

RCHC Clinical Recommendations for the Expansion of In-Person Services at Health Centers

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Introduction

Because of the COVID emergency, community health centers around the country have limited non-essential in-person care. Health centers have offered virtual care via phone and video appointments in order to maintain access to primary care during this time. Even though health centers are offering virtual care there are patients who have had postponed care for chronic conditions, procedures and preventive care that can only be provided in-person. As testing, surveillance and contact tracing has increased in the counties that Redwood Community Health Coalition's (RCHC) health centers are in, it has become safer to expand in-person services that health centers provide. RCHC's health centers have collaborated to create these guidelines for safe expansion of services at community health centers. Health Centers will expand services incrementally as facilities, workforce, personal protective equipment (PPE) supplies, and local guidelines allow.

General Principles

1. Planning for in-person care takes into account the best evidence and recommendations for having people in the health center.
2. Health centers will maintain protection for staff and patients by adding services slowly over time.
3. Patients should have virtual visits or screening via phone or video prior to in-person care.
4. As much as possible virtual visits should be used to take history, plan and complete documentation allowing the in-person time to be utilized for examinations, procedures, tests and other activities that require an in-person visit.
5. Whenever possible health centers should use video visits over phone visits.
6. Well care and sick care should be done at different time or in different spaces at the health center.
7. Whenever possible, patients coming for in-person care should only bring visitors who are critical to the patient's care. Children should be attended by only one parent or caregiver as possible. Audio and video can be used to have other support people participate in the patient's care. For families with multiple children and no alternative for childcare during visits, children under 13 years of age may attend a sibling's visit while children over 13 years of age could wait outside the building.
8. Any visits or procedures that are done outside the health center will take into account the risk to patients, providers, and staff.

Priorities For In-person Care

Priority 1	<ul style="list-style-type: none"> → COVID related urgent care evaluation and testing → Acute / urgent care → OB care → Newborn care → Contraception that needs in-person visit → Recently incarcerated with COVID screen
Priority 2	<ul style="list-style-type: none"> → Primary care procedures → Preop examinations → Well children, infant - 2 years of age including those due for vaccines or screening labs → Immunizations → Patients with symptoms of any kind of cancer or cancer screening that requires examination (ex: abnormal pap follow up) → Well children 3-18 years of age who need vaccines, labs or forms completed → Patients with chronic pain or taking controlled medications that are high risk (high MED or clinical judgement)
Priority 3	<ul style="list-style-type: none"> → Patients with uncontrolled chronic conditions that have not had an in-person in 3 months → Patients with controlled chronic conditions who have not had an in-person visit in 1 year → Screenings for cancer that require examination → Well children who do not need immunizations who are between 3 - 18 years of age → Chronic pain or taking controlled medication that are lower risk → New patients with no acute issues or chronic conditions

	→ DOT examinations, immigration examinations
Priority 4	<ul style="list-style-type: none"> → Well adult examinations → Optometry → Chiropractic care / OMT → Acupuncture

Procedure Priorities

Priority 1 (immediate)	<ul style="list-style-type: none"> → OB Procedures → Skin biopsy suspicious lesion → Incision and drainage of abscess → Laceration repair and suture removal → Burn and wound care → Foreign body removal (ear and nose) → Fracture care (splinting and casting) → Endometrial biopsy
Priority 2 (as possible by status of health center capacity - within a month)	<ul style="list-style-type: none"> → Nail removal → Colposcopy, LEEP → Ortho injections (joints, tendons) → Hemorrhoid excision → LARC (IUC, Nexplanon) placement and removal → Vasectomy → Circumcision

	<ul style="list-style-type: none"> → Frenulotomy
Priority 3	<ul style="list-style-type: none"> → Cryotherapy (warts...) → Diaphragm fitting → Lipoma removal → Skin tag removal → Sebaceous cyst removal (not infected)
AVOID	<ul style="list-style-type: none"> → Spirometry → Nebulizer treatment

Outreach Priorities

Patients are invited to virtual care (phone or video) which may be followed by in-person care as above.

Priority 1	<ul style="list-style-type: none"> → Patients with uncontrolled chronic illnesses (heart disease, diabetes, hypertension, COPD, asthma, HIV, SUD other) → Patients who have SMI, or high PHQ9 - Mental health as a priority for outreach → Patients with high medical risk scores → Patients at high risk for severe illness with COVID → Patients on controlled medications at high risk → Pregnant patients → Newborns → Patients under 2 years old who are due for immunizations
Priority 2	<ul style="list-style-type: none"> → Patients with controlled or stable chronic illnesses who are

	<p>due for care</p> <ul style="list-style-type: none"> → Patients on controlled medications with lower risk → All children 3-18 who are due for immunizations or WCC or have not been seen in 1 year
Priority 3	<ul style="list-style-type: none"> → Adult well visit → Medicare wellness visit → New patient outreach including assigned patients from managed care → Patients who have not been seen in 18 months - 2 years

In-person Care Details

Type of care	Specific Conditions	Ideal Timeframes/Modes of Care	Area to be seen in (for PPE)	Home Monitoring Equipment	Other Health Center Services to add if possible
Chronic Conditions Care:	CHF	<p>New diagnosis: At least one in-person visit and then weekly virtual care with home monitoring until stable</p> <p>Stable (mild-moderate): Virtual care every 3 months with once annual in-person visit. Labs</p>	<p>If established diagnosis and no exacerbation then see in the regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	<p>Scale</p> <p>O2 Sat</p> <p>BP monitor</p> <p>Thermometer</p>	<p>CCM</p> <p>Case management</p> <p>Health education</p> <p>Nutrition</p>

		<p>twice/year. Home monitoring with at least a scale</p> <p>Stable and severe: Virtual care every month with remote monitoring and case management</p> <p>Exacerbation: Virtual visit followed by an in-person visit today -48 hours based on clinical severity & concern. Then close follow up with weekly virtual care and home monitoring until stable</p> <p>Emergency – to ED</p>			
	CAD/ASCVD	<p>New diagnosis: At least one in-person visit or home health and then weekly virtual care with home monitoring until stable</p> <p>Stable (mild-moderate): Virtual care every 3</p>	<p>If established diagnosis and no respiratory symptoms then see in the regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	<p>Scale O2 Sat BP monitor thermometer</p>	<p>CCM Case management Health education nutrition</p>

		<p>months with once annual in-person visit With remote monitor – Weights, bp, med rec Labs twice/year, EKG</p> <p>Stable and severe: Virtual care every month with remote monitoring and case management</p> <p>Emergency: to ED</p>			
	HTN	<p>New dx or uncontrolled: Every other week virtual care with home monitoring until controlled. In person BP check until they can obtain a cuff.</p> <p>Stable or controlled: Virtual care every 6 months with remote BP. Once annual in person visit. labs & EKG once/year</p> <p>Hypertensive Crisis: to ED</p>	<p>If established diagnosis and no respiratory symptoms then see in regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	BP monitor	Health Education

	<p>Diabetes type 2</p>	<p>New diagnosis or uncontrolled: Every week to every other week virtual care with home blood sugar monitoring until stable</p> <p>Stable/controlled A1c <7 Virtual care every 6 months with once annual in person visit (include foot exam and EKG) labs twice/year</p> <p>A1c 7-8: Virtual care every 3 months with once annual in-person visit (include foot exam and EKG, Patient should have a retinal exam every year). labs every 3 months</p>	<p>If established diagnosis and no respiratory symptoms then see in regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	<p>Glucometer A1c home monitoring device Thermometer</p>	<p>CCM Case management Health education Nutrition</p>
	<p>COPD</p>	<p>New diagnosis: At least one in-person visit and then weekly virtual care with home monitoring until stable</p>	<p>If established diagnosis and no exacerbation then see in regular care area</p>	<p>O2 Sat Thermometer Severe - scale</p>	<p>Health education Case management CCM Nutrition</p>

		<p>Stable (mild): Virtual care every 3 months with once annual in-person visit Consider sat monitoring or drive by sat.</p> <p>Stable (moderate and severe): Virtual care every month with remote monitoring and case management</p> <p>Exacerbation: Virtual visit followed by in person visit in today -48 hours. based on clinical severity & concern. Then close follow up with weekly virtual care with home monitoring until stable. Ok to start treatment prior to in-person appt.</p> <p>Emergency – to ED</p>	If has shortness of breath then in the respiratory care area		
	ASTHMA	<p>New diagnosis: At least one in-person visit and then weekly virtual care until stable</p>	If established diagnosis and no exacerbation then see in regular care area	Peak flow meter O2 sat	Health education

		<p>Mild intermittent: Virtual care every 6 months with once annual in-person visit</p> <p>Mild to moderate persistent: Virtual care every 3 months with remote monitoring as needed. At least one annual in-person visit</p> <p>Severe persistent: Virtual care every 1-3 months with remote monitoring as needed and at least one annual in-person visit.</p> <p>Exacerbation: Virtual visit followed by in person visit in today -48 hours based on clinical severity/concern. Then close f/u with weekly virtual care until stable</p>	If has shortness of breath then in the respiratory care area		
	HIV	New diagnosis: At least one in-person visit then weekly until stable.	Regular care area	Thermometer O2 Sat	

		<p>Stable: Virtual care every 3 months with labs with at least one in-person visit every year.</p> <p>High risk or not stable: Monthly virtual care with in-person visits as needed for examination</p>	If has shortness of breath then in the respiratory care area		
	PREP	<p>New to PREP: At least one video visit with initial labs. In person for swabs or any symptoms which need examination.</p> <p>On PREP: Virtual care every 3 months with labs with at least one in-person visit every year. - SELF SWAB?</p>			
	SUD on MAT	<p>New start: At least one in-person visit and then weekly virtual care weekly until stable. BH eval if possible.</p>	<p>Regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>		Behavioral health Group recovery services

		<p>Newly stable or with slip-up: Virtual care every 2 weeks with periodic drug screen and concurrent BH</p> <p>Stable: Virtual care every month with periodic drug screen.</p>			
	Anticoag	<p>Virtual care in the usual time frame per health center protocol. Consider changing to non-coumadin Rx.</p> <p>Standing lab order or drive through INR</p> <p>In person visit at least once annually and/or if has symptoms that require examination.</p>	<p>Regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	Home INR machine	<p>RN Case management</p> <p>Pharmacy management</p>
	Chronic pain and controlled medications	<p>Opiates: Virtual care every month with periodic drug-screen. At least one in-person visit every 6 months for high MED and 12 months for < 50 MED</p>	<p>Regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	Scale if on stimulants	Behavioral Health

		<p>and with any exacerbation of pain.</p> <p>Benzos: Virtual care every month with periodic drug-screen. At least one in-person visit every 6 months for high dose and 12 months for lower dose and with any exacerbation of pain.</p> <p>Stimulants: Virtual care every month with periodic drug-screen if needed. Weight and blood pressure for children one month after they start and then every 6 months.</p>			
	OTHER (rheum, dementia, renal dz, cva)	<p>New diagnosis: At least one in-person visit and then weekly- every 2 week virtual care until stable.</p> <p>Stable: Virtual care every 3 months with labs appropriate per condition.</p>	<p>Regular care area</p> <p>If has shortness of breath then in the respiratory care area</p>	Thermometer	Case Management

		<p>At least one in-person visit annually.</p> <p>Not stable, worsened or exacerbation: Virtual visit followed by in person visit if needed based on clinical severity/concern. Then close f/u with weekly virtual care until stable</p>			
Urgent Care	Urinary complaints	<p>Virtual care by protocol with lab evaluation if needed</p> <p>In person care – suspect pyelo or not responding to treatment</p>	Regular care area	home UA dip?	
	Allergies	Virtual care if not improving in person care.	If respiratory symptoms then respiratory care area		
	Eye complaints	Virtual care followed by in-person visit.	Regular care or eye care if available		
	Ear pain	Virtual care followed by in-person visit if high fever, severe pain, foreign body or not improving or worsening	Respiratory care area		

	Musculoskeletal pain (back pain, neck pain)	Start with a virtual visit, able to make dx and mild condition – virtual care. If not able to make dx or severe or not improving then in-person visit.	Regular care area		
	Rash	Start with a virtual visit by video or obtain photos. If, able to make diagnosis and mild condition, then virtual care. Consider eConsult or telederm if not able to make dx. If not available in-person visit	If rash suggestive of COVID - Resp area. If not then regular.		
	Mild GI illness (heartburn, diarrhea, nausea, constipation)	Start with a virtual visit, able to make diagnosis and/or mild condition – virtual care. If not able to make dx or severe or not improving then in person visit CONSIDER COVID TESTING	Respiratory care area		

	Abdominal pain	Start with a virtual visit. If able to make diagnosis and mild condition then virtual care. If not able to make diagnosis or severe or not improving – in person or ED			
	Cough, Wheezing, SOB	Virtual visit followed by in-person evaluation including pulse-ox, heart rate, listening to lungs and testing.	Respiratory care area		
	Vomiting / Diarrhea	Virtual visit followed by in-person evaluation and possible testing for COVID.	Respiratory care area		
	Sore throat, congestion	Virtual visit followed by in-person evaluation and testing for COVID.	Respiratory care area		
Procedures	Injections from staff	Virtual visit followed by drive-in or drive-through injection. May include: Immunizations, Depo	Outside		

		provera, Toradol, Testosterone			
	Provider injections (ortho inj)	Virtual visit for history and informed consent followed by in-person appointment for injection	Regular care area		
	Skin procedures	Biopsies: Virtual visit for history and informed consent followed by in-person appointment for injection Wound care/burns ongoing in-person care	Regular care area		
	LARC	Virtual visit for history, informed consent conversation followed by in-person appointment for procedure.	Regular care area		
	All other procedures	Virtual visit for history, informed consent conversation followed by in-person appointment for procedure.			
Reproductive Health	Contraception counseling	Virtual care			

	STI Visits	Virtual care followed by lab evaluation and in-person visit if needs examination or has any symptom that is not improving.	Regular care area		
	Abnormal PAPs	Virtual care for counseling and consent as needed followed by in person care for procedures per protocol	Regular care area		
OB Care	Prenatal Visits	All in person visits will be preceded by screening for COVID symptoms. <8 weeks - virtual intake and lab order. 8-10 weeks - virtual visit for history followed by an in person visit for dating sono and labs 14-15 weeks - virtual medical visit and then a virtual CPSP visit 16 weeks - in-person visit for exam and fetal survey referral 22 weeks - virtual visit	Regular care area unless screen positive for COVID sx or exposure.	Thermometer	CPSP

		<p>26, 30, 34, 36 weeks - in-person visits for labs, Iz, education & scheduling</p> <p>37 week - virtual visit</p> <p>38-41 weeks - in-person visit, NSTs as usual</p> <p>postpartum (vaginal) - virtual at 2 weeks, 4 weeks followed by in-person at 6 weeks for LARC, Iz, & pap</p> <p>postpartum (cesarean) - virtual (video) at 1 week and 4 weeks followed by in-person at 6 weeks for LARC, Iz and PAP</p>			
	OB Urgent	For urgent OB care or OB patients with urgent-care issues - patients will have virtual care and/or screening prior to in-person visit.	Regular care area unless screen positive for COVID sx or exposure.		
	OB procedures	patients will have virtual care and/or screening prior to in-person visit for procedures.	Regular care area unless screen positive for COVID sx or exposure.		

Preventive Care	Well Children	<p>All WCC are preceded by virtual visit or symptom screening. WCC must include measurement and exam but may be done and billed in parts.</p> <p>SHA, ASQ, PEARLS should be done virtually, ahead of visit online, by MA screening or on paper outside the health center.</p> <p>Newborns: In-health center visit at least once and then virtual care followed by in-person as needed.</p> <p>0-2 year olds: Virtual visit or screening followed by in health center or drive through in-person care</p> <p>3-6 year olds: Virtual visit followed by drive-through vaccines, measurement and examination as weather allows.</p>	<p>Drive through and regular care area</p> <p>Vaccines and lead/hb screening may be done outside if possible.</p>	Thermometer	Nutrition BH
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		<p>7-11 year olds: Virtual visit followed by drive-through vaccines, measurement and examination as weather allows.</p> <p>12 - 21 year olds: Virtual visit, consider using phone only for privacy with the teen, followed by drive-through vaccines, measurement and examination as weather allows.</p>			
	Well Adult	Virtual visit with examination in-person if required.			
	Medicare Wellness visits	Virtual care, video if possible for history, mental status and gait evaluation. Follow with appropriate preventive lab, imaging and in-person services based on what the patient is due for.			

	PreOp	Virtual care for history, planning, followed by in-person for EKG, labs and COVID test.	Regular care area and COVID testing area		
	Immunizations for children	Virtual visit followed by drive-in or drive-through injection.	Outside		
	Immunizations for adults	Virtual visit followed by drive-in or drive-through injection.	Outside		
New Patient Care	New patient for establish care visit	Video visit if possible. Obtain records. Plan at least one in-person visit for examination and vitals. If the patient has complaints follow above guidance.	Regular care area		

Strategies For Reducing Time Inside Health Centers

- Offer drive through or parking lot care where patients are served in their vehicles
- Have patients wait for in-person appointment times in their cars or outside the health center
- Close tracking of cycle time as time in clinic
- Have one way walking traffic patterns in the health center to avoid passing and crowding in any area
- Do not allow visitors and unnecessary attendants at patients appointments
- Take history and complete questionnaires by phone. This could be done with patients at home, in cars or just in another room.
- Have designated hours for seniors and at-risk individuals
- Refill medications and supplies for 90 days

Outdoor, Drive-through, And Parking Lot Services

- Immunization with a waiting period after
- Injections of medications such as depo provera, testosterone, vivitrol, or ketorolac
- Fingertstick lab tests such as A1c, hemoglobin, hematocrit, or lead testing
- Blood pressure checks
- Weight checks
- Acupuncture