COVID-19 has dramatically impacted the number of patients coming into healthcare facilities for regular check-ups and maintenance for chronic conditions. This impacts clinics’ patient volumes and puts patients who require regular visits at risk. One RHC system in southwest Missouri is proactively reaching out to targeted patient populations and driving telehealth check-ups. Thus far, their outreach to patients with diabetes has resulted in 90 telehealth visits. The clinic has shifted its paradigm from swapping existing visits for virtual to using telehealth to fill providers’ schedules.

We hope their experiences and lessons learned will be helpful as your clinics consider how to remain engaged with patients throughout the pandemic.

**Targeting Patients:** One clinic used its registry to initially run a report of all patients in the system with diabetes. The providers reviewed the list to identify patients most in need of a visit. A clinic is also doing the same for pediatric patients with asthma. For these lists, they did not filter by payer source. The system’s population health department is also pulling outreach lists from the commercial payers so they can target certain patients, such as those who have been seen yet this year. They also ran a report of patients who cancelled or did not show for appointments due to COVID-19. Now the clinic is calling them to reschedule the visit via telehealth if clinically appropriate. The system is starting to advertise that they are still seeing patients virtually to increase awareness.

**Technology:** While there are many AV options available, this clinic is using Microsoft Teams. It works on smart phones, tablets, and computers with internet. If for some reason this does not work, they can flip to telephone only (Note: While Medicaid will reimburse for audio-only visits, the options for audio-only Medicare reimbursement are limited. Visit www.marhc.org to learn more).

**Outreach:** Clinic staff, including clerical staff and nurses, are making the initial outreach to patients over the phone. The visits are scheduled in both the practice management system and the Microsoft Teams application. When scheduling the meeting, the staff begins educating the patient on the technology. At the point of scheduling, the patient receives an email that includes instructions for logging into the visit. The patient will also receive a reminder email with the link 30 minutes in advance. Patients can take pictures of their insurance cards and email them to the billing office if needed.

**Starting the Visit:** To help address no-shows, office staff now calls the patient 10-15 minutes prior to the visit. They confirm the patient’s information and walk them through the steps of clicking the link and entering the meeting. The nurse can join the visit first to conduct initial checks, and the physician can log in after. In part thanks to these efforts, the no-show rate is minimal.