



TELEHEALTH IN RURAL WYOMING

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INTENTIONAL

- As with anything (successful) in medicine, we have to be intentional
- Workflow...and who is in charge to make that work flow.

WORKFLOW

- **CRITICAL** to have a single point person (PP) in your office
 - Point of contact for all telehealth inquiries coming in
 - Will know how to contact directly the point person at the consultants office
 - Have the ability to schedule telehealth patients on the providers and nurses schedules

WORKFLOW

- PP contacts consultants office morning of appt to ensure the patient is scheduled with the consultant
- PP has created a file of preferred intake / history forms for each consultant
- Patient is asked to come in 20 min (or so) early for the actual appt time with the consultant:
 - Complete intake / history form
 - Complete vitals with the nurse and these are usually faxed with the intake/hx form to the consultant PP so that information is in front of the consultant when they sit down for the appt in front of their computer
- PP places the patient in telehealth connection with the consultant PP
- Patient checks out with the PP after the appt to make follow up appts, etc

WORKFLOW

- Caveats:
 - PP has the ability to come grab the PCP out of a room to go speak with the consultant during the telehealth visit
 - Origination Site Fee - \$25

WORKFLOW

**** Telehealth will only be successful if the workflow allows for the nurse/MA in the consultants office to point to the computer instead of the exam room saying **“HERE IS YOUR NEXT PATIENT”**. If telehealth takes any more work than that for the provider...it isn't going to work.

QUESTIONS?

