

COVID-19

A Physician Practice Guide to Reopening

As public health experts determine that it is safe to see patients and stay-at-home restrictions are relaxed, physician practices should strategically plan when and how best to reopen. The American Medical Association believes that four [signposts](#) must exist before state and local governments relax stay-at-home orders:

- Minimal risk of community transmission based on sustained evidence of a downward trend in new cases and fatalities
- A robust, coordinated and well-supplied testing network
- A public health system for surveillance and contact tracing
- Fully resourced hospitals and healthcare workforce

The Centers for Medicare & Medicaid Services (CMS) has published a Phase 1 [guide](#) for reopening facilities to provide non-emergent, non-COVID care. Building upon that guidance, the AMA suggests using the following checklist to ensure that your medical practice is ready for reopening:

Comply with governmental guidance

States and the federal government have outlined guardrails that should be in place before reopening. On the federal level, the White House has published [guidelines for "Opening Up America Again."](#) At the state level, governors have begun to detail what reopening will look like; for example, California's Gov. Newsom recently released a ["Roadmap to Modify the State Stay-at-Home Order"](#). Some states and cities have recently enacted, extended, or modified previously issued stay-at-home orders that detail essential services permitted while the order is in place, including medical care. These state and city guidelines should be closely reviewed and followed. The AMA has also developed a [chart](#) and fact sheet detailing state-specific delays, and where applicable, resumption of elective or non-urgent procedures. The Centers for Disease Prevention (CDC) released guidance on critical [initiatives and activities](#) as well as [reopening guidance](#) for workplaces, businesses and other public areas.

Make a plan

Pre-opening planning will be vitally important to the success of your practice reopening. Sit down with a calendar and chart out your expected reopening day and, ideally, a period of "soft reopening" where you can reopen incrementally. Assess your personal protective equipment (PPE) needs and alternatives such as cloth masks, what stockpile you have currently and will need in the future, and place the necessary orders. As much as possible, have supplies delivered in advance before you reopen so that sporadic deliveries and other visitors do not disrupt the order of your daily plan. Plan in advance how you will handle staffing and cleaning if an employee or patient or visitor is diagnosed with COVID-19 after being in the clinic. Develop guidelines for determining when and how long employees who interacted with a diagnosed patient will be out of the clinic.

Open incrementally

Consider a step-wise approach to reopening so that the practice may quickly identify and address any practical challenges presented. Identify what visits can be done via telehealth or other modalities and continue to perform those visits remotely. Begin with a few in-person visits a day, working on a modified schedule. Direct administrative staff who do not need to be physically present in the office to stay at home and work remotely. Consider bringing employees back in phases, or working on alternating days or different parts of the day, as this will reduce contact. Communicate your weekly schedule clearly to the practice's patients, clinicians and staff.

Institute safety measures for patients

To ensure that patients are not coming into close contact with one another, utilize a modified schedule to avoid high volume or density. Designate separate waiting areas for "well" and "sick" patients in practices where

sick patients need to continue to be seen (much like many pediatric practices have longtime used). Consider a flexible schedule, with perhaps a longer span of the day with more time in between visits to avoid backups. Limit patient companions to individuals whose participation in the appointment is necessary based on the patient's situation (e.g., parents of children, offspring, spouse or other companion of a vulnerable adult). Consistent with U.S. Centers for Disease Control and Prevention (CDC) guidance, practices should require all individuals who visit the office to wear a cloth face covering. This expectation should be clearly explained to patients and other visitors before they arrive at the practice. To facilitate compliance, direct patients to resources regarding how to make a cloth face covering or mask from a household item if needed, such as the CDC [webpage](#). Visitors and patients who arrive to the practice without a cloth face covering or mask should be provided with one by the practice if supplies are available.

Ensure workplace safety for clinicians and staff

Communicate personal health requirements clearly to clinicians and staff. For example, the employee should know that they should not present to work if they have a fever, have lost their sense of taste or smell, have other symptoms of COVID-19, or have recently been in direct contact with a person who has tested positive for COVID-19. Screen employees for high temperatures and other symptoms of COVID-19. Records of employee screening results should be kept in a confidential employment file (separate from the personnel file). Minimize contact as much as possible. This includes during the employee screening process, as employees conducting temperature checks have been the potential sources of spread in some workplaces. Consider rearranging open work areas to increase the distance between people who are working. Also, consider having dedicated workstations and patient rooms to minimize the number of people touching the same equipment. Establish open communication with facilities management regarding cleaning schedules and protocols regarding shared spaces (e.g. kitchens, bathrooms), as well as reporting of COVID-19 positive employees in the office building. To learn more about health care institutions' ethical obligations to protect health care professionals, see this [piece](#) from AMA ethics.

Implement a tele-triage program

Depending on a patient's medical needs and health status, a patient contacting the office to make an in-person appointment may need to be re-directed to the practice's HIPAA-compliant telemedicine platform, a COVID-19 testing site or to a hospital. Utilize a tele-triage program to ensure that patients seeking appointments are put on the right path by discussing the patient's condition and symptoms. If the practice had already engaged a tele-triage service to handle after-hours calls pre-COVID, contact this service to see if the service can be expanded to tele-triage daytime calls, or consider redeploying the practice's own clinicians or staff to manage this service.

Screen patients before in-person visits

Before a patient presents in the office, the practice should verify as best it can that the patient does not have symptoms of COVID-19. Visits that may be conducted via telemedicine should be. For visits that must take place in person, administrative staff should contact the patient via phone within 24 hours prior to the office visit to 1) review the logistics of the reopening practice protocol and 2) screen the patient for COVID-19 symptoms. Utilize a script for your administrative staff to follow when conducting these calls. (See the sample script the AMA has developed below.) Once the patient presents at the office, the patient should be screened prior to entering. Some practices may utilize text messaging or another modality to do such screening, subject to patient consent and relevant federal and state regulations. Others may deploy staff in a designated part of the parking lot or an ante room of the practice to screen patients before they enter the practice itself. The practice should strictly limit individuals accompanying patients but, in instances where an accompanying individual is necessary (e.g. a parent of a child), those individuals should be screened in the same manner as a patient.

Coordinate testing with local hospitals and clinics

There will be instances where your patients require COVID-19 testing. Contact your public health authority for information on available testing sites. Identify several testing sites in your catchment area. Contact them to ensure that tests are available and to understand the turnaround time on testing results. Provide clear and up to date information to patients regarding where they can be tested and how the process works. Some health systems have instituted the practice of testing all patients who are being scheduled for elective or high-intensity procedures (such as outpatient surgeries or services requiring close contact). Depending on the nature of your practice, you may consider doing the same.

Limit non-patient visitors

Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website. Reroute these visitors to virtual communications such as phone calls or videoconferences (for example, a physician may want to hold “office hours” to speak with suppliers, vendors or salespeople). For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice’s normal office hours to minimize interactions with patients, clinicians or staff.

Contact your medical malpractice insurance carrier

To ensure that clinicians on the front line of treating COVID-19 patients are protected from medical malpractice litigation, Congress has [shielded clinicians from liability](#) in certain instances. As the practice reopens, however, there may be heightened risks caused by the pandemic that do not fall under these protections. Contact your medical malpractice liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted. As much as is practicable, you should protect your practice and your clinicians from liability and lawsuits resulting from current and future unknowns related to the COVID-19 pandemic. The AMA is also [advocating](#) to governors that physicians be shielded from liability for both COVID treatment and delayed medical services due to the pandemic.

Establish confidentiality / privacy

Institute or update confidentiality, privacy and data security protocols. Results of any screenings of employees should be kept in employment records only (but separate from the personnel file). Remember that HIPAA authorizations are necessary for sharing information about patients for employment purposes. Similarly, coworkers and patients can be informed that they came into contact with an employee who tested positive for COVID-19, but the identity of the employee and details about an employee’s symptoms cannot be shared with patients or co-workers without consent. While certain [HIPAA](#) requirements related to telemedicine are not being enforced during the COVID-19 public health emergency, generally, HIPAA privacy, security and breach notification requirements must continue to be followed. Answers to frequently asked questions are provided at the end of this document.

Consider legal implications

New legal issues and obligations may arise as the practice reopens. For example, some practices may not have had to make decisions about [paid sick leave](#) (per the “Families First Coronavirus Response Act”) because they were on furlough; as the practice reopens, these sorts of employment obligations should be considered and decisions about opting out or procedures for requesting these leaves communicated to employees. The AMA has additional [resources](#) for physician practices related to employees and COVID-19. Lastly, coordinate with your local health department as provided for by law; provide them with the minimum necessary information regarding COVID-19 cases reported in your practice, and stay informed of local developments.

Pre-visit screening script template

Introduction: I would like to speak to [name or patient with scheduled visit]. I’m calling from [XYZ practice] with regard to your appointment scheduled for [date and time]. The safety of our patients and staff is of utmost importance to [XYZ practice]. Given the recent COVID-19 outbreak, I’m calling to ask a few questions in connection with your scheduled appointment. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions to all practice patients to help ensure everyone’s safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of our practice’s medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.)		
Have you or a member of your household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person’s symptoms.)		
Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the testing occurred, when any symptoms started and stopped and the current health status of the person who was advised.)		
Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the person quarantined, when any symptoms started and stopped and the current health status of the person who was advised.)		
Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)		
Have you or a member of your household traveled outside the U.S. in the past 30 days? (If yes, obtain the city, country and dates.)		
Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? (If yes, obtain the city, state and dates.)		
Have you or a member of your household traveled on a cruise ship in the last 21 days? (If yes, determine the name of the ship, ports of call and dates.)		
Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter.)		
Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred, what the care was.)		
Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)		
To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)		

Thank you.

I will share this information with a medical professional in our practice. Please note that our office requires that all patients and visitors follow CDC [guidance](#) regarding face coverings to prevent the spread of COVID-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on [date/time].

Practice staff action steps:

- If patient responds “Yes” to any of the above, questionnaire must be reviewed by designated medical leadership to assess whether the patient can keep the scheduled appointment. Patient will be contacted again after decision-making.
- If patient responds “No” to all of the above, do you believe any further inquiry with the patient is appropriate before the scheduled visit? If yes, what type of inquiry and why?
- If you have any questions, please contact _____ [designated medical leadership] to discuss.

Note: This sample script is designed to collect information that can be used to inform decisions about whether it is advised for patients to receive care from the practice. This sample should be reviewed, modified as appropriate, and ultimately approved for use by practice medical leadership who have responsibility for remaining current on applicable COVID-19-related guidelines from the CDC and other appropriate resources.

Privacy & confidentiality FAQ

Q1. If a practice is collecting medical information about its employees upon arrival at work as condition of work (e.g., temperature, symptoms, COVID-19 exposure), where does this information go and who is authorized to see it?

A1. The Equal Employment Opportunity Commission (EEOC) has issued [guidance](#) for employers on the collection of employee medical information related to COVID-19. Generally, this employee health screening information goes in a file that is an “employee file,” like the separate employee medical file that must be created for employees seeking ADA accommodations. It is kept separate (either physically if it is a paper file or in a different electronic file) from the regular personnel file (which has onboarding paperwork, reviews, W4 forms, etc.). Only a limited number of people in the practice’s administration or human resources personnel can have access to that file. The information in the file should *only* be disclosed to supervisors, managers, first aid and safety personnel, and government officials *if absolutely necessary*.

Q2. If a practice’s employee is also a patient of the practice, or a patient of an on-site medical clinic owned by the practice, where does health screening information go and who is authorized to see it?

A2. For employees who are also patients of the practice, medical information collected to determine whether an employee is fit to work may be disclosed to the employer, provided that the practice has a written, signed HIPAA authorization on file. This information would go in the “employee file.” If medical information is collected as part of the employee’s treatment as a patient, HIPAA privacy protections would apply, and the employer may be authorized to obtain such information *only* if the patient has consented to its disclosure through a written, signed HIPAA authorization.

Q3. Where should visitor screening logs be kept and what information should be collected?

A3. Information collected in a visitor screening log should be limited to only that which is necessary for maintaining the safety of the practice, public health authority reporting, and other purposes articulated in the policies and procedures of the practice. Visitor screening logs should be kept separately from all HIPAA protected health information (PHI); as soon as this information is “comingled” with any HIPAA PHI, it arguably becomes protected by HIPAA, and can be disclosed only as permitted by HIPAA. Note also that state data privacy, security and breach notification requirements would apply, depending on the state of residence of the individual. Consider consulting with legal counsel with expertise in data privacy and security requirements, including the HIPAA laws, to advise on your particular situation.

Q4. Can the practice require that its employees be tested for COVID-19 prior to presenting to work and/or disclose a COVID-19 diagnosis or symptoms?

A4. Practices can require employee testing and disclosure even if it is not addressed in a contract or handbook. Screening and testing measures can be announced in a memo, policy or broader response plan.

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