

COVID-19 TOWN HALL Q&A – March 21, 2020

QUESTION TOPIC INDEX	
<ul style="list-style-type: none"> • Telehealth • Continuing Professional Development and Continuing Medical Education • Advocacy and Government Relations • Health of the Public and Science • Practice Advancement 	
MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
What can the AAFP do to ensure all payers uniformly cover telehealth (both phone and video)?	The AAFP is actively engaged with commercial health insurers to harmonize their telehealth coverage requirements with those of Medicare, so family physicians will, ideally, have a simple, unified set of rules to follow in this regard. In the meantime, the AAFP is gathering relevant information from those insurers to share with our members. Most major commercial insurance companies are increasing access to telehealth visits. However, it's important to check with the insurance companies you contract with for specific provisions. The AAFP is actively engaged with commercial health insurers to align telehealth coverage requirements.
Is the AAFP working to make sure rural health clinics get added to the recent telemedicine legislation?	Federally qualified health centers (FQHCs) and rural health clinics (RHCs) can be reimbursed for virtual check-ins via phone. Currently, they cannot be reimbursed for other telemedicine visits. There have been proposals in the current COVID-19 stimulus bill that would expand telemedicine for FQHCs/RHCs. We are advocating for those and we are hopeful.
What is the AAFP doing to increase payment for phone visits?	The AAFP is actively engaged with commercial health insurers to harmonize their telehealth coverage requirements with those of Medicare, so family physicians will, ideally, have a simple, unified set of rules to follow in this regard. In the meantime, the AAFP is gathering relevant information from those insurers to share with our members.
What changes — if any — have been made around "meaningful use requirements" for telehealth visits?	We have advocated that the Centers for Medicare & Medicaid Services (CMS) relax requirements for the Quality Payment Program (QPP). The payment system within the QPP is called the Merit-based Payment System (MIPS). CMS has relaxed those requirements. More information is available in this Getting Paid blog post .

CONTINUING PROFESSIONAL DEVELOPMENT AND CONTINUING MEDICAL EDUCATION (CME)	
What are the proposed dates for the rescheduled April 2020 Family Medicine Board exam?	The American Board of Family Medicine (ABFM) has yet to determine a new date. For up-to-date information, click here .
Is there web training for critical care and vent management for non-intensivists?	The Society of Critical Care Medicine (SCCM) has critical care modules that cover topics for non-intensive care unit clinicians. To review, click here .
ADVOCACY AND GOVERNMENT RELATIONS	
Should family physicians working in outpatient offices be concerned about a national closure mandate?	The AAFP is not aware of this issue being raised at the national level.
How are family physicians being protected from liability risks associated with COVID-19?	<p>Medical liability reform remains a top priority for the AAFP. Specific provisions in COVID-19 response legislation focus on providing liability protections for “volunteer” health care providers responding to the pandemic. Thus, any physician who is paid for his or her services during the pandemic will fall under the medical liability laws of the state where he or she is licensed. The AAFP continues to urge Congress to take action to relieve our health care system of the unnecessary costs generated by excessive medical liability by taking the following steps:</p> <ul style="list-style-type: none"> • Capping non-economic damages • Replacing joint and several liability with proportionate liability • Reducing awards by the amount of compensation from collateral sources • Limiting attorney contingency fees • Restricting statutes of limitation • Allowing structured payments for damage awards • Providing states with incentives to establish Alternative Dispute Resolution Systems <p>You can learn more about the AAFP’s activities on liability reform by visiting our webpage on medical liability.</p>
Are there indications for how new leave requirements will be implemented for family physicians under H.R. 6201?	The Congress is expected to clarify in the next COVID-19 bill (H.R. 6379, the Take Responsibility for Workers and Families Act) that health care providers are eligible for emergency paid leave.
Are there new assistance plans being developed for rural hospitals and Federally Qualified Health Centers?	We expect the distant site issue with respect to telehealth to be addressed in this next legislative package. It is currently in both the House and Senate version.

HEALTH OF THE PUBLIC AND SCIENCE	
Does the AAFP's COVID-19 web resource have statistics and testing information that are specific to family physicians?	The AAFP is referring members to their state public health office for detailed information. You can access your state information via this map created by the National Association of County and City Health Officials. In addition, updated information from the Centers for Disease Control and Prevention (CDC) can be found here .
What are the CDC's plans for updating the testing and quarantine guidelines with community transmission information?	Current CDC guidance about community transmission can be found here .
Can the AAFP provide guidance on responding to patient blood type requests that are coming in due to one pre-peer review case-control study from Wuhan?	Family physicians can reassure patients that there is no strong evidence to support blood typing (authors state this). In addition, there is no information from the CDC or Food and Drug Administration (FDA) that specifically relates to this.
What are the AAFP's thoughts on treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) versus acetaminophen?	The AAFP supports the following information from the U.S. Department of Defense: "Theoretical concern has been raised that the use of non-steroidal anti-inflammatory drugs (NSAIDs) may lead to complications of COVID-19 due to NSAID-induced upregulation of angiotensin-converting enzyme 2 (ACE2), which is the cellular binding target for SARS-COV-2. Although there is no clinical evidence of association between NSAIDs and outcomes for COVID-19, the French health minister cautioned that use of ibuprofen could be an aggravating factor in COVID-19. Acetaminophen is recommended for fever control as an alternative when ibuprofen is not necessary."
Does the AAFP think there is going to be a cease and desist on prescribing azithromycin?	There are no FDA-approved drugs specifically for the treatment of patients with COVID-19. There is not good evidence to support chloroquine/AZT treatment currently.
Can the AAFP confirm if other swabs (vaginal, media) can be used to test for COVID-19?	There is no current recommendation for the use of alternative swabs. The CDC still recommends the use of nasopharyngeal swabs (NP) /oropharyngeal swabs (OP) for collection.
Does the AAFP recommend the use of full personal protective equipment (PPE) for treatment of newborns and infants that present with fever?	The AAFP recommends the use of full PPE. Additional information on the treatment of newborns and infants with suspected COVID-19 can be found here .
Does the AAFP recommend seeing healthy patients and treating the sick remotely or vice-versa?	The AAFP developed a policy on COVID-19 Preventive and Non-urgent Primary Care visits to guide family physicians on rescheduling and

	postponing care. This AAFP statement provides support to members making recommended practice changes during the COVID-19 pandemic.
Can the AAFP advise on the interim use of homemade masks during PPE shortages?	<p>The AAFP supports the CDC's strategies for optimizing the supply of PPE. Those details can be found here.</p> <p>Additional information can be found by searching N95s on the COVID-19 Rapid Response Member Exchange page here.</p>
Can the AAFP provide more information around the use of ventilators in the treatment of COVID-19?	While the CDC and AAFP do not have specific guidance on ventilation of patients who have COVID-19 at this time, there are resources available from several groups, including the Society of Critical Care Medicine (SCCM) critical care modules for appropriate ventilation management.
Pregnancy terminations are an elective procedure. So, should they still be done?	You can see the AAFP statement about CMS' guidance to postpone and/or limit non-essential procedures here . The American College of Obstetricians and Gynecologists (ACOG) has also published a joint statement on abortion access during the COVID-19 outbreak. More information can be found here .
PRACTICE ADVANCEMENT	
Are there resources to help the private practice physician navigate all the guidelines and financial aspects of providing patient care during the outbreak?	<p>The AAFP has developed this webpage to support members with the latest updates, clinical and practice guidelines, and other available resources during the pandemic.</p> <p>You may also find these external resources helpful:</p> <ul style="list-style-type: none"> • The American Medical Association (AMA) has developed information for supporting independent practices from a business standpoint: <ul style="list-style-type: none"> ○ Tips for keeping your practice in business during the COVID-19 pandemic • Telehealth coverage policies: <ul style="list-style-type: none"> ○ The Center for Connected Health Policy's Telehealth Coverage Policies in the Time of COVID-19 • AMA's Quick Guide to Telemedicine in Practice
Can the AAFP assist in the development of uniform clinic workflows for the private practice physician?	The AAFP developed a policy on COVID-19 Preventive and Non-urgent Primary Care visits to guide family physicians on rescheduling and postponing care. This AAFP statement provides

	support to members making recommended practice changes during the COVID-19 pandemic.
Can the AAFP help mobilize retired/non-employed, board-certified family physicians to assist private practice physicians?	<p>Legislation currently being considered in the House and Senate extends liability protections to “volunteer” health care providers specifically responding to the COVID-19 health crisis.</p> <p>Currently, any health care professional providing medical services in response to the crisis will be covered by the medical liability laws of the state in which they practice, the provisions of the Volunteer Protection Act, AND any state law that provides liability protections for health professionals voluntarily responding to the crisis.</p> <p>Any family physician asked to provide services to help in the crisis should check with their state medical society about what the liability laws are and pay attention to any emergency declarations from their state’s governor. When in doubt, contact an attorney.</p> <p>Medical liability reform remains a top priority for the AAFP. Specific provisions in COVID-19 response legislation focus on providing liability protections for “volunteer” health care providers responding to the pandemic. Thus, any physician who is paid for his or her services during the pandemic will fall under the medical liability laws of the state where he or she is licensed. The AAFP continues to urge Congress to take action to relieve our health care system of the unnecessary costs generated by excessive medical liability litigation by taking the following steps:</p> <ul style="list-style-type: none">• Capping non-economic damages• Replacing joint and several liability with proportionate liability• Reducing awards by the amount of compensation from collateral sources• Limiting attorney contingency fees• Restricting statutes of limitation• Allowing structured payments for damage awards• Providing states with incentives to establish Alternative Dispute Resolution Systems <p>You can learn more about the AAFP’s activities on liability reform by visiting our webpage on medical liability.</p>

<p>What is the AAFP's recommended decontamination protocol if a suspected or confirmed COVID-19 patient is seen in the office?</p>	<p>In order to limit the areas in your practice which could become contaminated, implement methods of triage to keep patients with respiratory symptoms out of common areas and in specific dedicated, closed spaces. For any suspected COVID-19 case, immediately notify your local or state health department for guidance both on testing and steps to take in your practice. Once the patient has left the exam room, the room should stay vacant (no staff entering) until infectious particles can clear the air. The CDC provides a table for calculating the length of time to clear particles. The range is 8 to 207 minutes, depending on length of exposure, air flow rate, and size of room. To see more on this topic click here. After this time passes, all equipment and surfaces in the room should be disinfected following routine procedures.</p>
<p>What can the AAFP do to help ease or modify rules around prior authorization, precertification and referrals?</p>	<p>The AAFP is only aware of prior authorizations being waived for services related to COVID-19. The AAFP is actively advocating to reduce administrative burden of prior authorizations, pre-certifications related to both COVID-19 and on a broad basis. Please keep the AAFP informed of your experience on the COVID-19 Rapid Response Member Exchange community page.</p>
<p>When will COVID-19 test kits be made available to private practice family physicians?</p>	<p>The AAFP is urgently advocating for an increased availability of testing. It is critical that these tests be distributed and administered in an equitable manner. All public health labs in each state are now testing, as well as commercial labs, with 91 labs total. Due to the number of tests performed in the last week, supplies are becoming low. A rapid COVID-19 is now available. However, it requires a Cepheid machine to run. Cepheid is another instrument that many smaller labs and physician offices have. The problem with this test is that it still requires validation on the part of the lab before they can begin testing patients. This could be a challenge for family practices to offer this test because it could be expensive and hard to validate. This test is likely more helpful in the hospital setting if they have the Cepheid instrumentation as they can get results much faster than what they are getting now. While new, more rapid tests are being released, most of these require equipment not found in an ambulatory physician office.</p>
<p>What is the best or recommended audioconferencing tool?</p>	<p>While the simplest option is to use a smartphone, laptop with shared link to enable video or other electronic device, there are also free to low-cost</p>

telehealth platform options available to enable video visits and videoconferencing.

The Health and Human Services (HHS) Office for Civil Rights (OCR), tasked with HIPAA compliance and oversight, issued a [statement on 3/17/20](#) that effective immediately you may use popular apps that allow for video chats, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype, to provide telehealth without risk that OCR might impose penalties for noncompliance with HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. OCR guidance clarifies that Facebook Live, Twitch, TikTok, and similar video communication apps that are public-facing should not be used to provide care virtually.

In addition to newly announced permissions to use popular apps listed above, members are using a variety of different telehealth platform options that support video visits with patients. A short list of those platform options we have heard members mention using is listed below, which can also be found on the AAFP COVID-19 Telehealth page [here](#).

Examples of telehealth platforms members are using:

The AAFP does not endorse specific products or companies and recommends carrying out your own due diligence in investigating, but telehealth platforms we are aware of members using in private practice include:

- [Doxy.me \(doxy.me\)](#) – Self-touted to be “a simple, free, and secure telehealth solution.” The AAFP understanding is Doxy.me has a “freemium” business model, with a free base option and other options available at cost a la carte.
- [eVisit \(evisit.com\)](#) – The AAFP has heard member reports eVisit ranges from \$50/month to \$150/month.
- [SimpleVisit \(simplevisit.com\)](#) – The AAFP has heard SimpleVisit runs approximately \$150/month.
- [VSee \(vsee.com\)](#) – The VSee site notes one can “get it free,” though the AAFP has heard members report it costing up to \$250/month.
- [Mend \(MendFamily\)](#) – The AAFP has heard of pricing at approximately \$250-\$500/month, with mention that \$500/month includes billable condition-

	<p>specific questionnaires that can be pushed to patients and information gathered in advance of the visit.</p> <p>Note: Mend is available only in certain areas — though those are not definitively known to the AAFP and continue to expand.</p> <ul style="list-style-type: none"> • Spruce Health (www.sprucehealth.com) – Spruce Health is often used by direct primary care (DPC) family medicine practices. Its telehealth capabilities are integrated with Elation Health EHR, though Spruce can be used alongside other EHRs without integration with EHR. The AAFP is not yet aware of pricing information.
<p>Can the AAFP confirm that Medicare will pay codes 99213 and 99214 for telehealth visits?</p>	<p>Yes, use Place of Service Code 02 (Telehealth). A full list of Medicare Telehealth Services is available here. We most likely will see those higher level of services with time base documentation. There shouldn't be any pushback on these codes when documented correctly and submitted with correct diagnosis codes.</p>
<p>Is the AAFP working on behalf of family physicians to streamline obstetrics and gynecology (OB) privileges?</p>	<p>The American Hospital Association (AHA) describes its organization as “The national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Sixty percent of AHA member hospitals are part of a health system, the majority consisting of three to 10 hospitals.”</p> <p>The role of the AHA is to provide education for health care leaders and is a source of information on health care issues and trends. Credentialing physicians falls within a hospital board's responsibility. The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission's MS.01.01.01 Elements of Performance notes, “The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. The medical staff bylaws include the process for privileging and re-privileging licensed independent practitioners, which may include the process for privileging and re-privileging other practitioners. A requirement of the medical staff bylaws is a description of those members of the medical staff who are eligible to vote.” A joint statement was developed by a joint</p>

	<p>task force of the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists noting: “The assignment of hospital privileges is a local responsibility and privileges should be granted on the basis of training, experience and demonstrated current competence. All physicians should be held to the same standards for granting of privileges, regardless of specialty, in order to assure the provision of high-quality patient care. Prearranged, collaborative relationships should be established to ensure ongoing consultations, as well as consultations needed for emergencies. [...] This policy is used often by family physicians providing obstetric and gynecological care and referred to by AAFP leadership when appropriate.”</p>
<p>Should physicians have any credentialing or malpractice concerns when being called to see patients at a hospital?</p>	<p>The Emergency Preparedness Rule requires that some providers have policies and procedures, which address the "role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials."</p> <p>The State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (see page 54) states: “Practitioners may be granted active, courtesy, emergency, temporary, etc. membership or privileges in accordance with state law and as specified in the medical staff bylaws, rules, and regulations.” CMS is using its authority under Section 1135 of the Social Security Act to offer flexibilities with Medicare provider enrollment to support the COVID-19 national emergency in the following ways by establishing a toll-free hotline to enroll and receive temporary billing privileges. For the retired physician, contact your state medical society for state laws covering credentialing and privileging. Legislation currently being considered in the House and Senate extends liability protections to “volunteer” health care providers specifically responding to the COVID-19 health crisis. Currently, any health care professional providing medical services in response to the crisis will be covered by the medical liability laws of the state in which they practice, the provisions of the Volunteer Protection Act, AND any state law that provides liability protections for health professionals voluntarily responding to the crisis. Family physicians asked to provide services to help in the crisis should check with their State Medical Society about what the liability laws are and pay attention to any emergency declarations</p>

	<p>from their state's governor. If a hospital is asking them to volunteer, check to see if the hospital's liability insurance will cover them or add them to a blanket policy if that is allowed. When in doubt, contact an attorney.</p>
<p>What are the AAFP's recommendations for providing care for asymptomatic patients, well visits, stable rechecks, etc.?</p>	<p>The AAFP developed a policy on COVID-19 Preventive and Non-urgent Primary Care visits to guide family physicians on rescheduling and postponing care. This AAFP statement provides support to members making recommended practice changes during the COVID-19 pandemic.</p>