Back to the front lines: 3 months in, providers welcome patients and PPE, worry about the future

by: Roy Edroso

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Practices have started reopening to patients and some are coming back. But providers who spoke to *Part B News* aren't expecting a return to normal anytime soon.

In March, practices found themselves forced by necessity and government orders to shut down or dramatically limit their in-person care, rely heavily on telehealth, eat large financial losses and scramble for diminishing stocks of personal protective equipment (PPE) (*PBN 4/2/20*).

Most U.S. states are allowing medical offices to reopen, usually with precautions. Even jurisdictions that have been conscientious about flattening the curve are doing so: Gov. Jay Inslee of Washington state, for instance, issued a proclamation on May 18 allowing health care organizations to see patients so long as they "continuously monitor capacity" of PPE, "continuously monitor capacity in the system" and "maintain strict social distancing," among other requirements.

Massachusetts' Commonwealth Fund, which reported on April 23 that the number of visits to ambulatory care practice visits nationally had "declined by nearly 60%," said on May 19 that practices were showing a "rebound" and were about 30% off their baseline numbers.

Open for business

Part B News heard from several providers and administrators who have welcomed back patients, with added caution and with some innovations. All report heightened infection control measures, such as socially-distanced intake, sneeze guards and temperature checks (*PBN 5/4/20*).

"UAB has basically reopened to elective cases," says Thalia Baker, associate vice president of primary care at UAB Medicine, University of Alabama at Birmingham, who reported in March that their services had gone to 92% telehealth. And by "elective," she means things "like heart procedures, not plastic surgery," in the now-common COVID-19 sense of the term. Her primary care clinics are at 11% of baseline — but in the depth of the shutdown, that was down to 3%. Specialists are at 60%. "If you're ENT and you need a scope, you have to have it," Baker says.

In addition to standard precautions, UAB developed "curbside visits" for fragile patients under a tent in a parking lot, as one work-around for the emergency. One of the first of these involved "an elderly gentleman with an abscess on his leg," Baker shares. "His doctor said he couldn't treat that remotely, he had to see that. It worked great — we put masks on everyone, opened the door, and the man swung his leg out." Baker says UAB intends to maintain these visits in addition to traditional indoor care in days to come.

Total volume is still a little off for Alejandro Badia, M.D., a hand and upper extremity orthopedic surgeon at Badia Hand to Shoulder Center in Doral, Fla., and founder of OrthoNOW, a network of orthopedic urgent care centers. "I did four surgeries yesterday, but as of Friday I had seven or eight scheduled and three or four of them have cancelled," he says. "I think it's mostly either out of fear or economics. For one thing we're out of network which is a challenge with the economy the way it is."

PPE status update

Reports show that supplies of PPE generally remain spotty in the United States. A recent National Nurses United survey of about 23,000 nurses finds "87% of respondents reported having to reuse a single-use disposable respirator or mask with a COVID-19 patient." But some providers have seen their own PPE situation improving from early pandemic days. For example, Baker, who shared in March that UAB's "biggest challenge has been supplies," says their supplies now are "fine."

Reuben Elovitz, M.D., proprietor of concierge medical practice Private Health Dallas in Texas had no PPE other than gloves in March (*PBN blog 4/3/20*). Now he says, "from a standpoint of the N95s, gloves, and sanitizer, we are good."

Elovitz has worked his connections for some equipment: "I have a patient who was able to secure a large supply of masks at cost," he says. Elovitz has passed on some of his bounty to other more providers, including "our dental colleagues who needed masks for their office."

Staffing, money troubles persist

The majority of medical practice personnel that *Part B News* spoke to acknowledged a hit to their finances. They say they've done their best to protect their staff. UAB let go some employees on the academic side, Baker says, but not on the clinical side. Doctors, however, took a 7% pay cut, and everyone else making more than $15 an hour took some kind of cut as well.

Enchanta Jenkins, M.D., of Ellehcal OB/GYN in Fallbrook, Calif., says Ellehcal has retained their employees but with reduced hours — in consequence of which "some have gone to other locations for work." Ellehcal has stepped up pay and is "even thinking of early bonus distribution to keep employees available to us when we are [fully open]," she says.

Elovitz, much of whose income is from memberships to his concierge practice, has been able to let much of his staff work from home, owing to the fact that "a lot of [their work] is email-based phone management, rescheduling physicals for the summer, securing appointments, refilling scripts and triaging questions."

"Once you know you're on lockdown, you know your economics will suffer," Badia says. "I brought my billing in house a long time ago. I said to them, 'now you have time to work on collections.' That's how health care A/R is: Often you just don't get paid. But now you can focus and catch up. And I've had time to work on writing my book, *Healthcare in the Trenches*."

Baker says to make up somewhat for their shortfalls UAB took advantage of Medicare's accelerated and advanced payment plan, which program suddenly stopped in late April (*PBN 4/30/20*). Also, UAB has "worked it out with some of our commercial payers" to help them meet payroll and expenses. "We're basically robbing Peter to pay Paul." Baker hopes some of her bigger commercial payers, which have so far only authorized expanded telehealth through June 30, will understand that practices just can't go back to the old standards.

"I'd hate to see us ramping all this [telehealth] up, then cutting it off because the drop in payments won't let us keep it," Baker says.

A flood of returning and new patients would help, but John W. McDaniel, founder and chairman of the Peak Performance Physicians practice consultancy in New Orleans, isn't so sure any but the most needful will be in a rush to come in.

"We are seeing patients returning to offices at a rate of 20%-50% of pre-COVID-19 visit levels," McDaniel says. For instance, "patients at 60+ years old are clearly more cautious about going anywhere. We think this trend will continue as evidenced by people's reluctance to return to restaurants, retail, personal care establishments, etc."

While "properly structured, physician care practices can experience increased reimbursement from the 'new' normal" that includes a mix of telehealth and live services, "surgeons and proceduralists — i.e. cardiologists, gastroenterologists, etc. — will be slow to recover to their pre-COVID-19 volumes," McDaniel cautions.

On top of everything else, practices have to worry about the effects of a possible second wave of COVID-19 infections, which some epidemiologists predict and which may lead to more government action and increase patients' reticence to return.

Resources

- National Nurses United survey: *www.nationalnursesunited.org/press/new-survey-results*
- *Washington Governor's Proclamation 20-24.1, Reducing Restrictions on, and Safe Expansion of, Non-Urgent Medical and Dental Procedures," May 18: www.governor.wa.gov/sites/default/files/20-24.1%20-%20COVID-19%20Non-Urgent%20Medical%20Procedures%20Ext%20.pdf*
- *Commonwealth Fund, "The Impact of the COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges," May 19: www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits*