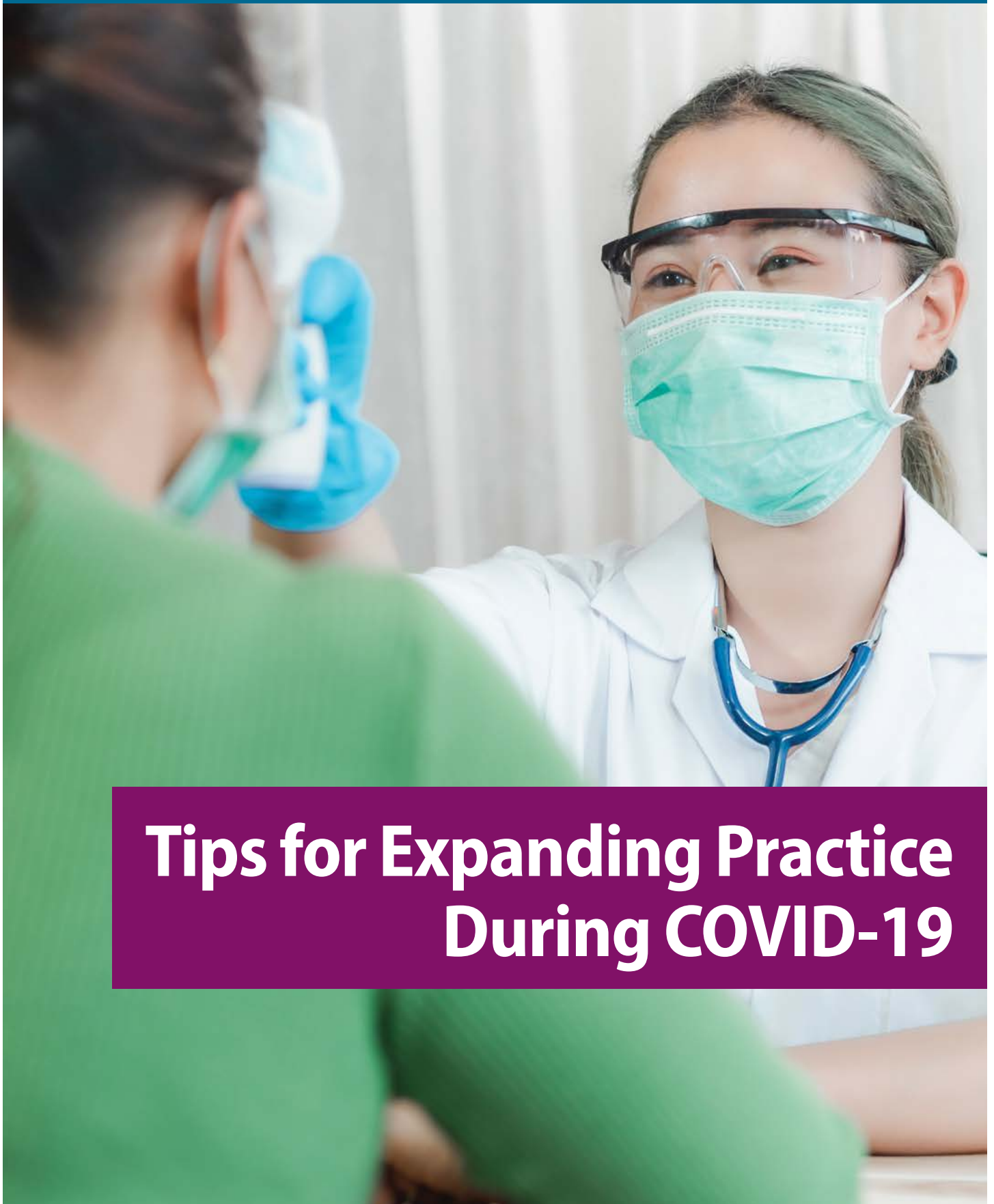




MASSACHUSETTS
MEDICAL SOCIETY

May 2020
Including "DPH Phase 1 Guidance for
Re-Opening Approach for Health Care Providers
(Providers that are Not Acute Care Hospitals)"



Tips for Expanding Practice During COVID-19

Acknowledgments

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This is not legal advice. Each practice should exercise its own independent judgment regarding whether, when, and how to expand operations.

On May 18, 2020, the Baker Administration released its Phase I plan for reopening Massachusetts, including a specific approach regarding [the first phase of expanding medical practice](#) (summarized [here](#)), and new [guidance for non-acute care hospital health care providers](#). The Medical Society was pleased to participate in the Reopening Provider Advisory Group that contributed to this guidance. With the [modification](#) of the Massachusetts Department of Public Health's elective invasive procedures order, health care providers who attest (form available [here](#)) that they meet clinical, capacity, safety standards, and governance requirements may resume providing high-priority preventive care, such as pediatric care, immunizations, and chronic disease management for high-risk patients, and urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred. In this phase, providers will continue to maximize telehealth and provide services virtually whenever possible and are expected to use their clinical judgment to determine if a procedure or service should be done in person in the immediate future. Contingent on sufficient statewide hospital capacity being available, hospitals and hospital-licensed and federally qualified health centers may begin this reopening starting on May 18, and all other providers may begin on May 25.

The following document, which will be updated regularly, is meant to provide tips for physicians' offices planning to expand operations. The goal is to allow practices to begin serving their patients and caring for their staff in a trusting and safe manner.

SECTION 1: KEY STEPS TO CONSIDER FIRST

1. Assess the Supply of Personal Protective Equipment and Cleaning Supplies

The federal [Centers for Disease Control and Prevention \(CDC\)](#) and the [Massachusetts Department of Public Health](#) have released guidance around the use, conservation, and distribution of personal protective equipment (PPE). For the most recent Comprehensive PPE Guidance from the Department of Public Health, please click [here](#). For a list of vendors offering relevant hygienic and protective supplies for the workplace, please click [here](#). In addition, health care providers must meet the following three standards related to PPE supply:¹

1. Health care providers must ensure that they have adequate supply of PPE and other essential supplies for the expected number and type of procedures and services that will be performed. To meet

this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.

2. Health care providers must take reasonable steps to maintain a reliable supply chain to support continued operations.
3. Health care providers must develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines.

Designate a staff member to keep your office up to date on PPE and cleaning supply guidelines and requirements. For a list of disinfectants that qualify for use against COVID-19, please click [here](#).

2. Determine Practice Need or Availability to Perform COVID-19 Testing

Whether to perform COVID-19 testing may depend on practice specialty, location, and supplies, particularly appropriate PPE. If your practice will not be performing testing, ensure that your staff members know where to send patients for proper testing. For a comprehensive list of COVID-19 testing sites in Massachusetts, please click [here](#) for information.

3. Determine Services That Will Be Performed in the Medical Practice, and Those That Will Be Performed via Telehealth

During the COVID-19 pandemic, many practices successfully made the switch to seeing patients via telehealth. Phase 1 reopening guidance indicates that health care providers should continue to provide services via telehealth to the greatest extent possible when clinically appropriate, while also recognizing that telehealth may not be feasible or clinically appropriate for all patients. Examples of services that may be clinically appropriate for telehealth include preventive care, wellness, chronic disease management, consultations, behavioral health treatment, and pre-appointment patient screenings. If a health care provider is unable to utilize telehealth for a patient where telehealth is clinically appropriate and the patient would otherwise be able to be served by telehealth, the provider should consider referring the patient to another provider with telehealth capabilities when appropriate.² For more information on telehealth, please visit the [Telehealth and Virtual Care](#) section of

¹ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

² www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

the MMS COVID-19 website. Health care providers who have met the public health and safety standards described in the DPH's phase 1 reopening guidance may begin in-person delivery of certain procedures and services that, based on the health care provider's clinical judgment, constitute the following:

1. High-priority preventive services, including pediatric care and immunizations, that cannot be provided safely and appropriately via telehealth, recognizing that telehealth may not be feasible or clinically appropriate for all patients.
2. Urgent procedures and services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred.

Health care providers should consider the following examples in making their determinations. These are examples of services that can be delivered in person in Phase 1, though they are not meant to be comprehensive. Providers should use their clinical judgement in determining which services are appropriate for patients consistent with the criteria (DPH Phase 1 Reopening Guidance):

- Pediatric visits, high priority preventive visits that lead to high risk if deferred (e.g., immunizations, screenings for at-risk patients — such as colonoscopies for individuals with family history of cancer — or chronic disease management visits for high-risk patients)
- Diagnostic procedures for patients that lead to high risk if deferred (e.g., colonoscopy for blood in stool, biopsy for concerning lesions and potential cancers, urgent labs, tests, blood draws)
- Exams for new concerning symptoms requiring physical exam (e.g., breast lump, post-menopausal vaginal bleeding, or individuals at high risk of chronic diseases, such as poorly controlled diabetes)
- Medical procedures that if deferred lead to substantial worsening of disease (e.g., excision of malignant skin lesions, orthopedic procedures for significant functional impairment)
- In-person visits for high-risk behavioral health and/or social factors (e.g., domestic violence, child abuse or neglect assault, substance use disorder treatment including medication-assisted treatment)
- Dental procedures that are high risk if deferred (e.g., tooth extractions for abscess)

- Rehabilitation for which delay would lead to significant worsening of condition and long-term prognosis (e.g., for post-stroke patients or severe traumatic injuries)
- Placement of implantable contraception

As health care providers begin planning to provide deferred or delayed care, they should develop a strategy to identify the patients and services that, based on the clinical determination of the provider, are most urgent. Such strategy should incorporate considerations such as chronic illness, disability, or risk factors related to the social determinants of health, without regard for a patient's insurance type.³

Because of unique considerations for children, in phase 1, health care providers may resume routine pediatric care, including in-person well-child visits. Missed scheduled [vaccines should be prioritized](#). Providers should continue screening for social needs, behavioral health concerns, child abuse, and intimate partner violence.⁴

4. Workforce and Patient Safety Concerns

Practices should have policies and procedures to reschedule patients and to communicate the practice's safety precautions and expectations about patient and visitor and patient caregiver visits including entering the practice, masking, and other considerations. This may vary specialty to specialty. Health care providers must adopt policies that address health care worker safety and well-being. The facility or office must ensure social distancing for providers and staff to the maximum extent possible.⁵ [It is advisable to create a plan for assessing staff for exposure to or symptoms of COVID-19 and guidelines for staying home when feeling ill](#). If staff members fall ill, follow the [CDC guidelines for returning to work](#), and plan as best as possible for [absences and alternative coverage](#). This may include cross-training staff to ensure needs are met when staff members become ill and cannot return to work.

For additional details on these issues, see [Section 2: Operations Management](#), [Section 3: Staff Management and Safety](#), and [Section 4: General Safety Considerations](#).

5. Evaluate Sanitization and Cleaning Processes

Health care providers must have an established plan for thorough cleaning and disinfection of all common and procedural areas, including in-between patient encounters in treatment rooms, which may require hiring environmental services staff and reducing patient

³ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

⁴ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

⁵ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

hours to allow for more frequent cleaning.⁶ Staff members are encouraged to familiarize themselves with the [CDC guidelines for Cleaning and Disinfecting of Community Facilities](#).

6. Educate Staff about Operating Procedures

Before returning to work, it will be important to communicate clearly with staff members, so they are well educated on all new procedures for cleaning and patient care. Also, educate appropriate staff about any changes in billing and other operational areas.

7. Stay Current on Information from State and Local Health Departments

Assign a staff person to continue to monitor local and state public health departments for further guidance. Click [here](#) for local departments.

hygiene) and must provide liberal access to hand sanitizer for patients and staff.⁷ In waiting and exam rooms, chairs should be appropriately spaced and items such as magazines and toys should be removed. Providers must require that all patients and companions wear mouth and nose coverings. However, the provider may consider waiving the requirement for mask and nose coverings for patients and/or companions in special circumstances.

In addition, you may want to consider adding barriers such as plexiglass between patients and staff. Check-in and checkout processes may best be modified to allow for the fewest possible people in the waiting area. Solutions might include remote check-ins or check-ins in the examination room, and/or notification to the patient in the car when the exam room is ready. If possible, consider having a one-way flow through the office (i.e., one door for entrance and one for egress). Where possible, designate separate spaces for COVID-19 cases and non-COVID-19 cases. Additional resources are available here: [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#).

SECTION 2: OPERATIONS MANAGEMENT

1. Review Scheduling Blocks and Adjust as Necessary

Adjustments in scheduling blocks will need to be made to ensure proper physician distancing and cleaning occurs before and after each appointment. Considerations will also need to be made for physicians conducting a portion of their duties via telehealth. Practices may choose to block off certain days each week or two to three hours each day dedicated to virtual appointments. Practices may want to consider staggering shifts and hours to include nights and weekends to accommodate backlog and/or social distancing needs depending on volume and patient needs.

2. Prepare the Waiting Room with Physical Distancing and Spacing Considerations

Providers must demonstrate adherence to social distancing and relevant guidelines from the Massachusetts DPH and CDC regarding [infection control and prevention](#) to maintain a safe environment for patients and staff. Providers must adopt administrative and environmental controls that facilitate social distancing, such as minimizing time in waiting areas by asking patients to wait outside until their appointment begins. Providers must have signage to emphasize social restrictions (i.e., distancing, coughing etiquette, wearing of mouth and nose coverings, hand

3. Determine How the Practice Will Handle Visitor and Patient Caregiver Volume

Providers must develop policies permitting patient companions only in special circumstances or otherwise in adherence with DPH and CDC guidance when necessary for the patient's well-being. Special circumstances and populations may include end-of-life care, pre-natal/labor and delivery, pediatric patients, and other special populations such as patients with disabilities, or patients with intellectual or developmental disorders (e.g., autism, Down syndrome, etc.), or populations as otherwise identified by the DPH. These policies must be accessible to patients seeking care. Providers must require that all patients and companions wear mouth and nose coverings. However, the provider may consider waiving the requirement for mask and nose coverings for patients and/or companions in special circumstances.⁸ Consider technology solutions for including more people in the visit but remotely.

⁶ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

⁷ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

⁸ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

4. Communicate Clearly with Patients about Practice Changes

It is important to communicate with patients about new safety protocols and appointment changes and to do so clearly and effectively. Some guidance may require patients to make changes to their routines, so communicating clearly and early about necessary safety precautions will ensure patients are prepared and properly informed.

Practices could utilize their patient portals, websites, and social media to communicate new procedures, expectations, and limitations. In addition, practices should post signage in the office asking patients to respect social distancing measures, masking, and any other protocols.

5. Pre-screening Patients and Any Visitor They Must Bring for COVID-19

Providers must have a [written protocol](#) in place for screening all employees for symptoms of COVID-19 prior to entering the facility or office. Providers must have a process for screening patients and companions for symptoms of COVID-19 prior to entering the facility or office. Providers must have policies and procedures for screening patients in advance of a service or procedure, including policies and procedures for [testing patients](#) for COVID-19 when medically appropriate as well as for determining whether a procedure should go forward if a patient tests positive.⁹ Please visit the [CDC's website](#) for more information on recommendations around preventing the spread of COVID-19. Consider keeping a log with names and contact information. Additional resources in this area include [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Setting](#) and [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#). In addition, consider the following guidance:¹⁰

1. When the Patient Arrives for Check-In: Ask patients and anyone accompanying them if they have symptoms of respiratory infection or any other COVID-19 symptoms, have traveled recently, or have had contact with anyone with COVID-19 or exposure to COVID-19.

2. Have a protocol for a patient who arrives with any respiratory symptoms or other COVID-19 symptoms without providing advance notice.
 - a. Mask and isolate the patient in a space set aside for this purpose. Consult with clinical staff to determine next steps (this may include redirection patient to emergency department, urgent care, testing center, or being seen in the practice).
3. Before all office visits, contact patients to advise them:
 - a. Call the office in advance if they have respiratory symptoms or other COVID-19 symptoms before the appointment.
 - b. Come to the appointment alone.
 - i. If someone must come with them, he or she will be screened for symptoms.
 - ii. Instruct them not to bring minor children if possible, unless the child is the patient.
 - c. Adhere to office protocols for masking, cough etiquette, and hand hygiene.
 - d. How to check-in (e.g., from their car, then wait in the car), changes to which entrance to use, and any other information they need.

6. Establish an Isolation Process for Staff

[Practices would do best to establish policies for COVID-19-positive staff, staff with COVID-like symptoms, and staff with COVID-19 exposure. Two additional resources in this area are \[Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \\(Interim Guidance\\)\]\(#\) and \[Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \\(COVID-19\\)\]\(#\).](#)

7. Estimate Staff Needed Based on Patient Volume

Anticipate variable patient volume and adjust staffing accordingly. Respecting social distancing will likely involve bringing physicians and staff back in smaller numbers depending on practice needs. Options for this include telecommuting for certain personnel or placing physicians and staff on rotating teams. More information can be found here: [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).

⁹ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

¹⁰ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

8. Update Communication Plans

Now is the time to update in-office communication plans and systems. Create an emergency contact list, distribute to staff, and place copies in key locations throughout your office. The list should include contact information for your local and state health departments.¹¹

9. Medication Shortages

Physicians should be prepared for there to be potential medication shortages due to potential supply chain issues that may alter their normal prescribing pattern or in office treatments.

10. Maintain Equipment

Practices may consider the necessity to maintain their equipment and how this will affect their day-to-day operations (for example, equipment not working, repairs taking longer than normal, and implications for social distancing).

SECTION 3: STAFF MANAGEMENT AND SAFETY

1. Consider Flexible Options for High-Risk Staff

Given that health care workers are at higher risk for exposure and infection, consider shifting higher-risk workers to roles that minimize their risk to exposure to COVID-19 and also help the practice in this challenging time.

2. Attend to the Emotional and Physical Needs of Staff

Be on the lookout for signs of exhaustion, depression, stress, and similar issues in all staff. Be sensitive of additional considerations like childcare and eldercare needs. For resources regarding staff wellness during this time, please visit the [Physician and Health Care Professional Wellness section of the Massachusetts Medical Society's COVID-19 website](#).

3. Consider Flexible Work Schedules for Staff (including Working Remotely) and Update Written Policies about Sick Time, etc.

Consider flexible work schedules and develop or re-evaluate a written policy regarding paid or unpaid personal leave, sick time, earned time and return to work protocols.

SECTION 4: GENERAL SAFETY CONSIDERATIONS

1. Maintain Physical Distancing and Hygiene at All Times

Phase 1 reopening guidance instructs that health care providers must demonstrate adherence to social distancing and relevant guidelines from the DPH and CDC regarding [infection control and prevention](#) to maintain a safe environment for patients and staff. In addition, health care providers must adopt administrative and environmental controls that facilitate social distancing, such as minimizing time in waiting areas by asking patients to wait outside until their appointment begins to the greatest extent possible. For any waiting patients, social distancing and face coverings must be in place.¹²

Staff members need to be trained on proper hand and face hygiene, proper disinfection of office equipment, and how to use personal protective equipment. In addition, consider the following guidance:¹³

- Practices must ensure that hand hygiene supplies are readily available in every location.¹⁴
- Train all patient care personnel on the proper sequencing of [donning](#) (putting on) and [doffing](#) (removing) PPE (see CDC's [printable illustration](#)).¹⁵
- Stay informed about current guidance from the [DPH](#) and [CDC](#) on conventional, contingency, and crisis standards for PPE in short supply.¹⁶

2. Continue to Use Telehealth, Whenever Possible

Continue to use telehealth, whenever possible and appropriate. Phase 1 reopening guidance indicates that health care providers should continue to provide services via telehealth to the greatest extent possible when clinically appropriate, while also recognizing that telehealth may not be feasible or clinically appropriate for all patients. If a health care provider is unable to utilize telehealth for a patient where it is clinically appropriate and helpful to the patient, the provider should consider referring the patient to another provider with telehealth capabilities when appropriate.¹⁷

¹¹ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

¹² www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

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¹⁴ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

¹⁵ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

¹⁶ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

¹⁷ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

3. Require Face Coverings for All Patients and Staff

Health care providers and other staff must wear at least surgical facemasks at all times, consistent with the [DPH's Comprehensive PPE Guidance](#).¹⁸ Health care providers must have signage to emphasize public health measures.¹⁹ Those that are performing or assisting in aerosolized procedures will need N95 masks.

Click [here](#) for CDC general guidance regarding face coverings. Health care providers must require that all patients, companions, and visitors wear mouth and nose coverings as consistent with DPH guidance. However, the health care provider may consider waiving the requirement for mask and nose coverings for patients and/or companions in special circumstances consistent with applicable guidance.²⁰

4. Adhere to Strict Cleaning and Sterilization Processes

Health care providers must have an established plan for thorough cleaning and disinfection of all common and procedural areas, including in-between patient encounters in treatment rooms, which may require hiring environmental services staff and reducing patient hours to allow for more frequent cleaning.²¹

Practices must ensure that there is adequate time built in between patient appointments to properly sterilize exam rooms, bathrooms, check-in and checkout spaces, and all other surfaces in practice. Staff members may familiarize themselves with the [CDC Guidelines for Cleaning and Disinfecting of Community Facilities](#) and the [Guidelines for Disinfection and Sterilization in Healthcare Facilities](#). In addition, determine everything that needs to be disinfected and follow [CDC advice for COVID-19 disinfection procedures](#) including disinfecting noncritical medical devices (e.g., blood pressure cuffs, other equipment, and surfaces as well as keyboards, mouse devices, touchpads, and microphones for dictation) with an EPA-registered disinfectant using the label's safety precautions and use directions. Remember to observe correct contact time as indicated by manufacturer's instructions for use. For more on disinfecting, visit [Occupational Safety and Health Administration Control and Prevention](#).

5. Personal Protective Equipment

Providers must develop and implement appropriate PPE use policies for all services and settings. All providers should continue to follow the most recent guidelines issued by the DPH²² and the CDC as they relate to PPE usage, including updated guidelines released after this document.

All workers must have appropriate PPE to perform the service/procedure. If appropriate PPE is not available to protect the health care worker, the service/procedure should be cancelled. Health care providers and staff must wear surgical facemasks always. Providers must ensure that they have taken reasonable steps to maintain a reliable supply chain to support continued operations.

All appropriate staff should be trained on the use of personal protective equipment including donning and doffing. For more information from the CDC about using personal protective equipment, please click [here](#). The state's reopening team is working with the Medical Emergency Response Team (MERT) to produce a list of PPE suppliers. [This information](#) will be provided to the private sector to assist Massachusetts providers and organizations with PPE purchasing.²³

6. Communicating with Patients

Remember to adjust messaging by the front staff, by the answering service, and on voicemail to inform callers of temporary practice changes, expanding practice operations, scheduling for vulnerable populations, rescheduling of non-urgent visits, and opportunities to schedule telehealth sessions. In addition, make sure to clearly state policies for patients who have respiratory infection symptoms or who have been exposed or advised to self-isolate or quarantine on the day of or prior to an in-office appointment. Proactively alert all current patients to these temporary practice changes through online patient portals; automated phone, text, and email appointment reminder systems; and existing website or social media channels.²⁴

¹⁸ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

¹⁹ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

²⁰ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

²¹ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

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²³ www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

²⁴ https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

SECTION 5: FINANCIAL MANAGEMENT

1. Consider Financial Needs of the Practice and Evaluate Potential Funding Sources

As practices begin to expand operations, it will be very important to ensure necessary funding is available. To this end, practices may want to consider their financial needs and carefully evaluate all funding options, both private and public. For more information about financial resources that can support practices, please see the Massachusetts Medical Society's guide titled "[Financial Resources for Practices During COVID-19](#)."

2. Analyze Revenue Streams and Any Outstanding Accounts Receivable

It is important for billing staff to understand revenue streams because payments may have been delayed, denied, or incorrect due to a variety of reasons including payor delays. If practice volume is low and is ramping up, consider redeploying staff to assist in this area. Designate one or two billing staff to be vigilant about the changing rules and guidelines on how to bill for telehealth and COVID-related visits. It is anticipated that lack of consistency and the changing rules will continue well into 2021.

3. Speak to Vendors

As soon as practices seek to expand operations, contact your vendors. They may be willing to negotiate new or reduced rates for their supplies and services and extend terms of payment to improve cash on hand in the short term.

4. Develop a Budget

As practices move forward reevaluating practice budgets may be helpful. Items to include in this budget are anticipated patient volume, historical collection ratios, and payback of deferments owed. It is recommended that budgets be reviewed on a monthly basis, so practices can adjust as necessary. New budget items such as PPE may need to be accounted for. If feasible, consider adding to the number of MassHealth and Connector plans in which the practice participates to maintain patient-physician relationships.

5. Verify All Patient Insurance and Ensure Contact Information Is up to Date

It is important for staff to contact patients before appointments to update contact information, insurance eligibility, and benefits.

6. Determine How Patient Payments Will Be Accepted

Due to COVID-19 restrictions, the way payments are accepted may need to change. Prior to expanding operations, determine whether payments will be accepted in person or whether they will need to be made online through a payment system or portal.

7. Evaluate Physician and Other Staff Compensation

Previous compensation models may need to be adjusted for all staff.

ADDITIONAL RESOURCES

The Massachusetts Medical Society is continuing to develop well-rounded resources, updated regularly to help physician practices through the COVID-19 pandemic and beyond. Please visit our dedicated [MMS COVID-19 webpage](#) for more information.

For direct assistance from MMS staff, please contact the PPRC via email at pprc@mms.org.

SPECIALTY RESOURCES

[American Academy of Dermatology — Reopening Your Practice](#)

[American Academy of Family Physicians — COVID-19 Resources](#)

[American Academy of Family Practice — Resuming Care](#)

[American Academy of Ophthalmology — Alert: Important Coronavirus Updates for Ophthalmologists](#)

[American Academy of Ophthalmology — COVID-19 Safety Advice](#)

[American Academy of Otolaryngology — COVID-19 Anosmia Reporting Tool — Guidance for Your Practice](#)

[American Academy of Pediatrics — Critical Updates on COVID-19](#)

[American Academy of Pediatrics — Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19](#)

[American College of Cardiology — COVID-19 Operational Considerations](#)

[American College of Cardiology — Guide to Safely Resume Cardiovascular Procedures and Diagnostic Tests](#)

[American College of Gastroenterology — Joint GI Statement on COVID-19](#)

[American College of Obstetricians and Gynecologists — Infection Prevention and Control in Inpatient Obstetric Care Settings](#)

[American College of Physicians — Practice Management Resources](#)

[American College of Surgeons](#)

[American Medical Association — COVID-19: Frequently Asked Questions](#)

[American Optometric Association — Post-COVID Guidance](#)

[American Society of Clinical Oncology — COVID-19 Patient Care Information](#)

[Massachusetts Medical Society COVID-19 Webpage](#)

MMS Tips for Expanding Practice During COVID-19 was in part adapted from the following guidelines and documents:

Massachusetts Department of Public Health Guidance Reopen Approach for Health Care Providers (Providers that are Not Acute Care Hospitals)

www.mass.gov/doc/dph-phase-1-reopening-non-acute-care-hospital-health-care-provider-guidance-may-18/download

https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf

[www.cmadoocs.org/Portals/CMA/files/public/CMA COVID-19 Best Practices for Reopening.pdf](http://www.cmadoocs.org/Portals/CMA/files/public/CMA_COVID-19_Best_Practices_for_Reopening.pdf)

www.mgma.com/resources/operations-management/covid-19-medical-practice-reopening-checklist

DISCLAIMER

This is not legal advice. If you need legal advice, you should consult a lawyer who can consider your specific situation. Each practice should exercise its own independent judgment regarding whether, when, and how to expand operations. The Massachusetts Medical Society is not responsible for the decisions of individual practices.

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