There are several scenarios listed below with the understanding that different workflows make sense depending on the situations you find yourself in.   We have been experiencing a wide range of situations and are hoping everyone will find workable solutions here.

**Needed documentation**

There are parts of the telephone visit that are critical to document and can be done by either the MA or provider but must be done by someone. These include:

* **Reviewing medications and allergies**
* **Obtain a consent for a telephone visit as these are billable encounters** *(more info coming)*

**Check in and Pre-charting for all scenarios**

Where possible, Front desk (FD) completes registration the day before, which may include a phone call to the patient. (New patients or patients that haven't been seen in a while will need to have registration completed over the phone prior to getting checked in).

Either way, at or prior to the official start of shift, FD checks in all patients that have "TELEPHONE" or "PHONE CALL" written in the appointment notes section. Please remember to put this notation of the type of visit at the very top of the notes section and put other information about patient outreach below this.

Providers can successfully pre-chart on an Office visit encounter that is planned for a phone call in the same way they always have with in person office visits. Recall that IF the patient is not checked in for that specific visit within 24 hours of the appointment time, the pre-charting will disappear. I.e. remember to pull information forward in a different way (whether a future order, referral, or your own thoughts).

Be aware that providers can pre-chart, but MAs *cannot* get to the Rooming tab until the visit is checked in.

**Scenario A**

**Provider is working from home**

Providers will independently need to complete all parts of visit aside from check-in including:

* Rooming Tab
  + Chief Complaint
  + Enter Program Area
  + Verify pharmacy
  + Review medications and allergies
  + Obtain consent for phone visit
  + Offer MyChart Sign-up
* Document note in the visit using SA123TELVISITCOVID, & check the ‘Mark All as Reviewed’ button on the Review portion of the Plan screen (after review!)
* Submit LOS
* Follow-up appointment scheduling options: see Follow Up Scenarios, below.

**Scenario B**

**Provider in clinic- MA team is short staffed (2 Providers-1 MA)**

* MA confirms all telephone visits have been checked in, including new patients
* MA goes into the Rooming tab and enters
  + Chief Complaint-Phone Check-in
  + Program Area-Telemedicine
* Provider calls patients, completes the rest of the visit including
  + Verify pharmacy
  + Review medications and allergies
  + Obtain consent for phone visit
  + Offer MyChart Sign-up
  + Document note in the visit using SA123TELVISITCOVID, & check the ‘Mark All as Reviewed’ button on the Review portion of the Plan screen (after review!)
  + Submit LOS
* Follow-up appointment scheduling options: see Follow Up Scenarios, below.

**Scenario C**

**​Provider in clinic with dedicated MA- TEAM MUST BE SEATED TOGETHER**

These are optional additional roles an MA can take in the telephone visit workflow if the MA and provider prefer working together in this way.

* MA confirms all telephone visits have been checked in, including new patients
* MA calls patient and enters as much as possible of the following:
  + Rooming Tab
    - Chief Complaint
    - Enter Program Area
    - Verify pharmacy
    - Review medications and allergies
    - Obtain consent for phone visit
    - Offer MyChart Sign-up
  + **If** feasible, MA transfers call directly to provider. If not feasible, lets patient know provider will call as soon as able.
* Provider completes the visit, & checks the ‘Mark All as Reviewed’ button on the Review portion of the Plan screen (after review!)
* Follow-up appointment scheduling options: see Follow Up Scenarios, below.

**Follow Up Scenarios –** be clear which you are using with your clinical team of the day

* + Appointment can be made at time of visit by provider, with a Quick Appointment
  + CDCC specific: CC chart can be sent to CDCC MA POOL with instructions and request for follow-up appointment to be made.
  + CDFMC specific: Provider completes Follow Up section of visit note (and # of minutes spent on the call at the time of the call. Other documentation can wait if needed, but these are immediate. Provider will then go to change the dot on schedule view to green to indicate check out 
* MA staff reviews schedule for green check out dots, schedules appointment as requested by provider. They will ideally only have to do this for today's schedules, but for safety will look at the prior days also, in case a provider is late to change the dot.
  + - Provider puts in a green dot, but doesn't document in the note what specific f/u is requested - MA sends provider a task to please clarify
    - When appointment is made, they will change the dot back to not visible
    - *Two benefits of this method are no extra tasks to write or receive, and it can be done by provider and MA who are in locations remote from each other too.*
  + in person request (“can you please schedule them for 1-month phone visit?”)
  + transfer call back to MA

**More provider MA collaboration on phone visits and rescheduling - related:**

* Provider reviews upcoming schedules and is very specific in how they document in the specialty comments: "3/24 MA: Pls offer phone - EF". If there is other information in the specialty comments, that is OK, but provider places this portion, alone, on the first line ("Date, MA: Pls offer phone - provider initials")
* MA goes over schedule, notes specialty comments, contacts patients to make the change. MA writes in Appointment Notes
  + "Phone - LVM" (for left voice mail [not to be confused with LM, Laura Morgan]) - when they've only been able to leave a message
  + "Phone" when the phone visit has been confirmed
  + “In-clinic” be clear when an RN or provider has OK’d an in-clinic visit
* It is preferred to have the phone LVM or Phone confirmation in Appointment Notes rather than specialty comments because the call center can also see Appointment Notes.