

Medical Office Practices

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Practicing Safely During COVID-19

COVID-19 presents an unprecedented challenge to medical office practices. The risk of asymptomatic transmission of the virus and shortages of personal protective equipment puts patients, clinicians, staff and the entire community at risk.

Medical practices in Massachusetts are resuming services under a [four-phase](#) framework established and overseen by the Commonwealth. The purpose of this document is to meet the unique informational needs of community-based medical offices by synthesizing key guidance from state and federal authorities, provider associations and other reliable sources in the following areas:

- I. Reopening readiness;
- II. Safely managing on-site patient visits;
- III. Optimizing telehealth;
- IV. Supporting the emotional needs of patients, clinicians and staff; and
- V. Additional resources.

I. REOPENING READINESS

For as long as COVID-19 remains a public health threat in Massachusetts, medical offices will need to adapt operations to deliver care to patients while preventing further spread of the virus among patients, staff and the community. Guidance and directives from the state call for a [phased approach](#) to resuming medical practice.

Phase 1 directs health care providers to:

- Maximize the use of telehealth when clinically appropriate
- Designate a COVID-19 safety compliance leader
- Have safeguards in place to provide clinically necessary in-person procedures and services that address:

About this publication

Information on COVID-19 changes rapidly, and this document reflects what is known at the time of publication. It draws from resources published by the Centers for Disease Control and Prevention (CDC), the Massachusetts Department of Public Health (DPH) and the Massachusetts Medical Society among others.

This publication is updated regularly on the [Betsy Lehman Center website](#).

- Staff safety
- Patient safety
- Infection control, and
- Use of personal protective equipment (PPE)

Given the rapidly changing landscape, consider designating a staff person to regularly monitor guidance on COVID-19 for updates relevant to your practice.

Considerations for the safe reopening and operations of your office include the following.

A. PATIENT SCHEDULING AND COMMUNICATIONS

1. Determine which services can be provided by telehealth and which require in-person care. See the [Massachusetts Medical Society](#) tips for expanding practice and [DPH guidance](#) to develop a clinical framework.
2. Plan ahead for referral of patients who cannot safely be cared for in your office to a hospital or other facility better equipped to address their needs. Obtain information from those facilities in advance about their procedures for accepting patients for COVID-19 evaluations or other medical issues.
3. Adapt your schedule and hours of operation to integrate telehealth appointments and follow-up.
4. Schedule appointments to limit the number of patients in the waiting area and to allow for disinfecting of exam rooms between appointments.
5. Adjust the messaging by front desk staff, the answering service, and on voicemail to inform callers of practice changes, including:
 - Opportunities to schedule telehealth sessions;
 - Policies for patients who have respiratory infection symptoms or who have been exposed or advised to self-isolate or quarantine;
 - Any different points of entry or protocols patients need to observe upon arrival at your office; and
 - Limitations on individuals who may accompany patients to their appointments.
6. Use your patient portal, automated phone, text, email appointment reminder systems, and existing website or social media channels to proactively keep patients informed about any modifications to your practice that affect the way they interact with you and your staff.

Considerations for on-site procedures and services

The DPH [framework](#) calls for continued reliance on telehealth wherever feasible and appropriate and on the clinical judgment of physicians for most other services.

[Phase 1:](#) High-priority preventative care and urgent procedures for conditions that would lead to high significant worsening of the patient's condition if left untreated.

[Phase 2:](#) For non-essential, elective invasive procedures, providers must attest to monitoring patient volume to reduce risk of COVID transmission and impact on health care system resources. Providers must also attest to meeting CDC and other public health guidance regarding environmental infection controls.

Phase 3 anticipates an expansion of in-person routine care until Phase 4 brings a full resumption of activities in the "new normal."

B. STAFF READINESS

1. Regularly discuss with staff the [status of COVID-19](#), including:
 - Public health interventions currently in place in Massachusetts and in your local community, and the importance of relying on credible sources of information;
 - Any changes to office operations, and why these changes are necessary; and
 - Their own suggestions for how the practice can most effectively respond to the challenges of COVID-19.
2. Prepare alternative staffing plans for when illness, quarantine, individual risk factors or other caregiver responsibilities reduce normal staffing levels.
3. Have a written policy for paid or unpaid personal leave and implement sick leave policies that are non-punitive, flexible, and consistent with public health guidance.
4. Ensure all clinicians and staff working in the office are symptom-free:
 - Conduct daily screening of staff, e.g., temperature checks upon arrival/departure
 - Set the expectation that clinicians and staff who develop respiratory symptoms or signs of other illness while at work will promptly return home; and
5. Return-to-work standards for health care workers with confirmed or suspected COVID-19 are available from the [DPH](#).
6. Create an emergency contact list, distribute to staff and place copies in key locations throughout your office. The list should include contact information for your [local health department](#).

II. MANAGING ON-SITE PATIENT VISITS

Because of community spread of the novel coronavirus in Massachusetts, any person who enters your office — patient, clinician, staff or other visitor — may be infected or colonized with COVID-19 whether or not they are symptomatic.

New directives from the state for Phase I require medical practices to develop or adapt written policies based on [DPH guidance](#) for in-person patient visits that address:

- Staff safety;
- Patient safety;
- Infection control; and
- Personal protective equipment (PPE).

Team and human factors

Times of crisis can bring cognitive and emotional overload. While your practice resumes services and implements new ways of working, clinicians and staff may benefit from workplace strategies to address fatigue and burnout.

The Agency for Healthcare Research and Quality's [primer](#) on human factors can help with reducing safety risks that arise of pandemic stress.

Sharing COVID-19 information with patients

Be prepared to offer patients up-to-date, relevant information about COVID-19, including how to prevent infection and transmission, what to do if they become sick, and when and how to seek care. The [COVID Health Literacy Project](#) has created fact sheets about the illness that can be readily shared with patients that are available in close to 40 languages.

Offices will also need to designate a COVID-19 safety compliance leader and [attest](#) to having necessary safeguards in place to provide clinically necessary in-person procedures and services.

The following practice adaptations may reduce the risk of transmission.

A. ADAPT THE PHYSICAL SPACE

Consider the following:

1. Post [signage](#) in appropriate languages and places (e.g. entrances, elevators, restrooms) to instruct patients and visitors that face coverings are mandatory, what to do if they have respiratory or flu-like symptoms, and how to manage hand, respiratory and cough hygiene.
2. Limit points of entry to your office and leave entrance doors open, if possible, to reduce contact with door handles.
3. Install physical barriers at reception areas to limit contact between staff and potentially infectious patients wherever feasible.
4. In a secure location at reception desks, provide supplies for respiratory and hand hygiene, including alcohol-based hand rub, surgical masks, tissues, and no-touch receptacles for disposal.
5. Arrange the reception space and waiting room seating to provide at least six feet distance between patients.
6. Consider strategies to reduce the presence of patients in waiting areas, for example, by instructing patients who travel by car to call upon arrival and wait in their car until an exam room is available.
7. Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as items shared among patients such as pens, clipboards and phones.
8. Designate one or more exam rooms for use by potentially infectious patients.
9. Review cleaning and disinfection procedures for medical equipment, laundry, furniture, and the physical plant to ensure that they meet conventional standards for medical offices, and closely monitor compliance.
 - Follow CDC advice for [COVID-19 disinfection procedures](#), including:
 - Disinfect noncritical medical devices (e.g., blood pressure cuff, other equipment, and surfaces) with an EPA-registered hospital disinfectant using the label’s safety precautions and use directions. Observe correct contact time as indicated by manufacturer’s instructions for use.
 - Ensure use of appropriate PPE, e.g. gloves, during disinfection procedure, and ensure hand hygiene following disinfection procedure and removal of gloves.

- The Environmental Protection Agency maintains a list of [disinfectants that qualify](#) for use against COVID-19.

B. SUPPLIES

1. Inventory and ensure an adequate supply of PPE and other supplies that is sufficient to provide all scheduled in-person care.
 - See [DPH](#) and [CDC](#) guidelines for optimizing the use of PPE.
2. Be aware of potential delays in receiving orders of critical supplies, and for items that may become scarce:
 - Try to identify alternative sources. The [Association for Health Care Resource & Materials Management](#) is vetting non-traditional suppliers of PPE and other supplies. [ECRI](#) is tracking non-traditional international suppliers.
 - Implement prioritization and conservation strategies, including minimizing on-site staff presence and patient visits to reduce consumption; and
 - Follow this [guidance](#) from DPH to submit a supply request if your practice anticipates an imminent shortage of PPE and if you are unable to source critical PPE through your suppliers.

C. FOR PATIENTS

1. Before all office visits, contact patients to:
 - Instruct them that a face covering or mask is required for all patients and companions;
 - Instruct them to come to the appointment alone. If someone must accompany the patient, note that they also will be screened for symptoms. [DPH reopening guidance](#) specifies conditions under which patient companions are permitted;
 - Advise them to call the office in advance if they have symptoms of a respiratory infection on or preceding a day they have an in-office appointment so that a determination can be made to keep, reschedule or convert the appointment to a telehealth visit, or to refer the patient to another facility. The AMA provides a pre-visit screening script; and
 - Provide any additional information they will need upon arrival at your office, for instance changed entrances, protocols they need to observe once on site.
2. During patient visits to your office:
 - Screen patients and anyone accompanying them for symptoms of or known exposure to COVID-19;

Testing for COVID-19

[DPH guidance](#) specifies that all symptomatic patients, even those with mild symptoms, should be tested. Close contacts of COVID-19 patients should also be tested. Physicians have discretion to determine whether asymptomatic patients should be tested.

The Massachusetts Emergency Management Agency provides a searchable map [test site locator](#) with links to [testing sites](#) in Massachusetts.

- After consultation with clinical staff, isolate symptomatic patients in a space set aside for this purpose or reschedule their appointments;
- Instruct all patients to adhere to cough etiquette and hand hygiene protocols; and
- Keep a log with names and contact information for people who have accompanied patients to their visits.

D. CLINICIANS AND STAFF

1. Hand hygiene

- Ensure that hand hygiene supplies are readily available in every location including reception desks and other administrative areas; and
- Train all personnel to perform hand hygiene before and after all patient contact, contact with potentially infectious material or equipment (e.g., stethoscopes, computers, cell phones), and before putting on and after removing PPE, including gloves.

2. Use of PPE

- DPH's [Comprehensive PPE Guidance](#) specifies that health care providers must wear a face mask at all times.
- Train all patient care personnel on the proper sequencing of [donning](#) (putting on) and [doffing](#) (removing) PPE — including respirators, surgical masks, gloves, isolation gowns and eye protection — to prevent transmission of pathogens to themselves or to other staff or patients. See CDC's [printable illustration](#).
 - The CDC offers additional guidance on choosing appropriate [gowns, gloves and respirators](#).
 - Stay informed about current guidance from [DPH](#) and [CDC](#) on conventional, contingency and crisis standards for PPE in short supply.
 - For example, medical N95 respirators may be approved for use [beyond their expiration dates](#) and certain [non-medical respirators](#) may be approved for use in health care settings.
 - CDC has [strategies](#) to optimize the supply of PPE.
- Communicate with staff openly and in advance about the possible need to shift from [conventional to contingency or crisis use of PPE](#) if supplies are depleted, including the rationale and public health directives behind those decisions; and
- Perform aerosol generating procedures only if [recommended PPE](#) is available.

3. Ongoing education and training for on-site staff

- Regularly review with staff your infection control standards and proper use of PPE.

- Ensure new staff are properly trained in the use of PPE and understand your office's infection control practices.

III. OPTIMIZING TELEHEALTH

For many practices, more care will be provided remotely than was the case before COVID-19 began.

A. ALIGN TELEHEALTH VISITS WITH CURRENT PRACTICES

Make as few changes as possible to your normal processes, including appointment reminders and access points patients are already familiar with, such as requests for prescription refills and nurse visits.

1. Communicate patient visit options using your voice mail system, patient portal, and other existing communication vehicles.
2. Ensure clinicians and staff working remotely have the equipment they need and a space to interact with patients in private.
3. Be prepared to manage visits by telephone as well as video. You can expect differing technology capabilities among your patients.
4. Notify patients what to expect in the telehealth visit (e.g. what to expect when they log onto the platform, what the procedure is if the doctor is running late, etc.) and if the patient should do anything in advance to prepare for the visit (e.g. weigh themselves, take their blood pressure, have their medications with them, etc.)
5. Prepare a tip sheet, preferably one that uses screenshots, for software, app, or Web-based platforms (e.g., telehealth vendor, FaceTime, Google Hangout, Zoom) and send to patients in advance.
6. Have staff schedule and perform a "test visit" a day or more in advance with patients new to telehealth. This takes additional time, but familiarizes both patient and staff with the technology to troubleshoot issues in advance.
7. Notify patients what they should do in case they have technical issues logging on to the platform, or during the visit (e.g., a number to call for IT support or other assistance).
8. Designate staff to serve as a virtual 'front desk' to greet patients at their scheduled visit time in the event the clinician is delayed.
9. Plan for how staff will assist the patient with typical "check out" procedures, such as making follow-up care appointments, etc., after the telehealth visit.
10. Use the existing electronic health record system to document visits and maintain typical care processes.

Implementing telehealth

For up-to-date information about how to initiate or scale your office's telehealth capacity and current payer coverage of these services, see the resources provided on the website of the [Massachusetts Medical Society](#) (under "Telehealth and Virtual Care").

B. CONDUCT A SUCCESSFUL TELEHEALTH VISIT

These strategies will help simulate the experience of an in-person visit to the extent possible.

1. Have the camera at eye level, remove visual distractions from the background, and have all medical personnel wear badges or credentials that are visible to the patient.
2. Start the call or video conversation by introducing yourself. Check in with the patient to make sure he or she can see and hear clearly. Before beginning the telehealth visit ask/confirm that the patient is in a private place to have the visit.
3. Glance at the camera on the computer during the visit. Most people have a tendency to focus on the eyes of the person on the screen instead of the camera.
4. Active listening skills are even more important over telephone or video visits. Paraphrase and repeat what you heard back to the patient as needed. Take a few extra pauses during the visit and solicit questions.
5. Refrain from using the computer for other tasks during the telehealth visit. If computer use is necessary, let the patient know why you are looking away.
6. Provide a summary of key points for the patient toward the end of the call, describing next steps or the treatment plan, and leave time for any additional questions.

Primary care office visits

Ask patients to alert the office in advance if they are coming in for an assessment of respiratory or flu-like symptoms, and have a protocol in place to manage the encounter if a patient arrives with symptoms without providing advance notice. Mask and isolate patients with respiratory symptoms or redirect to a COVID-19 testing center if appropriate.

IV. SUPPORTING THE EMOTIONAL NEEDS OF PATIENTS, CLINICIANS AND STAFF

The COVID-19 pandemic and response is causing substantial social, economic and personal disruption. In addition to the heightened risk of physical illness, clinicians and staff on the front lines of patient care also may be coping with stress and anxiety. It is important to anticipate and openly communicate about concerns they will have about their own health, the health and care of family and friends, and income security during this period.

A variety of resources are available to Massachusetts health care professionals and staff in need of additional support:

- The [Betsy Lehman Center](#) has compiled resources for clinicians and managers to support colleagues during COVID-19.
- The [Emotional PPE Project](#) can directly connect COVID-19 clinical staff to free professional therapy.
- The [Physician Support Line](#) provides free doctor-to-doctor telephone support for COVID-19 physicians.
- The [American College of Physicians](#) links to protected physician community forums.

- The [CDC](#) offers information to help clinicians and staff manage anxiety and stress, as well as information for parents, first responders, and personnel released from quarantine.
- The [Massachusetts Medical Society](#) has a directory of mental and behavioral health resources for health care professionals.
- [FrontlineMA.org](#) provides information and links on a range of topics to support both pressing clinical and personal needs of frontline clinicians.

For patients who may be in need of support:

- The [Betsy Lehman Center](#) site includes resources that medical practices can share with patients.
- The [Massachusetts Medical Society](#) provides links to mental and behavior health resources for patients.
- A variety of resources on maintaining emotional health and well-being are provided by the [Massachusetts Department of Public Health](#).
- The [CDC](#) offers an informational webpage including crisis support telephone numbers.

Leading a resilient organization

Your actions as a health leader, learning from the COVID-19 crisis, can make an even more effective and [resilient](#) organization. Even as your practice settles into a new normal, it's important to support your workforce to ensure that they cope and even thrive.

[Experts](#) suggest a few key leadership actions:

- Communicate frequently and accurately
- Connect with your staff
- Ensure necessary equipment is available and staff are trained in its correct use
- Encourage essential self-care, and lead by example
- Acknowledge stress and challenges, and recognize different coping preferences
- Share organizational support resources and encourage peer support
- Identify organizational growth areas
- Acknowledge and honor loss to address grief

RESOURCES

REOPENING RESOURCES

- American Medical Association
 - [A Physician Practice Guide to Reopening](#)
- Massachusetts Department of Public Health
 - [Reopening Guidance](#)
- Massachusetts Medical Society
 - [Tips for Expanding Practice During COVID-19](#)

PROFESSIONAL SOCIETIES

- American Academy of Dermatology
 - [Resources to help protect your patients and practice](#)
- American Academy of Family Physicians
 - [COVID-19 resources](#)
- American Academy of Ophthalmology
 - [Alert: Important coronavirus updates for ophthalmologists](#)
- American Academy of Otolaryngology
 - COVID-19 [Anosmia Reporting Tool](#)
 - [Guidance for Return to Practice for Otolaryngology](#)
- American Academy of Pediatrics
 - [Critical updates on COVID-19](#)
 - [Guidance on Providing Pediatric Well-Care during COVID-19](#)
- American College of Cardiology
 - [COVID-19 operational considerations](#)
- American College of Gastroenterology
 - [Clinical Insights for Care Providers](#)
- American College of Obstetricians and Gynecologists
 - [Clinical Guidance and Practice Information](#)
- American College of Physicians
 - [Coronavirus Information for Internists](#)
 - [ACP Physician's Guide](#)
- American Medical Association
 - [A Physician's Guide to COVID-19](#)
- ECRI
 - [COVID-19 Resource Center](#)

- Massachusetts Medical Society
 - [COVID-19](#)
- American Society of Clinical Oncology
 - [COVID-19 Patient Care Information](#)

PRINTABLE RESOURCES

- Centers for Disease Control and Prevention
 - [Cover your cough](#) – Cough hygiene poster
 - [Indoors sign](#) – Direct patients with respiratory symptoms to reception desk
 - [Outdoors sign](#) – Stop patients with respiratory symptoms.
 - [How to safely put on and remove Personal Protective Equipment](#)
- Joint Commission
 - [Aerosol Generating Procedures Sign](#)

FEDERAL GOVERNMENT

- Centers for Disease Control and Prevention
 - [Frequently asked questions about personal protective equipment](#)
 - [How to protect yourself](#)
 - [Infection control in healthcare personnel](#)
 - [Interim infection prevention and control recommendations for patients with suspected or confirmed coronavirus disease 2019 \(COVID-19\) in healthcare settings](#)
 - [Interim U.S. guidance for risk assessment and public health management of healthcare personnel with potential exposure in a healthcare setting to patients with coronavirus disease \(COVID-19\)](#)
 - [Managing anxiety and stress](#)
 - [Release of stockpiled N95 filtering facepiece respirators beyond the manufacturer-designated shelf life: Considerations for the COVID-19 response](#)
 - [Strategies to optimize the supply of PPE and equipment](#)
 - [What to do if you are sick](#)

- Environmental Protection Agency
 - [List N: Disinfectants for use against SARS-CoV-2](#)
- U.S. Food and Drug Administration
 - [Authorized respirators](#)

COMMONWEALTH OF MASSACHUSETTS

- Department of Public Health
 - [Frequently asked questions about COVID-19](#)
 - [Guidance on optimization of PPE in the Commonwealth of Massachusetts](#)
 - [Information on the outbreak of coronavirus disease 2019 \(COVID-19\)](#)
 - [Maintaining emotional health & well-being during the COVID-19 outbreak](#)
- Betsy Lehman Center for Patient Safety
 - [COVID-19 resources for patients and families](#)
 - [Supporting clinicians and staff during the COVID-19 pandemic](#)



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