2020 Amwell Medical Manual Contents

1. Video Conferencing Best Practices 3
2. Contacts 5
3. The Provider Dashboard 6
4. See Your First Patient 10
    a. Make yourself available for a visit 10
    b. Launch the visit 11
    c. Review Visit Details 12
    e. Insight 12
    f. Video Window 13
    g. Insight and Intake 14
    h. History 14
    i. Notes 14
    j. Encoder 15
    l. Prescriptions 16
    m. Follow Up 17
    n. Chat 17
    o. Invite 18
    p. Visit Summary 18
    q. Log Out 18
5. Calendar 19
6. Training Cheat Sheet 23
    a. Webside manner 23
    b. Practice expectations 23
    c. Prescribing 23
    d. Common urgent care conditions 23
7. Master Class - Optimize Your Practice with Tips and Tricks from Practicing Providers 25
    a. Save Top ICD-10 Codes as Favorites 25
    b. Save Prescriptions as Favorites 27
    c. Keep List of Patients 28
    d. Document in Conversation with Patient 28
    e. Review, Copy and Paste Patient's Health History from Prior Visits 28
    f. Check Location of Patient's Pharmacy 28

g. Look at Age and Platform 28
h. Use Note Templates 29
i. Save or Publish before Leaving Note Templates 29
j. Always Review Insight Section 30
k. Add an Addendum After a Visit 30

1. Video Conferencing Best Practices

1. Wear Appropriate, Professional Clothing
   Patients are used to seeing you dress professionally in a physical setting and the same applies when providing care online. Always wear professional attire, Urgent Care providers should wear a white coat.

2. Sit in Front of a Simple Background
   Patients will be able to see you best if the environment behind you is a simple, solid color. Many providers opt to purchase a room divider which removes the distraction of your background.

3. Practice in a HIPAA Compliant Space
   Keep the door closed and ensure that no one "walks in" on your consult to prevent breaching patient privacy. Imagine your patient's horror if someone walked into your brick and mortar office in the middle of a visit. A car is not an acceptable place to practice telemedicine. Consider using a white noise machine to ensure the patient's privacy.

4. Sit Two to Three Feet Away from Camera
   Patients need to see your whole face in a video visit, it is very unsettling if only part of your face is visible. Cameras should be positioned at or above face level so the camera is not looking up at you. If you are using a mobile device use always use a stand.

5. Ensure Proper Lighting and Control Background Noise
   Having a well-lit room creates the best visual experience to allow patients to see your facial expressions and cues. Front or overhead lighting is required, as back lighting creates a silhouette effect. Ensure all background noise, such as traffic noise coming through open windows, is kept at a minimum.

6. Have Headphones or a Headset On-hand
   Microphone and speaker position can cause unwanted feedback, try adjusting the location or the speaker and microphone volume to fix this. If this does not correct the problem, connect your headset, this can significantly limit background noise. As soon as your conversation begins, confirm the patient can hear you.

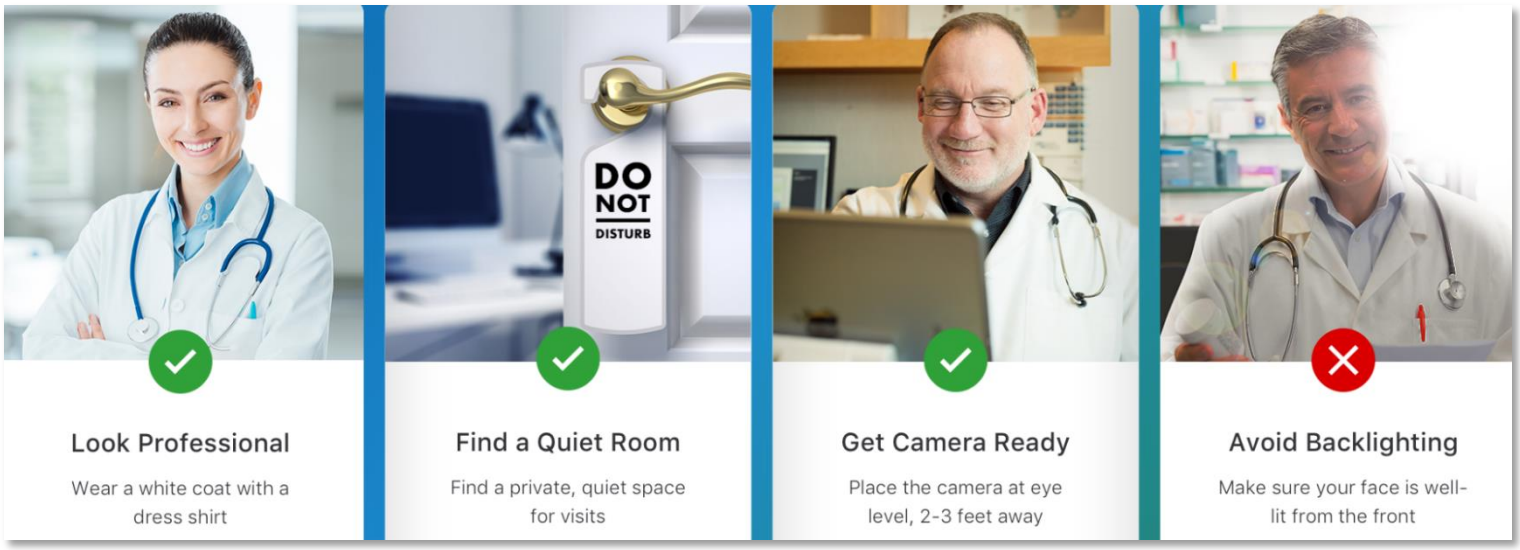
7. Confirm you are Available on 'Provider Callback' Phone Number
   As you review the patient's intake information always confirm you are available on the 'Provider Callback' number in case you or the patient opt to launch a phone visit.

8. Make Eye Contact by Looking into the Camera
   To make eye contact look directly into the camera rather than the patient's video on your screen. This will make the patient feel like you are talking to and looking directly at them.

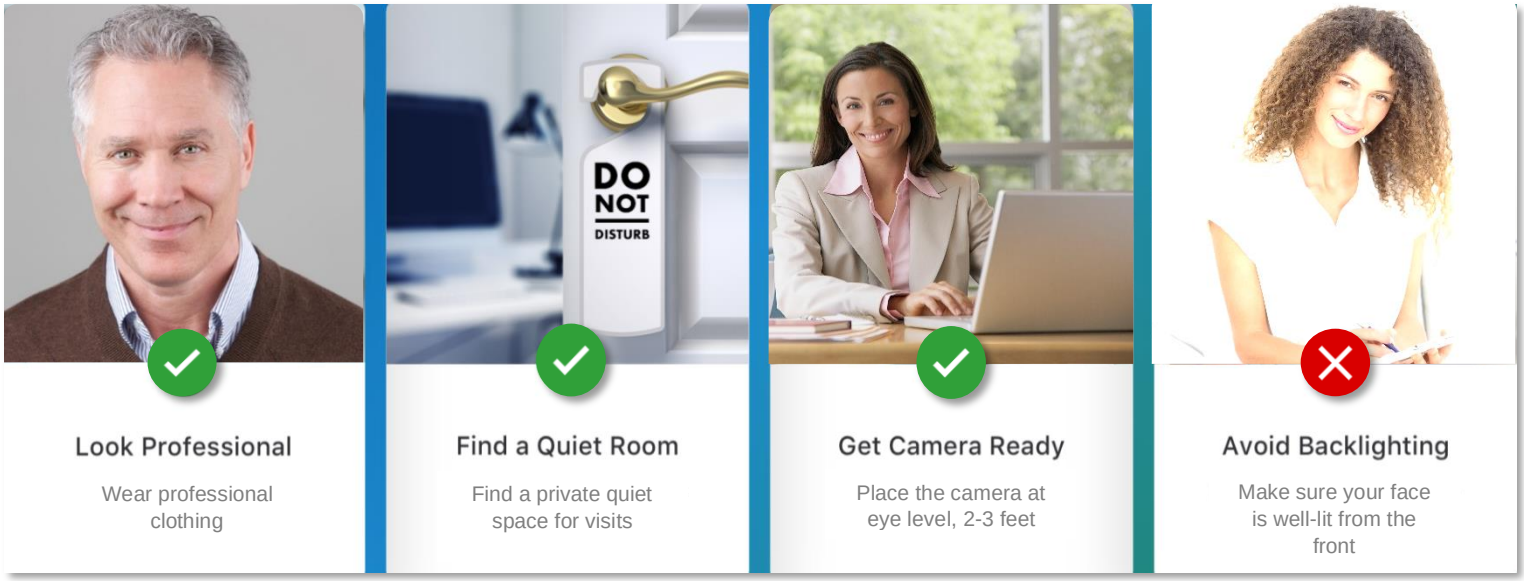
9. Say What You're Doing Off-screen
   Unlike in a face-to-face discussion, the webcam has a naturally limited line of sight. This means that any actions outside of the narrow view of the camera will not be obvious to the patient – this can be very distracting. This may include taking notes and looking up of reference materials. A simple "I'm just looking up some details on your condition" will put the patient at ease.

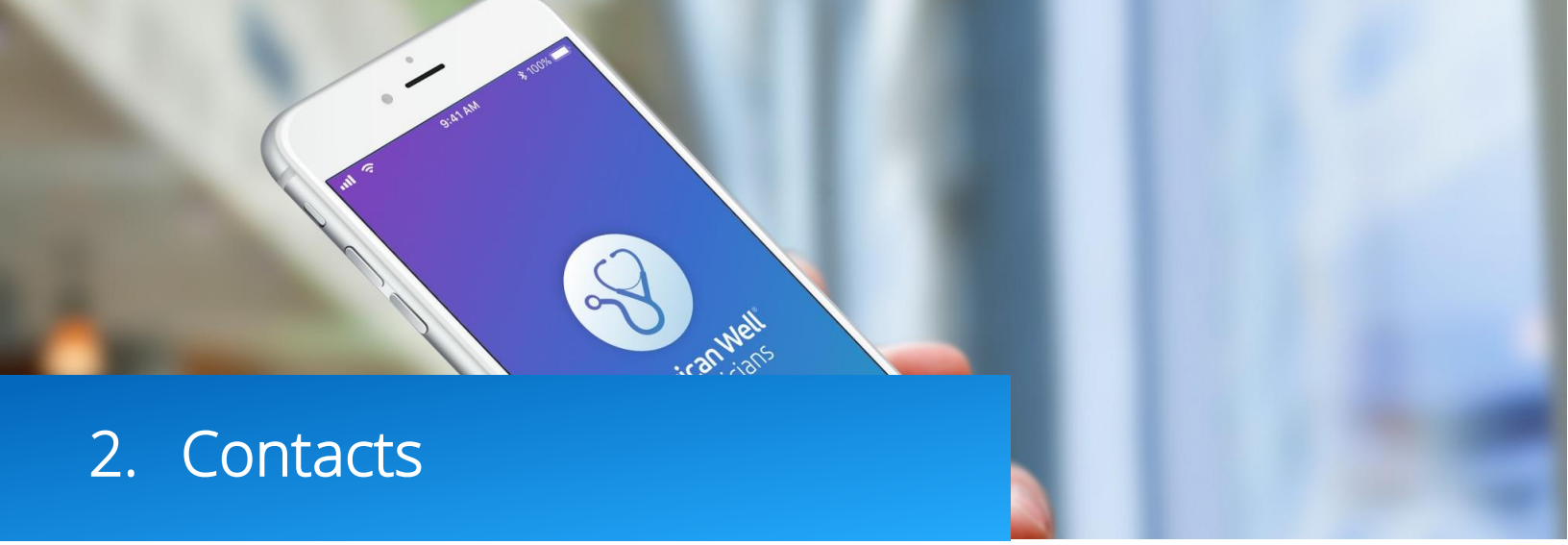
10. Use the Text Chat Function (Web Experience Only)
    You may find it helpful for both you and the patient if you add recommendations to the chat window as you speak them through the video. Patients consume information in different ways, and some find it helpful to hear and see your recommendations, especially if you are suggesting something that is unfamiliar to them. This also creates a record of such instructions that can be referred to later.

Urgent Care, Sleep Medicine



Therapy, Psychiatry, Registered Dieticians





2. Contacts

1. General Questions: Provider.Relations@AmericanWell.com
2. Urgent Care Clinical Questions: Medical.Directors@AmericanWell.com
3. Technical Questions 24/7/365: 855-347-4108, NOC.Alerts@AmericanWell.com
4. Patient Emergency: 855-921-6664
5. Rx Questions: (888) 982-7956
6. High Wait Time Text Message Alerts are Sent From: 617-766-5389
7. Quality Questions: Quality.Review@AmericanWell.com
8. Community site: https://americanwell.force.com/customer
9. American Well for Clinicians Web App: https://americanwellforclinicians.com/hub/login/
10. 'Platform' requested when setting up American Well for Clinicians App:
    i. Urgent Care: OnlineCareGroup
    ii. Behavioral Health: OnlineCareGroupTherapy

3. The Provider Dashboard

To begin log into the American Well for Clinicians App: https://americanwellforclinicians.com.

The American Well for Clinicians app acts as a dashboard which organizes all visit requests across every group of patients from one easy to use page. The overarching system the patient enters through is referred to as a "Platform" and the specific group the patient is enrolled in is referred to as a "Practice".

a. When you log in click 'Enable Notifications' to allow desktop notifications to appear when practicing.

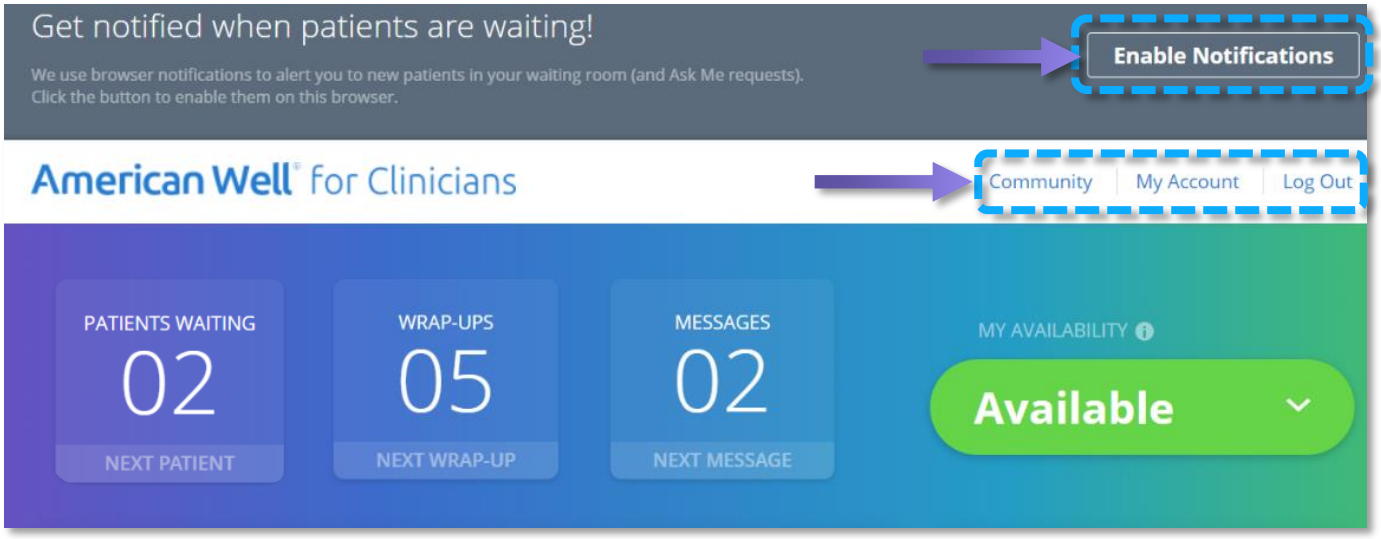
b. At the top of the dashboard are three links. 'Community' links to the provider community site, 'My Account' allows you to edit your account settings and 'Log Out' closes the dashboard. Before logging off always switch your availability to 'Unavailable'.

c. Moving down the page there are three icons.

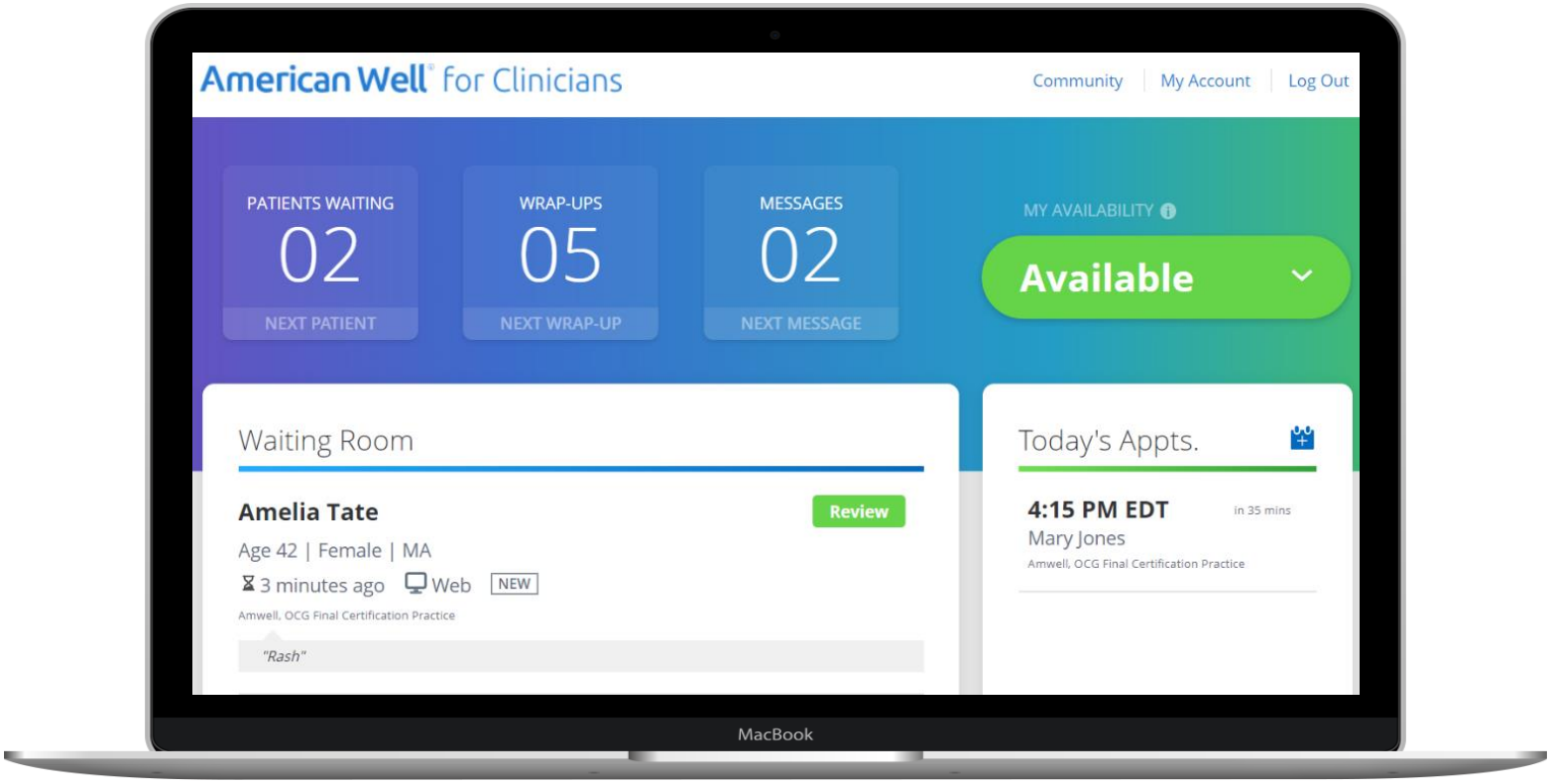
i. 'Patients Waiting': displays the number of patients waiting. Click 'Next Patient' to launch the visit.

ii. 'Wrap-Ups': displays outstanding documentation for patient visits. Click 'Next Wrap-Up' to complete outstanding Wrap-Ups. It is imperative that all Wrap-Ups are completed within 24 hours.

iii. 'Messages': displays unread messages, click 'Next Message' to review open messages.



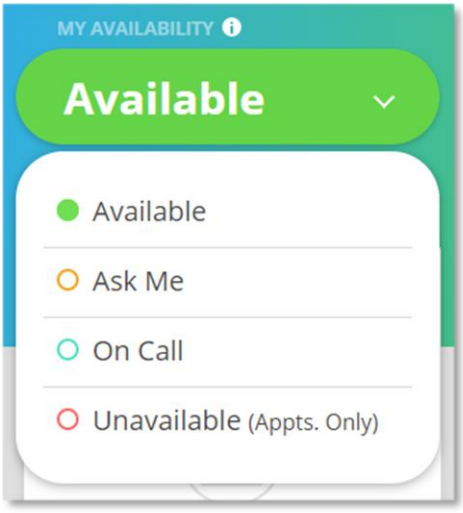
d. 'Waiting Room': displays incoming patients. The patient's name, length of wait, platform and practice are displayed. High priority patients are highlighted in red text with a 'High Priority' badge.



e. Manage your availability: set your availability for on demand visits in the 'My Availability' dropdown, scheduled appointments are managed in the 'Today's Appts' tab.

i. Available: Providers seeing patient for on-demand visits (Urgent Care) will set their availability to 'Available'. This allows patients to initiate a visit and enter your virtual waiting room. Only use the available status when you can guarantee you will accept the first patient to enter your waiting room within the first two minutes.

ii. Ask Me: Only providers seeing patient for on-demand visits (Urgent Care) will use 'Ask Me'. 'Ask Me' sends an alert when a patient requests a visit, the first provider to accept the visit will receive the patient. 'Ask Me' status provides more flexibility, you can accept, decline or ignore visit requests, whereas when set to 'Available' you are responsible for seeing patients when they enter your waiting room.

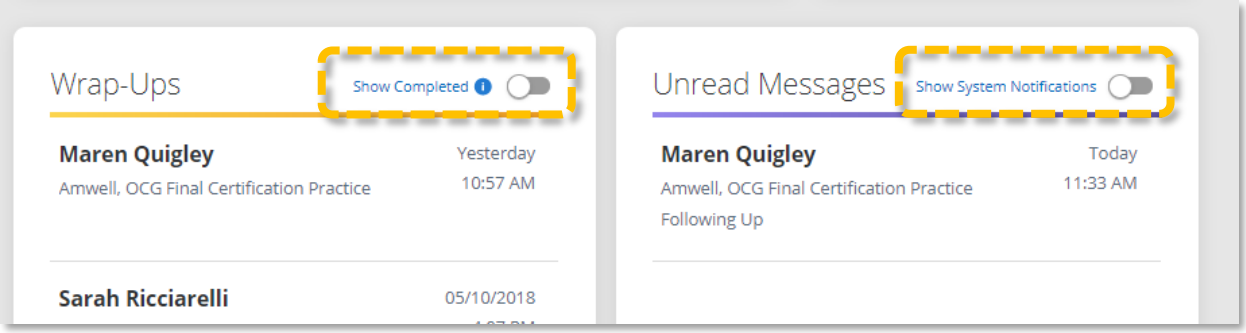


iii. On Call: Not used by Amwell Medical Providers.

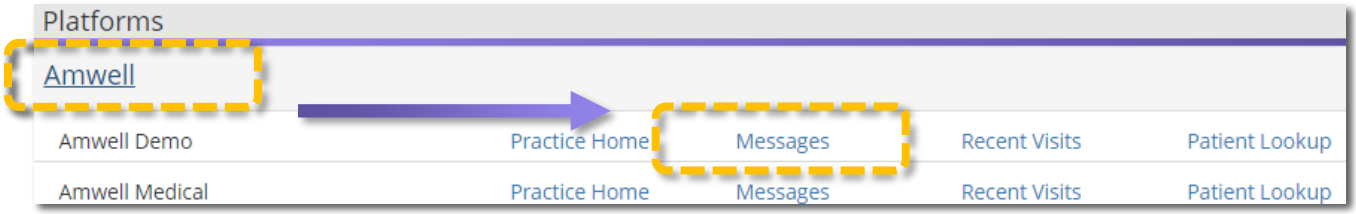
iv. Unavailable (Appts Only): Providers who see patients for scheduled visits (Therapy, Psychiatry, Registered Dieticians and more) will keep their status set to 'Unavailable Appts Only'. Patients who schedule an appointment receive a link to enter your waiting room, this prevents a second patient for waiting for an extended amount of time in your waiting room. Always set your status to 'Unavailable' before logging off.

f. Documentation occurs in the 'Wrap-Ups' section. Wrap-Ups are generated after every visit; click the patient's name and you will be directed to the platform and practice the visit took place in. Click the 'Show Completed' button to display all submitted documentation.

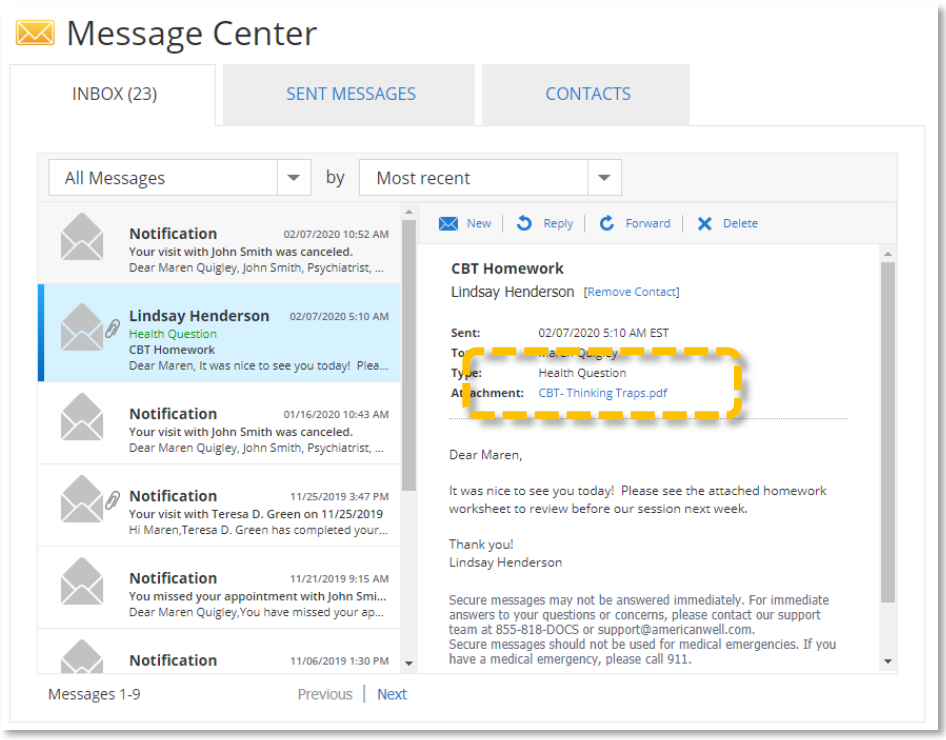
g. The 'Unread Messages' section shows all messages sent to you by patients. Click 'Show System Notifications' to see auto generated messages.



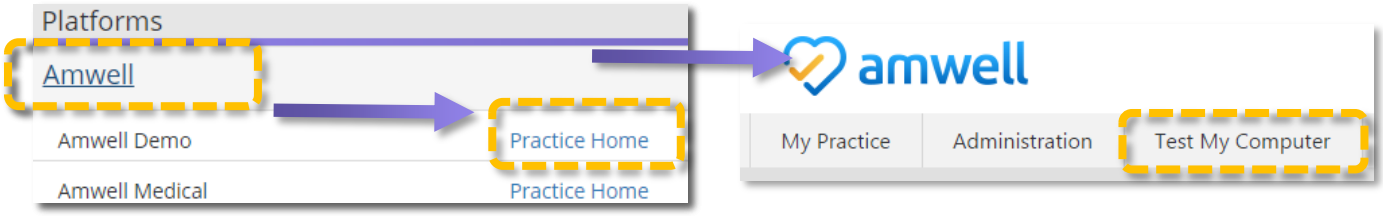
If you would like to send a patient a secure message you will need to scroll down to the platforms section of the dashboard. Click 'Messages' next to the platform and practice you saw the patient in.



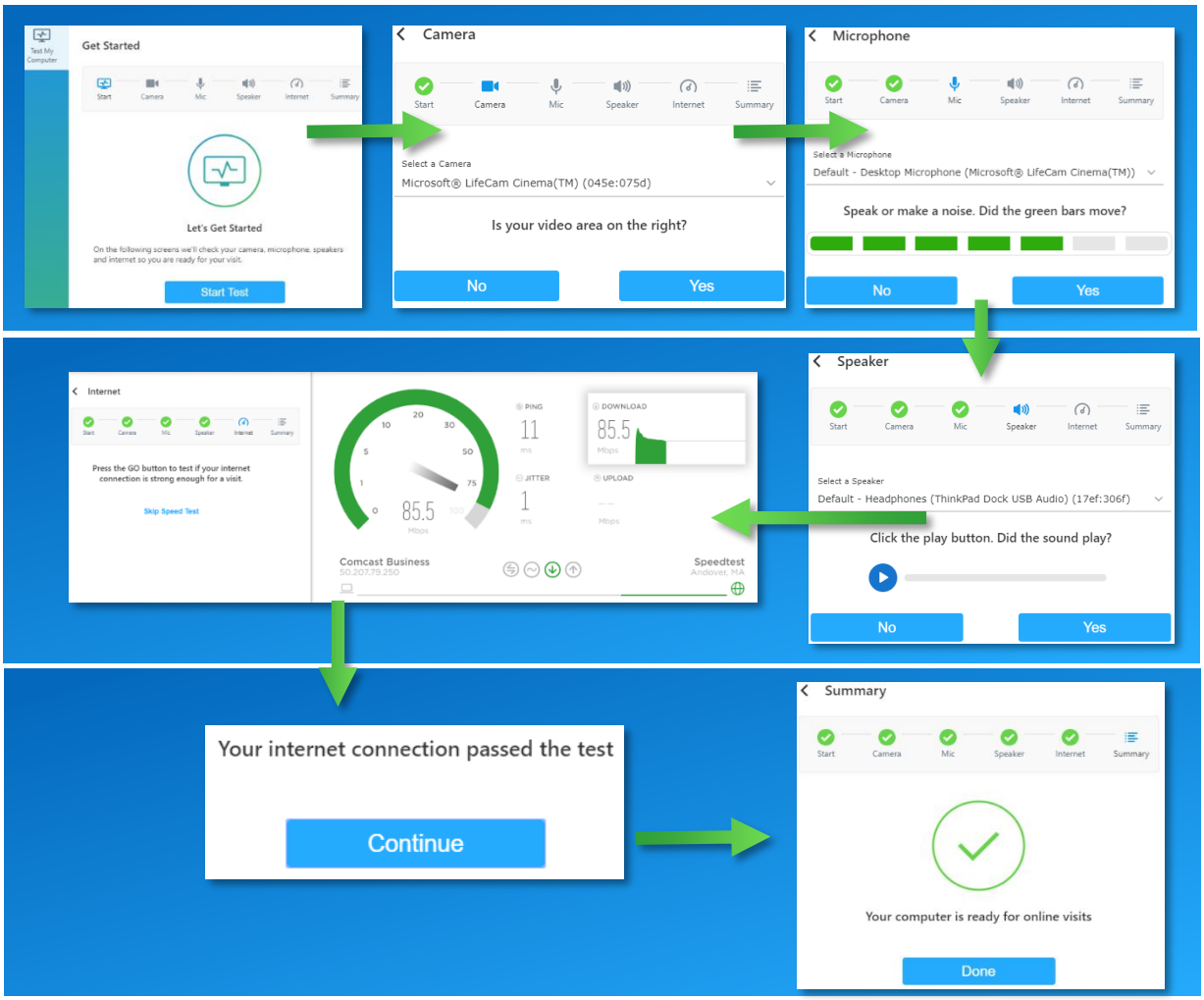
You will be directed to your 'Message Center' where you can connect with patients in a HIPAA compliant, secure manner. Never connect with patients outside of the platform. Behavioral Health providers often use secure messages to send patients homework or additional documentation.



h. Next you will install the video software, scroll down to the 'Platforms' section. Click into the first platform listed and click 'Practice Home'. All platforms use the same video software. When brought to the practice waiting room page, click 'Test My Computer'. Click 'Start Test'. Follow the 'Test My Computer' prompts. Click 'Yes' to proceed to the next step. Test your camera, microphone, speaker and internet speed.

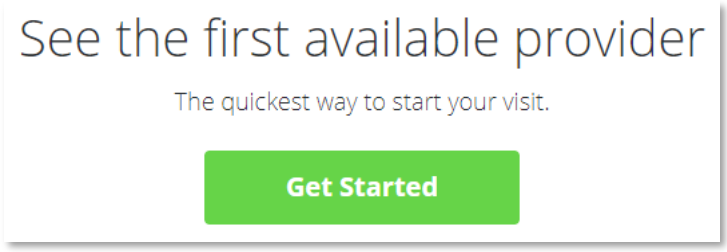


i. When you have completed the required steps click 'Done'. Run 'Test My Computer' each time you sign on to ensure your video software is up to date. Close the 'Test My Computer' page and return to your dashboard.

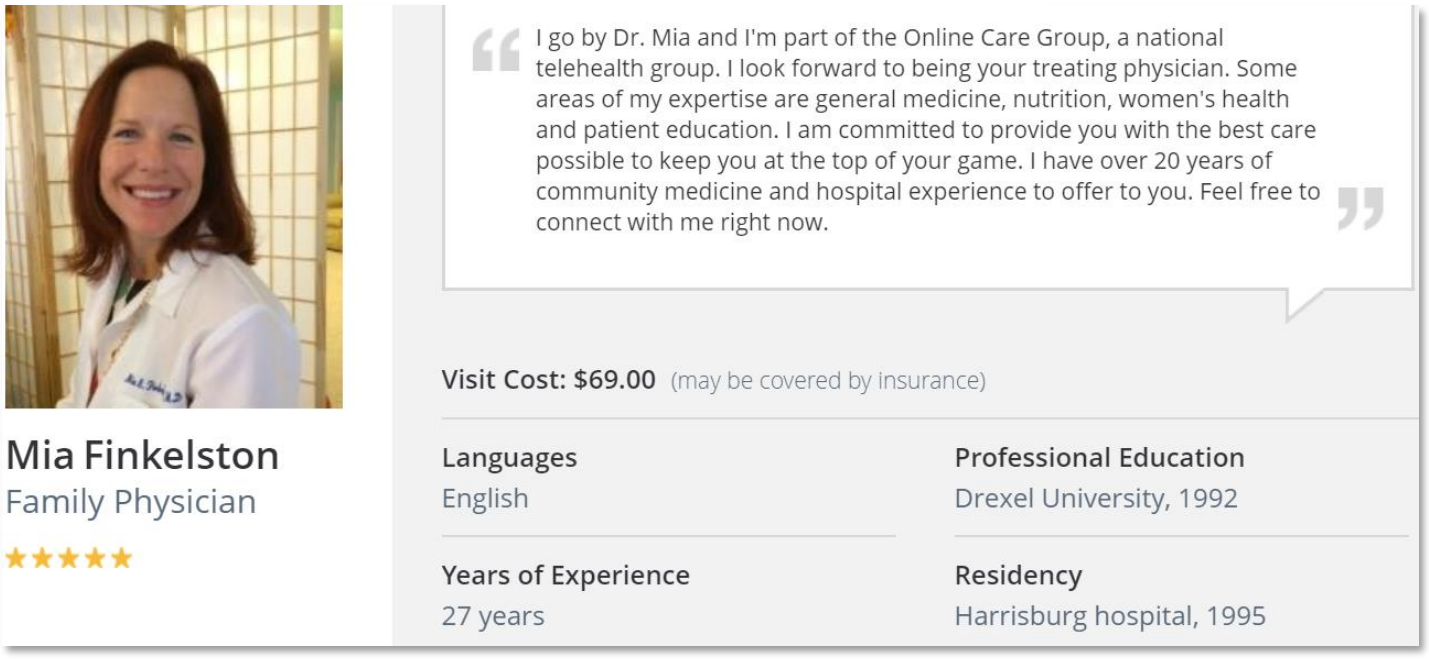


4. See Your First Patient

a. Make yourself available for a visit: When patients initiate an on demand visit they have two options, they can either opt for the first available provider and they will be connected with the provider with the fewest number of patients waiting, or they can review your provider profile which was created in onboarding. Visit cost will vary depending on insurance, platform and practice settings, you will always receive your contracted rate.

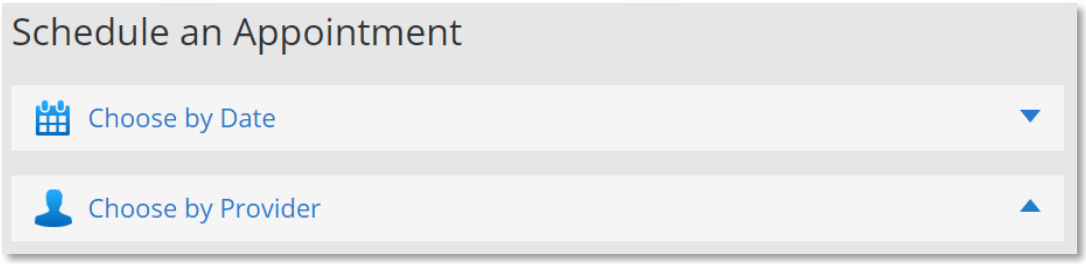


Launch a Visit with the First Available Provider

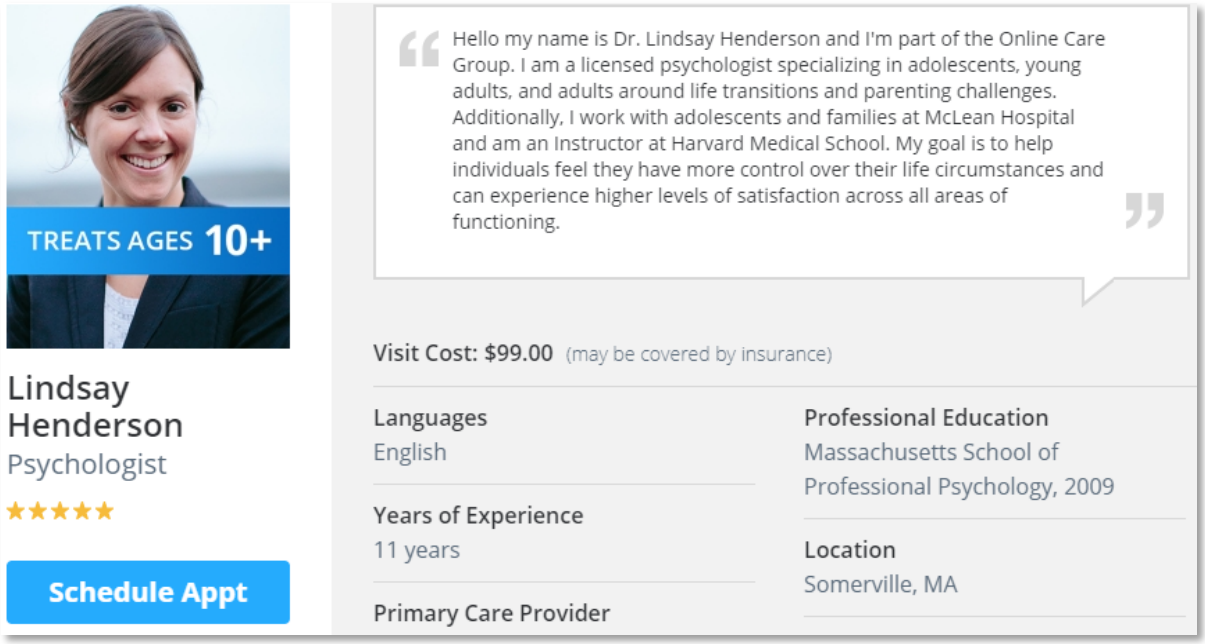


On Demand Visit Profile

Patients who initiate a scheduled visit can either schedule an appointment by date or provider.



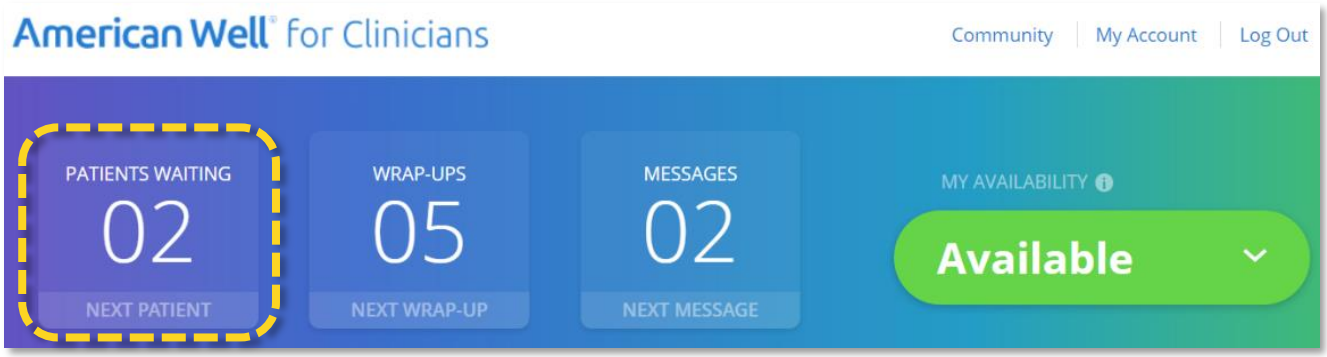
Scheduled Visit – Book an Appointment



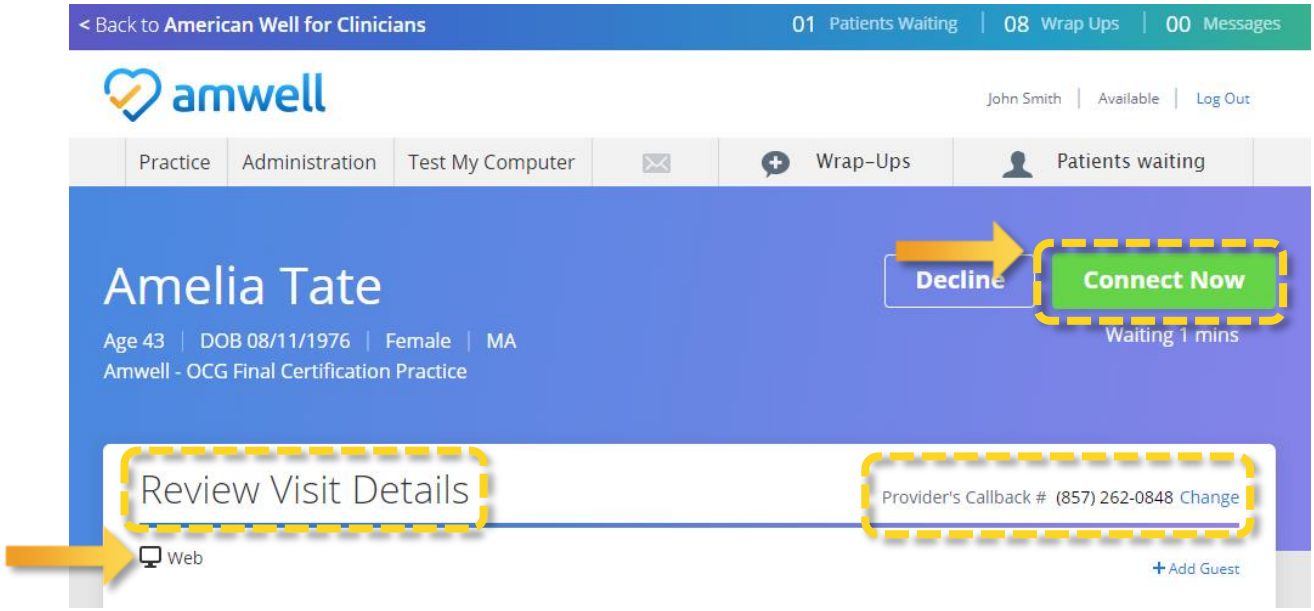
Scheduled Visit – Select Provider

If the patient opts to schedule an appointment with a specific provider they can review your profile created in onboarding and see your set availability by clicking the 'Schedule Appt' button.

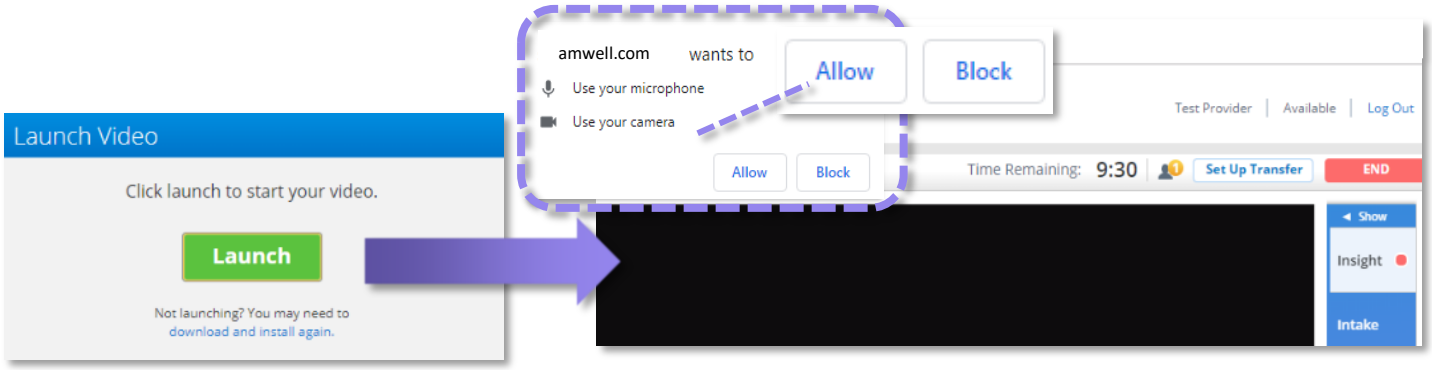
b. To launch the visit: Click 'Next Patient' from the American Well for Clinicians web app. You will be directed to the platform and practice the patient has initiated the visit through.



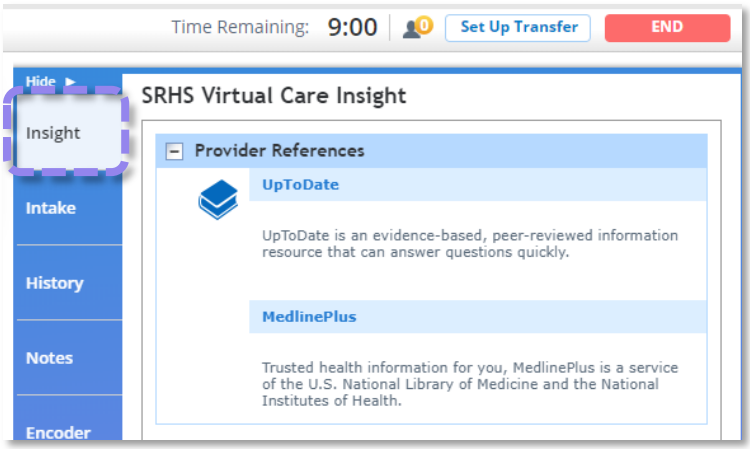
c. Review Visit Details: Review the patient's health summary, confirm you are available on the phone number listed in Provider's Callback #, double check the patient's modality and click 'Connect Now'. Patients can launch visits via web, app and the kiosk.



d. Browser Permissions: Click 'Launch'. You will be prompted to allow the browser to access your microphone and camera, click 'Allow'.



e. Insight: The patient video will open. Always open the 'Insight' section of the patient's health summary. Important practice specific guidelines and state prescribing guidelines are kept up to date in this section.

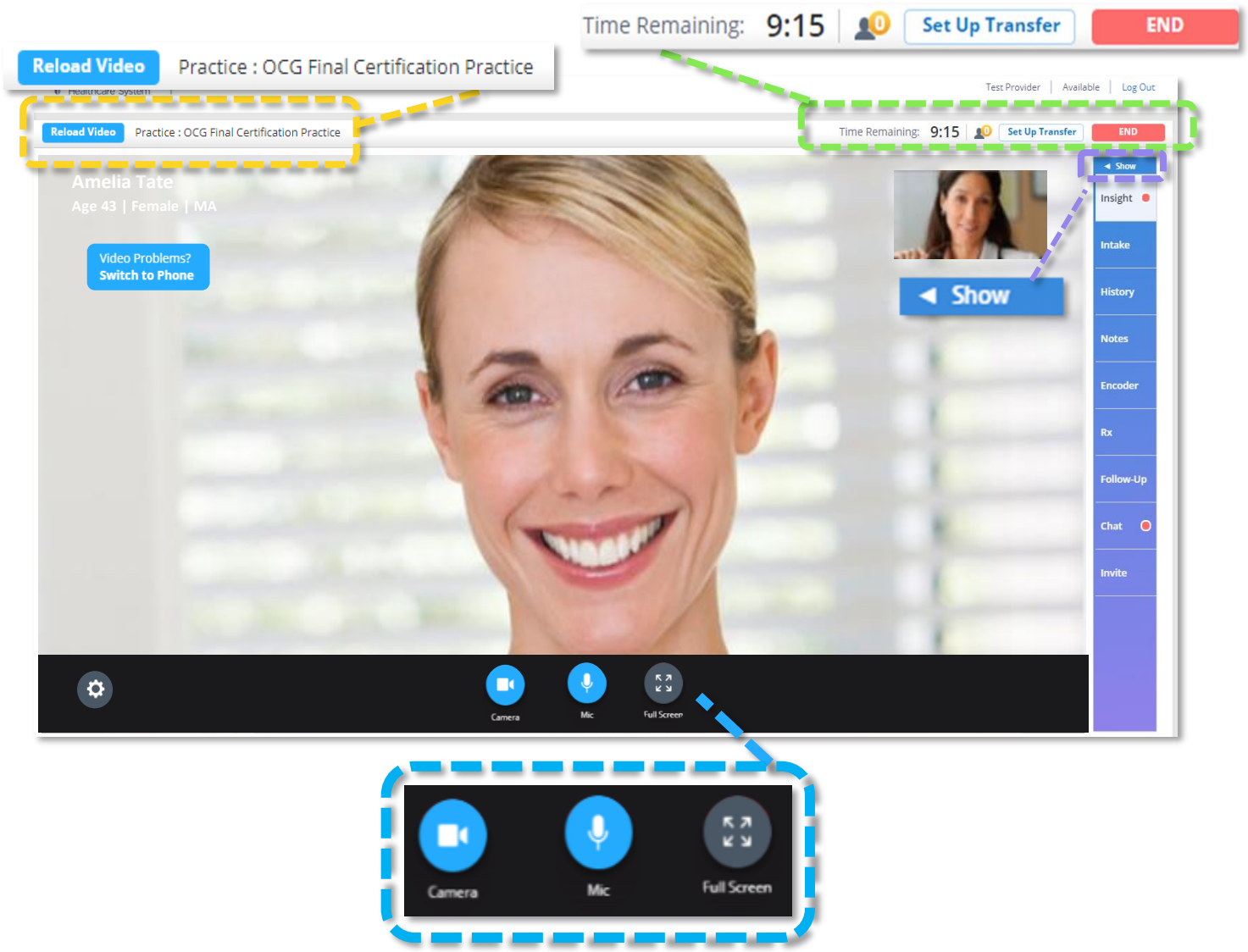


f. Video Window: In the top left of the video window is the 'Reload Video' button which momentarily interrupts the video and creates a stronger connection, to the right is the practice the patient has entered the visit through.

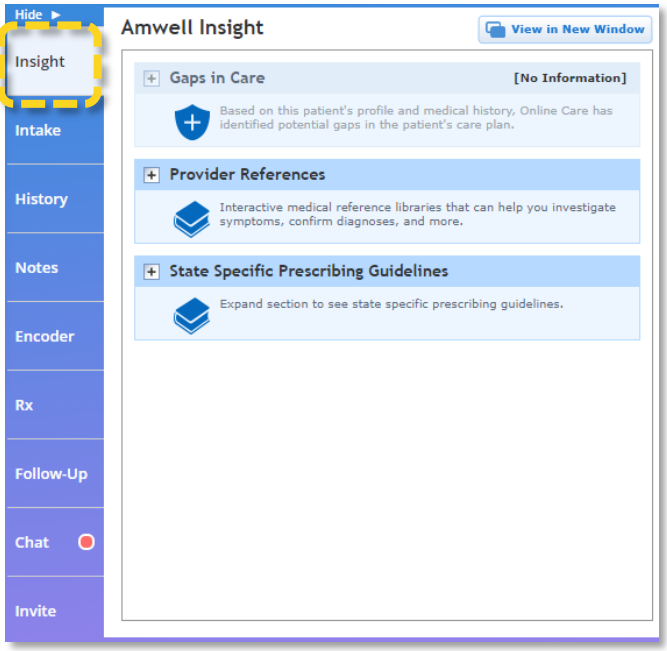
The visit timer is set to a standard visit length automatically, if you run out of time the timer will automatically extend the visit time, you will not be paid more for seeing the patient past the allotted visit length. The timer is never visible to the patient. The icon of a person alerts you if there are patients waiting to see you, you will not use the 'Set Up Transfer' button, click the red 'End' button to end the visit. Click the 'Show' button to expand the documentation panel.

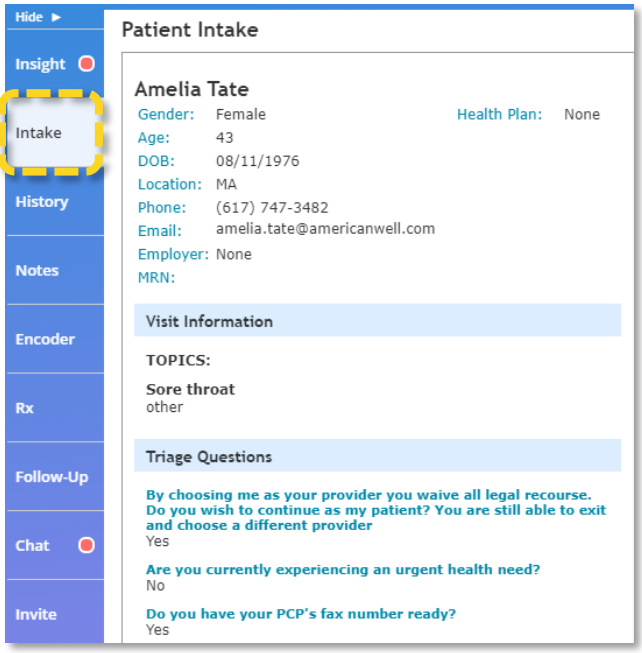
The patient's name, gender and state are always listed in the top left of the video console. If the video connection is not strong enough use the 'Switch to Phone' button, you will receive a call on to the number listed as 'Provider Callback #' on the review visit details page. Check the insight tab to see phone only prescribing rules for your state.

On the bottom of the window the gear icon opens the video settings. The camera icon adjusts your video view, the mic button mutes your microphone and the full screen icon expands the patient video.



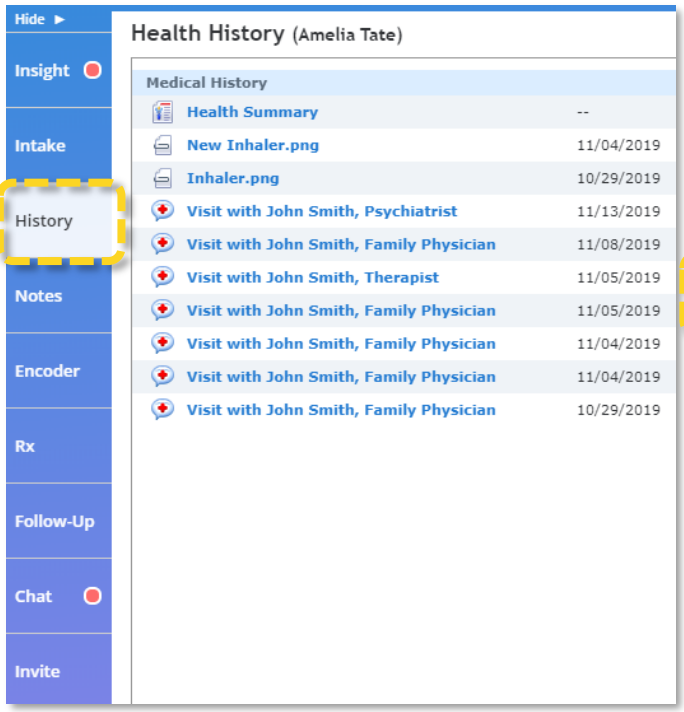
g. Insight and Intake: The first tab of the documentation panel is 'Insight'. This section details Gaps in Care, Provider References, State Specific Prescribing Guidelines and Referrals. Always check the insight section when you open a visit. The next tab, 'Intake' displays patient details and triage questions.

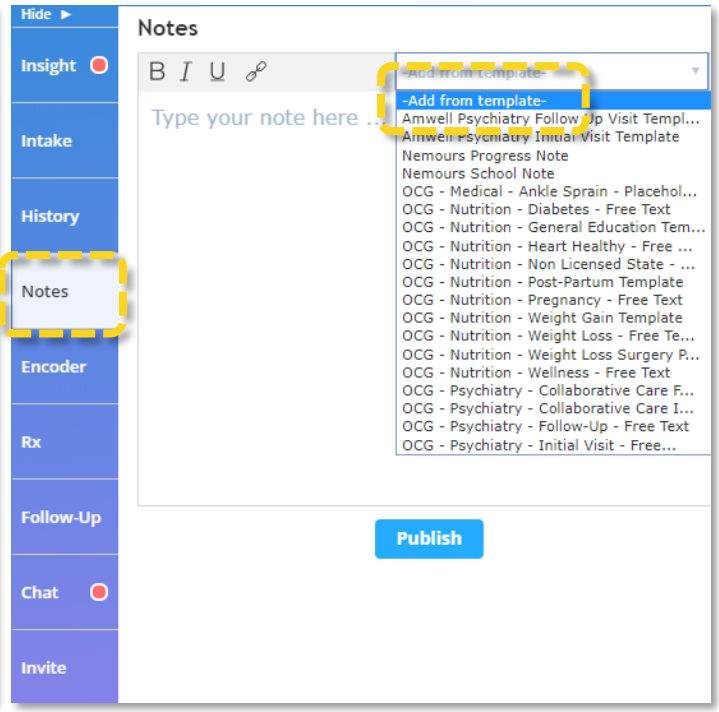




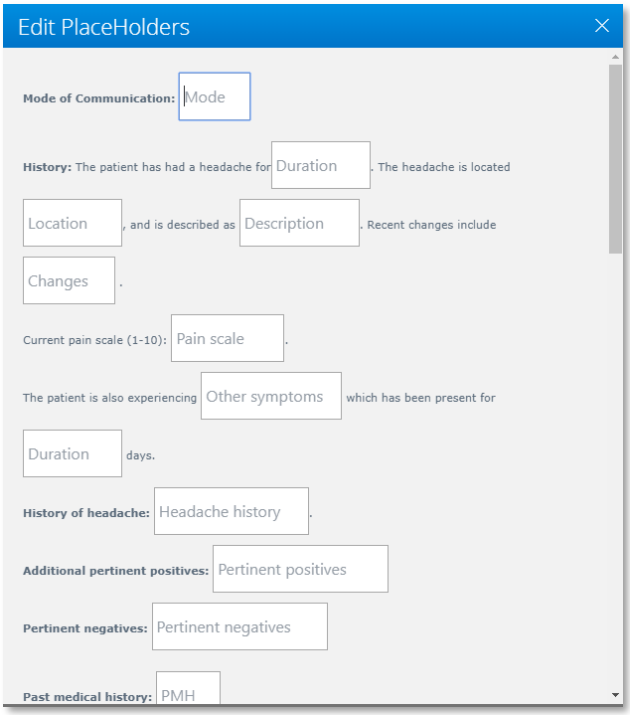
h. History: Links to patient's previous visits and attachments, the patient's history is also available for review on the 'Review Visit Details' page prior to the visit. Patients have the option to attach photos or documents prior to the visit, links to view are included in the Health History section.

i. Notes: Click the –Add from template– drop down to access templates, always use a template to document your visits. There are two types of note templates, placeholders and free text. Many providers optimize their practice by completing notes throughout the visit, this is not required but will help you move from patient to patient quicker. Keep in mind patients receive a copy of the note following the visit.

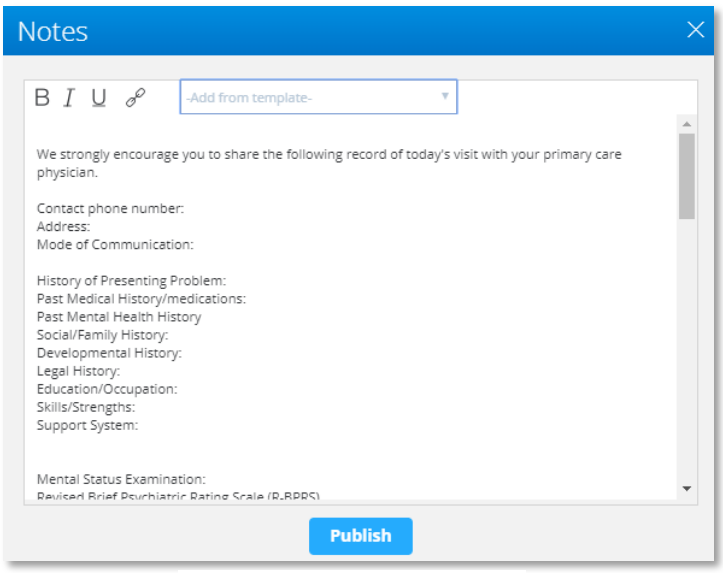




Always click save prior to exiting the note template. Click publish to save the free text note template. Notes can also be edited from the wrap up.



Placeholder Note Template

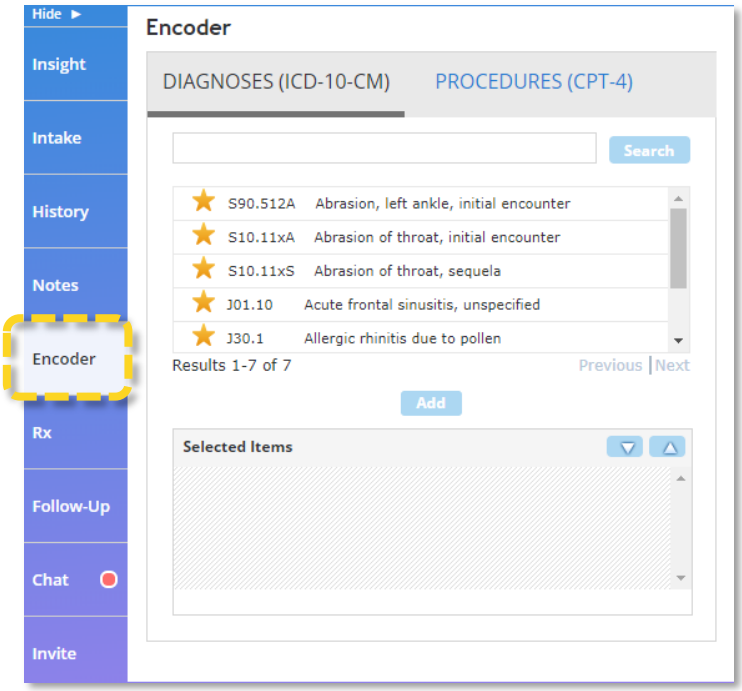


Free Text Note Template

j. Encoder: Every visit requires a CPT-4 and ICD-10 code. Search for the appropriate keyword, select the code and click 'Add'. To favorite a code, click the yellow star next to the code. CPT codes are prepopulated after the video visit in the Wrap-Up, never change a prepopulated CPT code. Never use ICD-10 codes that include: W, X, Y, Z.

k. If CPT code is not prepopulated use:

i. Urgent Care 99422
ii. Behavioral Health 90834
iii. Psychiatrists Initial: 99204 GT
iv. Psychiatrists Follow Up: 99213 GT

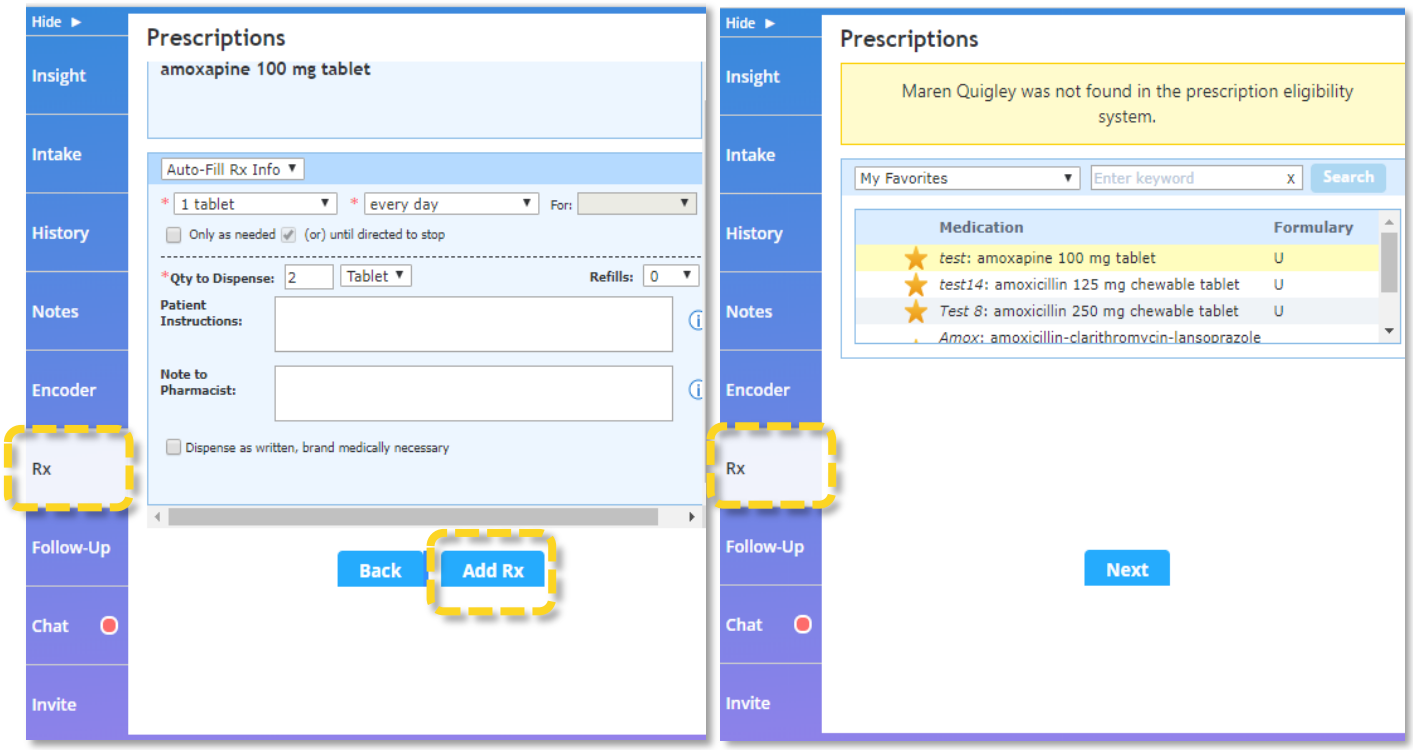


I. Prescriptions: In the Rx tab select source, enter medication and click 'Search'. Select the medication, select either 'Auto-Fill Rx Info' or 'Manual Rx Info'. Enter dosing information. Notes to the patient and/or pharmacist are optional, some providers add a second prescription option to reduce pharmacy callbacks. Click the yellow star next to the prescription name to favorite it, we suggest favoriting frequent prescriptions to help streamline your documentation.

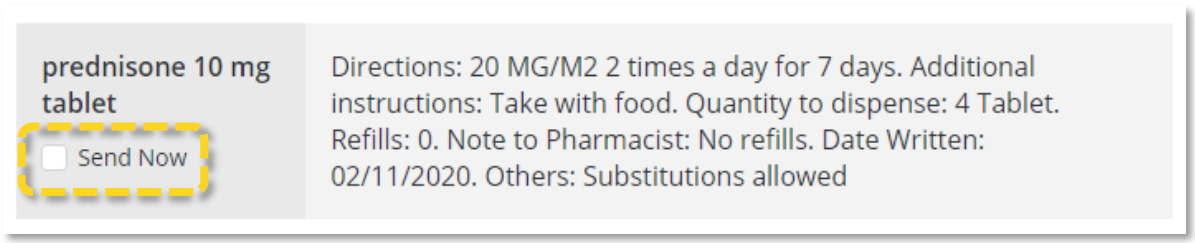
Prescribing of the following medications is not permitted: narcotics, controlled substances, Gabapentin, Tramadol, Nubain, Pseudoephedrine, Ephedrine and Fioricet.

Frequently prescribed Urgent Care medications: Augmentin, Tamiflu, Amoxicillin, Macrobid, Prednisone, Bactrim, Tessalon Perles, Polytrim, Azithromycin, Doxycycline monohydrate, Polymyxin B sulf-trimethroprin

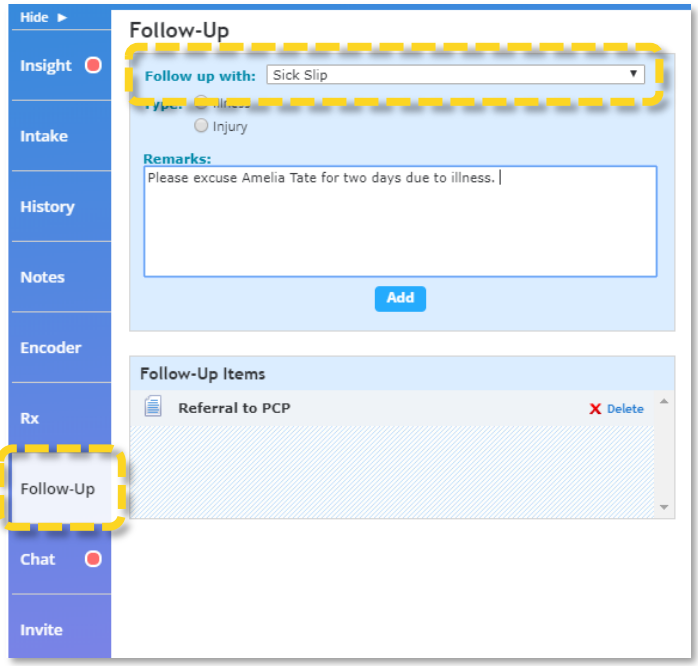
Frequently prescribed brand name/generic top medications: Zoloft/Sertraline, Wellbutrin/Buproprion, Lexapro/Escitalopram, Prozac/Fluoxetine, Celexa/Citalopram

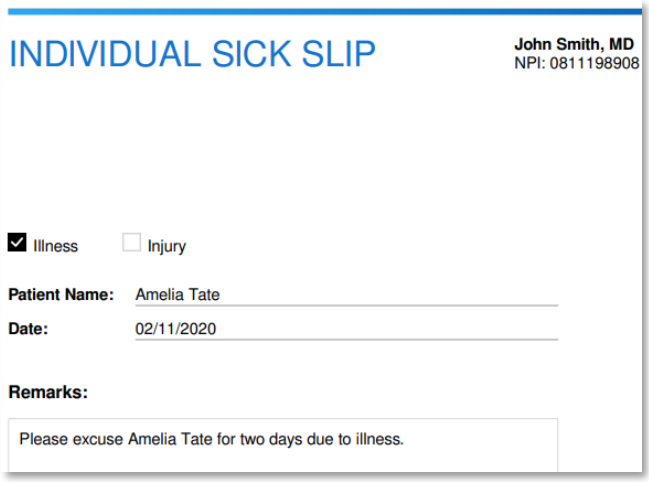


After the visit on the Wrap-Up page you will have the option to click 'Send Now' which will release the prescription to the pharmacy immediately, if you do not use 'Send Now' the prescription will not be sent until you submit the Wrap-Up.

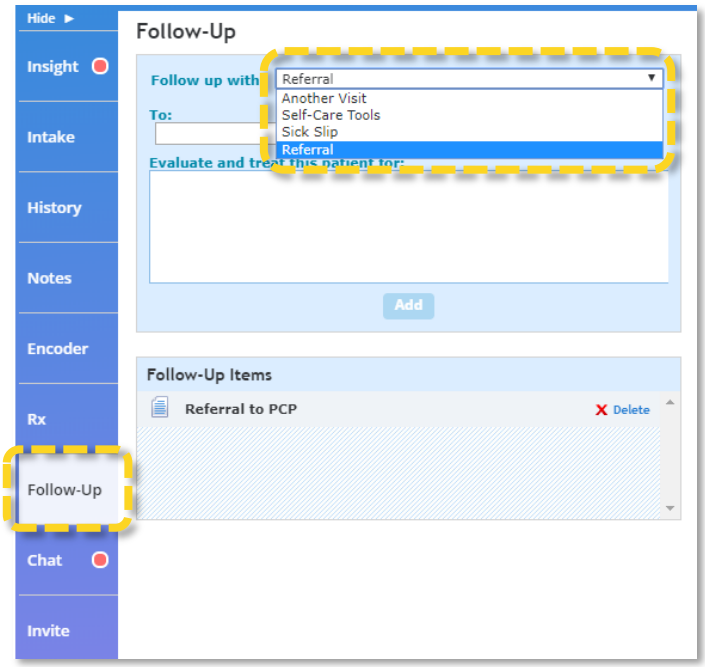


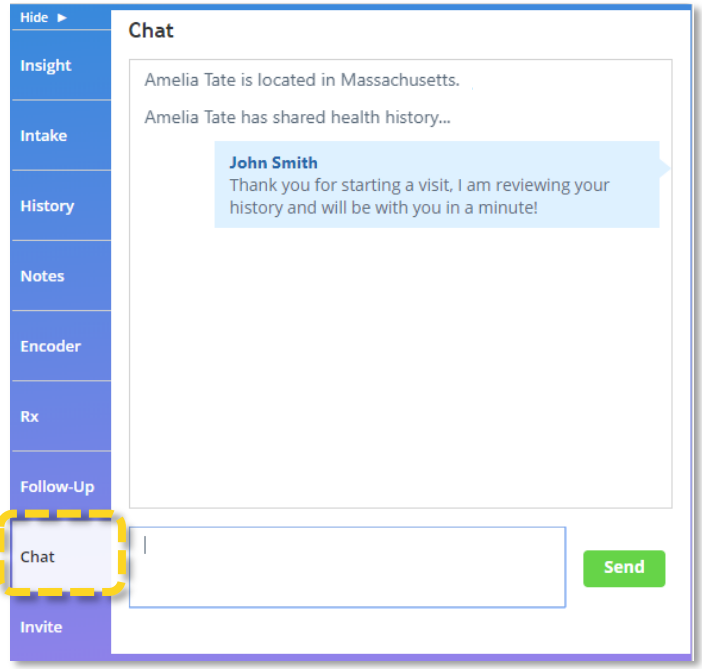
m. Follow Up: In the 'Follow Up' tab you can create a sick slip due to illness or injury. Enter a description in the remarks section and click 'Add'. Patients receive sick slips as a pdf via secure messages when the Wrap-Up is submitted.



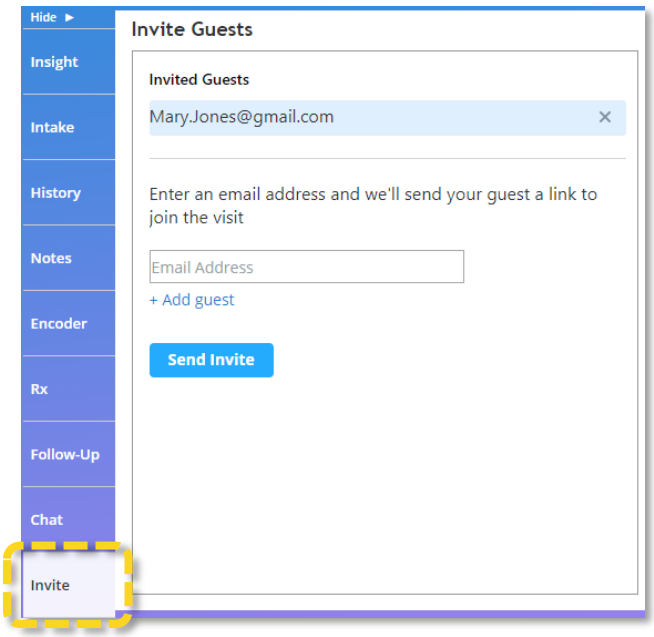


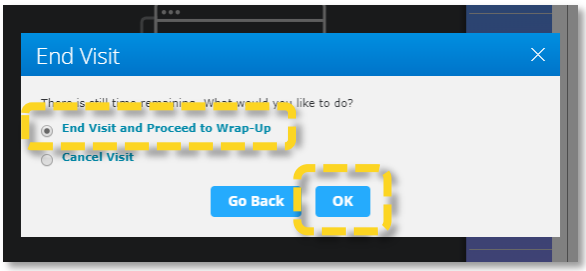
n. Chat: A basic referral can be created by selecting referral from the dropdown. You will not be able to select a specific provider but the patient will receive the referral as a pdf file and will be able to follow up on your suggestion. If the 'Chat' is greyed out, the patient is using the app and chat is not available.



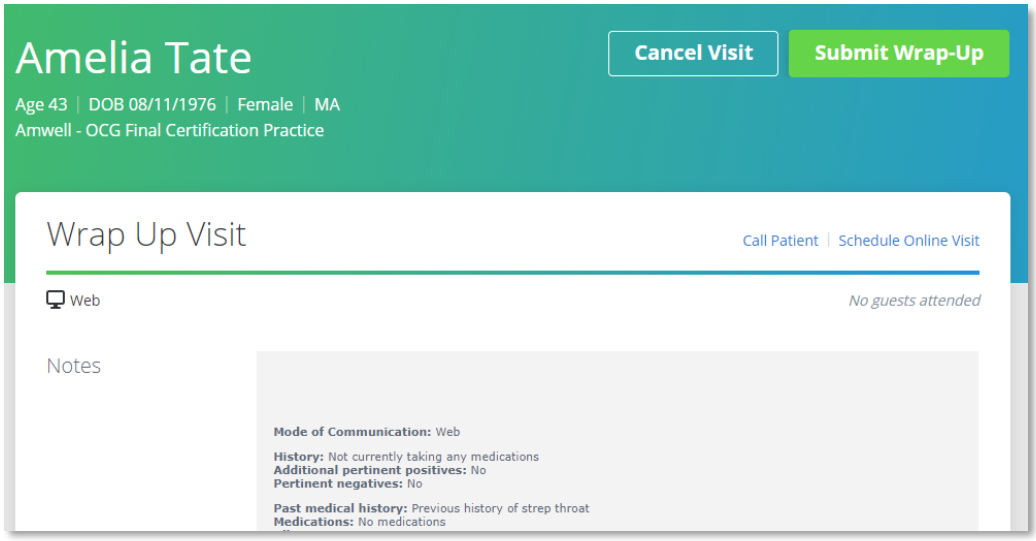


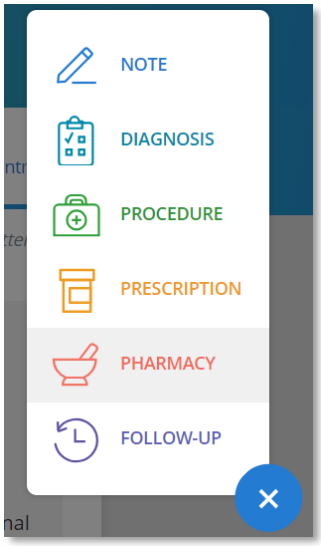
o. Invite: 'Invite' allows both patients and providers to invite a guest into the visit. To end the visit prompt the patient to click the red 'End Visit' button. A pop up will appear, select 'End Visit and Proceed to Wrap-Up' and click 'Ok'. Note: clicking 'Cancel Visit' will delete the record of the visit, this should only be used if there was a technical issue and no clinical care was provided.



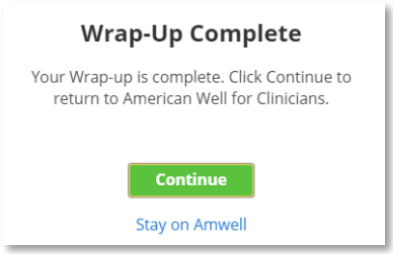


p. Visit Summary: Following the visit you will be directed to the 'Wrap-Up Visit' page, also referred to as a 'Wrap-Up'. Each visit you complete will generate a visit summary. Document the visit and click 'Submit Wrap-Up'. You will not be able to edit the Wrap-Up after it is submitted, but you will be able to add an addendum to the patient's record if you need to make an adjustment.

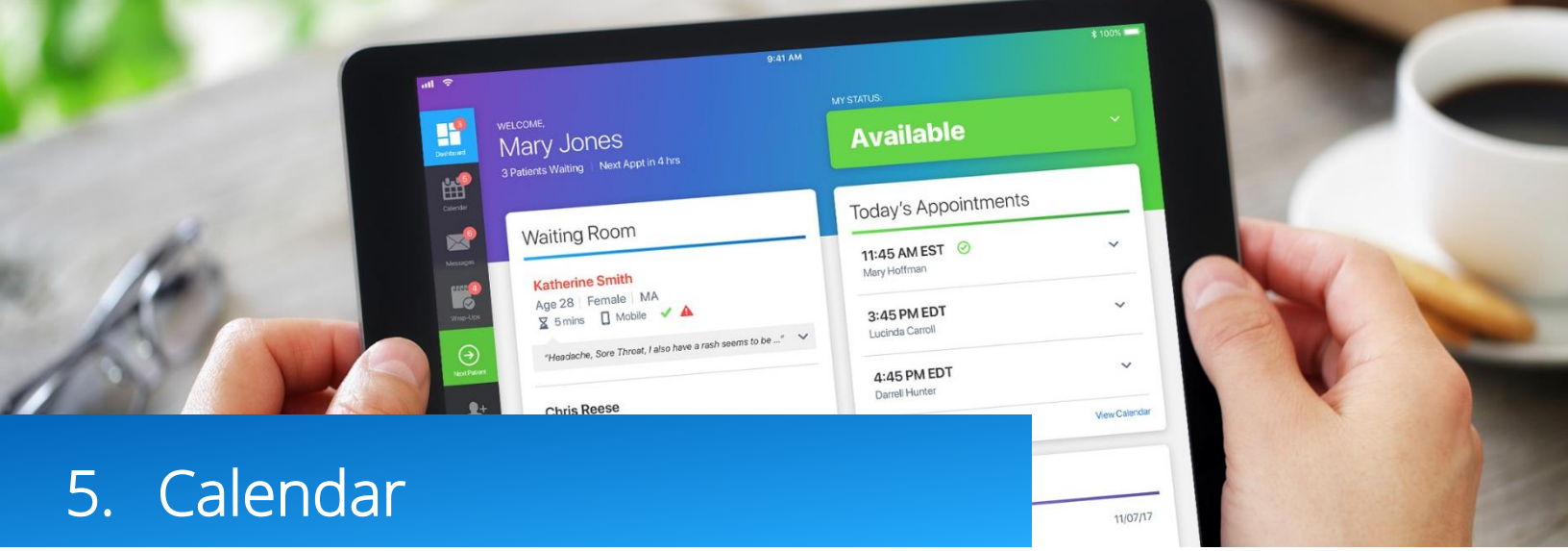




Click 'Continue' to return to the American Well for Clinicians Web App.



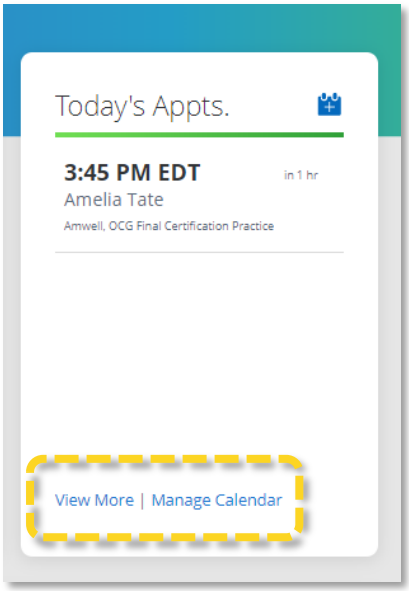
q. Log Out: Before logging out set your availability to 'Unavailable'. Click the menu button in the top left and click 'Log Out'.



5. Calendar

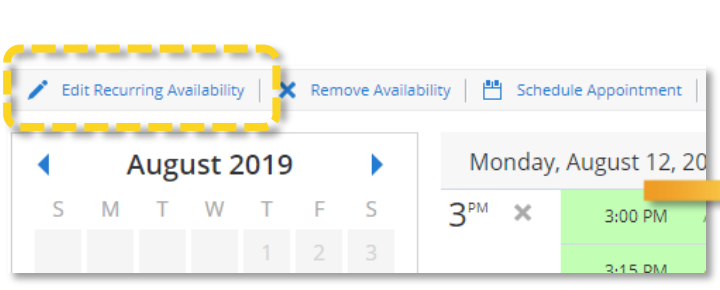
If you plan to see patients through scheduled appointments (therapists, psychiatrists and registered dieticians) you will need to add availability into your calendar to allow patients to schedule appointments with you.

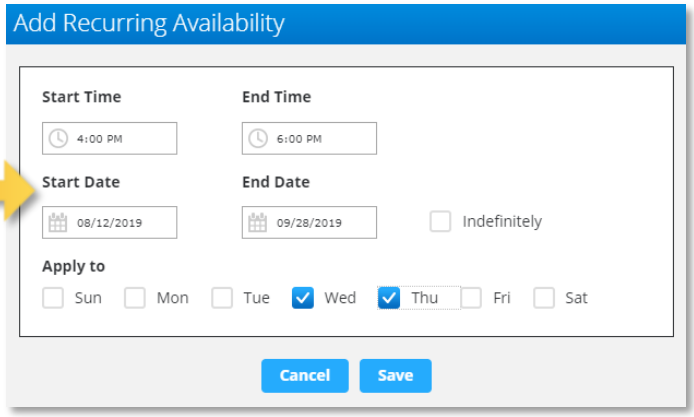
You have one calendar which manages your availability across all platforms and practices. Adding availability into the calendar allows patients to schedule an appointment with you. You must add availability for the full duration of the visit for it to appear for patients to book. Appointments have a buffer built into them, for a 45-minute visit add four 15-minute slots, a 15-minute buffer is tied to 45-minute visits. For a 25-minute visit a 5-minute buffer is included, add two 15-minute slots to your calendar.



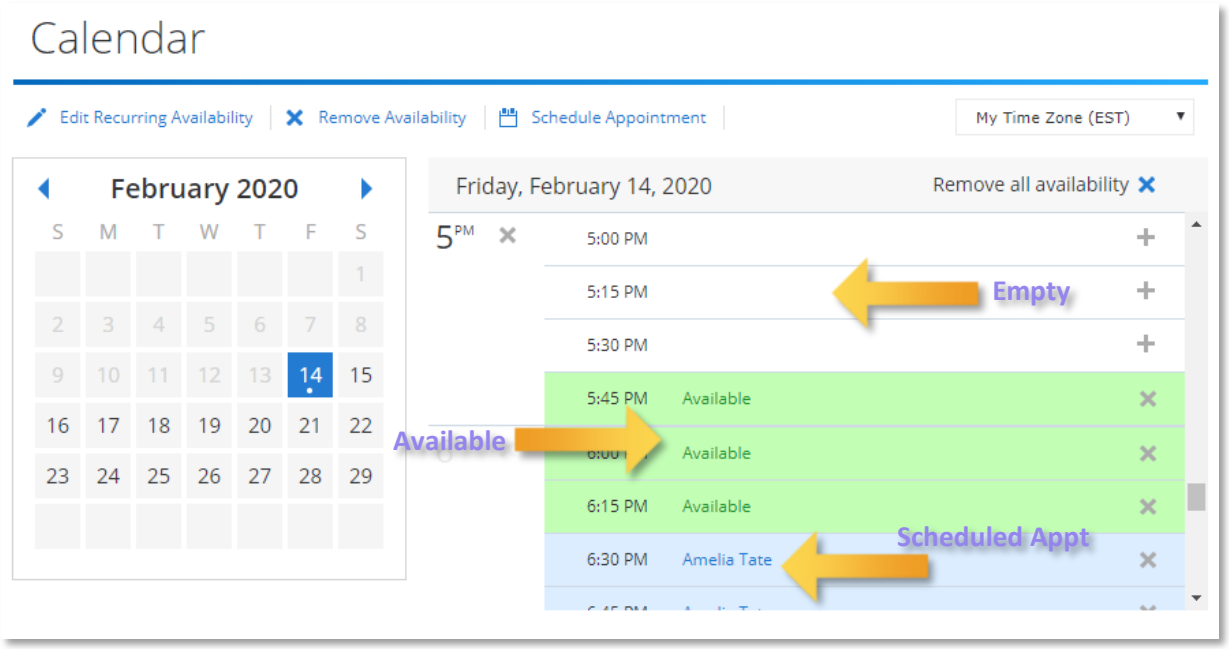
1. Upcoming appointments will be listed in the 'Today's Appt' section of the American for Clinicians Web App. Click 'Manage Calendar' in the 'Today's Appt' section. You have one calendar which manages your availability across every platform. Add your availability in any platform and practice and it will appear to all patients.

2. Add Availability to the Calendar: Tap the 'Edit Recurring Availability' button on the calendar, this will allow you to add and edit recurring availability rules. You must add availability in one-hour increments to make slots available for patient self-scheduling. At the time of the appointment log into the PME and set availability to 'Unavailable'. Patients with scheduled appointments will be able to enter your waiting room.

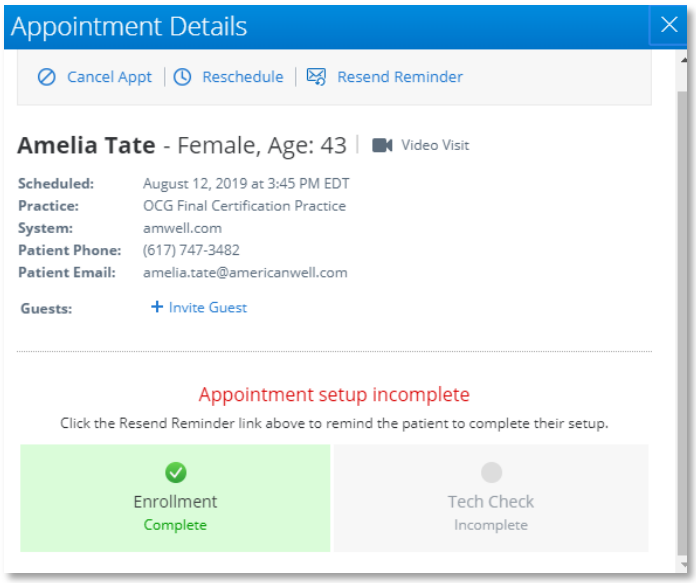




3. Using the Calendar: There are three types of time slots in the calendar:
   - Empty: These are slots that have not been made available for patient-self scheduling. These slots are white. Click an empty slot to make it available or to schedule an appointment.
   - Available Appointment Slots: These are slots that have been set as available for patient self-scheduling and are currently open. These slots are green. Click 'remove appointment slot' if you would like to make that time unavailable. Availability must be added in one-hour increments.
   - Scheduled Appointments: These are slots in which an appointment has been scheduled. These slots are blue.



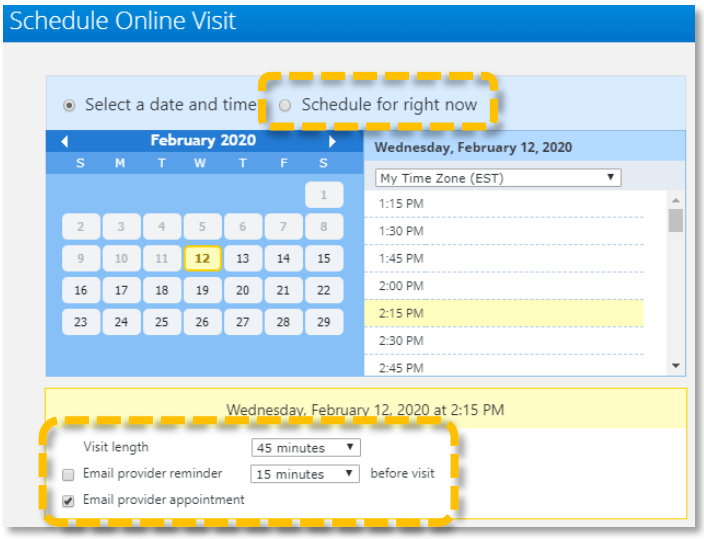
4. Tap on an appointment on the calendar to display additional details. The patient's name, age, contact information and appointment setup status will appear. Patients are prompted to complete a tech check before launching a visit with you. If they have not yet completed the tech check you will see the red 'Appointment setup incomplete' notice and can resend the reminder link complete setup.



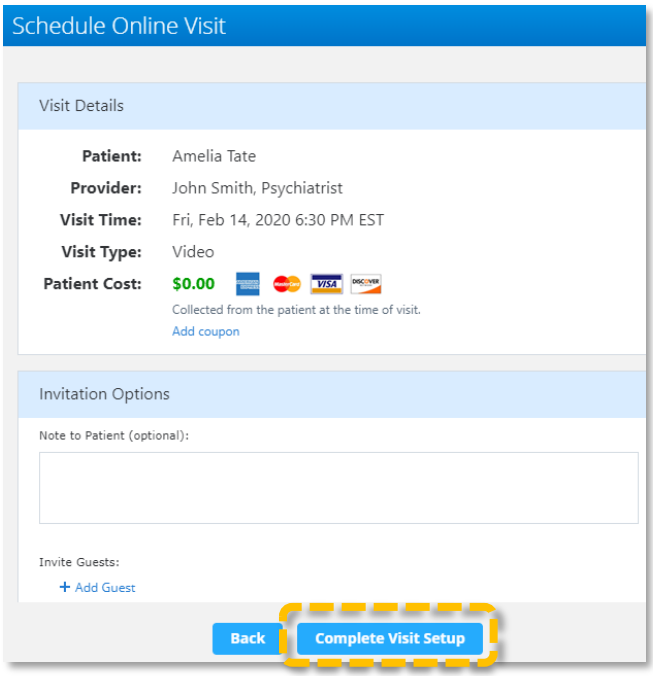
5. Scheduling a Follow up Appointment in the Visit Summary: You can schedule follow up appointments with patients from the visit summary page and from the calendar. You are responsible for scheduling follow up appointments and adjusting the appointment visit length. When the visit has been completed you will be directed to the visit summary page. To schedule a follow up appointment click 'Scheduled Appointment'. Select 'Me'. Click 'Next'.

6. Set the date and time of the appointment. Psychiatrists will have the option to set the visit length, from the 'Visit Length' drop down select the appropriate visit length. To schedule a visit now click 'Schedule for right now'. Click 'Next'.

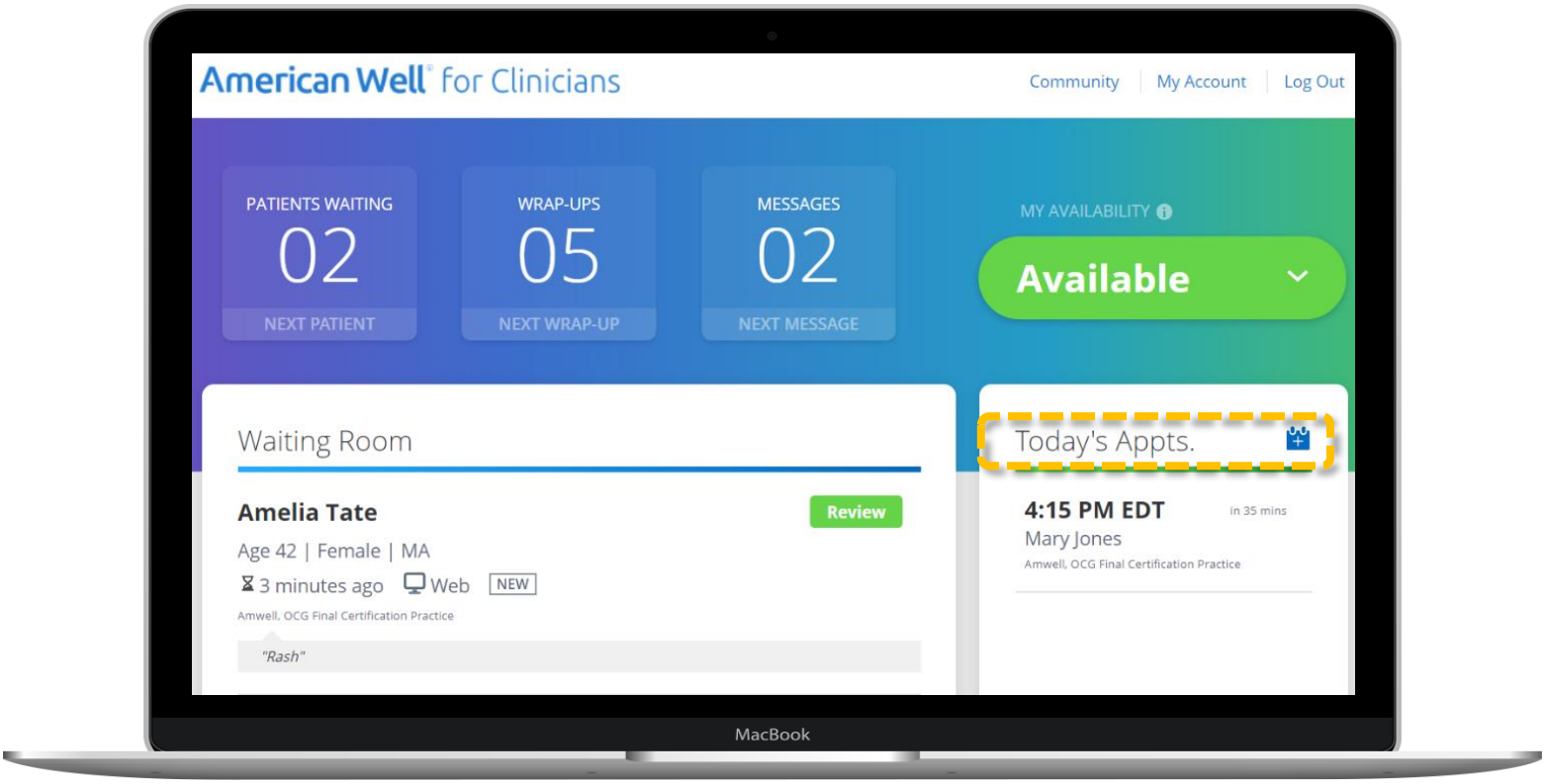
7. Entering the patient's health insurance information is optional. Click 'Next'.

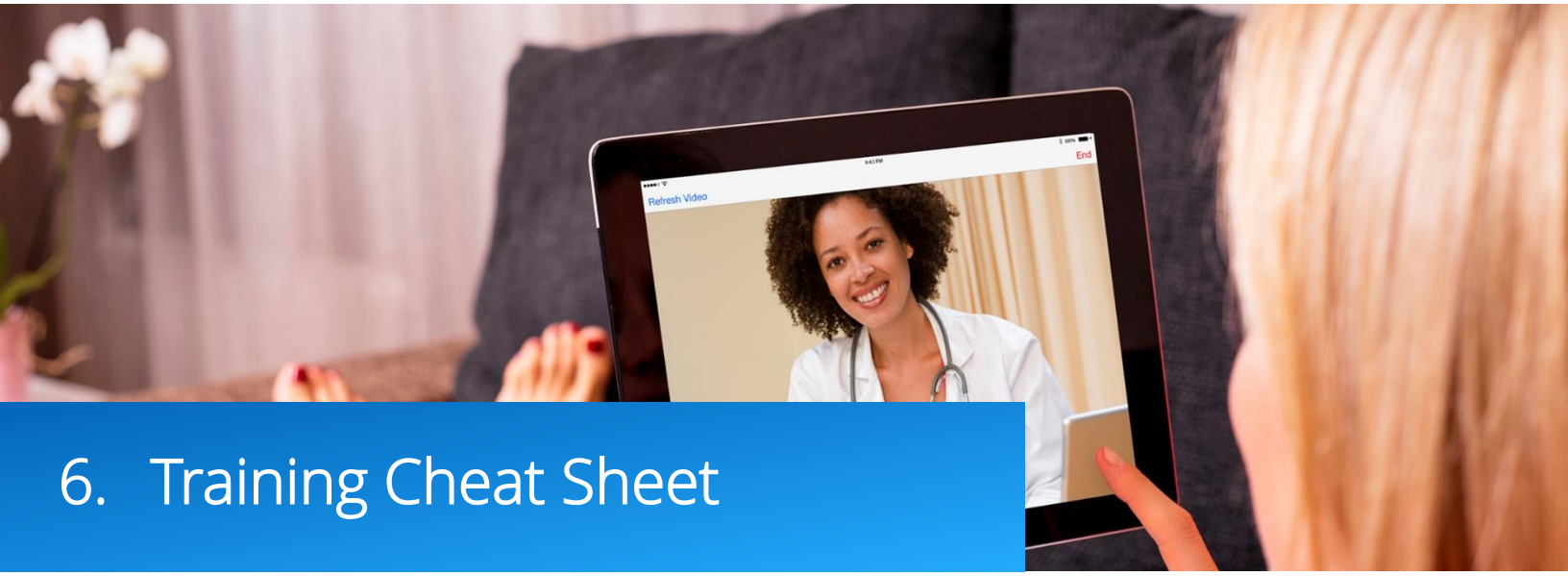


8. Review the patient's information, click 'Complete Visit Setup'. Click 'Ok'.



9. Click the blue icon next to 'Today's Appts.' to schedule an appointment from the web app, you will be directed through the same steps you completed when scheduling an appointment from the Wrap-Up.





6. Training Cheat Sheet

a. Webside manner:

- Professional/secure office environment
- Lab coat/professional attire
- Good lighting
- Look at camera
- Engage with patient
- Allow for questions/education

b. Practice expectations:

- Evidence Based Practice
- Antibiotic stewardship – no antibiotic for viral process, antibiotic for evidence-based criteria and duration of symptoms. Educated patients that antibiotics do not have value with viral conditions and will likely cause unwanted side effects
- Use of template – thorough documentation to support diagnosis and treatment plan
- Visits should last at least three minutes

c. Prescribing:

- No controlled substances
- No Gabapentin, Sudafed, Fiorcet, Tramadol
- No Lifestyle meds i.e. ED, weight loss, Lastisse
- Bridge refills- A 30-day bridge supply is preferred but can be increased to a maximum of a 90-day supply at the provider's discretion.
- Conditional scripts should be an exception and used for extenuating circumstances

d. Common urgent care conditions:

i. Sinusitis

- Follow GL for treatment of sinusitis i.e. severe symptoms, double sickening, duration of symptoms
- 1st line choice of antibiotics for uncomplicated sinusitis – Augmentin/Amoxicillin
- Doxycycline second line
- Steroids are not indicated for uncomplicated sinusitis

ii. Pharyngitis
- No empiric treatment for Health Care Systems
- Document Centor criteria and exposure to strep
- 1st line treatment PCN/Amoxicillin, 1st line
- No steroids

iii. UTI
- No pediatric UTI – refer in for in person evaluation
- No male's dysuria/UTI- refer in for in person evaluation
- Uncomplicated, nonrecurrent female UTI 18-55
- 1st line Macrobid/Bactrim
- Pyridium/Azo

iv. Otalgia/OM
- No ability for otoscopy - code as Otalgia
- Very conservative approach with treatment of otalgia/presumed OM
- 1st line of treatment Augmentin/Amoxicillin

v. URI /Bronchitis
- Viral
- Supportive measures
- No antibiotics

vi. PNA
- Refer in for auscultation

vii. Influenza
- Tamiflu treatment within first 48 hours of symptoms
- Can consider post-exposure prophylaxis per guideline
- High risk age, respiratory – refer in for in person evaluation

viii. Low back pain
- Supportive measures rest, ice, NSAIDS
- Conservative quantity of muscle relax, max 20 quality – sedation precautions

ix. Bacterial Vaginosis:
- Refer for culture
- Conservative approach to treatment with previously diagnosed/cultured BV infection

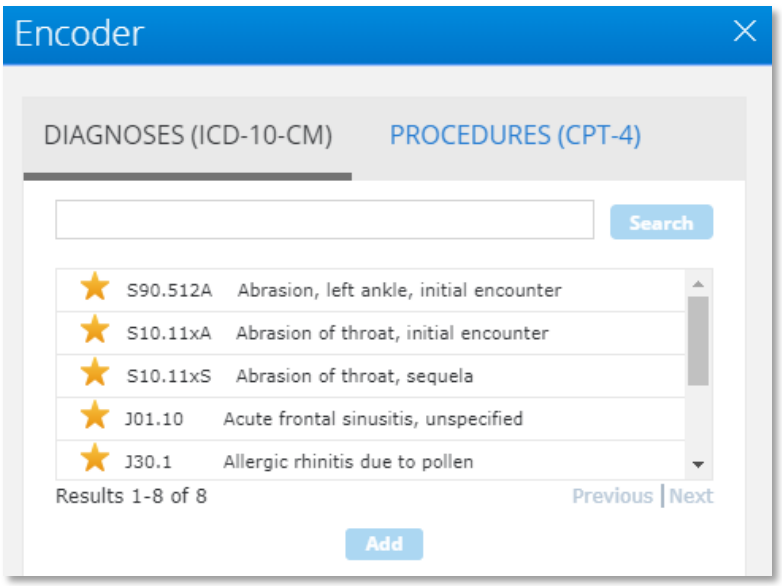
7. Master Class - Optimize Your Practice with Tips and Tricks from Practicing Providers

a. Save Top ICD-10 Codes as Favorites

i. When documenting visits in the encoder click the yellow star next to the ICD-10 code to save it is a favorite for future visits. Favorites are currently platform specific, meaning you will need to save favorites across each platform, about 80% of volume comes through Amwell and LHO, begin by favoriting ICD-10 codes in these two platforms.

ii. Some providers find it easier to find an ICD-10 code in a google search, find the code and copy and paste it in.

iii. Never use ICD-10 codes that include: W, X, Y, Z as the primary billing code.



Urgent Care Top ICD-10 Codes		
1	J01.90	Acute sinusitis, unspecified
2	J06.9	Acute upper respiratory infection, unspecified
3	J02.9	Acute pharyngitis, unspecified
4	N30.00	Acute cystitis without hematuria
5	J01.00	Acute maxillary sinusitis, unspecified
6	J20.9	Acute bronchitis, unspecified

7	N39.0	Urinary tract infection, site not specified
8	R05	Cough
9	J01.10	Acute frontal sinusitis, unspecified
10	J11.89	Influenza due to unidentified influenza virus with other manifestations
11	R21	Rash and other nonspecific skin eruption
12	R69	Illness, unspecified
13	J00	Acute nasopharyngitis |common cold]
14	N76.0	Acute vaginitis
15	J30.9	Allergic rhinitis, unspecified

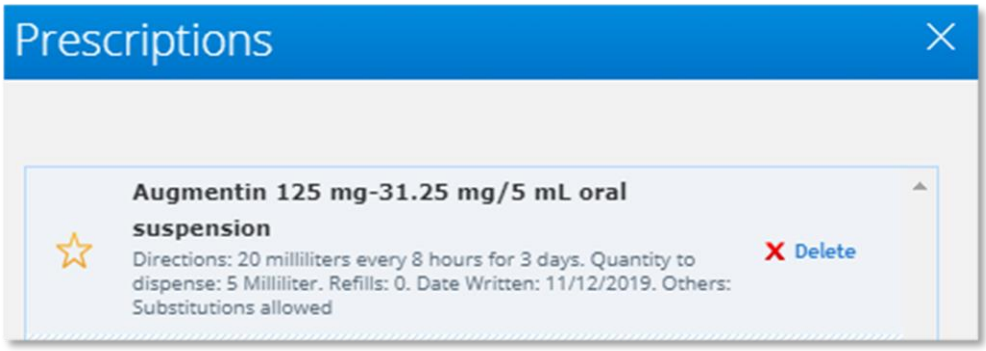
Therapy Top ICD-10 Codes		
1	F41.1	Generalized anxiety disorder
2	F43.23	Adjustment disorder with mixed anxiety and depressed mood
3	F41.9	Anxiety disorder, unspecified
4	F33.1	Major depressive disorder, recurrent, moderate
5	F43.22	Adjustment disorder with anxiety
6	F43.21	Adjustment disorder with depressed mood
7	F43.20	Adjustment disorder, unspecified
8	Z63.0	Problems in relationship with spouse or partner
9	F33.0	Major depressive disorder, recurrent, mild
10	F43.12	Post-traumatic stress disorder, chronic
11	F41.0	Panic disorder |episodic paroxysmal anxiety without agoraphobia
12	F34.1	Dysthymic disorder
13	F33.9	Major depressive disorder, recurrent, unspecified
14	F32.1	Major depressive disorder, single episode, moderate
15	F43.10	Post-traumatic stress disorder, unspecified

Psychiatry Top ICD-10 Codes		
1	F33.1	Major depressive disorder, recurrent, moderate
2	F41.1	Generalized anxiety disorder
3	F41.9	Anxiety disorder, unspecified
4	F33.41	Major depressive disorder, recurrent, in partial remission
5	F33.0	Major depressive disorder, recurrent, mild
6	F31.81	Bipolar II disorder
7	F41.0	Panic disorder |episodic paroxysmal anxiety without agoraphobia
8	F33.2	Major depressive disorder, recurrent severe without psychotic features
9	F31.9	Bipolar disorder, unspecified
10	F33.42	Major depressive disorder, recurrent, in full remission
11	F32.1	Major depressive disorder, single episode, moderate
12	F42.9	Obsessive-compulsive disorder, unspecified
13	F43.12	Post-traumatic stress disorder, chronic
14	F34.1	Dysthymic disorder
15	F33.9	Major depressive disorder, recurrent, unspecified

Nutrition Top ICD-10 Codes		
1	E66.9	Obesity, unspecified
2	Z71.3	Dietary counseling and surveillance
3	E66.3	Overweight
4	E66.8	Other obesity
5	E78.00	Pure hypercholesterolemia, unspecified
6	I10	Essential (primary) hypertension
7	R69	Illness, unspecified
8	E11.9	Type 2 diabetes mellitus without complications
9	E78.5	Hyperlipidemia, unspecified
10	E66.09	Other obesity due to excess calories
11	Z39.1	Encounter for care and examination of lactating mother
12	R63.6	Underweight
13	E66.01	Morbid (severe) obesity due to excess calories
14	R03.0	Elevated blood-pressure reading, without diagnosis of hypertension

b. Save Prescriptions as Favorites

After adding the prescription into the patient's record click the yellow star to save as a favorite. When adding favorites, it is most useful to define a specific diagnosis, or an age range (flu for kids <60kg or otitis externa). To align with state and federal regulations and to ensure we do not enable drug seeking behaviors, prescribing of the follow medications is prohibited: narcotics, controlled substance, Gabapentin, Tramadol, Nubain, Pseudoephedrine, Ephedrine.



Urgent Care Top Prescriptions		Psychiatry Top Prescriptions
1.	Augmentin	Zoloft/Sertraline
2.	Tamiflu	Wellbutrin/ Bupropion
3.	Amoxicillin	Lexapro/Escitalopram
4.	Macrobid	Prozac/Fluoxetine
5.	Prednisone	Celexa/Citalopram
6.	Bactrim	
7.	Tessalon Perles	
8.	Polytrim	
9.	Azithromycin	
10.	Doxycycline monohydrate	
11.	Polymyxin B sulf-trimathoprim	

c. Keep List of Patients

Keep a list of patient initials, DOB, state and platform to refer to if changes need to be made to the patient record following visits. As a reminder do not keep personal identifying information for patients such as full name on computers or desks, as this is a violation of HIPAA.

d. Document in Conversation with Patient

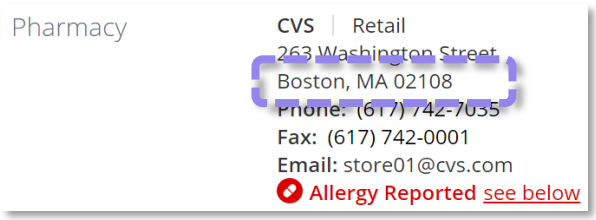
As you become familiar seeing patients online you can optimize your practice by pulling up a template upon verifying chief complaint and document on the fly typing HPI while maintaining eye contact with the patient. This is not required.

e. Review, Copy and Paste Patient's Health History from Prior Visits

Save time by reviewing a previous note and copy and pasting past medical history, past surgical history, standard of care, medications, etc. Alternately, you can copy and paste from the history tab. Always reconcile health history with the patient.

f. Check Location of Patient's Pharmacy

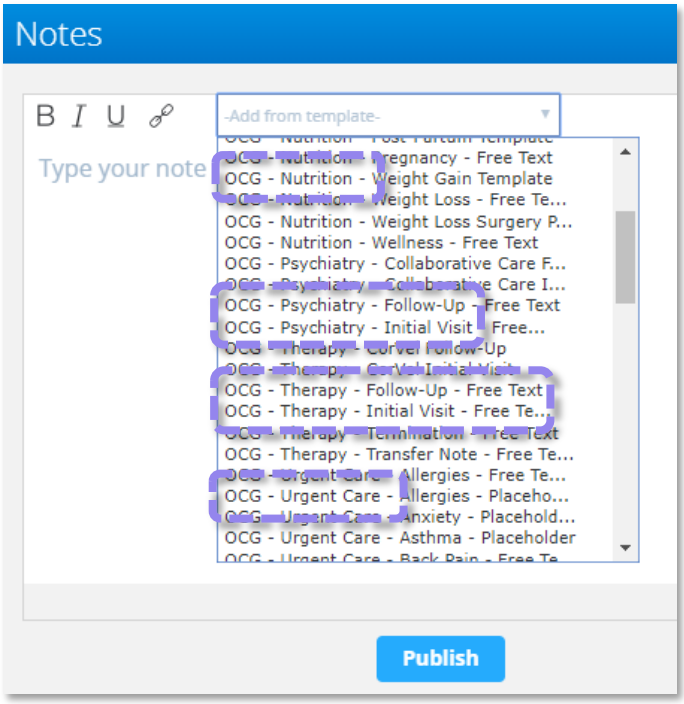
When entering the visit with the patient review the patient's pharmacy in addition to location, this often reveals if a patient is in a state you are not licensed in.



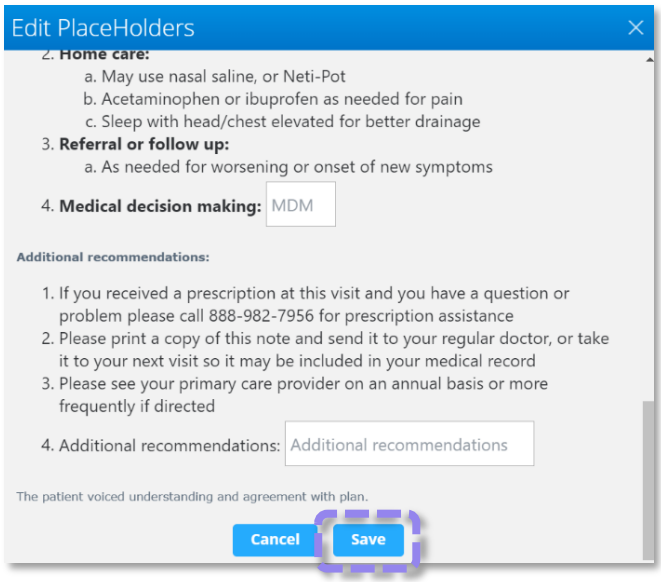
g. Look at Age and Platform:

If there is a disconnect between the platform and the patient age explain to the patient that you will need to cancel the visit and ask them to connect on the age-appropriate practice. The patient's age, platform and practice are listed on the Review Visit Details page prior to entering the visit. Once you have explained to the patient why you need to cancel the visit, end the visit and click the cancel the visit button (ex. patient age is >18 and LHO- Medical for Kids, connect and redirect).

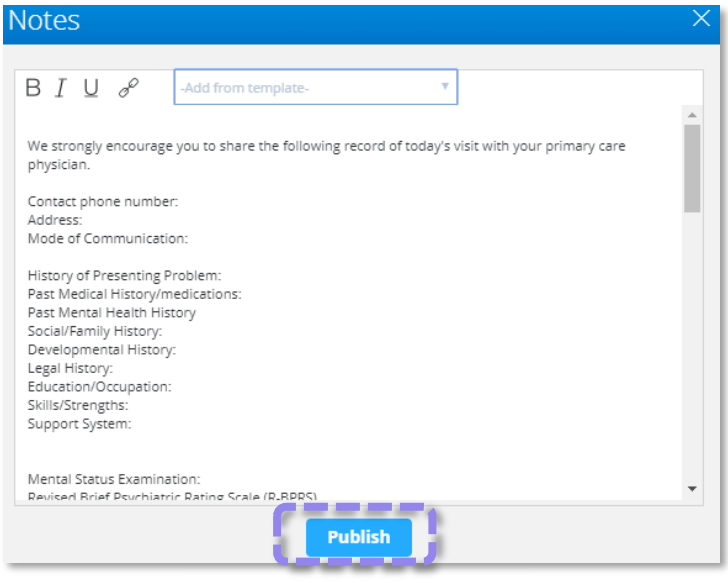
h. Use Note Templates: There are note templates loaded for every provider type, click – Add from Template – to review



i. Save or publish before leaving note templates

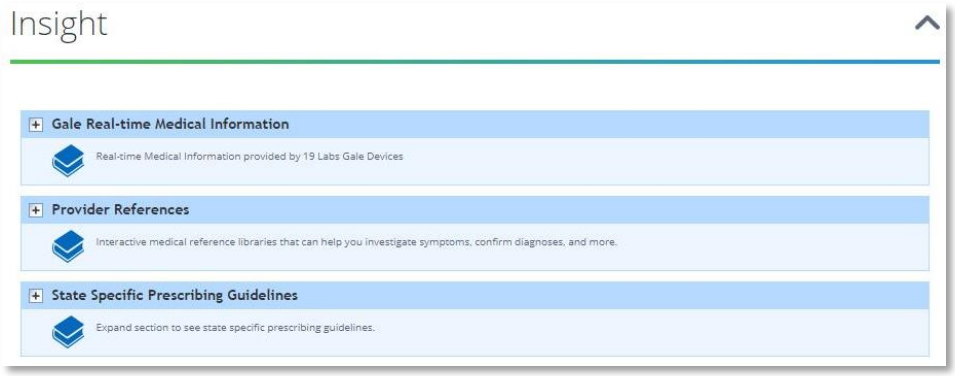


Placeholder Note Template



Free Text Note Template

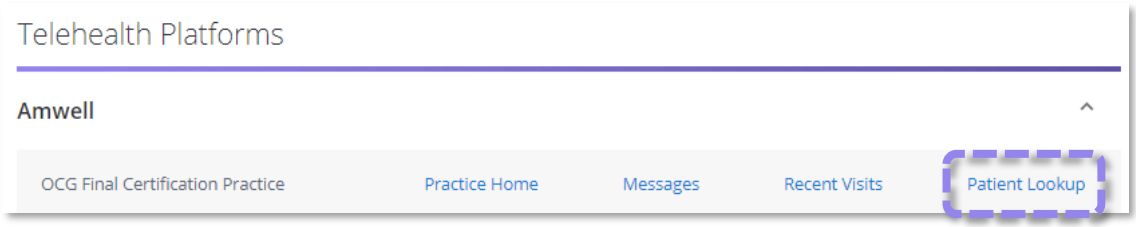
j. Always Review Insight Section



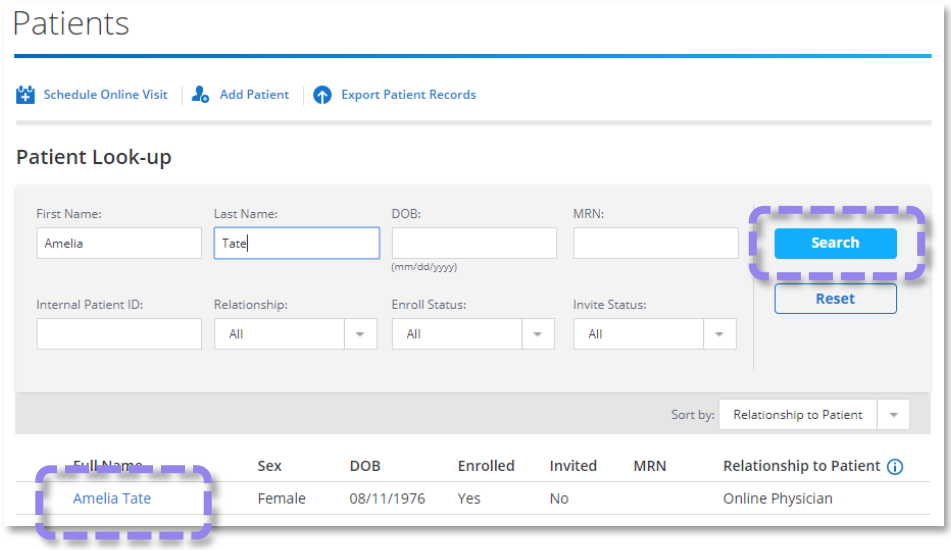
k. Add an Addendum After a Visit

Wrap-ups cannot be edited after they have been submitted, but an addendum can be added to the patient record. Add an addendum anytime you make a change to the patient's record following a visit.

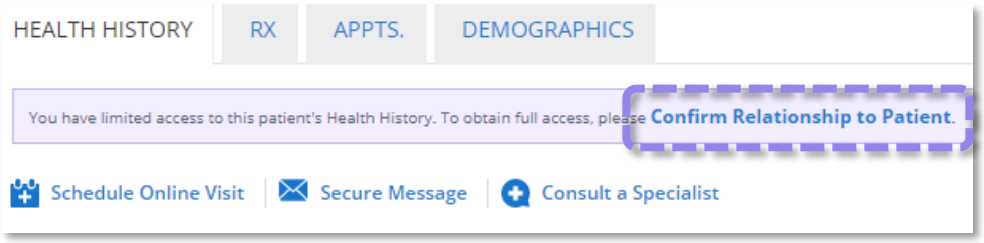
a. To add an addendum to a patient record scroll down to the telehealth platforms section of the American Well for Clinicians web app. Click 'Patient Look Up' in the platform and practice you saw the patient in.



b. You will be directed to the Patient Look-Up. Enter the Patient's First and Last Name. Click Search. Click the patient's name to open their record.

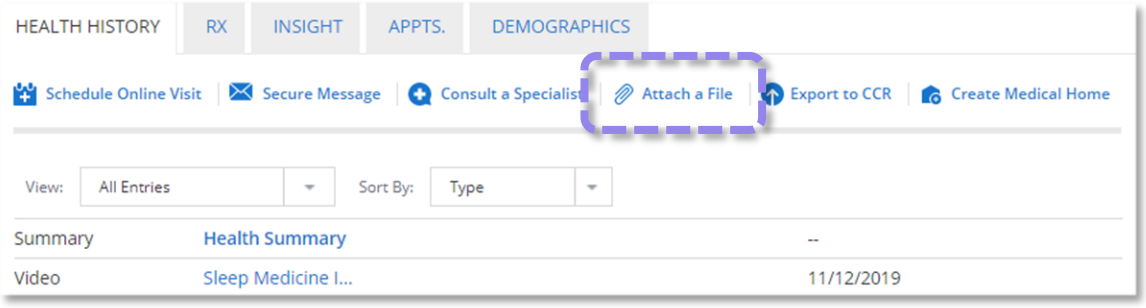
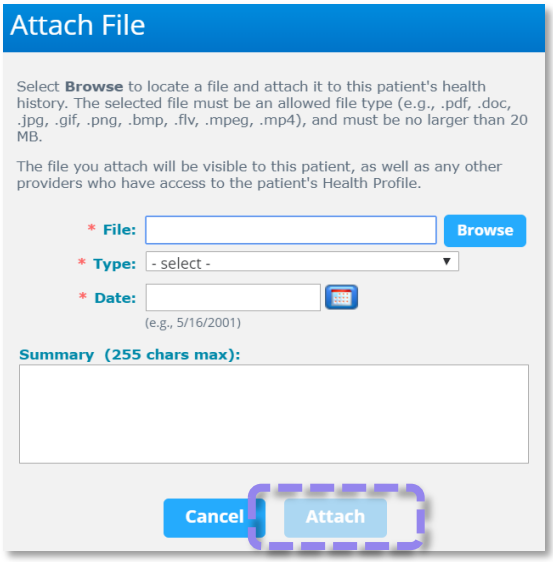


c. Confirm relationship to patient.



d. Enter your initals and click confirm.

e. Click 'Attach a File'.



f. Select the file, type, date and add a summary. Click 'Attach'. The file will now be linked to the patient's health history.