RE-ESTABLISHING YOUR PRACTICE

Guidelines/Recommendations

Palm Beach County Medical Society COVID-19 Task Force

As of May 1, 2020

The United States is experiencing an unprecedented public health emergency from the COVID-19 pandemic. Healthcare resources in many areas are stretched to their limits of capacity, and surge areas have been needed to augment care for patients with COVID-19. To expand capacity to care for these patients and to conserve adequate staff and supplies, especially personal protective equipment (PPE), on March 18 the Centers for Medicare & Medicaid Services (CMS) recommended limiting non-essential care and expanding surge capacity into ambulatory surgical centers and other areas.

However, CMS recognizes that, at this time, many areas have a low or relatively low and stable incidence of COVID-19, and that it is important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID-19 healthcare. In addition, as States and localities begin to stabilize, it is important to restart care that is currently being postponed, such as certain procedural care (surgeries and procedures), chronic disease care, and, ultimately, preventive care. Patients continue to have ongoing healthcare needs that are currently being deferred. As a result, many states, including Florida, are proceeding to re-open their economies in a measured and controlled manner, including physician practices.

Maximum use of all telehealth modalities is strongly encouraged. However, for care that cannot be accomplished virtually, these guidelines and suggestions – what we know and can provide as of this date – may guide healthcare systems, physician practices, and other facilities as they consider resuming in-person care of COVID-19 and non-COVID-19 patients.

Care should be offered to patients as clinically appropriate and within a, facility that has the resources to provide such care and the ability to quickly respond to a COVID-19 cases, if necessary. Your decisions should be consistent with public health information and in collaboration with State public health authorities.

Careful planning is required to resume in-person care of all patients and all aspects of care must be considered, developed, and implemented — for example:

- Adequate facilities, workforce, testing, and supplies
- Adequate workforce across phases of care (such as availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support, and post-surgical care)
- Thorough preparation of staff in terms of education, patient flow/access and infection control
- Thoughtful and appropriate communication with patients, families and other providers

As physicians begin to safely and cautiously approach re-establishing their medical practices for office visits, the PBCMS respectfully offers the following guidelines and suggestions for your use. We may re-issue these guidelines and suggestions as new advice and requirements are available from the CDC, CMS, OHSA, FMA, AMA, the State of Florida and other relevant sources. Further, the PBCMS is not providing legal or regulatory advice but is sharing the results of extensive research and review into this area with you.

This document is set up in 3 parts –

1. ***HIGH LEVEL:*** a quick summary for practices confident that they are quite prepared now (pages 3-4)
2. ***MEDIUM LEVEL:*** a slightly more detailed section for practices that want a good tool to address most areas of their practice (pages 5-9)
3. ***DETAILED CHECKLIST LEVEL:*** a very detailed "checklist"-type section for practices who feel they need to be very thorough in their preparation (pages 10-15)

Finally, the document ends with a list of Source Materials used to prepare it (page 16). As time goes on and we feel further updates are in order, we will make them and alert you to the availability of the next version of the document. We have also included several Users Notes Pages (pages 17-18) for you to use for notes.

HIGH LEVEL: QUICK SUMMARY OF KEY STEPS TO TAKE PRIOR TO RE-ESTABLISHING YOUR PRACTICE

Consult the Local Public Health Department

- Local stay-at-home orders vary widely from county to county.
- When and to what extent a practice can reopen for patient visits will depend on local orders and conditions.
- FMA recommends that physicians consult their local public health departments for guidance on the rules in their area.

Construct a Financial and Staffing Plan for Re-establishing Your Practice

- Practices that have shut down completely will need to plan for a gradual reopening.
- It is likely that patient volume will return slowly, and the office may not need to be fully staffed at all times.
- Practices should plan both their finances and staffing to account for this reality.
- See Financial and Staffing sections for more detailed suggestions.

Develop Safety Protocols

- Patients may be fearful about interacting with the health care system.
- Staff may also be fearful about interacting with patients in the office.
- With proper safety precautions in place, a physician's office is one of the safest places to be.
- See Safety Precautions, Office Preparedness and Triage/Patient Flow sections for best practices.

Assess the Supply of Personal Protective Equipment

- Both the federal Centers for Disease Control and Prevention (CDC) and the Florida Department of Health have published guidelines for the use of personal protective equipment (PPE).
- Physicians should assess their supply of PPE based on these guidelines, with some margin for error in case of a further disease outbreak.

Consider the Role Telehealth Will Play in Reopening

- During the pandemic, many physicians have either implemented or expanded the use of telehealth to continue seeing patients.
- Practices who have not yet implemented telehealth may wish to consider how it can support safe patient care during reopening.
- Practices that have implemented telehealth can work on moving to a hybrid model, with patients seen both in office and virtually.

Clearly Communicate with Patients about Practice Changes

- As practices reopen, they should communicate with their patients clearly about their safety protocols.
- As described below, many of the changes a practice might make will require patients changing their usual routines.
- Informing them upfront will serve to allay their concerns and ensure that they are properly prepared.

Be Watchful of Medication Shortages

- Patients coming back to their doctors, combined with potentially compromised supply chains, may make it difficult for patients to get their usual medication.
- Physicians should consider alternatives and set expectations with patients if medications become unavailable.

The next section contains more specific information for your review and consideration in re-establishing your practice.

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MEDIUM LEVEL: MORE DETAIL FOR PRACTICES WHO WANT TO ADDRESS MOST PRACTICE AREAS

FINANCIAL CONSIDERATIONS

1. ***Consider the Cash Needs of the Practice and Available Funding Sources***

   As practices reopen, revenue and patient volume may increase slowly and unevenly.

   Physicians should carefully consider their cash needs for reopening, and all available funding sources, both private (bank loans) and public (such as SBA loans or government grant funds).

2. ***Address Accounts Payable***

   Organize your accounts payable and develop a plan to repay any vendors to whom you deferred payment including rent, utilities, vendors, Centers for Medicare and Medicaid Services (CMS) advanced payments, or any other payor advanced payment or loans.

   Maintain open lines of communication with payors and vendors that you may need to defer payments due.

3. ***Plan to Meet Existing Obligations***

   Practices should review contractual obligations from managed care payors, such as timely filing limits for claims and appeals, or submission of any encounter and/or quality data required.

   It is also a good idea to check employment agreements, vendor contracts, and lease agreements.

   Reviewing these agreements and contracts for any clauses regarding termination, late payments, late fees, interest, etc. can save bigger headaches down the road.

   Maintain open lines of communication with payors and vendors on reporting or other obligations that you may not meet.

4. ***Develop a Monthly Budget***

   This will help on a go forward basis as things move to normal business.

   Practices can identify what costs the most on a monthly basis and adjust, as necessary.

5. ***Talk to Vendors***

   If vendors know that the office is reopening, and will have revenue again, they may be willing to negotiate reduced rates, deferred payments or other considerations.

   Practices should contact vendors and see what they are offering in the way of help with startup or re-establishment of the medical practice.

6. ***Tackle Accounts Receivables Consistent with Ramping up Your Practice***

   As the office reopens, practices should continue or re-start collection activity and implement an internal process to follow up on outstanding claims.

   Office staff can pull financial reports (Insurance Aging, Patient Aging, Adjustment Report, ideally starting in the 60 day and older aging buckets).

The goal should be to make sure every claim has been followed up on covering patient schedules for the upcoming one or two weeks.

7. ***Verify Patient Contact and Insurance Information***

When patients return to the office, their life circumstances may have changed.

Office staff should confirm patient contact information, including address and phone number.

Patient insurance eligibility and benefits should be checked to determine if eligibility is effective, or if copay and deductible amounts have changed.

If patients have an outstanding balance, practices can offer payment plans. It is important to communicate with patients at the time of confirming appointments.

8. ***Analyze Revenue Streams***

Billing staff should understand the Days Revenue Outstanding (DRO), which is the average number of days it takes to collect on the practice's accounts receivable.

It is important to have an accurate understanding of revenue streams as payments may have been delayed, compared to past revenue trends, or incorrect due to payor delays in implementing telehealth requirements or other related factors.

Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary.

STAFFING CONSIDERATIONS

1. *Right Size Physician and Staff Work Force*

As noted above, practice revenue and patient volume may come back slowly, in cycles, and unevenly.

To prepare for this, practices should consider staffing adjustments, which may include bringing staff and physicians back in different waves.

Personnel can be placed on rotating teams or via telecommuting for certain positions, if possible.

2. *Consider Options for Vulnerable Staff*

- Working in health care immediately puts health care workers at risk and at higher exposure.
- The risk is even higher for vulnerable staff – those over the age of 60 or with pre-existing conditions.
- Having internal policies for these workers can help all employees feel safe while working.
- Workers in vulnerable populations may be shifted to different roles that minimize their risk of exposure.
- This may include various duties, such as consulting with younger staff, advising on the use of resources, keeping staff updated on most recent news, ordering of supplies for the clinic, working from home, phone triage of patients, helping providers and managers make tough decisions, or talking to patients' family members.

3. *Give Extra Care and Attention to the Emotional and Physical Needs of Staff*

- The pandemic has required physicians and many other health care workers to work long hours in dangerous conditions.
- As the health care system reopens, practices should pay extra attention for signs of exhaustion, depression, stress and other similar issues.

UNIVERSAL SAFETY PRECAUTIONS FOR PRACTICES AND FACILITIES

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients.

FMA recommends that all practices and facilities adopt comprehensive safety protocols.

Below is a list of best practices. Some of the suggestions below may not apply to certain practices, so physicians and office staff should adjust them for individual circumstances.

1. Maintain Physical Distancing

Physician office space and workflow should be structured to encourage physical distancing.

Here are a few ideas for practices to consider:

- Ask patients to check in by phone or text message and wait in the car until an exam room is ready.

- Prohibit adults and teens from having guests or visitors. Only parents of younger children should be in the office with the patient. Frail elderly patients should also have an adult with them.
- Schedule patients such that only a few are in the office at any one time. Practices can consider offering evening and weekend hours and leaving more time in between patients.
- Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- As able, modify check-out procedures to minimize/avoid any patient time in central area or at check-out desk.
- Consider setting aside clinic hours for vulnerable patients – elderly, immunocompromised, etc.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care. Be careful about airflow within your waiting areas as best you can to minimize potential for air from where sicker patients are waiting to flow into areas where healthier patients are waiting.
- Consider strategies to prevent patients who can be seen at home via telehealth from coming to your facility, potentially exposing themselves or other's to germs.

2. Require Universal Face Covering

Practices should require everyone who enters the practice – both patients and staff – to wear appropriate face covering.

Physicians should communicate this requirement to patients at the time of scheduling an office visit.

Patient communications should also include education about the proper type of face covering.

Patients who are not ill do not need N95 or surgical masks, which should be reserved for health care workers.

Practices should be aware of the needs of very young children and those with respiratory diseases, who may face difficulties with reduced airflow through face coverings.

3. Implement Strict Sterilization Procedures

Physician offices and health care facilities are already cleaned and sterilized more than most communal spaces. Lowering the risk of infection, however, will involve even stricter sterilization protocols.

Staff should familiarize themselves with the CDC Guidelines for Cleaning and Disinfecting of Community Facilities.

4. *Continue to Use Telehealth, as Appropriate*

With the support of regulatory guidance and waivers, the health care system has made a massive shift to the use of telehealth.

For all "no-touch" services, physicians should continue to engage in virtual care.

This will have the effect of limiting the number of patients who appear in the office and preserving precious office time and space for patients who must be seen in person.

Practices that are continuing to use telehealth find it helpful to schedule blocks of time (two or three hours) exclusively for virtual care.

Staying in one modality at a time may be easier than moving back and forth.

5. *Pre-Screen Patients for Possible COVID-19 Symptoms*

At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc.

All patients, regardless of symptoms, should have their temperature checked as they enter the office.

Patients displaying COVID-19 symptoms should be screened telephonically and tested, if possible, before coming to the office.

Physicians should keep up to date on the suggestions for preventing spread of COVID-19 on the CDC's website.

6. *Preservation of Personal Protective Equipment*

All staff should be trained on the proper use of personal protective equipment.

Practices should follow CDC guidelines for extended use and reuse of PPE.

7. *Establish a Quarantine Policy*

Practices should have a policy requiring a 14-day quarantine for workers who have contracted COVID-19, or show symptoms that they may have contracted it.

The last section contains a very detailed "checklist" to more fully assure you that you and your staff are ready to re-establish your practice.

DETAILED CHECKLIST LEVEL: FOR PRACTICES WHO NEED TO BE VERY THOROUGH IN PREPARATION:

Please use as much of this checklist as you wish or need; however, we recommend your manager and staff use it to assure you and themselves that all of you have prepared as much as you can to be safe and successful going forward.

COVID-19 Education

- ☐ Educate staff about coronavirus disease 2019 (COVID-19) and why it is important to contain the outbreak.
- ☐ Educate staff on facility policies and practices to minimize chance of exposure to respiratory pathogens, including SARS-CoV-2, the virus that causes COVID-19.
- ☐ Train and educate staff with job- or task-specific information on preventing transmission of infectious agents, including refresher training.
- ☐ Educate staff about COVID-19 evaluation and treatment.
- ☐ Educate staff about alternative office management plans.
- ☐ Educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions) and developing family management plans if they are exposed to COVID-19.

Office Preparedness

- ☐ Design a COVID-19 office management plan that includes patient flow, triage, treatment, and design.
- ☐ Consider designing and installing engineering controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals (if applicable in your setting).
- ☐ Provide hand sanitizer, approved respirators (if applicable), face shields/goggles, surgical masks, gloves, and gowns for all caregivers and staff to use when within six feet of patients with suspected COVID-19 infection.
- ☐ Ensure adherence to standard precautions including airborne precautions and use of eye protection. Assume that every patient is potentially infected or colonized with a pathogen that could be transmitted in a health care setting.
- ☐ Implement mechanisms and policies that promptly alert key facility staff, including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known suspected COVID-19 patients (i.e. PUI) as applicable in your setting.
- ☐ Keep updated lists of staff and patients to identify those at risk in the event of an exposure.
- ☐ Staff should follow the CDC guidelines on collecting, handling, and testing clinical specimens, if applicable.

- ☐ Prepare for office and clinical staff illness, absences, and/or quarantine.
  - Develop guidance for staff monitoring for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism.
  - Develop a return to work post-illness policy for health care workers. This should be as consistent as possible across the coalition.
  - Plan for staff access to medical care for themselves and their families; determine whether illness will be handled as workers' compensation or personal insurance depending on situation/criteria and share best practices.
- ☐ Cross-train staff for all essential office and medical functions.
- ☐ Determine contingency plan for at-risk staff (e.g., pregnant, other defined risk groups) including job expectations and potential alternate roles and locations.
- ☐ Evaluate the need for family support to enable staff to work (e.g., childcare, pet care). Provide information for family care plans.
- ☐ Review proper office and medical cleaning routines. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient care areas in which aerosol-generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2.
- ☐ Management of medical waste should also be performed in accordance with routine procedures.
- ☐ Plan for cross-coverage with other healthcare professionals in your community and participate in local hospital planning exercises if applicable.
- ☐ Identify materials and supplies required for care to be delivered during an outbreak or pandemic, and suppliers that can provide those materials. Order appropriate materials and supplies.
- ☐ Contact representatives at your office's waste-disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of waste materials. Currently, there is no evidence to support the need of different waste management protocols for facilities caring for patients with COVID-19.
- ☐ Create templated charts for COVID-19 patients including discharge instructions and prescriptions
- ☐ Stay informed. Visit your State and local department of health's website often or develop a reliable method for routine epidemiologic monitoring. Make appropriate connections with local and state health department staff.
- ☐ Become knowledgeable about available testing and treatment as that information becomes available. This should include general suggestions on COVID-19 from the Centers for Disease Control and Prevention (CDC).
- ☐ Work with your state and local health departments on diagnostic testing protocols and procedures.

- ☐ Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area. Familiarize staff with procedures on transporting patients from your office to the hospital or other facility if required.
- ☐ Post signage in appropriate languages at the entrance and inside the office to alert all patients with respiratory symptoms and fever to notify staff immediately.
- ☐ Post signage in appropriate languages with pictures to teach/remind all patients about correct respiratory hygiene and cough etiquette. Specifically, they should cough and sneeze into a tissue (which then should be properly discarded), or into the upper sleeve. Remind patients to use appropriate hand-washing technique.

Triage and Patient Flow Systems

- ☐ Determine screening process and location (e.g., curbside screening prior to entry, supplemental screening at intake, separate well/ill clinics, etc.).
- ☐ Develop a triage protocol for your practice based on patient and community outbreak.
- ☐ Develop a telemedicine service plan for patients with special needs or general population.
- ☐ Implement alternative patient flow systems.
  - Attempt to isolate all patients with suspected symptoms of any respiratory infection using doors, remote office areas, or negative-pressure rooms, if available.
  - Evaluate patients with acute respiratory illness (ARI) promptly
- ☐ After delivering care, exit the room as quickly and directly as possible (i.e., complete documentation in a clean area).
- ☐ Clean room and all medical equipment completely with appropriate cleaning solutions.
- ☐ When possible, reorganize waiting areas to keep patients with respiratory symptoms a minimum of 6 feet away from others and/or have a separate waiting area for patients with respiratory illness.
- ☐ Consider arranging a separate entrance for symptomatic patients.
- ☐ Schedule patients with ARI for the end of a day or at another designated time.
- ☐ Determine how suspect cases will be isolated from other patients in the clinic space.
- ☐ Develop care plans that reduce the number of staff caring for suspect/confirmed cases and protocolize care.
- ☐ Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- ☐ Provide alcohol-based hand rub and masks in all reception, waiting, patient care, and restroom areas for patients with respiratory symptoms. Always keep soap dispensers stocked with hand-washing instruction signs.

- ☐ Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as office items shared among patients, such as pens, clipboards, phones, etc.
- ☐ Frequently wipe down public areas. Wipe down items such as pens and clip boards between uses by individuals.
- ☐ Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas. This equipment should be cleaned with appropriate cleaning solutions for each patient. Consider the use of disposable equipment when possible. (e.g., blood pressure cuffs)

Referral or Transfer of Patients

- ☐ While the patient is waiting for diagnostic test results, home isolation may be required.
- ☐ Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- ☐ Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle such as an ambulance, not via public transportation.
- ☐ Notify the recipient of a referred/transferred patient that a suspected COVID-19 case is being referred or transferred.
- ☐ Implement appropriate public health reporting procedures.

Waste Disposal

- ☐ No-touch methods should be used to dispose of waste materials with respiratory secretions.
- ☐ Arrange to use the currently recommended methods for disposal of dangerous waste.
- ☐ Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings including those patient-care areas in which aerosol-generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of medical waste should also be performed in accordance with routine procedures.

Checklist of Required Equipment/Supplies

- ☐ Healthcare facility should provide Personal Protective Equipment in accordance with current CDC guidance and OSHA's standards (29 CFR 1910).
- ☐ Clear signage with pictures recommending patients call first if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
- ☐ Signage in appropriate languages instructing patients to alert staff about respiratory symptoms and correct hygiene and cough etiquette. It's helpful to have signage with pictures.
- ☐ Alcohol-based hand sanitizer and masks placed at the front of office/practice.
- ☐ Boxes of disposable tissues.

- ☐ While the patient is waiting for diagnostic test results, home isolation may be required. Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- ☐ Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle.
- ☐ Single-use towels and tissues for use throughout the office.
- ☐ No-touch waste baskets and disposable liners.
- ☐ Alcohol-based hand rub for reception, waiting, patient care and restroom areas.
- ☐ Single-use gloves.
- ☐ N95 respirators, face shields/goggles, surgical masks and gowns for providers and staff, as appropriate.
- ☐ Appropriate disinfectant for environmental cleaning. Train staff and assess that it is used correctly.
- ☐ Buckets and single-use mops.
- ☐ Adequate medical supplies (e.g., IV solutions, antivirals, antibiotics), as appropriate for location.
- ☐ Handouts made available prior to an outbreak or pandemic, and posters and patient education materials posted during an outbreak or pandemic

Additional Options to Prevent Community Transmission

Per the CDC, please consider the following options to prevent the spread of community transmission:

- Develop protocols and procedures for your practice based on patient and community outbreak.
- Explore alternatives to face-to-face triage and visits.
- Learn more about how healthcare facilities can prepare for Community Transmission.
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
- Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Postpone elective procedures, surgeries, and non-urgent outpatient visits.
- Provide patients and families with information about stress responses, resilience and available professional mental health/ behavioral health resources.
- Assure the specific needs of pediatric and at-risk populations are addressed in surge capacity planning.

All facilities should continually evaluate whether their region remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge. By following the above suggestions, flexibility can allow for safely extending in-person non-emergent care in select communities and facilities.

Sources Used In Preparation of This Document:

CDC Coronavirus Disease 19, “Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)”

CDC Coronavirus Disease 19, “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings”

California Medical Association, “Best Practices for Reopening a Medical Practice”

CMS, “Opening Up America Again, Recommendations for Re-Opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I”

MGMA, “Checklist to Prepare Physician Offices For COVID-19”

OHSA, “Guidance on Preparing Workplaces for COVID-19)”

All sources are available on the PBCMS Resources Center website under the tab “Re-establishing Your Practice”

USERS NOTES PAGE

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