



# Tips for Expanding Practice During COVID-19

# Acknowledgments

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*This is not legal advice. Each practice should exercise its own independent judgment regarding whether, when, and how to expand operations.*

Since the beginning of the COVID-19 pandemic, the Massachusetts Medical Society has made it a top priority to keep physicians informed of changes, updates, and [important practice information](#) regarding the virus and its impact on health care practices. In the coming weeks, it is likely that practices may expand operations depending on region of the state and specialty. Steps forward will include consideration of local COVID-19 statistics; availability of personal protective equipment (PPE); local, state, and federal government mandates; institutional regulatory guidance; and other factors.<sup>1</sup>

The following document, which will be updated regularly, is meant to provide tips for physicians' offices planning to expand operations. The goal is to allow practices to begin serving their patients and caring for their staff in a trusting and safe manner.

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## SECTION 1: KEY STEPS TO CONSIDER FIRST

### 1. Assess the Supply of Personal Protective Equipment and Cleaning Supplies

The federal [Centers for Disease Control and Prevention \(CDC\)](#) and the [Massachusetts Department of Public Health](#) have released guidance around the use, conservation, and distribution of personal protective equipment. Before expanding operations, practices should assess their supply of PPE based on the above-mentioned guidelines and determine whether needs are met. Have a plan to procure additional needed PPE when necessary. Follow this [guidance](#) from DPH to submit a supply request.

In addition, designate a staff member to keep your office up to date on PPE and cleaning supply guidelines and requirements. For a list of disinfectants that qualify for use against COVID-19, please click [here](#).

### 2. Determine Practice Need or Availability to Perform COVID-19 Testing

Whether to perform COVID-19 testing may depend on practice specialty, location, and supplies, particularly appropriate PPE. If your practice will not be performing testing, ensure that your staff members know where to send patients for proper testing. For a comprehensive list of COVID-19 testing sites in Massachusetts, please click [here](#) for information.

### 3. Determine Services That Will Be Performed in the Medical Practice, and Those That Will Be Performed via Telehealth

During the COVID-19 pandemic, many practices successfully made the switch to seeing patients via telehealth. When considering how to expand operations, it is important to evaluate which services can still be performed via telehealth, and what services are essential to be performed in person. This exercise will help limit the number of patients who physically present to your practice and help reduce the number of people in your waiting room. For more information on telehealth, please visit the [Telehealth and Virtual Care](#) section of the MMS COVID-19 website. To help make these decisions, consider the following type of care be prioritized, [in conjunction with further detail provided by relevant medical specialty societies](#):

- ♦ [High-Risk Deferred Care](#): As physician practices review care that was postponed due to the COVID-19 response, priority should be given to deferred care with the highest acuity and/or risk profile. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.
- ♦ [Preventive Care](#): The majority of deferred care is routine, non-urgent preventive care and screenings (mammograms, colonoscopies, etc.). These procedures, while not urgent, can identify serious health issues before they reach a crisis point. Preventive care also includes care management for patients with chronic conditions. Regular follow-up for patients with conditions such as cancer and diabetes is an important part of care. As Massachusetts expands the health care system, practices and facilities should — with proper safety precautions — put a priority on scheduling patients for these important screenings and check-ups. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.
- ♦ [Pediatric Care](#): Pediatric practices have been greatly impacted during the COVID-19 pandemic. Understandably afraid of contracting the virus, parents have been canceling well-child visits, resulting in a [drop](#) in immunization rates. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.

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<sup>1</sup>[https://www.jacr.org/article/S1546-1440\(20\)30510-X/pdf](https://www.jacr.org/article/S1546-1440(20)30510-X/pdf)

- ♦ **Obstetric Care/Maternal Health:** COVID-19 has forced physicians to significantly modify prenatal care with [alternate or reduced prenatal care schedules](#). A careful approach to schedules for prenatal, intrapartum, and postpartum care must be prioritized. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.
- ♦ **Behavioral Health:** While telehealth has allowed for the continuity of certain behavioral health care, prioritizing the resumption of psychiatric and other behavioral health care will be important. This prioritization will exist alongside new and exacerbated mental health needs resulting from the growing psychological toll of the COVID-19 pandemic and response. In addition, all delivery methods, including telehealth, should continue to be embraced after lifting the stay-at-home advisory.
- ♦ **Geriatric Health:** Prioritizing geriatric care is important, as many community-dwelling patients have limited capacity to access care through telehealth. Instead, they rely on in-person care or, most recently, telephone calls to ensure access to medications, address acute issues, and manage chronic medical conditions to maintain health and prevent risk of decompensation.

#### 4. Workforce and Patient Safety Concerns

- ♦ Practices should have policies and procedures to reschedule patients and to communicate the practice's safety precautions and expectations about patient and visitor and patient caregiver visits including entering the practice, masking, and other considerations. This may vary specialty to specialty.
- ♦ Every precaution should be taken to ensure that staff members stay healthy, and that the risk of infection is minimized. [It is advisable to create a plan for assessing staff for exposure to or symptoms of COVID-19 and guidelines for staying home when feeling ill. If staff members fall ill, follow the CDC guidelines for returning to work, and plan as best as possible for absences and alternative coverage.](#) This may include cross-training staff to ensure needs are met when staff members become ill and cannot return to work.

- ♦ For additional details on these issues, see [Section 2: Operations Management](#), [Section 3: Staff Management and Safety](#), and [Section 4: General Safety Considerations](#).

#### 5. Evaluate Sanitization and Cleaning Processes

Extremely strict sterilization and sanitation processes may be put in place in order to ensure patients and staff remain safe. Staff members are encouraged to familiarize themselves with the CDC guidelines for [Cleaning and Disinfecting of Community Facilities](#). Also, any state-created guidance may need to be implemented (see General Safety Considerations for more details).

#### 6. Educate Staff about Operating Procedures

Before returning to work, it will be important to communicate clearly with staff members, so they are well educated on all new procedures for cleaning and patient care. Also, educate appropriate staff about any changes in billing and other operational areas.

#### 7. Stay Current on Information from State and Local Health Departments

Assign a staff person to continue to monitor local and state public health departments for further guidance. Click [here](#) for local departments.

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## SECTION 2: OPERATIONS MANAGEMENT

### 1. Review Scheduling Blocks and Adjust as Necessary

Adjustments in scheduling blocks will need to be made to ensure proper physician distancing and cleaning occurs before and after each appointment. Considerations will also need to be made for physicians conducting a portion of their duties via telehealth. Practices may choose to block off certain days each week or two to three hours each day dedicated to virtual appointments. Practices may want to consider staggering shifts and hours to include nights and weekends to accommodate backlog and/or social distancing needs depending on volume and patient needs.

### 2. Prepare the Waiting Room with Physical Distancing and Spacing Considerations

In waiting and exam rooms, chairs should be appropriately spaced and items such as magazines and toys should be removed. Practices may want to consider having mask protocols, as appropriate for patients and visitors. Ensure access to tissues and hand sanitizer.



In addition, you may want to consider adding barriers such as plexiglass between patients and staff. Check-in and checkout processes may best be modified to allow for the fewest possible people in the waiting area. Solutions might include remote check-ins or check-ins in the examination room, and/or notification to the patient in the car when the exam room is ready. If possible, consider having a one-way flow through the office (i.e., one door for entrance and one for egress). Where possible, designate separate spaces for COVID-19 cases and non-COVID-19 cases. Additional resources are available here: [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#).

### 3. Determine How the Practice Will Handle Visitor and Patient Caregiver Volume

Practices may consider having policies and procedures for visitor and patient caregiver volume including entering the practice, masking, and other considerations. This may vary specialty to specialty. Consider technology solutions for including more people in the visit but remotely.

### 4. Communicate Clearly with Patients about Practice Changes

It is important to communicate with patients about new safety protocols and appointment changes and to do so clearly and effectively. Some guidance may require patients to make changes to their routines, so communicating clearly and early about necessary safety precautions will ensure patients are prepared and properly informed. Practices could utilize their patient portals, websites, and social media to communicate new procedures, expectations, and limitations. In addition, practices should post signage in the office asking patients to respect social distancing measures, masking, and any other protocols.

### 5. Pre-screening Patients and Any Visitor They Must Bring for COVID-19

Practices should consider the importance of being up to date with screening processes for patients entering the clinic. Please visit the [CDC's website](#) for more information on recommendations around preventing the spread of COVID-19. Consider keeping a log with names and contact information. Two additional resources in this area are [Interim Infection Prevention and Control Recommendations for Patients](#)

[with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Setting and Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#). In addition, consider the following guidance:<sup>2</sup>

1. **When the Patient Arrives for Check-In:** Ask patients and anyone accompanying them if they have symptoms of respiratory infection or any other COVID-19 symptoms, have traveled recently, or have had contact with anyone with COVID-19 or exposure to COVID-19.
2. Have a protocol for a patient who arrives with any respiratory symptoms or other COVID-19 symptoms without providing advance notice.
  - a. Mask and isolate the patient in a space set aside for this purpose. Consult with clinical staff to determine next steps (this may include redirection patient to emergency department, urgent care, testing center, or being seen in the practice).
3. Before all office visits, contact patients to advise them:
  - a. Call the office in advance if they have respiratory symptoms or other COVID-19 symptoms before the appointment.
  - b. Come to the appointment alone.
    - i. If someone must come with them, he or she will be screened for symptoms.
    - ii. Instruct them not to bring minor children if possible, unless the child is the patient.
  - c. Adhere to office protocols for masking, cough etiquette, and hand hygiene.
  - d. How to check-in (e.g., from their car, then wait in the car), changes to which entrance to use, and any other information they need.

### 6. Establish an Isolation Process for Staff

Practices would do best to establish policies for [COVID-19-positive staff, staff with COVID-like symptoms, and staff with COVID-19 exposure](#). Two additional resources in this area are [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#) and [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>2</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

## 7. Estimate Staff Needed Based on Patient Volume

Anticipate variable patient volume and adjust staffing accordingly. Respecting social distancing will likely involve bringing physicians and staff back in smaller numbers depending on practice needs. Options for this include telecommuting for certain personnel or placing physicians and staff on rotating teams. More information can be found here: [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).

## 8. Update Communication Plans

Now is the time to update in-office communication plans and systems. Create an emergency contact list, distribute to staff, and place copies in key locations throughout your office. The list should include contact information for your local and state health departments.<sup>3</sup>

## 9. Medication Shortages

Physicians should be prepared for there to be potential medication shortages due to potential supply chain issues that may alter their normal prescribing pattern or in office treatments.

## 10. Maintain Equipment

Practices may consider the necessity to maintain their equipment and how this will affect their day-to-day operations (for example, equipment not working, repairs taking longer than normal, and implications for social distancing).

## 3. Consider Flexible Work Schedules for Staff (including Working Remotely) and Update Written Policies about Sick Time, Etc.

Consider flexible work schedules and develop or re-evaluate a written policy regarding paid or unpaid personal leave, sick time, earned time and return to work protocols.

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## SECTION 4: GENERAL SAFETY CONSIDERATIONS

### 1. Maintain Physical Distancing and Hygiene at All Times

Clinical workflow and patient workflow should be structured to ensure physical distancing, and it is important to adhere as best as possible to [CDC social distancing guidelines](#) and any state-developed guidelines. Staff members need to be trained on proper hand and face hygiene, proper disinfection of office equipment, and how to use personal protective equipment. In addition, consider the following guidance:<sup>4</sup>

- Practices must ensure that hand hygiene supplies are readily available in every location.<sup>5</sup>
- Train all patient care personnel on the proper sequencing of [donning](#) (putting on) and [doffing](#) (removing) PPE (see CDC's [printable illustration](#)).<sup>6</sup>
- Stay informed about current guidance from the [DPH](#) and [CDC](#) on conventional, contingency, and crisis standards for PPE in short supply.<sup>7</sup>

### 2. Continue to Use Telehealth, Whenever Possible

Continue to use telehealth, whenever possible and appropriate.

### 3. Require Face Coverings for All Patients and Staff

Everyone entering and working in the practice should give careful consideration to wearing appropriate face coverings. Signage should be visible with reminders. Those that are performing or assisting in aerosolized procedures will need N95 masks. Click [here](#) for CDC general guidance regarding face coverings.

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## SECTION 3: STAFF MANAGEMENT AND SAFETY

### 1. Consider Flexible Options for High-Risk Staff

Given that health care workers are at higher risk for exposure and infection, consider shifting higher-risk workers to roles that minimize their risk to exposure to COVID-19 and also help the practice in this challenging time.

### 2. Attend to the Emotional and Physical Needs of Staff

Be on the lookout for signs of exhaustion, depression, stress, and similar issues in all staff. Be sensitive of additional considerations like childcare and eldercare needs. For resources regarding staff wellness during this time, please visit the [Physician and Health Care Professional Wellness section of the Massachusetts Medical Society's COVID-19 website](#).

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<sup>3</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

<sup>4</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

<sup>5</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

<sup>6</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

<sup>7</sup>[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

#### 4. Adhere to Strict Cleaning and Sterilization Processes

Practices must ensure that there is adequate time built in between patient appointments to properly sterilize exam rooms, bathrooms, check-in and checkout spaces, and all other surfaces in practice. Staff members may familiarize themselves with the [CDC Guidelines for Cleaning and Disinfecting of Community Facilities](#).

In addition, determine everything that needs to be disinfected and follow [CDC advice for COVID-19 disinfection procedures](#) including disinfecting noncritical medical devices (e.g., blood pressure cuffs, other equipment, and surfaces as well as keyboards, mouse devices, touchpads, and microphones for dictation) with an EPA-registered disinfectant using the label's safety precautions and use directions. Remember to observe correct contact time as indicated by manufacturer's instructions for use. For more on disinfecting, visit [Occupational Safety and Health Administration Control and Prevention](#).

#### 5. Personal Protective Equipment

All appropriate staff should be trained on the use of personal protective equipment including donning and doffing. For more information from the CDC about using personal protective equipment, please click [here](#).

#### 6. Communicating with Patients

Remember to adjust messaging by the front staff, by the answering service, and on voicemail to inform callers of temporary practice changes, expanding practice operations, scheduling for vulnerable populations, rescheduling of non-urgent visits, and opportunities to schedule telehealth sessions. In addition, make sure to clearly state policies for patients who have respiratory infection symptoms or who have been exposed or advised to self-isolate or quarantine on the day of or prior to an in-office appointment. Proactively alert all current patients to these temporary practice changes through online patient portals; automated phone, text, and email appointment reminder systems; and existing website or social media channels.<sup>8</sup>

## SECTION 5: FINANCIAL MANAGEMENT

### 1. Consider Financial Needs of the Practice and Evaluate Potential Funding Sources

As practices begin to expand operations, it will be very important to ensure necessary funding is available. To this end, practices may want to consider their financial needs and carefully evaluate all funding options, both private and public. For more information about financial resources that can support practices, please see the Massachusetts Medical Society's guide titled "[Financial Resources for Practices During COVID-19](#)."

### 2. Analyze Revenue Streams and Any Outstanding Accounts Receivable

It is important for billing staff to understand revenue streams because payments may have been delayed, denied, or incorrect due to a variety of reasons including payor delays. If practice volume is low and is ramping up, consider redeploying staff to assist in this area. Designate one or two billing staff to be vigilant about the changing rules and guidelines on how to bill for telehealth and COVID-related visits. It is anticipated that lack of consistency and the changing rules will continue well into 2021.

### 3. Speak to Vendors

As soon as practices seek to expand operations, contact your vendors. They may be willing to negotiate new or reduced rates for their supplies and services and extend terms of payment to improve cash on hand in the short term.

### 4. Develop a Budget

As practices move forward reevaluating practice budgets may be helpful. Items to include in this budget are anticipated patient volume, historical collection ratios, and payback of deferments owed. It is recommended that budgets be reviewed on a monthly basis, so practices can adjust as necessary. New budget items such as PPE may need to be accounted for. If feasible, consider adding to the number of MassHealth and Connector plans in which the practice participates to maintain patient-physician relationships.

<sup>8</sup> [https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)



## 5. Verify All Patient Insurance and Ensure Contact Information Is up to Date

It is important for staff to contact patients before appointments to update contact information, insurance eligibility, and benefits.

## 6. Determine How Patient Payments Will Be Accepted

Due to COVID-19 restrictions, the way payments are accepted may need to change. Prior to expanding operations, determine whether payments will be accepted in person or whether they will need to be made online through a payment system or portal.

## 7. Evaluate Physician and Other Staff Compensation

Previous compensation models may need to be adjusted for all staff.

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## ADDITIONAL RESOURCES

The Massachusetts Medical Society is continuing to develop well-rounded resources, updated regularly to help physician practices through the COVID-19 pandemic and beyond. Please visit our dedicated [MMS COVID-19 webpage](#) for more information.

For direct assistance from MMS staff, please contact the PPRC via email at [pprc@mms.org](mailto:pprc@mms.org).

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## SPECIALTY RESOURCES

[American Academy of Dermatology — Reopening Your Practice](#)

[American Academy of Family Physicians — COVID-19 Resources](#)

[American Academy of Family Practice — Resuming Care](#)

[American Academy of Ophthalmology — Alert: Important Coronavirus Updates for Ophthalmologists](#)

[American Academy of Ophthalmology — COVID-19 Safety Advice](#)

[American Academy of Otolaryngology — COVID-19 Anosmia Reporting Tool — Guidance for Your Practice](#)

[American Academy of Pediatrics — Critical Updates on COVID-19](#)

[American Academy of Pediatrics — Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19](#)

[American College of Cardiology — COVID-19 Operational Considerations](#)

[American College of Cardiology — Guide to Safely Resume Cardiovascular Procedures and Diagnostic Tests](#)

[American College of Gastroenterology — Joint GI Statement on COVID-19](#)

[American College of Obstetricians and Gynecologists — Infection Prevention and Control in Inpatient Obstetric Care Settings](#)

[American College of Physicians — Practice Management Resources](#)

[American College of Surgeons](#)

[American Medical Association — COVID-19: Frequently Asked Questions](#)

[American Optometric Association — Post-COVID Guidance](#)

[American Society of Clinical Oncology — COVID-19 Patient Care Information](#)

[Massachusetts Medical Society COVID-19 Webpage](#)

MMS Tips for Expanding Practice during COVID-19 was in part adapted from the following guidelines and documents:

[https://betsylehmancenterma.gov/assets/uploads/COVID19Info\\_MedicalOfficePractices.pdf](https://betsylehmancenterma.gov/assets/uploads/COVID19Info_MedicalOfficePractices.pdf)

[www.cmadoocs.org/Portals/CMA/files/public/CMA COVID-19 Best Practices for Reopening.pdf](http://www.cmadoocs.org/Portals/CMA/files/public/CMA_COVID-19_Best_Practices_for_Reopening.pdf)

[www.mgma.com/resources/operations-management/covid-19-medical-practice-reopening-checklist](http://www.mgma.com/resources/operations-management/covid-19-medical-practice-reopening-checklist)

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## DISCLAIMER

*This is not legal advice. If you need legal advice, you should consult a lawyer who can consider your specific situation. Each practice should exercise its own independent judgment regarding whether, when, and how to expand operations. The Massachusetts Medical Society is not responsible for the decisions of individual practices. The Massachusetts Medical Society does not endorse any of the resources or sources listed in this document and is not responsible for any advice contained therein. This document is current as of May 2020.*