

1. Privacy

Is use of telehealth by my student-run clinic compliant with HIPAA privacy regulations?

The Office of Civil Rights (OCR) at the Department of Health and Human Services (HHS) who are responsible for enforcing HIPAA issued a [notice](#) that they "will not impose penalties for noncompliance with regulatory requirements under the HIPAA Rules against covered health care providers in connection with good faith provision of telehealth during the COVID-19 nationwide public health emergency."

We don't have access to any applications specifically meant for telehealth appointments. What should we use?

The OCR notes that they will currently [not impose penalties](#) for using these popular applications: *Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, and Skype*. On the other hand, they note that *Facebook Live, Twitch, TikTok and other video applications* that are public facing *should not be used*. We recommend protecting your video conferences with passwords to prevent unintended access by outsiders. Furthermore, this notice is subject to change and the exact technical requirements for telehealth in the future is unclear.

Are there telehealth platforms we can use that are HIPAA-compliant?

We generally recommend clinics to utilize their home institution's telehealth platform whenever possible. If that option is not available, the following applications are HIPAA-compliant and plan to enter into HIPAA business associate agreements (BAAs) according to the OCR. This is not an exhaustive list and there may be other vendors offering HIPAA-compliant services: *Skype for Business / Microsoft Teams, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts, Meet Cisco, Webex Meetings / Webex Teams, Amazon Chime, GoToMeeting, and Spruce Health Care Messenger*. For more information on privacy, please reference the notification from the HHS website found [here](#).

2. Technology Requirements

What are the technology requirements for telehealth?

For telehealth to be operational, patients must have access to a telephone (phone telehealth) or have video capability on a phone or other device. Patients may also need access to internet/wifi, especially for video visits.

Should we use phone or video for visits?

There are advantages and disadvantages to using either phone or video. Phone visits are easier to access for patients as many patients have access to phones and some patients may struggle with setting up video platforms on their devices. Patients also may prefer phone visits because they are uncomfortable appearing on camera. However, video visits may help facilitate developing rapport between the patient and the provider through face-to-face interactions, as well as allowing for a limited physical exam. Video platforms can make visits with multiple providers more fluid, in comparison to merging calls. Of note, multiple studies ([study 1](#), [study 2](#), [study 3](#)) have shown that there is no difference in quality between a video and office visit.

How exactly do you screen patients for technology availability?

Screening patients for technology availability requires directly contacting individual patients and surveying their access to technology and preference. In addition to access to technology, increased telephone/internet bills can be a particular concern for patients during the economic downturn. New York City has offered residents the opportunity to receive a phone for telehealth use, but this offering appears to be back-logged and such services may not be available in your region.

The Shade Tree Clinic (Vanderbilt) conducted an initial survey to assess who has stable wifi and video camera access. Through a survey of 122 patients, they found that 65% of patients had access to video and 77% had access to the internet. Additionally, 39% of their patients preferred video telehealth calls while 58% preferred telephone-only calls. These varied responses suggest clinics might want to take a tailored approach on a patient-by-patient basis for their telehealth services.

3. Clinic Workflow

How can clinic workflow be adapted?

The clinic maintains a typical workflow with modifications outlined in our clinic workflow sheets (please refer to our [toolkit page](#)). The overall structure is as follows:

- A senior clinician discusses their patients for the day with the attending for pre-precepting.
- The senior clinician then connects with their patients to conduct the visit
- The senior clinician then adds the attending to the call for a brief update and to speak with the patient.
- Finally, the senior clinician finalizes the plan with the patient, documents the encounter, and makes arrangements for referrals, medications, etc.
- Additional services (social work, student interpreters, and ancillary services) are on call to assist as needed.

How do I initiate/merge calls?

This depends on the method used to call (Zoom, FaceTime, phone, etc). Make sure to troubleshoot before clinic day. For phone calls, if an interpreting service is used, they can merge your call with both the patient and attending. If no interpreter is used, the senior clinician should call the patient, put them on hold, call the attending, and then merge the calls. For video calls, set up the call in the videoconferencing platform (e.g. Zoom), and everyone can be added or invited to one link.

How are patient encounters documented?

Senior clinicians finalize the plan with the patient and document as a Student Note in the electronic medical record (EHHOP and Shade Tree both use Epic), making sure to document that the encounter was a telehealth visit. Our clinic has created a telehealth dot phrase in Epic to streamline documentation.

How do I interact with patients over telephone/video?

We advise the following for web etiquette:

- The provider should also be in a place that is secure, private, and free of distractions
- Assess and adjust your lighting (you may need to close window shades if the view is washed out)

- Be sure to identify everyone who is in the room with you to the patient (they may not see everyone on your screen, so you can pan around and introduce everyone), and ask the patient to do the same
- Patients may be wary that they are being recorded; inform the patient that visits are not recorded in the beginning of the visit
- The patient should be in a place they feel is private
- Make sure to look at the camera so the patient feels you are looking at them (you can drag the view of the patient directly under the camera so you can see them while looking at the camera)
- Tell the patient when you are going to look away from them so it doesn't look like you are distracted (i.e. "I'm looking at your medical record on another screen," "I'm using a calculator to dose your medication," "I'm checking with the attending," etc.).

4. Patient Care

How do I begin a patient visit over the phone?

We have created a script to help senior clinicians introduce themselves to patients to begin telehealth visits.

Telehealth Call Introduction Script

Hello, this is [NAME] calling from the EHHOP Clinic. I know you were informed earlier this week that in the interest of your safety during the COVID-19/Coronavirus outbreak, the entire Mount Sinai health system is moving in-person office visits to virtual-based visits. Just to let you know, this call is not being recorded.

I'm calling to conduct a phone/video visit with you. Is now a good time?

We are going to talk first about anything urgent that has come up since your last EHHOP Visit - is there anything that comes to mind?

We'll just discuss your most important 1/2/3 issues over the phone today. If there are other issues, we can save those for your next in-person visit.

START GOING THROUGH SIGN-IN

Thank you so much for sharing all of that information with me over the phone. I'm going to ask you to stay on the line while I consult with the doctor. Together, we'll come up with a plan and then I'll get back on the phone and let you know about any updates and future appointments.

PRECEPT WITH ATTENDING

Thank you so much for holding; I really appreciate your time. Our plan is XXY. I'll schedule your next in-person appointment for [DATE]. If you think you have any urgent medical needs in the interim, please call 862-242-5952. We have doctors available to care for you when the need arises.

How do actual “visits” take place?

Please see our detailed clinic workflow sheet for guidelines ([toolkit website](#)).

How is a physical exam conducted via telemedicine?

Here is an example PE that can be collected:

Vitals (clinic situations or home equipment)

Constitutional: afebrile, general appearance

ENT: normocephalic/atraumatic, mucous membranes, oropharyngeal visual exam; neck with FROM

Eyes: appearance, conjunctival appearance, *PERRL*, EOMI, vision (gross vs more formal)

Resp: normal chest expansion, no intercostal retractions, nonlabored respirations; auscultation

CV: RRR or not (based upon pulse-patient can count aloud while you observe pattern), edema, look for clubbing or cyanosis

GI: Abd distension, *can assess tenderness by observing patient or telepresenter palpating*

GU: *Can do CVAT with family or telepresenter*

Neuro: orientation; most cranial nerve functions; can watch patient ambulate, assess drift and Romberg, finger-nose-finger, heel-to-shin; stand from sitting in chair without using hands; sit from standing without using hands; stand on heels and toes; assess balance (standing on one leg).

Psych: mood/affect/judgement/insight

5. Communicating Changes

How do we communicate clinic changes to all the various stakeholders?

Communicating changes depends on the particular stakeholder. At EHHOP, the executive committee officially meets monthly and more often on an as-needed basis. There is also constant correspondence among the clinic leadership team and weekly emails are sent out to telehealth volunteers. For clinic volunteers, changes proposed at the executive level are communicated throughout the organization via team leaders (e.g. Access to Care Team, Chief Teaching Senior) speaking with their team members. Finally, there are several means to communicate with patients. One way to broadcast changes to patients as a whole is through certain platforms, such as CareMessage. Otherwise, a clinic can contact patients on an individual basis. It is important to communicate with patients that the decision to switch to telehealth follows health system-wide changes, not just for student-run free clinics, and that the standard of care is still maintained with the telehealth arrangement.

6. Ancillary Services

How can I get my patients their medication?

If you have a protocol in place for patients to safely pick up their medications, this protocol should continue to be followed. At EHHOP, patients are now being prescribed medications for three months with refills, instead of for one month, at the hospital pharmacy.

If a patient cannot pick up their medications, we recommend establishing a delivery system. At EHHOP, a group of student volunteers have stepped up to conduct no-contact deliveries to many of our patients who are either COVID-19 positive or cannot pick up their medications for another reason.

We have a system in place to deliver medications to our patients. What precautions should be taken?

At this time, we recommend that you do not come into contact with any patients. Volunteers dropping off medications should be wearing masks, drop the medications off at the patient's door (DO NOT ring the doorbell), walk away, call the patient to let them know that their medications have been dropped off, and visually confirm that the patient received their medication. Please be sure to establish detailed protocols to eliminate any unnecessary patient contact during this process.

How can my clinic get labs for telehealth patients?

At EHHOP, when a senior clinician decides that a patient needs labs, they add them to a spreadsheet. The head teaching senior, who is the senior medical student running the clinic on that day, will then mark the patient in the spreadsheet to acknowledge that these labs are indeed necessary. The head teaching senior also alerts the labs teaching senior for that week. The labs teaching senior will then send a message to a nurse who is in charge of collecting labs for our patients. An order in our EMR system is also pending to a Nurse Practitioner who works with EHHOP. Once that nurse practitioner signs off on the order, the labs teaching senior will contact that patient and arrange an appointment time for their lab draw.

**Important: If a patient is experiencing COVID-19 symptoms, they cannot come in for lab draw.*

What is EHHOP doing about the ancillary services they offer?

Some of EHHOP's ancillary medical services are still being offered. Notably, EHHOP's mental health clinic is still regularly seeing patients. EHHOP's ophthalmology, cardiology, podiatry, and women's health clinic are currently on hold during the pandemic.

What social services are you offering for your patients?

EHHOP's Access To Care (ACT) team has continued to provide social services to our patients. Patients in the EHHOP community have been disproportionately impacted by COVID-19, and we believe that now more than ever, it is imperative that our patients have access to the social services they need.

During telehealth visits, our clinicians determine which patients would benefit from an ACT consultation. After the visit, the clinician alerts the ACT team who then calls the patients that same day. For several weeks now, the ACT team has been compiling an extensive resource guide that can assist patients in navigating this crisis. This guide provides valuable information on access to housing, food, legal services, mental health, as well as many other essential services. The ACT team uses this guide to connect patients with the resources available to them. ACT can also put our patients in contact with our social workers, organize mask/thermometer deliveries, and screen for food insecurity.

We highly recommend compiling a list of social services offered in your area, and creating a system to ensure that patients in need are made aware of them.

What mental health services are you offering for your patients?

The pandemic has the potential to exacerbate a variety of mental health conditions. Many of our patients struggled with anxiety even before the pandemic caused them to lose their jobs. Others have a history of intimate partner violence. Even those without depression may find it hard to resist hopelessness, and may find themselves listless and amotivated. Thus, mental healthcare is especially important during COVID19.

Given the non-contact nature of the majority of mental healthcare, EHHOP's Mental Health Clinic (MHC) pioneered the telehealth transition, and provided a telehealth procedure that other clinics elaborated for their own needs. All appointments take place over the phone, or, if the patient prefers, over video conference.

In order to ensure a smooth transition to the telehealth model, the MHC conducted a telehealth drive during the first two weeks of the transition. Mental Health Seniors called their patients to notify them of the change, remind them of any upcoming appointments, and screen them with the PHQ2 for depression, GAD2 for anxiety, and a modified questionnaire asking about active and passive suicidal ideation. Since then, the PHQ2 and GAD2 have remained an important component of all telehealth appointments.

In addition, the MHC established a Cognitive Behavioral Therapy program in August 2019. While Senior appointments typically occur once monthly, CBT appointments occur biweekly. The program has expanded slightly during this time in order to provide increased coverage for patients whose mental health conditions have been exacerbated by the pandemic.

7. COVID-19 Testing

I have a patient who is showing symptoms of COVID-19. What should I do?

Common symptoms of COVID-19 include fever, cough, fatigue, lack of appetite, and shortness of breath. In the majority of cases, patients with suspected COVID-19 infections can be managed at home with supportive care. This includes hydration and fever-reducing medication, preferably acetaminophen. For patients who do not have thermometers, it can be useful for your clinic to send them one. We also recommend daily check-ins with patients over the phone or through video.

While most cases are mild, some patients do require hospitalization. If your patient is experiencing shortness of breath at rest, you should alert your medical director (if applicable) and advise the patient to go to the ED. Keep in mind that COVID-19 patients with medical comorbidities and those >60 are especially prone to rapid decompensation. If you are unsure what to tell your patient, it is best to ask for help.

How should we conduct daily check-ins for patients with mild COVID symptoms?

We currently keep track of patients who are suspected/confirmed to have COVID by having student clinicians call the patient every 24-48 hours to track temperature and symptoms. This is logged on a spreadsheet that is reviewed daily by our lead senior clinician, who flags at-risk patients. Those patients are then reviewed with our medical director to determine whether or not the patient should be sent to the hospital.

My patient is asking to be tested for COVID-19. What should I tell them?

Testing availability is changing day-to-day and dependent on the region/institution. Currently, widespread testing is not available and is typically reserved for patients with severe symptoms. If a patient is experiencing mild symptoms, or is concerned due to close contact with someone who has tested positive for COVID-19, isolation precautions should be taken and at-home supportive care should be implemented. For patients with more severe symptoms, as noted above, they should be advised to go to the ED, where a decision about whether they require testing will be made. Outpatient testing is not currently offered in most places, but should be offered if available in the area.