



The future of medical practice is touchless, socially distant: Experts

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COVID-19

The masked-up, socially distanced practice of today will look very much the same in the foreseeable future, predict experts and medical practice professionals who are tracking clinical and work trends in the industry.

The onset of the COVID pandemic quickly led to the closure of many medical offices and a quick shift to masks, social distancing and other measures ([PBN 4/6/21](#)). Medical groups also suffered a severe drop in patient visits. But new studies show the patients are returning. For example, one study of 50,000 ambulatory practice providers reports that, after a 60% drop in patient visits in April 2020, traffic had come back to within 6% of normal by the end of the year, according to findings from The Commonwealth Fund.

"Some are still reluctant [to return] risk-wise, but they're a small percentage," says ophthalmologist Benjamin Ticho, M.D., of Ticho Eye Associates in Chicago Ridge, Ill., of his own patients. Ticho was one among many who saw a patient traffic drop last spring. "Most of the at-risk elders are vaccinated or on their way to getting vaccinated," Ticho says, "or else they don't believe in getting vaccinated but are still determined to go on with their lives as before."

Alejandro Badia, M.D., a hand and upper extremity orthopedic surgeon at Badia Hand to Shoulder Center in Doral, Fla., and founder of OrthoNOW, a network of orthopedic urgent care centers, says his business is still down a from pre-pandemic levels. "I'm worried that maybe the pandemic has made a lot of physicians stop and think about getting off the hamster wheel — like, what am I doing?" Badia says.

But Badia feels Florida's "commonsense" approach to handling COVID-19 has made things better than they might have been. And he sees some "silver linings" coming out of the pandemic — for example, he hopes the emergency use authorization (EUA) that got COVID-19 vaccines so quickly into use might "benefit some of the drugs that are being evaluated now and get them to market a little bit quicker."

Virtual visits help

Telehealth has helped bring back some patient volume. Thalia Baker, associate vice president of primary care at UAB Medicine at the University of Alabama at Birmingham (UAB), says that telehealth will wind up representing "about 20% of our ambulatory work" at UAB. These remote visits are likely to be "return visits for follow-up on diabetes, hypertension" and "acute visits for sore throats, poison ivy, sprains, strains" and other ailments.

Still, "patients do actually want to come into the office and see their physician," Baker says. She finds the pandemic has forged a tighter bond between primary care patients and providers. "Many patients realized the value of having that one-to-one relationship with a care team that knows them [and] their family," Baker says.

Inventory: A little cushion

One area where Baker sees a change from early pandemic days is inventory. After the painful shortages of 2020, UAB has returned to more or less normal supply levels. "If we have strong relationships with large medical supply companies, that helps to ensure we won't be left out if a need arises to dramatically increase the inventory maintained onsite," Baker says.

"We did [stockpile] some items, and we're still working through our stockpiles," Ticho says, but "pretty much all the shortages went away" quickly.

Nonetheless, Baker still maintains a 20% cushion over her previous par level. "From our groups and hearing from others around the country, mainly through MGMA and AMGA, we are all increasing our par levels more than in the past," she says.

Touch me not

One thing that Baker says is here to stay is touchless check-in. At UAB primary care, patients "confirm their appointments, answer basic demographic questions and pay their co-pay" by phone or computer, she says. "When they physically arrive at clinic, we do screen for temperature, symptoms and mask wearing — then they go straight to their clinic. We also have reduced touches to get patients into and out of parking decks. We were forced to innovate during the pandemic, and many of those innovations turned out to be positive."

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Ticho appreciates the thinner crowds in his waiting room. "We've limited the number of family members who can attend clinic," he says. "Before, you could bring your whole family. You can't now. But frankly we never liked having extra people in the waiting room in the first place, so you could say we took advantage of the climate."

Mask up now and in the future

After 13 months of COVID-19 precautions, both health care workers and patients are accustomed to masking and social distancing in the office and not expecting to see them go away any time soon.

Leslie Baker, chief experience officer for Adjuvant.Health, a physician support arm of Allied Physicians Group in New York City, thinks that most aspects of doctor's office social distancing will stick around. For instance, practices will continue to see "spacing of appointments, reducing contact and separating well-visit hours/days from sick visit hours/days will continue for some time equally," she says.

Baker expects to see the masking requirement challenged, though, and "more difficult to enforce" as more people get vaccinated.

"I've seen colleagues invited to some meetings held where the hosts ask if everyone is vaccinated, and if the answer is yes, they say everyone can remove their masks," Baker says. Over time she expects that the CDC will amend its guidance and then "a choice will need to be made by the practice."

On the other hand, Michael Loftus, M.D., chief medical officer of Jersey City Medical Center of RWJBarnabas Health, thinks that all the exigencies — including masks, as well as distancing, hand-washing and limited physical contact — will persist.

"There's definitely an increased awareness among the public about how easily germs can spread in public places and I sincerely hope that never goes away," he says, pointing out the precipitous drop in respiratory infection diagnoses since the COVID measures went into effect. "Three, five, 10 years down the line, are people still going to be wearing masks [in the street]? I certainly hope not. But in a doctor's office waiting room, maybe that just continues to be an expectation."

Badia's not a mask fan. "I hate that when I walk in [to the office] I can't really shake hands with patients, even though I'm examining their hands, and I don't get to see their full expression because we're all wearing masks," he says. But he sees the necessity and appreciates that "most people are really compliant with [masking] in the office; I think it's good."

Giving them their space

Loftus expects medical facility design to reflect the new socially distant realities going forward.

"If you were designing a new office today and thinking about how your waiting room was going to be constructed, building in a sort of forced-distancing layout makes sense," Loftus says. "And you could do that from an architectural design standpoint out of the gate, rather than doing the sort of the retrofitting that we've seen in a lot of places, you know, where you see tape across every other chair."

For example, there may be different facilities for high-risk patients, such as the immunocompromised or pregnant patients, and the general population. Also, while practices might "currently have stationary furniture that's got six attached seats in a row," says Loftus, maybe now "you'll instead buy individual seats that can be easily separated — maybe by planters, tables or informational bulletin [boards]."



Resource

Commonwealth Fund report, "The Impact of COVID-19 on Outpatient Visits in 2020: Visits Remained Stable, Despite a Late Surge in Cases," Feb. 22, 2021: www.commonwealthfund.org/publications/2021/feb/impact-covid-19-outpatient-visits-2020-visits-stable-despite-late-surge



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