



REOPENING MEDICAL PRACTICES AND CREATING YOUR NEW NORMAL

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Reopening Medical Practices

Practices will eventually reopen and must address the following to create a sustainable operation and to define the new normal:

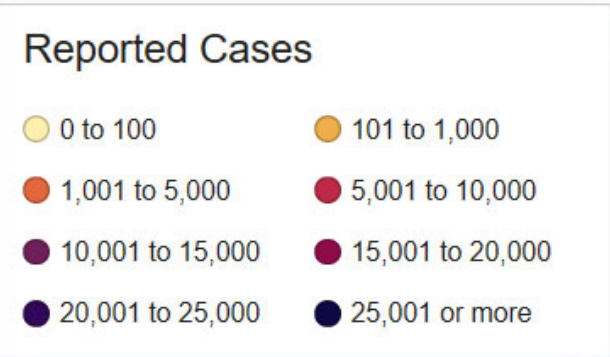
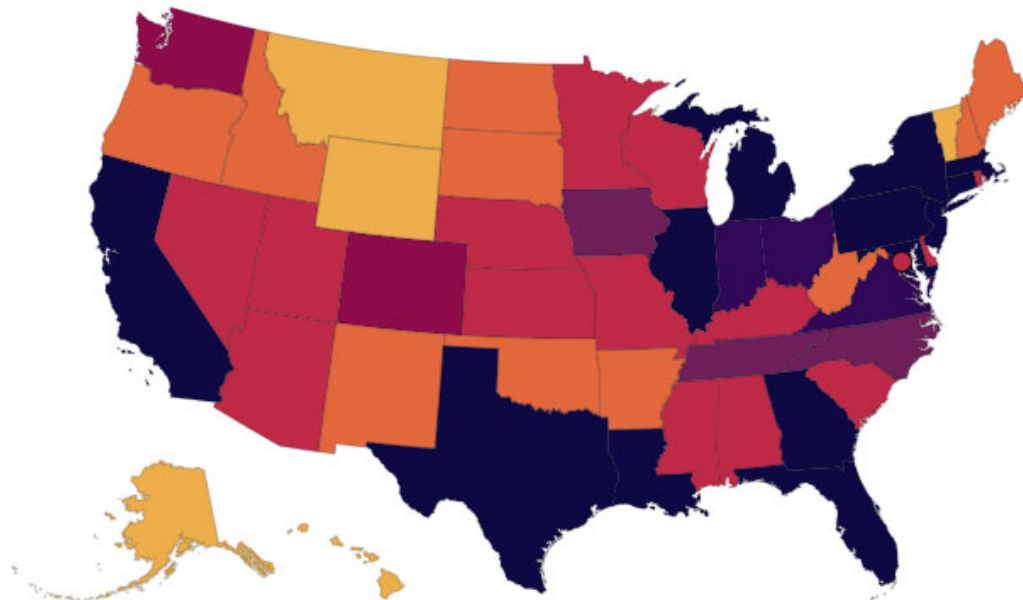
- Deciding to reopen
- Operational changes
- Financial considerations and planning
- Finding the opportunities



DECIDING TO REOPEN

Current State of COVID-19

21 states report more than 10,000 cases of COVID-19.



TOTAL CASES 1,193,813 22,303 New Cases*	TOTAL DEATHS 70,802 2,523 New Deaths*
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*Compared to yesterday's data [About the Data](#)



OPENING UP AMERICA AGAIN
Centers for Medicare & Medicaid Services (CMS) Recommendations
Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I

As of May 6, 2020

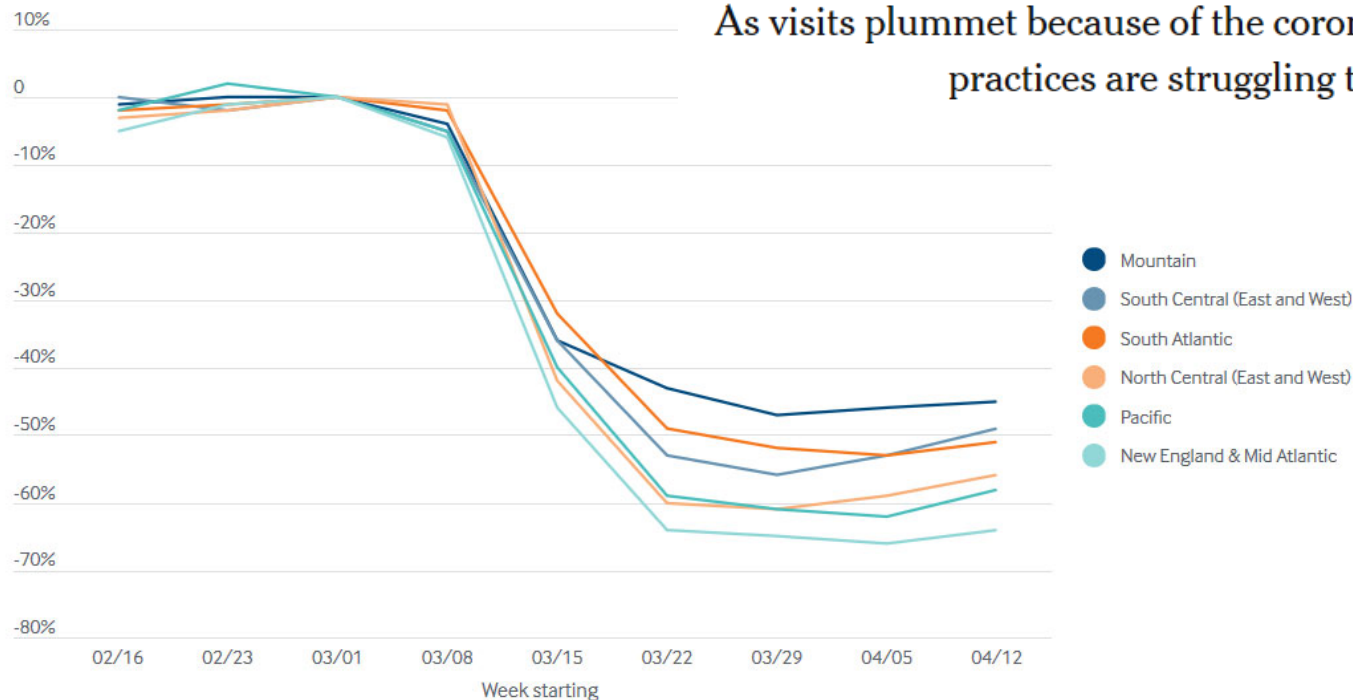
COVID-19 Impact on Physician Practices

The New York Times

Doctors Without Patients: 'Our Waiting Rooms Are Like Ghost Towns'

As visits plummet because of the coronavirus, small physician practices are struggling to survive.

Percent change in visits from baseline

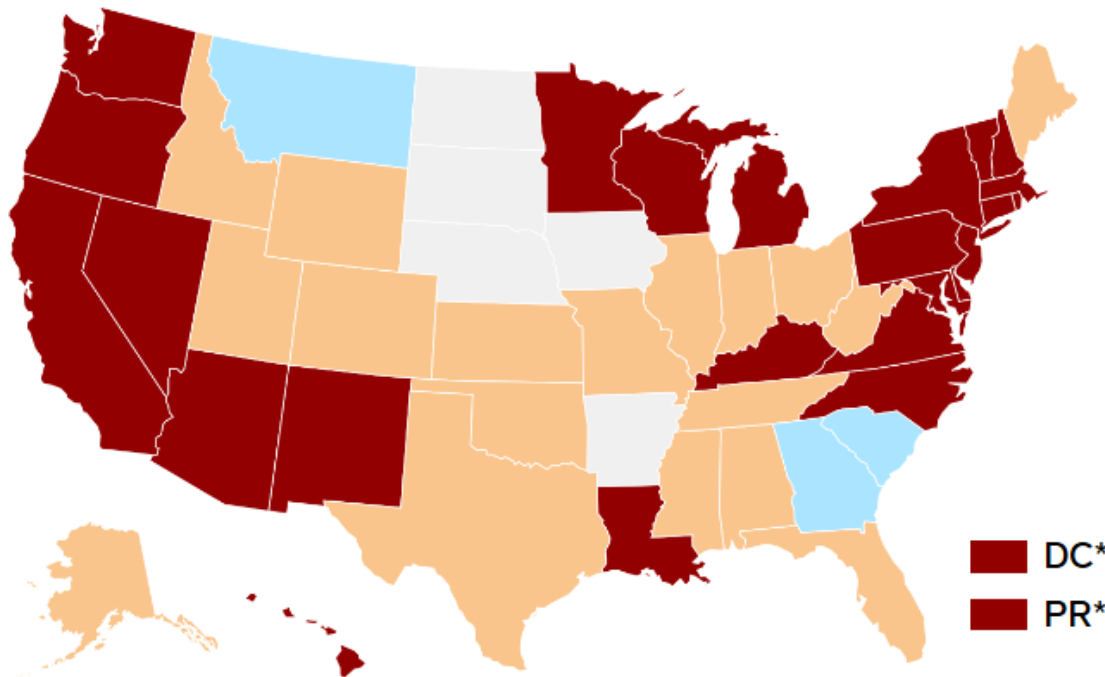


Source: <https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits>

Can You Reopen?

Status of US stay-at-home orders

Partial lockdown/reopen State-wide lockdown State reopen



- While healthcare facilities are considered essential facilities, whether your state is under lockdown will significantly impact the timeline to “steady state”.
- Some states have specific directives.
- AMA has issued an overview of each state’s current regulations.

*Puerto Rico and Washington DC issued "stay-at-home" orders that went into effect March 30 and March 27, respectively.

Should You Reopen?



- Patients have been delaying elective care for almost 60 days in many places.
- Safety for your staff and patients is paramount.



OPERATIONAL CHANGES



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Open Does Not Mean Busy

- Make volume assumptions
 - Tabulate the number of unseen appointments during shutdown
 - Know that a percentage of these appointments will no longer be needed
 - Some of these appointments will not be accessible: Decline in ambulatory site visits was largest among school-age children (71% of visits for these ages were canceled)*
 - Prioritize your appointments based on patient need and categorize for your planning
- Factors that will impact volumes:
 - Patients may be afraid
 - Patients may be afraid of the cost
 - Patients may have found alternatives
 - You may have offered alternatives: Telehealth

Facility Layouts

- Examine your physical space to determine needs for social distancing
- Install barriers such as plexiglass between staff and patients if possible
- Consider utilizing the parking lot as a waiting room
- Other areas to consider:
 - Breakrooms for staff
 - Workstations, especially if you have historically co-located staff
- Determine additional FF&E needed
- Remain aware of waivers

Examine Workflows

- Consider the entire patient workflow:
 - Pre-visit prep
 - Check-in process
 - Insurance verification or changes
 - Financial discussions
 - Rooming patients
 - Patient handoff
 - Physical examination
 - Checkout
 - Room turnover
- Calculate the amount of time that should be added to each process through the following questions:
 - Can or should this be done remotely or before the visit?
 - What new safety precautions are needed?
 - Example: reducing the amount of sterilized equipment in the room prior to the patient entering to reduce potential waste may add minutes for retrieving the equipment
 - What needs to be sterilized after the visit?
- Create or modify checklists for EVERY process

Staffing

- Determine how many staff you have available considering layoffs, furloughs and reassignments
- Consider a rotating team model
 - Rotate through days or shifts as appropriate:
 - Week 1: Team A works 3 days; Team B works 2 days
 - Week 2: Team A works 2 days; Team B works 3 days

Doc A
Nurse A
Medical Assistant A
Front Desk/PSR A

Doc B
Nurse B
Medical Assistant B
Front Desk/PSR B

- Purpose: if one member of a team goes down, your ability to isolate exposure increases and ensure continuity
- Consider staff absences and alternative coverage (See: [CDC: Mitigating Staff Absences in COVID](#))

Other Staffing Considerations

At-risk personnel

- Identify personnel who are 60 years of age or older and/or have underlying health issues
- Legal considerations for reasonable accommodations

Staff testing

- Set up and enforce a temperature-check policy
- Create policies for handling symptomatic and asymptomatic staff with COVID-19 positive test (See: [CDC Criteria for HP Return to Work](#))

Non-patient staffing

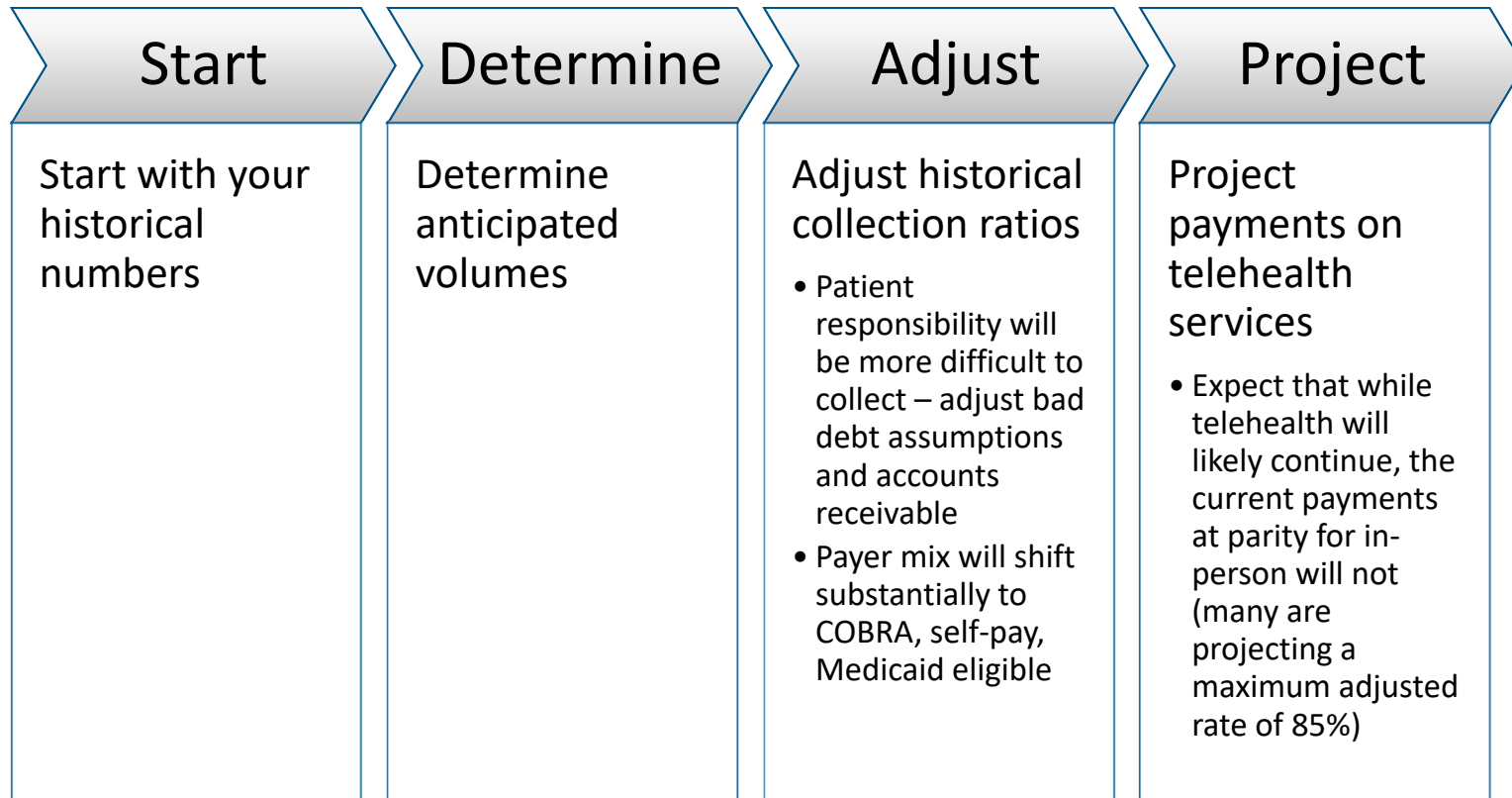
- Staff who can work remotely should be supplied with proper equipment and training
- Develop metrics for monitoring staff performance
 - Understand that performance may not be as productive as in the office, but set measurements
- Patients may need more education regarding financial payment policies, directing to Medicaid or gaining coverage through the exchanges, which may create staffing needs

Create a Schedule

- Know you are best served by a “soft opening”
- In addition to the time per patient developed by workflows, consider adding time for the following:
 - Avoiding high volume/density
 - Longer hours to allow for gaps between visits to avoid backups
- Create written scheduling policy that prioritizes patients with the most needs
- Scripting needs
 - Phone scripts and care advice messaging to determine who should be seen in office versus virtually
 - Educating patients on safety requirements
 - Potential parking lot check-in
 - Limit non-patient companions
 - Require masks

FINANCIAL CONSIDERATIONS

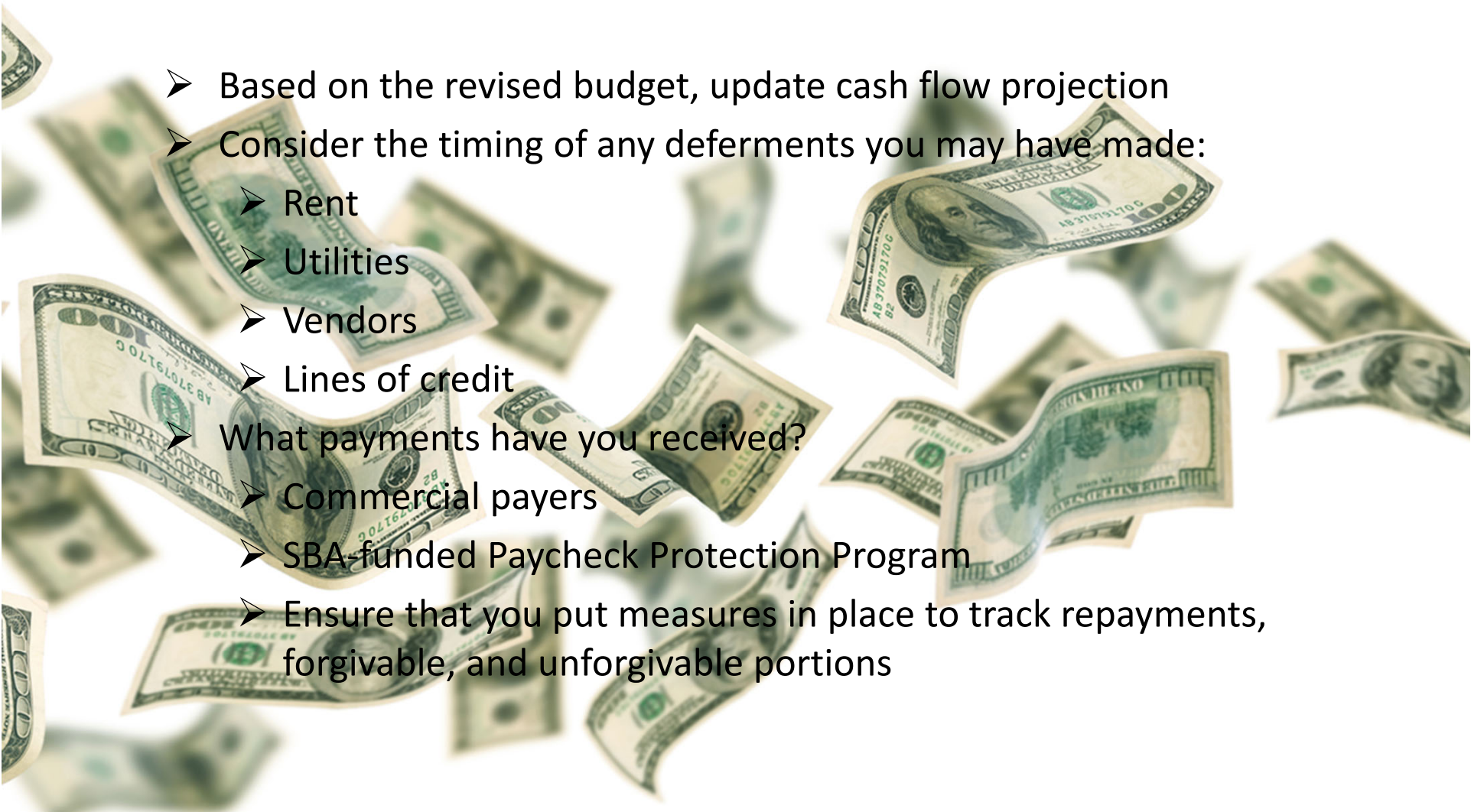
Create a Revised Budget



Changes in Expenses

- Bringing back furloughed employees
- Supplies – increased needs for PPE, reduced drugs and other needs due to volumes
 - What critical supplies can you afford to stock up before reopening (this also reduces disruption during the day for deliveries)?
 - Check your vendor contracts for minimum order requirements
 - Identify backup vendors
- Technology
- Medical malpractice
- “Upgrade” expenses – making the patient feel that the practice is hyper-clean*
 - Advertising and marketing

Cash Is Still King

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- Based on the revised budget, update cash flow projection
 - Consider the timing of any deferments you may have made:
 - Rent
 - Utilities
 - Vendors
 - Lines of credit
 - What payments have you received?
 - Commercial payers
 - SBA-funded Paycheck Protection Program
 - Ensure that you put measures in place to track repayments, forgivable, and unforgivable portions

Patient Payments

- Insurance verification is a must
 - Examine your local unemployment rates to gain insight into increases in self-pay, COBRA, etc.
 - Reach out to major employers to determine if they have changed carriers
- Consider necessary adjustments for payment plans for patients
 - Have you been enforcing your current policy? Many practices set a fixed period to not send out patient bills.
 - Determine what documentation will be required depending on the type of payment plan (i.e., patient employment status, length of unemployment, etc.)

Revenue Cycle Changes

- While payors have not intentionally changed policies, they may have inadvertently impacted auto adjudicators (computerized claims processing) while trying to keep pace with the many changes resulting from the COVID-19 Public Health Emergency (PHE)
 - Educate billers aware that edits and denials may be inaccurate
 - Develop processes to ensure denials are not accepted without the proper research and approval
- Determine who is appending modifiers and condition codes required by PHE and how they are being evaluated
- Many of the more recent PHE waivers are based on providers impacted by patient surges. Does your facility have a process to determine what constitutes a surge and how schedulers and billers should respond to the guidelines?

OPPORTUNITIES ABOUND

Making Lemonade

- **METRICS, METRICS, METRICS**
 - **Determine what metrics you need**
 - **Measure them**
 - **Monitor**
 - **Adjust regularly – you will not get your workflows correct the first time**
- **Workflow opportunities and team-based care**
 - **Identify waste**
 - **Is the right person doing the right responsibilities?**
- **Create policies and ENFORCING them**
- **Telehealth services**
- **Data gathering**



Alignment Opportunities

- Practices will consolidate
 - Supergroups, private equity, and non-traditional providers (Amazon, Walmart, Google Health, etc.) will scoop up practices risking bankruptcy at greatly discounted pricing
- Hospitals need to determine how to unlock alignment opportunities with practices when they are also strapped for cash
 - Leveraging their designation opportunities can provide them access to significant increased revenue opportunities including uncapped cost-based reimbursement and 340B opportunities (See: [Strategies for Peak Financial Performance](#))
- Practices with greater capitation revenue are faring better – partners that are willing to move aggressively toward value-based care will be highly sought after
- Consider your ancillary partners (ASCs, rehab, labs, etc.) and involve them in your planning process – your ramp-up impacts theirs

Questions and Discussion



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