



Case Studies:

Implementing Virtual Visits

BEVERLY LOVELL

Practice Administrator at North Hills Family Practice

Platform Used: Zoom Health

Brief Overview on QUICKLY Implementing Virtual Visits:

“First, we outreached to our EMR vendor to see what was available that would work with our EMR—quickly learned this was not a viable route. We then turned to **Zoom Health** due to the low-cost and easy start up”—the clinic was already familiar with Zoom as they use it for internal web-conferencing.

“With trial and error, the providers felt comfortable after 1-2 virtual visits with real patients.

From a patient’s perspective, “All of our patients have been nothing but grateful! The younger (tech-savvy) generation is having minimal trouble logging into the virtual visits. The older generation is doing great too—we’ve had 2 instances when the patients were not able to access the video, but were able to proceed with the visit via only telephone.”

Converting in-office scheduled visits:

“Our prime focus is keeping folks out of the office who might have COVID-19 symptoms and reassuring our patients that the clinic is safe.” The clinic encourages all patients with any Upper Respiratory/COVID-19 symptom to do a virtual visit, but if a ‘grey-area patient’ is not able to do a virtual visit, we have implemented a process to allow patients to be seen in-office which involves bringing the patient in (and out) the office through an alternate entrance (side door) and moving them into a designated isolated patient room. “If a patient calls with concerns about their ears or tummies—we are still seeing them in office.”

Notifying patients of change to Virtual Visits:

Specifically for our WellMed patients, we have called each patient individually to cancel their upcoming wellness/physical exam.

Currently, we do not have a way to mass-message to our patients other than posting updates to our website, so our front desk is handling most of calls regarding COVID-19.

(Almost) Pro-Tips:

Grouping TeleVisits towards the end of the day or around the lunch hour. “We realized quickly that it is very challenging & too chaotic for the Doctor to go back and forth from in-office patient appointments to virtual visits scheduled back to back. When we started grouping them to the end of the day (after 5pm), the Provider could switch gears and easily transition to the virtual visits.” This is proving to work better for both the Providers and the Patients

Have a tech-savvy staff member (nurse, MA, etc.) connect with the patient prior to the Virtual Visit to ensure they can successfully access the visit. Just like in-office visits, if the patient is prepped for the visit before the Provider is ready to see them, the overall experience (for the patient & provider) is improved.

Lean on the Patient for Resources: Many patients have access to thermometers, scales, blood pressure monitors, glucometers, etc. at home and can get this information to you during a virtual visit.

DR. ANDREW MINIGUTTI

West Frisco/West McKinney Health and Wellness

Platform used: Kareo

Brief Overview on Implementing Virtual Visits:

2 of the clinic’s 6 Providers were already set up to do Televisits using their EMR (Kareo) system’s Telemedicine application (includes audio & video). They quickly contacted Kareo to get to a place where the other providers can do Televisits with patients too. For now, when unable to do a video during a virtual visit, the clinic is consulting with the patient over the telephone (using Doximity or the clinic’s phone)

Reimbursement: “We have had success with reimbursement [for virtual visits] when using the 95 modifier (for commercial plans) as well as the GT modifier for Medicare.”

Notifying Patients of change to virtual visits:

When the clinic made their decision to implement 100% Virtual Visits effective Monday 3/16/20, they contacted their scheduled patients (for Monday 3/16 appointments) on Sunday 3/15 to notify them of the change to virtual visits. They have also posted information on their website to communicate this to their patients. (see example here: <https://westfrisco.com/>)

(Almost) Pro-tips:

Clinics with multiple locations: Consider having a location set-up for 100% virtual visits & a location for in-office visits only

Video Issues during virtual visits: Continue the visit via telephone-to-telephone communication

Social Media and the Community: In an effort to help minimize the panic caused by misinformation, Dr. Minigutti regularly updates his (personal) social media pages with FACTUAL COVID-19 updates and encourages other PCPs to do the same.

DR. WILBURN “EDDY” FURNISS

Nacogdoches Health Partners 03/16/2020

Platform(s) used: Doxy.me & eClinicalWorks

Brief overview of implementing Virtual Visits:

The clinic has been doing Virtual Visits for a while now using Doxy.me and their EHR, eClinicalWorks. Patients can sometimes have trouble navigating the various the technology aspects, but are overall very grateful (especially now) to have virtual Visits as an option for primary care.

Dr. Furniss feels Doxy.me is a free/easy option especially for patients. He is able to create a customizable “virtual room” and then text/email the appointment details to the patient who can then easily access the virtual visit from a link on their smart phone. This is an option that has not resulted in many additional phone calls from patients needing help accessing virtual visits.

Converting in-office scheduled visits:

“For patients already on the schedule, we are going 1-by-1 and contacting patients asking them to change their appointment to a TeleVisit—especially if the patient is stable coming in for a follow up.”

For the (healthy) people who still want to come in, Dr. Furniss and his staff are focusing their efforts on trying to cut down the number of patients coming in for in-office appointments by at least 50% to limit potential exposure.

Notifying patients of change to Virtual Visits:

The clinic has not done any mass-messaging (via portal/email/text blasts) to notify their patients of the move towards virtual visits. This is communicated to patients as they call the office.

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Learnings & Wins from Virtual Visits:

“It’s not going to work 100% of the time, [let’s] use this opportunity to practice the virtue of patience not get frustrated over these small bumps in how we deliver care.”

Wins: “People (patients & colleagues alike) who would have not tried virtual visits in the past are now doing it! The possible uses for telemedicine in Primary Care have now expanded far past those utilized historically by large corporations.” Also, “patients are really appreciating the lengths PCPs are going through during this time to ensure access to care is still available.”