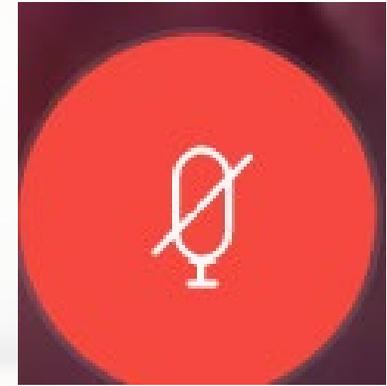


**The Novel Coronavirus and Practice Management: Where We
Are Now and How to Plan to Reopen Your Practice**

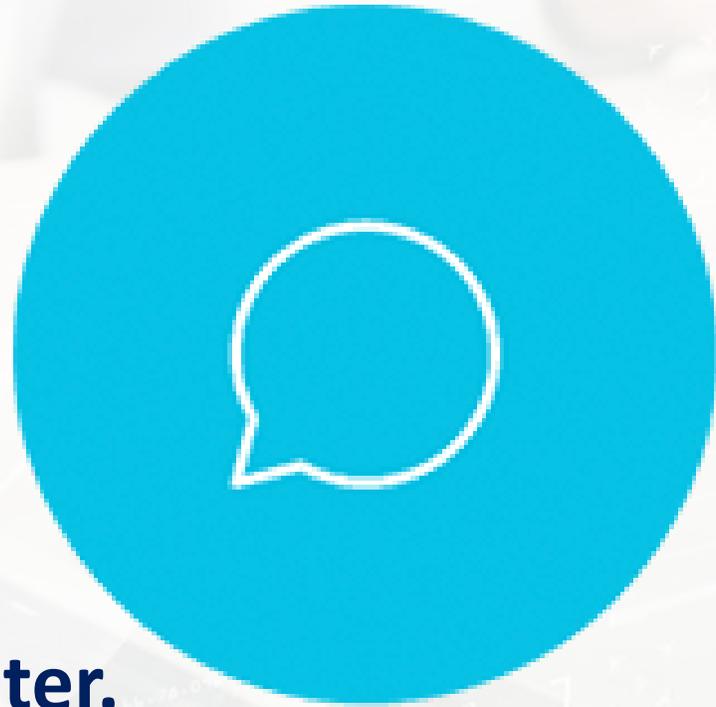
IMPORTANT:
Mute your computer audio
and
Turn off your video
on the webinar screen.



This webinar is being recorded and will be made available in the event of technical difficulties.

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

Non-Essential



Emergent

Non-Emergent

Urgent

Elective



“Life or limb”

“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” \geq 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 \rightarrow 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**

Sample Indication Documentation

bcole	09:15 AM	3856	[REDACTED]	F	23	(414) 534-3668	(414) 534-3668	GEN	Right	uhc student res 04/20/20	SPOR
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RIGHT KNEE SCOPE, ACL RECON W/ BONE TENDON BONE (BTB)
AUTOGRAFT/RIGHT LATERAL MENISCUS REPAIR

SURGERY NEED***Functional losses precluding return to significant activities***

DME: CRUTCHES, POST OP KNEE BRACE, RECOVERY + ICING UNIT

DOS: 4/21/20 Pre-op indications for essential surgery

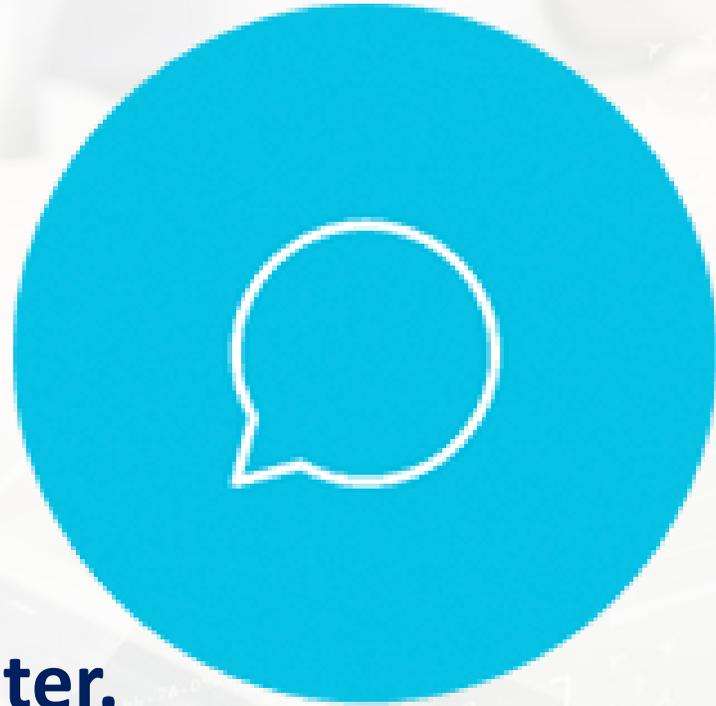
“Sam is a 52 year-old male who formerly worked as a lineman and has long-standing worsening right shoulder pain. He has failed non-surgical care including multiple injections, an arthroscopic debridement and capsular release. He indicates his pain average between 5-7/10, he has difficulty sleeping, cannot 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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- 3. Type in your question and hit enter.**



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**