

## Purpose

As home-based practices make plans to resume in-person visits as the COVID-19 Public Health Emergency (PHE) evolves, it is important to prioritize the safety and well-being of patients, caregivers and providers. This guide provides an overview of the strategies and tactical measures home-based practices should consider as they formulate their reopening plans.

## Preparing to Resume In-Home Visits

### Assess your Personal Protective Equipment (PPE) stock

Ensure you have adequate PPE supplies available, including the following:

- Surgical face masks
- Face shields
- N95 masks
- Gowns
- Gloves
- Shoe covers
- Medical Underpads/“Chux” (for use as a surface barrier for provider bags/equipment or to provide a clean place to sit)
- Trash bags
- Hand sanitizer
- Disinfecting/sanitation wipes

### Evaluate your staffing

Ensure you have the necessary staff to provide care; evaluate their overall health, emotional well-being and comfort level with resuming in-person care.

### Identify testing capacity and information resources

Have access to current COVID-19 testing resources and educational information that can be given to patients and their caregivers.

### Collaborate with your local health department

Stay-at-home orders may vary by county. Check for guidance and COVID-19 trends that may affect your specific geographic region.

### Create a compliance plan

Designate a task force to ensure your practice complies with all governmental and CDC guidance; also revisit and monitor CMS guidance consistently. The compliance plan should include internal monitoring of telehealth encounters to ensure regulatory and billing requirements are met.

## Maintain workplace safety

Incorporate daily screening and check-in processes to ensure employees are safe to report to work. Proper social distancing measures should be followed in office environments; consider allowing employees to work remotely when feasible.

## Conduct PPE staff training

Make sure all staff follow recommended PPE donning and doffing and [infection control](#) procedures. Here is an educational video by the University of California San Francisco (UCSF), an HCCI Center of Excellence,<sup>1</sup> on proper PPE donning and doffing: [https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb\\_logo](https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb_logo)<sup>2</sup>

## Consider Social Determinants of Health (SDOH)

SDOH have always been an important consideration in managing complex patients at home, and the pandemic has underscored the need to address these issues in patients more urgently. Consider talking with patients/caregivers about the following in your clinical screenings or periodic care management check-ins:

- Access to food (shopping and cooking)
- Access to medical care, medicines, supplies
- Health literacy
- Family or social support
- Communication capabilities (e.g., phone, smartphone, computer, video)
- Preferred language (potential barriers)
- Adequate housing and functioning utilities (in COVID era, separate bedroom for patient)
- Financial status
- Spiritual/cultural values
- Transportation
- Home safety

## Establish Telephone Triage Protocols

Ensure your team has accurate, current telephone triage protocols that are implemented before scheduling in-home appointments. Also consider developing a risk assessment tool to stratify the needs of your current patient panel and to prioritize visits (refer to “Risk stratification” guidance under “Scheduling Considerations” below.)

### Pre-visit Telephone Screening

A pre-visit telephone screening should be conducted prior to all scheduled visits and before sending a provider to the patient’s home. Common reasons a provider may prioritize the need for an in-person visit include wound care, post-discharge patients, and multimorbidity (including COPD, CHF, and CKD). Strategic in-person visits can help avoid unnecessary ED visits and hospitalizations.

#### 1. Initiate contact with the patient/caregiver

Prior to asking the screening questions, the staff member should identify and introduce themselves and reassure the patient/caregiver that the practice is taking proper steps to resume in-person care.

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<sup>1</sup> <https://www.hccinstitute.org/solutions/train/hcci-centers-of-excellence>

<sup>2</sup> [https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb\\_logo](https://www.youtube.com/watch?v=-sBNxli21n0&feature=emb_logo)

## 2. Determine patient care preference

Ask if the patient/caregiver would be interested in a home visit and/or let them know what virtual or telehealth services your practice will continue to offer (e.g., video visit, telephone consult).

### Suggested scripting:

*"Hi, Mr./Mrs. <last name>, this is <your name> from <practice name>. I'm calling to check in with you about your next appointment. Our practice is closely monitoring guidance on COVID-19 from the local public health department, as well as the Centers for Disease Control. Very soon, we plan to begin a phased approach to resuming home visits, and we want to assure you that we will continue to prioritize the health and safety of our patients. I would like to ask you a few screening questions to determine if you will be eligible for an in-person visit, but before I do, can you tell me whether you would prefer to be seen in-person or via a video visit for your upcoming appointment?"*

## 3. Conduct home visit pre-screening interview

If a patient/caregiver desires an in-person home visit, ask them if they have time to answer some screening questions, which will enable you to confirm that an in-person visit can be conducted. For the COVID-19 public health emergency, for example, questions should include the following:

- Have you or a member of your household/caregivers had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever (temperature at or greater than 100 degrees Fahrenheit), nausea, vomiting, diarrhea, headaches, or a runny or stuffy nose? (If yes, obtain information about who had the symptoms, what the symptoms were when they started, and when they stopped.)
- Have you or a member of your household/caregivers been tested for COVID-19? (If yes, obtain the date of the test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)
- Have you or a member of your household/caregivers visited or received treatment in a hospital, nursing home, long-term care facility, or other health care facility, in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment, and dates.)
- Have you or a member of your household/caregivers traveled in the past 30 days? (If yes, obtain the city, country, and dates.)
- Are any members of your household/caregivers healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, an ICU nurse actively working versus a furloughed firefighter.)
- Have you or a member of your household/caregivers cared for an individual who is in quarantine, is displaying a COVID-19-related symptom, or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred and what the care was.)
- Do you have any reason to believe you or a member of your household/caregivers has been exposed to, or acquired, COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)
- Have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact, and when the diagnosis occurred.)
- Have you had a fever (temperature at or greater than 100 degrees Fahrenheit) in the past two days?

## 4. Schedule the appropriate visit:

If the patient or caregiver answers "yes" to any of the above questions, the pending appointment should be sent to the medical director or appointed leadership to review before authorizing face-to-face care. A telehealth visit can be offered and scheduled in the meantime.

If there is a negative screening (i.e., answered "no" to all the above), then proceed with confirming the in-person appointment and ensure the patient and caregivers understand how to reach your office. Remind the patient/caregiver to contact your office if their health status changes, or if they become ill, begin experiencing any symptoms, or are exposed to someone who has or may have COVID-19.

## Scheduling Considerations

### Open incrementally

Consider a phased approach to scheduling so you can identify and address any challenges that may arise. Communicate your weekly schedule clearly to providers, staff, and patients. Here is an example of a phased approach:

**Phase 1** – schedule 20-30% of visits in-person while maintaining 60-70% virtual

**Phase 2** – schedule 40-50% of visits in-person while maintaining 40-50% virtual

**Phase 3** – resume 60-70% in-person care while maintaining 20-30% virtual

### Have providers review schedules in advance

Ask providers to review and provide feedback on schedules one week in advance, allowing them to determine which patients should be seen in person versus virtually.

### Risk stratification

If your practice uses risk stratification, consider having admin or clinical support staff tentatively plan and schedule in-person visits for high-risk patients within two weeks, medium-risk patients within four weeks, and low-risk patients within three months. Evaluate schedules one month in advance and allow for flexibility. Here are examples of Risk Tier definitions:\*

- High-Risk Patients: Unstable medical or psychosocial concerns, acute change in condition within the past 30 days, significant change in care plan or medications, transfer in care settings, ED visit or hospitalization within past 30 days, change in cognition.
- Medium-Risk Patients: Slow decline in condition, a new diagnosis, patients with heart failure or COPD.
- Low-Risk Patients: Stable chronic medical conditions, consider scheduling a clinical telephone outreach to still check in monthly.

\* Please note these are examples and not intended to be all-inclusive; practices should customize based on their specific organizational goals and patient populations.

*Disclaimer: This information is current as of 06/08/20. COVID-19 guidelines are changing daily. This communication is for educational and informational purposes only and should not be relied upon as medical advice.*

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