SUBJECT: Provision of Services in a Pandemic or Local Epidemic

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Procedure:

I. Patient Interaction: to the greatest extent possible we will accomplish the following:

A. A sign will be up in front of the door of Main Street location and information to be given to anyone calling or coming to the office which includes: "Due to efforts to control coronavirus and for protection of patients and staff, please return to your vehicle and call 740.277.6043. If you do not have a phone, please ring the doorbell."

B. Front doors should be locked. If a patient rings the doorbell or knocks as would be expected for patients asked to come into the office, a **front desk staff** member should respond at the front door with a mask to greet patients and screen them with COVID screening questions as well as a check of temperature. If a positive screen or temperature, they should be given a mask and placed immediately in the "isolation room" with a HEPA filter if they have an appointment to be seen. Any patients who are not scheduled to be at the office should be advised to return to their car and call 740.277.6043. They may be screened on the phone and if they have an acute or urgent need, speak to the **Triage Nurse** to determine how the need may be met. In many cases this should result in a scheduled acute telephone visit. If there is any question that a patient may need to be seen urgently, the **Triage Nurse** should notify **PCP** (alternatively, **ACP**) so that it can be determined if patient should be seen in office. An example is a patient with chest pain or progressive abdominal pain that may require intervention. If the patient has no phone, obtain automobile information, take the primary complaint and bring that information to the appropriate **triage nurse** to review with **PCP** and decide if patient can be treated by telehealth/phone/at home, or needs to come in for evaluation.

C. Verbiage to be used on the phone for anyone concerned about potential illness or exposure with coronavirus: "Because there is no current treatment for COVID-19, we are sending patients to the emergency room for testing who have 1) fever greater than 100, 2) more than moderate shortness of breath and 3) either a history of exposure to a known positive COVID-19 patient or travel to any local community with more than 8 cases. All three need to be true to warrant testing, otherwise patients should remain in home and minimize contact with others in the home by maintaining 6 feet of distance between themselves and others, covering coughs and sneezes, washing hands frequently and sanitizing contacted surfaces with Lysol, rubbing alcohol or bleach and water solution (4 teaspoons bleach per quart of water). The illness should peak in symptoms around day 5-7 then progressively improve through days 10-14. At any point that difficulty breathing becomes more than moderate, for example, requiring deliberate muscular effort to avoid feeling breathless, he/she should proceed to the ER for testing, again, only if the three criteria are true.

D. If a patient requests to be seen, determine if they (or their attendants) have:

E. 1) Fever (>100) and 2) respiratory (upper or lower) symptoms, and 3) history of exposure to COVID-19

F. History includes known exposure to positive COVID-19 patient or travel to a known highly infected area such as Seattle, S. Korea, China or Europe, or any local community with more than 8 cases,

G. If 1 OR 2, AND 3 are true, assess severity of symptoms:

1. If MILD: (intermittent cough, aches, typical flu-like symptoms) ADVISE TO SHELTER IN PLACE at home/dwelling, verify all medications are available, send refills if needed, particularly inhalers.
2. If MODERATE: (frequent cough or other symptoms but no significant effort to breath) ADVISE TO SHELTER IN PLACE at home/dwelling, verify all medications are available, send refills if needed, particularly inhalers
3. If SEVERE: (requiring significant effort to breathe) ADVISE TO PROCEED TO TEST SITE at the old Fairfield Diagnostic Imaging (FDI) building across from Target for COVID-19 testing and assessment.
    - If testing is indicated, staff will call the River Valley Center, 740-243-5059, and let their staff know patient name that the patient is in route, type of car, and estimated time of arrival.
    - Orders for COVID-19 testing must be faxed to old Fairfield Diagnostic Imaging building at 740-689-6388.
        - For **Providers** and **Residents** working from home, COVID-19 testing order tasked to **Triage Nurse** at Main Street to fax.
    - A PUI (Person Under Investigation) form will need completed and sent with the patient or employee to FDI and fax to Fairfield Department of Health at 740-653-6626. Notification to the Health Department must be within 24 hours.

- Complete an incident report and document in EHR.

H. Criteria for reporting a confirmed or probable case are as follows:
   1. Clinical Criteria:
      a. At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorders(s) OR
      b. At least one of the following symptoms: cough, shortness of breath, or difficulty breathing OR
      c. Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS) AND
      d. No alternative more likely diagnosis

I. If any other problem: (not suspected to be infected with COVID-19)
   1. Obtain complaint and brief history of illness
   2. Forward information to team **triage nurse** to review with **PCP**
   3. Determine if patient needs to be seen in office
   4. Or, preferably, the patient can be addressed by telephone call, or empiric treatment can be sent.
   5. Symptoms that suggest a possible hospitalization, bring the patient in to evaluate if the COVID-19 screen is negative.
   6. Patients who are brought in to be evaluated, screen in front of waiting room area with mask on. When complete wipe work area with appropriate disinfectant wipes.
      a. At Main Street employees should not be in the area between FCHC and FMC diagnostic lab area, or in the parking lot with PPE on.
   7. If screened negative, patients may wait at front by window (chairs are 6 ft apart) until disposition from **TN/Provider.**

J. Encourage anyone needing refills to have them delivered if able.

K. Documentation of screening questions and responses shall be documented in NextGen on the COVID-19 screening template.

L. If a patient of FCHC needs a return to work letter, generate the "COVID-19 Return to Work Letter" available in Next Gen.

II. Overall Goals:
   A. Minimize exposure of illness to staff so that we can keep as many of them as able, i.e., not lost to PTO.
   B. Minimize exposure of well patients to illness by doing as many visits by way of telehealth or telephone as possible.
   C. Allow for triage of patients who "must be seen" due to illness that we would rather treat when able rather than send to the ER (still want this minimized and may be able to treat by telehealth, phone, or home).
   D. Ability to triage those with potential COVID-19 so that they bypass the clinic and go where they need to be tested.

III. Exposure Minimization:

A. All visits will be made to either a telehealth, telephone or home visit on the schedule. Once the **Provider** has the telehealth visit, they then decide if the patient needs to be seen in the office. If not, the visit is automatically defaulted to a telephone visit.

B. If a patient calls for an appointment or is a walk-in, he/she should return to the vehicle and call 740.277.6043 for screening and triage preferably with the appropriate primary care team **triage nurse**.

C. **Triage nurse** will schedule the patient per guidelines advising the patient this will be a telephone visit.

D. The vast majority of patients will not need to be seen in the clinic and will enter a "Telehealth track," this includes, virtual and telephone visits.

a. The **Medical Assistant** will call each of the patients on the schedule to ask them if they would like to conduct a telehealth, telephone visit OR let the patient know they will need to come in for assessment.

b. The **MA** will explain what a Telehealth/Telephone Call Visit is, why we are offering it at this time, and explains the limitations of this approach. Every effort will be made to maintain the scheduled appointment via telehealth or telephone call.

c. The staff member will verify the best phone number to reach patient for a Telephone Call Visit if chosen.

d. If Telehealth is chosen, FCHC will use both the virtual waiting room and scheduling functions in telehealth program where able.

e. The **MA** will inform patient to prepare for visit by having any current vital sign information (temperature, weight, B/P, etc.) available.

f. Once the patient agrees to either a Telehealth Visit or a Telephone Call Visit, staff will change the PM event type to "Telehealth Visit, New Telehealth Visit, Telephone Call Visit, or New Telephone Visit."

E. If the patient refuses a Telehealth or Telephone Call Visit, the appointment is cancelled and rescheduled for 3 months out. The **Provider** can determine the option of refilling the patient's medications for up to 3 months or whether the patient needs to be seen in the office.

1. Document in the EHR.

F. For Telephone: Before the scheduled appointment the designated **MA** will call the patient and verify that they are prepared for their Telephone Consult and initiate Check in process in NextGen (auto-flow). The patient will be instructed to obtain their blood pressure, pulse, weight and temperature if able and available, and report the results at the visit to the **medical assistant**.

G. For Telehealth:

1. At least 12 hours before the scheduled appointment, a designated staff person will send an "evite" to the patient through the telehealth program,

with instructions to install the application with an offer to call the patient to assist them with the process.

2. At least 30 minutes before the scheduled appointment the designated front office staff will call the patient and verify that they have installed the application and answer any questions they may have.
3. The patient will be instructed to their blood pressure, weight and temperature if able and available, and report the results at the visit.
4. At the time of the appointment, the designated front office person will greet the patient in the virtual waiting room and "check in" the patient in telehealth program.
5. The patient will then be returned to the virtual waiting room.

H. The **Medical Assistant (MA)** will then greet the patient (either by phone or virtual waiting room as applicable) and gather the appropriate intake information for regular visits in the EHR (i.e. vital signs, medical history, surgical history, and presenting concerns), using the visit type "Telehealth Visit or Telephone Call Consult." This includes COVID-19 screening, PHQ, HPI, Telehealth MyPhrase and needs to be documented in the HPI **every visit.**

I. **MA** will ask the patient what the most recent height and weight was.

1. **MA** will collect current Pharmacy and Lab location preference and document appropriately.
2. **MA** will ask if the patient has a BP cuff and if they can take the BP or can tell the most recent BP.
3. **MA** will ask patient to count pulse (# of beats in 10 sec then multiply by 6)
4. **MA** will ask the patient if they have a thermometer or ask if the feel like they have an elevated temperature.
5. **MA** will ask HPI/ROS and any additional pertinent history information.
6. **MA** ends call with the patient. The **MA** will PerfectServe the Provider to indicate that the patient is ready for the **Provider** at the visit.

J. The **Provider** will call the patient.

1. If unable to reach the patient, the **Provider** should attempt up to three times within the scheduled time of the visit.
2. Care as appropriate will be provided and documented in NextGen.
3. **Provider** will document the time the telehealth/telephone visit began and ended (provider needs to spend at least 5 minutes with patient on the phone for these encounters to be billable) This information can be documented in **Provider** Details section of A/P details. This documentation should also include verbiage that indicates that this visit was done via telephone call. A MyPhrase can be saved in the **provider** details portion to accomplish this.
4. The **Provider** ends the visit and disconnects call.
5. **Providers** must bill a "telephone visit" (Finalize: additional E/M codes: Other/codes: 99213/4T)

6. The **MA** goes back into the chart to schedule the follow up and generate any diagnostics, lab requisitions, patient plan, and education that needs to be mailed.

K. Staff will have a Telephone script.
   a. Script: "Hi, this is YOUR NAME from Fairfield Community Health Center. We see that you have an appointment scheduled on DATE with **PROVIDER**. As I am sure you are aware, the COVID-19 virus, also known as Coronavirus, has become a primary health concern and efforts are being made to help reduce the spread of the virus. We are asking patients to participate in a telephone visit instead of coming into the office to limit the potential spread of the virus. Your **provider** has reviewed your case and has determined that a telephone visit is an appropriate option for you. We prefer to see you in the office to be as thorough as able, but a telephone visit is best under the current circumstances though not everything that occurs during a regular office visit will be able to occur. Note that it may become necessary to have you come in for an actual visit if your condition requires a face to face evaluation. Please let me know if you are not able to do a telephone visit."

L. Staff will have a Telehealth script.
   1. Script: "Hi, this is YOUR NAME from Fairfield Community Health Center. We see that you have an appointment scheduled on DATE with **PROVIDER.** As I am sure you are aware, the COVID-19 virus, also known as Coronavirus, has become a primary health concern and efforts are being made to help reduce the spread of the virus. We would like to ask you to participate in a virtual visit instead of coming into the office. Your **provider** has reviewed your case and has determined that a virtual visit is an appropriate option for you. We prefer to see you in the office to be as thorough as able, but in a telehealth visit not everything that occurs during a regular office visit will be able to occur. Note that it may become necessary to have you come in for an actual visit if your condition requires a face to face evaluation. We will have someone contact you the day before your appointment and they will help you download the free app to run on your smart phone, tablet, or computer and explain the process further. To participate in the virtual visit, you will have to be at your home and will have to have internet access. Please let me know if you are not able to do a telehealth visit."
      1) If patient will participate in the telehealth or telephone visit: Thank him/her and remind to expect a call.
      2) If the patient wants to cancel the appointment: Inform the patient that the **provider** will be made aware and the **Provider** may be able to refill the current medication prescription if they feel it is medically appropriate.

M. Triage will continue to take calls and book patients as normal. We will accomplish telephone visits with new patients. If a patient does not want a telephone visit, the **triage nurse** should ask how we may assist him/her. The appointment in question will be cancelled and rescheduled out at least 3 months.

IV. Documentation:

A. **MA** will use "Telehealth Visit, New Telehealth Visit, New Telephone Visit or Telephone Call Visit" Event type when scheduling

B. Copays will be billed to patient, if/when approval is given to make these visits billable.

C. **MA** will use "Telephone Consult, Telehealth Visit, or Home Visit" as Visit type in EHR.

D. Family Practice will use a My Phrase to capture verbal consent. Clinic staff will document in the Chief Complaint.

1. "The Patient was made aware and confirmed that the visit is to be conducted in a private location, such as the home or place of residence. The Patient also verified that either: 1) only he/she is present for the visit or 2) that the patient and a legally required attendant (guardian or power of attorney) or patient-delegated attendant is necessarily present to assist the patient during the session. The patient was informed of alternative means to reach the provider if communication was disrupted. The patient was deemed an appropriate candidate for this telehealth service."

E. The BH department has a MyPhrase the **Provider** documents in the case note to capture verbal consent.

1. "Possible risks of engaging in telehealth were discussed with the patient, such as limits on confidentiality due to not being in-person setting. Patient was instructed that the visit is to be conducted in their home or place of residence. Patient confirmed their location. Patient verified to this writer that no other individuals were present during their session. The patient was informed of alternative means to reach the provider if communication was disrupted. The patient was deemed an appropriate candidate for this modality of service delivery."

F. **Provider** will document in A/P details the time the visit began and ended, (at least 5 minutes) and indicate that visit was done via telephone, telehealth or home visit.

G. The "location" is defined as the site where the **Provider** accomplishes the Telephone Call, Telehealth or Home Visit, and the patient "location" is "home."

H. Billing for the telephone or telehealth visit should include the Q code and an EM (Q0134 + 99213T or any EM ending with a T) for Medicaid and commercial insurances as well.

I. Medicare billing can only be accomplished if the visit is a true Telehealth visit, Audio and visual. Coding for visits include: G0071 $24.76 is for phone calls that the patient initiates only. Q3014 is Audio + Visual" as well as any pertinent e/m code after July 1 G2025 can also be billed for Distant Site fee $92.

J. Patients requiring more than moderate level complexity evaluation should be advised to be seen in the office. This generally refers to a very ill patient who must be seen physically to assess the need for higher acuity care, i.e., possible transfer to the hospital for inpatient care.

K. Well Visits, including well child visits, cannot be conducted over the phone.

L. COVID-19 Lab results will go to the FMC laboratory. The laboratory will call the ordering **Provider** with the results. The **Provider** must still report the lab to the health department.

M. A positive laboratory result for COVID-19 is a class A reportable disease that is required to be reported to the local health department where the patient resides within 24 hours by phone. Complete the Communicable Disease form send to the health department, document in EHR, and complete an incident report.

N. To report COVID-19 for Fairfield County, call Fairfield Department of Health at 740-777-3197. This line has 24/7 access.

V. Staff Safety:

A. Staff safety and protection is of the utmost importance to aid in reducing exposure and minimizing impact of COVID-19.

B. All FCHC employees' temperatures will be taken every morning. For any employee with a temperature of greater than 100 degrees, the direct supervisor is to be notified and the employee will be sent home for *7 days* with an order to get tested for COVID-19 at FMC. Employees would need excluded 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. PTO will be paid and will not be counted against personal PTO.

C. The time off will be paid by the employer without employee using their individual PTO. Avoid being within 6 feet of a patient with possible COVID-19 for a prolonged period of time without proper PPE (eye protection, mask, gloves, gown / labcoat / smock / fleece).

D. Avoid direct contact with infectious secretions from patients with possible COVID-19 including sputum, serum, blood, respiratory secretions by utilizing proper PPE.
E. Assess and triage patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure.
F. Perform hand hygiene with alcohol-based hand rub before and after all patient contact or contact with potentially infectious material.
G. Be familiar with how to properly don, use, and remove PPE in a manner to prevent self-contamination. https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
H. Staff working at the clinic are to wear a N95 mask for any patient coming into office and contact within 6 ft.
I. In the event that staff has come in contact with someone who has tested positive for COVID-19, *and* a fever over 100 degrees, the staff member will contact their direct supervisor and will be placed off of work for *14* days, which will be paid by employer without employee using their personal PTO. Employees sent home may be asked to work at home via telecommuting but this will be determined on a case by case basis
J. All FCHC employees who are PTO eligible are authorized to carry over up to 40 hours from calendar year 2020 to 2021. Those employees who wish to carry over any PTO hours should request the amount of carry over via email to Danny Fisher by 12/31/2020. This PTO carry-over benefit will expire for all FCHC staff as of EOB on 12/31/2020.

VI. Staff Responsibility While Telecommuting:

A. Telecommunicating **Front Desk**:

1. Assigned staff member will be contacting patients at least 5 days prior to the scheduled appointment, using PerfectServe or *67 to hide phone number identity, to verify demographics such as address for plan to be sent and phone number where they can be contacted for visit. Let patients know that they will be receiving 2 phone calls on the day of their telephone visit: one from the **Medical Assistant** to collect vitals when able, get "checked in", take any pertinent history and go over current medications, the second call will come from the provider at the scheduled appointment time both from numbers starting with (855). Staff should advise patient if they have means to collect vitals such as scale, thermometer, and blood pressure cuff that they should record this information to give **MA** when they call and have their medication bottles readily available to go over as well. If patient is a new patient will need to ask who their insurance carrier is, their member ID, and who the subscriber is, if not patient will need subscriber name and date of birth. Also inform new patients that they will receive a Phressia interview to complete before visit and verify correct email address for this to be sent to. Forward this information on to team assigned front desk member. Once

patient has been contacted and confirmed their agreeance to a telephone call visit, change Event type in appointment to telephone visit or new patient telephone visit. At least 3 attempts should be made and documented to reach patient and change event type. Staff member should try all numbers listed in patients' chart and leave their extension to return call and explain to leave a message and you will return their call.

2. All offsite **front desk** staff are manually pushing new patient Phreesia interview and exporting Phreesia documents, verifying insurance for all visits by their team provider, verifying all check ins, adding extra zip code digits per billing's request.

B. On-Site **Front Desk** Staff:

a. **Front desk** staff will be sending calls to the nurse on-site when necessary. All other calls should be documented in NextGen and forwarded to the provider's assigned triage nurse (see working schedule). **Triage nurses** will be returning calls from home to help alleviate the workload for on-site **triage nurse.**

b. **Front desk** staff are printing and mailing patient plans for Hunter Trace and Baltimore clinic patients.

C. Telecommuting **Medical Assistant**:

a. **MA**'s will be contacting patients early in the day of their scheduled appointments, using PerfectServe or *67 to hide phone number identity, to records available vitals, review medication lists, and take pertinent medical history. **MA**'s will be "checking in" the patient in NextGen's PM system. **MA**'s can communicate with providers regarding specific patient information via PerfectServe when available. **MA**'s will also be responsible for completing tasks from providers in their NextGen inbox.

b. Offsite **MA**'s will also be scheduling follow ups, generating discharge documents, and updating future appointments to telephone visits as assigned by their team leader.

D. On-Site **Medical Assistant:**

a. There will be a single **MA** that will be assisting on-site providers with any in-office visits. **MA** will be primarily responsible for faxing labs and diagnostics, and mailing patient plans for Main street patients. **MA** may need to complete tasks from providers in their NextGen inbox. **MA** will be completing the **MA** portion of telephone call visits for the in-office provider, including check in, documenting vitals, scheduling the documented follow up and mailing the patient plan to all in office provider's telephone call visits.

E. Telecommuting **Triage Nurses**:

a. **Triage nurses** will be receiving tasks from on-site staff when their patients call the Main St location. **Triage nurses** will be using PerfectServe or *67 to hide phone number identity, when calling patients from home. **Triage nurses** will be responsible for sending refills,

answering NextGen tasks from providers, completing Prior Authorizations and calling patients with results as usual.

b. Phones are rolled to all individual triage nurses. Main Street triage nurses are getting Main St calls, HTL triage is getting HTL calls, and Baltimore triage is getting Baltimore.

F. On-Site **Triage Nurses**:

a. **Triage nurses** will be responsible for sending refills, answering NextGen tasks from providers, completing Prior Authorizations, and calling patients with results as usual. **Triage nurses** will be receiving faxes that need an ink signatures from providers via email, these faxes will need printed and placed in the **Provider's** mailbox. Medical Records Department will be managing faxes to alleviate some of the workload for on-site **triage nurses**.

G. On-Site **Providers**:

a. On-site **providers** will be completing any necessary in-office visits and any telephone call visits on their schedule.

H. Telecommuting **Providers**:

a. **Providers** will call scheduled patients at the scheduled appointment times, using PerfectServe or *67 to hide phone number identity, to make outgoing calls. **Providers** will answer NextGen inbox messages and PAQ results as usual, tasking support staff via NextGen.

b. If a patient screens negative for COVID-19, and needs to be seen in the office, the **Provider** will communicate with the **Provider** at Main Street to coordinate seeing the patient and give any necessary information for optimal care.

I. **Care Managers** Telecommuting or In the Office:

a. Provide care management follow up via telephone visit

b. Follow the process in Care Transition/ED/ Hospital Tracking Policy as applicable. Follow up with hospital admissions and discharges

c. In the event of a Pandemic or Local Epidemic, Fairfield Community Health Center will not send out emergency room or the **CM** will not send hospital discharge follow up letters as stated in the current Care Transition/ED/ Hospital Tracking Policy.

d. Perform home visits per procedure. **CM** will screen patients for COVID-19 in addition to pre-visit planning. Will complete home visit if screens negative and will follow protocol if positive screen.

e. Reach out to high risk patients for any medication needs or Social Determinants of Health (SDOH), etc.

J. **Health Navigator** Telecommuting or In the Office:

a. Reaching out to FCHC' age 65 and older population. Out of the population working to identify patients needing a Medicare Well Visit (MWV), schedule with a home visit, send Health Risk Assessment

questionnaire. Identifying and reaching out to patients who do not need MWV to see if any SDOH needs or med refills, etc.

b. Once MWV patients identified will reach out to Office manager to schedule appointment and **CM**.

K. All Staff While Telecommuting:

a. Clinic and telecommuting staff will use Microsoft Teams to communicate effectively and efficiently to ensure safe quality patient care.

VIII. Transition Back to Offices

A. For the remainder of the week of 5.4.20, we will continue to work at home except those employees scheduled in the Main St office.

B. Office managers will recheck PPE in respective offices, divide the total in a ratio of 2:1:1, 50% of all PPE goes to Main St, 25% to HT and 25% to Baltimore. We will continue to seek sources for PPE (that are not price gouging)

C. All patient contact (i.e., within 6 feet) requires wear of N95 mask. Patients entering offices will be asked to wear a mask, preferably their own, or alternatively will be provided a mask if they do not have one.

D. We will screen patients on the schedule for COVID-19 when doing administrative check-in (generally the week prior to a scheduled appointment).

E. If positive for respiratory symptoms or fever, refer to the appropriate triage nurse. Presume the patient is COVID +

1) The triage nurse should determine if the patient is having respiratory distress (chest pain, struggle to breathe) and advise the patient to pursue evaluation at the ER so that respiratory status can be evaluated for need to be admitted. Call to inform the ER of any patient who screened + with respiratory distress by history and inform the ER of the patient's anticipated arrival.

2) If the patient is having minor or no symptoms, schedule a telehealth visit with patient's PCP or ACP and provide an order for COVID testing through FMC (ODH is encouraging wide testing now)

F. If negative COVID screen, schedule an office or telehealth visit per patient preference, or inform of choice to do office or telehealth visit if already on schedule.

G. Beginning 5.11.20, employees will return to respective offices to the extent that 6 foot separation can be maintained. This includes residents. Office managers will have to decide if they are unable to maintain 6 foot separation, what schedule of employees working from home will accommodate this. All employees working in the office must wear a mask of choice in accordance with the Ohio governing mandate that all businesses require employees to wear masks. All patient contact still requires use of N95 mask.

H. We will continue the patient scheduling guidelines above until sufficient PPE is obtained to permit seeing patients at risk (meaning respiratory symptoms, fever, lack of smell) in the office on a sustained basis. Sufficient PPE means one month's worth assuming every provider and MA/LPN checking patients in will see 5 people

per day with respiratory symptoms suggestive of COVID and require the full complement of PPE - this optimally requires up to 100 PPE ensembles per day, 3000 per month. Alternatively, we may designate at each office, on a rotating schedule, those care providers willing to see COVID screen + patients with PAPR, gown and gloves so as to test and treat those patients in office. This is not anticipated until at earliest, June. We are procuring decontaminable reusable gowns and will likely utilize N95 mask decontamination via Battelle.

I. **We will procure rapid antibody testing to test staff for current infections if symptomatic (with those caring for the staff member wearing a full complement of PPE which may include PAPR - a negative pressure hood assembly that we are awaiting; or goggles, mask, reusable gown and gloves once obtained) and to determine possible prior exposure and possibly some degree of immunity.**
J. **We will procure ODH testing to provide testing to patients as soon as possible once sufficient PPE is procured.**
K. **Residents will not see patients COVID screen +, those patients will be provided an order for testing and be scheduled a telehealth visit with the resident or arrange to be seen by an acute care provider as necessity dictates. At some point we will resume even residents seeing COVID screen + patients as necessary (likely around June 1)**
L. **We must persuade our patients to participate in telehealth (audio and video components) rather than telephone visits ASAP. This is particularly true of our Medicare population. Telephone should become a last resort because the discrepancy in reimbursement between the two is so drastic. Office Managers will work with provider teams to assess knowledge and comfort with Microsoft Teams visits so as to try to accomplish telehealth visits rather than telephone visits beginning 5.18.20. Please put in requests for support to do this with Stephanie Groff.**
M. **Behavioral Health will conduct operations in whatever way befits best clinical care, availability, and highest reimbursement. All patients being seen in-office should be COVID screen -. If any patients screen + they should be referred to PCP triage nurse and a BH telehealth visit conducted if it will not delay any necessary care.**
N. **All is subject to change with circumstances and new knowledge so this is a dynamic reentry (like Apollo 13)**

References:

- Medicaid Definition of Telehealth
- Ohio Board of Medicine
- Ohio Board of Nursing
- Ohio Psychology Board
- CDC
- Ohio Counselor/Social Worker Board