

## COVID-19 Medical Practice Reopening Checklist



### Key items to address



- Ensure practice's state and locality <u>meet gating</u> <u>criteria</u> for proceeding to first stage of phased reopening
  - Consider a phased opening (e.g., half normal capacity at first) based on patient demand, staffing and supplies
- Determine the services you will be able to perform safely within the clinic, as well as those that will be handled via telehealth (where applicable)
- Determine necessity of care based on clinical needs
- Determine priorities for surgical/procedural care and high-complexity chronic disease management
- Determine supply chain for PPE and cleaning supplies availability.

#### What employees should expect

- Physical distancing will continue, adhering as best as possible to CMS social distancing guidelines
- Wearing masks in the office and in the presence of patients
- Regular and frequent cleaning of all surfaces beyond what typically occurred prior to pandemic

#### Additional considerations

- Produce and share educational information for patients about the transition
- Update your EHR for new codes and billing updates based on COVID-19 rules
- Ensure coding and billing staff receive education on new/updated rules under COVID-19
- Consider outsourcing billing or other services as needed
- Establish exceptions/special considerations for high-risk patients
- See patients with acute illnesses on specific days/times if they must be seen in person (late in the day is best)

 Review patient schedule to ensure social distancing in the waiting area and throughout the practice facility



Remember: Being open does not mean you will be as busy initially as you were before.

#### Financial management

- Ensure necessary funding/capital is available
- Pay back deferments (know the terms of the agreement and negotiate as needed)
  - o Rent
  - Utilities
  - Vendors
  - o CMS or other payer "advances"
  - Tapped lines of credit
- Review SBA 7(a) PPP loan (unforgivable portion)
  - Percentage and terms while building financial forecast
  - Reporting requirements and deadlines for federal funds
- Resume collections activity
  - Review processes on write-offs due to shifting payer mix/patients who are unemployed/uninsured
- Determine how you will accept patient payments
   — in terms of amount (e.g., payment plans) and location (in-person versus online/portal)
- Share volume forecasts and staffing with ancillary practices/divisions so they are aware and can ramp up accordingly
- Calculate/forecast a revised budget
  - Anticipated volume
  - Historical collection ratios
  - o Payback of deferments owed
  - Tip: Treat each location as its own business with a P&L, as individual locations may be affected differently
- Review prior pro forma based on pre-COVID-19 assumptions
  - Adjust based on newly projected ramp-up volumes
  - Adjust practice expenses as it will take time to bring in revenue
  - Determine whether to keep all locations open (if applicable)



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- Evaluate provider compensation
  - How will you address those on productivity-based compensation model?
  - O How will you handle at-risk shareholders?
  - How will you manage early retirement discussions?
    - How will you handle buyouts or termination with or without cause? Check your bylaws and contracts.

#### **Human resources management**

- Workforce
  - Determine whether compensation reductions are necessary
  - Assess when and how furloughed staff return, based on ramp-up projections
  - Consider layoffs of unnecessary personnel, as applicable
  - Review use of providers across state lines for licensure issues
- Physical space
  - Determine and update physical spacing of employee areas — workstations, break room, etc. — to promote better distancing
- Staff testing
  - Consider implementing a temperature-check policy
    - Communicate new policy before staff/ providers return to work

### Further resources on temperature-check policies for employees:

Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers

Best Practices When Implementing a Program for Taking Employee Temperatures During the COVID-19 Pandemic

Employee Privacy Forecast: Temperature Checks Q&A

Sample Policy: Guidance on Healthcare Worker Self-Monitoring and Work Restriction from the New York City Department of Health and Mental Hygiene

- Telecommuting
  - Determine which staff can work from home following practice reopening
  - o Ensure remote workstations are secured
  - Monitor performance of remote staff regularly
- On-site personnel
  - o Consider placing them on rotating teams
    - Ensures continuity if one person is ill
- At-risk personnel
  - Review federal guidance on staff who may be at higher risk for COVID-19 (>60 years and/or underlying health issues)
  - Check ADA guidelines and with HR team for any reasonable accommodations
- Symptomatic staff and non-symptomatic staff with COVID-19 positive test
  - Assess how to handle situation
    - Review Department of Labor laws around COVID-19
    - Follow CDC return-to-work guidelines
  - o Plan for absences and alternative coverage
  - Know the local reporting guidelines for COVID-19 positive cases

#### **Operational management**

- Update your crisis management and communication plans
- Optimize supply of PPE and know how to conserve
- Make volume assumptions regarding staffing
- Prepare waiting room (physical separation)
  - Make sure masks, tissue, hand sanitizer are available
  - Add barriers such as plexiglass between staff and patients if possible
- Evaluate sanitization/sterilization processes
  - Techniques
  - Time between visits/cases
- Maintain equipment
- Order supplies and equipment
  - o Based on volume predictions



### COVID-19 Medical Practice Reopening Checklist



- Review scheduling blocks
  - Allow for distancing and cleaning between
  - Stagger shifts/hours
    - Evenings
    - Weekends
- Evaluate telehealth procedures
  - How will you determine who should be seen in office vs. virtually?
    - Sample phone script and care advice messaging
  - How will you integrate telehealth in conjunction with in-person visits?
- Consider drug shortages
  - Check with suppliers for potential shortages
    - For example, ventilator drugs such as propofol, fentanyl, etc. — if you cannot obtain them, how will this affect your projected volume?
  - Establish a plan for drugs that may be unavailable or difficult to obtain
- Appraise screening/testing of patients
  - Temperature checks prior to being seen (follow CDC guidance)
  - o Pre-visit health assessments by telephone
- Consider whether practice will perform COVID-19 testing/orders based on testing availability
- Review local health department reporting guidelines for COVID-19 cases
- Set aside isolated area considered non-COVID-19 care zone/space to see patients without COVID-19 symptoms
  - Make sure staff in COVID-19 care and non-COVID-19 care areas don't come in contact with each other
  - Make sure protocols are in place for staff if moving between COVID-19 and non-COVID-19 areas
- Update <u>patient education material</u> regarding COVID-19
- Determine how you will handle visitors
  - Limit or prohibit unless necessary for an aspect of patient care
  - Pre-screen same way as with patients (look for temperature and symptoms)

If you are re-opening a surgical practice please reference the following sources:



Guidance for triage of non-emergent surgical procedures

Local resumption of elective surgery guidance

Joint Statement: Roadmap for resuming elective surgery after COVID-19 pandemic

COVID-19: Recommendations for management of elective surgical procedures

COVID-19: Elective case triage guidelines for surgical care

#### **Additional resources**

- MGMA COVID-19 Action Center —
   Regulatory and legislative updates from MGMA Government Affairs
- MGMA COVID-19 Resource Center —
   Operational tools and resources, webinars and more on responding to COVID-19