IHS Telehealth Guidance for Providers

The safety of our health care providers and our patients is one of our top priorities. The following information serves as a guide for all Indian Health Service (IHS) hospitals and clinics to employ as they transition to telehealth. Telehealth is defined as engaging in patient care via phone and/or video. The IHS allows for the use of the Cisco Meeting Platform for any telehealth visits. There are several resources provided to assist each healthcare provider with the transition.

Be Strategic: Work with your care team to think strategically about where opportunities for expanding telehealth exist. Consider which services/programs currently have virtual options that could be expanded, which populations and/or patients would most easily adapt to virtual platforms, and which services or populations would pose the greatest challenges.

Assess Needs: Take a quick and thorough scan of your current capabilities and capacity. Consider the following:
- What technology capabilities does the facility already have?
- What equipment does the facility already have and what is needed to be purchased quickly?
- Who on staff would be a leader in deploying technology and training staff?
- What are the pertinent needs of patients served by the facility?
- How can patients with limited technology have access to the healthcare provider remotely?

Communicate Changes with Patients: The safety of patients is every facility's top priority and it is vital that they know about any transition to telehealth. Inform patients and surrounding Tribal communities about the changes to telehealth during the COVID -19 pandemic. Consider your resources and current methods for communicating with patients. Some examples on how to share the change include:
- Email
- Patient newsletter
- Website
- Notices throughout the facility's campus
- Postcard mailings
- Community-based platforms (e.g., radio or TV stations)
- Social media notifications

Every facility offering telehealth should consider changing the telephone greeting for the main line to provide notice of the use of telehealth during this pandemic. Calling patients with upcoming appointments and offering telehealth or telephone visits where applicable also allows for staff to assess patient needs in real time. Consider outreach to high risk patients. When offering a telehealth visit, it is essential to assess if the patient has the technology in place as noted above to participate in a virtual visit and has provided appropriate verbal consent.

Practice Technology: Keep in mind that IHS will use the Cisco Meeting platform. Attend trainings and practice with other staff before you conduct a virtual visit with a patient. When relaying telehealth appointment information to patients, allow a few minutes prior to the telehealth meeting for the patient and healthcare provider to log in to ensure the connection is available. This will enable troubleshooting of issues beforehand.

Create a Backup: Establish protocols in case escalation of care is required or technology is not available or fails. Develop a plan to conduct a telephone visit in lieu of a televideo visit. Does another provider need to provide a consult? What other technology could the facility deploy to conduct a visit?

Consider Appropriate Screening Tools: If an appointment requires an in-person visit, incorporate approaches (decision maps/algorithms) for telephone screening for COVID-19 symptoms prior to the patient's arrival. If a patient indicates they are experiencing COVID-19 symptoms, but are not in crisis, consider shifting their appointment to a virtual visit. If someone complains of symptoms and is in crisis, or requires immediate support, initiate protocols across the system of care that alert EMS/crisis response teams of symptoms in advance. Screening protocols should also be in place for patients who walk in to the facility for care (will they need to be isolated, quarantined, etc.?)

Documentation: Continue documenting care for all types of visits in a timely manner and in line with facility bylaws. ***The patient's official medical record is the only appropriate place to document patient care.***

Patient Check-In: Assess any communication barriers during the virtual visit and make changes as necessary. Check in during the visit and afterwards. Did they struggle with this type of communication platform? Could you switch to a different application? Are there additional tests to do beforehand to check internet or phone connection? Will you need to switch to a phone-only telehealth visit?

Type of Virtual Visit	Description	Modality	Action
Healthcare provider requires external consultant **(COVID-19 Patient)**	IHS health care providers providing inpatient care for COVID-19 patients will likely need access to external experts such as intensivists, pulmonologists, and infectious disease specialists in managing COVID-related complications.	Ideally, tele-ICU carts. At minimum, video teleconferencing (VTC) to allow patient interaction/observation.	Develop and/or use established inpatient (COVID-19) triage protocols utilizing current CDC Guidelines for healthcare facilities. (See Resource List for URL) Develop list of consultants that are able to provide telemedicine technology and distribute it to health care providers. Develop and implement a protocol for teleconsulting, which incorporates telemedicine technology consistent with the capabilities of the facility/health care center.
Healthcare provider requires external consultant **(Non-COVID-19 Patient)**	If referral centers are overwhelmed and unable to take transfers, IHS hospitals may need to admit patients that would normally be transferred out due to patient's acuity. This scenario would provide a modality for IHS clinicians and other staff to receive assistance from experts in other locations.	Ideally, tele-ICU carts. At minimum, VTC to allow patient interaction/observation.	Develop and/or use established inpatient triage protocols utilizing current CDC Guidelines for healthcare facilities. (See Resource List for URL) Develop list of consultants that are able to provide telemedicine technology and distribute it to health care providers. Develop and implement a protocol for teleconsulting, which incorporates telemedicine technology consistent with the capabilities of the facility/health care center.
Health care provider requires external consultant **(No Patient Present)**	Health care provider requires external consultant for subject matter expertise	Telephone at a minimum, VTC with video capability to share screens.	Develop list of consultants that are able to provide telemedicine technology and distribute it to providers.
Call center fielding calls **(COVID-19 Remote Triage)**	Call center possibly serving multiple sites, providing initial telephone screening and triage. Patients calling directly or routed from Tier 1 call center with known exposure or symptoms.	Telephone	Develop and use established (COVID-19) triage protocols, which incorporate steps to take, where to get tested, where to seek care.

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	Standard guidance should be supplied and regularly updated. If assessed as credible, information provided on steps to take, where to get tested, where to seek care.		Develop and use a script template (see Resource information below). Plan for follow up if needed (e.g. PHN referral, telephone triage follow up)
Patient home-based care **(Both Routine and COVID-19 Visit)**	Much routine follow-up care can be provided from home, either directly to the patient or assisted by visiting Community Health Representatives (CHR), Community Health Aide/Practitioner (CHA/P), or Public Health Nurses (PHN). This improves patient safety and access to care (e.g., Rx refills). Although health care providers may need to be involved, these encounters will likely be shorter than in-person. To make the best use of limited staff, some health care providers may be assigned to do only tele-visits freeing other providers to focus on more critical patients.	Telephone is adequate in many cases. If technology is available and bandwidth sufficient face-to-face VTC recommended.	If available, use established script Use established COVID 19 Protocols (consider developing tailored PHN Protocols and share with local team such as supervisors & providers to clearly communicate available services for follow up). Available tools: PHN Referral Policy, Timeliness, & Priority Protocol, Guidance for home and community health care workers, and establish PHN/COVID19 policies.
Isolated health professional	If a healthcare provider is quarantined or otherwise off site, much routine follow-up care can be provided from their home. This care can involve clinic-based or home-based services. Regardless of patient location, documentation in the EHR is still required. Health Professional (licensed provider, nurse, pharmacist, etc.) in isolation but able to work. Scope of work done remotely dependent on credentials and needs of employer.	A video teleconference is preferred. However, telephone is adequate in many cases.	Use established protocol for screening. If available, use video teleconference scripts.
Off-site routine care	Facilities may want to set up off-site locations (e.g. schools, churches, chapter houses) where	Video teleconference, collection of vitals,	Use established triage protocols for screening.

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	patients needing routine care can go to minimize risk of exposure at the facility and reduce workload there. Off-site locations could be staffed by CHRs, Licensed Practical Nurses (LPNs), Medical Assistants (MAs), etc. with teleconsultation to provider at facility. Or, facility could assign providers to the off-site location to provide direct care (e.g. an older provider with risk factors needing to avoid COVID exposure if possible).	glucose checks, etc. Mobile packs with instruments such as stethoscopes, otoscopes, magnifiers could be acquired as well. If providers visit site, no telehealth modality for the patient care aspect is needed, but providers will need access to the EHR for documentation.	If available, use script template for video teleconferencing interactions. Ensure medical staff and/or others who are providing direct patient care are utilizing proper PPE. Ensure staff are following CDC guidance for infection control, social distancing, and hand hygiene. (See Resource List for URL)
COVID-19 patient triage off-site	Some facilities, such as clinics with no capacity to provide observation or inpatient care for COVID patients, may wish to set up off-site locations for assessment of high-risk symptomatic patients for triage. This may reduce risk to other patients receiving care at the clinic.	Direct care. VTC (or telephone) may be required for external consultation.	If available, use established (COVID-19) triage protocols Ensure medical staff and/or others who are providing direct patient care are utilizing proper PPE. Ensure staff are following CDC guidance for infection control, social distancing, and hand hygiene. (See Resource List for URL)

Additional Resources

- **CDC Prepare to Care Toolkit:** *NEW Phone Script* –New Phone Advice Line Tools have been added to provide guidance for responding to callers with possible COVID-19.: https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphone-guide%2Findex.html

- **2019 Novel COVID Guidance for Home and Community Health Care Workers PHN & COVID-19** *(Recorded Webinar)*: https://ihs.cosocloud.com/phk8v87j3ph9/?launcher=false&fcsContent=true&pbMode=normal

- **Indian Health Service: Telehealth/Telemedicine Overview and "Cisco Meeting" Expansion** *(Recorded Webinar)*: https://ihs.cosocloud.com/ptclo52c1x0w/

- **"Phone Advice Line Tools": Guidelines for Children (2-17 years) or Adults (≥18 years) with Possible COVID-19** *(Recorded Webinar)*: https://ihs.cosocloud.com/p65dasbobapm/

- **CDC Infection Control Guidance** *(Webpage):* https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

- **"Phone Advice Line Tools": Guidelines for Children (2-17 years) or Adults (≥18 years) with Possible COVID-19** *(PDF)* https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf

- **Indian Health Service Audio and Video Conferencing SharePoint Site** https://collaborate.ihs.gov/sites/gpa/oit/video/_layouts/15/start.aspx#/joinmeetihsgov%20Jov%20Aids/Forms/AllItems.aspx