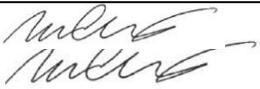| Department: Clinical Quality	Policy #: CLNC-GL-2020-1 v5.1
Policy: Novel Coronavirus Policy- Revised	Effective Date: March 12, 2020
Written by: Cynthia Horner, M.D. FAAFP	Next Revision: January, 2021
Approved by: Peter M. Antall, MD Clinical Quality Committee	Signature:

Disclaimer: these clinical guidelines are meant to guide Online Care Group practitioners in their clinical assessment and management. They are not exhaustive, and they do not replace sound clinical judgment.

Purpose

The goal of this policy is to ensure timely identification and proper treatment of patients potentially infected with or exposed to the novel coronavirus (COVID-19) in compliance with established guidelines from the United States Center for Disease Control (CDC).

Background

In December 2019, a novel coronavirus (COVID-19) was identified as the cause of an outbreak of respiratory illness in the city of Wuhan, Hubei Province, China. Since that time the number of cases has grown rapidly, with the World Health Organization reporting thousands of new cases globally each day and mortality rates ranging from 1-5%, depending on the population[1]. Signs and symptoms of this illness include fever, cough, and (for some patients) difficulty breathing, and complications may include pneumonia. Since it was first identified, evidence of community transmission has been clearly documented and the World Health Organization has now labeled this as a global pandemic.

While coronaviruses usually cause mild respiratory disease in humans, at least two previously identified coronaviruses have caused severe disease — severe acute respiratory syndrome (SARS) coronavirus and Middle East respiratory syndrome (MERS) coronavirus. As of March 9, 2020, nearly 100,000 cases and over 3,200 deaths have been reported worldwide, with >500 cases and 22 deaths across 34 states documented in the United States. U.S. Center for Disease Control officials Are moving from a strategy of containment to one of mitigation. CDC expects that widespread transmission of COVID-19 in the United States will occur. In the coming months, most of the U.S. population will be exposed to this virus.

Policy

Patients with acute respiratory illnesses commonly seek care through a telehealth encounter. It is increasingly likely that a patient infected with or concerned about COVID-19 might first present via an online visit. At least in the early stages of the outbreak, most patients will likely be low-risk for this infection but will have other respiratory conditions. As the pandemic spreads, we will increasingly see moderate and high risk patients. The Amwell Medical Group (AMG) is committed to ensuring that these patients are assessed and receive the proper care quickly and efficiently to help limit potential public exposure and possible spread.

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[1] Coronavirus disease 2019 (COVID-19) Situation Report – 28, World Health Organization, February 17,2020; https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

Amwell Medical Group clinicians shall triage and manage patients presenting with symptoms of possible COVID-19 using the US CDC's *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*[2]

Specifically, Amwell Medical Group clinicians should document their evaluations and treatment plans using either the AMG general COVID-19 template or (where available) the specific health system COVID-19 template. The clinician should obtain a detailed travel and contact history from all patients presenting with acute lower respiratory symptoms and/ or fever.

Patients with moderate to severe symptoms (primarily lower respiratory disease) with a high risk exposure who either have severe enough symptoms to warrant hospitalization, are over age 65 of have underlying significant chronic disease (**High Risk- Complicated**) will be referred for immediate evaluation and testing through the white glove protocol (also see Insight tab for additional phone numbers), using proper infection control measures. Likewise, symptomatic patients with a high risk exposure who have a household members with significant chronic disease or immune deficiency will be referred for testing, with proper isolation measures in place.

Mildly to moderately symptomatic patients (no or minimal lower respiratory disease) with high risk risk exposures (defined by CDC guidelines) and who are not over age 65 do not have underlying significant chronic disease and no household members with significant disease or immune compromise (**High Risk- Stable**) may be instructed to self-quarantine and should be referred to the health department for further instruction.

Mildly to moderately symptomatic patients with questionable exposures and *asymptomatic* patients with high-risk exposure (**Moderate Risk**) will be treated for any symptoms, advised to self-isolate (symptoms) or self-quarantine (no symptoms), and advised to call their local or state health department to determine whether additional testing is warranted. Decisions on whether medium-risk patients should be tested are deferred to the health department, so medium-risk individuals will not be automatically referred to the ER or urgent care centers for COVID testing.

Mildly to moderately symptomatic or asymptomatic patients without known exposure (Low and No Risk) will be evaluated and treated using normal non-Covid methodology. These cases will generally not need isolation or quarantine.. Low- and no-risk patients will not be referred for routine testing.

In all cases, if the patient requires referral for brick and mortar care for any reason, on a clinical basis, they shall be referred.

The Amwell Medical Group clinician will record relevant history including characteristics of and onset and duration of symptoms, recent travel history, possible contacts with persons under investigation for COVID-19, as well as personal identifying information including date of birth, current local address and current valid phone number in any visit report. If a patient is referred to an urgent/ emergency care facility or designated health system

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[3]Center for Disease Control: 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

contact person for further evaluation and management, the Amwell Medical Group clinician shall obtain the exact name, location and phone number of the referral facility or contact person for follow up.

For patients referred directly to and urgent care or emergency facility, the following steps will be taken:

1. To allow referral facilities adequate time to ensure proper isolation protocols are in place, Amwell Medical Group clinicians should instruct any patients referred to a brick and mortar facility to call the facility from their vehicle upon arrival in the parking lot and prior to entering the facility, in order to receive instructions on next steps (e.g. which door to enter, to whom they should present upon entering, etc.).

2. In addition, the Amwell Medical Group clinician or (where applicable) the designated Amwell operational staff member, shall notify the urgent or emergency center (or proper Infection control officials if indicated in the Insight tab) of the patient's impending arrival, advising that the patient be quarantined upon arrival, and tested according to local, and state health department policies and CDC guidelines.

3. Reporting to and coordination with local and state health departments will be managed by the facility or health system clinicians who evaluate the patient in person, and not the Amwell Medical Group clinician, as the onsite clinicians will be able to perform the necessary tests, have access to test results and be better positioned to coordinate with state and local health departments for proper isolation, contact tracing and follow up.

4. Amwell Medical Group clinicians shall notify the American Well Quality team of any patient referred for additional COVID-19 evaluation, as well as the facility to which they have been referred or the health system to whom they were reported, by sending the patient's internal ID number, platform, practice on which they were seen and date of service to COVID19@americanwell.com. Patients are advised in the Covid notes template that the Amwell Quality team may contact the ER/ UC center or the health system designated point of contact to coordinate care and reporting for any patient that has been referred.

Responsibility

Amwell Medical Group clinicians in the medical practices are responsible for patient evaluation, education and (unless otherwise delegated to an Amwell operations staff member) communication with referral facilities as per the protocol, as well as documentation of encounters.

Once a patient has been identified as requiring immediate referral, the Network Operations Center team (NOC) is responsible for the following:

1. Taking the provider off the system and reassigning any patients that are waiting to be seen to another provider.

Likewise, the American Well Quality team is responsible for the following:

1. Collecting the relevant patient from the COVID19@americanwell.com server as well as referral facility information from the visit report for possible follow up.

Procedure

See flow diagram below.

High-risk of COVID-19:

1. Clinicians caring for any patient presenting with an acute lower respiratory illness (i.e. cough and shortness of breath) *and/ or fever* will obtain a detailed history, which should include the standard review of systems, past medical, surgical and social history, a list of medications and medication allergies PLUS:

a. History of travel from countries identified by the CDC as "high risk travel" (because of sustained COVID transmission) within 14 days of symptom onset

b. Close contact with a person with *laboratory-confirmed* COVID-19 within 14 days of symptom onset. Close contact is defined as within six feet.

c. Fever and lower respiratory symptoms *severe enough to require hospitalization*, with no other explanation for the symptoms

2. **AMG clinicians will immediately refer patients meeting the exposure risks above who are either severely symptomatic, over age 65 or who have significant chronic pulmonary, cardiac or immunodeficient conditions to a local urgent care center or emergency department for additional testing and coordination with state and local health authorities. Likewise, AMG clinicians will immediately refer patients meeting the exposure risks above who have a *household member* with significant chronic pulmonary, cardiac or immunodeficient for testing and coordination with local health authorities. The only exception to this is patients who present on health systems which require patients be referred to a specific point of contact. This will be listed in the practice Insight tab.**

a. Patients will be asked which urgent/ emergency facility they plan to seek addition care from and how long they think it will take for them to get there. The AMG clinician should document the name and phone number of the facility before disconnecting with the patient.

b. The patient will be instructed to proceed immediately to the specified urgent/ emergency facility and to avoid any and all public places.

c. The patient should be advised that the clinician will call the facility to alert them of the patient's arrival.

d. The patient should also be advised to call the facility themselves upon arrival in the parking lot, and prior to entering the facility, so that they may receive additional instructions (e.g. which door to enter, to whom they should speak upon entering, etc.).

3. Patients who are health care workers are also advised to contact their employer's occupational health department and notify them of a potential COVID-19 exposure and follow isolation/ quarantine and testing requirements from their employer.

4. The clinician will contact the Network Operations Center (NOC) via chat or the emergency line (855-347-4108) and alert the NOC staff that they (the clinician) may be delayed in seeing other patients in their waiting room in order to contact the urgent/ emergency care facility about the patient being referred.

5. The clinician or the designated Amwell staff member will then contact the urgent/ emergency care center to which the patient has been referred (or the relevant health system point of contact) and notify the intake clinician of the patient's name, DOB, phone number, estimated time of arrival and why they have been referred.

a. The Amwell Medical Group clinician or their designee will emphasize the importance of isolating the patient upon arrival and not allowing the patient to sit in a public space. Per CDC guidelines: "Patients should be asked to wear a surgical mask as soon as they arrive and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your healthcare facility's infection control personnel and local health department."

b. Likewise, the Amwell Medical Group clinician or their designee will emphasize their concerns about possible exposure to COVID-19 and the importance of additional testing per local, state policies and CDC guidelines.

c. The urgent care/ emergency clinician will need to notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for COVID-19. State health departments that have identified a PUI are required to immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a COVID-19 PUI case investigation form available at https://www.cdc.gov/coronavirus/COVID-19/downloads/pui-form.pdfpdf icon. CDC's EOC will assist

local/state health departments to collect, store, and ship specimens appropriately to CDC or other designated testing centers, including during afterhours or on weekends/holidays. Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible COVID-19 co-infections.)

    d. The Amwell Medical Group clinician or their designee will record the name and position of the person at the referral facility to whom they spoke.

6. The Amwell Medical Group clinician will fully document relevant clinical and referral details in the visit report using the relevant COVID-19 template. Documentations should include the name and phone number of the facility to which the patient was referred and the contact person at the facility to whom they spoke. To ensure timely reporting, the clinician will need to complete the visit report immediately before moving on to additional work.

7. The Amwell Medical Group clinician will then email the patient internal ID number, practice platform on which the patient was seen and date of service to COVID19@americanwell.com for further follow up by the Quality team.

8. As stated in the policy section above, once a patient has presented to a referral facility, the local referral facility or health system partner will be responsible for additional testing, reporting of test results and coordination with local health departments. Additionally, all recommendations for close contacts will be similarly coordinated by the referral facility and staff, in conjunction with local health authorities.

9. The Amwell Quality team will follow up on all high-risk referred cases meeting CDC reporting requirements.

Moderate Risk of COVID-19:

1. Clinicians caring for any patient who does not meet high-risk criteria but who presents from a community with sustained widespread COVID transmission will obtain a detailed history, which should include the standard review of systems, past medical, surgical and social history, a list of medications and medication allergies PLUS:

    a. Details of the suspected contact including country, state and county where the possible contact occurred.

2. Clinicians shall treat any symptoms the patient may have per routine clinical guidelines, AND

3. Clinicians shall advise the patient to self-isolate (symptomatic) or self-quarantine (asymptomatic) for 14 days AND

4. Clinicians shall advise the patient to contact their local or state health department (and give the patient the phone number) for further guidance on whether testing for COVID-19 is locally advised.

    a. Local and state health department contact information can be found at https://www.cdc.gov/publichealthgateway/healthdirectories/index.html.

5. Patients who are health care workers are also advised to contact their employer's occupational health department and notify them of a potential COVID-19 exposure and follow isolation/ quarantine and testing requirements from their employer.

Low- or no-risk of COVID-19:

1. Clinicians caring for any patient who does not meet high or medium-risk criteria (presents from a community without sustained widespread COVID transmission) will obtain a detailed history, which should include the standard review of systems, past medical, surgical and social history, a list of medications and medication allergies PLUS:

2. Clinicians shall treat any symptoms the patient may have per routine clinical guidelines, AND

3. Clinicians shall advise the patient to follow routine infection control measures, AND

    a. No isolation or quarantine measures are advised and no reporting or contacting of the health department for possible COVID exposure is necessary.

ICD-10 Codes

High risk cases should be coded using B34.2

All others should be coded using symptom codes

References

1. Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (COVID-19) in Wuhan, China, https://emergency.cdc.gov/han/han00426.asp

2. Coronavirus disease 2019 (COVID-19) Situation Report – https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

3. Center for Disease Control COVID-19 Situation Summary, https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

4. Center for Disease Control: 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

5. Center For Health Security COVID-19 Situation Reports; http://www.centerforhealthsecurity.org/resources/COVID-19/COVID-19-SituationReports.html

Amwell Medical Group
Covid-19 Risk Stratification v3

Patient presents for Respiratory Evaluation

All exposures/travel occurring over last 14 days

Always refer in any patient who needs in-person care clinically

Symptoms include fever, cough, SOB

Please report high Risk cases to Covid19@americanwell.com

Refer to emergency department or 911 immediately

Is this a medical emergency? — Yes → Refer to emergency department or 911 immediately

No →

Fever + mod/severe lower resp sx.

Mild/Moderate symptoms

No → Asymptomatic/ minimally symptomatic

Yes → (from Mild/Moderate symptoms)

Yes → (Fever + mod/severe lower resp sx.)

Contact, travel or other risk of exposure

Yes

Close contact with Covid + patient

High risk overseas travel CDC

Local sustained transmission/ questionable contact

Health worker or other international travel

No → No → No →

Yes → Yes → Yes → Yes →

No

No

High Risk- Complicated

-Initiate white glove referral protocol or
-If no Covid concerns, make usual referral
-Consider B34.2 code

March 13, 2020

High risk- Stable

-If chronic disease/ immunocompromised may be High Risk-complicated
-Have patient contact Health Department
-Self quarantine
-Consider B34.2 code

Moderate Risk

-If chronic disease/ immunocompromised may be High Risk-complicated
-If symptomatic contact health dept.
-Possible quarantine
-Consider other dx.

Low Risk

-Usual care, if symptomatic
-Worried well, advice

No Risk

Usual care