PENNSYLVANIA RHEUMATOLOGY SOCIETY

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Covid-19, a View from Private Practice

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Undoubtedly, life has changed for us all in many ways. The health threats of Covid-19 have far-reaching implications for Rheumatologists. Clinically, the pathophysiology of cytokine storm progression and potential management options in our field has been met with keen interest and optimism for us all regardless of practice site. In private practice, we face unique resource allocation and financial challenges.

Our practice of eight providers (five Rheumatologists, two Physician's Assistants and one Nurse Practitioner) noticed a significant reduction in patient flow early in March. It became clear by the third week in March that we needed a plan that respected social distancing but also incorporated systems that protect our financial health as well.

We made a difficult decision to lay off our extenders and focus on telemedicine. Effective March 6, 2020, the Centers for Medicare & Medicaid Services (CMS) broadened access to telehealth under the "1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act." This legislation includes established and new patient access following the same in-person billing schedule. We are using the "doxy.me" platform that provides an easy link to patients who have an email address and linked camera. As time passed, more insurance carriers have expanded coverage that includes telemedicine. However, convincing some of our patients to embrace this type of medical care has been a bit challenging.

We grasped this option and technology ramping up nearly overnight by reaching out to other colleagues in private practice and sharing successes and pitfalls. YouTube University and rural telehealth webinars softened the learning curve. Obtaining patient consent for billing, documenting who is on the call, and noting time spent are essential requirements. There have been some glitches and delays due to coaching patients through the process. This is not insignificant when telemedicine visits are scheduled every 15 minutes. It is easy to get behind and see a waiting room full of virtual patients. My strategy has been to use two computers:

one for video interaction and the other to complete a note and orders. Some providers have been able to provide telehealth services from home.

Keeping our infusion services operational was a priority, along with providing care to emergency patients who require a procedure. We transformed one pod of eight rooms into an infusion area so that patients were distanced but still monitored appropriately. High risk patients (age>65, or with comorbidities) were strongly encouraged to avoid leaving their homes and medical management was maximized. Patients who do not have the technical support for virtual visits were offered appointments later in May. Telephone visits are also being used but are not nearly as useful as video visits and the reimbursement is much lower ($14-28). Surviving on reimbursements from telephone visits would be impossible.

We have cut the hours of our ancillary staff to 30 hours per week and consolidated our own schedules so that we are in the office 2-3 days/week. Clinicians rotate so that if one of us were to become ill there would still be a viable workforce to manage the practice. To date we have had no febrile employees or providers. Temperature checks and masks are required for all who enter our clinic, including both staff and patients.

It is no surprise and understandable that anxiety and immune modulating medication related phone calls and portal messages are a significant daily time consumer. We are managing most of these off-site. Unfortunately, we learned that retrieving messages remotely is not a capability of our current telephone system and one that we will address in the future.

Thankfully, we have a skilled Office Manager who promptly completed the various lengthy and complicated applications for loans and grants. We have qualified for Coronavirus Aid, Relief, and Economic Security (CARES) Act funds. These disbursements come with detailed rules and obligations that we are working through. It is not clear at this point how much of money is grant versus loan. The Provider Relief Funds through Health and Human Services was determined based on a practice's share of Medicare fees-for-service reimbursements in 2019. This money was automatically deposited to our account and been a welcomed benefit to manage the daily practice costs as patient visits have fallen dramatically and we have a very significant drop in revenue compared to prior periods. We are also eligible for a low interest wages protection loan through the Small Business Administration (SBA).

Getting basic supplies, gloves, surgical masks, paper towels, toilet paper, hand sanitizer, and other sanitizing agents has been a challenge, but to date we have not exhausted our supplies. Again, thanks to creative problem solving, our office manager procured some supplies from a restaurant supply outlet.

The evolution of management options bringing attention to cytokine modulation has been inspiring. Like all clinicians, regardless of practice location, we are doing our best to contribute to clinical research, provide care while respecting social distancing and the devastation that Covid-19 brings to our communities and planet. It is too early to tell the impact that the

changes we have made will have on our financial health; however, these are necessary adaptations during this unprecedented time as the new normal continues to evolve.