



New York State  
Family Planning  
Training Center  
[nysfptraining.org](https://nysfptraining.org)

## Sample Optimizing Telehealth Workflows Worksheet

This resource provides a sample completed Telehealth Workflows Worksheet with identified improvement ideas.

<b>Workflow Area</b>	<b>Family Planning Service #1: Contraception initiation and management</b>	<b>Family Planning Service #2: Contraception counseling</b>	<b>Family Planning Service #3: STI screening and treatment</b>
<b>Telehealth scheduling</b> <i>Scheduling the patient for virtual visits by front desk, scheduler and/or staff. Often follows the same process as in person scheduling.</i>	It is not clear whether this can be done via telehealth or not; need better language for methods that require in-person follow-up.	Offered to patients for both in-person and telehealth.	It is not clear what STI services can be provided via telehealth. STI services are routinely scheduled as face-to-face visits.
<b>Telehealth onboarding</b> <i>Ensuring the patients know what technology to use and how to use it prior to the time of the appointment ("tech check").</i>	For about half of telehealth visits, patients are not sure how to connect to the visit.	For about half of telehealth visits, patients are not sure how to connect to the visit.	For about half of telehealth visits, patients are not sure how to connect to the visit.
<b>Telehealth rooming</b> <i>A process to connect patient and provider(s) for a visit. Clarify what information is needed for an appointment and how it is collected; technical support available.</i>	Providers are often running late between in-person and telehealth visits. Clients are stuck waiting for the telehealth visit to be started.	Providers are often running late between in-person and telehealth visits. Clients are stuck waiting for the telehealth visit to be started.	N/A as STI services are routinely scheduled as face-to-face visits.
<b>Telehealth visit</b> <i>Space and technology for providers to use for telehealth, as well as provider needs during a visit (e.g. read test results, if applicable review vitals, patient education, etc.).</i>	Staff do not consistently have virtual information for patient education.	Staff do not consistently have virtual information for patient education.	Staff do not consistently have virtual information for patient education.
<b>Telehealth post-visit</b> <i>A process for prescriptions, labs, tests, referrals, any post visit patient needs.</i>	Communication for method pick-up, mail and/or insertion is not clear.	Communication about next steps is clear.	Communication for any follow-up testing is not clear.
<b>Telehealth follow-up</b> <i>A process to book follow-up visits and/or complete the virtual visit in person.</i>	Unclear how to book follow-up visit after telehealth visits.	Unclear how to book follow-up visit after telehealth visits.	Unclear how to book follow-up visit after telehealth visits.
<b>Telehealth billing</b> <i>Billing for telehealth services, documentation requirements, acceptable CPT codes, and any other payer-specific information.</i>	Delays on processing telehealth visits as there is confusion over what is a billable telehealth visit.	Delays on processing telehealth visits as there is confusion over what is a billable telehealth visit.	Delays on processing telehealth visits as there is confusion over what is a billable telehealth visit.

# Improvement Ideas

Based on the challenges identified in the above table, here are some sample improvement ideas an organization might consider.

## Telehealth scheduling

- Develop a document to determine which family planning services can be provided via telehealth so all front desk staff and schedulers can schedule patients
- Routinely train front desk staff and schedulers on available services via telehealth as this may change over time.
- Offer the choice to clients the option of in-person or virtual visits. Clearly communicate there is no differential of quality of care between the two and if anything discussed during the virtual visit requires an in-person follow-up, this will be scheduled.
- Build out specific appointment types in the EHR for telehealth appointments and designate audio only or audio-visual (AV). Allow for provider, MA, or health educator to change the appointment if during the telehealth visit the client needs to switch from one appointment type to another (e.g. change from an AV visit to an audio-only).

## Telehealth onboarding/prep

- Provide patient telehealth technology check overview and training at time of scheduling appointment or appointment reminder.
- Consider creating patient-facing materials for virtual visits.
- Provide technical support to clinicians, as needed.

## Telehealth rooming

- Utilize MAs or health educators if the provider is running behind to complete parts of a telehealth visit they are able to complete and then also to inform the client of a delay.

- As clients are less tolerant of waiting in a virtual environment than in an in-person setting, consider identifying a time threshold that the client can request to end the visit and reschedule at a time that is convenient for them without any penalty, including switching to an in-person visit.
- MA or health educator can ensure labs, tests or information that is needed for clinician during the appointment is in the EMR.

## Telehealth visit

- Ensure space(s) in an agency have privacy (a door a provider can close), strong WiFi capability, and all necessary equipment to complete a telehealth visit (AV or audio-only).
- Consider including a sound machine as part of the equipment or put outside the room if walls are thin in the building.
- If running on time is a risk, telehealth visits can be scheduled first or second of the day or first or second after lunch to help be on time for clients.
- Create virtual versions of patient education. This could be PDFs or screen share resources.

## Telehealth post-visit

- Have preferred pharmacy in the EMR prior to appointment to allow e-prescribing.
- Virtual instructions for labs or test required.

### Telehealth follow-up

- Communicate process to book follow up visits. Do patients call the front desk to rebook? Does the agency contact patients for the next appointment?

### Telehealth billing

- Have telehealth CPT modifiers in the revenue management system available.
- Have a cheat sheet if needed for telehealth acceptable CPT codes and modifiers.

### Additional resources

Collecting patient satisfaction surveys (whether from telehealth or in-person visits) is another valuable way to identify areas for improvement. The RHNTC has a sample patient satisfaction survey that you can find [here](#).

As you complete this assessment of workflows and processes, it may be helpful to consider one improvement opportunity at a time using the Plan-Do-Study-Act (PDSA) approach. Consider using the Reproductive Health National Training Center's [PDSA worksheet](#).