

## **Non-urgent Care Specialty-specific Guidelines**

### **Internal medicine**

In accordance with your request Internal Medicine proposes the following:

1. In office evaluations are encouraged with the patient's agreement for hospital follow up, emergency room follow up, acute medical problems, and preoperative consultation for patients needing semi urgent surgery.
2. Patients with stable medical conditions scheduled for routine follow up will be contacted by their provider or his/her nurse and offered telemedicine or phone visit. If a visit at this time is declined any patient needs such as medication renewal will be identified and the patient placed on a recall list. Currently this will occur on a weekly basis.
3. New patients will continue to be seen for acute medical problems or emergency room referrals. In office evaluation is encouraged with the patient's agreement.
4. The geriatric team will continue to provide on site visits to the SNFs, assisted living facilities and home visits as requested

### **Belgrade FM**

In an attempt to stop the spread of the SARS-CoV-2 virus which can only be done through strict social distancing 100% of patients will be contacted prior to their appointment in internal medicine

- Use clinical judgement when scheduling hospital follow up, emergency room follow up, acute medical problems, and preoperative consultation for patients needing semi urgent surgery. Consider consultation with a provider.
- Patients with stable medical conditions scheduled for routine follow up will be handled via phone call or telemedicine.
- New patients will be triaged by providers.

### **Rheumatology**

'As with other Bozeman Health ambulatory services we will move as quickly as possible to telehealth. We have already begun calling patients and notifying them that we will transition their appointments to telehealth. All stable established patients will have virtual visits. Clinically stable new consults not in need of immediate testing or procedures will be converted to telehealth and any needed testing will be delayed. We will also triage new requests for consults based on our review of supporting documentation.

## **Sleep Medicine Non-Urgent Care Guidelines and Sleep Lab/BHHO Update**

1. Sleep Medicine Clinic has been temporarily relocated to available space within the Cardiology Clinic.
2. All outpatient sleep services have been suspended pending reorganization of the Clinic and exploration of telemedicine-only services;
  - a. Once a telemedicine process has been developed, we anticipate re-initiating follow-up visits of established patients and new patient consultations on a limited basis. Since we cannot perform sleep testing (see below), all but high-risk new patient consults will be deferred.
  - b. While we are available for medication refills and questions from established patients regarding their care, I believe the Administrative directives have suggested that these requests be shifted to the PCP. This may be in discussion.
  - c. Acutely ill patients will be referred to their PCP or emergency services.
3. The Sleep Lab has been closed. This was precipitated by 2 circumstances:
  - a. The recognition that PAP therapy in the laboratory places technicians at high risk of exposure to Covid 19, and
  - b. The fact that all of our night technologists are respiratory therapists who are being considered for recruitment to care for acutely ill in-patients.
  - c. Unattended home sleep apnea testing has been suspended as well.
4. Although not a part of Sleep Medicine, we can report that BH Home Oxygen DME is now closed to initiation of new CPAP prescriptions;
  - a. If a new prescription for CPAP must be ordered for an ill or unstable patient, please contact me directly and I will help facilitate PAP set-up.
  - b. Patients who already use CPAP and receive their supplies from BHHO will continue to do so via mail from the remote warehouses with whom BHHO has an established relationship. These warehouses are located in Waterloo IA, Nashville TN and Phoenix AZ: If these communities are hit hard by Covid 19, you may have to advise your patients to reuse older equipment or to reach out to BHHO directly for support.
  - c. BHHO is currently attempting to determine how many outpatients they can support with oxygen therapy. At the present time the actual number uncertain, and further comment will be made by BHHO in the near future. When I hear more, I will forward the information.
  - d. BHHO is reaching out to all of their established patients to explain these changes.
5. We advise that patients who require inpatient care, surgery or in the post-acute care stage who are recognized to be at high risk of untreated OSA that might complicate their care or recovery be considered for empiric PAP therapy. In that instance, please contact me directly so that we can review the case together and I can facilitate therapy through BHHO.

## **Pulmonary Medicine Clinic Appointments During COVID-19 Pandemic**

### **1. New Patient Consultations:**

- a. Patients referred for evaluation of unstable lung disease that is symptomatic (i.e. uncontrolled asthma/COPD) will be seen as soon as possible.
- b. Patients referred with a disease process that is highly likely to progress during a prolonged delay in care (i.e. severe pulmonary hypertension, lung mass, etc.) will be seen as soon as possible.
- c. Patients referred for chronic stable disease or symptoms that have been stable for a prolonged period of time will be deferred until after the outbreak is over. These patients will be contacted by phone to discuss this decision, and to make sure that there are no problems that would move them into one of the 1<sup>st</sup> two categories.

### **2. Established Patients:**

- a. Patients with routine follow-up appointments who are not having any new respiratory problems will have their appointments postponed, or will be offered Telehealth visits.
- b. Patients who are symptomatic from their disease or are calling with increased problems related to their chronic lung disease will initially be offered a Telehealth visit, but will be seen in the office if they cannot be managed by Telehealth.

### **3. Lung Nodule Program:**

- a. We will continue to monitor CT scan reports and notify primary care providers of concerning findings and provide recommendations based on ACCP guidelines.
- b. Newly discovered patients with findings concerning for a new lung cancer will be seen in the office.
- c. Patients followed in our office who need follow-up scans will be reviewed on a case by case basis by Dr. LeMense, and depending on level of concern, may be advised they can delay their next follow-up scan by up to 3 months.

Due to the increased risk for serious illness from COVID-19 in patients with chronic lung disease, we want to try to aggressively manage those patients with uncontrolled disease to hopefully decrease their risk for serious and potentially fatal disease from this pandemic. Depending on the prevalence of the disease in our community, these plans may change if risk of exposure during an office visit becomes prohibitive.

As always, we are available to discuss any patients by phone.

## Cardiology

In an effort to do our part to flatten the curve of COVID19 in Gallatin county we are re-conforming our operations to minimize exposure to our patients and staff. These plans are the result of my conferring with colleagues around the country and represent an emulation of their actions combined with recommendations of the American Society of Echocardiography.

As with other Bozeman Health ambulatory services we will move as quickly as possible to telehealth. We have already begun calling patients and notifying them that we will transition their appointments to telehealth. All stable established patients will have virtual visits. Clinically stable new consults not in need of immediate testing or procedures will be converted to telehealth and any needed testing will be delayed. We will also triage new requests for consults based on our review of supporting documentation.

Something that sets us apart is the testing we provide to the ambulatory population: monitors, stress testing, echo and device checks. I shall outline our plans and recommendations for each of these below.

1.Monitors. We will convert all requests for monitors to Preventice 30 day monitors or ZIO patches. These devices can be mailed to the patients by the manufacturer with instructions for application and use.

2.Stress testing. Stress testing in an outpatient population is by definition elective. All requests for stress testing will be reviewed by an MD. If there is concern for accelerated angina or ACS stress testing in this group is inappropriate. We implore you to use Bayes Theorem. If the pre-test probability of disease is high, begin empiric therapy ( ASA, high dose atorvastatin or rosuvastatin, beta blockade, prn TNG)with advice to go to the ER should symptoms become unstable. We will review requests and those deemed by us to have a low pre-test probability of disease will not be scheduled. We will offer telehealth consultations for those with intermediate or a high pre-test probability of disease. It is very important that in your conversations with your patients you set reasonable expectations.

3. Echo. Outpatient echo will be provided only for clinically active/unstable patients and for those oncology patients in need of ongoing surveillance of LVEF. All requests for outpatient echo will be reviewed by an MD.

4. Device interrogations. These will all be conducted remotely unless there is an active issue with the device.

We all have a responsibility to do our parts to control COVID 19 and flatten the curve!

Thanks for your understanding,

## **OBGYN/Women's Specialists**

### **Proposed care delivery adjustment during temporary suspension of non-urgent appointments**

1. Utilization of Telehealth appointments both video and phone visits depending on available network connectivity for video, need for physical exam, and patient preference.
2. Continuation of uninterrupted prenatal care for all pregnant patients with spacing of appointments and ultrasound in alignment with proposed ACOG modifications during COVID19.
3. Continuation of office procedures including: assessment and treatment of cervical dysplasia with LEEP and colposcopy for high grade cervical lesions, endometrial biopsy for abnormal and postmenopausal bleeding, and biopsy of concerning vulvar/vaginal lesions.
4. Initiation and/or continuation of contraceptive management via telehealth when possible with ongoing procedural contraceptive management (Nexplanon, IUD insertion/removal) in-office.
5. Postponement of annual GYN health maintenance evaluations following nurse phone triage to assess for any acute issues, needed medication refills, or other patient concerns.
6. Postpartum and postoperative evaluations via Telehealth as possible.
7. In-office evaluation of new and established patients with acute GYN concerns requiring physical exam, new patient referrals for acute GYN concerns requiring physical exam, and ER follow up patients as clinically indicated.
8. Schedules to be reviewed daily by providers to see which patients may be candidates for Telehealth versus in-office evaluation versus RN phone triage to postpone appointment.
9. Non-acute GYN surgery and associated pre-op appointments are currently being postponed and will be rescheduled when the OR re-opens to all cases.
10. GYN surgery for ectopic pregnancy, biopsy of concerning lesions, ovarian torsion, suspicious adnexal mass, endometrial assessment for hyperplasia/cancer, uterine bleeding resulting in significant anemia or requiring transfusion and similar cases will proceed as usual.

The above proposal is being modified daily as we interact with patients and staff within this new paradigm.

## **Diabetes and Nutrition Center and Endocrinology Clinic Schedule Flexible Care**

To avoid future confusion with respect to the term Non Essential care we will use Schedule Flexible care. Schedule Flexible Care will include patients that can be scheduled as a Telemedicine appointment or an appointment that can be postponed. Non essential care can be interpreted to mean unneeded care and is likely to lead to future confusion amongst patients, health care providers and support staff.

Essential care will include the following:

- 1) Newly diagnosed type 1 diabetes mellitus
- 2) Pre-existing Diabetes Mellitus during Pregnancy
- 3) Hyperthyroidism (new)
- 4) Adrenal insufficiency (new)
- 5) Thyroid Nodule (new)
- 6) Thyroid Cancer (new)
- 7) Uncontrolled Diabetes Mellitus, including those with HgA1c > 9% and symptomatic
- 8) Diabetes Mellitus with c/o frequent/severe hypoglycemia
- 9) Referring request from referring provider for an urgent consult
- 10) New endocrinology with B Rose approval except Hypothyroidism. New Referrals may be deemed Schedule Flexible Care.

Schedule Flexible Care.

- 1) Offer telehealth visit
- 2) If patient declines telehealth visit, then can postpone the appointment
- 3) If declines to schedule and has an immediate question, field to nurse pool (new patient questions should be answered by referring PA, NP, MD/DO)
- 4) If patient wishes to be seen can be scheduled if no cough and/or fever. If patient has cough and/or fever direct contact to primary care provider.
- 5) New hypothyroid referrals/consults can be seen per telehealth visits.

## Neurology

- 1) For us, “absolutely necessary” patients, for purposes of in-person clinic visits, includes patients where the likely disease process poses a significant risk of morbidity if untreated AND face-to-face evaluation is necessary to confirm the diagnosis and/or enact treatment.
- 2) Given the risk of visits to the ER due to therapy cessation, and the risk of COVID-19 exposure and resource waste that results, scheduled Botox will continue to be considered necessary for in-clinic visits.
- 3) To avoid discontinuity in care, potential for morbidity or symptom worsening requiring ER visits, and to prevent an unmanageable backlog once this is over, we agree that all of our follow up patients currently scheduled should be converted over to telemedicine visits. Those unable to do telemedicine due to technical limitations should be converted to phone visits. New consults will be individually reviewed, and for those for whom there is a reasonable anticipation that a quality visit could be performed via telemedicine, a telemedicine visit will be scheduled.

## Wound Care:

### Non-Urgent Care Update

Our clinic has moved our stable patients to telehealth services. We have suspended all skilled nursing outreach and nail care. We are triaging from various home health sites using pictures and providing expert evidence based wound care recommendations. We will continue to see the following essential patients:

1. Wound VAC changes – industry standard of care is 2X/week
2. New acute problems such as Frostbite, Stage III-IV pressure ulcerations, high-risk digit, foot, or limb-threatening ulcerations
3. Unstable chronic ulcers at risk of severe infection, limb-threatening, and hospitalizations
4. Acute hyperbaric patients including: Carbon monoxide poisoning, acute retinal artery occlusion, idiopathic sensorineural hearing loss, necrotizing fasciitis
5. Acute inpatient wound care needs

## **Urology**

Due to the current covid-19 pandemic we in urology are making every effort to minimize non-essential visits to the clinic, OR, lab, radiology, and other ancillary services.

Previously scheduled visits, procedures, and operations are being individually triaged by a provider on a rolling basis. As many outpatient visits as possible are being converted to telehealth/phone calls. Those who are unable to be addressed remotely or require in person services will be rescheduled for a specific time in the future if deemed appropriate (e.g. yearly follow up), placed in our recall system to be contacted on waning of the pandemic for evaluation/treatment, or, if felt to be urgent, proceed with management despite heightened risks. Patients are encouraged to remain in contact with our office with questions or if their condition changes.

New referrals are being individually triaged. All outside records, imaging, and results are being collected and reviewed by a provider. The patient is then contacted via telehealth if possible and otherwise on the phone to obtain a history. If additional testing is deemed necessary this is ordered and the results again reviewed via telehealth or over the phone. The patient will only be brought to the office or operating room if the risks of delay are felt to exceed the risks of potential covid-19 exposure, use of resources, etc.

All vasectomies are currently deferred and a workflow is being developed to perform these procedures as efficiently and expeditiously as possible.

Prostate biopsies are being performed on those patients where a delay is felt to represent a particular risk based on individual factors such as age, psa velocity, family history, etc. These will be performed under negative pressure in the OR procedure rooms.

Cystoscopy will still be performed in the office for removal of ureteral stents and selectively for the diagnosis and surveillance of bladder cancer.

BCG is being administered selectively based on individual and bladder cancer risk factors and after a careful consideration of benefits and alternatives.

Lupron injections will be administered selectively when the risks of intermittent androgen deprivation is felt to be high.

Catheter drainage for retention is being used more widely and weighed against the risks associated with visits for clean intermittent catheterization training, OR visits for suprapubic tube placement, ED visits from potentially failed trials of void, and other options.



## **Pediatric outpatient routine clinical care guidelines in response to Coronavirus**

We will continue to see our patients age 0-2 for well child checks as recommended by the AAP. These patients are receiving vaccines which are critical to overall child well-being. For now, we will defer well child checks for older children and adolescents except in situations where a patient has a chronic medical condition requiring ongoing evaluation. This will be determined on a case by case basis. Depending on the duration of the pandemic, we may begin to consider adding pre-kindergarten checks and pre-7<sup>th</sup> grade checks as essential visits since these visits also have vaccine boosters.

We have listed preferred triage guidelines for our most common visit types below. Patient disposition may change based upon the discretion of the provider or nurse.

**The following are the appointments we consider appropriate for telemedicine with the caveat that patients may need to have a follow up exam or lab work after the telemedicine visit.**

- Conjunctivitis/pink eye
- Sore throat >3yo
- Colds without increased work of breathing
- Diarrhea or vomiting without major abdominal pain
- Constipation
- Croup
- Developmental concerns
- Behavior concerns
- Chronic abdominal pain
- Sleep concerns
- Birth control initiation/follow up
- F/U mental health/ADHD/depression/anxiety
- Other issues at the discretion of the provider/nurse.

**The following are issues that we will continue to see in our regular clinic.**

- Sore throat/fever without runny nose or cough (consider telemed)
- Headache without respiratory symptoms
- Chronic cough >2 weeks without any worsening of symptoms
- Chronic congestion/sinus infection evaluation (consider telemed)
- Allergy symptoms – sneezing, clear runny nose, itchy eyes (consider telemed)
- Chronic headache (consider telemed)
- Abdominal pain (if chronic consider telemed)
- Vomiting/diarrhea with concern for dehydration
- Ear pain without other symptoms indicating the need to go to viral clinic.
- Fussy baby
- Newborn/infant failure to thrive

**The following are issues that we will send to the Viral Clinic.**

- Fever + any respiratory symptoms (cough/runny nose)
- New onset cough without fever - <2 weeks
- Chronic cough with recent worsening
- Flu like symptoms – fever, headache, myalgias
- Acute asthma exacerbation
- Travel to COVID area or exposure to COVID patient and any sick symptoms that do not sound mild.

## **Cancer Center**

See below for Cancer Center policy.

For the Cancer Center, a general overview of the plan for continued patient care is provided. It should be noted that, as with all COVID-19 action plans, this is subject to further changes. The plan is driven by the understanding that the patients in the Cancer Center are at increased risk for complications of COVID infection and therefore their risk of exposure must be reduced. As such we are restricting face-to-face visits to those pts that require treatment in the center or for whom a telehealth visit is not a substitute for a face-to-face visit. Further, all the care related to cancer may be viewed as essential by either the physician or the patient so every effort will be made to carry on with business as usual with modifications as below.

-All patients who are receiving radiation and/or infusion treatments will continue to be scheduled. Twenty-four hours prior to their visit patients will receive a screening phone call from the Cancer Center to assess for respiratory symptoms and fever. If either are present they will be referred to the nurse of the overseeing physician who will assess the urgency of the symptoms. Critically ill patients will be referred to the ED for further evaluation. Stable patients with respiratory symptoms or fever will be referred to the Virus Clinic for assessment and testing. Treatment will be deferred for those patients until it is evident that their presence in the center does not pose a risk of exposure of others in the center and that continuation of their treatment does not pose an undue risk to themselves. For patients that miss the initial screening phone call or develop new symptoms in the 24 hours following that phone call, screening will take place at the designated entry doors to the facility. Referral of symptomatic individuals for further assessment will be as described above. Individuals will not be admitted to the Cancer Center until it is deemed safe to do so, following results of assessments.

-Every effort will be made to continue to provide care for all individuals with cancer diagnoses or diagnoses of non-malignant hematologic conditions, through expanded use of telehealth. This includes follow-up visits as well as new consults. For patients for whom telehealth is not an appropriate substitute (determined on a case-by-case basis), screening prior to the visit to the center will occur as discussed above. Although our limited experience suggests most patients are embracing telehealth, for those who do not, assessment will be made of the urgency of the need for evaluation and visits may be deferred to a later time.

-To further reduce risk of exposures, visitor restrictions have been implemented in the Center. Our switchboard operator confirms all appointments daily and is coaching the patients to not bring visitors into our center unless absolutely necessary.

## **Bridger ENT**

Due to the pandemic corona virus (which causes COVID-19 disease), we have activated a preparedness plan to protect our patients and our staff from infection.

The intent of this plan is to provide ongoing medical services, in a conscientious manner, to reduce our patients' exposure to other patients who might be infected and to protect our staff from patients who might be infected.

Given the features of this virus, patients who are infected may be contagious for up to 5 days before showing any symptoms of COVID-19 and may inadvertently leave active infectious virus on surfaces they touch.

For patients with active cough or sneezing, active infectious virus can be spread via droplets to those in close proximity.

For these reasons, any patient, without symptoms, having contact with other patients in our office or contact with our office staff must be assumed to be contagious.

In accordance with the guidelines set out by the CDC and other health authorities, we are taking the following precautions in our office:

### **Office Containment: Minimizing the Risk of Viral Spread**

- We are encouraging our patients, parents and providers to follow the [CDC's suggested hygiene practices](#).
- We are asking those who have been diagnosed with COVID-19 or have knowledge of being in recent close contact with someone who has been diagnosed with COVID-19 to refrain from entering our facility.
- Please contact your primary care provider for advice on corona testing.
- We are asking patients to cancel any upcoming appointments if they have any signs of illness - whether these are symptoms are consistent with COVID-19 or not.
- Patients or parents of patients that enter our clinic who are clearly ill will be asked to kindly leave and will be rescheduled at least 2 weeks into the future.
- We ask that you come to your appointment alone. If the appointment is for your child, we ask that only one parent accompany your child.
- We ask that you do not bring children, who are not patients, with you or your child's appointment. Please reschedule if this is not possible.
- We are setting up the ability to provide on-line telemedicine visits via our patient portal. You can download the Healow App and enter our phone number 406-556-

9798 to find our practice. ([www.Healow.com](http://www.Healow.com)) This app allows patients to have online appointments and download their visit notes.

- For currently scheduled patients, we will be calling to reschedule non-urgent appointments to decrease patient numbers entering the office. Likewise, if your visit can be accomplished via a phone or telemedicine visit, we will use one of these modalities to complete your visit.
- We are actively rescheduling non-urgent upcoming appointments if you are in a high-risk group for COVID-19 complications.
- We are limiting the total number of patients we will be seeing each day to limit the infective risk to our staff and our patients. These changes will create a greater delay in getting an appointment. Please be patient.
- Our team is disinfecting hard surfaces with viricidal wipes and sprays frequently throughout the day. Please alert us if you have sensitivity to fumes from isopropyl alcohol.
- Our team is terminally cleaning the office at the end of the day.
- We will be wearing full personal protective equipment (PPE), such as masks, gowns and gloves while seeing patients to minimize the risk of viral spread to our staff and between patients.
- We are asking our team members to restrict travel, but if necessary, make sure to take the necessary precautions recommended by the CDC prior to returning to work.
- Our team is closely monitoring their own health and well-being.

### **Before Your Appointment and The Day of Your Appointment**

You will complete our intake form online after receiving an email with instructions. You will NOT print this form.

You will be instructed to call our office (556-9798) when you park in our parking lot. If your exam room is ready, you will be cleared to enter the office and you will be immediately placed in the exam room.

If your exam room is not ready, you will be notified, while waiting in your vehicle, via text message when your exam room is ready. If the delay is going to be excessive, we may ask you to reschedule your appointment.

After your appointment is completed, you will be discharged from the office. You will not check-in or check-out at the front desk. You will not wait in any other location except your exam room.

## **The Surgery Schedule: Minimizing the Inappropriate Use of Vital Medical Supplies**

Currently, Bozeman Health Deaconess Hospital administration, with medical staff guidance, has suspended all non-essential surgery for three weeks into the future.

This is in-line with multiple hospitals in Montana (and in the US) and was recommended by the American College of Surgeons. This was recommended to minimize the inappropriate use of vital medical supplies which may be in short supply during the viral pandemic.

Non-essential surgeries are performed for medical conditions that are NOT a serious, immediate threat to a patient's health (e.g., tonsillectomy for recurrent strep throat).

Essential surgeries are surgeries performed for conditions that, if left untreated with surgery, would cause immediate or long-term disability (e.g., ear tubes for a medically refractory ear infection).

The 3-week suspension of non-essential surgery is being re-evaluated by the medical staff/administration task force each workweek.

The terms for lifting the suspension will be determined by the task force after critically evaluating the capacity of the hospital system to care for critically ill patients in our community.

Non-essential surgery includes 95% of the elective surgery we do at Bridger ENT, so we are actively removing patients, previously scheduled for surgery, from our surgery schedules for the next 4-week segment (on a rolling basis) and placing them on a cancellation waiting list in anticipation of future open surgical dates.

For patients currently scheduled for pre-surgical appointments for non-essential surgery, please know that we will not be able to give you a definitive future date of surgery at the time of your pre-surgical consultation.

This situation is ever evolving, and we will continue to monitor and implement procedures to preserve your medical care in a safe and conscientious manner.

If you have any questions about our preparedness plan for the COVID-19 pandemic, please contact our team at Bridger Ear, Nose & Throat via email or by calling 406-556-9798.

If you are a referring provider and need a patient to be seen sooner than our next available appointment, please call me directly on my cell to explain the reason for this urgent appointment.