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Reopening Practices in Light of COVID-19

Announcer:

You're listening to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association.

Here's your host, Dr. Matt Birnholz

Dr. Birnholz:

As providers continue to battle COVID-19, medical organizations across the country have been working to provide physicians with updated tools and resources they need to continue caring for patients, staying safe, and keeping their practices afloat financially. One effort in particular to the AMA centers on issuing guidance for reopening practices during the pandemic, and on today's program we'll sit down with both AMA staff and practicing physicians to get a better sense of this new guide and how some practices have begun to reopen.

Welcome to *Perspectives with the AMA* on ReachMD. I'm Dr. Matt Birnholz, and joining me in covering this important subject of reopening practices in light of COVID-19 are Carol Vargo, Dr. Sheryl Hirsch, and Dr. Thomas Eppes. Carol Vargo is Director of Physician Practice Sustainability in the AMA Physician Satisfaction and Practice Sustainability Strategic Initiative Group. Welcome to you, Carol.

Ms. Vargo:

Hello, Matt, great to be with you.

Dr. Birnholz:

Dr. Sheryl Hirsch is a pediatrician and Fellow of the American Academy of Pediatrics practicing at Twelve Oaks Pediatrics in Novi, Michigan. Great to have you with us, Dr. Hirsch.

Dr. Hirsch:

Thank you, it's good to be here.

Dr. Birnholz:

And Dr. Thomas Eppes is a family physician with the Central Virginia Family Physicians Medical Group where he also holds clinical instructor positions in the family medicine departments of Virginia Commonwealth University and the University of Virginia, respectively. Dr. Eppes, welcome.

Dr. Eppes:

Good morning from Central Virginia.

Dr. Birnholz:

Great to have you all with us. So, to kick off the discussion, Carol, let me turn to you for a quick overview of what the AMA has been hearing from clinicians during the COVID-19 pandemic. What are some of the top concerns? And what steps has your organization taken to address them?

Ms. Vargo:

During this unprecedented time, physicians have many top concerns, and I would say that they span both the clinical aspects of COVID-19 as well as the challenges of operating a practice if they have not been deemed providers of essential services. For those on the front lines, of course, in hotspots, access to appropriate PPE and testing have been the No. 1 concern as well as what we think we're all beginning to understand and realize, the severe mental and emotional toll this has taken on them and their families as caregivers and

also on the patients and their loved ones during this moment. But yet, at the same time there's a paradox because many physicians that have not been in hotspots and are not on the front lines and do not provide what was deemed essential services by the CDC beginning in mid-March are really struggling with keeping their practices open, both from a financially sound standpoint, ensuring that their employees are paid and well, and that their patients with other important non-COVID-related conditions are able to access care.

On these matters the AMA has developed multiple resources, including a telehealth quick guide, which has been very important for practices that have almost overnight transitioned from in-person visits to telehealth visits. We also have provided numerous resources on financial strategies to keep practices afloat in the short-term and several resources on how to access all the various federal stimulus funds. All of these resources are available free on the AMA's COVID-19 resource center online.

And really, our latest resource is the guide to reopening practices during COVID-19. The guide covers with detail the legal and public health aspects of reopening in 3 key aspects. Physicians need to ensure that you are following all the appropriate federal, state and local governmental guidance about reopening, because as we know, many of this guidance varies region to region, within states even, so our guide walks you through how to ensure that and how to access that information.

The second, of course, is ensuring your practice operations are safe for you and your employees and your staff, and that includes many aspects around ensuring you have adequate PPE, which has been challenging, adequate testing for your staff and understanding all the key legal aspects from an employment law perspective for your employees.

And the third key aspect that we cover in detail is ensuring that your patients are able to feel safe and comfortable coming into your practice to seek care that they may have been delaying, because this is a major issue we are now seeing as we are moving through this acute phase of COVID to more of what we are understanding is the long-term normal of COVID.

Dr. Birnholz:

Thanks, Carol. That was a great foundation, and you've opened the door for a nice opportunity to hear directly from those on the front lines of this transition period, so why don't I turn to Dr. Hirsch first. Dr. Hirsch, can you just give us an update on your practice and the patient populations you serve, how your team has been handling this transition toward reopening again?

Dr. Hirsch:

So I'm part of a pediatric practice with 3 pediatricians and 1 nurse practitioner. We have patient-centered medical home designation. Our payers include commercial insurers, some capitated patients and Medicaid. We see about 20% Medicaid patients, which are primarily Medicaid HMOs.

Once COVID was identified and restrictions were placed, we remained open with a skeleton staff. We quickly set up telemedicine capabilities. We stopped walk-in hours and newborn visits. We had a limited number of masks as we began searching for PPEs, surgical masks, face shields, gloves, and hand sanitizer. Fortunately, a month into the COVID crisis our county health department was able to provide us with masks and face shields. We elected not to see children with fever and cough and usually did a video visit, but as a result of the shutdown, pediatric illnesses decreased dramatically. Our staff called the day before the appointment to review protocols for the visit. We had all families call from their cars when they arrived. They were directed to the entrance where we had a screening questionnaire and took their temperatures. They were all given masks to wear or asked to bring their own if they had one. We only allowed 1 parent in with each child except for newborns. We used the employee entrance for potentially contagious children and blocked off the adjacent area. We designated 2 rooms for potentially contagious children and blocked off access to the rest of the office. Early on we had few patients needing or wanting care, and as weeks progressed, more families were willing to come in with their infants and toddlers.

Dr. Birnholz:

Well, thank you, Dr. Hirsch. That's an excellent rundown of the history of the adaptations that your practice has made and some of the steps that you're making in the recent history to start reopening.

Dr. Eppes, let me turn to you then and hear from you on the particulars of your practice, how your experience of reopening compares or contrasts with Dr. Hirsch's situation. What can you tell us?

Dr. Eppes:

Well, we're a much larger group, and Central Virginia Family Physicians has morphed from just family physicians to a medical group. We're independent. We're partnered with Privia Medical Group, which is a multistate, mostly primary care organization on a common platform, to enhance our ability to hopefully negotiate with third-party payers.

Our offices in Central Virginia we have 6 family practice centers averaging 5 physicians/providers per center, an internal medicine group that has 8 plus 2 providers. We take care of about 80% of adult medicine in our area, also do pediatrics and sports medicine and all the

other things that family physicians do.

Our partnering with Privia was greatly enhanced by the virtual platform that they had been building, beta testing, working through for the past year, and that was ready to go when it happened. They were doing about 120 virtual visits per day, and that was at the beginning of March. By the end of March, we were up to over 5,000 virtual visits a day, and our group in particular averages anywhere from 20–25%.

The initial shutdown in the state of Virginia created a great degree of angst amongst patients who didn't want to come in, and one of the biggest things is how we broadcast and emphasized that our individual well offices were there to keep not only staff safe but to keep the patients safe and that we went to great lengths to try to take the initial drop in visits, which went down 50%—and we're back up to around 30% of what we would normally see as compared to this time last year.

Also, we've accommodated patients in other ways, and that is that our staff at my office set up a cart so they would go out and draw blood in the overhang so that people wouldn't be in the weather, or even go all the way out and draw blood in their cars. I've seen patients in the cars that didn't want to get out or had trouble getting out. And then the other thing is we have an ambulance entrance to some of our offices, and that became an entrance for patients that really had the heebie-jeebies about seeing a doctor.

Dr. Birnholz:

Excellent. Thank you, Dr. Eppes.

For those just tuning in, you're listening to *Perspectives with the AMA* on ReachMD. I'm Dr. Matt Birnholz, and today I'm joined by Carol Vargo from the AMA and Drs. Sheryl Hirsch and Thomas Eppes on the topic of reopening physician practices during the COVID-19 pandemic.

So, Dr. Hirsch, I want to come back to you. Dr. Eppes had spoken to addressing some of the angst from patients as well as staff about practices beginning to reopen, and patients remaining reluctant to receive in-person care due to safety concerns. What have you and your colleagues done to help address this issue, both for your pediatric patients and their parents? And do you think there's anything that other physicians should adopt for their practices?

Dr. Hirsch:

Well early on, families were hesitant to come in and were worried. At this point, we actually have a list of families who want to come in, and we are starting to call them back. We use a state immunization registry, so we're really trying to catch up the children who are behind on immunizations. And when they do come in, they see us wiping down all equipment, including stethoscopes, otoscopes, ophthalmoscopes, the furniture in the room, with each visit. So, with newborns and very young babies, I think people feel quite comfortable coming into the office. They are also not sitting around in the waiting room. Our staff has good training, and they follow a good protocol for staying safe. That has not been as much of an issue for us as I hear from other practices.

Dr. Birnholz:

Dr. Eppes, I want to turn to you then on another subject, and that is preparations for reopening practices. Is there anything that you think physicians should know or have at the ready before taking action based on your experience?

Dr. Eppes:

Well, I think that, as in many things, preparation is the key. You've got to have your PPEs. You've got to educate your staff how to do it. You've got to be consistent as physicians to follow the guidelines—and then the phone message to patients that we can see you virtually if you're uncomfortable. And even phone calls are being reimbursed, and so patients should feel like you really want to reach out to them.

I think the biggest thing that's out there is the physician mindset of you've got to have a can-do, will-do, be a leader, and this is all about the patient and all about also keeping your staff healthy.

Dr. Birnholz:

Well, doctors, these have been great insights from you both. But before we wrap up, I want to come back to Carol for the closing word on this path ahead and any resources we can draw from to make practice reopenings more successful. Carol, what are your thoughts?

Ms. Vargo:

Well, Matt, what we just heard from Dr. Hirsch and Dr. Eppes is so important, and I think the underscoring point of all of this is we must be vigilant, but we also have to be smart, so that is why I really think the AMA comes into play here where we have excellent resources that are available, and our reopening guide really is drawing on the experiences that we've just heard from physicians on the front line, like Dr. Eppes and Dr. Hirsch.

So I encourage physicians to continue to visit the AMA COVID Resource Center because we are on top of it, and we are committed to making sure that physicians on the front lines have access to good clinical, and administrative advice as we all try to navigate these uncertain times.

Dr. Birnholz:

Well, with that I very much want to thank my guests on two fronts: for their candid feedback on reopening practices in light of COVID-19, and also to each of you for everything you're doing respectively to maintain and protect patient care during this very difficult time. Miss Vargo, Dr. Hirsch, Dr. Eppes, it was great having you all on the program today. Thanks so much.

Dr. Eppes:

A pleasure.

Dr. Hirsch:

Thank you.

Ms. Vargo:

Thank you, Matt.

Announcer:

The preceding program was produced in partnership with the American Medical Association. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/AMA. Thank you for listening. This is ReachMD. Be Part of the Knowledge.