

Transforming Clinical Workflow for Telemedicine Visits in the COVID-19 Pandemic

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THE INNOVATION

The COVID-19 pandemic has created the necessity for family physicians to rapidly upscale synchronous telehealth services. By transforming the clinical workflow using existing staffing ratios, telehealth visits allow for delivery of patient care that is compatible with shelter-at-home ordinances and health system protocols. This redesigned workflow has been shared across all ambulatory services of the health system and allows for new patients to be scheduled for telehealth visits.

WHO AND WHERE

In under two weeks, the Department of Family Medicine at Keck Medicine of USC has expanded its telehealth services to all providers across all clinical sessions and locations. Initial workflows developed for telemedicine visits fell short in capturing the documentation required for compliance, risk, and quality metrics. To address these needs the workflow was redesigned to integrate receptionists, medical assistants, and providers.

HOW

At the time of the visit, the patient enters the virtual waiting room of the platform. If the patient does not appear in the waiting room, the receptionist contacts the patient and sends them a new invitation to the visit. This step offers the opportunity for patient outreach and can ensure adequate audio and visual quality for the visit.

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Once a secure connection is established, the patient is greeted by a receptionist who confirms that the patient's insurance and demographics are accurate, portal enrollment is offered, and key documents are signed prior to performing clinical care. The patient is then placed on hold, sent back to the virtual waiting room, and is next connected to the medical assistant.

The medical assistant enters the chief complaint, reconciles medications, allergies, and pharmacy information then returns the patient to the virtual waiting room. The provider then connects with the patient, obtains consent for the visit, addresses the patient's concerns, and completes the clinical documentation in the electronic health record directly. The provider reviews the assessment and plan with the patient, returns the patient to the waiting room, and completes the billing portion of the encounter. The patient is reconnected with the receptionist who reviews the departure summary, schedules any follow up appointments, and provides information for obtaining labs, radiology, or specialist contact information.

LEARNING

This workflow was implemented immediately prior to the shelter-at-home orders put in place by the State of California. After its implementation the department has maintained an average of 28 telemedicine visits per day, as compared to fewer than 3 visits per day before the clinical workflow was put into place and prior to the epidemic.

We have learned that telehealth services are an essential component of patient care at a time when face-to-face visits do not meet social distancing requirements. Utilizing a platform

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that has a waiting room capability is important for a seamless connection between members of the clinical team. While these services are convenient for the younger patient demographic, elderly and/or underserved patients often have difficulty utilizing these services because of lack of equipment or technological knowledge.

Moreover, the importance of a platform that offers both audio and visual quality at all stages of the patient visit is paramount in sustaining a high level of telemedicine practice. Ongoing communication regarding technology and workflows to all clinical staff is crucial to the success of the synchronous telehealth visit.

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