Workflow varies from organization to organization. The following pages illustrate how a typical telemedicine clinic operates, and are intended to be used as a starting point in developing your own operational protocol. You will find differences and similarities between the duties of the patient site and the specialty site.

The flow charts illustrate how both the patient and specialty site clinics work together as a team to accomplish each patient consult. You will find your operational workflow to differ slightly, but the concept will remain the same.

The appointment scheduling flow chart was included in this document to give you an idea of the most common expectations for scheduling turn-around times. This chart has been used as a communication tool between the specialty site and the patient site, to establish realistic performance expectations.

The referral to billing process flow chart further illustrates the "back office" job duties of the telemedicine team. It also serves as a template for you to use when documenting your own work flow process within your organization.
SAMPLE WORKFLOW

DAY OF CONSULT - Patient Site

(Please refer to the flow chart for event timing and site participation requirement)

1. Telemedicine Coordinator gives their front desk receptionist the appropriate questionnaire packet to hand out when patient arrives (this may also be mailed to the patient prior to appointment). Patient should arrive 30 minutes prior to appointment if filling out a questionnaire is required.
   a. Patient must sign consent form (once per year).
   b. Patient must complete medical history form if not already done.

2. Telemedicine coordinator will prepare exam room and turn on telemedicine unit 30 minutes (or as early as possible) prior to the consultation. If peripheral equipment (derm camera, nasopharyngoscope, stethoscope, etc.) will be used during consult, please turn on and test image/sound prior to consult.

3. Fax completed history, and consent form, and any additional last minute test results to the Specialty site Telemedicine Coordinator.
   a. The specialist requires the completed history and questionnaire prior to the beginning of the consult.

4. Ask the specialist if he/she has received all the necessary information before rooming the patient.

5. Once the patient and the primary care provider are in the room, the site coordinator remains in the room to assist with the equipment as necessary.

AFTER THE VISIT - on the day of consult

1. At this time, the specialist may wish to send (via fax, or other electronic format) written instructions for the patient. Any written Instructions from the Specialist are to be copied and distributed. You may wish to ask the patient to move to the waiting room while waiting for the information.
   - Patient
   - Primary care provider
   - Patient medical record

2. Clean equipment if used (any cameras or scopes that have touched the patient).

3. If another patient is scheduled immediately following the previous appointment, ask the specialist "Are you ready for me to room the next patient?" before proceeding.

AFTER THE VISIT

1. Telemedicine Coordinator receives the specialist's signed dictation, and places it in the referring provider's box for review prior to filing in the patient's medical record.

2. Telemedicine Coordinator reviews the consult dictation from the specialist. If a follow up appointment as well as any further tests are required, work with the primary care provider and the patient to complete the required tests, fax the results to the specialty site, and schedule a follow up appointment.
SAMPLE WORKFLOW

DAY OF CONSULT - Specialty Site

(please refer to the flow chart for event timing and site participation requirement)

1. Telemedicine Coordinator receives faxed information from the patient site, places it into the patient's medical record, and places the medical record in the specialist's box outside the consult room for review.

2. Telemedicine Coordinator asks the specialist if there is any other information he/she may need prior to the consult.

3. Consult begins. Telemedicine coordinator is not present in the room during specialty consults, but remains nearby in the event further information or technical support is needed.

AFTER THE VISIT - on the day of consult

1. At this time, the specialist may wish to send written instructions for the patient. Any written instructions from the Specialist are to be sent (either via fax or other electronic format) by the telemedicine coordinator to the referring site immediately following the consult, and placed in the patient's medical record at the specialty site.

2. Collect specialist billing and dictation materials.

AFTER THE VISIT

1. After the specialist reviews and signs the dictation, send the original to the referring physician (either via mail or fax), and place a copy in the patient's medical record.

2. Telemedicine Coordinator reviews the consult dictation from the specialist. If a follow up appointment as well as any further tests are required, work with the patient site coordinator to schedule the appointment after the tests have been completed and received.

3.
PRIOR TO CONSULT

SPOKE SITE PRIMARY CARE PROVIDER
- Sees patient, determines specialty consult is
  - TM No
  - TM Unsure

SPOKE SITE TELEMEDICINE COORDINATOR/FRONT OFFICE STAFF
- Fax physician referral request (including reason for consult) with chart notes

HUB SITE CLINIC COORDINATOR
- Forwards to specialty consultant for review

HUB SITE SPECIALTY CONSULTANT
- Determines whether condition is appropriate for video consult and requests additional test, etc. if
  - TM Yes
  - TM No
- Faxes hub clinic referral authorization number, patient registration information, patient chart notes, and reason for consult.
- Schedules visit and notifies patient of appointment date and time. Schedules clinic room and schedules PCP if appropriate.
- Obtains Referral Authorization Number
**DAY OF CONSULT**

**SPOKE SITE PRIMARY CARE PROVIDER**

- Patient arrives 30 min prior to consult, and issues the following paperwork to complete:
  - Consent form
  - Medical History form (if appropriate)

- Completed paperwork is faxed to Hub site clinic coordinator
  - Video equipment is turned on and call is placed

**SPOKE SITE TELEMEDICINE COORDINATOR/FRONT OFFICE STAFF**

- Prepared consult desk:
  - PCP transmittal (reason for consult)
  - Patient chat notes, medical history, & consent forms
  - Billing form

- 20 Minute prior to consult spoke site initiates video call to Hub site.

**HUB SITE CLINIC COORDINATOR**

- Patient arrives and consult begins on time.
  - TM Coordinator remains present to assist with video equipment, if necessary

**HUB SITE SPECIALTY vCONSULTANT**

- Consultant arrives 15 min early to review patient information
- Consultant begins on-time
- Complete treatment plan
- Dictate progress note

**Complete Billing Form**

- Administer patient satisfaction form
  - Clean equipment
  - Schedule follow-up appt, if necessary

- Fax treatment plan to Spoke site
  - Schedule follow-up (on-site or video) if appropriate
  - Process billing and progress note transcription
SPECIALTY CLINIC APPOINTMENT SCHEDULING FLOW CHART

**DAY 1**

- **Yes**
  - Is the specialty requested and established telemedicine specialty?
  - Forward demographics and chart notes to Clinic Supervisor

- **No**
  - Is the patient presenting with a pre-approved "Clinical Condition"?
  - Yes
    - Forward Demographics and chart notes to Specialist for review
    - Specialist offers date and time for appointment
    - Schedule patient
  - No
    - Telephone and/or email Specialist to request appointment time
  - Yes
    - Is the specialty requested offering regular TM clinic appointment slots?
    - Yes
      - Schedule into next available appointment slot
    - No
      - ESCALATION PROCEDURE:
        - If 48 hours have passed since receipt of complete patient information (demographics and chart notes) and an appointment has not been scheduled, please contact TM Specialty Clinic Supervisor.

**DAYS 2-10**

- Approved for Telemedicine?
  - Yes
    - Specialist offers date and time for appointment
    - Schedule patient
  - No
    - Spoke site coordinator is notified
  - ESCALATION PROCEDURE:
    - If 10 days have passed since receipt of complete patient information and an appointment has not been scheduled, or you have not received a satisfactory explanation for the delay, please contact Specialty Clinic Supervisor. If no response within 24 hours, contact the Telemedicine Manager.

**DAYS 2-15**

- Clinic Supervisor either
  - Approved for Telemedicine?
    - Yes
      - Specialist offers date and time for appointment
      - Schedule patient
    - No
      - Spoke site coordinator is notified
  - No
    - ESCALATION PROCEDURE:
      - If 15 days have passed since receipt of complete patient information and an appointment has not been scheduled, or you have not received a satisfactory explanation for the delay, please contact Telemedicine Manager. If no response in 24 hours, contact Medical Director.

Important Note: if at any time it is determined patient chart is incomplete (i.e., labs, x-rays, etc are missing, or additional information is needed), the remote site coordinator will be contacted immediately and status of referral will revert to beginning of process in Day 1 once all necessary information is received.
TELEMEDICINE REFERRAL TO BILLING PROCESS

<table>
<thead>
<tr>
<th>Remote Site</th>
<th>Specialty Site Telemedicine Intake Specialist</th>
<th>Specialty Site Telemedicine Coordinator</th>
<th>Specialist</th>
<th>Specialty Site Billing Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Remote site physician identifies need for referral to specialist</td>
<td>Intake specialist receives referral and patient paperwork</td>
<td>Review database daily for patients to be scheduled</td>
<td>See patient</td>
</tr>
<tr>
<td></td>
<td>Remote site coordinator obtains insurance authorization (as needed), gathers paperwork according to specialty referral guidelines and completes referral form</td>
<td>If no, contact remote site coordinator to obtain missing documentation.</td>
<td>Confirm receipt of patient file from intake specialist or call to obtain file</td>
<td>Dictate recommendations</td>
</tr>
<tr>
<td></td>
<td>Remote site coordinator faxes referral form and patient paperwork according to specialty referral guidelines, and insurance authorization (as needed)</td>
<td>If yes, is specialist available?</td>
<td>Confirm receipt of necessary patient paperwork or call remote site to obtain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intake paperwork completed?</td>
<td>If no specialist is available, intake notifies remote site coordinator and enters patient information into database only</td>
<td>Call remote site coordinator to coordinate/confirm appointment time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If specialist available, register patient in Invision and database</td>
<td>If specialist available, register patient in Invision and database</td>
<td>Schedule patient in scheduling system and database</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create patient file and deliver to Telemedicine coordinator</td>
<td>Provide physician with patient file on day of appointment</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Fax/Mail dictation to remote site physician</td>
<td>Receive patient file from specialist. Notate if follow-up patient appointment is needed and inform remote site</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Send specialist encounter form, documentation, consent, and HIPAA form to Billing Analyst</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Edit and sign dictation</td>
<td></td>
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</tr>
</tbody>
</table>