



**COVID-19 Pandemic Guidance Document**

**OPENING YOUR PRACTICE DURING COVID-19**

*The findings, opinions, and conclusions of this guidance document do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association.*

## **OPENING YOUR PRACTICE DURING COVID-19**

As regions of the country begin the process of re-opening, psychiatrists are faced with the decision of whether to resume in-person visits with patients. Due to the variability in phases of opening by state and local regions, it is important that you coordinate plans and actions with the appropriate phase of your area. Even if you are not in an active phase of opening, now is a good time to start preparing your plans for the transition. In the near-term, the safest way to continue providing treatment is through telehealth when feasible, particularly if this has been a viable option to date. Many patients may want to continue working in a hybrid way, with a mix of in-person and telehealth visits. For psychiatrists considering reopening their practices to in-person visits the following guidance is offered.

### **1. SHOULD I SEE PATIENTS IN PERSON?**

Making the decision about seeing patients in person requires weighing the potential benefit of in-person contact against the risks to patient, psychiatrist, and clinic/office staff.

Each case will present its own unique benefits and risks. APA suggests you consider the following:

- Patients whose psychiatric conditions have responded well to telehealth visits should be considered for continued telehealth visits.
- Patients with underlying conditions or who live with others with underlying conditions which put them at risk from COVID-19 infection should be considered for telehealth visits.
- Psychiatrists with conditions which put them at greater risk from infection with COVID-19 should delay or limit in-person encounters.
- Additional consideration is also needed for patients and staff who may have disabilities or may have come on public transit and not have somewhere good to wait. The CDC website should be consulted for further guidance

Some patients may request in-person visits or refuse telehealth visits. Each request must be considered and the benefits to the patient and risks to patient and psychiatrist weighed in making such a decision. Consult with your malpractice carrier or legal counsel in developing a protocol for refusing such requests.

### **2. HOW CAN I PROTECT PATIENTS, STAFF, AND MYSELF?**

Infection control and distancing will be essential to keep patients and staff safe. Here are some suggestions to consider:

- Reduce or eliminate interaction among patients by encouraging online or phone-based scheduling, bill payment, and office entry procedures.

- Post rules clearly and conspicuously for all patients to see on entry into the office.
- Remove or space waiting area furniture.
- Take patient temperatures when they arrive at the office and reschedule patients who are febrile or appear ill.
- Show patients that hand hygiene and sanitizing are a priority by having hand sanitizer readily available.
- Physician and patient should wear masks. Make masks available for patients who need them.
- Arrange your exam room to allow six feet of separation from the patient.
- Eliminate shared items such as pens or clipboards or sanitize after every use.

### **3. WHAT LEGAL OR LIABILITY CONCERNS SHOULD I CONSIDER?**

- Check your general liability insurance policy and your malpractice insurance policy to ensure that it does not exclude claims that arise from diseases, infections, pandemics, viruses or the like.
- Review any forms, notices, or rules you intend to use with your malpractice carrier and ask for recommendations on each as state laws vary in what is required and what is permissible.
- Check the CDC website and state health department websites for updated procedures on COVID-19 and updated recommendations and be sure to follow them.

There are several excellent resources from practice organizations to assist in specifics of reopening practice. We recommend the following:

American Medical Association, COVID-19: A physician practice guide to reopening  
<https://www.ama-assn.org/delivering-care/public-health/covid-19-physician-practice-guide-reopening>

Medical Group Management Association, COVID-19 Medical Practice Reopening Checklist  
<https://www.mgma.com/resources/operations-management/covid-19-medical-practice-reopening-checklist>

American Professional Agency, Nuts and Bolts of Reopening Your Practice after COVID-19  
[https://www.americanprofessional.com/wp-content/uploads/APA-ALERT\\_Nuts-and-Bolts-Re-Opening-During-COVID-19-Checklist.pdf](https://www.americanprofessional.com/wp-content/uploads/APA-ALERT_Nuts-and-Bolts-Re-Opening-During-COVID-19-Checklist.pdf)

The decision about when to return to in-person appointments is ultimately yours, but bear in mind that this does not have to be an absolute decision if you decide to change your practice to seeing patients in a hybrid manner. You may wish to indicate to your patients that you are considering this as a way of continuing telehealth in the short term, and then let patients decide who is going to see you in person when you have properly prepared your practice for this. Moving to a hybrid manner of practice may ultimately be more flexible for you and your patients, especially over the next few months as COVID uncertainty continues. Since it is also anticipated that there will be a surge in mental health needs associated with the stress of the prolonged period of sheltering in place and closure of nonessential services practices would be wise to have contingency plans for the increased demands.

For information on treating your patients via telehealth, please consult [APA's Practice Guidance for COVID web page](#). The Ethics Committee has provided [guidance](#) on the ethical considerations in providing in person care rather than telehealth during this pandemic.