Telehealth: The Evolving Role of the Medical Assistant

A Toolkit for Medical Assistants and their Managers

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Introduction

In response to the COVID-19 pandemic, Health Center Organizations have been forced into a virtual world to provide for their patients. In this new world of Telehealth, there are also unique structures to staff roles that need review. With the increase in virtual appointments, health center managers are reevaluating the job roles of their staff and, more specifically, the evolving role of the Medical Assistant (MA).

MAs are vital members of the Patient Care Team and they deliver patient care with confidence and are driven to support the clinician. They run the clinical day with excellent collaboration, communication and organization. In this new virtual world, where does their expertise fit in? One thing is for sure, the provider cannot meet all the needs of the patient alone. This was true in the pre-COVID world and remains true now. Team-based care should continue to support the patient and provider as they work together to ensure quality health care. This toolkit serves as a ‘how-to’ guide by the Coleman Associates team to support what we see as the evolving role of the MA.

About This Toolkit

This toolkit serves as a guide for health center managers and Medical Assistants (MAs) by sharing tactics and best practices in this updated role of the MA. It includes ideas and easy-to-use tools as MAs continue their work as an essential member of the Patient Care Team.

The Importance of Upholding the Same Standard for Telehealth Visits

Patients from all across the country have experienced and come to expect high-quality care from their healthcare providers. This is due, in large part, to organizations who have honed their processes to deliver excellent care. In a health center, this means an entire Patient Care Team to meet all the needs of a patient. Patient Care Teams now consist of staff from all departments such as front office, back office, referrals, behavioral health, etc. to support the clinician during this process. In turn, patients from a true team-based practice have become accustomed to meeting several members of their care team during a single visit. So why should this go away in a telehealth world?? Throughout this toolkit, you will learn ways to utilize the Medical Assistants as a bridge as you continue to provide the same level of support while members of the team work remotely.

The Team Dance in A Virtual Medical World

At ColemanAssociates.com, you’ll find an article titled “The Team Dance” that focuses on the way Patient Care Teams (or provider/MA teamlets) work together. The Team Dance consists of
several steps in the patient visit process performed by care team members. These steps all connect to provide a satisfying and efficient way of working together and are typically initiated by the Medical Assistant (MA), who is the lead on these steps. When a person learns to dance, they quickly realize they need to perform all the steps for a well-orchestrated dance session. This is also true for the Team Dance. The Team Dance consists several steps and each step is vital for a smooth clinic session that is complete with communication and quality patient care.

But what happens when a pandemic is upon us? Can these 8 steps still be performed and are they still crucial to battling the COVID crisis? We think so and below is the breakdown of each step and how they can and should be adapted to fit our new, virtual healthcare world.

1. **Visit Prep.** The purpose of Visit Preparation is to anticipate the needs of each patient on the schedule. This is typically done through a review of the chart. By doing this preparation, the Patient Care Team (PCT) can reduce the number of surprises that ordinarily cause delays during the visit. Typical surprises include missing records, labs, outdated immunization records, etc. Visit Prep is typically completed a day or two in advance. Visit prep is an opportunity for the MA to review why the patient is scheduled for their appointment and jot down any other notes or questions for the patient regarding the chief complaint.

In a possible COVID-19 case, the MA should look for all symptoms already captured in the chart from when the appointment was scheduled and then write down what else the provider might need to know. This varies based upon health center organization but may include asking about the patient’s symptoms, any travel and any possible exposure to other people not living in their household. Of course, you should follow your policies and procedures. Once Visit Prep is complete, then the MA moves on to Robust Confirmation Calls (see below).

2. **Robust Confirmation Calls.** Robust Confirmation Calls are more than calls to remind patients of their telehealth appointment. They are an opportunity to verify with the
patient the reason for the appointment, ask about pending items identified during Visit Prep, ask any follow-up questions based on the information provided by the patient and ask about any recent trips to the Emergency Room or hospitalizations. The MA notes all findings so that they can be shared during the PCT Huddle (see below). The MA also notes any records to request from outside agencies and gets that request started.

The Robust Confirmation Call is also an opportunity to walk the patient through the telehealth process and teach them how to take any necessary vitals from home during the visit. The MA could teach things such as how to take a respiratory and heart rate. This ensures the patient is ready to take those vitals during their visit with the provider. This Robust Confirmation Call is made a day or two before the scheduled appointment and after Visit Prep is completed.

3. **Patient Care Team Huddles.** A PCT Huddle takes place at the beginning of every clinic session - 10-15 minutes and the purpose is to bring a Care Team together to review the patients scheduled for the clinic session. While in a health center, the care team typically gathers in a private space (exam room, provider office, etc.) to review the patients on the schedule and anticipate any needs based on Visit Prep, Robust Confirmation Calls, and what the team knows about the patients’ medical history or health maintenance needs.

The best huddles are led by the MA and the huddle is the starting point of communication for the team for the clinic session.

**In a virtual world where some or all staff have been deployed to work remotely, huddles should not go away.** Instead, the PCT should utilize the organization's web conferencing platform and continue with their process for huddles. Everyone on the care team should log in to the web conference at the start of the huddle and the MA can
again lead the discussion on every scheduled patient. Health Center Managers can help facilitate the huddles by joining the team virtually to help navigate the conversation and to ensure everyone attends.

4. **QuickStart.** QuickStart is a tactic designed to get a PCT started on time with their first patient at the beginning of the clinic session. Precious moments are lost at the beginning of the clinic session while the provider waits for the MA to room and vital the patient. With QuickStart, when the huddle is over, the provider stays in the exam room and the MA brings the patient directly to the provider. This process ensures the patient visit starts on time with the provider and there is a higher likelihood of the clinic session ending on time.

   **In a virtual world, this same delay can happen making the connection and going through the intake questions. For telehealth visits, this means that at the end of the Huddle, the provider would stay on the web conferencing platform** or switch over to the phone (MA would share the patient’s preference/capability during the huddle based on the details from the Robust Confirmation Call) while the MA gets the patient on the line. This helps ensure a timely start to the virtual session. This is also a huge patient satisfier because when they schedule a telehealth or telephone visit, they are instructed to wait by their phone or log into a video conference for a certain window of time. QuickStart ensure the provider stays on time to reach the patient during the time the patient is holding. QuickStart ensures the PCT stays and remains on time to honor the time of the other patients.

5. **Robust Intake.** A Robust Intake takes place between the MA and the patient at the beginning of the scheduled appointment. The MA spends the time taking vitals, confirming the reason for the appointment, briefly acknowledges relevant details from the Robust Confirmation Call, and then addresses items requested by the provider that came up during the PCT Huddle. This is an opportunity for the MA to get the patient on the line (either video or telephone), assess the connection and have a conversation with the patient regarding the visit. Robust Intake is a two-way open-ended conversation that allows the patient to share other concerns or questions. During this intake, the MA can confirm nothing has changed since they spoke during the Robust Confirmation Call (if done), note any new concerns and instruct the patient to take their vitals. This information allows the MA to support the provider during the visit by anticipating any needs in advance.

6. **30-Second Report.** Again, for in-person visits, the 30-Second Report takes place before the provider goes into the exam room to see the patient (unless QuickStart is occurring because then the provider is already in the exam room). The 30-Second Report is a short download from the MA to the provider about the next patient starting with the patient's name (careful of sharing any PHI or Protected Health Information in public areas) and which exam room they should enter. This report should tie back to the huddle by
reminding the provider about the reason for the appointment. The MA should also include any other information they obtained from the patient during the Robust Intake as well as any vitals. This communication increases clinician support by decreasing the amount of time they have to spend with the patient trying to figure out the patient’s needs and concerns. Instead, the provider picks up where the MA left off in the visit. There is also an opportunity for the provider to relay any information to the MA about what they think the plan may be for the patient (does the patient need to come in for testing, do they need to be sent for labs, etc.).

In a virtual world, the MA gives the report to the provider either in-person if both care team members are working at the health center. If the provider is working remotely, the MA can give the report via video and in some cases it can even be given in front of the patient (virtually) or over the phone.

7. **The Midway Knock.** The Midway Knock is an opportunity for the MA and provider to communicate during the patient visit. It typically takes place in the middle of the patient visit when the MA briefly listens at the exam room door for a pause or break in the conversation, knocks and asks the provider if there is anything they need for the patient. First, this allows the provider to request anything they need at that moment and/or share things the patient will need upon discharge. Second, this lets the provider know they are roughly halfway through the visit time, so if they need to switch gears, now is the time to do so. **For a virtual visit, the MA and provider can decide** how they would like that "knock" to take place. Perhaps it is a chat feature in the Electronic Medical Record (EMR) or a chat feature in the web platform. Perhaps it is a text or other direct message. In some cases, the MA may join the visit approximately halfway through to take the next steps with the patient. Whatever the team decides, the point of the communication should help assist the provider and patient during the visit.

8. **Charting in Real Time.** This dance step involves the provider documenting and finishing the patient chart during and immediately after the patient visit. The MA can support this process by prompting and encouraging the provider to take a few minutes at the end of every visit to work on all documentation that can be completed. Because the information is fresh in the provider’s mind, it will take less time to document the visit now versus later in the day when the provider has to spend time recalling the conversations and the visit. **Timely charting is important for provider satisfaction and it is also critical for timely billing because there can be delays to file claims when the chart is not complete. While the provider finishes their charting, the MA can begin Robust Intake on the next patient virtually.**
Inbox Management Process

Purpose:

The purpose of this process is to balance the need for patient access to their care team, patient safety, exceptional customer service, and staff work-life balance.

Process:

- Definitions:
  - The Inbox is filled with patient and staff needs/requests/reviews that are related to patient care but are not associated with a specific in-person visit. This includes, but is not limited to, the following:
    - Refill requests
    - Lab Results
    - Phone Messages
    - Emails
    - Faxes
    - Reports
    - Referrals
    - Tasks
  - The Patient Care Team (PCT) is defined as the team responsible for caring for a panel of patients. In the case of [insert organization name], the Patient Care Team includes the following: [insert organization-specific information]
  - The MA is responsible for helping the provider manage the day. The MA is responsible for managing the flow of the day. The provider is responsible for providing medical care to patients.

- Scope of Practice Information
  - [Insert organization name] complies with the scope of practice for all team members. Links to the [insert state] Scope of Practice information is below.
    - [Insert links to relevant Scope of Practices]
  - Although the supervising physician retains ultimate responsibility for clinical decisions the PCT is critical for patient care and staff satisfaction.
  - Every member of the Patient Care Team is expected to operate at the highest level of responsibility that their experience, ability, and licensure allows.

- Workflow Options
  - All members of the PCT, particularly the team MAs, will have access to the team provider’s inbox (and a team inbox if they are separate).
  - The members of PCT other than the provider is responsible for keeping inbox tasks organized. This includes:
    - Confirming all tasks meet organizational standards for completeness [insert specifics about standards] and have the information the provider needs. For example, if the patient is asking a question about a specialist report, confirm that the specialist report is available.
    - Converting any tasks outside of the EMR into EMR tasks if possible. For example, if there are paper lab results or forms left for the provider, scan them into the EMR and add them to the task box, if appropriate.
The team MA is responsible for looking through the inbox (electronic and paper, if applicable) and identifying the following based on organizational protocols:
- High Priority Tasks for the Provider
- Low Priority Tasks for the Provider
- Tasks that can be completed by a team member other than the provider
  - The team Shepherd is responsible for completing these or assigning them to an appropriate person.

During the flow of Patient Care, generally, after the provider completes their chart and before giving the 30-Second Report, the Shepherd will direct the provider to complete a couple before moving onto the next patient. The number of tasks will depend on how busy the PCT is that day and how long the Shepherd anticipates the tasks will take.

- The provider will complete those tasks before moving onto the next patient.
- Patient Care Teams will know that they are succeeding in this process by tracking the outstanding tasks in the provider and team inboxes. The goal for maximum patient and staff satisfaction is net-zero outstanding tasks.
- When a Patient Care Team is not scheduled to see patients, coverage arrangements will be made for urgent tasks. The Patient Care Team is still responsible for routine tasks.

The following is a list of high priority tasks. This is not an all-inclusive list [insert additional tasks that may be specific to your practice]:
- Abnormal Lab Results
- Any INR Results
- Stat Referral Reports
- Patient Hospitalization Notifications
- Medication Questions

The following is a list of tasks that are generally a lower priority. This is not an all-inclusive list:
- Maintenance Medication Refills
- Forms without a patient waiting
- Routine Referral Requests
- Normal Lab Results

The following is a list of tasks that in most cases should be completed by a team member other than the provider:
- Non-urgent appointment requests
- Notifying Patients of Normal Labs
- Following up on most referral questions
- Requesting/Obtaining ED/Hospital Reports
- Requesting/Obtaining Specialist Reports
- Assisting Patients with Scheduling outside Appointments

[If there is an RN on the team],
- Notifying patients of Abnormal Lab Results
- Refilling Maintenance Medications [if allowed by State Scope of Practice]
- Answering questions about a recent visit
- Medication Questions
Preparation Tools

Visit Prep Tool

ARE YOU READY FOR YOUR PATIENTS?

VISIT PREPARATION - FOR ADULTS

☐ Review the chief complaint.

☐ If the chief complaint has similar symptoms to those of COVID-19, jot down what you need to ask the patient during the Robust Confirmation Call.

☐ Review the problem list looking for chronic diseases that may need follow up (HTN, depression, DM, abnormal paps, etc).

☐ Read the visit notes from the last few visits to see if any labs, lab results or diagnostic test results will be needed for the visit. If so, be sure they were done and then get the report or results NOW instead of waiting.

☐ Check for health maintenance needs.

☐ Be sure the patient has documented hx of Tdap, flu, and pneumonia vaccine. Note any vaccines that are due? For in–office visits only.

☐ Review the notes to see if the patient has been hospitalized or in the Emergency room recently. If so where, when and for what? Are there records in the chart? Can we get them now instead of waiting for the patient’s visit?

☐ Ensure the advance directive is up to date. Do we have any notation on advance directives or a past advance directive discussion?

☐ Check if PHQ-9 (yearly Depression screening) is up to date? Note, this may be needed sooner depending on the diagnosis and to assess for loneliness/depression from COVID-19.

☐ Other things to consider for diabetic patients:
  • A1C/HbA1C or CMP/lipids q6mo minimum (every 3 months if A1C was > 7)
  • Microalbumin q1 year
  • EKG q5 yr. HTN/DM
  • Vision exam yearly
  • For diabetics: Is education due?
VISIT PREPARATION - FOR PEDIATRICS

☐ Review reason for visit.

☐ If the chief complaint has similar symptoms to those of COVID-19, jot down what you need to ask the patient during the Robust Confirmation Call.

☐ Read the visit notes from the last few visits to see if any labs, lab results or diagnostic test results will be needed for the visit (if so be sure they were done and then get the report or results NOW instead of waiting).

☐ Check for immunization records. If not on file, check the online registry (if available) and/or ask the patient to bring record with them.

☐ Note any vaccines needed. Make a plan for when the patient can safely come to the health center to receive them if currently all visits are via telehealth.

☐ For adolescents, review any past behavioral health questionnaires. Is there a behavioral health questionnaire the patient will need to fill out?

☐ For well child visits, check to see if the patient is due and not too early.
Robust Confirmation Calls Checklist

- Gather notes from Visit Prep for scheduled patients.
- Use the Robust Confirmation Call script and confirm the appointment still works for the patient.
- Remind the patient that it is a telehealth appointment and verify if they are joining via video or telephone. Explain the appointment process to them and give them the window of time they should expect the call.
- Review the pending items from Visit Prep with the patient and document the updates (this is useful information for the Huddle).
- Ask the patient if they have any concerns they would like to discuss with the provider (besides the original chief complaint).
- Based on problem list and chief complaint, teach the patient how to take their own respiratory and heart rate. Practicing now will mean less time of learning this while with the provider.
- Ask if patient has a blood pressure machine at home. Verify that it is functioning and ask the patient to have it nearby during their appointment.
- Ask if they have any paperwork or forms that need to be filled out. For pediatrics, do they have any school physical forms or forms for summer camp? Remind the patient to bring the forms to their appointment.
- For diabetic patients, ask if they have been checking their sugars at home. If yes, tell them they should have their logs ready for the provider. If no, have them log their sugar between now and their appointment so they can share the results with the provider.
- Ask if they have any other questions before ending the call.
- Note all things relevant to the patient visit from the call and be ready to share them with the Patient Care Team during the huddle.
Patient Care Team Huddle Checklist

☐ Patient Care Team Huddle

☐ Review each patient’s chart one-by-one.

☐ Look at the reason for the visit; be sure that it is clear and specific.
  • If COVID-19 related, was the patient reached? If yes, share what the patient stated with the team. If no, make a plan for trying to reach the patient.

☐ Review the following in the patient’s chart:
  • What stands out on the problem list?
  • Were any Labs, x-rays, diagnostic imaging done?
  • Will the patient need to be sent for labs?
  • Any pending referrals? Does the team need to do anything to move them forward?
  • Any recent ER visits or hospitalizations? If yes, are they COVID related?
  • Are there any pending health care maintenance items?
  • Are the vaccines up to date?

☐ Share what else was learned from Visit Prep & the Robust Confirmation Call.

☐ If needed, make a plan for when patients can come in to receive any in-office services such as vaccines that can not be administered virtually.
Outreach Opportunities

With the decline in patient demand at some health centers, managers and Medical Assistants (MAs) are looking for other opportunities to provide patient care. This provides a tremendous opportunity for outreach. Below you will find a list of activities that MAs can do when not actively engaging with patients.

- Call patients with a diagnosis of depression and complete a PH9 over the phone. Set up a time to consult with providers or follow your written clinic protocols to schedule telehealth behavioral health appointments for patients based on their scores. The scores will need follow up clinical guidance from a provider who can provide guidelines or provide consultation on the results.
- Run a report for every patient 65 and older who has a birthday in the next two months and send them a handwritten birthday card.
- Reach out to new patients assigned to your practice who have never been seen in your health center. Call them to tell them about your health center as well as the providers in your practice. Help them select a provider and get a sense of their medical history.
- Send new patients medical release forms with a pre-paid envelope for them to sign the form and send it back to obtain new patient records. Be sure to call them and give them a heads up and be sure they are currently staying at the address you have on file.
- Create a process for routing messages between MAs or providers. What can the MA receive first and take care of before the provider needs to see it?
- Make a list of local food banks and other necessary resources in your community to share with patients.
- Call and help patients set up the patient portal. Instruct them on how to download the app, if applicable, and create an account. Guide them through a virtual tutorial.
- Teach patients how to track and log their vitals and any other in-home tests such as hemoglobin checks.
- Video demo how patients can take their own vitals and when to know it is important to do so.
- Organize a group virtual visit for patients. Use a web conferencing platform that allows several people to log in so they can share and learn from each other. Here are some possible topics:
  - Take and log patient vitals or any other in-home tests they perform
  - Swap recipes for diabetics or patients on dietary restrictions
  - Exercise at home
  - Tutorials on how to order and pick-up groceries or takeout
  - Share about the various web conferencing platforms and how to use them to connect with family and friends
• Build a drive-thru immunization (IZ) clinic for patients who, after their telehealth appointment, can come to the clinic for their immunization(s).
• Depending on state and organization policies, look into options for in-home immunizations.
• Reach out to scheduled parents of pediatric patients to let them know your policy on in-person visits and how you are helping to reduce the risks of exposure for their upcoming appointments.
• Run a report for patients who are active smokers and call them to complete a smoking cessation form and set them up with a program.
• Train Behavioral Health MAs do a stress management assessment with patients and then work with providers to refer them to behavioral health/LCSW depending on findings.
• Create a handout for patients and a script for staff that educates patients on when to use the emergency department with provider guidance.
• Review all the patient’s medications and call the pharmacy when the patient is unsure about a medication. Share your findings with the provider.
  ○ Assess for refills and consult with the provider before calling in any approvals to the pharmacy.
  ○ Provide resources/information for shipping medications or safer places to pick up their medications for the high-risk population.
  ○ Teach patients how to use the pill containers.
• Set up a community garden where patients can be scheduled to come tend and harvest. This would require strict scheduling to comply with social distancing and for patients to wear face coverings, where applicable.
• For facilities with showers, put together a schedule for your homeless population/patients. Include a daily medical screening and COVID-19 information and prevention.
• Film patient education videos and post them on social media:
  ○ Proper handwashing
  ○ Cover your cough
  ○ Wear a face mask that fits properly
  ○ Make a face mask out of a bandana or scarf
  ○ Take off and dispose of gloves
  ○ Link fitness tracking apps to the patient portal or some other way to monitor the data overall (sending screenshots, etc.)
• Film staff tutorials on delivering patient care in a virtual world:
  ○ PCT Huddle
  ○ Visit Prep
  ○ Robust Confirmation Calls
  ○ Robust Intake
Patients take their own vitals

- Run a report for all patients on Depo-Provera and call them to see how they’re doing. Do they want to continue? Remind them of when they are due and provide assurances about clinic safety standards. Set them up with a visit or offer other options.
- Call patients whose birth control is about to expire and call them to proactively provide refills or see if they want to discuss another option.
- For patients with a history of domestic violence situations, call them for a general "How are you doing" and then link them to resources in the community or an LCSW.

Sample Phone Scripts

Changing Office Visits to Telephone/Telehealth Visits

For health centers moving all their office visits to virtual visits, a script should be developed for MAs so they have language around messaging. Here is a sample script:

- “Hello, this is [Insert Your Name], calling from [Insert Organization Name]. I am [Insert Provider’s Name] Medical Assistant. We know you have an appointment on [Insert Date] at [Insert Time] and we also know patients are concerned about the spread of the Coronavirus. First, we want to assure you that we are doing everything we can to protect your health as well as the health of our community. With this consideration, we are changing all our office visits (or in-person visits) to telephone or video appointments. This change reduces your chances of exposure as well as the spread in the community. A telephone/video appointment does not interrupt the quality of care you will receive. We will still be able to review any labs, diagnostic imaging, specialty reports, as well as send medications to the pharmacy.”
- Pause for questions.
- “What this means is that your appointment day and time will remain the same but instead of coming into the office, we would reach out to you at home instead. Can I move forward with scheduling your telephone/video appointment?”
- If the patient says YES to the telephone/video appointment:
  - “Thank you. We appreciate your understanding. Again, your appointment is on [Insert Date] at [Insert Time]. [Insert Provider Name] will call you between [give 10 minutes before the appointment time] and [give 10 minutes after the appointment time].” Note, depending on your organization’s policy this window of time may be different. “Please be sure your phone is on and with you. When we call, there will be no number displayed.” Note, this might change if your organization is setup to have the health center phone number displayed.
  - Ask for any final questions before hanging up.
- If the patient says NO to the telephone/video appointment and insists on coming in for the office visit:
  - “I understand you would prefer to come in for your visit. I will need to speak with [Insert Provider’s Name Here] and before I do, do you have a
specific concern that you want to address in person?” **Make a note of what the patient shares to pass that along with the provider.**

- “Once I speak with the provider, I will give you a call back.”

If leaving a voicemail:

- Depending on your organization’s policy, the MA rebooks the patient appointment into a telephone/video appointment for the same date and time and notifies the patient via voicemail of the change.
- “Hello, this is _________ [Insert Your Name], calling from _________ [Insert Organization Name]. I am _________ [Insert Provider’s Name] Medical Assistant. We know you have an appointment on _________ at _________. [Again, follow your organization’s policy on what information you can leave on voicemail.] We are currently changing all appointments from in-person to telephone/video appointments. This change reduces your chances of exposure as well as the spread in the community. A telephone/video appointment does not interrupt the quality of care you will receive. We will still be able to review any labs, diagnostic imaging, specialty reports, as well as send medications to the pharmacy.” Your new telephone/video appointment is scheduled for _________ at _________ (make sure you emphasize if this is the same date and time or different). Please call us back at _________ [Insert Organization Phone Number] to confirm you received this message and I can give you more details.”

**Sample Robust Confirmation Call Script**

- Before calling:
  - Identify if, based on their reason for visit, the patient is eligible for a [telehealth visit] or if they meet the criteria for [postponing non-essential visits].
    - [If the organization allows, include the protocol for turning visits into telehealth visits]
    - [If the organization has a protocol for postponing non-essential visits, insert that here]
  - Identify if there is an opportunity to consolidate multiple visits. For example, the patient is scheduled for a diabetes follow up and is due for a PAP smear, can we complete both visits in one stop.
- “Good afternoon, my name is Maria. I'm calling from [Insert Health Center Name]. May I please speak with "Mr. Jones".
- “Hi Mr. Jones, I'm calling to remind you of your appointment for tomorrow with Dr. (X) at 9:30 in the morning. Does this time still work for you?
- **No:** Ok, would you like me to reschedule, or is it better for you to call us back when you need to be seen?
- **Yes:** “So that you know we are changing our workflows to make sure we do everything we can to keep the community safe from coronavirus. I’ll explain more about those changes. First, we are screening everyone. Is it ok if I ask you a few questions?”
  - **When the patient says Yes, ask the following questions** [insert screening questions match internal policy and current CDC guidance].
If the patient screens positive for possible COVID-19, their appointment details should note that they are [insert organizational specific details such as “Rule Out COVID”] and list the screening questions that were positive.

- If the patient is negative for all screening questions:
  - “I see that you are coming in for …”
  - “Please make sure to bring in your medication bottles and anything else that you might need to discuss with your provider.”
  - “Have you been to the Emergency Department or Hospital recently?”
  - For a child, bring in your immunization card.
  - For patients who are fasting for labs, following up on radiology, consult, etc., did you get that work done?
  - For adults due for well exams, or due for Tdap, if we don’t already know:
    - Do you know when you had your last tetanus shot (we could do that for you tomorrow when you come in)?
    - Do you currently have health insurance?
    - Yes, please bring in your current insurance card.
    - No, is their eligibility up to date?
      - Your copay will be $$. Please bring this at the time of your visit.