



May 13: Telehealth, Safety Measures, Streamlining On-Site Appointments

This weekly communication is intended to facilitate the sharing of important clinical information during our Reactivation phase of the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.

In this week's issue of *Reactivation Update*, we focus on telephonic and video patient visits, reactivation safety measures, and streamlining the check-in and patient appointment process for on-site visits.

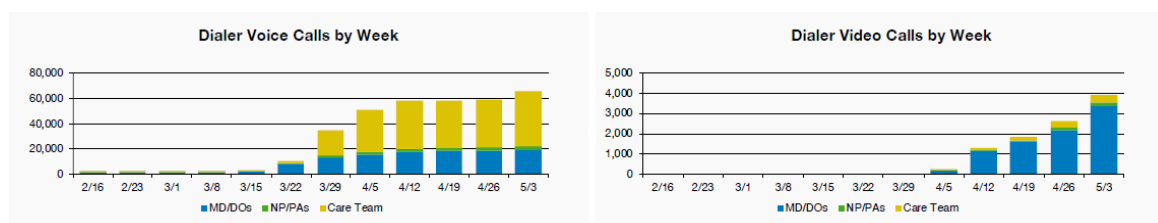
TELEPHONIC AND VIDEO VISITS

Telehealth has been a crucial tool during our response to COVID-19 and subsequent reactivation of operations. Currently more than 60% of ambulatory clinic visits are being conducted via telehealth, resulting in approximately 26,000 evisits a week and more than 150,000 evisits since the start of the pandemic.

As telehealth policies evolve, we are actively assessing new and clarified rules related to the coding and billing implications of using video versus telephone for telehealth visits. We continue to recommend the use of video visits when it is appropriate and accessible to the patient. However, telephone visits remain an option when the patient is unable to successfully use video visit applications.

Telehealth Reporting

The most complete data we have regarding video use for evisits comes from Doximity reporting. Video visits increased 42% in one week, following posting of the [Telehealth Reactivation Playbook](#) and holding subsequent Microsoft Teams review meetings. During the week of April 26, about 2,600 video visits were conducted. That volume was up to 3,800 visits the week of May 3.



- Telephonic visits increased 13-fold, from 5,000 the week of March 15 to 65,000 the week of May 4.

- Care teams and clinicians made almost 400,000 telephone visits – out of 594,609 total visits – during the past 90 days.
- Care teams and clinicians made 17,213 video calls during the past 90 days.
- 5,000 video visits were conducted last week alone.
- Primary Care and Pediatrics are top users of telephonic visits.
- Obstetrics and Gynecology and Neurology are top users of video visits.

By activating visit types in Epic, we will have access to more robust data regarding video and phone visits going forward. We have adjusted call reminders to provide guidance to patients in advance of telehealth visits, and we are developing a process for distributing patient satisfaction surveys specific to telehealth.

Our long-term telehealth platform continues to be AmWell. We have initiated a pilot in the Neurology Department at NMH, and continue to work with the vendor to identify and resolve issues prior to roll-out. We will share more information about AmWell as it becomes available.

Referring Physician and Patient Communications

To support you in navigating the video, documentation and coding aspects of telehealth visits, we have published a **Telehealth Reactivation Playbook**, available on the Reactivation pages of both **NM Interactive** (login required) and **Physician Forum** (no login required).

The Marketing, Communications and Media Relations Department will include messaging to patients regarding telehealth options through nm.org, patient letters, e-newsletters and social media. Additionally, enhanced information for referring physicians will be posted on nm.org. When contacting referring physicians, practices and clinics, you will also be able to access examples of letters and templated language. These materials will be available next week and shared in the May 20 issue of *Reactivation Update*.

REACTIVATION SAFETY MEASURES

NM now has extensive measures in place across the health system to help avoid the spread of infection and to protect our patients, physicians and staff. To help inform patients of these measures, a new patient safety video will soon be added to **nm.org** and **reactivation signage** is being distributed to all NM locations for posting.

Safety measures now in place at all NM facilities include the following:

- For the continued safety of our patients, physicians and staff, we have implemented a no-visitor policy in our hospitals with limited exceptions. For end-of-life scenarios, two visitors are permitted during a single visit, and patients who require assistance are allowed to bring companions to their ambulatory appointments. Additional exceptions may be considered by unit leadership.
- **Employee and visitor screening guidelines** require everyone entering an NM facility to be screened for fever and asked about COVID-19 symptoms. Anyone exhibiting symptoms will be triaged for care or asked to return home.
- Everyone must maintain a distance of at least 6 feet from each other unless they are giving or receiving direct patient care. This policy is supported with:
 - Modified seating plans in waiting areas, cafeterias and common spaces

- The placement of signs in waiting areas to indicate appropriate spacing
- **Physical distancing signage** that is available for printing
- Where elevator use is required, there are limits on capacity
- With the exception of inpatients who are in their hospital rooms, everyone is required to wear a mask while in an NM facility. **Face mask and screening signage** is available.
- Environmental Services has increased the frequency of disinfecting high-touch surfaces.
- Hand sanitizer is available throughout our facilities, with **signage** available.

To learn more, please visit the **Patient Safety During COVID-19 page** on nm.org.

STREAMLINING PATIENT VISITS

To streamline the patient experience and allow for a minimized or touchless registration interaction, we are working to accelerate our MyChart eCheck-in process. As of May 8, all NMG and RMG clinics are now live with eCheck-in, as well as all hospital surgical and GI procedure departments. The remaining hospital outpatient departments will go live on May 18. Electronic check-in allows patients to review and complete necessary information through MyChart prior to their appointment, such as personal demographics, insurance, medications, allergies, required clinical questionnaires and co-payment.

We also are actively working on touchless arrival. After completing eCheck-in, patients are provided with a QR code that can be scanned at an Epic Welcome Kiosk for arrival and check-in within the department. If the department does not yet have an Epic Welcome Kiosk, expedited arrival at the front desk is available via an Epic display that notifies the registration staff that the patient has checked in online. We are currently evaluating additional Welcome Kiosk deployment, alongside Epic's Hello Patient functionality. Hello Patient uses geofencing technology to confirm a patient's arrival on campus. We will provide more information about roll-out of these functionalities later this month.

Finally, we are targeting a May 31 go-live for patient text messaging through Epic. Epic text messaging can be sent by the clinic or hospital department on the fly to notify patients of appointment information. Texting templates will be pre-defined for end-user ease of use. The use cases currently being explored are:

- To notify patients if a provider is running late
- To advise the patient that the provider is ready and to proceed into the building
- To send notification to a patient's companion that the patient is ready for pick-up following a procedure

As the environment changes, we will continue to communicate important updates here in *Reactivation Update*, as well as on the new Reactivation Resources pages on **NMI** and **Physician Forum**. *Reactivation Update* will be distributed each Wednesday to all NM physicians.

Thank you for your continued partnership and leadership as we begin to reactivate our health system and welcome patients back into our facilities. If you have questions or would like to share the story of an NM hero, please email us at covid-19md@nm.org.

A handwritten signature in black ink, appearing to read "Howard B. Chrisman". The signature is fluid and cursive, with the first name "Howard" written in a smaller, more compact script, and "B. Chrisman" in a larger, more prominent cursive style.

Howard B. Chrisman, MD

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