The Post-Pandemic Medical Practice: 4 Key Changes to Expect

Partner Rob Fuller was interviewed by Locum Leaders to discuss how post-pandemic medical care will change as a result of t COVID-19 Pandemic.

From the article:

> The COVID-19 pandemic has altered much of how Americans live and work—not simply how we shop or entertain, but als the provision of medical care. Some of these changes are expected to continue even after the country contains the novel coronavirus.
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> "COVID will not be eradicated like polio," said Rob Fuller, partner with Nelson Hardiman healthcare law firm in Los Angele
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> That means people and medical practices will have to learn to live with it.
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> "I view the pandemic as an inflection point for how we deliver and how we pay for care in the United States," said Daniel Devine, MD, co-founder of Devine Concierge Medicine in the Philadelphia area.
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> *Provide care on your terms as a locum tenens.*

4 trends that are reshaping medical practices

1. Telehealth preferences

> "One macro trend is the acceleration of telemedicine, even if you have a family medicine or internal medicine, single or couple physician office," Fuller said. "The demand of patients to have some interaction via telemedicine will persist post COVID."
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> The Centers for Medicare & Medicaid Services reported in July 2020 that nearly half of the care reimbursed for primary ca visits by Medicare were provided via telehealth in April 2020. It declined somewhat from mid-April through May, but remai at a significant level in June.
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> "Telemedicine, which reduces the number of patients and the face-to-face interactions physically on site, is here to stay if Centers for Medicare & Medicaid Services continues reimbursement," said John Fowler, healthcare principal at Margulies Perruzzi, an architectural firm in Boston.
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> A survey by healthcare technology firm DocASAP found 43 percent of respondents said that they wouldn't feel comfortabl going back to see a healthcare provider in person until at least the fall, with anxiety lasting into 2021. And of those who ha had a telehealth appointment, 92 percent of respondents said that they were satisfied with their overall experience.
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> Nearly half (45 percent) of the respondents said a provider's willingness to provide telehealth appointments would influenc their decision to select that practice.
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> "Telemedicine will continue to penetrate healthcare with the help of advanced technologies and tighter integration with co electronic health record systems," said Paddy Padmanabhan, CEO of Damo Consulting in Naperville, Illinois, and co-auth of "Healthcare Digital Transformation: How Consumerism, Technology and Pandemic are Accelerating the Future". Howe

there is significant work to be done in improving the quality of telehealth experiences today, and adoption levels will vary across populations for the near term."

Devine cautioned that "some older adults still struggle with the technology needed to fully participate with telehealth visits" and some patients have found "telehealth visits do not fully address their needs or they long for the interpersonal connecti from in-person time with their physician." He considers telehealth a supplement for rather than a replacement for in-perso visits.

Unless the patient needs a procedure or a hands-on evaluation, care will remain virtual, Fuller said. That will include remo patient monitoring, which will notify clinical teams of changes in condition. Those patients also will receive periodic in-hom care from a nurse, phlebotomist or physician assistant. Then a physician can review the information and make a diagnosis

2. Medical office safety policies

"A second big trend is the demand to not sit in a waiting room when people have to physically see the doctor," Fuller said. "The historical flow of patients in a doctors' practice is going to change."

Fuller suggested that practices may handle this by screening the patient and placing him or her in room or asking the pers to wait in the parking lot until the physician is ready.

"We may see waiting rooms disappear," Fowler said. "Patients will be asked to check in via phone when they arrive at the facility and wait in car until the clinician is ready to see them."

Providers' schedules will likely need to be more staggered to avoid patients sitting in waiting room, said Andrea Smith, practice administrator for plastic surgeon and breast reconstruction specialist Constance M. Chen, MD, in New York.

Medical practices will continue their enhanced medical office safety policy, cleaning rooms between patients, temperature screening of incoming patients and isolating patients from one another.

Other medical office safety tips include patients and clinicians wearing masks, physically distancing, screening patients fo COVID-19 symptoms, closing common areas, practicing good hand hygiene, sanitizing exam rooms, limiting nonpatient visitors, and screening staff members daily before work.

Fuller expects rather than manual disinfecting, office practices and clinics will use small-unit ultraviolet devices.

Smith suggested "practices should embrace new technical solutions like email and text notification systems to help keep patients up-to-date on the latest news from the office on COVID-safety."

Supply chains also will change from just-in-time delivery to stockpiling of personal protective equipment, IV fluids and othe essential supplies, Fuller said.

3. Payment changes

Smith anticipates the "number of patients a provider can manage in-person per day is likely going to be the most dramatic difference in medical practices post-pandemic. I see this as the greatest financial impact to our industry and will be the tipping point to an overhaul of the way we approach patient care."

That will lead to higher overhead costs due to physicians opting for longer work days or less revenue due to reduced patie turnover at the same work schedule, she added.

"We will see an increase in adoption of alternative payment models for primary care practices," Devine said. "The pandem has been a catalyst for change towards value-based care."

Devine added that he expects "primary care physicians who are in the twilight of their careers may use the pandemic to re

or focus on nonclinical work given their individual risk for having a severe case of COVID-19, as well as reductions in revenue from a traditional practice model."

4. Personnel changes

Fuller expects fewer hospitals and physicians will exist after the pandemic, in large part because more physicians will be retiring. He indicated physicians will want to continue delivering patient care for as long as they can, but many are at or ol than traditional retirement ages.

A 2020 study by Association of American Medical Colleges in Washington, DC, found that more than 40 percent of active physicians will be 65 or older within the next decade.

An April 2020 survey by Merritt Hawkins in collaboration with The Physicians Foundation found 21 percent of physicians have been furloughed or experienced a pay cut, 14 percent plan to change practice settings as a result of COVID-19, and percent plan to retire or close their practices.

"Without a vaccine, some physicians on the cusp of retirement may opt to retire early due to existing personal comorbiditi or family members in higher-risk categories," Smith said. "Some may find their 'second-calling' as a nonclinical physician providing service in research, nonprofit or administrative consulting."

Devine suggests a shift in primary care to concierge medicine, which "removes the volume-based pressures on primary c physicians and transfers focus back to the individual physician-patient relationship." Concierge medicine improves quality care, said Devine, adding, "physician quality of life is greatly enhanced while burnout is reduced."

Although hospital ownership of practices has been strong, and Devine thinks employment offers a safer route for some physicians, Fuller does not think health systems have the money now to purchase practices, but moving forward, more ne physicians will seek employment rather than setting up independent practices.

Short-term locum tenens jobs can offer another alternative for physicians and advanced practitioners seeking to continue working, in locations of their choice, without the stress of managing a medical practice.

Additionally, Fuller expects regulations limiting nurse practitioner supervision will transition to allowing independent practic Physicians will no longer need to make the initial visit.

Read the full article

"It's a different way of thinking of triage," Fuller said.

Additionally, RN case managers, whether working for hospital systems or independent physician associations, will likely ta on more responsibility in keeping patients safely at home. Those nurses can make assessments and triage to the patient' physician and specialists.

"We are reversing the trend to bring everyone to the centralized hospital," Fuller said.