

Workgroup Name: Reopening Healthcare

Date: 5/21/20

Reopening Guidelines: Medical Offices (Revised, Version 3)

A revision to the 4/28/20 and 5/8/20 documents released by the MAT, the following guidelines are recommended for use by allopathic and osteopathic medical providers working in an office setting (non-procedural and procedural), physical and occupational therapy facilities, podiatrists, optometrists, speech language pathologists, audiologists, and imaging facilities. These guidelines are not intended for dentists, chiropractors, alternative medicine, or veterinary medicine. Dental office environments are classified in a “very high-risk exposure” category by the CDC and will require enhanced measures to protect dental health care personnel. Recommendations for dental offices can be found [here](#). Recommendations for [chiropractors](#) and [Doctors of Oriental Medicine](#) also are available on-line.

Office based procedures that are cosmetic and procedures that can be delayed for 90 days in patients without pain, disability or increased challenge to treat should be avoided at this time.

Principles:

The following priorities must inform all actions towards resuming non-emergent and medically necessary care and office-based procedures:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others;
- Avoid further delays in healthcare for New Mexicans;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize health emergencies presenting at emergency departments;
- Support the healthcare workforce in safely resuming activities; and,
- Non-emergent and medically necessary procedures performed in medical offices are assumed to be minimally invasive with outcomes not strongly associated with the patient’s COVID-19 status. Medical offices performing invasive procedures should follow the pre-surgical testing [guidelines](#) described for surgical procedures and facilities.

PPE considerations:

Prior to resuming non-emergent and medically necessary care in medical offices, the following criteria must be met:

- The office must have adequate PPE supplies for 2 weeks without the need for emergency PPE conserving measures;
- For procedures with potential for aerosol production (for example, certain ENT procedures): follow state and national societal guidelines as well as CDC guidelines for use of PPE including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection, and disposable garments; and,
- CDC guidelines must be followed for extended use or reuse of PPE.

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Considerations for Facilities & Clinics:

- Facilities and clinics to decide capacity goal: the MAT recommends no more than 50% in-person pre-COVID-19 volume for first 2 weeks. Further increase in volume should be considered in accordance with DOH guidelines and public health gating criteria.
- Medical offices should implement social distancing measures within waiting rooms and other areas of the office;
- Medical offices must maintain a plan to reduce or stop nonemergency and elective procedures should a surge/resurgence of COVID-19 cases occur in their region;
- Prioritize patients and procedures based on whether continued delay will have potential for increased morbidity and mortality (see CMS table on page 3);
- Follow CDC guidelines for infection control;
- All patients and caregivers should wear a mask (except where not feasible due to type of care delivered); and,
- Continue to deliver care via telehealth where feasible.

Enhanced Screening Procedures:

- Telephone screening of patients and caregivers for COVID-19 symptoms, previous exposure, and prior COVID-19 testing at time of scheduling;
- Upon arrival to facility, screen all patients for symptoms, including temperature checks. Pulse oximetry checks may be considered in appropriate clinical settings;
- When more robust testing capability is established in the state, consider screening patients by laboratory testing before proceeding with a non-emergent procedure;
- COVID-19 nucleic acid-based testing is highly recommended within 48 hours of a procedure using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert);
- Point of care device testing is not recommended at this time due to lower sensitivity; and,
- Because office-based medical procedures with high risk of aerosolization (certain ENT and GI procedures) pose greater risk to healthcare workers, the MAT strongly recommends patients undergoing these procedures undergo COVID-19 nucleic acid-based testing using a highly sensitive testing platform within 48 hours prior to the procedure.

Reporting Requirements:

Facilities should maintain compliance with Federal and State COVID-19 testing reporting requirements. See resources below for further information:

- Federal: <https://www.fema.gov/news-release/2020/04/10/coronavirus-covid-19-pandemic-hhs-letter-hospital-administrator>
- State: <https://cv.nmhealth.org/clinicians/>

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Non-Emergent, Elective Medical Services, and Treatment Recommendations

Source: <https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf>

Tiers	Definition	Locations	Examples	Action
Tier 1	Low acuity treatment or service	<ul style="list-style-type: none"> • Medical office • FQHC/RHC* • HOPD** • Ambulatory care sites 	<ul style="list-style-type: none"> • Routine primary or specialty care • Preventive care visit/screening • Annual Wellness or Welcome to Medicare • Initial Preventive Visit • Supervised exercise therapy • Acupuncture 	<p>Consider postponing service</p> <p>Consider follow-up using telehealth, virtual check-in, or remote monitoring</p>
Tier 2	<p>Intermediate acuity treatment or service</p> <p>Not providing the service has the potential for increasing morbidity or mortality</p>	<ul style="list-style-type: none"> • Medical office • FQHC/RHC • HOPD • Ambulatory care sites 	<ul style="list-style-type: none"> • Pediatric vaccinations • Newborn/early childhood care*** • Follow-up visit for management of existing medical or mental/behavioral health condition • Evaluation of new symptoms in an established patient • Evaluation of nonurgent symptoms consistent with COVID-19 	<p>Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary</p> <p>If no current symptoms of concern, consider follow-up with virtual check-in</p>
Tier 3	<p>High acuity treatment or service</p> <p>Lack of in-person treatment or service would result in patient harm</p>	<ul style="list-style-type: none"> • Medical office • FQHC/RHC • HOPD • Ambulatory care sites • Emergency department 	<ul style="list-style-type: none"> • Evaluation of new symptoms in a new patient • Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease 	<p>We would not recommend postponing in-person evaluation; consider triage to appropriate facility/level of care as necessary</p>

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*Federally Qualified Health Care/ Rural Health Clinics

**Hospital Outpatient Department

***If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>)