

Follow this checklist to safely reopen your physician practice

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States are revising their COVID-19 executive orders and allowing medical practices to offer elective and nonurgent procedures and services. A new AMA checklist provides helpful step-by-step guidance to manage the safe reopening of practices in a manner that protects patients, clinicians, staff and the public.

“The AMA believes decisions about public health and the provision of health care—including decisions to allow non-urgent or elective medical procedures amid the COVID-19 pandemic—should be made based on science, evidence and data,” said AMA President Patrice A. Harris, MD, MA. “The AMA remains focused on ensuring the viability of physicians’ practices that have been seriously impacted by this public health crisis and will continue providing support while aggressively advocating on physicians’ and patients’ behalf.”

The AMA checklist builds upon guidance offered by the Centers for Disease Control and Prevention (CDC) and offers tips on getting started, mistakes to avoid, and tools for practice reopening—including a script for a pre-visit screening.

Here are the steps the AMA suggests taking before reopening a medical practice.

Comply with governmental guidance. The AMA has developed a chart detailing state-by-state actions regarding the resumption of non-urgent medical services and elective procedures. Physicians should consult the chart to see what is allowed in their area.

Make a plan. Create a timetable charting what needs to be done prior to reopening and order enough medical supplies and personal protective equipment so that sporadic deliveries do not disrupt services. Develop procedures for what do if a clinician, employee, patient or visitor is diagnosed with COVID-19 after visiting the practice and how long employees who interacted with a diagnosed patient should stay home from work.

Open incrementally. Prepare for a soft opening and identify which services can be delivered via telehealth and continue to conduct those visits remotely. Begin with a few in-person visits a day and consider bringing staff back in phases. Administrative staff whose work can be done remotely should continue to work from home.

Institute safety measures for patients. These include:

- | Modified schedule to avoid high volume or density.
- | Designated “well” and “sick” waiting areas.
- | Limiting patient companions to those whose participation is necessary to the patient’s care.
- | Requiring all people entering the practice to wear a mask.

Ensure workplace safety. Make sure staff knows COVID-19 symptoms and stays home if they exhibit them. Rearrange workspaces to provide distance between employees and consider dedicated workstations and patient rooms so fewer people touch the same equipment.

Implement a teletriage program. Patients seeking an in-person appointment may be better served by being redirected to a hospital or COVID-19 testing site. Discussing a patient’s condition and symptoms in advance can help put them on the correct path.

Screen patients before in-person visits. At least 24 hours before an in-person visit, staff should review with patients the reopening logistics and protocols. Patients should be screened before entering the practice. There can be a dedicated ante room or space in the parking lot for this purpose. Persons accompanying the patient need to be screened as well.

Coordinate testing with local hospitals and clinics. Identify where patients can go for tests and ensure that these facilities have adequate testing capacity and learn their turnaround times for results. Also, learn the details of their testing processes and share this information with patients.

Limit nonpatient visitors. Let vendors, educators and others know that their contact with the practice should be done over the phone or by video conference. Schedule repairs for nonbusiness hours.

Contact your medical liability insurance carrier. Federal and state governments have issued protections from liability related to COVID-19. Reopening a practice during the pandemic, however, may heighten risks which are not shielded by the new protections.

Establish confidentiality, privacy and data-security protocols. Results of employee screenings, for example, should be kept separately from standard personnel files. If a patient or staff person tests positive for COVID-19, that person’s identity cannot be shared with patients or co-workers without that

individual's consent.

Consider legal implications. Reopening a practice may bring new questions regarding paid sick leave and other employment obligations and policies such as what to do if employees request to opt out of the reopening. Also, contact the local health department regarding reporting the minimum necessary information regarding patients in your practice with COVID-19.

The AMA believes that four signposts must exist before state and local governments relax stay-at-home orders:

- | Minimal risk of community transmission based on sustained evidence of a downward trend in new cases and fatalities.
- | A robust, coordinated and well-supplied testing network.
- | A public health system for surveillance and contact tracing.
- | A fully resourced hospitals and healthcare workforce.

Physicians should also consult the Centers for Medicare & Medicaid Services' phase 1 guide for reopening facilities to provide nonemergent, non-COVID care.

Other tools and guidance can be found at the AMA's COVID-19 resource center, which offers a library of the materials from the JAMA Network™, the CDC and the World Health Organization.