Overview:

- UW Medicine Clinics (includes all UW Medicine based clinics, including rehabilitation therapy outpatient clinics, Eyes on James, and the UW Medicine Sleep Center) will remain open on a modified schedule based on anticipated volume. People need health care for in-person urgent needs and we do not want the only available access point for that care to be our emergency rooms or telehealth.

- Providers and care teams must determine which care in their specialty is clinically urgent or essential in order to continue a plan of care for a patient.

- We need providers to use their clinical judgment on whether patients should come in for an in-person appointment vs. manage using telephone, or telehealth where available vs. postponing/rescheduling to a later date. Each provider will make a decision under the guidance of the clinic medical director.

- The current guideline for clinical judgment is to identify those non-urgent visits that can be postponed without causing patient harm while allowing the continued care for those who should be seen in order to not adversely impact their health.

- For more routine visits providers should look to see if there is an alternative way to deliver this care, such as telehealth.

- Most specialty clinics have not yet been set up to deliver telehealth. We will continue to expand across all areas with a focus first on ensuring telehealth is in place for all Primary Care locations, followed by specialty clinics caring for higher risk patients (e.g., transplant, rheumatology, cancer). A telephone visit may be an intermediate option until telehealth is available. When expanding telehealth we will be mindful of the fact that not all appointments can be conducted virtually and there is higher financial impact for hospital-based clinics as the facility fee is not eligible for reimbursement.

- We are asking the Contact Center to schedule routine/non-urgent in-person visits on or after 5/1/2020 to ensure we can continue to offer patient access – if a patient wants to be seen in-person before 5/1 the patient will be transferred to the clinic, unless telehealth is an option.

- The below recommendation is fluid given the changing environment (i.e. government directives) and will be revisited regularly.

- Ambulatory Leadership will work with Clinic Medical Directors and Clinic Managers to create a modified clinic schedule (i.e. opening clinic 3 out of 5 days)

Operational Recommendations:

UWNC Primary Care:

- For patients who call for an appointment we will offer telehealth or telephone appointments when medically appropriate. If a patient is dissatisfied or is unable/unwilling to utilize telehealth they will be warm transferred to the clinic so the care team can arrange appropriate care. If the request is after hours a telephone encounter will be sent.
• Until further notice, Online scheduling tools (eCare Direct Scheduling, online Open Scheduling) will be adjusted to only allow patients to schedule telehealth appointments.
• Fast Pass cannot be adjusted to only offer telehealth at this time so will be turned off until further notice.

**All Other Clinics**
• For patients who call for an appointment we should offer an in person appointment on 5/1 or later.
• For patients who request an appointment prior to 5/1 we will offer them telehealth or telephone visits when medically appropriate. If a patient is dissatisfied or is unable/unwilling to utilize telehealth they will be warm transferred to the clinic so the care team can arrange appropriate care. If the request is after hours a telephone encounter will be sent.
• Online scheduling tools (eCare Direct Scheduling, online Open Scheduling, Fast Pass) currently do not support telehealth visits and will be turned off until 5/1.

**For All Clinics**
• We will continue to monitor and adjust the above as needed
• 7 & 3 day appointment reminders will stop until further notice.
• 1 day appointment reminders will be sent & include approved language to advise what to do if they have symptoms, etc.

**Clinic Implementation Guidelines:**

**UWNC Primary Care:**
• Continue to engage with Patient Access Liaisons if/when scheduling protocols change
• No further action needed at this time to support the above recommendations

**All Other Clinics:**
• Reach out to your Patient Access Liaison if/when scheduling protocols change
• Reach out to your Patient Access Liaison to initiate Contact Center or online scheduling of telehealth visits