

### 3-19-20 Update for Clinicians from the Tennessee Department of Health

The following is important clinical information for you and your staff from the Tennessee Department of Health (TDH).

#### **Site of Care—Assessment and Testing**

TDH continues to encourage patients to seek care first from their usual site of care and to enable providers to accommodate that need. We know that shortages of PPE, of testing supplies, and of testing site availability are increasingly common. While we are looking at every opportunity to fix those problems, permanent solutions are not immediately available, and we need your help in addressing these shortages by implementing strategies to **conserve PPE** and by **putting procedures into place to minimize unnecessary tests**. This is the biggest tool we have to decrease the demand on supplies and testing sources so that those who need a test the most can get it. Pre-testing assessments (remotely or in person) are critical to conserve PPE and testing supplies and to address fear in the community. Most people do not need a test, but they do need your help in assessment (remotely when at all possible – see below).

Providers do NOT need to consult with public health before sending a test to a commercial lab.

Providers are advised to prioritize testing highly symptomatic and *not* asymptomatic individuals.

Information on testing decision making is here

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TDH-COVID-triage-and-assessment.pdf>. We are continuing to test in the state lab (though our capacity is also limited) through the clinical consult line 615-741-7247, and we are prioritizing those tests for high risk groups and uninsured patients. <https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TDH-COVID-triage-and-assessment.pdf>.

If you are a clinical outpatient assessment site for the public, please let us know at this website

<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html> and we will update our website for the general public with your information.

#### **Telehealth**

There has been a rapid expansion in reimbursement opportunities for telehealth, now including home-based telehealth coverage by nearly every plan in the state during this time of public health response. Please utilize telehealth and telephone triage as much as possible for both sick and well patients. This is critical to minimize public exposure to illness and to optimize capacity for routine and emergent care. Several resources have been put together that I've listed below. Utilization of telehealth and telephonic management should be optimized in all settings.

- CMS <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- TMA [https://www.tnmed.org/TMA/Member\\_Resources/Telehealth\\_and\\_COVID-19](https://www.tnmed.org/TMA/Member_Resources/Telehealth_and_COVID-19)
- TNAAP [COVID-19 Telehealth Coding Guidance](#)
- TNAAP [COVID-19 Telehealth Guidelines by Payer](#)

- TennCare <https://www.tn.gov/tenncare/information-statistics/tenncare-information-about-coronavirus.html>

### **PPE Optimization Strategies**

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/PPEConservationGuidance.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Provides options for extended use, reprocessing, and reuse of the various PPE components given current shortages of PPE being reported in many areas of the state.

### **Elective Procedures and Visits**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

We urge healthcare facilities and clinicians to delay and reschedule elective in person ambulatory visits, surgeries and admissions, and routine dental and eye care to preserve staff, personal protective equipment, and patient care supplies, ensure staff and patient safety, and expand available capacity during the COVID-19 pandemic.

### **Isolation Changes for Cases**

- CDC has adjusted their recommendations for isolation of cases at home to be for *at least 7 days (not 14), including afebrile and feeling well for at least 72 hours.*
- Full guidance here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- TDH has adapted this recommendation as well: <https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/Isolation+QuarantineRelease.pdf>
- Note – contacts still should remain quarantined for 14 days following last exposure.

### **Public Health Monitoring Changes**

- Public health staff are changing their monitoring protocol to include:
  - making initial contact with lab confirmed cases,
  - conducting a thorough interview to identify close contacts,
  - ensuring that the cases understands the requirement to remain isolated (following the directions above) and
  - contacting close contacts to explain their exposure, and the recommendation to remain home for 14 days following their exposure.

- Following the initial interview, public health will no longer actively check in with the patient (or contacts) each day, but rather ask the case to get in touch with their provider if they need medical care and public health if they have exposure/isolation/quarantine type questions.

**Any laboratory confirmed cases of COVID-19 must be reported immediately to 615-741-7247.** That number can also be used to request state lab testing and for policy related questions.

**Provider Webinar—Friday, March 20**

There will be another provider webinar to share clinical and public health updates for clinicians tomorrow at 12:00 pm CST. Register at:

<https://tngov.webex.com/tngov/onstage/g.php?MTID=e1f17cba38752ace8623832081c3e8f31>