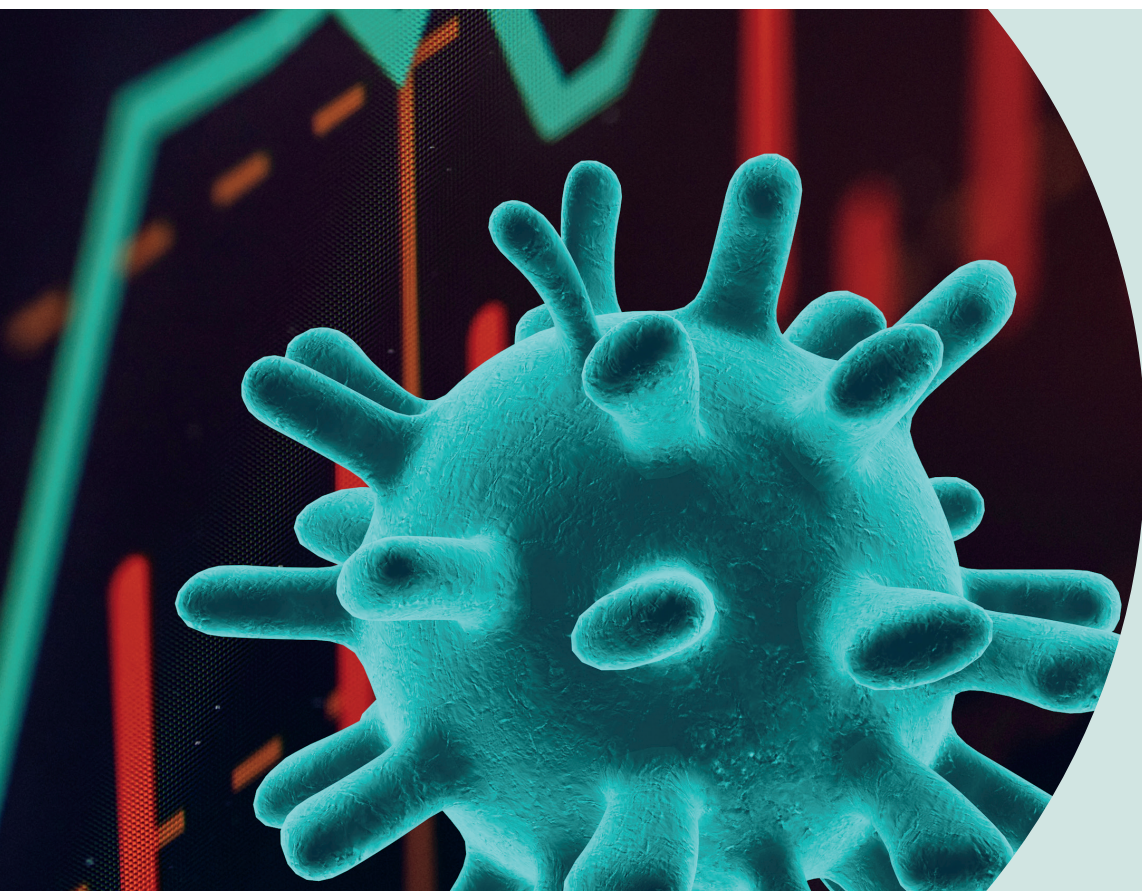


AMERICAN ACADEMY  
OF OPHTHALMOLOGY®  
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**Modules 1-6**

# Reboot Your Practice

Post-Covid-19 Recovery Roadmap  
for the Ophthalmic Practice



**June 2020**



AMERICAN ACADEMY  
OF OPHTHALMOLOGY\*

# Reboot Your Practice: Post-COVID-19 Recovery Roadmap for the Ophthalmic Practice

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# Introduction

In response to COVID-19, the AAOE® Recovery Taskforce developed *Reboot Your Practice: Post-COVID-19 Recovery Roadmap for the Ophthalmic Practice* to get your practice ready for reopening. The tactics and resources outlined here are based on those shared by the AAOE Recovery Task Force and Academy and AAOE members. It includes strategies, tips and pearls as well as links to online resources, such as practice protocols, policies and other forms, that you can adapt for use in your practice.

When completed, the *Recovery Roadmap* will consist of 10 modules and will be *continually updated* as the pandemic situation changes. It is available in downloadable PDF format and also accessible online.

The first six modules of the Recovery Roadmap are as follows:

**Module 1: Consider Financial Impact**

**Module 2: Focus on Improving Profitability**

**Module 3: Identify Financial Relief**

**Module 4: Nurture Positive Employee Relations**

4.1 Stay Connected and Communicate with Your Staff

4.2 Employee Guidance On Operational Safety and Protocols

**Module 5: Rethink Your Operations and Develop Reopening and Recovery Strategies**

5.1 Envision Strategies and Implement Lean Management

5.2 Develop Reopening and Recovery Protocols

5.3 OSHA Considerations

5.4 HIPAA Policies, Requirements and Temporary Suspensions

**Module 6: Maintain Business Development and Marketing Plans**

The coronavirus has caused a lasting shift in the American subconscious. We will always remember this time, much as the country dealt with the new realities after 9/11. For months after we are given the green light to leave our homes, patients, practices and health care systems will be sensitized to cleanliness and the risk of infection. There is also the reality that until we have proven vaccines against the coronavirus and treatments for COVID-19 infections, we will not return to “normal.” In addition, we must prepare for the potential of future pandemics.

In the reopening and recovery era, there will be cultural norms that will become less normalized and quarantine technologies that will continue to evolve. Telemedicine will likely remain a modality of screening patients for the foreseeable future. Practices that are built for the long-term will have to adapt to a post-COVID reality of social distancing, transmission risk minimization, and telemedicine.

These changes should be reflected in practice protocols and all key stakeholders should contribute to their creation. While the ophthalmic practice will need to continually evolve, the process to adapt can be an opportunity to respond with improved efficiencies and a culture of versatility. The *Recovery Roadmap* is intended to help your practice adapt, respond and thrive in the new normal of future pandemics.

*AAOE® Recovery Taskforce*

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## **Module 10: Develop New Crisis Management Plan** *(Coming Soon)*

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# Module 1

## Consider Financial Impact

### Statement of Purpose

When faced with dramatically reduced production or a completely closed practice, assessing and monitoring the financial impact is essential and contributes to the decision-making process. While the crisis will eventually ease, the financial impact will be long-lasting. It is critical to understand and be able to communicate effectively about progress and expectations for the future.



### Practice Challenges

- We do not know how long the effects of the interruption will continue or whether there will be future interruptions in service.
- Practices came into the crisis with accounts receivable and cash balances, but as time passes these reserves dwindle. The most difficult financial period may come after practices are starting to see patients, but claim proceeds have not been received.
- Stimulus money is becoming available in variable amounts and most of the money is coming in the form of loans or advances. (See Module 3.)



### Strategic Consideration

- How can I monitor our status and create a tool to make financial decisions?



### Action Steps

#### 1. Know your current state.

Regardless of where your practice is in the recovery process, it is important to:

- a. Know checking and savings [account balances](#).
- b. Know current Accounts Receivable balances.
- c. Monitor outstanding debt balances.
- d. Be aware of available Lines of Credit.
- e. Know “how and how much” stimulus money has been used.
- f. Know how much and when stimulus moneys will need to be repaid.



[Create a worksheet](#) with this information and add a new column each week.



2. **Establish your pre-crisis cash receipts by source.**

Review or create your Excel spreadsheet to establish and monitor [daily receipts](#) by source. Daily receipts for the following sources should be tracked:

- a. Front-desk collections
- b. Optical shop collections
- c. Medicare FFS collections
- d. Medicare Advantage collections
- e. Medicaid collections
- f. Commercial payer collections
- g. Patient collections received via mail
- h. Online portal and IVR collections
- i. Other receipts

The end result is a rolling average daily receipt amount. This is the ultimate business outcome of practice efforts. Tracking the impact of the business interruption on this number will allow you to project your future cash picture.

3. **Gather base-line information.**

- a. Know your [average collection per office visit](#). This is the amount you can plan on receiving for each in-person and tele-medicine visit during the restricted period.
- b. Know your complete [medical collection per encounter](#). This is the amount you can plan on when you are able to see more patients, provide diagnostic testing and perform surgery.
- c. Track the number of billable encounters, in-person and telemedicine, for each day. This can be obtained from the “kept appointments” from the practice management system.

4. **Create a weekly cashflow projection.**

- a. Know your [ongoing cashflow](#) from accounts receivable (A/R) collections. If the practice carries thirty days of A/R, most of the A/R proceeds from pre-closure will be received within thirty days.
- b. Your cashflow from services provided during the crisis will likely be received in the 30 days.
  - o Since services are limited, charges should be posted and claims filed within one day of service.
- c. Determine how many patient appointments make it worthwhile to open the office.
  - o Since so many costs continue, (even if deferred), it takes very few patients to cover the costs of limited office staffing.

**Resources**

- [Daily Deposit Sheet](#)
- [Weekly Cash Balance Report](#)
- [Cashflow Projection with PPP Loan Tracking](#)
- [AcadeMetrics™ Recovery Benchmarks: An Overview of Seven Benchmarking Reports to Increase Your Practice Efficiency](#)

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## Module 2

### Focus on Realizing the Most Yield From the Limited Operation Practice

#### Statement of Purpose

Medical practices thrive on the generation of revenue from professional services. In non-crisis times, our efforts are best focused on production, efficiency and the generation of revenue. When external forces do not allow us to do this, it is critical to control expenditures. It is useful to contrast expenditures to the alternative of paying a staff member or physician.



#### Practice Challenges

Resist the urge to plan for a brief practice closure after which all patient volume, cashflow, staffing and processes return to previous levels. Adopt a philosophy of zero-based budgeting. This means that you are looking at the practice as a start-up and making purchasing and staffing decisions based on the business you have as opposed to the business you had last year or hope to have next year.



#### Strategic Considerations

- At what level can the practice afford to re-staff the practice?
- How can costs be actually reduced versus simply deferred?
- What business moves can I make to maximize resources available?



#### Action Steps

##### 1. Crisis Communication with Vendors

*Do not assume* that a vendor will not work with you in some fashion. All vendors are aware that you are negatively impacted by the crisis. They benefit from your practice emerging strong from the crisis.

- a. Run a check register from the Accounts Payable module, reflecting all expenditures by vendor for the last quarter.
- b. Categorize each vendor by:
  - o Critical service that must be paid on a timely basis.



- o Essential service, but payment can be deferred.
- o Service can be paused.
- o Service can be terminated.
- c. Communicate with each vendor in a manner that reflects respect and desire to be *long-term business partners*. Do not “just not pay.” Let them know your status. Ask for deferred payment dates without service fees and interest. For example, the EMR vendor has a critical service and they have the power to “turn it off” if you don’t pay. That doesn’t mean they will not work with you on service fee reductions.
- d. Review pricing agreements for medical supplies, contact lens and optical materials (frame fees and lab fees). Be respectful but bold.

## 2. Expenditure Decisions

- a. Discontinue ordering office supplies and resume with only critical items.
- b. Reduce the frequency of housekeeping services in any space you are not seeing patients.
- c. Contact the PM/EMR vendor for a reduction in fees over the next three quarters. Make a dollar request and be prepared for them to counter with a lesser offer.
- d. Eliminate all electronic outreach and resume consciously.
- e. Replace automated appointment confirmations with personal calls until a state of “routine” returns.
- f. Identify maintenance fees that may be renegotiated with vendors. The ramifications of not paying service agreements may be less when instrumentation is not being used.
- g. Put capital purchases on hold.
- h. Adjust inventory levels of all clinical supplies and medications based on expected patient volume.
- i. Retina practices should consider anti-VEGF medication volume and current inventory and supplies, if applicable. Anticipate that many injection patients won’t come to the practice due to comorbidities.

## 3. Occupancy Costs

Discuss with your landlord(s) the possibility for an abatement or rent deferrals to find out if an accommodation is possible. This may be an opportunity to revisit the lease arrangement. Start the conversation first with an abatement.

- a. An abatement of rent over a short period (usually 60 to 90 days). This means that all or a portion of the rent is forgiven and not owed at any point in the future.
- b. A deferral of rent over the same period. Here, the rent payments are still owed but are delayed to a future date (and usually paid back over time).

If you are satisfied with your current terms, consider negotiating a lease extension, or one-to-two free months in exchange for a lease extension.

Consider the viewpoint of the landlord.

- a. If you are renting from retired members of the practice, they may be sympathetic to the survival needs of the practice.
- b. If you are renting from a hospital system, they are keenly aware of the crisis and desire to emerge with their campus medical practices intact.



Regarding utilities, request any relief for expenses including extensions, payment reductions or other waivers. This category may include phone, electricity, internet and other expenses.

#### 4. **Equipment**

Evaluate current leased equipment and new equipment purchases. Reach out to vendors for any leniency on terms. In general, capital expenditures should be deferred in favor of funding critical operations and paying physicians, but it is conceivable that you would want to buy a second piece of diagnostic equipment to allow for a faster patient flow through the clinic. Seek discounted pricing and deferred payment terms of 90 to 180 days.

#### 5. **Revenue Cycle Management**

- a. Confirm patient insurance and demographics prior to the patient visit, including telemedicine encounters.
- b. Ensure necessary referrals and prior authorizations are obtained.
- c. Submit claims promptly and accurately.
- d. Retain appropriate staffing levels to work denials, submit appeals and re-file claims.
- e. Cross-train staff from other departments and assign priority jobs.
- f. Identify trends in claim denials and conduct internal [coding education](#) to improve accuracy.
- g. Monitor [telemedicine](#) claims for potential unique payer denials. Research current policies and appeal.
- h. Run accounts receivable aging to target areas to address.
- i. Review clearinghouse reports and scrub edits daily for delays in claim submission.
- j. Set clear expectations and deadlines for accounts receivable tasks.
- k. Continue to send patient statements.
- l. Review current patient collection protocols due to financial impact. Consider an empathetic approach to collection calls or letters to patients. Develop scripts for staff for these crucial conversations.
- m. Prioritize insurance aging with the highest balances.

#### 6. **Staffing and Payroll Decisions**

Understand the differences and ramifications of the actions:

- a. Reducing schedules
- b. Laying off employees
- c. Furloughing employees
- d. Reducing your workforce
- e. State specific definitions

Think carefully about your objectives in reducing staffing costs.

- a. Are you wishing to reduce the numbers of staff on a permanent basis?
- b. Do you want all staff to return when feasible?
- c. Do you want all staff to return at their current levels of pay and benefits?

While it is helpful to understand unemployment benefits in your state, including additional stimulus benefits, do not counsel employees on these topics. Do provide

employees with the current links and resources from your state's unemployment department.

Consider employee health insurance implications.

- a. Communicate with your health insurance carrier regarding retaining coverage eligibility for employees who drop below your plan's required numbers of hours worked. They are open to grace periods.
- b. Generally, employee coverage will continue through the month during which their status is changed.
- c. Know your policy on how long an employee can be laid off before having to undergo the new employee wait period.
- d. Incorporate the Families First Coronavirus Relief Act into your policies for the remainder of 2020.
- e. The [U.S. Department of Labor](#) enforces and provides guidance for this act, which is defined as The Families First Coronavirus Response Act (FFCRA). It requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. Reduce practice exposure by assessing and documenting employee skills, training and historical performance during the recall process.
- f. [Produce a letter](#) including return-to-work terms for each employee called back. Being called back does not automatically mean all employment terms are the same.
- g. Decisions related to Human Resources (HR) should be reviewed for compliance with all federal and state laws. Consult your HR expert or federal and state labor websites for specific recommendations.

## Resources

- [Furlough Employee Letter Template](#)
- [Rent Abatement Letter Template](#)
- [Families First Coronavirus Response Act \(FFCRA\) Resources](#)
- [Families First Coronavirus Response Act: Employer Paid Leave Requirements](#)
- [Families First Coronavirus Response Act: Employee Paid Leave Rights](#)
- [COVID-19 and the Family and Medical Leave Act Questions and Answers](#)
- [Employment Rights Poster](#) (PDF)
- [Families First Coronavirus Response Act Notice - Frequently Asked Questions](#)

## Related Reading

- [Liability and Risks for Ophthalmologists in a COVID-19 World](#)
- [Private Equity, COVID-19 and Rent Payments](#)
- [SHRM: What is the Difference Between a Furlough, a Layoff and a Reduction in Force?](#)

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## Module 3

### Identify Financial Relief

#### Statement of Purpose

In response to the COVID-19 crisis, numerous financial relief options have been made available through congressional legislation and federal regulatory action. The Coronavirus Aid, Relief and Economic Security (CARES) Act created or expanded multiple federal loan programs, as well as paved the way for financial relief through the Department of Health & Human Services.



Financial relief options include:

- **[Paycheck Protection Program](#)**: This program, administered by the Small Business Administration (SBA), provides loans to businesses through banks to guarantee eight weeks of payroll and other costs. These loans are eligible for forgiveness, if employee retention requirements are met.
- **[Economic Injury and Disaster Loans](#)**: The CARES Act also expanded the Economic Injury & Disaster Loan program available through the Small Business Administration. These loans are available to ophthalmology practices up to a maximum of \$2 million. They carry interest rates up to 3.75% for companies and up to 2.75% for nonprofits, as well as principal and interest deferment for up to four years. Loan applicants can request an emergency advance of up to \$10,000 that does not have to be repaid.
- **[CMS Accelerated and Advance Payment Program](#)**: Through this program, ophthalmology practices could apply to their Medicare Administrative Contractors to receive 100% of their Medicare payment amount for a three-month period based on historical payments.
- **[HHS Provider Relief Grants](#)**: The CARES Act provided funds that were distributed to impacted providers, including ophthalmologists, from the Public Health and Social Services Emergency Fund.

#### Practice Challenges

- Identifying the right financial relief options.
- Determining your practice's financial stability:
  - Will a PPP loan, which provides eight weeks of payroll and other costs, suffice?
  - Should you consider alternative options, such as EIDL or CMS Advance payments that carry higher interest rates?
  - Can you afford to take on loan debt?



- If not, how will you best utilize the loan and grant options that can be forgiven or don't require repayment?
- Are you successful in getting a PPP loan? What is your practice plan, if unsuccessful?
  
- Understanding how different loan and grant programs interact:
  - If you receive a PPP loan and a Provider Relief Grant, how will you best utilize those funds during the COVID-19 emergency?
  - What processes will you put in place to ensure you are adhering to PPP loan forgiveness requirements?
  - If you receive a PPP loan and an EIDL, are you aware that funds can't be used for same purposes? Are you aware that the EIDL Advance 10K will be taken from any eligible PPP loan forgiveness?

### Strategic Considerations for Your Practice

- Utilize multiple financial accounts to easily track and account for PPP loan funds use.
- Review tax relief options that can be utilized simultaneously with various loan/grant options or as alternatives. Examples include payroll tax deferral and Employee Retention Tax credit.



### Action Steps

1. **Identify best sources of financial relief for your practice, as well as lender options (PPP).**
  - a. Determine allocation of funds from various sources, PPP, Relief Grants, and EIDL.
2. **Ensure that you, your financial advisor, and/or accountant has mapped out short- and long-term financial plans that account for funds obtained through loans, CMS advance payments, or Relief Grants.**
3. **If you did not receive a PPP loan, review your tax relief options via the Employee Retention Tax Credit. [See PPP Decision Tree](#) (PDF).**



### Resources

#### *Paycheck Protection Program*

- [Paycheck Protection Program for COVID-19](#)
- [Small Business Administration \(SBA\) Paycheck Protection Program](#)
- [PPP Fact Sheet](#)
- [Webinar: COVID-19 Financial Practice Supports - PPP and EIDL](#)
- [PPP Decision Tree](#) (PDF)

*Economic Injury and Disaster Loans and Emergency Grants*

- [Economic Injury Disaster Loans and Emergency Grants](#)
- [EIDL Fact Sheet: Small Business Administration \(SBA\) Economic Injury Disaster Loan Emergency Advance](#)
- [CMS Offers Accelerated Payments for Healthcare Providers](#)

*HHS Provider Relief Grant*

- [Provider Relief Fund Grants: First Round Fact Sheet](#)
- [HHS webpage](#)
- [Terms and Conditions](#)
- [How Medicare Physicians Are Getting CMS COVID-19 Grants](#)

*Tax Options*

- [Stimulus Tax Provisions Impacting Ophthalmology Practices](#)

*Academy and AAOE [Financial Resources for COVID-19](#)*

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## Module 4

### Nurture Positive Employee Relations

#### 4.1 Stay Connected and Communicate with Your Staff

##### Statement of Purpose

Many practices have laid off or furloughed staff that will be critical to their practice recovery following the pandemic. The remaining staff are no longer working with their colleagues and may also be working in alternative positions. These changes may impact each employee differently and some may feel unsettled. Ongoing communication with all employees is central to retaining staff, managing survivor guilt, and avoiding burnout. When managed well, the recovery process can be an opportunity for personal growth for your staff and boost their morale.



##### Practice Challenges

- Facilitating communication with all staff regardless of current employee status and during recovery.
- Providing support for and connecting with furloughed employees.
- Communicating the constant changes to office procedures and protocols.
- Effectively encouraging education for furloughed staff.
- Anticipating which staff may not want to return, either due to fear or financial reasons.



##### Action Items

1. **Identify a platform for communication.**  
[Communication platforms](#) can be group text, e-mail, private Facebook page, Google Hangouts, Zoom meetings, Yammer, etc.
2. **Facilitate activities and communication.**  
[Connect](#) frequently so all staff feel included and not forgotten. Encourage them to share how they are managing at home. Challenge staff to participate in scavenger hunts, photo competitions, cooking challenges, etc.



3. **Rapidly share with all staff any protocol changes that you are implementing in response to the new challenges presented by the pandemic.**

The following protocol changes should top your recovery checklist:

- a. Schedule protocols for your phone scripts, identifying urgent and emergent patients, and schedule template changes.
- b. Involve employees in the creation of procedures and protocols. Invite input and share sources for guidance (CDC, CMS, Academy, state government).
- c. Develop an effective training system for all protocols.
- d. Update your social media and website to convey to patients the measures your practice is taking to ensure safety for all.
- e. Document changes in your physician preferences.
- f. Develop telemedicine-specific protocols for scheduling, screening, and required documentation.
- g. Determine reassignment of tasks within the office.

4. **Acknowledge fears and frustrations.**

- a. Working staff may experience survivor guilt and feel compassion for their furloughed co-workers.
- b. Some may fear exposure to the virus.
- c. Some may be frustrated that their co-workers can relax at home, often earning more than what they earned while in the office.
- d. Address these concerns promptly and work to resolve individually. Offer solutions and continue to share appreciation all staff members.

5. **Respond with safety and well-being solutions.**

- a. Ensure that appropriate PPE is available for working staff and that protocols are developed for both patient and staff safety.
- b. Consider bonuses or rewards for those continuing to work during the crisis. Other options include increased vacation, paid time-off and employee recognition.
- c. Provide meals for staff either during or after the pandemic as a recognition of their hard work and dedication. Encourage healthy habits and eating by selecting healthy choices for any snacks or meals your practice provides.
- d. Provide employee training on operational safety.
- e. Create office safety protocols and train staff.
- f. Provide specialized [staff training for proper PPE use](#).

6. **Support their continued education by providing online educational resources they can review.**

- a. IJCAHPO has many [educational resources](#) for practices and technicians.
  - b. Develop and conduct internal trainings on customer service.
  - c. Billing staff can review [coding resources](#) on the AAO website.
  - d. Encourage staff to view AAOE's online library of [practice management videos](#).
7. **Identify projects for downtime.**
- a. Update your practice forms. You don't need to start from scratch. A multitude of practice forms can be found in the [AAOE Practice Forms Library](#).
  - b. Participate in the [AcadeMetrics™ Benchmarking Tool](#).
8. **Assemble a task force or committee to identify solutions during recovery.**
- a. Challenge employees to proactively identify problems and work together to implement new protocols or changes within the practice.
  - b. Task employees to monitor any new safety concerns or patient-related issues and to communicate to supervisors.
  - c. Present the practice goals for implementing telemedicine and ask for feedback and how this new process will impact each department.
9. **Poll staff at home frequently to determine their anticipation to return to work.**
- a. Determine if any of your staff need assistance with applying for unemployment or are struggling financially as a result of the pandemic. Seek resources for them in their community as you are able. Text individually or e-mail the group. Understand the individual concerns so that you can anticipate [how to return staff](#) when needed.

## Resources

- [Stay Connected with Your Staff – Platforms to Use and Activities to Lead](#)
- [Employee Template Letter to End Furlough](#)
- [How Poor Diet Contributes to Coronavirus Risk](#)
- [Is the Virus on My Clothes? My Shoes? My Hair? My Newspaper?](#)
- [When Duty Calls, and Menaces](#)
- [Going Back to Work: Coronavirus Rights](#)

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## Module 4

### Nurture Positive Employee Relations

#### 4.2: Employee Guidance on Operational Safety and Protocols

##### Statement of Purpose

Due to the ever-changing climate of the pandemic, practice employees will need constant guidance and training. Developing protocols and reviewing them periodically will provide training and consistency. As expectations change, prompt review and clear communication will facilitate employee support.



##### Practice Challenges

- Maintaining structure and consistency in an ever-changing climate.
- Identifying the best resources for operational and safety protocols.
- Developing protocols promptly and as necessary.
- Staying educated on local and state requirements and CDC guidelines.
- [Train staff](#) on protocols typically outside their job description, (e.g., PPE use), and new protocols related to safety and reducing exposure.



**Demonstration of staff using PPE.**  
(Photo courtesy of Brittney Wachter, CEO  
Excel Eye Center, Provo, UT.)

##### Strategic Considerations

- Create an internal COVID-19 [Employee Guidance for Operational Safety](#) protocol and an agreement form based on your unique practice considerations as well as CDC, state/local government and public health guidelines.
- Schedule training sessions with employees based on office protocol. Due to the pandemic and evolving public health official guidance, expectations may be constantly in flux. Communicate to staff that they may need to prepare for daily or weekly changes and prepare them to anticipate the next change. [Send staff reminders](#) frequently to emphasize your training.



- Involve employees and physicians in the development of your practice’s guidance for operational and safety guidelines. Request that staff direct their new contributions to your practice protocols to either their supervisor or an internal task force.

### Action Items

1. **Book mark and regularly review [CDC resources](#).**

The CDC provides a wide variety of important practice information including clinic preparedness and staff training and preparation.

- a. Ensure that staff understand proper use of PPE.
- b. Teach staff how to recognize the symptoms of COVID-19.
- c. Train staff on triage and screening techniques.
- d. Stress the importance of hand washing and cough etiquette.
- e. Ensure that sick staff stay at home or are sent home when identified.



2. **Identify [state](#) and local government and public health resources.**

- a. Understand the guidelines unique to your community.
- b. Know the public health department guidelines for reporting positive COVID-19 employees or physicians.

3. **Frequently review [Academy coronavirus resources](#) for relevant updates to employee guidance protocols.**

- a. [For ophthalmologists and clinical resources](#)
- b. [Practice management](#) related resources
- c. [Reopening and Recovery](#)

### Resources

- [COVID-19 Employee Guidance for Operational Safety](#)
- [Personal Protective Equipment \(PPE\): Provide Staff Training and Optimize Your Supply](#)
- [Staff Reminders](#)

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## Module 5

### Rethink Your Operations and Develop Reopening and Recovery Strategies

#### 5.1: Envision Strategies and Implement Lean Management

##### Statement of Purpose

The coronavirus pandemic provides a perfect opportunity to rethink our practice operations. “We will reopen and rebuild not what was, but better and smarter,” advised New York Governor Andrew Cuomo, which is exactly what ophthalmologists and practice administrators must do. Effective recovery strategies will require employing a combination of lean and workflow strategies to efficiently re-open the practice, see a backlog of patients, and welcome new patients, while keeping patients and staff as safe as possible.



##### Practice Challenges

- How to efficiently see patients while maintaining social distancing over a prolonged period, possibly, a year or more?
- What steps in the patient visit need to be done in the office?
- Which jobs might be done pre-visit from home? (e.g., patient portals, telemedicine and phone calls.)
- How can we maintain throughput while maintaining social distancing?
- How can we keep our patients and employees safe?
- How can we rethink each of the processes in our offices, (e.g., check in, billing, patient visit, optical visit, surgery scheduling, staff meetings, etc.), to reduce waste?



##### Action Steps

#### 1. Envision strategies for your road to recovery.

Anticipate the many challenges on the road to recovery and envision a proactive response with a well-developed strategic plan. This process includes crucial steps for successful implementation and can be used to develop your unique plan.

- Identify the challenge.
- Envision strategies.
- Communicate with the team.
- Develop the plan.
- Implement strategies at appropriate intervals.
- Anticipate modifications.



During the recovery process, practices will face the challenge of reopening their clinics to full capacity. This may be an incremental process, or the reopening may be initiated promptly. A strategy to accommodate the high demand during reopening of the non-urgent appointments will be necessary. Using the proactive steps, a clear road to recovery can be achieved.

- a. Identify the challenge.
  - o Determine capacity to accommodate the backlog of non-urgent appointments and surgeries.
  - o Assess the impact social distancing will have on the clinic flow and production.
- b. Envision strategies.
  - o Extend office hours.
  - o Add night or weekend schedules.
  - o Request additional surgery time from ASC or hospital.
  - o Revisit schedule templates for improved efficiency.
  - o Set priority schedule by appointment type.
- c. Communicate with the team.
  - o Propose strategies.
  - o Request feedback from your physicians and staff.
  - o Identify physician and staff availability for extended schedules.
- d. Develop the plan.
  - o Document the new protocol for schedules.
  - o Outline action items.
  - o Complete necessary preparations.
  - o Distribute the final version to the team.
- e. Implement at appropriate intervals.
  - o Monitor direction from local and state government for reopening.
  - o Communicate schedule options to patients.
  - o Fill schedules based on priority protocols.
- f. Anticipate modifications.
  - o Monitor the plan for necessary changes.
  - o Patient preferences may warrant additional clinics.
  - o The nature of the crisis continues to present new challenges so be ready and prepare to adapt as necessary.

## 2. **Employ lean tools to increase practice flow.**

A practice needs a conceptual framework for improving practice operations, especially during the recovery process. Lean management provides just such a framework. Lean emphasizes value from the standpoint of the patient, makes practice processes (the value stream) more efficient, [eliminates waste](#), and promotes continuous quality improvement. Lean uses six easy-to-use tools to gather data about the current state of your practice.

These tools help can help you determine precisely where bottlenecks, inefficiencies, and waste are occurring in your practice processes:

1. Value Stream Mapping
2. Spaghetti Mapping
3. [Waste](#) Walk and Identification
4. 5S
5. [A3 Problem-solving](#)
6. [Standard Work](#)

The Academy created [Mastering the Art of Lean Ophthalmic Practice](#) and [The Lean Practice: A Step by Step Guide to Running and Efficient and Profitable Ophthalmic Practice](#) to get the ophthalmic practice up to speed with lean. Fillable forms for these tools are included in the above listed resources and can also be found in the appendix of this toolkit.

## Resources

- [Think About Your Future State Worksheet](#)
- [The 8 Wastes Worksheet](#)
- [A3 Instructions](#)
- [Recovery A3 Sample](#)
- [5S and Spaghetti Mapping](#)
- [Reopening and Recovery Standard Work Sample](#)
- [Lean Management in the Ophthalmology Practice](#)
- [The Lean Practice: A Step by Step Guide to Running and Efficient and Profitable Ophthalmic Practice](#)
- [Mastering the Art of Lean Ophthalmic Practice: A Step-by-Step Guide](#)
- [Think Lean: Reduce Costs and Improve Profitability and Patient Satisfaction](#)
- [Going Lean: How a Simple Change in Thinking can Help Your Patients, Your Staff, and Your Bottom Line](#)
- [The Lean Office](#)
- [Applying the Science of Quality Improvement to the Ophthalmology Practice](#)

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# Module 5

## Rethink Your Operations and Develop Reopening and Recovery Strategies

### 5.2: Develop Reopening and Recovery Protocols

#### Statement of Purpose

The coronavirus has caused a lasting shift in the American subconscious. We will always remember this time, much as the country dealt with the new realities after times of war and national tragedies. For months after we are given the green light to leave our homes, patients, practices and health care systems will be sensitized to the unseen risk of infection. There is also the reality that until we have proven vaccines against the coronavirus and treatments for COVID-19 infections, we will not return to “normal.” In addition, we must prepare for the potential of future pandemics.



Technologies will continue to evolve. Telemedicine will remain a modality to screen and treat patients for the foreseeable future. Practices that are built for the long-term will have to adapt to a post-COVID reality of social distancing, enhanced cleanliness, transmission risk minimization, and telemedicine. These changes should be reflected in practice protocols. Key stakeholders should contribute to their creation. While the ophthalmic practice will need to continually evolve, the process to adapt can be an opportunity to respond with improved efficiencies and a culture of versatility.

#### Practice Challenges

- How will social distancing impact the scheduling for nonurgent care? Will patients decline scheduling due to fear of the virus? Continued social distancing measures will impact clinic flow, require physical modifications and reduce daily schedule volume. Many of the patients seen in the ophthalmic practice will be considered higher risk due to age or pre-existing conditions.
- How to identify the necessary personal protective equipment (PPE) for staff, patients and physicians?
- How to maintain inventory levels and provide appropriate training?
- What are the COVID-19 testing requirements for patients and health care workers?
- How will we ensure we are protecting our staff and providing a safe working environment?
- Given that telemedicine will likely remain an essential component of health care during recovery, how will we use these options most efficiently? How will we triage or identify the appointment types that should utilize telemedicine? How can telemedicine assist with accommodating the rescheduling of nonurgent appointments?



## Strategic Goals

- Reduce exposure in the practice.
- Limit face-to-face patient encounters, if appropriate.
- Meet social distancing requirements.
- Provide a safe environment with infection controls.
- Facilitate an incremental reopening allowing for prompt resolution of any challenges.
- Recognize credible sources for protocol development.
- Create recovery protocols and strategic plans.
- Involve all stakeholders in change management.



## Action Items

1. **Assign a reopening and recovery internal task force.**
  - a. Include physicians, management and staff.
  - b. Task the team with identifying all necessary changes.
  - c. Involve staff in the development of protocols.
2. **Identify sources for practice protocols.**
  - a. [Centers for Disease Control and Prevention \(CDC\)](#)
  - b. Local and state health departments
  - c. [State government guidelines for reopening](#)
  - d. [American Academy of Ophthalmology](#)
  - e. Sub-specialty societies
  - f. [American Medical Association \(AMA\)](#)
3. **Implement physical modifications to reduce exposure.**
  - a. Shift your views about the waiting room and lobbies.
    - o Utilize your parking lot as an extension of your waiting room.
    - o Restaurants have long recognized that they can reduce the size of their facilities if they hand patrons a pager and let them wait outside or in their cars. Health care facilities can now do the same by texting patients waiting outside when they are ready to be seen. This increases social distancing and reduces overcrowded waiting rooms
    - o Additional Guidance: See [Parking Lot Check-in Protocol Example](#).
  - b. Use protective screenings for direct patient contact.
  - c. Use easily sanitized furniture.
  - d. Place floor markers for appropriate spacing.
  - e. Post [signage](#) for social distancing, proper hygiene, recognizing symptoms, etc.
  - f. Position workstations at least 6-feet apart and eliminate shared workstations and phones.
  - g. Require frequent sanitation of workstation areas per [CDC guidelines](#).
  - h. Ensure that breakroom tables and chairs are socially distanced.
  - i. Additional Guidance: See [Minimize Exposure with Physical Modifications to Your Office](#).





4. **Strategically plan for reopening, meeting key goals.**

- a. Establish pre-encounter communication with patients. You can facilitate your patient check-in prior to the appointment using these four key strategies:
  - o **Strategy 1:** Conduct a [screening](#) for possible exposure of illness.
    - Provide staff guidance on when to reschedule or [proceed to isolation](#).
  - o **Strategy 2:** Set [expectations](#) for the office visit.
    - Set requirements for masks in clinic.
    - Set limitations on the number of guests at the encounter.
  - o **Strategy 3:** Identify patient safety precautions and [office protocols](#).
  - o **Strategy 4:** Review patient demographic information and history.
    - This step can improve clinic flow and limit person-to-person disease transmission.
    - From a lean perspective, the length of time the patient is in the clinic is reduced and focused on the patient’s care while in the facility. Patient care is primarily performance of the exam and obtaining diagnostic information.
    - Additional Guidance: See [Pre-Encounter Patient Communication Improves Efficiency and Safety](#).

- b. Embrace an alternative check-in process.
  - o Provide [health screenings](#). These include health questions and temperature checks, and should be [documented in the patient’s medical record](#).
  - o Patients and guests are welcomed by a screener when entering the clinic or in the [parking lot](#).



**Drive-up Check-in.**  
 Photo courtesy of Brittney Wachter, CEO, Excel Eye Center, Provo, UT.

- c. Adopt a virtual check-in process.
  - o The COVID-19 pandemic should speed the adoption of digital patient check-in technology which is already present in many other sectors of business. The time is ripe to consider digitizing the check-in process in order to minimize the time patients spend in the clinic and socially distance in check-in lines. Digital check-in can reduce the transmission of disease through handling of cash and credit cards and reduce the need to sanitize pens used by patients for signing forms.
  - o Some electronic health records (EHRs) offer this technology and stand-alone products also exist to offer digital virtual check in.
  - o These technologies allow for patients to virtually provide:
    - Demographic information.
    - Review and sign all forms and policies.
    - Upload drivers’ licenses and insurance cards.
    - Complete history, including past family and social histories, and verify current medication and any allergies.
    - Request and confirm appointments.
    - Complete payment transactions.



**Parking Lot History.**  
 Photo courtesy of Brittney Wachter, CEO, Excel Eye Center, Provo, UT.

- d. Establish a safe check-in experience.
  - o In absence of the virtual check-in capabilities, establish physical modifications to conduct check-in.
    - Place floor markers at 6-feet intervals.
    - Use clear protective screens for staff workstations.
    - Use PPE for front desk personnel.
    - Do frequent sanitization of contact areas.
  
- e. Welcome the patient to your alternative waiting room.
  - o One option is to have patients wait in their vehicles until prompted by a phone call, or a text, or are escorted to clinic.
  - o You can also redesign the [waiting room](#) with 6-feet between seating. Be sure to eliminate magazines, coffee stations and children toys.
  - o Additional guidance: See [Embrace an Alternative Check-In Process](#).
  
- f. Prioritize patient wait lists.
  - o Whether you are anticipating or actively implementing your reopening, prioritization of non-urgent appointments and surgeries should be at the top of your checklist.
    - Anticipate restrictions impacting schedule capacity.
    - Consider any local or [state requirements](#) on COVID-19 testing for surgical patients.
    - Develop priority scheduling guidelines for non-urgent appointments.
    - Have surgeons evaluate scheduling for elective procedures. Assign [scheduling priorities](#).
    - Consider strategies for the [backlog of rescheduled patients](#):
      - Offer extended hours and weekend schedules.
      - Redesign schedule templates for improved efficiency.
      - Schedule high-risk patients during the first hours of clinic.
      - Request additional operating room block time to accommodate elective surgery demand.
      - Additional guidance, challenges and solutions: See [Prioritize Patient Wait Lists for Your Practice Reopening](#) and [Surgery Prioritization: Typical Ophthalmic Procedures](#).
  
- g. Adopt changes in the clinic.
  - o Develop strategies for symptomatic or COVID-19 positive patients being treated in the clinic:
    - [Isolate](#) in a designated exam lane.
    - Develop scheduling considerations to limit exposure to other patients.
    - Maintain non-COVID care zones and avoid cross-contamination.
  - o Consider these reopening and recovery clinic changes:
    - Limit paper or touch surfaces.
    - Increase sanitization procedures.



**Social Distance Waiting Room.**  
Photo courtesy of Brittney Wachter, CEO,  
Excel Eye Center, Provo, UT.

- Require patients to “foam in and foam out” of the exam lane, just like the staff and physicians.
  - Minimize patient movement. Keep patients in one exam room from work-up, dilation, testing and examination, if possible.
  - [Tonometry options](#) include using the Tonopen with a condomed tip and iCare with disposable tip.
  - For multidose eye drops, store in cabinets away from possible contamination during the patient encounter. Avoid touching the eyelashes or ocular surface with the bottle.
  - Eliminate any educational brochures
  - Minimize contact at the front desk. Schedule follow-up appointments or surgery from the exam lane or ask patients to schedule by phone.
- h. Reduce practice gatherings.
- Utilize videoconferencing platforms for staff meetings or education, board meetings and pharmaceutical representative appointments.
  - Limit attendance at onsite meetings and practice social distancing.
5. **Develop protocols using [lean principles](#).**
- o Be sure to include protocols related to safety and operational guidance, based on [CDC](#), local and [state government](#) and health department regulations.
    - [COVID-19 screening for patients](#)
    - [Employee COVID-19 screening and testing](#) based on [CDC](#), [CMS](#) and [state government guidelines](#)
    - [COVID-19 positive or symptomatic patients in clinic](#)
    - Employee break and lunch accommodations
    - Social distancing and close contact exposure
    - Sanitation procedures
    - [Disinfectant formulas](#) and applications
    - [Infection prevention and control](#) based on [CDC](#) recommendation
    - Lean: [Standard Work Exercise](#)
6. **Think outside the box.**
- o Identify the advantages of using telemedicine in your practice and then develop corresponding strategies.
    - Use telemedicine to minimize exposure for the patient, staff and physician.
    - Create alternative options for some high-risk patients.
    - Accommodate the backlog of patients to reschedule when reopening.
    - Use telemedicine for pre-operative examination and [rescheduled elective surgery](#), as appropriate.
    - Get acquainted with [telemedicine coding guidelines](#) and identify unique payer policies for telemedicine.
    - Develop a [patient guide](#) for telemedicine appointments.
    - Additional Guidance: See [Is Another Exam Required Prior to Rescheduling Cataract Surgery](#)
    - Additional Guidance: See [Teleophthalmology: How to Get Started](#)

- Consider [remote work](#) for personnel.
  - Business office and other administrative positions may be able to work remotely to reduce exposure in the office.
  - Remote work may be a useful option for high-risk individuals or staff with childcare challenges.
  - Virtual scribes and staff working from a remote location connected by phone can benefit practices with smaller exam lanes and meeting social distancing requirements. This is also an alternative for scribes that need remote work due to childcare or health concerns.
  - Additional Guidance: [See Virtual Scribes Can Reduce Exposure in Clinic](#)
- Assign technicians and providers to teams or pods.
  - Reduce exposure by developing teams of individuals working in assigned pods, satellite offices or exam lanes.
  - This strategy can limit exposure if one individual on a team becomes infected. Contact tracing could be limited to the team if they were isolated in the clinic.
  - Additional Guidance: [Develop Employee Teams to Limit Exposure to Coronavirus](#)
- Encourage a culture of continuous process improvement utilizing lean principles.
- Reduce paper transactions and printed consents. Per the [Ophthalmic Mutual Insurance Company](#) (OMIC):
  - The informed consent discussion should occur as usual between the surgeon and patient.
  - Chart documentation should include the discussion and clearly indicate the patient's wishes to proceed with surgery.
  - Electronic options for the consent could include secure messaging the form via the patient portal.
  - If there is an option to e-sign, or alternately, the patient can print, sign and scan or send an image to the practice.

## 7. Create training programs and tools.

Staff and physicians will need training on all new protocols:

- Develop cheat sheets or [reminders](#) for staff as they learn.
- Communicate that these protocols may be changing due to the nature of the pandemic.
- Identify new training that is necessary for staff.
  - For many employees, using PPE is a new experience. Ensure all healthcare personnel are educated, trained and have experience with the appropriate use of PPE, including the prevention of contamination and proper removal.
  - Additional Guidance: See [PPE Provide Staff Training and Optimize Your Supply](#).
  - Ensure that your sanitation guidelines are based on your protocols created from [CDC guidelines](#) and verify that essential training has been completed by staff.
- Implement checklist tracking for employee training. Include the name of the protocol, date of training, trainer and employee initials.

## Resources

- [Parking Lot Check-In Protocol](#)
- [Employee COVID-19 Screening & Testing Protocol](#)
- [COVID-19 Disinfectant Formulas](#)
- [Rutgers New Jersey Medical School – Sample Patient Letter](#)
- [Remote Access Policy](#)
- [Remote Access Request Form](#)
- [Wilmer Eye Institute Entrance Screening](#)
- [Surgery Prioritization: Typical Ophthalmic Procedures](#)
- Video: [The Ease of Implementing Telemedicine Into Your Practice](#)
- Video: [PPE Training](#)
- [CDC: Get Your Clinic Ready for COVID-19](#)
- [CDC: HCP Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19](#)

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## Module 5

### Rethink Your Operations and Develop Reopening and Recovery Strategies

#### 5.3: Occupational Safety and Health Administration (OSHA) Considerations During the COVID-19 Pandemic

##### Statement of Purpose

As the COVID-19 pandemic continues, it is essential to provide a safe working environment for employees in the practice.



##### Practice Challenges

- Writing COVID-19 policies.
- Training staff on infectious disease preparedness.
- Sourcing personal protective equipment (PPE).
- Installing engineering controls, if appropriate.
- Implementing administrative and work practice controls.
- Coping with potential staffing shortages.



##### Strategic Considerations

- The current pandemic situation in your local region will dictate certain actions. State and local mandates may produce additional compliance requirements.
- As a specialty practice, ophthalmology practices are generally not diagnosing or treating COVID-19, but they still experience exposure from patients, employees, and vendors.
- Practices will be evaluating patients and balancing the need for care with the need to protect against the virus, prioritizing care, triaging, scheduling, etc., as appropriate.





## Action Steps

### 1. Risk Levels

OSHA has defined four levels of exposure risk for workers to COVID-19. Most medical and dental workers will fall into the medium, high or very high-risk categories, depending upon the specific patient care procedures they perform. It is possible that some administrative workers will be classified as lower risk if they have minimal contact with patients and other coworkers. Consider a range of assigned responsibilities for staff and classify positions according to the appropriate risk level. If more than one level applies, use the highest risk level.



### 2. Emergency Coordinator

Identify one person to be the primary contact coordinating emergency actions for the practice.

### 3. Absenteeism/Sick Leave

Staff with signs and symptoms of illness should be encouraged to stay at home to limit transmission.

### 4. Identification and Isolation

Monitor staff and patients relative to signs and symptoms of a current crisis. Note that not everyone has the same “normal” temperature. For this reason, it is recommended that the practice to maintain a record, (e.g., a log), of daily readings to identify any temperature increases.

### 5. Reduced Workforce

Identify staff members who are considered to be essential to sustain the necessary operations of the practice. Note that federal, state, or local guidelines may limit the option to continue operating the practice. The Emergency Coordinator should monitor requirements so the practice can make appropriate decisions beyond absenteeism and sick leave.

### 6. Personal Protective Equipment (PPE) Inventory

Create a stockpile of PPE and other items intended to limit contamination. This would include soap, tissues, hand sanitizer, cleaning/disinfecting supplies, masks, face shields, gloves, and protective garments). It is recommended that the practice maintain a stockpile capable of lasting up to 90 days. Monitor expiration dates and life expectancy of such items to ensure proper rotation and availability of usable items.

### 7. Personal Protective Equipment (PPE) Use

Each exposure risk level has different needs for masks, respirators, eye protection, gloves, and gowns. [OSHA’s guidance](#) outlines the PPE for each category.

### 8. Engineering Controls

These are recommendations that limit transmission (e.g., physical barriers and isolation areas.)

9. **Work Practice Controls**  
Establish protocols for physical barriers, (including social distancing seating), minimizing groups and social gatherings, washing hands, cough and sneeze etiquette, disinfecting work surfaces, etc.
10. **Vaccines and Prophylaxis Treatments**  
While the CDC and OSHA highly recommend an annual influenza vaccine, COVID-19 surged in the absence of an adequate vaccine and a method for appropriate prophylaxis treatment. The Emergency Coordinator should monitor vaccination and treatment availability so that the practice's providers can make informed decisions and recommendations for staff.
11. **Notices and Alerts**  
Monitor government sources for new notices and signage on postings of notices and alerts in the practice for staff and/or patients.
12. **Environmental Infection Control**  
Maintain appropriate procedures for decontamination of equipment, work surfaces, and air.
13. **Incident/Illness Reporting**  
Injuries and illnesses related to a current healthcare crisis should be documented and reported on the OSHA Form 300, if applicable.
14. **Agency Monitoring**  
The Emergency Coordinator should have a listing of websites, phone numbers, and contacts. Examples would include local health departments (city, county, and state), federal agency websites (such as CDC, HHS, HAS, etc.). Websites will probably be the best method of monitoring for bulletins and advice.
15. **Staff Training**  
Provide staff training on COVID-19 safety, precautions, and the specific controls and PPE to be used in your practice.

## Resources

- [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- [CDC Information for Healthcare Professionals about Coronavirus \(COVID-19\)](#)
- [CDC Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#)
- [CDC Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)
- [CDC Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19](#)
- [CDC Guidance for Cleaning and Disinfecting Your Facility](#)
- [CDC PPE Sequence](#)

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## Module 5

# Rethink Your Operations and Develop Reopening and Recovery Strategies

### 5.4: HIPAA Policies, Requirements and Temporary Suspensions

#### Statement of Purpose

Enable the practice to meet HIPAA requirements and understand temporary enforcement discretion as it relates to the COVID-19 pandemic.



#### Practice Challenges

- Practices have had to roll out telehealth with very little time to prepare or research.
- Practices may not be seeing patients in person in some instances. Some new patients are seen remotely as their first contact with the practice.
- The Privacy and Security Rules are not suspended during the pandemic. Practices need to know what areas are currently covered by enforcement discretion or waiver.



#### Strategic Considerations

- Practices must balance the need for providing patient care remotely while still protecting privacy and security of information.
- Patients may not understand all of the regulatory guidance and may provide additional challenges and require education.



## Action Steps

1. **Adopt telehealth technology as appropriate.**

The Office for Civil Rights (OCR) is temporarily not issuing penalties for use of non-secure telehealth applications during the public health emergency (PHE). No penalties would be imposed for the use of a non-secure, non-public facing technology and no penalties will be issued if a provider experiences a breach as a result of the good faith provision of telehealth. OCR recommends informing patients of any risks associated with non-secure telehealth apps.



2. **Use non-public facing technologies, such as Apple FaceTime, Google Hangouts video, Zoom or Skype.**

The OCR has provided a [list of vendors](#) that represent to have HIPAA-compliant products. Use of public-facing technologies is NOT permitted, even during the PHE (e.g., Facebook live, Twitch, Tik Tok).

3. **Practice telehealth in a private setting.**

Privacy can be enhanced by closing the room door, lowering your voice, etc. Do not practice telehealth in a public park, business, or other public arena where unauthorized persons could have access to protected health information (PHI) or overhear conversations.

4. **When available, deploy and look for existing security features in telehealth technology, such as:**

- a. End-to-end encryption
- b. Individual user accounts
- c. Passcodes

Other recommendations:

- a. Do not make meetings public.
- b. Do not share a link to a teleconference on a public post (social media.)
- c. Manage screen sharing options so that only the host can share screens.
- d. Ensure users are using the updated version of meeting applications.
- e. Address requirements for physical and information security within your organization.

5. **Disclosures**

The Privacy Rule permits a covered entity to disclose the (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's HIPAA authorization as follows:

- a. When the disclosure is needed to provide treatment. For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2).

- b. When such notification is required by law. For example, HIPAA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials. 45 CFR 164.512(a).
- c. To notify a public health authority in order to prevent or control spread of disease. For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have COVID-19.

#### *Friends and Family*

The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission

#### *To Persons at Risk of Contracting or Spreading Disease*

To persons at risk of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

#### *To Prevent or Lessen a Serious and Imminent Threat*

Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

#### *Media—CAUTION*

Media may contact practices with questions about COVID-positive patients, etc. Note that HIPAA rules require patient authorization before disclosing PHI to the media. This has not been suspended during the COVID-19 pandemic.

6. **Authorizations**

If a patient wants to authorize you to disclose information to a friend or family member on an ongoing basis, a [HIPAA-compliant patient authorization](#) should be obtained.

You may not require a patient to come into the office to sign an authorization form. You can fax, email or mail the blank form, according to the patient's preference, and the patient can return it to you any way they like. You should perform identity verification on the signature. Compare the signature to one you have on file.

7. **Notice of Privacy Practices**

If a new patient has never been seen in person, you may send your notice in an electronic manner, if the patient has agreed to receive electronic communications.

8. **Cyber Attacks Exploiting COVID-19**

Phishing and malware distribution are occurring, using subject of coronavirus or COVID-19 as a lure. In many schemes, the objective is to entice the user to carry out a specific action—clicking a link, opening an attachment, etc. Subject lines such as “Coronavirus Update” or “2019-nCov: Coronavirus outbreak in your city (Emergency)” are being used.

Registration of new domain names containing wording related to coronavirus or COVID-19 is used to deceive intended victims as to the authority from which a communication is sent.

Attacks against newly deployed remote access and teleworking infrastructure are occurring.

Senders are spoofing trusted sources such as the WHO, CDC or using the title “Dr.”

Malicious file attachments may be named with coronavirus or COVID-19 themes.

9. **Reasonable Safeguards and Minimum Necessary**

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

10. **Enforcement Notes**

OCR will announce the end of enforcement discretion. After that time, any telehealth must be performed securely, with a Business Associate Agreement executed with the provider.

In any enforcement action, OCR would consider the circumstances surrounding an incident of non-compliance. For example, the extenuating circumstances of the pandemic would be considered when applying enforcement due to delayed implementation of certain compliance elements, training, etc. The OCR often takes an educational approach, working with practices to correct noncompliance without monetary penalties, especially when a good faith effort is present.



## Resources

- [HHS HIPAA and COVID-19 Resource Page](#)
- [Notice of Enforcement Discretion for Telehealth](#)
- [Media Access Restrictions](#)
- [The Office of Civil Rights \(OCR\): Vendors with HIPAA-Compliant Products](#)
- [HIPAA Compliant Patient Authorizations](#)

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## Module 6

### Maintain Business Development and Marketing Plans

#### Statement of Purpose

The COVID-19 pandemic has had a monumental financial and cultural impact on every practice — whether large, small, private or academic-based. Now, more than ever, a refocus on business development and marketing should be among your top recovery strategies.



The new environment will continually evolve. Successful practices often foster ongoing positive relationships with patients and referring providers, are open to changing their business model, such as extending hours or opening on weekends, and maintain positive vendor relationships. In addition, successful practices base their decisions on sound financial analysis. Practices will need to step up their marketing to entice as well as reassure patients. Thriving practices will lead by being inclusive and collaborative with the whole eye care team. Finally, successful recovery is not wedded to a particular outcome, but instead remains focused on the big picture.

#### Practice Challenges

- Crisis management requires strong financial acumen and exceptional leadership skills. Some practices may lack seasoned personnel or leaders with these skills.
- Revenue will likely remain below pre-COVID-19 levels for the near future due to many practices reducing their patient volume to comply with social distancing guidelines.
- Many patients may be nervous about returning to the practice even after reopening.
- A greater percentage of practices' revenues may be consumed by loans incurred to maintain the practice during closure.
- A larger percentage of expenses will be devoted to purchasing personal protective equipment (PPE).
- Staff levels may need to be adjusted, based on the lower volume of patients.
- Some practices may opt to downsize staff levels, even though this will impact full Paycheck Protection Program (PPP) loan forgiveness, because it may prove more cost-effective in the long term.
- Practices will need to continually update staff job descriptions as workflows change, particularly with seamlessly blending patient telemedicine and in-person offerings.
- Physician salaries will likely remain lower and may impact the practice's ability to recruit new physicians.
- Practices may not be able to support the overhead of multiple office locations given lowered patient volume.



## Strategic Considerations for Your Practice

- **Be prepared to respond to difficult practice challenges.**
  - Identify a clear projection of [cash flow](#) sources and expenses.
  - Consider a sensitivity analysis of your projections for best-case and worst-case scenarios.
  - Prepare to close nonproductive locations and/or curtail providing any nonproductive services to protect your core business.
  - Determine which data you will need to accurately assess the cost of your health care delivery. You will need this data when negotiating commercial carrier contracts. Consider the opportunity for your practice to demonstrate the evolving costs associated with patient access to care during the pandemic and in the future.
- **Position your practice during reopening and throughout the post-pandemic era.**
  - Develop a communication strategy for [referring providers](#) and patients.
  - Publicize widely how your practice has created a safe environment for patients and health care personnel.
  - Analyze current [telemedicine](#) practices and assess the role they will play in your post-COVID practice:
    - Identify the benefit to patients and the encounter types which are most suited to telemedicine.
    - Recognize your telemedicine physician champions and ask them how telemedicine can be expanded or improved in the practice.
    - Determine what, if any, educational resources will be needed to maximize telemedicine services.
    - Explore how your practice might benefit from utilizing hybrid telemedicine exams, which have the benefit of minimizing face-to-face encounters with patients.
    - Additional Guidance: See [Maximize Scheduling Capacity During COVID-19 with Telemedicine Hybrid Exams](#), [Avoid These Common Pitfalls When Implementing Telemedicine Hybrid Exams](#).
- **Evaluate practice resources and include physician, staff, equipment and facilities.**
  - Assess if these resources are in excess, or if any category needs to expand to accommodate the demand of rescheduled patients and short-term growth potential.
  - Balance these resources accordingly.
- **Assess current physician compensation packages and the need for current and future retained earnings.**
  - If your practice is recruiting new physicians, ask yourself if the salary, bonus structure and employment contract should be revised due to the current climate?
- **Assess your post-COVID staffing needs.**
  - Would implementation of additional staff cross-training be beneficial?
  - Update any [job descriptions](#) to encompass the needs of a changed environment.



- Pre-COVID, the employment environment made hiring a challenge. How will this new environment affect recruitment of new hires during recovery and post-COVID?
- **Balance your revised strategic and marketing plans with sustainable debt levels for the medium and long term.**
- **Review the levels of your inventory.**
  - Include medical and office supplies, PPE and medications.
  - Historically, most practices adapted a “just-in-time” inventory environment. Consider any necessary changes post-COVID.
- **Do a self-assessment of your financial knowledge and leadership skills.**
  - AAOE® offers extensive free resources to AAOE members on a wide variety of practice management topics.
  - Additional guidance: See [AAOE Free Member Resources](#) listed below to find resources to boost to your skills and practice management knowledge.

### Action Steps

#### 1. Complete a PEST analysis.

(This is a political, economic, socio-cultural and technological analysis of your environment.)

- a. Consider your current environment.
- b. Outline the external factors that directly impact your practice.
- c. These four key PEST factors can be identified as external threats and/or possible opportunities.
- d. Additional Guidance: See [Coronavirus Pandemic PEST Analysis](#).



#### 2. Perform a SWOT analysis.

(This is an analysis of your practice’s strengths, weaknesses, opportunities and threats.)

- a. Consider the current pandemic climate and how it will continue to impact your practice’s strengths, weaknesses, opportunities, and threats.
- b. Use your PEST analysis findings when you are assessing threats and opportunities.
- c. Capitalize on your strengths and maximize your opportunities.
- d. Be realistic about your weaknesses and threats. Find ways to minimize them, if possible.
- e. Develop your final strategic plan based on information from your PEST and SWOT analyses.
- f. Additional Guidance: See [SWOT Analysis During COVID-19](#).

### 3. Analyze your practice's cost accounting and revenue streams.

- a. Consider what has driven your revenue historically and how the pandemic will now impact each component of that revenue stream. This analysis may impact your business decision-making and spur rethinking of your business strategies. Specific examples may include:
  - Clinical research: Assess if this revenue will continue or will be reduced long-term.
  - Premium IOLs: If a large percentage of your revenue stream consists of premium IOLs, project the impact if reduced by 10%, 20% or 30%.
  - Multiple locations: Recognize the revenues and expenses per location and the fixed vs. variable expenses associated.
  - Perform a sensitivity analysis: This financial model, or a what-if analysis, can show various results based on specific changes impacting your production. Your analysis should be related to the various levels of your patient volume. Consider how these changes will impact your practice and its profitability.
- b. Determine the long-term role of telemedicine in your practice.
  - Implement telemedicine using a [HIPAA-compliant virtual platform](#).
  - Consider hybrid telemedicine options, as appropriate.
  - Additional guidance: [Maximize Scheduling Capacity with Telemedicine Hybrid Exams](#) and [Academy Telehealth Coding Resources](#).

### 4. Focus your marketing plan.

- a. Develop your marketing message about your practice's response to COVID-19.
  - Communicate the steps taken by your practice to ensure safety. Explain your new patient protocols and set expectations before their visit.
  - Include information about temporary closures, the practice reopening, extended hours and any other business-related changes.
  - Make clear if telemedicine and/or hybrid exam options are available.
  - Outline what services you provide and communicate any changes that will occur during reopening.
- b. Identify your audience.
  - Target your marketing messages to patients, referring providers, employees and your community.
  - Create unique marketing materials and direct communication for each audience.
  - Contact them personally, as appropriate.
  - Additional guidance: [Communicate How Your Practice is Keeping Patients Safe](#) and [Provide Employee Guidance for COVID-19 Operational Safety](#).
- c. Discover strategies for delivery.
  - Develop new marketing materials and communicate your practice's messages on your website and social media (e.g., Facebook, Twitter and Instagram).
  - Provide direct physician communication to patients and referring providers, as appropriate.

- Additional guidance: [Positively Impact your Patients with Direct Physician Communication](#) and [Connect with Your Referring Providers During Reopening](#).
- Create scripts for staff for consistent messaging about patient safety and office protocol changes.
- Be mindful that ongoing, clear communication is critical to setting expectations and allaying fears.

5. **Consider your growth potential.**

Continue to consider any opportunities for growth — even during a crisis. Due to uncertainty and the economic impact of the continuing pandemic, practices may merge to reduce overhead. A retiring ophthalmologist in the community may present an opportunity to expand your practice. Recent layoffs and increasing unemployment may present recruiting potential for staff and new physicians. Even when challenges are present, look for ways to convert these into win-win strategies and position your practice for success.

**Resources**

- [Coronavirus Pandemic PEST Analysis](#)
- [SWOT Analysis During COVID-19](#)

**Related Articles**

- [The Renewed Importance of SWOT and PEST Analysis in Volatile and Vulnerable Conditions](#)
- [Leaders, Do you Have a Clear Vision for the Post Crisis Future?](#)
- [What will US Healthcare Look Like After the Pandemic](#)

**Free AAOE Member Resources**

- [AAOE Practice Management](#)
- [Practice Forms Library](#)
- [Practice Management Resource Library](#)
- [Practice Management Video Library](#)
- [Benchmarking and Salary Survey Tool](#)
- [Listservs Overview](#)

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