



## Frequently Asked Questions about COVID-19 for Doctors of Optometry and Their Practices

### **1. What tips should I give my patients to prevent the spread of novel coronavirus (COVID-19)?**

During a COVID-19 pandemic, patients should be careful to practice good hygiene:

- Minimize contact with those who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are asked to by local, state or federal authorities.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

If you suspect you may have COVID-19, call ahead before visiting your doctor, or contact local public health hotline if so directed. Those who suspect they may have been exposed to the virus should take care to minimize their contact with others if they experience a fever and symptoms of respiratory illness. Read more [advice from the CDC](#).

### **2. What are the most common myths about COVID-19 that physicians should dispel for patients?**

Misinformation about COVID-19 is being shared across social media and other platforms at alarming speed.

Physicians will want to address common myths on the origin of the virus, how it is spread and prevention efforts that could negatively impact patient health. For example: American adults of all ages-not just those in their 70s, 80s and 90s-are being seriously sickened by the coronavirus, according to a report on nearly 2,500 of the first recorded cases in the United States. The report, issued March 18, 2020, by the U.S. Centers for Disease Control and Prevention (CDC), found that, as in other countries, the oldest patients had the greatest likelihood of dying and of being hospitalized. But of the 508 patients known to have been hospitalized, 38% were notably younger-between 20 and 54. And nearly half of the 121 patients who were admitted to intensive care units were adults under 65, the CDC reported.

### **3. What should I tell my patients about traveling during the COVID-19 pandemic?**

Follow the guidance of local, state, and federal authorities. CNN is reporting on March 19, 2020 a 40% rise in U.S. coronavirus COVID-19 cases in 24 hours. The CDC stresses that COVID-19 can result in severe

disease, including hospitalization, admission to an intensive care unit, and death, especially among older adults (ages 55 and over). Everyone can take actions, such as social distancing, to help slow the spread of COVID-19 and protect older adults from severe illness.

#### **4. When should I test patients for COVID-19?**

The CDC is regularly updating guidance on who physicians and other health care providers should test for COVID-19. In general, physicians and other health care providers should watch for patients presenting with fever or signs of lower respiratory illness-especially in those who may have been exposed to the virus. Decisions on testing may be made based on local epidemiology of COVID-19. Full criteria for evaluating and reporting persons under investigation can be found [on the CDC site](#).

#### **5. How do I test patients for COVID-19?**

The CDC has developed a laboratory test kit for use in testing patient specimens called the "Centers for Disease Control and Prevention (CDC) 2019-Novel Coronavirus (2019-nCoV) Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panel." Laboratory testing is being conducted at public health laboratories and now at many private clinical laboratories authorized by the FDA under an Emergency Use Authorization. Clinicians should consult with their local or state health department or the labs that perform their diagnostic services. Answers to frequently asked lab testing issues can be found [on the CDC site](#).

#### **6. How do I establish effective staff safety protocols?**

When communicating with staff, the CDC recommends that health care facilities are aware of the following best practices:

- Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility.
- Ensure proper use of personal protection equipment (PPE) including N95 face mask and eye protection.
- Conduct an inventory of available PPE.
- Encourage sick employees to stay home.

Read the full guidance for health care facilities [on the CDC website](#).

#### **7. What steps can doctors take to stay healthy during the COVID-19 pandemic?**

The CDC recommends specific safety measures that health care professionals can take to minimize exposure to persons under investigation (PUI) and confirmed COVID-19 cases and prevent the spread of infection within health care facilities. Those steps include:

1. Set guidelines to help triage patients with symptoms congruent with COVID-19.
2. Utilize sanitation and hygiene stations.
3. Demonstrate proper use of personal protective equipment (PPE), including eye protection.

4. Assist in monitoring and restricting access for visitors and other nonessential personnel.

Read the full [interim infection prevention and control recommendations](#).

### **8. How can health care facilities manage PPE supplies during the COVID-19 pandemic?**

The CDC's updated infection prevention and control guidance (as of March 10) notes that facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. In this case, respirators should be prioritized for procedures likely to generate respiratory aerosols, which pose the highest risk to health care professionals. If there are shortages of gowns they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of health care professionals. Read the full [CDC guidance on optimizing supply PPE](#) and the [interim infection prevention and control recommendations](#).

### **9. What should physicians do when they have been exposed to COVID-19?**

All health care professionals are at some risk for exposure to COVID-19, whether in the workplace or in the community. Health care professionals in any of the risk exposure categories (high, medium, low, or no risk) who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work. Read the full [interim U.S. guidance](#) from the CDC.

### **10. Can I prescribe a controlled substance without an in-person visit?**

Yes, under limited circumstances. As long as the designation of a public health emergency by the Secretary of Health and Human Services remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

1. The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
2. The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
3. The practitioner is acting in accordance with applicable Federal and state law.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the

prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with any applicable state laws. [deadiversion.usdoj.gov/coronavirus.html](https://deadiversion.usdoj.gov/coronavirus.html)

#### **11. Are benefits related to COVID-19 "essential benefits?"**

Yes, for diagnosis and treatment related to COVID-19.

[cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/EHB-Benchmark-Coverage-of-COVID-19.pdf](https://cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/EHB-Benchmark-Coverage-of-COVID-19.pdf).

Also, individual states have started requiring insurers cover COVID-19 care.

#### **12. What are the emergency changes for COVID-19 in telehealth and other benefits for commercial or Medicare Advantage plans?**

Many health insurance issuers and group health plan administrators have announced they will be treating COVID-19 diagnostic tests as covered benefits and will be waiving cost-sharing that would otherwise apply to the tests. States are the primary regulators of health coverage and are issuing emergency rules to authorize or require coverage for telehealth or COVID-19 care. Nevertheless, you may still need to contact the patient's insurer to determine specific benefits and coverage policies, because these details may vary by state and by plan.

CMS has authorized Medicare Advantage (MA) plans to provide additional coverage and benefits during the state of emergency. There are more than 3,000 MA plans, and even more commercial policies (since large employers establish their own self-funded benefits). However, each company provides some guidance for the insurance it sells or the health plans it administers. America's Health Insurance Plans (AHIP) has compiled a list of health plan emergency coverage and telehealth policies, including policies applying to commercial and Medicare Advantage (MA) plans. [ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/](https://ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/)

United is not on that list, so here is United's policy: "UnitedHealthcare is waiving your costs for COVID-19 testing provided at approved locations in accordance with the U.S. Centers for Disease Control and Prevention (CDC) guidelines. This coverage applies to Medicare and Medicaid members as well as our commercial insured members. We are also supporting self-insured employer customers who chose to implement similar actions." [uhc.com/health-and-wellness/health-topics/covid-19](https://uhc.com/health-and-wellness/health-topics/covid-19)

#### **13. As we are not even to the peak of this pandemic here in the US, I would like to know what the AOA foresees and recommends when we eventually turn the corner and begin entering the downward slope of this disease.**

As of April 7, 2020—epicenters like New York—five weeks into the COVID-19 pandemic, are not reporting having reached their peak. Stay-at-home orders and social distancing is beginning to flatten the curve in New York which may ultimately allow emergency departments to meet ongoing demand for ICU space, ventilators and needed PPE inventory. Flattening the curve extends the curve forward in time through a plateau, simultaneously shifting the downward slope of the disease forward in time. This downward slope will be reached at a different point in time depending on location. With the COVID-19 pandemic now

spreading into more rural areas in the South and Mid-West it is difficult to predict the timing of the downward slope, but it may be some time off, as measured in months.

**14. Some doctors of optometry are saying as soon as routine eyecare is permitted, they are going to double down and schedule as many back-logged patients to fit in as many exams as possible as well as resume "business as usual." Is this wise?**

Importantly, both the AOA and the CDC recommend for the next several weeks that doctors of optometry restrict their in-person practice to urgent and emergency patients only. When "routine care" returns to optometry practices, it should not be "business as usual" because social distancing and continued PPE use will be necessary until there is a vaccine that has been widely distributed, whereby herd immunity can be established. There should be no such thing as "doubling down on patients" during this critical period due to ongoing vulnerabilities of patients and staff. Find more information and [AOA guidance on this matter of essential care during the COVID-19 pandemic.](#)

**15. Since doctors of optometry and technicians cannot practice social distancing and spend 15-20 minutes at a time in very close contact with patients, does the AOA recommend wearing a N95 mask for doctors/technicians as well as face coverings for patients? If not, why? What is the AOA position on this?**

YES, The AOA supports the CDC recommendations that would include the use of an N95 mask, eye protection and gloves for both doctors and staff. New CDC guidance for physician/optometry offices reflects the need to

1. Minimize disease transmission to patients, healthcare personnel (HCP) and others.
2. Identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care.
3. Reduce negative impacts on emergency department and hospital bed capacity.
4. Maximize the efficiency of personal protective equipment (PPE) utilization across the community health system while protecting healthcare personnel.

Offices should familiarize themselves with this new CDC guidance ["Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings."](#)

This CDC spreadsheet can help [healthcare facilities plan and optimize](#) the use of personal protective equipment for response to coronavirus disease 2019 (COVID-19).

**16. Do you expect there to be widespread testing for antibodies and negative COVID testing for a safe return to work?**

If an individual has antibodies it means that they were exposed to the novel coronavirus that causes COVID-19 and they may have not even be aware by having had mild or no symptoms. It is not clear yet how long and to what extent their immunity may be effective. Testing for antibodies may be a strategy to

better understand the level of asymptomatic positive individuals in a population that are spreading the disease as opposed to a return to work codification.