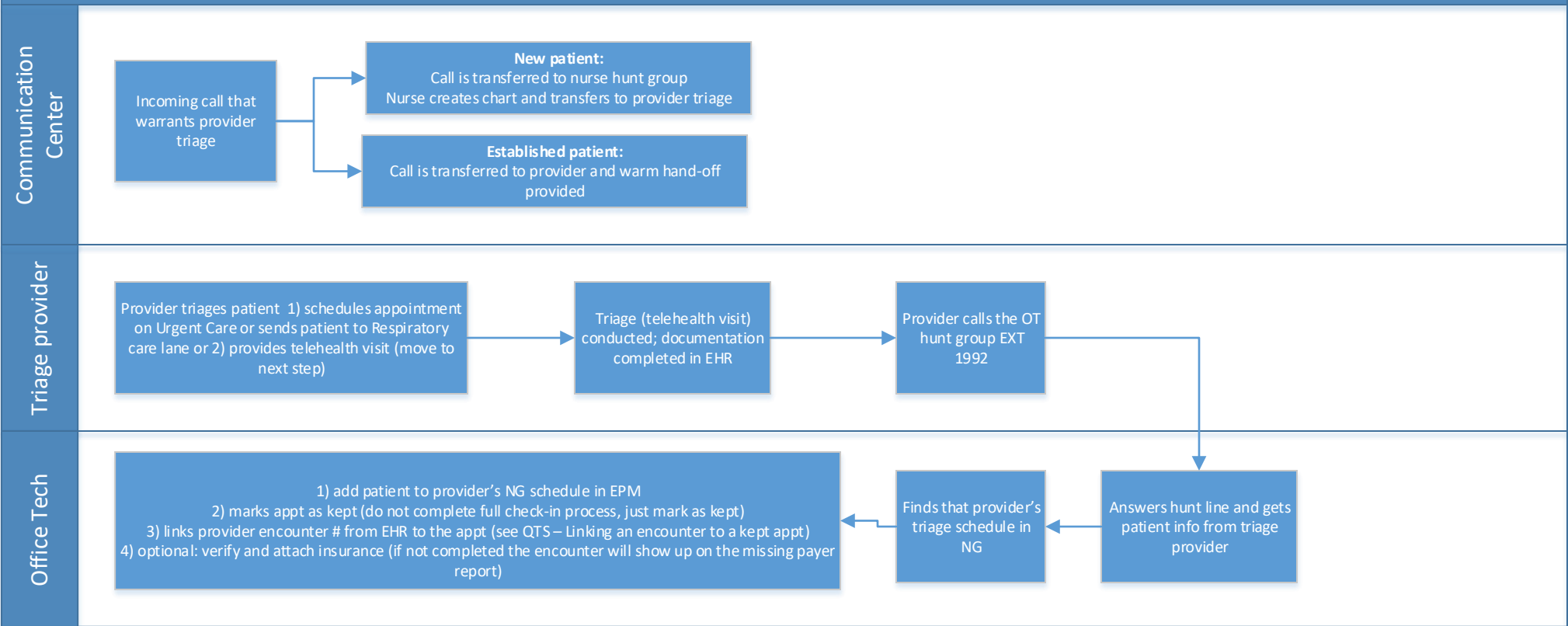
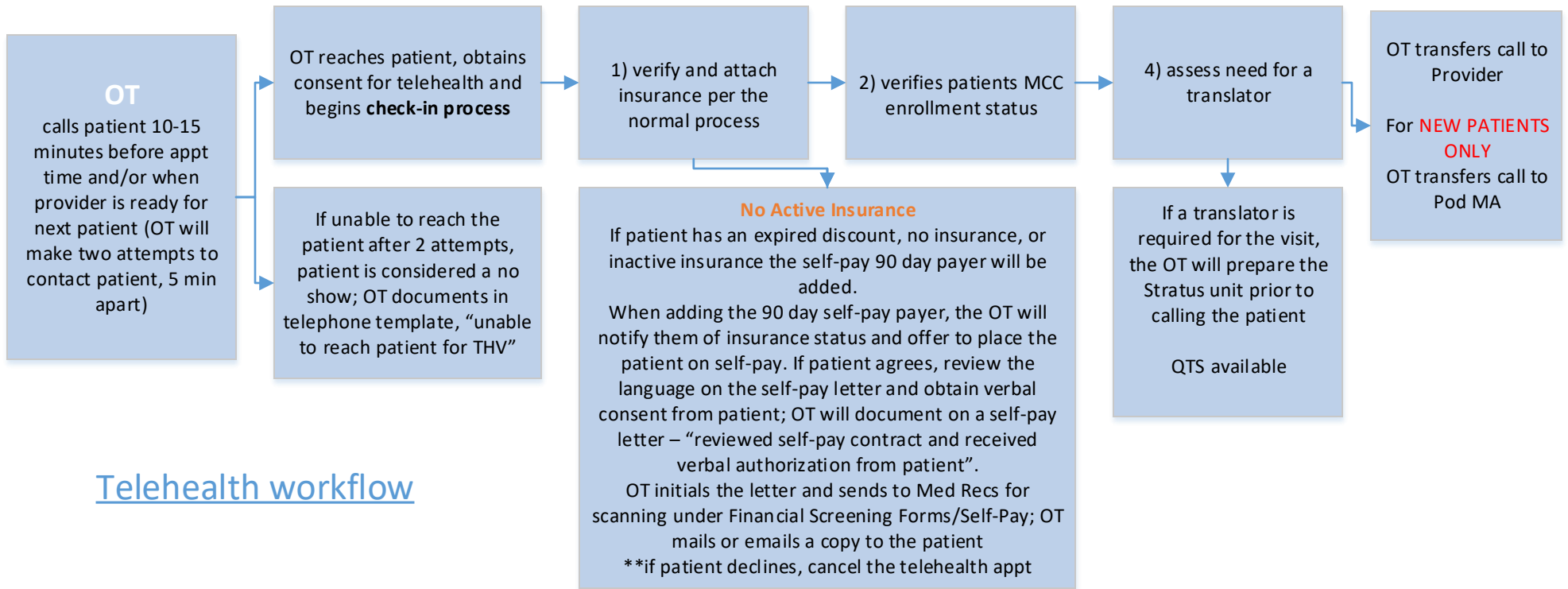
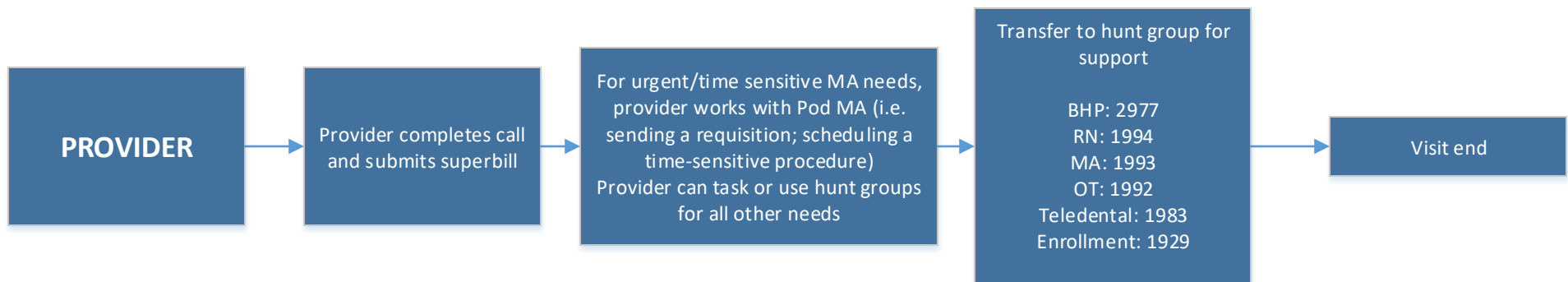
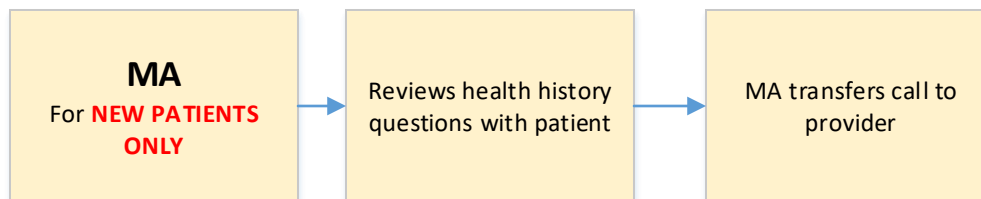


Hi-risk triage workflow

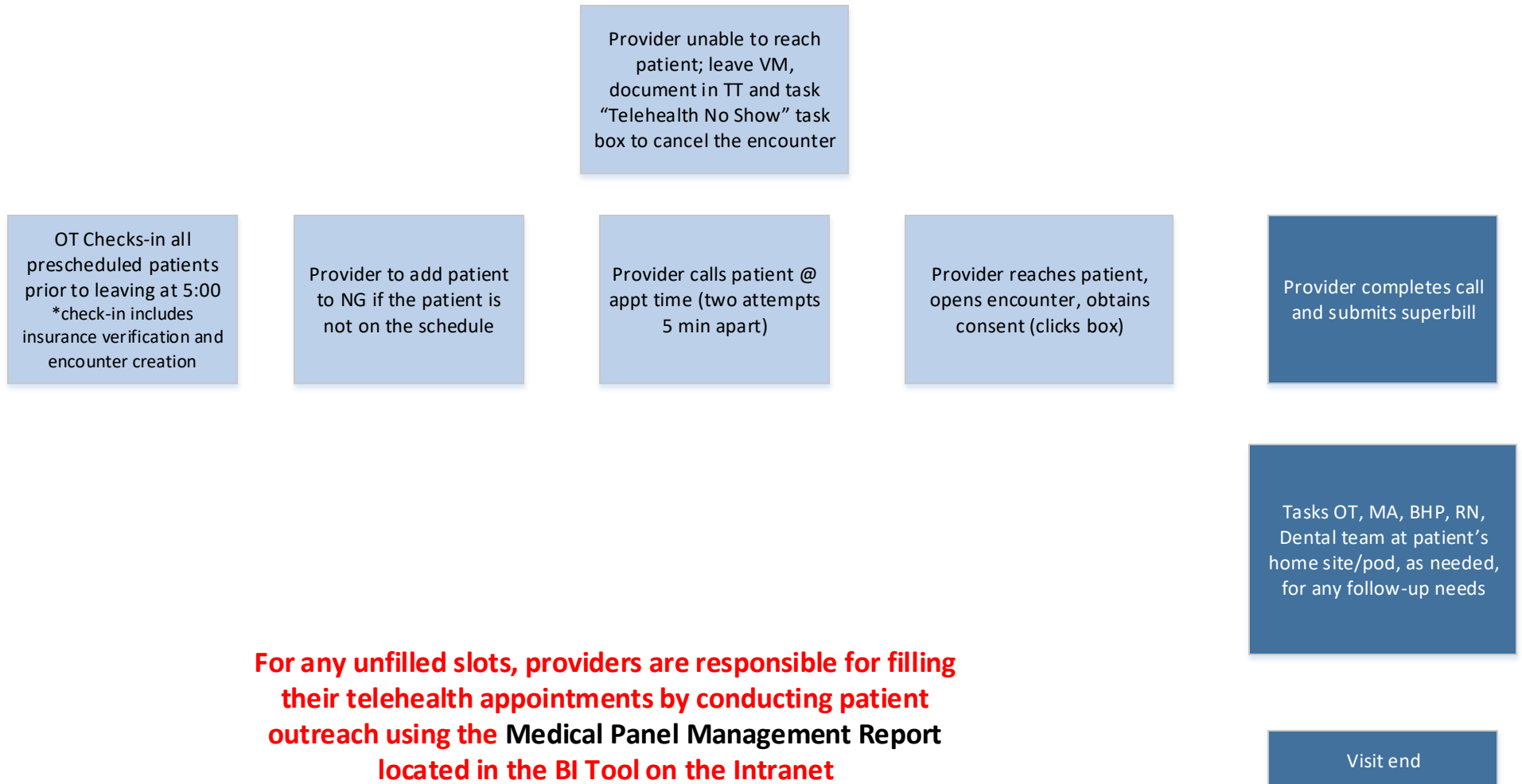




Telehealth workflow



Night clinic telehealth workflow



REMOTE TELEHEALTH

For all remote telehealth staff. Follow below steps for a smooth transition to providing telehealth from your home.

Remote workers must meet the following requirements:

- **Manager/supervisor approval to work remotely**
- **Internet access in the home:** high speed internet (not a hot spot, not via your phone); most basic high-speed internet options will work for the Clinica desktop (4 or 5 Mb download and upload speeds are ideal for a good experience)
- **Access to a personal, private space where others cannot hear your conversations or see your screen, and there is limited background noise, ideally a room with a door – HIPAA requirements must be met!**

*If you experience any IT issues, please contact the work stoppage line: 720.206.0444

PLEASE NOTE: Clinica's IT team is limited in the amount of support they can provide for non-Clinica issued equipment such as modems, personal computers, home networking, Wi-Fi issues, etc...

See last section below for IT troubleshooting guidance – please troubleshoot prior to calling IT!

REMOTE TELEHEALTH SET UP

1. You have been notified/approved to complete telehealth remotely. **Check in with your identified telehealth point person at your site to obtain equipment & get set up.**

Lafayette – Alex Andrade (Primary) – x6410

Jeff Raikes (Secondary) - x6131

Pecos – Elaine De Luna (Primary) – x2049

Jessica Montes (Secondary) – x2190

Peoples – Jan Rodriguez (Primary) – x5270

Peter Petrone (Secondary) – x5290

Thornton – Julia Moy (Primary) – x4027

Marisol Shaw (Secondary) – x4010

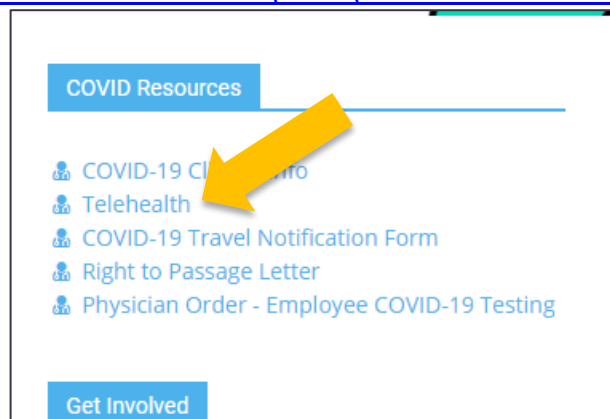
Westminster – Olivia Venegas (Primary) – x7580

Elly Fernandez (Secondary) – x7600

*If calling outside of Clinica: 303.665.3036

2. ** For the most up-to-date TELEHEALTH materials, workflows and information, go here:
<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth>

Or from the
telehealth link
on the Intranet
home page!



3. Get set up on your softphone BEFORE you leave clinic. Meet with the telehealth point person (see above) and go through getting your soft phone set up correctly with your desk extension. **Before working remotely, work in clinic using your soft phone and Skype, in partnership with your care team, for at least 1 shift.** Take your headset provided with you. Grab printouts of instructions to reference while at home. *Your softphone will be logged by the point person.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Softphone Instructions.pdf>

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\Soft Phone Tracking.Ink>

4. Activate your skype. Skype will be the easiest way to communicate with your remote team. This is an instant messaging (not video conference) resource to enhance quick and easy communication with your team.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\QTS for Skype Installation.docx>

5. Ensure that you have **remote access** initiated so you can log in from home. The telehealth point person can assist in confirming remote access with IT.

6. 8 AM DAILY: all telehealth remote workers (*except for dedicated triage providers*) are required to participate in the 8 AM daily huddle phone call. Review the email from Central Scheduling prior to 7:45 AM and dial in to the appropriate site's huddle call (will typically be your home site):

Dial 3990 from Clinica, 720-206-0404 if calling from outside Clinica

People's: 1000	Lafayette: 2000	Westminster: 3000	Pecos: 4000	Thornton: 5000
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7. Know who your team is supporting you (this will be reviewed during the 8 AM huddle call). Be sure you know who your OT, MA, BHP and RN are that can offer support to you while you are out and how to find this information each day.

* Know their extensions (found on the dailies).

*Add them as a skype contact if they are not there already

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\QTS for Skype Installation.docx>

8. Know your point person in clinic if you need to communicate with someone in clinic (i.e. you are sending a patient in or a patient is dropping off labs, etc.) The dailies include all staff member's extensions.

*Hunt groups are also available for all telehealth care team roles – transfer calls to the appropriate hunt group when you or the patient's need can be handled by anyone:

1. Ext 2990: English call center
2. Ext 2991: Spanish call center
3. Ext 2977: BHP group
4. Ext 1994: Nurse hunt group
5. Ext 1983: Teledental
6. Ext 1993: Medical Assistant hunt group
7. Ext 1992: Office Tech hunt group
8. Ext 1929: Enrollment Services hunt group

*a hunt group allows the user to connect with anyone in that specific role; whomever answers the call will support the need regardless of which site you work at or which site the patient is assigned to

DAY 1 TESTING PRIOR TO CARE SESSION (OCCURS ON SITE, NOT REMOTELY)

1. Review your workflow so you know how it will all work.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\TELEHEALTH Workflow final.pdf>

2. Practice using your soft phone by transferring a call and doing a “warm handoff” using the soft phones and desk phones.

3. Review your patients scheduled and communicate any needs or questions you have to your team.

CARE DELIVERY

1. Log into Avaya with YOUR extension and make sure everything is working properly prior to the care session.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\Softphone Instructions.pdf>

2. Send a quick skype message to your identified team to let them know you are on line and do a quick “huddle” to address any needs.

*If you end up using text messaging for communication instead of skype, DO NOT include any PHI.

3. Follow the workflow.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\Remote Telehealth Draft workflow.docx>

4. Follow the documentation guidelines.

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\3. QTS - 8.4.3 - Documenting a Medical Telehealth Visit.pdf>

5. If the BHP in your Pod is busy at the time you need to transfer a patient, transfer the call to the BHP hunt group at 2977.

END OF CARE SESSION

1. Do a quick check in with your remote team to address any hiccups you had and how you can make things go smoother the next care session.
2. Log off Avaya.
<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth\Softphone Instructions.pdf>
3. If there is any feedback or things that need to be addressed, please send feedback to telehealth@clinica.org

REMOTE TELEHEALTH RESOURCES

All telehealth resources can be accessed here:

<P:\Committees\Infection Prevention Committee\nCoV\Coronavirus Clinical Info\Telehealth\Remote Telehealth>

TROUBLESHOOTING IT ISSUES

OPEN ME! [IT Support - Troubleshooting Connectivity Issues](#)

If you are having poor performance-

- Make sure your Wi-Fi signal is strong (not too far away from the wireless router)
- Make sure that others in the house are not using bandwidth intensive activities like Netflix, YouTube, on-line video, downloads or games.
- Reboot your wireless router.
- You can check your Wi-Fi speed by going to <https://www.speedtest.net/>. 10Mb of free Wi-Fi is enough for a good experience on the Clinica Desktop, however, Wi-Fi speeds can vary greatly from moment to moment depending on the usage and activities taking place in the house. You may experience intermittent poor performance as demands on bandwidth fluctuate throughout the day. This will become especially apparent for call quality when using the softphone.

If you're having soft phone issues while working remotely:

- Call IT during Clinica business hours OR use doximity OR good old *67 from your personal cell phone to outreach patients
- After troubleshooting, if you continue to experience issues, please contact the work stoppage line: 720.206.0444
- **PLEASE NOTE:** Clinica's IT team is limited in the amount of support they can provide for non-Clinica issued equipment such as modems, personal computers, home networking, Wi-Fi issues, etc...
- **If you encounter a work stoppage issue that impacts your ability to support patient care IN THAT MOMENT (dropped NG access, unable to make phone calls, etc...) contact the Ops phone at your site immediately so site operations can help manage the situation.**

Ops phone numbers:

- People's – 720-352-9394
- Lafayette – 303-332-8134

- Westminster – **303-854-8004**
- Pecos – **303-359-1768**
- Thornton – **303-359-3788**

Clinica Family Health Telehealth and In-Clinic Scheduling Guidelines

These guidelines are meant to assist PCPs and care teams regarding general frequency and types of visits for different chronic disease states. Every patient is unique in their care needs and PCPs should feel empowered to deviate from these general guidelines as appropriate for that individual patient. This may include changing the frequency of visits or changing from Telehealth visits to In-clinic visits, based on the clinical risk and care needs for that individual patient.

Depression		
Control	In-Clinic Visit	Phone Visit
Well Controlled <ul style="list-style-type: none"> • PHQ-9/A <10 no S.I • Use clinical judgment 		q 3-6 months warm hand-off to BHP
Moderately Controlled <ul style="list-style-type: none"> • >5 point PHQ-9/A improvement, and current score >9, and no S.I. • Use clinical judgment 		q 4-6 weeks warm hand-off to BHP
Poorly Controlled <ul style="list-style-type: none"> • <5 point improvement in PHQ-9/A and current score >9 or S.I • Use clinical judgment 		q 1-2 weeks warm hand-off to BHP Consider Psych Consult if no improvement after 8-10 weeks

Anxiety		
Control	In-Clinic Visit	Phone Visit
Well Controlled <ul style="list-style-type: none"> • GAD-7 < 10 • Use clinical judgment 		q 3-6 months warm hand-off to BHP
Moderately Controlled <ul style="list-style-type: none"> • GAD-7 10-14 • Use clinical judgment 		q 4-6 weeks warm hand-off to BHP
Poorly Controlled <ul style="list-style-type: none"> • GAD-7 score 15-21 • Use clinical judgment 		q 1-2 weeks warm hand-off to BHP

Smoking		
	In-Clinic Visit	Telehealth
Pre-contemplative		q 12 months 5 "A"- Ask, advise, assess, assist, arrange
Contemplative		q 3-6 months Colorado Quit Line Behavioral support
Actively Engaged		q 1-2a months Behavioral Support Pharmacological Therapy Maintenance-Q3-6months

Asthma		
Control	In-Clinic Visit	Phone Visit
Well Controlled (meets ALL of the below criteria) <ul style="list-style-type: none"> • Symptoms < 2 times/week • Awaken at night from asthma sx <2 times/month • No limitation of activities • < 2 steroid bursts in past year 	q 6 mo	q 6 months
Moderately Controlled <ul style="list-style-type: none"> • Symptoms 1-2 times/week • Awaken at night from asthma sx 1-2 times/month • Occasional limitation of activities • 1-2 steroid bursts in past year 	q 3-6 mo	q 3 months
Poorly Controlled (meets ANY of below criteria) <ul style="list-style-type: none"> • Symptoms > 2 times/week • Awaken at night from asthma sx >2 times/month • Limitation of activities despite pre-treatment • More than 2 steroid bursts in past year 	q 1-3 mo	q 1 month

Hypertension		
Control	In-Clinic Visit	Phone Visit
Good Control	Q 6 months	If they have a home BP monitor consider q 12 months in clinic q 6 months by THV
<ul style="list-style-type: none"> Borderline Control 	Q 1-2 months until good control	If BP home monitor consider THV to titrate meds then q 6-12 months in clinic
<ul style="list-style-type: none"> Out of Control 	Q 2 weeks until good control unless BP home monitor	If BP home monitor THV q 1-2 weeks until stable then 6-12 months in clinic
<ul style="list-style-type: none"> Emergent 	Weekly until controlled	Once controlled THV if BP home monitor cuff

Chronic Pain		
Control	In-Clinic Visit	Phone Visit
Well Controlled <ul style="list-style-type: none"> Not on Opiates 		q 3 months BHP visit q3 months
Well Controlled <ul style="list-style-type: none"> On Opiates 	Q 3 months	Q 1 month BHP visit q 1 month
Poorly Controlled	Q 1 month or more frequently as determined by PCP	

Suboxone for OUD		
Treatment Phase	In-Clinic Visit	Phone Visit
Pre-Induction or Induction (if waived provider is available for in person visit)	Labs Utox Pregnancy test Consent signed Partner with BHP	Induction (if pre-induction visit was completed in clinic) Day 2 of Induction Day 3 of Induction
Early Maintenance	PRN	q 1 week More frequently if sx destabilize Warm hand-off to BHP
Sustained Maintenance	PRN	q 2-4 weeks More frequently if sx destabilize Warm hand-off to BHP

Vivitrol for OUD/AUD		
Treatment Phase	In-Clinic Visit	Phone Visit
Start of treatment	q 1 month for injection Partner with BHP	PRN
Early Maintenance	q 1 month for injection Partner with BHP	PRN
Sustained Maintenance	q 1 month for injection Partner with BHP	PRN

Diabetes		
Control	In-Clinic Visit	Phone Visit
A1c <7, not insulin controlled	q 6 mo	prn
A1c <7, insulin controlled	Q6mo	Q3 mo between the in clinic visits
A1c 7-9, insulin or not insulin controlled	q 3 mo	q 1-3 months between the in clinic visits
A1c>9, insulin or not insulin controlled	Q3 mo	Q 1 month

Obesity		
Control	In-Clinic Visit	Phone Visit
Actively Engaged	Q 3 mos for in clinic weight check	Q 1 mos to monitor progress Health Coach and BHP support
Contemplative	Annual	Q 6 mos Health Coach
Pre-contemplative	Annual	n/a

Heart Disease -- CHF		
Control	In-Clinic Visit	Phone Visit
Good	Q 3 months	Monthly
Any symptoms	Q month	

Heart Disease – Atrial Fibrillation
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Control	In-Clinic Visit	Phone Visit
Stable	Q 6 months or See Clinical Pharmacy protocol for patients on warfarin (Q month RN INR visit and every 90 days visit with PCP)	As needed per patient desire
Any symptoms	ASAP	n/a

COPD (Chronic Obstructive Pulmonary Disease)		
Control	In-Clinic Visit	Phone Visit
Mild- GOLD 1	q 6 months	q 3-6 months
Moderate- GOLD 2	q 3-6 months	q 3 months
Severe- GOLD 3	q 2 months	q 1 month
Very Severe- GOLD 4	q 1 month	q 1-2 weeks

TELEHEALTH POLICY

Revision History:

Date:	Authored, Reviewed, Revised (select one)	Name(s)	Summary of Revisions (including if retired or combined into another procedure, no revisions)
3.30.2020	Authored	Debbie Morgan	NEW
Scope: <i>All Staff involved in provision of and reimbursement for Telehealth Services</i>			
Executive Sponsor: Chief Operating Officer			
Requires BOD Approval: Yes No		Review Cycle Frequency: Annually	
BOD Approval Date: June 24, 2020			
Regulatory Requirement: Yes Office of Civil Rights, Colorado Medicaid, HRSA, CMS			

Description: This policy describes how Clinica will provide Telehealth services during COVID19 pandemic according to Federal and State Guidelines.

Purpose: To define the policy on the use of telehealth services, at Clinica Family Health (CFH) in accordance with State and Federal guidelines.

Definitions:

3.1 Protected Health Information (PHI): Patient identifiable information contained in any medical record, report, test result, summary, video or communication.

3.2 Telehealth: Telehealth is the use of digital technologies to deliver medical care, health education and prevention services by connecting multiple users in separate locations. Telehealth encompasses a broad definition of technology-enabled health care services. Telehealth includes telemedicine (diagnosis and treatment of illness or injury) and services such as assessment, monitoring, communications, prevention and education. It involves a broad range of telecommunications, health information, videoconferencing, and digital image technologies.

Policy:

Provider Licensure/Scope of Practice: Clinica Family Health staff will comply with standards of care/practice and all applicable federal, state, and/or local requirements regarding provider licensure and scope of practice with particular consideration for requirements and limitations applicable to the use of telehealth to provide services across State lines.

Facility Licensing Requirements: Clinica Family Health will comply with all applicable federal, state, and/or local standards/accreditation and licensing requirements related to telehealth that may apply to the locations/facilities where health services will be provided via telehealth.

Privacy/Confidentiality: CFH will only contract with HIPAA compliant telehealth software companies. A Business Associate Agreement will be signed between parties.

Patient Consent: CFH will obtain consent from all patients prior to providing services via Telehealth. This consent will be documented in the medical record.

Billing and Third-Party Payments: CFH will bill as appropriate for telehealth and telephone visits according to HRSA, State of Colorado, and payer guidelines and standards.

Liability Coverage: CFH maintains appropriate liability coverage. In addition to being Federally Deemed, the organization maintains a gap policy and general liability policy.

Individuals Served: Patients seen via telehealth will be registered as Clinica Family Health patients.

Services and Sites

- Services - Telehealth will only be used in the provision of, or support of, services listed in CFH's Form 5A Scope of Services.
- Sites- CFH will have telehealth available at all of our sites and in accordance with applicable federal and state guidelines, and as recorded on our Form 5B and 5C.

References:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
[HRSA PAL 2020-01](#)