

# COVID-19 TOWN HALL Q&A – May 13, 2020

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MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
What telehealth program does the AAFP recommend?	The AAFP does not endorse specific products or companies. We recommend that you research and speak with colleagues about their preferences. Some of the telehealth platforms AAFP members are using in practice are listed midway down on the AAFP's <a href="#">Using Telehealth to Care for Patients During the COVID-19 Pandemic</a> webpage.
How is payment for phone or telehealth visits occurring?	Payers are largely following the lead of the Centers for Medicare and Medicaid Services (CMS). The AAFP's <a href="#">COVID-19 Private Payer Frequently Asked Questions</a> and <a href="#">COVID-19: Coding Scenarios</a> webpages provide overviews of policies for Aetna, Anthem, Cigna, Humana, United Healthcare, and Medicare. It is best to verify payer policies with your provider relations representatives.
What are your recommendations for how staff can teach patients to use technology for telehealth?	Individual instruction via one-on-one phone calls was not sustainable. Our staff learned how to perform telehealth appointments on multiple devices and then recorded instructional videos to post on social media and our website. Our practice also encouraged all staff to watch the videos, so they had knowledge of what they'd be explaining to patients.  Connect with the <a href="#">Professional Medical Associates</a> Facebook page, then click <a href="#">Videos</a> and watch staff teach about conducting telehealth visits via <a href="#">iPad, iPhone and Android devices</a> .
CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION	
What online family medicine courses does the AAFP have available?	Visit our <a href="#">Continuing Medical Education (CME) webpage</a> , where you can search CME by topic or format.
ADVOCACY AND GOVERNMENT RELATIONS	
What is the AAFP's recommendation for bringing wider broadband service to less-connected communities and patients?	Work with your state legislature and encourage them to advocate for your community. The second round of Coronavirus Aid, Relief and Economic Security (CARES) Act funding can be used to implement broadband in rural communities. Work with cable and cellular providers in your area. Wider access to broadband not only serves

	telehealth needs, but also provides greater educational access and safety for our communities and patients.
<b>HEALTH OF THE PUBLIC</b>	
What is your advice for solo family physicians with limited staff resources to stay better connected with their patients?	Family physicians have been trained for this. We have everything we need. Our toolbox is full. We learn early in training how to adapt. Things are never perfect, so we're used to meeting our patients where they are. Make a decision and change it if it's not working. The worst situation is feeling stuck and doing nothing. Have a "try" attitude and retry if what you're doing doesn't work. Try connecting with your patients via social media. It's free and easy. Your patients love you and want to hear from you.
How have childhood vaccination rates been affected?	<p>We have seen a decrease in vaccinations, not just for children, but adults, too. Communicate with your patients that all health care is essential, so they should stay vigilant about getting vaccinations. Offer and encourage your patients the use of the parking lot and/or drive-up clinic service if you have those set up.</p> <p>There is particular hesitation to bring in children, given the media coverage of the emerging inflammatory disease seen in children. Conversely, the media coverage is also causing more calls from parents concerned about unusual symptoms they are seeing in their children.</p> <p>The AAFP encourages providing immunizations during the COVID-19 pandemic, as appropriate, in our <a href="#">COVID-19: Guidance for Family Physicians on Preventive and Non-urgent Care</a>.</p>
What have practices been doing about patients who have not visited since the public health emergency—particularly those with chronic care needs?	<p>Our chronic care management team immediately contacted patients enrolled in the program to provide extensive education on best practices in management of their condition from home. Recently, staff have started contacting more patients with high-risk conditions to check in and educate them about how to continue to effectively treat their condition. While we're a big proponent of supporting local walk-in pharmacies, we are also encouraging our patients to explore mail-order prescriptions as a temporary relief, so they have an ample supply of medication during community stay-at-home orders.</p> <p>We are also calling every no-show patient to offer them a telehealth appointment before putting them on the no-show list. This reinforces that we're taking care of them during this pandemic and will continue to do so. It's especially important to check in with patients because there's usually a reason why they missed an appointment.</p>

<p>What can you recommend about explaining to staff and patients how to properly wear a mask?</p>	<p>Connect with the <a href="#">Professional Medical Associates</a> Facebook page, then watch their staff explain the reason for wearing a masks and provide demonstrations for how to properly wear one in a <a href="#">May 11, 2020, video</a>.</p>
<p>What is your office’s plan for if an employee tests positive for COVID-19?</p>	<p>We have not had an employee test positive for COVID-19, but we have seen patients who have. We are following return-to-work guidelines from the Centers for Disease Control and Prevention (CDC) and our state department of health. We are requiring all employees to wear masks for any patient interaction inside the office. We have new policies to keep employees six feet away from each other, as they may be asymptomatic carriers. Employee temperatures are taken twice a day. We are limiting access between patients and employees. We are also minimizing the number of staff and providers a patient sees. Only one person examines a patient and limits that visit to five minutes. These measures keep us from abandoning our jobs during this public health emergency. It also allows us to keep working despite being exposed.</p> <p>For more information, visit the CDC’s webpages for <a href="#">Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)</a> and <a href="#">Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19</a>.</p>
<p>What strategies does the AAFP recommend to encourage reopening of physician offices for patient visits that are needed to save lives?</p>	<p>The AAFP offers <a href="#">Considerations on Reopening Your Practice</a>, as well as two <i>FPM</i> blog posts—<a href="#">10 communication tips for physician phone visits during COVID-19</a> and <a href="#">A checklist for reopening your practice for “non-essential” face-to-face visits</a>.</p>
<p>How should you treat a patient who tests negative for COVID-19 but displays COVID-19 signs and symptoms?</p>	<p>Due to many tests having a high false-negative rate, physicians should use best clinical judgement. If appropriate, a patient who is highly suspected to have COVID-19 but has a negative test should be treated as someone who is sick enough to require isolation. Physicians can also contact their local public health office for additional guidance and availability of tests.</p>
<p><b>PRACTICE ADVANCEMENT</b></p>	
<p>How did your practice receive Paycheck Protection Program funds and the Medicare Advance Payment?</p>	<p>By working with a local bank in our community, we were lucky enough to apply in time and receive payment in the first round.</p>
<p>There are several insurance carriers (through our accountable care organization) that are proposing a cutoff date to stop reimbursing for telehealth visits. Does the AAFP have any advice about lobbying to have this extended?</p>	<p>One approach is to make the business case for continued payment by the insurance carrier or health plan. If the plan is paying for telehealth visits at the same rate as in-person visits, then continuing to pay for these services costs the plan no more than if you brought the patient into the office. It also reduces the risk of patient and staff exposure to</p>



COVID-19, which will likely save the plan money over time. Insurance carriers and health plans are in the business of minimizing risk and being the best possible stewards of their clients' premiums (or funds, in the case of self-funded plans). Effective lobbying with insurance carriers and health plans often involves making your case in these terms.

The AAFP is tracking the end dates of payers' COVID-19 telehealth flexibilities and will advocate for extensions as necessary.