The New Normal: Office Practice in the Time of Coronavirus

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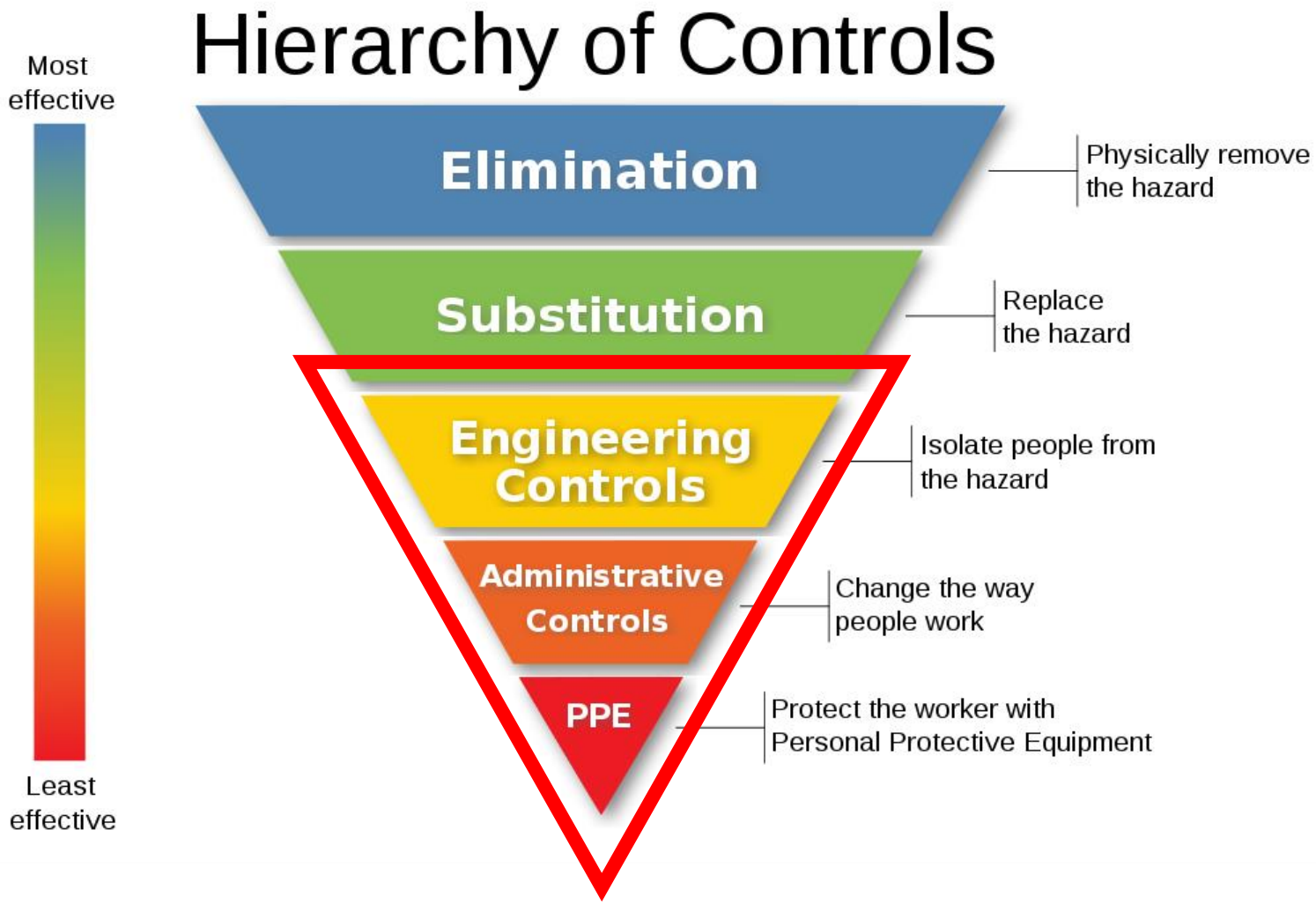
UB|MD INTERNAL MEDICINE
PRIMARY & SPECIALTY CARE

SARS–CoV–2

- Small RNA virus
- Transmitted mainly by respiratory droplets
  - Coughing
  - Sneezing
  - Singing
  - Talking
- Role of “aerosol” transmission unclear
- Can persist on hard surfaces for variable periods of time

OSHA Model


Hierarchy of Controls
Most effective
Least effective
Elimination
Physically remove the hazard
Substitution
Replace the hazard
Engineering Controls
Isolate people from the hazard
Administrative Controls
Change the way people work
PPE
Protect the worker with Personal Protective Equipment

Work Practice Controls

- Telemedicine in whole or part
- Screening – before & at visit
- Temporal spacing
- Physical spacing
  - Indoors, Outdoors, Hybrid
- Cleaning/disinfecting
- **Universal use of face masks**

Engineering Controls

- Signage, shields, barriers
- Hand hygiene stations
- HVAC
  - Many opinions, few data
  - Air changes, filtration
  - Most important if doing aerosol generating procedures (AGP)

AGP?

- No universal definition
  - Most not done in offices
- Common office concerns
  - PFTs
  - Nebulizer Rx
- NP/OP/nasal swabs are **not** AGP
  - **BUT** full PPE should be used

PPE

- Face masks – **all the time!**
- Eye protection – shields or goggles
  - Known or possible COVID–19 cases
  - **All** close patient contact
- Respirators (“N95”)
  - Protect *vs* small particle (<5µm) aerosols
  - Known or possible COVID–19 cases
  - **Especially for AGP**
  - Part of *respiratory protection program*
- Gloves & gowns

PPE (2)


WARNING
This respirator helps protect against certain particles.
Misuse may result in sickness or death. For proper use, see supervisor or box or call 3M 1-800-247-3941. NIOSH
3M 8110S
Lot # 18164
N95
3M 1860
N95
NIOSH


AlphaProTech

Here's Why…

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3] *1 – 15 minutes, but any duration if AGP* *2 – 6 feet or direct contact with secretions* *3 – includes 2 days before symptom onset*	•**HCP not wearing a respirator or facemask**[4] •**HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask** •HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1] *4 – Cloth face coverings are not considered PPE*	•**Exclude from work for 14 days after last exposure**[5] •Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] •Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Testing

- Criteria have been “loosened”
  - Best yield if symptoms or exposures
  - Potential for false (–) & false (+)
  - Timing of exposure or infection
- Required for surgery
- Before some AGP procedures
  - PFTs?
- Routine staff testing – low value
  - “False sense of security”

References

- CDC
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
  - https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- AGPs
  - https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf
  - https://www.nebraskamed.com/sites/default/files/documents/covid-19/Guidance-regarding-pulmonary-function-testing-(PFT).pdf?date=04012020

- Optimum Physician Alliance
- Optimum Independent Practice Association

an accountable care organization

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Mini Grand Rounds
July 15, 2020

Patient Centered Access
Continuity of Care

Enhanced Electronic Access

- Telehealth for after hours and same-day appointments
- Increase patient portal utilization for improved communication
- Contact high-risk patients and encourage the use of patient portal

Shift Patient Appointments

- Consider scheduling well visits on-site and utilize Telehealth option for sick-visits
- Encourage AWVs/EAVs
- Stratify patient population to prioritize care management for high-risk w/complications or increased barriers to care due to COVID-19
  - Including food/transportation needs & behavioral health conditions

Select and Implement a problem solving method

- May help with future mitigation of what went poorly and to learn from what went well
- Plan Do Study Act (PDSA)
- Mini rapid cycle improvement focus
- Recognize, reward & explore lessons learned
  - Explore documented patient or staff incidents

https://blog.ncqa.org/qi-insidemindset/

OPTIMUM INDEPENDENT PRACTICE ASSOCIATION

General Practice Considerations

Social Distancing

- Avoid high volume in-person scenarios
- Waiting for appointment in the parking lot; not in waiting room
- Eliminate scheduling bottlenecks
- Plan for physical distancing of patients and staff
- Marking/adjusting the waiting room seating
- Limit non-medical staff interactions; vendor and supply interactions

Consider engineering controls

- Physical barriers
- Touchless switches and dispensers

OPTIMUM INDEPENDENT PRACTICE ASSOCIATION

https://www.cdc.gov/coronavirus/2019-ncov/

OPA Network Activity Survey

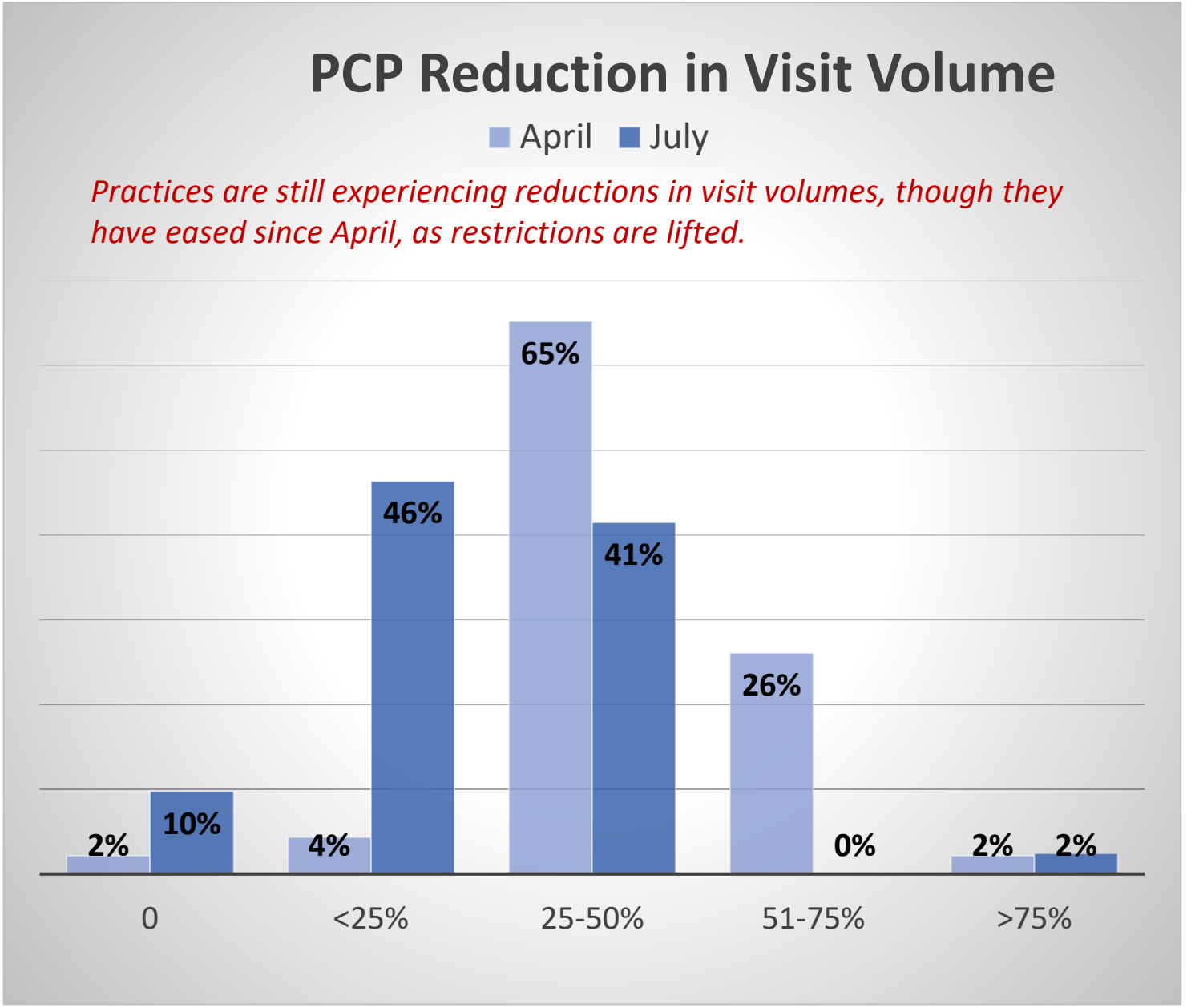
Preliminary Summary of Findings (PCPs)

PCP Telehealth use

- **While prevalent during the pandemic, Telehealth visits are not preferred over in-office visits**
  - ✓97% of PCPs are currently using Telehealth in July 2020 in conjunction with in-office visits
  - ✓80% of practices prefer in-person visits to Telehealth visits, 20% have no preference.
- **The majority of Telehealth visits have shifted from *more than 75% of visits* in April to *less than 25%* of visits in June**
  - ✓In April, 59% of practices reported that most of their visits (75%+) were via Telehealth, in June, just 2% report the same.
- **If reimbursement for Telehealth reverts to pre-Covid levels, 75% of PCPs will be unlikely to continue to integrate Telehealth visits**

OPTIMUM INDEPENDENT PRACTICE ASSOCIATION

OPA Network Activity



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Q & A

Thank you for attending!