



Practicing in Light of COVID-19

Here are some strategies to consider as you wrestle with the ever-changing “new normal”—and ways to help you prepare for the next major crisis.

BY STEPHANIE KLOOS DONOGHUE

Without a doubt, COVID-19 has had a tremendous impact on podiatric practices nationwide. Few practices have been spared from its effects. Doctors working in the “hot” zones such as the New York-metropolitan area and other regions with a high rate of infection have been particularly hard hit. Inability to treat patients, loss of income, furloughing of staff and fear of infection for themselves and their families are just some of the issues practices have been facing. Some doctors have experienced the death of friends, colleagues and loved ones.

The podiatric practice play-book is being rewritten as we emerge from this pandemic. It is somewhat of a moving target, as politicians, health care leaders, and communities themselves update the rules daily. How can practices cope with all of this uncertainty?

Creating a plan—albeit a flexible blueprint—can keep the practice on track, according to advice shared by some of the profession’s practice management experts. Here are some of their best practices for these challenging times—and suggestions for creating a practice that’s better prepared for the next crisis.

Review Office Systems

“Rather than focusing on how bad things are, focus on how you can use this time to clean up all the little messes every small business has,” says John

V. Guiliana, DPM, MS, managing partner at Collaborative Practice Solutions. “Everyone has little things they wish they could re-do. Now is the time to make those changes.”

It starts with patient scheduling and disinfection protocols, according to experts interviewed. Hal Ornstein, DPM, FASPS, FAPWCA, president and CEO of New Jersey Podiatric Physicians and Surgeons, says safe patient scheduling should be evaluated—especially as practice hours increase. “Come up with a system in which patients are spaced out,” he says. “You have a social-consciousness responsibility, and you’re also exposing your staff. Do your due diligence; don’t cut corners.” Systems to evaluate

include use of proper PPE (including N95 masks), the process of sanitizing equipment and surfaces, how/when to take patient temperatures, etc. Some doctors are asking incoming patients to stay in their cars, communicating by text message. Staff members, wearing protective gear, escort patients and provide them with necessary gear. (For additional strategies for protecting immuno-compromised patients and tips on using telemedicine, see “How Are DPMs Coping with the COVID-19 Crisis?” and “Staying Open: A Tale of Four DPMs” elsewhere in this issue.)

While planning with new scheduling strategies in mind, Dr. Guiliana suggests “focusing on maximizing the



Dr. Guiliana

efficiency of your charting process,” he says. “Work on your templates or—even better—investigate opportunities to utilize voice recognition.”

Lower patient volume may also provide an opportunity for practices to examine billing and collections. “Many [doctors] are shocked to find hundreds of reject-

ed claims that were never worked or followed up on from months or years ago,” says Cindy Pezza, president and CEO of Pinnacle Practice Achievement. “This should reinforce the importance of meeting regularly with billing staff—whether in-house or outsourced—and keeping a close watch on the financial health of your practice.”

Dr. Guiliana suggests the ramp-up period is a good time to consider outsourcing and automation. “Demand necessitates that we stay focused only on our core competencies, which, of course, is the delivery of high-quality medical care,” he says. “Outsource anything else that you can.”

Connecting with referral sources—such as primary care physicians, vascular surgeons, endocrinologists, etc.—can provide both long- and short-term benefits to the practice during this pandemic period, according to Dr. Orn-

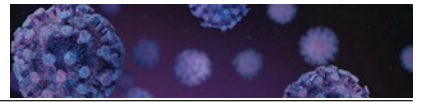
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Dr. Ornstein



Cindy Pezza



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stein. “Referring doctors may have no idea that you are open,” he says. “Call them and let them know. Your diabetic patients are especially at risk; they may have not seen [a doctor] and are waiting.” Rem Jackson, president and CEO of Top Practices, LLC, and the leader of the Top Practices Master Mind Group, suggests connecting with emergency rooms and urgent care facilities to let them know the range of cases you can handle and to reduce the stress on hospital personnel. “They don’t need to be working on people who have foot problems. They’ve got more urgent issues,” he says.

Entry and Waiting Room Considerations

Review furniture setup and patient/receptionist interaction space with social distancing in mind, says Pezza. Both she and Dr. Ornstein suggest using plexiglass separators in reception areas and examining how cleaning protocols will be implemented throughout the day as in-office visits increase. Product availability is something to tackle now, Pezza adds. “Use your relationships with vendors to obtain best pricing and availability on PPE, cleaning supplies, etc. Look into ordering from local janitorial supply companies for professional-grade disinfectants, etc.” Dr. Ornstein adds that doctors should “bank a lot of masks, because this is going to go on for a while.”

Patient flow through the office may need to change, adds Dr. Ornstein. “Use one-way traffic through the office,” he recommends. “You can’t have two-way traffic and social distancing.” He suggests that a table at the entryway include hand sanitizer and gloves for patients as they enter, and a receptacle for used gloves and more hand sanitizer at the practice exit.

Lynn Homisak, president of SOS Healthcare Management Solutions, recommends eliminating some patient touchpoints in waiting areas. For example, she suggests removing magazines and instead using TVs to show practice videos or other suitable shows. While receptionists can offer patients informational pamphlets, Ho-

misak suggests placing a sign that says, “All pamphlets are complimentary, and we encourage you to take them. However, once selected, please do not place them back in the rack. Take them with you.... They are yours to keep!” The same holds true for children’s items, if normally available: Practices can purchase coloring books and boxes of six crayons and encourage children to take these home.



Rem Jackson

Staff Management

Pezza says that the pandemic “has been an eye-opening experience for physician/practice owners as it has forced them to slow down and take a look at what is really happening—or not—in their practices.” She suggests using this new-found knowledge to create structured, written staff protocols and systems for every aspect of the practice—from answering phones to appointment scheduling to evaluation and treatment of commonly seen conditions. For example, she says, “if only three patients are being treated in the office face-to-face today, ask your staff member what will be required or should be prepped for each visit in order to limit contact and time spent in the treatment room. Can they answer you easily? If not, it’s time to write or review treatment protocols together.”

A daily team huddle—which can be done in-office or virtually—can address issues of staff safety, according to Dr. Ornstein. The team can discuss “What can we do better to protect ourselves and patients in the office?” he says.

Consistent and appropriate messaging from staff is critical during this period, according to Homisak. She suggests developing scripted responses for all patient questions so staff members do not voluntarily or inadvertently provide wrong or misleading information or opinions.

Cross-training is particularly important with the reduced patient volume and fewer staff members in the office, says Pezza. “What [practice owners] assumed every member of the team understood or could perform—with at least minimum proficiency—was, in fact, a presumption,” she says. The



Lynn Homisak

long-term benefit of cross-training extends well beyond the pandemic, as the practice will now be able to maintain high efficiency levels when staff members are sick, on vacation or leave the practice.

With reopenings and increased office hours will come an anticipated surge in patients. Staff members need to be ready for that as well and can get involved with the planning, says Dr. Guiliana. “In the rush to meet demand, you may take it for granted that employees will be willing to work overtime every week or spend extra time training new employees,” he says. “Be prepared to communicate openly and honestly with them. Ask them for their input on how to solve the challenges of the new demand.”

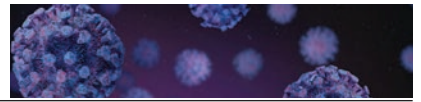
The pandemic crisis has tested leadership skills that can serve the practice well moving forward. Staff members are looking for strong leadership, according to Homisak. A “strong management presence” helps mitigate fear and assures staff that everything is under control. “It is comforting for staff to know that someone is in charge and maintaining order,” she says.

Practice leaders should be sure to recognize the staff’s important role, says Dr. Ornstein. He recommends that doctors “do everything they can to thank their team. They are heroes; they are on the front line.” Tokens of appreciation include buying them lunch, providing a paid hour or day off, giving gift cards, etc. If they are furloughed, he suggests calling them and telling them, “We value you. We can’t wait until you’re back.”

Patient Communications

The COVID-19 pandemic has brought to a head the importance of patient communications. As families, business professionals and even seniors have gotten up to speed with one-on-one apps (e.g., FaceTime) and video conferencing software (e.g., Zoom, Google Meet, etc.), they have come to rely on their smart devices to connect to others. And with older patients now embracing technology while dealing with this crisis, practices can be stepping up their electronic communications.

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Regular communication is vital whether the practice is closed, open or on the verge of reopening, according to practice management experts interviewed. “Communicate with your patients via email at least once week,” suggests Jackson. “I know that sounds like a big number. But when you communicate to people who know you and trust you...and [your information] is educational, helpful and to the point, you will not fatigue your list.” Suggested topics include: How does the patient know he/she needs to see the doctor? What are some of the issues you are seeing that patients might not think are emergencies but they are?

Homisak recommends the use of broad, informational messages sent via email that include details on office hours or closures, how patients can contact the doctor for emergencies and emergent care, how to initiate telehealth care and what to do if they are scheduled for an appointment. Ornstein adds that email messaging can be outsourced to firms specializing in podiatric patient communications.

Connecting by phone has been more productive now with patients at home for longer stretches. During quarantine, Homisak recommends phone calls every two weeks to those who have scheduled appointments. Jackson has seen some doctors calling all of their older patients, whether or not they have an appointment. “They’re calling to say hello and check in on them,” he says. “We were thinking about you and want to know how you are. Is everything OK? Is there anything you need?’ You may find out something and you may be able to direct some resources to help someone.” Perhaps incorporating this strategy on an ongoing basis can build greater rapport with the geriatric community beyond the pandemic period.

Another communication strategy Jackson recommends is the use of monthly newsletters, especially now. Informative newsletters can be educational, provide practice information, help patients prepare for their visits and can encourage patients to “call us early because we’re going to get very busy,” he explains. Also, continue the newsletter beyond this crisis period,

he recommends. “The three most important words in marketing communications are nurture, nurture, nurture,” he says. “What you do now in communicating and nurturing your list [will] keep that relationship healthy.”

Website and Social Media Considerations

While the height of COVID-19 infections may be passed in some regions, experts predict there may be another spike this coming fall or winter in the absence of a vaccine. Thus COVID-19-related website and social media content is applicable both now and for the foreseeable future.

Homisak recommends setting up a website or dedicated pages for COVID-19 that include such items as:

- “Things you need to know”
- Instructions to prevent the spread of virus
- Precautions the practice is taking for safety of patients
- Protecting those at risk
- What is involved in requesting a telehealth conference
- Downloadable documents, such as instructions for various communication online platforms
- Online resources if they think they’ve been exposed to the coronavirus or have symptoms
- Perhaps an FAQ for most commonly asked questions

“Because news evolves daily, it’s important to update information posted on social media and the website,” says Homisak. She cautions that doctors should not speculate, give opinions, or politicize within their posts. “Provide science-based, fact-checked information only,” she recommends.

Jackson suggests that doctors might want to use a website pop-up to direct patients/prospective patients to COVID-19-specific information. For example, this can include how the practice is handling social distancing, any scheduling modifications, a description of disinfectant protocols and other information to put them at ease.

Videos posted on websites and social media have become increasingly relevant, adds Jackson. At a maximum length of 90 seconds, they do not have to be produced professionally and can be done with a smartphone. “Just

say, ‘Hello, this is Dr. _____. I’ve been getting questions about the following things. I want to share some of this information with you,’” he says. Jackson indicates that during the pandemic, plantar fasciitis has been of particular interest as patients may be walking, hiking and running more than usual, perhaps getting injured and experiencing stress problems. Doctors can listen to what questions patients are asking on social media and address those via video, if applicable, as we move through this crisis period.

Looking Ahead

Homisak recommends changes to the office manual in light of COVID-19, including the “reassessment and modification of sick leave, paid time off, layoffs and leaves of absence policies to accommodate future pandemic outbreaks requiring office shut-down,” she says.

Pezza notes that while many doctors have been pleasantly surprised to see individual staff members pulling together and working as a team to help each other through this very difficult time, “others have been disappointed with staff members who have taken advantage of ‘working’ from home instead of being laid off.” Homisak suggests addressing such issues directly in the office manual, including work expectations, temporarily revised job descriptions and the scope and purpose of virtual meetings. “Add a plan for potential pandemic/epidemic outbreak to the current crisis policy,” she says.

Homisak also recommends creating a practice crisis preparedness checklist and a post-disaster checklist to ensure that no necessary action or protocol has been overlooked. (She will share samples in a future issue of *Podiatry Management*.) These checklists, like the office manual, are living documents that can be updated as needed to ensure the practice is ready for any future crisis.

Outside of the office, the connections doctors made with physician groups during this crisis may result in increased referrals or even new referral opportunities. For example, Jackson advises fostering the recently developed relationships DPMs have made with emergency room personnel. Now

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that they have had experience working with you, he says, “you’ll become someone whom they’ll contact later.”

Information exchange among podiatrists can continue as doctors emerge from this crisis. For example, says Pezza, podiatry-specific online groups “are sharing tips of where to purchase specialty products and are giving a heads up to their colleagues when

backordered products become available,” she says. “Doctors and managers who frequent these pages are often steps ahead of others preparing for increased patient volume—with safety and sanitation as a top priority.” National forums such as *PM News* provide a platform to share strategies—and pitfalls—as DPMs emerge from this crisis.

The value of this challenging time is in the lessons learned, says Dr. Guiliana. “Some of the most suc-

cessful people I know utilize a crisis to look back and examine what they could have done better,” he says. “Be honest with yourself and identify what you can learn from this.” **PM**

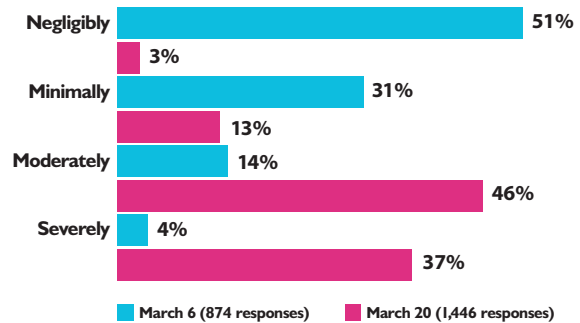
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Quick Polls Show Impact of COVID-19 on DPMs

Over the past few months, *Podiatry Management* online Quick Polls have covered a range of topics related to the pandemic crisis. Nearly every coronavirus-related survey has had more than 1,000 responses. Most notable among the polls was how DPMs viewed the financial impact over two weeks in March (see comparative chart at right). Note the timing of the other Quick Polls as each is a snapshot of the week in which the survey was taken. ●

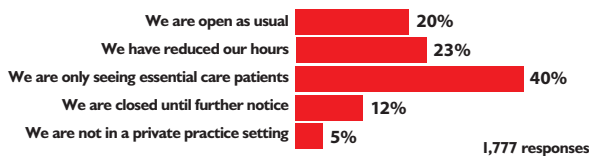
How much do you predict the coronavirus will financially affect your practice?

A Comparison of March 6 and March 20 Quick Polls



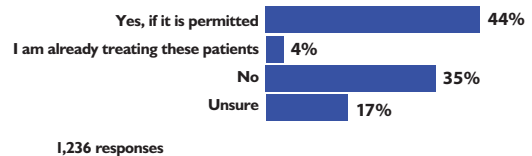
What best describes the status of your practice during the COVID-19 pandemic?

March 27 Quick Poll



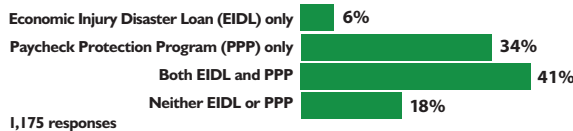
Would you agree to treat non-podiatric COVID-19 patients if your state asked?

April 10 Quick Poll



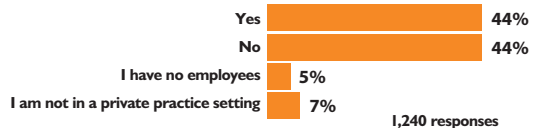
Which of these SBA loans are you applying for?

April 17 Quick Poll



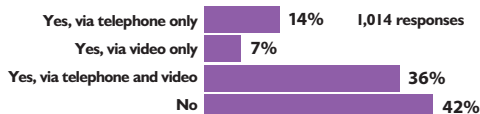
Has your practice had to lay off any employees?

April 24 Quick Poll



Are you examining and/or treating patients via telehealth?

May 15 Quick Poll



Do you require staff and/or patients to wear face masks?

May 22 Quick Poll



Percentages may not add to 100 percent due to rounding.