

Virtual Visit Workflow

Getting started

1. Set up a virtual visit column on your management software
2. Decide how long you would like each appointment to be (This is 15 minutes at Neal Smiles at this time since the Doctor is doing the entire visit)
3. Set up a virtual treatment template utilizing
 - a. TC column for New Patients
 - b. VT column for Existing Patients
4. Decide who will be performing the appointments, Dr, staff, or a combination of both. Evaluate Doctor time during the crisis so that you can factor that into your templated schedule once regular operations ensue.

Making Appointments

1. Have an organized staff member (clinical staff) go through all existing appointments on the schedule that will not be able to be seen in office
2. Have staff member call patient, evaluate what aligner patient is on or if there are any other emergent issues with brackets, elastic needs, etc.
3. Staff members order replacement aligners as needed and put notes in chart so doctor will be able to evaluate IPR, elastic wear, other concerns patients may have, and discusses delivery of aligners, elastics, etc...
4. Staff member makes appointment with patient at the time of the call and explains the process of what to expect and what to do prior to appointment

Prior to appointment

1. Front office texts or emails patients' information about virtual meeting and sets the time in the software (zoom, gotomeeting, etc....) making sure to put patient's name (or initials for HIPPA purposes) to make it easy for Dr. to compare time in VV software and management software.
2. Front office also sends link to "Smile Snap" for patient to take photos prior to appointment or emails instructions on how to take and deliver photos.
3. If Doctor will not be on the virtual visits, the doctor will need to evaluate photos and put recommendations in chart under their VV appointment so assistants can give recommendations. (Please check your state telemedicine laws)

During Appointment

1. Open up VV software, Management software, Smile Snap, Clincheck or aligner software, and Text software for your office if you have that capability. I use 3 screens for this.
2. If patient does not get online within a minute of your appointment, I text immediately to see if they are having trouble and will call. This prevents patient frustration and keeps you on schedule
3. Chart and satisfy your VV, create a “next appointment” based on ideal timing. This is CRUCIAL as it will provide you with a better sense of who the first patients are that need to be seen once you are up and running. Many appointments can be stretched out, especially for aligner patients that have their trays without the need for IPR. Things I have found
 - If you are nearing DB, and you have done very slight bends, you can tell if they are ready for DB or if they need another detail appointment. This can save you many appointments
 - If a brace case is closing space, consider using Class I elastics selectively to keep space closure moving forward
 - If patients are absolutely in a holding phase, or ready for DB, they should be the first to be scheduled
 - If elastics have worked, you can start tapering them down so DB will be happening sooner
 - Do not start to fill your regular schedule until we are cleared to see patients, this will just create more work for staff if we are not able to get back on the predicted date
 - Text the patient prior to appointment to get floss if you will be checking for IPR or space closure. This can help you decide if you should continue or put them in a holding phase
4. Put instructions for staff member follow up on our team website on what they need to do (Meister task, Slack, etc....)
 - Put aligners out for pickup/mail as needed
 - Put elastics out for pickup/mail as needed
 - Instructions for ordering replacement retainers or warranty not already complete
 - Emergency kits

***Virtual consults will be similar, with more engagement from TC. All pre-appointment duties normally done should try to be accomplished prior to virtual consult. The treatment plan will need to be verified at the time of the first visit/start when patient is seen in office. A virtual consult or virtual visit will not replace the need for in-office treatment and there are limitations to what can be accomplished virtually.

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