# WU Phone/Video Visit Quick Start Guide

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**Highlights**

It is important to read and understand all sections of this guide. Below are a few highlights.

1. When scheduling phone or video visits for patients, the appropriate **WU phone/video visit type must be used.** If an appointment was previously scheduled with another visit type and the intent is to now perform a telephone or video visit, the visit type must be switched to the appropriate **WU phone/video visit type.**
   - WU phone/video return
   - WU phone/video new

2. If a provider wishes to bill for a phone or video encounter without a scheduled appointment, the **Telemedicine Encounter type** must be used.

   Both of the above processes will result in the charges routing to a department Charge Review Workqueue for review by billing and coding staff.

3. If a provider wishes to conduct an **unscheduled** phone or video encounter with a patient and have the **option** to bill for it, the **Telemedicine Encounter type** should be used. This is best used for on the fly encounters.

4. If the provider wishes to have a simple **unscheduled** phone encounter with a patient and **not** bill for it, the **Telephone Encounter type** should be used.

5. The **Covid-19 Telemedicine Consent** must be received for all return and new patients eCheck-in.
   - New patients can only provide this consent via MyChart eCheck-in. The exceptions for a written/signed consent would be for NEW Pain Management Radiation Oncology, Radiology patients as well as pediatric patients if there is not an active MyChart account and the parent is unable to create a MyChart proxy account prior to the patient’s Telehealth visit.

6. Phone/Video visits should be pre-registered.
   - New columns have been added to the DAR to assist in quickly identifying receipt of consent.

7. When the provider signs the encounter, the AVS is sent to the patient via MyChart.
Established Patients

1. Following the standard scheduling workflow, use the WU Phone/Video Return visit type.
2. Complete all demographic, guarantor, and coverage information. Verify the encounter.
3. Determine if the patient has an existing MyChart account.

   **Inactive:** A MyChart invitation has not been sent.

   **Active:** The patient is signed up for MyChart.

   **Pending:** A MyChart invitation has been sent and is waiting for the patient to accept.

   **Declined:** The patient is not signed up for MyChart.

4. For adult patients, if there is not an existing MyChart account, send the MyChart Instant Activation link.
5. For pediatric patients, follow the guidelines outlined on page 10 of this guide to create a MyChart account.
6. Inform the patient, or proxy, that consent must be obtained, prior to the appointment date in order for the provider to conduct the phone or video visit on the date scheduled. Consent can be completed in MyChart by clicking eCheck-in up to 7 days prior to the appointment. The exception for a written/signed consent would be for pediatric patients if there is not an active MyChart account and the parent is unable to create a MyChart proxy account prior to the patient’s Telehealth visit.

   NOTE: Completing consent via MyChart is the preferred method. However, for established patients, if MyChart is not an option, written consent is acceptable. For established patients only, if written consent is unattainable, providers must document verbal consent in the note using the SmartPhrase .AMBVIDEOTELEVISIT Full details on obtaining and documenting the patient’s consent are outlined on page 5.
New Patients

New patients must use MyChart to complete eCheck-in and sign the Covid-19 Telemedicine Consent document. If consent is not completed in MyChart, prior to the appointment, the appointment will need to be rescheduled.

1. Following the standard scheduling workflow, use the WU Phone/Video New visit type.
2. Complete all demographic, guarantor, and coverage information. Verify the encounter.
3. Determine if the patient has an existing MyChart account.

Inactive: A MyChart invitation has not been sent.

Active: The patient is signed up for MyChart.

Pending: A MyChart invitation has been sent and is waiting for the patient to accept.

Declined: The patient is not signed up for MyChart.

4. For adult patients, if there is not an existing MyChart account, send the MyChart Instant Activation link.
5. For pediatric patients, follow the guidelines outlined on page 10 of this guide to create a MyChart account.
6. Inform the patient, or proxy, that consent must be obtained, prior to the appointment date in order for the provider to conduct the phone or video visit on the date scheduled.
7. Consent MUST be completed in MyChart by clicking eCheck-in up to 7 days prior to the appointment.
8. The exception for a written/signed consent would be for NEW Pain Management Radiation Oncology, Radiology patients as well as pediatric patients if there is not an active MyChart account and the parent is unable to create a MyChart proxy account prior to the patient’s Telehealth visit.
Obtaining, Documenting, & Scanning Consent

When replacing an office visit with a phone or video visit, consent must be obtained.

Methods for obtaining consent:

- Completing eCheck-in and signing the Covid-19 Telemedicine Consent form in MyChart is the preferred method for providing consent. This method is the only option available to New patients. ECheck-in can be completed up to 7 days prior to the appointment.
- For established patients only, signed written consent can be obtained via email, fax, picture or other means. Signed, written consents must be scanned in the documents table using the document type Covid-19 Telemedicine Consent.
- For established patients only, if written consent is unattainable, providers must document verbal consent in the note using the SmartPhrase .AMBVIDEOTELEVISIT
- New patients must use MyChart to complete eCheck-in and sign the Covid-19 Telemedicine Consent form. The exceptions for a written/signed consent would be for NEW Pain Management Radiation Oncology, Radiology patients as well as pediatric patients if there is not an active MyChart account and the parent is unable to create a MyChart proxy account prior to the patient’s Telehealth visit.
Front Desk/Pre-Registration Responsibilities

1. Ensure appropriate consent has been obtained. Full details on acceptable means of obtaining consent are available on page 5.

Columns have been added to DAR (Department Appointments Report) to assist in identifying when the Covid-19 Telemedicine Consent form and eCheck-in have been completed. Note: eCheck-in will only apply to patients performing eCheck-in in MyChart.

<table>
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<tr>
<th>Status</th>
<th>Telemed Consent?</th>
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<tr>
<td>eCheck-in comp</td>
<td>✓</td>
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2. eCheck-in and signing of the Covid-19 Telemedicine Consent form are mandatory for new patient phone or video visits. If this has not been completed prior to the start of the visit, the appointment must be rescheduled.

3. Demographic, Guarantor, and Coverage information should be verified prior to the visit. Remember, these appointments are not being arrived by an end user in many areas. Completion of this information during scheduling and pre-arrival is critical.

Understand Automated Appointment Completion and Cancellation

4. When the provider signs the encounter, the visit will be marked as “Checked-in” on the provider’s schedule and “Arrived” on the DAR and Appointment Desk. Because the status is “Arrived”, it will flip to “Complete” after End of Day (EOD) processing runs.

NOTE: End of Day processing runs 5 days after the appointment date.

5. If the provider started the encounter, but does not sign the encounter prior to EOD processing, then EOD processing will mark the visit as “Cancelled”.

NOTE: If the encounter is not signed before EOD processing, a user with manager level security can update the appointment from Cancelled to Complete. See page 12 for steps to Edit Appointment Statistics.

6. If an encounter has not been started and signed by the provider, EOD processing will mark the visit as “Cancelled”.
Change Appointment Type for Existing Appointments to Phone/Video Visits

Appointments that were previously scheduled that will now be conducted via phone or video, must have the visit type changed to reflect that it is now a phone/video visit.

From the DAR:

1. Single click to select the patient.
2. Click Change.

Note: It may be necessary to click the More button to access the Change function.

From the Appointment Desk:

1. Single click to select the appropriate appointment.
2. Click Change Appointment.

3. Enter WU Phone/Video Visit.
   a. Select the appropriate New or Return visit.
   b. Click Accept.
4. The length from the original appointment will display. You can manually adjust this field or leave as is.
5. Select Provider as the Change Reason.
6. Add a Comment. (example: Provider requested phone/video visit).
7. Click Change.
8. Click Accept.

9. Select the Visit Info form.
10. Verify the appropriate Guarantor Account is selected.
11. Verify the patient has insurance coverage attached.
12. Click Accept.
**MyChart Instant Activation**

An active MyChart account is critical to this newly available functionality, especially for new patients. Follow the steps below to identify if a patient has an active MyChart account and send a MyChart activation link to a patient.

**MyChart Status Icons**

Use the below icons to identify in Storyboard if a patient has an existing MyChart account or if an instant activation link should be sent.

- **Inactive:** A MyChart invitation has not been sent.
- **Active:** The patient is signed up for MyChart.
- **Pending:** A MyChart invitation has been sent and is waiting for the patient to accept.
- **Declined:** The patient is not signed up for MyChart.

**Sending a MyChart Patient Activation Link**

MyChart status can easily be seen in the patient’s storyboard. The status can be changed from here as well.

1. Click the **MyChart** icon.

2. Click **Send Email**.

3. If the patient’s email address is on file, it will appear in the box below.
   - If not, enter the patient’s email address.
   - Click the checkbox next to **save email address after sending** – to save the email in Hyperspace.

4. Click **Send**. (A green check box will appear)

5. Click **Close**.

6. The patient will receive an email that includes the activation link, which can be acted upon immediately.
Inform the patient of all the information below.
The instant activation link is only available for 24 hours.
The patient will need to enter the following information via the activation link in order to successfully activate their MyChart Account. Ensure that this information is correct in demographics.

- Date of Birth
- Zip Code
- Primary Phone

After 24 hours the patient can still sign up for MyChart because the link will take the patient to the Mychart login page with the activation code populated. The patient would then continue the sign-up process. Ensure that this information is correct in demographics.

- Last four of the SSN (if patient does not want to provide SSN make sure the patient is aware to create the account within 24 hours)
- Date of Birth

Process for Pediatric MyChart Activation
Please have patients/parents call the MyChart Support Desk at 314.273.1966 or 866.273.1966.

- The caller will need to ask for assistance with pediatric MyChart access and the Support Desk will transfer them to Children’s Direct. After hours there will be a phone prompt for them to be transferred. Note: please do not have families call Children’s Direct directly for this service

- For 12-17 year old patients, the adolescent will need to be present and will need to personally speak with the Children’s Direct operator. They will need to provide a personal email that they can access and an activation code will be sent to them. That will allow them to create their own MyChart account immediately. No physician signature will be required. Note: We will not be addressing adolescent proxy through this process. That will still require a physician signature.

- For 0-11 year old patients, if the parent has been seen at BJC/WUSM before, we will be able to create a MyChart account for the parent and walk them through the request process for proxy access to the child’s chart. That access will be granted in real time. Note: If the parent has not been seen in our system, they cannot get access to their child’s account at this time. We are working on a process to address that and will have more information as soon as it’s available.
New DAR Columns

MyChart Appt Status (Status) and Telemed Consent Status (Telemed Consent?) have been added as new columns on the WU DAR. The change will be automatic if you currently select and Run the WU DAR.

Updating Columns on a Private DAR

If you have created a Private DAR you will need to make adjustments to your Selected Columns.

1. Select the Display Tab.
2. Select **Kiosk/MyChart Appt Status [1990]** from the Selected Columns.
3. Click the top right arrow to add this from Selected Columns.
4. Repeat step 3 & 4 for **Telemed Consent Status [11749625]**.

5. Highlight a single column in Selected Columns.
6. Use the up and down arrows to move the order of the columns.
7. Click **Save**.
Edit Appointment Statistics after EOD Processing

After EOD runs, users with appropriate security can change the status of an appointment by using Edit Appointment Statistics.

1. Single click to highlight appointment.
2. Click Edit Appointment Statistics.

3. Click the magnifying glass in the Status field.
4. Select Completed.
5. Click Accept.
6. Click Accept.

[Image of appointment calendar and appointment details]