

COVID-19 TOWN HALL Q&A – May 6, 2020

QUESTION TOPIC INDEX	
<ul style="list-style-type: none">• Continuing Professional Development and Continuing Medical Education• Advocacy and Government Relations• Health of the Public and Science• Practice Advancement• Medical Education	
MEMBER QUESTIONS	AAFP RESPONSES
CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION	
What education and awareness efforts are family physicians and the American Academy of Family Physicians (AAFP) providing to the general public about COVID-19?	<p>The AAFP has received numerous requests for our members to speak with members of the media about COVID-19. Other nonmember family physicians are also speaking with the media on their own about COVID-19. Additionally, the AAFP updates member and public-facing resources daily. These include:</p> <ul style="list-style-type: none">• The AAFP's main landing page for many COVID-19-related content, Respond to Coronavirus (COVID-19).• Patient resources about the Coronavirus Disease 2019 (COVID-19) on familydoctor.org.
ADVOCACY AND GOVERNMENT RELATIONS	
Should the AAFP and family physicians advocate to make the flu vaccine mandatory?	The AAFP supports immunization of infants, children, adolescents and adults as defined by recommendations set forth in the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and approved by the AAFP. With the exception of policies that allow for refusal due to a documented allergy or medical contraindication, the AAFP does not support immunization exemption policies and advocates accordingly.
HEALTH OF THE PUBLIC AND SCIENCE	
When is reliable antigen and antibody testing expected to be available?	<p>The AAFP has not made any formal recommendations for antibody testing as there is limited information on the efficacy (sensitivity and specificity). There are four tests available under the Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA).</p> <p>Given that these tests are not diagnostic and can provide false-positive results due to cross-reactivity with other coronaviruses, caution is warranted before using them. The AAFP is currently developing several resources on testing that will be available in the next week on the AAFP COVID-19 website. Connect with colleagues and ask questions through the AAFP Rapid Response Member Exchange. Refer to your local public health offices for reporting requirements, as well as testing availability and strategy, as they vary across the United States.</p>

What can physicians do if a patient who is deemed an essential worker informs us that their workplace is not providing adequate personal protective equipment (PPE) or not adhering to proper distancing precautions?	Call and/or write an email or letter to their place of work about proper PPE and distancing guidelines, emphasizing the importance of keeping your patient and the rest of their workforce safe. Another step you can take is to advocate with your local department of health and legislators to require PPE for all essential workers and adherence to proper distancing precautions.
Do you think most individuals will be able to follow the directive to wear a face mask or other covering in public settings? Can you comment about the stigma certain minority groups encounter regarding facial coverings?	Wearing face masks is one of the important actions all individuals can do to help reduce the spread of COVID-19. This directive will be easier to enforce than social distancing. One challenging aspect of wearing facial coverings will be the stigma surrounding certain minority groups, particularly males. We will need to work together to fight this stigma.
Can you provide any tips on helping patients with developmental disabilities with needs that may be difficult to address in this crisis?	First, take this opportunity to conduct a telehealth visit to view those patients' home environment to assess their living conditions. Ensure the patients and caregivers are able to access behavioral health services. Identify pharmacies in their community that are willing to deliver medications for free along with any other services that are willing to deliver food and other essential items. Make frequent check-in visits during this time. Lastly, keep a catalog of patient stories. Stories are important for advocacy efforts to spur changes that can help these patients now and in the future.
How can family physicians best advocate for our minority patients who are being most impacted by COVID-19 to receive the best care possible?	Be present with your patients and witness what they are experiencing. Advocate for transfers to hospitals with more resources and open beds. Share patient stories and help them share their own stories. Start with local advocacy, and then share these stories more broadly to make long-term sustained changes for all of our patients. Do not be afraid to call out the disparities you are seeing.
What can be done about consistent messaging around masks?	Family physicians play an important role in their communities. Provide consistent messages about face masks and coverings to help reduce the spread of COVID-19. For current guidance on the use of masks , please refer to the CDC and your local public health department, as there may be important regional differences in physical distancing and other regulations.
Is there a plan to assist states with contact tracing? How can family physicians help?	There are several plans for contact tracing available from the CDC and others to aid local and state public health departments in increasing contact tracing. Reach out to your local public health office to find out what is being done in your area.
What is the most recent information about immunity and antibodies from COVID-19?	Currently, there is not sound data about immunity and antibody protection from infection of COVID-19.

<p>Do Health Insurance Portability and Accountability Act (HIPAA) restrictions prevent a clinician from contacting individuals who came in contact with persons under investigation (PUI) for COVID-19? What role should a physician and/or their staff should take in these cases?</p>	<p>Family physicians and their staff should contact their local public health departments for contact tracing and reporting to ensure HIPAA compliance.</p>
<p>What are the AAFP's recommendations for reopening medical practices? What is the guidance about PPE for clinicians and staff?</p>	<p>If you are considering reopening your practice, review the AAFP's Considerations on Re-opening Your Practice and the <i>FPM</i> blog, A checklist for reopening your practice for "non-essential" face-to-face visits.</p> <p>The CDC also provides guidelines on their Outpatient and Ambulatory Care Settings webpage. Regarding PPE, the CDC states that health care personnel should adhere to standard and transmission-based precautions when caring for patients with COVID-19. You can also find the webpage Strategies to Optimize the Supply of PPE and Equipment to help in maintaining your supply.</p>
<p>What are the guidelines for using PPE for patients and health care professionals?</p>	<p>The CDC has published guidelines for patients and health care professionals on the Using Personal Protective Equipment (PPE) webpage.</p>
<p>Serology indicates previous infection, but how will we know it confers immunity?</p>	<p>The level of immunity of COVID-19 is not known at this time.</p>
<p>Abbott Laboratories claim there is 100% sensitivity and 99.5% specificity to COVID-19 two weeks after onset of symptoms. Can we trust that to test asymptomatic patients?</p>	<p>There is limited information on the efficacy (sensitivity and specificity) in asymptomatic patients or low-prevalence populations. All current data reflect accuracy against known reference samples. There are four tests that are available under the EUA by the FDA. Additionally, the CDC has developed its own antibody test to validate the commercial kits.</p> <p>Given that these tests are not diagnostic and can provide false-positive results due to cross-reactivity with other coronaviruses, caution is warranted before using. The AAFP is currently developing several resources on testing that will be available in the next week on the AAFP COVID-19 website. Connect with colleagues and ask questions through the AAFP Rapid Response Member Exchange. Refer to your local public health offices for reporting requirements, as well as testing availability and strategy, as they vary across the United States.</p>
<p>What is the status of children contracting COVID-19? Are they vectors for the virus?</p>	<p>At this time, the rate of infection and transmission in children is not well defined.</p>
<p>What guidance is available about wearing face coverings?</p>	<p>The CDC recommends that everyone wear a cloth face cover when in public spaces.</p>

<p>What guidance is available about reopening practices for well visits and chronic disease management visits, and for patients over the age of 65 and those who are immunocompromised?</p>	<p>Reopening nonessential clinic visits is a localized issue. As more states ease restrictions, the prevalence and trends of COVID-19 testing and cases in your city, state or region should be coordinated with local public health efforts and state policies. State-level information on emergency declarations, including those published by the Association of State and Territorial Health Officials (ASTHO) and the National Governors Association, along with White House guidance provides information on decision-making.</p> <p>If you are considering reopening your practice, review the AAFP's Considerations on Re-opening Your Practice and the <i>FPM</i> blog post titled "A checklist for reopening your practice for "non-essential" face-to-face visits."</p>
<p>What guidance is available about practices conducting testing in medical offices?</p>	<p>The CDC recommends that clinicians considering diagnostic testing of patients with possible COVID-19 symptoms should continue to work with their local and state health departments to coordinate testing through public health laboratories, or work with commercial or clinical laboratories using diagnostic tests authorized for emergency use by the FDA. Additional information from the CDC is available about evaluation and testing for COVID-19.</p>
<p>We don't have enough PPE or test kits available in many practices. How can family physicians ensure that we have enough PPE and tests for COVID-19?</p>	<p>PPE and medical supplies are now available via Amazon Business for practices to purchase products now. If you already have an Amazon Business account, you are probably now pre-vetted. If you do not have an Amazon Business account, you can create a new free account. It may take up to 48 hours to be pre-vetted and given permission to purchase from the COVID-19 site. If after 48 hours you haven't been vetted, contact Amazon directly.</p> <p>There is not yet a clear answer for how family medicine practices can access test kits at this time. The CDC states that clinicians should consult with state public health departments and the laboratories that routinely perform their diagnostic services to see how best to access COVID-19 testing.</p>
<p>Does COVID-19 mutate like the influenza virus, which would make herd immunity unlikely?</p>	<p>At this time, there are no data supporting an increased mutation rate for COVID-19 or suggesting whether these mutations will result in differences in lethality and infection rate.</p>
PRACTICE ADVANCEMENT	
<p>What are the AAFP's views about home health visits to enhance telehealth visits?</p>	<p>Home health visits can be a necessary and useful supplement to telehealth visits. Medicare and many other payers cover in-person home health visits by a physician where it is medically necessary. Family physicians should use their medical judgment and the patient's</p>

	<p>circumstances to determine when an in-person home health visit is needed to enhance telehealth visits.</p>
What is the AAFP's guidance for family physicians who have to perform home visits for patients who lack the means to do virtual visits or who are high risk and are afraid to come in?	<p>Medicare and many other payers are covering audio-only encounters with patients in their homes. For Medicare, those telephone evaluation and management (E/M) services should be reported using codes 99441-99443, which Medicare is now paying at the same rate as established patient office visits of comparable length. For non-Medicare patients, please check with the patient's health plan regarding how to code audio-only encounters with patients in their homes.</p> <p>When a family physician must go to a patient's home, the services should be reported using an appropriate CPT code for home visits. Codes 99341-99345 are for new patients, and codes 99347-99350 are for established patients. The level of service will typically depend on the documented history, exam and medical decision-making involved. These are covered services under Medicare and many other payers.</p>
MEDICAL EDUCATION	
What are the AAFP's views about including social determinants of health (SDoH) in medical education?	The AAFP supports physicians gaining knowledge about identifying and addressing SDoH in order to be successful in promoting good health outcomes for all individuals and populations. In preparing students for practice, medical schools must foster core competency in this patient-centric concept. Physicians in training must develop awareness of the potential obstacles that patients confront when following treatment plans. Without this core competency, physicians and patients will be impeded by suboptimal outcomes.
What is the AAFP's advice to physicians beginning residency in the midst of this public health emergency?	Residency programs are impacted during this public health emergency. A recent survey of the nation's family medicine residency directors indicated that 85% of family medicine residency programs have manageable demand and are able to support routine care and education. This may change with the current public health emergency and depending on location. We anticipate that many transitioning students will soon receive information about onboarding and orientation to their residency positions. There may be adjustments to address resident safety and the volume and severity of illness in the community. The AAFP recently released a policy addressing resident and student wellness during this crisis .