PPWPA COVID19 FAQs and Recommendations

The following are questions that have been submitted by PPWPA providers and practices. The answers have been compiled from various sources including the CDC and expert opinion. The answers should serve as a guide, but in no way constitute legal advice. Answers are current as of the time this document was created but could change over time as guidelines change.

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Testing Protocols

1. Q: Has there been any change to the CDC COVID-19 Screening Algorithm distributed March 13?

   A: The algorithm is still the same...at least for now. Due to a limited number of tests being available, reserve testing for those patients who meet CDC criteria including : symptoms consistent with acute respiratory infection (Fever, cough, etc) AND (in the last 14 days) travel to any area with known, active COVID-19 disease or close contact with a confirmed/suspected positive COVID-19 case or spent time in a skilled nursing facility OR patients in a high-risk populations: >65, Pregnant, Immunocompromised, Homeless, Living in congregant housing (dorms, jail, group homes, fraternities, shelters, etc)

2. Q: Regarding questions at phone triage, for the question "have you had any recent travel?" is that still pertinent and what places would be considered red flags?

   A: We recommend continuing to ask, but it may become less pertinent with time. With few known cases in Allegheny Clinic we are still using it. International travel to the known CDC level 3 countries: China, Japan, South Korea, Iran, Italy AND you could also add Europe. Asking about domestic travel to known hotspots: NYC, Seattle.

3. Q: How do I order the test for COVID19?

   A: Outpatient tests are now available for COVID-19 from Quest and Labcorp. Place one of the following orders:

   Quest SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR Test Code:39433

   2019 Novel Coronavirus (COVID-19), NAA TEST: 139900
   COVID-19 (Labcorp- LAB2107344)

4. Q: How are the positive COVID-19 tests being reported to the PA Health Department and CDC? Do we have to make sure these are being reported in some way?

   A: The lab should be reporting these

Drive Thru Testing Centers

1. Q: Where are the drive thru testing locations?

   A: **AHN Drive-thru Covid-19 Testing sites**

   - Wexford
   - Bethel Park
   - Monroeville
   - Erie - West

   The collection sites are open 8 a.m.to 5 p.m., seven days a week. These sites are NOT a walk-up, on-demand collection station; all visiting patients must have a valid order from an AHN clinician.

2. Q: How do you send a patient for drive-through testing?

   Currently these testing sites are able to service AHN physician practices only under the CLIA practice licenses, however we are working diligently to expand access to our CIN partner practices.

3. Q: How do testing sites work?

   A: Patients are assessed via an AHN Epic MyChart telehealth visit. If they screen positive per CDC guidelines, the patient is offered testing. An order is placed in the EHR for both Flu PCR and COVID-19 PCR. The patient is told to stay at home and the AHN Care Connect representative will call within 2 days to schedule a time for them to arrive at the drive-through site. The patient should remain at home (quarantined) until the time of their test as well as afterward. The patients will be contacted with the result as soon as it becomes available.

4. Q: What We Are Doing to Expedite This

   A: At this time, logistics are the main focus. We are working on the standardized prescreen and test order process to facilitate streamlined process for you and your patients as well ensuring we can meet the demand.

5. Q: What should you do now?

   A: The best way to protect providers and staff is to screen patients telephonically or via telemedicine visit. If the patient is screened and testing is indicated, you may choose to bring the patient to your office to perform COVID-19 testing. We would recommend the following protocol:

   1) Follow appropriate PPE donning and doffing protocols, to protect staff and other patients from potential exposure (mask, goggles or face shield, gown, and gloves).
   2) **Consider having the patient drive up but not come into the office. Then go to their vehicle in full PPE to collect the sample.**
   3) If the patient will be tested in the office, keep patients masked, isolated in a closed room, and maintain 6 feet distance until/unless assessing/sampling
   4) You need only to do a nasopharyngeal swab, not an oropharyngeal swab
   5) **Please remember proper procedure for removing PPE: when finished with sample, remove gloves and WASH hands. Then remove gown, mask and goggles, disposing of them appropriately. DO NOT TOUCH YOUR FACE and WASH your hands again.**

Telehealth

1. A: What are the recent changes to telemedicine regulations and what does that mean for our practices.

   B: On March 15, 2020 the Office for Civil Rights (OCR) of the US Department of Health and Human Services issued formal Notice providing the following: Effective immediately and throughout the COVID-19 national emergency, *our providers may use non-public remote communications technologies to provide telehealth services* in order to provide screening and treatment of patients safely and expeditiously.

2. Q: What technologies are included?

   A: Providers may use any nonpublic-facing audio or video chat application in order to communicate with their patient. They include the following HIPAA-compliant technologies:
   - Apple Facetime
   - Facebook Messenger
   - Skype for Business
   - Updox
   - VSee
   - Zoom for Health
   - Doxy.me
   - Google G Suite Hangouts Meet

3. Q: What technologies are not included?

   A: Providers are not permitted to use public-facing applications (e.g., Facebook Live, Twitch, Tiktok) in order to communicate with their patients, as they are not HIPAA-compliant.

4. Q: Does this only apply to telehealth services related to COVID-19?

   A: No. In order to prevent the spread of infection and avoid the need for in-person consultations, providers may use the technologies described above for *any telehealth treatment or diagnostic purpose*. In other words, providers may use a video chat application to examine a patient exhibiting COVID-19 symptoms, as well as for unrelated conditions; for example, a sprained ankle, dental consultation or psychological evaluation.

5. Q: What else should we keep in mind when using these technologies?

   A: It is our duty and obligation to remain vigilant in handling protected health information so as not to expose patients to additional privacy risks. We should notify our patients that these technologies may present potential privacy risks, and enable any encryption or privacy modes that are available to us. Be mindful of your surroundings and remind your patient to do so as well (e.g., use a private room if possible, check to see what else is on the screen behind you).

6. Q: What are the documentation requirements for Telehealth visits?

   A: Providers must document:
   a. the Telehealth modality by including statements such as “The encounter occurred via
      i. live two-way video conferencing.” **[Video Visits]**
      ii. telephone conversation.” **[Telephone Visits]**
   b. the location of the patient at the time of service, including state
   c. the location of the provider at the time of service, e.g.,clinic office, home office
   d. the amount of time spent on the phone with the patient **[Telephone Visits only]**

   For Video Visits, all standard face-to-face requirements remain to meet level of service (LOS) codes. Video Visit Providers who typically document LOS by complexity should continue to do so. Time may be documented for Video Visits to reflect the LOS code when applicable.

7. Q: What modalities are available for new patients?

   A: Only Video Visits may be performed and billed for new patients.

8. Q: What visits are to be used for established patients?

   A: Video and Telephone Visits may be performed for established patients.

9. Q: If I can’t perform a physical exam, what alternative is available?

   A: Document time. The three key components when selecting the appropriate level of E/M services provided are history, examination, and medical decision making. Visits that consist predominately of counseling and/or coordination of care are an exception to this rule. For these visits, time is the key or controlling factor to qualify for a particular level of E/M services

10. Q: What are the billing guidelines & requirements?

    A: Use standard office billing code with telemedicine modifier (GT)

11. Q: How are we to do a recheck HTN visit by tele visit?? Is taking BP readings from a patient’s home BP monitor now accepted? What if patient does not have a home BP monitor?

    A: Patients can check their own vital signs including blood pressure (via manual or automatic blood pressure cuff) and report them to you. This blood pressure reading would not count for quality reporting purposes, but since the last reported in office blood pressure is what will be use, there should be plenty of time between now and the end of the year to get a in office blood pressure reading.

12. Q: My partners and I were wondering if AWVs could be handled and billed via phone calls. As there is no physical exam involved with the appointment, we figured this would be possible. The MAs can call and review the flowsheets and update the chart followed by a call from the physician who would then review everything.

    A: We have reviewed the CMS regulations. The AWV cannot be conducted as a telephonic service. For telehealth billing, the provider must use an interactive audio and video communication system that permits real-time communication between the practice and the patient’s home. A smart phone with audio and video capabilities. The visit must include video.

13. Q: Our office has some patients that only have home phones or no way to access video visits in general. Is there going to be a billable option for a telephone visit?

    A: There are codes for telephone visits, but we have not confirmed that payers will reimburse.
    - 99441 phone call 5 to 10 minutes of medical discussion.
    - 99442 phone call 11 to 20 minutes of medical discussion.
    - 99443 phone call 21 to 30 minutes of medical discussion.

    Rules are that they have to be established patients that cannot have been seen within 7 days or seen in the next 24 hours or next available (so cannot be a call to prompt a visit). Patients have to verbally consent to using telephone medicine.

    Here is one offices planned work flow:
    1. Schedule Telephone Visit.
    2. Once visits are scheduled, they can be confirmed by the secretary 24 hr in advance. (so that patient is available at the appointed time and number).
    3. Secretary will call the patient at appointed time and "check in" patient (confirm insurance, etc.).
    4. Secretary will transfer patient call to Health Coach who will do Medication Reconciliation, reason for visit, brief history (Rooming).
    5. Clinical team member will transfer patient call to Physician/Provider who will talk to patient and take history/discuss reason for visit/prescribe/document visit.
    6. Provider will transfer patient call to Health Coach for check out and review of AVS and rescheduling of next appointment, if appropriate.

Office Scheduling

1. Q: Should our office begin to limit schedules? Should we be cancelling or rescheduling patients?

   A: Consider first assessing those with illness that need an evaluation by phone or video visit. For those patients with scheduled appointments (follow-ups and wellness visits), consider working with the schedulers and staff to convert appointments to video visits or reschedule for some time after June 1st. We are recommending to only bring patients into the office that require an exam for medical decision making (e.g. abdominal pain, injuries, or other urgent matters).

   Sample telephone script to call the patient to convert them to telephone/video visit:

   "You have an upcoming appointment with _________. In response to COVID-19 and the directive to stay home, we are trying to do what we can to meet patient's needs outside of the clinic setting. For your safety, we are asking all patients who were scheduled for in-person visits to switch to a telemedicine visit. If you would be willing to convert your visit to a video visit or a conversation by phone, please let me know. If an exam is needed, we can make arrangements for a subsequent in-person visit. If you would be willing to give this a try, you can respond to this message and let me now. We will have someone from our practice reach out to you to make sure you have all the information that you need to get connected. I look forward to meeting with you virtually."

2. Q: Guideline for bringing healthy people to the office for routine visits?

   A: Consider transitioning more patients to televisits within the week. Some offices are rescheduling appointments for preventive care: AWV, annual physicals, annual gyne appts (until June 1)

3. Q: Guidelines for bringing sick people to the office / waiting room?

   A: Each office should develop a protocol and process for how to separate sick and well patients. If you have space we recommend using different waiting areas or rooms. If you do not, consider bringing well patients in in the AM and sick in the PM so you can clean the offices and they will sit overnight.

4. Q: What information can you give about AHN specialists cancelling appointments so we can better pass this information on to our patients?

   A: AHN Specialists are similarly screening and triaging their scheduled patients. Some regular chronic care visits may be postponed (examples have been the annual check on a knee replacement without current issues; annual visit to the cardiologist without current symptoms).

   We will confirm, but the process for a consultation/referral is the same for now – Set expectations for patients that low-acuity consultations may take longer to schedule, especially if they cannot be conducted via tele.

5. Q: I currently do a few **home visits** for my housebound elderly, especially toward end of life, and for TCM visits when someone feels they can't get out. Should that be expanded while we're dealing with Covid, to managing most of our older CHF and other chronically ill who need exams but shouldn't be coming to offices. I'd be willing for that to be my full time job if necessary.

   A: It's great that providers want to do them. These patients are higher risk for presenting with severe or fatal disease from COVID because they are older and frail. The most important thing is to make sure you are following the precautions that are already in place.
   Here is what we recommend:
   - Postpone visits for stable patients and address issues via phone or video visits
   - If a visit needs to be performed, incorporate the same screening questions that we use to schedule office patients when confirming home visits (including the same screening questions for family members/caregivers who may be present). This should be done on the day of the visit.
   - Prioritize home visits in beginning of the day prior to exposure to other patients
   - If screening questions are negative and a visit is performed, maintain standard precautions (use gloves, wipe down all equipment before and after the visit). No mask necessary.
   - If any patients, family members, or caregivers are symptomatic with flu-like symptoms, visit should be postponed if possible. If not possible to postpone, the patient and family members/caregivers should be given a mask to wear and providers should wear mask in the home
   - Take and don full PPE if a visit must be done with a potentially infected person (i.e patient with symptoms AND potential exposure to a person with suspected or confirmed COVID-19)

6. Q: We're getting calls from people who don't have a PCP and are sick and think they need testing. Can we initiate a care relationship via a phone call, or do they need a real visit before we can call them a patient and order testing. I'm referring to telehealth when possible, but what about other insurances?

   A: To establish a relationship, there needs to be an encounter. A telehealth visit would qualify as an encounter. If their insurance does not pay for telehealth, the patient may have cost sharing. Most payers follow CMS. Knowing that CMS has relaxed telehealth regulations, there may be other payers that follow.

7. Q: What information can we give out to patients about scheduled routine health maintenance testing such as mammograms, DEXA, colonoscopies? Should they be postponed? Should patients have to call or will they be informed these tests have been postponed?

   A: They should be notified but most of the elective procedures and preventive testing is being postponed.

Protecting Providers and Staff

The best way to protect providers and staff is to screen patients telephonically or via telemedicine visit. If screened and positive, divert patient for testing.

Personal Protective Equipment

1. Q: What is appropriate PPE for ambulatory patient clinicians caring for suspected COVID patients?

   A: Appropriate PPE includes: Gloves, regular surgical masks, eye protection (goggles), and gowns. This is the appropriate PPE for droplet and contact precautions for suspected and confirmed COVID-19 patients.

   While some are advocating for use of PPE for all patient interactions, or even just universal surgical masking, there is no data to support it and it is still not recommended by the CDC or WHO.

   We need to make decisions for both the short and the long term. There are very real supply issues. If we use the masks for all patients, the local and national supply will run out. We will not have masks for those caring for patients when the surge comes.

   If you do not have appropriate PPE, you will want to transition symptomatic visits to telephone or telehealth visits and testing outside of the clinic setting.

2. Q: Who should wear the mask? The patients or the healthcare workers?

   A: It is the symptomatic people that should wear a mask - it is useful for preventing contamination of the surrounding area when they cough or sneeze.

   Masks should also be worn (along with gowns, gloves and eye protection) when HCWs are close contact with a patient with suspect or confirmed COVID.

   The main reason for advocating for universal masking of HCWs is actually to protect patients from HCW spread, not the other way around, and it is nearly impossible to keep a mask on for 8-12 hours/day without touching it.

3. Q: Can asymptomatic people spread the virus?

   A: We do not know, but the likely do not transmit at the same rate as symptomatic patients would.

4. Q: Should we be using Surgical or N95 masks?

   A: Based on the best available evidence the virus is primarily spread through close contact and large droplets rather than airborne spread. It is also spread by fomites (objects and surfaces). That is why it is so important maintain the 6 feet distance and to wash your hands. We are following CDC guidelines.

   • Masks: surgical masks can help protect a healthcare worker who is in close proximity to an outpatient encounter (i.e. not intubating, deep suctioning, etc. a critically ill COVID Patient)
   • Masks are not considered useful for routine living out in the open. The CDC discourages mask use by the general public because that is not as effective as social distancing AND they are concerned about saving supply for the healthcare sector.
   • Per our AHN Infectious Disease, the CDC was acting on an "abundance of caution" when they started with n95 recommendations, and also because it wasn't known if the virus was aerosolized. We know now that it is NOT in general interaction (like an office visit) so hence the new recommendation.

   It is also necessary to conserve the n95 masks so that they are available for healthcare workers doing the high-risk procedures (ie ICU level care).The virus can be airborne spread (aerosolized) especially during aerosol generating procedures (e.g. nebulizer treatments, bronchoscopy, intubation, and ventilation). It is important that we reserve N95 masks for those working in these environments.

   The N95 masks should be conserved during this time of great need and should be worn by those who are most likely to be exposed to aerosolized virus.

5. Q: Can the CIN assist us in securing personal protective equipment?

   A: Several practices have reached out for help in securing protective equipment. The supply chain is unstable and not keeping up with demand. There is a national shortage of gowns, gloves, masks and eye protection. The testing swabs used come from Italy and not readily are available. Testing reagents for coronavirus are also on back order.

   Practices should be extra cautious in purchasing supplies from the 'grey market' - supply channels that are unauthorized by a product's original manufacturer.

   - Unauthorized, third-party sellers are popping up and offering masks, gowns and other scarce supplies at a markup, but not all of the products are legitimate.
   - Experts recommend that practices stick with their usual supply chain channels and vetted marketplaces such as traditional wholesalers, group purchasing organizations and trusted e-commerce platforms

Guidelines for Healthcare Providers with Symptoms or Exposure

1. Q: If a Healthcare provider is suspected to have COVID-19 and sent home or have tested positive, how long should they be quarantined?

   A: Healthcare providers (HCP) diagnosed with COVID-19 or suspected to have COVID-19 but not tested and are quarantined can be released from isolation after a minimum of 7 days after symptom onset and after 72 hours of being fever free and feeling well. Household contacts of persons with COVID-19 must be quarantined for 7 days after their last household exposure. For most, this will be 7 days after the person with COVID-19 is released from isolation.

   https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

2. Q: What is the recommended return to work process for COVID-19?

   A: The CDC recommends Heath Care Providers who were off work due to quarantine monitoring or a positive test can be released from isolation after a minimum of 7 days after symptom onset and after 72 hours of being fever free and feeling well.

   Returning HCP's who were positive COVID-19 or suspected of having COVID-19 and were quarantined must wear a facemask at all times and be restricted from caring for severely immunocompromised patients for 14 days after symptom onset, as well as adhere to strict hand and respiratory hygiene and monitor for symptoms.

   From https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html, accessed March 18, 2020

3. Q: A HCP may have been exposed to COVID-19, what should they do?

   A: Presumably the HCP used appropriate PPE. If that is the case, there is not a guideline for healthcare workers to quarantine.

4. Q: I'm immunocompromised or am pregnant. What do I do?

   A: HCP who have no COVID-19 symptoms but are immunocompromised or pregnant should follow standard precautions and proper personal protective equipment. Pregnant women should speak to their obstetrician about their own pregnancy circumstances with discussion of any pre-existing illnesses or complications related to pregnancy.

5. Q: Patients are requesting a work excuse for various COVID-19 reasons, do you have a sample letter we can us?

   A: The following is a sample letter that can be used for employers:

   To Whom It May Concern,

   As our community is currently in cold and influenza season, and the governor of Pennsylvania has declared a state of emergency due to the spread of COVID-19, we are taking precautions to prevent the spread of viral illnesses.

   _________, a patient at our office, [Insert Option 1, 2, or 3]

   - [Option 1] was tested for COVID-19 on _________ and should self-quarantine until after results are known.
   - [Option 2] was triaged by a medical professional and COVID-19 testing is not recommended. The patient was advised to self-quarantine at home. Many patients at this time do not meet criteria for testing for COVID-19 as testing supplies are limited, so return to work is based on resolution symptoms rather than testing. In accordance with guidelines from the CDC we are recommending the patient should be quarantined for a minimum of 7 days after symptom onset. They should be at least 72 hours fever free and feeling well before returning to work.
   - [Option 3] is not currently exhibiting symptoms of illness, but due to the patient's medical risk we are recommending limited travel, avoidance of public activities, and voluntarily quarantine at home. If possible, we recommend offering this patient the ability to work from home for the duration of the current state of emergency declaration.

   For more information visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
   https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

   Sincerely,

Patients on Controlled Medications

1. Q: How should we address the needs of patients on controlled meds who have not be seen in the office for their interval follow up? (Can this be telehealth call?)

   A: Patients who are on stable doses of controlled medication (e.g. opioids) may be managed remotely. Patients on opioids should remain on their medication to control pain and avoid abstinence syndrome. Their medications should be ePrescribed to their pharmacy on a month to month basis without refills. Consider scheduling the patient for a video visit for follow-up when possible. If not possible, the following statement can be placed in the medical record: *"The physician has deemed this patient at risk during the COVID-19 pandemic, due to underlying medical conditions. This patient was rescheduled and given a 30 day prescription."*

Human Resources & Staffing Plan

1. Q: How to managing staff who are high risk? Any guidance for employees who may be over 60 or with co-morbid conditions? Extra precautions?

   A: There are some specific situations where employees may need to be off work specifically related to COVID-19 including the following:

   - An employee is quarantined due to exposure to COVID-19 or because they are showing symptoms
   - An employee must take off because of childcare needs due to school/child care closures
   - An employee with a documented medical condition with concerns of risk

   Policies and procedures will vary by employer.

Do You Have Additional Questions?

COVID-19 info and updates is rapidly changing. In an effort to streamline our communication with you, we will be sending updates/insights, clinical protocols and practical strategies from our email platform - info-PPWPA info-PPWPA@AHN.ORG.

If you have questions, you can email them to: info-PPWPA@AHN.ORG.

We will also be hosting a COVID-19 Update webinar on:
March 25, 2020 (8:00 am – 9:00 am) & April 2, 2020 (12:00 pm – 1:00 pm)
You can join be clicking : https://zoom.us/j/908398179
Or join by phone: +1.646.558.8656,,908398179#