

# NCFHP Guidance for Virtual Outreach

March 23, 2020

HRSA now allows health centers to count virtual visits with patients toward their annual goals. Due to the social distancing recommendations related to COVID-19, NCFHP is recommending sites implement virtual outreach. This document provides guidance about how to conduct and document virtual encounters with patients. As always, please defer to your agency's specific safety and privacy policies.

## What is a virtual encounter?

A virtual encounter is one that meets all other requirements of a UDS encounter except that it is not an in-person interaction between a patient and provider. Just as with in-person interactions, not all virtual interactions are countable.

**Virtual encounters must involve live audio and/or video connection between the patient and provider**, such as a telephone call or a video call. They must be **real-time** and **interactive**. Voicemail, text message, and email conversations are not considered virtual encounters.

## Types of encounters

An encounter is a documented, interaction between a patient and a provider. The provider must exercise independent, professional judgment in the provision of services to the patient.

**VIRTUAL CASE MANAGEMENT ENCOUNTER** - A real-time telephone/video call visit between a case management provider and a patient during which services are provided that assist patients in the management of their health and social needs, including patient needs assessments, the establishment of service plans, and the maintenance of referral, tracking, and follow-up systems.

\*Meeting with another person on behalf of a patient are not counted as case management encounters.

### *Referrals*

A referral is an activity that links a person in need of a service with a professional healthcare service provider or agency. A referral should be documented when the outreach worker identifies a targeted need and recommends a specific service at a specific location.

As part of this process, the outreach worker addresses potential barriers (e.g., interpretation, transportation) and prepares the patient by providing him/her with all necessary information to access the service (e.g., location, hours, documentation needed).

\*Making an appointment alone does not constitute an encounter.

**VIRTUAL HEALTH EDUCATION ENCOUNTER** - A real-time telephone/video call between a health education provider and a patient in which the services rendered are of an educational nature relating to health matters and the appropriate use of health services. The health educator **dialogues** with the patient in an **interactive** manner to promote knowledge regarding health and healthy behaviors. (e.g., family planning, STIs, nutrition, heat stress, or specific diseases)

\*Distributing educational materials alone does not constitute as a health education encounter.

## Virtual health assessments

Tips for conducting health assessments via telephone or video call:

1. Explain to the farmworker why you are conducting virtual outreach.
  - Suggested script: “Estoy llamando para comunicarme con usted en vez de visitarlo en persona para para hacer lo que yo pueda para evitar que se propague el virus COVID-19. [Nombre de la agencia] está teniendo mucho cuidado durante la pandemia de COVID-19. ‘El distanciamiento social’ (o disminuir nuestro contacto físico con otras personas) es una manera de reducir la propagación de esta enfermedad. Aunque usted y yo nos sintamos sanos, es posible contagiar el virus sin tener síntomas. Por lo tanto, no vamos a visitar a ningún paciente en sus hogares o en los campamentos hasta que la enfermedad ya no esté presente en nuestra comunidad. Haré todo lo posible para ayudarle por teléfono. Gracias por su comprensión.”
2. Confirm that the farmworker is in a private space where they feel comfortable answering questions about their health.
3. Where a signature or initials are required, read the applicable text aloud to the farmworker. If they agree, document “verbal consent provided [date].” Try to obtain the farmworker’s signature at a later date, if possible.
4. Since you cannot check their blood pressure, ask if they have been diagnosed with high blood pressure. At a later date, try to make a visit to check their blood pressure.
  - a. If they answer “yes,” ask if they need medication refills and when they last went to the doctor. Arrange for medication delivery and/or a telehealth appointment with a provider, if possible.
5. If possible, deliver any needed health education materials/medications/supplies to the front porch.

## Virtual medical and behavioral health encounters

Virtual medical and behavioral health encounters will be up to each site’s discretion. You may conduct NCFHP-funded medical and behavioral health encounters via telephone or video call if permitted by your agency’s policies. If you complete virtual medical or behavioral health encounters, please be sure to document them properly (see below).

## Virtual follow up encounters

When following up with a patient virtually, confirm the patient’s name and date of birth (DOB) to ensure that you are communicating with the correct person. To be considered an encounter, a follow up call must involve re-evaluating patients’ medical and/or social needs, assessing progress made on service plans, and/or addressing potential barriers to accessing services or carrying out provider recommendations.

## Does it count as a virtual encounter?

- Health assessment – yes
- Health education – yes
- Scheduling appointments – no

- Appointment reminders – no
- Referral (as defined above) – yes
- Medical encounters – yes
- Behavioral health encounters – yes
- Conversations via text message, voicemail, email – no
- Quick introductory call – no

## HIPAA considerations

On March 17, 2020, the [Office of Civil Rights \(OCR\) announced](#) that it will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Therefore, popular applications that allow for video chats, such as **Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, WhatsApp, or Skype may be used to provide telehealth services to patients during the COVID-19 nationwide public health emergency.** Providers should notify patients that these applications potentially introduce privacy risks. They should also enable all available encryption and privacy modes when using such applications. **Public facing video communication platforms such as Facebook Live, Twitch, TikTok should not be used for telehealth services.**

Please work with your agency to select a video call platform that meets your privacy and security policies. Here are a few additional video and messaging platforms:

- **Doxy.me:** Free video calls, unlimited call time, can send link to patients via text, HIPAA compliant, can get a BAA (used by VA, GA DPH) - <https://doxy.me/>
- **VSee:** Up to 25 free video calls per month, HIPAA compliant - <https://vsee.com/>
- **OhMD:** free HIPAA compliant texting through a mobile app; paid version includes video calls - <https://www.ohmd.com/plans/>
- **Feedtrail:** Free COVID-19 Emergency Messaging tool - contact [madison.boley@feedtrail.com](mailto:madison.boley@feedtrail.com).

Remember, if you cannot find a video platform that is suitable for your agency, telephone calls can also be considered encounters.

## Documenting virtual encounters

### CASE MANAGEMENT AND HEALTH EDUCATION ENCOUNTERS:

1. Note on the encounter form whether it was in-person, via telephone, or via video call
2. In FHASES, select UDS “CREDIT – VIRTUAL” (*See Figure 1*)
3. Set location to “11318: Telephone” or “11319: Video call” (*See Figure 2*)

### MEDICAL AND BEHAVIORAL HEALTH ENCOUNTERS

1. Select UDS “CREDIT – VIRTUAL” (*See Figure 1*)
2. Set location to “11318: Telephone” or “11319: Video call” (*See Figure 1*)
3. Use CPT code with “GT” modifier
  - a. Ex: Instead of 99202 use 99202-GT

