

## NCMGMA Peer-to-Peer Webinar: How North Carolina Medical Practices are Tackling the COVID-19 Crisis

### What platform are you using for telemedicine?

**(FRAN)** Doxy.me (currently the free version).

**(RITA)** UPDOX as it was interfaced with our EMR eMD. One suggestion they provided which has been helpful is to take a photo of the person for documentation. Also, consent is also crucial. CURI provided a good template for this.

**(STEVE)** EmergeOrtho uses Doxy.me. It is not integrated into our EMR, but has the functionality and stability we needed.

**(TIM)** Doximety (started out with Doxy.me but found this to be more reliable with more functionality).

**(MELISSA)** We use our own built into our EHR (TriMed Technologies supports it) – I also have a couple of doctors who work for Teledoc on the side doing telemedicine.

**(JACOB)** A combination of phone calls, FaceTime and Zoom.

### If you have changed your business hours or suspended services, when do you plan to return to a more regular schedule?

**(FRAN)** Hopefully, May 11th but this is still tentative. We will be resuming screening mammograms on the 11th.

**(RITA)** Our ASC was closed except for “urgent” cases. Originally, both staff

were scheduled into two teams, each working 24 hours. At the Board’s request, the clinic team came back to work to assist with telehealth and rescheduling patients.

**(STEVE)** EmergeOrtho is resuming elective surgeries in some locations this week and plans to reopen locations and extend hours as the volume increases. In Wilmington, we are making plans to return to a normal schedule by the end of May.

**(TIM)** We reduced and then eliminated our evening clinics for emergencies (5p – 7p). I will not re-establish until August (based on need, we were going to reduce from 7p to 6p in May prior to the pandemic).

**(MELISSA)** We did not shorten our days at all, but we have suspended our after-hours clinic during the weekdays. We continue to keep our Saturday and Sunday hours but also do telemedicine for the on call doctors.

**(JACOB)** We are targeting June 1 for a return to “normal” hours.

### If you received PPP money, what is your understanding of how it can be used?

**(FRAN)** It’s complicated so make sure you have guidance from your CPA especially to make sure you do what’s necessary to have it forgiven. Record keeping is critically important as the IRS is hiring in order to meet the demand for

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auditing businesses. We had the bank set up a separate account for the loan.

**(RITA)** 75% payroll, employer 401K payments and benefits. 25% on rent, utilities.

**(TIM)** 75% for payroll-related items (payroll, health insurance, retirement) and 25% on rent/utilities. Employees that have an annual base in excess of \$100k are capped at \$100k for payback calculations ( $\$100,000/52 \text{ weeks} \times 8 \text{ weeks}$  (PPP duration) divided by number of payrolls in PPP duration). For those that pay twice monthly, Salary capped at \$3846.15 per pay period.


**(MELISSA)** 75% payroll and the rest can be used in utilities (specified of course) we understand that you can also use it for Profit Sharing Contributions. We are monitoring this as it has changed since the beginning. We are utilizing our accounting firm to assist us with this. One final note is – don't cheat but make sure you utilize all the options. And use last two years history for assistance.

**(JACOB)** 75% for payroll and health insurance then 25% for rent, utilities, etc.



**Question for Fran: Can you give us additional details about the blood pressure cuff you mentioned, please?**

**(FRAN)** Yes, of course! We purchased cordless machines (Omron) for our CMAs. The patient can slip the cuff on their arm and press a button to measure it. This reduces exposure for the CMAs.



**Have any of the practices implemented partial furloughs? If so, are you concerned as to how partial furloughs may affect the PPP loan forgiveness?**


**(FRAN)** None.

**(RITA)** We implemented partial furloughs but as the date the money was deposited, all staff were requested to return.

**(TIM)** We did furlough our staff 20% (basically one day per week without pay). Stopped the furlough when we received PPP. After the PPP is exhausted, I plan to re-institute the furlough but at a week at a time to maximize chances for unemployment benefits.

**(MELISSA)** We did furlough 15 of our staff (about a third). We are not concerned because we brought them back when our time period started so we do not anticipate this to be an issue.

**(JACOB)** We did and our understanding is as long as we are back to fully staffed and payroll returns to normal levels by June 20th, it will be forgiven.



**Is anyone taking temperatures of staff and/or patients upon arrival? If so, how long do you plan on doing this?**

**(FRAN)** We do not have sufficient supplies of probes to do this and have not been able to get a thermal device yet.

**(RITA)** Physicians and staff get temps twice a day. Patients and any required guests get temps as well. All parties are required to sanitize hands before any interaction. We use the temp probes and our portable Welch Allen units. We also have two tympanic thermometers for backup only.

**(STEVE)** Good question. Likely through the summer months. Yes, we are taking temps for staff and patients. I can see a day where we have staff self-report

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rather than have a screener take an employee's temperature.

**(TIM)** We are using the infrared thermometers. Will continue indefinitely.

**(MELISSA)** We have been taking temps of everyone who enters the buildings including providers and staff for about 6 weeks. So far so good. If we encounter a patient with a fever then they are escorted outside of the building to our "Covid clinic" for workup. We have been also doing testing during this entire time based on each week CDC guidelines. So far 4 positives.

**(JACOB)** We are not.

**Is anyone doing antibody testing yet?**

**(FRAN)** No.

**(RITA)** We have talked with BCBS for antibody testing for our staff only. As a specialist, we would not be ordering the screening, as this would be referred to PCP, health department.

**(STEVE)** Not yet.

**(TIM)** We are not performing any testing at the moment. We plan to do COVID-19 testing once available, but not antibody testing.

**(MELISSA)** No not yet. We are watching for FDA approval testing that would fit into our moderate complexity Lab. Not sure this is the end-all-be-all but it would be nice to test staff.

**(JACOB)** We are not.



**For those with extenders that may have a production bonus, how are you preparing to address that as it comes up? Morale among our NPs with production bonus is very low.**

**(FRAN)** Our bonuses are paid once a year so mine have time to make up lost revenue.

**(RITA)** Our APP get paid a salary with a production bonus after a certain number of RVUs. I did not hear any complaints as all parties were in this together. We all took furlough including myself.

**(TIM)** We do not have performance bonuses at present.

**(MELISSA)** We are offering them advance on the production portion only of their bonuses. To be partially deducted until paid back. They have the opportunity to do televisit also at this time.

**(JACOB)** This has been tough for us but the reality is, everyone in our clinic has taken a hit from top down with the top taking huge hits so unfortunately, it is what it is. Hopefully, as we rebound, we will have funds available to bonus out all of our staff and try to make up as much of the missed bonuses as possible. We have been giving them either an extra day off every week or if they are working 5 days, a comp day for future use.



**Fran, I would like to know what reduction in visits if any you experienced? Thanks!**

**(FRAN)** Two of my physicians have only seen about a 10% decrease. The other physicians are down about 40% for in-office visits but are trying to fill their empty slots with e-visits. The hospital OB census has not changed.

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**What have been your “go-to” sources for staying up on the latest information?**

**(FRAN)** MGMA listserv, MGMA Government Affairs staff, webinars from various sources, SBA website, Treasury.gov, NCMGMA listserv, Dept of Labor, talking to my peers, and our CPA.

**(RITA)** CURI was amazing, NCMGMA, MGMA, NCDHHS and the ongoing webinars which had one or two key pieces of information.

**(TIM)** My ‘go-to’ sources are CDC, NCDHHS, CCPN, NC Medical Society, CURI, and of course, NCMGMA.

**(MELISSA)** Definitely – CDC, NCDHHS, CURI, AAFP. Early on we wish that our NCDHHS would have worked with counties to give us more instruction. We definitely leaned heavily on CDC guidelines. I think during this whole thing our communications strengthened and we relied heavily on each other.

**(JACOB)** NCMGMA, Curi, NCDHHS, Daily White House Briefings and Wake County Emergency Management daily updates.