CORONAVIRUS | COVID-19

Toolkit for
Independent
Primary Care Providers

Click here to view the most recent updates on COVID-19 and resources from Avance Care.
Dear Primary Care Provider,

We at Avance Care strongly believe that information-sharing among medical professionals is essential during the COVID-19 (C19) pandemic, and we understand many independent practices do not have the resources to craft protocols. **Please share this toolkit with other professionals who may benefit.**

We created this toolkit in the early weeks of the pandemic to help you provide care to your patients during this national emergency. As the we enter the **SEVENTH** month of caring for our patients in this new world, the guidance and pathways we amended almost daily at first have become part of our daily routine. Most clinicians are now comfortable with searching the CDC website for the most up-to-date guidance.

We have decided to trim the Toolkit to more manageable size. Historical versions are available on request.

Flu season is upon us and the threat of a “**Twindemic**” looms; we are reassured by data from the Southern Hemisphere which show a **less severe flu season** than previous years. To promote flu vaccinations, we have developed workflows for **curbside flu shots**. We continue to offer **rapid antigen testing** using the Sofia 2 platform with success to **symptomatic patients** only. **Curbside testing via self-swab** is our plan for both COVID-19 and flu testing after a telehealth evaluation for a majority of our patients with respiratory illness.

**September 21, 2020 updates**

1. “Long COVID” infographic from British Medical Journal
2. Johns Hopkins Breathing Exercises to control cough related to COVID-19
3. Flu shot strategy including curbside flu shots

Yours in health,
Joanne Fruth, MD, MA, FAAFP
Avance Care
Chief Medical Officer
## Toolkit Resources

1. [Online COVID-19 Textbook](#)  
2. Infographic on treating “Long COVID” from BMJ  
3. Johns Hopkins Breathing Exercises for Managing Cough due to COVID-19  
4. Curbside Flu shots and 4-Question Consent  
5. Update on Limitations of PCR and Antigen testing for SARS-CoV-2  
6. NC DHHS Caution regarding Antigen Testing, Reporting and Practical Application  
7. Practical Decision-Making for Offices Which Have Access to Rapid Antigen Testing  
8. Self-swabs; Practical Protocol for Antigen Testing in the Office Setting  
9. Patients Instructions After Testing; QR Code to Link to NC DHHS Instruction Sheet  
10. No-Touch Workflow in the Office – Practical Considerations  
11. Decision Tree for Pediatric Testing from Duke Medicine  
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26. Rapid Adaption to Telehealth and Condition List and Guidefor Telehealth  
27. Coding a Televist Based on the “No Touch Exam”/Components to allow 99214/99203 coding  
28. Questions and Answers from Town Hall Conducted 3/15/2020 with All Avance Care Providers  
29. Consideration to Reuse Albuterol MDI to Substitute for Albuterol Nebulizer in the Office  
30. Policy for Performing Nebulizer Treatment When N95 Mask Not Available  
31. Responding to Inquiries on Supplements and Vitamins for COVID-19 Prevention  
32. Advance Directives, MOST Orders, and NC Advance Health Care Directory  
33. COVID-19 FAQ for Workers Who Perform Essential Services  
34. Symptom Stop Sign
Online Textbook

From: https://emcrit.org/ibcc/COVID-19/

This online textbook is regularly edited with new information regarding evaluation and treatment of COVID-19.
"Long covid" in primary care
Assessment and initial management of patients with continuing symptoms

In investigations

- Clinical testing is not always needed, but can help to pinpoint causes of continuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below:

  - **Blood tests**
    - Full blood count
    - Electrolytes
    - Liver and renal function
    - Troponin
    - Creatine kinase
    - D-dimer
    - Brain natriuretic peptides
    - Ferritin
    - Proinflammatory and prothrombotic states
  
  - Other investigations
    - Chest x-ray
    - Urine tests
    - 12 lead electrocardiogram

In managing comorbidities

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues.

In safety netting and referral

The patient should seek medical advice if concerned, for example:
- Worsening breathlessness
- PaO₂ < 96%
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- **Respiratory** if suspected pulmonary embolism, severe pneumonia
- **Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- **Neurology** if suspected neurovascular or acute neurological event

Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review

In medical management

Symptomatic, such as treating fever with paracetamol
- Optimise control of long term conditions
- Listening and empathy
- Consider antibiotics for secondary infection
- Treat specific complications as indicated

In self management

- Daily pulse oximetry
- Attention to general health
- Rest and relaxation
- Self pacing and gradual increase in exercise if tolerated
- Set achievable targets

In mental health

- In the consultation:
  - Continuity of care
  - Avoid inappropriate medication
  - Longer appointments for patients with complex needs

- In the community:
  - Community linkworker
  - Patient peer support groups
  - Attached mental health support service
  - Cross-sector partnerships with social care, community services, faith groups

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Patient Education on Breathing Exercises to Manage Cough Related to COVID-19

Diaphragmatic Breathing (Belly Breathing)

Deep breathing restores lung function by using the diaphragm. Breathing through the nose strengthens the diaphragm and encourages the nervous system to relax and restore itself.

When recovering from a respiratory illness like COVID-19, it’s important not to rush recovery. This deep breathing exercise is broken up into phases to take into account individual ability. Start with Phase 1, and only increase repetitions or move to the next phase when you can complete the exercise without feeling too out of breath.

**Phase 1: Deep Breathing While On Your Back**

- Lie on your back and bend your knees so that the bottom of your feet are resting on the bed. Place your hands on top of your stomach or wrap them around the sides of your stomach.
- Close your lips and place your tongue on the roof of your mouth.
- Breathe in through the nose and pull air down into your stomach where your hands are. Try to spread your fingers apart with your breath.
- Slowly exhale your breath through the nose. Repeat deep breaths for one minute.

**Phase 2: Deep Breathing While on Your Stomach**

- Lie on your stomach and rest your head on your hands to allow room to breathe. Close your lips and place your tongue on the roof of your mouth.
- Breathe in through your nose and pull air down into your stomach. Try to focus on your stomach pushing into the mattress as you breathe.
- Slowly exhale your breath through your nose. Repeat deep breaths for one minute.

**Phase 3: Deep Breathing While Sitting**

- Sit upright on the edge of a bed or in a sturdy chair. Place your hands around the sides of your stomach.
- Close lips and place your tongue on the roof of your mouth.
- Breathe in through your nose and pull air down into your stomach where your hands are. Try to spread your fingers apart with your breath.
- Slowly exhale your breath through your nose. Repeat deep breaths for one minute.

**Phase 4: Deep Breathing While Standing**

- Stand upright and place your hands around the sides of your stomach.
- Close your lips and place your tongue on the roof of your mouth.
- Breathe in through your nose and pull air down into your stomach where your hands are. Try to spread your fingers apart with your breath.
- Slowly exhale your breath* through your nose.
- Repeat deep breaths for one minute.
*You may practice humming exhalation here if desired.

**Yawn to a Smile**

This exercise incorporates motion with deep breathing, which helps increase coordination and build strength in the arms and shoulders. It also opens up the muscles in your chest to give the diaphragm space to expand.

- Sit upright on the edge of your bed or in a sturdy chair.
Reach arms overhead and create a big stretching yawn.
Bring your arms down and finish by smiling for three seconds.
Repeat for one minute.

**Humming**

Humming while exhaling helps increase nitric oxide production in the body. Nitric oxide helps with neural plasticity (building and repair of the nervous system) and it dilates blood vessels, enabling more oxygen to be delivered throughout the body. Humming is also calming and soothing, it reduces stress and it can help the patient remain in restoration mode.

Sit upright on the edge of your bed or in a sturdy chair.
Place your hands around the sides of your stomach.
With your lips closed and your tongue on the roof of your mouth, breathe in through your nose and pull air down into your stomach where your hands are. Try to spread your fingers apart with your breath.
Once your lungs are full, keep your lips closed and exhale while humming, making the “hmmmmmmm” sound.
Notice how your hands lower back down.
Again, inhale through your nose, then exhale through your nose while humming.
Repeat for one minute.

**COVID-19 Rehabilitation Resources**

If you need additional support during COVID-19 recovery, Johns Hopkins rehabilitation physicians and therapists can help you restore your strength and function. Our clinics are open and accepting new patients.
Workflow for Curbside Flu shots

PC Workflow:

Available only to patients 14 y/o and older. All others must have an in-office flu shot.

1. Schedule patient during allotted times for curbside flu shots on the MA-Lab schedule as a “Nurse Only” visit. Type the reason as “Curbside Flu Shot.”
2. Ensure patient’s PCP is selected for the Provider or Provider on duty if it is a new patient.
3. Instruct the patient to click on the link on their email to electronically fill out the Influenza Questionnaire or go to our website to fill it out if the appointment was not requested through Carin. Be sure to update their insurance information if needed.
   a. If the patient is new, enter their insurance information in eCW and instruct them on how to file drop their insurance card and picture ID. Create a global alert to collect all new patient forms.
4. Verify that their insurance plan is active.
5. For insured patients, collect $0. For uninsured (self-pay) collect $29 for Fluzone Quad, $59 for Flublok (50 years to 65 years) or $65 for High Dose (65 years +). Cary and Clayton are offering FluMist which is $39.
6. Instruct the patient to wear a loose fit top and bring their picture ID to the visit.

MA Workflow:

PPE: Mask, Gloves

Items Needed:

- Pens (plenty to give away)
- Cooler to store vaccines
- Flu shots
- Sharps container
- Alcohol wipes
- Band-aids
- Gauze
- Disinfecting wipes
- Hand sanitizer
- Chair
- Tablet
- Snacks — (drinks, lollipops, granola bars)
- VIS forms
- Nutrition recipe books
- Clips

1. Print out all the Influenza Questionnaires attached to the patient’s charts.
2. Prepopulate the date and lot #.
3. Clip enough VIS forms to Nutrition Recipe books to give away.
4. Prepare vaccines, store them in the cooler and bring all items listed above to the curbside.
5. Greet patient and kindly advise them to place their vehicle in park.
6. Ask the patient to please identify themselves by showing their picture ID.
7. Obtain the Influenza Questionnaire with the patient’s name and confirm the responses to the questions on the form.
   a. If the patient’s response is “yes” to any of the questions on the questionnaire, please redirect patient to do an in-office flu shot to be cleared by an on-duty Provider.
8. Ask the patient if they have ever felt lightheadedness or dizziness when receiving the flu shot in the past.
   a. If the patient’s response is “yes” please redirect patient to do an in-office flu shot.
9. Instruct the patient to roll up their sleeve, clean the area with an alcohol wipe, and administer the vaccine.
   a. Please have patient sit in the chair provided if any of the following apply:
      ▪ Patient is sitting in the driver’s side and we need to access their right arm to administer the shot
      ▪ Patient is sitting in the passenger’s side and we need to access their left arm to administer the shot
      ▪ If the vehicle is too high to reach and safely administer the shot
10. Document the site of administration, type of flu shot, and your initials on the Influenza Questionnaire.
11. Give patient a Nutrition Recipe book with the VIS form clipped on it and thank them for coming.
12. Once all the patients have been serviced, document the vaccine administration in eCW. For detailed steps, please refer to the Flu Shot Workflow Job Aid or click here
# Avance Care – Influenza Immunization Questionnaire/Consent Form

**Instructions**: Established patients complete areas with an *. New patients, please complete the entire form.

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Patient Name:</td>
<td></td>
</tr>
<tr>
<td>*Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>☐ M ☐ F ☐ Other</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>PARENT/GUARDIAN INFORMATION:</td>
<td></td>
</tr>
<tr>
<td>Only for patient under 18 years of age – List person responsible for bill</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Relationship to Patient:</td>
<td>☐ Parent ☐ Other: __________________________</td>
</tr>
<tr>
<td>Emergency Information (Only needed if for offsite injections and new patients)</td>
<td></td>
</tr>
<tr>
<td>Person to Notify in Case of Emergency:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Relationship to Patient:</td>
<td>☐ Spouse ☐ Parent ☐ Other: __________________</td>
</tr>
<tr>
<td><strong>Insurance Information (only needed for offsite injections and new patients)</strong></td>
<td></td>
</tr>
<tr>
<td>Company Name:</td>
<td>Policy #:</td>
</tr>
<tr>
<td>Subscriber Name:</td>
<td>Group #:</td>
</tr>
<tr>
<td>Subscriber Address:</td>
<td></td>
</tr>
<tr>
<td>Subscriber Date of Birth:</td>
<td>Relationship to Patient: ☐ Spouse ☐ Parent ☐ Other: __________</td>
</tr>
<tr>
<td><strong>Questionnaire:</strong></td>
<td></td>
</tr>
<tr>
<td>For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason, we should not give you or your child inactivated injectable influenza vaccination today. If you answer “yes” to any question, it does not necessarily mean you (or your child) should not be vaccinated. If just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.</td>
<td></td>
</tr>
<tr>
<td>1. Is the person to be vaccinated sick today (more than mild cold symptoms?)</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>2. Does the person to be vaccinated have a severe reaction allergy (worse than hives) to eggs or any component of the vaccine?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td>4. Has the person to be vaccinated ever had Guillain-Barre syndrome?</td>
<td>☐ Yes ☐ No ☐ Don’t Know</td>
</tr>
<tr>
<td><strong>Authorization</strong></td>
<td></td>
</tr>
<tr>
<td>I authorize the release of any information concerning my or my child’s health care, advice and treatment provided for the purpose of evaluating and administrating claims for insurance benefits, I also hereby authorize payment of insurance benefits otherwise payable to me directly to Avance Care, P.A.</td>
<td></td>
</tr>
<tr>
<td><strong>Consent to Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>I hereby consent to evaluation, testing, and treatment for me and my dependents as directed by my physician or his or her designee at Avance Care, P.A.</td>
<td></td>
</tr>
<tr>
<td><strong>Influenza Immunization Consent</strong></td>
<td></td>
</tr>
<tr>
<td>I have read the vaccine information statement and have had a chance to ask questions that were answered to my satisfaction, I understand the risks and benefits of the influenza vaccine. I understand that I may be asked to stay up to 20 minutes after I receive my flu shot. I consent to have the flu shot given to me.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient/Guardian Signature:</strong></td>
<td><strong>Date:</strong></td>
</tr>
</tbody>
</table>

**For Staff Only:**

Complete all of the following (Check once completed):

- ☐ Above questionnaire reviewed
- ☐ Influenza VI5 given
- ☐ Questions answered
- ☐ Entered into EMR

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Given</td>
<td>Lot Number:</td>
</tr>
<tr>
<td>Site (Circle):</td>
<td>MA Initials:</td>
</tr>
<tr>
<td>Vaccine Given (Circle One):</td>
<td>☐ Quadrivalent ☐ High Dose ☐ FluBlok</td>
</tr>
</tbody>
</table>
Update on Limitations of PCR testing for SARS-CoV-2

Limitations in determining the performance of (Real Time Polymerase Chain Reaction) RT-PCR

- (1) RT-PCR performed on nasal swabs depends on obtaining a sufficiently deep specimen. Poor technique will cause the PCR assay to under-perform.
- (2) COVID-19 isn’t a binary disease, but rather there is a spectrum of illness. Sicker patients with higher viral burden may be more likely to have a positive assay. Likewise, sampling early in the disease course may reveal a lower sensitivity than sampling later on.
- (3) Most current studies lack a “gold standard" for COVID-19 diagnosis. For example, in patients with positive CT scan and negative RT-PCR, it’s murky whether these patients truly have COVID-19 (is this a false-positive CT scan, or a false-negative RT-PCR?).
  - Convalescent serologies may help resolve this problem (although they may to have their own limitations as well).

Specificity

- Specificity seems to be high (although contamination can cause false-positive results).

Sensitivity may not be terrific

- Sensitivity compared to CT scans
  - In a case series diagnosed on the basis of clinical criteria and CT scans, the sensitivity of RT-PCR was only ~70% (Kanne 2/28).
  - Sensitivity varies depending on assumptions made about patients with conflicting data (e.g. between 66-80%)(Ai et al.).
  - Image of analysis of Ai et al. to determine sensitivity & specificity of PCR here.
- Among patients with suspected COVID-19 and a negative initial PCR, repeat PCR was positive in 15/64 patients (23%). This suggests a PCR sensitivity of <80%. Conversion from negative to positive PCR seemed to take a period of days, with CT scan often showing evidence of disease well before PCR positivity (Ai et al.).
- Bottom line?
  - PCR seems to have a sensitivity somewhere on the order of ~75%.
  - A single negative RT-PCR doesn’t exclude COVID-19 (especially if obtained from a nasopharyngeal source or if taken relatively early in the disease course).
  - If the RT-PCR is negative but suspicion for COVID-19 remains, then ongoing isolation and re-sampling several days later should be considered.
NC DHHS Caution regarding Rapid Antigen Testing

Antigen tests are designed for rapid diagnosis of active infection by detecting viral proteins in nasal swabs or similar clinical specimens. Several commercial manufacturers are developing SARS-CoV-2 antigen tests. Antigen tests are less sensitive than PCR-based methods. Due to the lower sensitivity, antigen tests are most useful for testing symptomatic patients in whom COVID-19 is suspected. Antigen tests are less useful for screening of asymptomatic individuals.

All COVID-19 Testing must be reported

On July 7 2020, the State Health Director issued a Temporary Order to Report COVID-19 Diagnostic Tests, pursuant to authority granted in GS 130A-141.1, that fulfills the requirements of SL 2020-4, Sec. 4.10(a)(1) and provides information necessary for surveillance of COVID-19. The Order requires healthcare providers and laboratories to report positive and negative COVID-19 diagnostic test results. Reports are directed to be made in accordance with this guidance.

https://files.nc.gov/covid/documents/guidance/healthcare/Antigen-Provider-Update.pdf

Practical Decision making for offices which have access to rapid antigen testing (see CDC guidance below)

For patients with no symptoms, but concern for contact – PCR (see CDC guidance)

For patients who present with symptoms, we will do the Sophia2 antigen test. If the test is positive – we’ll give all advice and caution. (factoring in we’ll also do flu test if indicated or recommended at that time by CDC)

If the test is negative and it is the provider’s suspicion this is a CLI – then we’ll send the PCR the same day.

For individuals who come with mild ST, runny nose, HA, aching (we see a lot of this)– we’ll do the Ag test, and if negative, will advise to follow up with us in 48 hours for PCR testing and in the interim, take all precaution to isolate. It seems this will satisfy a couple of issues here on the ground: We seem to get negatives early in disease process; A huge majority of patients have self-limited viral illnesses/allergies/worry and payers are not going to pay for two tests on the same day.

Default to Self-Swab when able

We want to reduce risk to our staff – to do this we promote self-swabbing with all specimen collection: Covid AG, Covid PCR, Rapid Flu and Rapid Strep

We will instruct patients to sample as close to the NP (inserting the swab as posterior as possible) for Covid Ag and Rapid Flu; Labcorp sampling recommendations is from the nares.

We recognize there may be some decrease in sensitivity with self-swab with COVID Ag and Rapid Flu if nasopharynx is not sampled, however we believe the benefit of protecting our staff and decreasing use of PPE outweighs the slight decrease in sensitivity posed by this method of sample collection.
Patient Instructions After Testing

We are thinking more and more about no-touch interactions with patients (see initiatives below for out touchless workflows)

All patients should be given instructions to follow after testing. This 3-page handout is thorough and covers all scenarios for testing outlined by the CDC.

Steps for People After COVID-19 Testing: guidance

We created this QR code which we will hand to our patients in our drive-up testing opportunities. Patients with a smart phone can scan the code by opening up their camera, and aiming at the code – this action will lead to the patient instructions. Patients who do not have smart phones will be given paper copies of the information.

No-touch Workflow in the Office – Practical Considerations

Patients as consumers are expecting a no-touch environment in the medical office which is similar to no-touch environments found in banks and retail venues. Here is a list of initiatives we have taken to make interaction in our offices as ‘touchless’ as possible.

1. Every office purchased two touchless infra-red thermometers for temperature screening
2. Two remote BP cuffs allows quick application and blue tooth technology to inflate and read the numbers
3. Online registration linked to a QR code which the patient may scan while in the lobby
4. Cameras at the Patient Coordinator’s desks rotated to take photographs of patient’s Driver Licenses and insurance cards without having the staff have to handle the documents.
5. Branded Plastic decals created for the office floors designating proper distancing to maintain a 6-foot distance.
6. Branded Touchless hand sanitizer dispensers stationed in each lobby.
7. Credit card reader relocated to a place where the patient may swipe their credit card without having patient coordinator handling the card.
8. Plexiglass shield (ceiling-hung) added to all patient facing office spaces
Image of branded plastic floor decal (not true to size)

CREATING A TOUCHLESS ENVIRONMENT

- Why? Many businesses are adapting to the “new normal”. We want to create a touchless environment to keep our staff and patients as safe as possible.
- How? Review our current workflows and standards to adjust as needed but without adding complexity and administrative burden.
- When? ASAP.
Decision Tree for Pediatric Testing from Duke Medicine

Patient presents with acute respiratory infectious syndrome*

Does patient live with a healthcare worker or essential onsite personnel? 

YES

Test for COVID-19 + POC or Rapid Flu* (1-NP swab)
Place mask on patient. Advise caregiver to inform Employee Health about positive results.
Give AVS_COVIDTPC and .COVIDAVSINSTRUCTIONS

NO

Is patient at high risk of health complications?***

NO

No Viral Test Indicated. Give AVS for URI, .COVIDTIPS and .COVIDINSTASK. See instructions for details.

YES

Using provider discretion, may send COVID-19 test** (1 NP swab)

***Pediatric patient with HIGH risk for health complications
- Chronic lung disease, severe asthma, diabetes, neurodevelopmental disorders
- Oncology, chemotherapy, immunodeficiency
- Unstable congenital heart disease, pulmonary hypertension
- Chronic steroid use

*Acute respiratory infectious syndrome includes symptoms such as fevers, chills, cough, congestion, rhinorrhea, headache, myalgias, or sore throat

** Providers can cancel COVID-19 tests if alternate diagnosis is made

POC, Point of Care; AVS, After Visit Summary;
For more information on isolation and PPE guidance, please see Clinical Guidance and Forms folder:
Guidance for HCW PPE During COVID-19 Response
For more information on how to collect COVID-19 samples, please see Testing Guidance folder

Updated: 4/1/2020
Recommendations for Antibody Testing

CDC does not currently recommend using antibody testing as the sole basis for diagnosis of acute infection, and antibody tests are not authorized by FDA for such diagnostic purposes. In certain situations, serologic assays may be used to support clinical assessment of persons who present late in their illnesses when used in conjunction with viral detection tests. In addition, if a person is suspected to have post-infectious syndrome (e.g., Multisystem Inflammatory Syndrome in Children) caused by SARS-CoV-2 infection, serologic assays may be used.

Serologic assays for SARS-CoV-2, now broadly available, can play an important role in understanding the transmission dynamic of the virus in the general population and identifying groups at higher risk for infection. Unlike viral direct detection methods, such as nucleic acid amplification or antigen detection tests that can detect acutely infected persons, antibody tests help determine whether the individual being tested was previously infected—even if that person never showed symptoms.

Graph of timing of positive PCR test and Antibody response JAMA June 9, 2020

LabCorp Statement

- **A positive serologic result indicates that an individual has likely produced** an immune response to the SARS-CoV-2 virus.
- **A negative serologic result indicates** that an individual has not developed detectable antibodies at the time of testing. While contingent on a variety of factors, this could be due to testing too early in the course of COVID-19, the absence of exposure to the virus, or the lack of an adequate immune response, which can be due to conditions or treatments that suppress immune function.
- Confirmation of infection with SARS-CoV-2 must be made through a combination of clinical evaluation and other applicable tests. Decisions about ongoing monitoring, treatment or return to normal activities for patients being treated for suspected infection with SARS-CoV-2 should also be made in accordance with guidance from public health authorities.
- (not part of Labcorp statement): False positives and false negatives could be due to inherent limitations of sensitivity and specificity of the test.

**ANTIBODY TEST POSITIVE**

To whom it may concern:

____________ was tested for antibodies to SARS-CoV-2, the antibodies which the body produces after infection with COVID-19, on ____. This test does not evaluate for current infection with COVID-19.

The blood test revealed the presence of SARS-CoV-2 antibodies. There is a strong likelihood that ________________had a prior infection with COVID-19.

The presence of SARS-CoV-2 antibodies does not guarantee immunity. The presence of SARS-CoV-2 antibodies does not guarantee the individual will not spread infection in the future.

If the presence of antibodies does provide immunity, it is not known for how long.

COVID-19 antigen testing is available at any Avance Care practice after a telehealth or in-person office visit. Antigen testing is appropriate for acute symptoms including fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell.

Sincerely yours,

**ANTIBODY TEST NEGATIVE**

To whom it may concern:

______ was tested for antibodies to SARS-CoV-2, the antibodies which the body produces after infection with COVID-19, on _____.

The blood test revealed the absence of SARS-CoV-2 antibodies. There is a strong likelihood that ________________has not had a prior infection with COVID-19.

The test does not evaluate for current infection with COVID-19. Acute symptoms including fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell should be evaluated with antigen testing.

COVID-19 antigen testing is available at any Avance Care practice after a telehealth or in-person office visit.

Sincerely yours,
General Office Precautions

- Ask all patients with mild or moderate respiratory illness to stay home. This is consistent with CDC’s recommendations of “distancing
- Convert to televisits as much as possible. See below for suggestions on rapid implementation of telehealth
- Use curbside evaluation when possible for patients with respiratory illness. This can be billed as a face to face visit. A “no-touch physical” has enough components to code 99203 or 99214 if other elements of evaluation and management are present.
- Keep log of all personnel who have come in contact with a PUI
- Be sure to adequately protect yourself from droplets for a moderate-to-ill potential PUI: gloves, gown, goggles, and mask or face shield. See below regarding N95 Respirators in primary care setting during supply shortage. Use Self-swab when able
- If you encounter an individual who has fever, cough, runny nose, or risk of mucous spray, decontaminate the room by closing it for one hour, then wipe all surfaces with antiviral solution; allow to dry per manufacturer’s recommendations. The time for shutting down a room may vary from office to office; Avoid exposure with drive up testing after phone or telehealth triage
- If tested, Patient MUST self-isolate until test is confirmed NEGATIVE;

Acknowledges need to

https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html

How to isolate
PC Script for Patients Calling into the office for an appointment.
“Due to the ongoing coronavirus pandemic, we are scheduling all patients with signs of illness for telehealth appointments. Have you had any of the following symptoms in the past 48 hours? In the last 2 weeks, have you been in close contact with someone who has tested positive for COVID-19? Close contact is defined as having contact for more than 15 minutes and less than 6 feet?

- Fever or chills
- Cough
- Shortness of breath or trouble with breathing
- Onset of Fatigue in the last several days
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**If Yes** – proceed to Telehealth Workflow if calling for acute problem
**If Yes** and calling for lab appointment, nutrition appointment or BW appointment, MA appointment, Allergy appointment – please recommend the patient reschedule OR offer telehealth appointment to assess illness

**If No**: I am happy to make your appointment. Looking forward to seeing you soon. Please wear a face mask or face covering when you arrive at the office.

**If unwilling to have televisit**
We may have your provider evaluate you in your private vehicle. Please call when you arrive and wait in your private vehicle until we call you for your appointment. When you come into the office, please wear a face mask or face covering and sanitize your hands with hand sanitizer. The face mask prevents you from spreading droplets from a cough, sneeze or runny nose.
Screening During COVID-19 Pandemic

At Avance Care we strive for cleanness and safety for all. Kindly circle Yes or No below:

Have you had any of the following symptoms in the past 48 hours?
- Fever or chills
- Cough
- Shortness of breath or trouble with breathing
- Onset of Fatigue in the last several days
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

| Yes | No |

If yes, please take this opportunity to reschedule your appointment or make a TeleHealth or Curbside Visit now.

Is there any reason you think you need to be tested for COVID-19 today?

| Yes | No |

If yes, please take this opportunity to reschedule your appointment or make a TeleHealth or Curbside Visit now.
Applying PPE with Extended Use of N95:

1. Remove all non-essential items and put long hair up in bun

2. Have bag with N95 mask available

3. Put on shoe covers

4. Perform hand hygiene

5. Put on gown and fasten around the neck

6. Wrap gown around and secure outer ties on side of gown

7. Apply gloves, make sure you tuck the cuffs into gloves

8. Apply the N95 mask by pulling the bottom strap over first and then the top strap. Ensure straps do not cross

9. Perform a fit check by molding nose piece with two fingers to make sure respirator has a tight seal

10. While gloves on perform hand hygiene using hand sanitizer

11. Apply goggles/face shield
Removing PPE with Extended use of N95:

1. Remove shoe covers while still in patient’s room or outside

2. Near exit of the patient’s room or before returning inside the building remove gown touching at the shoulder away from the face, and roll inside out and dispose of gown and gloves in designated trash bags

3. Perform hand hygiene and apply gloves

4. Use wipe to open door

5. Remove goggles/face shield. If reusable wipe the inside with disinfectant in a downward motion away from you

6. Next using the same wipe cleanse the outside of the goggles/face shield. Discard wipe. If shield is cloudy once dry wipe with a damp paper towel and dry with fresh paper towel.

7. While gloves are still on perform hand hygiene with hand sanitizer

8. Next remove N95 mask by handling the bottom strap first then the top strap behind the ears

9. Place directly in labeled bag

10. Remove gloves using pinching technique

11. Perform hand hygiene
DIY Cleaning Solution

4 tsp bleach per 1 quart of water per CDC

This routine recommended following contact with ill person with risk for mucous spray and Close contact with COVID-19 positive individual

1. Close contact defined as “COVID-19 exposure within 6 ft for more than 10 minutes"
2. After PUI patient has left allow room to sit with door closed for 1 hour; Time may vary from office to office
3. Wearing PPE enter the room and again shut the door
4. Spray down surfaces and equipment with Clorox Clean Up and allow to sit for 30 seconds to 1 min
5. Wipe down on surfaces
6. Allow to air dry completely on its own
7. Decontamination after contact with asymptomatic or minimally symptomatic individuals may be carried out with routine wiping of surfaces with antiviral cleanser with drying period recommended by manufacturer
Return to Work Criteria for Health Care Personnel (HCP) with Suspected or Confirmed COVID-19

We are finding employers recommending test-based strategy for return to work for employees. We accommodate but note that viral shedding may persist for weeks from the time of symptom-onset. Detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

This link is updated regularly for HCP return to work guidance.


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Return to Work Practices and Work Restrictions
After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
  - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
  - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

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Strategies to Mitigate Healthcare Personnel Staffing Shortages
Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information. As part of this, asymptomatic HCP with a recognized COVID-19 exposure might be permitted to work in a crisis capacity strategy to address staffing shortages if they wear a facemask for source control for 14 days after the exposure. This time period is based on the current incubation period for COVID-19 which is 14 days.

Protocol for Locations:
1. Use the no-touch thermometer-scanner.
2. For temp 100.5 or higher, ask employee to self-isolate at home and to consult their personal medical provider per employee’s judgement.
3. Document temp, date, and time in a log every day (can be spreadsheet). Keep log in a private area as this is PHI information.
4. Employee may return to work when they are fever or symptoms free for 24 hours.
5. If employee’s symptoms progress, they should consult their PCP regarding potential need for COVID-19 testing.
6. When employee returns to work, resume universal protection and follow the 6-foot separation guidelines.
7. Contact HR for HR implications.

Consideration for taking vitals during COVID-19 Pandemic
1. Not all primary care offices have automated blood pressure machines, no touch thermometers, HR assessment
2. Distancing is best practice for all medical workers
3. Obtain manual blood pressure only when deemed necessary by the medical provider
4. Use No-Touch thermometer if able. Obtain temperature only when deemed necessary by the medical provider
5. Take Pulse via O2 Sat monitor if other automated method is not available. Obtain HR measurement only when deemed necessary by the medical provider
6. Obtain O2 Saturation on every patient with fever or respiratory symptoms. Obtain O2 Saturation measurement only when deemed necessary by the medical provider
COVID-19 Compared to Flu, Allergies, and Common Cold

Do you have a fever?

- **YES**

  Are you experiencing shortness of breath?

  - **YES**
    - You MAY have COVID-19
  
  - **NO**

- **NO**

  Do you have itchy eyes?

  - **YES**
    - You MAY have the flu
  
  - **NO**

- **NO**

  You MAY have allergies

  - **YES**
    - You MAY have the common cold

  - **NO**

OTHER COVID-19 SYMPTOMS

- Dry Cough
- Fatigue
- Weakness
- Exhaustion

OTHER FLU SYMPTOMS

- Dry Cough
- Fatigue
- Weakness
- Exhaustion

OTHER ALLERGY SYMPTOMS

- Sneezing
- Runny Nose

OTHER COMMON COLD SYMPTOMS

- Sneezing
- Runny Nose
- Mild Chest Discomfort

These are COMMON SYMPTOMS which can vary from person to person. Only a doctor can give you a diagnosis.

Telehealth visits now available for all new and established patients.

Source: UAB Medicine
Letter to Employees Regarding Work Conditions for CDC-Defined High-Risk Patients

To whom it may concern:

Your employee has requested a letter to consider employment modification due to the current COVID-19 pandemic.

I can provide this information as guidance for job modification from the OSHA website.

**Medium Exposure Risk**
Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients.

**Lower Exposure Risk (Caution)**
Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

People of any age with the following conditions are at increased risk of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

I advise that your employee has a high-risk condition and should only be present in the workplace if in a “Lower Exposure Risk” Category as described by OSHA.

Sincerely yours,

Provider:
## Assessment of Evidence for COVID-19 Related Agents

<table>
<thead>
<tr>
<th>Drug / Class</th>
<th>Rational</th>
<th>Trials / Clinical Experience</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Methylprednisolone** | Potent anti-inflammatory and antifibrotic properties; low doses of corticosteroids may prevent an extended cytokine response and may accelerate resolution of pulmonary and systemic inflammation in pneumonia | -Retrospective, observational, single-center study: In 201 patients with confirmed COVID-19 pneumonia who developed ARDS, methylprednisolone appeared to reduce the risk of death.  
-Consider discontinuation of inhaled steroids as they may reduce local immunity and promote viral replication, unless necessary for acute indications. | -WHO and CDC recommend that corticosteroids not be routinely used in patients with COVID-19 for treatment of viral pneumonia or ARDS unless indicated for another reason (e.g., asthma or COPD exacerbation, septic shock)  
-Findings suggest that for patients with COVID-19 pneumonia who progressed to ARDS, methylprednisolone treatment may be beneficial. Results should be interpreted with caution because of potential bias. |
| **ACE-I & ARBs** | Hypothetical harm:  
Human pathogenic coronaviruses bind to their target cells through angiotensin converting enzyme 2 (ACE2).  
Expression of ACE2 is increased in patients treated with ACE-I or ARBs. Increased expression of ACE2 may potentially facilitate COVID-19 infections.  
Hypothetical benefit:  
ACE inhibitors or ARBs may have a protective effect against lung damage or may have paradoxical effect in terms of viral binding. | -Data are lacking; no evidence of harm or benefit with regards to COVID-19 infection.  
-Clinical trial underway: Initiation of losartan in adult patients with COVID-19 requiring hospitalization; primary outcome measure: sequential organ failure assessment (SOFA) respiratory score. (NCT04312009) | American Heart Association (AHA), American College of Cardiology (ACC), Heart Failure Society of America (HFSA), European Society of Cardiology (ESC) recommend to continue treatment with renin-angiotensin-aldosterone system (RAAS) antagonists in those patients who are currently prescribed such agents. |
| **Ibuprofen** | Speculative link between ibuprofen and increased ACE2 expression leading to worse outcomes in COVID-19 patients and should NOT be used in patients with COVID-19. | None; anecdotal | A letter published in The Lancet Respir Med stated that increased expression of ACE2 could facilitate infection with COVID-19. The letter states that thiazolidinediones and ibuprofen can increase ACE2. No sources have been cited for this.  
**Therefore, currently no compelling evidence** to support an association between ibuprofen and negative outcomes in patients with COVID-19. |
Essential Business Letter for Staff (COVID-19)

This individual is employed by [Business Name] which is a healthcare provider and is continuing operations in [State] during the shelter-in-place order as an essential business under relevant law.

[Business Name] is committed to complying with the relevant requirements and appreciates your assistance in enabling our employee to continue to provide essential healthcare functions to the community. This employee generally works a schedule of [X to X] and this letter does not apply to time outside of normal working hours.

If you have any questions, please contact [Contact Person or Department] at [Phone Number].
Letters for Return to Work

**Letter #1 – Patient was tested and results are negative**

To whom it may concern:

Your employee was recently tested for an infectious condition requiring a period of self-isolation beginning on _____________. This is to certify the test was NEGATIVE. Your employee may return to work on ________ and should monitor for any new symptoms of illness. I have advised your employee to continue social distancing by maintaining a distance of 6 feet from all other individuals in the workplace.

Sincerely yours,

Provider

**Letter #2 – Patient tested pos and ready to return to work or was sick with COVID-like symptoms (never tested) and is ready to go to work**

To whom it may concern:

Your employee was recently ill with an infectious condition and was advised to self-isolate beginning _______. Your employee has met the following CDC conditions for return to work as of _________.

- It has been at least 7 days since the start of symptoms
- The individual has not had fever for three days (72 hours) without taking any medicine for fever.
- Other symptoms are improving

Laboratory testing to confirm absence of infectious condition is not needed to return to work per the CDC. I have advised your employee to continue social distancing by maintaining a distance of 6 feet from all other individuals in the workplace and self-monitor for any new symptoms of illness.

Sincerely yours,

Provider

**Letter #3 – patient had a close contact – not HCW/first responder – and able to return to work**

To whom it may concern:

Your employee was recently advised to self-isolate beginning ____________ for 14 days because he/she had close contact with an individual with COVID-19 or came from a region where self-isolation has been advised. Your employee may return to work on ___________. He/she will continue to monitor for symptoms of respiratory illness.

Laboratory testing to confirm absence of infectious condition is not needed to return to work per the CDC. I have advised your employee to continue social distancing by maintaining a distance of 6 feet from all other individuals in the workplace and self-monitor for any new symptoms of illness.

Sincerely yours,

Provider
Letter #4 – Employee had close contact with someone with COVID-19, has not symptoms, and is a healthcare worker or first responder.

To whom it may concern:

Your employee is a health care worker or first responder and has informed me of low risk exposure to an individual diagnosed with COVID-19. Low-risk exposure generally refers to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask while the health care professional wore a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

At this time, your employee does not have signs or symptoms of infection. Per CDC guidance, your employee is not restricted from work. He/she should have daily monitoring by “delegated supervision” until 14 days after the last potential exposure.

Per the CDC, he/she should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq 100.0^\circ F$ or subjective fever) OR respiratory symptoms he/she should immediately self-isolate (separate themselves from others), notify you and contact me for further evaluation work. Further guidance is available on the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html

Sincerely yours,

Provider
Considerations for Rapid Conversion for Telehealth

1. Newly Expedited Rules on Implementing Telehealth into your practice
   a. You Can start doing Telehealth Today
   b. Effective March 17, 2020, the U.S. Department of Health and Human Services Office for Civil Rights (OCR) provided notice that during the COVID-19 nationwide public health emergency, covered healthcare providers may use popular video chat applications to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with HIPAA Rules related to the good faith provision of telehealth.
   - Permitted applications include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. They recommend using a HIPAA - compliant vendor, but these other video chat solutions may be an appropriate interim solution for practices to use until a HIPAA - compliant telemedicine solution can be implemented
   - Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA Business Associate Agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA 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
   - Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.
   - OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf - PDF.
   - Guidance on BAAs, including sample BAA provisions, is available at https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html.
   - HealthIT.gov has technical assistance on telehealth at https://www.healthit.gov/telehealth
   - The full text can be found at: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

2. Consult with your Malpractice Carrier
3. You might be surprised you can code a 99203 or a 99214 using our No Touch Exam. See Coding a Televisit Based On the “No-Touch Exam”

4. Where can I find information about reimbursement for Telehealth?
   c. Check with your contracted group health insurance payers for their telehealth reimbursement policies.
# Condition List & Guide for Telehealth

If you plan to use telehealth, here are Avance Care’s recommended conditions and suggestions for patient workflow - just insert your EHR and patient platforms. Please adjust based on your comfort level and medical judgment.

(For Front Office Staff, MAs, and Providers)

<table>
<thead>
<tr>
<th>Conditions Not Amenable to Telehealth</th>
</tr>
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<tbody>
<tr>
<td>Some Abdominal Pain</td>
</tr>
<tr>
<td>Some CPE Depending on Insurance</td>
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<tr>
<td>Rectal or abnormal vaginal bleeding</td>
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<tr>
<td>Procedures (lacerations, IUDs, stitches, etc.)</td>
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<tr>
<td>Chest pain in certain risk groups</td>
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<tr>
<td>Injuries more severe than a mild scrape</td>
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<tr>
<td>Trauma to head, neck</td>
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<tr>
<td>MVA evaluations</td>
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<tr>
<td>New onset weakness, numbness, dizziness, slurred speech, immobility to limbs</td>
</tr>
<tr>
<td>New onset abnormal swelling, pain in extremities, redness, hot to the touch</td>
</tr>
<tr>
<td>Post-surgery evaluations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression and/or Anxiety</th>
<th>Front Staff Actions</th>
<th>MA Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Confirm patient can do telehealth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Confirm email and phone number</td>
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<tr>
<td></td>
<td>3. Let patient know that MA will call 20-30 minutes prior to appointment.</td>
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</tr>
<tr>
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<tr>
<td></td>
<td><strong>2. Ensure patient understands how to log in/received instructions. Assist if needed.</strong></td>
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<tr>
<td></td>
<td>3. Make sure GA* is up to date (annually).</td>
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<td></td>
<td>4. BAI (Beck Anxiety) can be done via paper over the phone with patient if indicated</td>
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<tr>
<td></td>
<td>5. PHQ-9 can be done in progress note over the phone. Patients may Google “PHQ9 pdf” to get a blank form to complete prior to the televisit</td>
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</tr>
<tr>
<td></td>
<td>6. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.</td>
<td></td>
</tr>
</tbody>
</table>

| Provider Recommendations | 1. Manage as you would in a face to face |
|--------------------------| 2. Document No touch exam |
|                          | 3. Set alert for appropriate follow up; Follow IMPACT guidelines to treat PHQ9 under 5. |
|                          | 4. Complete Controlled Substance Template |
|                          | 5. If HR is important to management, coach patient on how to count pulse while your time |

<table>
<thead>
<tr>
<th>ADD Follow Up</th>
<th>Front Staff Actions</th>
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</table>
| **MA Actions** | **1.** Call 20 minutes before appointment  
**2.** **Ensure patient understands how to log in/received instructions. Assist if needed.**  
**3.** Let patient know that MA will call 20-30 minutes prior to appointment.  
**4.** Make sure GA* is up to date (annually)  
**5.** If also has anxiety or depression diagnosis  
   a. BAI (Beck Anxiety) can be done via paper over the phone with patient if indicated  
   b. PHQ-9 can be done in progress note over the phone.  
**6.** Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
**7.** MA makes available Controlled substance reporting  
**8.** MA completes CS template in EHR |
| **Provider Recommendations** | **1.** UDS should have been done within the last year and can be done prior to visit  
**2.** Complete Controlled Substance Template  
**3.** If HR is important to management, coach patient on how to count pulse while you time |
| **Acute Respiratory Illness (Sore throat, cough, fever, runny nose, congestion, ear pain, head congestion, chest congestion, body aches)** | **Front Staff Actions** | **1.** Confirm the patient can do telehealth  
**2.** Confirm email and phone number  
**3.** Let patient know that MA will call 20-30 minutes prior to appointment. |
| **MA Actions** | **1.** Call patient 20 minutes before exam.  
**2.** **Ensure patient understands how to log in/received instructions. Assist if needed.**  
**3.** Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip. |
| **Provider Recommendations** | **HPI:**  
Assess risk for flu or coronavirus infection based on h/o flu shot, travel history or contact history  
Inquire about an experience with shortness of breath  
Note comorbidities like asthma, COPD  
**Vitals:**  
Assess pulse by coaching the patient on how to take their own pulse  
Assess respiratory rate and work of breathing  
Inquire about recent documented or subjective fever |
EXAM:
Assess appearance of the individual; mildly ill, moderately, toxic
Note presence of nasal secretions or stuffy nose
Note redness in oropharynx
Ask patient to press on neck to palpate lymph nodes for swelling or tenderness
Ask patient to show respiratory effort and to take a deep cough
Ask patient to show anything else that they feel is important for your assessment
Insert No Touch Exam template

ASSESSMENT
Use scores like Modified Strep Score to make diagnosis of strep pharyngitis and consideration of empiric antibiotics (on apps like QRX)
Consider likelihood of influenza and consider treatment with antiviral if comorbidity
Rate degree of illness and likelihood of COVID-19; Stay up to date with testing guidelines.
Consider drive-up COVID-19 testing if warranted to avoid exposure of staff and patients to the virus
Encourage “distancing” and supportive therapy for mild, moderate illness
Recommend emergency evaluation based on severity of symptoms
Stay up to date for recommendations regarding testing centers

<table>
<thead>
<tr>
<th>UTI Symptoms</th>
<th>Front Staff Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Confirm is patient is web enabled</td>
</tr>
<tr>
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<td>2. Confirm the patient can do telehealth</td>
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<th>Provider Recommendations</th>
<th>HPI:</th>
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<tbody>
<tr>
<td>HPI:</td>
<td>The new onset of frequency and dysuria, with the absence of vaginal discharge or irritation, has a positive predictive value of 90 percent for UTI</td>
</tr>
<tr>
<td>VITALS</td>
<td>Inquire regarding previous UTI and most recent UTI</td>
</tr>
<tr>
<td>VITALS</td>
<td>Assess pulse by coaching the patient on how to take their own pulse</td>
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</table>
Assess respiratory rate and work of breathing
Inquire about recent documented or subjective fever

**EXAM:**
Assess appearance of the individual; Mildly ill, moderately, toxic
Assess discomfort of patient – appears more uncomfortable with pyelo
Assess potential for CVAT
Insert No Touch Exam template

**Assessment**
Short-term outcomes of managing suspected UTIs by telephone are comparable with those managed by usual office care.

**PLAN**
Culture necessary only if pyelonephritis is suspected
3 days of TMP/SMX or 5 days of nitrofurantoin

<table>
<thead>
<tr>
<th><strong>Hypertension (HTN)</strong></th>
<th><strong>Front Staff Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Confirm the patient can do telehealth</td>
</tr>
<tr>
<td></td>
<td>2. Confirm email and phone number</td>
</tr>
<tr>
<td></td>
<td>3. Let patient know that MA will call 20-30 minutes prior to appointment.</td>
</tr>
<tr>
<td></td>
<td>4. Pre-visit labs if ordered</td>
</tr>
<tr>
<td></td>
<td>a. BP can be done at that time</td>
</tr>
<tr>
<td></td>
<td>b. EKG can be done at that time if indicated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MA Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call patient 20 minutes before exam.</td>
</tr>
<tr>
<td><strong>2. Ensure patient understands how to log in/received instructions. Assist if needed.</strong></td>
</tr>
<tr>
<td>3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.</td>
</tr>
<tr>
<td>4. Print Standardized HTN handout (letter)</td>
</tr>
<tr>
<td>5. Perform Self-Management Goals on HTN handout (letter)</td>
</tr>
<tr>
<td>a. Scan into chart after visit.</td>
</tr>
<tr>
<td><strong><strong>Use DM/HTN handout (letter) if patient has both conditions</strong></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provider Recommendations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HPI: PVP will have been completed</td>
</tr>
<tr>
<td>Follow HTN template (standardized visit template) – patient should complete SMG; inquire about compliance etc. This visit may be an opportunity to inquire about social habits (etoh, tobacco), diet and exercise</td>
</tr>
<tr>
<td>VITALS</td>
</tr>
<tr>
<td>Home BP data</td>
</tr>
<tr>
<td>Home Weight data</td>
</tr>
</tbody>
</table>
Assess pulse by coaching the patient on how to take their own pulse
Assess respiratory rate and work of breathing
Inquire about recent documented or subjective fever

**EXAM:**
Assess appearance of the individual
Assess work of breathing
Assess edema if indicated
Insert No Touch Exam template

**Assessment**

**Plan**
Orders next appropriate labs
Refill meds for appropriate duration
Set alert for next visit

<table>
<thead>
<tr>
<th>Diabetes (DM)</th>
<th>Front Staff Actions</th>
<th>MA Actions</th>
</tr>
</thead>
</table>
|               | 1. Confirm is patient is web enabled  
2. Confirm the patient can do telehealth  
3. Let patient know that MA will call 20-30 minutes prior to appointment.  
4. Pre-visit labs if ordered  
  a. BP can be done at that time | 1. Call patient 20 minutes before exam.  
2. **Ensure patient understands how to log in/received instructions. Assist if needed.**  
3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
4. Print Standardized DM handout (letter)  
5. Perform Self-Management Goals & Diabetes Distress on DM handout (letter)  
  a. Scan into chart after visit. |

**Use DM/HTN handout (letter) if patient has both conditions**

<table>
<thead>
<tr>
<th>Provider Recommendations</th>
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<tbody>
<tr>
<td>HPI: PVP will have been completed</td>
</tr>
<tr>
<td>Follow DM template (standardized visit template) – patient should complete SMG; inquire about compliance etc. This visit may be an opportunity to inquire about social habits (etoh, tobacco), diet and exercise VITALS</td>
</tr>
</tbody>
</table>
| Home BP data  
Home weight data  
Assess pulse by coaching the patient on how to take their own pulse  
Assess respiratory rate and work of breathing  
Insert No Touch Exam template  
Inquire about recent documented or subjective fever |
| Rash | Front Staff Actions | 1. Confirm the patient can do telehealth  
2. Confirm email and phone number  
3. Let patient know that MA will call 20-30 minutes prior to appointment. |
|---|---|---|
| MA Actions | 1. Call patient 20 minutes before exam.  
2. Ensure patient understands how to log in/received instructions. Assist if needed.  
3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
4. Prepare patient and instruct to take a photo of area of interest if it’s difficult to show on camera (for example, rash on back or below the waist). |
| Provider Recommendations | HPI: Onset, constant/intermittent, location, pain/itching/bleeding  
VITALS: Assess pulse by coaching the patient on how to take their own pulse  
Assess respiratory rate and work of breathing  
Inquire about recent documented or subjective fever  
OBJECTIVE: Insert No Touch Exam template  
Describe area of concern  
You may capture a photo image of the area of concern taken by you or the Patient via their smart phone  
ASSESSMENT  
PLAN |
| Pink Eye | Front Staff Actions | 1. Confirm the patient can do telehealth  
2. Confirm email and phone number  
3. Let patient know that MA will call 20-30 minutes prior to appointment. |
| MA Actions | 1. Call patient 20 minutes before exam.  
2. Ensure patient understands how to log in/received instructions. Assist if needed. |
| Insect Bite | Front Staff Actions | 1. Confirm the patient can do telehealth  
2. Confirm email and phone number  
3. Let patient know that MA will call 20-30 minutes prior to appointment. |
| Constipation | Front Staff Actions | 1. Confirm the patient can do telehealth  
2. Confirm email and phone number  
3. Let patient know that MA will call 20-30 minutes prior to appointment. |

| Provider Recommendations | HPI:  
Vitals: assess as able  
Exam:  
Insert No Touch Exam template  
Describe area of concern  
You may capture a photo image of the area of concern taken by you or the Patient via their smart phone. |
| MA Actions | 1. Call patient 20 minutes before exam  
2. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
3. Prepare patient and instruct to take a photo of area of interest if it’s difficult to show on camera (for example, insect bite on back or below the waist). |
| Provider Recommendations | HPI:  
Vitals: assess as able  
Exam:  
Insert No Touch Exam template  
Describe area of concern  
You may capture a photo image of the area of concern taken by you or the Patient via their smart phone. |
| MA Actions | 1. Call patient 20 minutes before exam.  
2. **Ensure patient understands how to log in/received instructions. Assist if needed.**  
3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip. |
<table>
<thead>
<tr>
<th>Provider Recommendations</th>
<th>HPI: Caution regarding any history points which may suggest need in person evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vitals - assess as able</td>
</tr>
<tr>
<td></td>
<td>Exam: Insert No Touch Exam template</td>
</tr>
<tr>
<td></td>
<td>Describe area of concern</td>
</tr>
<tr>
<td></td>
<td>Patient may palpate and demonstrate area of concern</td>
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<table>
<thead>
<tr>
<th>Diarrhea, Nausea, Vomiting</th>
<th>Front Staff Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Confirm the patient can do telehealth</td>
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<td></td>
<td>2. Confirm email and phone number</td>
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<td></td>
<td>2. <strong>Ensure patient understands how to log in/received instructions. Assist if needed.</strong></td>
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<td>3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.</td>
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<thead>
<tr>
<th>Headache</th>
<th>Provider Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HPI: Caution regarding any history points which may suggest need in person evaluation</td>
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<tr>
<td></td>
<td>Vitals - assess as able</td>
</tr>
<tr>
<td></td>
<td>Exam: Insert No Touch Exam template</td>
</tr>
<tr>
<td></td>
<td>Describe area of concern</td>
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<tr>
<td></td>
<td>Patient may palpate and demonstrate area of concern</td>
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<th>Front Staff Actions</th>
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<td>1. Confirm the patient can do telehealth</td>
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<td>3. Let patient know that MA will call 20-30 minutes prior to appointment.</td>
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<th></th>
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<td>1. Call patient 20 minutes before exam.</td>
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<td></td>
<td>2. <strong>Ensure patient understands how to log in/received instructions. Assist if needed.</strong></td>
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<td></td>
<td>3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.</td>
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<th>Provider Recommendations</th>
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<tr>
<td></td>
<td>HPI: Caution regarding any history points which may suggest need in person evaluation</td>
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<tr>
<td></td>
<td>Exam: Insert No Touch Exam template</td>
</tr>
<tr>
<td></td>
<td>Describe area of concern</td>
</tr>
<tr>
<td></td>
<td>Patient may palpate and demonstrate area of concern</td>
</tr>
<tr>
<td>Sprains/Joint Pain/Back Pain/Neck Pain</td>
<td>Front Staff Actions</td>
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<tr>
<td>--------------------------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
|                                      | 1. Confirm the patient can do telehealth  
|                                      | 2. Confirm email and phone number  
|                                      | 3. Let patient know that MA will call 20-30 minutes prior to appointment. |
| MA Actions                           | 1. Call patient 20 minutes before exam.  
|                                      | 2. **Ensure patient understands how to log in/received instructions. Assist if needed.**  
|                                      | 3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
|                                      | 4. Prepare patient and instruct to take a photo of area of interest if it’s difficult to show on camera. |
| Provider Recommendations             | HPI: Caution regarding any history points which may suggest need in person evaluation  
|                                      | Vitals -assess as able  
|                                      | Exam:  
|                                      | Insert No Touch Exam template  
|                                      | Describe area of concern  
|                                      | You may capture a photo image of the area of concern taken by you or the Patient via their smart phone  
|                                      | Patient may palpate and demonstrate area of concern |
| STD check                            | Front Staff Actions | Front Staff Actions |
|                                      | 1. Confirm the patient can do telehealth  
|                                      | 2. Confirm email and phone number  
|                                      | 3. Let patient know that MA will call 20-30 minutes prior to appointment. |
| MA Actions                           | 1. Call patient 20 minutes before exam.  
|                                      | 2. **Ensure patient understands how to log in/received instructions. Assist if needed.**  
|                                      | 3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip. |
| Provider Recommendations             | HPI: Caution regarding any history points which may suggest need in person evaluation  
|                                      | Vitals -assess as able  
|                                      | Exam:  
|                                      | Insert No Touch Exam template  
|                                      | Empiric treatment if indicated  
|                                      | Order testing at any LabCorp location or office location |
| Weight Loss Follow Up                | Front Staff Actions | Front Staff Actions |
|                                      | 1. Confirm the patient can do telehealth  
<p>|                                      | 2. Confirm email and phone number |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>MA Actions</th>
<th>Provider Recommendations</th>
<th>Front Staff Actions</th>
<th>MA Actions</th>
<th>Provider Recommendations</th>
<th>Front Staff Actions</th>
<th>MA Actions</th>
</tr>
</thead>
</table>
| **3.** | Let patient know that MA will call 20-30 minutes prior to appointment. | **1.** Call patient 20 minutes before exam.  
**2.** **Ensure patient understands how to log in/received instructions. Assist if needed.**  
**3.** Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip. | **1.** Confirm the patient can do telehealth  
**2.** Confirm email and phone number  
**3.** Let patient know that MA will call 20-30 minutes prior to appointment. | **1.** Call patient 20 minutes before exam.  
**2.** **Ensure patient understands how to log in/received instructions. Assist if needed.**  
**3.** Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip.  
**4.** Ask for last LMP | **1.** Confirm the patient can do telehealth  
**2.** Confirm email and phone number  
**3.** Let patient know that MA will call 20-30 minutes prior to appointment.  
**4.** Instruct patient to complete Health Risk Assessment (HRA) prior to visit (mail to patient or help navigate patient to complete on website). | **1.** Call patient 30 minutes before exam.  
**2.** **Ensure patient understands how to log in/received instructions. Assist if needed.** |
<table>
<thead>
<tr>
<th><strong>Emergency OBOT (Central Raleigh)</strong></th>
<th><strong>Front Staff Actions</strong></th>
<th><strong>MA Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Recommendations</td>
<td>Perform Visual Acuity by having beneficiary ready provided sentence (will be available) if under 70 years. Document testing Ask patient to report weight and blood pressure from home devices Review the HRA with the Beneficiary Do a visual acuity test (Snellen chart not required) for first Medicare Wellness visit Do usual counseling on Advance Directives; have documents emailed to the beneficiary at follow up Complete the AWV handout** and have mailed to the patient</td>
<td>1. Confirm the patient can do telehealth 2. Confirm email and phone number 3. Let patient know that MA will call 20-30 minutes prior to appointment. 2. <strong>Ensure patient understands how to log in/received instructions. Assist if needed.</strong> 3. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth visit as they sign on for visit. They will be prompted for this information, if unable skip. 4. Review SOWs, Illicit Drug form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Thyroid</strong></th>
<th><strong>Front Staff Actions</strong></th>
<th><strong>MA Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Recommendations</td>
<td>1. Confirm the patient can do telehealth 2. Confirm email and phone number 3. Let patient know that MA will call 20-30 minutes prior to appointment. 4. Pre-visit labs if ordered a. BP can be done at that time</td>
<td>1. Call patient 20 minutes before exam. 2. Remind patient that if they have access to input heart rate, blood pressure, temperature, height and weight into patient platform for telehealth</td>
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</tbody>
</table>
visit as they sign on for visit. They will be prompted for this information, if unable skip.
3. Print labs if completed

<table>
<thead>
<tr>
<th>Provider Recommendations</th>
<th>HPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitals: assess as able</td>
<td></td>
</tr>
<tr>
<td><strong>Exam:</strong></td>
<td></td>
</tr>
<tr>
<td>Insert No Touch Exam template</td>
<td></td>
</tr>
<tr>
<td>Order future labs</td>
<td></td>
</tr>
</tbody>
</table>

*GA is “General Assessment,” a required yearly screen used at Avance Care for depression, intimate partner violence, alcohol use and misuse, tobacco screening and sexual practices.
Coding a Televisit Based On the “No-Touch Exam”

Coding televisits is not all that different than coding an in-office encounter.

Here is an example of a “No-Touch Physical Exam.” Add focused exam elements as able.

**Examination:**

**General Examination**
- **General Appearance:** well developed and well-nourished, hydrated, alert and oriented, NAD.
- **Skin:** normal, no rash or skin lesions on exposed skin, moist, warm.
- **Eyes:** Conjunctiva normal, Pupils normal in size, no eyelid edema or discoloration.
- **Chest:** normal shape and expansion.
- **Neurologic Exam:** alert and oriented x 3, gait normal.
- **Musculoskeletal:** symmetric and general strength intact.

**Psychology**
- **Eye contact:** normal.
- **Mood:** normal.
- **Affect:** normal.
- **Speech:** Normal.

Please reference resources such as E/M University for guidance on “No-Touch Exams.”
Questions and Answers from Avance Care Town Hall – 3/15/20

1. **Should we group appointments by well and sick?**
   Our priority is to default to telehealth visits. Separating appointment types may be a strategy long term. In the meantime, consider infant exams coming in a back/side entrance. Use your empty exam rooms as waiting room so the least number of people wait in a waiting room. Then be sure EVERYONE maintains 6 feet distance in the waiting room. Consider having patients wait in cars if that can be reasonably achieved at your location.

2. **Will pharmacy deliver BP cuffs?**
   We should encourage patients to get own BP cuff, thermometer if able. Our pharmacy is currently out of stock, they will try to get some if able but may be limited if at all.

3. **Do we use N95’s for patient’s getting nebulizers?**
   Per the CDC, nebulizers present potential for aerosolizing the virus, therefore N95 respirators would be indicated in this scenario. Unfortunately, N95s are currently backordered. We have an order from 10 days ago which is still pending.

   If a nebulizer treatment is indicating in the office, we recommend the following procedure at this time.
   a. Patient is placed in an area such as the treatment room or in a room that can be shut down for two hours
   b. Patient is instructed on how to turn the nebulizer on and off
   c. Patient wears disposable gown, shoe covers, bonnet, gloves, and covers exposed legs with drape
   d. MA leaves the room and nebulizer is performed; Borrow buzzer from Allergy Partner; we will provide emergency buzzer to all offices which does not have a buzzer at this time.
   e. MA can stand outside of the room per judgement of the provider
   f. After nebulizer is completed (patient can be instructed on time or remaining volume of fluid), patient turns off machine, removes protective clothing, washes hands and face, and leaves the room
   g. Room should be shut down for 2 hours

   **It’s hard to tell patients “no” testing** – As of March 17, 2020 Avance practices have conducted a total of 94 tests, and all have been negative. We are strongly encouraging providers to advise patients if they are asymptomatic or mildly ill without fever, that we do not test at this time until testing supplies are abundant. If the individual is absolutely insisting you order the test, then provide the test. Recommend flu testing first.

4. **What the word on centralized testing?**
   We are still waiting for any updates from our public health departments regarding plans for centralized testing but, for now, we remain the front line.

5. **Is it OK to wear scrubs?**
   Yes, please keep professional, and close to Avance colors (Maroon)

6. **Do I really mean keep a 6 ft distance from well patients?**
   Social distancing should be done by everyone; Close contact is considered less than 6 feet for longer than 10 minutes. “Get In and Get Out” for any contact less than 6 feet. This includes well patients as they also may be contaminated without knowing it. Every patient should be suspected of being infected. Elbow bumps and no handshakes

7. **Can we take our computers into the rooms with us?**
   You can but consider cleaning it and other “fomites” like stethoscopes, dermatoscopes, after leaving a room. Remember, good, frequent handwashing and not touching your face are important means of
8. **Can we get disposable stethoscopes?**
You can order them if you want in the office, they are currently on backorder. They should be an option on Henry Schein and McKesson catalogs. A stethoscope is a potential fomite so it should be wiped after coming in contact with your patient.

9. **What do we do if a patient is positive, how about a staff member?**
If a patient is positive, fax the Interim PUI form to your local health department. A staff member who is tested would be in self-isolation while waiting for results, then be quarantined by the health department. It is anticipated that “Close Contacts” will be asked to self-isolate. “Close Contact” is defined as being within 6 feet for more than 10 minutes. This is why it is important to make sure staff is maintaining this separation at all times. Work with HR team to follow proper process.

10. **Ill and sick in waiting rooms – can we separate them?**
We have been encouraging the separation and keeping distance at 6 feet in the waiting room. Please use discretion to utilize as not all offices have the same space in waiting room. Encourage using exam rooms as waiting rooms. Consider having patients wait in their private vehicle if that can be reasonably achieved at your location.

11. **What about walk ins – can we stop all walk ins?** This is the language on our website.
We recommend all patients with mild or moderate respiratory illness stay home and contact us through a televisit, secured message or telephone call about your condition. **We strongly discourage walk-in visits without an appointment.**
If you are advised to come to the office due to your respiratory symptoms, please take advantage of the face mask which will be present inside the door of the offices and sanitize your hands with hand sanitizer. The face mask prevents you from spreading droplets from a cough, sneeze or runny nose. If there is any concern that you have COVID-19, we will have you wait in a separate waiting area or, if you prefer, in your personal vehicle until it’s time for your appointment.

All chairs in our waiting rooms are now separated by 6 feet to be consistent with the CDC’s recommendation for social distancing. If you do not have respiratory symptoms (cough, running nose, sneezing), please DO NOT take a face mask.

12. **Can we tell people not to come in (this is already in the PC script)?**

We can strongly encourage them to do televisit but if they insist on face to face visits, just remind them to use precautions as already in the script.

13. **How are offices dealing with PPE?**
We recommend, continue to order supplies with increased par levels and monitor daily.

Supplies will be intermittent from vendor, so frequent monitoring and ordering can help stay on top of it. Face masks may be reused but be cautious about taking them on and off. Always use “clean” hands when handling your mask.

14. **How are offices dealing with PPE? Full gown, gloves, mask, goggles or face shield with all fever/cough while testing first for flu?**

With limited supplies please note that the CDC recommends using masks multiple times unless visibly soiled or contaminated.

15. **Is close contact less than 3 ft or less than 6 ft? Does anyone know if the distance between the patient table and provider stool/table is greater than six feet?**

*I think most office visits would be reaching about 10 minutes, we could recommend a suspected coronavirus patient speak with someone via telemedicine and then come in just for the test?*

Have patient sit in chair in the corner of the room and medical provider sit 6-foot distance from the patient. The visit encounter can be longer than 10 minutes under this scenario.
Close contact is considered less than 6 feet for longer than 10 minutes. “Get In and Get Out” There is a new Job Aid out for Televisit, Telephone Encounters and Curbside visits in regards to Drive Through Testing.

The 3 ft rule is for when the provider has to do testing of a symptomatic patient with PPE–keeping this to under 10 minutes is recommended.

16. Are we going to defer Nexplanon and IUD insertions?
Deferring unnecessary procedures is advised but evaluate the risk of unplanned pregnancy. This is provider discretion, keeping in mind the 6 ft rule -Nexplanon and IUD insertion is usually less than 10 minutes encounter. Do not place a Nexplanon on a symptomatic individual

17. So even healthy visits to keep to less than 10 minutes?
Close contact is considered less than 6 feet for longer than 10 minutes. “Get In and Get Out” They may have been exposed and not displaying symptoms yet. If the medical provider maintains greater than a 6- foot distance from the patient in the exam, the visit may exceed 10 minutes.

18. For the forms regarding acknowledgement of COVID testing, self-isolation, today, we just keepforms, clipboard, and “fomite pen” in the exam room, then had patients take picture on cell phone to file drop for document, ensuring these documents and items don’t leave the exam room – thoughts? There are 3 forms for testing. 1. Isolation Guidance, 2. Home Care Isolation Guidance and 3. Interim PUI Form. You can take 2 copies of the first one (give one to the patient) also give the patient form #2 and we start form #3 and send in for a positive result. This creative solution seems reasonable as long as there is documentation the patient agreed to self-isolate after testing

19. Should we be using shoe covers?
You can order for your locations if you would like them, they have not been on the CDC list of recommendations thus far.

20. If Avance Employee is COVID-19 positive, what will be protocol?
Our team member will have to be cleared by public health official if they test positive. The health department will advise “close contacts” to self-isolate for a period of time. This is why maintaining the 6- foot rule is important for our team member’s safety.

21. Can we stop patients from coming in office and call first if they are exhibiting symptoms?
We are strongly discouraging patients from coming in as a drop-in patient in our messaging. See #12 above. It will be nearly impossible to ensure that this happens 100% of the time. We are confident that we have all processes in place to manage whatever comes our way (stop sign on the door, Mask and hand sanitizer at the door.

22. Not a question but a suggestion: for ladies that wear flats to work like me, may want to wearother shoe types that allow coverage of ankles to limit possible droplets on skin?
Wearing flats are fine. Good Hygiene recommended after leaving work and going home. Transmission from clothing is possible although unlikely. As this is a respiratory virus, virus would have to travel from your clothing into your eye, nose or mouth in order to infect you or your family. Good handwashing and immediately removing clothing when returning home is a good practice. Some providers have suggested removing shoes at the door. This is a reasonable precaution.

23. How accurate is the link Medicare covering Telehealth visits?
At this time, we are not doing televists for Medicare or Cigna. Stay tuned as we are receiving updates multiple times daily.
Substituting and Reusing Albuterol MDI for Nebulizer Delivery in the Office

Considerations
- 4 puffs of Albuterol inhaler = 1 Albuterol Nebulizer Treatment; 4 – 10 puffs at a time may be necessary
- One Metered dose inhaler deliver 200 doses

Albuterol Inhaler with a Spacer:
- Wipe the outside of the Canister and MDI and the inside of the MDI with antiviral - allowing to dry per manufacturers recommendation
- Prime the MDI by releasing one spray into the air; This step is typically not necessary for single-user use, but is an effort to “clear” any microbes from the device
- Deliver 1 pump from inhaler into the spacer leaving inhaler attached
- Have patient wrap their mouth around the mouthpiece and take 2 deep breathes from their mouth (2 breathes per 1 pump inhaler)
- Repeat steps b and c for a total of 4 pumps of inhaler and up to 10 as needed
- After treatment complete patient will take the Spacer home with them and the provider will send a prescription for the Albuterol inhaler.
- After use, deliver one spray to clear any potential microbes from the device and wipe the outside of the Canister and MDI and the inside of the MDI with antiviral wipes – allowing to dry per manufacturers recommendation

Suggested Alternative delivering of Albuterol if you do not have a Spacer available:
- Empty water bottle
  - Carefully use #11 scalpel blade on handle
  - Cut an “H” in the bottom of the bottle
  - Wipe the outside of the Canister and MDI and the inside of the MDI with antiviral - allowing to dry per manufacturers recommendation
  - Prime the MDI by releasing one spray into the air; This step is typically not necessary for single-user use, but is an effort to “clear” any microbes from the device
  - Place inhaler into the “H” slot
  - Deliver 1 pump from inhaler into the chamber leaving inhaler attached
  - Have patient wrap their mouth around the drinking end and take 2 deep breathes from their mouth (2 breathes per 1 pump inhaler)
  - Repeat steps f and g for a total of 4 pumps of inhaler and up to 10 as needed
  - It may be necessary to cut a tiny slit into the top of the water bottle if airflow is not adequate through the makeshift device to adequately deliver the aerosolized medication
  - For small infant or child cut a larger area of the drinking portion to create an opening for nose and mouth. Cover the edges so not to cut or scrape face. This method requires 6 breathes to 1 inhaler pump.
k. After use, deliver one spray to clear any potential microbes from the device and wipe the outside of the Canister and MDI and the inside of the MDI with antiviral wipes – allowing to dry per manufacturers recommendation

B. Using a cup (plastic, Styrofoam or paper)
   a. Carefully use #11 scalpel blade on handle
   b. Cut an “H” in the bottom of the cup
   c. Wipe the outside of the Canister and MDI and the inside of the MDI with antiviral - allowing to dry per manufacturers recommendation
   d. Prime the MDI by releasing one spray into the air; This step is typically not necessary for single-user use, but is an effort to “clear” any microbes from the device
   e. Place inhaler into the “H” slot
   f. Deliver 1 pump from inhaler into the chamber leaving inhaler attached
   g. Place large opening over nose and mouth. Have patient take 2 big breathes from their mouth for every pump of inhaler and for infant or small child 6 breathes to 1 inhaler pump.
   h. Repeat steps f and g for a total of 4 pumps of inhaler and up to 10 as needed
   i. After use, deliver one spray to clear any potential microbes from the device and wipe the outside of the Canister and MDI and the inside of the MDI with antiviral wipes – allowing to dry per manufacturers recommendation

Coding:

- These are the codes for the treatment and demonstration. Demo will frequently bundle with treatment, but we should bill both the treatment in office and instruction for repeating treatment at home.
  - 94664 Neb/MDI Demo
  - 94640 Neb/MDI+spacer treatment initial

- There are three codes for the spacers, none of which are covered by Medicare on Part B. The A code is covered by Medicaid in NC so we may try billing that, but we do not expect reimbursement.
  - A4627 Spacer bag or reservoir, with or without mask, for use with MDI
  - S8100 Holding chamber for spacer for use with MDI, without mask
  - S8101 Holding chamber for spacer for use with MDI, with mask
Avance Care Workflow for Nebulizer Treatment
When N95 Masks Are Not Available

Per the CDC, nebulizers present potential for aerosolizing COVID-19, therefore N95 respirators would be indicated in this scenario. Unfortunately, N95’s are not available at this time.

If a nebulizer treatment is indicated in the office, we recommend the following procedure:

a. Patient is placed in an area such as the treatment room or in a room that can be shut down for two hours
b. Patient is instructed on how to turn the nebulizer on and off (patient can be instructed on time or observing volume of fluid),
c. Patient wears disposable gown, shoe covers, bonnet, gloves, and covers exposed legs with drape
d. Instruct patient on how to urgently summon assistance if needed (portable loud buzzer similar to that used by MedAllergy technicians).
e. MA leaves the room and nebulizer is turned on by the patient
f. MA can stand outside of the room per judgement of the provider
g. After nebulizer is complete, patient turns off machine, removes protective clothing, washes hands and face, and leaves the room
h. Room should be shut down for 2 hours
Responding to Inquiries on Supplements and Vitamins for Effective to Prevent COVID-19

Evidence-Based Recommendations - Updated 4/26/2020

Q: What are natural remedies for coronavirus (COVID-19)? Do supplements like zinc, vitamin C, or herbals work?

A: Many supplements and natural or other alternative treatments are being promoted to prevent or treat coronavirus (COVID-19). None have been proven to work, but some have potential benefit. Here’s what you may want to know based on available, up-to-date evidences, and we’ve grouped these approaches in the following four categories:

1-Vitamin and minerals that can help with coronavirus if you’re not getting enough

**Potassium**

Potassium will not prevent coronavirus infection, but it can play a very important role in the treatment of moderate to severe cases of COVID-19. Doctors in China reported that among a group of 175 patients hospitalized with COVID-19, 69 (39%) had hypokalemia and another 39 (22%) had severe hypokalemia. Supplementing with potassium daily helped correct these deficiencies in most patients, with patients responding best as they began to recover.

Hypokalemia can cause heart dysfunction, one of the major problems seen in COVID-19. High levels of markers of heart muscle damage were associated with more severe hypokalemia. The presence of underlying disease, particularly hypertension, was associated with the severity of hypokalemia.

On the other hand, there was no association with hypokalemia with common upper respiratory symptoms, such as cough and runny nose (i.e., if those are your only symptoms, you probably don’t have to worry about your potassium level.) (Chen, preprint in medRxiv 2020 -- Not yet peer-reviewed).

The apparent reason for hypokalemia in COVID-19, is that the point of entry into cells for the coronavirus SARS-CoV-2 is ACE2 enzyme which normally helps regulate blood pressure through effects on sodium and potassium. The virus inactivates ACE2, leading to excretion of potassium.

[Note: There are hypothetical concerns that taking prescription ACE-inhibitors and ARBs may increase ACE2 on cell surfaces, potentially increasing the risk of severe COVID-19 (Fang, Lancet 2020; Diaz, J Trav Med 2020) but there are also cautions not to stop taking such medications (de Simone, Eur Soc Cardio 2020).]

**Vitamin C**

Vitamin C is vital to the function of leukocytes and overall immune system health. Vitamin C is also important for iron absorption, and being deficient in iron can make you more vulnerable to infections in general.

However, even for viruses like colds, the evidence that vitamin C supplements can help is modest at best: Taking high-dose vitamin C (e.g., 500 mg twice daily) before getting a cold may slightly reduce the severity and duration of a cold, but, there is inconclusive evidence as to whether taking vitamin C will help after cold symptoms develop.

The normal, recommended daily intake of vitamin C for adults from the diet and/or supplements is 75 to 120 mg and there is no evidence that taking a vitamin C supplement, even at high doses, can protect people from infection from coronaviruses. This strategy is being promoted on various websites and in videos on YouTube.

For example, one YouTube video recommended taking a daily dose of 5,000 mg of vitamin C. It has since been removed for violating YouTube’s community guidelines to eliminate misinformation about COVID-19 online. However, new posts and promotions for fake coronavirus cures and scams seem to appear daily.
High doses of vitamin C, given intravenously, are currently being tested in COVID-19 patients in China who have developed pneumonia, but the benefit of this approach has yet to be proven.

Be aware that there are side effects and risks associated with taking high doses of vitamin C. People sometimes assume there is no harm in taking large doses because vitamin C is water-soluble (i.e. excess vitamin C is excreted from the body), but this is not the case. In addition to causing gastric distress and diarrhea, high doses of vitamin C over the long-term may increase the risk of cataracts. High-dose vitamin C can also reduce the effectiveness of certain medications and interfere with certain blood tests.

**Vitamin D**

*Vitamin D supplements*, taken daily in moderate doses, may help to reduce the risk of respiratory infections and viruses such as influenza A in children and adults who are deficient (< 20 ng/mL) or severely deficient (< 10 ng/mL) in vitamin D.

Although there is not currently any research suggesting vitamin D supplements decrease the risk of coronavirus infection specifically, maintaining an adequate blood level of vitamin D (20 to 30 ng/mL -- although best not to exceed 39 ng/mL) by getting proper sun exposure (at least three times a week for about 30 minutes exposing your hands, arms, legs, and face), consuming vitamin D-fortified products (such as most milks, certain other dairy foods and some plant-based milks), or taking a vitamin D supplement is a good, safe, preventative measure for protecting against respiratory infections in general. To maintain healthy levels, only 400 to 800 IU (15 to 20 mcg) of vitamin D is required daily, but, to boost low levels, higher doses, such as 2,000 IU daily, are used and are generally safe. Very large doses, which have been taken periodically (such as 100,000 IU taken monthly) may not be as helpful and could even increase the risk of respiratory infections in some people.

**Zinc**

Supplementing with zinc would not benefit most people unless they are deficient in zinc, which is more common in elderly people due to reduced zinc absorption. In such people, supplementing with zinc (e.g. 20 mg per day) may improve the chance of avoiding respiratory tract infection. Others who may be low in zinc include vegetarians and people taking certain medications, such as those that reduce stomach acid and ACE inhibitors, on a long-term basis. The daily requirement for zinc varies by age, but, for adults, is about 11 mg.

**2-Supplements that may possibly help reduce symptoms of coronavirus**

**Astragalus**

*Astragalus* (or Huang qi) has been promoted on some websites to help protect against COVID-19. Astragalus is an herb that has traditionally been used in Chinese medicine to strengthen the immune system and to treat colds, among many other uses. It may be sold as a root powder, extract or tea, as a single ingredient or as part of an "immune boosting" formula.

Laboratory and animal studies suggest astragalus increases the production of white blood cells, particularly T cells and macrophages, and other cells important for immune system function (Block, Integr Cancer Ther 2003). It has also been shown to have anti-inflammatory and anti-viral effects, including activity against a particular type of coronavirus that commonly infects poultry (Jin, Int J Biol Macromol 2014; Zhang, Microb Pathog 2018). In China, astragalus has been suggested to potentially help prevent COVID-19 infections (Yang, Int J Biol Sci 2020).

However, there is no clinical evidence at this time that astragalus can prevent or treat coronavirus infections in people.

Due to its immune-stimulating effects, people with autoimmune disease and those taking immunosuppressant drugs should not take astragalus. This herb may also lower blood pressure, and so should be used with caution in people with low blood pressure.
**Echinacea**

Studies in laboratories have shown that certain species of *echinacea* may inhibit coronaviruses. However, there is no evidence at this time that taking this or any other echinacea product can prevent or treat coronavirus infections in people. Clinical trials of echinacea suggest a possible modest benefit for other types of viral respiratory infections, like colds, although results have been mixed, at best.

**Elderberry**

**Elderberry extract** has been shown in laboratory studies to inhibit the replication and hemagglutination of human flu viruses, including certain strains of Influenza A and B, and H1N1.

Small, preliminary trials in people with the flu suggest that, taken within the first day or so of experiencing symptoms, elderberry **shortens the duration of the flu**, but more studies are needed to corroborate this. There is no evidence that elderberry extract can prevent COVID-19 or reduce symptoms in people who have been infected.

For people who do choose to try elderberry extract, it’s helpful to know that people who are allergic to grass pollen may have allergic reactions to elderberry.

Never consume raw elderberries, as these contain **toxic compounds** that can cause nausea, vomiting, dizziness and diarrhea.

**Quercetin**

**Quercetin** and its major metabolites, such as quercetin 3-B-O-d-glucoside (Q3G, also called isoquercetin), have been found in laboratory studies to inhibit a wide variety of viruses, including severe acute respiratory syndrome coronavirus (SARS-CoV), which is related to COVID-19.

A clinical trial that will investigate the use of oral quercetin in patients with COVID-19 is already underway in China. Until more research is conducted, it’s not clear if taking isoquercetin or quercetin supplements can help prevent or treat COVID-19 or what dosage would be effective.

Be aware that quercetin may interact with certain medications, including some statins and side effects such as nausea and headache can occur, particularly at doses of 500 mg and higher.

**Turmeric and Curcumin**

**Turmeric and curcumin** are best known for their modest anti-inflammatory effects. Curcumin has also been shown to inhibit certain viruses in laboratory studies, including a study published online (but not in a peer-reviewed journal) suggesting that curcumin may inhibit the virus that causes COVID-19.

In animal studies, curcumin injections have been shown to protect the lungs from injury and infection, including viral-induced acute respiratory distress syndrome, possibly by reducing inflammatory cytokines and other mechanisms. However, there are no studies in people showing that turmeric or curcumin supplements can prevent or reduce the symptoms of viral infections such as colds, the flu, or COVID-19.

**Zinc Lozenges**

**Zinc** has become one of the most popular suggestions for reducing symptoms of coronavirus. Although there is no direct evidence at this time to suggest that using zinc lozenges can prevent or treat COVID-19 in people, zinc does have anti-viral properties and was shown in a laboratory study to inhibit the replication of coronaviruses in cells.

**Zinc lozenges** or other orally dissolving zinc formulas containing certain forms of zinc have been shown to **reduce the severity and duration of colds**, which are caused by viruses.
They appear to do this by acting directly in the throat, which is why the **timing and duration of use** matters when treating colds with zinc. The connection with coronavirus and zinc lozenges is that the major cause of illness and death among people who are symptomatic with COVID-19 is respiratory disease and it is in the upper airway that zinc lozenges can have some activity.

Be aware that typical daily doses of zinc provided by zinc lozenges generally exceed **tolerable upper limits for zinc**, and for this reason, they should not be used for longer than about a week. Excessive intake of zinc can cause **copper deficiency**. Zinc can **impair the absorption of antibiotics**, and use of zinc nasal gels or swabs has been linked to temporary or permanent loss of smell.

### 3- Supplements and products unlikely to help with coronavirus

#### Coconut Oil

Two researchers have highlighted preliminary research on the anti-viral effects of lauric acid, found in [coconut oil](#), and the metabolite of lauric acid — monolaurin. They have **proposed** a clinical trial using virgin coconut oil (3 tablespoons daily), monolaurin (800 mg daily), and/or monocaprin (800 mg daily) in patients with COVID-19. Their suggestion was published on the Integrated Chemists of the Philippines website. They note that coconut oil, lauric acid, and monolaurin have been used to help prevent viruses in farm animals, and two small trials in people with HIV given coconut oil showed some improvements in immune system blood cell counts. However, there is no evidence to date that consuming coconut oil can prevent or treat coronavirus infections in people.

#### Garlic

[Garlic](#) has been shown in laboratory studies to inhibit certain flu and cold viruses, and one [clinical trial](#) suggests garlic supplements may help to prevent colds. However, there is no current evidence that eating garlic or taking a garlic supplement can help prevent or treat COVID-19, as noted on the World Health Organization's [Coronavirus disease (COVID-19) Myth busters](#) website.

#### Lysine

[Lysine](#) (L-lysine) is an essential amino acid may help prevent cold sores (herpes simplex labialis), genital herpes lesions, and canker sores. Preliminary studies suggest that lysine has immune stimulating and antiviral properties.

Some websites have recommended supplementing with lysine to fight COVID-19. However, there is no evidence at this time to suggest taking lysine can help prevent or treat COVID-19.

People with kidney disease, gallstones and elevated cholesterol should exercise caution with lysine supplements.

#### Melatonin

[Melatonin](#) is a hormone that helps regulate sleep and can trigger sleep in people with sleep disorders. Melatonin has also been suggested on some websites as a potential treatment in COVID-19, although there are no reports of such use or of a proven benefit.

Rationale for use of melatonin in COVID-19 appears to stem from the fact that it can **affect immune responses**. Experiments in mice have shown melatonin to increase levels of certain cytokines in those infected with various viruses and to reduce virus-related mortality, but this benefit has yet to be demonstrated in human clinical trials. Another rationale given for use of melatonin in treating COVID-19 is that melatonin levels fall with older age, and older age is a risk factor for COVID-19.

#### NAC (N-acetyl cysteine)

[NAC (N-acetyl cysteine)](#) is a synthetically modified form of the amino acid cysteine (cysteine occurs naturally in foods,
whereas NAC does not). In the body, NAC is converted to the antioxidant glutathione. There is very preliminary evidence that NAC may improve certain blood markers of immune system health but there is insufficient evidence to suggest that NAC supplementation improves the immune system to the extent that it will reduce the occurrence of illness, nor prevent coronavirus infection.

A clinical study using 600 mg of NAC taken twice daily during flu season found that it did not prevent infection but fewer infected people were symptomatic. Evidence is weak for its purported ability to thin mucus during infections like colds.

**Olive leaf extract**

Olive leaf extract is being promoted by some websites to help fight COVID-19. Compounds in olive leaves, such as oleuropein and hydroxytyrosol, have been shown in laboratory studies to inhibit certain disease-causing bacteria and viruses.

Olive leaf extract has also been shown in animal and human studies to have anti-inflammatory effects, including reducing inflammatory cytokines (Burja, Front Cardiovasc Med 2019).

However, it appears that there is no much research on the effect of olive leaf extract on viral disease or COVID-19 in people.

Be aware that olive leaf extract may lower blood pressure and should be used with caution by people with low blood pressure, it may also have a blood thinning effect, and should be used in caution in people taking blood-thinning medication.

**4-Supplements and products unlikely to help with coronavirus and could be dangerous**

**Apple Cider Vinegar**

Some social media postings claim that gargling with vinegar can eliminate the coronavirus in the throat before it reaches the lungs. While all varieties of vinegar, including apple cider vinegar, contain acetic acid, which has antibacterial and antiviral properties, there is no evidence that gargling with vinegar is useful for preventing or treating colds, sore throats, or COVID-19. There is also concern about the safety of using vinegar this way. Regular consumption of apple cider vinegar can cause tooth enamel loss and low blood levels of potassium.

Vinegars may be used to clean surfaces but are not much effective and may take as long as 30 minutes sitting on a surface. No research to date has shown that cleaning surfaces with vinegar can kill SARS-CoV-2 and vinegar is not listed on the EPA's current list of products that meet the agency's criteria for disinfectants for the virus. Do not combine vinegar with bleach or hydrogen peroxide, as this can create toxic vapors.

**CBD**

CBD (cannabidiol) has been heavily promoted to prevent the coronavirus. For example, a former NFL player, who owns a line of CBD products, has tweeted that CBD can prevent and cure the coronavirus, and scammers have been sending text messages promoting CBD for the virus.

While CBD has been shown to inhibit certain viruses in laboratory studies, there is no evidence that it can prevent or treat COVID-19 in people. In a recently published review, researchers cited the lack of clinical evidence for CBD's antiviral effects and cautioned "CBD sellers should stop promoting claims that are not backed by scientific evidence." (Tagne, Cannabis Cannabinoid Res 2020).

In fact, animal studies generally indicate that CBD dampens the immune system, and a study among children and young adults given large amounts of CBD to study its anti-seizure effects found that those given CBD reported more upper respiratory infections than those given placebo.

CBD may be helpful for anxiety and anxiety-related sleep disorders. However, be aware that in a small percentage of individuals, CBD may worsen anxiety and insomnia.
Miracle Mineral Solution (Sodium Chlorite) and Chlorine Dioxide Kits

Miracle Mineral Solution (which contains 28% sodium chlorite in distilled water) and chlorine dioxide "kits" are not a solution for COVID-19 and are dangerous to drink. Several websites and social media posts promote these products to combat coronavirus. Ingesting these products has not been shown to prevent or treat coronavirus.

These products typically contain sodium chlorite solution to be mixed with a citric acid, such as from lemon or lime juice, or another acid before drinking, or are sold with a citric acid "activator." However, adding acid to sodium chlorite produces chlorine dioxide, a bleaching agent. Sodium chlorite and chlorine dioxide are active ingredients in disinfectants and should not be swallowed, as they can cause nausea, vomiting, diarrhea, and symptoms of severe dehydration. Such reactions are not evidence that the product is "working," as claimed by some websites.

In 2016, ABC's 20/20 detailed the case of a woman who died hours after drinking liquid Miracle Mineral Solution, which, the woman's husband believed, may have caused her death.

A strong warning from the FDA in 2019 advised that Miracle Mineral Solution consumers are "drinking bleach" and states: "If you're drinking "Miracle" or "Master" Mineral Solution or other sodium chlorite products, stop now."

Colloidal Silver

Colloidal silver (a solution with silver particles) has antiseptic activity on surfaces and has been promoted by several companies to prevent or treat coronavirus. However ingesting colloidal silver has not been shown to prevent or treat coronavirus, and there are serious potential risks.

See the FDA and FTC's joint warning to companies selling colloidal silver and other products to treat coronavirus. The agencies emphasized "There currently are no vaccines, pills, potions, lotions, lozenges or other prescription or over-the-counter products available to treat or cure coronavirus disease 2019 (COVID-19)."

The bottom line on supplements for coronavirus:

Although several supplements may potentially reduce symptoms of a cold or flu, none can prevent infection with coronavirus or any other virus. Nevertheless, it is always worthwhile to fortify yourself to be in the best position to fight an infection. In addition to getting adequate sleep and general nutrition, the safest way to do this with supplements is to be sure you are getting sufficient vitamin C, vitamin D and zinc, as all are important for a well-functioning immune system. As described above, this can typically be done with foods and/or supplements (or, for vitamin D, adequate sun exposure if you’re able to get out in the sun for extended periods each week).

You can also get good amounts of vitamins C and D, zinc, and other essential vitamins and minerals from a basic multivitamin.
**AWV – Telehealth Response**

Medicare is allowing telehealth for subsequent Annual Wellness Visit: Here is a suggested workflow to meet the AWV requirements via telehealth. Use G-codes allowed for face-to-face visit.

<table>
<thead>
<tr>
<th>AWV</th>
<th>Front Staff Actions</th>
<th>MA Actions</th>
<th>Provider Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Confirm the patient can do telehealth</td>
<td>1. Call patient 30 minutes before exam.</td>
<td>Perform Visual Acuity by having beneficiary read standard sentence or images if under 70 years. Document testing; (Medicare does not require a Snellen Chart be used)</td>
</tr>
<tr>
<td></td>
<td>2. Confirm email and phone number</td>
<td>2. <strong>Ensure patient understands how to log in/received instructions. Assist if needed.</strong></td>
<td>Review the HRA with the Beneficiary</td>
</tr>
<tr>
<td></td>
<td>3. Let patient know that MA will call 30 minutes prior to appointment.</td>
<td>3. Ensure that Health Risk Assessment (HRA) is complete. Assist in completing if needed.</td>
<td>Do usual counseling on Advance Directives; access need for any other lifestyle counseling (obesity, smoking, fall risk)</td>
</tr>
<tr>
<td></td>
<td>4. Instruct patient to complete Health Risk Assessment (HRA) prior to visit (mail to patient or help navigate patient to complete on website).</td>
<td>4. Get score on PHQ2 – PHQ9 and AUDIT and document in Encounter note</td>
<td>Consider all suggestions for hierarchal coding and list all active diagnoses in Assessment section</td>
</tr>
<tr>
<td></td>
<td>5. Mail or email a blank PHQ9 and AUDIT to the patient for self-scoring. Both forms are also available by searching “PHQ9 PDF” and “AUDIT PDF” in browser search bar</td>
<td>5. Perform as much of Mini-Cog if possible. If not possible, instruct patient to have a paper and pencil handy for the visit with provider.</td>
<td>Make notes on AWV handout, scan into the chart and mail to the patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Ask patient to report weight, height and blood pressure from home devices if available; record in encounter note</td>
<td>*AWV via telehealth presents a unique opportunity to truly counsel the beneficiary on lifestyle choices and prevention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Print AWV Wellness Visit Handout for provider</td>
<td></td>
</tr>
</tbody>
</table>
Advanced Directives

for Advance Directives, MOST Orders, and NC Advance Health Care Directory

Completion of Advance Directives is an important part of every Annual Wellness Visit and should be offered to every adult. All PHYSICIANS AND APPS SHOULD GET COMFORTABLE DISCUSSING ADVANCE DIRECTIVES WITH THEIR PATIENTS. “IT DON'T FEEL COMFORTABLE” IS NOT AN EXCUSE.

**Advance Directive Form from the NC Medical Society**

In English  

In Spanish  

This is a link to a patient education from the NC Bar pamphlet  

This is a link to how to complete the NC MOST (Medical Orders for Scope of Treatment) form. It is the NC version of POLST (Physicians for Life Sustaining Treatment)


**What is the Difference between Advance Directives and MOST (POLST)?**

From the US General Accounting Office

![Types of Advance Care Planning Documents](https://www.ncmedsoc.org/wp-content/uploads/2014/06/Editable-simplified-AD.pdf)

**Reimbursement Potential for Advance Directives.**

Discussing Advance Directives pays well because it is important – it saves money and respects an individual’s end of life wishes: All PHYSICIANS AND APPS SHOULD GET COMFORTABLE DISCUSSING ADVANCE DIRECTIVES WITH THEIR PATIENTS. “IT DON'T FEEL COMFORTABLE” IS NOT AN EXCUSE.

**IF NOT NOW, WHEN?**

**NC Advance Health Care Directive Registry**

This is a REGISTRY for patients to “KEEP” their Advanced Directives!!!

NC is one of only 16 States which has a Registry for individuals to Store their Advance Directives $10 to file; If your beneficiary already has Advance Directives, you have opportunity to discuss the Health Care Directive Registry and still code for Advance Care Planning

If needed, the Advance Planning document can be sent to any hospital within NC; There is a national registry as well; It is not necessary to be used if the individual is an NC citizen
What steps should I take to file my paperwork with the Advance Health Care Directive Registry?

a. Print a Registration Form from NC Secretary of State website and fill in the required information. For each directive you wish to register with the North Carolina Secretary of State, please attach a $10.00 fee. Please submit one (1) Registration Form for each directive to be filed. Mail the documents to the North Carolina Department of the Secretary of State, Advance Health Care Directive Registry, Post Office Box 29622, Raleigh, North Carolina 27626-0622.

b. The patient will receive a card with a password and instructions for how to upload the Advance Directives. They are required to provide an SSN on the form below. A hospital would use the SSN to access the Advance Directives if needed.

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**REGISTRATION FORM**

**Instructions:** Please complete the information requested below and mail to the address listed above. A registry card containing a file number and password will be sent to you. Please carry the card with you at all times and furnish the file number and password to persons you want to have access to your directives, such as family members and health care providers.

**PLEASE TYPE OR PRINT, COMPLETE LINES 1 THROUGH 2.**

1. Registrant's Name (Write it exactly as it appears in the document):

   Last: ___________________ First: ___________________ Middle: _______________

2. Registrant's Mailing Address:

   City: ___________________ State: _______________ Zip code: _______________
Consideration for Workers Who Perform Essential Services
(Grocery Stores, Medical Offices, Take-Out Restaurants)

The contents of this document are not intended to be interpreted as employment policy. It is intended as guidance based on CDC and local health department recommendations. Contact your employer or medical provider for specific recommendations.

Symptoms of COVID-19

1. What if I have symptoms of COVID-19?
The most common symptoms of the disease are fever, cough, and shortness of breath. Most people with COVID-19 will have mild disease but some people will get sicker and may need to be hospitalized.

Most people with COVID-19 have only mild illness and can rest at home until they get better. People with mild symptoms seem to get better after about 2 weeks, but it’s not the same for everyone. If you have COVID-19, it’s important to stay home from school or work until cleared by your medical provider under guidance of local public health officials.

The best treatment for COVID-19 is to stay home, rest, and drink plenty of fluids. You can also take acetaminophen (sample brand name: Tylenol) to relieve fever and aches.

Call your health care professional for the following:
   - you have trouble breathing or are short of breath
   - you have high fevers despite use of acetaminophen (Tylenol)
   - your symptoms worsen or do not improve

2. What if I have symptoms but no fever?
If you have symptoms of runny nose, sneezing, cough and no fever or body aches, it is much less likely that you have COVID-19.

3. What if I have a fever but no symptoms?
Onset of temperature 100.5 and over may be a sign that illness is about to start. It is recommended that you stay home, monitor symptoms, and not return to work until you are fever or symptoms free for 24 hours. Contact your employer for specific recommendation.

4. Do I have to stay home if I don't have a fever?
If you have mild symptoms like a runny nose and scratchy throat without fever or aching and do not feel ill, it is unlikely you have COVID-19. Follow the commonsense decisions you would make if this wasn’t a pandemic. A mild cough without any other symptoms may be acceptable, especially if the cough is chronic or known to be related to allergy or other reasons. If the cough is associated with any other symptoms like fever, aching, shortness of breath, or is productive, you should contact your PCP and employer for recommendations.

5. I have allergies every year with runny nose and a cough, should I stay home?
If you have a known condition of seasonal allergies, with symptoms of runny nose, scratchy throat and itchy eyes without fever or aching, it is unlikely you have COVID-19. Contact your employer for specific recommendations. Follow the commonsense decisions you would make if this wasn’t a pandemic. A mild cough in someone with seasonal allergies may be acceptable, especially if the cough is chronic or known to be related to allergy or other reasons. If the cough is associated with any other symptoms like fever or aching, or is productive, or if you are uncertain if your symptoms are related to allergy, you should contact your PCP and employer for recommendations.

6. If I have a fever, should I stay home?
Yes. Contact your PCP for medical advice and evaluation if needed. A general recommendation is to monitor symptoms at home and not return to work until you are fever and symptom free for 24 hours. If COVID-19 is suspected, see recommendations below regarding returning to work.
Exposure to COVID-19

7. How do I know if I have been exposed to COVID-19?
It is impossible to know if you have been exposed to COVID-19. However, if you have not been in close contact with a sick person with COVID-19, you are at low risk for infection.

8. Who is considered high risk for getting infected with COVID-19?
You generally need to be in close contact with a sick person to get infected. Close contact includes:
- Living in the same household as a sick person with COVID-19,
- Caring for a sick person with COVID-19,
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes,
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

9. What should I do if I was in close contact with someone with COVID-19 while they were ill, but I am not sick?
You should monitor your health for fever, cough, and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school and should avoid public places for 14 days.

10. What should I do if I am a close contact to someone with COVID-19 and get sick?
If you get sick with fever, cough, or shortness of breath (even if your symptoms are very mild), you likely have COVID-19. You should isolate yourself at home and away from other people. If you have any of the following conditions that may increase your risk for a serious infection—age 60 years or older, are pregnant, or have medical conditions—contact your physician’s office and tell them that you were exposed to someone with COVID-19. They may want to monitor your health more closely or test you for COVID-19.

If you do not have a high-risk condition but want medical advice, call your healthcare provider and tell them you have close contact with someone with COVID-19. Your healthcare provider can help you decide if you need to be evaluated in person. There are currently no medications to treat COVID-19. If you have a medical emergency and need to call 911, notify the dispatch personnel that you may have been exposed to COVID-19. If possible, put on a facemask before emergency medical services arrive or immediately after they arrive.

11. If my family members test positive, who do I tell?
If you have had close contact with a family member, you should self-isolate and monitor your health for fever, cough, and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school and should avoid public places for 14 days. Inform your manager of your need to self-isolate.

12. If I am exposed, how quickly will I get symptoms?
The average time for onset of symptoms is 5 days, with a range of 2 – 14 days.

COVID-19 in the Workplace

13. Where do I get tested for COVID-19 if I need to?
The decision of your need to be tested for COVID-19 is usually made by your primary care provider at this time.

If you had a close contact with someone with COVID-19 and get sick with fever, cough, or shortness of breath (even if your symptoms are very mild), you likely have COVID-19. You should isolate yourself at home and away from other people. If you have any of the following conditions that may increase your risk for a serious infection—age 60 years or older, are pregnant, or have medical conditions—contact your primary care provider and tell them that you were exposed to someone with COVID-19. They may want to monitor your health more closely or test you for COVID-19.
14. My PCP doesn’t have access to COVID-19 testing, what do I do?
Testing or not testing does not change the course of illness. While it is frustrating not to know, there are not enough tests available at this time to test everyone with respiratory symptoms. Keep in close contact with your primary care provider.

If you had close contact with someone with COVID-19 discontinue home isolation under the following conditions:
Refer to your state health department for local guidance

- If you had a fever, stop home isolation 3 days after the fever ends AND you see an improvement in your initial symptoms (e.g. cough, shortness of breath).
- If you did not have a fever, stop home isolation 3 days after you see an improvement in your initial symptoms (e.g. cough, shortness of breath).
- Or stop home isolation 7 days after symptoms onset whichever is longer.

If you did not have close contact with someone with COVID-19 and had mild illness and your COVID-19 status is unknown:
- You will monitor symptoms at home. A general recommendation is to not return to work until you are fever and symptom free for 24 hours. Contact your PCP for medical advice and evaluation if needed.

15. How do I know if someone has COVID-19?
The most common symptoms of the disease are fever, cough, and shortness of breath. Most people with COVID-19 will have mild disease

16. Can I ask my coworker if they have been diagnosed with COVID-19?
You should not ask a co-worker about their personal health information.

17. What is the difference between self-isolating and quarantine?
Here are the technical differences. We say “self-isolate” in general when referring to either:

- **Isolation** is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis.

- **Quarantine** is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

Isolation and quarantine are used to protect the public by preventing exposure to infected persons or to persons who may be infected.

18. How do I self-isolate?
Instructions for how to self-isolate are at this link:

19. What if the media calls our office?
Please direct any media inquiries to the individual in charge of public relations

20. I was tested for COVID-19, when can I return to work?
Persons undergoing testing for COVID-19 (Persons Under Investigation) must self-isolate until the test is reported as negative. Contact your employer for specific recommendations.

21. In which times do I need a negative test for COVID-19?
Unless otherwise instructed by your local health department, patients with COVID-19 who are not hospitalized should remain isolated at home until one of the following conditions is met: *(per North Carolina DHHS dated March 16, 2020) Interim Guidance for Discontinuation of Home Isolation for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)*
- At least 7 days since symptom onset and ≥72 hours after symptom resolution (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms), whichever is longer.
OR
- Absence of fever (without use of fever-reducing medication), improvement in respiratory symptoms, and 2 negative test results conducted on specimens collected at least 24 hours apart.

Healthcare providers and others who work in high-risk settings should check with their employer or occupational health program to determine whether additional criteria must be met before return to work.

22. I want to stay home out of caution. How does this affect me?
Please contact your employer. There may be employment implications which would be adverse to your employment.

23. Am I allowed to tell my family and friends of positive testing in the medical office where I work?
Employees may never communicate protective health information at any time.
- Am I allowed to share with others in the company? - NO
- Can I share about others in my office that appear to be sick? – NO

COVID-19 Patients
24. What if I took care of a patient that tested positive for COVID-19 in the following circumstances?
- I checked the patient in
- I was the MA
- I was in the office during the time the patient was here
- I was a patient at the same time
- I was a patient that came in after the positive case left

Universal protection strategy should prevent illness in all the above individuals. No one in the list above should have contact for more than 10 minutes and closer than 6 feet
You generally need to be in close contact with a sick person to get infected. Close contact includes:
- Living in the same household as a sick person with COVID-19,
- Caring for a sick person with COVID-19,
- Being within 6 feet of a sick person with COVID-19 for about 10 minutes,
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).

25. What do I need to do if I was in a medical office or grocery store and there is a person there who might have COVID-19?
You should not be at risk unless you were within 6 feet of a sick person with COVID-19 for about 10 minutes.

26. I work in a doctor’s office. What do I tell a patient who asks if we are taking care of any patients who tested positive for COVID-19?
Please tell them: “We are not able to disclose person health information.”
If you have all three of these symptoms:

Cough, Runny Nose, and Fever

Please place a mask over your face and sanitize your hands with hand sanitizer before entering the waiting room