

Creating virtual space for patient care Virtual Shared Medical Appointments (VSMA)

Welcome...

Marianne Sumego, MD
Director of Shared Medical Appointments Program
Access Transformation
Internal Medicine/Pediatrics CCCC

sumegom@ccf.org



Who I am...



SMA's for
Chronic disease,
Woman's Wellness

Passion:
Healthy
cooking

Who is here?

- SMAs in person
 - Virtual SMAs
-
- Conditions



Shared Medical Appointments (SMAs)

- 90-minute appointment
- Up to 10 patients
- Common condition
- Comprehensive
- Individual appointments
- Support medical billing

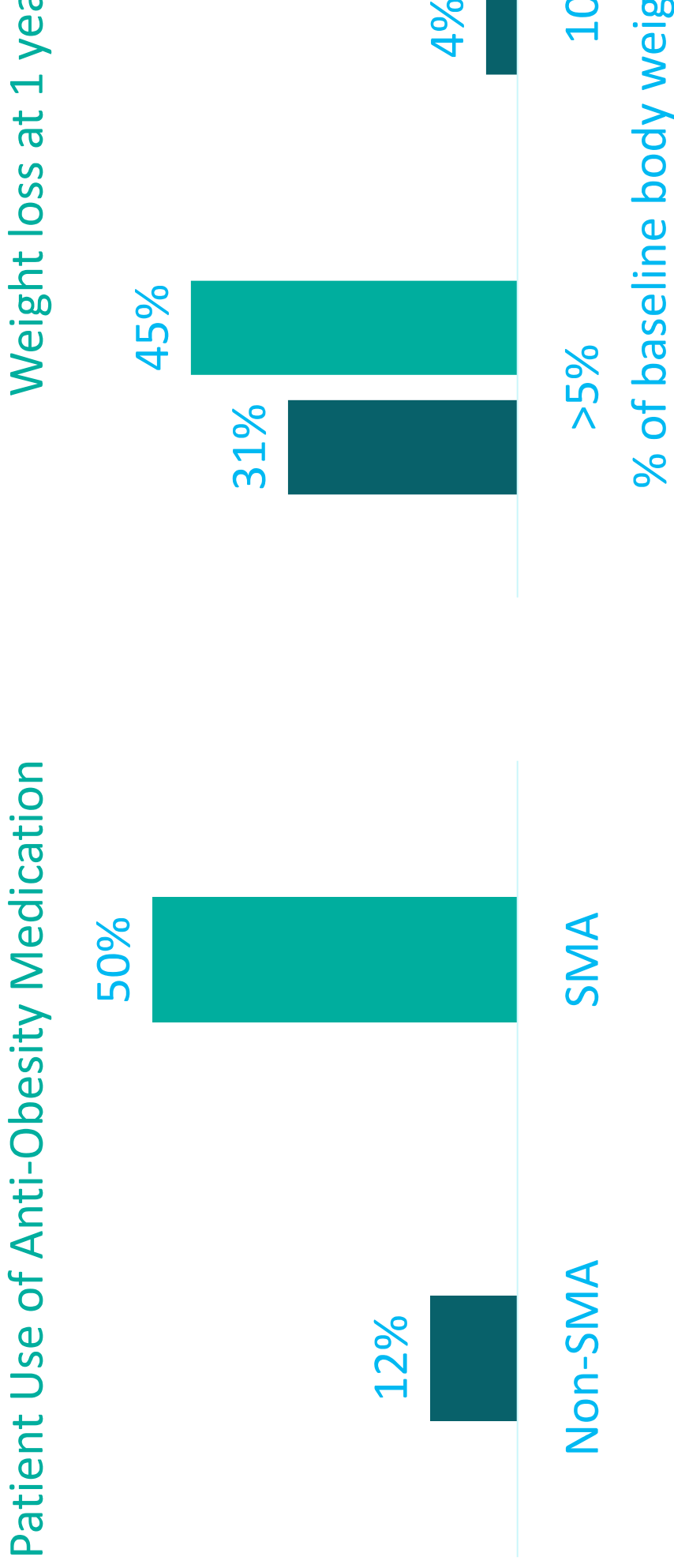


*Photo taken by [unclear]

©



SMAAs Improve Patient Outcomes



Shibuya et al. Obesity Sci & Pr

©

Benefits of SMAs



Provider

- Improved access
- Leverage resources
- Workflow efficiency
- Remove redundancy
- Satisfaction
- Quality of care



Patient

- Prompt access to care
- Increased physician time
- Additional resources
- Learning through repetition
- Satisfaction
- Quality of care



Current Access Challenges

Space

Exam
rooms

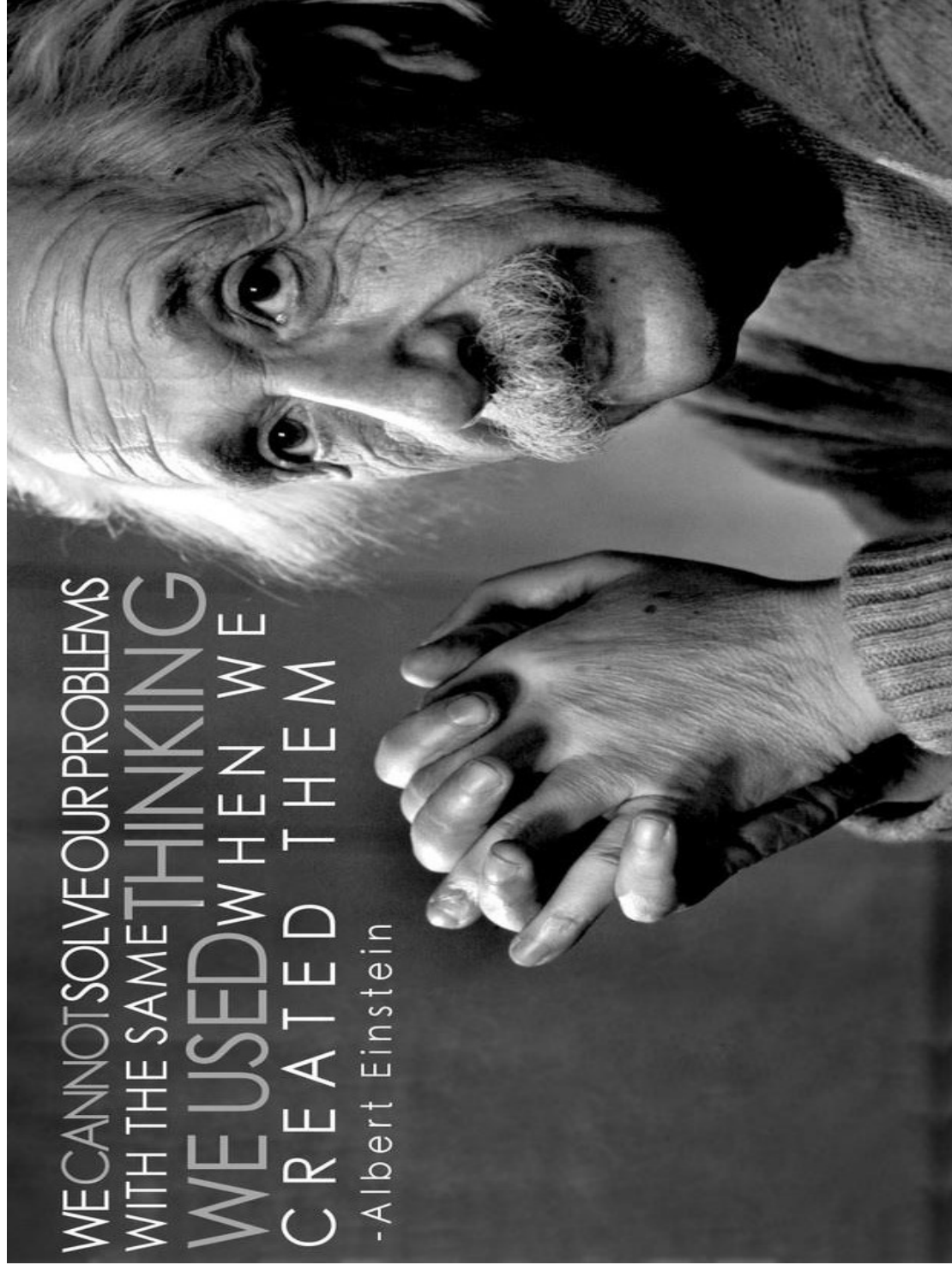
Patient
geography

Finite
template

re



Where we find ourselves today...



Enter

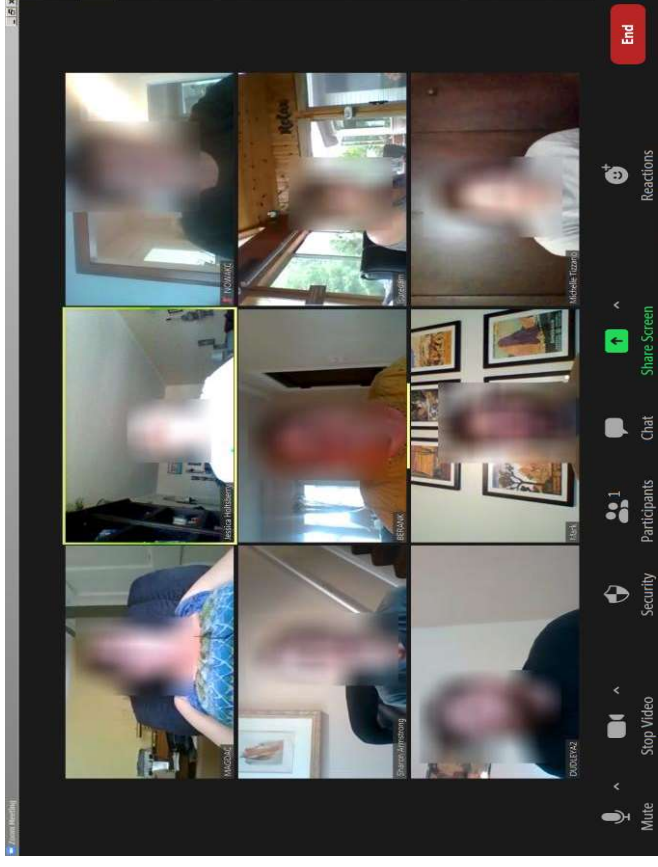


*Photo taken prior to COVID-19



Cumulative Shared Medical Appointments

■ In-Person ■ Virtual

250,000

200,000

150,000

100,000

50,000

-

2010

2012

2014

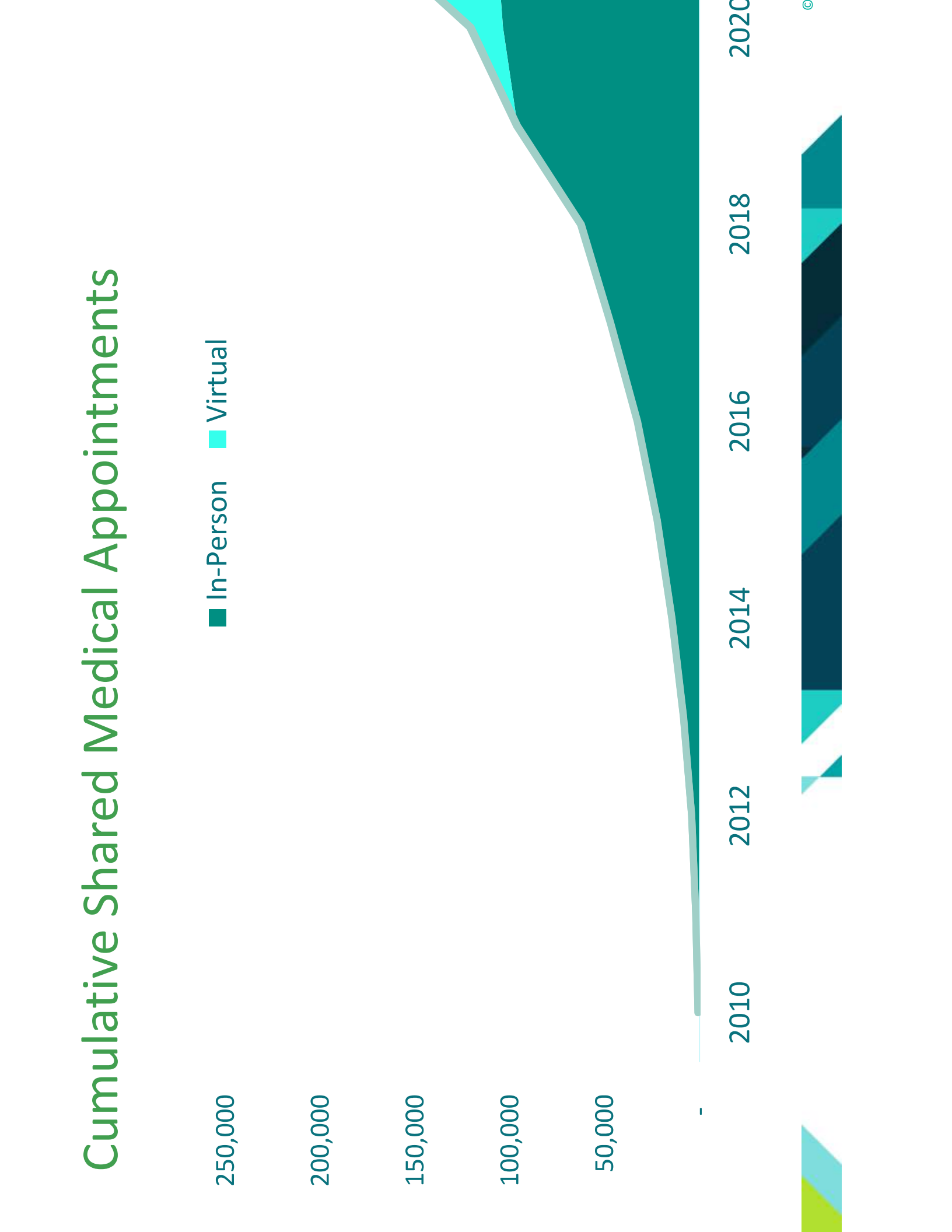
2016

2018

2020



©



Drivers of Rapid Adoption

- Access/COVID
- Patient/Provider SMA satisfaction
- New comfort with Telehealth
- Easy implementation



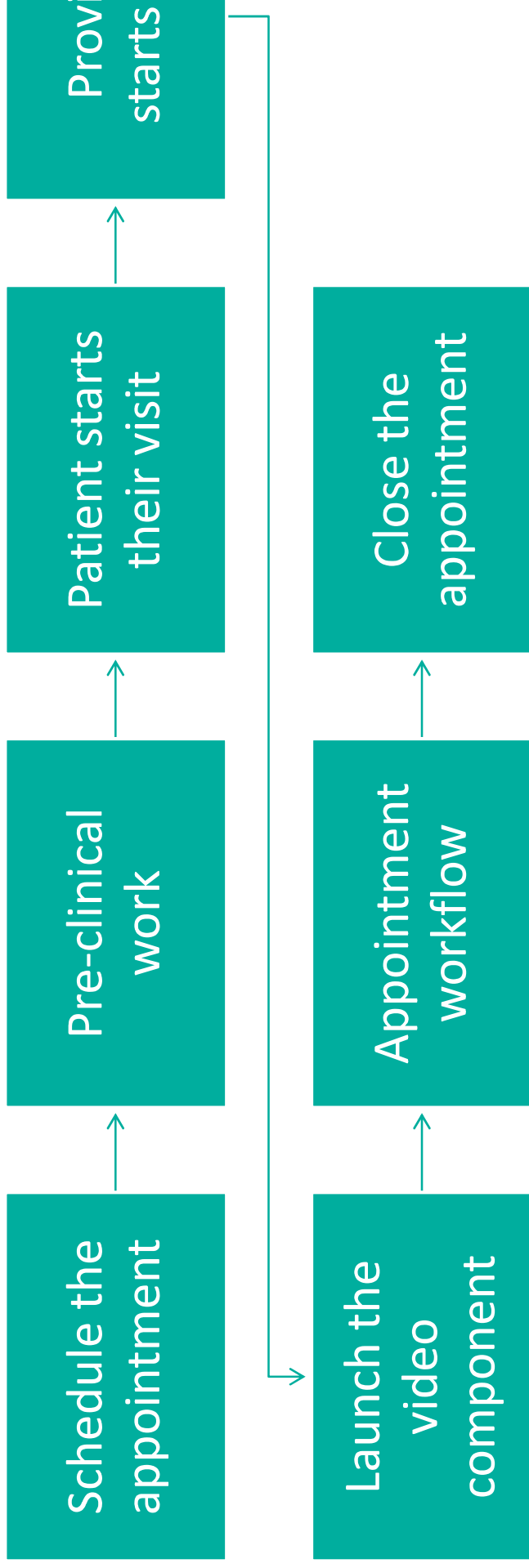
Creating Provider Access/ Sample In-person SMA

Patients Seen

	1:1 Only	With 2 SMAs
8:00	6	10
9:00		
10:00	2	2
11:00		
1:00	12	12
2:00		
3:00		
4:00		
6:00	6	10
7:00		
26		34

- Remove geography
- No exam rooms
- Template expanded
- Current staffing unchanged

VSMA Process



Scheduling the Virtual Visit

- Scheduler uses:
 - **MYC GROUP VIDEO**
 - VIRTUAL SMA block
 - 10 patients in one time slot
 - Duration 90 minutes

Make Appointment	
Department:	MED PEDS FHC MENTOR [100609114311]
Visit type:	
MYC GROUP VIDEO (ZOOM) [342]	



Attaching Questionnaires

From the scheduled visit screen, click on “Assign Patient Questionnaires”

Sprow Orders

Charting

Open Case

Print AVS

Assign Patient Questionnaires

Review

Change Provider

SmartSets

Editor/Edit

Enc Summary

Immunization

SUMEGO, MARIANNE J

Filter by Status

Total: 3

Slots	Time	Pri?	Visit	Covid Result	Last Event	Provider	Patient with preference	Age/Gender	Length	Checked In	Proc/Visit Type
MED PEDS FHC MENTOR											
1	8:00 A					Open Mentor					
1	8:20 A					Open Mentor					
1	8:40 A					Peds Same Me					
1	9:00 A					Peds Same Me					
1	9:20 A					Open Mentor					
1	10:00 A					Peds Same Me					
1	10:20 A					Open Mentor					
1	10:40 A					1 Day Release					
1	11:00 A					Peds Same Me					
1	11:20 A					Open Primary					
1	11:40 A					Open Mentor					
1	12:00 P										
-3	4:00 P					Sumego, Marianne J	Zzbrook, Andy "AJB"	37 year old / M	15		Myc Group Video (Zoom)
						Sumego, Marianne J	Zzremote, Stacey	40 year old / F	15		Myc Group Video (Zoom)
						Sumego, Marianne J	Zzremote, Winners	40 year old / F	15		Myc Group Video (Zoom)

Questionnaire

Date

Appointment questionnaires:

1 CCHS MYCHART ZOOM MESSAGE 6/3

2

Series questionnaires:

1 CCF COVID-19 QUESTIONNAIRE FOR DATE SYMPT

2 CCF COVID-19 QUESTIONNAIRE FOR ADV DIR

3 CCF HIGH RISK TCM HOME MONITORING

4 CCF COVID-19 DEPRESSION/COPING

5 CCF COVID-19 DEPRESSION/COPING

Health history questionnaire:

0

Print

Barcode copies:

501186055

Barcode:

501186055



Starting the Virtual Visit – Patient

Appointment Details



1

MYC Video Visit with Dr.
M Sumego

⬇

Wednesday June 10, 2020
Join by 3:45 PM EDT

Starts at 4:00 PM EDT (15
minutes)

 Add to Calendar

X Cancel Appointment



Get ready for your visit!

CONFIRM

Let staff know you don't need a reminder call.

PRECHECK IN

Save time by completing eCheck-In ahead of time.

BEGIN VIDEO VISIT

You cannot join the video visit at this time.

Visit Instructions

The Cleveland Clinic is following up with patients via virtual visits or phone calls. The virtual appointment will be a live, audio / visual appointment in a **group setting**. For this virtual visit you must have access to a computer with webcam or a smartphone / tablet with MyChart mobile installed with permission to access your camera. The service will be billed through your insurance payor.

Please refer to the quick reference guide(s) listed below for instructions on preparing for your MyChart video visit via Zoom:
[How to Connect to Your Video Visit Using a Desktop Computer](#)
[How to Connect to Your Video Visit Using a Mobile Device](#)

• The patient completes Pre-Check In – can be completed up to 7 days prior

©

Privacy Concerns, still !!!



Electronic Patient Consent

eCheck-In

Travel History

Questionnaires

Medications

Allergies

Health Issues

Sign Documents

PSR PBB REMOTE MENTOR MC 232

Not Signed Yet

REVIEW AND SIGN

BACK

SUBMIT

FINISH LATER

Please review and address the following documents.

Once this step is completed, documents will be submitted for clinic review.

BACK TO THE HOME PAGE

- The patient reviews the group consent document
- Clicks in signature box to electronically sign the document
- Space for additional caregivers

PSR PBB REMOTE MENTOR MC 232

Health plan. Some insurance companies may apply these charges to your annual deductible. To find out what will be covered about this charge, call one of our patient financial advocates or Cleveland Clinic Customer Service 866.621.6385.

How this affects you if you have Medicare.

You will receive a Medicare Summary Notice (MSN) which will include Hospital and Professional services:

- If you have secondary insurance, we will submit any balance to that insurance company.
- If your secondary insurance does not cover the remaining balance or if you do not have secondary insurance, Medicare requires that we give you an estimate of your Hospital and Professional charges if you do not have secondary insurance you receive. Here is an estimate of what a Medicare patient may be responsible for if there is no secondary insurance (Call Patient Financial Advocate 866.621.6385 for additional estimates):

	Hospital	Professional	Hospital	Professional	
Office Visit Level 1	\$23	\$5	Joint Injection	\$52	\$9
Office Visit Level 5	\$23	\$24	Chest X-Ray	\$16	\$2
Emergency Visit Level 1	\$14	\$5	Cystoscopy	\$111	\$16
Emergency Visit Level 5	\$101	\$35	Skin Biopsy	\$64	\$12

*Provider-based is a Medicare classification. It means that hospitals have met specific Medicare regulations to have their own large hospital systems are classified as provider based by Medicare, which results in uniform billing. Provider-based billing Need help paying your medical bills? Call 866.621.6385 or go to ccf.org/financialassistance for information on our financial assistance program.

Please acknowledge that you have read this letter by signing below:

Click to Sign

CONTINUE

CLEAR FORM

CANCEL



Starting the Virtual Visit – Patient

- After the Pre-Check In is complete, patients can click “Begin Video Visit”
- Zoom will launch



Starting a Virtual Visit – Provider

- The appointment is opened from the provider's schedule
-

Schedule

Complete Sch | Open Stats | Events | Show Orders | Charting | Open Case | Print AYS | Review | Charge Prov | SmartSds | Edit | Enc Summary | No Show | Sign Encounter | Notes | Outlook Settings

BOOSE MD, ERIC | Filter by Status | Total: 12

Mar 27, 2020 | Today

Dept: FAMP ROCKSIDE MC

My Schedule

BOOSE MD, ERIC

FAMP ROCKSIDE MC

Time	Status	Patient	Age/Gender	Status	Notes	Last BP
8:30 AM	Scheduled	Zzztestwillow, Hermione G.	40 year old / F	Scheduled	Testing	160/80
8:50 AM	Signed	Zzbrookh, Paul	36 year old / M	Completed	test	120/80
11:00 AM	Arrived	Zzzmychart, Matthew	44 year old / M	Arrived	MYC Vid	None
11:00 AM	Signed	Zzbrookh, Paul	38 year old / M	Completed	Testing	120/80
11:20 AM	Scheduled	Zzztestwillow, Hank P.	59 year old / F	Scheduled	Testing	120/80
11:40 AM	Checked Out	Zzzmychart, Matthew	44 year old / M	Completed	testing	None
11:50 AM	Scheduled	Zzztest, Rachel	35 year old / F	Scheduled	MYC Vid	None
11:50 AM	Signed	Zzbrookh, AJB	36 year old / M	Completed		130/50
12:00 PM	Scheduled	Zztest, Sammy	39 year old / M	Scheduled	MYC Vid	None
12:00 PM	Scheduled	Zzztestwillowchld, Jimmy S. II	5 year old / M	Scheduled	Test	None
1:30 PM	Scheduled	Zzbrookh, Paul	38 year old / M	Scheduled	MYC Vid	120/80
1:30 PM	Checked Out	Zzzmychart, Matthew	44 year old / M	Completed	testing	None

Starting a Virtual Visit – Provider

- Click “Connect to Video” to launch Zoom



Welcome patients.....

- *Communicate if patients having trouble connecting*
- *Sound check: “Can you hear me? Have you logged in before with other pr Device?”*
- Introduce technology
- Introduce the facilitator
- Discuss what to expect during the visit
- How will patients ask questions



Virtual Etiquette Tool



Empathy in Virtual Visits

The Center for Excellence in Healthcare Communication provides evidence-based training and resources in healthcare communication and service excellence throughout the enterprise. For more information, visit: <http://connect.ccf.org/CEHC>

Establishing the Relationship

- Ask if patient is new to virtual care. If new to virtual visits...
 - Normalize any discomfort with the virtual platform.¹
 - Demonstrate comfort and confidence in the technology (regardless of how you are feeling about it) to help patients feel at ease and focus on their care vs. the virtual modality.¹
 - Explain why telemedicine is the safest option for the patient given the current public health crisis. E.g., "Virtual visits are a safer and more convenient way for you to be assessed."¹
 - Let patients know what to expect so they are prepared to receive care through a new modality.¹
 - Include instructions on what to do if the connection cuts out, and you cannot reconnect (e.g., you might tell them that you will call the patient and continue the visit over the phone).¹
 - Explore together how to get the information you need for diagnosis and treatment. Explain so the patient doesn't feel like their care is lacking.¹
- Introductions: In addition to identifying your name and role, take a moment to ask patients to introduce any other people who are in the room with them.
- Empathy virtually can be about asking and talking to the patient about their life: their home, family members, commenting on their environment, even simple things like a painting on the wall that you can see, etc.
- Ask them to show a meaningful object in their house. It allows you to get to know them as a person and to get a sense of their home environment.
- When assessing people amidst the COVID-19 pandemic, in particular, consider asking questions related to the following:
 - How are you managing with the recommendations to maintain social distance?
 - Do you have enough food and groceries in the house?
 - What have you found to be the biggest difference in your day since we started hearing about the Corona virus?
 - How are your loved ones doing? Have they been able to stay healthy and get their needs met?
 - What concerns you most about the Corona virus and changes that have been outlined?

Express empathy nonverbally

- Comfortable, warm eye contact conveys you are interested and that you care. Remember to look into the camera, not at the computer screen, in order to make "direct eye contact" virtually.
- Be aware of your body positioning, movement, facial gestures, voice quality and vocal tone. Face the computer screen, don't move around quickly, and remain calm and approachable.
- Exaggerate motions such as nods and other actions so the patient notices them and knows you are listening.
- Develop a "video presence" that includes staying visually attentive, exaggerating facial expressions at times, and ensuring the patient has a clear view of your face and body language.

Express empathy verbally with S.A.V.E.²

- Support or partnership statements: "I'm here for you." "Let's work together to figure out what's going on."
- Acknowledge the situation: "This has been really hard for you." "It sounds like this has been affecting your day-to-day activities." "I wish there were better alternatives."
- Validate their feelings or experience: "Given your situation, I think many people would feel the same way." "Yes, it's exhausting when we don't feel our best!"
- Name their emotion: "I can't imagine how scared you must be." "You sound frustrated." Or ask them to clarify how they are feeling: "How do you feel about it?"

Developing and Engaging the Relationship

- Listen carefully to the patient. Do not interrupt or ask questions at this time. Let the patient know you are listening by providing cues such as nodding your head, establishing eye contact, and saying things such as, "I see."
- Embrace the pause. Don't rush in to fill the silence when the patient is expressing fear, confusion, worry, etc. It's okay to be silent for a moment. They may need to collect their thoughts before finishing.
- Before you respond to their concerns, reflect back what they've said. This lets them know you were really listening and that you care.
- Verbalize empathy: "I can only imagine how difficult this must be for you." "I'm here to help you through this." "I wish I could be there with you in person." "I hear worry in your voice."
- Collaboratively develop a treatment plan.
- Express gratitude. It's a privilege to help patients in their time of need. "Thank you for calling today. I'm glad I got to know you and hope that you'll consider using Express Care Online again."

1. Findings from studies conducted by the Office of Patient Experience Research, led by Dr. Susanah Rose, PhD.
2. Windover, A. K., Boissy, A., Rice, T. W., Gilligan, T., Vitek, Y. J., & Merlino, J. (2014). The REDE model of healthcare communication: optimizing relationship as a therapeutic agent. *Journal of patient experience*, 1(1), 8-13.

Center for Excellence in Healthcare Communication

<http://connect.ccf.org/CEHC>

©2020 The Cleveland Clinic Foundation. All Rights Reserved.

Can you perform a virtual physical exam?

Yes, and you should!

- Quality
 - Accurate documentation for future
 - As a baseline if care escalation is needed
- Added value to visit
 - Patient/caregiver perceived, trigger visit
 - Teaching opportunity
 - Observed



Getting Information Organized

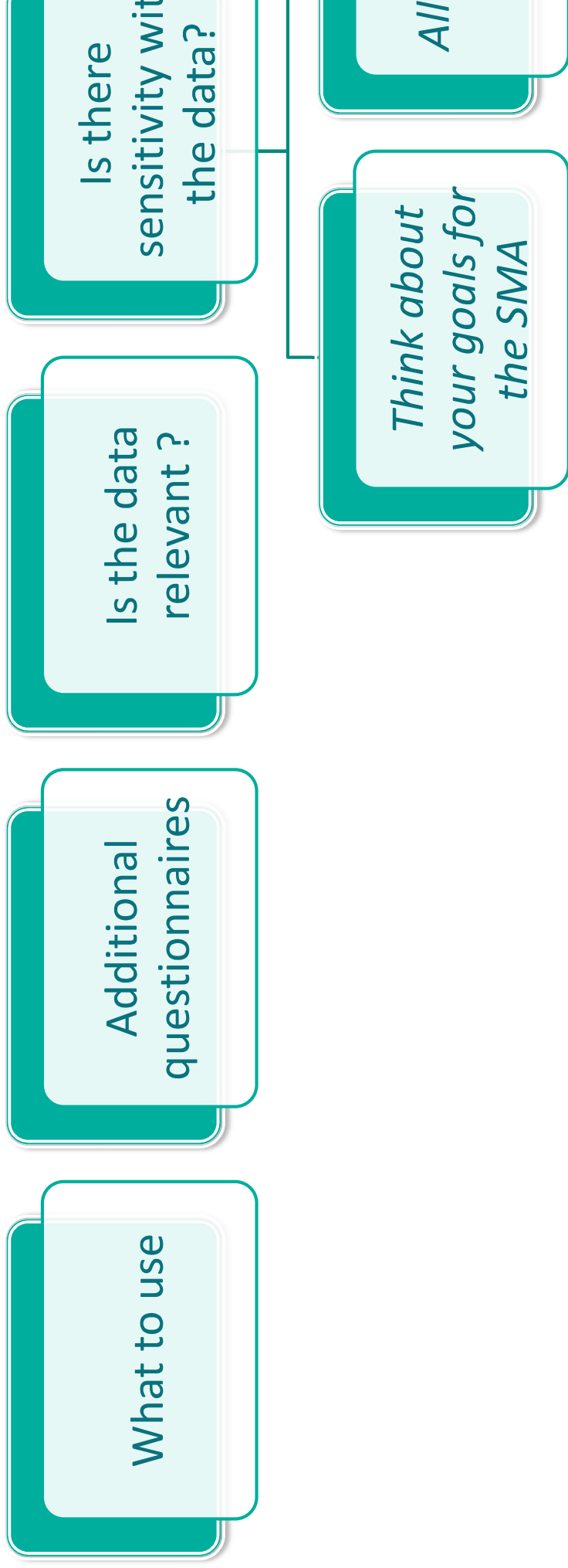
- What is needed prior?
- How to gather pre-visit information
- White board data
- How do we manage individual concerns?
- How do we capture what is needed in the note?



Virtual White Board

Name	Med changes	A1c		LDL	BP	Todays question
		current	last			
Jennifer	Add metformin	7.5	9.0			Loose stools
Anita	No change					How to exercise
Sue					128/60	Having headache
James	Added statin			108 ↓		
Andy						
Stacy		8.0			180/96 ★	

Sharing Group Data



SMA Wrap Up



Orders and
refills needed



Schedule
follow up



Patient
instructions



Patient satisfac
surveys



A bit on facilitating.....

To make something easier

To help something run smoother, more effective



The Group Dynamics



Interviewing Tools



Foster group interaction/environment



Manage provider time



Add expertise

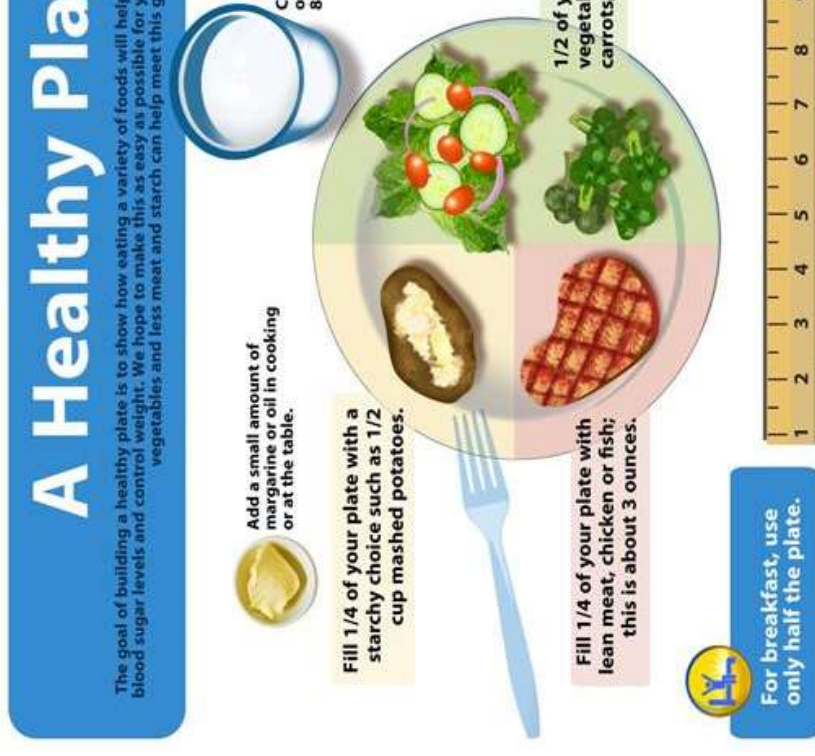


Pre-load Tools

Web sites:

[American Diabetes Association |
Research, Education, ...](https://diabetes.org)

<https://diabetes.org>
[WebAmerican Diabetes A](https://diabetes.org)



"Ok, so it's carved in stone, but still open to interpretation, right?"



North star: Medicare Guidelines

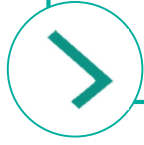
- “Under existing CPT codes and Medicare rules, a physician could furnish a necessary face to face E&M visit or similar code (depending on the level of care) to a particular patient that is observed by other patients.”
 - “Any activities associated with the presence of observers, or with any such group counseling encounter, would not be permitted to impact the code for the visit
- ❖ 2007 letter – Larry Bonander, Director, Executive Secretariat, CMS/ HHS in response to Medical Society and AAFP



In Review



Key Take-aways



Do

- Individualize each note
- Follow medical necessity
- Note important results with proper context, and document any resulting actions
- Each note should stand alone



Don't

- Don't indiscriminately copy/paste previous information
- Don't bill "all level 4" AND don't bill for time
- Don't assume benefit in billing for other services/patients



Summary: SMA Tips

- Consider a pre-visit workflow
- Identify pre-work such as questionnaires, labs
- Design: Easy Identification of patients/conditions
- Have patient instructions created (all are on MyChart!!)
- Workflow for follow-up appointments, scheduling
- Utilize satisfaction surveys
- Takes time
- Huddle



Summary: Technology Tips

- Develop Best practice in design
- Remember virtual etiquette
- Pre-load educational sites, power points
- Practice sharing your screen!!
- Have a back-up plan for technology fails!!



Patient recruiting: Share the value



Discuss the
facilitator value



More time with
provider



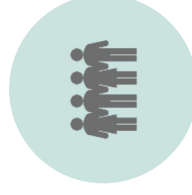
Hear co
skills



Relaxed, stress
free



More time to
gain information



Gain ad
motivati
other p



What is the SMA
goal/focus



Patient awareness





Shared Medical Appointments

Current Appointment Offering

SHARED MEDICAL APPOINTMENTS offer an innovative, interactive approach to healthcare that brings patients and healthcare providers together in a group setting. During a shared appointment, patients with common medical issues meet with a healthcare provider for 90 minutes and have their questions and concerns addressed. Individual patient exams are conducted in nearby private exam rooms, as needed.

Cleveland Clinic has offered shared medical appointments for almost 10 years and the results have shown patients are overwhelmingly satisfied. This program is completely voluntary and more beneficial for certain patients. We ask all patients who participate in a shared medical appointment to follow HIPAA guidelines and sign a privacy waiver. This is to make sure we have provided a safe and secure environment in which to share medical information.

Who benefits from shared medical appointments?

- Patients needing routine follow-up care, particularly those with chronic conditions such as diabetes or asthma
- Patients seeking more information regarding their specific health issues
- Patients who desire additional time with their physician or healthcare professional

Why are shared medical appointments beneficial?

- They offer an environment where shared information and interpersonal dynamics can be used to inform and reassure patients about their concerns
- They provide group cohesiveness where peers can offer support among themselves
- They allow additional time with healthcare professionals
- They offer more information and time for questions about a specific disease or condition

If you are interested in participating in a Cleveland Clinic shared medical appointment, talk with your physician during your routine office visit. To learn which services offer this program, please visit clevelandclinic.org/sharedappointments

11-PHC-022



Handouts

Example Consent Form

MyChart Zoom Group Visit Acknowledgment and Consent

Welcome to The Cleveland Clinic Foundation's ("Cleveland Clinic") MyChart Zoom Group Visit! You are here to participate in a virtual shared medical appointment or service-based group educational session (the "Services"). Cleveland Clinic provides the Services as an opportunity for you to meet with a provider in a virtual online group setting to discuss information, ask questions and/or obtain educational material related to your health condition with other patients and support persons present.

By participating in the Services, you understand and agree to the following:

- You will protect the privacy of other participants in the Services by not identifying other participants or discussing their personal information or health condition outside of the appointment/session.
- Personal information shared by a patient during an individual appointment is normally considered confidential, but such confidentiality may be lost by revealing the same information in a group setting.
- Cleveland Clinic cannot guarantee the privacy and confidentiality of what is discussed during the course of the Services and cannot control the activity that other participants may take based on information gathered or shared during the appointment/session.
- The provider engaged in the Services may share information related to your health condition with the group as part of the general discussion or in answer to your questions.
- Answers and health information provided in response to another participant's questions may not be relevant to you.
- To help protect patient safety and privacy, you will not record or allow others to record any portion of the Services, will participate in the Services from a private location and will ensure that all participants in the Services are in view of the camera.
- Cleveland Clinic reserves the right to remove any participant from the Services who is being abusive, rude or inappropriate.

By signing below, you are indicating that you have read this document and that you acknowledge and consent to all terms and information described herein.

Printed Name of Patient	Signature of Patient or Responsible Party	Date
	Printed Name of Responsible Party (if applicable)	Responsible Party's Relationship to Patient (if applicable)
Printed Name of Support Person (if applicable)	Signature of Support Person (if applicable)	Date
	Support Person's Relationship to Patient (if applicable)	

****NOT FOR USE OUTSIDE OF CLEVELAND CLINIC****

Pre-Visit Workflow

Pre-Visit Preparation for Virtual Shared Appointment (VSMA)

Purpose: This document offers recommendations for pre-virtual visit preparation. This work is the culmination of best practices.

Audience: All support staff

Patient Pre-Visit Preparation (up to 7 days prior to appointment)

- Patients scheduled for a virtual appointment will be instructed to ensure they are active on the platform if they have not already done so.
- The patient will sign into their account anytime within 7 days of their office visit to complete the pre-visit eCheck-in.
- Pre-visit eCheck-in will allow patients to update their personal information, insurance information, travel history, provider/department specified questionnaires (e.g. review of systems, [virtual rooming questions], etc.), and medication/allergies.
- At the time of their office visit, the patient will log-into their account to download the virtual visit platform (if they have not already done so), and connect with their provider's virtual waiting room.

Clinical Pre-Visit Preparation (within 24 hours of appointment)

- Within 24 hours of office visit (and at least 30 minutes prior to visit time), a clinical person should contact the patient by phone.
- The nurse/MA/ACT confirms patient account registration and virtual appointment app download.
- Document the pre-visit phone call as recommended.
- Items recommended for completion during the clinical pre-visit:
 - Allergies
 - Confirm that these have been correctly updated by the patient.
 - Verify Rx Benefits
 - Rx Payor: Disclaimer
 - Med Update
 - Medications can be identified as "Taking," "Taking differently," "Not Taking," and "Unknown" here in preparation for the office visit.
 - Pend orders for medications that need to be refilled
 - Confirm preferred pharmacy
 - Outside Meds
 - Reconcile outside medications, as needed
 - Patient Entered Questionnaires
 - Encourage patients to complete any associated questionnaires
- Additional Opportunities for Pre-visit Preparation
 - Confirm preferred email address and mobile phone number
 - Confirm pharmacy preference

Virtual Shared Medical Appo

General VSMA Questions:

- Q:** Can VSMA be used for education classes, such as?
- A:** Yes, the Group Video visit platform can be used for both Shared Education Visits are separate from E&M-billed medical construct.
- Q:** Could VSMA be used for goals of care discussions?
- A:** Yes, the format will be based to support the medical discussion.
- Q:** How can participating family members sign the privacy?
- A:** There is a field on the Consent Form to list the family member. The patient is responsible for adding the participant consent process in pre-check-in. All attendees need to be present in pre-check-in.
- Q:** Can a family member join on their own?
- A:** This is a single appointment for the patient through the platform. Additional devices, so all support persons must join with the patient.

Scheduling Questions:

- Q:** The group visit type is automatically set to 10 patients; can this be changed?
- A:** Yes, this can be changed. Currently we feel the optimal format for the group visit is 10 patients. As we gain experience and technology, this will be re-evaluated.

Pre-Visit Questions:

- Q:** Can you send personalized questionnaires to patients?
- A:** Yes, questionnaires are set up in the EMR and can be sent to patients. The best approach is to create a communication plan for each patient, including a "respond to me if not read by" function for follow-up.
- Q:** Can questionnaires be included in charting?
- A:** It is best to set up questionnaires so that they populate the charting note.
- Q:** If the patient has not completed the questionnaire and check-in for the visit?
- A:** We have it set up so that the patient is required to sign in to their virtual visit. The video visit will not start until this is completed.
- Q:** Is 15 minutes enough time for the MA to check all the p

Opportunity

Disease based

- Chronic disease
- Wellness/Medicare
- Specialty based
- ACO targets
- Re-admission focused

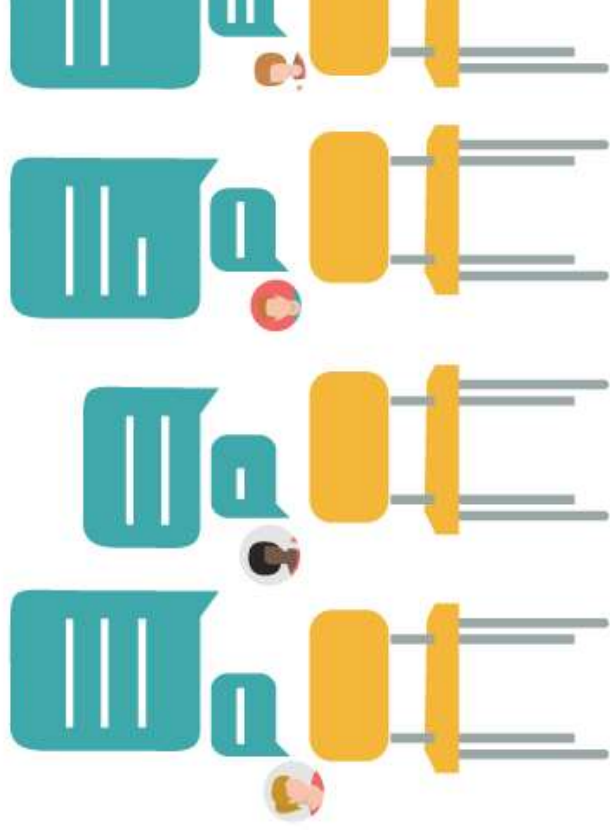
Nontraditional

- Nursing education
- Pre/post op care
- Pharmacy: tobacco cessation
- Nutrition
- Diabetes education



Summary:

Creating Virtual Space for Patient Care



Ultimately, technology must work for the patient

