



COVID-19: Reopening Your Medical Practice Checklist

Many physicians have been faced with the difficult decision to close their practice temporarily during the national COVID-19 pandemic. As medical practices begin the process of reopening, the need to plan ahead is of utmost importance. A smooth and seamless reopening transition can only be achieved after completing a thorough evaluation of your preparedness including your staff, office operations and finances.

Contact your insurance agent or medical professional liability carrier to confirm that coverage has been reinstated at the desired level if you have requested adjustments in your professional liability coverage during the crisis.

Financial Considerations

- **Consider your need for startup capital:** Identify your financing needs, review available sources, and begin the process.
- **Address your accounts payable:** Organize your accounts payable and develop a repayment plan for deferred payments including rent, utilities, CMS or health plan advanced payments or loans. Maintain open lines of communication with health plans and vendors especially for payments that you may need to defer. Speak with your vendors and learn what they are offering to help you restart your medical practice.
- **Tackle your accounts receivables slowly.** Use this time to restart collection activities and implement an internal process to follow up on outstanding claims. Carefully review your financial reports (insurance aging, patient aging, and adjustment reports.) Ideally you should begin with the 60-day and older aging buckets. Your objective is to be certain that every claim has been followed up appropriately. Carefully analyze your revenue streams. Understand the DRO (days revenue outstanding = the average number of days it takes to collect on your practice's accounts receivable.) Review past revenue trends and realize that there may be delays as collections are likely to be challenging in the near future.
- **Review contractual obligations:** Reexamine managed care contractual obligations. Be certain to meet timely filing limits for claims and appeals, as well as submissions for encounters and/or quality data. Employment agreements, vendors, and landlord obligations must also be addressed. Review these agreement/contracts for clauses pertaining to termination, late payments, late fees, interest, etc. Develop and/or revise your budget as you ramp back up your practice.

Telehealth

If you have not already implemented a telehealth strategy, you should immediately consider doing so. It is expected that the temporary COVID-19 telehealth regulations are likely to change and may require a secure means of communication with your patients in the future. Check with your EMR vendor to determine if an integrated telehealth module is available for your system. RCMA has developed a [telehealth vendor resource guide](#) that includes both EMR-integrated modules and standalone platforms. www.rcmadocs.org/covid-19

During this transition and beyond, telehealth will enable you to continue caring for patients who do not need to be physically evaluated, while ensuring schedule openings for those patients who must be seen. Also

consider that some of your patients may be reluctant to present to your office in person during this challenging period.

Patient Scheduling Workflows

- **Maintain Safety Procedures.** Implement mask use for staff, patients and guests. <https://www.osha.gov/Publications/OSHA3990.pdf>
- **Post your COVID-19 signage at your front door.** Download signage in English and Spanish at www.rcmadocs.org/Covid-19
- **Avoid patient-to-patient contact by considering separate entrance and exit doors.** Ask patients to wait in their car, and allow only one-patient visit at a time.
- **Use your telephone system effectively.** Deliver messages to incoming callers about when and how to seek medical and emergency care.
- **Establish practice screening workflows.** Identify how to perform intakes and cycle patients through your practice for COVID-19 screening and testing. Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) **before they enter your facility.** Follow [guidelines from the Centers for Disease Control and Prevention \(CDC\)](#) for patient COVID-19 screening upon appointment scheduling and on day of appointment.
- **Develop effective workflows for patients who can be cared for at home.** Rather than presenting to your facility, many patients can be effectively managed via telehealth.
- **Schedule in-person visits according to medical priority.** Whenever possible, utilize telehealth visits for patients at high risk for COVID-19 who do not need to be seen in person.
- **Recommend that patients come to their visit alone.** If this is not possible, no more than one person should accompany them to ensure social distancing. If the patient must be accompanied, screen the chaperone for COVID-19. See the CDC's [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)
- **Review patient charts for delayed preventative care during COVID-19.** Schedule those patient visits and needed tests within 90-120 days of re-opening to allow adequate time to complete these annual visits prior to year-end.
- **Follow up with patients who have delayed elective surgeries to discuss rescheduling.** Consider delaying elective procedures depending upon demand, operating suite availability and adequate PPEs. Remain cognizant of ambulatory care centers that are progressively opening so that your patients can be scheduled effectively.

Staff Considerations

- **Right-size your work force.** Consider staffing adjustments that may include bringing back staff/physicians in phases as patient loads increase.
- **Assess staff scheduling.** Consider placing personnel on rotating teams and extend remote access to your EMR.
- **Incorporate physical distancing.** Prepare waiting rooms, breakrooms, and testing areas to allow for physical distancing.
- **Address at-risk personnel.** Consider safety options for staff with pre-existing conditions and/or staff at-risk. Duties should be shifted to roles with less risk of exposure. This may include consulting with younger staff, advising on the use of resources, keeping staff updated on most recent news, ordering supplies, working from home, phone triaging patients, helping providers and managers make difficult decisions, and speaking with patients and family members.

- **Provide refresher training for all staff.** This should include [triage](#), [infection control](#), [use of personal protective equipment \(PPE\)](#), and patient communication.
- **Determine staff PPE needs.** This should be based on levels of infection in the community, types of patients seen, and patient care procedures performed. See [guidance from the Occupational Safety and Health Administration \(OSHA\)](#).
- **Screen healthcare personnel daily for symptoms/travel/contacts relevant to COVID-19.** Any unprotected occupational exposure by staff members should be assessed and monitored. See [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 \(COVID-19\)](#).
- **Follow return-to-work guidelines for healthcare workers with confirmed or suspected COVID-19.** Establish a quarantine policy. Develop a policy for workers who have contracted COVID-19. Refer to the CDC guidelines at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

Office Operations

- **Modify your schedule.** Consider scheduling changes for the short term or on a permanent basis. Consider evening and weekend hours, remaining cognizant of the time between visits/cases and patient volumes. If you are offering same day appointments, be sure to space those out appropriately. Develop patient schedule workflows for the upcoming 1-2 weeks.
- **Run insurance eligibility and benefits queries.** Determine if the patient's insurance is still effective. Review copay and deductible amounts and determine if there is an outstanding balance. Offer payment plans whenever possible.
- **Be sure to communicate your strategy.** When you confirm patient appointments, explain your workflow changes.
- **Ensure that public, work, and treatment areas are equipped to reduce the spread of COVID-19.** For example, use Environmental Protection Agency (EPA)-approved cleaning chemicals with label claims against the coronavirus. For more information, see [OSHA's Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus](#). For a list of disinfection products effective against coronavirus (COVID-19, also known as SARS-CoV-2), see [the Environment Protection Agency list](#).
- **Assess needed supplies and equipment.** Ensure all equipment is maintained and is operationally ready. Review sanitization and sterilization techniques, including patient waiting areas. Identify practice needs for PPEs currently and track those needs as your practice expands. Maintain an open line of communication with all vendors and supply chains for infection control purposes and access to available resources. Ensure that current vendors can handle your projected volume. If not, explore other vendor opportunities.
- **Remain vigilant for drug shortages.** Stand ready to address those shortages. Consider alternatives and set expectations with patients on alternatives if medications become unavailable.