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PCP survival skills during COVID 19

making order out of the chaos



About this Presentation:

On **Friday, March 20**, Hallmark Health PHO shared PCP survival skills during COVID-19.

Disclaimer: The information in this presentation is relevant as of 3/20/20. The situation, however, is changing rapidly. To ensure you have the latest information on COVID-19, use the resources below:

Global & national impact, including countries of concern: [Centers for Disease Control](#)

Situation in Massachusetts: [Massachusetts Department of Public Health](#)

COVID-19 Resource Center: [Infectious Diseases Society of America](#)

Travel restrictions: [U.S. State Department](#)



Covid 19: Provider Dilemma

Despite Protocols created for diagnosing and managing patients with respiratory infection we are unable to really follow them due to:

- **Lack of PPE** (personal protective equipment) to keep our Providers and their staff safe.
 - **Lack of testing supplies** in the office and/or lack of a centralized testing site.
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Covid 19: Provider Dilemma

- Guidelines are evolving constantly due to this reality
 - 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.**
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Covid 19: Provider Dilemma

- **Telephone and Telehealth are now the standard of care.**
 - Part 1 today: Survival Strategies
 - Part 2 today: Telehealth documentation, billing, reimbursement.
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Limited PPE

- **Phone assessment by a provider or staff becomes the mainstay of dealing 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: sore throat, headache, GI, productive cough, hemoptysis
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Limited PPE

- **Include questions about high risk situations:**
 - Travel out of Massachusetts? If so when: where:
 - Contact with a confirmed case of COVID -19: If so: household contact? Community?
 - Contact with a suspected case of COVID -19: If so: household contact? Community?
 - Are you a healthcare provider?
 - Have you been in a healthcare facility in the past 14 days?
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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
 - Have your staff give them a follow up in 48 hours to reassess.
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Limited PPE

- For patient with ILI (influenza like illness), they need to be considered for flu and Covid 19.
- If there is no PPE or testing, and symptoms are mild, it is reasonable to simply label them “possible Covid 19” and quarantine them with close phone follow up.
- If we have **central testing**, you could send them to test and then follow over the phone.
- If you have PPE and tests, you can see them in office.
- **ANY of these pathways is reasonable care for patients with NO respiratory distress, chest pain, dehydration.**



Limited PPE

- **Phone follow up is essential** for all our patients with respiratory infection whether they are seen or not.
- Patients who deteriorate, often get worse after day 7, so phone follow up for 7 days from start of symptoms is ideal.
- A subset of patients has have previously been “recommended” to have office care (if ample PPE):
 - Patients with comorbid conditions: COPD, significant CAD or CHF, immunosuppressed, complicated DM.
 - **Patients with Respiratory distress, Chest pain, Dehydration from poor intake need to be triaged to ER.**



Limited PPE

- Patients with respiratory infection and **Hypertension (ACE?)** who get telemedicine visit, need close phone follow up until significantly improved.
 - The current recommendation is NOT to stop ACE inhibitors.
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Limited PPE

- **If you do not have PPE in the office, it is currently considered totally acceptable care to manage respiratory infection patients with comorbid conditions with telemedicine visits.**
 - If available, video option of telehealth is preferable, but not mandatory.
 - Phone follow up should be **at least daily** for this subset. It's essential that we not overburden ER with patients who are not critically ill.
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Respiratory infection visit

- **Office must have PPE in order to see patients with respiratory infection:**
- **Patient needs to be masked at arrival**, prior to any registration. (preregister these patients if possible. State has waived copays for COVID related care).
- Surgical masks are recommended for patient, and must cover the nose, mouth and go over the chin.
- Any providers that have **face to face physical contact** with patient ie MA, Provider **need surgical mask and eye protection, gloves 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

- N95 mask are not needed unless there is going to be an aerosol generating procedure eg. Nebulizer treatment.
- **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 us ONLY if you are going from visit to visit. If downtime between visits: discard.
- **If you take masks/eye protections, gowns off, they must be discarded.** The risk of reuse is **contaminating yourself** with secretions on the surfaces of this equipment.
- Gloves always discarded.

Respiratory infection visit

- It's safest to avoid nebulizer treatment.
 - If you have private practice, consider stocking with inhaler samples as substitute and give first dose at office visit.
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B6 Acute, non respiratory office visits

What if totally asymptomatic patient 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 assessments.

NEQCA ID says risk is relatively small if you can minimize face to face contact. Consider improvising nose/mouth barriers if visit is urgent and non respiratory.

This is currently being revisited !!!

B6 Acute, non respiratory office visits

- If patient needs specialist care, ideally PCP's 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" eg. AM appointment for acute nonrespiratory, PM appointments for respiratory.
 - Or segregate in "space" in your waiting rooms.
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B6 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 become available.
 - Problem: Swabs continue to be a challenge to acquire.
 - Local sites that have offered centralized testing early are now running low.
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Limited Testing

- When centralized testing is available, this will simply the decision to use Telemedicine. Evaluate via Telephone/health and triage into testing.
 - 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 !**
 - We have been told that when the system has adequate supplies that they can set up centralized testing within 24 hours.
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B6 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.
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B6 Testing

- Make sure that patient understands that current turn around is 24-48 hours.
 - Make sure, that if you send testing on Friday, that on call group is comfortable giving out results over the weekend if they come back positive.
 - **Until results are back, patient needs to be quarantined.**
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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!



Quarantine

- Any patient that you are testing in your office (or through centralized testing) should be quarantined pending results. Current turn around time for results is currently 24-48 hours.
 - 14 day Quarantine for positive test is counted from the start of symptoms.
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Exposure

- Patients will call with concerns about exposure. They may be asymptomatic or minor respiratory symptoms.
 - Try to get as specific information as possible about the nature of exposure. Some patients have not had a true exposure to trigger testing.
 - Asymptomatic viral shedding can occur for 2-3 days before COVID 19 respiratory symptoms begin. **If exposure was more than 3 days before contact's symptoms, there is not a meaningful concern for exposure.**
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Exposure

- If patient had a good story for exposure eg. Face to face contact with COVID positive, recent travel, the patient should start quarantine.
 - 14 days is counted from the start of symptoms, so if they are not symptomatic yet they will have longer quarantine.
 - When liberalized testing is available, this may help to shorten some of these quarantines.
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Other categories for testing

- There is a lower threshold for doing testing if there is serious public health issue that may be (have been) caused by the patient who reports a positive covid exposure or a respiratory illness.
 - Residents of long term care facilities, prisons, shelters.
 - Healthcare workers and first responders who have recently been with patients.
 - When testing is more available, this list will expand.
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Anticipate Change

- Right now we are in a conservation mode.
 - **Supplies of PPE and Tests/supplies are 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 change.
 - Antivirals may bring some relief???
 - Vaccines are at least a year away.
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Advice for All Patients

(quick text in EMR .covidavice)

- **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.
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 - **Maintain social distancing.**
 - Maintain at least 6 feet distance between you and others.
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 - **Avoid touching your eyes nose and mouth.**
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 - **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.
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 - **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.
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B6 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, don't send them to ER.
 - Consider adding a quick text to your routine discharge paperwork: **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.
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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.

 - There is also late night urgent care available at the Lawrence Memorial hospital urgent care site open daily 7AM-11PM.
 - The emergency room at Melrose Wakefield Hospital has 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.
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Resources

- Flag, email, call your medical directors if you need updated information and strategies.
 - Tom Jevon
 - Rob Weinstein
 - Davis Bu
 - Ellie Moresco
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