



Top Tips for Planning a Quality Telehealth Visit for Patients with MS

This document is intended to provide a brief summary of tips and tricks to improve the quality of a telehealth visit for new and established patients with a diagnosis of multiple sclerosis (MS), and is a supplement to the AAN's larger *Telehealth Implementation Guide*. Practices must work to ensure telehealth services are provided in compliance with state and federal requirements. This document does not address those considerations given the rapidly changing telehealth landscape. Additional telemedicine resources addressing broader practice, advocacy, educational, and patient resources are available at [AAN.com/telehealth](https://www.aan.com/telehealth).

1. What instructions should be sent to a patient with MS in advance of a televisit?

- General tips
 - Remind patients to have their medications or medication list ready to review, as well as possible side effects, if any, to discuss.
 - Encourage patients to develop a list of questions they would like addressed during the visit.
 - If any disability, FMLA, or leave of absence paperwork needs to be filled out related to the visit, have the documents sent to the office prior to the visit or ready to be scanned right after the visit.
 - Remind patients to ensure they have a safe and secure area in which to conduct the televisit (especially if outside the house) that also ensures privacy.
 - If the platform allows, encourage patient to share the televisit link with their care partners who may not be present with them during the encounter; for example, a spouse who may be at work or a parent living separately.
- MS-focused tips
 - Remind patients to upload or mail-in external imaging and laboratory test results prior to the televisit so the images can be reviewed during the visit.
 - Review and summarize any journal or diary entries that address disability days or relapse symptoms prior to the visit.
 - Encourage patients to be ready for a virtual exam of their symptoms by:
 - Having, if feasible, a clear, well-lit area or path to walk for an assessment of gait and balance
 - Having glasses or other visual aids readily available
 - Having assistive devices (cane, crutch, or walker) available and accessible for gait testing
 - Having the ability to adjust the camera angle if needed
 - If appropriate, provide a list of tools or props in advance that may aid the clinical evaluation, such as a flashlight, weights, cotton swab, or newspaper text.

2. What should a doctor, Advanced Practice Provider (APP), or treatment team do to prepare in advance of a televisit?

- Consider using a planned visit model to incorporate Patient Reported Outcome Measure or other scale and tool responses. Resources on how to implement a planned visit model, including use of support staff and EHR resources, are listed below.
- Using one or more of the following scales can assist in tracking data for quality measures for internal improvement and may help meet criteria for the Centers for Medicare & Medicaid's (CMS) Quality Payment Program (QPP):
 - PROMIS Global Health-10
 - PHQ-2->9 (or other depression screen)
 - Cognitive screen such as the Brief International Assessment of Cognition for MS (BICAMS) or Symbol Digit Modalities Test (SDMT)
 - Fatigue screen such as the Fatigue Severity Scale (FSS) or Modified Fatigue Impact Scale (MFIS)

3. What should a doctor/APP do during the televisit?

- Consider use of an established MS template to capture patient information. An example is included below.
- Most of the standard aspects of an MS encounter can be performed via televisit, including: Review MS disease history, MS symptoms, review patient reported outcome responses, review patient medical history and medication reconciliation, targeted exam for that patient, review of imaging and laboratory results, assessment/plan with orders placed, and next visit planned with patient.
 - Consider use of a standardized assessment tool if possible, such as Patient Determined Disease Steps (PDDS) or TeleEDSS
 - The TeleEDSS (resource at right) is an MS-specific resource that includes adjustments and examples to enhance the televisit experience.
- If using the AAN MS quality measurement set for internal quality improvement initiatives, consider:
 - Assessing for bladder, bowel, and sexual dysfunction concerns

- Assessing for disease modifying therapy side effects and compliance or adherence
- Counseling on exercise and appropriate physical activity
- Share the screen display of imaging and laboratory results to allow review by the patient and care partner(s).

4. What can be done after a telehealth visit to improve quality of care?

- Remember to sign (electronically or physically) a summary of care and instructions for the patient including any changes made, titration schedule, and follow-up plan.
- Act on care coordination opportunities by:
 - Scheduling follow-up appointments
 - Scheduling recommended imaging and other tests
 - Scheduling DMT infusion, if needed
 - Coordinating any other multidisciplinary care appointments virtually or in-person, such as physical or occupational therapy or referral to other specialists

Special considerations for new patients:

For new patients, a 'hub and spoke' model, if available, can help negate any shortcomings of the examinations. With the hub and spoke model, a patient meets with a specialist virtually with the assistance of another in-person health care provider, similar to telestroke evaluations. This can help negate any shortcomings of the examination.

Additional Resources:

- *Patient Determined Disease Steps* (PDDS)
- *TeleEDSS: the MS Neuro Exam Over Televideo*
- *AAN Multiple Sclerosis Quality Measurement Set*
- *AHRQ Planned Visit*
- *Health Behaviors, Wellness, and Multiple Sclerosis Amid COVID-19*
- *National MS Society Exercise and lifestyle physical activity recommendations*
- *PROMIS* (Global Health-10)
- *Patient Health Questionnaire* (PHQ)
- *Brief International Assessment of Cognition for MS* (BICAMS)
- *Symbol Digit Modalities Test* (SDMT)
- *Fatigue Severity Scale* (FSS)
- *Modified Fatigue Impact Scale* (MFIS)

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Example of a Telehealth Visit Template for a Patient with MS

This template contains specific smart phrase codes unique to EPIC but can serve as a guide for a general template for a MS visit.

Telemedicine Visit (online synchronous audio and video)

Patient: @NAME@ @MRN@, DOB: @DOB@

Telemedicine app used: {Blank single: "Zoom app"}

Patient location: {Blank single: "Home in X"}

Provider location: {Blank single: "Hospital," "Clinic/Office," "Home"}

Consent obtained: {Blank single: "Yes"}

Subjective:

HPI: {NAME} is a {AGE} {SEX} who presents for telehealth evaluation on a secure platform of the following issue(s):

Initial visit:.Last visit:

MS history:. Symptom onset: MS diagnosis: Last relapse:.

Disease course: Relapsing/Progressive (since)

Diagnostic workup: CSF positive/negative/not done. Spine

MRI: lesion present/absent on cervical/thoracic cord

Last brain MRI:

Interval history:

Current symptoms:

Bladder: none/urgency/incontinence (rare/occasional/frequent)/hesitancy

Fatigue:

Mood:

Memory:

Weakness:

Tingling/numbness:

Vision:

Pain:

Baseline ambulatory status: no issues or limitation, no tripping, no falling, walks without assistance

Intermittent/constant cane use/walker use (since)

Distance able to walk with/without assistance:

Current MS therapy: since. Compliance: Side effects:.

Previous MS therapies:

Neurological ROS: other than noted above is negative meds, allergies, medical, surgical, social and family histories were reviewed and updated:

-{MED}

-{ALLERGIES}

-{MEDICAL HX}

-{SURGICAL HX}

-{PROBLEM}

-{SOCIAL HX}

-{FAMILY HX}

Review of data:

RESULTS (HGB,HCT,RBC,WBC,PLT)

RESULTS (BUN,CREAT,SODIUM,POT,AST,ALT,BILI,TSH)

RESULTS (LDL,CHOL,HDL,TRIG,LDL)

Objective:

Physical Exam:

General Examination:

The patient is appropriately dressed for the visit. The patient does not appear to be anxious or depressed.

Neurologic exam:

- The patient is conscious, alert, oriented to time, place, and person. Attention and memory were normal. Speech and language were intact. Fund of knowledge was good.
- Cranial nerves: limited exam could be done through video observation. No ptosis, eye movements full in all directions, face symmetric, tongue midline.
- Motor system: limited, no apparent/gross focal motor deficits, moves arms and legs symmetrically, no apparent arm/leg drift.
- Gait and coordination: normal spontaneous gait, tandem walking was normal as well. Coordination and rapid alternating movements intact in all four extremities.

Assessment & Plan:

Assessment: RRMS, last relapse, stable on with no significant side effects. Baseline disability, related to . The last brain MRI

Plan:

1. Continue
2. Check labs
3. Repeat brain MRI
4. Reevaluation in 2 months.

I spent a total of {X} minutes face-to-face with the patient (and/or family) and more than 50% of the encounter involved counseling and/or coordination of care. Major area(s) of discussion included {X}