



COVID-19 practice sustainability guidance

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COVID-19 practice sustainability guidance

The impact on general practice 'business as usual' activity has been huge as a result of COVID-19, leading to many practice owners concerned about income and workforce sustainability. This document contains advice and resources to assist in practice planning.

1. A checklist of areas to consider managing the business during this time.
2. Virtual health guidance.
3. Options for online payment for virtual consults.

Objectives

- Buffer the practice from loss of income.
- Provide security for owners and employed staff.
- Maintain usual practice opening hours and therefore access for patients.
- Maintain continuity of care where possible.

Checklist

1. Maximise your spare workforce capacity and income generation.
 - Begin to fill GP and nurse templates with planned care virtual video or telephone consults. These can attract the usual co-payment. Telephone consults are usually sufficient, video adds a small additional benefit to communication and assessment.

Remote access to the practice PMS can enable clinicians, and especially nurses, to provide routine clinical care that doesn't require a clinical procedure. Examples of appropriate care include:

 - diabetes, COPD, asthma, medication reviews
 - smoking cessation advice
 - nurses compiling list of high needs, checking in on high needs patients (working with DSL)
 - mental health follow ups
 - review of high risk COVID-19 patients.
 - In person routine care such as cancer screening, immunisations and wound dressings should also continue.
 - Deploy spare clinical staff capacity to covid vaccination sites, contact tracing, CBACs or the HML GP triage service to recoup salary cost until demand picks up.
2. Remind patients via the portal, website and social media that the practice is open for business as usual – they just need to ring first.
3. Communicate the value – there is the same clinical expertise in the telephone or video consult and therefore the co-payment - via portal, Facebook, website receptionists and clinical team.
4. Set up online payment systems – such as POLI, Stripe.
5. Use this time to do work for Foundation Standards/Cornerstone.

Telehealth tools to manage acute demand during the COVID-19 pandemic

What is telehealth?

Telehealth is a term used to describe types of consultations, traditionally managed as face-to-face appointments, that are conducted virtually. This can be through secure email via patient portal, by video consult or over the phone. Telehealth is a set of tools available to you to safely manage certain patient needs whilst keeping you, your staff, and your most vulnerable patients, safe during a pandemic.

Telehealth is not a new concept and many practices worldwide are using these modalities to manage patient health in a different way. In New Zealand, Health Care Home practices in particular are already routinely using telehealth.

Why telehealth and why now?

With New Zealand being in major lockdown general practices need to quickly think of different ways to manage patient care, as well as keep their staff safe.

By using telehealth tools, clinicians will be able to spend time on physical face-to-face visits for those who really need them, reduce the pressure and stress they operate under and save patients the time and possible risks of unnecessary trips to the practice.

Benefits for patients

- Minimize the risk of exposure to COVID-19 for your most vulnerable patients (Maori, Pacific Island, Dep 9-10, elderly, immunocompromised and long-term condition) who would normally come into practice for repeat scripts/routine check-ups or low acuity acute demand needs.
- If patients are self-isolating they can still access health care when they need it.
- Increase timely access to appropriate interventions (faster access and access to services that may not otherwise be available) and provision of more accurate and timely diagnosis.
- Reduce the burden on patient and/or carer health and wellbeing by reducing financial barriers and costs associated with travel.
- Continue to provide tools to help people understand and manage their health condition.

Benefits for general practice teams

- Minimise the number of patients presenting to the practice for in person appointments, which reduces risk of COVID–19 exposure for other patients and staff.
- Provide flexible and responsive workplaces to support workforce needs – more control over your practice, including more structure and a well-planned day without the need to increase your hours of operation.
- Less phone tag with patients as you can email them all the information they need.
- Better use, and less waste, of time and practice resources.
- Capacity created with dedicated time allocated in the clinicians' schedule for virtual visits and contacts.

Telehealth tools – types and tips

- Many telehealth activities rely on patients having access to the patient portal. As such, it is important to encourage patients to register and activate their accounts.
- Dedicated blocks of time should be allocated throughout the daily schedule for some/all GP/NP's to deliver virtual health activities including phone triage, phone consults, email consults and video consults.
- It is more efficient and cost effective if the person/people conducting the email consult is a prescribing clinician to ensure it is completed in just one step i.e. scripts are generated at the same time as the consult.
- In the event clinical staff are required to self-isolate and are fit to work, they could continue to assess/treat/advise patients via phone consultations and secure email.

Phone triage

- Phone triage is an efficient tool for quickly identifying those patients who do not need to come into the practice.
- Identify patients that are healthy, and don't need a physical examination, so they can be kept out of your waiting room.
- Identify patients that are unwell with flu-like symptoms and redirect them to an assessment centre, so they can be kept out of your waiting room.
- Identify patients that are most at risk for complications of COVID-19 and then consider switching to a video consult, so they can be safely managed in their own home.

Phone consults

- Nurses can triage patients before consultation with the GP/NP, however it is more efficient and cost effective if a prescribing clinician conducts the phone consult so that it is more likely to be completed in just one step.

Email consults

- In the form of secure messaging through the patient portal (ManageMyHealth or myindici).

Video consults

- Secure video consults through the patient portal (ManageMyHealth or myindici).
- Provide care to patients who do not require a physical examination or has no requirement to visit the practice.

Examples of situations suitable for telehealth tools

Consider using a telehealth tool when:

- the patient's history is up-to-date and adequate to make a clinical decision
- a physical examination is unlikely to be needed, for example: follow-up of depression, hypertension, diabetes, migraine
- the inconvenience to the patient of coming in significantly outweighs the value of an in-person visit, for example for elderly patients with mobility issues.

Telehealth could be suitable for:

- care of chronic conditions
- follow up that does not require a physical examination and discussion of results
- pre-visit contacts with patients to clarify the reasons for the visit, or to arrange for lab tests to be done in advance
- outreach services for those who experience significant barriers to physically attending a general practice.

Telehealth may not be advisable when:

- there is significant negotiation needed regarding work up or therapy (e.g. the patient disagrees with the treatment or the treatment has not been effective)
- there is significant bad news to deliver (never do this using a secure message, and use your judgment about whether to do it over the phone)
- you're concerned that there may be misunderstandings between you and the patient if you use a telehealth approach
- the patient is unknown to you or the clinic and you do not have access to the patients' Shared Electronic Health Record (SEHR)
- a physical examination is needed to safely arrive at a diagnosis and management plan.

Patient suitability

The decision to determine if an appointment is suitable for telehealth is always at the discretion of the clinical provider and they will need to consider both clinical, and patient suitability, factors.

The following factors should be considered:

- patient desire to participate in a telehealth consultation
- level of physical assessment required
- availability of support at the patient's home/isolation location
- availability and access to appropriate devices including video conferencing equipment
- ability of the patient to participate (any physical, mental, social, cultural or cognitive barriers).

Telehealth fees guidance

Introduction

COVID-19 has meant practices have had to rapidly change the way they connect with patients. We have provided guidance on telehealth, including definitions, how to use this service and technical aspects of set-up. At the request of the wider network, we have been asked to provide additional information and guidance regarding typical fee structures for patient use of telehealth services.

Type of interaction

The following categories broadly encompass the range of telehealth interactions you may have with patients. Specific options may be used at some practices and not others. This is dependent on their unique business and model of care.

- Admin triage.
- Nurse triage.
- GP or NP triage.
- Phone consultations.
- Video consultations.
- Patient portal messaging consultation (this is non-interactive).

Telehealth charges by service

Each practice will have a different standard consult rate based on several factors. Therefore, it is at each practice's discretion as to the dollar amount charged. However, based on national and local information on fees, we can provide guidance on the typical percentage of the full consult fee used.

Telehealth engagement type	ENGAGEMENT TIME	
	<10mins	>10 min
Nurse triage	0-35%	100%
GP or NP triage	0-35%	100%
Phone consultations	50-67%	100%
Video consultations*	67%	100%
Patient portal messaging consultation**	50-67%	100%

*Video consults have a higher ICT technical complexity. A satisfactory connection relies on both the provider and patient-side technology, including the internet bandwidth capacity and quality between both. This is more important, given the unprecedented demand on internet usage. Both patients and providers should be aware of the data consumption and potential associated charges. Video consults do have an interaction advantage over voice or message only. These factors should be considered when advising on the most appropriate type of telehealth consultation with a patient. The higher fee guidance reflects these factors.

**Using a tiered fee structure, that reduces the charge for patient portal messaging, is a potential strategy to encourage patient flows away from overloaded telephone lines and affords other advantages outlined below.

Other considerations

- The fees guidance is based on an *enrolled non-CSC* patient.
- **Telehealth consults are typically more efficient and by their nature** remove some time-consuming interactions e.g. physical examinations.
 - *Experience suggests most telehealth consults average approximately seven minutes.*
- Incoming requests received with patient portal messaging affords the practice the ability to prioritise replies, leading to more efficient service delivery.
 - Providing a lower cost access point may be an important way of addressing a potential barrier for some patients. This is particularly important given the significant economic strain many people are now facing.
 - Such messaging often replaces other non-chargeable tasks (i.e. doesn't add to workload but replaces it).
 - Do note, however, that several messages may need to be exchanged to "conclude" a consultation. Experience suggests 3-4 messages result from more complex presentations.
- Any decision to employ an equity of access cost structure needs to balance practice finances and cash flow. These are under considerable stress owing to a fundamental shift away from Business as Usual (BAU) towards a concerted effort against COVID-19.
- Practices that already offer a discounted "follow-up" consultation fee can continue to reflect that with telehealth consultations.
- Increasing base patient fees is a standardised process that is completed once a year, during the national fees review process. You cannot increase your base fee because of COVID-19.

Example for a practice charging \$45 For 45 yrs+

Non-CSC patients

Telehealth engagement type	ENGAGEMENT TIME	
	<10mins	>10 min
Nurse triage	\$0	\$25
GP or NP triage	\$0	\$45
Phone consultations	\$30	\$45
Video consultations	\$30	\$45
Patient portal messaging consultation	\$20	\$45

Telehealth external resources

More resources are available from the following websites and documents.

- Health Care Home Collaborative website: <https://www.healthcarehome.org.nz/hch-moc-overview>
- NZ Telehealth Resource Centre website: <https://www.telehealth.org.nz/>
- Pinnacle Health Care Home: [Implementing remote consultations](#) (PDF)

Appendix: Virtual GP Kit – collecting co-payments for virtual consultations

COLLECTING CO-PAYMENTS FOR PHONE OR VIDEO CONSULTATIONS



The recent change to larger volumes of virtual care will mean practices need to change the way they collect money from people. Below outlines a number of approaches and systems practices can put in place to successfully bill and take co-payments before or after consultations.

A. OPTIONS FOR BILLING

1. Sending invoice details via text
2. Sending invoice via email
3. Presenting payment screen in doxy.me (paid versions)

B. OPTIONS FOR TAKING PAYMENTS

1. Internet banking transfer
2. POLi (internet banking based)
3. Paystation (used by trademe)
4. Debit or Credit card over the phone
 - a. via EFTPOS
 - b. via Stripe
5. Debit or Credit card via Stripe-doxy.me integration

A. OPTION FOR BILLING

1. SENDING INVOICE VIA TEXT

Pre-payment or Post-payment Option

At the time the consultation is booked or after the consultation, generate an invoice in the PMS and send the following text:

Hi [FIRSTNAME], Regarding your appoint [DAY_TIME]: The consult cost is \$[XX]. Your total balance is \$[XX]. Please pay to [ACCOUNT#] ref: [PAT_NHI_NO] or call the practice to pay by credit card. If you need support phone [PRACTICE#]. Please do not come in to pay, Thanks.

2. SENDING INVOICE VIA EMAIL

Pre-payment or Post-payment Option

At the time the consultation is booked confirm patients email address. Before or after the consultation, generate an invoice in the PMS and attach to the following email and send to patient.

Hi [FIRSTNAME],

Regarding your appointment [DAY_TIME]: The cost of consult is \$[XX] - see invoice attached.

Your total balance is \$[XX]. Please pay to [ACCOUNT#] ref: [PAT_NHI_NO] or call the practice to pay by credit card.

If you need support phone [PRACTICE#]. Please do not come in to pay,

Thank you.

3. PRESENTING PAYMENT SCREEN IN DOXY.ME (PAID VERSION)

To bill using Doxy.me, you need to be on the 'Professional' or 'Clinic' doxy.me paid versions¹. You also need to set up with Stripe a free payment gateway - see section 5.b and 6 for details.

The payment screen in doxy.me will default in United States Dollars within the platform but contact doxy.me to change to New Zealand Dollars (NZD) for the patient to see charge in NZD.

a. Collecting credit card payments while patient in doxy.me virtual waiting room

1. [Sign-in](#) to your doxy.me account
2. When a patient signs-in to the virtual waiting room, click the three dots in the patient queue
3. Select 'More'
4. Enter the amount and click 'Charge'
5. Patient enters Credit Card details and accepts the charge

b. Collecting credit card payments while patient in the doxy.me video call

1. While on a video call, click 'Payment' on the left panel
2. Enter the amount and click 'Charge'
3. Patient enters Credit Card details and accepts the charge

B. OPTIONS FOR TAKING PAYMENTS

1. INTERNET BANKING TRANSFER

If you have sent invoice details to patients via text or email, Admin teams would need to regularly (every two hours or so), check online transactions into your bank and update patient accounts with any credits.

Where possible ask patients to quote a reference number that supports easier payment reconciliation (i.e. Reference = invoice number or patient NHI).

2. POLi (INTERNET BANKING BASED)

POLi is a widely used payment method. It is free for customers and helps business save money on fees.

¹Coupon code **virtualgp** discounts paid Professional and Clinic versions to ~\$40 or ~\$60NZD per clinician/month respectively. Additional one off \$200NZD setup fee for Clinic version. With code you will see a \$0 cost at signup, but behind the scenes doxy bills at discounted rate.

- 1% of the payment value, capped at \$3.00 per transaction
- No set up fees
- A \$10/month minimum account activity fee applies.
- Practices will need to set up ecommerce arrangement with their bank

More information is available here: <https://www.polipay.co.nz/sell-with-poli/pricing/>

3. PAYSTATION (BY TRADEME)

- A low cost alternative to Stripe: 39 cents per transaction
- Paystation includes POLi and credit card payment options

More information can be found here: <https://www2.paystation.co.nz/>

4. DEBIT OR CREDIT CARD PAYMENTS OVER THE PHONE

a. Taking card payments via EFTPOS

1. Most EFTPOS providers have web-based portals so card details can be entered manually by practice
2. Admin team to talk to the patient over the phone and manually enter the credit card details into an EFTPOS machine.



A note on reconciling Credit Card payments

If consults are paid via a credit card, they will have fees attached (i.e. Stripe fees are 2.9% + NZ \$0.30 per successful card charge)

Remember to apply your usual process for managing credit card fees to these transactions, noting that the amount of the fee may be different to a typical credit card transaction at the front desk.

You may want to think about applying a 'credit card' discount to the patient consult fee to offset the patient outstanding 'debt' that is generated by the credit card company charge. You would discount the consult to the value of the credit card fee, effectively making the patient pay the credit card discount and balancing their account.

b. Taking card payments via Stripe

1. Sign up for a free [Stripe](#) account. Stripe is simple to use and has pay as you go pricing at a set rate of 2.9% + NZ \$0.30 per successful card charge.
 2. When logged in, click 'payments' in the left-hand menu
 3. Click "+ New" button (top right) which should reveal a "modal" (popup) window
 4. Input the relevant payment information in the boxes provided and hit 'Create Payment'.
- NB: Statement description is for patient. Description is for your records.



A note on Stripe

The first pay-out for every new Stripe account is typically paid out 7 days after the first successful payment is received. This waiting period can be up to 14 days for businesses in certain industries. This delay allows Stripe to mitigate some of the risks inherent in providing credit services.

Stripe allows you to [generate and email invoices](#) to patients also.

5. DEBIT OR CREDIT CARD VIA STRIPE/DOXY.ME

Before taking payments by 'Presenting payment screen in doxy.me' (section 3), you need to set up your doxy.me - stripe integration.

1. Once you have signed up for a paid version of doxy.me (Professional or Clinic) [sign-in](#)
2. Click 'Account settings' in the left-hand menu
3. Click "Extensions"
4. Expand the "Payments" section
5. Click "Connect with Stripe"
6. Fill out the account details (or sign in if you have a Stripe account)
7. Click "Authorize access to this account"

NB: All new clinic accounts after 03/20/2020 by default have all payments going through the owner's connected Stripe.com account. Members of the Clinic do not need to connect Stripe.