Cleveland Clinic | Express Care **Online**

Clinical Provider Manual for COVID19 - 4C APP's

Express Care Online- Best Practice and Expectations

Overview

Welcome!

This manual is a resource to facilitate best practice and a shared vision for Express Care Online providers. The individuals you will need to meet with during your onboarding are identified in red.

Express Care Online Mission

"To be a national leader, pioneering, evaluating and educating in patient-centered, high- quality virtualized healthcare delivery."

Express Care Online (ECO) :

1. **General Information**
   -Dress code- profession/ business casual- lab coat is not required
   -Website manner – review 10 tips for virtual visit communication and videos
   -Policies & Documents on Intranet /SharePoint
   -**American Well Platform set up and support** Contact Doug Kleckner, Peggy Bird and Abby Blue
   Tech support contact information- DigitalHealthSupport@ccf.org

2. **Coding and Billing**
   Providers are responsible for billing E/M code.
   Please review document on SharePoint

3. **Quality Assurance**
   We support evidence based clinical care, use of Cleveland Clinic Care Paths, CCF Telehealth Guidelines, EPIC Templates and review quality at our bi-monthly Clinical Meetings.

-Standardize templates facilitate quality care and allow us to capture common data elements for clinical compliance and quality assurance.

-Documentation tips: 1) VS – consider adding temperature and other VS if reported by the patient under the HPI; typically only temperature unless the patient is being seen for chronic care management.

2) Make sure to review and document review of allergies, medications, PMH and other relevant information. Use of templates will support documentation recommendations.

Telehealth guidelines can be found on PPM. Go to the intranet- click on policies tab/ go into policy and procedure manual and search "telehealth" all guidelines will be shown.

http://portals.ccf.org/today/Policies

Documentation Templates can be found in EPIC- in smart text box **search "ECO"**

ECO Clinical Best Practice

Patient populations for ECO:
1. **Pediatric Patients 2 years to 18 years**
2. **Adult Patients > 18 years**

Conditions in Scope for Express Care Online:

This list is not exhaustive but serves to inform providers of typical conditions within scope for ECO.

- Allergies (Seasonal)
- Asthma (For Adults Only)
- Back Strains (For Adults Only)
- Bronchitis (For Adults Only)
- Conjunctivitis (Pink Eye)
- Common Cold
- Influenza (Flu)
- Minor Burns
- Painful Urination (For Adults Only- Female)
- Rashes
- Sinus Infections
- Upper Respiratory Illness
- UTIs (For Adults Only- Female uncomplicated)
- Yeast Infections (For Adults Only)

Recommendations & Requirements:

- Urgent and Emergent care – **refer in** for assessment and care/ <mark>see telehealth emergency policy on PPM</mark> – do not disconnect / facilitate 911 care
- ALL treatments with medication should use the 1st line drug of choice. If a second line or alternate medication is being selected, clinical decision making should be included in documentation (ie- if selecting a cephalosporin (pediatric sinusitis)/ doxycycline (adult sinusitis)
- POCT (lab and imaging)is acceptable in certain circumstances for patients near CCF facilities following protocols (CCF providers only)- **THIS MAY BE DIFFERENT DURING COVID19**
- Follow up with PCP/PCMH is highly encouraged; especially for persistent or worsening symptoms
- Escalation of Care options→ **FOLLOW COVID19 protocols**
- Evidence based care with EPIC templates/ smartsets for documentation are highly encouraged; do not delete elements will be reviewed during orientation and as needed.
- Review documentation before closing visit note; make sure to include pertinent positives/ negatives; clinical decision making, rationale for medication choice (if not first line drug of choice) and appropriate coding.
- Conditional scripts are only provided in rare circumstances with appropriate documentation.
- Documentation of telehealth appropriate physical exam- review video/ orientation materials
- **Documentation requirements are the same for telehealth as an in person exam and must include all of the elements!**
- Adhere to antibiotic stewardship-In general avoid Azithromycin (only for CAP, pertussis, STI's and PCN allergic strep); avoid Cipro

Condition	Pediatric Patients	Adult Patients	Comments & Links
Allergic Rhinitis	yes	yes	See pediatric and adult guidelines on PPM: https://ccf.policytech.com/dotNet/documents/?docid=46352 https://ccf.policytech.com/dotNet/documents/?docid=44140
Abrasion/Minor Cuts	yes	yes	
Acute Bacterial Rhinosinusitis	yes	yes 1st line DOC- amoxicillin or	See CCF Care Path- pediatric and adult guidelines on PPM; most sinusitis origin is viral. Only 3 reasons to consider treatment→

		Augmentin (based on risk- document this); if PCN allergic must document	1-severe sx (T>39 plus 3-4 days purulent nasal d/c with or without facial pain 2-worsening after improvement (double sickening); 3-persistent symptoms – purulent nasal (+ others) for $\geq$ 10 days https://ccf.policytech.com/dotNet/documents/?docid=44139
Anxiety	no	yes	adult anxiety guideline on PPM https://ccf.policytech.com/dotNet/documents/?docid=45183
Bronchitis	adolescents	yes	adult bronchitis guideline on PPM; **not recommended**- antibiotic treatment/ supportive treatment only https://ccf.policytech.com/dotNet/documents/?docid=44141
Conjunctivitis/ Red Eye	yes	yes	pediatric and adult guidelines on PPM https://ccf.policytech.com/dotNet/documents/?docid=44141

Diabetes	no	yes	no	https://ccf.policytech.com/dotNet/documents/?docid=45252
Diarrhea- acute/ mild	Yes- see gastroenteritis guideline	yes - see adult nausea and vomiting guidelines	yes	https://ccf.policytech.com/dotNet/documents/?docid=45079
Dysuria/Cystitis	no	yes- cannot treat with fever or CVAT- suggests pyelonephritis 1st line DOC- nitrofurantoin (5days) or Trimethoprim/ Sulfamethoxazole (3day); Fosfomycin single 3g (1day)	yes	Only for adult patients; Only for **UNCOMPLICATED** female patients (* see guideline on PPM) Culture needed: - history of 1 other UTI in past 6 months or - History of >2 other UTI in past 12 months (* document this!) **-NO males** **https://ccf.policytech.com/dotNet/documents/?docid=44143**
Gastroenteritis	yes	yes	no	https://ccf.policytech.com/dotNet/documents/?docid=45079
Hypertension	no	yes	no	https://ccf.policytech.com/dotNet/documents/?docid=45434
Influenza	yes	yes	no	Severity of illness variable; often self-limiting within 2 weeks; For EHP patients→ anti-viral per CDC guidelines/ documentation/recommend generic Tamiflu (oseltamivir) https://ccf.policytech.com/dotNet/documents/?docid=39092
Low Back Pain	no	yes	yes	see CCF Care Path & Adult guideline on PPM https://ccf.policytech.com/dotNet/documents/?docid=44144
Nausea/ Vomiting	Yes-see gastroenteritis guidelines	yes	no	see gastroenteritis guidelines https://ccf.policytech.com/dotNet/documents/?docid=45079 *N&V draft in progress*

Otalgia	yes	yes	no	**CANNOT treat otitis media/ ear infection since unable to** visualize TM, not presumed AOM. Otalgia- supportive care and referral / follow up as appropriate.
Otitis Externa	yes	no	no	
Pharyngitis	Yes- see comments	yes -see comments 1st line DOC- PCN V or Amoxicillin (10days) ; Zithromax if PCN allergic –add clinical decision documentation	no	~90% of adults and 70% of pediatric pharyngitis have a viral origin. May use Centor criteria in adult patients only with appropriate documentation of clinical decision making- remember most cases are viral!! DO NOT use Centor in **pediatrics- must send in for rapid and culture-** see PPM guidelines https://ccf.policytech.com/dotNet/documents/?docid=44145
Skin Rashes/ Dermatitis	yes	yes	no – see comments	Note you may see another digital option for care-Derm has eVisits for skin disorders if they are invited by the service.
URI	yes	yes	yes	Considered viral illnesses- therefore **do not prescribe an antibiotic**-select more appropriate diagnosis Treat- supportive measures; avoid antihistamines/ Benadryl and avoid tessalon pearls under 10 years
Vaginal yeast	no	yes - if not recurrent (<4x/year or more)	yes	https://ccf.policytech.com/dotNet/documents/?docid=45435

NOT RECOMMENDED TO TREAT OR DIAGNOSIS

Without peripheral device

Condition/ Diagnosis	Pediatric Patients	Adult Patients	Comments Links
Bacterial Vaginosis	unable to diagnose	unable to diagnose	Requires exam/culture
Otitis Media	unable to diagnose	unable to diagnose	Unable to visualize the TM
Pneumonia	unable to diagnose	unable to diagnose	Unable to listen to lungs/ can consider CXR if CCF patient and CCF provider or refer/ follow up Remember documentation of clinical decision making
Strep Pharyngitis	unable to diagnose		Unable to diagnose in peds without confirmatory testing; -pediatrics require a rapid and an overnight culture -may treat if there is a confirmed strep test living in home/ Alere testing
UTI	**Not** in pediatrics	POCT or consider documenting- presumed/ empirical treatment see comments	For **uncomplicated** UTI in females only- if complicated or clinical decision – Option CCF provider, CCF patient and local –may order POCT following protocol.
STI	unable to diagnose	unable to diagnose	Do not treat suspected STI (GC/Chlamydia/BV- require culture- refer to in person)

Quick tips:

Do not treat ages 2 years and under

Try to avoid using a Z-pak

UTI symptoms greater than one week, CVA tenderness or hematuria requires culture

No treatment of Bacterial Vaginosis (may be changing)

No Lifestyle medications (Cialis, Viagra, acne medications)   (may be changing)

Medication refills (try to limit refills to 30 days) based on judgment

No scheduled drugs

Do not treat new onset dizziness or vertigo symptoms

Try to limit quantity to muscle relaxers (no more then 12)

No treatment of IBD (ulcerative colitis or crohn's, diverticulitis)

All PEDS patients need a positive strep test for treatment

Utilize walk in express care clinics for rapid strep and cultures (try to call prior to sending patient)

Walk in express care clinics are also able to do urine cultures (especially on the weekends when labs are closed)