

Primary Care and COVID-19: *The New Normal*



COVID-19 in Primary Care

- **Maintain awareness of and clinical suspicion for COVID-19.**
 - Decreasing cases may cause complacency
 - Failure to recognize and isolate infected individuals increases the risk of spread
 - Monitor data from your local/state health departments
 - Periodically review CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- **Vaccination**
 - Counsel patients on the importance of vaccination for their personal health and as contributors to society-based immunity
 - <1% of COVID-19 deaths are in vaccinated persons currently
 - Vaccination is preventing severe COVID-19
 - “Booster Shots” appear likely
 - Plan for revaccination campaigns
 - Messaging of need and safety
 - Likely will be occurring during flu vaccination season
- **Variants**
 - Hot topic in the news
 - Increased transmissibility
 - Possibly increased virulence
 - All vaccines still highly effective (>80%)
 - Vaccination decreases new cases so decreases the opportunity for variants to arise and spread
- **Treatment**
 - Monoclonal Antibodies
 - Specific mutations in new variants can decrease effectiveness
 - Bamlanivimab most likely to be compromised at present
 - Monitor local recommendations from FDA on use
 - Other Therapeutics
 - Nothing new as of yet
 - Increasing interest in outpatient drugs in development

Contingency Planning for Primary Care Practices & Clinics

Unexpected closure of an office or clinic could occur at any time for a variety of reasons - weather events, utility interruptions, facility damage (fire, burst pipe) or illness of staff. During the COVID-19 pandemic, mandated closures and stay-at-home orders impacted some locations for weeks. Developing contingency plans in advance ensures that a switch from “normal” to “alternate” operations occurs smoothly.

1. **Determine the types of contingency plans you need. Most offices will need more than one:**
 - Complete closure with no access to office
 - Reduced operations due to staff absences or limited access
 - Extended absence of physician(s) necessitating a referral partner
 - Short-term (24 - 72 hours) and long-term (≥ 1 week or unknown)



2. Develop a method for prioritizing patient appointments:

- Identify high risk patients using criteria for your patient population; for example, those age ≥ 65 or with chronic disease (HF, COPD, HTN, T2D).
- Leverage the electronic health record to run reports or lists based on the criteria.
- Use a triage-style approach to prioritize appointments based on high-risk criteria, recent hospitalizations, current acute symptoms/illness or other risk factors.

3. Plan for communication with staff and patients:

- Determine who will decide that a contingency plan will go into effect and how. Consider defining criteria to make the decision easy.
- Develop a communication plan for notifying staff including multiple methods in case of utility interruptions.
- Develop an outreach plan for which patients you will contact first to reschedule or schedule.
- Identify who will decide when to resume normal operations, how that will occur and be communicated.

4. Tips for effective contingency plans:

- Develop with input from all roles, not just clinical and managerial staff. In a small practice, this may be everyone.
- Put it in writing so no one is relying on memory.
- Make it accessible from outside the office, ideally a printed copy issued to all staff to keep at home.
- Test reports for accuracy if using the electronic health record to identify high-risk patients.
 - Run and check reports quarterly.
 - Save or print for back-up reference.
- Test plans annually with a table-top review. Things change and plans may require updating. It also ensures that new staff are aware of the plan.

During the review, ask:

 - Does each step seem feasible?
 - Is each step clear? Ask staff to explain their role to confirm understanding.

**Emergencies and unexpected events happen.
Being ready with prepared plans for adjusting operations helps the
entire team in continuing to provide care for patients with less stress and chance of errors.**