

PCP survival skills during COVID 19: Making order out of the chaos

based on a presentation by Dr. E. Moresco, Hallmark Health, 3/20/20

Covid 19: Provider Dilemma

Despite protocols created for diagnosing and managing patients with respiratory infection we may be constrained from seeing them due to:

- **Lack of PPE** (personal protective equipment) to keep our providers and staff safe.
- **Limited availability of testing.**

Covid 19: Provider Dilemma

- Recommendations are **evolving constantly** due to this reality and our accumulating knowledge base about the virus and the disease
- The goal today is to try to give Providers a framework for patient care in the context of this **very imperfect reality**.
- There is going to be a paradigm shift for Providers as the focus becomes making clinical decisions in the setting of keeping patients **out of our offices**.

Covid 19: Provider Dilemma

- Telephone and Telehealth are now the standard of care.
- Telephone **is** Telemedicine. We don't need to wait until we have a video platform to start Telemedicine visit.
- American Well (AMWELL) is the preferred video vehicle for NEQCA and all Wellforce providers.

Limited PPE

- **Phone assessment by a provider or staff becomes the mainstay of managing with limited PPE**
- Get a good history of patient respiratory symptoms as if you were seeing them in your practice.
- The cardinal symptoms of Covid 19 infection are similar to influenza:
 - Fever (83-98%)
 - Dry Cough (46-82%)
 - Myalgia or fatigue (11-44%)
 - Short of breath at onset (31%)
- Less common: loss of smell, sore throat, headache, GI, productive cough, hemoptysis

Limited PPE

- There is so much community spread now that we are no longer emphasizing travel.
- Has there been face to face contact with a COVID positive contact? [>30 minutes of face to face (<6 feet) contact]
- Some patient positives have greater public health significance:
 - Are you a healthcare provider?
 - Have you been in a healthcare facility in the past 14 days?

Limited PPE

- For patients with simple respiratory infections esp. sinus symptoms, throat, ears.
 - Treat these patients over the phone with whatever OTC or RX you think is appropriate
- Reassure them
- Follow up call in 48 hours to reassess.

Limited PPE

- Patients with ILI (influenza like illness) need to be considered for flu and Covid 19.
- The recommendation is initial evaluation via **telephone or TELEMEDICINE visit**.
- If **central testing is available**, you could send them to test and then follow over the phone.
- If you have adequate PPE and testing in your offices, you can see them there.
- **Either pathway is reasonable.**

Limited PPE

Patients with higher risk of severe Covid-19 who should be evaluated in a face to face visit if adequate PPE is available:

- Patients with **comorbid conditions**: COPD, significant CAD or CHF, immunosuppressed, complicated DM, HTN; older patients (mortality begins to increase at 50 y/o, roughly doubles for every decade thereafter).
- If not enough PPE, start with telemedicine visit.
 - If clinical condition seems stable, follow up with phone calls daily for 7 days. They can be followed up with an office visit if they seem to be declining.
 - **Patients who are not clinically stable, e.g. respiratory distress, chest pain, dehydration from poor intake need to be triaged to ER.**

Limited PPE/ Phone follow up

- **Phone follow up is essential** for all patients with respiratory infection whether they have had telemedicine or office visit.
- Patients who deteriorate often get worse at or after 7 days from symptom onset, so phone follow up during that period is extremely important.
- Plan to call the respiratory infection patients at least every 48 hours. If they have comorbid conditions then call them daily.

Limited PPE/ Phone follow up

- **Hypertension** feels like a somewhat unusual risk factor. Because the virus seems to use copies of the ACE molecule on the surface of cells as its receptor to enter the cells, there has been speculation that perhaps the risk is not hypertension itself, but something related to use of ACE inhibitors (and ARBs, which affect how much ACE is present) that is the risk factor.
- Given the lack of evidence, the current recommendation is **NOT to stop ACE inhibitors or ARBs.**

Respiratory infection visit

- **Office must have PPE in order to see patients with respiratory infection**
- **Patient should be masked at arrival**, prior to any registration. If possible, the patient can call ahead and be met outside by a masked staff member who brings a mask for the patient.
- Surgical masks are recommended for patient and staff, and must cover the nose, mouth and go over the chin.
- Any staff that have **close face to face contact** with unmasked patient (i.e. MA, Provider) **need surgical mask, gloves, ideally eye protection and gown.**
- Consider taking temperature via ear or forehead, rather than oral temp, to minimize exposure to secretions.
- Consider having Provider do all the VS on these patients to conserve PPE.

Respiratory infection visit: PPE

- N95 masks are not needed in the ambulatory setting unless there is going to be an aerosol generating procedure (Nebulizer treatment is the only one common in the outpatient setting.)
- **Masks and eye protection** can remain in place for multiple office visits if they are not torn or visibly soiled with secretions – **Extended Use**.
- **Gowns**: extended use ONLY if you are going directly from visit to visit. If downtime between visits, discard.
- **If you take masks/eye protection/gowns off, they must be discarded**. The risk of reuse is **contaminating yourself** with secretions on the surfaces of this equipment during the process of removing or re-donning.
- Gloves always discarded when removed; hand hygiene after removal.

Respiratory infection visit

- Avoid nebulizer treatments. This makes the infection airborne.
- Consider stocking a few albuterol inhalers and spacers as substitute and give first dose at office visit.

Acute, non respiratory office visits

What if patient with no fever or respiratory symptoms must be seen for acute health issue that is not respiratory?

The concern is that routine masking of Providers or of our non-respiratory patients will rapidly exhaust the supply of PPE.

Telemedicine should be considered first choice for all assessments.

NEQCA ID says risk is relatively small if you can minimize face to face contact. **Consider less stringent PPE if visit is urgent and non respiratory, e.g. cloth face mask as long as mask supply is severely limited.**

Acute, non respiratory office visits

- If patient needs specialist care, PCPs should be doing phone assessment to screen for respiratory infection first before referring.
- Specialists also have limited PPE. Don't ambush them!
- There is recommendation to segregate non respiratory patients and respiratory patients in "time" e.g. AM appointment for acute nonrespiratory, PM appointments for respiratory or segregate in "space" (e.g. separate waiting rooms).

Limited Testing

- At this point, there are still only limited testing supplies (swabs, viral medium) in the state.
- Private sector is working on this, so tests will start to become available.
- Right now, swabs continue to be a challenge to acquire.
- Local sites that have offered centralized testing early are now running low.

Limited Testing

- When centralized testing is available, this will simplify the use of Telemedicine. Evaluate via Telemedicine and triage into central testing site.
- Early on, even when centralized testing begins, **expect that there will be prioritizing** of which patients should be sent for testing.
- **We are now using TMC lab for COVID 19. Turn around time is 24 hours!**

Limited Testing

We know broader testing would help:

- Create peace of mind
- Limit quarantine
- Help DDx of Bacterial vs. Viral
- Return all workers (esp. healthcare) back to workplace faster.
- **We just don't have it yet!** Presumptive diagnosis and quarantine is still main path.

Testing

If you have testing supplies available in the office:

- A routine influenza swab is taken from nasopharyngeal source and submitted in viral medium to MWH lab.
- If you are testing because of fever, chills, dry cough, body aches (ILI) submit a lab slip for Influenza and a lab slip for COVID 19 (filed under CORONA in the lab orders EMR). MWH will run the influenza and lab will send the COVID specimen on to TMC from same swab.

Testing/ Quarantine

- Make sure that patient understands the current turn around time for test results.
- **Until results are back, patient needs to be quarantined.**
- 14 day isolation for positive test is counted from the start of symptoms.

When Testing is Limited

DO NOT SEND PATIENTS WITH NO SYMPTOMS OR MANAGEABLE RESPIRATORY SYMPTOMS TO THE EMERGENCY ROOM TO BE TESTED!

The ER is not a centralized testing site!

Exposure

- If patient had a good story for exposure prior to symptom onset, e.g. Close face to face contact (esp household contact) with known COVID positive person, the patient should start quarantine.
- More available testing will shorten some quarantines.

Other categories for testing during limited PPE

- Lower threshold for testing if there is public health issue from positive exposure even if symptoms are mild.
 - Residents of congregate living settings (e.g. long term care facilities, prisons, shelters).
 - Healthcare workers and first responders who have recently interacted while unmasked with patients.

Anticipate Change

- Right now we are in a conservation mode.
- **Guidelines will change frequently.**
- **Supplies of PPE and testing materials are currently limited so we need to use good judgement as to how to use those resources.**
- Centralized testing will solve some issues but not all.
- Guidelines for testing will likely liberalize.
- Antivirals may bring some relief???
- Vaccines are at least a year away.

Advice for All Patients

Wash your hands frequently.

Wash your hands several times a day with an alcohol based hand rub or wash and /or with soap and water for at least 20 seconds.

Maintain social distancing.

Maintain at least 6 feet distance between you and others.

Avoid touching your eyes nose and mouth.

Practice good respiratory hygiene

Make sure you and the people around you cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the use tissue immediately.

Stay home if you feel unwell.

If you have respiratory infection **CALL YOUR PCP** or on call physician to discuss so you can be directed to best site of care.

Strategies for using the ER for the “right” patients

- ER care should be limited to patients who have respiratory illness and breathing distress, chest pain, dehydration from poor intake.
- If you don't think patient needs hospital admit or acute treatment not feasible in an office setting, don't send them to ER.
- After visit paperwork should include: **Please call/page your PCP office before using any healthcare services for COVID 19 concerns.**
- After hours voice messages can be added that play before the answering service picks up.

VOICEMAIL GREETING COVID

(to be updated every week)

- You have reached your Primary Care Physician office . The office is closed until the next business day.
- There is a covering doctor on call any time this office is closed who will evaluate your concerns over the phone and give you medical advice.
- The emergency room should be reserved for serious illness and life or death emergencies.
- We are all concerned about COVID 19 infection. There is still a limited supply of test kits in the state of Massachusetts.
- Most patients with mild illnesses cannot be tested at this time. Testing is reserved for patients with respiratory infections who might be having breathing distress, or who are sick and have underlying health conditions like COPD, Diabetic complications, immunosuppression and heart disease.
- **If you page the covering doctor they can give you advice as to how to safely manage your respiratory infection at home and when to seek additional attention.**
- **We do not recommend routinely using the ER for mild respiratory or other illness.**
- thank you for your assistance during this challenging time.
- press 0 now to page the covering physician or call back on our next business day.