

VIRTUAL VISIT TIPS FOR PROVIDERS

Quick and easy ways to make your patient visit more engaging and effective.

- **If you are using an tablet, laptop or desktop webcam, position the *camera lens* at the same height as your eyes/forehead.** If the camera is too low, at neck or chest level, it is unflatteringly angled so the patient is looking up your nose. (If necessary, you can raise the level of your device by setting it on a stack of books or a shelf.) To avoid looking too small (and aloof) to the remote patient, enlarge the image of yourself in the small Picture in a Picture (PIP) box on your screen. The best image from the patient point of view is usually your head-to-waist filling the PIP screen. This PIP should always remain on the screen for you to check the image you are presenting to the patient e.g., you haven't moved far to one side of their screen, etc.

or

- **If using a dedicated room videoconferencing system, sit 4-5 feet back from the monitor/screen.** This produces a smaller gaze angle (i.e. the angle between your eye and the camera lens, and your eye and the patient's image on the screen display). This makes it appear to the remote person that you have eye contact with him. You can still enlarge your image in the PIP box so your image on the screen looks appropriately "close" enough to the patient.
- **Never position yourself with your back facing a window (unless the natural light is well covered by curtains or a shade).** The bright daylight behind you makes your own image look very dark to the patient. If you are using only overhead lighting it may cast deep shadows on your face. A table or floor lamp placed in front of you will help balance the light. Be sure to test out the lighting on your face ahead of time with someone at the other end of a video call.
- **Ensure that your videoconferencing room door is marked "Do Not Disturb"** or something to this effect so that there are no unexpected interruptions.
- **Prepare for expected phone calls** so you are not interrupted during your visit.
- **Maintain eye contact. Get used to looking mostly into the camera lens, not the patient's face on the screen.** To facilitate this, position the image of the patient's face on your screen as close as possible to the location of your camera lens on your computer or mobile device. This creates the smallest gaze angle between your eye and the patient image and between your eye and the camera lens. Therefore when you need to look at their face, your gaze is almost looking into the camera lens, and it appears you are making eye contact.
- **If there is a telepresenter with your patient, use the presenter to assist you (within the scope of their certification).** It is your decision as to whether the presenter needs to remain in the room with the patient and he/she should not leave until you indicate it is acceptable.
- **The telepresenter should introduce the patient to the provider as well as introduce everyone else in the patient's room and show them on the screen if possible. If you have people in your room, be sure to introduce them to the patient, show them briefly on screen, and ask the patient if he/she consents to their presence. (When appropriate, show the patient the room you**

are in by scanning it with your camera. It gives them a better context and shows them their conversation will be confidential.)

- **Tell the patient what you are doing when you have to look away.** When you are looking at their data on a 2nd screen or taking notes as you speak with them, they will only be able to see that you are not looking at them and could assume you are bored or distracted. When looking away from the screen communicate something such as “I’m looking at your test results here”, or “I’m still listening, but I am entering my notes into the computer on the information we are discussing.”
- **Speak clearly at normal volume. Pause before replying.** Since software and internet connections can be variable, you may experience some lag time during dialogue. Waiting about 2 seconds before speaking helps to make sure your patient’s last words come through to your end.
- **Sit in a forward-leaning position and slightly exaggerate body gestures such as nodding more often to affirm a patient's comments or holding up your first finger to show you want to interrupt patient to say something, etc.** Research has shown that sitting back in your chair can often be interpreted by the person at the remote site as being uninterested /disengaged.
- Before closing the visit, **ask patient and family members if they have any other questions.** Summarize the new actions required as a result of this visit.
- **If helpful wear headphones with a built-in mic** to cut down on extraneous sounds and voices around you that can be frustrating to the patient at the other end trying to hear you. For privacy and for hearing impaired, it is good to have headphones available for the patient also.
- **Avoid a busy-looking, distracting room background.**
- **Be sure your office and your patient have exchanged phone numbers** in the event of a technical failure that keeps you from being able to communicate adequately. The patient should be informed that if a technical failure occurs, he/she will be contacted by phone by someone from your office to reschedule or work out next steps.

AFTER THE VISIT:

- Indicate in your summary notes:
 - you conducted the visit using two-way, real-time telemedicine
 - location of patient
 - names/roles of persons in the room at each site
- Submit claims using the appropriate CPT or HCPCS code for the professional service along with any required **telehealth modifier (e.g., “GT”** which indicates “via interactive audio and video telecommunications systems”)
- Indicate the Place of Service **(POS)=2.**
 - Third party payers** may each have unique codes and requirements for submitting claims, e.g., BC/BS VT requires **modifier 95** appended to all CPT-4 codes
- Report any technical issues you experienced in the consult so they can be rectified before your next virtual visit.