



KMA asked members what they are doing in their practices during the coronavirus emergency. This contains some of the information provided by members in a one-page, easy to read format. We are making this document available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice. The American Academy of Family Physicians put out information, as have other specialty societies, for those in a practice setting.

## Telemedicine

- Providing the option of telemedicine appointments vs. rescheduling
- Utilization of telephone encounters (see KMA member alert regarding use of telephones)
- Utilization of telemedicine in any approved way possible including:
  - FaceTime, Skype, Google Hangouts, Phone Calls\*\*, etc.
- Utilization of virtual office visits via:
  - FaceTime, Skype, Google Hangouts, Phone Calls\*\*, etc.
- Notifying patients with cold/flu symptoms to utilize phone triage/virtual office visit

\*\*Phone calls can be utilized under HIPAA, but reimbursement for such services differ among payers

## Rescheduling

- Closing office for two weeks except for emergencies and implementation of the following:
  - Reopening in two weeks with limited scheduled appointments
  - Postponing elective surgeries with reschedule time TBD
- Cancelling all non-essential follow-ups and physicals for the next two weeks.
- Routine follow-up for disease surveillance, preventive screening, etc. are being rescheduled
- No walk in appointments
- Reviewing all scheduled patients to ensure "need" to be seen
- Rescheduling all patients over 65 with non-urgent conditions.
- Contacting all scheduled patients 24 hours prior to visit to screen for COVID-19 symptoms. If present, cancel appointment, refer to appropriate healthcare facilities.
- Physicians and mid-level practitioners determining whether to keep appointments
- Rescheduling appointments to allow for "well" visits in AM and "sick" visits in PM

## Appointment Triage

- Stationing employee at front entrance for screening/guidance/ temperature check
- No walk-in appointments
- Providing home visits for elderly patients
- Requiring pediatric patients not be accompanied by adult caregivers over 65 or adults with comorbid conditions
- Creation of separate waiting area for vulnerable patient populations
- Bringing patients to exam rooms immediately upon arrival to prevent potential exposure
- Advising patients to call office upon arrival and wait in car until notified via call/text by office staff
- Checking temperatures in cars before admitting to office
- Adjusting waiting rooms and workflow to accommodate for social distancing
- One physician in the office at a time to reduce risk of exposure and to ensure that patients can continue to be seen in event of exposure
- Limit family members at appointments

## Personnel Protection

- Reviewing protocols for HCP protection
- Reviewing and implementing protocols for cleaning rooms, equipment, office supplies
- Reviewing protocols in the event of patient/staff exposure
- Cleaning rooms, equipment, common supplies after each visit
- Adjusting waiting rooms and workflow to accommodate for social distancing