

## **E-Visits: Getting Started**

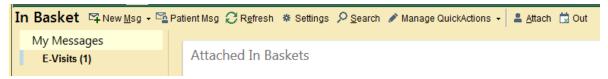
## Purpose:

E-visits is an alternative offering to address low acuity symptoms versus the traditional office visit. This will offer the patient convenience from home with access to their provider via Mychart with a structured set of questions to help the provider assess if a face-to-face visit is warranted or care can be addressed otherwise.

Completing an e-Visit

Once the patient has initiated the E-Visit, this will be routed to the MA to send to your PCP. The PCP will
be responsible for responding to patient and closing the E-Visit encounter if able to save the patient a
trip into the office. MA—please forward to covering provider per standard protocol should your PCP be
out of the office. \*There is a 2-3 business day reply time noted in the terms and conditions.

If received, E-Visits will prompt a separate folder in your inbasket.



## a. Route to PCP or covering provider

	∿y E-Visit Enc IS Reply to Patient 🖓 Change Provider 🗙 Sign Encounter	ta *								
Message 📱 Patier	nt Info 📱 Meds/Problems 📱 Vitals/Labs 📱 My Last Note 🖹 Help 🖋 Manage QuickActions									
mbtest, Justin a lale, 36 yr old, 5/2/1981 /eight: 188 lb (85.3 kg) CP: Noon, Sandra K. DO	Current view: Showing all answers Show Only Relevant Answers Legend: Scores, Non-relevant Questions									
IRN: 30000131	Patient Responses									
yChart: Active ext Appt: None	* <sup>9</sup> Mychart E-Visit Other 1									
	Question           Please describe your symptoms.           Have you had these symptoms before?           How long have you been having these symptoms?           Please list any medications you are currently taking for this condition.           Please describe any probable cause for these symptoms.           Do you need a work or school excuse?	3/8/2018 10:14 AM HST Weepy eyes Yes Just today none none No								
	Patient Review of Clinical Information           Problems           This clinical information was not verified.           Medications           This clinical information was verified as correct.           Allergies           This clinical information was verified as correct.									
	Patient Preferred Pharmacy KAILUA FAMILY PHARMACY (KAILUA, HI)									
	E-Visit Submission: Other Justin Ambtest sent to P Sch Mililani Nurse Pool	Received: Today								
	E-Visit Submission: Other									
	Question: Please describe your symptoms. Answer: Weepy eyes									
	Question: Have you had these symptoms before? Answer: Yes									
	Question: How long have you been having these symptoms?									

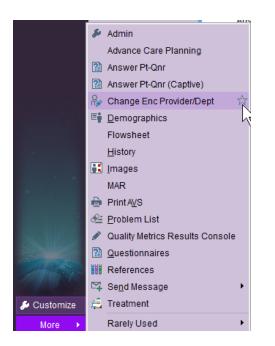


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**b.** If sending to covering provider who is also on e-Visits\*, select "*Change provider*"

<b>DO DO D</b>								HPH POC
asket ≌New <u>M</u> sg •	Patient Msg 📿 Rg	gfresh ₩ Settings 🔎 S	earch 💉 Man	age QuickActions 🖌 💄 Attach 🛗	Out Properties -			
Messages	☆ > E-Visits	0 unread, 14 total			Sort & Filter 🚽 🔑	∮ QuickActions - X Do <u>n</u> e	😚 E-Visit Enc 🖷 Reply to Patien 🥵 Change Provider 🗙 Sign Encounter	<b>a</b>
-Visits	/i Status	Date	Time	Patient		+ R Message R Patient	tinfo 📱 Meds/Problems 📱 Vitals/Labs 📱 My Last Note 📮 Help 🖋 Manage Quick/Actions	
	Provider: No Pool: YES	03/07/2018 fisit Submission: Cough ion, Sandra K, DO	8:08 AM	Ambtest, Justin [30000131]	Î	Ambtest, Justin a Male, 36 yr old, 5/2/1981 Weight: 188 lb (85.3 kg)	Current view: Showing all answers Show Only Relevant Answers Legend: Scores, Non-relevant Questions	
		03/05/2018 risit Submission: Other oon, Sandra K, DO	9:38 AM	Ambtest, Justin [30000131]		PCP: Noon, Sandra K, DO MRN: 30000131 MyChart: Active	Legend: scores, Non-relevant Questions Patient Responses	
		03/02/2018 fisit Submission: Other ion, Sandra K, DO	6:18 AM	Ambtest, Justin [30000131]		Next Appt: None	€ <sup>O</sup> Mychart E-Visit Other 1 Question	3/8/2018 10:14 AM HST
		00070040	0.00 000	Landard Looks (Departure)			Please describe your symptoms.	Weepy eyes
	Read Subject E-V	03/07/2018 fisit Submission: Cough	2:38 PM	Ambtest, Justin [30000131]			Have you had these symptoms before?	Yes
	Provider: No	oon, Sandra K, DO					How long have you been having these symptoms?	Just today
	Pool: YES						Please list any medications you are currently taking for this condition.	none
	Read	03/08/2018	10:14 AM	Ambtest, Justin [30000131]			Please describe any probable cause for these symptoms.	none
		/isit Submission: Other oon, Sandra K, DO					Do you need a work or school excuse?	No
		03/07/2018 fisit Submission: Other oon, Sandra K, DO	4:38 PM	Ambtest, Justin [30000131]			Patient Review of Clinical Information Problems This clinical information was not verified.	
		03/07/2018 fisit Submission: Other con, Sandra K, DO	2:45 PM	Ambtest, Justin (30000131)			Medications This clinical information was verified as correct. Allergies	
		03/01/2018 fisit Submission: Other oon, Sandra K, DO	9:20 AM	Ambtest, Justin (30000131)			This clinical information was verified as correct. Patient Preferred Pharmacy	
	Provider: No	03/01/2018 fisit Submission: Other oon, Sandra K, DO	9:01 AM	Ambtest, Justin [30000131]			KAILUA FAMILY PHARMACY (KAILUA, HI) E-Visit Submission: Other	Received: Tod
	Pool: YES						E-visit submission. Other	Received: Tod
		02/28/2018 fisit Submission: Other ion, Sandra K, DO	1:15 PM	Ambtest, Justin [30000131]			Justin Ambtest sent to P Sch Milliani Nurse Pool E-Visii Submission: Other	
		03/01/2018 fisit Submission: Other con, Sandra K, DO	9:26 AM	Ambtest, Justin (30000131)			Question: Please describe your symptoms. Answer: Weepy eyes	
Messages 🛛 🕅	Providor No	03/02/2018 fisit Submission: Other oon, Sandra K, DO	5:20 AM	Ambtest, Justin (30000131)			Question: Have you had these symptoms before? Answer: Yes	
pleted Work 🛛 🛛	Pend	03/02/2018	5:17 AM	Ambtest, Justin (30000131)			Question: How long have you been having these symptoms?	

Providers can also select a covering provider when they are on PTO or not in clinic using "Out of Contact". The delegate selected will be able to access the InBasket, using Attached In Baskets, to work the E-Visits. *See here (<u>e-visit Provider is OOO</u>)*. Alternatively, providers can change the provider within the encounter by selecting *More* and adding *Change Enc Provider/Dept*. Selecting the star to the right will save this to be available on the left hand navigator moving forward.





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2. Providers, from your inbasket, open your e-Visits folder

Select the e-Visit you wish to respond and click "e-Visit Enc"

3 🖬 😫 🔤								
t 🖾 New Msg → 🖾 Patie	nt Msg 🃿 R <u>e</u> fresh 👬 Edit <u>P</u> oo	is 🏓 Manage Pools 🏶 S	ettings 🔎 <u>S</u> earch 🖋 Manage Quid	ckActions 👻 🚢 Attach	🛱 Out 🔄 Properties 👻			
sages	E-Visits 1 unread, 12	total		Sort & Filter 🚽 👂	∮ QuickActions - X Do <u>n</u> e	🕁 E-Visit Enc 🗙 Cancel E-Visit 🖾 Reply to Patient 🚷 Change Provider	State 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
(2)	A. Status Date	Time	Patient		🗢 🖪 Message 🗟 Patient	nfo 📮 Meds/Problems 📮 Vitals/Labs 📮 My Last Note 📮 Help 💉 Manage	QuickActions	
dum (2)	Pend 05/30		Ambtest, Joy [<32823020>]	mbtest, Joy [<32823020>]				
rts	? Subject: RE: E-Visit Subr Phone: 808-522-4000	nission: Cougn			Ambtest, Jamie 🛛	(		
ults	Provider: Noon, Sandra H	(, DO			Female, 35 yr old, 6/12/1983	Current view: Showing all answers Show On	ly Relevant Answers	
) Charts	Pool: YES				Weight: None	Legend: Scores, Non-relevant Questions		
Cosign (1)	Pend 05/30		Ambtest, Rona [32823016]		Phone: 808-111-2222 (H) PCP: Noon, Sandra K, DO	· · · · · · · · · · · · · · · · · · ·		
- Clinic Orders (2)	? Subject: E-Visit Submiss Phone: 808-522-4000	ion: Diarrhea		MRN: <32823659>	Patient Responses			
dates	Provider: Noon, Sandra H	C DO			MRN: <32823659> MyChart: Active			
ribing Error (1)	Pool: YES				Next Appt: None	♣ <sup>O</sup> Mychart E-Visit Fatigue 1		
(1)	Pend 05/30		Ambtest, Cecily [32823017]		Toker open tono	Question	6/13/2018 4:10 PM HST	
	? Subject: E-Visit Submiss Phone: 808-522-4000	ion: Cough				Which of the following best describes your situation?	I am fatigued more than I	
ete Charts (12)	Provider: Noon, Sandra H	C DO				which of the following best describes your situation:	should be	
	Pool: YES					Which of the following describes your fatigue?	A brand new problem	
lessage Routing lessages (2) ly Open Encounters (19) latient Calls (3) lt Advice Request (2)	Subject E-Visit Submitsion: Cough     Phone: 808-111-222     Provider: Noon, Sandra K, DO     Pool: YES     Read 06/18/2018 9:58 AM Amblest, Jami		8:22 AM Ambtest, Jamie (<32823659>)			How long have you felt fatigued?	A week to a month	
		ion: Cough				Does your fatigue prevent you from taking care of your responsibilities?	No	
					Do you think your fatigue is mostly caused by lack of sleep?	No		
						Do you think you know what is causing your fatigue?	No	
			9:58 AM Ambtest, Jamie [<32823659>]			How many hours do you sleep in the average 24 hour period?	More than 5 and less than	
inders (2)	? Subject: E-Visit Submiss Phone: 808-111-2222	ion: Cough					hours	
tequest (1)	Provider: Noon, Sandra H	C DO				Do any of the following apply to you?	My responsibilities disrupt	
h (2)	Pool: YES						getting regular sleep every day or night	
	New 06/13		Ambtest, Jamie [<32823659>]			Please provide more detail about your last answer.	Not sure what the cause is	
	? Subject: E-Visit Submiss Phone: 808-111-2222	ion: Fatigue				Please provide more detail about your last answer.	Looking for short term	
	Provider: Noon, Sandra F	C DO					remedy to assist in meanti	
	Pool: YES					Have you had other illnesses during or before the last time you felt fatig		
	Pend 03/27		Ambtest, Justin [<32823052>]			Do any of the following apply to you during or before the time you felt	atigued? None of the above	
	? Subject: E-Visit Submiss					Have you experienced any of the following when you have felt fatigued	None of the above	
	Provider: Noon, Sandra H Pool; YES	C DO				Have you experienced any of the following?	None of the above	
		2018 10:15 AM				Have you had fevers while feeling fatigued?	No	
						Have you had any of the following while feeling fatigued?	None of the above	
	Provider: Noon, Sandra K, DO					Have you experienced any of the following?	None of the above	
	Pool: YES	Pool: YES				Do you drink more alcohol than you should?	I don't drink alcohol	
						Were you ever evaluated for fatigue and treated successfully or unsucce		
	Subject: FW: E-Visit Subr Provider: Noon, Sandra H					Have you ever had any of the follow dg?	None of the above	
	Provider: Noon, Sandra K, DO Pool: NO					Are you pregnant?		
	Pend 05/24	2018 5:31 PM	Ambtest, Joy [<32823020>]			Anything else you would like to add?		
	? Subject: RE: E-Visit Subr					Do you need a work or school excuse?	No	



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Select "Yes" to copy the message text to the encounter note <u>when initially opening</u> the encounter to pull over the questionnaire (and answers)." (No need to continue to select "Yes" when prompted should you message the patient back and forth as this will continue to pull in the questionnaire repeatedly or you do not wish the questionnaire to be a part of your note.)



Should you need additional information, you can reply within the Mychart message.



- 3. Providers, please review and be sure to complete the 3 following fields to close the encounter. (You will also be prompted to complete should a field be missing).
  - Diagnosis Progress note Patient instructions



Ambtest, Just			MRN AI 30000131 C	lergies odeine, Mango	FYI: None	HM: Influenza BPA: None	Lang: None Interp: None		n, Sandra K, DO All ZERO TO THREE, H	
M, 05/02/1981, 36	E-Visit					BFA. None	interp. None	IIIS. NAWA		<b>?</b>
SnapShot	CHARTING	🗉 Questionnaires							*	-
	Questionnaires Pt Clinic Rev								~	
	Allergies	Patient Review of C	linical Informati	on					*	
art Review	Problem List									
	Medication Review	Allergies/Contraind	ications 🥒							
esults Review	NOTES & ORDERS							👂 Show: 🗌 🛙	Deleted Expired	
eview Flows	MyChart Msg Progress Notes		Reaction	Severity	Reaction Type		Noted	Valid Until	Updated	
~	SmartSets	Allergies		,						
	Visit Diagnoses	Codeine	Nausea Only	Not Specified			1/1/2018		Past Updates	
E-Visit	Meds & Orders	Mango	Hives	Not Specified			6/1/1999		Past Updates	
munizations	FOLLOW-UP									
	Pt. Instructions	✓ Mark as Reviewed Unable	to Assess 📑 Last R	leviewed by Noon, Sandra K, DO on 3/	7/2018 at 8:12 AM (History)					
Communicatio	Routing	& Problem List ≠								
ign Visit		a≤ Problem List 🥖						-	re Coordination Note	
-								Show:	Past Problems 🛛 🌮	
Order Entry		🖡 Diagnosis 🔺					Sort Priority	Visit Updated		
etters		# Hypertension				Create Notes	<ul> <li>Unprioritized</li> </ul>	02/05/2018 Pla	idson, Laura, RN 🛛 💝	
lealth Mainte		Reactive depression				Create Notes	<ul> <li>Unprioritized</li> </ul>	02/14/2018 No	on, Sandra K, DO 🛛 🛠	
		✓ Mark as Reviewed Last R	eviewed by Noon San	dra K, DO on 3/7/2018 at 8:12 AM						
			chemed by Hoon, our	ala 11, 50 01 01 12 10 at 0.12 / all						
		► Medication Review	1							
				Taking	Start Date	End	Date	Provider		
				HFA/PROAIR HFA) inhaler	03/07/18			Noon, Sandra K,	DO	
		Inhale 2 Puffs as direct		needed for WHEEZING. (HFA inhaler /RP	02/13/18			Taba, Marti Y, M	D	
		Take 0.5 mL by mouth	three times per day.							
		amoxicillin (AMOXIL) Take 1 Cap by mouth		For 10 days	03/07/18			Noon, Sandra K,	DO	
		Take 2 cap by mouth	ince anes per auji	101 20 ddys.						
		· ·								

- a. Should you deem the E-Visit is not appropriate and the patient needs:
  - A face-to-face appointment with you
  - To proceed to the ED or Urgent Care
  - Entered in Error

Go to your Smartsets within the encounter and select "E-Visit Cancellation" (Your MA will also be able to close, per your direction, if one of the smartest cancellation reasons).

E-Visit			⊖ (
Guestonnaires Pt Clinic Rev Allergies	El SmartSets		**
Problem List Medication Review Norse & Oroses MyChert Mag Progress Notes Breatbets Visit Dagnoses	Suggestions AMB EMPLOYMENT/COL PHYSICAL AMB EMPLOYMENT/COL PHYSICAL AMB SINUSITIS ADULT EMANS SINUSITIS ADULT EMANSIT CANCELLATION ENCOUNTER OREATED IN ERROR	VEDICARE ANNUAL WELLNESS VISIT STRAUB ORNISH PROGRAM REFERRAL PREVENTATIVE SCREENINGS TRANSITIONAL CARE MANAGEMENT URI	~
Meds & Orders FOLLOIN-UP Pt. Instructions Routing	Favorities  InvPERTENSION  It( Rastors  Cose		A

b. Select the appropriate reason to cancel the encounter as this will close the visit and notify the patient of patient instructions. Select "Sign" and then "Sign Visit" to close the encounter.

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E-Visit Immunizations Communicatio Sign Visit	Meds & Orders FOLLOW-UP Pt. Instructions Routing	Patient Instructions     HPH E-VISIT CANCELLATION PATIENT INSTRUCTIONS     Schedule Office Visit     G to Urgent Care/ED     Entered in Error     Provider Out of Office	
Order Entry Letters Health Mainte & Customize		R Click here to select a pharmacy         Image: Associate Image: A	★ Remove ★ Pend Sign ↑ Previous ↓ Next

- c. Should you select "Schedule an Office Visit" please cc' your PSRs upon routing back to the patient to perform an outreach to schedule. A telephone encounter will then be created by the PSR to document the outreach.
- d. Should you select "Go to Urgent Care/ED" please cc' your MAs upon routing back to the patient to perform an outreach and to document the outreach within a telephone encounter.