

## COVID-19

# A physician guide to keeping your practice open during COVID-19

As physicians reopen and strive to keep open their practices during the COVID-19 pandemic, measures to limit the spread of the SARS-CoV-2 virus to patients, caregivers, staff and themselves are just as, if not more, necessary as ever. It will be those measures, clearly communicated, consistently implemented and updated as new evidence becomes available, that will engender in patients the confidence they need to seek care. Furthermore, as instances have been reported in which fear of exposure to the virus has resulted in adverse outcomes for patients who delayed or avoided seeking necessary care, the importance of ensuring access to care and addressing patients' concerns about risk of seeking care has been reaffirmed.

The U.S. Centers for Disease Control and Prevention (CDC) has provided a [framework](#) within which non-COVID-19 care can be delivered. The Centers for Medicare & Medicaid Services (CMS) also has published and updated its [guide](#) for reopening facilities to provide non-emergent, non-COVID-19 care. Building upon this guidance, the American Medical Association suggests using the following checklist to ensure that your medical practice is ready for reopening and is well-situated to remain open going forward.

## Comply with governmental guidance

Guidance from cities, states and the federal government establishes guardrails that should be in place before, during and after reopening. In addition to the CDC and CMS guidance, some governors have begun to describe what reopening ought to look like; for example, Rhode Island Governor Raimondo released a plan for "[Reopening RI](#)." Some states and cities have enacted, extended or modified previously issued stay-at-home orders that detail essential services permitted while such orders are in place, including medical care. These state and city guidelines should be closely reviewed and followed. The AMA also has developed a [chart](#) and fact sheet detailing state-specific restrictions and, where applicable, resumption of elective or non-urgent procedures.

## Make a plan

Planning will be vitally important to the success of your practice reopening and remaining open. Assess your personal protective equipment (PPE) needs and alternatives such as cloth masks as well as the stockpile you have currently and will need in the future. Keep in mind that deliveries are likely delayed once an order is placed. If access to adequate PPE remains a challenge in your area, explore national clearinghouses. For example, the AMA has collaborated with [Project N95](#), a not-for-profit national clearinghouse, to arrange access for AMA members to purchase quality-certified PPE and other critical equipment. As much as possible, have supplies delivered in advance so that sporadic deliveries and having too many visitors on-site do not disrupt your daily occupancy plan.

## Anticipate and plan for COVID-19 exposures in the office

Decide in advance how you will handle contact tracing, staffing and office cleaning if an employee, patient or visitor who has been in the clinic is later diagnosed with COVID-19. 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 CDC's return to work guidance for health care workers who have contracted COVID-19. Because of the often extended and [close contact](#) with vulnerable individuals in health care settings, a conservative approach to monitoring and applying work restrictions is recommended to minimize the risk of transmission.

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

Follow CDC and local public health protocols regarding notification and quarantine of potentially exposed staff and communication to patients. Some state departments of health 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. 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. 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 self-monitoring for return of symptoms and use of PPE at all times. Consult with your attorney, office manager or representative responsible for HR concerns, and the Department of Labor's [guidance](#) on leave and other benefits that are available for eligible employees.

### **Plan in increments**

Adopt a step-wise approach so that the practice may quickly identify and address any practical challenges presented. Identify which visits can be conducted via telehealth or other modalities and continue to perform those visits remotely. Begin with a few in-person visits a day, work on a modified schedule and adjust as needed. Administrative staff who do not need to be physically present in the office should be asked to stay at home and work remotely. Consider bringing employees back in phases, or working on alternating days or different parts of the day, as this will reduce the number of contacts each person has. Many 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 people on the same team contract the virus. Examine schedules often until patient volume returns to normal so only as many staff as are necessary to see patients come to 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 to meet patient demand. Communicate your weekly schedule clearly to the practice's patients, clinicians and staff.

### **Institute safety measures for patients**

To ensure that patients are not coming into close contact with one another, utilize a modified schedule to avoid high volume or density. Maintain separate waiting areas for "well" and "sick" patients in practices where sick patients need to continue to be seen (much like many pediatric practices have longtime used). Some practices are using signage so patients who are sick use a separate entrance (where possible); other practices are asking 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. Consider a flexible schedule, staying open for a longer span of the day with more time in 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 other companion of a vulnerable adult). Consistent with CDC guidance, practices should require all individuals who visit the office to wear a mask covering their mouth and nose. This expectation should be clearly explained to patients and other visitors **before** they arrive at the practice. To facilitate compliance, direct patients to resources such as the CDC [webpage](#) regarding how to make a cloth face covering or mask from a household item if needed. Visitors and patients who arrive to the practice without a cloth face covering or mask should be provided with one by the practice if supplies are available.

### **Ensure workplace safety for clinicians and 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 symptoms of COVID-19 or have recently been in direct contact with a person who has tested positive for COVID-19. Screen employees for high temperatures (temperature greater than 100.4) and other symptoms of COVID-19. 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. This includes during the employee and patient screening process, as employees conducting temperature checks have been the potential sources of spread in some workplaces. Consider rearranging open work areas to increase the distance between people who are working. Also, consider having dedicated 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 regarding shared spaces (e.g., kitchens, bathrooms), as well as

reporting of COVID-19 positive employees in the office building. To learn more about health care institutions' ethical obligations to protect health care professionals, see this [piece](#) from *AMA Code of Medical Ethics*.

### **Implement and make continued use of a tele-triage program**

Depending on their medical needs and health status, a patient contacting the office to make an in-person appointment may need to be re-directed to the practice's HIPAA-compliant telemedicine platform, a COVID-19 testing site or to a hospital. Utilize a tele-triage program to ensure that patients seeking appointments are put on the right path by discussing the patient's condition and symptoms in advance. If the practice had previously engaged a tele-triage service to handle after-hours calls pre-pandemic, contact this service to see if the service can be expanded to tele-triage daytime calls, or consider redeploying the practice's own clinicians or staff to manage this service. Do not assume that a practice's pre-COVID-19 answering service for off-hours calls has this capability (to conduct triage and direct the patient to a higher level of service).

### **Continue the practice of screening patients before scheduled in-person visits**

Before a patient presents in the office, the practice should verify as best it can that the patient does not have symptoms of COVID-19. Visits that may be conducted via telemedicine should be. For visits that must take place in person, administrative staff should contact the patient via phone within the 24 hour period prior to the office visit to: (1) review the logistics of the reopening practice protocol and (2) screen them for COVID-19 symptoms. Your administrative staff should have a script to follow when conducting these calls. See the sample script below developed by the AMA. Once the patient presents at the office, they should be screened prior to entry. Some practices may utilize text messaging or another modality to do such screening, subject to patient consent and relevant federal and state regulations. Others may deploy staff in a designated part of the parking lot or an ante room of the practice to screen patients before they enter the practice itself. In addition to strictly limiting the individuals accompanying patients, in instances where an accompanying individual is necessary (e.g., a parent of a child), those individuals should be screened in the same manner as a patient.

If the patient or their companion presents with symptoms suggestive of COVID-19, the severity of their symptoms, underlying health status and access to supportive care at home should be evaluated at triage, prior to entering the practice. This evaluation will determine whether they can safely return home (e.g., mild symptoms, few preexisting conditions and strong support from family and others) or should be sent directly to a local emergency room for possible admission (e.g., moderate to severe symptoms, significant underlying conditions and limited or no home support). The WHO interim guidance for caring for individuals with suspected COVID-19 and mild symptoms at home can be accessed [here](#). Because results of COVID-19 testing may be delayed, staff and others who have been or are in contact with an individual with suspected COVID-19 should take precautions as if the person has confirmed COVID-19 until test results are available.

### **Coordinate testing with local hospitals and clinics**

There will be instances where your patients require COVID-19 testing. Contact your public health authority for information on available testing sites. Identify several testing sites in your catchment area. Contact them to ensure that tests are available and to understand the turnaround time for receipt of test results. Provide clear and up-to-date information to patients regarding where they can be tested and how the process works. Some health systems have instituted 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. Anticipate that there will be testing supply shortages in areas where case numbers are rising and that some locales are having to modify their approach to testing based on current or anticipated shortages. 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.

### **Limit non-patient visitors**

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 and on your website. Communicate your policy and any changes or updates to staff so they are able to correctly inform potential visitors and prevent confusion. 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.

### 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 practices reopen, however, there may be heightened risks caused by the pandemic that do not fall under these protections. 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. The AMA is also [advocating](#) to governors that physicians be shielded from liability for both COVID-19 treatment and delayed provision of medical services due to the pandemic.

### Establish confidentiality/privacy

Institute or update confidentiality, privacy and data security protocols. Results of any screenings of employees should be kept in employment records only (and separate from the personnel file). Remember that written, signed HIPAA authorizations from patients are necessary for sharing information about patients for employment purposes. Similarly, coworkers and patients can be informed that they came into contact with an employee who tested positive for COVID-19, but the identity of the employee and details about an employee's symptoms cannot be shared with patients or co-workers without the individual's consent. While certain [HIPAA](#) requirements related to telemedicine are not being enforced during the COVID-19 public health emergency, generally, 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.

### Consider legal implications

New legal issues and obligations may arise as practices reopen. For example, some practices may not have had to make decisions about [paid sick leave](#) (per the Families First Coronavirus Response Act) because they were on furlough; as the practice reopens, these sorts of employment obligations should be considered and decisions about opting out or procedures for requesting these leaves should be communicated to employees. Consider a semi-regular review of local and federal policies to ensure that the practice's policies align with the guidance given. The AMA has additional [resources](#) for physician practices related to employees and COVID-19. Lastly, coordinate with your local health department as provided for by law; provide them with the minimum necessary information regarding COVID-19 cases reported in your practice, and stay informed of local developments.

## Pre-visit screening script template

**Introduction:** I would like to speak to [name or patient with scheduled visit]. I am calling from [XYZ practice] with regard to your appointment scheduled for [date and time]. The safety of our patients and staff is of utmost importance to [XYZ practice]. Given the ongoing COVID-19 outbreak, I am calling to ask a few questions in connection with your scheduled 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 to all practice patients to help ensure everyone's safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of 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.

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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, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started and when the symptoms 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 the recommendation was made, whether the testing occurred, when any symptoms started and stopped, and the current health status of the person who was advised.)		
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 the recommendation 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 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 U.S. 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 U.S. 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 last 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, ICU nurse actively working versus a furloughed firefighter.)		
Have you or a member of your household cared for an individual who is in quarantine or 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 [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 of 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 in a file that is 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 regular 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*.

**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, medical information collected to determine whether an employee is fit to work may be disclosed to the employer, provided that the practice has a written, signed HIPAA authorization on file. This information would go in the “employee file.” If medical information is collected as part of the employee’s treatment as a patient, HIPAA privacy protections would apply, and the employer may be authorized to obtain such information *only* if the patient 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); as soon as this information is “commingled” with any HIPAA-protected PHI, it arguably becomes protected by HIPAA, and can be disclosed only as permitted by HIPAA. Note also that state data privacy, security and breach notification requirements would apply, depending on the state of residence of the individual. Consider consulting with legal counsel with expertise in data privacy and security requirements, including the 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.

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