



# Primary Care Road Map to Recovery

**Primary Care Practices**

June 18, 2020

## Welcome to the Primary Care Road Map to Recovery Training!

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- Training will be recorded
- Questions will be at the end of the presentation
- Post-Survey Questionnaire
- CME/CEU Credits
- Training Agenda
- Poll Instructions/Test Poll
- Introducing the Presenters



## CME/CEU Credits

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“This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society and The Maryland Department of Health, and Medicalincs LLC. MedChi is accredited by the ACCME to provide continuing medical education for physicians.



MedChi designates this live educational activity for a **maximum of 3.5 AMA PRA Category 1 Credit™**. Participants should claim only the credit commensurate with the extent of their participation in the activity.”

*Non-physicians receive an attendance certificate which indicates the number of CME credits the activity was awarded. Non-physicians should contact their accrediting or credentialing organization to make sure they accept CME's (most all do, to some extent or another).*

# Agenda

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MD Safe Reopening- Overview

Safe Reopen Plan for Primary Care

Guest Speakers

Q&A

Closing Remarks

# Test Poll

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## What is your Current Role?

- Practitioner (MD, DO, NP, PA)
- Care Manager/Care Coordinator
- Administrator/Program Manager
- Office staff
- Other



# Presenters



**Host: Angelica Ortman**  
**MHA, MBA, PhD-c**  
Executive Consultant, Medicalincs  
(Population Health Expert)



**Co-host: Ashley Johnson**  
**BS, ADT, MSW-C**  
Care Coordination, Medicalincs  
(Community Health Expert)



**Howard Haft**  
**MD, MMM, CPE, FACPE**  
Executive Director,  
Maryland Primary Care Program



**Nkem Okeke**  
**MD, MPH, MBA, MSPM, CCMP**  
Chief Executive Officer, Medicalincs  
(Primary Care Transformation Expert)

# Disclosure Statement

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*All presenters have no disclosure directly  
related to this presentation*



# MD Safe Reopen Plan Overview

Howard M. Haft, MD, MMM, CPE, FACPE

June 18, 2020



# Presenter

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**Howard Haft**  
**MD, MMM, CPE, FACPE**  
Executive Director,  
Maryland Primary Care Program

# MD Safe Reopen Plan Overview

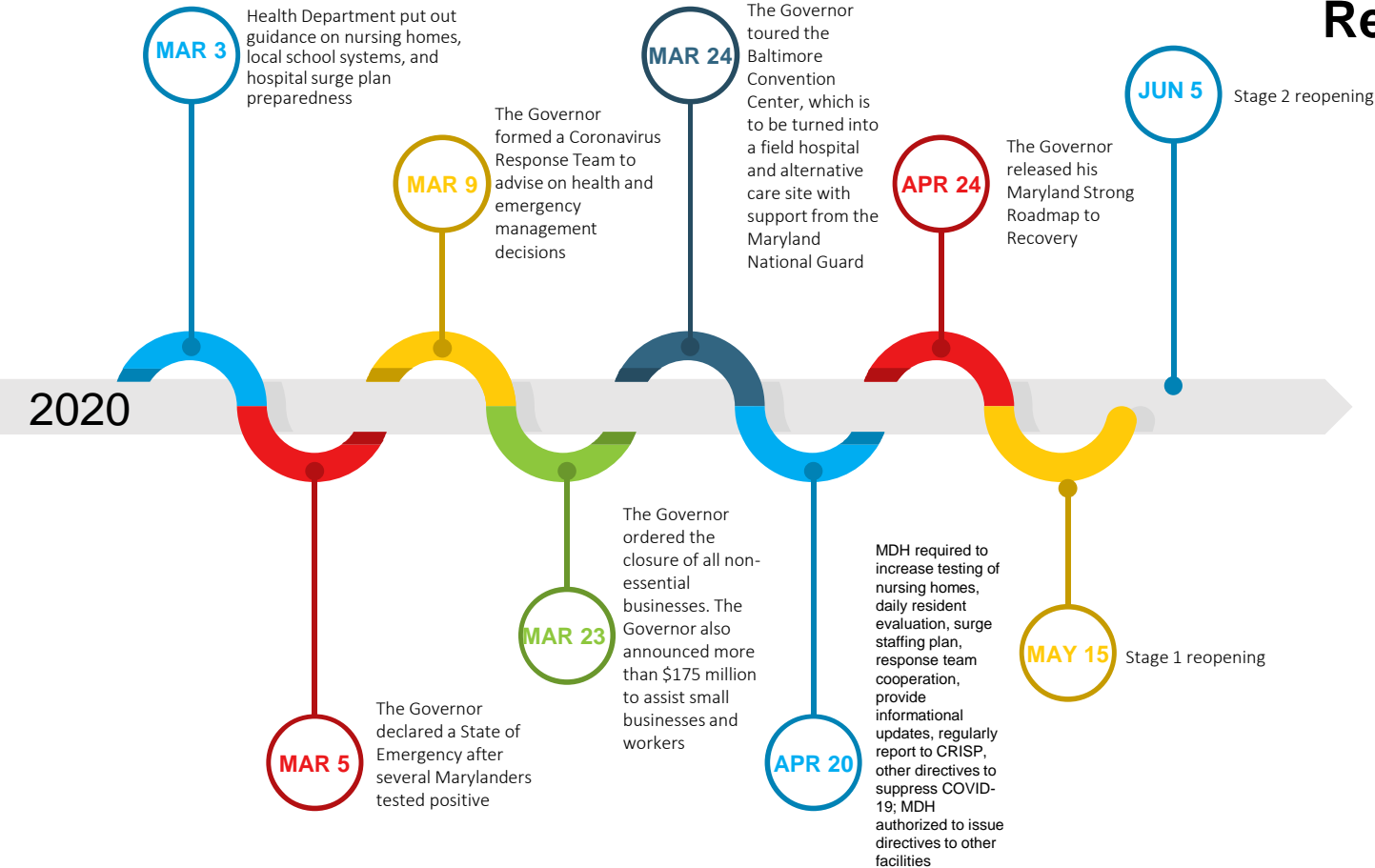
“THESE are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country; but he that stands by it now, deserves the love and thanks of man and woman.

Tyranny (*Covid*), like hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph. What we obtain too cheap, we esteem too lightly: it is dearness only that gives every thing its value. Heaven knows how to put a proper price upon its goods; and it would be strange indeed if so celestial an article as FREEDOM should not be highly rated”

- Thomas Paine 23 December 1776

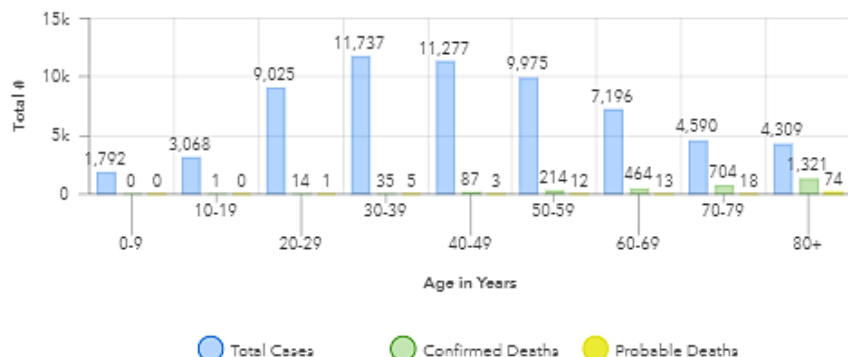
**Target Audience:** Although most participants attending are in the MDPCP program, the information in this presentation is useful to all primary care providers (including Pediatrics and OB/GYN)

# Maryland COVID Response Timeline



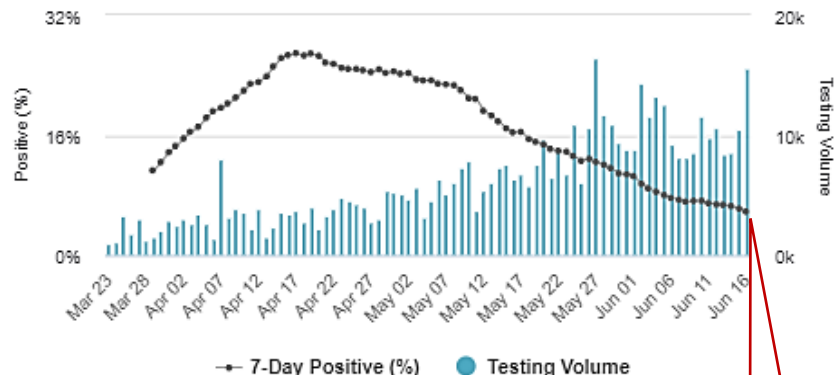
# Maryland COVID-19 Dashboard

Cases and Deaths, by Age



Age Distribution

Testing Volume, Tests per Day and Percent Positive Rate (7-Day Avg)



Positivity Rate

Dropped  
Positivity Rate

Confirmed Cases

**62,969**

24hr Change: +560

Persons Tested Negative

**378,374**

24hr Change: +11,558

Testing Volume

**526,882**

24hr Change: +15,594  
12

Testing % Positive

**5.81%**

24hr Change: -0.39

Confirmed Deaths

**2,866**

24hr Change: +15

Currently Hospitalized

**702**

24hr Change: -40

# Gating Benchmark Metrics

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Focus on gating benchmarks for continued safe rollout of expanding reopening efforts, and as we transition from “Stay at Home” to voluntary “Safer at Home”



## “Stop Signs”

- An unexpected increase in hospitalizations or a sustained increase in cases requiring intensive care; and sustained increase in cases over a period of five or more days
- Increase in number of daily COVID deaths
- Indications that Marylanders are disregarding physical distancing guidelines
- Significant outbreaks of community transmission (not clusters or outbreaks in particular nursing homes or vulnerable communities) where contact tracing cannot establish the route of the spread



# Safe Reopen Plan for Primary Care

**Nkem Okeke, MD, MPH, MBA, MSPM**

June 18, 2020

# Presenter

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**Nkem Okeke**  
**MD, MPH, MBA, MSPM, CCMP**  
Chief Executive Officer, Medicalincs  
(Primary Care Transformation Expert)



**SAFE**



# Poll

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## What Stage of Reopening is Your Practice in?

*[Based on previous practice capacity prior to COVID]*

- Pilot Stage
- Stage I [<50% Reopened]
- Stage II [50% - 70% Reopened]
- Stage III [>70% Reopened]

# Safe Reopen Plan for Primary Care

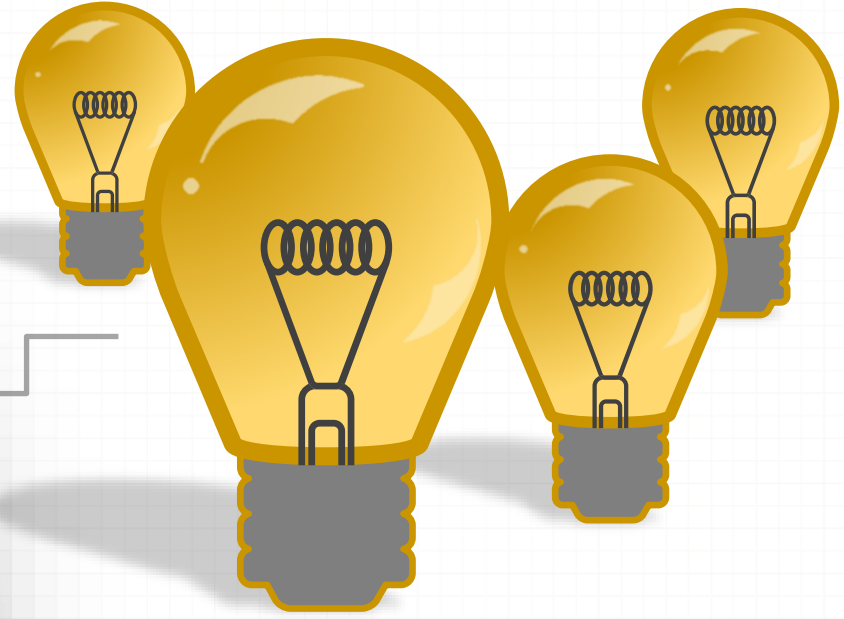
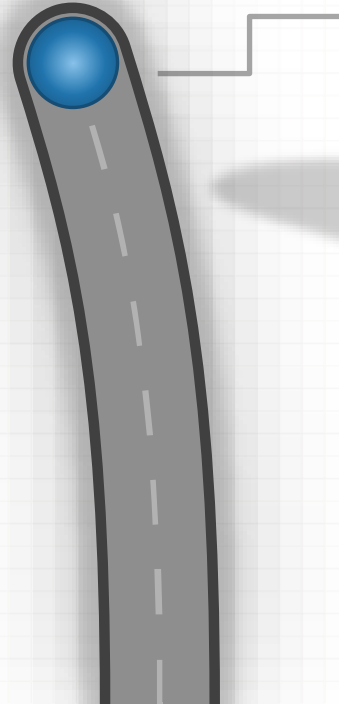
## Objectives

*Understand reopening activities & requirements involved in:*

- Recovery Prerequisites
- Stage 1: Piloting
- Stage 2 & 3: Phased-In Reopening
- Resurge Preparedness

# Recovery Prerequisites

- Infrastructure:
  - Technology
  - Other
- People
- Process & Policies



# Infrastructure: Physical Space

- Office set up promotes physical distancing for practice staff

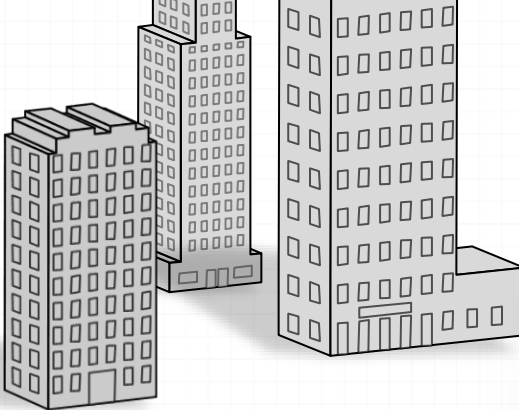
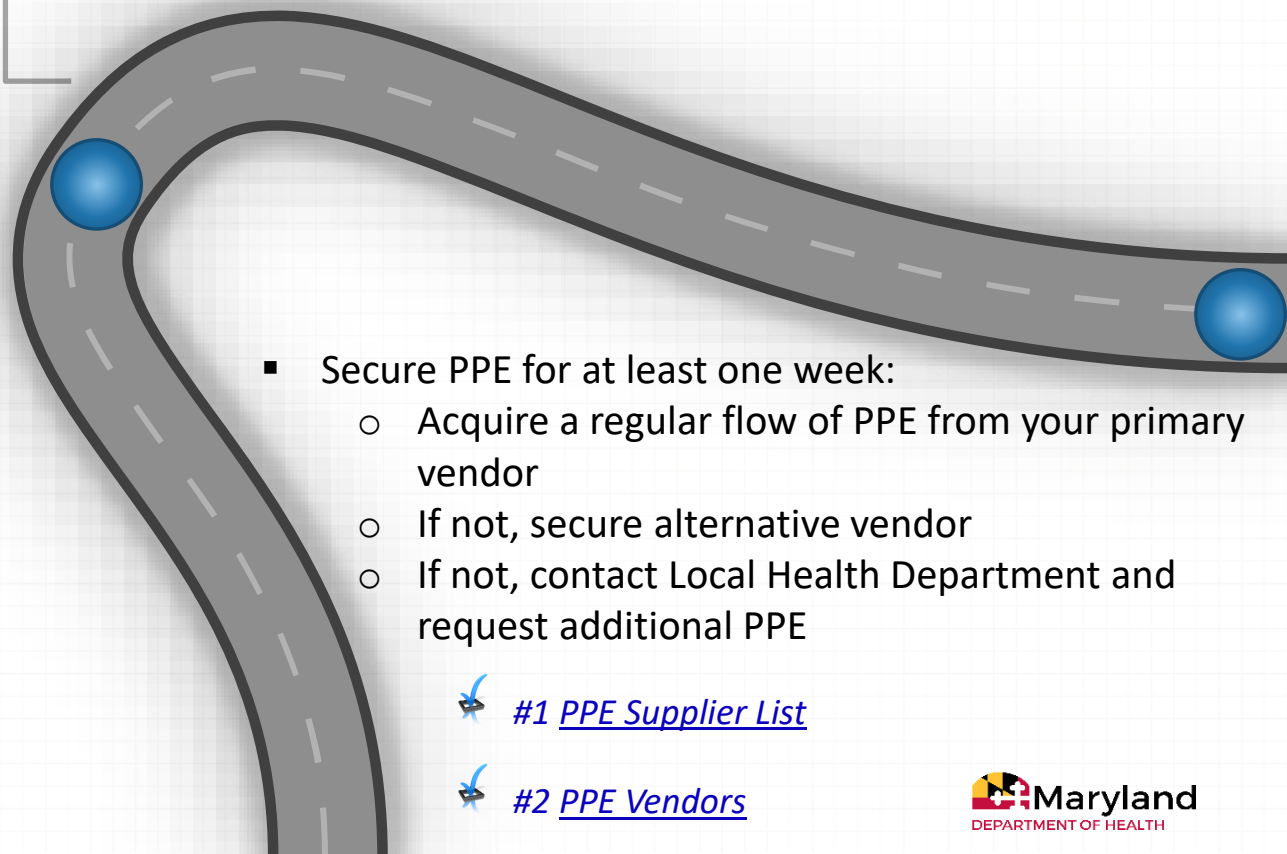
 [CDC: Get Your Clinic Ready during COVID-19](#)

- **Prepare your waiting area & Patient Rooms:**

- Space Chairs at least 6-feet apart
- Remove magazines, pamphlets, toys, and other potential vectors for infection
- Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans



# PPE & Supplies

- 
- 
- Acquire proper labeling and lab forms to submit collected samples from tests
  - Secure enough kits to accommodate the patients scheduled for testing

- Secure PPE for at least one week:
  - Acquire a regular flow of PPE from your primary vendor
  - If not, secure alternative vendor
  - If not, contact Local Health Department and request additional PPE




[#1 PPE Supplier List](#)

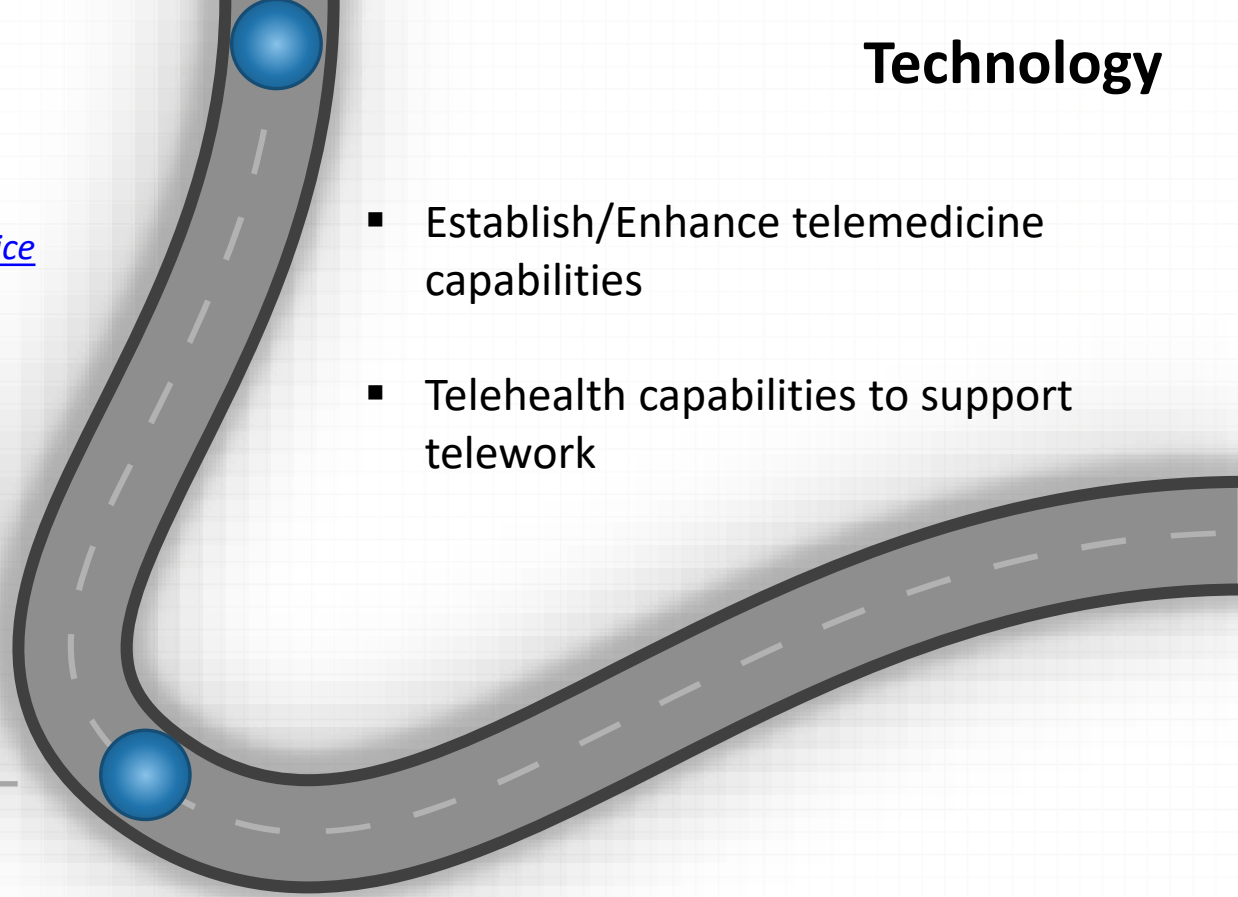


[#2 PPE Vendors](#)

# Technology

 Telemedicine & Other Virtual Service Providers

- Establish/Enhance telemedicine capabilities
- Telehealth capabilities to support telework



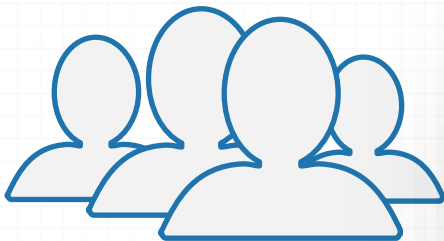
**Essential  
Staff**

**Telework**

- **Staffing Schedule:**  
Determine which staff are essential to patient visits versus which can telework

- **Screening:** Consider logging daily temperature checks & do symptom assessment for employees who come to the office

## People: Staff



# Processes & Policies

- Establish Office Safety Procedures
  - Environmental Safety
  - Staff Safety
  - Patient Safety
- Staff & Patient Education & Communication





# Environmental Safety

- Establish Sanitizing & Disposal Procedures:
  - Document sanitization/sterilization procedures for all persons within the building
  - Establish a method for staff to sanitize and properly discard PPE & other disposables in a safe and proper manner consistent with county/state regulations



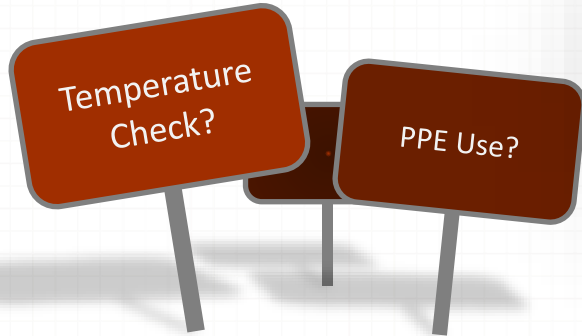
[Ten Ways Healthcare Systems Can Operate Effectively during COVID-19](#)

# Staff Safety

## ■ COVID Screening & Follow up:

- Daily temperature-checks & assessment
- Establish protocol for returning to work following recovery from COVID

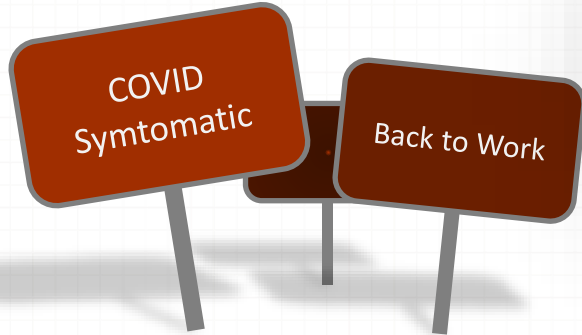
## ■ Proper PPE Use (e.g. masks)



- Establish new staffing protocol (admin & clinical) based on sanitation capacity, office configuration, and patient volume
- Establish **Self Care** policies & access to Resources

# Staff Safety (Contd.)

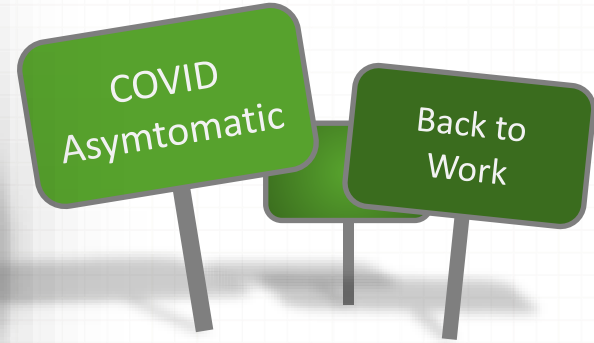
- **Return to Work Criteria for **SYMPTOMATIC** suspected or confirmed COVID-19:**
  - Symptom-based strategy:
    - At least 3 days (72 hours) have passed since recovery **AND**
    - At least 10 days have passed since symptoms first appeared
  - Test-based strategy:
    - Resolution of fever without the use of fever-reducing medications **AND**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
    - Negative results of an authorized COVID-19 molecular assay (2 negative specimens)





- **Return to Work Criteria for **ASYMPTOMATIC** suspected or confirmed COVID-19:**
  - Time-based strategy:
    - 10 days have passed since the date of their first positive COVID-19 test
  - Test-based strategy:
    - Negative results of an authorized COVID-19 molecular assay (2 negative specimens)



[CDC Criteria to Return to Work](#)

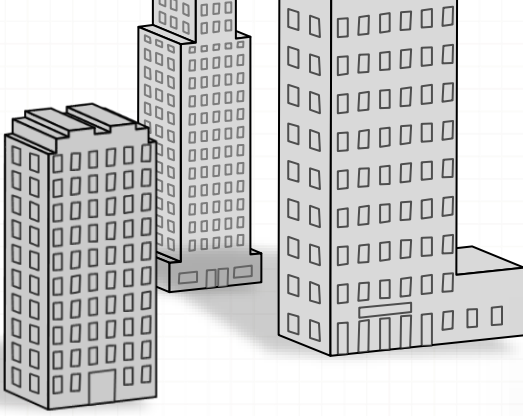


# Patient Safety

 [CDC: Face Covering](#) [Home-made Mask](#)  
 [Guide to Social Distancing](#)

- Limit patient companions
- Patient PPE use (especially masks)
- Set aside a specific waiting area for patients who come in for testing
- Minimize patients and staff crossing between COVID and non-COVID areas
- Patient Education & Communication on Safe Practices & office protocols

# Communication Plan



- **Communication type:** Email, newsletter, Intranet, text message, Interactive video meetings, signage, staff meetings, website updates, social media

- **How often:** Daily, weekly, monthly, bi-monthly

- **Topics include:**  
Safe practices, PPE use, availability of tests, processes/protocols, guidelines, recognition, wellness and resiliency, staffing considerations, safety steps/checklist, sharing success stories

# Poll

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**Have you established an Employee “Self-Care” policy for your practice?**

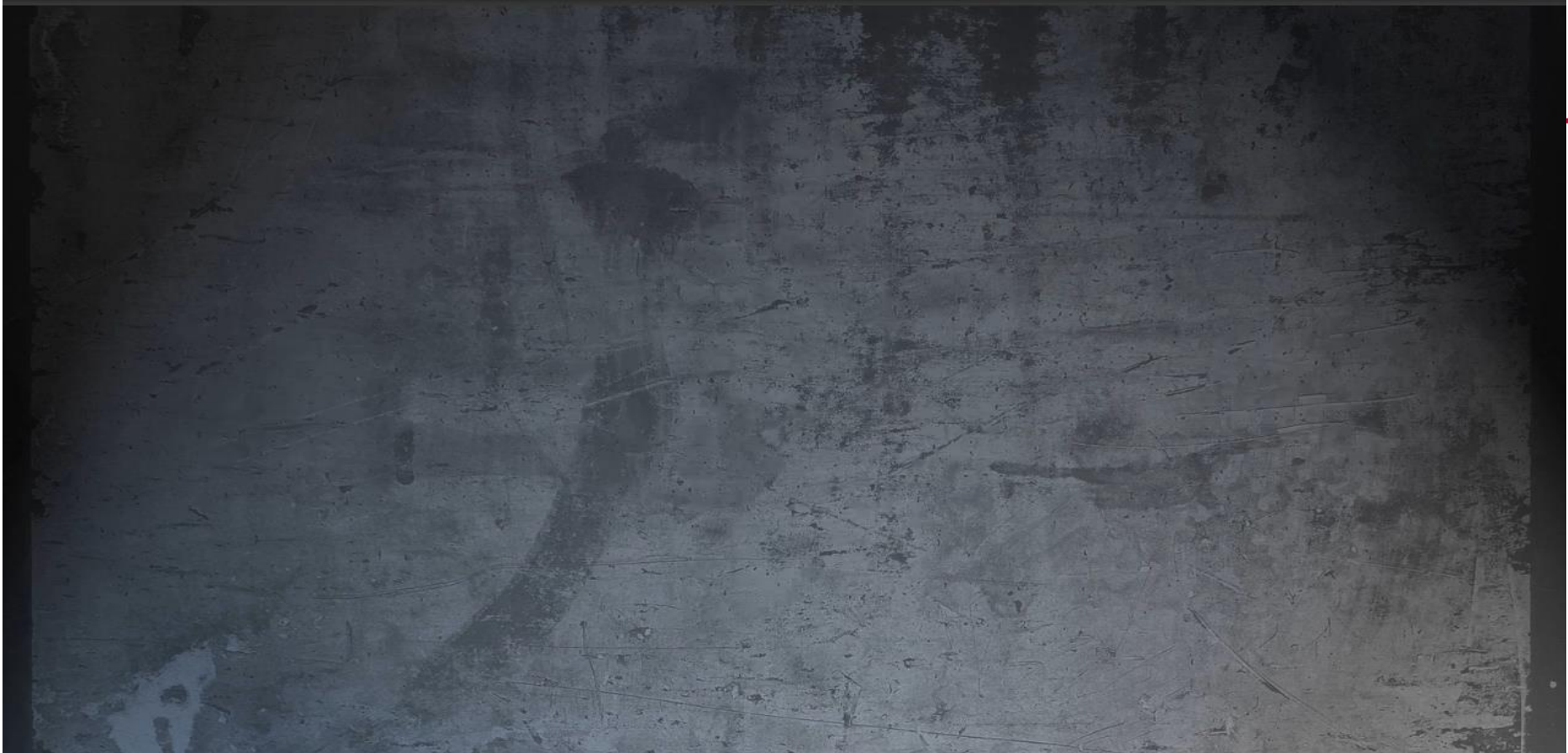
- Already in Place
- Work in Progress
- Not Started



**Break**

**10 Minutes**

## MD Primary Care Recovery Plan – 10 Min Break







# Safe Reopen Plan for Primary Care (Continued)

**Nkem Okeke, MD, MPH, MBA, MSPM**

June 18, 2020

# Presenter

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**Nkem Okeke**  
**MD, MPH, MBA, MSPM, CCMP**  
Chief Executive Officer, Medicalincs  
(Primary Care Transformation Expert)

# Stage I Reopening: Piloting

## ■ Telehealth Visits

- Establish/enhance telehealth visit protocol – for follow ups, or for patients uncomfortable with office visits



[MDPCP Telemedicine Guide](#)  
[Telemedicine & Other Virtual Service Providers](#)

Develop & Implement workflows for in-patient & virtual visit:

### A. Patient Stratification & COVID Screening calls



[Viewing COVID-19 Data in CRISP](#)

**B. Tele-triage** patients to determine if patient should be scheduled for an in-person vs. telemedicine visit

# Piloting (Contd.)



- **Telemedicine Visits**
  - Ensure smooth handoffs & good WEBSITE manners
  - **Physical Examination:** conduct a physical exam using telemedicine utilizing both visual observation and common vital signs.



[VIDEO: How to Conduct a Physical Exam Via Telemedicine](#)

## Physical Exam Telemedicine Video

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**VIDEO: How to Conduct a Physical Exam  
Via Telemedicine**

# Piloting (Contd.)

## ■ In-Person/Office Visits

- Consider using a triage zone for In-Person Patient Triage (including Walk-ins)
- Scheduling: Different days for At-risk and vulnerable patients; More time in-between visits etc.
- In-office COVID testing protocol



[Video: Provider WEBSITE Manners](#)



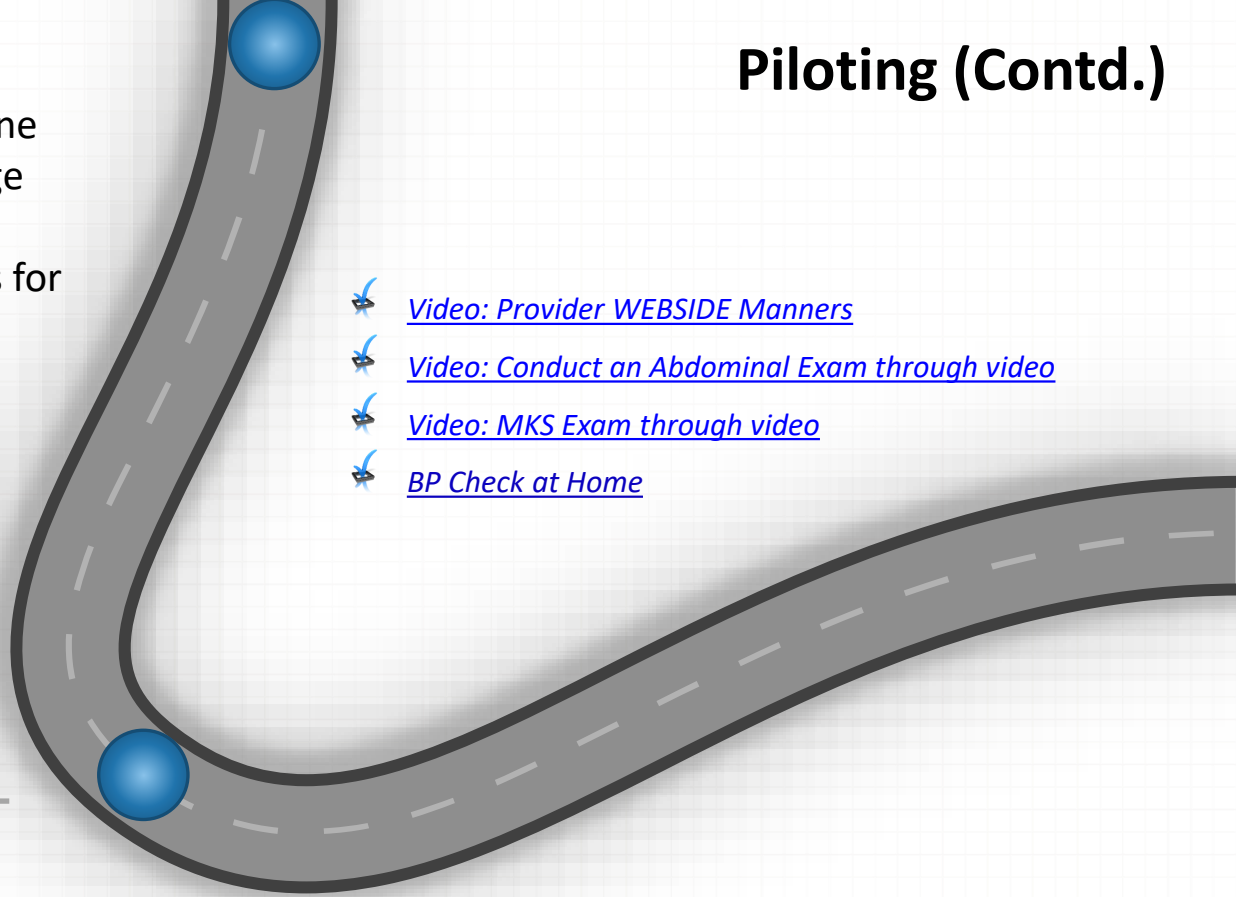
[Video: Conduct an Abdominal Exam through video](#)



[Video: MKS Exam through video](#)



[BP Check at Home](#)



# Virtual Visit Codes

Type of service	What is the service	HCPCS/CPT Codes
Medicare telehealth visits	Telehealth consultation, emergency department or initial inpatient, typically <b>30 minutes</b> communicating with the patient via telehealth	HCPCS code G0425
	Telehealth consultation, emergency department or initial inpatient, typically <b>50 minutes</b> communicating with the patient via telehealth	HCPCS code G0426
	Telehealth consultation, emergency department or initial inpatient, typically <b>70 minutes</b> or more communicating with the patient via telehealth	HCPCS code G0427
Virtual Check-in	A <b>brief</b> (5-10 minutes) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. CMS said it doesn't consider these to be telehealth services, although they are using "technology-based"	HCPCS code G2012 HCPCS code G2010
E-Visits	A communication between a patient and their provider through an online patient portal	99421, 99422, 99423



[Medicare Complete List of Telehealth Codes](#)  
[MDPCP Billing & Coding Guide](#)

# Pilot (Summary)

**Before**

**After**

## ■ After Patients are Assessed

- First ask patients about their symptoms
- Flag the patients with COVID-19 symptoms for investigation & order test
- Clean up after patients




## ■ Before Patients Arrive

- Prepare the clinic
- Communicate with patients
- Prepare the waiting area and patient rooms

## ■ When Patients Arrive

- Place staff at the entrance to ask patients about their symptoms
- Separate sick patients with symptoms

 [CDC: Getting Your Practice Ready](#)  
[MDPCP Scheduling In-Office Appointments](#)  
[MDPCP Patient Rooming Workflow](#)



## Stage II Reopening (Now)

- **Build on Stage 1 Activities & Use of Telehealth**
- **Staff Capacity:** Consider bringing employees back in phases or have a modified schedule to reduce contact
- **In-Person Visit Volume:** Based on outcome of the pilot phase, continue with reopening
- **Testing:** Continue to order test for at-risk patients. Refer positive tests for contact tracing.



# Community Health Support During COVID-19



[!\[\]\(3dfb8d66e81160ad61421a3452093d1b\_img.jpg\) United Way 211](#)  
[!\[\]\(21ece2018b00c7267b3324c50bbed633\_img.jpg\) Aunt Bertha](#)  
[!\[\]\(074da87f0b7a74793bdf823413604aae\_img.jpg\) Your E.H.R.](#)  
[!\[\]\(e3dcb983f6af01f6fe3b18e0a7169676\_img.jpg\) GuideStar](#)  
[!\[\]\(64236d586c7572d933ce39c4de709b6e\_img.jpg\) CharmCare \(Baltimore City\)](#)  
[!\[\]\(ef1c96a177079e53b5de0151cc36b325\_img.jpg\) Local Health Departments](#)  
[!\[\]\(90d19de973965cb7e1ff8148c94f17ea\_img.jpg\) Maryland Access Point \(MAP\)](#)

- **Food and grocery delivery**
- Frequent patient outreach and follow up
- Educating patients on regional stats and safety standards
- **Appointment scheduling**, instructions for setting up Telemedicine options (video-chat capabilities), transportation set up or actual transport of patients
- **PPE creation and delivery**
- **Unemployment Assistance**
- Promoting healthy behaviors within communities by providing safety education, testing centers and instructions for scheduling, preventive care interventions and resource information

# Poll

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**Besides PCP telemedicine encounters, do your Practice Staff use Video Visits for Care Coordination?**

- Yes, Rarely
- Yes, Sometimes
- No

## Stage III Reopening (Next)

- Consider more permanent designating separate waiting areas for “well” and “sick” patients
- Maintain Telemedicine/Telehealth

- **Build on Phase 2 activities**
- Open practice for ALL essential office and medical functions
  - Conduct panel analysis before more broadly opening office
  - Take precautions to protect vulnerable patients

# Poll

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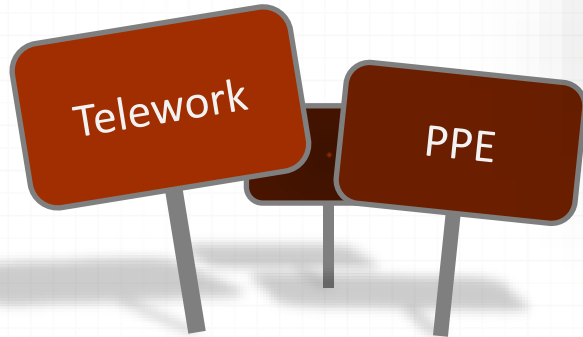
Based on your experience with **USING  
TELEMEDICINE**, Select the option that best applies to  
your practice – currently & in the future?

- Currently more than 70% & Future **greater than** 50%
- Currently more than 70% & Future **less than** 50%
- Currently more than 70% & Future **less than** 20%

# Resurge Preparedness

- Stock-up on supplies (at least 3-4 months inventory)
- Consider pre-planning for staff telework set-up
- Stay up to date with MD recovery status, & on COVID prevalence and incidence rate

 [COVID 19 & MDPCP Practices](#)  
 [MD COVID-19 Response](#)



- Plan stricter enforcement of Practice Safety procedures/guidelines
- Plan to wind-down on in-person visits and staff work schedule
- Plan to accelerate telemedicine and telehealth patient visits
- Prepare for surge in Testing

# Risk-Benefit Analysis

## A. Medical Office Operational Risks

Specialty	Telephone Communication	Informed Consent	Consultation Tracking	Test Tracking
Family Practice	13%	29%	13%	15%
Internal Medicine	15%	8%	14%	8%

*Source: The Doctor's Company*



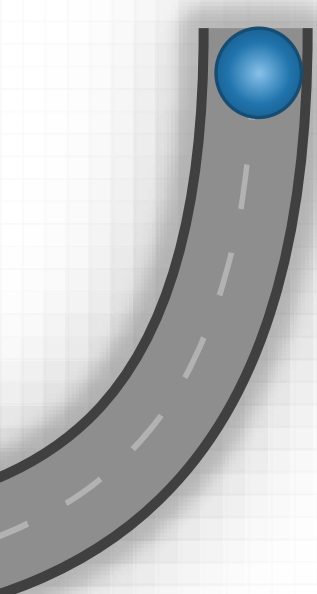










## B. Risk of exposure to COVID-19 & associated impact:

- Staff symptom assessment
- Safe return to work
- Safe distancing & Modifying Staffing plan
- Modify Patient Office visit scheduling

## C. Risk to patient:

- Routine patient care

## Additional Resources

- 
-  [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
  -  [PPE Emergency Medical Material Request Form](#)
  -  [MGMA COVID-19 Medical Practice Reopening Checklist](#)
  -  [AMA: A Physician's Guide to Reopening](#)
  -  [CDC Coronavirus \(COVID-19\) Homepage](#)
  -  [CDC Facebook Page](#)
  -  [CDC Guidelines: Recommendations for Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare](#)
  -  [CDC Print Resources to support COVID-19 recommendations](#)
  -  [Medical Group Management Association \(MGMA\) COVID-19: Sample Letter for Reopening a Practice](#)
  -  [National Governor's Association: Roadmap to Recovery, and Public Health Guide for Governors](#)



**Post-COVID ...**





## Guest Speakers: MDPCP Practices

# Presenter

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**Chastity Albaugh**

Manager, Front Desk Operations  
Montgomery Medical Associates, PC

# Presenter

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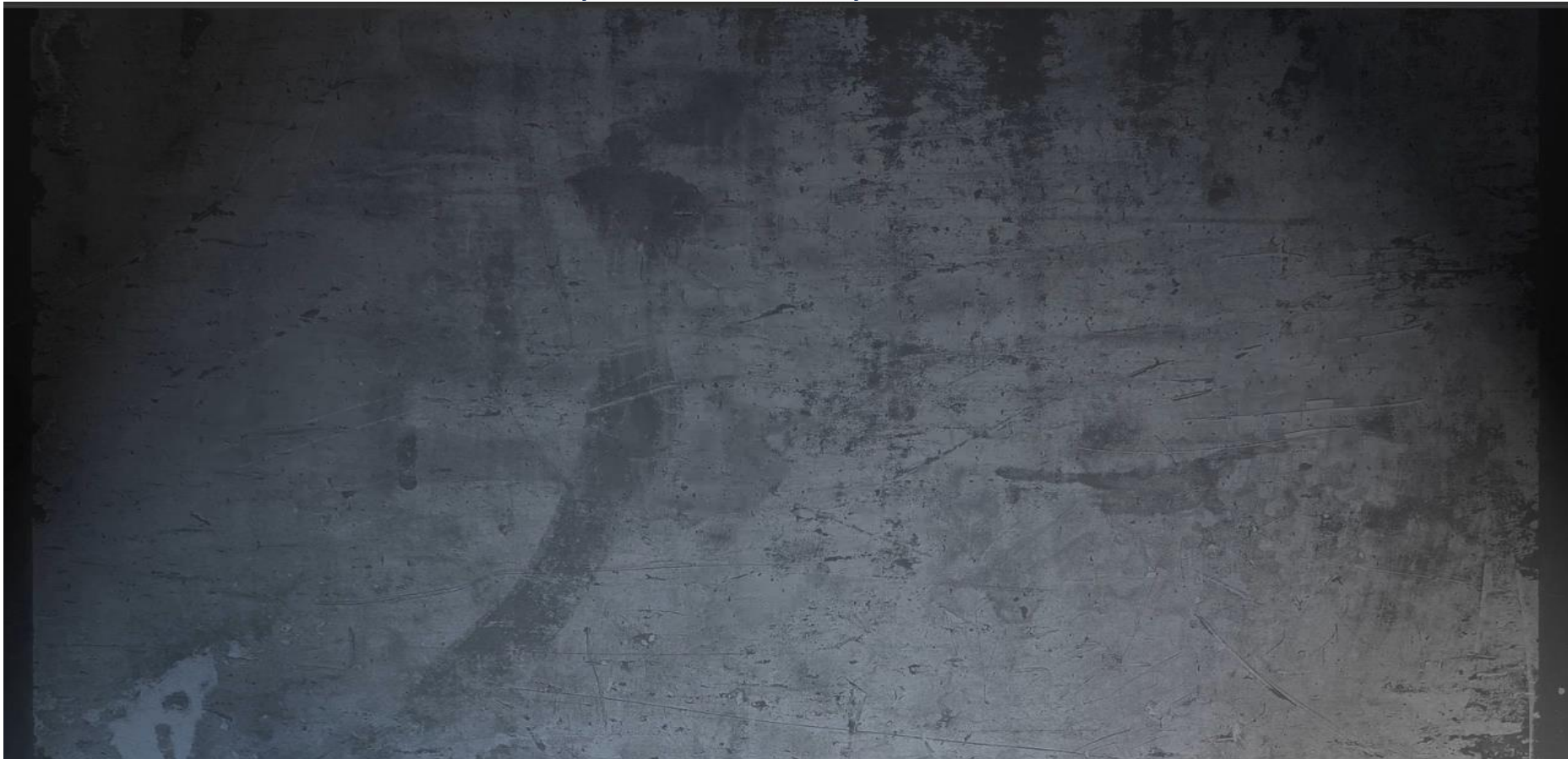
**Titus Abraham, MD**  
Annapolis Internal Medicine



# Break

**10 Minutes**

## MD Primary Care Recovery Plan – 10 Min Break

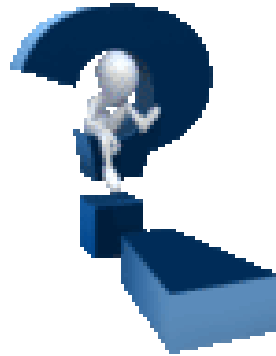


# Presenter

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**Joe Weidner, Jr. MD, FAAFP**  
Stone Run Family Practice



Q & A Session



# Closing remarks



*We Appreciate Your Participation  
Thank You for ALL You Do!*