MFM Practice Management in the era of COVID-19

SMFM Practice Management Division
Practice Management - COVID

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Practice Management - COVID-19

OUTLINE

• Clinical operations & implementation
• Scheduling
• Staffing
• Financial and strategic planning
Clinical operations & implementation

How have you changed the administrative structure of your practice?

• Create a clear command structure
  • Central hub for incoming information
    o Policy / Staffing / Operations / Financial / IT / HR / Purchasing
  • Streamlined, centralized decision-making
  • Avoid downstream right hand-left hand issues

• Regular, frequent communication
  • Multiple different audiences
  • Communicate the targeted WHY, WHAT, and HOW
  • Solicit and receive feedback – how are they coping? what do they need?
Clinical operations & implementation

Guidelines Implementation

• Importance of quick responses to change and implementation (COM-B)
  • Capability
    o Best member of team from important areas
      • Admin, physicians, NPs, sonographers
    o Are recs coming from other areas- hospital system, university
      • Possibility of change, advocacy for your site
  • Opportunity
    o Where are the safety points
      • Time in office (telemed, online forms, registration, pt flow, means of entering office)
      • Susceptibility to infx of employees, pts
Clinical operations & implementation

Guidelines Implementation

Motivation

- Single lead with time- maybe not your key inpatient person Influence at system level
- Educated on issue at high level
- Communicator
  - In development with key groups
  - With outside groups (hospital or university system)
Clinical operations & implementation

How have you instituted telehealth within your practice?

• Choose a technology that everyone (patients and providers) can easily use
  • Video visits have higher reimbursements typically than phone visits

• Create well-defined workflows
  • Clinical protocols to differentiate between essential in-person vs. telehealth visits
  • Workflows to create, communicate, and execute the telehealth visit

• Communicate to patients the WHY and make it easy for them

• EMR adjustments
  • Schedules: Clearly differentiate in-person vs. telehealth visits
  • EMR note templates: Adjust accordingly to facilitate appropriate billing

• Tips:
  • Cluster your telehealth visits separate from your in-person visits if feasible
  • Assign a person to solely perform telehealth visits from home if feasible
Clinical operations & implementation

Visitor policy

• Policy implementation may be different between hospital and office based practices
• In most situations, no visitors!
• Patient satisfaction
• For ultrasound: offer videotaping
• Prenatal visits
Clinical operations & implementation

• Purchasing challenges
  • What is needed/required?
  • GPO/Joint Purchasing
  • State stock piles
  • Import Regulations

• [https://www.fda.gov/media/136403/download](https://www.fda.gov/media/136403/download)

• CDC Guidance

• Re-use

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**PPE**

![Image of PPE masks explanation]
Clinical operations & implementation

PPE use

• **Registration Desks**
  • Acrylic screens
  • Patients must disinfect hands (even over gloves) and don masks upon arrival
  • Strict no-visitor policy
  • Prescreen all patients the day before for sx to determine if they can or should stay at home

• **Cleaning Supplies**
  • Antiseptic wipes, Alcohol, Cidex, Lysol, Spray Cleaners – all in short supply and are extremely expensive

• Order early to build inventories in advance
• Concerns regarding the risk of improperly used PPE serving as vectors for transmission – must continually train, reinforce and monitor use by both patients and staff
• Centralize inventories, control distribution. Pilferage is a serious concern
Scheduling

Patient and ultrasound schedules

- Minimize risk
- Depends in part on COVID prevalence
- Maximize the use of Telehealth
  - Consults
  - Prenatal visits
- Ultrasound schedule spacing
  - Use expert opinion for guidelines
  - Reach consensus internally
  - Communicate & circulate to referring practices
- Fetal surveillance spacing
Scheduling

NT to NIPT for low/average risk patients

• Existing schedule
• Future schedule
• Communicate with:
  • NIPT companies
  • Check payer coverage
  • Referring providers
  • Patients
Scheduling

Provider work schedules changes?

• Depends on your mix of inpatient and outpatient
• Depends on where your practice
  • # of sick pregnant patients
  • Redeployment to critical areas
• Be flexible if a provider is on quarantine or sick
• Alternate providers between work from home and work from the office/hospital
  • Pros & cons
  • Burnout
  • Difficult to implement in a small practice
How has your practice supported working from home?

• Some stuff can be done from home with adequate technology
  • Scheduling
  • Advice nurse / Phone triage
  • Billing/coding
  • Telehealth visits
    o Many MFM consultations and follow-up visits
    o Genetic counseling
    o Remote US reading

• Some stuff can’t...
  • Reception/check-in
  • Ultrasounds and procedures
  • In-person visits (lab, nursing, physician)
  • Administrative oversight and leadership
Staffing

Staff Redeployment Strategies

• Minimize onsite staff to extend longevity, prevent burnout.
  • Our patient volume is down approx. 30%
• Pay staff to stay at home as the schedule permits
  • Financial relief is available through the Federal Paychecks Protection Program that provides generous incentives to keep staff members employed.
Staffing

Staff Redeployment Strategies

• Be familiar with Federal Paid Leave Programs – 3 categories
  • Individuals who are sick – up to 2 weeks at full pay
  • Individuals taking care of people who are sick – up to 2 weeks at 2/3 pay
  • Individuals who are required to provide childcare – up to 12 weeks at 2/3 pay
  • Reimbursement for these extended leave expenses are reimbursed through payroll tax credits – administered through payroll vendors (ADP, Paychex)
Staffing

Staff Redeployment Strategies

• Physician can rotate through the following assignments
  • Doctor of the Day – fields all call from nursing and others that come up during the day
  • Work remotely
    o Read scans
    o Conduct virtual visits
    o Screen upcoming schedules for patients who can be switched to virtual visits
    o Prep charts in advance for other MDs
  • Minimize the number of sites the MDs rotate through
Staffing

Staff Redeployment Strategies

• Front desk staff
  • Rotate staff members who are needed to work reception desks with work at home personnel

• MAs & Sonographers
  • Rotate paid days off as the schedule permits
Staffing

How did you keep your staff engaged?

• Be visible
• Be transparent
• Keep communicating
• Explain decision hierarchy
  • Support the staff with their concerns
  • Help explain the bigger picture
Staffing

Staff Engagement

• Offer assistance to keep employees’ morale up and their anxiety down

• Staying connected:
  • Virtual town halls
  • Virtual happy hours

• Understanding impacts of organizational changes (RIFs, Terminations)

• Emphasize EE Benefits: EAP
Financial & Strategic planning

What can your organization do now to provide short and long term solutions?

• 10 Day Goal
  • Assess Financial Condition
  • Leverage Assets

• 20 Day Goal
  • Implement Operational Changes
  • Monitor / Adjust Strategy

• 30 Day or Post Apex Goal
  • Create and Publish Recovery Plan
Financial & Strategic planning

Sustaining Financial Viability

• Change in Models Everywhere
  • Telemedicine
    o GCs
    o NPs
    o Total OB care
    o Lab F/U
    o Results F/U with change in management
    o Pre-pregnancy consults
  • Telephonic services in many states
  • Remember consent for telephonic service in some states
  • Doxy.me
  • Coding. (SMFM Website)
Financial & Strategic planning

Sustaining Financial Viability

• Personnel changes
  • Must change with patient case load to keep financially viable

• PPP (Payroll Protection Program)
  • For Small businesses < 500 employees
  • ALSO FOR: Sole proprietors, independent contractors, and self-employed persons
  • 2.5 X average payroll over last year
  • Forgiven if
    o 75% spent on payroll
    o 25% can be spent on mortgages, rent, utilities
    o No change in employee number
  • If not forgiven- loan maturity of 2 yrs, 1%
ACCESSING PAYER INFORMATION

• The leader in redefining policy in this period with COVID-19
• Rules are constantly shifting
• The most current information

Medicare
ACCESSING PAYER INFORMATION

Commercial Insurers and Medicaid


https://www.humana.com/coronavirus/telemedicine


https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion


https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion


https://www.humana.com/coronavirus/telemedicine


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https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion

1. A line of credit can be a valuable resource for a practice
   • Provides ready cash in cash flow shortfalls
   • Easy to access
   • Works best in long-term relationships with lending institutions

2. Business interruption insurance is often part of a more comprehensive liability policy
   • Can make you whole if there is a loss of income
   • Typically associated with local disasters
   • How insurance companies respond depends on policy language
3. LOANS AVAILABLE THROUGH THE SBA

<table>
<thead>
<tr>
<th>Paycheck Protection Program (PPP)</th>
<th>Category</th>
<th>Economic Injury Disaster Loan (EIDL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Payroll expenses</td>
<td>Uses</td>
<td>• Payroll</td>
</tr>
<tr>
<td>• Employee salaries</td>
<td></td>
<td>• Fixed debts</td>
</tr>
<tr>
<td>• Mortgage interest</td>
<td></td>
<td>• Accounts payable</td>
</tr>
<tr>
<td>• Rent and utilities</td>
<td></td>
<td>• Other expenses that can’t be paid due to disaster impact</td>
</tr>
<tr>
<td>• Interest on debt prior to 2/15/20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 x business’s average monthly payroll</td>
<td>Amount</td>
<td>Up to $2 million</td>
</tr>
<tr>
<td>1% APR</td>
<td>Interest Rate</td>
<td>3.75% APR</td>
</tr>
<tr>
<td>No payment for 6-12 months, then a 2-year term</td>
<td>Terms</td>
<td>Up to 30 years</td>
</tr>
<tr>
<td>Up to 100% with approval</td>
<td>Forgiveness</td>
<td>No forgiveness</td>
</tr>
</tbody>
</table>
Financial Implications

• The current crisis is generating substantial legislative and regulatory activity, along with other legal developments, that deserve constant attention.


• Mitigate financial exposure – diversification of revenues (There was $75M set aside from the new legislation for COVID related research consider: $200,000 RAPID grant from the National Science Foundation)
Financial & Strategic planning

Financial Implications

- Staff implications - Months of social distancing could increase disruption of revenue formation leading ultimately to lower labor participation and decreased productivity growth
  - Economic impacts
  - Financial crisis
- Prioritize initiatives with:
  - Lower capital requirements, lower risk profiles, proven positive impact on cash flow, higher chances of saving jobs
  - Lead with compassion and “ice in the belly,” “keep your cool in a critical situation”
  - Trying to understand the economic impacts of this pandemic
  - Plan for the worst and hope for the best