



Dr Moeketsi Mathe
General Practitioner and
HIV Clinician
Johannesburg

In terms of COVID-19, the ICD-10 code U07.1 is to be used for those patients with confirmed infection, and U07.2 when there is suspicion without confirmation. Do remember to use the ICD-10 code both on the laboratory forms and for submitting the patient's claim



Watch Dr Mathe's video talk on Reshaping your medical practice.

COVID-19 and reshaping your practice

Reshaping your practice in the era of COVID-19

The critical importance of how best to run a clinical practice in the era of COVID-19 is emphasised by the ease with which COVID-19 spreads and the lack of an effective vaccine and cure; the necessary government-enforced lockdown and the

consequences thereof; and the need to continue the practice of general medicine while ensuring our patients, clinical and support staff, and by extension their families, are protected.

Introduction

Recognising that SARS-CoV-2 is now part of our lives, a 'new' normal, means that the way the business and practice of medicine is managed needs to be adjusted at an individual and systems level. Many doctors have not worn scrubs since medical school and prudence motivates resuming this habit.

The practice of virtual medicine will have to be rapidly embraced. Some practice management software has telemedicine or virtual consultation capabilities, so it is advisable to engage with your vendor to see which solution would work best for you. Some medical aids (e.g. Discovery, Medscheme) have made platforms available for virtual and telemedicine consultations and have indicated that they will pay for these, with specific codes available to be used when claiming.

The possibility of being able to consult the patient without them being physically in front of you obviously will not apply to all patients. After telephonic consultation, you may still require some patients to come into the rooms, particularly those requiring repeat or chronic scripts. If the chronic patient has otherwise been doing well and is fit and healthy, a telephonic consultation and reissuing of the prescription directly to their pharmacy should be sufficient.

In terms of COVID-19, the ICD-10 code U07.1 is to be used for those patients with confirmed infection, and U07.2 when there is suspicion without confirmation. Do remember to use the ICD-10 code both on the laboratory forms and for submitting the patient's claim.



Questions and answers

1. What screening questions should be asked on the phone before booking a patient for a physical consult?



Before booking a physical consultation for a patient, it is important to screen them over the phone. Your receptionist should have a checklist of questions to ask, including:

- Are you experiencing fever, cough, chills, sore throat, shortness of breath, nausea or vomiting, diarrhoea?
- Have you been in contact with either a

person under investigation for COVID-19, or confirmed to have been infected?

- Do you fall into any other special category of essential work, including health-care work?

If responding 'yes' to any of the screening questions, rather book a telephonic consultation to advise the patient accordingly.

2. What to do if the telephone consult indicates likely infection?



If, during telephonic consultation, the patient is found to have COVID-19 related symptoms and, based on their history, you are convinced/concerned that they may be infected, send a request form to the nearest laboratory for the patient, where they must

go to have the test done. Also forward an appropriate prescription for treating their differential diagnoses to their pharmacy. When the results come back, inform the patient accordingly.

3. What to do with the walk-in patient?



Most general practitioners, especially those in the townships, do not have practices that are managed on an ideal appointment-only basis; if this proves impossible, a hybrid of appointment and walk-in needs to be balanced in order to manage the number of patients in your rooms at any one point in time, and to minimise waiting times.

The potential walk-in patient must be screened by gatekeepers at the front door,

prior to being allowed entry into the rooms. If the patient responds affirmatively to any of the screening questions request that they either wait in the car until called for, or to do a telephonic consultation. If neither option is possible, every patient who walks into the rooms must sanitise their hands and be given a surgical mask to wear if they do not have a mask of their own.

4. What does an effective and safe waiting room look like?



Maintaining physical distancing - a gap of at least 1.5m between patients - may require reducing the number of chairs in the waiting area and deciding on the maximum number of people allowed in the waiting room at the same time. Your receptionist needs to understand and adhere to the maximum number of people and logistically, this may require that any escorts (unless absolutely required as with children, the elderly or confused patients) wait outside and that only the patient enters the rooms. Waiting

rooms should be disinfected hourly if possible; at the very least, surfaces should be sprayed with alcohol and wiped down when patients come and leave.

A consulting room designated specifically for patients with signs and symptoms of COVID-19 or upper respiratory tract infection can be used as a waiting room for the walk-in patient who is unable to wait outside. The consulting room designated for high-risk patients must be disinfected between each patient.

5. What to do to ensure the safety of practice staff?



Personal protective equipment (PPE) is crucial. The bare minimum required for an effective and safe practice is:

- Surgical masks – high quantity
- N95 or FFP2 masks – some
- Gloves
- Plastic gowns and/or aprons
- Plastic face shield, if needed.

Surgical masks are to be used by all staff and the doctor. Gloves and disposable plastic gowns/aprons should be readily available for all staff; to be discarded by clinical staff after each patient is seen. Sanitisers and disinfectants should be freely available and easily accessed in each room of the practice.



6. What procedures can you safely perform in your rooms?

Prudence is required when deciding which examinations or special investigations should be performed. A physical examination of the patient presenting with signs and symptoms suggestive of COVID-19 infection may not be necessary when considering their clinical history.

Where an investigation (e.g. drawing blood, performing an ECG) or a physical examination is warranted, it is best that the doctor is fully kitted out in PPE, wearing a

face shield, an N95/FFP2/FFP3 respirator, gown and gloves. It is important that the practitioner knows how to correctly don and doff their PPE in order to minimise their risk of exposure – many instructional videos are available on YouTube (e.g. CDC procedure).

Remember to disinfect your stethoscope at every use, irrespective of suspicion of COVID-19 infection.

7. What is best practice for referral?



When referring a suspected COVID-19 infected patient to a colleague, first discuss with that colleague the best way to manage the patient. For example, the patient presents with an upper respiratory tract infection, fever, cough, and other signs and

symptoms of COVID-19. Is a chest X-ray essential to managing this patient? Only where absolutely necessary should you refer to X-ray, and if so, inform them that you are sending such a patient.

8. What about managing patients with chronic prescriptions?



Virtual consultations can be ideal for patients requiring chronic prescriptions, but booking is essential if a physical consultation is necessary. If there is a potential COVID-19 infection, ensure that there is enough time between their booked appointment and the appointments of potentially vulnerable patients such as children, pregnant women,

the elderly, or those with chronic diseases associated with more serious COVID-19 outcomes (high blood pressure, heart disease, chronic obstructive pulmonary disease). It cannot be overemphasised that the well-trained receptionist is integral to this safety measure.

9. What about patients presenting at your rooms and likely to be infected with COVID-19?



The walk-in patient with a high suspicion of COVID-19 infection needs to be tested as soon as possible. If there is an on-site laboratory or one nearby, request that

they come to your rooms to do the swabs and complete the paperwork. Provide the patient with an appropriate prescription before they leave your rooms.

10. What about HIV patients and COVID-19?



Currently, there is no specific data to show an increased risk of COVID-19 infection for HIV-positive patients; nominal available information is for those on antiretroviral treatment who are virally suppressed with a good CD4 count. The difficulty is lack of information about potential increased risk of infection and serious outcomes with COVID-19 for vulnerable HIV-positive

patients, including those who are not yet on ARV treatment, those who have not yet attained viral suppression and CD4 recovery, and those experiencing difficulty with ARV medication compliance. Adherence to medication is of critical importance in any chronic disease with the concurrent aim of minimising the risk of serious illness with COVID-19 infection.

Conclusion

In summary, COVID-19 is here to stay and will be part of our ecosystem until we find an effective cure and/or an effective vaccine. To continue providing the general medical services necessary to the population, clinical

practice will need to accommodate virtual consultations and ensure that all necessary safety precautions are adhered to in the practice rooms.

This report was made possible by an unrestricted educational grant from Cipla. The content of the report is independent of the sponsor.



Disclaimer

The views and opinions expressed in the article are those of the presenters and do not necessarily reflect those of the publisher or its sponsor. In all clinical instances, medical practitioners are referred to the product insert documentation as approved by relevant control authorities.

Published by

© 2020 deNovo Medica

Reg: 2012/216456/07

70 Arlington Street, Everglen, Cape Town, 7550

Tel: (021) 976 0485

info@denovomedica.com