COVID-19: THE LONGER TERM IMPACT ON GI PRACTICES

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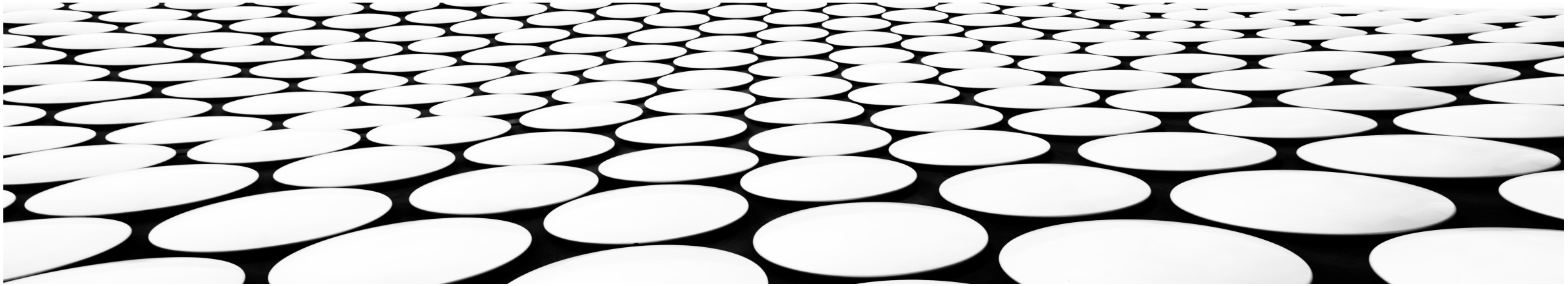
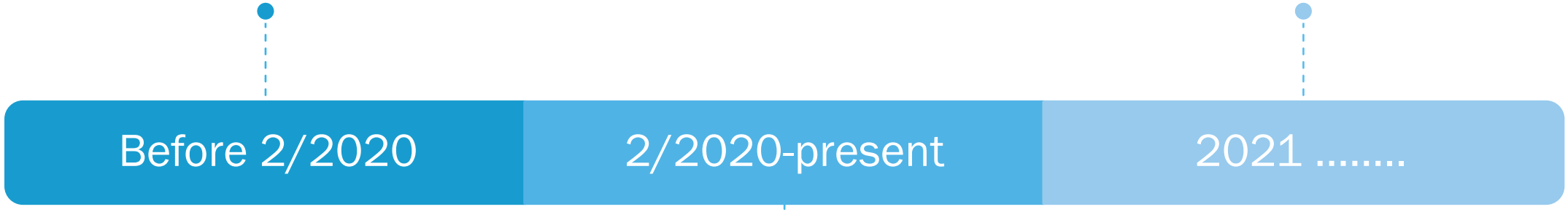
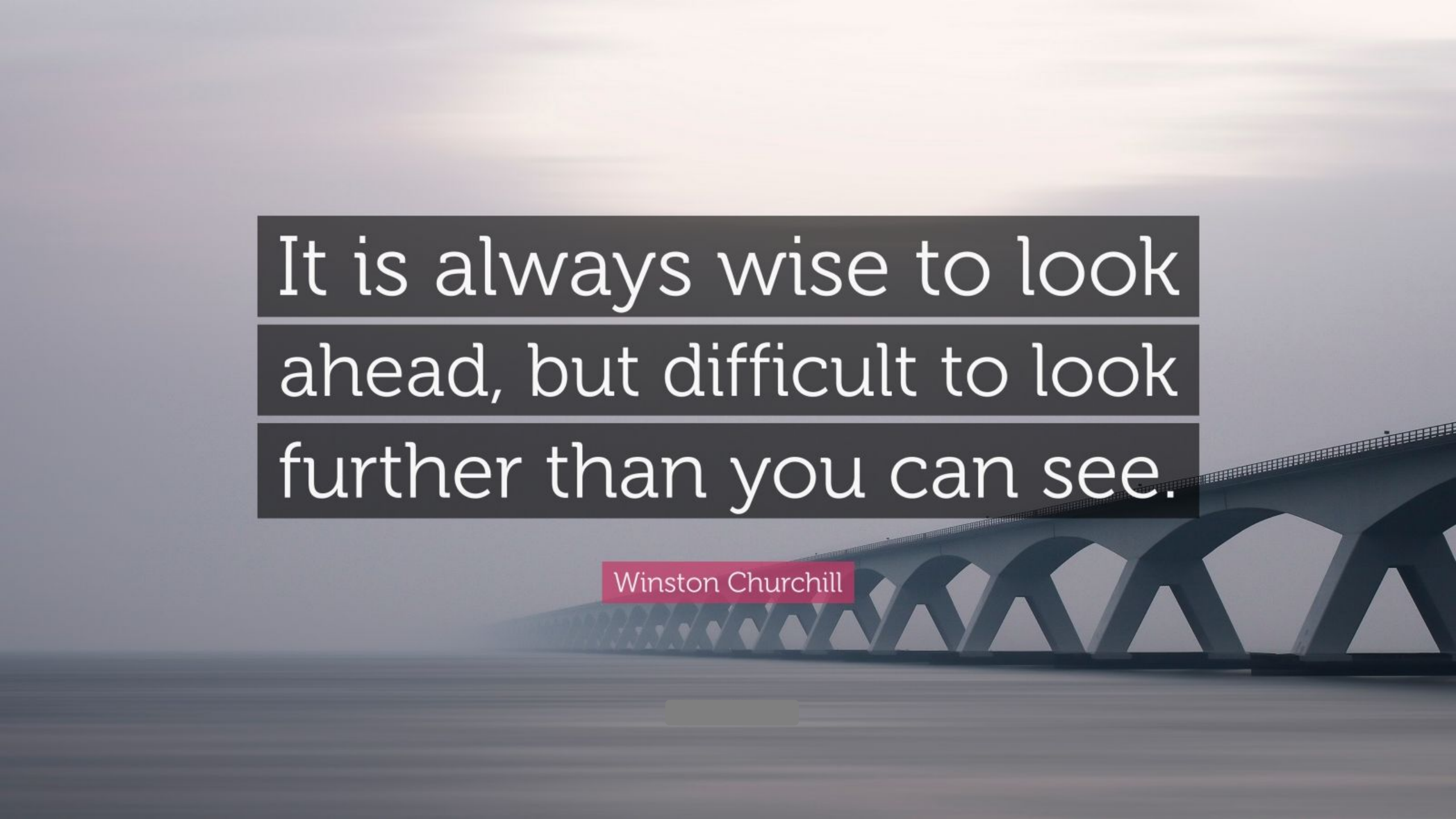


The old normal

Our (professional) future

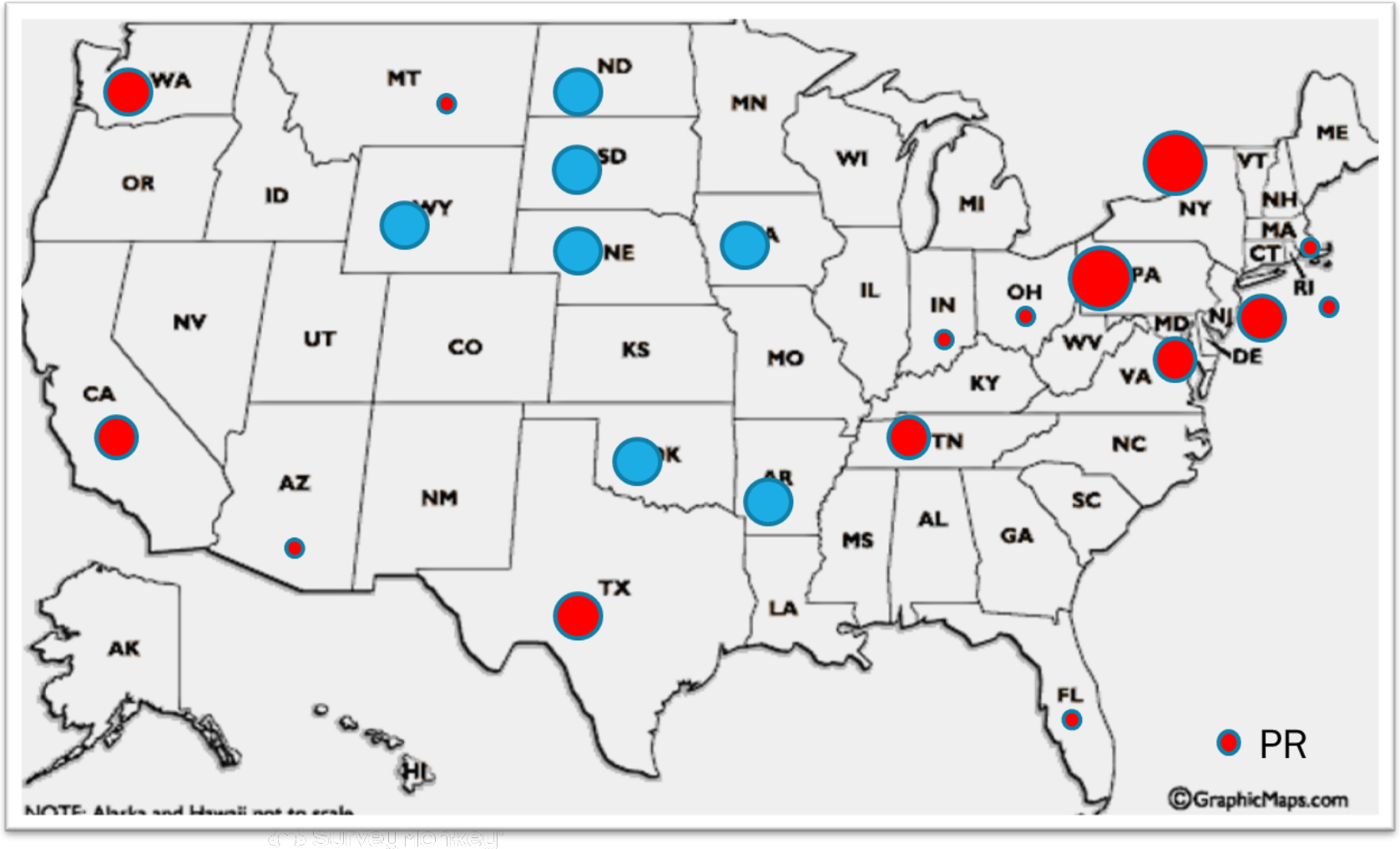


The current crisis

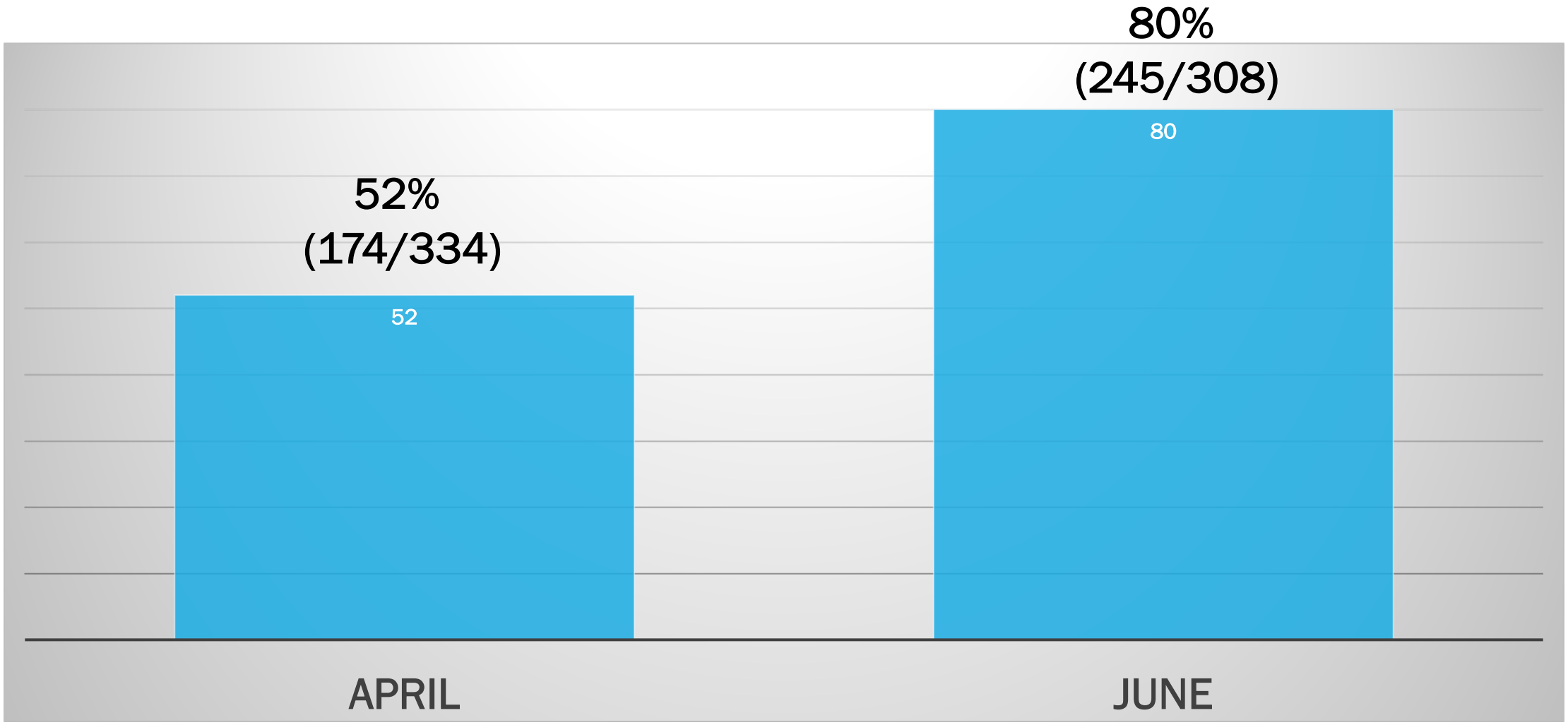

It is always wise to look ahead, but difficult to look further than you can see.
Winston Churchill

ACG PMC: COVID Survey

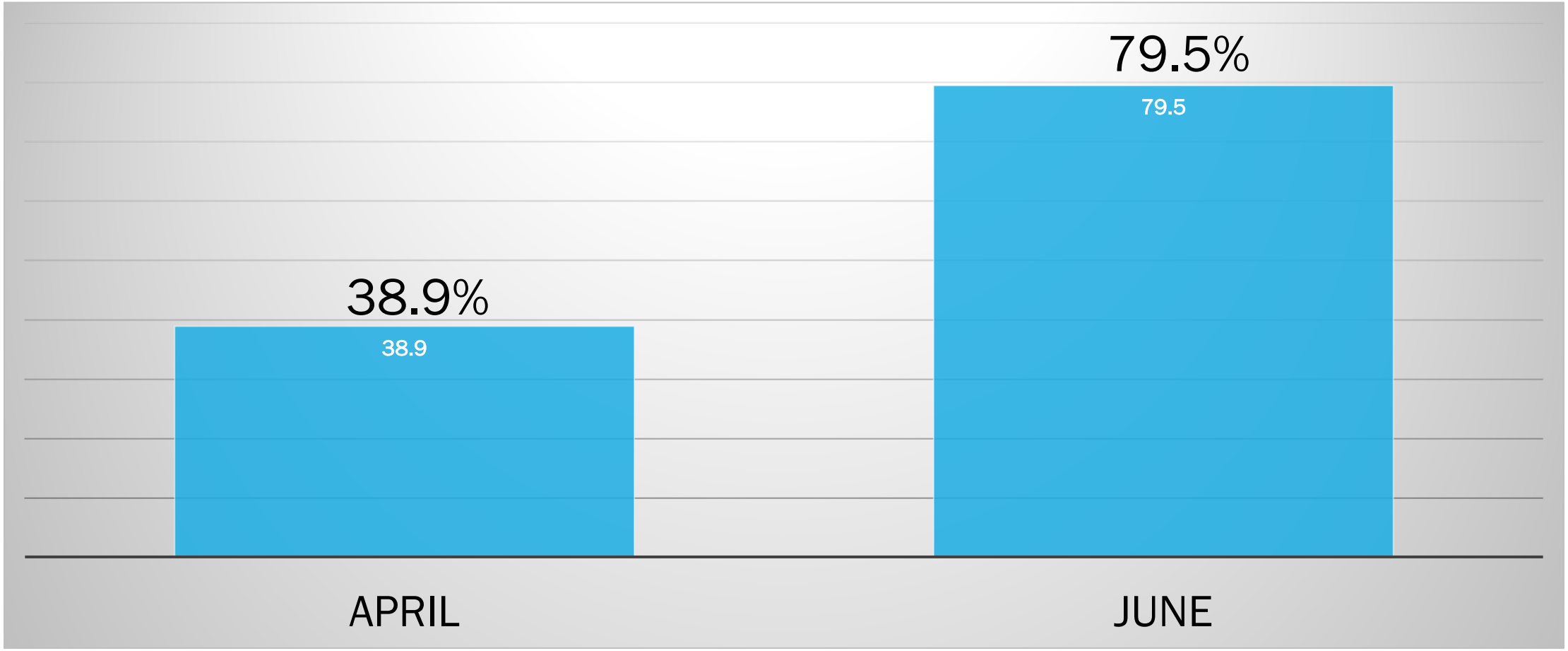
- April and June 2020 surveys of >300 practices, well distributed geographically and by practice type / setting
- Practices that ‘shut down’ early were bicoastal



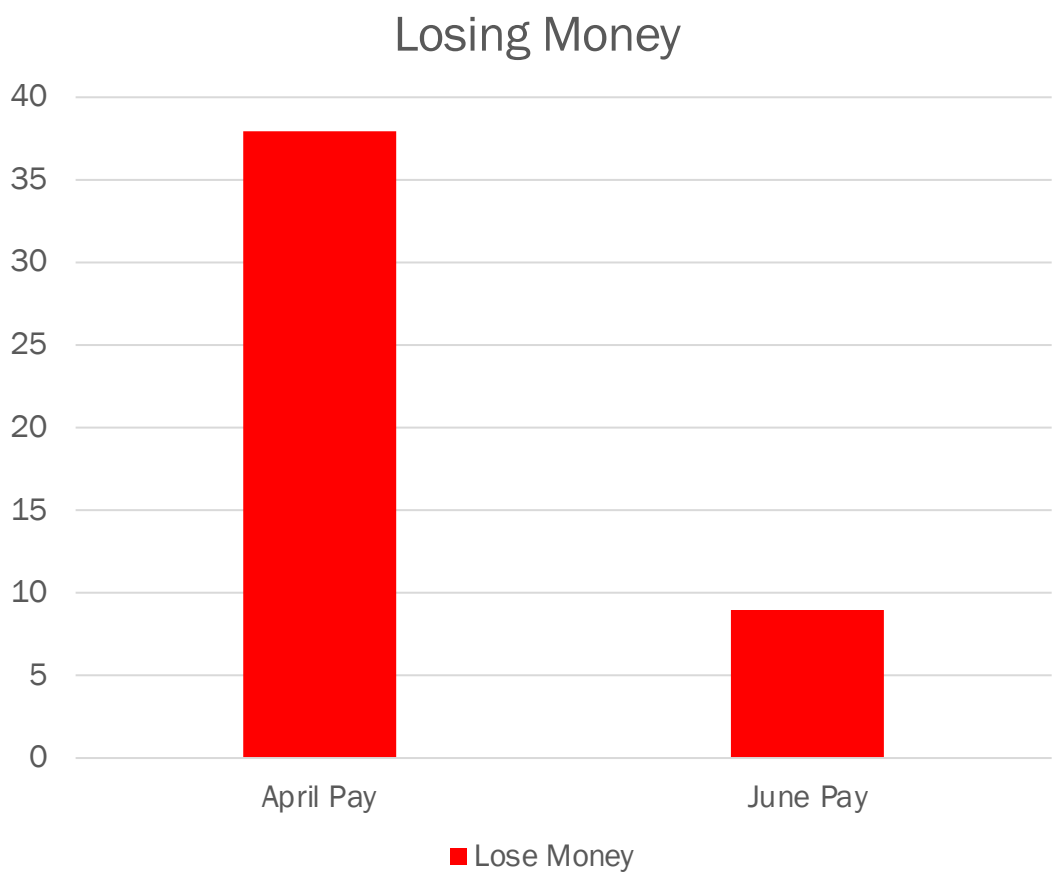
STAFFING >75%



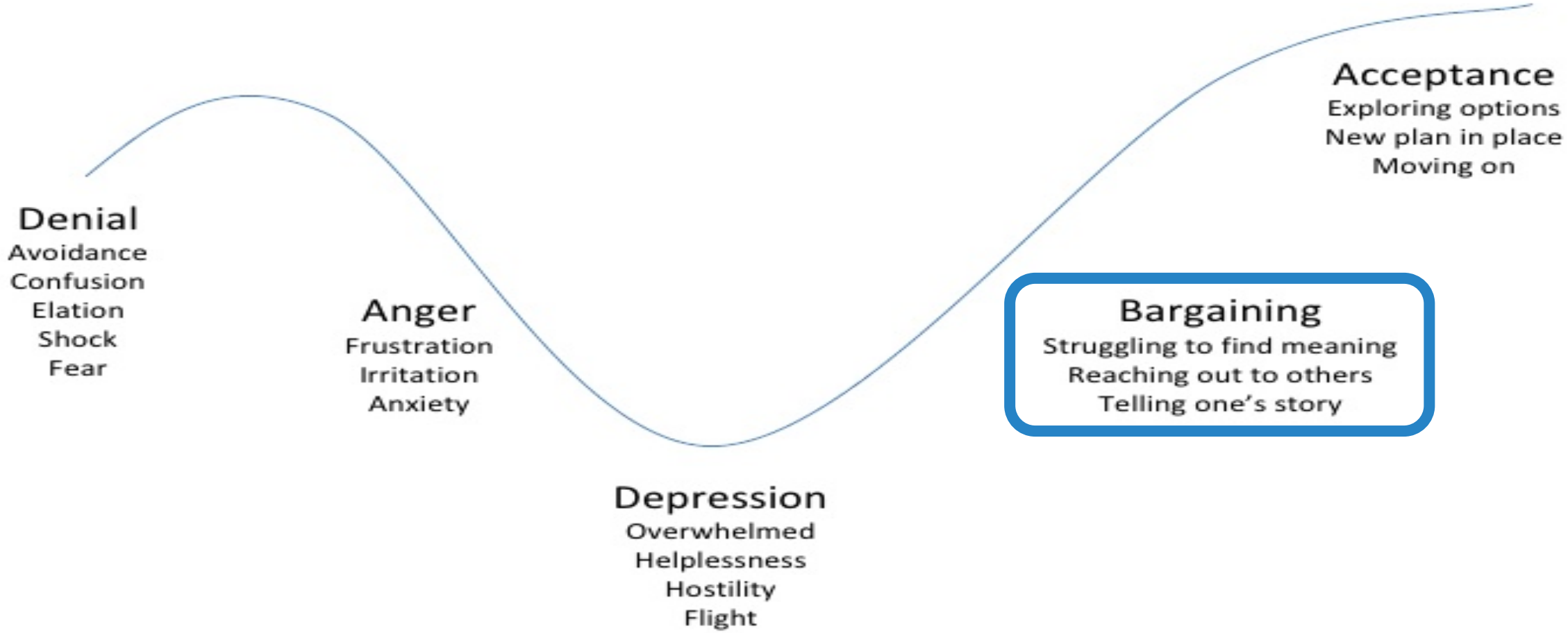
IN PERSON OFFICE ENCOUNTERS:



PAY EXPECTATIONS

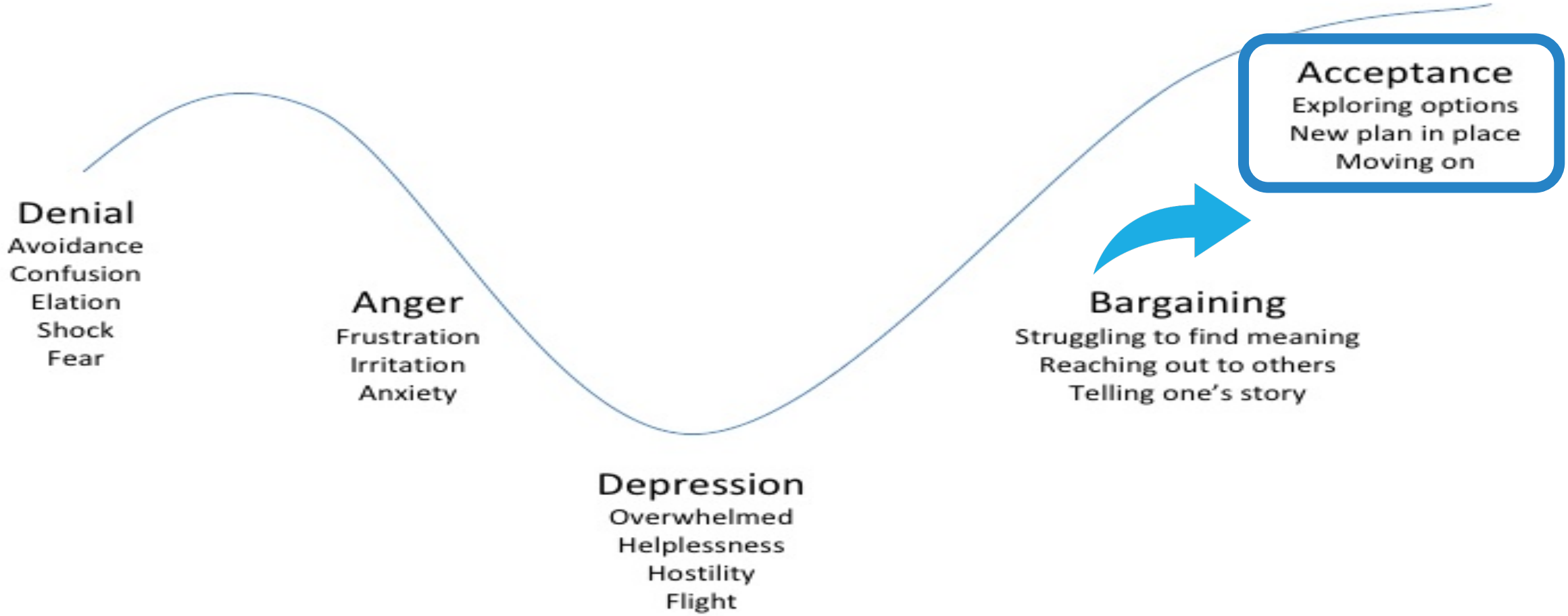


Kübler-Ross Grief Cycle



Information and Communication | Emotional Support | Guidance and Direction

Kübler-Ross Grief Cycle



Information and Communication | Emotional Support | Guidance and Direction

WHAT DOES OUR FUTURE HOLD FOR……

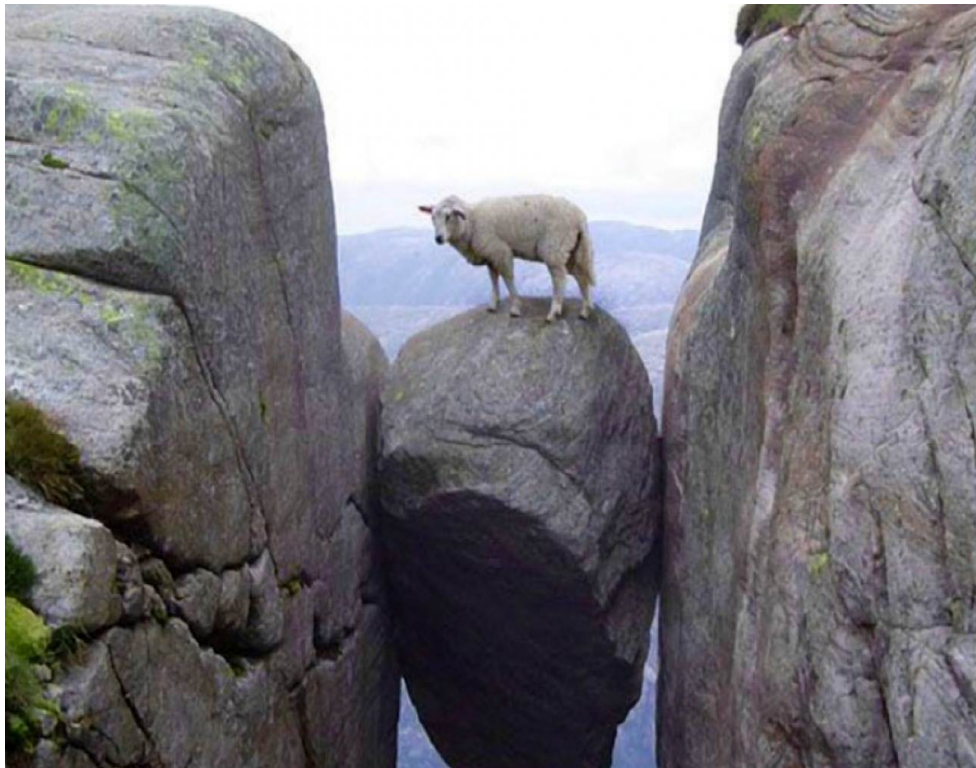
- Our ‘back office: Regulatory and Financial concerns
- Our teammates: the front office staff
- Keeping everyone safe in our physical space
- Bringing our patients back

THE RULES: REGULATORY AND FINANCIAL CONCERNS

- Federal ‘guidance’ (CDC, White House) and Federal financial programs (PPP, CARES Act etc) are likely to be impacted by upcoming election
- State / local regulations (dominate generally)
- Practices need to constantly re-evaluate financial outlook
  - Expenses vs income
  - Projections at more frequent intervals

BREAK-EVEN ANALYSIS

- A useful financial calculation to determine the number of patients that must be seen (for the practice) or procedures performed (for the endoscopy unit) to at least cover your costs
- One can ↑ volume or reimbursement or ↓ costs
  - Practically speaking, costs are up due to PPE and increased staff
  - Volume may be limited by distancing measures and patient reluctance



https://www.physicianspractice.com/view/determine-your-break-even-point
https://www.shopify.com/blog/break-even-analysis

OUR TEAMMATES (STAFF)

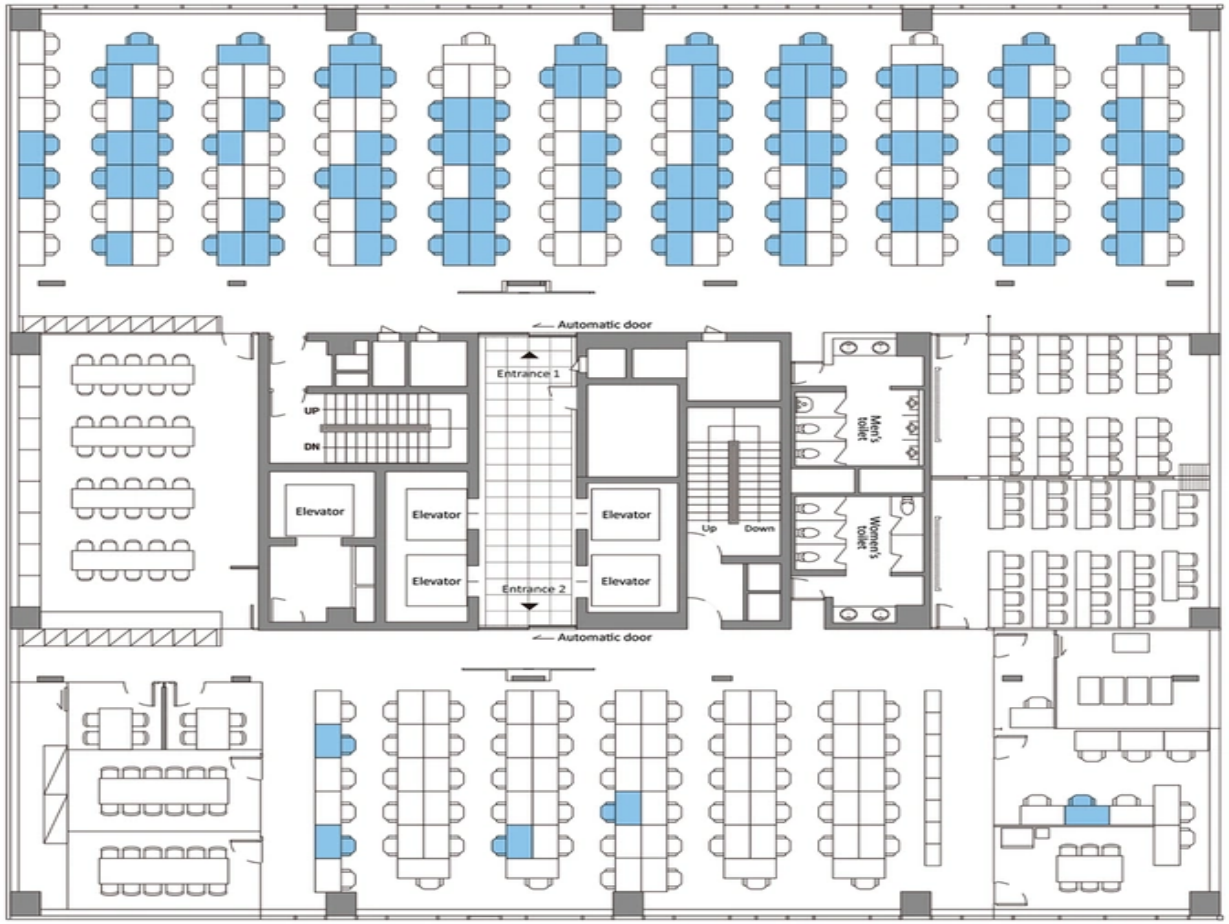
- Infection control measures are here to stay in some way for years
- Distancing, hand hygiene, masks, barriers
- Increasing attention on ventilation and airspace than on surface decontamination
- “Hygiene theater” may be wasteful and falsely reassuring
  - NYC subway car disinfection ($$) vs masking in Tokyo subway

https://www.theatlantic.com/ideas/archive/2020/07/scourge-hygiene-theater/614599/

CO-WORKER RISK (IT'S NOT JUST PATIENTS!)

- Call center in S. Korea
- 50% positive rate nearby
- <5% rest of floor
- <1% rest of building
  - Elevators, door handles unlikely

- Staff meetings will be "fewer, smaller, and shorter"



https://www.theatlantic.com/ideas/archive/2020/05/how-will-we-ever-be-safe-inside/611953/

YOUR TEAM MAY NEED TO BE BIGGER

- Intermittent absences (childcare, quarantine) will be more common and your admins need permission to hire.
- Prioritize cross-training and staff rotations.
- Restrict hours rather than FTEs to improve productivity rather than staff numbers.
- Recognize efforts and sacrifices by staff, address career development, ‘battlefield promotions’

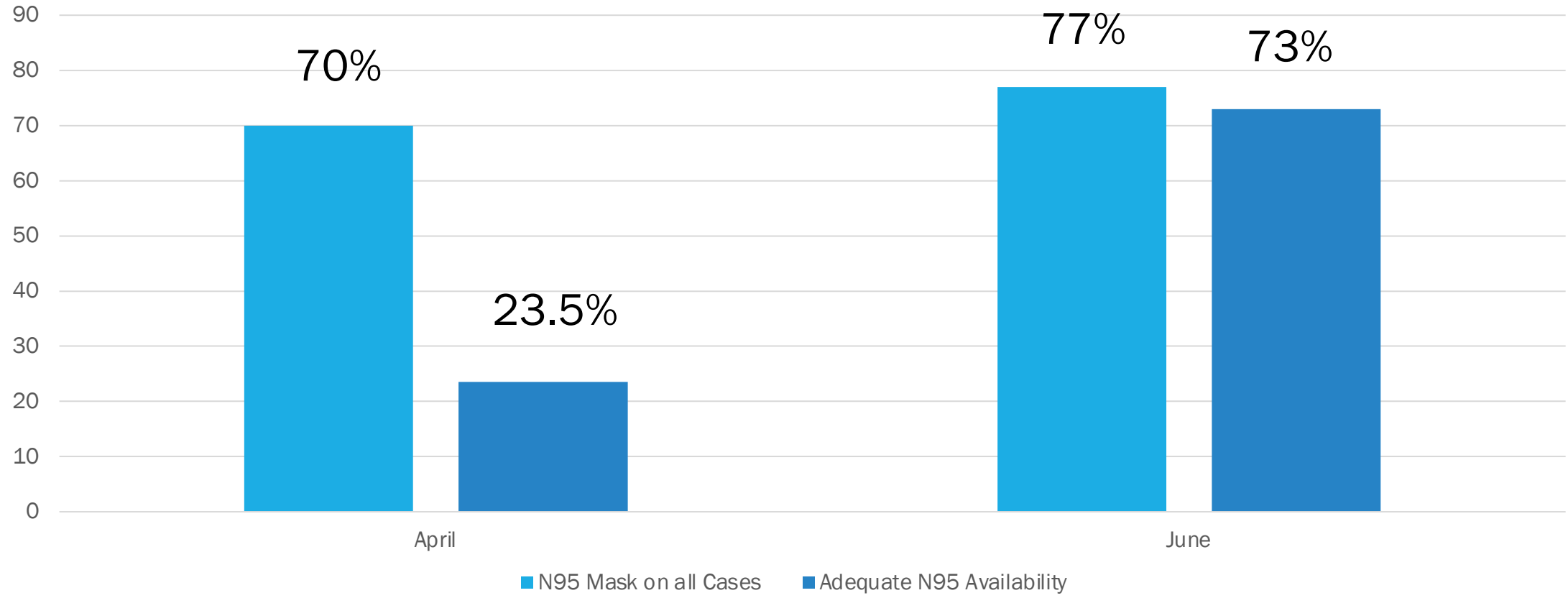
SAFETY IN THE OFFICE AND ASC

- Ongoing low level of baseline infection (w/local surges) until 2025*
- Vaccines: soon to be available but unlikely to be short term impactful due to:
  - Questions of immunogenicity
  - Population acceptance
  - Logistics of distribution (700M doses!)
- Rapid, accurate, inexpensive POC testing will be game changing

*Scudellari, M. The Pandemic's Future. Nature 2020;584:22-5.

PPE SUPPLY

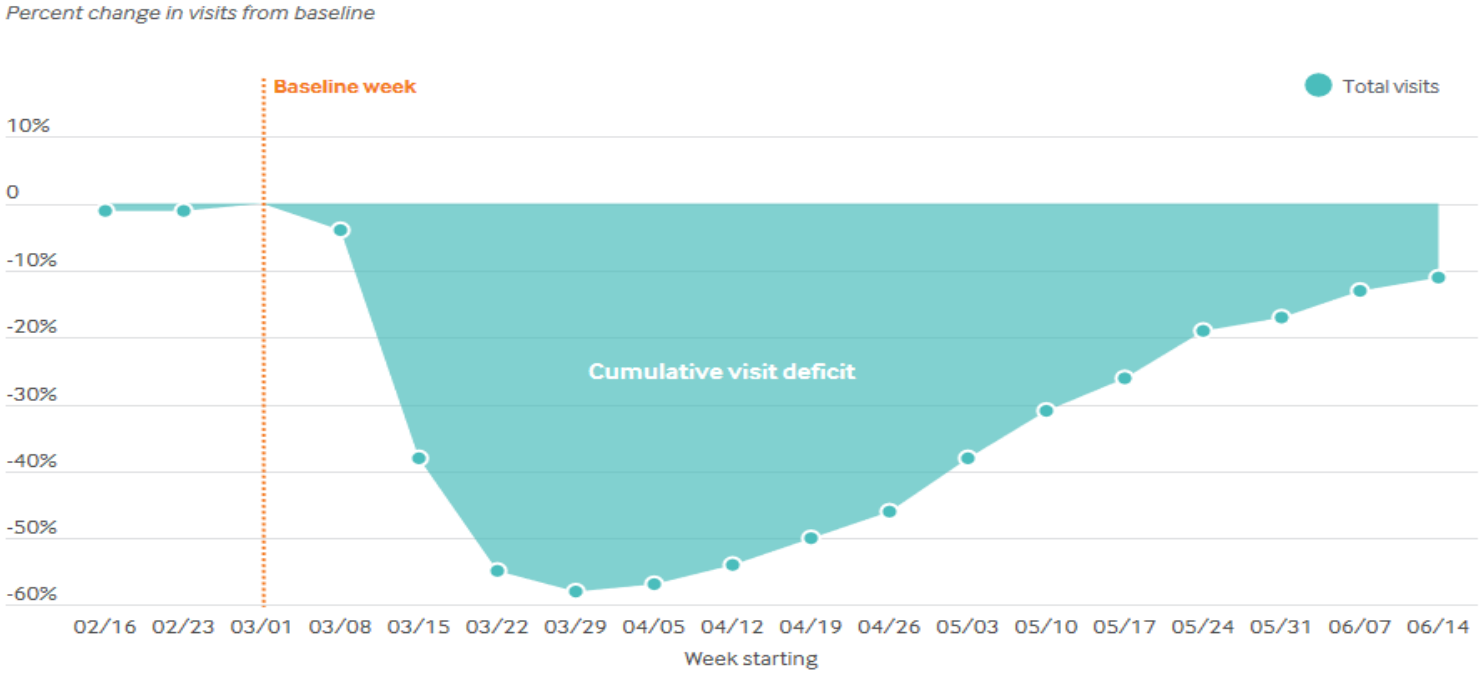
N95 MASK USAGE & AVAILABILITY: APRIL VS JUNE



PATIENTS ARE AVOIDING CARE

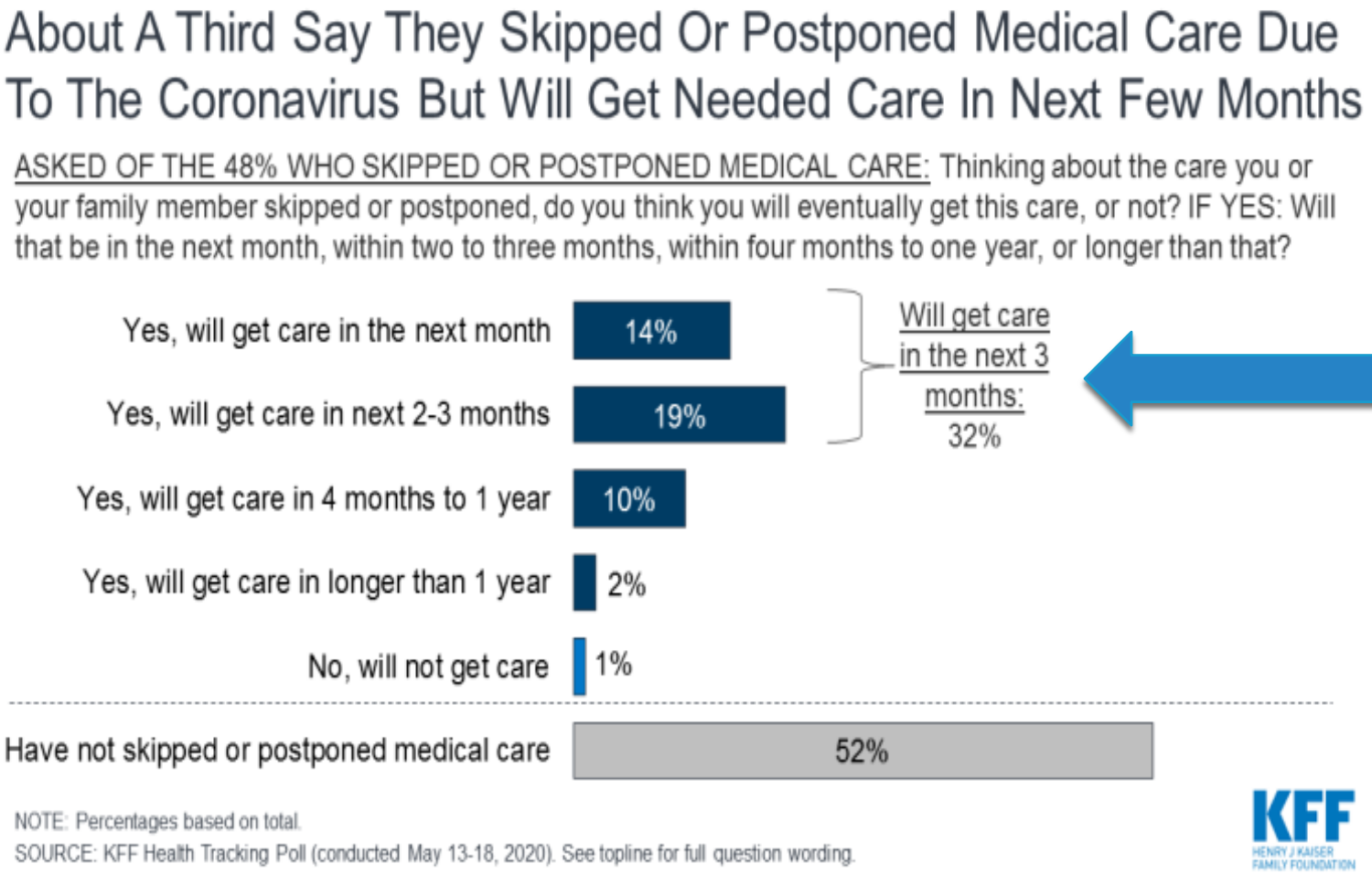
- Fear potential infection at medical facility
- Health care expenditures may be viewed as discretionary
- Loss of job and/or health insurance
- 40% report ↓ in mental and emotional health

The number of visits to ambulatory practices had declined nearly 60 percent by early April. Since that time, the numbers have rebounded substantially, though the rebound may be beginning to plateau.



Ateev Mehrotra et al., The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting t the New Normal (Commonwealth Fund, June 2020). https://doi.org/10.26099/2v5t-9y63

BUT THEY WILL COME BACK?



32% said they would seek the care they postponed in the following 3 months

Kaiser Family Foundation, 2020

REASSURING PATIENTS OF SAFETY: WHAT DO THEY WANT?

TREATMENT OR VACCINE FOR COVID-19

2 attributes, including:

- Effective and widely available vaccine
- Approved and effective medicine that reduces symptoms and recovery time

CLINIC SAFETY AND SANITATION PROTOCOLS

18 attributes, including:

- Screening/testing
- Visitor policies
- Staff policies
- Facility designations
- Sanitization
- Masking
- Distancing

LOCAL INFECTION AND HOSPITALIZATION RATES

4 attributes, including:

- State infection rates
- State fatality rates
- State hospitalization rates

Top 10 attributes that would increase comfort with seeking in-person care

n=7,452

1. There is a widely available vaccine for Covid-19, and I have received it **(15.63)**
2. Exam rooms are sanitized after each patient **(8.74)**
3. The clinic rapidly tests all patients when they arrive for their appointment **(8.41)**
4. Approved, widely available medicine that reduces Covid-19 symptoms and recovery time **(6.42)**
5. Clinic screens temperatures when patients enter the building **(6.10)**
6. All staff are rapidly tested for Covid-19 every day **(5.78)**
7. Staff treating Covid-19 patients will not treat me **(5.29)**
8. All staff wear masks at all times **(4.67)**
9. The clinic has patients wait in their car, rather than in the waiting room **(4.25)**
10. There is enough space for patients to stay 6 feet apart at all times **(3.95)**

Source: Advisory Board Covid-19 Consumer Survey, June 2020.

REASSURING PATIENTS: KEY CONCEPTS

- Make a plan, communicate it (website, emails, videos etc), and then DO IT!
- Be clear, consistent and engage staff to “model” what you recommend
- HCWs are viewed favorably and patients generally have trust and gratitude…we can leverage that trust and strive to actually make it one of the few places they CAN feel safe and provide a positive experience during what may be their first ‘re-entry’ into the seemingly scary outside world.
- Physician may need to be personally involved to have patients feel that sense of security
- Start with the initial telehealth visit. Routinely and proactively address potential concerns; don’t wait to be asked! Re-emphasize during pre-procedure calls

TELEHEALTH: HERE TO STAY (PENDING PARITY)

How has COVID-19 changed the outlook for telehealth?

1 Consumer

Shift from:

11%
use of telehealth in 2019

To:

76%
now interested in using telehealth going forward

While the surge in telehealth has been driven by the immediate goal to avoid exposure to COVID-19, with more than 70 percent of in-person visits cancelled,[1] 76 percent of survey respondents indicated they were highly or moderately likely to use telehealth going forward,[2] and 74 percent of telehealth users reported high satisfaction.[3]

2 Provider

Health systems, independent practices, behavioral health providers, and others rapidly scaled telehealth offerings to fill the gap between need and cancelled in-person care, and are reporting

50–175x
the number of telehealth visits pre-COVID.[4]

In addition, **57%** of providers view telehealth more favorably than they did before COVID-19 and **64%** are more comfortable using it.[5]

3 Regulatory

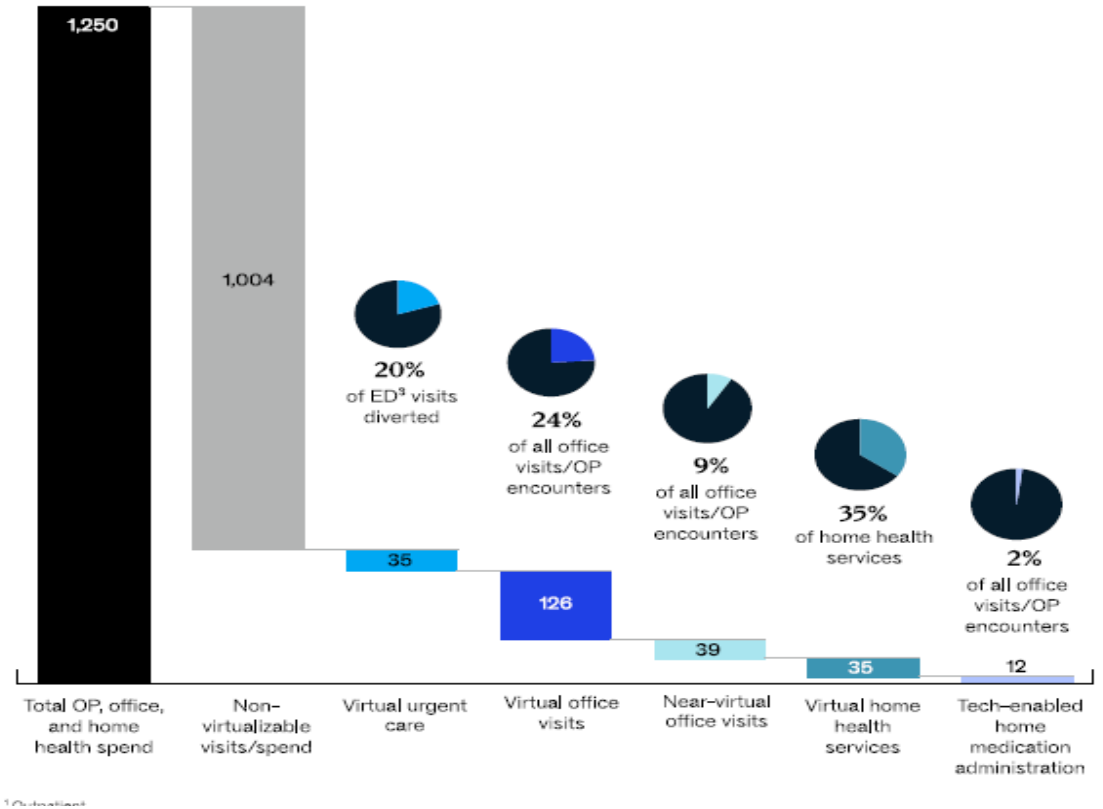
Types of services available for telehealth have greatly expanded, with the Centers for Medicare & Medicaid Services (CMS) temporarily approving more than

80 new services

and lifting restrictions on originating site, allowing Medicare Advantage plans to conduct risk assessments via telehealth, and adding other regulatory flexibilities to increase access to virtual care.[5]

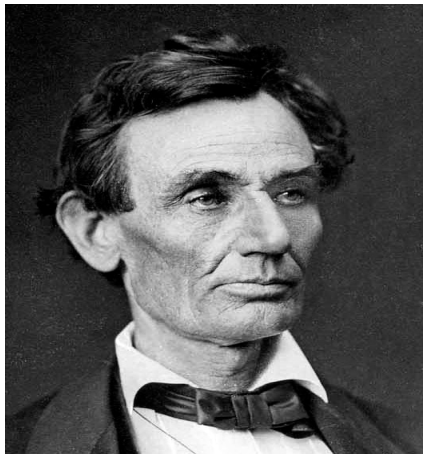
Approximately $250 billion—or ~20%—of all Medicare, Medicaid, and Commercial OP, office, and home health spend, could potentially be virtualized.

Current OP[1] and office visits that can be virtually enabled
Commercial, Medicare, and Medicaid 2020 estimated,[2] billions of dollars



https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality

- “The best way to predict your future is to create it”
  - Abraham Lincoln
    (or Alan Kay, chief scientist at Atari!)



- “The future rewards those who press on. I don't have time to feel sorry for myself. I don't have time to complain. I'm going to press on.”
  - Barack Obama (speaking to the Congressional Black Caucus 2011)

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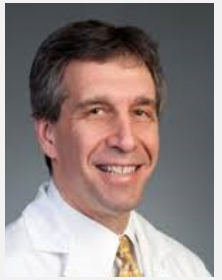

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Thank you