This webinar series brought to you by
Today’s Presenters

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  Lincoln Community Health Center

- **Yun Boylston, M.D.**  
  Burlington Pediatrics

- **Zack Feldman, M.D., FAPA**  
  Raleigh Psychiatric Associates
Steps we tried to take in Phase 1:

1. Proper protection – Masks for all patients & staff; full PPE for those doing resp. assess or testing; Shields for Front desk staff

2. Keep patients home – train up team to do Video visits while doing phone visits

3. Screeners out front- URI symptoms or elevated temperature keeps you out of the building
Steps we tried to take in Phase 1:

4. Social distancing for patients (take phone #s and send to car to wait, waiting room chairs 6ft apart, marks on floor for queueing)

5. Social distancing for staff (Zoom meetings, Lunch apart, screeners 6 ft apart)

6. Interpreters call into exam room
Steps we are taking in Phase 2:

1. Video visits whenever possible (staff trained, at-elbow tech help from SuperUsers in each dept).
2. Hybrid visits- even for in-person visits consider having provider do some of the visit over the phone.
3. Providers reviewing charts 1 week ahead of time to say Video/Telephone/In-person then CMA calls to see if patient agrees.
4. Book Harvest making age approp. “to go” bags. (No more open shelves of books.)
Surprises

- Discussed “Well AM, Sick PM”… the two are difficult to separate for kiddos and ?asymptomatic spread?
- Parents of babies were NOT WILLING to come in. (We are trying Saturdays WCC only starting soon.)
- Larger clinics may want to focus on spreading In-person visits throughout day to limit # pts in bldg
- We have procedural sessions. For those sessions may need to limit another provider to 100% virtual.
New Jobs/Duties created by COVID-19:

- Screeners
- Bouncers
- Swabbers
- Symptom follow-up-ers
- PPE Tracker
- Clean Docs/Dirty Docs
- Video Visit Tech support
- Schedule Reviewers (determine visit type)
Looking ahead

Figure out which of our patients are missing:

- Who doesn’t have access to video?...phone?
- Who doesn’t have transportation?
- Who did we see for chronic condition or WCC in 2019 who has not been in yet this year?
- For whom could we do Home Visits (presuming providers can be tested for immunity)
Looking ahead – Informational needs

- As more lose jobs/insurance, need to update pts’ info
- Changing landscape for food/resources for needy.
- Plans for testing Clinic staff – looking for guidance on when to start that, for who, and on what periodicity.
- Training needed around who can be managed virtually versus in-person for scheduling staff.
- At what point (in terms of prevalence) could we go back to letting anyone who wants in-person visit to have one?
Yun Boylston, M.D.
Burlington Pediatrics
LEADERSHIP AND INNOVATION IN THE AGE OF COVID-19

PRACTICE PRIORITIES
Patients
Work Family
Local Community

FINANCIAL PRIORITIES
Bolster Revenue Streams
Reduce Expenses
Cash Flow
Sustainability

Yun Boylston, MD MBA
May 12, 2020
#1: TELEHEALTH

24%

of all visits within 10 days of practice-wide deployment

- Achieving Scale
- Timely Billing Feedback
- HIPAA
- Integration with Current Workflows
- Behavioral Health Visits
- Virtual Walk-In
#2: COMMUNICATIONS STRATEGY

- Timely, Transparent Dialogue
- Practice Zoom Huddles
- Shared Goals
- Collaborative Solutions
- HR Informational Sessions
#3: SOCIAL MEDIA

- Reassure and Guide Families
- Update on Practice Changes
- Educate about New Services
- Share Community Efforts

facebook.com/burlingtonpeds
# 4: Financial Strategy

<table>
<thead>
<tr>
<th>Real-time Dashboard</th>
<th>Leverage Options</th>
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<tbody>
<tr>
<td>Estimates of revenues and expenses</td>
<td>Line of credit</td>
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<tr>
<td></td>
<td>PPP</td>
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<td></td>
<td>EIDL</td>
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<td>BCBS Prepayments</td>
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<thead>
<tr>
<th>Income Modeling</th>
<th>Expense Management</th>
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<tbody>
<tr>
<td>Financial position</td>
<td>Variable costs</td>
</tr>
<tr>
<td>Cash flow</td>
<td>Current liabilities</td>
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</tbody>
</table>
PRACTICE EXPENSE ANALYSIS

1. PAYROLL
   Greatest monthly expense
   Patients/ Provider ratio

2. VACCINES
   Accounts Payable
   Payment deferral options

3. LAB/ CLINICAL SUPPLIES
   Variable expenses
   Correlate with patient volume

4. OVERHEAD EXPENSES
   Target variable costs
   Fixed costs (rent, utilities, facilities maintenance)
CARING FOR OUR COMMUNITY

INTEGRATED MENTAL HEALTH

INCREASE MEDICAID ACCESS

BILINGUAL PROVIDERS AND STAFF
## GAP OPPORTUNITIES

### Vaccines Administered April 2019 vs April 2020

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Apr-19</th>
<th>Apr-20</th>
<th>2020 as % of 2019</th>
<th>Volume Reduction</th>
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</thead>
<tbody>
<tr>
<td>DTaP</td>
<td>78</td>
<td>49</td>
<td>63%</td>
<td>-37%</td>
</tr>
<tr>
<td>DTaP-HepB-IPV</td>
<td>158</td>
<td>151</td>
<td>96%</td>
<td>-4%</td>
</tr>
<tr>
<td>DTaP-IPV</td>
<td>81</td>
<td>40</td>
<td>49%</td>
<td>-51%</td>
</tr>
<tr>
<td>Flu</td>
<td>18</td>
<td>79</td>
<td>439%</td>
<td>339%</td>
</tr>
<tr>
<td>HiB</td>
<td>177</td>
<td>160</td>
<td>90%</td>
<td>-10%</td>
</tr>
<tr>
<td>HPV9</td>
<td>77</td>
<td>34</td>
<td>44%</td>
<td>-56%</td>
</tr>
<tr>
<td>Hep A</td>
<td>154</td>
<td>101</td>
<td>66%</td>
<td>-34%</td>
</tr>
<tr>
<td>Hep B</td>
<td>5</td>
<td>7</td>
<td>140%</td>
<td>40%</td>
</tr>
<tr>
<td>IPV</td>
<td>6</td>
<td>0</td>
<td>0%</td>
<td>-100%</td>
</tr>
<tr>
<td>MCV40</td>
<td>71</td>
<td>57</td>
<td>80%</td>
<td>-20%</td>
</tr>
<tr>
<td>MMR</td>
<td>73</td>
<td>58</td>
<td>79%</td>
<td>-21%</td>
</tr>
<tr>
<td>MMRV</td>
<td>79</td>
<td>39</td>
<td>49%</td>
<td>-51%</td>
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<tr>
<td>MenB</td>
<td>52</td>
<td>63</td>
<td>121%</td>
<td>21%</td>
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<tr>
<td>PCV13</td>
<td>233</td>
<td>211</td>
<td>91%</td>
<td>-4%</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>154</td>
<td>145</td>
<td>94%</td>
<td>-6%</td>
</tr>
<tr>
<td>Tdap</td>
<td>56</td>
<td>17</td>
<td>30%</td>
<td>-70%</td>
</tr>
<tr>
<td>Varicella</td>
<td>77</td>
<td>59</td>
<td>77%</td>
<td>-23%</td>
</tr>
</tbody>
</table>

**TOTAL**  
1549  
1270  
82%  
-18%
RISK OF INVISIBILITY

Food Insecurity
Mental Health
Child Abuse and Neglect
Educational Opportunities
Vulnerable Populations

Research, Treatment, Prevention
Testing Efforts

Burlington Pediatrics PA | 5.12.20
NEXT STEPS

- Universal Source Identification
- Responsive Scheduling
- Contribute to the Testing Effort
- Reinforce the Medical Home
RESOURCES

CLINICAL CARE
AAP
CDC
UNC Health Alliance
Cone Health

BUSINESS
NCPS
CCPN
NCMS
Alamance Chamber
Curi
Office Practicum
Stout Stuart McGowen & King
Americal National Bank & Trust

PUBLIC HEALTH
NCDHHS
Alamance County Health Dept
CDC
Zack Feldman, M.D., FAPA
Raleigh Psychiatric Associates
Positive Changes, Silver Linings

- Embracing change
- Telemedicine
- Remote capabilities - practice management and phone system
- Engaging with colleagues
- Improving staff communication, sense of teamwork in office
- Engaging with patients
Technology

- Talk to colleagues (inside your organization and outside)
- Change what is needed
- Try not to make unnecessary changes
- Use existing frameworks where possible
- Other things being equal, choose the simplest solution
- Take care of the short-term problems, make longer-term improvements where possible
- Recognize stress of change
Patient Engagement

- Use multiple methods
- Utilize technology but personal outreach works best
Easing of Restrictions

- Still working on specifics but planning a gradual re-opening
- Minimizing number of patients in facility at one time
- Utilizing telemedicine ongoing
- Maintaining positive changes and flexibility
Resources

- Colleagues
  - In your organization
  - Outside your organization (reach out/reconnect)
    - Similar practices
    - Training programs
- Professional organizations
  - Specialty organizations
    - North Carolina Medical Society
- North Carolina Medical Board
- Malpractice carrier/ risk management
Questions?