



COVID-19 OUTPATIENT WORKFLOW STRATEGIES

As pediatricians and pediatric specialists on the front line, we must encourage social distancing by keeping both sick and well kids at home when they don't need to be seen. Phone triage and telehealth is our first line of defense to flatten the curve. We also must continue to re-structure our workflow and practices to keep sick and well families apart, and to keep our staff and community safe.

IN-OFFICE VISITS

By now, every office has re-evaluated and restructured their visits in the face of the COVID-19 pandemic. Here are some guidelines to help keep your families and staff safe when re-structuring your in-office visits:

Practice Size

Multiple site practices can more easily separate their well visits and sick visits. For one-office practices, you may consider placing a temporary barrier and saving one room or side of the office for just your well visits and non-respiratory sick visits. You may also want to consider teaming up with another small practice during this pandemic so that one office can see the higher risk patients, while keeping the other office for only well and non-respiratory sick patients. You can also evaluate children in the car as needed.

Provider & Staff

To reduce risk of exposure to and from our staff, it is best to assign a set of providers and staff to see sick kids with fevers or respiratory symptoms, and another set to see well kids for a few days or a week at a time, if possible.

PHONE TRIAGE & TELEHEALTH

Triage patients over the phone

Create teams of providers and schedulers to help determine if a child needs to be seen, and if they are well or non-respiratory sick, are sick with respiratory symptoms, or are a high risk for COVID-19 before they come into the office. You may need to update your office phone tree to route calls appropriately as they come in.

Create a protocol for staff and providers for whom patients your practice agrees are eligible for telehealth and/or phone encounters. If possible, use telehealth over phone encounters, as you can do a better evaluation of the child and give more appropriate care. Telehealth also reimburses at higher rates than phone encounters.

Telehealth

Parents should be told at time of appointment scheduling that this is an appointment like any office visit, but from the comfort of their home, meaning they will have a scheduled time and they will be billed for the visit like a typical visit.

Create a plan for how to best schedule a patient who you recommend be seen in the office the same day of their telehealth visit.

It is not yet clear what to expect with insurance reimbursement for telehealth visits. However, many practices should try to incorporate telehealth into their workflow, as these are billable appointments, and it is the right thing to do for our patients. Please see the accompanying document for Telehealth and Phone Encounter CPT billing codes.

MESSAGING

Communication with families

How we message to our families is so important. They are getting as overwhelmed as we are, but with much less accurate information, and they are looking to us to guide them.

Use social media and your practice website to reassure parents that you are there for them and taking care of their children. Update your office phone greeting.

This document highlights key strategies for managing COVID19 in a population of children. Please follow epidemiologic updates and guidance given by the CDC ([CDC COVID19](#)), the Orange County Health Care Agency ([OCHCA](#)), and the AAP ([AAP COVID19](#)).