

# Suggested Provider TelePrEP EHR Documentation

*Objective: This is suggested content to include within Electronic Health Records (EHR) documentation for a TelePrEP visit.*

Encounter Start Time: \_\_\_\_\_

Encounter End Time: \_\_\_\_\_

Date: \_\_\_\_\_

Purpose of Encounter:

- Initial PrEP Consultation
- PrEP Follow-up Visit

This was a TelePrEP visit with \*\* (Client First name, last name) \*\* who was alone and in a private space. The visit took place via real-time video connection on \*\* (Specific Video Conferencing Platform here) \*\* or via telephone. During the visit, I, the provider was located at (home or office) in the state of \_\_\_\_\_ and the client was located at \_\_\_\_\_ in the State of \_\_\_\_\_.

The client has been informed that the visit may not be secure and acknowledged the information. After being given an opportunity to read over, ask questions, and discuss the consent form for this type of visit, they verbally consented to proceeding with the telephone/video visit. The client understands that this service replaces an office visit and they may be billed and/or responsible for any applicable copayments.

Total encounter time was \_\_\_\_\_ minutes, which includes time spent pre-charting, the encounter with the client, and post charting. This also includes time spent counseling and coordinating care. The client was counseled on) \_\_\_\_\_ (Could be cost, support services, side effects, lab testing, risk reduction, and medication adherence.)

Billing codes here: \_\_\_\_\_

New or return visit code: (Place code here)

Time of the visit code: (Place code here)

\_\_\_\_\_  
*Electronic Signature of Provider*

## History

This TelePrEP visit was with a \*\* (age here) year old \*\* (sex here) \*\* who is at risk for acquiring HIV and is here for a \*\* (follow-up/initial consultation) \*\*.

*(If a Follow-up) There prior records were reviewed and discussed with the client. We discussed their prior lab results. More detail about the client can go here.*

I have reviewed allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Their last HIV test was \_\_\_\_\_ months ago and was performed at \_\_\_\_\_.

They report no medical issues today that they want to discuss; reports no symptoms of acute HIV today.

They report having missed doses in the past 7, 30, 60, 90 days of: (put answers here)  
*(If initial Consultation, report if the client has taken PrEP before)*

*(If on PrEP, report any side effects the client is reporting for medication)*

*Report if the client has engaged in sex in the last 3 months*

*Report if the client has partners and how they find their partners (apps like Grindr, Jack'd, etc.).*

*Report more information on partners*

They report the total number oral/vaginal/anal sexual partners\* in the past 3 months:

Anal\*\* sexual partners:

No condom use:

Partners living with HIV:

Partners while under the influence of alcohol:

Partners who practice IDU:

Partners who take PrEP:

*Report on use IV drugs, crack, cocaine, opioids, or tobacco in the last three months. Also, report average drinking per week.*

We discussed various PrEP options that exist (TAF VS TDF), the new data surrounding PrEP safety, and untransmutable equals undetectable. We discussed communication when deciding on stopping and restarting PrEP. The client was directed to websites regarding PrEP information and safe sexual practices.

We discussed the individual's insurance coverage and if TAF was an option. We also discussed the generic form of Truvada and its equivalent efficacy/effectiveness as Truvada in anticipation of insurance coverage changes with PrEP. For those with no insurance we also discussed programs (Government, Pharmacy Programs, etc.) *Add anything else that was discussed here, (ex: any client intake/follow-up forms to fill out or information on pharmacies)*

They report no mental health diagnoses, suicidal and homicidal ideations, nor recent medical events or hospitalizations.

They report having no current penile, vaginal, or rectal discharge nor any genital warts, ulcers, vesicles, rashes, or other lesions.

They report no physical, sexual, psychological, or verbal violence by their partner, friends, or family. They report feeling safe at home. They live *(alone or with \_\_\_\_\_)*.

They are out to their family, friends, and relatives. They have enough support. Local CBOs were also provided that could provide support on this topic.

They currently *(have/do not have)* a primary care provider. We discussed the need for recommended vaccines for their age group and sexual practices. *(Refer a provider if needed)*.

The client was notified of resources in the area for primary care, mental health, testing, housing, food banks, and other supportive services.

### **Modified PHQ-2**

Over the last 2 weeks, have you had little interest or pleasure in doing things? *Report the client's response*

Over the last 2 weeks, have you been feeling down, depressed, or hopeless. *Report the client's response.*

### **Review of Systems**

As per HPI, ROS was *(positive for \_\_\_\_\_ or negative)* on comprehensive review

## Physical Exam performed via *video* visit example

Vitals were reviewed within the computer.

Client is located in a private, secure \_\_\_\_\_ (i.e. parked car, room in the office, room in their home, other).

*The Telehealth Ten guide below for documentation of virtual physical examination is from The American Journal of Medicine. \*\*\* (Benzinger et al. 2021).*

Vital Signs: *weight, blood pressure, pulse, oxygen saturation, temperature*

Skin assessment: *rashes, bruises, swelling*

HEENT: *asses vision, hearing, sense of smell, observe throat, swallowing*

Neck: *Asses pain with rotation, jugular venous distension, Corrigan's pulse*

Lungs: *Deeply inhale and hold; observe wheezing and tachypnea*

Heart: *Assess pulse; incorporate data from wearables*

Abdomen: *assess if abdomen is firm, tender, or distended*

Extremities: *Press thumb into pre-tibial area and assess edema; perceived temperature*

Neurological: *speech, gait, Romberg, stand from seated position*

Social determinants of Health: *Diet, physical activity, sleep, stress, housing, transportation, safety, mood*

## Physical Exam performed via *telephone* visit example

Vitals were reviewed within the computer.

Client is located in a private, secure \_\_\_\_\_ (i.e. parked car, room in the office, room in their home, other).

General: alert and oriented, does not sound like the client is in acute distress or short of breath; able to speak in complete phrases without difficulty

Psych: affect normal and judgement normal

## Assessment and Plan

1. HIV Exposure: Start PrEP/continue PrEP as daily oral generic TDF/FTC via \_\_\_\_\_ insurance. Adherence counseling, risk reduction counseling, and substance use counseling was provided. Medication side effects were discussed, appropriate labs were ordered, and records were obtained from outside providers as needed. The Client expressed understanding of this visits and the items schedule for their next visit. Monitor PrEP with quarterly HIV testing and biannual renal testing. During the next visit, the client will need HIV 4<sup>th</sup> generation and STI testing
2. Health Maintenance: Referred to PCP as needed, recommended vaccinations, referred to insurance navigator as needed.
3. Mental Health: Referral given and will continue to assess mental health
4. Information regarding sexual practices during the pandemic provided and the client was referred to websites at Fenway Health and the New York City Health Department

## Footnote:











\*Change reporting depending on gender and sexual preferences.

\*\* HIV has the highest risk of transmission through anal sex. It is important to document anal sexual partners.

\*\*\*See appendix A for a visual representation of the Telehealth Ten Guide.

**Source:** Benzing, Catherine, P., Mark D. Huffman, Rayna N. Sweis, Neil J. Stone. "The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination." *The American Journal of Medicine*, no. 134 (2021): 48-51. doi <https://doi.org/10.1016/j.amjmed.2020.06.015>.

Appendix A: Ten-step checklist for a patient-assisted physical examination.

	<p><b>Step 1: Vital Signs</b> -Weight, blood pressure, pulse, oxygen saturation, temperature</p>
	<p><b>Step 2: Skin assessment</b> -New bruises, rash, swelling</p>
	<p><b>Step 3: Head, Eyes, Ears, Nose, and Throat</b> -Assess vision, hearing, sense of smell; observe throat, swallowing</p>
	<p><b>Step 4: Neck</b> -Assess pain with rotation, jugular venous distension, Corrigan's pulse</p>
	<p><b>Step 5: Lungs</b> -Deeply inhale and hold; observe wheezing and tachypnea</p>
	<p><b>Step 6: Heart</b> -Assess pulse; incorporate data from wearables</p>
	<p><b>Step 7: Abdomen</b> -Assess if abdomen is firm, tender, or distended</p>
	<p><b>Step 8: Extremities</b> -Press thumb into pre-tibial area and assess edema; perceived temperature</p>
	<p><b>Step 9: Neurological</b> -Speech, gait, Romberg, stand from seated position</p>
	<p><b>Step 10: Social Determinants of Health</b> -Diet, physical activity, sleep, stress, housing, transportation, safety, mood</p>

Source:

Benzinger, Catherine, P., Mark D. Huffman, Rayna N. Sweis, Neil J. Stone. "The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination." *The American Journal of Medicine*, no. 134 (2021): 48-51. doi <https://doi.org/10.1016/j.amjmed.2020.06.015>.