WHAT SHOULD WE TALK ABOUT NEXT?

Workflow Modifications

Telemedicine Documentation Tips

HIPAA Concerns

Emergency Preparedness Activation

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ADJUSTING WORKFLOW AND STAFFING

- Reductions in Staff

- Reduction in Providers

- Reallocation of Work Force

- Screening Patients

  - Telemedicine

  - In-person

- Restriction of Services

- Alternate entrances and workflow.

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SIGNAGE

STOP

COVID-19 NOTICE

We are restricting visitors and walk-in patients.

If you are experiencing:
- **Fever**
- **Cough**
- **Shortness of Breath**

OR

If you have traveled outside of the US or to an area in the US that is known to have active coronavirus cases, please return to your car and phone our office at

_____

We will pre-screen you on the phone to allow for safe entry into the clinic.

STOP!

This exam room has been designated as a quarantine room that is only to be used for the examination and treatment of patients who present with COVID-19 symptoms.

<u>PATIENTS</u>: DO NOT ENTER THIS ROOM UNLESS IT HAS BEEN ASSIGNED TO YOU.

NO GUESTS ARE PERMITTED UNLESS THE PATIENT IS A MINOR OR NEEDS ASSISTANCE BY A CAREGIVER.

<u>STAFF</u>: DO NOT ENTER THIS ROOM UNLESS YOU ARE WEARING APPROPRIATE PPE AND ARE ASSIGNED TO THIS EXAM ROOM.

THIS ROOM SHALL BE CLEANED AND DISINFECTED THOROUGHLY BETWEEN ALL PATIENTS.

235-S

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RESTRICTION OF VISITORS

Policy Addendum Purpose: The purpose of this policy addendum is to establish written processes and procedures as related to the restriction of visitors during the COVID-19 emergency declaration. This addendum is only in reference to this pandemic and restrictions placed on visitors by any federal, state, county/parish, or local jurisdiction as well as by the governing board or ownership/management of the rural health clinic to which the main Policy #295 applies.

1. **Restriction of Visitors (Check appropriate box)**
   ☐ The RHC will restrict visitors as defined below.
   ☐ The RHC will NOT restrict visitors unless later required to do so by governmental authorities. This addendum shall be updated whenever the restriction status changes.

2. **Type of Restrictions (Check as many boxes as are applicable.):** The following restrictions shall be placed on visitors and guests at the clinic. See the screening section below for more visitor qualifications.

   ☐ Adult patients who are able-bodied and able-minded, not needing any type of assistance, shall NOT be accompanied by other adults or children when present in the clinic. The patient shall enter the clinic alone.

   ☐ Adults who require physical assistance due to decreased mobility or debilitation shall be accompanied by ONE other adult, a caregiver or a personal care attendant.

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THE ROLE OF TELEMEDICINE DURING COVID-10

"We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities."

— Roger Severino, OCR Director

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

DOCUMENTATION OF TELEMEDICINE

- Documentation should support the type of service and level of service.

- Working Around your PM/EHR

- Stop and Start Times

- Verbal Consent and Acknowledgment By Patient that they understand the provider may be using a non-compliant communication method which may not be secure.

- Prompt completion of records. Recommendation is 48 hours. Some states and medical boards have their own regulations.

OLD SCHOOL

TELEMEDICINE/TELEPHONIC NOTE

☐ **Claim Date** _____
☐ **Scanned to EHR by** ____

Date of Service: _____ **Provider Name:** _____

Patient Name: _____ **Start Time:** _____ **Stop Time:** _____

Account/Medical Record # _____ ☐ **Established Patient** ☐ **Verbal Consent**

Type of Service: ☐ Audio/Visual Synchronous ☐ Audio/Visual Stored ☐ Audio Only
☐ Virtual Communication Service Only ☐ Phone Call Only

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PURPOSE OF TELEMEDICINE/TELEHEALTH SERVICE:
☐ Possible Exposure to COVID-19 ☐ Symptoms of COVID-19 ☐ Other Respiratory S/S
☐ Other Acute Condition _____ ☐ Other Chronic Condition _____
☐ Other: _____ ☐ Care Management

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HISTORY OF PRESENT ILLNESS or Reason for Telemedicine/Telehealth Visit
Signs and Symptoms: ☐ Cough ☐ Fever _____ ☐ Body Aches ☐ Sinus Congestion
☐ Chest Congestion ☐ Fatigue/Malaise ☐ Nausea ☐ Diarrhea ☐ Headache ☐SOB
☐ Other Acute Signs/Symptoms: _____ ☐ **COVID Exposure**
ONSET/ Exposure Date: _____ Family/Friends/Coworkers Sick: ☐ Yes ☐ No

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Tracking Services/Claims on Hold

COVID-19 PATIENT SERVICE LOG   CLINIC NAME:

Patient Information				Type of Service						Action, Result, Outcome or Treatment						
#	Date	Patient Initials	Acct or MR #	Phone Prescreening by staff	Clinic Encounter	Virtual Comm Service By Provider	Telemed Encounter Approved by Payer	Housecall by Provider	Seen in Other Setting	Flu Swap	COVID swap	Referred for testing	Referred to other facility or agency	Quarantine /Isolate Self	Inpatient Admint	Other

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HIPAA & TELEMEDICINE DURING COVID-19

- **The OCR will exercise discretion in enforcement of violations when a provider has acted <u>in good faith</u> to provide telemedicine during the emergency.**

- **A covered health care provide may use audio or video communication technology to provide telehealth to patients during the emergency can use audio/video applications. (Examples: Facetime, Skype, Messenger) that would normally not be compliant as long as they are <u>not</u> public facing**

- **Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers**

- **Applies to telehealth provided for any reason, regardless of <u>whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19</u>.**

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HIPAA & TELEDICINE DURING COVID-19

- **Health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance** with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

- **Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks**, and providers should enable all available encryption and privacy modes when using such applications.

- Some vendors provide HIPAA-compliant video communication products and that will enter into a HIPAA BAA with providers.

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HIPAA & TELEMEDICINE DURING COVID-19

HIPAA COMPLIANT/NEED BAA

Skype for Business / Microsoft Teams

Updox

VSee

Zoom for Healthcare

Doxy.me

Google G Suite Hangouts Meet

Cisco Webex Meetings / Webex Teams

Amazon Chime

GoToMeeting

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OTHER HIPAA CONCERNS

- **Retraining staff on HIPAA privacy and security basics.**
  - **Need to Know Rule**
  - **Which Disclosures are allowed in emergencies**
    - *Public Health Agencies*
    - *Other Healthcare Provider for Continuity of Care*
    - *For Immediate Harm of Others/Law Enforcement*
- **Security of Computers and Connections when employees are working from home. Firewalls, virus projection, encryption.**
- **Privacy of PHI when working remotely. Unauthorized access by others.**

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SPECIAL OCR BULLETIN

February 2020
Office for Civil Rights, U.S. Department of Health and Human Services
BULLETIN: HIPAA Privacy and Novel Coronavirus

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf?utm_source=hs_email&utm_medium=email&utm_content=85171329&_hsenc=p2ANqtz-_QTJfwh2Wj2hst1m15VbR4o0fbsBWIps9iIc29wM9xqvx-NJOxV4IaWJMK0jjA_ouc0D3ilfN5G51AkwNm1GdoVwjquQ&_hsmi=85171329

EMERGENCY PLAN ACTIVATION

- All of you are in the middle of an on-going emergency plan activation that is not going to be defined as any one point in time.

- Many of our facilities did not foresee a pandemic as one of our internal or community risks. Or if we did, we didn't have the detail needed in our plan.

- Keep up with what you do and why you do it. You are more than likely going to have Plan A, Plan B, Plan C……….

- Make a living document that you can update as the situation progresses and will give you details needed for your after-action report and to revise your EPP based on lessons learned from this event.

INQDOCS

We at InQuiseek Consulting are making COVID-related INQDOCS library items available to safety net providers who are outside our family of subscribers. To request these items or to make suggestions about what you need as tools, templates, practice aids, please email:

Name

Facility Name

Type of Facility

Location

Send to:

pharper@inquiseek.com

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Patty Harper is CEO of InQuiseek, LLC, a business and healthcare consulting company based in Louisiana.   She has over 21 years of healthcare experience in the areas of healthcare finance & reimbursement, health information management, compliance, and practice management.   She began her healthcare career as a hospital controller and reimbursement analyst. Patty holds a B.S. in Health Information Administration (cum laude) from Louisiana Tech University. She is credentialed through AHIMA as a RHIA, CHTS-IM, and CHTS-PW. Patty successfully completed AHIMA's ICD-10 Academy and has been recognized as an ICD-10 Trainer. She is also Certified in Healthcare Compliance (CHC®) thorough the Compliance Certification Board.   Patty is a frequent speaker and contributor for national, state and regional and rural healthcare associations on these and other reimbursement-related topics. She has held memberships regional, state and national organizations throughout her healthcare career including NARHC, NRHA, AHIMA, MGMA, and HFMA.   Patty currently serves on the Board of NARHC and LRHA.