



# ARIZONA DEPARTMENT OF HEALTH SERVICES

March 25, 2020

Re: COVID-19 Preparedness for the Primary Care Setting

Dear Arizona primary care providers,

COVID-19 is spreading across the world and in our state at a rapid rate. Changes in guidance have also occurred rapidly. We appreciate your flexibility, can-do attitude, activation, and care for Arizonans.

We are reaching out specifically to Arizona primary care providers due to your continued work on the front lines of healthcare. There are concerns that if primary care clinics close, it will overwhelm the emergency rooms and hospitals, and could potentially impact deaths far beyond those from COVID-19.

We know that there are personal protective equipment shortages, worried staff, and increasing absenteeism. We know that anxiety is high, miscommunication and perceptions abound, and there can be conflicting guidance from federal, state, local and facility levels.

Allow us to clarify, as best as we can, the approaches that the Arizona Department of Health Services (ADHS) has been considering for primary care outpatient providers. This is likely to change as the next few months go by.

## 1. CONSERVE PERSONAL PROTECTIVE EQUIPMENT (PPE).

Local and state public health departments are working to find PPE that can be distributed to providers, but current expectations for resupply are low. *Ideal* PPE for COVID-19 include gloves, gowns, medical/surgical masks, and face shields – but there are shortages, and we need to move towards reuse, extended use, and alternative sources of PPE.

**A. Exclude health care personnel not essential for patient care from entering the care area.** This would include learners like medical and nursing students for the time being. This will reduce the amount of PPE used and individuals potentially exposed.

**B. Do not consider a medical/surgical mask as inferior to an N95 if not performing an aerosolized procedure;** COVID-19 is transmitted through droplets (unless performing an aerosolizing procedure). This is consistent with World Health Organization messaging.

**C. Extend use of personal protective equipment.** There is a great [CDC website](#) for optimizing the supply of isolation gowns, facemasks, N95 respirators and eye protection. Unless you have a constant vendor supply, these strategies should be implemented NOW.

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**D. Explore alternative sources of protective equipment.** Inquire with vendors about alternate forms of protection, many of which are described by CDC. For example, you can start to explore what to do when you can no longer acquire a certain product that is typically standard in your practice.

**E. Consider cohorting patients with fever and respiratory symptoms at the end of the day.** Some clinics are seeing respiratory patients from 3-5PM, for example, and keeping on gowns and masks while just changing out gloves.

## **2. SIMPLIFY TERMINAL CLEANING OF SUSPECT COVID-19 OUTPATIENT ROOMS.**

**A. Perform *regular* cleaning and disinfection procedures.** There is no special product for COVID-19; refer to [List N](#) for EPA appropriate disinfectants. Personnel should wear a gown and gloves when performing terminal cleaning; facemask and eye protection if splashes or sprays are anticipated. There is no increased room turnaround if no airborne procedures are performed.

**3. DISCOURAGE TESTING FOR COVID-19 FOR MOST PATIENTS.** This is an important change. The current reality in Arizona and the rest of the country is that there are not enough available supplies to meet testing demand. Clinicians should consider removing this diagnostic "tool" from their toolbox and managing patients with respiratory conditions as if they have COVID-19.

**A. Keep working with your commercial vendors for testing, but do not depend on having test results for your management.** There is no specific treatment or management strategy and results should not change clinical management. (See #4, below).

**B. If testing is being performed, consider moving COVID-19 testing outside until PPE supply improves.** Some practitioners are implementing outdoor testing, thus removing the possibility of any health care personnel or patient getting exposed, *especially* if there is not enough PPE for the patient. This could go along with the cohorting of suspect COVID-19 patients at the end of the day.

## **4. COUNSEL RESPIRATORY PATIENTS TO STAY HOME WHEN SICK, AND THEN LONGER.**

**A. Counsel patients to remain home if they have mild respiratory symptoms.** This is the safest option for providers, other patients, and the community. Manage symptoms as indicated. Patients should remain at home for 72 hours AFTER symptom resolution (or longer).

**B. Counsel patients with more emergent presentations to seek higher levels of care, but balance with the concern for emergency room overflow.** Please note: there may not be testing indicated or available at the higher level of facility either.

**5. SEE AS MANY PATIENTS AS POSSIBLE THROUGH TELEMEDICINE.** Many organizations and associations here in Arizona have access to telemedicine platforms, they may be a good starting contact.

**A. Utilize and become comfortable with the telemedicine platform.** The [Emergency Declaration](#) and HHS has declared telemedicine to be reimbursed by health care plans. The following entities have provided updated guidance and/or billing codes for telehealth services:

- a. The Centers for Medicare and Medicaid Services (CMS) has provided [guidance](#) and [billing codes](#) for CMS telemedicine services.
- b. The Arizona Health Care Cost Containment System (AHCCCS) has provided [guidance](#) on covered telehealth services, including a [Medical Policy Manual](#) and billing code set for AHCCCS telemedicine services.
- c. The [American Medical Association](#) (AMA) has provided resources regarding payment, policy, and practice implementation of telemedicine.
- d. The Arizona Medical Association (ArMA) has provided [telehealth guidance](#), including partnering with CompuGroup Medical to provide telemedicine to ArMA members for free.

**6. CONNECT.**

**A. Know how to connect with your public health department.** Now is the time to become familiar with their contact and webpages. Another option is to download the [IDAZ app](#), which is created for Arizona providers, has local health departments phone numbers listed, and updated guidance. Be sure to accept push notifications.

**B. For those of you working part time, retired, or have a license from out of state, please alert your licensing board if you are interested or able to volunteer in any setting!** We are preparing for a significant healthcare surge; knowing who we can call on for advice, telemedicine and other services is something we'd like to start preparing. Please try not to contact them with a product or vendor supply.

We appreciate your daily efforts and understanding in this ever changing situation. We anticipate working together much closer as things continue, and we have several months to go. This is an unprecedented situation that Arizona is facing; we are so, so glad that we have partners like you.

Sincerely,



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Director

Arizona Department of Health Services

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