Reboot Your Practice
Post-Covid-19 Recovery Roadmap for the Ophthalmic Practice

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American Academy of Ophthalmic Executives®
Introduction

In response to COVID-19, the AAOE® Recovery Taskforce developed *Reboot Your Practice: Post-COVID-19 Recovery Roadmap for the Ophthalmic Practice* to get your practice ready for reopening. The tactics and resources outlined here are based on those shared by the AAOE Recovery Task Force and Academy and AAOE members. It includes strategies, tips and pearls as well as links to online resources, such as practice protocols, policies and other forms, that you can adapt for use in your practice.

When completed, the *Recovery Roadmap* will consist of 10 modules and will be continually updated as the pandemic situation changes. It is available in downloadable PDF format and also accessible online.

The first five modules of the Recovery Roadmap are as follows:

**Module 1: Consider Financial Impact**

**Module 2: Focus on Improving Profitability**

**Module 3: Identify Financial Relief**

**Module 4: Nurture Positive Employee Relations**

- 4.1 Stay Connected and Communicate with Your Staff
- 4.2 Employee Guidance On Operational Safety and Protocols

**Module 5: Rethink Your Operations and Develop Reopening and Recovery Strategies**

- 5.1 Envision Strategies and Implement Lean Management
- 5.2 Develop Reopening and Recovery Protocols
- 5.3 OSHA Considerations
- 5.4 HIPAA Policies, Requirements and Temporary Suspensions

The coronavirus has caused a lasting shift in the American subconscious. We will always remember this time, much as the country dealt with the new realities after 9/11. For months after we are given the green light to leave our homes, patients, practices and health care systems will be sensitized to cleanliness and the risk of infection. There is also the reality that until we have proven vaccines against the coronavirus and treatments for COVID-19 infections, we will not return to “normal.” In addition, we must prepare for the potential of future pandemics.

In the reopening and recovery era, there will be cultural norms that will become less normalized and quarantine technologies that will continue to evolve. Telemedicine will likely remain a modality of screening patients for the foreseeable future. Practices that are built for the long-term will have to adapt to a post-COVID reality of social distancing, transmission risk minimization, and telemedicine.

These changes should be reflected in practice protocols and all key stakeholders should contribute to their creation. While the ophthalmic practice will need to continually evolve, the process to adapt can be an opportunity to respond with improved efficiencies and a culture of versatility. The *Recovery Roadmap* is intended to help your practice adapt, respond and thrive in the new normal of future pandemics.

*AAOE® Recovery Taskforce*
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Module 5
Rethink Your Operations and Develop Reopening and Recovery Strategies

5.1: Envision Strategies and Implement Lean Management

Statement of Purpose

The coronavirus pandemic provides a perfect opportunity to rethink our practice operations. "We will reopen and rebuild not what was, but better and smarter," advised New York Governor Andrew Cuomo, which is exactly what ophthalmologists and practice administrators must do. Effective recovery strategies will require employing a combination of lean and workflow strategies to efficiently re-open the practice, see a backlog of patients, and welcome new patients, while keeping patients and staff as safe as possible.

Practice Challenges

- How to efficiently see patients while maintaining social distancing over a prolonged period, possibly, a year or more?
- What steps in the patient visit need to be done in the office?
- Which jobs might be done pre-visit from home? (e.g., patient portals, telemedicine and phone calls.)
- How can we maintain throughput while maintaining social distancing?
- How can we keep our patients and employees safe?
- How can we rethink each of the processes in our offices, (e.g., check in, billing, patient visit, optical visit, surgery scheduling, staff meetings, etc.), to reduce waste?

Action Steps

1. **Envision strategies for your road to recovery.**
   Anticipate the many challenges on the road to recovery and envision a proactive response with a well-developed strategic plan. This process includes crucial steps for successful implementation and can be used to develop your unique plan.
   a. Identify the challenge.
   b. Envision strategies.
   c. Communicate with the team.
   d. Develop the plan.
   e. Implement strategies at appropriate intervals.
   f. Anticipate modifications.
During the recovery process, practices will face the challenge of reopening their clinics to full capacity. This may be an incremental process, or the reopening may be initiated promptly. A strategy to accommodate the high demand during reopening of the non-urgent appointments will be necessary. Using the proactive steps, a clear road to recovery can be achieved.

a. Identify the challenge.
   o Determine capacity to accommodate the backlog of non-urgent appointments and surgeries.
   o Assess the impact social distancing will have on the clinic flow and production.

b. Envision strategies.
   o Extend office hours.
   o Add night or weekend schedules.
   o Request additional surgery time from ASC or hospital.
   o Revisit schedule templates for improved efficiency.
   o Set priority schedule by appointment type.

c. Communicate with the team.
   o Propose strategies.
   o Request feedback from your physicians and staff.
   o Identify physician and staff availability for extended schedules.

d. Develop the plan.
   o Document the new protocol for schedules.
   o Outline action items.
   o Complete necessary preparations.
   o Distribute the final version to the team.

e. Implement at appropriate intervals.
   o Monitor direction from local and state government for reopening.
   o Communicate schedule options to patients.
   o Fill schedules based on priority protocols.

f. Anticipate modifications.
   o Monitor the plan for necessary changes.
   o Patient preferences may warrant additional clinics.
   o The nature of the crisis continues to present new challenges so be ready and prepare to adapt as necessary.

2. **Employ lean tools to increase practice flow.**

A practice needs a conceptual framework for improving practice operations, especially during the recovery process. Lean management provides just such a framework. Lean emphasizes value from the standpoint of the patient, makes practice processes (the value stream) more efficient, eliminates waste, and promotes continuous quality improvement. Lean uses six easy-to-use tools to gather data about the current state of your practice.

These tools help can help you determine precisely where bottlenecks, inefficiencies, and waste are occurring in your practice processes:

1. Value Stream Mapping
2. Spaghetti Mapping
3. *Waste* Walk and Identification
4. 5S
5. A3 Problem-solving
6. Standard Work
The Academy created Mastering the Art of Lean Ophthalmic Practice and The Lean Practice: A Step by Step Guide to Running and Efficient and Profitable Ophthalmic Practice to get the ophthalmic practice up to speed with lean. Fillable forms for these tools are included in the above listed resources and can also be found in the appendix of this toolkit.

Resources

- Think About Your Future State Worksheet
- The 8 Wastes Worksheet
- A3 Instructions
- Recovery A3 Sample
- Reopening and Recovery Standard Work Sample
- Lean Management in the Ophthalmology Practice
- The Lean Practice: A Step by Step Guide to Running and Efficient and Profitable Ophthalmic Practice
- Mastering the Art of Lean Ophthalmic Practice: A Step-by-Step Guide
- Think Lean: Reduce Costs and Improve Profitability and Patient Satisfaction
- Going Lean: How a Simple Change in Thinking can Help Your Patients, Your Staff, and Your Bottom Line
- The Lean Office
- Applying the Science of Quality Improvement to the Ophthalmology Practice

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Module 5
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5.2: Develop Reopening and Recovery Protocols

Statement of Purpose

The coronavirus has caused a lasting shift in the American subconscious. We will always remember this time, much as the country dealt with the new realities after times of war and national tragedies. For months after we are given the green light to leave our homes, patients, practices and health care systems will be sensitized to the unseen risk of infection. There is also the reality that until we have proven vaccines against the coronavirus and treatments for COVID-19 infections, we will not return to “normal.” In addition, we must prepare for the potential of future pandemics.

Technologies will continue to evolve. Telemedicine will remain a modality to screen and treat patients for the foreseeable future. Practices that are built for the long-term will have to adapt to a post-COVID reality of social distancing, enhanced cleanliness, transmission risk minimization, and telemedicine. These changes should be reflected in practice protocols. Key stakeholders should contribute to their creation. While the ophthalmic practice will need to continually evolve, the process to adapt can be an opportunity to respond with improved efficiencies and a culture of versatility.

Practice Challenges

- How will social distancing impact the scheduling for nonurgent care? Will patients decline scheduling due to fear of the virus? Continued social distancing measures will impact clinic flow, require physical modifications and reduce daily schedule volume. Many of the patients seen in the ophthalmic practice will be considered higher risk due to age or pre-existing conditions.
- How to identify the necessary personal protective equipment (PPE) for staff, patients and physicians?
- How to maintain inventory levels and provide appropriate training?
- What are the COVID-19 testing requirements for patients and health care workers?
- How will we ensure we are protecting our staff and providing a safe working environment?
- Given that telemedicine will likely remain an essential component of health care during recovery, how will we use these options most efficiently? How will we triage or identify the appointment types that should utilize telemedicine? How can telemedicine assist with accommodating the rescheduling of nonurgent appointments?
Strategic Goals

- Reduce exposure in the practice.
- Limit face-to-face patient encounters, if appropriate.
- Meet social distancing requirements.
- Provide a safe environment with infection controls.
- Facilitate an incremental reopening allowing for prompt resolution of any challenges.
- Recognize creditable sources for protocol development.
- Create recovery protocols and strategic plans.
- Involve all stakeholders in change management.

Action Items

1. **Assign a reopening and recovery internal task force.**
   a. Include physicians, management and staff.
   b. Task the team with identifying all necessary changes.
   c. Involve staff in the development of protocols.

2. **Identify sources for practice protocols.**
   a. [Centers for Disease Control and Prevention (CDC)]
   b. Local and state health departments
   c. [State government guidelines for reopening]
   d. [American Academy of Ophthalmology]
   e. Sub-specialty societies
   f. [American Medical Association (AMA)]

3. **Implement physical modifications to reduce exposure.**
   a. Shift your views about the waiting room and lobbies.
      o Utilize your parking lot as an extension of your waiting room.
      o Restaurants have long recognized that they can reduce the size of their facilities if they hand patrons a pager and let them wait outside or in their cars. Health care facilities can now do the same by texting patients waiting outside when they are ready to be seen. This increases social distancing and reduces overcrowded waiting rooms
   b. Use protective screenings for direct patient contact.
   c. Use easily sanitized furniture.
   d. Place floor markers for appropriate spacing.
   e. Post [signage](#) for social distancing, proper hygiene, recognizing symptoms, etc.
   f. Position workstations at least 6-feet apart and eliminate shared workstations and phones.
   g. Require frequent sanitation of workstation areas per [CDC guidelines](#).
   h. Ensure that breakroom tables and chairs are socially distanced.
   i. Additional Guidance: See [Minimize Exposure with Physical Modifications to Your Office](#)
4. **Strategically plan for reopening, meeting key goals.**
   a. Establish pre-encounter communication with patients. You can facilitate your patient check-in prior to the appointment using these four key strategies:
      o **Strategy 1:** Conduct a **screening** for possible exposure of illness.
         ▪ Provide staff guidance on when to reschedule or **proceed to isolation**.
      o **Strategy 2:** Set **expectations** for the office visit.
         ▪ Set requirements for masks in clinic.
         ▪ Set limitations on the number of guests at the encounter.
      o **Strategy 3:** Identify patient safety precautions and **office protocols**.
      o **Strategy 4:** Review patient demographic information and history.
         ▪ This step can improve clinic flow and limit person-to-person disease transmission.
         ▪ From a lean perspective, the length of time the patient is in the clinic is reduced and focused on the patient’s care while in the facility. Patient care is primarily performance of the exam and obtaining diagnostic information.
         ▪ Additional Guidance: See [Pre-Encounter Patient Communication Improves Efficiency and Safety](#).
   b. Embrace an alternative check-in process.
      o Provide **health screenings**. These include health questions and temperature checks, and should be **documented in the patient’s medical record**.
      o Patients and guests are welcomed by a screener when entering the clinic or in the **parking lot**.
   c. Adopt a virtual check-in process.
      o The COVID-19 pandemic should speed the adoption of digital patient check-in technology which is already present in many other sectors of business. The time is ripe to consider digitizing the check-in process in order to minimize the time patients spend in the clinic and socially distance in check-in lines. Digital check-in can reduce the transmission of disease through handling of cash and credit cards and reduce the need to sanitize pens used by patients for signing forms.
      o Some electronic health records (EHRs) offer this technology and stand-alone products also exist to offer digital virtual check in.
      o These technologies allow for patients to virtually provide:
         ▪ Demographic information.
         ▪ Review and sign all forms and policies.
         ▪ Upload drivers’ licenses and insurance cards.
         ▪ Complete history, including past family and social histories, and verify current medication and any allergies.
         ▪ Request and confirm appointments.
         ▪ Complete payment transactions.
d. Establish a safe check-in experience.
   o In absence of the virtual check-in capabilities, establish physical
     modifications to conduct check-in.
     ▪ Place floor markers at 6-feet intervals.
     ▪ Use clear protective screens for staff workstations.
     ▪ Use PPE for front desk personnel.
     ▪ Do frequent sanitization of contact areas.

e. Welcome the patient to your alternative waiting room.
   o One option is to have patients wait in their vehicles
     until prompted by a phone call, or a text, or are
     escorted to clinic.
   o You can also redesign the waiting room with 6-feet
     between seating. Be sure to eliminate magazines,
     coffee stations and children toys.
   o Additional guidance: See Embrace an Alternative
     Check-In Process.

f. Prioritize patient wait lists.
   o Whether you are anticipating or actively implementing
     your reopening, prioritization of non-urgent appointments and surgeries should
     be at the top of your checklist.
     ▪ Anticipate restrictions impacting schedule capacity.
     ▪ Consider any local or state requirements on COVID-19 testing for
       surgical patients.
     ▪ Develop priority scheduling guidelines for non-urgent appointments.
     ▪ Have surgeons evaluate scheduling for elective procedures. Assign
       scheduling priorities.
     ▪ Consider strategies for the backlog of rescheduled patients:
       - Offer extended hours and weekend schedules.
       - Redesign schedule templates for improved efficiency.
       - Schedule high-risk patients during the first hours of clinic.
       - Request additional operating room block time to accommodate
         elective surgery demand.
       - Additional guidance, challenges and solutions: See Prioritize
         Patient Wait Lists for Your Practice Reopening and Surgery
         Prioritization: Typical Ophthalmic Procedures.

g. Adopt changes in the clinic.
   o Develop strategies for symptomatic or COVID-19 positive patients being
     treated in the clinic:
     ▪ Isolate in a designated exam lane.
     ▪ Develop scheduling considerations to limit exposure to other
       patients.
     ▪ Maintain non-COVID care zones and avoid cross-contamination.
   o Consider these reopening and recovery clinic changes:
     ▪ Limit paper or touch surfaces.
     ▪ Increase sanitization procedures.
• Require patients to “foam in and foam out” of the exam lane, just like the staff and physicians.
• Minimize patient movement. Keep patients in one exam room from work-up, dilation, testing and examination, if possible.
  • **Tonometry options** include using the Tonopen with a condomed tip and iCare with disposable tip.
• For multidose eye drops, store in cabinets away from possible contamination during the patient encounter. Avoid touching the eyelashes or ocular surface with the bottle.
• Eliminate any educational brochures
• Minimize contact at the front desk. Schedule follow-up appointments or surgery from the exam lane or ask patients to schedule by phone.

  h. Reduce practice gatherings.
  • Utilize videoconferencing platforms for staff meetings or education, board meetings and pharmaceutical representative appointments.
  • Limit attendance at onsite meetings and practice social distancing.

5. **Develop protocols using lean principles.**
   o Be sure to include protocols related to safety and operational guidance, based on CDC, local and state government and health department regulations.
     • [COVID-19 screening for patients](#)
     • Employee [COVID-19 screening and testing](#) based on CDC, CMS and state government guidelines
     • [COVID-19 positive or symptomatic patients in clinic](#)
     • Employee break and lunch accommodations
     • Social distancing and close contact exposure
     • Sanitation procedures
     • [Disinfectant formulas](#) and applications
     • [Infection prevention and control](#) based on CDC recommendation
     • Lean: [Standard Work Exercise](#)

6. **Think outside the box.**
   o Identify the advantages of using telemedicine in your practice and then develop corresponding strategies.
     • Use telemedicine to minimize exposure for the patient, staff and physician.
     • Create alternative options for some high-risk patients.
     • Accommodate the backlog of patients to reschedule when reopening.
     • Use telemedicine for pre-operative examination and [rescheduled elective surgery](#), as appropriate.
     • Get acquainted with [telemedicine coding guidelines](#) and identify unique payer policies for telemedicine.
     • Develop a [patient guide](#) for telemedicine appointments.
     • Additional Guidance: See [Is Another Exam Required Prior to Rescheduling Cataract Surgery](#)
     • Additional Guidance: See [Teleophthalmology: How to Get Started](#)
Consider remote work for personnel.

- Business office and other administrative positions may be able to work remotely to reduce exposure in the office.
- Remote work may be a useful option for high-risk individuals or staff with childcare challenges.
- Virtual scribes and staff working from a remote location connected by phone can benefit practices with smaller exam lanes and meeting social distancing requirements. This is also an alternative for scribes that need remote work due to childcare of health concerns.
- Additional Guidance: See Virtual Scribes Can Reduce Exposure in Clinic

Assign technicians and providers to teams or pods.

- Reduce exposure by developing teams of individuals working in assigned pods, satellite offices or exam lanes.
- This strategy can limit exposure if one individual on a team becomes infected. Contact tracing could be limited to the team if they were isolated in the clinic.
- Additional Guidance: Develop Employee Teams to Limit Exposure to Coronavirus

Encourage a culture of continuous process improvement utilizing lean principles.

Reduce paper transactions and printed consents. Per the Ophthalmic Mutual Insurance Company (OMIC):

- The informed consent discussion should occur as usual between the surgeon and patient.
- Chart documentation should include the discussion and clearly indicate the patient’s wishes to proceed with surgery.
- Electronic options for the consent could include secure messaging the form via the patient portal.
- If there is an option to e-sign, or alternately, the patient can print, sign and scan or send an image to the practice.

7. **Create training programs and tools.**

   Staff and physicians will need training on all new protocols:

   - Develop cheat sheets or reminders for staff as they learn.
   - Communicate that these protocols may be changing due to the nature of the pandemic.
   - Identify new training that is necessary for staff.
     - For many employees, using PPE is a new experience. Ensure all healthcare personnel are educated, trained and have experience with the appropriate use of PPE, including the prevention of contamination and proper removal.
     - Additional Guidance: See PPE Provide Staff Training and Optimize Your Supply.
     - Ensure that your sanitation guidelines are based on your protocols created from CDC guidelines and verify that essential training has been completed by staff.
   - Implement checklist tracking for employee training. Include the name of the protocol, date of training, trainer and employee initials.
Resources

- Parking Lot Check-In Protocol
- Employee COVID-19 Screening & Testing Protocol
- COVID-19 Disinfectant Formulas
- Rutgers New Jersey Medical School – Sample Patient Letter
- Remote Access Policy
- Remote Access Request Form
- Wilmer Eye Institute Entrance Screening
- Surgery Prioritization: Typical Ophthalmic Procedures
- Video: The Ease of Implementing Telemedicine Into Your Practice
- Video: PPE Training
- CDC: Get Your Clinic Ready for COVID-19
- CDC: HCP Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19

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Module 5
Rethink Your Operations and Develop Reopening and Recovery Strategies

5.3: Occupational Safety and Health Administration (OSHA) Considerations During the COVID-19 Pandemic

Statement of Purpose

As the COVID-19 pandemic continues, it is essential to provide a safe working environment for employees in the practice.

Practice Challenges

- Writing COVID-19 policies.
- Training staff on infectious disease preparedness.
- Sourcing personal protective equipment (PPE).
- Installing engineering controls, if appropriate.
- Implementing administrative and work practice controls.
- Coping with potential staffing shortages.

Strategic Considerations

- The current pandemic situation in your local region will dictate certain actions. State and local mandates may produce additional compliance requirements.
- As a specialty practice, ophthalmology practices are generally not diagnosing or treating COVID-19, but they still experience exposure from patients, employees, and vendors.
- Practices will be evaluating patients and balancing the need for care with the need to protect against the virus, prioritizing care, triaging, scheduling, etc., as appropriate.
Action Steps

1. **Risk Levels**
   OSHA has defined four levels of exposure risk for workers to COVID-19. Most medical and dental workers will fall into the medium, high or very high-risk categories, depending upon the specific patient care procedures they perform. It is possible that some administrative workers will be classified as lower risk if they have minimal contact with patients and other coworkers. Consider a range of assigned responsibilities for staff and classify positions according to the appropriate risk level. If more than one level applies, use the highest risk level.

2. **Emergency Coordinator**
   Identify one person to be the primary contact coordinating emergency actions for the practice.

3. **Absenteeism/Sick Leave**
   Staff with signs and symptoms of illness should be encouraged to stay at home to limit transmission.

4. **Identification and Isolation**
   Monitor staff and patients relative to signs and symptoms of a current crisis. Note that not everyone has the same “normal” temperature. For this reason, it is recommended that the practice to maintain a record, (e.g., a log), of daily readings to identify any temperature increases.

5. **Reduced Workforce**
   Identify staff members who are considered to be essential to sustain the necessary operations of the practice. Note that federal, state, or local guidelines may limit the option to continue operating the practice. The Emergency Coordinator should monitor requirements so the practice can make appropriate decisions beyond absenteeism and sick leave.

6. **Personal Protective Equipment (PPE) Inventory**
   Create a stockpile of PPE and other items intended to limit contamination. This would include soap, tissues, hand sanitizer, cleaning/disinfecting supplies, masks, face shields, gloves, and protective garments). It is recommended that the practice maintain a stockpile capable of lasting up to 90 days. Monitor expiration dates and life expectancy of such items to ensure proper rotation and availability of usable items.

7. **Personal Protective Equipment (PPE) Use**
   Each exposure risk level has different needs for masks, respirators, eye protection, gloves, and gowns. [OSHA’s guidance](#) outlines the PPE for each category.

8. **Engineering Controls**
   These are recommendations that limit transmission (e.g., physical barriers and isolation areas.)
9. **Work Practice Controls**
   Establish protocols for physical barriers, (including social distancing seating), minimizing groups and social gatherings, washing hands, cough and sneeze etiquette, disinfecting work surfaces, etc.

10. **Vaccines and Prophylaxis Treatments**
    While the CDC and OSHA highly recommend an annual influenza vaccine, COVID-19 surged in the absence of an adequate vaccine and a method for appropriate prophylaxis treatment. The Emergency Coordinator should monitor vaccination and treatment availability so that the practice’s providers can make informed decisions and recommendations for staff.

11. **Notices and Alerts**
    Monitor government sources for new notices and signage on postings of notices and alerts in the practice for staff and/or patients.

12. **Environmental Infection Control**
    Maintain appropriate procedures for decontamination of equipment, work surfaces, and air.

13. **Incident/Illness Reporting**
    Injuries and illnesses related to a current healthcare crisis should be documented and reported on the OSHA Form 300, if applicable.

14. **Agency Monitoring**
    The Emergency Coordinator should have a listing of websites, phone numbers, and contacts. Examples would include local health departments (city, county, and state), federal agency websites (such as CDC, HHS, HAS, etc.). Websites will probably be the best method of monitoring for bulletins and advice.

15. **Staff Training**
    Provide staff training on COVID-19 safety, precautions, and the specific controls and PPE to be used in your practice.

**Resources**

- [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- [CDC Information for Healthcare Professionals about Coronavirus (COVID-19)](#)
- [CDC Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#)
- [CDC Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)
- [CDC Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19](#)
- [CDC Guidance for Cleaning and Disinfecting Your Facility](#)
- [CDC PPE Sequence](#)
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5.4: HIPAA Policies, Requirements and Temporary Suspensions

Statement of Purpose

Enable the practice to meet HIPAA requirements and understand temporary enforcement discretion as it relates to the COVID-19 pandemic.

Practice Challenges

- Practices have had to roll out telehealth with very little time to prepare or research.
- Practices may not be seeing patients in person in some instances. Some new patients are seen remotely as their first contact with the practice.
- The Privacy and Security Rules are not suspended during the pandemic. Practices need to know what areas are currently covered by enforcement discretion or waiver.

Strategic Considerations

- Practices must balance the need for providing patient care remotely while still protecting privacy and security of information.
- Patients may not understand all of the regulatory guidance and may provide additional challenges and require education.
Action Steps

1. **Adopt telehealth technology as appropriate.**
The Office for Civil Rights (OCR) is temporarily not issuing penalties for use of non-secure telehealth applications during the public health emergency (PHE). No penalties would be imposed for the use of a non-secure, non-public facing technology and no penalties will be issued if a provider experiences a breach as a result of the good faith provision of telehealth. OCR recommends informing patients of any risks associated with non-secure telehealth apps.

2. **Use non-public facing technologies, such as Apple FaceTime, Google Hangouts video, Zoom or Skype.**
The OCR has provided a [list of vendors](#) that represent to have HIPAA-compliant products. Use of public-facing technologies is NOT permitted, even during the PHE (e.g., Facebook live, Twitch, Tik Tok).

3. **Practice telehealth in a private setting.**
Privacy can be enhanced by closing the room door, lowering your voice, etc. Do not practice telehealth in a public park, business, or other public arena where unauthorized persons could have access to protected health information (PHI) or overhear conversations.

4. **When available, deploy and look for existing security features in telehealth technology, such as:**
   a. End-to-end encryption
   b. Individual user accounts
   c. Passcodes

   Other recommendations:
   a. Do not make meetings public.
   b. Do not share a link to a teleconference on a public post (social media.)
   c. Manage screen sharing options so that only the host can share screens.
   d. Ensure users are using the updated version of meeting applications.
   e. Address requirements for physical and information security within your organization.

5. **Disclosures**
The Privacy Rule permits a covered entity to disclose the (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's HIPAA authorization as follows:

   a. When the disclosure is needed to provide treatment. For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2).
b. When such notification is required by law. For example, HIPAA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials. 45 CFR 164.512(a).

c. To notify a public health authority in order to prevent or control spread of disease. For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have COVID-19.

**Friends and Family**

The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient’s best interest.

For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient’s care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient’s adult child, but generally could not share unrelated information about the patient’s medical history without permission.

**To Persons at Risk of Contracting or Spreading Disease**

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

**To Prevent or Lessen a Serious and Imminent Threat**

Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, consistent with applicable law (such as state statutes, regulations, or case law) and the provider’s standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient’s health information to anyone who is in a position to prevent or lesson the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient’s permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

**Media—CAUTION**

Media may contact practices with questions about COVID-positive patients, etc. Note that HIPAA rules require patient authorization before disclosing PHI to the media. This has not been suspended during the COVID-19 pandemic.
6. **Authorizations**
   If a patient wants to authorize you to disclose information to a friend or family member on an ongoing basis, a [HIPAA-compliant patient authorization](#) should be obtained.

   You may not require a patient to come into the office to sign an authorization form. You can fax, email or mail the blank form, according to the patient’s preference, and the patient can return it to you any way they like. You should perform identity verification on the signature. Compare the signature to one you have on file.

7. **Notice of Privacy Practices**
   If a new patient has never been seen in person, you may send your notice in an electronic manner, if the patient has agreed to receive electronic communications.

8. **Cyber Attacks Exploiting COVID-19**
   Phishing and malware distribution are occurring, using subject of coronavirus or COVID-19 as a lure. In many schemes, the objective is to entice the user to carry out a specific action—clicking a link, opening an attachment, etc. Subject lines such as “Coronavirus Update” or “2019-nCov: Coronavirus outbreak in your city (Emergency)” are being used.

   Registration of new domain names containing wording related to coronavirus or COVID-19 is used to deceive intended victims as to the authority from which a communication is sent.

   Attacks against newly deployed remote access and teleworking infrastructure are occurring.

   Senders are spoofing trusted sources such as the WHO, CDC or using the title “Dr.”

   Malicious file attachments may be named with coronavirus or COVID-19 themes.

9. **Reasonable Safeguards and Minimum Necessary**
   In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

10. **Enforcement Notes**
    OCR will announce the end of enforcement discretion. After that time, any telehealth must be performed securely, with a Business Associate Agreement executed with the provider.

    In any enforcement action, OCR would consider the circumstances surrounding an incident of non-compliance. For example, the extenuating circumstances of the pandemic would be considered when applying enforcement due to delayed implementation of certain compliance elements, training, etc. The OCR often takes an educational approach, working with practices to correct noncompliance without monetary penalties, especially when a good faith effort is present.
Resources

- HHS HIPAA and COVID-19 Resource Page
- Notice of Enforcement Discretion for Telehealth
- Media Access Restrictions
- The Office of Civil Rights (OCR): Vendors with HIPAA-Complaint Products
- HIPAA Compliant Patient Authorizations

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