

# MFM Practice Management in the era of COVID-19

**SMFM Practice Management Division** 

# Practice Management - COVID

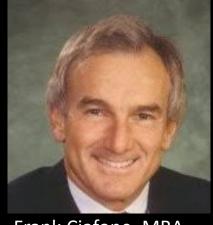




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# Practice Management - COVID-19



#### **OUTLINE**

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

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How have you changed the administrative structure of your practice?

- Create a clear command structure
  - Central hub for incoming information
    - 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?



#### **Guidelines Implementation**

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



#### **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)



#### 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



#### 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



#### **PPE**

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- Purchasing challenges
  - What is needed/required?
  - GPO/Joint Purchasing
  - State stock piles
  - Import Regulations
- https://www.fda.gov/media/136403/ download
- CDC Guidance
- Re-use



#### 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 patents and staff
- Centralize inventories, control distribution. Pilferage is a serious concern



#### 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



#### NT to NIPT for low/average risk patients

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



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#### 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



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#### 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
    - Many MFM consultations and follow-up visits
    - Genetic counseling
    - Remote US reading
- Some stuff can't...
  - Reception/check-in
  - Ultrasounds and procedures
  - In-person visits (lab, nursing, physician)
  - Administrative oversight and leadership



- 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.



- 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)



- 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
    - Read scans
    - Conduct virtual visits
    - Screen upcoming schedules for patients who can be switched to virtual visits
    - Prep charts in advance for other MDs
  - Minimize the number of sites the MDs rotate through



- 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



#### 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



#### 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



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



#### Sustaining Financial Viability

- Change in Models Everywhere
  - Telemedicine
    - o GCs
    - o NPs
    - Total OB care
    - Lab F/U
    - Results F/U with change in management
    - Pre-pregnancy consults
  - Telephonic services in many states
  - Remember consent for telephonic service in some states
  - Doxy.me
  - Coding. (SMFM Website)
    - https://s3.amazonaws.com/cdn.smfm.org/media/2301/COVID19\_Updated \_Telemedicine\_White\_Paper\_April2020.pdf



#### Sustaining Financial Viability

- Personnel changes
  - Must change with patient case load to keep financially viable
- PPP (Payroll Protection Program)
  - For Small businesses < 500 employees</li>
  - ALSO FOR: Sole proprietors, independent contractors, and self-employed persons
  - 2.5 X average payroll over last year
  - Forgiven if
    - 75% spent on payroll
    - 25% can be spent on mortgages, rent, utilities
    - 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
  - https://www.cms.gov/files/document/covid-19-physicians-andpractitioners.pdf
  - https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
  - https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf

#### **ACCESSING PAYER INFORMATION**



#### Commercial Insurers and Medicaid



https://www.uhcprovider.com/en/resour ce-library/news/Novel-Coronavirus-COVID-19/covid19-telehealthservices.html



https://www.bcbs.com/pressreleases/blue-cross-and-blueshield-companies-announcecoverage-of-coronavirus-testing



https://www.humana.com/corona virus/telemedicine



https://static.cigna.com/assets/ch cp/resourceLibrary/medicalResour cesList/medicalDoingBusinessWith Cigna/medicalDbwcCOVID-19.html



https://www.aetna.com/hea lth-careprofessionals/providereducation-manuals/covidfaq.html#acc link content s ection responsivegrid copy responsivegrid accordion 11



https://codingintel.com/wp-content/uploads/2020/04/CodingandReimbursement duringtheCOVID19PandemicPACApril12020.pdf



https://www.cms.gov/files/docu ment/03052020-medicaid-covid-19-fact-sheet.pdf

https://www.medicaid.gov/stateresource-center/downloads/covid-19-faqs.pdf

#### **ACCESS SHORT-TERM RESOURCES**



- 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
- 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

#### **ACCESS SHORT-TERM RESOURCES**



#### 3. LOANS AVAILABLE THROUGH THE SBA

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



#### **Financial Implications**

- The current crisis is generating substantial legislative and regulatory activity, along with other legal developments, that deserve constant attention.
- CCFRA ESPL and FMLA Expansion, CARES Act Guidance is still being published. https://www.krostcpas.com/news/the-economicinjury-disaster-loan-eidl-program-vs-the-paycheckprotection-program-ppp
- 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 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