

RETURN TO ROUTINE

A PLAN FOR RE-OPENING YOUR OFFICE
AFTER COVID-19 CLOSURE

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GETTING BACK TO ROUTINE CARE

Shew! The last seven weeks have not been a walk in the park... I mean, we really weren't even supposed to literally walk in the park!

If you are like me the last several weeks have been a mix of stressful, and at times wonderful. There's been so much good, from spending more time with my family to working on projects that I've long put off. Still, the stress of having closed my practice to routine care was ever present.

Now that most of us are moving towards resuming some routine care in our offices I think we have turned a corner, at least for now, from worrying about what to do with our staff (and when) to planning for what daily practice is going to look like for the foreseeable future. That is what this second installment is all about. This is what I am doing, what I am thinking about and things that hopefully might help you get ready for what is to come as we get back to the business of caring for our patients.

X O ,

Dr. H

THE NEW NORMAL IN CLINIC

HOW THE PATIENT CARE PROCESS WILL CHANGE

In my office we are implementing the following changes to what patient care used to look like...

- masks for both staff and patients while in the office
 - staff has a choice of several types of masks; fabric, disposable surgical mask or N95 (as available) personally I think the disposable surgical masks are the most comfortable for breathing so I'll be using those as long as they are available
 - patients are asked to provide their own mask; however they are given a disposable mask to wear if they come without one
- we are restricting the number of people in the office to only those with an appointment (or the patient plus one parent/caregiver)
- patients check-in by phone when they arrive for their appointment and are given entrance into the office by myself or a staff member once we are ready for them

- chief complaint, HPI, review of systems, medications, family history, etc are all reviewed by phone when possible prior to the patient coming into the office
- intake forms are now completed online prior to appointments or texted to patient upon check in for completion in their car (we will have limited paper forms for patients without access to a smart phone or computer)
- office policies and consent forms will also be completed electronically in most cases
- once in the office patients will be required to wash hands or use hand sanitizer then will be escorted directly to the optomap for imaging and into the exam room
- all waiting room chairs have been removed and only one dispensing table remains in the optical (ours is small and we had two tables previously)

OPTICAL AREA CHANGES

- all waiting room chairs have been removed and only one dispensing table remains in the optical (ours is small and we had two tables previously)
- we've added a plexiglass breath barrier to the dispensing table that allows us to reach around for measurements
- we will require patients to wear their mask until they narrow their frame selection to no more than 4 frames and then allow them to remove for final selection with staff maintaining 6 feet of space while mask is off

- glasses will either be delivered if local, shipped at no charge or a curbside pickup; this will be patient preference
- we will require appointments for ordering glasses outside of an exam appointment as well as for adjustments and repairs
- contact lenses will continue to be shipped at no charge, we were doing this long before Covid-19 was a thing and patients love it! It helps us keep our contact lens retention at over 80%

SCHEDULING

- exams and office visits are scheduled at one hour increments to allow for one patient in the office at a time
- contact lens follow ups will only be scheduled for issues that cannot be addressed with a remote visit and will be scheduled to arrive while an exam patient is in their exam
- contact lens progress checks will be told that there will likely be a 10-15 minute wait in the office once they are seated in an exam room (separate exam room) while the first patient is completed and leaves
- same process will apply to rx checks
- urgent visits will be triaged and scheduled for remote visits when possible; otherwise they will be added to the end of the day once other appointed patients are complete OR if needs to be seen ASAP they will be allowed in the office once the previous patient is in an exam room, they will be escorted directly into an exam room of their own and told that the doctor will be in as soon as the schedule allows

- we are also allowing remote annual contact lens evaluations and renewals on a case-by-case basis and these are scheduled for days that we are not physically in the office seeing patients

STAFFING


This section will look very different depending on the practice and, I would imagine, whether you were able to acquire PPP loan funds.

I am personally a BIG believer in including my staff and getting their input on things that impact them directly. They understand the final decisions are mine to make, but always appreciate that I asked for their opinion. I think it makes them much more invested in the practice and allows me to always be sure I am looking at things from all angles.

In my practice I will only be recalling my office manager at first. Staffing levels are dependent, in most practices, on patient volume. I will do all patient-facing interactions and she will do all back office, including answering the phones.

The next staff member that I will recall will be my patient care coordinator who runs the front desk area, does most phone calls, pulls insurance benefits, takes payments, etc.

My final recall will be my technician. When she is recalled if we continue with a decreased volume I will likely change her responsibilities somewhat and have her scribe for me from her tech station over a headset.



My thought process really comes down to two things: what my business can afford for payroll and the comfort level of my team. Both are important considerations.

GETTING THE WORD OUT

The following are things I am doing to let patients know that we are open to routine care again and get our schedule filled:

- send an email to all patients seen in the last 3 years announcing that we are scheduling appointments again and outlining the steps we are taking to ensure patient and staff safety
- running a report of all patients who were due for recall and not yet seen from January 2020 through April 2020 and calling them personally to check in, triage their need to be seen and offer an appointment
- consistent posting on social media regarding our status and the changes we have implemented to deal with coronavirus risks

TELEMEDICINE INFORMATION

We will be continuing to utilize some telemedicine in our practice. These are some appointment types that will be done remotely:

- contact lens progress checks; patients who present remotely with issues will be scheduled for in office troubleshooting
- red eye triage and remote diagnosis/treatment when possible
- amsler grid checks

Here are some resources to read and listen to in order to learn more about tele-health and implementation in your office.

[AOA Tele-health Webinar](#)

[Power Hour episode about tele-health with Paul Karpecki, OD](#)

[AOA Resource Sheet for COVID-19](#)

[RevolutionEHR Telemedicine Coding Info](#)

Services to investigate for telemedicine:

- Skype
- Facetime
- Zoom
- Doxy.me - this is a free HIPAA compliant telehealth platform that is not specific to eye care. Might be a good option and is FREE, but doesn't have some of the options that EyeCareLive does
- EyeCareLive - this is what I am using and like it so far. There is a contact lens questionnaire for contact lens consultations, a visual acuity tool and a dry eye questionnaire. It is easy to set up and easy to use. The only downside is that patients have to download an app and register prior to scheduling, but it is the only system I have found that incorporates visual acuity measurement which is necessary for some billing codes as well as integral to some services.

BEGINNING TELEMEDICINE IN YOUR OFFICE

What is the use of planning and implementing tele-health if no one knows that you offer it as an option? Absolutely none! Part of any good implementation plan is communicating with your current patients and your community to let them know that you offer telemedicine services, especially during our current reality of social distancing and many offices closing to routine care. I recommend you do three things to get the word out that your office is using this technology to continue caring for your patients as well as anyone in the community that needs eye care at this time.

- Craft an email to send to all of your active patients for whom you have email addresses (which is hopefully most of your patients.) This email should outline what you can offer via telemedicine as well as how to schedule a telemedicine visit.
- Add information to the home page of your website along with a call to action button for immediate scheduling. Also add a link to more information about telemedicine, for now and in the future if you are looking that far ahead.
- Create content for your social media pages talking about telemedicine: What is telemedicine? What can your patients utilize telemedicine for? How can they schedule for a telemedicine visit?

ONLINE REGISTRATION

Prior to Covid-19 changes we used paper forms for all of our intake and consents. We are transitioning to completely online/digital forms and consents instead. I am using a service called IntakeQ for this and have been impressed at how user friendly it is.

HOW WE ARE USING IT

We have built online questionnaires for the following:

- New patient medical history
- Established patient updates to history
- Appointment requests
- Dry Eye Symptom Questionnaire

We have digital forms for:

- HIPAA and Insurance Billing Policies
- Privacy Release and Minor Consent
- Optical Policies
- Eyewear Protection Plan
- Contact Lens Policies

We will be adding consent forms for minor procedures, ABN forms, and more!

INTAKEQ WORKFLOW

1. Patient makes an appointment.
2. Office logs in to IntakeQ and adds new patient to invite them to the IntakeQ secure messaging system.
3. If the appointment is within a week of scheduling office will immediately send them their intake forms. Otherwise we will send forms to patients one week prior to appointment date.
4. When sending forms opt in to allowing reminders 2 days prior to appointment date and time. This allows patients to request a reminder be sent.
5. At time of appointment check to see if we have received intake forms. If not then send link to forms to cell phone at time of check in to be completed before entry into office.
6. Move the uploaded documents out of the IntakeQ folder and into the proper documents folder (this applies if your EHR integrates with IntakeQ and automatically uploads PDF copies of completed forms for you)

IntakeQ is only one option for online forms. You can sign up for a trial at https://intakeq.com/r/AKd5Qg_

Full disclosure- I will receive a small referral bonus if you sign up using this link.

I am happy to share my forms with anyone who signs up using my link to help you get started!

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