

Office Based Practice – Responding to COVID-19

General Resource of AAFP

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/Covid-19-practice-management.html>

1. https://www.aafp.org/journals/fpm/blogs/inpractice/entry/coronavirus_workflow_changes.html

Friday Mar 20, 2020

Patient triage, scheduling, and rooming: three ways to adapt your workflows for COVID-19

As increasing numbers of patients contact physicians' offices to report symptoms of coronavirus disease 2019 (COVID-19) or other respiratory infection, such as fever and cough, practices are needing to adapt their patient triage, scheduling, and rooming workflows to minimize exposure to respiratory pathogens. Based on [current guidance from the Centers for Disease Control and Prevention](http://www.cdc.gov)(www.cdc.gov), here are three workflow changes to consider for symptomatic patients.

1. Use nurse-directed triage protocols to determine if an appointment is necessary. In general, if the patient's symptoms of COVID-19 or other respiratory infection are mild, the patient can be [managed from home](http://www.cdc.gov)(www.cdc.gov). If symptoms are severe (e.g., difficult breathing), the patient should be [sent immediately to the emergency department or hospital](http://www.cdc.gov)(www.cdc.gov), and your practice should notify the facility. Patients with moderate symptoms are the ones most likely to need evaluation in the primary care setting.

2. For patients who need to be evaluated, consider offering a telehealth visit as an alternative to a face-to-face visit. CMS has loosened the guidelines around Medicare telehealth visits, allowing physicians and patients to use widely available technology, such as Facetime or Skype on a smartphone, for these visits. For more information, see the recent *FPM* blog post on the [relaxed telehealth rules](#) and the AAFP's new [telehealth guide](#).

3. If patients must come in for an office evaluation, have them skip the check-in desk. A designated nurse or other clinical staff member should meet the patient at the entrance (or a separate side entrance if possible), mask the patient, and escort the patient to a designated exam room. If an exam room is not readily available, escort the patient to a "sick" waiting area — a separate, well-ventilated space that allows waiting patients to be separated by six or more feet, with easy access to respiratory hygiene supplies. Patients could also opt to wait in their cars or outside the practice and be contacted by mobile phone when it is their turn to be seen.

For information about evaluation, testing, and treatment, see the CDC's guidance "[Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)](http://www.cdc.gov)(www.cdc.gov)."



In Practice

A BLOG FROM *FPM* JOURNAL

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Monday Apr 06, 2020

10 communication tips for physician phone visits during COVID-19

Virtual visits have quickly become standard during the COVID-19 pandemic. Telephone visits may pose fewer technology challenges than telehealth (video) visits, but they present unique communication challenges due to the lack of face-to-face contact. Here are some tips for making telephone visits more productive and meaningful for you and your patients:

- 1. Take a breath before you call the patient.** For patients you know, reflect upon something you admire about them before initiating the call.
- 2. Smile when you greet the patient.** Research has shown that people can tell if you're smiling by the tone of your voice. Warmly express that you're happy to have the chance to talk with the patient today.
- 3. Acknowledge the elephant in the living room: ask how the patient is coping with the COVID-19 pandemic.** This part of the conversation could include several elements:
 - Acknowledge uncertainty (e.g., "This is a really tough time. How are you doing?"). It may be appropriate, depending on the patient, to use a small amount of self-disclosure, and acknowledge that this is a stressful time for everyone,
 - Offer education and appropriate reassurance based on reputable (e.g., [Centers for Disease Control and Prevention](https://www.cdc.gov)(www.cdc.gov)) guidance on topics such as social distancing and hand washing,
 - Elicit questions about COVID-19,
 - Reassure the patient that the clinic is here for patient care, and encourage the patient to call any time with questions or concerns.
- 4. Note visit duration.** Tell the patient how much time is allotted for the visit (e.g., "We have about 15 minutes for our visit today"), and offer a reminder when the visit is almost over (e.g., "We only have a few minutes left").
- 5. Remember to engage the patient in agenda setting.** Prioritize and negotiate what you'll address in the visit.
- 6. Elicit reactions to recommendations overtly.** Because you cannot see the patient's nonverbal reactions, regularly ask, "What do you think about that?"

7. Increase the frequency of empathic statements and use a warm tone of voice. For example, you could say, “Gosh, this sounds really tough.” Patients are missing out on your nonverbal and facial expressions of care, so you need to convey these sentiments with your voice.

8. Shorten your educational spiels. Break up your explanations into short chunks. Repeat them if necessary. Elicit reactions and questions regularly.

9. Remember that the summary and teach-back are vital. You may consider typing the recommendations into the after-visit summary as you speak. Be sure to assess the patient’s understanding of your co-created plan, elicit questions, and define next steps, including a follow-up appointment as needed.

10. Encourage the patient to sign up for the patient portal to facilitate ongoing communication.

— Eli Martinez, PhD; Adam Sattler, PhD; Michelle Sherman, PhD; Michael Wootten, MD; University of Minnesota, Department of Family Medicine and Community Health.

Editor’s note: For more tips on telephone encounters, see [“Managing a telephone encounter: five tips for effective communication,”](#) by *FPM* Medical Editor Sarina Schragar, MD, MS.



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Tuesday Mar 31, 2020

Managing a telephone encounter: Five tips for effective communication

The majority of my clinical care has been transformed from face-to-face encounters into telephone encounters amidst the COVID-19 pandemic. To keep healthy people out of the clinic, our organization now requires that we handle all non-urgent visits as telephone encounters. I have had a few days to experience this change in the way I take care of patients, and I've noticed some recurring communication challenges.

My main difficulty is assessing patients' reactions to what I'm saying. Do they accept my analysis of the situation? Is there some hesitation about the plan? Do they understand what I am explaining? I've also found it can be hard to end these phone calls. Without nonverbal cues, the pacing of our conversation lags, and it can be difficult to move toward a resolution. Who knew that I depended so much on nonverbal communication during patient visits? Showing empathy, which has always come naturally to me during face-to-face visits, has also required extra attention during these new visits.

Recognizing that it might take more than instinct to communicate effectively during a telephone visit, I set out to learn more, both from the medical literature and from the call center industry.^{1,2} Here are some tips we can all use to enhance our telephone communication skills:

1. **Speak slowly, clearly, and don't use medical jargon.** In person we can usually tell if patients understand us, but over the phone it is not as obvious. To optimize comprehension during phone visits, we must be extra thoughtful about how we speak.
2. **Listen actively.** It may seem cumbersome, but during phone visits it is particularly important to clarify what patients say. We may need to ask them to repeat themselves, ask a few clarifying questions, or restate what we heard, beginning with, "So I want to be sure I am understanding what you are saying. I heard you say that"
3. **Develop rapport.** It is important to spend a few minutes at the beginning of the call establishing rapport, just as we do upon entering the exam room. Be sure to explain the in-person visit (which some patients have waited months for) now has to be a telephone visit. Focus on why we want to keep patients out of the clinic right now.
4. **Give each call your full attention to help the patient know you are listening.** We must resist doing anything else while talking on the phone. Try not to check your e-mail or read that text that just came through. Your divided attention is more obvious to the patient than you think.

5. **Be clear about the plan.** Review what you discussed during the call, and establish what will happen after you hang up. If you have the capability, send an after-visit summary through the portal so that patients will have something in writing from the phone visit.

If we listen carefully and communicate clearly, we can optimize the effectiveness of telephone visits for us and for our patients.

— Sarina Schragar, MD, MS, *FPM* Medical Editor

Editor's note: For more tips on telephone encounters, see "[10 communication tips for physician phone visits during COVID-19](#)." And please share your tips by commenting below.

1. Curtis P, Evens S. Doctor-patient communication on the telephone. *Can Fam Phys.* 1989;35:123-128.

2. Knott C, Blunt C. Top tips to improve listening skills on the telephone. Call Centre Helper. April 28, 2018. Accessed March 30, 2020. <https://www.callcentrehelper.com/ten-tips-to-improve-listening-skills-on-the-telephone-1534.htm>



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Tuesday Mar 24, 2020

When can recovering COVID-19 patients leave isolation, and do they need return-to-work letters? What to tell patients

As the coronavirus outbreak continues, physicians may face questions from recovering COVID-19 patients about when they can leave isolation and return to daily activities, notes James Dom Dera, MD, FAAFP, of Fairlawn, Ohio.

As of March 16, the Centers for Disease Control and Prevention (CDC) [guidance on this](#)(www.cdc.gov) topic includes two options: one with testing and one without.

- **For patients with access to testing**, the CDC recommends they remain in isolation until they have an improvement of respiratory symptoms (cough and shortness of breath), no fever (without the use of fever-reducing medications), and two negative test results from consecutive nasopharyngeal swabs taken at least 24 hours apart. Patients who tested positive for COVID-19 but never showed symptoms should wait until it's been seven days since their positive test result.
- **For patients without access to testing**, the CDC recommends they stay in isolation until it's been at least seven days since their symptoms first appeared, and 72 hours since their fever resolved (without the aid of fever-reducing medications) and respiratory symptoms began to improve.

Some patients may request notes for their employer, either confirming they have tested positive for COVID-19 or confirming they have been cleared to return to work. The CDC's guidance, as of March 21, is that employers [should not require such documentation](#)(www.cdc.gov) because health care providers will be extremely busy during this national public health emergency.

A script containing this guidance that your staff can use to respond to patient calls and emails may be useful to lighten the workload during what is a professionally and personally challenging time for all health care professionals.

The bottom line

Because CDC guidance on this and other topics continues to evolve, it's a good idea to spend some time each day on the [CDC website](#)(www.cdc.gov) as well as local/state health department websites checking for updates (or assign someone else in your practice to do so).

