Frequently Asked Questions: Risk Management

Below is a summary of the questions that are addressed in this document. Please click on any question of interest to navigate directly to Curi's recommendations related to that question.

TESTING

- There have been many changes related to the availability of COVID-19 test kits and who can use them. Should we enter into the test-kit arena or should we leave it to the hospitals and health department?
- As more physicians and practices are able to offer COVID-19 testing, how do I know when to test my patients?
- We have started COVID-19 testing in our facility. Is there a form we are supposed to complete when testing patients?
- Do you have any advice on how to start testing in my practice?
- How are other practices doing testing?

BUSINESS CONTINUITY

- We are concerned about the ability to keep our doors open without taking a big hit. Will our insurance policy cover our loss of patient revenue and/or staff pay?
- We have locked up all of our extra supplies, hand sanitizer, and PPE, as patients have been taking them. Is this an acceptable practice?
- If we are providing appropriate PPE, following CDC guidelines, and using infection control measures, what liability does our organization face as it relates to our staff by keeping our practice open for patients?

ELECTIVE PROCEDURES

- Physicians are being asked to cancel elective procedures and surgeries to conserve healthcare resources. Do you have recommended language that we could use in patient medical records when cancelling a procedure?

STAFF

- What should I do if I have an employee report that he/she is sick with respiratory symptoms?
- If I have employees who are being tested or have confirmed COVID-19, when can they return to work?
- What are the responsibilities of the physician and organization if a physician tests positive?
- What should we say to staff who are too frightened by the virus and don't want to work?
- Should we respond differently to staff who have compromised immune issues?

- What are your recommendations on temporarily opening a daycare at our practice?

PATIENT FLOW & COMMUNICATION

- If patients present to our practice after responding “yes” to COVID-19 screening criteria questions, we are asking them to return to their cars and call our office from there cell phones. Is this good practice?
- One of our patients overheard a member of our staff talking about being in contact with someone who had been exposed to someone who was being tested for COVID-19. The patient was concerned that she had been exposed. What should I tell him/her?
- What is the difference between self-monitoring, quarantine, and isolation?
- How do we obtain signatures for patients who are not coming in to the office?
- How do we document consent if we have implemented a policy of not sharing pens and not using iPads to sign?
- If patients want to know how many COVID-19 cases our practice has had, what can we share with them and what do we tell our patients who don’t want to come to the office?
- Is our current position (P&P) correct?
- Do you have guidance on providing bridge medications for pain clinics during the COVID-19 pandemic?
- Is it ok to provide patients with a work notice to not return to work due to a compromised condition or status of their work environment?

OTHER

- What state-specific resources do you have related to COVID-19?
- What other resources do you have for COVID-19 in general?

DO I HAVE TELEHEALTH COVERAGE?

Curi has developed telehealth guidelines to follow during this declared National Emergency. These guidelines are effective, without conditions, for the later of either sixty (60) days form March 16, 2020, or the lifting of the National Emergency declaration by our President. We **urge** all insured physicians utilizing telehealth modalities to please do the following:

- Use reasonable measures to protect the privacy and security of protected health information;
- Check the medical board website in the state(s) in which you are practicing (use FSMB's searchable state guide), and follow any guidelines they have in place for such encounters;
- Keep a record of all such encounters (see Curi's telehealth guidance document for a suggested chart disclaimer for each encounter).

Insured physicians may provide telehealth services to **both established and new patients within your state of licensure(s)**. You may also provide telehealth services to patients residing in states where the in-state licensure requirement has been waived during the current emergency. To enable physicians to provide services in these states, Medicare has waived its fee-for-service billing requirement that a physician (or non-physician practitioner) must be licensed in the state in which the physician is practicing. Additional information about the waiver can be found here.

WHAT ARE THE TECHNICAL INFRASTRUCTURE REQUIREMENTS OF TELEHEALTH?

Telehealth is a valuable tool. Technical infrastructure requirements will vary depending on what type of telehealth services your organization plans to offer, but nearly all telehealth programs require:

- **Access to broadband internet.** You need sufficient bandwidth to transmit audio and video data. As a rural health care organization, you may have difficulty connecting to or obtaining affordable and reliable broadband service. Learn more about getting connected.
- **Imaging technology or peripherals**. These devices are the backbone of telehealth. They allow rural health organizations to see and hear patients even when they are miles apart. Digital stethoscopes, for instance, can transmit heart and lung sounds to remote providers.
- **Access to technical support staff.** Technical support staff members can help answer questions about telehealth programs. To help with efficiency, technical support staff may be shared across collaborating organizations.
- **Staff training.** You will need to train your staff to use telehealth technology, which may take time. You should consider whether workflow changes may be required and train accordingly.

Here is a link to HealthIT.gov, which addresses the technical infrastructure requirements of telehealth.

You may also want to contact the Mid-Atlantic Telehealth Resource Center at 434-906-4960.

OUR PRACTICE HASN'T HAD A TELEHEALTH OFFERING IN THE PAST. IS IT POSSIBLE TO GET SOMETHING UP AND RUNNING ASAP?

Effective March 17, 2020, the U.S. Department of Health and Human Services Office for Civil Rights provided notice that during the COVID-19 nationwide public health emergency, covered healthcare providers may use popular video chat applications to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with HIPAA Rules related to the good faith provision of telehealth.

Permitted applications include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.

Curi recommends using a HIPAA-compliant vendor, but these other video chat solutions may be an appropriate interim solution for practices to use until a HIPAA-compliant telemedicine solution can be implemented.

And on March 20, 2020 the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) issued guidance on telehealth remote communications following its Notification of Enforcement Discretion during the COVID-19 nationwide public health emergency.

The new guidance is in the form of frequently asked questions (FAQs) and clarifies how OCR is applying the Notification to support the good faith provision of telehealth. Some of the FAQs include:

- What covered entities are included and excluded under the Notification?
- Which parts of the HIPAA Rules are included in the Notification?
- Does the Notification apply to violations of 42 CFR Part 2, the HHS regulation that protects the confidentiality of substance use disorder patient records?
- When does the Notification expire?
- Where can health care providers conduct telehealth?
- What is a "non-public facing" remote communication product?

In response to these notices Curi has developed a Telehealth guidance document to assist practices.

Other resources:

- Some EMR vendors have "tele-med" options.
- The National Consortium of Telehealth Resource Centers divides the U.S. into 12 telehealth resource regions. Their website includes links to webinars, forums with an ability to submit questions, and vendor selection toolkits. The two regions most relevant for our members are:

  Mid-Atlantic Telehealth Resource Center
  Phone: 434.270.5338
  Region: Virginia, West Virginia, Kentucky, Maryland, New Jersey, Delaware, North Carolina, Pennsylvania, Washington DC

Southeast Telehealth Resource Center
Phone: 888.738.7210
Region: Alabama, Georgia, South Carolina, Florida

DOES CURI HAVE A TEMPLATE FOR TREATING CHRONIC CARE PATIENTS VIA TELEHEALTH TO ALLOW THEM TO REMAIN AT HOME? DO YOU HAVE A TELEHEALTH CONSENT FORM?

Yes. Curi has a telehealth guidance document to help practices develop a telehealth program. There is also a telehealth consent form written in both English and Spanish. See links below.

- Curi Telehealth Recommendations During Coronavirus Outbreak
- Telehealth: An Overview
- Telehealth Patient Consent Form

WE ARE EXPLORING THE USE OF DOXY.ME AS A NEW TELEHEALTH PLATFORM. WHAT ARE YOUR RECOMMENDATIONS FOR PRACTICES URGENTLY IMPLEMENTING THIS TECHNOLOGY?

We are not very familiar with the doxy.me telehealth platform, and we do not endorse a particular vendor. However, we can share a list of vendor-neutral telemedicine platform recommendations from this website.

Mid-Atlantic Telehealth Resource Center has two one-hour online startup telehealth courses. The organization also offers assistance in choosing a telehealth platform: https://www.matrc.org/.

The American Psychiatric Association also has a very comprehensive toolkit on telepsychiatry.

This toolkit includes a best practice guideline that has been very popular since 2018. It was developed jointly between The American Telemedicine Association and the APA, Best Practices in Videoconferencing-Based Telemental Health.

We would urge you to review this information prior to any type of implementation. Please also reference Curi's telehealth resources here.

IF OUR LOCAL UNIVERSITY SUSPENDS CLASSES AND ASKS STUDENTS TO STAY HOME, A CONSIDERABLE NUMBER OF OUR PATIENTS WILL BE OUT OF STATE. IS TELEHEALTH / TELEPSYCHIATRY AN OPTION, GIVEN THAT OUR STAFF ISN'T LICENSED IN OTHER STATES?

Curi has developed telehealth guidelines to follow during this declared National Emergency. These guidelines are effective, without conditions, for the later of either sixty (60) days form March 16, 2020, or the lifting of the National Emergency declaration by our President. We urge all insured physicians utilizing telehealth modalities to please do the following:

- Use reasonable measures to protect the privacy and security of protected health information;
- Check the medical board website in the state(s) in which you are practicing (use FSMB's searchable state guide), and follow any guidelines they have in place for such encounters;
- Keep a record of all such encounters (see Curi's Telehealth guidance document for a suggested chart disclaimer for each encounter).

Insured physicians may provide telehealth services to **both established and new patients within your state of licensure(s)**. You may also provide telehealth services to patients residing in states where the in-state licensure requirement has been waived during the current emergency. To enable physicians to provide services in these states, Medicare has waived its fee-for-service billing requirement that a physician (or non-physician practitioner) must be licensed in the state in which the physician is practicing. Additional information about the waiver can be found here.

WE ARE TRYING TO PREPARE OUR PRACTICE IN CASE WE NEED TO TRANSITION TO "EMERGENCY-ONLY" APPOINTMENTS. WHAT ARE THE RISKS OR CONCERNS THAT WE NEED TO KEEP IN MIND AS WE PREPARE?

Be sure your providers are involved in the decision and the process for triaging which patient visits can be canceled and postponed to a later date without putting the patients' health in jeopardy of a delay in care.

We recommend the following:

- Create a script that all your employees will use so that a consistent message will be communicated to all patients. The script should reflect concern for the health and welfare of both patients and staff, inform rescheduling of all our non-emergency visits, and set time expectations if you have them.
- Review the medical record for all cancelled patient appointments to ensure medication refills, any ordered tests and/or referrals, and needed equipment have been addressed.
- Maintain a list of all patient visits that were cancelled and need to be rescheduled at a later date.
- Plan ahead and prepare staff on how to respond if a patient really does not want to postpone their appointment.

Any patients that need to be seen, recommend screening prior to coming in your office to determine risk. Use the Curi Patient Test Screening Tool.

For all positive screens, notify health department or primary care physician for follow-up care/testing and document screening information and coordination of care.

Please review Curi's COVID-19 resource page as we have a variety of Coronavirus resources for practices available.

DO YOU HAVE ANY GUIDANCE FOR GROUPS LOOKING TO DEVELOP A PANDEMIC POLICY IN THE CURRENT SITUATION?

The CDC is repurposing its influenza pandemic resources for use with the COVID-19. Here's the link to the CDC's pandemic preparedness resources.

Curi also has many disaster planning resources to assist practices that can be found on our COVID-19 resource page.

THE RESOURCES ON THE CDC WEBSITE ARE QUITE BROAD. WE'RE LOOKING FOR DISASTER RESPONSE PLANS AND PROCESSES THAT CAN BE IMPLEMENTED IN A MEDICAL PRACTICE LIKE OURS. DO YOU HAVE BEST PRACTICES FROM OTHER PRACTICES IN THE CURI NETWORK?

We have a webinar on our website from one of our practices that has shared how their practice is responding to the COVID-19 crisis: Response and Preparedness Plan for Primary Care Physicians.

And, they were also willing to share their COVID-19 toolkit.

WE DO NOT HAVE ENOUGH N-95 MASKS, AND MCKESSON HAS ADVISED US THAT THEY CANNOT GET MORE FOR US AT THIS TIME. WHAT DO WE DO?

N-95 mask are not recommended unless you are going to have prolonged exposure and/or are performing procedures that promotes aerosolization of sputum. The first step is to mask the patient with a regular mask and place them in a room with the door shut. As you place a patient in a room, consider flow of traffic and choose the path of least resistance. For example, a room or rooms in the back of your office or close to an exit may be better choices to minimize exposure in your practice.

Any staff entering the room should wear appropriate PPE, including gown, gloves, and surgical mask. Pre-screening and performing drive-through testing helps keep potentially infected patients out of your office. See Curi's COVID-19 Patient Workflow Chart.

THERE HAVE BEEN MANY CHANGES RELATED TO THE AVAILABILITY OF COVID-19 TEST KITS AND WHO CAN USE THEM. SHOULD WE ENTER INTO THE TEST-KIT ARENA OR SHOULD WE LEAVE IT TO THE HOSPITALS AND HEALTH DEPARTMENT?

This is a business decision, but the better practices are equipped to handle these cases and manage their own patients, the better for everyone. The health departments are currently overwhelmed with handling patients. Independent physicians performing their own testing for their patients provides more flexibility for ordering testing than health department or state labs. It also provides better management of potentially infected patients.

If you decide as a practice to start testing, we would recommend first to connect with your vendor for arranging for supplies and specimen collection technique and processing. LabCorp has resources on their website that cover specimen collection and address questions about testing.

We would also recommend that you consider drive-through testing. This would minimize potential exposures in your office setting. The person performing the specimen collection would need to wear appropriate personal protective equipment—inclusive of mask, gown, gloves, and goggles or face shield. Some practices are considering patient testing. One practice has agreed to share their patient testing policy.

Here are some resources that may be helpful as you make your decision:

Curi:

- COVID-19 Patient Workflow Chart
- Curi Patient Test Screening Tool
- Partner Webinar: Response and Preparedness Plan for Primary Care Physicians
- Partner COVID-19 Toolkit

LabCorp:

- How to collect the sample and send for testing
- FAQ document addressing many questions on testing
- Specimen collection instructions
- Specimen collection guide

AS MORE PHYSICIANS AND PRACTICES ARE ABLE TO OFFER COVID-19 TESTING, HOW DO I KNOW WHEN TO TEST MY PATIENTS?

Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories. This additional testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

Priorities for testing may include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
- Other symptomatic individuals, such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher

risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Any persons, including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Source: Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

WE HAVE STARTED COVID-19 TESTING IN OUR FACILITY. IS THERE A FORM WE ARE SUPPOSED TO COMPLETE WHEN TESTING PATIENTS?

At the time of testing, it is recommended that physicians/practices complete this CDC form (as provided from the NCDHHS website), which includes basic information about the individual. There is not clear direction if the form needs to be faxed to your local health department for every test, but it MUST be sent if a test is positive. Use the secured fax or phone line you would normally use to report communicable diseases.

Contact your local health department for guidance regarding form submission for all COVID-19 testing.

DO YOU HAVE ANY ADVICE ON HOW TO START TESTING IN MY PRACTICE?

Check with your local COVID-19 vendor on specimen collection and supplies. If you have a lab tech available at your practice they could prove to be a good resource.

Here are specifics guidance documents from LabCorp on testing:

- How to collect the sample and send for testing
- FAQ document addressing many questions on testing
- Specimen collection instructions
- Specimen collection guide

HOW ARE OTHER PRACTICES DOING TESTING?

One of our family practice physicians shared her COVID-19 toolkit that includes the testing guidelines they developed for their practice. See page 10.

It is an individual choice of the practice as to who will collect the specimen. Most are only having providers collect out of concern of exposing their employees. However, in some practices, when the provider feels the medical assistant is capable of doing it safely then the medical assistant is allowed to do it. It is important to train all involved employees on using appropriate PPE and specimen collection process.

One practice described the process as exactly like that for a rapid flu test, so most providers and medical assistants were comfortable with the process.

WE ARE CONCERNED ABOUT THE ABILITY TO KEEP OUR DOORS OPEN WITHOUT TAKING A BIG HIT. WILL OUR CURI INSURANCE POLICY COVER OUR LOSS OF PATIENT REVENUE AND/OR STAFF PAY?

Your medical liability coverage (malpractice) does not include coverage related to the economics of the practice. Some practices have additional coverage like “business interruption coverage.” Curi does not sell that coverage, so it would not be from us.

You may want to check if your practice does have that type of coverage and then follow-up with your broker or directly with that carrier with your questions, exploring any exclusions they may have related to pandemics.

In addition, we would encourage you check with your banking institution, review your line of credit, and explore with them if you think you might need to increase.

Regarding unemployment benefits, check with your state unemployment regulations. Some regulations are being waived, such as NC waiving the wait week with no pay. Stay tuned into to government as we hear more from the President, and decisions are made regarding assisting small businesses and citizens.

Regarding patients who are canceling visits, consider incorporating a telehealth program to perform some of these visits. This could help practices potentially recuperate some lost revenue. Adding COVID-19 testing could be another potential option of revenue for your practice.

WE HAVE LOCKED UP ALL OF OUR EXTRA SUPPLIES, HAND SANITIZER, AND PPE, AS PATIENTS HAVE BEEN TAKING THEM. IS THIS AN ACCEPTABLE PRACTICE?

This is an acceptable practice, provided you are keeping hand sanitizer and masks available for those who need them—including patients who screen positive for COVID-19. To minimize overuse, discourage unnecessary use of masks. The CDC states, if you do not have symptoms of fever, cough, and runny nose, there is no benefit to wearing a mask.

IF WE ARE PROVIDING APPROPRIATE PPE, FOLLOWING CDC GUIDELINES, AND USING INFECTION CONTROL MEASURES, WHAT LIABILITY DOES OUR ORGANIZATION FACE AS IT RELATES TO OUR STAFF BY KEEPING OUR PRACTICE OPEN FOR PATIENTS?

The liability comes when not providing what employees need to meet CDC and OSHA guidelines for managing potentially infectious patients. This includes appropriate use of PPE and using infection control measures and implementation of a plan to mitigate risk. Read more on the OSHA 2019 Novel Coronavirus website.

To be proactive, stay in communication with your practices/staff and address questions, concerns, or needs they have. Make sure contingency plans have been implemented and employees are trained on what to do—including how to properly use PPE. Contingency plans should include risk mitigation strategies, such as screening patients prior to arriving for an appointment and educating employees on what to do if they have a positive screen.

Refer to our COVID-19 Patient Workflow Chart for guidance on managing potentially infected patients in your practice.

While evaluating patients for risk factors related to coronavirus, practices need to also remember to address the other medical needs of the patient, asking:

- Is this patient scheduled for a non-essential visit that can be rescheduled for later?
- Are there unresolved issues that need addressing?
- Can these unresolved issues be handled via telehealth or does it require an in-person visit?

PHYSICIANS ARE BEING ASKED TO CANCEL ELECTIVE PROCEDURES AND SURGERIES TO CONSERVE HEALTHCARE RESOURCES. DO YOU HAVE RECOMMENDED LANGUAGE THAT WE COULD USE IN PATIENT MEDICAL RECORDS WHEN CANCELLING A PROCEDURE?

Here's our recommended context and language for patient medical records:

"On March 11, 2020, the World Health Organization declared the COVID-19 (Novel Coronavirus) viral disease to be a pandemic. As a result of this emergency and a rapidly evolving situation, practice patterns for physicians, physician assistants, and nurse practitioners are shifting to accommodate the need to treat in conjunction with unprecedented guidance from federal, state, and local authorities—which include, but are not limited to, self-quarantines and/or limiting physical proximity to others under any number of circumstances.

On March 20, 2020, North Carolina's Secretary of the Department of Health and Human Services (NCDHHS) requested that effective March 23, 2020, all hospitals and ambulatory surgery centers suspend all elective and non-urgent procedures and surgeries in an effort to conserve personal protective supplies needed by frontline healthcare providers to treat COVID-19 patients.

It is within this context (and with the understanding that treatment decisions by healthcare providers and patients must take into account the patient's best interest as well as the

health and safety of other patients and the public) that this patient's procedure/surgery has been:

Scenario 1 [if patient's decision and doctor agrees]
postponed/canceled at the patient's request. This decision is appropriate and reasonable under the circumstances given my understanding of the patient's particular circumstances at this time. While I do not believe that the patient will be harmed by this postponement/delay, the patient has been advised of the potential risks of this decision and has agreed to postpone/delay the procedure/surgery. Any and all of the patient's/patient's family's questions on this issue have been answered, and I have made no promises or guarantees to the patient regarding the effects of this postponement/delay. The patient has also been advised to contact this office for worsening conditions or problems, and seek emergency medical treatment and/or call 911 if the patient deems either necessary.

Scenario 2 [if patient's decision and doctor's recommendation is contrary]
postponed/canceled at the patient's request. Taking into account all circumstances, I recommended the procedure/surgery go forward given my understanding of the patient's particular circumstances at this time. I believe that the patient will be harmed by any postponement/delay, and the patient has been advised of the potential risks of postponement/delay which are not limited to but may include: _____. Any and all of the patient's/patient's family's questions on this issue have been answered, and I have made no promises or guarantees to the patient regarding the effects of this postponement/delay. The patient has also been advised to contact this office for worsening conditions or problems, and seek emergency medical treatment and/or call 911 if the patient deems either necessary.

Scenario 3 [if physician's recommendation]
postponed/canceled. This patient's procedure/surgery is elective and non-urgent. This decision is appropriate and reasonable under the circumstances given my understanding of the patient's particular circumstances at this time. While I do not believe that the patient will be harmed by this postponement/delay, the patient has been advised of the potential risks of postponement/delay and has agreed. Any and all of the patient's/patient's family's questions on this issue have been answered, and I have made no promises or guarantees to the patient. The patient has also been advised to contact this office for worsening conditions or problems, and seek emergency medical treatment and/or call 911 if the patient deems either necessary."

WHAT SHOULD I DO IF I HAVE AN EMPLOYEE REPORT THAT HE/SHE IS SICK WITH RESPIRATORY SYMPTOMS?

Follow CDC guidelines for managing employees who are sick. Decisions should be coordinated with local health department, depending on the circumstances and how likely patient is to be infected with COVID-19.

The CDC is encouraging all employers to consider how best to decrease the spread of COVID-19 and lower the impact in their workplace in one or more of the following areas:

- Reduce transmission among employees,
- Maintain healthy business operations, and

- Maintain a healthy work environment.

Employers should actively encourage sick employees to stay home:

- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home.
- Sick employees should follow CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC recommended precautions.

All sick employees with respiratory symptoms, (fever, SOB, cough) should follow CDC guidelines for self-monitoring and home isolation until COVID-19 is ruled out. For example, if you have SOB, cough, and fever, you are to assume it is COVID-19 until proven otherwise (positive flu test or negative COVID-19 lab test).

The CDC has developed these guidelines for when it is safe to return to work.

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) a test-based strategy.*

1) **Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)***
   Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

   - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
   - At least 7 days have passed *since symptoms first appeared*.

2) **Test-based strategy** (simplified from initial protocol) previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that *only one swab is needed at every sampling*.

   Persons with laboratory-confirmed COVID-19 and who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

   - Resolution of fever without the use of fever-reducing medications **and**
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**

- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

IF I HAVE EMPLOYEES WHO ARE BEING TESTED OR HAVE CONFIRMED COVID-19, WHEN CAN THEY RETURN TO WORK?

The health department will provide guidance for when employees may return to work based on the latest CDC criteria for allowing employees to return to work.

Use one of the below strategies to determine when your HCP may return to work in healthcare settings

- **Test-based strategy.** Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).
- **Non-test-based strategy.** Exclude from work until:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 7 days have passed *since symptoms first appeared*
  - If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Source: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

WHAT ARE THE RESPONSIBILITIES OF THE PHYSICIAN AND ORGANIZATION IF A PHYSICIAN TESTS POSITIVE?

You would need to quarantine the physician or staff person who is under investigation. You would also need to remove any staff who have been potentially infected until cleared by the health department. And, you would need to disinfect your practice without exposing anyone else. All this will be coordinated with the health department.

Steps to take in the event of an infected physician or employee:

- Notify health department of infected physician/employee.
- Make a list of all close contacts, defined as within six feet of an infected person for greater than 10 minutes. Please note, these staff/patients may not meet requirements for testing but be advised to remain at home and self-monitor for a minimum of seven days. Staff may not be able to return to work until cleared by the health department. Once more testing is available, this should expedite the process of getting employees back to work faster.
- At this time, we do not have enough data to know for certain how long the virus can linger in the air or on surfaces. Unless the potential infected area can be isolated to a room or rooms where doors can be shut, it may be prudent to close your office, sending staff home and diverting patients to other locations if they cannot be rescheduled. Anyone who is cleaning is required to wear gown, gloves, mask, and goggles. Any EPA registered disinfectant can be used to clean surfaces.
- In the event you need to contact patients to reschedule or divert them to another location, implement a process for access to patient schedules and contact information.

Once your facility is cleaned and disinfected and staff have been cleared, you should be able to re-open your office again—provided you have enough available staff to continue seeing patients. Throughout the process you will be coordinating the care of your affected patients and staff, communicating to reassure needs are being met, and informing them when your office is cleared to reopen.

To help allay fears, remind everyone that most who get infected, do recover fully, and many have mild symptoms.

For any staff or patients who fall in the high-risk category, you would need to utilize more caution, trying to keep them out of the path of potential exposure areas and allowing them to self-quarantine if they desire.

Dee Brown, Curi's dedicated HR|Experts consultant, advises you must follow your policies (PTO, vacation, sick, short term disability, leave of absence, FMLA, and ADA). If the employee was exposed at work, then you will need to contact your workers comp carrier regarding lost wages. At this point, you are under no obligation to pay beyond your policies but may do so if you choose.

For more specifics on employee concerns check our website resources under HR|Experts and contact Dee Brown, at dee.brown@callhrexperts.com or 919-431-6096.

Here are steps practices can take to be proactive in preventing unnecessary exposure and avoid closures:

- Call patients prior to visit to screen for risk of coronavirus.
- Have patients call upon arrival to the office and remain in car until cleared to come in the office.
- Limit the number of patients in waiting area at any given time.

WHAT DO WE SAY TO STAFF WHO ARE TOO FRIGHTENED BY THE VIRUS AND DON'T WANT TO WORK?

You must follow your policies (PTO, vacation, sick, short-term disability, leave of absence, FMLA, and ADA). If the employee was exposed at work, then you will need to contact your workers comp carrier regarding lost wages. At this point, you are under no obligation to pay beyond your policies but may do so if you choose.

To help allay fears, communicate and educate your staff with the basics. Encourage them to think about this like the flu. Advising, educating, and having a plan in place to address these issues ahead of time will help to calm fears. Remind them, the majority of people who get this recover.

Daily staff briefings are encouraged. Communicate that employees are your top priority.

Here is a link to an OSHA document to assist with employee management and requirements: OSHA 2019 Novel Coronavirus website.

SHOULD WE RESPOND DIFFERENTLY TO STAFF WHO HAVE COMPROMISED IMMUNE ISSUES?

Employees who are immunosuppressed are at greater risk and fall into the high-risk category. It is important to put safeguards in place with any high-risk employees, such as placing them in an area that limits the patient's potential exposure to COVID-19 as much as possible, providing appropriate PPE, and allowing them to self-quarantine, if they desire to do so.

WHAT ARE YOUR RECOMMENDATIONS ON TEMPORARILY OPENING A DAYCARE AT OUR PRACTICE?

While we understand the dilemma healthcare workers are facing, we would not recommend setting up a daycare center in a healthcare facility, especially at this time. Healthcare facilities are hot spots and not advisable for placing children in an area of potentially positive COVID-19 patients.

The CDC has requested some daycares remain open to increase the availability of essential healthcare workers. Some states are beginning to put out statements requesting some daycare centers stay open and waiving regulations pertaining to daycares. Check with your local states to see what recommendations they have listed.

Some suggested solutions if your daycare is not open include:

- Have extended families and/or neighbors pool their resources to help care for children when essential employees are needed at work.
- Stagger employee work schedules; employees who are not working could assist with caring for other employee children.

IF PATIENTS PRESENT TO OUR PRACTICE AFTER RESPONDING "YES" TO COVID-19 SCREENING CRITERIA QUESTIONS, WE ARE ASKING THEM TO RETURN TO THEIR CARS AND CALL OUR OFFICE FROM THERE CELL PHONES. IS THIS GOOD PRACTICE?

Yes. This is a good practice. Also, consider being proactive by calling ahead and screening prior to the appointment. If a patient shows up in your office, recommend conducting the screen, and placing a mask on the patient if they screen positive. You would place them in a room with the door closed or ask them to wait in the car until you can coordinate their care.

Of note: Don't forget to address other medical issues the patient may be dealing with. Placing them in a room with a closed door may be more suited for your patient depending on their condition. See Curi's COVID-19 Patient Workflow Chart.

ONE OF OUR PATIENTS OVERHEARD A MEMBER OF OUR STAFF TALKING ABOUT BEING IN CONTACT WITH SOMEONE WHO HAD BEEN EXPOSED TO SOMEONE WHO WAS BEING TESTED FOR COVID-19. THE PATIENT WAS CONCERNED THAT SHE HAD BEEN EXPOSED. WHAT SHOULD I TELL HER?

Confirm both staff and person being tested are asymptomatic, then call the patient and have her relay what she overheard that made her concerned. Respond to her voiced concerns in a reassuring way, without divulging names or any confidential information. Share steps practice has taken to ensure the safety and well-being of both staff and patients, and patients would be notified immediately if any concerns developed.

If employee's friend becomes symptomatic, contact health department and have employee self-monitor for a minimum of seven days from last contact with friend (take temperature 2 times a day and immediately report any symptoms). The health department can advise if employee needs to stay home during the self-monitoring or continue to work.

WHAT IS THE DIFFERENCE BETWEEN SELF-MONITORING, QUARANTINE, AND ISOLATION?

- **Self-monitoring** is for those that may have been exposed to a person with COVID-19. They should monitor themselves for symptoms (fever, cough, and shortness of breath). Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they develop symptoms during the self-monitoring period, they should self-isolate, limit contact with others, and seek medical advice by telephone.

- **Quarantine** is for people who had close contact to a person with a confirmed case of COVID-19 but are not experiencing symptoms. Contact your local health department or medical provider if you are unsure if you should self-quarantine.

- **Isolation** separates people who are sick from those who are well. People who have tested positive for COVID-19 in many states are in isolation.

HOW DO WE OBTAIN SIGNATURES FOR PATIENTS WHO ARE NOT COMING IN TO THE OFFICE?

When the patient has a telemedicine visit, send the consent to the patient electronically—either through the patient portal or email. The patient must send back an electronic confirmation they have read and agree with the consent. Place all electronic communication in the patients' medical record.

If patient is unable to send back an electronic confirmation, after reviewing the consent with the patient, document consent reviewed with patient, patient unable to respond electronically, verbal consent obtained. If possible include a second witness to the verbal consent conversation.

If obtaining consent using telephone, have two employees witness the verbal consent conversation. To avoid sharing phones, use either speaker phone or two separate phones. Document in the patient medical record verbal consent and who witnessed.

HOW DO WE DOCUMENT CONSENT IF WE HAVE IMPLEMENTED A POLICY OF NOT SHARING PENS AND NOT USING IPADS TO SIGN?

You could request the patient to use their pen, but if concerned about contaminating work spaces and/or handling the paper, then document verbal consent in the patient's medical record, using two witnesses if possible. Be sure to document who witnessed the consent.

IF PATIENTS WANT TO KNOW HOW MANY COVID-19 CASES OUR PRACTICE HAS HAD, WHAT CAN WE SHARE WITH THEM AND WHAT DO WE TELL OUR PATIENTS WHO DON'T WANT TO COME TO THE OFFICE?

Remind the patient that the practice's policy is not to release information related to PHI. Focus on the steps the practice is undertaking to keep patients and employees safe. Also, offer to reschedule the patient's appointment if they are uncomfortable with keeping the current appointment.

Assess the condition the patient is being seen for and make a decision as to whether the patient needs to be seen immediately or reschedule for later date.

For non-essential visits, offer to reschedule the patient's appointment if they are uncomfortable with keeping the current appointment or see via telehealth if available.

Additionally, take the opportunity to educate the patient on personal steps to be taken to keep them and their family safe.

IS OUR CURRENT POSITION (P&P) CORRECT?

Here's an example position for discussion:

"All staff and providers are to adhere to our current PPE and Infection control requirements. Everyone should be diligent about handwashing and sanitizing all surfaces. Great caution should be taken in triaging patients for acute appointments. The on-call physician should be consulted before scheduling any patients with c/o cough, fever, respiratory infections, having traveled to any region, state, or country having known reported cases of COVID-19. Physicians should consult the Local Health Department for questions or concerns regarding patients with possible COVID-19 symptoms or possible exposure. We want to avoid bring these patients into our office at this time."

The above policy and procedure is on track. Some pointers to consider:

- While dealing with the coronavirus, don't forget to address any other medical issues that may need handling at the same time.
- You could begin the screening process before appointments, calling 1-2 days before scheduled visits or when patients call in to schedule ask the screening questions. This would help identify and minimize potentially infected patients showing up in your practice.
- For patients who screen positive, you have two options. You can bring the patient in and test at your facility, if your practice has the ability to test, or you could refer the patient to the local health department. In the latter case, you would need to coordinate follow-up care between the patient and the health department. Instruct patient to wear a mask and notify the health department before arriving. We have a COVID-19 Patient Workflow Chart on our website.

DO YOU HAVE GUIDANCE ON PROVIDING BRIDGE MEDICATIONS FOR PAIN CLINICS DURING THE COVID-19 PANDEMIC?

Due to COVID-19, a nationwide public health emergency was declared on Jan. 31. As such, the Drug Enforcement Administration (DEA) is relaxing rules previously in place with regards to prescribing controlled substances via telehealth. Per the DEA,

*"**For as long as the Secretary's designation of a public health emergency remains in effect**, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:*

- *The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.*
- *The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.*
- *The practitioner is acting in accordance with applicable Federal and State law."*

Source: https://www.deadiversion.usdoj.gov/coronavirus.html

IS IT OK TO PROVIDE PATIENTS WITH A WORK NOTICE TO NOT RETURN TO WORK DUE TO A COMPROMISED CONDITION OR STATUS OF THEIR WORK ENVIRONMENT?

We would recommend that you focus attention on patients with a compromised immune issue. Consider using the suggested statement below or one similar. In your discussion with the patient, ensure the patient is aware that the work notice would reveal protected health information to the employer indirectly. By doing so, the patient is informed of this disclosure in the event the employer raises any questions.

Sample Work Notice

"This patient has an underlying health condition that places them in the high-risk category for the possibility of a more severe COVID-19 illness. If feasible, I recommend this patient work from home or in an area that limits the patient's potential exposure to COVID-19."

Regarding patients who are not experiencing any symptoms and do not have an underlying compromised immune issue, our recommendation is to use your medical judgement given the information that you have available.

WHAT OTHER STATE-SPECIFIC RESOURCES DO YOU HAVE FOR COVID-19?

Here are some of the resources and links we've been monitoring:

Delaware: https://dhss.delaware.gov/dhss/dph/epi/2019novelcoronavirus.html

Florida:

- COVID-19 Toolkit: https://floridahealthcovid19.gov/resources/#toolkitJump
- Screening Tool: https://s33330.pcdn.co/wp-content/uploads/2020/03/Clinical_Guidance_Chart_3-15-20_Final-1.pdf
- PPE instruction checklist: https://s33330.pcdn.co/wp-content/uploads/2020/03/2-netec-donning-and-doffing-checklist.pdf
- PPE Instructor guide: https://s33330.pcdn.co/wp-content/uploads/2020/03/2-netec-instructor-guide-donning-and-doffing-checklist.pdf

- Prevention Document: https://floridahealthcovid19.gov/prevention/
- Exposure: https://floridahealthcovid19.gov/exposure/
- Treatment: https://floridahealthcovid19.gov/treatment/
- Document for County Health Departments: https://floridahealthcovid19.gov/county-health-departments/

Georgia:

- Georgia Composite Medical Board
- Emergency Practice Permit

The Georgia Composite Medical Board announced today that it may approve and issue "emergency practice permits" to physicians, physician assistants, advanced practice registered nurses, and respiratory care professionals who wish to practice medicine during the public health emergency response to novel coronavirus, known as "COVID-19."

360-3-0.10-.08 Practice Through Electronic or Other Such Means during a State of Emergency

Rule 360-3-0.10-.08 Practice Through Electronic or Other Such Means during a State of Emergency
(1) DEA registered practitioners may issue prescriptions during the public health emergency, as declared by the Governor of the State of Georgia, for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:
(A) The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
(B) The telemedicine communication is conducted using an audio-visual, real time, two-way interactive communication system; and
(C) The practitioner is acting within Federal and State law and otherwise following the provisions of Board Rule 360-3-.07.
(2) This rule shall only be effective for the duration of the emergency.
Authority O.C.G.A. §§ 43-1-19, 43-34-5(c), 43-34-8(a), 50-13-4(b).

Maryland: https://coronavirus.maryland.gov/

Mid-Atlantic Telehealth Resource Center: https://www.matrc.org/

New Jersey:

- New Jersey Department of Health: https://www.nj.gov/health/cd/topics/covid2019_professionals.shtml

The NJDOH's website contains guidance and various disease prevention resources, including, but not limited to:

- Surveillance Criteria and Testing for Novel Coronavirus 2019 (COVID-19)
- Key Messages to Long Term Care Facilities for COVID-19
- Exposure Risk Categories and Management Associated with International Travel or Contacts of Laboratory-Confirmed Cases
- Monitoring and Movement Guidance for Managing Returning Travelers and/or Contacts of Confirmed Cases
- Update and Interim Guidance on Infection Prevention and Control for 2019 Novel Coronavirus (2019 nCoV)

North Carolina:

- NC State infection control: https://spice.unc.edu/coronavirus-resource-page/
- NC updates on COVID-19: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/nc-updates
- NCDHHS COVID-19 Guidance: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments
- NCDHHS State Laboratory: https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp
- COVID-19 Case Report Form: https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf
- https://epi.dph.ncdhhs.gov/cd/coronavirus/NC_Identify%20and%20Assess%20Algorithm_2019-nCoV.pdf
- https://epi.dph.ncdhhs.gov/cd/diseases/COVID19.html

Pennsylvania:

- PA Department of Health & Coronavirus: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx
- Telemedicine & What Physicians Should Know: https://www.pamedsoc.org/laws-advocacy/topics/articles/telemedicine-covid-19
- When providers who have tested positive can go back to work: https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-488-03-17-ALT%20-Discontinu.pdf

South Carolina:

- South Carolina Medical Board:
  - Information on Coronavirus Waiver for Licensing Requirements in Another State
  - 90-Day Authorization to Practice: SCMB has extended a 90-day authorization to practice as either a Physician, Physician Assistant or Respiratory Care Practitioner
  - Telemedicine Rules (no updates or changes)

- South Carolina Hospital Association: Staying Informed on COVID-19

- South Carolina Department of Health and Environmental Control: COVID-19 Resources

Virginia: VA Medical Society Resource Page

WHAT OTHER RESOURCES DO YOU HAVE FOR COVID-19 IN GENERAL?

CDC:

- Business and Employees Plan and Response to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

- Risk Assessment and Management of Persons with Potential COVID-19 exposures: https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

- Discontinuation of Home Isolation for Persons with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

- Risk Assessment and Management of Healthcare Personnel with Potential COVID-19 exposures: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

- Recommendations for Patients with suspected or confirmed COVID-19: Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings

- Implementing Home Care for People Not requiring Hospitalization for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-home-care.html

- Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

- Isolation Precautions in healthcare settings: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

- Evaluating and Testing Persons with COVID-19: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

- CDC Health Alert: CDC Health Alert Network Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

- FAQ for Healthcare Workers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html

CMS:

- CMS Adult Elective Surgery and Procedures Recommendations for non-essential cases: https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf

- Telehealth for General Provider**:** https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Curi Resources: COVID-19 Resources & Guidance

FDA:

- Preparation for Alcohol-Based Hand Sanitizer: https://www.fda.gov/media/136289/download

HIPAA:

- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Health Department:

- State health department after-hours contact listexternal icon
- Directory of Local Health Departmentsexternal icon

OCR: FAQs Telehealth: https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

OSHA:

- OSHA website: https://www.osha.gov/SLTC/covid-19/
- Guidance on Preparing Workplaces for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf

World Health Organization:

- World Health Organization (WHO) Coronavirusexternal icon https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control
- WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspectedexternal icon

All FAQ responses above are intended to apply for the duration of the COVID-19 pandemic and are subject to revision as circumstances evolve. All coverage is subject to actual policy terms and conditions.