Key items to address

- Ensure practice’s state and locality meet gating criteria for proceeding to first stage of phased reopening
  - Consider a phased opening (e.g., half normal capacity at first) based on patient demand, staffing and supplies

- Determine the services you will be able to perform safely within the clinic, as well as those that will be handled via telehealth (where applicable)

- Determine necessity of care based on clinical needs

- Determine priorities for surgical/procedural care and high-complexity chronic disease management

- Determine supply chain for PPE and cleaning supplies availability.

What employees should expect

- Physical distancing will continue, adhering as best as possible to CMS social distancing guidelines

- Wearing masks in the office and in the presence of patients

- Regular and frequent cleaning of all surfaces beyond what typically occurred prior to pandemic

Additional considerations

- Produce and share educational information for patients about the transition

- Update your EHR for new codes and billing updates based on COVID-19 rules

- Ensure coding and billing staff receive education on new/updated rules under COVID-19

- Consider outsourcing billing or other services as needed

- Establish exceptions/special considerations for high-risk patients

- See patients with acute illnesses on specific days/times if they must be seen in person (late in the day is best)

- Review patient schedule to ensure social distancing in the waiting area and throughout the practice facility

Remember: Being open does not mean you will be as busy initially as you were before.

Financial management

- Ensure necessary funding/capital is available

- Pay back deferments (know the terms of the agreement and negotiate as needed)
  - Rent
  - Utilities
  - Vendors
  - CMS or other payer “advances”

- Review SBA 7(a) PPP loan (unforgivable portion)
  - Percentage and terms while building financial forecast
  - Reporting requirements and deadlines for federal funds

- Determine how you will accept patient payments — in terms of amount (e.g., payment plans) and location (in-person versus online/portal)

- Share volume forecasts and staffing with ancillary practices/divisions so they are aware and can ramp up accordingly

- Calculate/forecast a revised budget
  - Anticipated volume
  - Historical collection ratios
  - Payback of deferments owed

Tip: Treat each location as its own business with a P&L, as individual locations may be affected differently

- Review prior pro forma based on pre-COVID-19 assumptions
  - Adjust based on newly projected ramp-up volumes
  - Adjust practice expenses as it will take time to bring in revenue
  - Determine whether to keep all locations open (if applicable)

Compiled by Brian Ramos, MBA, CMPE, chief operating officer, Capital Anesthesia Partners, and MGMA industry advisors

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COVID-19 Medical Practice Reopening Checklist

Human resources management

- Evaluate provider compensation
  - How will you address those on productivity-based compensation model?
  - How will you handle at-risk shareholders?
  - How will you manage early retirement discussions?
    - How will you handle buyouts or termination with or without cause?
      Check your bylaws and contracts.

- Telecommuting
  - Determine which staff can work from home following practice reopening
  - Ensure remote workstations are secured
  - Monitor performance of remote staff regularly

- On-site personnel
  - Consider placing them on rotating teams
    - Ensures continuity if one person is ill

- At-risk personnel
  - Review federal guidance on staff who may be at higher risk for COVID-19 (>60 years and/or underlying health issues)
  - Check ADA guidelines and with HR team for any reasonable accommodations

- Symptomatic staff and non-symptomatic staff with COVID-19 positive test
  - Assess how to handle situation
    - Review Department of Labor laws around COVID-19
    - Follow CDC return-to-work guidelines
  - Plan for absences and alternative coverage
  - Know the local reporting guidelines for COVID-19 positive cases

Operational management

- Update your crisis management and communication plans

- Optimize supply of PPE and know how to conserve

- Make volume assumptions regarding staffing

- Prepare waiting room (physical separation)
  - Make sure masks, tissue, hand sanitizer are available
  - Add barriers such as plexiglass between staff and patients if possible

- Evaluate sanitization/sterilization processes
  - Techniques
  - Time between visits/cases

- Maintain equipment

- Order supplies and equipment
  - Based on volume predictions

Further resources on temperature-check policies for employees:

Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers

Best Practices When Implementing a Program for Taking Employee Temperatures During the COVID-19 Pandemic

Employee Privacy Forecast: Temperature Checks Q&A

Sample Policy: Guidance on Healthcare Worker Self-Monitoring and Work Restriction from the New York City Department of Health and Mental Hygiene
COVID-19 Medical Practice Reopening Checklist

- Review scheduling blocks
  - Allow for distancing and cleaning between
  - Stagger shifts/hours
    - Evenings
    - Weekends

- Evaluate telehealth procedures
  - How will you determine who should be seen in office vs. virtually?
    - Sample phone script and care advice messaging
  - How will you integrate telehealth in conjunction with in-person visits?

- Consider drug shortages
  - Check with suppliers for potential shortages
    - For example, ventilator drugs such as propofol, fentanyl, etc. — if you cannot obtain them, how will this affect your projected volume?
  - Establish a plan for drugs that may be unavailable or difficult to obtain

- Appraise screening/testing of patients
  - Temperature checks prior to being seen (follow CDC guidance)
  - Pre-visit health assessments by telephone

- Consider whether practice will perform COVID-19 testing/orders based on testing availability

- Review local health department reporting guidelines for COVID-19 cases

- Set aside isolated area considered non-COVID-19 care zone/space to see patients without COVID-19 symptoms
  - Make sure staff in COVID-19 care and non-COVID-19 care areas don’t come in contact with each other
  - Make sure protocols are in place for staff if moving between COVID-19 and non-COVID-19 areas

- Update patient education material regarding COVID-19

- Determine how you will handle visitors
  - Limit or prohibit unless necessary for an aspect of patient care
  - Pre-screen same way as with patients (look for temperature and symptoms)

If you are re-opening a surgical practice please reference the following sources:

- Guidance for triage of non-emergent surgical procedures
- Local resumption of elective surgery guidance
- Joint Statement: Roadmap for resuming elective surgery after COVID-19 pandemic
- COVID-19: Recommendations for management of elective surgical procedures
- COVID-19: Elective case triage guidelines for surgical care

Additional resources
- MGMA COVID-19 Action Center — Regulatory and legislative updates from MGMA Government Affairs
- MGMA COVID-19 Resource Center — Operational tools and resources, webinars and more on responding to COVID-19