AMA AMERICAN MEDICAL ASSOCIATION

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COVID-19

A physician guide to keeping your practice open during the ongoing COVID-19 pandemic

As physicians strive to continue to provide care to patients and maintain their practices during the ongoing COVID-19 pandemic, measures to manage the SARS-CoV-2 virus and its impact on your patients, practice and staff remain just as crucial as they were early in the pandemic. This updated American Medical Association guide is intended to help physicians continue to address these impacts, with a focus on both the workforce and patients' evolving health needs.

Workforce and staffing

Anticipate, acknowledge and address clinician and staff burnout and workforce shortages

Burnout among health care professionals due to the prolonged COVID-19 pandemic has reached crisis proportions. This burnout is caused by the stresses of long hours, the uncertainties of the pandemic, the multiple waves of sick patients and severe staff shortages. It is important to acknowledge the toll taken on you, your staff and your loved ones. The AMA "Caring for our caregivers during COVID-19" webpage is available as a supportive resource.

To address workforce shortages, practices can consider de-implementing processes or eliminating requirements that add little or no value to patients and their care team. These types of changes can lessen the workload for clinicians and allow them to spend more time with patients. The AMA has created a de-implementation checklist to decrease the administrative burden; it can be helpful in starting this discussion.

In addition to the de-implementation checklist, physicians can reference the AMA debunking regulatory myths page for resources that help reduce guesswork and unnecessary administrative tasks. The goal of this information is to inform clinicians of regulatory requirements and ultimately allow more time for patient care.

The AMA STEPS ForwardTM program also provides a "Pearl of the Week" newsletter with efficiency strategies for practices to decrease administrative burdens and improve overall health care operations. More information is available on the AMA STEPS Forward website.

Plan for workforce shortages and implement these steps:

- Adopt a stepwise approach so that the practice may quickly identify and address any practical challenges presented.
- Consider implementing workflows that allow patients to pre-register for appointments via the patient portal by entering changes (or verifying "no changes") to medical history and medications in their current medical chart information.
- Identify any portion of the patient visit that can be conducted via telehealth prior to an in-person appointment, in order to reduce face-to-face time between clinicians and patients. As case rates fluctuate, practices may adopt a modified schedule and adjust as needed.
- Identify ways to efficiently group similar appointment types to reduce physician and staff burnout.
- Consider implementing separate clinic hours for high-risk patients to minimize potential exposure.
- Consider allowing administrative staff who do not need to be physically present in the office to work remotely.
- Consider having employee cohorts work on alternating days or different parts of the day, to reduce the number of contacts per person. Some health care organizations are scheduling staff so that the same

individuals always work on the same team and in the same area, minimizing the risk of transmission across teams if one or more staff on the same team contracts the virus.

- Examine schedules often, ensuring that only as many staff as are necessary for patient visits come into the office each day. It is better to have a smaller number of staff with full ("new normal") schedules than to have more people in the office than are needed for patient demand.
- Consider implementing an "on-call" schedule for staff, in preparation for the absence of scheduled employees due to COVID-19. This will prevent extended wait times in the clinic, and help to keep patients and staff members safe.
- Communicate your weekly schedule clearly to the practice's patients, clinicians and staff.
- Consider measuring burnout and/or the likelihood that staff may leave or reduce work hours in the next year, in order to plan for shortages or mitigate these losses.

Implement policies and procedures: Staff vaccination status

Your practice may be contemplating requiring that its employees be fully vaccinated as a condition of employment. This is a particularly important consideration because physician practices serve and treat patients; therefore, limiting their exposure to COVID-19 is paramount.

The AMA, joined by over 50 other health care and medical specialty societies, has called for all health care and long-term care employers to require their employees to be vaccinated against COVID-19.

On Nov. 4, 2021, Centers for Medicare & Medicaid Services (CMS) issued an Interim Final Rule mandating that all health care workers participating in Medicare and Medicaid be fully vaccinated. This mandate was upheld by the U.S. Supreme Court on Jan. 13, 2022. The mandate applies to facilities—hospitals, ambulatory surgical centers, dialysis facilities, home-health agencies, and long-term care facilities. The requirement applies to both clinical and nonclinical staff, including patient-facing and non-patient-facing employees, students, trainees, volunteers and contract employees. It also applies to physicians admitting and/or treating patients in a covered facility. It does NOT apply to physician offices that are NOT affiliated with or owned by a facility. Visit the CMS website for specific deadlines and requirements regarding health care staff vaccination requirements.

Many health care organizations and practices have voluntarily established a mandate for their employees. A recent AMA podcast highlights several of these facilities and what led to their decisions. It is important to recognize that in non-facility practices with limited staff and increasing staff shortages, there are unique factors to consider regarding vaccination requirements. Regardless of your practice policy, when communicating with your employees it is important to clearly explain the policy and their rights.

What should be done if an employee contracts COVID-19 while at work?

- Follow Centers for Disease Control and Prevention (CDC) and local public health protocols regarding notification and quarantine of potentially exposed staff and communication to patients. Some state health departments have established rapid response teams for when a provider of an essential service, such as medical care, is identified as having COVID-19. It is helpful to know in advance if your state or municipality has such a team.
- Initiate contact-tracing protocols and sanitation procedures.
- Follow CDC guidelines for reopening (if the practice had to close due to an exposure and/or case), and when planning for an employee's return to work. This includes employee testing, self-monitoring for return of symptoms and use of Personal Protective Equipment (PPE) at all times.
- Consult with your attorney, office manager or representative responsible for human resources concerns, and the Department of Labor's guidance on leave and other benefits that are available for eligible employees.

As these steps are taken, the practice/employer has a continuing obligation to protect the privacy of the affected employee and **may not disclose their name unless the employee has specifically consented to such disclosure.**

Ensure workplace safety for clinical and non-clinical staff:

- Communicate personal health requirements clearly to clinicians and staff. For example, employees should not present to work if they: have a fever, have lost their sense of taste or smell, have other COVID-19 symptoms, or have recently been in direct contact with someone who has tested positive for COVID-19 (until they themselves have been tested).
- Keep records of employee screening results in a confidential employment file, separate from their personnel file.
- Minimize person-to-person physical contact as much as possible.
- Consider rearranging open work areas to increase the distance between people who are working.
- Consider having assigned workstations and patient rooms to minimize the number of people touching the same equipment.
- Establish open and regular communication with facilities management regarding cleaning schedules and protocols for shared spaces (e.g., kitchens, bathrooms), as well as reporting of COVID-19 positive employees in the office building.
- Smaller physician practices should identify the number of staff members allowed in shared spaces (e.g., break rooms, nursing stations, etc.) at one time to ensure social distancing.

The CDC, as of this writing, recommends that the following types of individuals **should quarantine for five days (as opposed to the original recommendation of 10 days) and wear a mask when in public or in close contact with others for the subsequent five days:**

- Individuals with COVID-19 who are asymptomatic,
- Individuals with COVID-19 with resolving symptoms (without fever for 24 hours), and
- Individuals suspected of COVID-19 exposure

As the pandemic continues to evolve, guidance may change. Be sure to visit the CDC website for the most up-to-date guidance.

Practice policies and procedures should align with the most recent CDC guidance for employees who interacted with a patient later diagnosed with a COVID-19-related illness—and with the CDC's return-to-work guidance for health care workers diagnosed with COVID-19.

To learn more about health care institutions' ethical obligations to protect health care professionals, see this piece from AMA *Code of Medical Ethics*.

Patients

Implement policies and procedures: Patient vaccination

While the vast majority of U.S. adults have been vaccinated to date, there is considerable variation from state to state and even county to county. Eligibility for vaccination has expanded gradually, with many of the youngest Americans only becoming eligible a year or more into the pandemic. A number of Americans remain undecided or opposed to vaccination, despite ample supply, surges in case numbers due to COVID variants, and higher rates of hospitalization and death for the unvaccinated, as compared to fully vaccinated individuals. The AMA has developed 10 tips for speaking with patients about vaccinations.

As the pandemic continues, physician offices may also be thinking about instituting a vaccination requirement for new or existing patients seeking care:

The AMA Code of Ethics states that physicians have a clear duty to provide care in emergencies and in other circumstances such as public health crises when they may face "greater than usual risks to their own safety, health or life." The Code also states that physicians ethically cannot turn away a patient based solely on the individual's infectious disease status, or for any reason that would constitute discrimination against a class or category of patients.

However, the strength of a physician's obligation to treat may vary under different circumstance. Determining whether, in a particular instance, a physician may ethically decline a patient requires careful reflection. The AMA has created guidance to help physicians navigate these situations.

Whatever your office policy, it is critical that it is conveyed prior to a patient appointment. Please see the attached sample script that can be used when scheduling appointments with patients.

Institute safety measures for patients

A lesson learned from the pandemic is that cases of other infectious diseases (such as influenza) plummeted, presumably because COVID-19 prevention measures such as social distancing, masks and extra handwashing provided protection against other communicable diseases. Data in the fall and winter of 2021 suggest rising case numbers, likely due to a relaxation of these measures. It therefore seems reasonable to continue these practices to minimize the likelihood that patients will come into close contact with one another.

- **Practices that established separate waiting areas for "well" and "sick" patients (similar to what pediatric practices have long used) should consider continuing that measure.** Some practices used signage to direct sick patients to a separate entrance (where possible); other practices asked patients arriving for a scheduled appointment to call a designated phone number before entering the office to minimize the number of patients in the waiting area. Local COVID-19 case and vaccination rates and patient characteristics—such as immune status—can inform decisions about continuing approaches such as these.
- **Consider a flexible schedule,** i.e., staying open for a longer span of the day with extra time between visits to avoid backups and provide time for room cleaning between patients.
- **Limit patient companions to individuals whose participation in the appointment is necessary based on the patient's situation,** (e.g., parents of children, offspring, spouse, or another companion of a vulnerable adult). Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door, on your website, and any social media sites. Communicate your policy and any changes or updates to staff so they can correctly inform potential visitors, reduce confusion and avoid misunderstandings. Check whether specific guidance has been issued by your local authorities or state. Reroute these visitors to virtual communications such as phone calls or videoconferences (e.g., a physician may want to hold "office hours" to speak with suppliers, vendors, or salespeople). For visitors who must physically enter the practice (e.g., to do repair work), designate a window of time for such visits that is outside of the practice's normal office hours to minimize interactions with patients, clinicians, or staff.
- **Follow CDC — and your state and local health department guidance — on whether individuals who visit the office should wear a mask covering their mouth and nose.** This expectation should be clearly communicated to patients and other visitors **before** they arrive at the practice. Some practices found success in communicating visitor and masking requirements by adding this information to their website home page, their patient portal, or their phone greeting message. Visitors and patients who arrive without a mask should be provided with one by the practice if supplies are available.

Prior to scheduled, in-person patient visits

For visits that must take place in person, staff should continue to screen patients for COVID-19 symptoms, confirm COVID-19 vaccination status, and provide office policy on non-patient visitors prior to the appointment.

The CDC now recommends that individuals with COVID-19 who are asymptomatic, have symptoms resolving (i.e., without fever for 24 hours), or have a suspected COVID-19 exposure should quarantine for five days (as opposed to the original recommendation of ten days), and wear a mask when in public or close proximity with others for the subsequent five days. Visit the CDC website for the most up-to-date guidance.

Testing for COVID-19

With the rise and rapid spread of the Omicron variant, testing has become even more important and accessing tests has been challenging. Provide clear and up-to-date information to patients regarding where they can be tested and how the process works. Visit the CDC website for the latest guidance on accessing tests. Some health

systems where case rates are rising and/or high are continuing the practice of testing all patients who are being scheduled for elective or high-intensity procedures (such as outpatient surgeries or services requiring close contact). Depending on the nature of your practice, you may consider doing the same. If wait times for testing or receipt of results are rising in your community, consider conducting more telehealth visits and scheduling fewer in-person appointments.

Other ongoing steps to take

Review coverage with your medical liability insurance carrier

To ensure that clinicians on the front line of treating COVID-19 patients are protected from medical malpractice litigation, Congress has shielded clinicians from liability in certain instances. As the pandemic continues and practices strive to remain open, there may be heightened risks caused by the pandemic that do not fall under these protections, such as a patient contracting COVID following contact with an unvaccinated employee of the practice. Contact your medical liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted. Continue to communicate with your carrier to ensure your liability coverage is adequate. As much as is practicable, you should protect your practice and your clinicians from liability and lawsuits resulting from current and future unknowns related to the COVID-19 pandemic.

Protect confidentiality/privacy

Keep confidentiality, privacy, and data security protocols up to date. While certain HIPAA requirements related to telemedicine are not being enforced during the COVID-19 public health emergency, the overall HIPAA privacy, security and breach notification requirements must continue to be followed regardless of the modality used to deliver care. Answers to frequently asked questions are provided at the end of this document.

Comply with governmental guidance

Guidance from cities, states and the federal government establishes guardrails that should be in place in practices. Due to ongoing surges of COVID-19 cases, some states and cities have enacted, extended, or modified previously issued orders related to mask wearing, social distancing and school limitations on occupancy and reopening. Some are also mandating vaccination for certain categories of workers, such as individuals who work in long-term care facilities. State and city requirements should be reviewed on a regular basis and should follow the most current guidance followed. Check with your state and/or local medical society for the latest local guidance.

Pre-visit screening script template

Introduction: I would like to speak to [name or patient with scheduled visit]. I am calling from [XYZ practice] regarding your appointment scheduled for [date and time]. Given the ongoing COVID-19 outbreak, I am calling to ask a few questions in connection with your appointment. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions of all practice patients. We ask that you answer these questions truthfully and accurately. All your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of our practice's medical professionals, who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever or temperature of or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what they were, when they started and when they stopped.)		
Have you or a member of your household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)		
Have you or a member of your household been advised to be tested for COVID-19 by government officials or health care providers? (If yes, obtain information about why the recommendation was made, when it was made, whether the testing occurred, when any symptoms started and stopped, and the current health status of the person who was advised.)		

Question	Yes/No	Details
Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or health care providers? (If yes, obtain information about why the recommendation was made, when it was made, whether the person quarantined, when any symptoms started and stopped, and the current health status of the person who was advised.)		
Have you been vaccinated for COVID-19? If so, which vaccine did you receive: Moderna, Pfizer, Johnson & Johnson? If so, have you received a booster vaccine? If so, which one: Moderna, Pfizer, or Johnson & Johnson? If possible, please bring a record of your COVID-19 vaccinations to your appointment for our records.		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)		
Have you or a member of your household traveled outside the United States in the past 30 days? (If yes, obtain the city, country and dates.)		
Have you or a member of your household traveled elsewhere in the United States in the past 21 days? (If yes, obtain the city, state, and dates.)		
Have you or a member of your household traveled on a cruise ship in the past 21 days? (If yes, determine the name of the ship, ports of call and dates.)		
Are you, or a member of your household, health care providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, an ICU nurse actively working versus a furloughed firefighter.)		
Have you or a member of your household cared for an individual who is in quarantine, is a presumptive positive or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred and what the care was.)		
Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)		
To the best of your knowledge, have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)		

Thank you.

I will share this information with a medical professional in our practice. Please note that our office requires that all patients and visitors follow CDC, state and local guidance regarding face coverings to prevent the spread of COVID-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on [date and time].

Practice staff action steps:

- If patient responds "Yes" to any of the above, questionnaire must be reviewed by designated medical leadership to assess whether the patient can keep the scheduled appointment. Patient will be contacted again after a decision is made.
- If patient responds "No" to all the above, do you believe any further inquiry with the patient is appropriate before the scheduled visit? If yes, what type of inquiry and why?
- If you have any questions, please contact _____ [designated medical leadership] to discuss.

Note: This sample script is designed to collect information that can be used to inform decisions about whether it is advised for patients to receive care from the practice. This sample should be reviewed, modified as appropriate and ultimately approved for use by practice medical leadership who have responsibility for remaining current on applicable COVID-19-related guidelines from the CDC and other appropriate resources.

Privacy and confidentiality FAQ

Q1. If a practice is collecting medical information about its employees upon arrival at work as a condition of work (e.g., temperature, symptoms, and COVID-19 exposure), where does this information go and who is authorized to see it?

A1. The Equal Employment Opportunity Commission (EEOC) has issued guidance for employers on the collection of employee medical information related to COVID-19. Generally, this employee health screening information goes into an "employee file," like the separate employee medical file that must be created for employees seeking Americans with Disabilities Act accommodations. It is kept separate (either physically if it is a paper file or in a different electronic file) from the standard personnel file (which has onboarding paperwork, reviews, W4 forms, etc.). Only a limited number of people in the practice's administration or human resources personnel can have access to that file. The information in the file should *only* be disclosed to supervisors, managers, first-aid and safety personnel and government officials *if absolutely necessary or required.*

Q2. If a practice's employee is also a patient of the practice, or a patient of an on-site medical clinic owned by the practice, where does health screening information go and who is authorized to see it?

A2. For employees who are also patients of the practice, HIPAA privacy protections would apply, and the employer may be authorized to obtain such information only if the patient/employee has consented to its disclosure through a written, signed HIPAA authorization.

Q3. Where should visitor screening logs be kept and what information should be collected?

A3. Information collected in a visitor screening log should be limited to only that which is necessary for maintaining the safety of the practice, public health authority reporting, and other purposes articulated in the policies and procedures of the practice. Visitor screening logs should be kept separately from all HIPAA protected health information (PHI). Consider consulting with legal counsel who have expertise in data privacy and security requirements—including HIPAA laws—to advise on your particular situation.

Q4. Can the practice require that its employees be tested for COVID-19 prior to presenting to work and/or disclose a COVID-19 diagnosis or symptoms?

A4. Practices can require employee testing and disclosure even if it is not addressed in a contract or handbook. Screening and testing measures can be announced in a memo, policy or broader response plan.