

Sample Pathway: Routine Health Maintenance (RHCM)-Adults

Patient engages in self-care and provides remote monitoring values in the patient portal

Telehealth visit with RN or mid-level provider to review RHCM needs

- Clinician places all orders including: pap, mammo, FIT, labs, eye, etc.
- If BH or nutrition consult required, warm hand off offered
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- CHW or MA educates patient on portal and video technology
- In-person appointment with PCP booked

1 month in-person appt with PCP, data reviewed, exam done

- RN administers any vaccines and provides any education required including adherence counseling
- Patient meets with other care team if need i.e. BHI, nutrition, PharmD

Medications delivered to the home

6 months if needed, Telemedicine by care team member based on needs (can be PCP, RN, CHW, PharmD)

Appropriate screenings repeated (i.e. phQ9)

Telehealth visit with RN or mid-level provider to review RHCM needs and prepare for PCP face to face appt

Throughout the year, care team re-evaluates patient's care outcomes, trend on screenings, adherence to medication, and utilization.

Clinical Pathways for Virtual Care & Hybrid Models

Virtual and hybrid models of care create opportunities for a variety of patient touchpoints over time.

1. **In-Person Visits**
In-person visits at health center
2. **Telemedicine Visits**
Billable phone or video visit
3. **Phone Check-Ins**
Important touchpoint by a non-billable provider
4. **Home/Community-Based Care & Monitoring**
Home visits, remote patient monitoring

In-Person Visits

Telemedicine
Visits

Phone Check-Ins

Home/Community
-Based Care &
Monitoring