COVID-19: PRACTICE REOPENING STRATEGIES
REOPENING AN INDEPENDENT MEDICAL PRACTICE DURING COVID

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- This information is current as of the date the lecture was written –
Reopening An Independent Medical or Dental Practice During COVID

Strategies to Mitigate Liability and Financial Distress
WHO declared a pandemic on March 11, 2020

States around the country closed on their own schedule with the earliest being California, which closed on March 19, 2020. Illinois shut down on March 21, 2020

Dental and Medical Practices = “Essential” services but limited to non-elective procedures in most states

As of June 9, 2020 all states are open (some with restrictions)
Specific Reopening Guidance

White House

- [https://www.whitehouse.gov/openingamerica/](https://www.whitehouse.gov/openingamerica/)

State

- Every state is different. For example: [http://www.dph.illinois.gov/restore](http://www.dph.illinois.gov/restore)

CDC

Impact on Medical Practices

<table>
<thead>
<tr>
<th>Impact Description</th>
<th>Source</th>
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<tbody>
<tr>
<td>Negative financial impact caused by COVID reported by 97% of practices (MGMA)</td>
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<td>Practices reported decreases of 55% in average revenue (MGMA)</td>
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<td>Practices reported decrease of 60% in patient volume (MGMA)</td>
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<td>Procedures were reported to have fallen by at least 76% (Policymed.com)</td>
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<td>81% of administrators reported applying for government assistance for small business (Policymed.com)</td>
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<td>62% of practices received emergency payment or deposit from CMS (Policymed.com)</td>
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<td>Physician’s reported cutting office staff by 50% (MGMA)</td>
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<td>15% of practices reported closing either permanently or temporarily during early part of pandemic</td>
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Reasons Patients are Staying Away

- Demonstrations in public streets
- Desire to put off treatments until pandemic over
- Loss of health insurance/affordability
- Assumption that physicians are busy due to pandemic
- Belief that they will get sick in doctors offices
# Risk As Business Owners

| 1 | Liability Issues: Cannot stop someone from suing you even if they sign a waiver. How can practices protect themselves and keep patients and staff safe?  
(a) Training and policies to reduce risk to patients and staff  
(b) Insurance to cover illness and insurance to cover “bad behavior”  
(c) Waivers |
|---|---|
| 2 | a) Failing to warn plaintiff about potential exposure to COVID-19  
b) Negligence in operation of a business leading to spread of COVID-19  
c) Failure to have proper screening protocols for COVID-19  
d) Failure to exercise reasonable care related to rendering services during COVID-19  
e) Failure to comply with mandated state and federal restrictions resulting in injury to plaintiff from COVID-19 |
| 3 | Statute to protect business/provide immunity from COVID liability? Not yet. |
**Risk As Employers**

1. **Must follow federal and state guidelines to guard against contagion.** OSHA requires employers to establish a workplace “free from recognized hazards that are causing or likely to cause death or serious physical harm.”

2. **Review CDC, OSHA, state (IDPH) requirements.** The more safeguards adopted, the better the argument if there is a lawsuit or challenge.

3. **Should follow standard of care set by local community/industry - ADA, AMA, ISMS, ISDS, specialty boards**

4. **Works Compensation Liability:** Safeguards/precautions against COVID will help employers. Failure to protect employee will hurt employer.
## Waivers For COVID-19

### Some key points for best COVID-19 waivers for patients:

- Stand-alone document with clear language and easy to understand
- Do not go into details about steps taken
- Consideration: no waiver, no service. Note: Emergencies
- Minors cannot execute/Will not help with employees
- Must be signed, do not post it
- Having it signed in advance is more enforceable--time to consider/reject
What Should Be In Your Policies?

Every policy is practice-specific. Tailor to your needs. No canned policies.

Contact Your Insurance Carrier

Every policy needs to be continuously updated. Practice has DUTY TO UPDATE

Watch For Changes in Regulations/Guidelines

TRAIN, TRAIN, TRAIN

Train, train, train.

Watch for changes in regulations/guidelines.

Contact your insurance carrier.

Every policy needs to be continuously updated. Practice has DUTY TO UPDATE.

What Should Be In Your Policies?
Policy on Protective Measures for Staff and Patients (PPE)

* Plan to provide Personal Protective Equipment (PPE) in accordance with current CDC guidance and OSHA standards that match your practice type
* Masks and fit-testing, respiratory training (separate policy)
* Shields/goggles as recommended for specialty
* Disposable gloves
* Gowns/lab coats
* Face shields
* Disposable head/shoe protectors
* HEPA filtration
* UV sanitizing

Policy on Patient Arrival at Practice

* Have patients call or text from car when they arrive
* Have a specific individual tasked with meeting patients
* Review COVID questionnaire again with patients
* Check patient temperature
* Assure all paperwork signed – including waivers/informed consent
* Check for mask and sanitize hands
* Address guardian or anyone accompanying patient

What Should Be In Your Policies?
What Should Be In Your Policies?

Policy on Alerting Management and Authorities of COVID-19 Infection

* Create plan of action to alert supervisors and authorities related to infected staff or patients
* Establish a process for patient transfers to hospital, if applicable
* Determine how to handle communication with patients and staff in the event of possible exposure to an infected individual
* Determine policy for handling infected staff per guidelines
* Develop policy to advise/handle co-workers of infected staff per guidelines and compliant with HIPAA

Policy on Patient Handling at Practice Facility

* Determine when patients can enter and where they wait for healthcare provider
* Outline any specific protocols to be followed when interacting with patient (based on specialty)
* Minimize interactions in waiting room/front desk with staff
* Determine procedures that will/will not be offered
* Develop policy for changes in services, schedule, locations of services
* Outline changes in paperwork handling, payment processing
Policy on Handling Employees Who Are Ill Related to COVID

* Develop clear protocols on how to handle employees who call in sick with COVID or symptoms
* Develop clear protocols on how to handle employees who become ill at work with COVID or symptoms
* Outline steps/time frames for return to work by an ill employee related to COVID and make this policy very clear
* Develop guidelines for employees who have ill family members or who believe they have come into contact with an individual that has COVID
* Develop policies for employees who have traveled, have children out of school/home related to COVID

Policy on Cleaning and Disinfection Related to COVID-19

* Review proper office and medical cleaning routines and enhance as needed per CDC/OSHA for health care settings related to COVID
* Create a schedule for cleaning exam rooms and equipment after every patient, replacement of tools, equipment and supplies as needed
* Develop specific schedule and assignments for frequent cleaning of common areas and exam areas
* Review laundry and medical waste plans
* Train staff on any new protocols and review frequently

FFCRA
Policy on Physical Office Changes/Structures Related to COVID-19

* Organize triage areas, waiting areas to reduce interaction between patients and maintain social distancing (if Practice sees COVID patients)
* Determine how physical areas can be rearranged /organized to better protect staff/patients such as installing barriers or plexiglass
* Consider arranging a separate entrance for symptomatic patients (if applicable) or specific days of weeks/times for them to be seen in office
* Consider separate entrances for staff and patients
* Eliminate anything that could be touched by multiple people in waiting areas items such as TV remotes, magazines, water dispensers, clipboards, etc.
* Implement alternative patient flow systems to reduce possible infection, such as paths within the office space
* Limit use of breakrooms and other spaces where people congregate

Changes in Employer Policies/ Training Due to COVID

* Train on distancing requirements (6 ft) and how they will be enforced
* Train on airborne precautions and use of eye protection
* Train on cleaning for COVID and CDC/OSHA guidelines related to risks from cleaning agents
* Train and retrain on proper use of PPE
* Train on viral transmission and evaluation of COVID-19 patients
* Train on CDC guidelines collecting, handling and testing clinical specimens related to COVID-19
* Train on any changes in policies related to sick leave, FMLA, time off, etc.
* Train on how employees will be handled in terms of time off from work for COVID illness or symptoms, sick family members and other scenarios

What Should Be In Your Policies?
What Should Be In Your Policies?

**Policy on Treating Patients Who Are COVID Positive or Demonstrate Symptoms of COVID-19**

*Develop protocols for how long patients must wait to be seen who are COVID positive or who have sign/symptoms of illness*

*Communicate policy to patients in advance of appointment and when patients do not pass COVID questionnaire*

*Reschedule patients based on policy*

*Determine other factors that may impact timing/willingness of doctor to see patient*

**Policy on Adjustment to Patient Services and Interactions Related to COVID-19**

*Design any necessary changes in office operations to best protect patients and staff*

*Determine type of appointments and patients that will be seen/not seen and conditions (i.e. temperature, symptoms, questionnaire responses)*

*Changes in office hours, location of services or providers assigned to certain patients to minimize risk for staff and patients*

*Encourage use of telemedicine if possible*

*Post clear signage outlining practice policies and procedures in office and share with patients via practice portal, website, email and other available means*

*Share policies with patients as many time and in as many ways as possible for your practice*
Policy for Safety of Practice Employees Related to the Public

* The practice must have clear policies to alert patients of what they can expect when they come to the practice, including the need for masks and social distancing. Website, emails, notices.
* A designated person should be assigned to handle non-compliant patients who refuse to depart the practice or refuse to wear a mask.
* The practice should have a protocol to call security or 911 for patients that pose a risk to staff.
* Practices must take a firm approach to follow their own policies without exception. Even if person beliefs do not comply with legal requirements.
* Having a firm approach to protecting the practice and complying with the law gives the message to patients that they are expected to comply.
* Insurance.

Policy for Non-Compliant Employees

* Employees should continuously be educated and trained on the risks posed by COVID to patients and others in the practice.
* Employees should be reminded that their activities outside the practice can impact their becoming ill and being required to miss work and/or pose risk to their colleagues.
* Practices should review their policies and employment manuals and agreements to determine approach to termination of employees who pose a risk (i.e. complaints, social media).
* Understand manner in which employees can be properly terminated and be careful not to discriminate. Consult with counsel as needed.
5 steps to launch a financial recovery strategy

1. Model/Forecast Financial Projections Continually
2. Enact “Re-Open” Strategy for Non COVID-19 Patients
3. Develop Plan to Recapture Lost Revenues
4. Explore Partnership Opportunities
5. Maintain and Grow the New “Normal”

There must be clear intent for action to ensure the healthcare system recovers and maintains viability and strength after the public health emergency.
Financial Stability Matrix COVID-19

Providers

**Increases**
- Costs: Labor, Supplies, Drugs
- Capacity Mgt/Infrastructure
- Complexity/ICU days
- Bad Debt
- Telehealth Services
- Gov’t (Payer) Subsidies

**Decreases**
- Elective Surgeries
- Ambulatory Visits
- Profitable Payer Mix
- Favorable Service Line Mix
- Expansion/Growth Plans
- Insured Patients

Employers/Patients

**Increases**
- Medical Costs
- Premium Costs
- Unemployment
- Self Funded/Patient Bad Debt
- Government Loans

**Decreases**
- Insured Patients
- Disposable Income
- Employer Profitability
- Elective Medical Care
- Patient Cost Share

Government

**Increases**
- Medical Spend
- Subsidies
- Unemployment

**Decreases**
- Insured Patients
- Solvent Hospitals/Physicians

Stakeholders Matrix

Insurers/Payers

**Increases**
- COVID-19 Medical Costs
- Premiums
- Employer Bad Debt

**Decreases**
- Elective Medical Costs
- Insured Patients

LEGEND:  **Green** – Positive impact on stakeholders’ finances  **Red** – Negative impact on stakeholders’ finances
Forecasting Model for Surge Management

Providers need to consider the impact of the surge on revenue

Surge Volume

- Staffing
- Supplies/ Testing
- Capacity
- COVID-19 Cases

Financial Model

- Cash Flow
- Revenue and Expenses
- Net Margin
- Payer Mix
Recapturing Lost Revenue

**Government subsidies**

**Financial Relief:** Many providers have already applied and received part of the $100B. Small businesses including healthcare facilities/practices can also qualify for the PPP loans

**Accelerated Payments**

**Cash Flow:** CMS quickly moved to pay billed and outstanding AR. Commercial payers (some voluntarily, some via negotiation) have accelerated claim payment

**Prospective Payments**

**Cash Flow:** Many providers have taken advantage of CMS’ accelerated payment program (suspended after initial launch)

**Renegotiate FFS/VBC Contracts**

**Payer Strategy:** Providers may approach payers with a strategy to recapture lost revenues that also provides value to the payers; short-term FFS increases are doable, but more likely avenues are VBC performance dollars

**Reduction in FFS Collection Costs**

**Revenue Retention By Cost Offsets:** Aim to lower the administrative costs tied to payer contracts by reducing or eliminating utilization management requirements including prior authorizations, concurrent review, and denials

**New Business Opportunities**

**Growth:** Now is the time to plan for new revenue sources through growth of new services and facilities to increase patient volumes
The Patient-Centric Revenue Cycle Roadmap

Use downtime to clean up AR and denials

Engaged Patient
- Coordinated Care
- Coordinated Financial & Clinical Care
- Compliant Clinical Documentation

Engaged Consumer
- Ease of Access
- Improved Consumer Service
- Improved Quality

Satisfied Customer
- Appropriate Payment
- Effective & Efficient Account Resolution
- Decreased Cost to Collect

Source: HFMA and Lumina Health Partners
Partnership Opportunities

• The pandemic provides opportunities for healthcare stakeholders to collaborate
• Payers are best positioned to weather the financial crisis and assist other stakeholders
• Employers will be looking for avenues to save on healthcare expenses
• ACOs/CINs will need to partner with other organizations to manage the COVID and non-COVID cases and expenses
• Providers can find cost savings and clinical opportunities to align with other providers in the market
Five Opportunity Areas for Payer Negotiations

1. Site of Service Revenue Conversion
2. Prospective Payment Future Quality/P4P Earnings
3. Renegotiation of Existing FFS Contracts
4. New Value-Based Care (VBC) Opportunities
5. Held Harmless any Downside Financial Risk
Influencers Contributing To The New Normal

- Understanding patient volume trends
- Forecasting revenues and cashflow to meet debt obligations
- Engaging in innovative payer programs and contracts
- Managing patients’ COVID-19 concerns
- Estimating the surge in demand for medical services
- Tracking COVID-19 cases and anticipating the spike
- Expanding telehealth and digital technologies
Moving Forward with The New Normal

Technology

- Prepare for increase in telehealth, remote monitoring, etc.
- Providers should lobby the government to maintain coverage and rates, and negotiate with commercial payers to permanently add services and reimbursement terms to existing contracts

Growth

- Strategize for accelerated planning and development
- Knowledge and infrastructure gained for rapid delivery of COVID services can be used to bring new programs and services to market in accelerated timeframes

Cost Efficiencies

- Manage capacity and clinical services
- Maintain remote work force (nonclinical staff) and “lean” staffing
- Significant cost efficiencies can be maintained by continuing work-from-home for certain staff and maintaining new surge management capabilities

Leverage technology to create cost efficiencies in your practice for patient and payment management
Types of Telehealth Services

1. **Virtual Check-In**: Patient-initiated brief check-in services using communication technology such as the patient portal or smartphone.

2. **Online Digital Evaluation and Management (E/M) (E-Visit)**: Patient-initiated digital communications (Patient portal, secure email) that require a clinical decision that otherwise typically would have been provided in the office.

3. **Telephone E/M Service**: Patient-initiated telephone services are non-face-to-face E/M services provided to an established patient using the telephone.

4. **Telehealth Service**: Audio or audio/video (synchronous) visit between a patient and a clinician for E/M services.
RESOURCES
https://www.physiciansupportline.com/
AOA Resources

www.osteopathic.org/covid-19
On-demand Covid -19 Webinars

- Physician Contract Issues in Light of COVID-19
- Pivoting Your Practice Forward in 2020 – Addressing Your Questions and Key Concerns
- Health & Wellness During the Pandemic
- Get Paid for Telehealth; New Rules for Documentation and Technology
- Billing and Coding Under New Telehealth Rules

https://aoaonlinelearning.osteopathic.org
Upcoming Webinars

COVID-19, Cybercrime & HIPAA: Prepare Your Practice
September 10  7:00 PM CT
Reopening your Medical Practice with concentration on OMT
TBD

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Telehealth & COVID-19 Resources

- Medicare Telehealth Codes
  - www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- Medicaid Telemedicine Resources and COVID FAQs
  - www.medicaid.gov/medicaid/benefits/telemedicine/index.html
- UHC Provider Telehealth Policies
- CMS Newsroom
  - www.cms.gov/newsroom
- BCBS Coronavirus Updates
  - www.bcbs.com/coronavirus-updates
- Humana Coronavirus
- Aetna Coronavirus Facts
  - www.aetna.com/getcoronavirusfacts
- Cigna Coronavirus Resource Center
  - www.cigna.com/coronavirusresourcecenter
- AMA COVID-19 resource center for physicians
- AMA Survey (Patient-physician relationship via telemedicine)
Questions & Answers

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