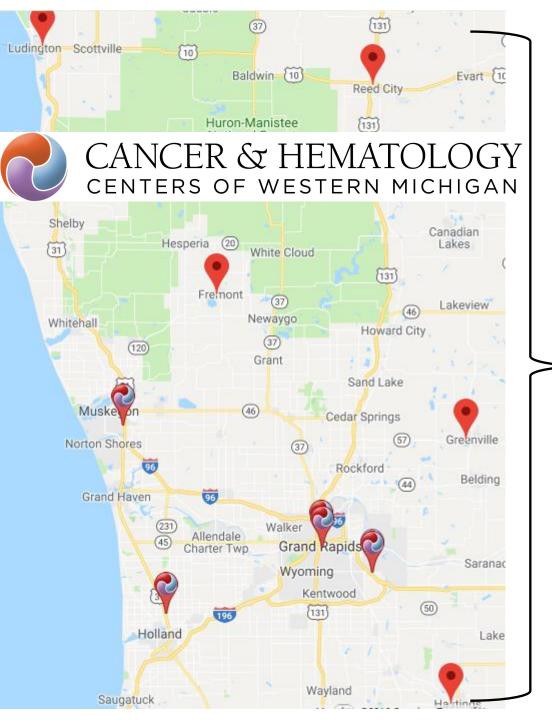


Virtual (video) Visits Doxy.me

3/26/2020 COA Telemedicine Webinar



- 5 CHCWM locations
- 25 Medical Oncologist/Hematologist
- 3 Rheumatologist
- 44 Advanced Practice Providers
- 9 Pharmacist
- 2 Clinical Psychologist
- 400+ employees
- In-house Specialty Pharmacy (4)
- CLIA certified high complex labs (4)
- Work with multiple health systems
- 2019: > 8,000 new oncology patients
- 2019: 198 START Midwest Phase I Trial Patients

Jennifer Ewing

CLINICAL OPERATIONS OFFICER MICHIANA HEMATOLOGY-ONCOLOGY, PC

JEWING@MHOPC.COM

Michiana Hematology- Oncology, P.C.





- 9 Medical Oncology Service Locations2 Comprehensive Cancer Centers
 - Radiation Oncology
 - Diagnostic Imaging
 - Dispensing Pharmacy (PDP)
 - Support Services
- 17 Medical Oncologists
- 4 Radiation Oncologists
- 7 Advanced Practice Providers
- 200+ Employees
- 2019 4,000+ New Cancer Cases
- ASCO/ONS QOPI Certified

My Telemedicine Disclaimer • We are working hard to make this work

• We don't have this all figured out yet (but we're learning fast)

• Whatever I tell you today will probably change tomorrow

CHCWM Terminology • Needed more definition and clearer internal terminology for our staff... telemedicine meant something different to all of our staff

• **Tele Visits** – Visits utilizing a telephone to follow-up with a patient. The G2012 code is used for these visits

 Virtual Visits – Visits utilizing Doxy.me to visually see a patient through web-based camera (video). Regular E&M codes are used for these visits Our Decision and Current Setup

- We were close to implementing telemed in early 2019 with a local provider... but we didn't move forward
- March 18 we chose Doxy.me Clinic Account (20% discount after _____ users)
- SIMPLE no install, no patient app and easy for the patient
- Branding: colors, logo, more admin features all important
- HIPPA-compliant
- First virtual visits were with clinical psychologist on Friday March 20
- As of this morning... 32 Providers Setup (22 are trained) 8 MA's setup and trained

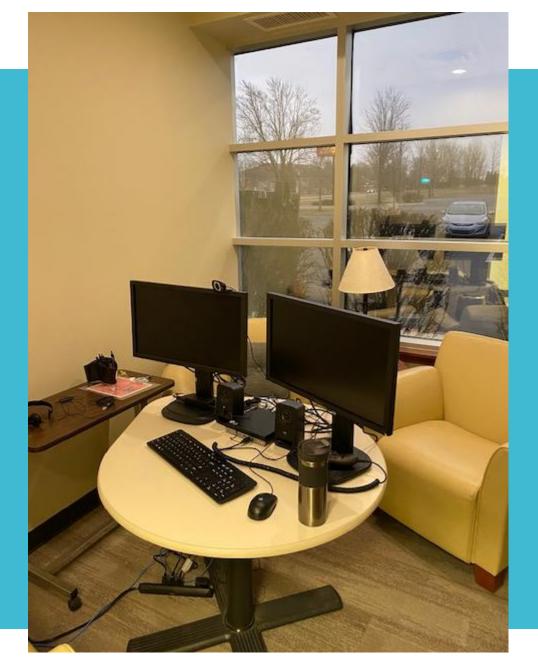
Schedule Changes & Evaluation for Every Site

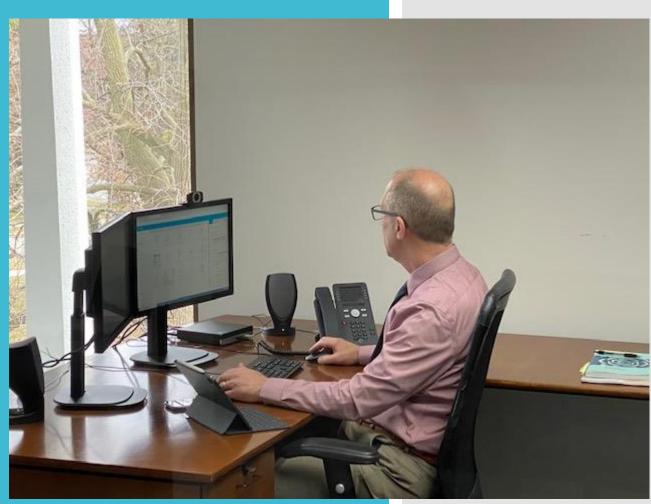
COVID-19: LACKS VIRTUAL VISIT SCHEDULE									
	Monday	Tuesday	Wednesday	Thursday	Friday				
Dr. Gribbin	NP & Act.	NP & Act.		NP & Act.					
Alyssa Robinson, NP	F/U at Lacks	F/U & Surv: EAST		F/U at Lacks					
Lauren Jongsma, NP	NP & Act.	Ed./F/U & Surv - at Lack	Ed East	NP & Act.					
Shannon lakiri, NP	COVID TEAM								
Dr. Santos	F/U - EAST			NP & Act.					
Dr. Knol			F/U - EAST		NP & Act.				
		F/U - EAST (Lacks & Muskegon pts. 2 Ed	. .		F/U - at Lacks (2 ed spots)				
Matt Fitzpatrick, PA	Santos Act.	spots)	Act.		(2 cd spots)				
Dr. Pettijohn	NP & Act. NP & Act.								
Julie Maring, PA	F/U at Lacks F/U at Lacks								
CLINIC		rs in Bullpen at	4						
VIRTUAL VISITS	Max Providers on Telehealth at Once			1					
КЕҮ									
F/U - Follow-up									
NP - New Pt									
Act Active Tx									
Ed Education									
Station Locations:	Exam Room 11								
Medical Assistant:	LHCP MA to help at Lacks/Tori Cain to help Alyssa remotley on Thur								
Late Coverage:	Lauren	Lauren	Matt	Alyssa	Matt				

COVID-19: LHCP VIRTUAL VISIT SCHEDULE									
	Monday	Tuesday	Wednesday	Thursday	Friday				
Dr. Mark Campbell		NP & Act.	NP & Act.	NP & Act.					
Tara Webb, NP	F/U	Act.	Afternoon Virtual	Act. (meeting)					
Dr. Gribbin	NP & Act.								
Dr. Santos			NP & Act.		F/U - EAST				
Dr. Alan Campbell	NP & Act.	NP & Act.		NP & Act.					
		F/U for BB & AC -		F/U for BB & AC -					
Kaitlyn Rath, NP	-	EAST	F/U for BB - EAST	EAST					
Dr. Brinker	-		NP & Act.	NP & Act.	NP & Act.				
Danielle Schmachtenberger, PA	-			Act.	Act.				
Dr. Polavaram	-	NP & Act.	NP & Act.	F/U- EAST					
Stacy McCarron, NP	-	F/U - EAST		Act.					
Dr. Sharma	-			NP & Act.					
Wendy Koopman, NP				NP & Act.					
Dr. Vanderwoude	NP & Act.	NP & Act.	NP & Act.						
	Act. Tsai Transfers only								
Emily Parker, NP		F/U - LHCP F/U - EAST	F/U - LHCP		() et				
Natalie McCarty, NP Dr. Chen	F/U - EAST NP & Act.	F/U - EAST	F/U - EAST		Act. NP & Act.				
Dr. Chen Dr. Chandana	NP & ACT.	NP & Act.	F/U - EAST		NP & Act.				
					F/U - LHCP				
Sam Burgess, NP Dr. O'Rourke	F/U - LHCP	F/U - LHCP		* - EAST	F/U - LHCP				
	Come Davi	Come Davi	Come Devi						
Karole Murphy, NP	Same Day	Same Day	Same Day	Same Day					
Jenn LaVigne, NP	EAST		EAST	EAST					
Vicki Hahn, NP	Eds - EAST	Eds - EAST			Eds - EAST				
CLINIC VIRTUAL VISITS	Max Providers in Bullpen at Once Max Providers on Telehealth at Once			8					
КЕҮ									
F/U - Follow-up									
NP - New Patient									
Act Active Tx									
Ed Education									
* Every other week in office and virtual - Karole Murphy could see urgent on off week									

Practice Decisions

- Schedulers calling patients to book or reschedule appointment and confirm readiness for a virtual video visit (smartphone, tablet or laptop with camera)
- Schedules (learned the hard way)... don't book them the way you would your in-clinic patients every 15 minutes (to start)
- All virtual visits will be done in one of our 5 clinic locations
 - Control the environment (no dogs, kids, drum sets, etc.)
 - Closed door offices with multiple screens and nice workspace
 - Have support staff available to them (MA's and IT)
- Virtual Visit MA's will assist the provider:
 - Open the note
 - Call the patient 15-30 minutes prior to visit to:
 - Med rec, medical history and allergies, send the appointment link/text and confirm it arrived... provide the patient with a direct number to call back if there is an issue





Lessons Learned and Implementation Ideas

- We sent all schedulers an invite for a virtual visit so they would experience what a patient sees on their computer/smart phone before calling the patient
- In person training with the providers at their location; talk scripting, show them what the patient sees, where to click, ensure login and sound checks
 - PC had Mic confusion between computer mic and dictation mic – was fine once the dictation mic was unplugged
- Talk though technology failure what to do when it happens and it will happen
 - Video didn't work, but audio did
 - Patient didn't have their tablet charged and needed to get a charger during their visit
 - Patient was not on WiFi and cellular was choppy
 - Doxy had a 20-minute blackout in the middle of the day

Lessons Learned and Implementation Ideas

- Scripting for everyone:
 - Schedulers and MA's
 - Providers
 - Tell them where you are let them know you are in an office at the clinic they always come to, just a different room
 - Let them know you're in an office with the door closed
 - Let them know you have two screens, one with their image and a camera so they can see you and a second screen to your left that has your chart with previous notes, labs, scans – on screen small movements look bigger
 - It's okay to say this is new for our practice, just like it is likely new to them
- We are now developing a checklist to provide the patient with "tips for a successful virtual visit"



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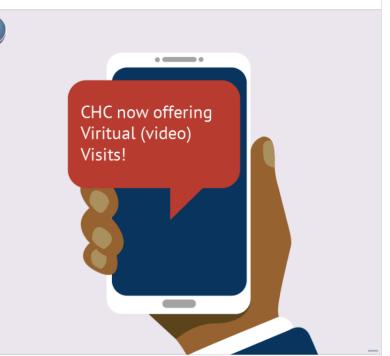
Posts

Cancer & Hematology Centers of Western Michigan, PC ···· Published by Buffer [?] · 1 hr · ✿

Q

Good news! CHCWM and RCWM are now providing Virtual (video) Visits. This type of visit allows for your appointment to be conducted by video with your provider. We hope that this service will continue to keep patients safe during this time of social distancing. Don't be surprised if you get a phone call from schedulers asking if you'd be interested in changing your in-person appointment to a virtual visit with your physician. All that's needed is a tablet, phone, or laptop with a camera!

To learn more about CHC and RCWM, visit www.chcwm.com and www.rheumatologycwm.com.



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Another doxi fail. I couldn't see her. She couldn't hear me.

And now a great experience. When all works right, it's awesome.

Crazy. I think this will be the new normal for a bit

How is it going?

Actually ok! She got it after 4 :) I did find a few things we may want to change in the process. Which we can discuss. It went ok, my head didn't explode But 15 minute intervals for the first day with four patients back to back wasn't ideal, I definitely recommend 30 minutes apiece until you figure it out.

The actual visit is easy when you are talking to patient. The template is more cumbersome that it needs to be.

Thanks again for coming out yesterday, and making sure that I had enough support today with Tonya and Erin from IT to get it off the ground.

I can see how this technology will really help our practice over the next years to come not just during Covid.