

As of March 30, 2020, 27 States have taken steps to help [lessen the spread](#), e.g. stay-in-place-order requesting individuals to remain at home except for the most essential reasons, such as grocery and pharmacy shopping or essential business-related reasons. This encompasses approximately two-thirds of the Country's population. Additionally, numerous states have also implemented executive orders limiting the scope of medical practices to only "medically critical or necessary" procedures and/or surgeries. As such, many practices are scrambling as nonessential surgeries have been canceled, placing many of our member practices at near-term risk.

Recognizing that we have multitudes of resources available to us at our fingertips, the AVLS Board of Directors has developed a more concise library of key resources designed to help guide members through the COVID-19 pandemic as we seek to protect our patients and our practice teams from the impact this is having on all of our lives.

"We all recognize the impact that this pandemic is having on our membership, our patients, and our livelihood. There will be a downtime and we are all suffering, but we'll get through this and be stronger than ever." Marlin Schul, MD, President AVLS

From the Front Lines

Dr. Kathleen Gibson has been working at ground zero for COVID-19 in the US. This video offers insight into how Kathy's team has responded and the personal toll COVID-19 is taking on healthcare workers.



Practice Guidelines

With numerous States issuing orders to restrict the scope of practice during the crisis and others wondering what the correct and proper decision is to make, the Society recognizes that many are faced with difficult decisions that will impact the livelihood of our patients, our staff and our very businesses. And as such, we recognize that we are not in a position to make such recommendations one way or the other as this is an individual decision. It is important during this time to daily monitor for orders from state and local governments, as restrictions may be imposed with little advance notice.

That said, we would like to provide some resources to help you navigate the decision process for the immediate and short-term while also consideration for how to approach the future when we begin to restart our practices in the coming weeks. AVLS members should follow the guidance set for by the CDC and their individual state governments.

Scope of Practice resources:

CMS Report on Adult Elective Surgery and Procedure Recommendations

White House Guidance to Slow the Spread

CDC Interim Guidance for Healthcare Facilities

Staffing Challenges & Best Practices

By Dr. Ron Winokur and Linda Antonucci

Although vein disease is important to patient's quality of life, practitioners in hospital-based practices and private offices can help maintain a healthy workforce and availability of resources to decrease the

burden on healthcare systems. The goal of this section is to provide guidance on methods to maintain appropriate staffing during this unprecedented time while still providing availability for urgent patient needs and minimizing the risk of the spread of Coronavirus. Private offices and hospital-based practices have different challenges that will be barriers to the implementation of these practices.

Best practices:

- Monitor staff for fever or flu-like symptoms
- Prevent staff from working if they have developed symptoms
- Divide office staff into teams that alternate weeks in-office
 - ◆ Out-of-office staffing team handling telemedicine, patient screening, and administrative tasks
 - ◆ In-office staffing team focuses on in-person medical care to those patients that truly need it
 - ◆ Rotating teams utilize less personal protective equipment, exposes fewer staff members, and creates the environment to offer care to those with the greatest need for superficial or deep vein care.
- Limit patient scheduling to prevent overcrowding in the waiting room or need for excessive staff
- Limit procedure scheduling to [required procedures](#)
- Keep your staff and patients safe

Additional Resources:

OSHA - Guidance on Preparing Workplaces for COVID-19

Elsevier COVID-19 Clinical Toolkit

CDC Return to Work Criteria

American College of Surgeons: COVID-19
Guidance for Triage of Non-Emergent
Surgical Procedures

Personal Protection Gear & Current Guidance for COVID-19

By Dr. Yung-Wei Chi and Dr. John Blebea

Regardless of your specific situation regarding scope of practice restrictions we are all faced with the concern of how to protect our patients, our staff, and ourselves

Recommendations are tempered by available local resources. However, in most situations, it is both advisable and practical to:

- Wear a face mask throughout the day while in the office, both yourself and all nursing and administrative staff. Although homemade masks provide some protection, a standard surgical mask is much better. Due to shortages, an N95 respirator is recommended only when in the presence of infected individuals. It does, however, provide much better protection against viruses than surgical masks. A single mask can be worn throughout the day.
- Wear gloves and wash, while wearing the gloves, with soap and water for 20 seconds before and after examining each patient. Current recommendations are to use soap and water rather than alcohol-containing disinfectants because of concern that the latter may impair glove integrity.
- A separate face shield is not recommended unless aerosol-inducing naso-pharyngeal procedures are being performed.
- To the extent possible, maintain physical distancing of six feet between office staff.
- When arriving at the office, change into surgical scrubs or other garments which

are removed at the end of the day and are laundered, but not taken home.

- Although not specified by any guidelines, many health care workers in regions with high numbers of COVID infected individuals leave their shoes in the garage before entering the house. If they have not worn separate garments in the office, they take off their work clothes, put them in a separate plastic bag to be laundered, and take a shower before changing clothes and coming into contact with their family members.

Additional Resources:

Stanford Medicine: Addressing COVID-19 Face Mask Shortage

WHO Advice on the Use of Masks

CDC Strategies for PPE

EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19

WHO Infection Prevention and Control

"Keeping the Coronavirus from Infecting Health-Care Workers" by the New Yorker

Embracing Telemedicine

By Dr. Chris Pittman and Dr. Margaret Mann

As you are facing the impact of COVID-19, we urge you to consider implementing telemedicine in your practice. This is about social distancing, lessening the spread, and keeping you, your staff, and your patients safe during this pandemic while also preparing for the time when our practices begin to reengage in normal operations.

Telemedicine has been around for many years, but difficult to monetize. New legislation has opened up reimbursement paths and each payer has identified value in using technology.

Seeing patient's faces, communicating eye to eye with them about their situation and how we can help is more than amazing. Telemedicine allows us to keep the pipeline growing and keep patients engaged until we can safely bring them into the office for ultrasound studies and treatment.

How to get started

First, there are many HIPAA compliant telemedicine platforms currently available. Check with your EMR/Practice Management system; a majority already have integrated with third-party vendors.

Other platforms are also readily available such as [Skype for Business](#), [Updox](#), [VSee](#), [Zoom for Healthcare](#), [Doxy.me](#) and [Google G Suite Hangouts](#). These have stated that their products will help physicians comply with HIPAA and that they will enter into a HIPAA BAA (Business Associate Agreement). Implementing a solution that has or will be able to provide HIPAA compliance, in the long run, is recommended as we believe that telemedicine will become an ongoing part of all our futures following this crisis.

However, in the current crisis environment, HHS has relaxed the rules pertaining to HIPAA compliance allowing for multiple modes of communication including Apple FaceTime, Skype, Google Hangouts, and telephone communications.

Full Telehealth and HIPAA Compliance Guidance from the HHS

Telemedicine Billing Guidance

At this time many payers are waiving patient co-pays for telemedicine visits. Be sure to confirm this with the payer in advance.

Although payer approaches may differ, one of the tenets is to use standard E&M codes

99211-99213 and 99201-99203. The place of service should be reported as '02'. Modifier 95 or GT should be reported for telemedicine visits.

It is important to review the modifiers to report accurately what was done with the patient.

For example, ulcer patients can show you and measure their ulcer dimensions. Or patients with swelling can take measurements of their limbs with little difficulty. Document the time spent accurately. We encourage you to record video/audio of the visit if possible. When recording a patient visit, you must request consent to record at the beginning of the visit. It is important that you handle a telemedicine interaction with the patient just as you would an in-person consultation and that you go through the same process as if the patient entered the practice to support your documentation.

Additional resources are becoming available each day from a variety of payers. The following are some recently posted payer guidance for telehealth payment.

Payer Guidance:

CMS Telemedicine Fact Sheet

State by State Overview

Aetna

Anthem Blue Cross

Cigna Coding Guidance

Florida Blue Telehealth Options

Humana

United Health Care (UHC)

CMS & Telemedicine

For Medicare patients, both established and new patient E&M codes can be billed using digital means, web portals, Skype, or Facetime. CMS will now reimburse telehealth visits at the same rate as regular, face-to-face E&M visits. CMS waivers and additional information may be viewed here:

CMS Telemedicine Fact Sheet

CMS Telemedicine Tool Kit

CMS Coronavirus
Waivers & Flexibilities

Additional Resources:

AMA Quick Guide to
Telemedicine in Practice

The Physicians Foundation
Telehealth Initiative

Financial Relief Opportunities

If you are actively struggling, you may be eligible for a low-interest Small Business Administration loan.

Federal Small Business
Administration Loans

"Coronavirus Aid, Relief, and Economic
Security Act" (CARES Act) Health Care
Highlights from the AMA

CMS Announces Relief for Clinicians, Providers, Hospitals, and Facilities Participating in Quality Reporting Programs in Response to COVID-19

CMS FACT SHEET: Expansion of the Accelerated and Advance Payments Program For Providers and Suppliers During Covid-19 Emergency

AVLS supports AMA Letter to Congress regarding support for physicians in the stimulus package

Additional Educational Resources:

ACCME Library of CME COVID-19 Courses

Centers for Disease Control and Prevention

Please note that we acknowledge this is not a complete listing of all available resources available to you during this crisis but is simply a tool to help guide you in the direction of resources to enable you to make the most informed decisions.



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