



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## March 17 MMS DPH Call Q & A

### Testing and PPE Questions

**Question:** I am a family physician and we have started to do drive-thru testing at one of our offices. We have been able to obtain tests from LabCorp and patients are coming after having a tele-visit with our clinicians. We are down to 3 or 4 N95 masks and we have more tests to do and more patients. I am concerned that our staff will not be able to have PPE. I am not sure how we go about obtaining more masks to continue to care for our patients?

**Commissioner Bharel:** Your question around clarification of how to request PPE is extremely helpful to share with everyone. The way it works if you have a request for PPE or other shortages.. you should go through your regional Health and Medical Coordinating Coalitions (HMCCs). There are [numbers for each of the regions throughout MA](#). Several individuals are looking to call DPH directly because we all know that the regional coalitions don't have supplies at this time. But it is really important that we all follow the same process, that there is one entry point where we are getting all of the supply requests and then we can help to understand what the demand is and to assist you in that way.

One thing that you also reminded me about is related to the N95 or other respirator masks versus a simple face mask. I wanted to draw your attention, in case you had not seen it yet, to the fact that [the CDC just relaxed the guidance around N95](#) because most of the transmission is thought to be droplet, not air, so if you have access to simple face masks those can be used, except, of course, in high-risk situations, such as intubation or other places and procedures that are likely to generate respiratory aerosols.

**Follow-up:** So, we can do testing with the regular face mask?

**Answer:** Yes, you can. You can use that face mask for regular testing, but you should use other protective gear, including eye gear and gloves, of course. I would also like to highlight we are hearing of some shortages of those as well. If you run into that problem, you should let your regional HMCCs know.

**Question:** My question is similar to the first caller and PPE. I am specifically asking about gowns. We are using gowns for testing, but have a shortage and will be reusing them. And I know that is a huge amount of risk for the droplet recommendations you have on what to do. Is there anything we can do as a group of doctors to talk to any national forum about the fact that PPE is in such short supply in a country like ours?

**Commissioner Bharel:** If I understand your question, gowns are single-use because of the droplet issue. In terms of the PPE shortage, I would like you to be aware that, at the state level, we are acutely aware of the shortages. Many places have tried to order them on their own and these are backordered. We have been advised that some of these companies are trying to increase the production.

**Question:** What is the number for the clinical epidemiologic questions?

**Commissioner Bharel:** The number is 617-983-6800. You can also find that number and other clinical guidance on our website: [www.mass.gov/covid19](http://www.mass.gov/covid19)

**Question:** I am in private practice with elderly patients. My concern is I am getting calls in my office. When should I be concerned about checking myself and patients? Can I get kits and guidance on how to manage a private practice?

**Dr. Madoff:** We understand the difficulties in a private practice. It isn't easy, and we hope the potential for testing in the office in a private room, with available PPE, doing a nasal swab and those tests could be sent to commercial labs or the state laboratory, depending on the patient. It is possible to test in a private office and there are an increasing number of sites where testing can be done with a doctor's order. UMass has drop-in testing and other sites around the state will be forthcoming. Patients with mild respiratory virus may not need to be tested, but patients could be instructed to care for themselves at home and self-isolate at home until symptoms subside.

**Question:** My concern is as a physician, if I become symptomatic, when should I get tested and how? Can I be reimbursed for time on the phone?

**Commissioner Bharel:** You would be considered high priority. Call the epidemiological line. Yes, you can get reimbursed for audio telehealth.

**Question:** I have question on numbers reported on the DPH website for positive cases. Does that include only testing done by DPH or does that include tests from other hospitals that were reported to you?

**Commissioner Bharel:** Thank you for that opportunity to clarify. I know that it can be confusing. The short answer is yes. That number includes all positives in Massachusetts. You will recall that there are certain diseases in Massachusetts which are, by regulation, required to be reported to DPH. Many of those examples before COVID-19 come directly through your individual laboratory. The codes are set up to come directly to DPH. Novel coronavirus is one of those, any novel coronavirus, so COVID-19 is covered under that. What we receive is from the private labs, as well as hospital labs. We receive positive case numbers. We are working to understand the population prevalence, or estimated, at least. Therefore, we are working to get the total number of tests done at private labs as well. That way we understand the full denominator.

### **Virus Transmission and Isolation Guidance Questions**

**Question:** Can you weigh in on the recommended period of self-isolation for patients who are not directed to come in for testing? What is the timeframe for when it is safe to return to work or to come out of self-isolation?

**Dr. Brown:** The recommendation we wanted to make are as simple as possible, so we are currently aligning it with the CDC recommendations around clearance for people who have tested positive for COVID-19. Individuals who have respiratory illness are advised to self-isolate and can leave self-isolation after these three things have happened: No fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers) AND other symptoms have improved (for example, when your cough or shortness of breath have improved) AND at least 7 days have passed since symptoms first appeared. So, I know that is a lot of things to keep in mind, but at least we are able to align with recommendations for those who have tested positive, as well.

**Question:** I am an elderly physician whose wife is also elderly and has cancer. She will be undergoing her routine chemotherapy soon at a major Boston cancer treatment center. My concern is regarding what I see as the weakest link in the protection chain against her being exposed and that is travel in an elevator

in such a center. I am wondering about the amount of time that the virus remains active and transmissible in the air?

**Dr. Madoff:** I want to emphasize that we think the real driver of transmission of this virus is droplet transmission and that airborne transmission has rarely been reported and really does not seem to be an important aspect of transmission. One aspect of using an elevator or using anything else would be to ensure to use hand sanitizer and be careful about transmission on surfaces, which has been seen also, rarely but it is another factor of transmission. Unlike a disease like measles, or TB where we know that viral particles hang in the air and last in the air for prolonged periods of time, this does not appear to be the case with COVID-19.

**Follow-up:** I had heard that particles do hang in the air for up to three hours and with the large number of people routinely traveling in an elevator, would you recommend the use of a standard facial mask would be wise as a preventive?

**Answer:** This might be a conversation that she should have with her health care provider. From a public health perspective, we are not recommending the use of face masks for people who are not sick or who are not health care workers. I guess the space in an elevator can be crowded and we would like to maintain safe social distance, so perhaps waiting for a less full elevator or other ideas for maintaining social distance might be appropriate here. I will caution us that we learn new things about the virus all the time, but we do not believe aerosol transmission is a factor with this virus.

**Question:** I have a question about partners when one is positive and the other is asymptomatic and not being tested. What is the advice? Should we test asymptomatic patients because they could be carriers?

**Dr. Madoff:** We consider household contacts as needing to quarantine for 14 days – the outer limit of incubation period. Sometimes you can detect the virus in patients who are asymptomatic, but in the US, the test is only for those who are symptomatic that is why we use the quarantine for the household contact.

**Question:** I have questions from patients about how long the virus lives on surfaces. Can they pick up mail, do they need to wear gloves to the grocery store, how to handle products purchased?

**Dr. Madoff:** This is asked a lot. We do not have a lot of information on survival of the virus on surfaces, but some can live on metal and plastic surfaces for up to a couple of days that is why we recommend cleaning of touched surfaces. What matters is hand washing and not touching face – or using an alcohol-based hand sanitizer.

**Question:** I am a PCP in western MA in solo practice and I am not equipped to screen all patients who are calling in respiratory symptoms. I have been telling patients to self-quarantine, how long does that need to be?

**Dr. Brown:** A minimum of 7 days, since symptom onset and a minimum of 3 days fever-free without fever reducing medication and improvement of cough and shortness of breath.

**Follow-up:** What if they are fever-free but still have the cough can they go back?

**Answer:** Respiratory symptoms do not need to be absent but improved.

**Question:** With regard to private practices, my medical assistant called in saying she had a fever. What do we tell our nurses, staff?

**Dr. Madoff:** This is a tough situation. It would be appropriate for the medical assistant to reach out to their health care provider to get guidance and to confirm if this is an upper respiratory-related fever. As

a health care provider, she would be prioritized for testing at the state public health lab. It is a concern in the medical practice setting. If a person tested positive we would pursue contact tracing including patients. We also recognize that the infection is and will become more common in the community and the practice may not be the only source.

**Dr. Brown:** When we do contact tracing, we look at close contact within 6 feet for 10-15 min and only during symptom onset. Once they have symptoms, they should isolate.

**Follow-up:** For those in the office yesterday do not necessarily need to self-quarantine?

**Answer:** Contact tracing on the day of onset of symptoms so still time to get a diagnosis.

### **Telehealth Questions**

**Question:** Regarding telehealth, our office is looking to institute, as we may have to close private practice. Both MassHealth and commercial insurance will cover both audio and video; however, Medicare came out not covering audio. Just want to be certain that what the Governor indicated about telehealth applies to Medicare.

**Commission Bharel:** We will work with MMS to clarify telehealth and what is covered as there has been some confusion from Sunday to today.

**Question:** Telehealth guidelines say for COVID-related issues. Does this mean the visit has to be specifically related to COVID or just the time period?

**Commission Bharel:** Telehealth is billable during the time of emergency for any reason.

### **Other Surge Capacity Questions**

**Question:** A few hours ago, I saw a horrifying model that suggested we will have 8 times as many patients in ICUs and hospitals than we have the capacity for. I have concern for behavioral health patients, as every bed will be filled with COVID patients. There needs to be a central effort to figure out a place for those with severe behavioral problems because, with the limited capacity, we have in our hospitals, they will be overrun by very sick patients.

**Commission Bharel:** Many have been following the models and many different interpretations as to where we are on the curve and where we will go with COVID-19. We are trying to do our own modeling here as it evolves. We don't have the denominator yet. We don't have all of the information related to this disease like we do influenza. However, we do know, looking at other countries and other states - i.e. Washington - we know what we are trying to avoid – very quick, exponential growth that causes a great level of burden on the health care system because of the increased number of individuals with severe or critical illness that will overburden our health care system. Decrease and flatten out the curve is the goal – spreading patients over a longer period of time to avoid health care system overload. Social distancing does have an impact and is so critical to flatten the curve so we don't see the trajectory like other states and countries. We are looking at mental health and substance use services, including access to medication. Mental Health is working closely with DPH on the continuity of services and telehealth as it applies to mental health as well.

**Question:** I am starting to get concerned about the blood supply in Massachusetts. How close an eye are you keeping on that? There should be some efforts to have blood donors come in to donate blood.

**Commissioner Bharel:** Thank you for your question and your attention to that important issue. Recently, we have learned that there is a shortage and we need to follow up with messaging around how to get individuals to do more blood donations and any support you can give us in that to help with that message.

**Outstanding physician's questions that were not answered were directed to MMS.**

**Resources:**

- **DPH State Epidemiology Lab: (617) 983- 6800 for clinical or epidemiological questions.**
- **Statewide 211-line questions from the general public. Dial 2-1-1 Press 2-6 for coronavirus.**
- **[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)**
- **[DPH PUI Criteria](#)**
- **[DPH Guidance on Strategies to Optimize PPE and HMCC Contact Information](#)**
- **[What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#)**
- **[CDC What to Do If You are Sick](#)**
- **[Information and Guidance for Persons in Isolation due to COVID-19](#)**
- **[Information and Guidance for Persons in Quarantine due to COVID-19](#)**