Resident and Fellow Guidance:
Direct-to-Patient Telehealth during COVID-19 Outbreak

This document provides clarity on VUMC's Telehealth guidelines related to care provided by Residents and Fellows as of March 25, 2020.

With the approval of your supervising attending physician, please follow the instructions below to complete all ambulatory visits via telehealth, unless it is medically necessary to see the patient in person. Telehealth visits follow essentially the same teaching physician billing and supervision rules as with in-person visits; however, there is currently no primary care exception for telehealth visits, so the attending must be present for the critical or key portions of the service, regardless of what the service is.

During the COVID-19 outbreak, patients can be seen while they are at home via telehealth within My Health at Vanderbilt, regardless of insurance type.

Patients complete telehealth visits from their My Health at Vanderbilt (MHAV) account. Residents and Fellows access telehealth visits via the Epic Whiteboard. Patients who do not have an active MHAV account should enroll at www.myhealthatvanderbilt.org.

Prepare yourself for Telehealth

On-demand and live training sessions are available via The Learning Exchange by searching for "COVID Telehealth".

Prepare your computer or device for Telehealth

TeleHealth visits are completed via eStar.
- Instructions for Canto for iOS: https://getestar.vumc.org/pdf/_cantoiOS.pdf
- Note: Haiku and Canto are not compatible for telemedicine use on Android devices.
- Instructions for personal computer:
    - Download the latest version of VMWare at: https://virtual.VUMC.org
    - Select: "Install VMware Horizon Client"
    - Select: "eStar" (Do not select "Win10 CWS-Prod")
    - Reminder: make sure to enter eStar from VMware, rather than from the HTML link

Select patients for Telehealth

New and return patients should be seen via Telehealth visits whenever possible.
- Review patients scheduled to see you in the ambulatory clinic
- Open your whiteboard schedule for each day that you are in clinic from 3/23/20 onward
- Single click on the line with the patient name and appointment information
- Follow the attached screen shot to locate the indicator box next to the patient name
- Click on that box's pull down and change the color of the dot to indicate your instructions to the schedulers:
    - Blue- If the patient should be seen via Telehealth
    - Red- If the patient needs an in-person clinic visit
    - Black - If the patient should be rescheduled to visit in 2 months or later
- If you are uncertain about the type or urgency of patient visit – call the patient directly to determine the medically appropriate next visit.

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Prepare your patients for Telehealth

Your patient will access their Telehealth visit via My Health at Vanderbilt (MHAV)
- If your patient does not have MHAV:
  - Call your patient to discuss their next visit and ask that they:
    - Register for a MHAV account at: www.myhealthatvanderbilt.org
    - Review instructions for Telehealth, including downloading Zoom, at: https://www.vanderbilthealth.com/myhealth_help/54692
- If your patient has a MHAV account:
  - Message your patient with an alert that you will be seeing them via Telehealth
  - Provide this link for Telehealth instructions, including downloading Zoom: https://myhealthatvanderbilt.com/MyChartPRD/en-US/docs/pdf/D2Pinstructions.pdf

See your patient via Telehealth with your attending teaching physician

- Make sure that your attending physician is available to participate in telehealth visits during your clinic hours
- At the designated appointment time, select the green camera icon from your whiteboard to launch the video visit
- Verify patient's location (city and state)
  - If the patient is outside of Tennessee, you cannot complete the visit. The following options are available:
    - Contact the attending to see if he/she is able to conduct the entirety of the telehealth visit
    - If the attending cannot conduct the telehealth visit, explain to the patient that you will need to reschedule the visit for a time when an attending can conduct the telehealth visit
- Verify the patient's consent to the telehealth visit
- Ask whether anyone else is present with the patient for the visit or needs to be present (a link to the Zoom visit can be provided to a family member or caregiver)
- Complete your history and exam
- Include your attending teaching physician for the key and critical portions of the telehealth visit, regardless of whether the visit is a level 1-3 primary care E&M visit.
  - Explain to the patient that you are going to confer with the attending and ask the patient to remain on Zoom while you do so
  - Pause the visit by turning off your microphone and camera
  - Discuss your findings with your attending physician (can be done by phone if necessary)
  - Provide the attending with the Zoom ID to join you in the virtual visit with the patient
  - Turn on your microphone and camera and continue the visit with the patient and attending physician
- Complete your documentation, orders, etc., as you would for any in-person visit, but follow the guidelines, below, related to documentation of the visit as a telehealth visit

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Of note, the definition of Direct Supervision per the ACGME for telemedicine is that "the supervising physician and/or patient is not physically present with the resident and the supervising physician is **concurrently monitoring** the patient care through appropriate telecommunication technology." Following the instructions above will allow for direct supervision.

Plan B if you are unable to establish a connection via MHAV and eStar

In the event that a provider and patient are unable to connect via My Health at Vanderbilt and eStar, and the provider and patient wish to continue with a telehealth visit (instead of converting to an audio-only discussion) the following applications may be used as a backup method to provide an audio/visual connection: Zoom, Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. In the unlikely event that one of these applications is needed, the provider must include **.TelemedicinePlatform** smart phrase in the clinical documentation: "At patient request, *** audio/visual application was utilized to complete this encounter." The provider must also select the appropriate encounter type (Telemedicine) and coding modifiers described above. In addition, the provider must notify the patients that, while VUMC believes these applications to be secure, platforms outside MHAV potentially introduce privacy risks.

The use of these alternate applications should be used only as a last resort, and only during the COVID-19 pandemic. Providers are prohibited from using any public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a chat room like Slack.

Creating a Telemedicine encounter in eStar

If the resident/fellow and patient are not able to initiate the encounter in MHAV and eStar then a new Telemedicine encounter should be created (See attached).

- In the patient medical record, select Create Encounter from the left column
- Select "Telemedicine" as the encounter type
- Proceed as usual for reviewing the problem list, allergies, and medications
- Prepare your clinical documentation and include telehealth smart phrases
- Wrap up by placing orders and completing coding, and planning follow-up

Selecting the Correct Billing Department

When completing telehealth visits, you must be logged into the same Epic department you would use for an in-person visit.

Documentation

Use the following smart phrase at the beginning of your note, and complete the wildcards (use F2 to tab between *** wildcards) **.telemedattestation**. This inserts the following phrase:

This consultation was provided via telemedicine using two-way, real-time interactive telecommunication technology between the patient and the physician. The interactive telecommunication technology

included audio and video. The patient was offered telemedicine as an option for care delivery and consented to this option.

Include the following information in your note:

- Patient location: ***, Tennessee
- Provider location during the telehealth encounter
- Other participants present with provider, with patient's verbal consent:*** Other participants present with patient: ***
- HPI and other histories as you normally would
- Applicable exam elements that you can obtain via observation

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, use smart phrase **.phonevisit**. This inserts the following phrase:

> Audio phone call visit. I spent *** on this call with the patient actively engaging in patient care and decision making.

Coding

The following codes are currently approved for telehealth visits when the patients are at home including 99024, 99201-99205, 99211-99215, 99495-99496, G0438, and G0439 are now eligible for telehealth visits. Medicare has approved additional codes, which can be accessed at CMS Telehealth General Information.

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, phone-only codes should be used. These include 99441-99443. Telephone only codes are time-based codes and are billed on attending time (not resident or fellow time) with the patient. Telehealth visits may not be billed by Residents or Fellows under the Primary Care Exception. Select a no-charge visit if the attending was not present for the key and critical portions of the primary care telehealth visit. **All telehealth encounter coding must include the GT, CR modifiers, in addition to the GC modifier for encounters where residents or fellows are included.**

Prescribing

During the COVID-19 Emergency Period, the DEA and Tennessee have both temporarily authorized prescribing of controlled substances via a telehealth visit, provided that:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; AND
- The practitioner is acting in accordance with applicable Federal and State law.

Other existing controls around prescribing opioids remain in place.

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Work Location & Privacy Considerations

Residents and Fellows can conduct telehealth visits from any private setting where there is full access to eStar. This includes your home, if approved by your program director. It is best to find a room with a door so that you have control over who can hear your conversation. Family members or others in your home or off-site workspace are typically not members of VUMC's trained workforce and should not be able to see or hear your telehealth visits.

State Licensure

Residents and Fellows can only provide telehealth visits for patients who are physically located in Tennessee. If a patient identifies his or her location as outside of the State of Tennessee, you cannot complete the telehealth visit.

State licensure and scope of practice are determined by each state. On March 23, all VUMC attending MDs, DOs, DMDs were granted temporary emergency medical licenses by the Kentucky Board of Medical Examiners. **The Kentucky Board of Medical Examiners did NOT approve emergency licensure for Residents or Fellows.** VUMC will continue to monitor the emergency licensure rules for Residents and Fellows and additional guidance will be provided as it becomes available.

3/23/2020