



# Staying Open: A Tale of Four DPMs

These podiatrists elected to continue operations during the pandemic.

BY MARK TERRY

**R**ight at the start, let's all understand that writing about the COVID-19 pandemic is a moving target. In the week of April 6-10, 2020, four podiatric physicians were interviewed about their practices and how they were faring at this time.

For perspective, worldwide, that week, per Johns Hopkins University of Medicine, there were between 1,309,439 confirmed cases (April 6, 2020) to 1,754,457 (April 11), worldwide, with global deaths amounting to 107,520 on April 11. In the United States, for April 11, according to the U.S. Centers for Disease Control and Prevention (CDC), there were 492,416 confirmed cases and 18,559 deaths. Most states had ordered quarantine conditions, many starting in mid-March, with all but those businesses dubbed essential shutting down, with people working remotely, if possible. As of April 12, although there is talk of a national order to ease restrictions by May 1, that idea is controversial and the worst-hit states will likely continue restrictions based on health statistics rather than economic and business concerns—finding that balance between political and economic decisions and medical and scientific decisions is a tricky one.

### Dropping Patient Loads

All of the podiatric physicians interviewed worked to keep their prac-

tices open, although patient loads dropped significantly. Some of this was because they intentionally limited what types of cases they were willing to see, while everybody noted that in most cases, people rescheduled cases for later periods.



Dr. Maurer

Larry Maurer, of Washington Food & Ankle Sports Medicine in Seattle, said, "Patients just aren't coming in, in general. We do sports medicine. So number one, without

one version or another, or, he said, "people who want to be seen because they're off work."

Jane Andersen, of InStride Chapel Hill Foot & Ankle, in North Carolina, is having a similar experience. InStride is the super group of which they are a part. They typically have three physicians in the practice and four staff but run lean. It's usually she and her husband and an associate physician. The



Dr. Andersen

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any sports, people aren't getting hurt, because the kids, in particular, aren't getting hurt in their traditional sports."

He did note that people seemed to be running more, but not coming in with overuse injuries, meaning they were probably just resting. Otherwise, his practice is seeing post-operative patients, trauma patients of

associate has been on maternity leave since the end of February. "So instead of three of us twiddling our thumbs, we've got two of us twiddling our thumbs and she's home safe with her children, which is good."

She added, "I can see the list of people who have cancelled and it's

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astounding. What I see now is about six or seven people a day that I'm there and some days it's four and some it's eight, but usually it's about six or seven. Normally, I would see about 20, so it's a significantly lower volume."

One aspect of lower visits, on the other hand, is generally lower costs for consumables and decreased hours for staff—assuming the staff are still working, which will be addressed later.



Dr. Lockwood

Melissa Lockwood, of Heartland Foot and Ankle in Bloomington, Illinois, said their practice is currently working at about 50% time and capacity, and it seemed like it might be dropping a bit. In central Illinois, she notes, they had been on lockdown since March 16. "We're working out three weeks right now, kind of walking the line as an essential provider, but also trying to be really careful about those non-urgent visits."

Larry Kosova, of Family Podiatry Center in the Chicago area, said they are running four or five hours a day,

which are otherwise busy with COVID-19 patients.

## Telemedicine

All of them are dabbling in telemedicine. The Centers for Medicare and Medicaid Services (CMS) is encouraging it, and although podiatry is

an option for them to get some good advice when they won't come anywhere near us. At this time, the only issue is that we don't know if we're going to get reimbursed. They've relaxed the regulations on which platform you can use, and they've eliminated the need to become tele-

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generally viewed as a mostly hands-on form of medicine, the HIPAA restrictions on it have eased and Medicare has added a modifier that is supposed to make it easier to be reimbursed. Andersen notes that CMS changed the modifier mid-stream. "We're staying on top of that. I don't know that we've gotten paid yet, because I don't know if any of those claims have been processed yet, but we'll see. We should probably know within the next week



Dr. Kosova

health-certified. And they came up with a code and system for paying you for telemedicine. What do we get? I have no idea. Right now, we're taking a little while to figure that out."

Lockwood says telemedicine has been going extremely well. "Our patients of all ages have really embraced it.

We're even doing it for the nailcare situations, with people who are thinking they wanted to get their nails done and we said, 'Let's have you come on like this, have you do a telemedicine visit, and the doctor can look at your nails and we can come up with a plan together if we need to.'

Kosova, who is very tech-savvy, is running telemedicine with patients who want to do it. He noted that problems with the tech doesn't seem age-related, that he has had patients in their early 20s struggle with some of the technology. "I figured all these 21-year-olds who do Skype and things would be second nature, but I had a patient who couldn't figure out how to turn on the camera to show me his ingrown nail." But Kosova has been experimenting with six or seven free products because he currently has the time.

## Screening Patients and Interacting Differently

As the pandemic ratcheted up and social-distancing measures went into place, all of the practices took similar approaches to screening patients.

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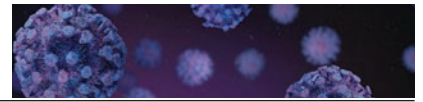
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with Tuesday and Thursday evening hours, as well as being open part of the day on Saturday. "The patients that are coming in are really for ingrown nails, infections, or people that have a fracture or tendon tear, that kind of thing."

They all note that part of the rationale, besides just trying to keep the doors open, is to try to keep these patients out of emergency rooms,

or two, particularly because those early claims were the ones that we're going to have to refile because they changed the modifier."

Maurer had just tried telemedicine using Zoom. "It's kind of exciting—it's funny that it's exciting now. I don't really like telemedicine at all, because I believe that you should do a thorough exam. But patients are so hesitant to come in and I think it's



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Kosova said, “We’re screening all our patients ahead of time. We’re calling everyone who has made an appointment and asking if they have been sick or anyone in their household has been sick. In the beginning, we asked, ‘Did you fly to Europe? Did you fly to Washington?’ And a lot of our patients had kids coming back from college and they called and said, ‘I’m not coming in for another two weeks. I’m quarantining myself because I was just on a plane.’”

Internally, they’re wearing gloves and masks. Both Kosova and Andersen have made decisions about families of patients coming in wearing make-shift masks, requesting that they stay outside to limit the number of people in the waiting rooms. “We’re only allowing the patients,” Kosova said. “So if the husband comes with the wife, we’re having the non-patient wait in the parking lot.”

Andersen noted a husband coming in with his wife and he was wearing a bandana, and she asked him to

work. We don’t want you to feel like you’re putting your life at risk to come to work. Plus, we’re slow, so we could use people not coming to work. It would be your choice to not come to work; that would be fine. But everybody at my office has

she has offered to do as much as she can remotely. To varying degrees, everybody’s hours have been cut.

## **Staying in Business**

All the podiatric practices interviewed had applied for loans and

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decided to come to work.”

For Andersen, a long-time staffer resigned in early March, with her last day around March 23rd. “That’s really fortunate for us, because she had been with us for about 17 years and she had a high salary. That’s probably the thing that’s keeping us at the moment continuing to employ our staff, even though we’re not paying ourselves. We’re paying the staff. We’re trying to do the right thing by them and keep them employed.”

funding via the CARES Act, the Coronavirus Aid, Relief, and Economic Security Act implemented by the federal government. At this time, it remains to be seen on how that will work out.

Andersen said that the super group they belong to has been applying for the Paycheck Protection Program and other CARES Act offerings. “I am by no means an expert on that, but we’ll see how it goes. Hopefully that’ll work well. I’m just concerned they’re going to be like, ‘Wait, everyone wants money?’ I’m concerned that it’s just not going to pan out. But we’re just going to hold tight at the moment.”

Most found their landlords and banks to be very accommodating and understanding, at least so far. Maurer noted he had recently moved into a new office and took out a large loan to build it out. “Then I have rent to pay and payroll and supplies. The changes the government made allowing banks to take a pause on loans is a big deal. My bank paused my loans for up to three months, and because of that, my landlord has paused my rent until further notice.”

Lockwood has also applied for the PPP and the Economic Injury Disaster Loans (EIDL), but some of those applications are on hold until the funds from the CARES Act have been used up. Illinois is also separately offering other types of grants, which they have applied for.

Kosova said, “One of the things we asked for and were surprised was rent abatement. My landlord is a pain doctor and we asked for rent abatement. He gave us about 50% for the next two months. He totally under-

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wait outside. Generally, the patients have been appreciative of these kinds of efforts.

Of course, everybody has stepped up the cleaning and sterilization processes, cleaning all the rooms multiple times a day using medical-based disinfectants, wiping down all surfaces.

## **Staffing Issues**

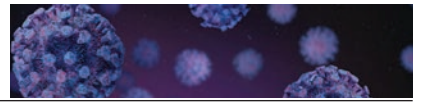
Not everybody—even people in healthcare—are comfortable working directly with patients during an infectious disease pandemic. As a result, staffing has taken a hit in some practices and not in others.

Maurer reports no staffing issues. “Our stance was that if you don’t feel comfortable, in no way are we expecting you to come to

work. But everyone’s situation is unique. One of Lockwood’s patients also works at a nursing home. The nursing home requested she limit the risk by working one or the other job, and she agreed. She is on furlough from the practice but continues to work at the nursing home. Another staffer took a furlough because her children’s daycare center closed. When they open back up, she plans to come back to work.

Kosova had a staffer willing to work, but not directly with patients, so she’s prepping and cleaning rooms. Another staffer quarantined herself after her husband, who traveled on international business and became sick, was quarantined. She has yet to return to work, although





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stands. He has seen two patients in the last three weeks.”

Andersen and her husband own their office via an LLC. “If it goes on for a long time, it’s going to be a real issue, obviously. But at this point we’ve got a little bit of a cushion, in terms of months.”

The toughest question, however, was: How long can you continue staying in business like this? Maurer said, with the rent abatement, he

Kosova said, “is order and supply. I placed a big order of supplies when this thing first happened to get restocked. I’m talking normal stock; I’m not talking hoarding masks or anything. But we can’t even get masks and gowns. We have some because we have an OR and we have people that come in with need, but we don’t have that much. We can’t even get replenishment of our own supplies. That’s going to become a problem.” Kosova also worried that if things went on long enough, they would

or two where things were going to be slower. Take a breather and think about things. Spend some time with the family. My kids are home and I didn’t expect that. This is an unexpected long period of time where I get to spend time with my high-school son and my college son and they’re not out running around like normal. It’s almost like being back in middle school where they’re actually home and interacting with you.”

“We’ve tried to focus on how we can use this time effectively,” Lockwood said. “We’ve been doing a deep dive into our accounts receivable. We’ve been going crazy with projects that we hadn’t updated in a long time. We’re updating our employee procedure manual or anything I can do to give my staff work to do. I want to keep them on. We’re also doing marketing, but the tone has changed. We’re doing a web series on how to handle issues at home. We did one on ingrown toenails. We did one on heel pain. I’m giving my daughter a pedicure and we’re going to film it so we can show it on our social media. We’ve really stayed incredibly active and communicative with our patients, both online and sending out a fresh print newsletter at the end of April. We know that as soon as this is over, we want to be top-of-mind for our current patients. We’ve changed the tone. It’s more like, ‘Hey, did you know we can do telemedicine appointments?’”

Anderson pointed out—particularly from a southern-coast perspective that “Everyone’s in this. It’s not like a hurricane, where it’s regional and you can practice for it. Generally speaking, people are pretty happy to see us under these circumstances.” **PM**

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could go a long time, although he would eventually have to lay people off. But if the government broke things off and said they had to start paying the loans back and pay rent, but business was still at 25%, “I think we’d be out of business, to be honest. We can’t do it.”

Lockwood said, “We have no immediate plans to close. We’re about two hours south of Chicago, which is a hot spot. That can change. We may be forced to close if somebody gets sick in our office. I can’t in good conscience, even with the fact that we’re doing it by teams to separate people from getting sick, we’d have to shut down at least one of the teams. My husband and I are on opposite teams, but there is a risk of that. So I think that if that happened, we would have to shut the office down for at least two weeks and then we would open it back up.”

Andersen pointed out that if reimbursements stopped because they had to shut down, they wouldn’t be in business, but they could likely keep going for a month or two. “But that’s by not paying ourselves. That can only go on so long.”

“The big problem we’re having,”

have to dip into retirement savings to stay afloat, and that was something they really did not want to do.

Everyone has also delayed or forgiven patient billing in the interim, which will, over time, apply pressure to the business side of their practices.

### **Is There a Bright Side?**

With some humor, Kosova notes that the staff shortage has forced him to do things around the practice he has never done before. “I’m taking x-rays. My x-ray tech will develop them, but she doesn’t want the patient contact. I’ve learned how to use the credit card machine. I’m doing orthotics—we have a scanning machine. And when I’m done talking to you, I’m going to learn how to use that.”

Maurer admits to being an optimist always looking for the silver lining. “I think one positive is that we can take time to reflect during the time off. I don’t know what things will come out of this, but when is this ever going to happen in my life, right? I’ve been working my tail off. For people who really work hard and who are in the grind and in a busy practice, you didn’t expect a month



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