The Novel Coronavirus and Practice Management: Where We Are Now and How to Plan to Reopen Your Practice
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When Questions are called:

1. Click on the chat graphic.

2. Select “Louis McIntyre.”

3. Type in your question and hit enter.
FEATURING:

Louis F. McIntyre, M.D., Moderator; Northwell Health; Immediate Past President, AANA

Brian J. Cole, M.D., M.B.A., Managing Partner Midwest Orthopedics at Rush; First Vice President, AANA

Mark H. Getelman, M.D., Southern California Orthopedic Institute; Second Vice President, AANA

James W. Stone, M.D., Orthopedic Institute of Wisconsin; Treasurer, AANA

Eric C. Stiefel, M.D., Valdosta Orthopedic Associates; Chair, AANA Advocacy Committee

Nicholas A. Sgaglione, M.D., Chair and Senior Vice President, Orthopedic Service Line, Northwell Health; Chair, AANA JBOT and Education Foundation

The Novel Coronavirus and Practice Management: Where We Are Now and How to Plan to Reopen Your Practice
Economic Overview at MOR

Phase I  Phase II  Phase III
Confusing Narrative

Essential

- Emergent
  - "Life or limb"

- Non-Emergent
  - "Time sensitive"

Non-Essential

- Urgent
- Elective

"Life or limb" vs. "Time sensitive"
Why is pain, function, and inability to work not part of the narrative?
Essential Considerations...Short of Emergent

- A condition that has failed to respond to non-surgical care
- Conditions that without treatment could result in compromised outcome
- Conditions with intolerable pain especially when narcotics are required
- Functional losses precluding return to activities including ADLs
- Conditions resulting in significant financial hardship
Facility and Region

Largely Hospital and Inpatient Concerns

- Locations where outbreak has most likely peaked
- Low burden of disease in the facility/system
- Ample resources locally
  - Staff
  - ICU Beds
  - PPE
  - Ventilators
- Independent ASC → Hospital ASC → Community Hospital → Academic/COVID Hospitals
The Patient

- Age < 65 y.o; healthy older patients (ASA 1) case-by-case
- ASA 1-2; ASA 3 if approved by medical director
- No influenza-Like symptoms (ILS)
  - Fever 100.4 degrees or greater
  - Cough
  - Shortness of breath
  - Malaise
- History: recent travel, sick family member or COVID-19 exposure
The Patient

- One entrance into the facility
- At entrance: hand disinfection, temperature, history, mask, wrist band
- COVID-19 consent form
- One or preferably no accompanying family member
The Staff...Measures that Work!

- Proper training...re-training
- Screening: Temp, Hx, POC testing, wrist band placement
- Hand hygiene and don’t touch your face!
- Staff minimum and six feet distance when possible using PPE
- Intubation with minimum staff, N95s and eye protection
- Delays between room re-entrance (if no POC testing)
Other Factors

- Case prioritization based upon local environment
- Board review
- Efficient surgical times and procedures (6 vs 8 and 1 vs 2 rooms)
- Expedited postoperative recovery and discharge procedures

Other:

- Consider sustained reduction in “cases” ≥ 14 days
- POC Testing
  - Should not be deciding factor to proceed as most asymptomatic patients are negative (1/300 for us)
  - False negatives in asymptomatic carrier → not enough shed
  - If available, can be more efficient b/w cases
Availability of Post-Operative Management

Should include the following if possible:

- Minimize face-to-face
- Telemedicine and telerehabilitation
- Patient guidance regarding adequate nutrition, hydration
DOS: 4/21/20 Pre-op indications for essential surgery

“Sam is a 52 year-old male who formerly worked as a lineman and has long-standing worsening right shoulder pain. He has failed non-surgical care including multiple injections, an arthroscopic debridement and capsular release. He indicates his pain average between 5-7/10, he has difficulty sleeping, cannot recreate with the arm and is unable to return to his job which he wishes to work at for another 5-7 years due to his condition. Because of his pain, dysfunction, and inability to work he is indicated for essential surgery at this juncture. The availability of post-operative rehabilitation has been confirmed. He has followed all facility assessments related to the management of COVID and all tests are negative.”
Discussion Topics

- What aspects of your practice are up and running currently?
- How are you “living with COVID-19” and proceeding in the ambulatory surgery center (ASC), office and inpatient settings?
- Which federal programs have you accessed? Have any delivered proceeds for cash flow yet? How are those being managed?
- How are your employees tolerating furlough or a reduction of hours?
- How are you handling resumption of both salaried and hourly employees’ compensation and paid time off during the ramp-up, and how much of this is tied to SBA loan requirements?
- How are you handling resumption of partner and employed physician compensation during the ramp-up?
- Have any of your employees or partners developed COVID-19?
- Will this crisis force you to reassess your business model and practice paradigm in the near-term?
Questions?

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Thank You for Joining Us

Please watch for an email containing the following:

- Link to the webinar evaluation
- Link to the webinar recording
- Link to additional reading resources at aana.org