Good afternoon Susanne,

I hope you're doing well during this challenging time.

 I would be happy to share what we are doing at QBH. Prior to the pandemic, we were working with Upward Health doing telemedicine with Tufts highrisk patients. The Upward Health choice of a platform was Microsoft Teams to conduct the virtual piece of treatment. A caseworker would bring a surface computer to the patient's meeting place or home and help administer the session with either our prescriber or therapist. Once the stay at home order took place. It became a little more complicated for the patients. We decided not to use Microsoft Teams for our virtual platform.

We decided to use [doxy.me](http://doxy.me) which is HIPPA compliant. We have 11 prescribers and 25 Therapists each one is an independent contractor.

Providers signed up independently with [doxy.me](http://doxy.me), the free version. Some providers decided to use the upgraded version of [doxy.me](http://doxy.me), but most are using the free version.

To manage the workflow I made a chart of all providers and what appointment types they were seeing, in person, phone and virtual. Each type was color-coded and each provider was assigned to a secretary. Those providers interested in virtual were trained in how to use [doxy.me](http://doxy.me). The patient was contacted by the front staff and given a choice of what kind of appointments they would like. When virtual was chosen the front staff would double-check e-mail addresses then put that email in appointment notes for easy access for providers. A memo is e-mailed to the patient the day before "How to connect virtually with your provider " (see attached memo) This allows the patient time to contact me with concerns and gives them the ability to test their own equipment. I actually hold a virtual call with them through [doxy.me](http://doxy.me). Problems can be identified prior to their appointment if virtual can't be done we change it to another type of appointment.

The providers will send the final invite to the patient, the day of the appointment.

The process has had some bumps. The more tech-savvy the provider is the easy the process. The medicare population is more challenging and medicare will only cover a virtual visit at 100%,  phone visits are limited and not covered at 100%. We are not sure when phone calls will no longer be allowed by insurance companies but we are encouraging our provider to be prepared for that transition and practice as much as possible with virtual visits.

As the Patient Care Coordinator, I have taken on the role as the prime contact for patients and providers with a question about a virtual visit. I have been able to relieve anxiety about the process and provide patients the confidence they can do this.

I have great admiration for all of Quality Behavioral Health providers in their abilities to transition so quickly to virtual telemedicine visits.

Please, let me know if you have any question

Beverly Card