the visit. (If the provider-school telehealth connection is not made, see the "When there are Problems with Technology" section below).**

STEP 15

- **When the visit is complete, the school nurse will:**
  - Follow through with provider's orders.
  - Place supportive documentation in EHR
  - Ensure that a visit summary is printed out and sent to the child's primary care provider or to the parent, as is applicable.
  - Follow up with the parent or guardian, as is applicable, and documents follow-up in EHR.
  - Assist the health center billing staff with any information or data needed related to billing the encounter.

When there are Problems with Technology

- **If the connection for the telehealth visit is not made, the nurse should attempt to resolve the issue through basic troubleshooting. (*School nurses should be trained in basic troubleshooting of telehealth platform concerns).*
  - If basic troubleshooting fails, the nurse should contact the school's Information Technology Department for assistance, and the healthcare center should contact their Information Technology Department for assistance, as well.
    - The two IT teams should collaborate to resolve the concern. If the concern cannot be resolved by the School and Health Center IT Professionals, the telehealth equipment/platform customer service division should be contacted (by the IT Professionals) to start a service ticket.

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