

# Guidelines for Field-Based Visits to Provider Offices

MARCH 2020



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Dear Providers,

Coronavirus disease 2019 (COVID-19) is an emerging illness. Many details about this disease are still unknown, such as treatment options, how the virus works, the total impact of the illness, and many other factors. While government agencies work to learn more about how this illness is transmitted and treated, we are implementing the following practices to keep our employees, their families, and our communities healthy, while continuing to provide high-quality healthcare and continuity of care to underserved and vulnerable populations and honoring our dedication to those that we serve.

With this preemptive approach, we strongly encourage the following for field-based provider visits until further notice, including but not limited to: provider managers, provider relations, and contract negotiators. **In general, routine visits to provider offices which can be done effectively without face-to-face interaction should be replaced by telephonic outreach, video conferencing or other secure virtual platforms (if applicable).**

Any visits to provider offices that are mandated by federal or state regulations should continue with the following precautions:

- a. Facilitate pre-visit screening, to the extent possible, to identify whether the provider office has generally cared for suspected or confirmed COVID-19 cases, such as:
  1. Have you had contact with anyone who has known or possible exposure to the coronavirus in the last 14 days?
- b. Before and immediately after the visit, wash hands thoroughly and/or use 60% alcohol-based hand sanitizer. Also, avoid handshakes or other unnecessary contact with exposed surfaces (e.g. counter tops, tables)
- c. Keep distance of at least 6 feet wherever possible
- d. Field-based staff that have concerns around performing visits to provider offices should address any concerns with their manager. Case-by-case determinations will be made with managers per HR guidance
  1. Potential concerns to be considered can include:
    - i. Age for increased risk for consequences of COVID-19 infection
    - ii. Significant co-morbidities which increase risk of COVID-19 infection
    - iii. History or concern of decreased immune response
    - iv. Serious anxiety regarding risks of contracting COVID-19
- e. Staff should answer the below screening questions for themselves prior to making a warranted office visit to a provider. If any of these answers are "yes", field-based staff should contact their primary care provider (PCP), follow the PCP's directions, and not conduct any provider visits until cleared by their PCP to do so. Staff should also notify their direct manager of the below concerns
  1. Self-assessment questions for field-based staff:
    - i. Do you currently have any of the following?

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1. Fever
2. Cough
3. Shortness of breath
4. Atypical symptoms
  - a. Sore throat
  - b. Nausea
  - c. Vomiting
  - d. Diarrhea
  - e. Abdominal pain
- ii. Have you experienced any of the above in the last 14 days?
- iii. Have you or any member of your household traveled outside North America in the last 14 days?
- iv. Have you been in contact with anyone who has traveled outside of North America in the last 14 days?
- v. Have you had contact with anyone who has known or possible exposure to the coronavirus in the last 14 days?
- vi. Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed coronavirus or due to travel?
- vii. Have you or anyone in the household recently discharged from a hospitalization due to confirmed coronavirus or due to travel?

Local markets and health plans should take specific interventions to comply with state regulations, as well as ask for specific guidance from local state agencies.

## References:

1. Centers for Disease Control and Prevention. *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)*.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
2. Centers for Disease Control and Prevention. *Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities*.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
3. Centers for Disease Control and Prevention. *Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings*.  
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
4. World Health Organization. *Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptom and management of contacts*.  
[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
5. Joint Commission. *Managing the Threat of the New Coronavirus Strain*.  
<https://www.jointcommission.org/en/resources/news-and-multimedia/blogs/on->

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**[infection-prevention-control/2020/02/19/managing-the-threat-of-the-new-coronavirus-strain/](https://www.cdc.gov/infection-prevention-control/2020/02/19/managing-the-threat-of-the-new-coronavirus-strain/)**

Please refer to the Centers for Disease Control and Prevention (CDC)'s website for most current information about COVID-19.

Sincerely,

Meridian