

Best Practices for Reopening a Medical Practice

In mid-March, due to the progressing COVID-19 pandemic, medical and dental practices were required to “cease providing any treatment other than urgent or emergent care immediately.” Though no definitive universal treatment or vaccine is presently available, social distancing and limitation of public exposure has permitted hospital systems to avoid being overwhelmed with patients, and likely many lives have been saved.

Based upon available data and the recommendations of experts and government officials, we have reached a point where reopening medical practices in Nebraska in a gradual manner may begin May 4.

It is notable that the apparent impact of COVID-19 has varied somewhat locally and regionally. However, in a world of public venues and expeditious transportation combined with a virus transmissible by asymptomatic carriers, the potential for exposure and illness remains. Determined efforts to limit transmission remain crucial.

Whereas initially *national* recommendations were given to curtail medical practice, the decisions to reopen practices will be *local*, first being permitted by each state’s governor. Due to variability in pertinent circumstances, reopening will be based upon local and state government regulations, public health officials, medical system policies, local evidence of disease, virus and antibody testing, and ultimately individual physicians.

Re-opening will not be an “all-or-none” process, but rather in phases. Each medical facility will make decisions about guidelines and protocols. These may include screening patients and staff, use of PPE, testing, expectations regarding social distancing, and proper scheduling to accommodate new regulations and maintain best clinical practices for the safety of patients, staff and physicians.

Due to the unique nature of each specialty and facility, national specialty societies and medical organizations, state specialty societies, hospitals, and outpatient surgical centers have been, and will be, issuing guidance documents regarding how to approach and manage aspects of reopening the practice of medicine.

It is important to re-evaluate the requirements of each entity frequently due to potential changes in circumstances. Development of individual office guidelines should follow the lead of these organizations.

As we move through an unprecedented interruption in our practices and daily lives, we must remain diligent and focused to avoid recurrent spikes in disease activity and the ensuing difficulties that then arise. Thank you to each of you for your dedication and patience during a very difficult period of our nation’s history. I am extremely proud of our physicians, staff, and related organizations who have behaved admirably under extreme circumstances. Now it is time to get back to business...safely.

Sincerely,

John D. Peters, M.D.

Metro Omaha Medical Society President

Steps to Take Prior to Reopening a Practice

1. Consult the Local Public Health Department

Local directed health measures (DHMs) vary from county to county. When and to what extent a practice can reopen for patient visits will depend on local orders and conditions. Consult local public health departments for guidance on the rules in their area.

[Click here for](#) the governor's most recent news on state DHMs.

[Click here for](#) a list of local health departments by county.

[NE DHHS Case Map - Douglas County Health Department Website.](#)

2. Construct a Financial and Staffing Plan for Reopening

Practices that have shut down completely will need to plan for a gradual reopening. It is likely that patient volume will return slowly, and the office may not need to be fully staffed at all times.

Practices should plan both their finances and staffing to account for this reality. See Financial and Staffing sections for more detailed recommendations.

3. Develop Safety Protocols

Patients may be fearful about interacting with the health care system. With proper safety precautions in place, a physician's office is one of the safest places a patient can be. See 'Universal Safety Precautions for Practices and Facilities' below for a list of best practices, developed by the California Medical Association Task Force for Reopening the Health Care System.

4. Assess the Supply of Personal Protective Equipment

Both the federal Centers for Disease Control and Prevention (CDC) ¹ and Nebraska Medicine ² have published guidelines for the use of personal protective equipment (PPE). Physicians should assess their supply of PPE based on these guidelines, with some margin in case of a disease outbreak.

[State of Nebraska PPE Request Form](#)

[Email or call anyone at the MOMS office if you have PPE needs](#)

5. Consider the Role Telehealth Will Play in Reopening

During the pandemic, many physicians have either implemented or expanded the use of telehealth to continue seeing patients. Practices who have not yet implemented telehealth may wish to consider how it can support safe patient care during reopening. Practices that have implemented telehealth can work on moving to a hybrid model, with patients seen both in office and virtually.

For more information on implementing and using telehealth, please see the [NMA Website](#)

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

² <https://www.nebraskamed.com/for-providers/covid19>

6. Clearly Communicate with Patients about Practice Changes

As practices reopen, they should communicate with their patients clearly about their safety protocols. As described below, many of the changes a practice might make will require patients changing their usual routines. Informing them upfront will serve to allay their concerns and ensure that they are properly prepared.

7. Be Watchful of Medication Shortages

Patients coming back to their doctors, combined with potentially compromised supply chains, may make it difficult for patients to get their usual medication. Physicians should consider alternatives and set expectations with patients if medications become unavailable.

Financial Considerations

1. Consider the Capital Needs of the Practice and Available Funding Sources

As practices reopen, revenue and patient volume may increase slowly and unevenly. Physicians should carefully consider their capital needs for reopening, and all available funding sources, both private (bank loans) and public (such as SBA loans or government grant funds).

[Click here](#) for more information about financial resources that can support practices

2. Address Accounts Payable

Organize your accounts payable and develop a plan to repay any vendors in which you deferred payment including rent, utilities, vendors, Centers for Medicare and Medicaid Services (CMS) advanced payments or any other payor advanced payment or loans. Maintain open lines of communication with payors and vendors on payments due that you may need to defer.

3. Plan to Meet Existing Obligations

Practices should review contractual obligations from managed care payors, such as timely filing limits for claims and appeals, or submission of any encounter and/or quality data required. It is also a good idea to check employment agreements, vendor contracts and lease agreements. Reviewing these agreements and contracts for any clauses regarding termination, late payments, late fees, interest, etc. can save bigger headaches down the road. Maintain open lines of communication with payors and vendors on reporting or other obligations that you may not meet.

4. **Develop a Monthly Budget**

This will help on a go forward basis as things move to normal business. Practices can identify what costs the most on a monthly basis and adjust as necessary.

5. **Talk to Vendors**

If vendors know that the office is reopening, and will have revenue again, they may be willing to negotiate reduced rates, deferred payments or other considerations. Practices should contact vendors and see what they are offering to help with startup of the medical practice.

6. **Tackle Accounts Receivables Slowly**

As the office reopens, practices should continue or re-start collection activity and implement an internal process to follow up on outstanding claims. Office staff can pull financial reports (Insurance Aging, Patient Aging, Adjustment Report, ideally starting in the 60 day and older aging buckets). The goal should be to make sure every claim has been followed up on patient schedules for the upcoming one or two weeks.

7. **Verify Patient Contact and Insurance Information**

When patients return to the office, their life circumstances may have changed. Office staff should confirm patient contact information, including address and phone number. Patient insurance eligibility and benefits should be checked to determine if eligibility is effective, or if copay and deductible amounts have changed. If patients have an outstanding balance, practices can offer payment plans. It is important to communicate with patients at the time of confirming appointments.

8. **Analyze Revenue Streams**

Billing staff should understand the Days Revenue Outstanding (DRO), which is the average number of days it takes to collect on the practice's accounts receivable. It is important to have an accurate understanding of revenue streams as payments may have been delayed, compared to past revenue trends, or incorrect due to payor delays in implementing telehealth requirements or other related factors.

Staffing Considerations

1. **Right Size Physician and Staff Work Force**

As noted above, practice revenue and patient volume may come back slowly, in cycles and unevenly. To prepare for this, practices should consider staffing adjustments, which may include bringing staff and physicians back in different waves. Personnel can be placed on rotating teams or via telecommuting for certain positions if possible.

2. **Consider Options for Vulnerable Staff**

Working in health care immediately puts health care workers at risk and at higher exposure. The risk is even higher for vulnerable staff – those over the age of 60 or with pre-existing conditions. Having internal policies for these workers can help all employees feel safe while working.

Workers in vulnerable populations may be shifted to different roles that minimize their risk of exposure. This may include various duties, such as consulting with younger staff, advising on the use of resources, keeping staff updated on most recent news, ordering of supplies for the clinic, working from home, phone triage of patients, helping providers and managers make tough decisions, or talking to patients' family members.

3. **Give Extra Care and Attention to the Emotional and Physical Needs of Staff**

The pandemic has required physicians and many other health care workers to work long hours in dangerous conditions. As the health care system reopens, practices should pay extra attention for signs of exhaustion, depression, stress and other similar issues.

Universal Safety Precautions for Practices and Facilities

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients. Practices and facilities should adopt comprehensive safety protocols. Below is a list of best practices. Some of the recommendations below may not apply to certain practices, so physicians and office staff should adjust them for individual circumstances.

1. **Maintain Physical Distancing**

Physician office space and workflow should be structured to encourage physical distancing. Here are a few ideas for practices to consider:

- Ask patients to check in by phone or text message and wait in the car until an exam room is ready.
- Prohibit adults and teens from having guests or visitors. Only parents of younger children should be in the office with the patient.
- Schedule patients such that only a few are in the office at any one time. Practices can consider offering evening and weekend hours and leaving more time in between patients.
- Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- As able, modify check-out procedures to minimize/avoid any patient time in central area or at check-out desk.
- Consider setting aside clinic hours for vulnerable patients – elderly, immunocompromised, etc.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.
- Consider strategies to prevent patients who can be seen at home via telehealth from coming to your facility, potentially exposing themselves or others to germs.

2. **Require Universal Face Covering**

Practices should require everyone who enters the practice – both patients and staff – to wear an appropriate face covering. Physicians should communicate this requirement to patients at the time of scheduling an office visit. Patient communications should also include education about the proper type of face covering. Patients who are not ill do not need N95 or surgical masks, which should be reserved for health care workers. Practices should be aware of the needs of very young children and those with respiratory diseases, who may face difficulties with reduced airflow through face coverings.

3. **Implement Strict Sterilization Procedures**

Physician offices and health care facilities are already cleaned and sterilized more than most communal spaces. Lowering the risk of infection, however, will involve even more strict sterilization protocols. Staff should familiarize themselves with the [CDC Guidelines for Cleaning and Disinfecting of Community Facilities](#).

4. **Continue to Use Telehealth, as Appropriate**

With the support of regulatory guidance and waivers, the health care system has made a massive shift to the use of telehealth. For all “no-touch” services, physicians should continue to engage in virtual care. This will have the effect of limiting the number of patients who appear in the office and preserving precious office time and space for patients who must be seen in person.

Practices that are continuing to use telehealth find it helpful to schedule blocks of time (two or three hours) exclusively for virtual care. Staying in one modality at a time may be easier than moving back and forth.

5. **Pre-Screen Patients for Possible COVID-19 Symptoms**

At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc. All patients, regardless of symptoms, should have their temperature checked as they enter the office. Patients displaying COVID-19 symptoms should be screened telephonically, and tested if possible, before coming to the office. Physicians should keep up to date on the recommendations for preventing spread of COVID-19 on [CDC’s website](#).

Nebraska’s guidance on the need for increased COVID-19 testing can be found [here](#).

6. **Preservation of Personal Protective Equipment**

All staff should be trained on the proper use of personal protective equipment. Practices should follow [CDC guidelines](#) for extended use and reuse of PPE.

7. **Establish a Quarantine Policy**

Practices should have a policy for workers who have contracted COVID-19, or show symptoms that they may have contracted it, requiring a 14-day quarantine.

Additional NMA & MOMS Resources

NMA & MOMS are working to develop comprehensive resources to help physician practices through the COVID-19 pandemic and beyond. These resources are updated daily, to reflect the most up-to-date information on this ever-changing situation. Practices can visit nebmed.org/covid-19 and omahamedical.com/category/for-physicians-and-practices/covid-19/ for the latest news and most up-to-date tools.

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