

# **TELESCOPE HEALTH GUIDEBOOK**

**Matthew Thompson, MD**  
**Telemedicine and Technology Director**  
**Emergency Resources Group**

## **INTRO:**

Thank you for being a part of Telescope Health. We understand that this is not required and that you probably have some uncertainty regarding this venture. Healthcare is moving in new directions whether we like it or not. Patients are looking for ways to access basic healthcare and Telemedicine is a natural and easy solution. ERG wants to be at the forefront of this and we are proud to offer Telescope Health. This will be a team effort so please use this guidebook to better understand our culture, goals, and high standard of care. With your help, I know that this will grow exponentially.

Contact me anytime with questions or concerns.

Sincerely,

Matt

## **SECTION 1: UNDERSTANDING FLORIDA TELEMEDICINE LAW**

***See attached item 1.*** Florida Standards for Telemedicine Practice.

This is the “holy grail” and only piece of meaningful legislature we have currently. As the state moves towards further defining and regulating telemedicine, Telescope Health will be sure to remain within those guidelines.

Cliff note key components:

- A physician-patient relationship may be established through telemedicine (we can legally do this)
- No controlled substance prescribing

- The following elements must be met:
  - A documented patient evaluation, including history and physical examination to establish the diagnosis for which any legend drug is prescribed.
  - Discussion between the physician and the patient regarding treatment options and the risks and benefits of treatment.
  - Maintenance of contemporaneous medical records (meeting the requirements of Rule 64B8-9.003, F.A.C.). ***This is fulfilled by a complete SOAP note, but see attached item 2*** Standards for Adequacy in Medical
  - The practice of medicine by telemedicine does not alter any obligation of the physician regarding patient confidentiality or recordkeeping.

## **SECTION 2: “WEBSIDE” MANNER**

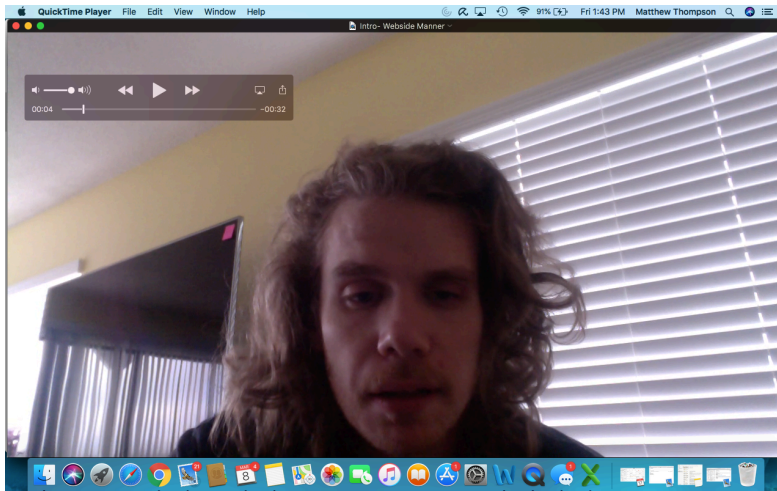
FACT: Communicating via telemedicine or videoconference is completely different than in person. If you are unaware of this, record yourself doing a video and you’ll quickly see.

Our main objection at Telescope Health is to provide a personal, professional, and pleasant encounter with the patient. Imagine you are video chatting with a family friend who is a physician. The components that make a chat seem natural, professional, and “easy” are called **WEBSIDE MANNER**. Yes, it’s a thing.

Here are the tricks of the trade and the Telescope Health standard:

IMAGE COMPOSITION (RULE OF THIRDS):

Your eyes should be 1/3 of the way down from the top of the screen. In telemedicine terms, doing so approaches a recommended 7-degree "angle of incidence" between the subject's eyes and the center of the camera lens. Angle of incidence creates an image in which patient and provider are looking directly at each other. **When looking too high, or too low – the feeling of connection between patient and provider is lessened, and the patient's perception, rightly or wrongly, of “being heard.”**



***“ARE YOU EVEN LISTEING TO ME, DOC? WHAT A JOKE....”***



***“WHAT A HANDSOME DOCTOR! HE REALLY CARES!!!”***

#### LIGHTING & SOUND:

Avoid fluorescent and direct overhead lighting that can wash out your tone and cast a villainous shadow under your eyes.

Try to position yourself facing a window with natural light or in a well-lit room.

Headsets are acceptable but not required if you have a good laptop or computer microphone and speaker. If you are concerned about this, test out your encounter with me first.

Ambient noise should be as nonexistent as possible.

#### BACKGROUND:

You will be provided a Telescope Health webcam backdrop. This is retractable

and easily storable when you aren't working.

When you set it up, place your chair directly up against the banner so your back is almost touching it. This will ensure full background coverage.

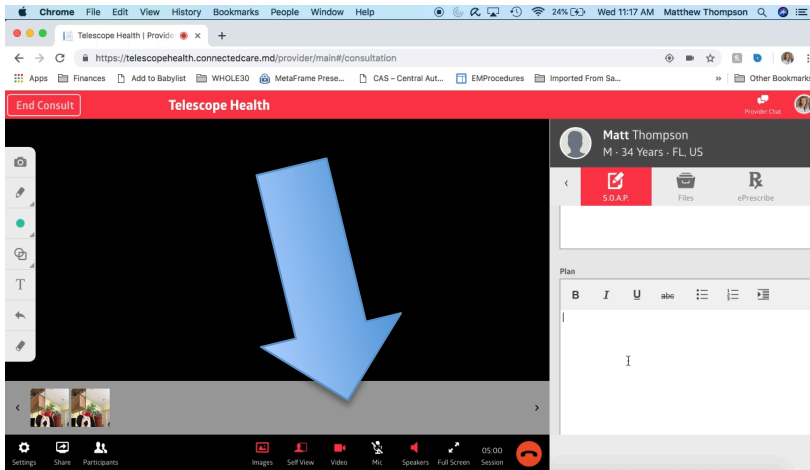
#### ATTIRE:

- Make sure your grooming is professional.
- White Coat is required.
- Professional shirt required (no tie necessary, gentlemen)
- Pants are optional, but don't stand up.

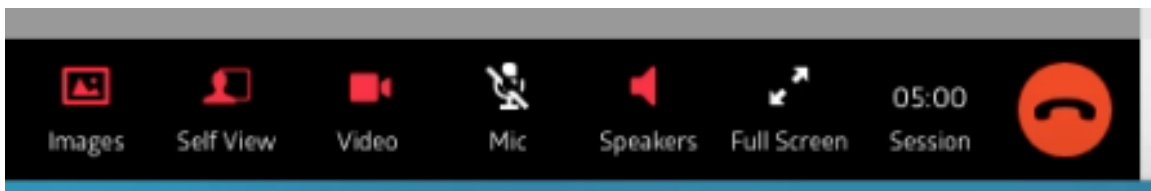
#### ATTITUDE AND MOVEMENT:

Everything, and I mean, EVERYTHING, is amplified on screen. So here are some definite things to avoid:

- DON'T EAT OR DRINK ANYTHING. SLURPING AND CHEWING IS GROSS.
- DON'T PICK AT YOUR FACE OR NOSE
- IF YOU HAVE TO SNEEZE OR VOMIT OR YAWN, TURN OFF YOUR SCREEN/MIC MOMENTARILY IN THE APP.



**YOU CAN EASILY MUTE YOURSELF OR TURN OFF YOUR CAMERA MOMENTARILY.**



## SETTING PATIENT (AND PROVIDER) EXPECTATIONS:

Just like in the ED, if you tell the patient what to expect at the beginning, they won't be unpleasantly surprised!

FACT 1: They will be and should be talking... a lot! You will be listening more than you do in the ED.

What we can't gain by personal examination must be made up for with communication. Plus, it adds to the experience. **Get used to talking for anywhere from 10-15 minutes with a patient.**

FACT 2: You won't always be prescribing something and they should be aware of that.

Telemedicine can lead to an increase in inappropriate prescribing patterns, but by in large, we are pretty good at adhering to evidence based medicine. Explain this to them instead of simply saying, "You don't need it".

FACT 3: Just because you can't fully treat their complaint doesn't mean you didn't help.

We obviously can't treat chest pain or stroke like symptoms, but if you have a patient that divulges this information, guide them through the appropriate next steps. That's the difference between our service and other companies. **Knowing that you have a physician on the screen to help you figure out where to go or what to do is worth way more the \$49!!!!**

FACT 4: You can ensure that the patient has a positive experience regardless of their complaint if you let them know just how many ways you can help them.

My Opening Example (For a first time User):

*"Thanks for joining Telescope Health today! My name is Dr. Matthew Thompson and I'm a board-certified Emergency Physician. I usually work in many of the surrounding area emergency departments. Have you ever used telemedicine before?"*

Regardless of their answer, convey the following in your own way during the encounter:

*"Hopefully, I can address and treat all of your complaints today through Telescope Health. However, sometimes we have to refer you to see someone in person. This may be in the form of a same or next day follow-up appointment with your doctor. If you don't have one, I can certainly help arrange this for you. If your condition requires immediate*

*evaluation in person, I'm going to help guide you through that process and ensure that you are evaluated quickly and at the best location for you."*

### **SECTION 3: FOLLOWING TELEMEDICINE TREATMENT PARAMETERS**

PER FL LAW: "The standard of care shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by telemedicine."

If you can't uphold the standard of care via telemedicine, then refer to UC/ED. **This can be done without forfeiting the encounter and we want to still initiate every encounter possible. It is still in our and the patient's best interest to start an encounter and help them be "transferred" (via 911 or POV) to an ER under your guidance.**

REFER ALL OF THE FOLLOWING:

Chest pain

Stroke like symptoms

Pregnancy related complaints

Altered mental status or confusion

Urogenital or breast related issues

Suicidal or homicidal thoughts or hallucinations

Neonates <1 month

### **SECTION 4: DOCUMENTATION (EVERYONE'S FAVORITE!)**

Document excessively instead of less. Google Docs with Voice can assist in doing this efficiently.

The telemedicine provider should obtain all the data necessary for a diagnosis and treatment plan. Necessary items include:

1. Identifying information
2. Source of the history
3. Chief complaint(s)
4. History of present illness (including location, description, size, quality, severity, duration, timing and context modifying factors)
5. Associated signs and symptoms
6. Past medical history
7. Family history
8. Personal and social history
9. Medication review
10. Allergies including medication, nature and severity of reaction
11. Detailed review of symptoms
12. Provider-directed patient self-examination to include the use of peripheral devices as appropriate.

ICD 10 appropriate diagnoses can be found here:

<https://icdcodelookup.com/icd-10/codes>

## **SECTION 5: PHYSICAL EXAM (WHAT DO I PUT HERE???)**

How does the patient look? Must document how patient looks/acts to support diagnosis/differential/plan

**Document excessively instead of less.**

**Document excessively instead of less.**

**Document excessively instead of less.**

**Document excessively instead of less.**

You may not be there to do an exam on the patient but you can definitely write the following:

- patient is speaking full sentences
- mood and behavior appropriate
- no signs of distress
- no wheezing heard
- audible congestion in his voice
- coughing on the phone

Patient assisted physical exam:

- patient doesn't see pus on the tonsils
- he cannot feel any enlarged cervical lymph nodes
- can move neck in all directions without pain
- able to walk normally
- able to move all extremities without weakness
- reports facial muscles look symmetrical
- patient has no tenderness over the abdomen with pressure
- no CVA tenderness according to patient

## **SECTION 6: A GOOD SOAP NOTE EXAMPLE**

**S:** *Patient has been having sinus congestion and fevers for the past 14 days that is getting worse. Denies any shortness of breath. Has been having a cough as well. Has been trying over the counter medication such as NyQuil and ibuprofen.*

**O:** *He denies any tenderness over the lymph nodes. Denies any pus on the tonsils. Has no rash on the face. Denies neck stiffness. No redness over the face. Mood and behavior appropriate.*

**A:** *Acute sinusitis*

**P:** *Based on symptoms I suspect acute bacterial sinusitis. Differential diagnosis includes viral sinusitis versus allergic rhinitis vs URI. Based on 2 weeks of symptoms and worsening will recommend a course of Augmentin 875 mg twice daily for 10 days. Should f/u with PCP after treatment. Return precautions reviewed. Alternative management options discussed. Medication side effects discussed. Patient to follow-up with PCP symptoms worsen. Patient agrees with management.*

## **SECTION 7: EVIDENCE BASED MEDICINE AND TELEHEALTH**

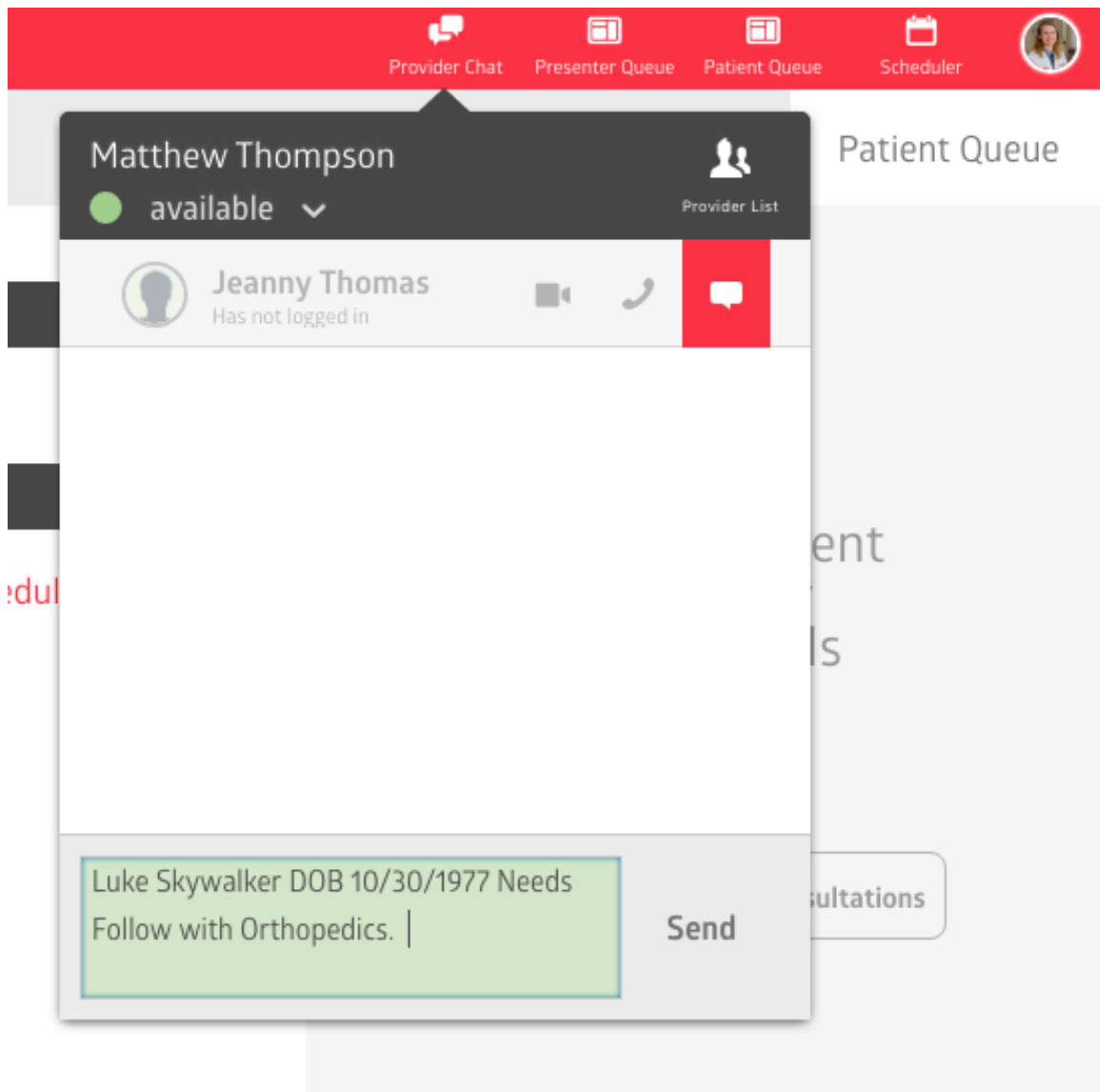
Adhere to evidence based prescribing practices. See article regarding common complaints and antibiotic prescribing.

We will be having regularly scheduled asynchronous and in person journal clubs to help everyone with common complaints and Telemedicine practice guidelines.

## **SECTION 8: FOLLOW UP CARE (PROVIDING THE CONCIERGE SERVICE)**

\*\*\*REVIEW THE DIRECTORY FOR ALL EMERGENCY DEPARTMENT, URGENT CARE, AND PRIMARY PROVIDER NUMBERS. WE WILL ADD TO THIS AS WE GAIN MORE CONTACTS.

\*\*\*MAKE SURE THAT YOU GIVE OUR CARE COORDINATOR THE INFO FOR ANY PATIENT WHO IS DIRECTED TO FOLLOW UP ANYWHERE OR HAS ANY FOLLOW UP NEEDS



## TYPES OF FOLLOW UP

(In increasing order of acuity)

- 1) Establish care with BPC or low cost clinic
  - a) Care Navigator to call and arrange with patient
- 2) Close Follow up with known PCP
  - a) Care Navigator to call office and FAX Encounter PDF
- 3) Immediate Follow up at Urgent Care or ED
  - a) Provider will determine best location based on Cerner tracker board
  - b) Provider will call ED and notify provider of transfer POV
- 4) 911 Emergency Activation
  - a) Provider will stay on call until first responder arrival

### **FOLLOW UP WORKFLOW**

- 1) Telescope Provider gains consent for Baptist follow up and messages patient info to Telescope Care Coordinator
- 2) Telescope Provider inserts Consent Statement into Plan section of Telescope SOAP note
- 3) Telescope Care Coordinator adds to internal Telescope Follow Up List and reviews SOAP note
- 4) If no consent is documented in SOAP note, Telescope Care Coordinator calls patient and gains consent for Baptist follow up from patient
- 5) Telescope Care Coordinator faxes the following information to Baptist care coordination at fax number 904-393-7677:
  - Name
  - DOB
  - Phone Number
  - Follow up Type needed (e.g. Orthopedics, PCP, etc)
- 6) 3 separate calls placed to patient from Baptist Care Coordinator
- 7) If unable to contact, Baptist will notify Telescope Care Coordinator by phone call to Telescope office
- 8) Telescope Care Coordinator attempts one additional call
- 9) If still unable to reach patient, new document created by Telescope Care Coordinator in Telescope chart regarding inability to contact patient

## SECTION 9: SNAP MD PLATFORM TROUBLESHOOTING

- 1) Dropped calls
  - a) Create a free appointment for the patient immediately so they don't have to pay again. See video for further information.
- 2) Reschedule an encounter
  - a) If you have to leave for some reason, create a free appointment for them at another date and time
- 3) Forgot to do the SOAP note before ending exam?
  - a) Go to the "Document an encounter" section on the main menu. See video for further information.
- 4) ePrescribing
  - a) Use the MD Toolbox customer support number for any technical issues
  - b) If not working, call in prescription

## SECTION 10: WHERE TO FIND STUFF

The Baptist phone directory and other important information will be continually added to the FILE section in the program.

The screenshot displays the SNAP MD platform interface. On the left is a vertical navigation menu for user Matthew Thompson, Emergency Medicine. The 'Files' option is highlighted in red. The main content area shows the 'My Files' section with a table of files. The table has columns for Name, Modified, and Tag. A folder named 'Telescope Health Staff Share' is listed with a modified date of 08/07/2018.

Name	Modified	Tag
Telescope Health Staff Share	08/07/2018	