

The Teaching & Mentoring Academy Presents

# Best Practices in Telehealth

Moderated by Erika Schillinger, MD  
Clinical Professor, Medicine—Primary Care and Population Health

# Patient issues in telehealth

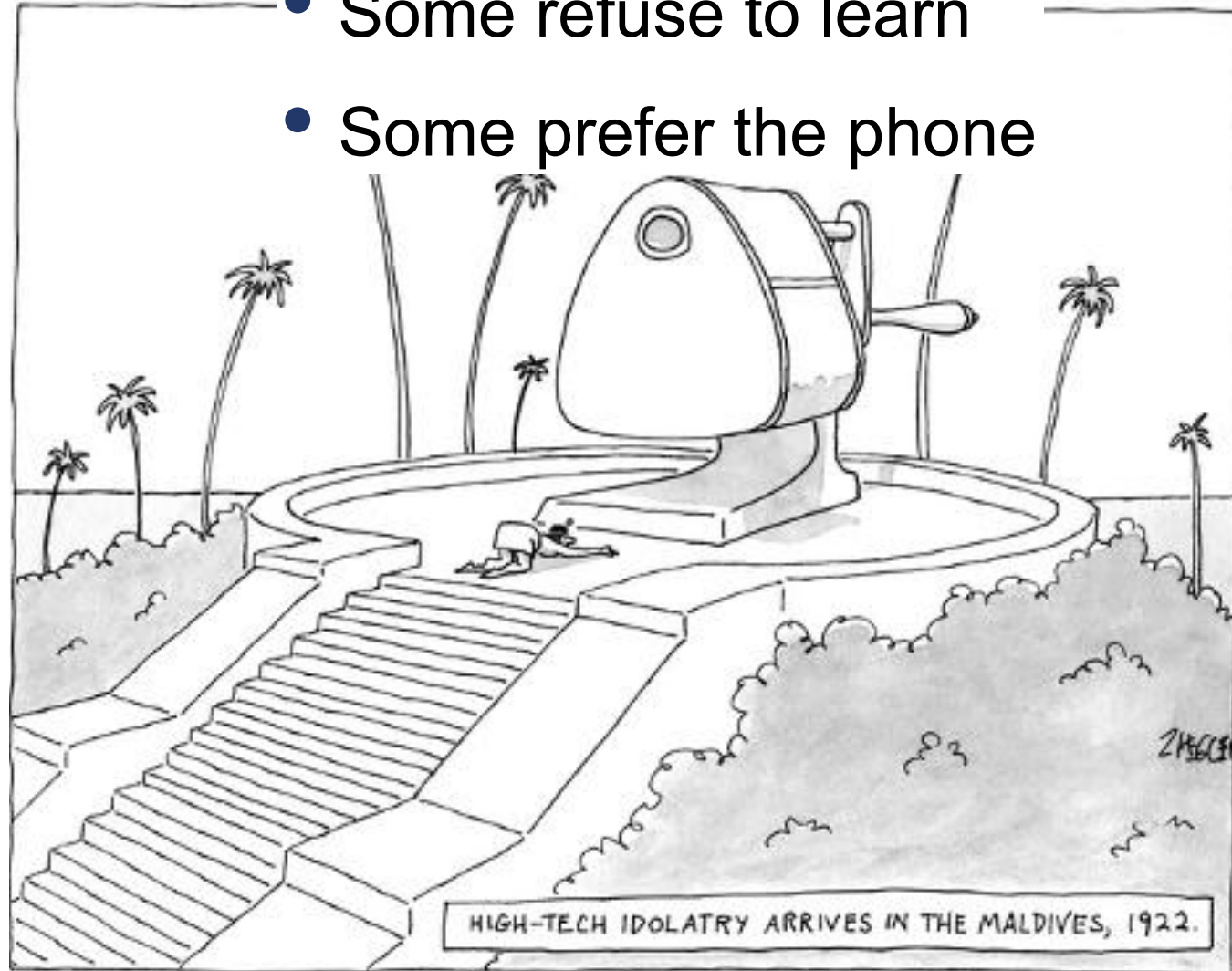
Gilbert Chu

Professor of Medicine (Oncology)

1. Technology
2. COVID-19
3. Language

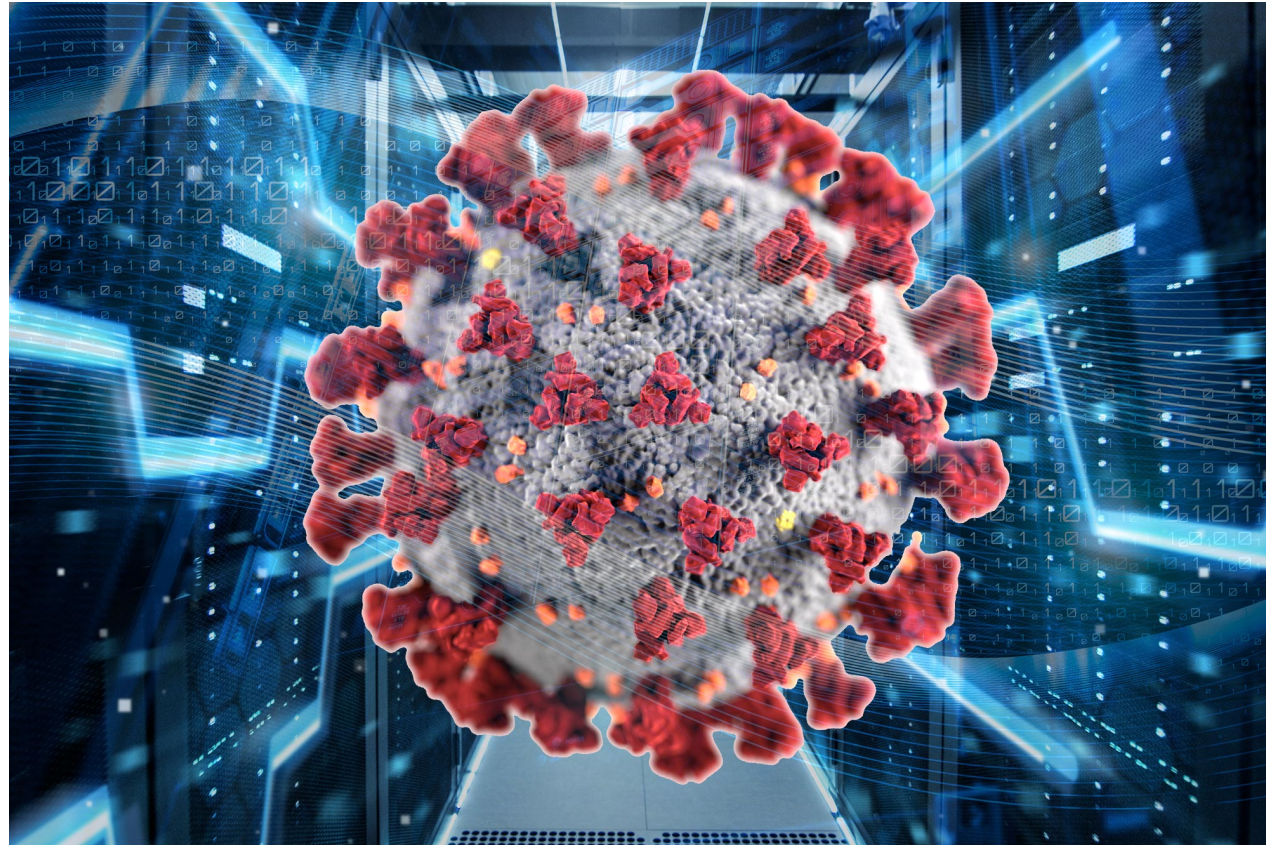
# Technology fails for some patients

- Some don't know how
- Some refuse to learn
- Some prefer the phone



# COVID-19 fears overwhelm some patients

- Some avoid cancer Rx
- Some abandon self-care
- Some refuse hospice



# Language barriers loom large

- Create a Zoom link & schedule an interpreter
- Patients may lack resources & education
- Cultural differences may tax our flexibility



**Like coronavirus, telehealth  
amplifies socio-economic disparity**

# Humanism in Telemedicine: Strategies to foster meaningful connection during virtual visits

**Donna Zulman, MD, MS**

Assistant Professor, Division of Primary Care and Population  
Health, Stanford University School of Medicine

Investigator, Center for Innovation to Implementation, VA Palo Alto  
Health Care System

# Presence 5

**Objective.** Develop a simple, scalable, evidence-based intervention that fosters physician humanism and patient connection.

Zulman DM & Verghese A, *et al. JAMA*, January 2020



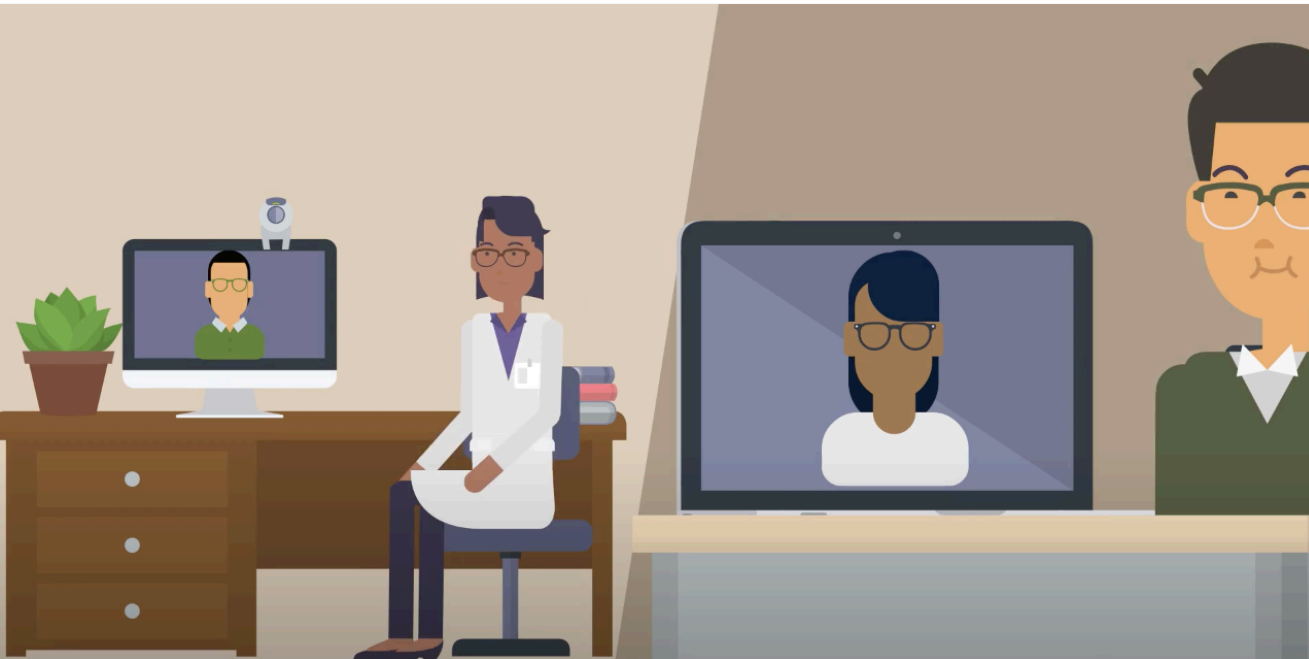


## Prepare with intention

- Stand up and take a deep breath between visits
- Perform a brief chart review, emphasizing key elements of the social history
- Minimize distractions to focus on the person you are about to see



<https://www.youtube.com/watch?v=DbLjEsD1XOI>

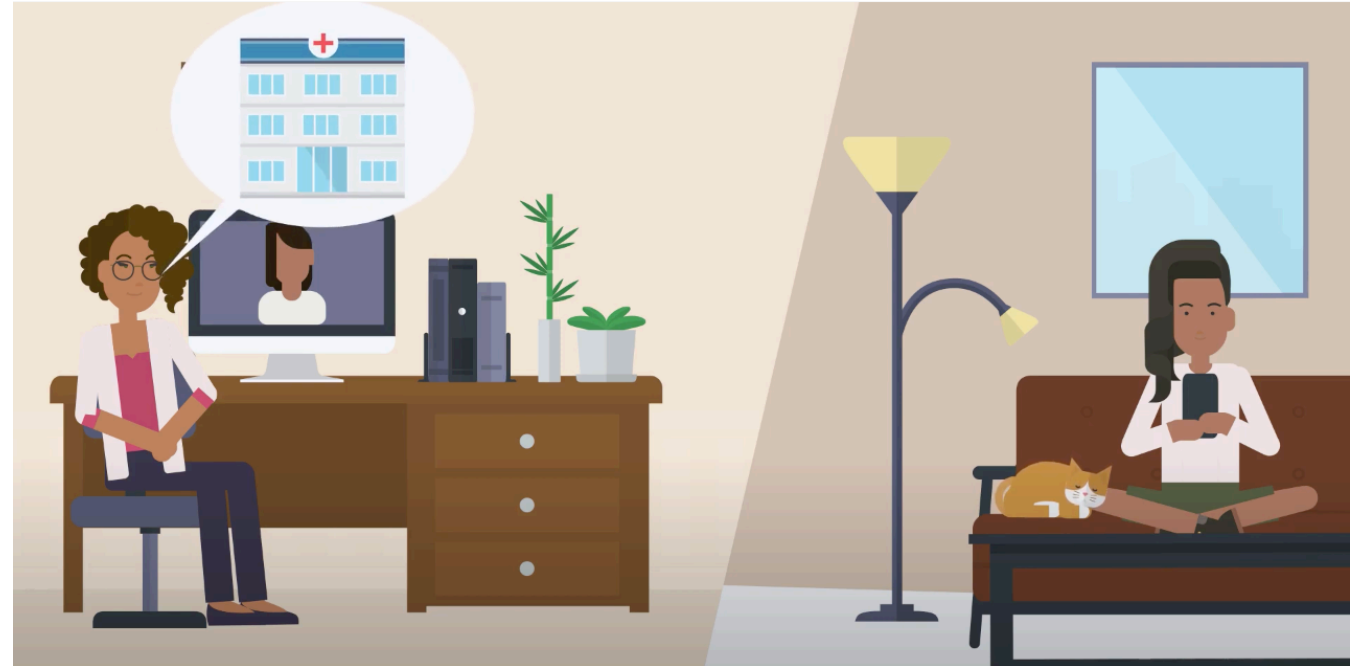


## Listen intently and completely

- Sit up, lean forward, stay in the frame, and look directly at the camera to maintain eye contact
- Nod and use facial expressions to communicate that you are listening
- Pause before responding to account for lag time and prevent interruptions

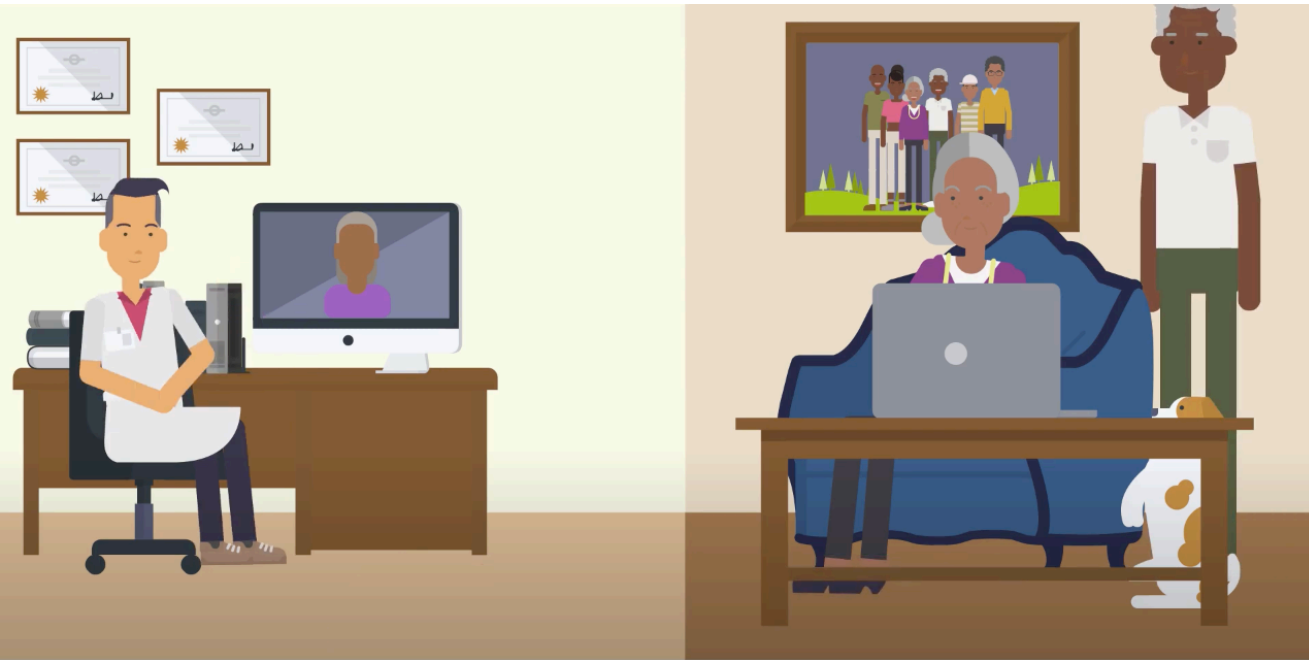
## Agree on what matters most

- Ask about your patient's priorities and expectations, and share your own goals for the visit
- Use open-ended questions and utilize teach-back to assess understanding
- Reassure your patient that you are there for them, despite the virtual nature of the interaction



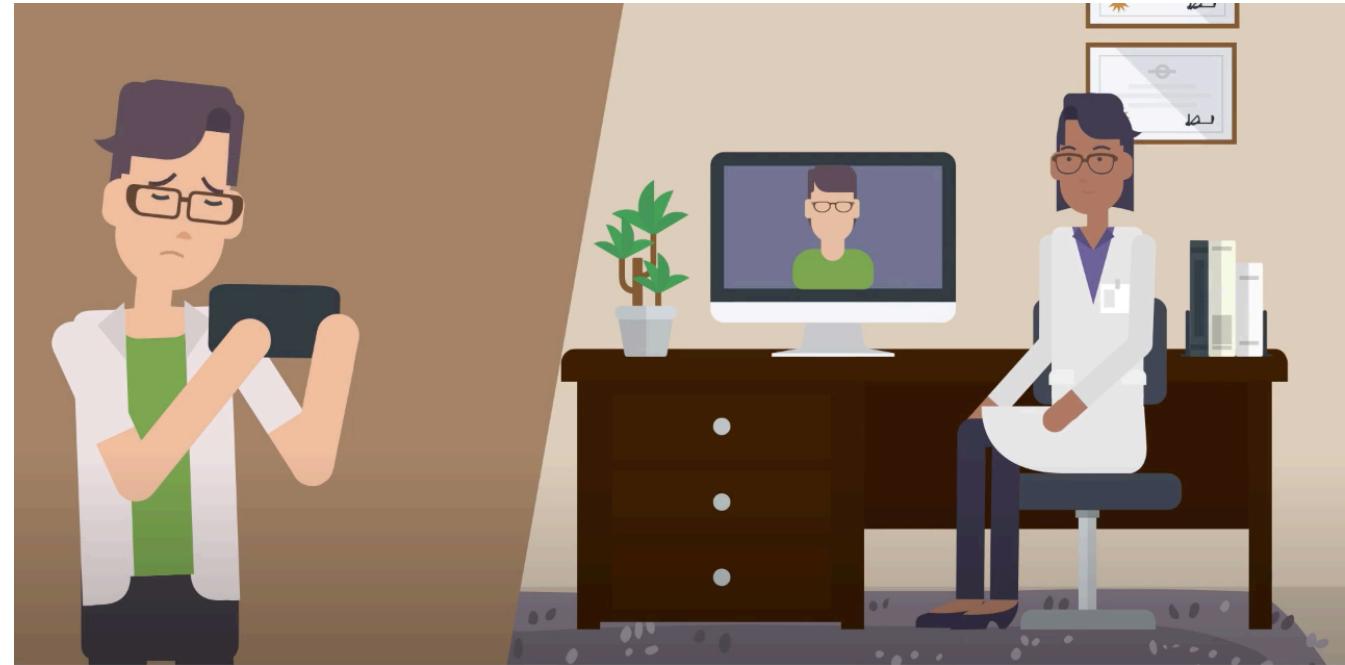
## Connect with the patient's story

- Invite your patient to comment on their visible personal items such as pets, photos, or furnishings
- Ask individuals who are present to introduce themselves to learn about the patient's social support
- If appropriate, inquire about the patient's home environment and safety



## Explore emotional cues

- Tune into patient emotions evident through body language and tone or volume of speech
- Ask the patient how they are feeling about their health concerns and other stressors
- Name and validate observed emotions



# Thank you

## Presence 5 Team

Abraham Verghese, Sonoo Thadaney, Marie Haverfield,  
Cati Brown-Johnson, Jonathan Shaw, Nadia Safaeinili, Rachel Schwartz,  
Dani Zions, Meredith Fischer, Aaron Tierney, Juliana Baratta, Megha Shankar

## Students and Interns

Mariko Kanda Kelly, Ted Andrew Miclau, Gisselle De Leon, and Raquel Garcia

*The Stanford Presence 5 project is supported by the Gordon & Betty Moore Foundation (#6382)*



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## **Telehealth Resources: Physical Exam and Billing**


# SHC CONNECT



Sign In Stanford HEALTH CARE SHC CONNECT

NEWS ORGANIZATION POLICIES **CITRIX LOGIN** **CONNECT TO ▾**

Approved Abbreviations	EPSI	LTR Dashboard	Smartpage
Bed Management and LOS Survey	Enterprise Image Archive	Medical Staff	Stanford Health Care Alliance
BOB Knowledgebase	Evercheck	MSOW Lookup(MSONet)	Stanford Operating System
Bomgar IT Care	Facilities Request Portal	ORG PLUS	STRIDE Clinical
Brand Standards Guide	Hill-Rom On Demand	Outlook Web Access	SuccessFactors
Cafeteria Menu	House Staff Job Descriptions	Radiology / Imaging Services	Survey Readiness
Clinical Documentation(CDI)	Kaufman Hall	Regulatory Standards	Tuition Reimbursement
Condeco Room Booking	Lane Medical Library	Safety Data Sheets(SDS)	ValleyCare Intranet
Edge Reporting	Lab Test Directory	SHC Legacy EMP Archive	Voalte Messenger
E-Forms	Legacy Link	<b>SHC ServiceNow (AskSHC)</b>	V-Survey: Manager
<b>Epic Central (AskSHC)</b>	Lexicomp	Self Service Password Reset	V-Survey: Staff RNs
Epic SuperUser Portal	Lift Tracker 2.0 Web	Shared Leadership Site	

 SHC Once Again Named to 100 Great Hospitals in America List by Becker's Hospital Review

Stanford Health Care has once again been named to Becker's Hospital Review's list of 100 Great Hospitals in America. The 2020 list, which was released publicly on May 20, includes hospitals throughout the nation that are renowned for excellence.

[Read More »](#)

EVENTS & ANNOUNCEMENTS

- Reserve Your Spot: Virtual Fireside Chat with Condoleezza Rice  
Posted May. 20, 2020
- Storyboard Is Coming With The Epic Upgrade – Turn It On Now  
Posted May. 18, 2020
- Join a Fireside Chat with Dr. Bonnie Maldonado on May 26th at 12:00pm  
Posted May. 15, 2020
- HealthySteps to Wellness: Wellness Grants  
Posted Apr. 28, 2020

[View More »](#)

EMPLOYEE TOOLS

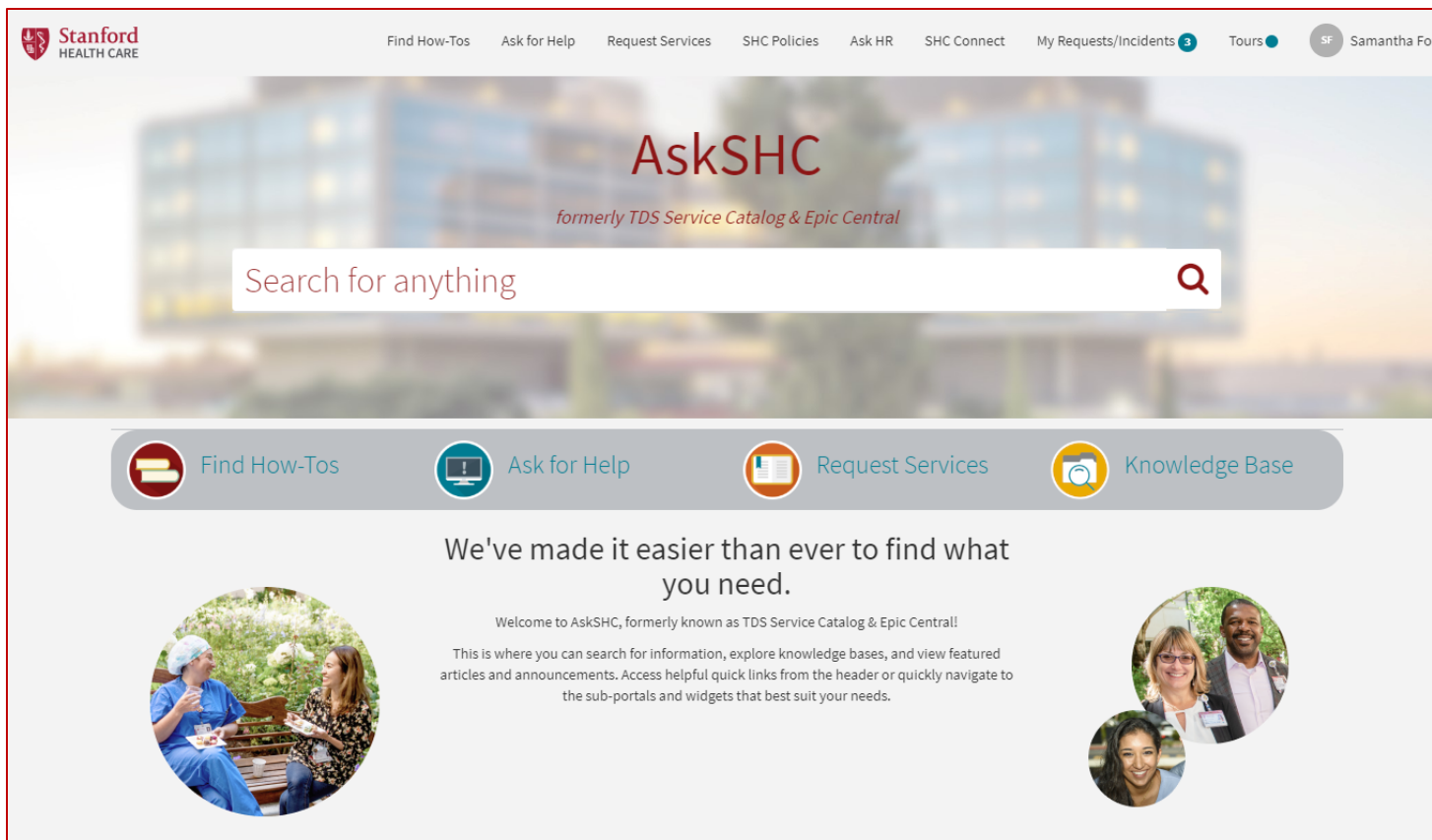
- Box
- CITRIX Login
- C-I-CARE Compass
- Concur Travel & Expenses
- Healthstream
- HealthySteps
- iWork4SHC
- Lawson eConnect
- Occupational Health Services
- Outlook Web Access
- StandOut Employee Engagement

QUICK ACCESS

- C-I-CARE
- Clinical Protocols
- Epic Central (AskSHC)**
- Emergency & Disaster Procedures
- Human Resources
- Parking & Transportation
- SAFE & Patient Safety Star Award
- Stanford Health Care - ValleyCare
- Stanford Security Services
- SharePoint Toolkit
- University HealthCare Alliance (UHA)



# AskSHC: Video Visit



The screenshot shows the AskSHC website interface. At the top left is the Stanford Health Care logo. The top navigation bar includes links for Find How-Tos, Ask for Help, Request Services, SHC Policies, Ask HR, SHC Connect, My Requests/Incidents (with a notification badge), Tours, and a user profile for Samantha Forth. The main header features the AskSHC logo and the text "formerly TDS Service Catalog & Epic Central". Below this is a search bar with the placeholder text "Search for anything" and a magnifying glass icon. A horizontal menu below the search bar contains four items: "Find How-Tos" with a book icon, "Ask for Help" with a computer monitor icon, "Request Services" with a document icon, and "Knowledge Base" with a magnifying glass icon. The main content area has a heading "We've made it easier than ever to find what you need." followed by a welcome message: "Welcome to AskSHC, formerly known as TDS Service Catalog & Epic Central! This is where you can search for information, explore knowledge bases, and view featured articles and announcements. Access helpful quick links from the header or quickly navigate to the sub-portals and widgets that best suit your needs." The page is decorated with three circular images: one on the left showing two people in a conversation, and two on the right showing individual staff members.

Stanford HEALTH CARE

Find How-Tos Ask for Help Request Services SHC Policies Ask HR SHC Connect My Requests/Incidents 3 Tours SF Samantha Forth

## AskSHC

formerly TDS Service Catalog & Epic Central

Search for anything

Find How-Tos Ask for Help Request Services Knowledge Base

### We've made it easier than ever to find what you need.

Welcome to AskSHC, formerly known as TDS Service Catalog & Epic Central!

This is where you can search for information, explore knowledge bases, and view featured articles and announcements. Access helpful quick links from the header or quickly navigate to the sub-portals and widgets that best suit your needs.

# AskSHC: Virtual Physical Exam


Home > Knowledge > Informatics Education (Knowledge Base) > Program & Application Highlights - Video Visits

KB0461246 - Latest Version Subscribe ...

## Epic - Video Visit: Physical Exam Tips

Revised by Karen Huacasi Chaparro • 28d ago • 298 Views • ★★★★★

With some creative thinking, it is possible to perform a comprehensive physical exam through a video visit. See below for some tips and examples of physical exam findings that can be evaluated and elicited during a video visit.



[General Tips](#) | 
 [Specific Exam Tips](#) | 
 [Billing Tips](#) | 
 [SmartPhrases](#)

### General Tips

- Ask patients to move their camera closer to get a better look - for example holding the phone closer to their eyes or over a rash.
- Ask patients if they can have someone with them hold the camera to get a better view - for example ask a second person to hold the camera and zoom in on the tonsils.
- Ask patients if they can have someone with them facilitate the examination - for example ask a second person to tap lightly on the patients back to assess CVA tenderness.
- Ask patients if they have a flashlight or can get closer to a light source to get a better look.

Organ System	Example of virtual exam
Vitals	<p>Vitals can be obtained by MD or MA.</p> <p><b>Pulse:</b> Show the patient how to find their pulse on their wrist and ask them to count beats aloud while you time 15 seconds then multiply by 4.</p> <p><b>Breathing rate:</b> Observe breathing rate over 15 seconds and multiplied by 4.</p> <p><b>Temperature:</b> If your patient has a thermometer, have them take their temperature and tell you what it is. Be sure to document the device/method.</p> <p><b>BMI:</b> If the patient has a scale, ask the patient their weight and height so you can calculate BMI.</p> <p><b>Constitutional:</b> Record the patient's constitution (e.g., thin, obese)</p>
Eyes/ENT	Ask the patient to move camera closer to eyes, nose, mouth, etc. as needed. If needed, ask to use an additional light source like a flashlight or move closer to a lamp to get a better view.
CV	Ask the patient to press on lower extremities to look for edema. Look for blue lips or facial pallor as signs of cyanosis. While patient is counting radial pulse, you can also get rough assessment of rhythm. Ask the patient to move the camera closer to their neck to allow examination of jugular veins (eg, distension).
Respiratory	Ask the patient to take a deep breath in and out to listen for wheezing/cough and assess inspiratory/expiratory ratio.
GI	The patient can ask an available family member to perform soft and deep palpation in different quadrants. Otherwise, you can ask the patient to perform self-palpation to assess tenderness and rebound. You can ask the patient to jump up and down to assess rebound/guarding.
Hematologic / Lymphatic	Show the patient how to feel for lymph nodes and have them assess for cervical/axillary lymphadenopathy. Can evaluate skin for ecchymosis and/or telangectasias.
Musculoskeletal	Ask patient to perform specific exercises to assess range of motion. Can also visualize joints to look for erythema and ask patient to comment on warmth or tenderness.
Skin	Ask the patient to move closer to the camera so you can observe any jaundice, rashes, or tattoos. If needed, ask to use an additional light source or stand closer to a lamp to get a better view.
Psychiatric	Observe presence or absence of anxiety or depression during telehealth visit.

Organ System	Example physical exam findings
Constitutional	Well appearing, no apparent distress.
Eyes	Conjunctiva clear without icterus, pallor, or injection.
ENT	Nose without external redness or drainage. Mouth with normal dentition; moist mucous membranes.
CV	No lower extremity peripheral edema or signs of cyanosis.
Respiratory	Breathing comfortably and speaking in full sentences without evident tachypnea or signs of respiratory distress.
GI	Abdomen non-distended and non-tender to self-palpation.
Skin	No visible rashes
Psychological	Appropriate affect. Intact thought and speech.
Neurological	Alert and oriented. Moving upper extremities appropriately.

# .VIDPE and .VIDCONSENT

Home > Knowledge > Informatics Education (Knowledge Base)

KB0462514 - Latest Version Subscribe ...

## Epic - Video Visit: Documentation and Billing (SHC/UHA)

Revised by Karen Huacasi Chaparro • 29d ago • 233 Views • ★★★★★

This article covers documentation and billing requirements for video visits and phone visits during the COVID-19 period. It also contains a Coding Tip Sheet for COVID-19.

[Documentation](#) | [Billing](#) | [Coding Tip Sheet for COVID-19](#)

### Documentation Requirements

#### Video Visit (Video + Audio)

Documentation is the same as with any office visit note with one exception: Consent must be documented in order to bill for the visit.

- Provider must obtain a verbal or written consent. Consent must be kept in the patient's medical record.
- All medical information transmitted during the delivery of health care must become part of the patient's medical record.
- Documentation must support: the key components (history, exam, and medical decision making) or the time that supports the E/M level of service or the description of the procedural code.
- Documentation must support the diagnosis ICD-10 code(s) and procedure CPT code(s) reported.

#### SmartPhrases

- **.VIDCONSENT** can be added to an existing note template to document consent.
- **.VIDPE** can be added to an existing note to document the video visit physical exam. It provides suggestions for a comprehensive physical exam, a limited physical exam, an exam for a post-up incision check, and a phone exam where the user was unable to connect to video.
- **.VIDEOWISITNOTEMPLATE** is a complete video visit note template with the above consent SmartPhrase and physical exam SmartList embedded within.

**Video Visit Physical Exam:42283**

[VIDEO VISIT - LIMITED.TXT,40531]  
 [VIDEO EXAM - COMPREHENSIVE.TXT,40542]  
 [VIDEO EXAM - POST-OP.TXT,40543]  
 [PHONE EXAM ONLY - UNABLE TO CONNECT TO VIDEO VISIT.TXT,40796]

<p><b>Limited</b>          GEN: appears well, in no apparent distress, pleasant and cooperative          HEENT: EOMI, conjunctiva clear          RESP: breathing comfortably, speaking in full sentences, no tachypnea          NEURO: alert and oriented, CN grossly intact, moves upper extremities appropriately          SKIN: normal skin appearance          PSYCH: appropriate affect, intact thought and speech</p> <p><b>Comprehensive</b>          GEN: well appearing, no apparent distress          EYES: conjunctiva clear without icterus, pallor, or injection          ENT: nose without external redness or drainage; mouth with normal dentition, moist mucous membranes          RESP: breathing comfortably and speaking in full sentences without tachypnea, audible wheezing or signs of respiratory distress          GI: abdomen non-distended and non-tender to self-palpation          SKIN: no rashes or ulcerations         HEME: no bruises or visible telangiectasias          NEURO: alert and oriented, CN grossly intact, moves upper extremities appropriately          PSYCH: appropriate affect, intact thought and speech</p>	<p><b>Post-op</b>          GEN: appears well, in no apparent distress, pleasant and cooperative          INCISION: healing well without signs of infection.</p> <p><b>Phone exam</b>          Video unavailable for examination          GEN: speaking comfortably, clear and crisp speech          NEURO: oriented, intact thought and speech</p> <p>Time spent in medical discussion with the patient: *** minutes.</p>
--	---

**.vidconsent**  
 I have discussed the risks, benefits, and limitations of receiving care virtually with the patient. The patient expresses understanding and is willing to move forward.

# AskSHC: Billing

Home > Knowledge > Informatics Education (Knowledge Base) > Encounters

KB0462412 - Latest Version Subscribe ... Email Print

## Epic - Video Visit: Video Visit and Phone Visit Billing and Compliance Comparison Overview (SHC/UHA)

Revised by Parker Wood • 3d ago • 160 Views • ★★★★★

### Introduction

This article provides a general billing and compliance comparison during the COVID-19 period between: in-person office visits, video visits, phone visits, and telephone encounters.

### Explanation

	In-Person Office Visit	Video Visit (video + audio)	Phone Visit (audio only)	Telephone Encounter (audio only)
Billable?	Yes	Yes	Yes	No
Scheduled Visit?	Yes	Yes – use MyHealth Video Visit NPV/RPV visit types	-Yes, this can be scheduled as: TeleHealth Visit (phone) <a href="#">Scheduled Telehealth Visit - Phone</a>  -If unscheduled: providers use Telemedicine Visit - Phone encounter type <a href="#">Unscheduled Telemedicine visit - phone</a>	No
Template Blocks	Any Except TELV/TELP	TELV New Video	TELP	None

#### Related Articles

- [Epic - Video Visit: Set-Up & Facilitate Visit Workflow \(SHC/UHA\)](#)  
★★★★★★★★
- [Epic: Document a Scheduled Telehealth Visit Phone Encounter \(SHC/UHA\)](#)  
★★★★★★★★
- [Epic: Document a Unscheduled Telemedicine Visit Phone Encounter \(SHC/UHA\)](#)  
★★★★★★★★
- [Epic - Video Visits: Physical Exam & Billing Tips](#)  
★★★★★★★★
- [Epic - Video Visit: Documentation and Billing \(SHC/UHA\)](#)  
★★★★★★★★
- [Epic: Scheduling MyHealth Video Visit Q & A](#)  
★★★★★★★★

# Telehealth/Virtual Codes



Service	Codes	Telehealth modifier 95 required	Place of Service	Conditions/Requirements/Restrictions (not comprehensive)	New or established patient
Telehealth E/M (video visits)	99201-99205 99211-99215	Yes	Where the visit would have taken place in person (eg, 11, 22, 24)  Do not report general telehealth POS 02	Must use real-time audio and video  Level of E/M based on medical decision making (MDM) <u>or</u> time  Not required to document medical history and/or physical exam in the medical record  Can report E/M if over half the visit was conducted via telehealth platform/app  Can use non-public facing apps* (eg, Skype, FaceTime); do not use public facing apps (eg, Facebook Live, Twitch)	Both
Telephone E/M	99441-99443	Yes	Where the visit would have taken place in person (eg, 11, 22, 24)  Do not report general telehealth POS 02	Audio only communication  Must be patient initiated, but provider can educate patient that it is an option	Both
Virtual Check-in	G2010, G2012	No	Location where the service was provided	Use G2010 for reviewing store and forward video and/or images from patient  Use G2012 for technology based brief communication with patient (5-10 minutes)  Must obtain and record consent for the service in patient's medical record, but a single consent can be obtained for all communications annually	Established only
e-Consults	99446-99449, 99451, 99452	No	Location where the service was provided	Report for interprofessional telephone, internet or electronic health record (EHR) provider-to-provider consultations  Cannot be reported when a face-to-face encounter with the patient occurred in the prior 14 days or the next 14 days  Request for the consultation must be documented in patient's medical record	Both
Online digital E/M	99421-99423	No	Location where the service was provided	Must be patient initiated  Communications can occur over a 7-day period via portal, fax, phone/combo.  Cannot be reported if the online patient request is related to an E/M service within the previous 7 days or within the global period.	Established only

# National Telehealth Policy Resource Center



COVID-19 Telehealth policy changes occurring within the COVID-19 environment have been rapidly developing on almost a daily basis. CCHP is committed to keeping you updated on these important changes both federally and on the state level. Watch our latest COVID-19 policy update videos.

Center for Connected Health Policy

ABOUT TELEHEALTH POLICY RESOURCES CONTACT

## COVID-19 TELEHEALTH COVERAGE POLICIES

### TELEHEALTH COVERAGE POLICIES IN THE TIME OF COVID-19

TO VIEW RECENT STATE ACTIONS AS A RESULT OF COVID-19 CLICK HERE!

Timestamp: April 30, 2020 – 3 pm PT

As things rapidly develop regarding what we know about COVID-19, policies around telehealth have also been developing alongside of it. Below is a summary of what is covered by various public and private payers with the information that has been released. Keep in mind that events are evolving and to consider this a living document that could change frequently as new information and new policies become available/are enacted. CCHP will continue to make updates when they become available.

Below is a summary of changes the Centers for Medicare and Medicaid Services (CMS) has made to telehealth policy for Fee-for-Service Medicare:

**NEW CCHP FACT SHEET:** Federally Qualified Health Centers & Rural Health Clinics Acting as Distant Site Providers in Medicare  
Download the information below in the form of an easy to read fact sheet here!

MEDICARE FEE FOR SERVICE TELEHEALTH COVERAGE	
MEDICARE - GENERAL TELEHEALTH POLICIES DURING COVID-19	
SUBJECT AREA	POLICY DURING COVID-19
Geographic/State	POLICY FOR FQHC/RHC

## COVID-19 RELATED STATE ACTIONS

### COVID-19 RELATED STATE ACTIONS

Timestamp: May 13, 2020 – 5 pm PT (UPDATES: State Actions)

As a result of COVID-19 many states have taken action to remove policy barriers to telehealth utilization to address this pandemic. Below is a list of state actions taken at this time. If you have additional information on state actions that are not included here, please submit your information to [info@cchpca.org](mailto:info@cchpca.org) and we will be sure to include it in future updates.

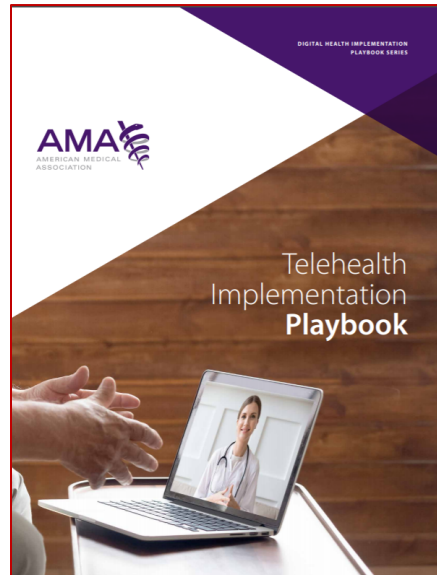
**States Waiving Licensure Requirements/Renewals See:** Federation of State Medical Boards (FSMB) - <https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirements-covid-19.pdf>

**States Waiving In-State Licensure Requirements for Telehealth See:** Federation of State Medical Boards (FSMB) - <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

**View a Quick Reference Chart which categorizes the below listed State Actions:** [https://www.cchpca.org/sites/default/files/2020-05/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%205.5.2020\\_0.pdf](https://www.cchpca.org/sites/default/files/2020-05/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%205.5.2020_0.pdf)

STATE	ACTION TAKEN (click to view source doc)
ALABAMA	<a href="#">Medicaid – Temporary expansion of Telemedicine Coverage</a>
	<a href="#">Medicaid – Telemedicine origination site facility fee</a>
ALASKA	<a href="#">Temporary Expansion of Medicaid Telehealth Coverage</a>
	<a href="#">Medicaid Update</a>
	<a href="#">Eligible Services</a>

# AMA Telehealth Playbook



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Introduction to Digital Health Solutions

What is Telehealth?

Telehealth in Practice

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- Licensure
- Reimbursement

The Path to Implementation

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Step 2 / Forming the Team

Step 3 / Defining Success

Step 4 / Evaluating the Vendor

Step 5 / Making the Case

Step 6 / Contracting

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Step 8 / Preparing the Care Team

Step 9 / Partnering with the Patient

Step 10 / Implementing

Step 11 / Evaluating Success

Step 12 / Scaling

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PART 4 / POST-GAME – RESOURCES

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- B.2: Team Structure Worksheet
- B.3: When to Engage Your Teams
- B.4: Telehealth Kickoff Meeting Agenda

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- C.2: S.M.A.R.T. Goals Overview

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- D.2: Vendor Information Intake Form
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### APPENDIX E / MAKING THE CASE

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- J.2: Clinician Experience Survey
- J.3: Patient Experience Survey

AMA quick guide to telemedicine in practice

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association has designed resources to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

Overview Practice implementation Policy, coding & payment Other helpful resources

Essential Tools & Resources

Disclaimer: Information provided by the AMA contained within this Quick Guide is for medical coding



**Stanford**  
MEDICINE

Division of Primary Care  
and Population Health  
*Department of Medicine*

# Teaching Telemedicine: A Learner-Centered Approach

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Associate Director, Core Clerkship in Family and Community Medicine

Tracy Rydel, MD

Director, Core Clerkship in Family and Community Medicine



# Family Medicine Core Clerkship

Best Practices  
in Clinical  
Video Visits



Didactic Session:  
• Communication  
• Physical Exam

Patient Care



Clinic Video Visits  
• Epic and Zoom  
• Preceptor  
training

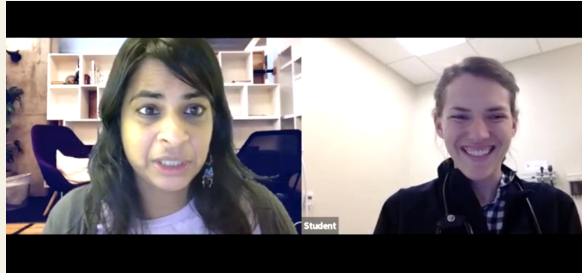
Virtual OSCE



Formative  
Assessment

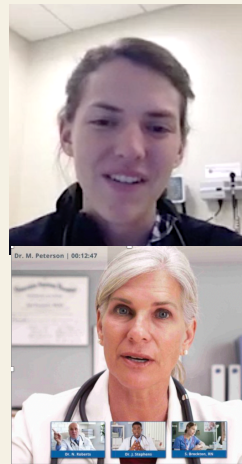
# Video Visit Precepting

(1)

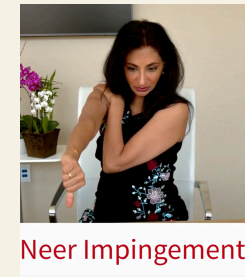


- Troubleshoot technology
- Establish rapport
- Goals/agenda
- Take patient history

(2)



- Join visit with attending
- Summarize patient history
- Perform provider-directed patient self-exam



(3)

- Discuss management plan with patient
- Provide After-Visit Summary and clear follow-up recommendations

# How to Optimize Learning

- **Pre-rounding**
  - Primes the learner
  - Presence 5: Prepare with Intention
- **Physical examination**
  - Patient-centered communication (Verbalizing exam findings: “I notice there is redness and swelling”)
  - Provider-directed patient self examination
- **Model relationship-building and communication skills in virtual visit**
- **Clinical reasoning and medical decision making**
  - Identify how limitations may affect medical decision-making and follow-up



# Tips for Pre-rounding for Medical Students by Elaine Tran (MS4)

## Precept Adapt

- **Contact preceptor in clinic**
- **Consider preceptor's notes and adjust**
- **Review preceptor's relationship with the patient**
  - Longstanding relationship with the patient: detailed history
  - New patient: delving into history

## Anticipate the Virtual Interaction

- **Collect personal information:**
  - Patient preferred name, family/caretaker names
  - Patient's social history
  - Patient's past stressors
- **Review virtual visit etiquette**
  - Verify patient ID and current residence
  - Confirm confidentiality
  - Set agenda
- **Video specific preparation**
  - Plain background/green screen
  - Ensure minimal background noise and distractions
  - Position level with camera and maintain eye contact
- **Gather resources and references to be readily accessible**
- Set phone/tablet within reach in case of technical difficulty

# Virtual Observed Structured Clinical Examination (OSCE)

- Goals:
  - Patient-centered communication
  - Chronic care management
- Breakout rooms with SP and hidden faculty observer
- Modified Kalamazoo Communication Checklist
- 1:1 SP feedback and group debrief



Thank you

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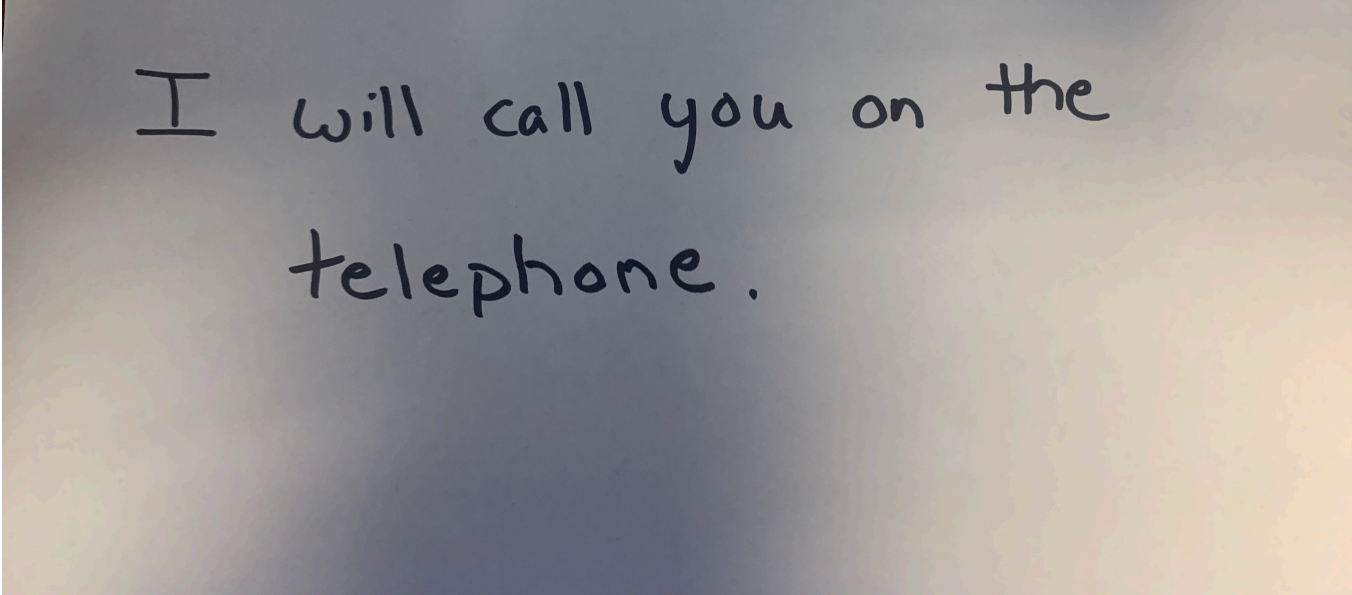
# Troubleshooting



# Audio difficulties



# Low-Tech Solutions also work

A photograph of a piece of paper with handwritten text. The text is written in black ink on a light-colored background. The handwriting is cursive and somewhat informal. The text reads: "I will call you on the telephone." The word "I" is underlined. The paper is slightly wrinkled and has a soft shadow on the surface it's resting on.

I will call you on the  
telephone.

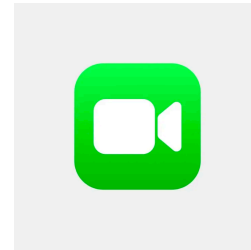


# MyHealth Alternatives

- Telephone



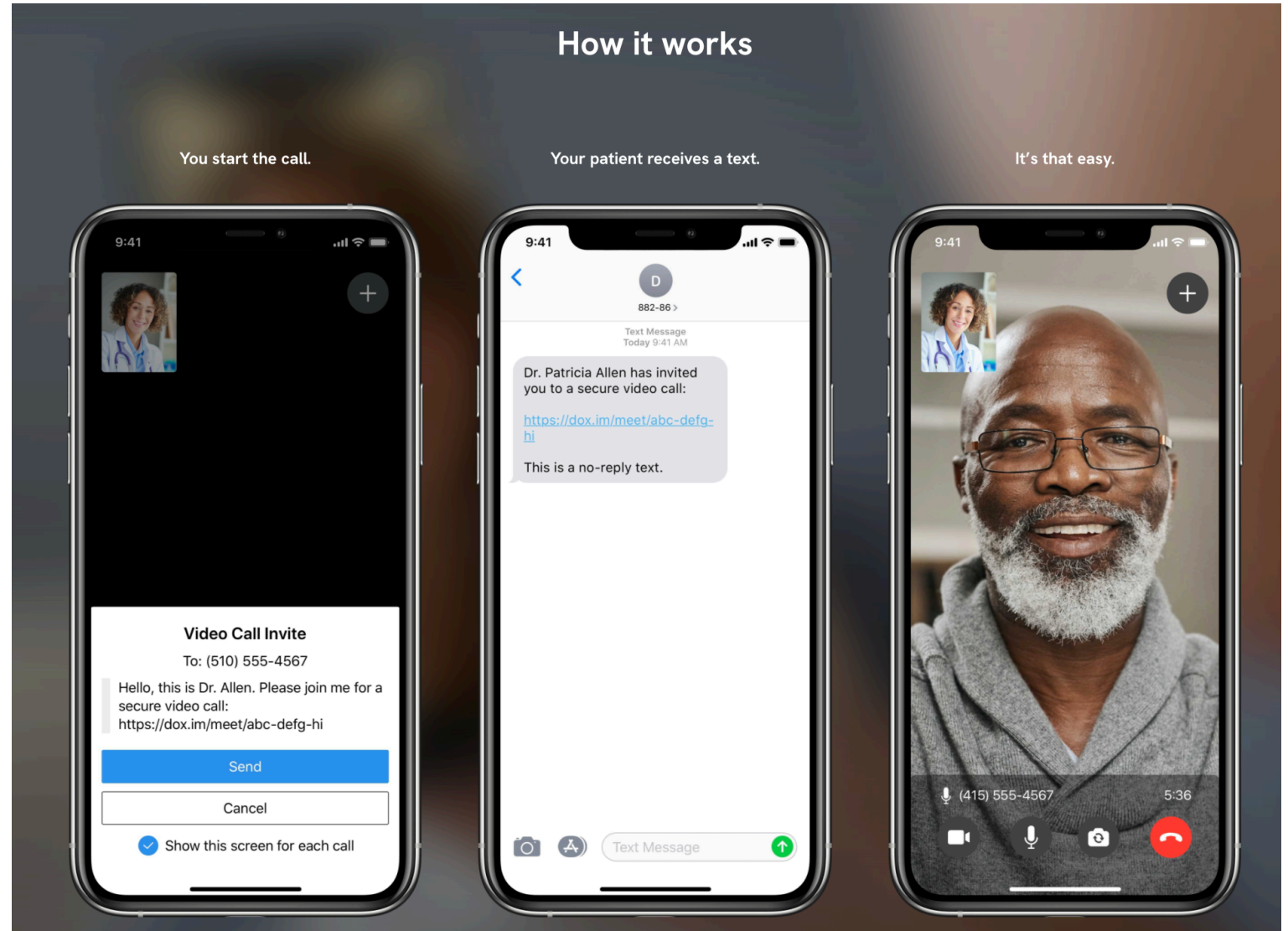
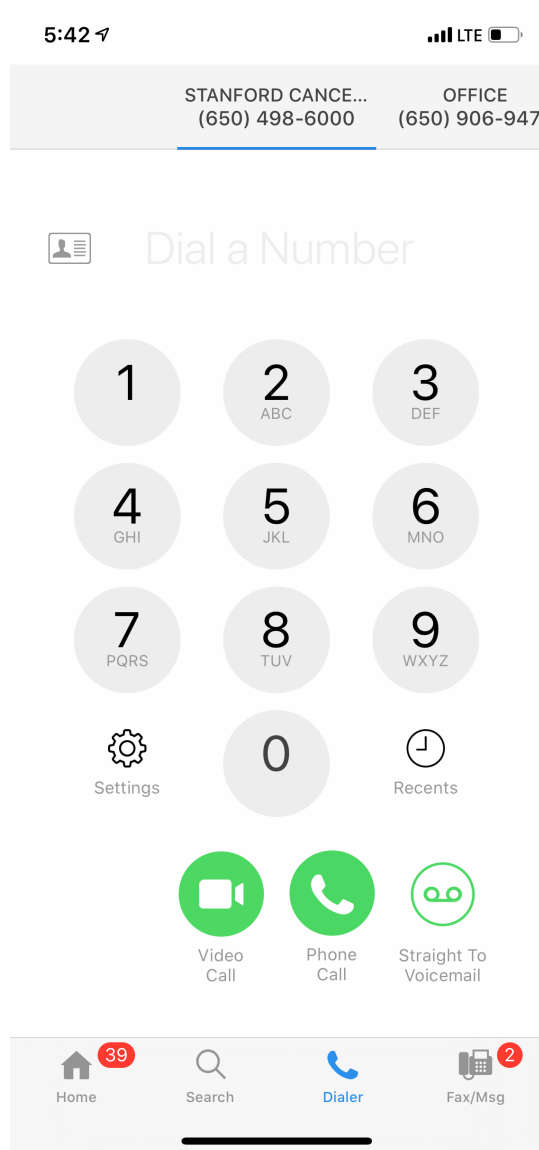
- Zoom/Skype/Facetime



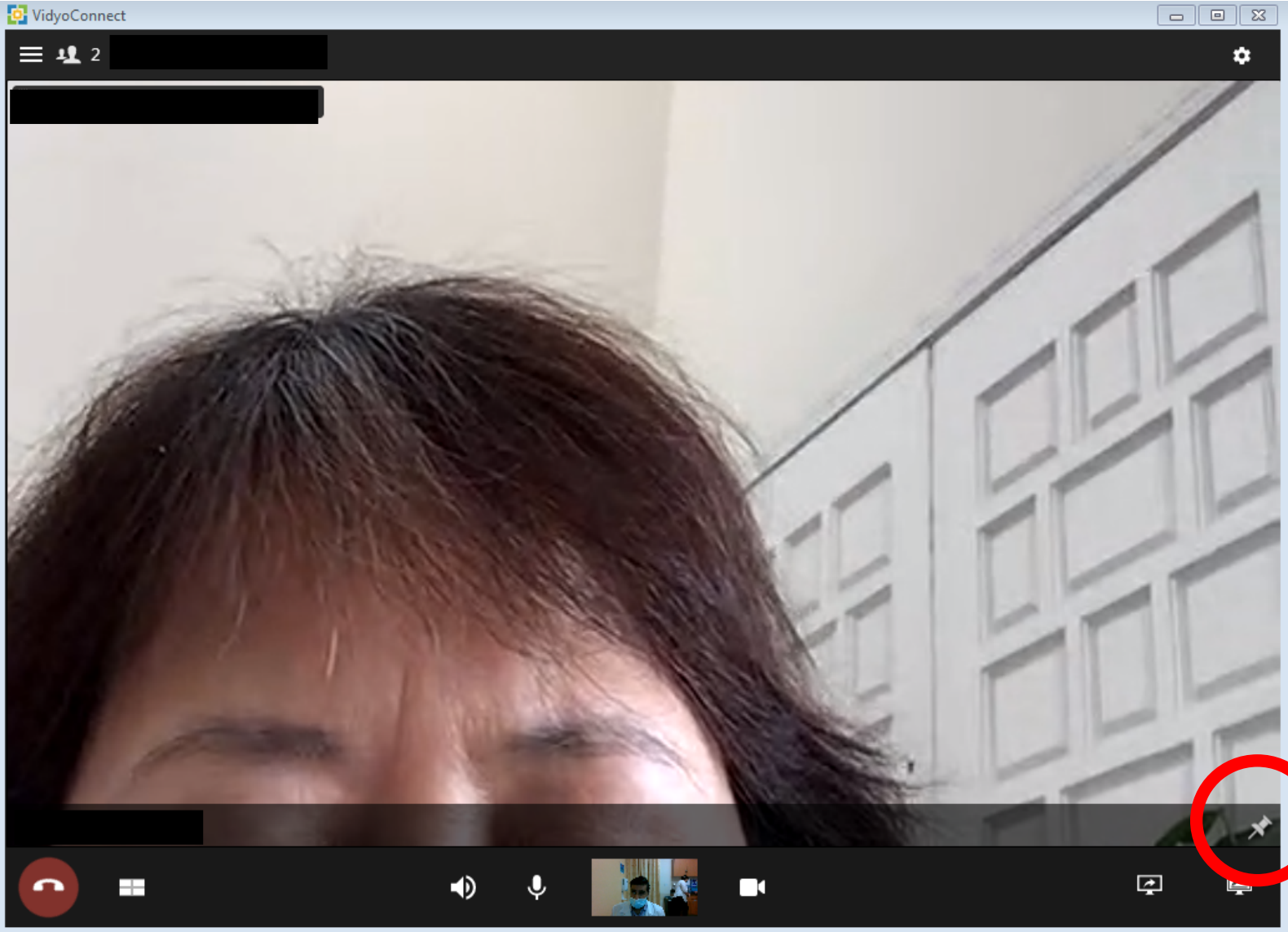
- Doximity Dialer Video



# Doximity Dialer Video



# “Zoomed-in Face Problem”

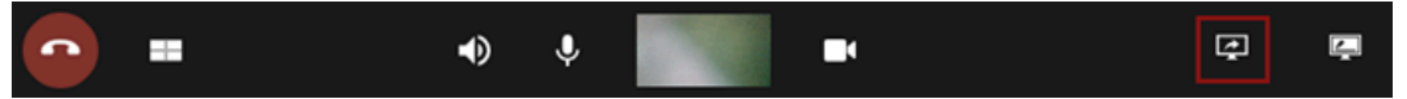


# “Disappearing Video Window”

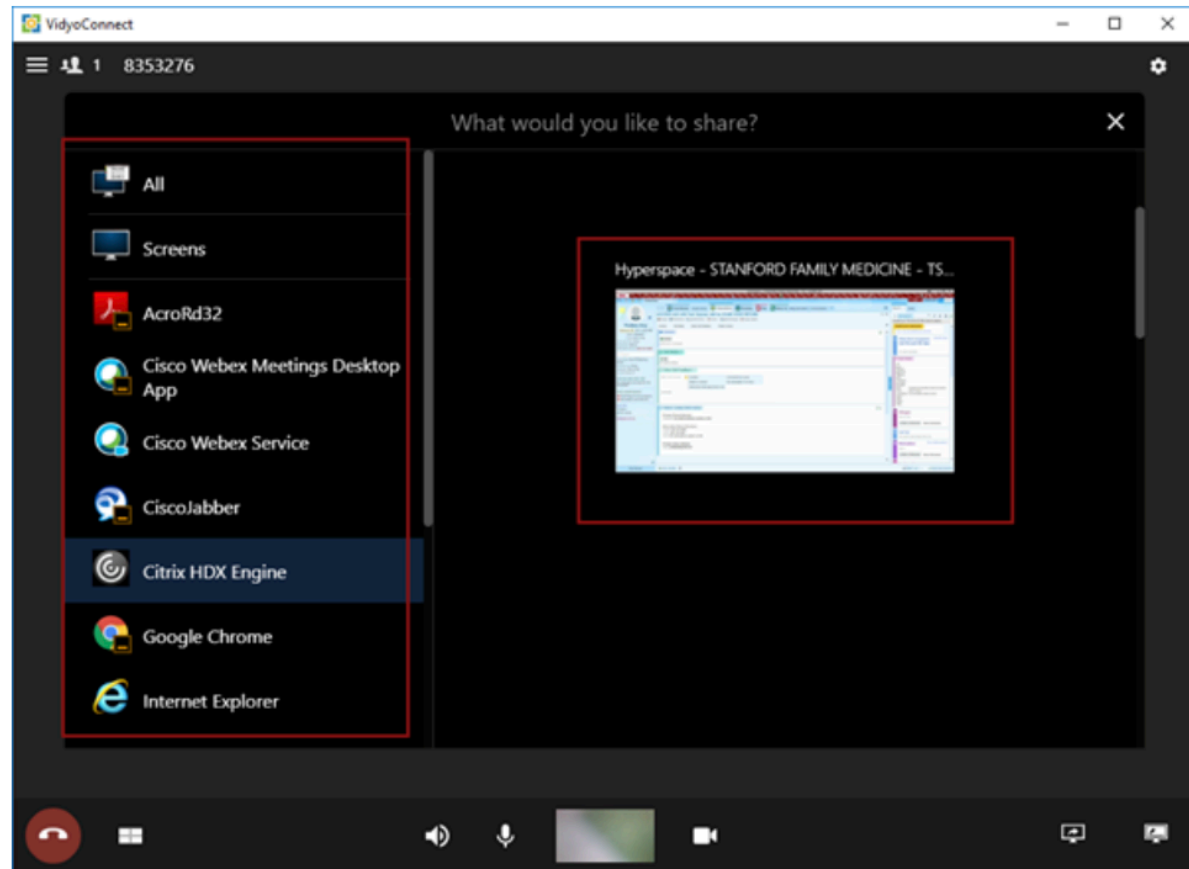
- Video will stay “on-top” during next EPIC update
- Work-around: Share video screen

Use Share Screen in the VidyoConnect computer application

1. Click Share icon on the bottom right of the VidyoConnect application screen.



2. Select screen or application to share with the patient.
3. Click **Share**.



# Multi-party collaboration

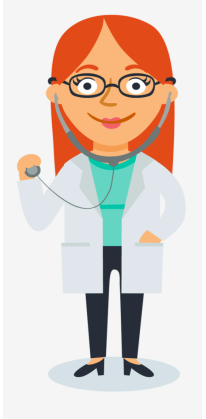
- Problem: Difficult to interface with provider team remotely: nurse coordinators, medical assistants, APPs, scribes, etc.



# Multi-platform Work Around

## Method 1:

Computer #1: MyHealth Video Visit



Provider



Zoom on 2<sup>nd</sup> device



Scribe on Zoom



Nurse Coordinator on Zoom

## Method 2: Jabber – HIPAA compliant chat

# Help Desk

- For providers and patients!
- 1-866-367-0758

