

Dear VitalMD Providers and Office Managers,

We want to thank you for all of your great work in the face of the enormous COVID-19 challenge. We have all faced big and daunting obstacles as we try to provide the best care for our patients, while simultaneously protecting our staff and patients from this very infectious virus.

It is expected that some of the government-directed social-distancing measures will be relaxed in the coming days or weeks. We feel it is important to remind everybody of some tactics you can implement, and some that you should not implement, in your practice in order to carry on your important work:

1. **There is still no FDA-approved antibody test to confirm COVID-19 immunity.** Many are being developed, but none have passed the criterion to imply that a positive antibody test would immunize a person. The new IgG test offered by Quest Laboratories is clear that the results of the antibody test are not definitive proof of immunity from further infections from COVID-19. It may not even imply that the IgG antibody is from COVID-19, but that it could be from a rhinovirus exposure.
  - a. Once there is an approved antibody test, VitalMD will work to bring the testing into MediPath to make it available for practices to use in order to make decisions about staff and staff protection.
  - b. Until a more reliable and proven test is available, you should act as if every patient and staff member is vulnerable to infection.
  - c. It is reasonable to assume that anyone who has had a confirmed case of COVID-19 infection and has recovered with no further symptoms for 14 days, is considered immune to new COVID-19 infections.
2. **We anticipate that testing for active COVID-19 infections will soon become available with a much faster turn-around time.** It will not be practical to use this test every day in the office for staff, but this might be something to offer patients who are at risk.
3. **Practices should develop and enforce policies around social distancing, disinfection, use of personal protective equipment and scheduling that offer the best protection for patients and staff.**
4. **Please take advantage of telemedicine resources on the [TopLine MD COVID-19 landing page](#).** Every insurance carrier has modified their telemedicine coverage and reimbursement policies to encourage providers to use this technology.
  - a. A workgroup in the OB/GYN clinical line is constructing some guidelines to help providers in that discipline use telemedicine more creatively. [Click here](#) to read the telemedicine tips for OB/GYN providers.
    - i. Many hospitals are instituting early discharges after birth. Primary obstetrical providers should provide daily post-partum telemedicine visits for early-discharge patients.
    - ii. If a patient is being followed for a high-risk pregnancy by a maternal-fetal medicine provider, the patient could potentially do non-MFM visits with their primary provider via telemedicine.

- iii. Patients can be instructed to obtain a blood pressure monitor for home use. The machine can be calibrated in the obstetrician's office and then during the telemedicine visit they can demonstrate their home blood pressure to the evaluating provider.
  - b. Medicare and Medicare Advantage Plans have relaxed almost all of their telemedicine policies and are paying providers the same for most telemedicine visits as for in-person visits. This is unlikely to change until all of the social distancing restrictions are relaxed.
    - i. Many practices are offering patients in-person visits for those who are comfortable coming in to the office. They have to be instructed on appropriate protocols to come to the office.
    - ii. Each office must make sure all patients comply with the practice's unique social-distancing protocols.
  - c. With the expected partial relaxation of the "shelter-in-place" orders, we anticipate that providers will soon be able to schedule non-urgent procedures.
    - i. Surgical and procedure pre-counseling can be done via telemedicine so that any patients presenting for a procedure will have to spend as little time as possible in the facility when they have to have a procedure.
    - ii. Many or most post-operative visits can be done via telemedicine, including some wound checks.

We will be conducting a series of Clinical Line Round-Table discussions. This will be an opportunity for you to discuss tactics and challenges with colleagues in your same, or similar, clinical discipline in order to creatively find ways to do your best work in the next few months. Please look out for more information on these round-table discussions.

As usual, we are available for any questions.

Sincerely,

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