

MFM Practice Management in the era of COVID-19

SMFM Practice Management Division

Practice Management - COVID

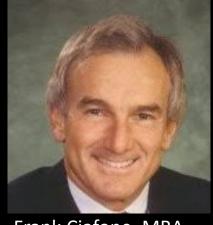




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Practice Management - COVID-19



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
 - 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)
 Payroll expenses Employee salaries Mortgage interest Rent and utilities Interest on debt prior to 2/15/20 	Uses	 Payroll Fixed debts Accounts payable Other expenses that can't be paid due to disaster impact
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