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### A Pediatrician's Practice During COVID-19

Dr. Matt Birnholz:

Coming to you from the ReachMD studios, this is COVID-19: On the Frontlines. I'm Dr. Matt Birnholz, and on today's program, we caught up with Dr. Jennifer Shu, staff pediatrician at Children's Medical Group in Atlanta, Georgia, who shared the pediatric challenges she and her colleagues have faced since the emergence of COVID-19.

Here's Dr. Shu now.

Dr. Shu:

So, much like everyone else in the country we've had to really change our patient flow and the processes that we use in order to keep both our staff and our patients safe. So, at the beginning of the pandemic, we had to prioritize which patients to see in person because everyone was staying home, trying to slow the spread of the novel coronavirus, as well as trying to conserve PPE and supplies such as disinfectants. And so really what we did was we prioritized seeing patients who needed to get their immunizations, for example. So, the youngest children who would really be at risk if not kept up to date with their immunizations, and then we tried to address people's questions about illness while avoiding contact with sick people as much as possible. Also, we've been spending a lot of time answering parents' and patients' questions about COVID-19. We've been doing a lot of educating and reassuring patients or escalating medical care when needed, as well as providing lots of guidance and information about testing both for acute infection as well as antibodies.

One thing we knew would really have to happen if patients were either too sick to come to the office or too risky to expose to our staff, or patients simply just didn't want to come to our office because they are afraid to catch something from us, we knew that we had to be a little bit more savvy about providing medical care virtually, whether this would be by telemedicine or by telephone. And we've always, as pediatricians, provided telephone guidance but, even though we had a telemedicine system in place through our EHR for the past 2 years, we really didn't use it. Patients didn't like the idea, necessarily, of doing telemedicine just technology-wise. That was kind of a challenge but, also it was a challenge for us as physicians to get paid for doing these visits. In our state, starting in January of 2020, payers did start to cover telemedicine. And with the pandemic, we found that insurers across the board were doing this also. And when you have parity for payment for a telemedicine visit compared to in-person visits, it makes it much easier to provide this service to our patients. And patients do like it now because it cuts back on their time travelling to the office, as well as cutting any exposure that they might have by coming into the doctor's office.

One big challenge that we have had and we continue to have is the supply chain issue. We knew that it was going to be an issue but without knowing how long the supply chain challenges would last, I think it's difficult to keep the office stocked, particularly with items such as N95 masks and hand sanitizer. And when you look outside of your normal sources, it's also hard to know if these are approved, official devices, such as N95 masks. And I can't find hand sanitizer, really, anywhere, so we'll have to get a little bit more creative with that. One of my partners was able to find some kind of homemade or distillery-made hand sanitizer at one of our local breweries. So, that's something that is just not what we're used to seeing when we get our brand-name supplies through our typical supply chain resources.

We've made many protocols during this pandemic to protect both staff and our patients. The first thing is to try to maintain 6 feet of separation between people. So, we did rearrange where people sit or stand at the nurses' station, our front desk staff seating, and our laboratory staff seating. So, separating by 6 feet, in addition to everyone wearing masks, those are some protocols that we've added since the pandemic started. Regarding protecting our staff from patients and that exposure, we now have our patients bypass the front desk completely. When they check in, they do it by phone, and then we advise them where to go. We have a set-up that has 6-foot spacings in our waiting area, our hallway, or our waiting room, and the patients are brought straight back to an exam room instead of

stopping at the front desk. And all the business such as copayments and making future appointments is now done by phone or online. In addition, our nursing staff contacts the patients prior to the visits, and this is true for both the in-person visits and the telemedicine visits, to get as much information as possible to start populating the medical record. This includes things like history of present illness, chief complaint, review of systems, medications, allergies, everything that normally used to be done during intake in-person is now done ahead of time on the phone and/or online. So, that leaves our actual patient contact in the rooms to be the examination, immunizations, and lab work. And so that cuts down the time that the patient is in the office, that the staff has exposure to the patient, and I think it's a more efficient process in general.

Dr. Matt Birnholz:

That was Dr. Jennifer Shu sharing some of the steps she and her colleagues have taken to keep both their staff and patients as safe as possible throughout the COVID-19 pandemic.

To access more episodes from COVID-19: On the Frontlines, and to add your perspectives toward the fight against coronavirus, visit us at [ReachMD.com](https://ReachMD.com) and become Part of the Knowledge. Thank you for listening.