COVID-19 Virtual Roundtable

MGMA KENTUCKY

Meet the Roundtable Participants

Martina Denny
Administrator
Pediatric & Adolescent Associates, PSC
KMGMA President

Craig Gillispie
Chief Executive Officer
Family Practice Associates of Lexington, PSC
KMGMA President-Elect

Mollie Schnettler
Administrator
Kentucky Diabetes Endocrinology Center
KMGMA Immediate Past President

Roundtable Moderator

Adam Shewmaker
Director of Healthcare Consulting
Dean Dorton

First and foremost, your teams are on the front lines, fighting this pandemic. How are your teams holding up?

Martina: I am extremely impressed with how well our team is holding up. The first two weeks were the most stressful and I feel like now we are kind of getting acclimated to what's going on. There have definitely been tears and some panic and stressful times, but the first two weeks were the most stressful. Our staff have really adapted and they have come together as a team, and they're volunteering to go home early so that another team member can stay and work. There hasn't been a lot of panic about "I don't want to come to work because I'm worried I will get COVID." They all have pulled together and done really well with all that we've been tasked to deal with.

Craig: I would say ours has been a little rockier than what Martina has described. Overall, they have been pretty well—some of them in particular have been worried about COVID. So I think there are a lot of unknowns with the family members, and just some fear—just that unknown was very stressful. We had two weeks where we were kind of pausing on some furloughs and not doing anything yet to try and do the right thing. Our employees just wanted to know if they were going to be furloughed or not.

Mollie: I would reiterate what Craig said. We just had a lot of anxiety about furloughs. Employees just really wanted to know, one way or another, but they seemed to handle it pretty well once we got to the point of making the decisions. But the in-between time was pretty rough. I only had one employee who just left—and said she couldn't take it.

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Describe the immediate impact COVID-19 has had on your practice (revenue, patient volume, morale, etc).

Martina: Our patient volume has dropped significantly, probably 55% at this point, and that came on very quickly. So we were pretty quick to pull the trigger on furloughing staff and physicians. Our staff really didn't have time to be overly concerned about what was going to happen because we were so quick to tell them what was happening. We had to furlough four physician positions; we furloughed all of our part-time staff and we reduced all of our full-time staff to 30 hours per week. On top of that, we're taking volunteers to go home early. We're trying to get everybody in at that 30-hour mark. We also closed one of our locations temporarily and doing things that we never dreamed of doing. Overall, we typically have nine physicians in the office on a daily basis at multiple locations. We are keeping five right now; however, we only have enough work for about two-and-a-half to three.

Craig: My experience is similar to Martina's; we're down probably 60%. We've tried to bridge the gap some with the telehealth, telephone visits and that brought on its own set of circumstances and stress because we basically had a little bit of telehealth going on, just some e-visits, but not really video visits, so basically we rolled that out with two different methodologies in one day. So that was a problem. It would have been a two to three week process and we just scrambled to get it done. Like Martina, we laid off staff and laid off six providers completely, extending our nurse practitioners and PAs and then reduced a lot of the others. The impact has been felt, and as Martina said, it was quick. We bought a two-week time period where knew we had to do something and we just delayed as long as we could. But we finally had to pull the trigger and make hard decisions.

Mollie: We're down close to 70-75% at this time. We did not do telehealth in the past. We talked about it, but we were so busy with the volume coming in, there wasn't a time to schedule out a provider to do telehealth. Almost immediately, we laid off our part-time staff and we started offering telehealth. It was very challenging trying to implement telehealth immediately because everybody was hitting these telehealth companies all at the same time. So they're like, "I'll get back to you in 30 days." We didn't have 30 days. We got up and running on one and it seems to be going okay. But that was a huge challenge just trying to get information about telehealth that we could implement because everything hit at once.

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What short-term measures has the practice made to help offset the operational and financial stresses of this pandemic? Any use of PPP loan and/or accelerated Medicare payment?

Martina: We did apply for the EIDL loan immediately, but unfortunately we haven't heard back from that. I know some folks are starting to get some funds so we are hopeful. We did that very early. We applied for the $10,000 advance through the EIDL loan, but we have not received that yet either. We did apply for the PPP loan; that one is the most promising and would be the most helpful for us. We're sitting and waiting for these funds to come through. We've already done the leg work. Our owners are opting to go without a paycheck for the month of April, and possibly May, hoping that some of these funds will come through for us. Our main goal is to try and keep our full-time employees working at least 30 hours per week and try to help them. We know they're struggling to pay mortgages and buy groceries.

Craig: We applied for the PPP loan. We did get the accelerated Medicare payments and the HHS CARES stimulus. The accelerated Medicare payments—I'm a little concerned about them. It's nice to have them upfront, but that basically means we have to really plan for fourth quarter. You won't have anything, Medicare-wise, in the fourth quarter. I think the PPP will be helpful as soon as that comes through.

Mollie: We have applied for everything, too. I have not received any money yet. I have the exact same concerns as Craig about paying back the Medicare advances, 210 days I think, after your 120-day period and then they're going to begin recoupment. I am note sure if there will be enough time for Medicare to recoup since everything is not just going to go back to normal all at once. So then, we are going to have to write a check to Medicare—and that's just a concern. We have a decent volume of Medicare—it's maybe 30% of our practice. That's a big thing to take a hit on in the fourth quarter. I hope we're back to full volume quickly so we don't have a deficit.

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To the extent you could have prepared for this, what do you wish would have been in place to help soften the impact?

Martina: I don't know that there's a whole lot we could have done to prepare financially. Obviously, if we could have seen this a year ago, we could have saved money—had a much larger savings account for 2020. I wish we could have had a larger inventory of PPE. None of us have ever lived through something like this before so it wouldn't have been on the radar. We're pediatricians, so a lot of what we see are fevers and coughs all the time so it's hard to tell if this population has been affected ***as*** significantly as the adult population. We could be seeing kids that have it and don't know it. Then you send your staff out there without PPE. So I wish we would have had N95 masks…I definitely plan to have those in the future.

Craig: I echo the same thing. We are doing testing. In the first couple of weeks, they weren't available. With the PPE, the issue has been a real one, along with some cleaning supplies. Even now, we're starting to run out of wipes. The gloves—we're okay. We don't have a lot of the disposable lab-jacket gowns for our staff that are swabbing, so we've assigned people to various tasks: one person parks out in a designated exam room and one person is designated as the swabber, minimizing the exposure to the staff and minimizing our use of the PPE that we have.

Mollie: We quit seeing patients quickly once we made the decision. So, we don't really have patients in the office now—they would have to be in bad shape to warrant a face-to-face encounter. The PPE hasn't been as big a struggle with us. We had some and that was enough so we could get by. Acclimating to patient need was just a challenge for us in trying to meet patient expectations because no one knew what was going on. We couldn't tell them what to expect with the virus and the length of quarantine. We didn't know anything they couldn't get off the news. Everybody was frustrated and I agree with Martina, I don't think there was anything any of us could have done because no one saw it coming and then the information we all got, and continued to get, is confusing and constantly changing. People are asking a lot of questions and we just don't have the answers for them. And I'm sure it's worse in your areas than in mine.

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Have there been certain blind spots or operational weaknesses exposed due to COVID-19 that you can now address as a potential improvement opportunity?

Martina: For sure. We did not have a contingency plan for a pandemic. We had contingency plans for power outages, EHR outages, and we've dealt with ice storms in the past and knew how to function. It definitely pointed out our lack of preparedness for a pandemic. Maybe others out there agree with me, but that's our weakness—we weren't prepared for it so we are having to make a lot of decisions very quickly, where if you had time to think these things through you would obviously be more prepared.

Craig: I would agree, and everything changed so quickly—not just daily changes, but hourly changes there for a couple of weeks—things about testing, when it was going to be available, who could be tested, and what the CDC was saying about healthcare workers. That was literally changing hour-to-hour, so we struggled a lot operationally, just trying to communicate those changes back to staff. They got frustrated, and still are, because things are just a moving target at times. So our management team met pretty much every day, for at least an hour, just to get ahead of as much as we could and brainstorm on staffing changes, operational changes. One other thing it exposed to me—a different kind of odd. It kind of exposed to us the free care we've been giving to patients because now we're trying to capture a lot of stuff via telehealth and telephone and starting to realize that we've been doing a lot of stuff for our patients for free—telephone advice, calling in prescriptions for free—stuff they take, and that we take, for granted because you're so busy, so used to having so many patients that we weren't really worried about that.

Mollie: Excellent plan—I would say the same thing. The amount of free care we are giving is astronomical. When we told patients we were going to bill for phone calls, etc., some were very unhappy. Once they found out their insurance was going to cover it, they were fine, but that's a "right-now" kind of thing. It's something we are going to have to take a look at, because there's a lot of stuff going out the door that we didn't charge for. I guess we should have had plans in place for when a pandemic hits, but honestly it never crossed my mind. It should have, but it didn't. You've got to have contingency plans in place for almost everything—but pandemic just slipped through the cracks and we were not at all prepared. It took the doctors, the patients, and staff, everyone by surprise. The worst thing about all of this is the lack of information that we're getting and that we can provide to the patients. On a personal note, not knowing when this is going to end is difficult. It's even worse for people with a lot of health problems who feel so totally helpless. We have a lot of patients who struggle with depression, etc., so this just magnified everything.

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How has technology served as solution to assist the practice with any challenges associated with COVID-19 and specifically, what have been the successes/challenges of promoting or implementing telehealth solution?

Martina: I haven't really touched on telemedicine just yet, but we have been working on that for about nine months. We had everything in place and we were ready to pull the trigger, but we were still a bit uncomfortable with it. I am actually somewhat grateful—if you can find a silver lining in this whole situation, it's that we had to implement it quickly. We could have waited months or years to start doing it. Any time you have to add things regarding technology, it can be great or it can be burdensome. So many of us have been doing automatic appointment reminders and messages for so long. But what a great thing to have this during this time because, during something like this, you can send a message out very quickly saying, "This is what we changed, this is what we're doing." Even five years ago, we would have been calling everyone on the phone. We did not really have anything set up for people to work from home; even in our billing office we've never done that. We can have our RNs work from home answering phone calls.

Craig: Telehealth, as I had mentioned before, was a quick rollout for us. We had kind of started it a few weeks ago but hadn't really progressed. Our goal was to have it go through our EMR because it could support us, in that solution. We had been doing some e-visits through the EMR but as we rolled it out, we started with a few doctors that first week. There were all kinds of issues—it wasn't working right, it wasn't interfacing, so we actually ended up going to a free service. We were doing them both at the same time, then kind of scrapped our EMR telehealth and used the free service as much as possible. Part of that is because it required our patients to be on the patient portal. We have a pretty large population that's on our portal—probably 40-45% of our patients are on the portal already, but the rest of them aren't. So we ended up going through a free service called Doxy.Me that was a challenge to roll out to all the doctors, staff, and patients very quickly. The other piece is whether patients are ready for telehealth. The amount of time my staff had to spend to prep them to use the telehealth visit, to talk them through an Android or an iPhone, whether mute is turned on, the camera turned off, etc. We had enough issues in our office just trying to find enough computers with the cameras functioning—we had previously disabled a lot of those, from a privacy perspective.

Mollie: We had the same thing and we are also using Doxy.Me in the office. I had tried contacting several companies and they said they'd get back in 30 days. So, we ended up using this service that you could implement yourself quickly. My physicians like it. They have the patient's medical record pulled up and they're typing in it, just like the patient was in the office. I have a little different practice than the other two, so that makes it a little easier. For some of our patients, it has been a struggle, while others just love it and think it's wonderful. I believe the patients have provided us with better information regarding their blood sugars, etc. We are using our portal where appropriate, but we probably have 40% on the portal. I wish there was a telehealth option that would totally integrate with our EMR but there's nothing that could be implemented as quickly as we needed to act. For some patients, it has been a struggle; some of them we just do a telephone visit. We have a lot of patients from Eastern Kentucky, in areas that just don't have great internet access. So, we are using just the telephone option for some of these patients. We also have a population who don't use or even want to use electronic methods. We're getting through it, and my doctors are happy with it. Our skeleton staff have adjusted extremely well and the patients who use it really like it. As far as working remotely, originally only my research manager and I were set up to work remotely. I've since set up a few additional employees. I offered the capability to some staff to work remotely, but they opted to come in instead.

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How has this pandemic forced you and your practice to re-think your normal business operations (increased remote technology, potential co-sourcing or outsourcing, etc.)?

Martina: Definitely some things pointed out that you have to consider as your new normal. I don't think we will see the "old normal" that we had in our practices ever again. Even small things—cleaning practices, sanitizing everything. As soon as we started doing that, I thought, "Why don't we do that every flu season for the germs?" That's a really good practice to keep as we move forward. Even things like the germ shields. Our windows were open and not shielding the employees. So putting things like germ shields up, shielding the employees, may be something silly and small, but it is something we can use year round or during flu season. I think something that is going to be the new normal is e-visits, and I hope that insurance companies are on board with it. We're not getting paid correctly by every insurance company. To my knowledge, we're billing it correctly. Things like mental health or medication rechecks, we'd love to be able to offer that for convenience for the patient. I hope that is something we can offer moving forward.

Craig: I would agree with what Martina said. The telehealth is going to be here to stay although it's going to be tough to balance—some things we could do via telehealth, but it gets back to free care. The impact on lab, for example, has been huge. The lab is one of the last things we had that really made money, and we had to shut it down during this whole process because even patients physically here in the office don't want to expose themselves by being around patients we swabbed. So it's been a bit of a challenge. We'll probably still have some of that. The sanitizing thing, I totally agree with. One other thing I'd like to add to that, we were already giving way to the ramp ups self-scheduling pretty significantly, but I think that's going to be another area, along with telehealth, that is going to just be enhanced. The volume of calls that we have had during this time has been huge and anything I can do to take some of that volume off is going to be important to our staff. Scheduling is one thing that will help long-term for us. Mental health—we had just hired a psychiatric nurse practitioner on March 15, to go along with our counselor and they're both doing a lot of telehealth mental health. Our psychiatric nurse practitioner is slammed now. People are so anxious during this time—we've had no problem ramping her up and keeping her busy.

Mollie: Telehealth—patients and doctors really like it. I don't know what it's going to look like in the future, though. We don't know what the payers are going to continue to allow. Like Martina, we are not being paid accurately. We struggle getting accurate payment for some of these services anyway and telehealth just adds another level of challenge. I like that the patients have been a little more prepared with the calls than when they have come into the office. They have their list of questions, rather than being vague, like, "I'm here for a checkup." It's a much more productive session for both the patients and the doctors. We also need a lot of better in-house cleaning processes, like wiping areas multiple times during the day. Operationally, I'd always heard you should have three months of cash in reserve; well, that's probably not enough. At least it isn't for us. I think we must re-think our operational priorities, administrative and clinical. Some of our vendors been very good to work with. But others are saying, "Your annual contract is up, and we need your payment now." Going forward, I will clarify in my vendor agreements that in a situation where the state and country are in a disaster, the expectations would not be that business goes on as normal. Some companies have been good, but others have not. Like Craig, I took a huge hit in my lab. It was one of the first things that we had to close. We couldn't even get the supplies to run the different tests. It's not like A1Cs were in shortage, but getting deliveries was tough. We understand that delivery of medical supplies to the hospitals is the priority.

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Any predictions on the ramp-up phase and how/if practices will be able to support the volume once it returns? How do you anticipate bringing back staff to coincide with the "new" business?

Martina: I hope that this ramp-up period comes sooner rather than later. I think for those of us who are going to get PPP loans, it's going to actually have you more prepared for the volume that hits. It will allow you to get your staff back to normal capacity—I totally anticipate having staff here, twiddling their thumbs still, waiting for when this ramp-up period starts so we will be ready to go when it happens. As far as all those that have been pushed off until the summer for checkups, we've already talked about being more flexible. Right now we may only do checkups until 3:30pm, but we will likely do checkups Monday through Friday until 6:00pm, and do checkups on Saturday and Sunday. We will bring additional physicians and staff into the office to work during the week and on weekends because I think that's going to be important to get all of these checkups in that we couldn't see. We're still seeing the sick visits via telemedicine or in the office. So for us, it's going to be the checkups—we will handle by being more flexible and accommodating. I doubt that any staff will complain because at this point they've seen what it's like on the other side—not being busy. I fully anticipate their cooperation and flexibility. I think they will see the value and importance of getting back to normal financially for them, too.

Craig: I echo all of that—expecting flood gate at some point. Some of our patients are going to be reluctant to come into this office physically. I think there will be a little apprehension from some patients. My biggest apprehension is getting staff off unemployment. The extra $600 they are giving will make it really hard to get someone to come back by the end of July, when it ends. We've already talked internally about how to address some of that because I anticipate calling a staff member to come back and being told to call someone else. I just don't know how we're going to do that. We're going to strategize how to roll that out so that it's fair to staff and fair to us. If I offer you a chance to come back and you choose/say you don't want to come back, then I'm not sure it's my responsibility to let you hang on unemployment just because it's better for you at the time. That's an unknown still and something we will try and circle through.

Mollie: I agree. When we do get money from various loans, our priority is bringing back the staff. I do think I am going to have some who will want to just stay out, but they will be a minority. As of right now, I don't think there will be an option of whether or not to come back if we ask them to return. I think they will have to come back or find something else to do. Because of the backlog of care our practice normally provides, I do think we will need to be more flexible on appointments because we are so far booked out. I think we are going to have to work flexible hours to bring all these people in who need to be seen. We will need to talk about what schedules will accommodate our patient needs and access. We want to bring employees back at the first opportunity but they will have to be back on the terms that we can give them—staying a little later at night, working a Saturday morning once a month for a while, etc. may be what we can offer. If they can't be flexible, then we may have to re-evaluate things. We've got to put the patients first. That's the struggle in bringing back your employees. I don't see it as a situation where everyone can come back at once, but I want to be sure that we bring back as many as possible as quickly as possible. And then making sure we're providing excellent quality patient care on a reduced staff. I think most of our staff are grateful for how we've tried to work with them through this situation. We are paying for their health insurance and trying to do anything else we can to help them. But there will always be some employees who just don't believe you've done enough.