MAGIC Recommendations for Facility and Provider Teams on COVID-19 Management 3.25.20

To: Community SNF/LTC/ALF partners

From: Minnesota Association of Geriatric Inspired Clinicians, Clinical Practice Alliance Committee

Focus: Reducing the risk of transmission of Covid-19 by supporting telehealth practices, limiting visitors (family and lab services) and avoiding patients from leaving a facility and returning to keep our patients as safe as possible.

CMS Telehealth Waiver *Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their providers without having to travel to a healthcare facility. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.*

The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans –particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus. There is an urgency to expand the use of technology to help people who need routine care and keep vulnerable beneficiaries in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, the Department of Health and Human Services (HHS) will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

Telehealth CPAC is recommending all providers practice telehealth and limit any time spent on-site to essential visits that cannot be completed via telehealth. An essential visit would be one that would avoid an ED visit or hospitalization. Otherwise, all visits should be completed via telehealth to protect facility residents from unnecessary exposure to potentially exposed providers.

Virtual Rounding Providers will complete visits with patients virtually through an audio-visual app (such as Facetime, Skype, Zoom, etc.). This will require some on-site support to help facilitate these virtual visits. Patients who are not cognitively intact would likely benefit from a nurse facilitating the virtual visit and helping answer questions during the visit. Patients who are cognitively intact could be supported by any on-site staff member who can help with technology needs. One suggestion is to involve staff who may be underutilized due to the regulations, such as activity staff members.

Rounding Schedules CPAC recommends facility nursing works with their on-site provider group(s) to determine a "rounding schedule" that can be supported by nursing and providers. It may work well to establish certain weekdays for anticipated virtual rounding with providers for each provider team on-site (i.e.: each group are assigned 1-2 days/week). CPAC acknowledges the extra stress the on-site nursing teams are facing and our provider teams want to support your efforts to deliver the right care to each patient. These virtual visits will be collaborative, and timing will most often be directed by on-site nursing staff.

Virtual Platforms	The Office for Civil Rights (OCR) states health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
Communication	Nurses and the provider(s) should be in communication daily regarding any changes in status with their patients, specifically any with respiratory symptoms. It may be helpful to establish a time that works for the on-site nurse and provider to connect each day.
	On-site provider groups should be kept up to date with ALL Covid-19 testing of residents within the building. When results are known, positive or negative, these need to be shared with all provider teams on-site. In the SNF, the Infection Specialist can manage this communication.
New Patients	Provider groups are accepting new patients and will complete visits via telehealth.
Regulatory Visits	Most provider groups are focusing on essential visits and either limiting or not completing regulatory visits on healthy patients. We are all trying to serve the patients who need it most and utilizing our time efficiently and effectively. Regulatory visits can be completed via telehealth if providers are choosing to complete.
Labs	CPAC recommends each facility reduce their lab days to weekly to reduce anyone coming into the communities unnecessarily. Please work with your on-site provider teams and lab company to coordinate your lab day. Provider should only be ordering essential labs for their patients.
Visitors	Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situations. All visitors, staff members and providers should be screened for recent travel, potential exposure risk, and signs or symptoms of COVID-19 to assess their risk level before entering a nursing facility.
Patients LOA	CPAC does not support any patients leaving a facility and returning, for any reason other than medical necessity. Patients returning to the facility puts everyone at an increased risk for transmission.

References

Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Medicare telemedicine health care provider fact sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Medicare Telehealth Frequently Asked Questions (FAQs): https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes from CMS (updated 3/13/20) www.cms.gov/files/document/qso-20-14-nh-revised.pdf