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**Guidelines
for
Reopening
the Health
Care
System**

**Pennsylvania
Department
of
Health/CDC**

Guidelines for Reopening the Health Care System

Executive Summary

As COVID-19 spreads throughout the world, Pennsylvania and the United States took steps to limit the transmission and impact of the virus by implementing stay-at-home orders and postponing non-emergent surgeries and procedures. While this has so far prevented any surges overwhelming our hospitals, it has also meant that many other parts of the health care system have been idled to preserve resources and capacity in the system and limit opportunity for transmission or exposure of the virus.



Track your progress on the reopening process with PAMED's Medical Practice Reopening Checklist.

[View Checklist](#)

Physician practices and health care facilities have seen massive drops in patient visits, caused by a combination of stay-at-home orders and patient fear. This may lead to much more complex

Changes to Regulations and Licensing

Business Resources and Loan Opportunities

Education

COVID Survey Results

problems in the future, as patients miss routine screenings and preventive care.

As we begin to reopen our offices and facilities, many agencies, including the Pennsylvania Department of Health (DOH) and the Centers for Medicare & Medicaid Services (CMS) identified several steps that will be instrumental to ensuring the ongoing safety of patients and the health care workforce.

Pennsylvania Department of Health Guidance

Health Care Providers

In **this Guidance on COVID-19 for Health Care Providers in Pennsylvania** released May 9, DOH revised previous instruction as stay-at-home orders are lifted. Providers may resume non-urgent and elective care when appropriate personal protective equipment (PPE) is available and telemedicine is not sufficient. DOH recommends screening patients for symptoms.

Hospitals and Facilities

After directing physicians to postpone or cancel non-emergent surgeries and procedures, DOH announced that non-emergent surgeries and procedures may resume in hospitals and ambulatory surgical facilities provided that it can do so without jeopardizing safety of patients and staff or the ability to respond to the COVID-19 emergency.

Hospitals and ambulatory surgical facilities must ensure they have enough PPE available to handle a surge in COVID-19 cases without having to prioritize care. Additionally, hospitals and facilities must have adequate staff to handle a potential surge in patients. Hospitals and facilities will need to update their emergency preparedness plans to reflect their preparedness for possible resurgence.

Hospitals and facilities will need to review the **Joint Statement** issued by the American College of Surgeons, American Society of Anesthesiologists, Association of Perioperative Registered Nurses, and American Hospital Association. Any hospitals and facilities that also provide pediatric treatment and care should additionally review **this guidance** from the Children's Hospital Association of the United States when determining whether to proceed with pediatric elective surgeries and procedures.

To review **DOH's guidance for hospitals, click here**. To review **DOH's guidance for ASFs, click here**.

Centers for Medicare & Medicaid Services Guidance

On April 19, 2020, CMS released Recommendations for Re-opening Facilities to Provide Non-emergent Healthcare: Phase I to support facilities and clinicians as they begin re-opening facets of health care services that had been paused during the public health emergency. Decisions for reopening must include careful planning and considerations for:

- Adequate facilities, workforce, testing, and supplies
- Adequate workforce across phases of care (i.e. availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support, and post-acute care)

In conjunction with guidance from DOH, facilities should continually monitor their region for risk of incidence and should be prepared to cease non-essential procedures in event of resurgence.

CMS published additional recommendations for providing non-emergent health care as states begin to stabilize and demand for COVID-19 care diminishes. A state or region may proceed to Phase II once it has been determined that there is no evidence of rebound and that **Gating Criteria** (symptoms, cases, and hospitals) has been satisfied.

You can find the recommendations below:

- **Phase I**
- **Phase II**

OSHA Guidance on Preparing Workplaces

The Occupational Safety and Health Administration of the U.S. Department of Labor issued **Guidance on Preparing Workplaces for COVID-19** to assist employers prepare work areas as businesses begin to reopen. The guidance includes steps to take to reduce workers' risk of exposure, including jobs in health care which are classified at very high risk.

OSHA also offers safety recommendations specifically for health care workers and employers. **View OSHA recommendations for COVID-19 control and prevention in health care.**

As physicians begin to approach safely and cautiously reopening their medical practices for office visits, PAMED offers the following guidance on best practices.

Best Practices for Reopening a Medical Practice Collapse all

Steps to Take Prior to Reopening a Practice

Consult the Pennsylvania Department of Health

Local stay-at-home orders will vary widely across the commonwealth. **Click here for more information on public health orders and phased reopening guidance .**

Additional information regarding businesses reopening in Pennsylvania can be found at **Bringing PA Back.**

Construct a Financial and Staffing Plan for Reopening

Practices that have shut down completely will need to plan for a gradual reopening. It is likely that patient volume will return slowly, and the office may not need full staff at all times. Practices should plan both their finances and staffing to account for this reality. See Financial and Staffing sections for more detailed recommendations.

Develop and Implement Safety Protocols

Patients may be fearful about interacting with the health care system. With proper safety precautions in place, a physician office is one of the safest places a patient can be. See the **Universal Safety Precautions for Practices section** for a list of best practices.

Assess the Supply of Personal Protective Equipment

The Centers for Disease Control and Prevention (CDC) has published **guidelines for the use of PPE**. Physicians should assess their supply of PPE based on these guidelines, with some margin in case of a disease outbreak. Use the CDC's **PPE Burn Rate Calculator** to plan and project usage of your PPE supply.

Consider the Role Telehealth Will Play in Reopening

During the pandemic, many physicians have either implemented or expanded the use of telehealth to continue seeing patients, following **guidance issued by DOH**. Practices who have not yet implemented telehealth may wish to consider how it can support safe patient care during reopening.

In its recommendations for re-opening facilities, CMS encourages maximum use of telehealth modalities. Practices that have implemented telehealth can work on moving to a hybrid model, with patients seen both in office

and virtually.

The Pennsylvania Medical Society (PAMED) has created a telehealth reference sheet to help physicians, practices, and health care organizations navigate telehealth and e-visits. Click the button below to view the resource:

[View Telehealth Reference Sheet](#)

Update EHR for New Codes and Billing Requirements

New billing codes have been created as a result of COVID-19. The AMA has released a [CPT Flow Chart](#) and [Special Coding Advice](#) that may be helpful for practices.

Clearly Communicate with Patients about Practice Changes

As practices reopen, they should communicate with their patients clearly about their safety protocols and assure patients that they are taking all recommended precautions to protect patients' health and safety. As described below, many of the changes a practice might make will require patients changing their usual routines. Informing patients upfront and communicating these changes often will serve to allay their concerns and ensure that they are properly prepared.

Additional [resources for communicating with patients](#) are available from the CDC.

Be Watchful of Supply Chain Issues

As patients return to non-emergent routine care, potentially compromised supply chains may make it difficult for you to obtain necessary supplies, not just PPE. Disruptions to the supply chain may impact the availability of:

- Patient medications
- Medical supplies
- Cleaning materials
- Paper goods

Physicians should be prepared in case of disruptions and consider your alternatives, such as other vendors or suppliers, or using appropriate substitutions. Be sure to set expectations with patients if medications become less readily available.

Review and Update Emergency Preparedness Plan

Before operations ramp back up to full speed, this may be an opportune time to review the practice's emergency preparedness plan and make necessary updates to it.

Review Patient Consent Forms

Consult your medical professional liability carrier for guidance on updating or modifying your patient consent forms to reflect risk of COVID-19 exposure.

Care for Vulnerable Population

Be mindful to the needs of elderly and immunocompromised patients. With the increased risk complications attributed to vulnerable patients, consider how you may be able to meet their needs. That may be accomplished through designated office hours, using special entrances or specific exam rooms to reduce their risk of exposure.

Prioritize Delayed Care

A backlog of delayed care has continued to grow as patients cancelled appointments due to fears of exposure while the pandemic progressed across the commonwealth. Elective, routine, and preventive care was postponed which brings about its own risks. Pediatric patients may be overdue on their vaccinations and well child checks. Adult

patients put off routine care for chronic conditions and screenings such as mammograms and colonoscopies.

As practices start to reopen and life returns to a level of normalcy, physicians should prioritize scheduling patients for vaccinations, missed screenings, and care for chronic conditions.

Financial Considerations

Consider the Capital Needs of the Practice and Available Funding Sources

As practices reopen, revenue and patient volume may increase slowly and unevenly. Physicians should carefully consider their capital needs for reopening, and all available funding sources, both private (bank loans) and public (such as SBA loans or government grant funds).

The U.S. Small Business Administration offers information on **coronavirus relief options here**. SBA also offers a wide variety of resources for businesses, including additional loan and grant opportunities. Get details at **[sba.gov](https://www.sba.gov)**.

Address Accounts Payable

Organize your accounts payable and develop a plan to repay any vendors to whom you deferred payment including rent, utilities, vendors, CMS advanced payment, or any other payment modifications or loans. Maintain open lines of communication with payers and vendors on payments due that you may need to defer.

Plan to Meet Existing Obligations

Review the repayment terms of any loans, advance payments, and other sources of funding acquired as a

result of the public health emergency.

Practices should review contractual obligations from managed care organizations, such as timely filing limits for claims and appeals, or submission of any encounter and/or quality data required. It is also a good idea to check employment agreements, vendor contracts, and lease agreements.

Reviewing these agreements and contracts for any clauses regarding termination, late payments, late fees, interest, etc. can save bigger headaches down the road. Maintain open lines of communication with payers and vendors on reporting or other obligations that you may not meet.

Develop a Monthly Budget

This will help going forward as things move toward business as usual. Practices can identify what costs the most on a monthly basis and adjust as necessary. Revise projections and/or forecasts to reflect any fluctuations in revenue and costs as a result of the pandemic.

Talk to Vendors

If vendors know that the office is reopening and will have revenue again, they may be willing to negotiate reduced rates, deferred payments, or other considerations. Practices should contact vendors and see what they are offering to help with startup of the medical practice.

Tackle Accounts Receivables Appropriately

As the office reopens, practices should continue or re-start collection activity and implement an internal process to follow up on outstanding claims. Office staff can pull financial reports (Insurance Aging, Patient Aging, Adjustment Report, ideally starting in the 60-day and older aging buckets). The goal should be to make sure every

claim has been followed up on Patient Schedules for upcoming 1-2 weeks.

Verify Patient Contact and Insurance Information

When patients return to the office, their life circumstances may have changed. Office staff should confirm patient contact information, including address and phone number. Patient insurance eligibility and benefits should be checked to determine if eligibility is effective, or if copay and deductible amounts have changed. If patients have an outstanding balance, practices can offer payment plans. It is important to communicate with patients at the time of confirming appointments, or ideally before the patient arrives for their appointment.

Analyze Revenue Streams

Billing staff should understand the Days Revenue Outstanding (DRO), which is the average number of days it takes to collect on the practices' accounts receivable. It is important to have an accurate understanding of revenue streams as payments may have been delayed, compared to past revenue trends, or incorrect due to payer delays in implementing telehealth requirements or other related factors.

Prepare for the New Normal

As practices reopen, they should plan for the best, the worst case, and the most likely case as well as the new normal. The PA Chamber of Business and Industry held a webinar titled, **Recovery Process for Key Areas of Your Business**. The slides for that webinar are available [here](#).

Staffing Considerations

Right Size Physician and Staff Work Force

As noted above, practice revenue and patient volume may come back slowly, in cycles and unevenly. To prepare for this, practices should consider staffing adjustments, which may include bringing staff and physicians back in different waves. Personnel can be placed on rotating teams or via telecommuting for certain positions if possible.

Communicate with Staff about Practice Changes

The U.S. Chamber of Commerce is offering a **Customizable Workplace Flyer** for businesses to share with employees and the public the measures they are taking to prevent the spread of COVID-19. The form is customizable with categories for PPE, Screening, Social Distancing, Cleaning, Hygiene, Stay at Home, and others. You can also upload a practice logo.

The U.S. Chamber of Commerce has developed a **Standardized Employee Screening Questionnaire** with sample questions to ask employees upon return to work and on a regular basis moving forward, both daily and weekly.

In addition, practices should consider implementing a **temperature check policy**.

Review Human Resources Information

The PA Chamber of Business and Industry conducted a webinar addressing **Human Resources considerations with regard to the COVID-19 pandemic**. There are several other resources from that webinar:

- **HR Guidelines Exhibits**
- **HR Guidelines Handouts**
- **HR Guidelines Follow Up Questions**
- **HR Guidelines DOL REGS FFCRA 4-1-2020**

The PA Chamber of Business and Industry also conducted a webinar on **Workforce Management and COVID-19** that addresses possible employment risks, potential

litigation, and ways to mitigate risk. The slides are available [here](#).

Provide Refresher Training for All Staff

This would be an ideal time for all staff to receive training refresher training in areas such as **triage, infection control, use of PPE**, patient communication, etc.

Additional **training resources for healthcare professionals** are available from the CDC.

Plan for Absences and Alternate Coverage

Practices must have plans in place for how they will address staffing shortages that may occur due to COVID-19. The CDC has resources to **assist with mitigating healthcare personnel staffing shortages**.

Consider Options for Vulnerable Staff

Working in health care immediately puts health care workers at risk and at higher exposure. The risk is even higher for vulnerable staff – those over the age of 60 or with pre-existing conditions. Having internal policies for these workers can help all employees feel safe while working.

Workers in vulnerable populations may be shifted to different roles that minimize their risk of exposure. This may include various duties, such as consulting with younger staff, advising on the use of resources, keeping staff updated on most recent news, ordering of supplies for the clinic, working from home, phone triage of patients, helping providers and managers make tough decisions, or talking to patients' family members.

Give Extra Care and Attention to the Emotional and Physical Needs of Staff

The pandemic has required physicians and many other health care workers to work long hours in dangerous conditions. As the health care system reopens, practices

should pay extra attention for signs of exhaustion, depression, stress, and other similar issues.

The Foundation of the Pennsylvania Medical Society has put together some resources to help mitigate the risk and symptoms of occupational stress and burnout. Practices looking for resources on **addressing the mental and emotional needs of their physicians and staff** can [click here](#) or contact the Foundation at (717) 558-7750.

Universal Safety Precautions for Practices

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both staff and patients. PAMED recommends that all practices and facilities adopt comprehensive safety protocols. Below is a list of best practices. Some of the recommendations below may not apply to certain practices, so they may need to be adjusted to best suit the needs of the practice and the patients.

Maintain Physical Distancing

Physician office space and workflow should be structured to encourage physical distances. Here are a few ideas for practices to consider:

- Ask patients to check in by phone or text message and wait in the car until an exam room is ready.
- Prohibit adults and teens from having guests or visitors. Only parents of children should be in the office with the patient.
- Schedule patients such that only a few are in the office at any one time.

- Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- Modify check-out procedures to avoid any patient time lingering in central area or at check-out desk.
- Consider setting aside clinic hours for vulnerable patients – elderly, immunocompromised, etc.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.
- Consider the strategies to prevent patients who can be seen at home via telehealth from coming to your office or facility potentially exposing themselves or others to germs.

Require Universal Face Covering

Practices should require everyone who enters the practice – both patients and staff – to wear an appropriate face covering. Physicians should communicate this requirement to patients at the time of scheduling an office visit. Patient communications should also include education about the proper type of face covering.

Patients who are not ill do not need N95 or surgical masks, which should be reserved for health care workers.

Practices should be aware of the needs of very young children and those with respiratory diseases, who may face difficulties with reduced airflow through face coverings.

Implement Strict Sterilization Procedures

Physician offices and health care facilities are already cleaned and sterilized more than most communal spaces. Lowering the risk of infection, however, will involve even more strict sterilization protocols. Staff should familiarize themselves with the CDC's **Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes**.

The PA Chamber of Business and Industry conducted a webinar titled **Prepare Your Workplace: Cleaning, Sanitation, and PPE**. (The presentation begins at approximately 1:24:21 into the recording.) The slides that accompany the presentation are available **here**.

Continue to Use Telehealth, as Appropriate

With the support of regulatory guidance and waivers, the health care system has made a massive shift to the use of telehealth. For all “no-touch” services, physicians should continue to engage in virtual care. This will have the effect of limiting the number of patients who appear in the office and preserving precious office time and space for patients who must be seen in person.

Practices that are continuing to use telehealth find it helpful to schedule blocks of time (2-3 hours) exclusively for virtual care. Staying in one modality may be easier than switching back and forth.

Pre-Screen Patients for Possible COVID-19 Symptoms

At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc. All patients, regardless of symptoms, should have their temperature checked as they enter the office. Patients displaying COVID-19 symptoms should be screened via telephone, and tested, if possible, before coming to the office. Physicians should keep up to date on the recommendations for preventing spread of COVID-19 on **CDC's website**.

General information about **COVID-19 testing is available [here](#)**. Pennsylvania clinicians can find the latest information on COVID-19 – including testing guidance - by viewing PA Health Alert Network (PA-HAN) alerts and advisories. Access PA-HAN updates and **[sign up to receive PA-HAN email notifications here](#)**.

Preservation of Personal Protective Equipment

All staff should be trained on the proper use of PPE. Practices should follow **CDC guidelines** for extended use and reuse of PPE.

Establish a Return to Work Policy for Infected Staff

Practices should follow **DOH guidelines for health care workers returning to work with confirmed or suspected COVID-19 [here](#)**.

And, review the state's guidance on **risk assessment and work restrictions for health care workers with potential exposure to COVID-19 [here](#)**.

Licensure Waivers, Suspensions, and Allowances

In response to the COVID-19 outbreak, the Pennsylvania Department of State (DOS) and the Governor's Office have issued a number of regulatory waivers, suspensions, and allowances concerning health care provider licensure and practice. Note that these measures are only in effect for the duration of the current emergency.

A full listing of **waivers and suspensions issued by DOS can be accessed [here](#)**.

State Board of Nursing Waivers

Certain nursing licenses – including Registered Nurse (RN), Clinical Nurse Specialist (CNS), and Certified Registered Nurse Practitioner (CRNP) licenses and CRNP Prescriptive Authority approval (NPPA) – renewal deadlines, including continuing education requirements, have been extended from April 2020 to July 2020.

Additionally, on a CRNP's initial application for prescription-writing authority, the State Board of Nursing will require only one collaborative physician and one substitute physician, rather than the entire list of substitutes.

A full listing of **Nursing Board waivers and suspensions issued during the COVID-19 emergency and corresponding actions to these measures that must be taken, can be accessed here.**

State Boards of Medicine and Osteopathic Medicine Waivers

The State Boards of Medicine and Osteopathic Medicine have issued certain waivers and suspensions pertaining to physician assistant practice and licensure. A full listing of such **measures affecting physician assistants can be accessed here.**

There have also been waivers allowing for emergency temporary licensure for out of state physicians. Use the links below to access temporary license applications:

- **MD Short-Term License Application**
- **DO Short-Term License Application**

Additionally, a waiver has been issued to allow for a more expedited process by which retired health care professionals can reactivate their license. **Additional information on this waiver can be accessed here.**

References

California Medical Association. “**Best Practices for Reopening a Medical Practice.**” Adapted for Pennsylvania.

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