

Dear Colleague

COVID-19 Updates

New York City Department of Health and Mental Hygiene

Restoring Outpatient Care During the COVID-19 Pandemic

July 19 – July 25, 2020



Youth assisting a doctor in the medical examination of children, Philadelphia, 1941.

[Image courtesy of The New York Public Library, Digital Collections.](#)

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Updated Data and Guidance

Visit the New York City (NYC) Department of Health and Mental Hygiene's (Health Department's) [COVID-19 Provider page](#) for the latest health alerts, testing information, provider webinars and guidance for specific patient populations. The [COVID-19 Health Care Facilities page](#) has guidance for inpatient, outpatient, long-term care and other settings. The [COVID-19 data page](#) is updated daily and includes counts and per capita rates of COVID-19 by ZIP code of residence, with case, hospitalization and death rates stratified by age, sex, race/ethnicity, neighborhood poverty and borough.

NYC Guidance

- [COVID-19 Provider FAQ](#)
- [NYC COVID-19 Guidance for Quarantine, Isolation and Transmission-Based Precautions](#)
- [Health Advisory #20: Updated Guidance for Health Care Personnel on Personal Protective Equipment for COVID-19 and Work Restrictions Following Exposure](#)
- [Multisystem Inflammatory Syndrome in Children \(MIS-C\): Guidance for Ambulatory Care Providers](#)
- [A Checklist for Expanding Practices During COVID-19: Considerations and Resources](#)

Stay Up to Date

- Sign up to receive [NYC Health Alerts](#).
- Join the [City Health Information network](#) to receive this newsletter by email.
- Register for NYC Health Department [COVID-19 Provider Webinars](#).

Restoring Outpatient Care: An Equitable Approach

In the wake of the first wave of COVID-19, we have seen how underlying health inequities (the differences in health outcomes and opportunities, rooted in social and structural injustices that are avoidable and unfair, some groups have to achieve optimal health) were exacerbated by the pandemic. Many of NYC's lower income neighborhoods and communities of color suffered from the [highest rates of COVID-19 infections, hospitalizations, and deaths](#). These same neighborhoods are disproportionately burdened by chronic diseases, such as hypertension and diabetes, that put them at higher risk for severe COVID-19 and often have worse access to primary care at baseline ([PCDC 2020](#); [CHCANYS 2020](#)).

The negative impact of this public health emergency on the overall health and well-being of NYC residents has been substantial. According to the May 2020 NYC COVID-19 Health Opinion Poll, nearly half (48.6%) of all respondents reported that they or a household member avoided or delayed health care since March 2020; this included seeking health care for severe symptoms of COVID-19, severe injury or illness not related to COVID-19, and routine care (unpublished NYC Health Department data). Access to care also contracted as clinics throughout the city were forced to limit services due to low utilization, fear of infection, staff illness and absenteeism, supply shortages, and low reimbursement rates for remote services ([PCDC 2020](#); [CHCANYS 2020](#)).

NYC has transitioned from *mitigation* phase, when efforts (including in the health care system) were focused on interrupting widespread COVID-19 transmission, to the current phase of *suppression*, in which efforts are aimed at sufficiently suppressing transmission to prevent resurgence of disease ([Vital Strategies 2020](#)). As COVID-19 transmission continues to decline, reopening NYC involves restoring access to routine and non-urgent medical care. Improved access to care for conditions other than COVID-19 will help preserve general public health and individual patient health.

Special attention for high-risk patients and communities disproportionately affected by COVID-19 is key to ensure an equitable approach to reopening services. To create a more resilient health care ecosystem, we must strive to understand the impact of COVID-19 on NYC's health care system and the communities it serves. Providers caring for NYC communities most affected by COVID-19 should consider the effects of systemic and institutionalized racism on the health of individuals and communities when planning for reopening. Implement or expand routine practices that can help address health inequities, such as ensuring regular outreach to people with [underlying conditions](#) that put them at risk of severe COVID-19, expanding [telehealth services](#), taking explicit steps to address [implicit bias](#), and [improving language access](#) for people with limited English proficiency.

Expanding Access to Routine Care

Key steps include optimizing remote care options, ensuring a safe clinical environment for in-person visits, and reaching out to high-risk patients to encourage them to seek needed care.

- Provide care by telephone or videoconference when possible; patients could submit specimens for laboratory testing at the clinic or a laboratory close to their home.

- When in-person care is necessary, minimize a patient's time in the clinical space by remotely performing patient intake, assessments and other aspects of care so patients would only need to be seen for focused exams, vitals checks and/or testing.
- Amend clinic schedules to extended hours with longer appointments, more time between appointments and/or alternating in-person and telehealth appointments to reduce crowding and time spent in waiting areas.
- Establish protocols to routinely ask patients and visitors about COVID-19 symptoms the day of their visit before they arrive, and screen them upon arrival, preferably before they enter the clinic.
- See patients for care related to COVID-19 in different spaces or at different times than non-COVID-19 patients.

See [Health Alert #17](#) for details on the types of essential care and [a checklist for expanding outpatient practices](#) to include in-person patient services.

Prioritize Patients

Urge patients with severe symptoms for any condition to seek medical care promptly. [Identify patients who should be prioritized for outreach and care](#) including:

- Patients with changes in symptoms for high-risk or high-acuity health conditions
- Pediatric patients who are due or overdue for childhood vaccinations and newborn care
- Older adults or patients with serious underlying medical and behavioral health conditions
- Patients with [underlying conditions](#) that may put them at increased risk of severe COVID-19, including obesity, diabetes, chronic obstructive pulmonary disease, and serious heart conditions
- Patients recently discharged from the hospital
- Patients who have delayed procedures or preventive services (e.g., cancer screenings)
- Patients who face structural and societal challenges that increase their vulnerability to severe COVID-19, including poverty, education, food insecurity, neighborhood and physical environment, housing and access to health care
- Patients who cannot easily benefit from telemedicine (due to literacy or language barriers or mental health conditions that favor in-person engagement)

Communicate Changes in Policy and Practice to Patients and Staff

Clear and frequent communication ensures that staff and patients understand new and updated policies, practices and guidelines for your facility. Be transparent; explain why you are taking specific actions and acknowledge and address fears and concerns.

- Let patients know about clinic safety measures and need for timely care (e.g., email, patient outreach and/or website information).
- For remote care, build extra time into appointments to provide support and education around telehealth for patients who may not be comfortable with technology.
- Be empathetic to the work, family and community challenges individuals may be juggling, and offer appropriate support that is [culturally competent](#) and [linguistically appropriate](#).
- Be aware of the ongoing impact of COVID-19 on the mental health of patients and staff, including increased risk of depression, substance abuse, post-traumatic stress disorder and suicide.
- Address patients' concerns about or fear of clinic visits and balance with their need for health care.
- Provide supportive [mental health and emotional coping](#) resources for patients and [health care workers](#).
- Provide patients with information on [how to stay safe in the community and engage in activities](#), minimizing risks as restrictions lift.
- Consider [discussing advance directives](#) with your patients, especially with those at increased risk of poor outcomes from COVID-19.

Infection Prevention and Control

Screen Patients

- Contact patients before their visit to assess for symptoms and recent exposures to COVID-19 and to instruct them on new safety procedures, including any limitations on visitors.
- Assess anyone entering the clinic for fever and COVID-19 symptoms before entry, ideally outside the clinic entrance with no-touch thermometers, if possible. Establish clear procedures on what to do in the event of a positive screen, including immediately isolating the person to prevent exposure to others.
- Provide face coverings or masks to anyone who does not have one before entering and have alcohol-based hand sanitizer available for use.
 - For information on how to access free face coverings, go to the [City of New York website](#).

Employee Health

- Ensure you have the necessary supplies, including personal protective equipment (PPE) and [cleaning supplies](#), to keep staff safe.

- Train all staff on preventing transmission of COVID-19. Provide refresher trainings on appropriate use of PPE, including [safe donning and doffing](#) procedures, and have staff demonstrate competency.
- Monitor temperature and symptoms of staff before each shift.
- Ensure that all staff always wear face masks in the facility to reduce the risk of asymptomatic or pre-symptomatic transmission of COVID-19.
- Provide guidance on [what to do if exposed](#) to a patient or co-worker with confirmed COVID-19 and on [isolation](#), [testing](#) and [returning to work](#) if symptoms of COVID-19 develop.
- Educate staff (and patients) on eligibility for a free hotel room through [NYC's Test & Trace Corps](#) for those who are unable to safely isolate or quarantine at home.

Employee Work Schedules

- Stagger staff shifts to allow for physical distancing and to minimize the use of public transportation at rush hour.
- Increase the flexibility of duties and work locations for staff at high risk of severe COVID-19. For example, have high-risk staff conduct telemedicine or preventive care consultations where risk of COVID-19 exposure is lower. Remember, staff may have new or urgent outside responsibilities due to the pandemic, such as caring for a sick family member or having a child at home during the workday.
- Ensure staff have — and are encouraged to take — sick, bereavement, and mental health leave.
- Promote and provide access to resources for [food, housing, income](#) and [mental health](#) support services.

Environmental Controls

Adopt environmental modifications that promote physical distancing and reduce exposure. [The CDC recommends](#) measures such as:

- Installing plexiglass barriers (“sneeze guards”)
- Placing floor markings to promote spacing
- Hanging [signage](#) to encourage healthy hand hygiene, distancing and face coverings
- Installing hand hygiene stations at facility entrances, waiting rooms, and check-ins
- Moving or taping off waiting room seats so that individuals are at least 6 feet apart
- Designating separate waiting rooms and exam areas for sick visits
- Removing all nonessential items from waiting rooms (e.g., shared toys, magazines)
- Using [EPA-registered COVID-19 disinfectants](#) and instituting cleaning procedures for [hospitals](#) and [outpatient settings](#)

Resources to Advance Health Equity in Care

Refer to [Dear Colleague COVID-19 Updates: Health Inequities and COVID-19](#) for more information on addressing health inequities and advancing health equity in care. Additionally, [NYC REACH](#) has resources available for providers that can facilitate reopening and expansion. Providers and clinics serving disproportionately affected neighborhoods are encouraged to use these resources to increase access to care among NYC's hardest hit communities.

The Continued Challenge

As NYC continues reopening and physical distancing measures are relaxed, medical practices need to thoughtfully implement infection control and administrative procedures. Restoring routine health care services that have been disrupted is essential to advancing the health of New Yorkers and planning should consider how to safely maintain services in the event of a second wave of COVID-19. The multifaceted challenge of restoring care includes addressing other possible crises related to [summer heat](#), coastal storms and flu season. We have a unique opportunity to “build back better” by innovating and strengthening our practices and the entire health care system to be more resilient, accessible and equitable.

Resources

COVID-19 Infection Control

- NYC Health Department: [COVID-19 outpatient infection control quick guide](#)
- CDC: [Infection control page](#)

Telehealth

- [NYC REACH](#): assists NYC-based independently owned private practices, community health centers, and hospital ambulatory sites with adopting and implementing health information systems, quality improvement and practice transformation initiatives
 - NYC REACH's [COVID-19 resources for providers](#) includes patient outreach assistance, financial relief and reimbursement for COVID-19 services. Register to attend an NYC REACH [webinar](#) or view previous [recordings](#)

Communication Tools

- Academy of Communication in Healthcare COVID-19 Communication: [Connecting across differences](#)
- Center to Advance Palliative Care: [COVID-19 communication scripts and conversation videos](#)

- Vital Talks: [COVID-19 communications resources](#)
- American Hospital Association: [COVID-19 communications resources](#)

Mental and Behavioral Health

- National Alliance on Mental Illness: [COVID-19 resource and information guide](#)
- Substance Abuse and Mental Health Services Administration: [A quick start guide to behavioral health integration for safety-net primary care providers](#)
- The National Council for Behavioral Health: [Organizational assessment toolkit for primary and behavioral health care integration](#)
- The National Council for Behavioral Health: [Core competencies for integrated behavioral health and primary care](#)

Social Support Services

- Health Information Tool for Empowerment: [Resource directory for low-income, uninsured and underinsured New Yorkers](#)
- NYC: Assistance for [individuals](#) and [organizations](#) During COVID-19