Change, Change, Change

Practicing in the Age of COVID-19 means change.

BY ANDREA LINNE

"One of the hardest changes for me since COVID-19 is not shaking patients' hands," says Marlene Reid, DPM, whose Family Podiatry Center practice is in Naperville, a suburb of Chicago. "We don't have a sink in every treatment room, so I wash my hands in a hallway sink and dry them as I walk into the room and then use hand sanitizer. It lets patients know that I'm practicing safety measures *and* it prevents me from automatically shaking hands. Another change is the conversations I have with patients while I work. We used to talk about travel and restaurants. Now we talk about masks. Most of my patients are wearing fashion masks. I wear a surgical mask."

"One of the hardest changes for me since COVID-19 is not shaking patients' hands."—Reid


Dr. Reid

"A change that I find a bit exhausting but necessary is my dressing and undressing routine," says Michael J. Marcus, DPM, who is chief of staff at Beverly Hospital, in Montebello, CA, a suburb of Los Angeles, where he has a private practice specializing in foot and ankle surgery. "I've always worn scrubs to work, but now I don't bring my work shoes into the house. In the morning, I put them on in the garage, and in the evening, I take my shoes and scrubs off in the garage and then take a shower. I don't want to risk transmitting the virus to my patients, family, or myself."

"One change I didn't make was accepting the many new patients who only wanted their toenails clipped because they couldn't get pedicures at nail salons that were temporarily closed," says Keith L. Gurnick, DPM, who specializes in foot and ankle surgery in Los Angeles. "I know some podiatrists have done this because many practices depend on new patient volume. Although I rarely do home visits, I have done a few house calls but only upon the request of the patient's concierge doctor and only on very wealthy or famous germaphobes who just didn't want to leave the safety of their compounds at this time."

"I have a seven-word mantra: 'It kills mostly older people with co-morbidities.'" —Teitelbaum


Dr. Teitelbaum

For Robert Teitelbaum, DPM, who practices in Naples, FL, change involves re-assuring concerned patients that they will survive the pandemic, which he views more as an economic crisis than a health crisis. "During the lockdown, we had very few cases of COVID-19 and relatively few deaths," he says. "People die in car accidents. I accept a certain amount of death as part of life. I'm more concerned about the economy and the chaos it's causing. "I have a seven-word mantra: 'It kills mostly older people with co-morbidities.'" I find it my duty to inform patients that our area and state are significantly safer than many others. They are greatly appreciative of this. They leave my office with the feeling that there is a good chance they will survive if they

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follow certain precautions, which is a change from being terrified most of the time."

While wearing face masks, washing hands frequently, providing running injuries because that's what people are allowed to do."

In many ways, Dr. Lewis was prepared for the pandemic. While wearing masks is a new protocol for both staff members and patients, his office, which he built approximately two years ago, was designed as a touch-free environment. "I think there's a high potential for patients to contract infections at doctor and hospital offices," he says. "There's a hand-washing station in my lobby. Throughout the office, there are sensor light switches, barn doors without doorknobs, mounted automatic hand sanitizers, and touchless dispensers for water, soap, and paper towels. All paperwork and payments are electronic. Since COVID-19, I did remove the few books that were in the lobby. Patients get automated appointment reminders, and we customized the message to remind them that masks and handwashing are required and no guests can accompany patients unless they are minors." In addition, in January, Dr. Lewis ordered a 6-month supply of essential items, including gloves, masks, hand sanitizer, toilet paper, and cleaning products. "Living in Florida where there are hurricanes, I learned from experience to be prepared," he says.

Dr. Reid's patients are phoned the day before their appointment to answer a questionnaire instead of having to fill it out in the office. "We discourage cash payments, but we accept credit card payments in the office," she says. "I know some offices are not, but the grocery stores still do, so people expect to be able to pay at the time of service. We have designated pens for patient use and wipe them down after every use. We also put up a Plexiglas shield at the front desk. Beginning in mid-March, we cancelled many patients who had appointments for routine care but stayed open with very limited hours for post-op injuries. In June, we began doing surgeries and we're seeing approximately 60 percent of patients we saw before the pandemic. We have enough PPEs for now, but we try to restock almost daily. I used the downtime to catch up on things I never had time to do—including hanging a sign with the name of our practice in the waiting room—and to build my relationship with an organization that educates pedicurists."


Dr. Lewis

"I'm seeing more running injuries because that's what people are allowed to do."—Lewis

hand sanitizers, and cleaning rooms between patients have become the new normal, podiatrists have found different ways to cope with the COVID-19 pandemic. "One of the first things we did was remove all the magazines from the waiting and treatment rooms, even though patient visits are spaced out and they are treated as soon as they arrive," Dr. Reid says. Dr. Teitelbaum laughs at the thought of doing that, adding that more than 20 years ago, he installed the Lennox Healthy Climate system, to keep the post-op infection rate as low as possible. "It uses UV lights to kill germs and viruses in the air," he says. "It's what the New York City Transit Authority is piloting to disinfect subway cars. Little did I expect to be ahead of the curve when this virus came around."


Dr. Gurnick

"Now, we are seeing patients on a modified schedule, approximately 20 percent fewer patients daily, which means some patients have to wait longer for an appointment."—Gurnick

Opening Up

For Gideon J. Lewis Jr., DPM, whose Foot & Ankle Sports Medicine Institute is in Orlando, change hasn't been as much about new protocols but the types of injuries he has been seeing. "I never closed my office but I only saw patients in the morning, including post-ops and people who needed to be treated for trauma and infections. I saw more home-related injuries and pediatric patients because parents didn't want to take their children to the emergency room. Now, I'm seeing more

"During the lockdown, we only saw post-operative patients who required essential follow-up care and emergency patients, including those who needed to be treated for acute injuries and infections," Dr. Gurnick says. "Now, we are seeing patients on a modified schedule, approximately 20 percent fewer patients daily, which means some patients have to wait longer for an appointment. Patients are ready to re-schedule surgeries that were cancelled and deferred. We're socially spacing patients in the reception room and have added seating in the exterior hallway. We keep the door to the reception room open so pa-

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tients don't need to touch the door knob. At the front desk, I've always had the old-style sliding glass windows, so we didn't need to install a Plexiglass protective barrier. My practice is on the 7th floor in a medical building that offers valet parking. Now, patients are able to self-park and our elevators are limited to a maximum of four patients."


Dr. Sharkey

"I gradually re-opened my practice in mid-May, working two and then three days a week," Dr. Marcus says. "In June, I was back to working every day with limited hours. Only two patients are allowed in the waiting room at the same time, and they sit roughly seven feet apart. No family members are allowed. Many patients stay in their cars until we're ready to see them. I no longer do nail debridements with power instruments, because we just don't know if there's any risk with airborne nail dust. Similarly, I won't use a laser, which creates smoke, and instead of electrocautery, which creates a plume, I use ties or just compress for hemostatis. Basically, I treat all patients as if they could possibly have the virus."

"I no longer do nail debridements with power instruments, because we just don't know if there's any risk with airborne nail dust."—Marcus

"We never closed the office completely, but we significantly reduced our hours," says Anne Sharkey, DPM whose Foot & Ankle Institute is in Austin. "In the beginning of May, as Texas began to re-open, we slowly increased office hours. As of June, my practice is operating at about 60 percent to 70 percent pre-COVID levels. Patients wait in their cars if an exam room is not immediately available for them. We did not install Plexiglass shields. We did receive PPP funding, which has been helpful. I expect that July, the first month we will be operating without PPP funding, will be the true test of the financial strain COVID-19 placed on the practice.

Is Telemedicine Here to Stay?

Dr. Lewis did use telemedicine during the pandemic but doesn't plan on using it in the future except in rare circumstances. "While most of my patients are younger than 65 and somewhat tech savvy, it's still difficult to use a computer or phone to show me their foot or Achilles tendon and communicate at the same time," he says.

Dr. Teitelbaum believes podiatry is a very hands-on practice and doesn't see a role for telemedicine. "We deal with nail issues, wounds, and nerve compressions that often cannot be treated remotely," he says.

Dr. Gurnick, who has done limited telemedicine, also believes that, for the most part, podiatry is a hands-on profession. "We need to touch, feel, and treat with our hands," he says. "While telemedicine certainly has its place, patients can get misdiagnosed or be undertreated. But patients do enjoy telemedicine, the same way they like it when a doctor calls them back or responds to an email."

Other podiatrists who have been treating patients remotely believe COVID-19 will usher in a new era of telemedicine. Dr. Reid acknowledges that wound care is hands-on but that podiatrists can use telemed during the pandemic to evaluate whether patients need to come in right away or can wait until it's safer to venture outside. "We can use telemed as a screening tool to take patient history," she says. "We also can show patients who have a wound or injury how to treat and wrap it. For patients with heel pain, we can demonstrate stretches and discuss which shoes to wear."

"Despite being virtual, it sometimes felt more personal than my patient encounters with PPE. I hope to continue offering telemedicine going forward."—Sharkey

"I adopted telemedicine to reduce my contact hours with patients during the height of the pandemic and will continue to use telemed as the economy opens up to prevent a surge of COVID-19 cases," Dr. Marcus says. "For patients who have home health aides, I can direct care. You get to see patients in a different light. I can see the cleanliness of patients' homes and if they've applied their dressing correctly. I can address questions from family members. While some conditions do require an immediate procedure, many can be treated and monitored remotely. I've used telemed to treat some patients with bone infections who might have needed surgery and rehab at a skilled nursing facility, where deaths have occurred. Also, telemedicine will play an increasing role in treating patients who live in rural areas without ready access to healthcare."


Dr. Marcus

To accommodate patients, Dr. Sharkey offered telemedicine and says patients responded very favor-

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ably to it. "I enjoyed being able to see patients without face masks, Dr. Sharkey says. "Despite being virtual, it sometimes felt more personal than my patient encounters with PPE. I hope to continue offering telemedicine going forward."

"I think a lot of the adaptations we made will be around for a while."—Sharkey

What's Next?

"As elbow bumps replace handshaking, we may be at risk of developing olecranon bursitis," Dr. Gurnick says. "I suggest that all doctors do half the elbow bumps with the left elbow and half with the right elbow to socially space out elbow bumping in an attempt to prevent COVID-19 *elbowitis*."

"I think a lot of the adaptations we made will be around for a while," Dr. Sharkey says. We will certainly continue to follow the latest research and local, state, and national guidelines and adapt our practice as necessary. I hope that hand-washing practices, which seem to have increased throughout the population, continue as the new normal. Certainly, the financial impact has been a stressor. But on a positive note with the change in our scheduling blocks to prevent over-crowding—we have decreased capacity from seeing potentially six patients per hour to four—has afforded me longer visits with patients, and it has been nice to spend that time really engaging and educating. This situation required a large learning curve, but I think we will certainly be more prepared for any second waves of virus that may arise."

"I think it's important to read your patients," Dr. Reid says. "With COVID-19, you need to know if patients are anxious or not, and you need to know how to respond. But it's true even in normal times. Some patients want details about their foot condition and others don't want any information. Reading your patients is a skill that is learned and is necessary. I am also a bit concerned that patients will continue to put off non-essential treatment of all types because many are still afraid to expose themselves."

Podiatrists have altered their offices and adopted new safety protocols. But one challenge remains: how to communicate effectively with patients.

Dr. Lewis says it's challenging to connect with new patients because you can't read each other's expressions while wearing masks. "I find myself using more hand motions," he says. "The most important thing I've learned during this pandemic is to expect the unexpected and to always be over-prepared," he adds.

"In my office, we have to work really hard to maintain social distancing from co-workers and we have to encourage each other to stay away, say, when we'd typically look over each other's shoulder to review paperwork," Dr. Marcus says. "It's not easy. I have a 96-year old patient whom I've been treating for years. I normally hug her, so when she came in for an appointment, I said, 'I owe you one,'" Dr. Marcus says. "Also, with masks in place, it's difficult for all of us to read each other's expressions and certainly more difficult when we haven't encountered that person before. How do we establish relationships with new patients? That's a new part of the puzzle we haven't figured out yet." **PM**

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