

Managing an Integrative Healthcare Practice in a
Post-Pandemic World

By Heather Skeens, MD, CFMP



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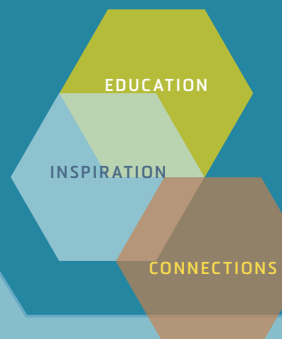
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Heather Skeens, MD, CFMP



Introduction

When I started my integrative healthcare practice in 2017, I had no idea that I would face a global pandemic just three years after opening my doors. The novel coronavirus (COVID-19) rocked the healthcare industry. It forced many practitioners to uproot their existing practices or close their doors. In my experience, I had to sharply pivot and revisit my business in a completely new light. I learned very quickly that the processes I put in place just a few years prior would allow us to not only navigate the current health crisis but come out stronger than we were before.

I have been practicing medicine for twenty years, with eighteen years specifically in the ophthalmology field. I have worked in both university and group private practice settings, prior to transitioning to becoming a solo practitioner. It was always my dream to own my business.

Anyone who owns a business understands the investment of time and effort it takes to keep that business running properly. It takes countless hours working to put policies and procedures in place that make the business functional and profitable. As healthcare

practitioners, we are trained to interact with patients, but we are not always trained on the business aspects of running a practice. The principles and practices that I learned came mostly from experience, and what we've learned since COVID-19 is no different.

We were forced to shut our doors and only see patients on an emergent basis when the pandemic first hit. I took the opportunity to evaluate several aspects of my business, and answer tough questions.

- **How do I support my staff or team members?**
- **How do I design the office flow to account for social distancing and patient safety?**
- **What electronic medical record (EMR) platform do I use to integrate telemedicine?**
- **What equipment and supplies do I need, and where do I buy these?**
- **How do I submit claims to insurance companies, and how do I know the latest rules and regulations?**

This resource provides my answers to these questions and more in a format that

the reader can follow to assist in restructuring their healthcare practice in a post-pandemic world. There is no single blueprint to follow, but this guide will highlight some of the most important areas of focus, including:

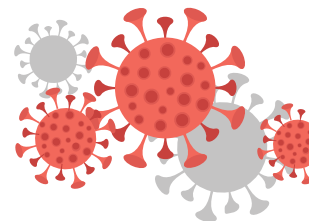
1. **Practice management considerations**
2. **Developing policies and procedures**
3. **Adapting to a digital healthcare landscape**
4. **Ensuring financial stability in uncertain times**
5. **Maintaining practitioner health and wellbeing.**

Without challenges, we cannot effect change, and without change, we cannot advance ourselves personally or professionally. We must be adaptable to life's challenges, for those of us who are adaptable will continue to make progress in the world. No matter what we encounter, we can use our strengths to overcome any obstacle.

This resource will outline the business challenges I encountered during the pandemic and the strategies I employed to maintain business operations during COVID-19. 🌞



General Practice Management Considerations



There are several considerations for managing a practice amid the novel coronavirus (COVID-19). The traditional office setup has changed. Practices now must allow for adequate social distancing between patients and staff. Essential in-office team members must be distinguished from nonessential in-office team members that can work for the practice virtually from home.

Physicians and supervisors need to be able to trust the virtual team members and have a way to hold them accountable for their work. The adoption of telemedicine and its hurdles must be addressed to maintain the clinic profitability and stay in competition with those offering similar services. The clinic schedule that may have been customary for the practice must also change, to allow for proper social distancing and clinic flow.

Office Set-Up

The physical office space should be reconfigured to accommodate social distancing guidelines. First and foremost, signage on the front entry doors should reflect the expectations of entry into the practice. The **U.S. Centers for Disease Control and Prevention (CDC)** has posters available on its website to download and print that detail proper etiquette during the time spent in the building. Examples include proper handwashing technique, face mask requirements, and six feet social distancing requirements.

Upon entry to the building, patients should be directed of the proper flow. The use of adhesive arrows on the floor are helpful and what we use in our practice. We have a stop sign that instructs patients to wait until called upon at the point of entry. The stop sign is more than six feet from the front check-in area.

We also have plexiglass barriers installed at our front desk that serves as a shield separating the receptionists from patients and other visitors. Our patients are instructed to step behind the barrier when checking in. A non-toxic, plant-based hand sanitizer is used by the front desk staff after each exchange. Hand sanitizer is also readily available and labeled for patient use at the front desk. A sign asking patients to sanitize their hands prior to handing over any insurance or payment cards is displayed by the bottle.

The waiting room should be configured for proper social distancing, should a patient need to be in that space for any given time. Chairs should be spaced six feet apart at minimum. To allow adequate spacing, the same volume of chairs present pre-pandemic cannot exist. Some chairs need to be removed from the area entirely.

Most offices have separate patient and employee bathrooms, but it is especially important moving forward. We have a sign on the door specifying patient restrooms versus employee restrooms. If more than one stall exists in the restroom, door signage should reflect a maximum occupancy, as determined by state or federal recommendations.

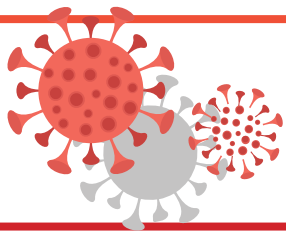


“Your team members look to you for advice and direction in this time of uncertainty.”

Example Door Signage



**PLEASE FOLLOW COVID-19
SOCIAL DISTANCING POLICIES
AND PROCEDURES FOR THE FACILITY**



**MAXIMUM
OCCUPANCY
FOR RESTROOMS**

**IT IS IMPORTANT
WE ALL FOLLOW
THESE GUIDELINES
FOR SAFETY**

**PLEASE USE
PROVIDED
HAND SOAP
PRIOR TO EXITING
THE RESTROOM**

Examination rooms should be reconfigured to space practitioner seating away from patient seating. After the patient examination, I make sure my stool is six feet or more away from the patient, while I am talking over any findings and treatments. I had a small plexiglass barrier configured to hang on my examining microscopes that separates my face from the patient’s face during the exam, in addition to both the patient and me wearing a mask. Note, it is not always feasible in an eye examination for the eye doctor to wear a face shield, which may be the case for other types of examinations as well. The microscope shield can be a substitute for this. I ordered the shields from the manufacturer of my examination equipment.

The break or lunchroom is no longer used for social gatherings. Employees can still store food in the room but enter one at a time and eat at individual workstations or outside. Corporate sponsored lunches are not being held at this time.

Staffing Considerations

As a business owner, one of my highest responsibilities is to my supportive staff, who I refer to as my team members. I am responsible for my team members, many of whom are the breadwinners for their families. That can be a large burden for a business owner to bear. However, I have found that, to be an effective leader and gain longstanding trust, I have an obligation to support my team. After all, I do not operate my practice alone. I take care of my team members as my family, and I have found that they, in turn, are loyal to my patients and my business.

Your team members look to you for advice and direction in times of uncertainty. I conduct daily meetings with my team members, in the morning, prior to starting our day. This is a good time to relay the position of the business, update the team on government policies as they develop, and voice any praise or concerns.

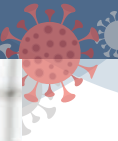
One of the first things I did when non-essential businesses were forced to close due to the pandemic was reassure my team of our strong financial position and discuss how each one of them could help ensure we all continued to maintain our jobs. “We are in this together,” was my message to them.

I have two team members who are single mothers with young children. I made sure they were set up to work from home. Our phone service provider offers a smartphone app. When signed into the app, the calls coming into the practice can be accessed anywhere. These two team members were temporarily provided a laptop from the practice to access the electronic medical record (EMR), and all calls coming into the business were taken from their homes. In addition, we video called them for daily meetings.

Billing

It is easier to socially distance billing team members because billing and coding claims is usually an electronic process and can be done anywhere. Our billing team works remotely, many from home. The EMR allows virtual submission of claims and the working of denials. Patient payments can be collected over the phone via a virtual terminal. Payments are sent directly to the business banking account.

The pandemic expedited the national implementation of telehealth without as many restrictions. We worked very hard as a team to quickly



Key Staffing Points to Remember

- Treat your team members as your family. They are the backbone of your business.
- Keep an open line of communication with your team members.
- Reinforce “we are in this together.”
- Utilize technology to keep team members in the loop and allow continued business productivity.

Telehealth billing guidance recommendations

- Talk with your EMR provider about telehealth billing and coding webinars offered.
- Google search “telehealth billing guidelines.”
- Visit the U.S. Department of Health and Human Services (HHS) [Telehealth resource website](#) for billing and reimbursement guidance of telehealth visits.
- Talk with individual commercial payors for any documents or online links they provide.

incorporate telehealth. Our EMR company was quick to assist in finding a Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant application, compatible with their system from which we could work. I reviewed emails daily regarding the technology. My team and I listened to countless webinars on the proper way to conduct telehealth, how to bill for telehealth, and how to be most efficient in handling telehealth appointments.

While telehealth had been evolving for the last several years with restrictions, billing for telehealth was new to our practice. Educational webinars that pointed us in the right direction were paramount, including those made available by our EMR provider.

Scheduling

Our clinic schedule also changed during the pandemic, but over time we discovered ways to maintain the usual patient volume while implementing social distancing and mask policies. In our typical practice, patients are scheduled in 10- to 20-minute increments, and it is not uncommon to have 50 or 60 patients on any given day.

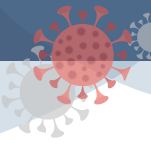
I rely on a scheduling template, which my front desk staff follow. I created my template based on examples. Learning how long a particular patient problem takes to work through the office was key in creating the schedule, but takes time for a practitioner to fully develop.

My technicians have a goal patient preparation time for any given problem, that is set and tested by their national credentialing agency. Our EMR audits the amount of time any individual is working with a patient for review as needed.

As far as my own time management skills, I have practiced long enough that I am aware of the time I spend with a patient for a specific problem and am consistent in keeping with that time.

As healthcare practitioners, it is not uncommon to get distracted during the day with several incoming calls and unexpected disturbances that may get us off track and distract from patient care. It is especially important to defer as much of that noise as possible until patients are seen and out of the office. This is the only way to stay on time and keep patient traffic flowing appropriately for social distancing.

An example of this would be an unexpected visit from a sales representative stopping in to discuss a product line. I have always required appointments be made by these individuals so as not to interfere with the time I have devoted to my patients. These appointments are especially imperative now and moving forward in our post-pandemic world.



When a patient requests an appointment in the office, the front desk knows, based on the template, where to schedule that person to maintain the desired clinic flow. Patients are arranged in the template so that new patients are first in the morning and first in the afternoon. These patients tend to take longer than routine follow-up examinations, so this order ensures my team gets a lunch break and we get out on time at the end of the day. We also allot two emergency template slots, one in the morning and one in the afternoon, for any urgent calls that may come in during the day.

Having a predictable schedule allows a practice to stay on time and maintain a consistent patient volume, critical steps for implementing social distancing. An example template is as follows:

Clinic Schedule Template

NPV = denotes "New Patient Visit"

F/U = denotes "Follow Up"

8:30	F/U	12:30 p	F/U
8:30	NPV	12:30 p	NPV
8:40	F/U	12:40 p	F/U
8:50	F/U	12:50 p	F/U
9:00	F/U	13:00 p	NPV
9:10	F/U	13:10 p	F/U
9:20	F/U	13:20 p	F/U
9:30	NPV	13:30 p	NPV
9:40 a	F/U	13:40 p	F/U
9:50 a	F/U	13:50 p	F/U
10:00 a	NPV	14:00 p	NPV
10:10 a	F/U	14:10 p	F/U
10:20 a	F/U	14:20 p	F/U
10:30 a	NPV	14:30 p	NPV
10:40 a	F/U	14:40 p	Emergency
10:50 a	F/U	14:50 p	F/U
11:00 a	NPV	15:00 p	F/U
11:10 a	F/U	15:10 p	NPV
11:20 a	F/U	15:20 p	F/U
11:30 a	F/U	15:30 p	F/U
11:40 a	Emergency	15:40 p	F/U

Appointments

Appointments post-pandemic are being handled differently from the time of registration to the check-in to the check-out. The traditional waiting room environment has forever changed. We no longer hear patients conversing, laughing, or sharing stories. We also don't hear people coughing or sneezing. The television is not blaring, and the front desk isn't bombarded with requests. The waiting room has a different vibe and is a more relaxing environment.

When a patient enters the office, they have already been instructed by signage on the front entry door, as well as been informed on

the phone during the appointment reminder, of the process for office entry:

- A stop sign on entry halts the patient from stepping further into the office.
- Temperatures are taken at the stop sign.
- Patients are given a verbal COVID-19 screening questionnaire.
- "No" questionnaire responses are required to proceed to the front desk.

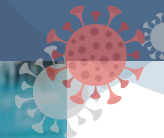
When patients first enter the office, two signs stating "STOP" are encountered, side by side, to block further entry. We fashioned our own signs, laminated them, and affixed them to large yellow caution floor signs. Patients' temperatures are taken at the stopping point, and later recorded in their electronic health record. A fever is defined as anything greater than 100.4 degrees Fahrenheit. Patients with a fever are asked to exit the office and reschedule their appointment.

Patients are also screened with COVID-19 exposure questions that have previously been asked on the phone during the appointment reminder:

COVID-19 Active Screening Questionnaire

WITHIN THE LAST 14 DAYS, HAVE YOU HAD A TEMPERATURE AT OR ABOVE 100.4?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU HAD CLOSE CONTACT WITH SOMEONE WHO IS CURRENTLY SICK WITH SUSPECTED OR CONFIRMED COVID-19?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU EXPERIENCED COUGH THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH ISSUE?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU EXPERIENCED SHORTNESS OF BREATH THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH ISSUE?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU EXPERIENCED EXTREME MUSCLE OR BODY ACHES OUT OF THE ORDINARY?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU EXPERIENCED A NEWLOSS OF TASTE OR SMELL?	Y N
WITHIN THE LAST 14 DAYS, HAVE YOU EXPERIENCED A SORE THROAT, NAUSEA, VOMITING, OR DIARRHEA, THAT CANNOT BE ATTRIBUTED TO ANOTHER HEALTH CONDITION?	Y N

Source: [U.S. Centers for Disease Control and Prevention](https://www.cdc.gov/covid19/screening-questionnaire/)



Practice managers must educate their supporting team to be very definitive, and as accurate as possible in relaying wait times to patients.”

After patients pass the temperature check and COVID-19 questionnaire, they are instructed to step to the front check-in area, where insurance cards and copays are collected in the usual manner. As mentioned previously, plexiglass barrier separates patients from front desk team members.

Following registration, patients are asked to wait in their car until appointment time, at which time one of our team members retrieves them. The vehicle make, model, and description is noted in the chart so technicians can identify the patient.

Prior to COVID-19, our waiting room was packed. However, we no longer allow patients in the waiting room. This can cause anxiety and tension for some patients. One strategy for alleviating this anxiety is to calmly stress, at the time of check in, that we are simply following governmental mandated orders for safety. To stay abreast of current local mandates, we utilize our state's website. The website includes rules and regulations that businesses are expected to follow in detail. We also listen to updates in press conferences given by local authorities. To stay on top of national mandates, we also follow the guidelines recommended by the CDC.

To further alleviate patient anxiety, we make every effort to stay on time and to stay in communication with patients as they wait in the cars. At the time of check in, patients are asked to call from a mobile device, to come back into the building to inquire of appointment status if a phone is not available. If we are running behind, our front desk receptionists call the patient, and make them aware of the expected additional wait time. When a team member is preparing a patient for the doctor, it is critical to not use statements such as “the doctor will be right with you,” or “the doctor will be with you in just a second.”

The level of anxiety a patient can experience when waiting for more than “a second,” or for the doctor to “be right with them,” only escalates. Practice managers must educate their supporting team to be very definitive and as accurate as possible in relaying wait times to patients. Statements such as “there are two patients ahead of you,” or “the wait time is approximately fifteen minutes,” set more realistic expectations for patients.



Guidelines for Patient Clinic Entry

- Display signage on the front entry door indicating any mask policy, and the desire for friends and family members to remain in the car.
- Set up a check point immediately inside the entry door asking patients to STOP prior to further entry.
- Check patient temperatures and complete a COVID-19 questionnaire at the check point.
- If COVID-19 screening is negative, the patient is allowed to further enter the office and complete the registration process.

At the time of the appointment, a technician goes to the patient's car to retrieve them. Family members and friends are instructed to wait in the car. A situation may arise when an individual wants to bring in a family member, for example a patient with dementia or a patient who is hard of hearing. It is understandable, and we do allow one person to accompany the patient in, for example a patient with dementia or a patient who is hard of hearing. However, staff screen the person accompanying the patient and a temperature is taken and notated in the chart. All visitors must wear a mask. 🦠



Developing Policies and Procedures

Prior to entry to what is considered a sterile area, I dress in a surgical cap, mask, gloves, and gown. Before receiving any formal guidance from the U.S. Centers for Disease Control and Prevention (CDC), I began dressing in the clinic situation the same way I protect myself and my patients in the operating room. I instructed my team members to do the same.

The one exception in the clinic scenario is the wearing and continual changing of gloves. In the clinic, staff wash our hands thoroughly before and after each patient encounter, and provide an U.S. Food and Drug Administration (FDA)-approved hand sanitizer in the exam rooms. Gloves are worn when working directly with the patient's eye. I also set up my examining ocular microscopes with large face shields that separate my face from the patient's face during an examination.

I had frequent meetings with colleagues with businesses like mine, on the ways in which they were structuring their work environments to meet the pandemic challenges. We also discussed how to arrange our front desk check-in areas to keep the patients a minimum of six feet distance from our receptionists, as well as from each other. We also discussed how to arrange our waiting room area. Initially, a piece of paper saying "do not sit here" was placed on every other chair, but as the pandemic progressed, we eliminated patients waiting in the office altogether, and, as previously detailed, have them return to their cars following registration.

My colleagues and I also discussed personal protective equipment (PPE) for our team members, and what cleaning agents we should use, along with how frequently we should be cleaning.

Obtaining PPE for team members was difficult as availability was scarce. As I am a surgeon, with a minor procedure room in my office, I did have a stock of PPE. I did place additional orders for equipment with vendors, with delivery dates of up to one month following order placement.

Obtaining a safe and effective, but non-toxic, cleaning agent was a priority I had early in the pandemic. As an integrative healthcare practitioner, I pride myself on having a "toxin-free" office. I referenced the [Environmental Protection Agency's website](#) for direction.

Mask Policies

As of late July 2020, 48 of 50 states had issued mask mandates requiring face coverings, in most cases for individuals ages 9 years old and up, in confined indoor spaces, when unable to socially distance. Individual state websites posted the required legislation, and I referenced my state's website for direction on how to proceed. Signage on our front door states that masks are required in the office. Our team, including front desk receptionists, technicians, office managers, and the doctor always wear a mask, except for when working in a private office, behind a closed door.



We have been fortunate in that we haven't experienced a patient not willing to wear a mask. If a patient forgets a mask, we provide one at no charge. If a patient is unwilling to wear a mask in the office, we would ask that person to reschedule their appointment and not permit entry.

Social Distancing Policies

Social distancing or physical distancing is defined by government agencies as keeping a safe distance of six feet between persons that are not in the same household. To promote social distancing, we allow a limited number of patients in the office at any one time, equivalent to the number of examination rooms we have, which is six.

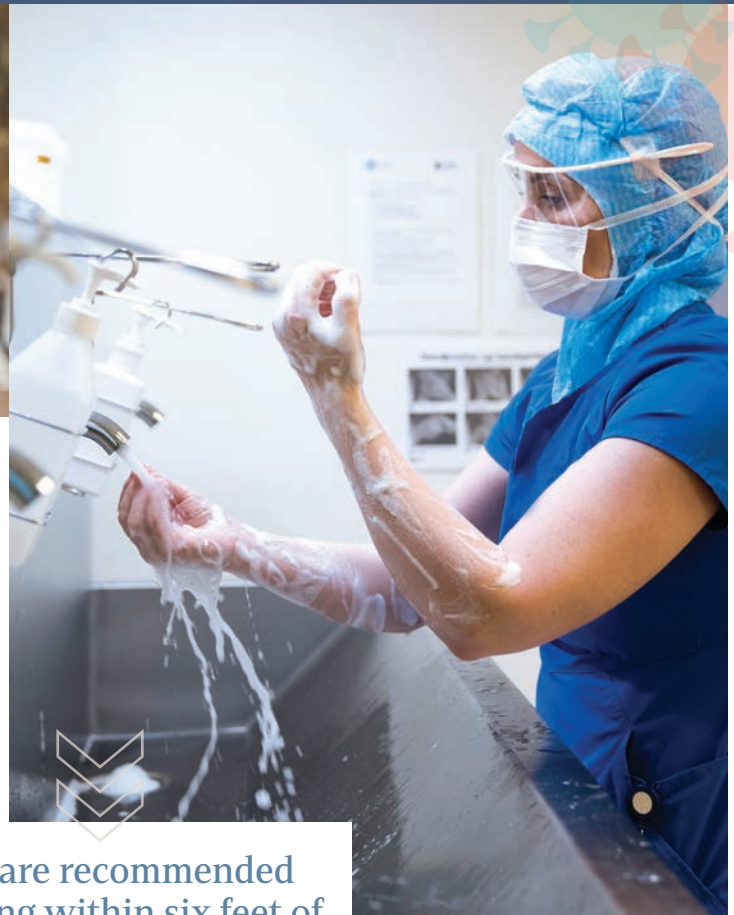
As physicians, social distancing with our patients is nearly impossible, as we must examine them. However, there are ways to protect ourselves and our patients. The use of a mask at all times is imperative, and I have chosen to wear an N-95 mask that I obtained from a local store. In the operating area, N-95 masks are mandated by the hospital authorities. The mask needs to be fitted to the individual to ensure no air leakage around the mask.

Healthcare practitioners should have four or five masks that are rotated in use. For example, mask 1 worn on day 1 is not worn again until day 4, allowing a minimum of 72 hours rest. Coronavirus, in theory, should not be able to survive on the mask past 72 hours.

Face shields are recommended when working within six feet of an individual, and so the patient examination would apply. Coronavirus can be transmitted through the mucous membranes of the eye, so healthcare practitioners need to be especially careful when examining the eyes.

If a protective gown is worn during the examination, the gown would need to be changed each time a new patient is examined, and then the worn gown put to the side for 72 hours at a minimum or, ideally, washed. Depending on the number of patients seen in the day, this may not be a practical solution. After examining multiple patients in a day, I change worn clothing to clean clothing prior to going home.

Meticulous hand washing or the use of an approved hand sanitizer should be performed prior to and after each patient encounter. I wear gloves as I normally would when performing a procedure on a patient, or when needing to touch the eye directly. Otherwise, good handwashing technique will suffice. It is not good practice to wear the same pair of gloves that have been used when examining a patient or handling a patient's insurance cards, around the clinic, or when handling computers or opening the door. This could transmit the virus, which can live on surfaces.



“Face shields are recommended when working within six feet of an individual.”

Virtual visits cut down on the number of patients in the office and decrease physician exposure to the public. To the extent that a patient's visit may be completed via telehealth, this service should now be offered. Drive-up clinics may be established in certain circumstances. In our office, we offer drive-up eye pressure checks when this is the only patient measurement that needs to be obtained that day. Patients may have their intraocular pressure checked through the car window.

Staff Testing Positive

We had a team member whose child was exposed to COVID-19 and came into close physical contact with some of our staff members. In response, we quickly revisited and developed policies for paid sick leave per the [Families First Coronavirus Relief Protection Act \(FFCRA\)](#).

The FFCRA requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's Wage and Hour Division administers and enforces the new law's paid leave requirements. These provisions will apply from the effective date through December 31, 2020.

“Certain employers” are defined as public and private employers with fewer than 500 employees. An exception may be made for small businesses with fewer than 50 employees if the employee's absence is due to a school closing or childcare unavailability and would jeopardize the viability of the business. No exceptions are made if the employee has tested positive for the virus.

In brief, if the employee has tested positive for COVID-19, the FFCRA allows two weeks of paid sick leave at the employee's regular rate of pay. The FFCRA also allows two weeks of paid sick leave at two-thirds the employee's regular rate of pay if the employee is unable to work due to the need to care for a child under 18 years of age whose childcare

provider is unavailable or closed due to COVID-19. In addition, 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay must be provided if that employee is unable to work due to a need to care for a child whose school or childcare provider is unavailable for reasons related to COVID-19.

If an employee has been exposed to a friend or family member that has tested positive for COVID-19, I ask them to be tested, and to not return to work until they receive a negative test result. Given that a test result can be obtained in 48 hours or less, I do not pay the employee for the time out of the office while awaiting test results. The decision on how to handle this pay situation will be individualized to the healthcare provider or the office manager running the practice.

I look at this in the following manner: any team member desiring a day off can state there has been a potential COVID-19 exposure, whether this is real or not. The decision to allow the pre-tested, potentially exposed employee to use a vacation or sick day as pay while awaiting test results will be individualized as well. I do not allow this as I am a small practice, and an employee's unplanned absence has a bigger impact on daily operations. Given that I do not think it is fair to allow team members with alternatively virtual positions to work, while awaiting test results, and not allow others to do the same because their positions cannot be virtual,



Families First Coronavirus Relief Protection Act Summarized:

- An employee testing positive for COVID-19, is allowed two weeks of paid sick leave at the employee's regular rate of pay.
- An employee is allowed 2/3 of the regular rate of pay for two weeks, to care for a child under age 18 whose childcare is unavailable due to COVID-19.
- An employee is allowed an additional 10 weeks of expanded leave at 2/3 the regular rate of pay, to care for a child under age 18 whose childcare is unavailable due to COVID-19.



I do not allow virtual work during the wait time either. Again, this is individualized to the practice and the situation.

If an employee does test positive, or a family member they are actively living with tests positive, I ask for a copy of the test results for the employee's file. I then follow the FFCRA guidelines detailed above with respect to the employee's pay. Employer relief exists in the form of a full tax deductibility for wages paid to an employee meeting the Department of Labor's requirements. Maintaining records of these requirements is essential for tax purposes.

In my team meetings, I remind my team members that we are all in this together. I remind them that I am depending on them to be responsible when they leave the workplace, to ensure the safety of all of us, our patients, and to ensure their jobs and the viability of the business.

Patients Testing Positive

Despite taking temperatures and other preventative protocols, patients can still be asymptomatic carriers of the virus. If a patient had been in my office that soon after tested positive for COVID-19, I would need to close my office for a defined time period to allow for cleaning and testing of myself and team members that had been in contact with that individual. If the employees in close contact with that patient and myself tested negative, I would resume normal business operations after the completion of cleaning.

Business owners need to check with their local health departments with respect to any obligation to notify the other patients that had been in the office at the same time or after the positive patient that day. My local health department does not require the notification of these individuals, and whether I notify anyone would depend on individual circumstances and the results of my team and my testing.

If a patient coming in to the office has any COVID-19 signs and symptoms, they are not moved around the office more than necessary. Patients stay in one examination room. That room and equipment are cleaned as is customary between patients, but extra care is taken to ensure infected patients do not touch any doorknob or surface. Doors are opened and held for patients as they navigate the hallway, and they are instructed to not touch anything as they are escorted out of the office. Doorknobs, workstations, front desk counters, and other surfaces are cleaned extensively.

Cleaning

In our office, we use a non-toxic cleaner from the EPA's list of [approved disinfectants](#). I prefer hypochlorous acid (HOCl), which is an endogenous substance in all mammals and is effective against a broad range of microorganisms. In the human body, neutrophils, eosinophils, mononuclear phagocytes, and B lymphocytes produce HOCl in response to injury and infection. HOCl destroys viruses by causing breaks in viral genetic material, rendering the virus harmless.

HOCl is used in many industries, including healthcare, and is safe for human use. It is easy to use, inexpensive, has a good safety profile, and has a broad range of bactericidal and viricidal effects.

I was worried about the judicious use of popular disinfecting products

Signs and Symptoms of COVID-19

- ❑ A TEMPERATURE GREATER THAN 100.4 DEGREES F
- ❑ COUGH
- ❑ SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- ❑ FATIGUE
- ❑ MUSCLE OR BODY ACHES
- ❑ HEADACHE
- ❑ NEW LOSS OF TASTE OR SMELL
- ❑ SORE THROAT / CONGESTION OR RUNNY NOSE
- ❑ NAUSEA / VOMITING / DIARRHEA

Source: [U.S. Centers for Disease Control and Prevention](#)

by most of our patients during the pandemic. One individual brought his own can of disinfectant spray to his appointment, and unbeknownst to me, sprayed the air around him as he walked. As integrative practitioners, we are aware of the dangers of household chemicals to the body. These dangers range from skin and lung irritation to cancer. The [American Lung Association](#) also warns against the dangers of common household cleaners, and recommends using products that meet the EPA's safer choice guidelines.

We keep a bottle of HOCl in each examination room, along with some disposable towels. Our exam rooms are cleaned in between patients. We wipe down the exam chairs, desktops, doorknobs, computer screens, mouse, and examination equipment.

Per the EPA, HOCl must be applied for 10 minutes to be effective, and this is taken into consideration before moving the next patient into the exam room.

Enforcing Policies and Handling Difficult Patients

Most patients have been understanding and compliant of the new policies, but there are always a few that are upset. In my opinion, patients in general are frustrated with the pandemic and depression is on the rise. People aren't getting out of their houses as much, and medical appointments may be an opportunity to vent. I had one gentleman argue that if he had known he would have to "go through all of this" he would have stayed home.

I trained my team on how to talk to these patients. Team members are given talking points as to how to deal with the customer. An example is "per the governor's mandate, and per COVID guidelines, we need you to wait in your car." In addition, "we can only have an "x" number of patient's in the office at any given time to maintain social distancing."



In our morning meetings, we reiterate how we should attempt to diffuse an angry patient situation. If a patient is not listening to the team member, the office manager intervenes with the patient. We try to calmly explain that their safety is our number one priority. In the end, if someone continues to lash out on a physician and team, the practice manager should consider whether to keep that patient in the practice.

As practitioners, we do have a choice over whom we see and don't see. If the physician-patient relationship is broken, the physician can always end the relationship the same way the patient can. If the decision is made to end the relationship, I recommend consulting with your state medical board on how to properly document the discontinuance of care. 🦠



Clinic Cleaning and Disinfecting Protocol:

- After each patient exits an exam room, all surfaces including doorknobs are wiped down with an HOCl spray and disposable towel.
- At the time of examination, the patient should visualize the healthcare provider washing or sanitizing their hands.
- At the time of examination, the patient should visualize the healthcare provider wiping any patient examination equipment with HOCl.
- At the conclusion of the day, all surfaces are wiped down, trash is taken out, floors are swept and mopped, and bathrooms are cleaned, in preparation for the next day.
- Throughout the day, a diffuser placed in each exam room and the front check in area, is operated with an essential oil to purify and clean the air.

Adapting to a Digital Healthcare Landscape



As the pandemic began to evolve in March, and we were reduced to seeing only emergency patients, I had a constant gnawing in my stomach of worry over how things would evolve. How would I continue to pay my staff and myself, and how long was this going to continue? When reviewing our options, it became abundantly clear that we would have to adopt telemedicine or we would be left behind.

We worked very hard as a team to quickly incorporate telehealth. Our electronic medical record (EMR) company was quick to assist in finding a HIPAA-compliant application, compatible with their system, from which we could work. I reviewed emails daily regarding the technology. My team and I listened to countless numbers of webinars regarding the proper way to conduct telehealth, how to bill for telehealth, and how to be most efficient in handling telehealth appointments.

As a practice owner, revenue in my business depends on seeing patients. If I cannot see patients, my revenue stream ceases. Telemedicine is instrumental in continuing the revenue stream, but in my situation, does not fully replace the business income, as some procedures must be done in-person.

Initially, I was bombarded with emails from various telemedicine platform vendors. Insurance payers began to send emails stating they would now cover telemedicine consults. There many questions surrounding this transition:

- **What were the rules I needed to follow?**
- **How would this work?**
- **How would I bill for these consults?**
- **How quickly would we get reimbursed?**

Adopting Telemedicine

I began to understand how much telemedicine would benefit both my practice and my patients, and that telemedicine could be a long-term option for staying in touch with my patients.

Prior to COVID-19, by law, Medicare could only pay for **telehealth services** in limited circumstances, such as when the beneficiary lived in a rural area or when that person left their home and went to a clinic, hospital, or other type of medical facility for the telehealth service. In addition, only physicians, nurse practitioners, physician assistants, and other types of practitioners could legally perform telehealth services.

Over the last three years, the value of telemedicine has become increasingly recognized, and additional services were slowly being added, particularly in 2019 and early 2020. These steps laid the foundation for the quick actions taken early in the pandemic.

On March 17, 2020, Medicare quickly expanded telehealth to beneficiaries all over the country and people could receive services from their homes as opposed to a clinic. Additional healthcare providers such as speech, physical, and occupational therapists could now perform and receive payment for their services. Medicare also ensured that all healthcare providers, including physicians, were paid at the same rate as an in-person visit.

In early March, all Medicare Advantage (MA) plans, which had been granted statutory changes by Congress to offer telehealth services, announced they would





cover, without question, all telehealth current procedural terminology (CPT) codes. All major commercial plans were also quick to announce coverage for their members. This made billing telehealth seamless as eligibility was not an issue. To date, this information applies to telehealth billing. At this point, there has not been any physician guidance for the future of telehealth post pandemic. I do believe that telehealth will continue, as it was trending that way with developing legislation prior to COVID-19. Physicians could perform telehealth visits with different rules. There will likely be evolving guidelines around telehealth billing and reimbursement as we move forward, and physicians should check in with payors frequently to ensure compliance.

Patient Considerations

My patient population is largely elderly. This patient population also falls within the percentage of patients that are most likely to contract and have serious complications of COVID-19. I also live in a state that is mostly rural. It is not unheard of for a person to live three or four hours away from our clinic. I was pleasantly surprised that my patients were excited to have the option of telemedicine. I found that most of my patients, even those in rural communities, had some type of video access capabilities.

In our office, to streamline the telehealth scheduling process, the first question we ask the patient on the phone is whether they have access to a smartphone. Depending on the telemedicine platform used, practitioners may be interacting with your patient via smartphone, tablet, laptop, or another electronic device. We utilize a telehealth platform that has both a smartphone app and desktop and laptop access.

On our website, we placed an instructional video on how to schedule a telehealth appointment. This not only helps to decrease time on the phone with patients through, but also drives traffic to our website. For patients that do not have internet or cellular service, we ask if they have a family member with access who is able to help. If not, and there is no access to video interactions, we can do an audio call. This is not ideal for an exam, though, to update medications or discuss a problem, the audio call is still useful. Billing reimbursement is greater for a video call.

Developing a Telehealth Process

I perform telehealth consults in my office the same way as if the patient were in the room. In my exam rooms, I have computers for my electronic medical record, and on each computer, I can access the telehealth platform.

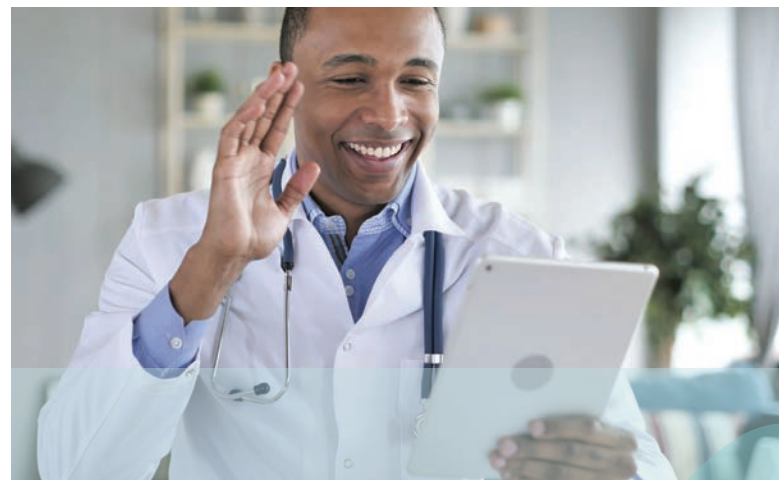
I have my technicians enter the room and pull up the platform. They then proceed to video call the patient, who has already requested an appointment through the platform, and enter the chart data, as if the patient were in person. My technicians enter the history of present illness, review of systems, family and social history, and any medication updates or other relevant information.

Once the technician is finished working with the patient, I receive a

computer notification that the patient is next in line. When it is time to see that patient, I simply enter the room as if the patient were there in person. I have a scribe with me who transcribes the conversation on another computer while I am conversing with the patient. We can send any prescriptions needed during the appointment, and we are able to close the consults and immediately bill a patient's insurance by sending over the necessary information to our billing company.

Choosing the Right Telehealth Platform

In selecting a telehealth platform provider, I would suggest finding a company that uses a smartphone app and has a system that integrates into the practice's electronic medical record (EMR). When a platform integrates with the EMR, practitioners can simply pull up the patient's name in the EMR and insert the PDF document from the telehealth platform into the chart. I am accustomed to seeing 40 to 50 patients a day and have found that with the telehealth platform visit to EMR integration, I am able to keep the same pace as in-person visits. 🦠



Considerations in Choosing a Telehealth Provider:

- **Cost.** There are so many free platforms. One may fit your needs.
- **HIPPA compliance.** While non-HIPPA compliant platforms are allowed at this time, this will likely not continue indefinitely post pandemic.
- **Patient and provider accessibility.** Mobile apps for smartphones and tablets are beneficial for patients and providers on the move, as opposed to desktop only options.
- **EMR integration.** Platforms that integrate into the EMR allow easy transfer of data and billing of exams.



Ensuring Financial Stability in Uncertain Times

In uncertain times, private practitioners may be concerned about how to keep their businesses afloat. I don't think any of us could have imagined a situation like the novel coronavirus (COVID-19), where we were forced to close our doors to the customary patient traffic. Non-emergent medical visits and non-life-threatening surgical procedures were not allowed. Basic financial principles were helpful in navigating the new financial burden.

Helpful Financial Principles During a Pandemic

- ✓ SAVE FOR EMERGENCIES
- ✓ IDENTIFY ALTERNATIVE INCOME SOURCES
- ✓ ADDRESS DEBT
- ✓ CONTRIBUTE TO INVESTMENTS

To track profits and expenses of the business, an accounting software should be used. It is helpful to have a practice accountant that keeps track of monies spent and earned and assigns them to the appropriate category. For example, if a medical supply is purchased for patient use, cost of the supply, along with reimbursement obtained for its use are

tracked. Monthly expenses such as mortgage or rent, utilities, insurance costs including health and malpractice coverage, medical supply purchases, travel, continuing education, dues and subscriptions, and contracted employee fees should be noted.

Over a period of time, monthly expenses should be consistent, as the basic needs of the practice should not change. The same principles apply in the office, as in balancing the monthly home budget, and a monthly practice budget should be set and followed. A good goal for percent cost of monthly overhead as compared to monthly cash flow into the business should be around 50 percent.

Business owners should meet with an accounting team a minimum of once monthly to review the profit and loss accounting statement for the month, and determine where expenses can be reduced, if possible, to reach the planned goal.

Save for Emergencies

As a sole proprietor, when patient visits were limited to emergency only for an unspecified period, I stopped taking a paycheck. I was able to do this because I had a strong financial foundation at home. Having a savings account prepared with three to six months' worth of expenses



allotted allows some breathing room. This immediate cash reserve should be separate from investments so that you are not forced to pull money out of investments when the stock market is down. Having cash on hand decreases the stress of wondering how you're going to pay your bills for the time being.

It is also important to keep at least three months of cash overhead reserves in the business bank account as well. If you are not comfortable keeping that much cash in an limited liability company (LLC), which would make it up for grabs in the event of a malpractice suit, you can always put the cash in an easily accessible personal account, such as a trust account, so that you can move that money back into the business bank account as needed. An even safer goal would be to aim for six months of business reserves in an accessible account that is not the LLC. This is considered standard practice.

Having cash reserves allows you to be confident in supporting both staff and maintaining the business. Additionally, minimize large debts. Credit cards should be paid off as money is placed on them monthly. This is very important because the interest rates on these cards can become all-consuming, and you can end up paying more for interest than you do for the original product. The bottom-line is don't buy something if you cannot pay for it.

Identify Alternative Income Sources

During the pandemic, I wondered if I would eventually need to have some other source of income outside of my sole proprietorship. It was a daunting thought to go back to working for someone else after I had worked so hard to establish my practice. Large facilities have access to many more resources and often state and federal funding. Practitioners that own and operate their own businesses need to maintain good relations with local hospital networks, as well as with competing group practices in the area. I have known smaller groups that have merged their practices to consolidate resources. While this is not my goal or desire, I have learned to never say never.

Healthcare practitioners should have a working knowledge of the world outside of the everyday clinic environment. For example, a knowledge of how to network virtually and establish a brand for oneself could prove a useful way to earn income or point to a new source of income. Social media outlets such as LinkedIn and Instagram help providers network and look for alternative sources of income.

Addressing Debt

The best way to address debt is to not accumulate a large amount of it in the first place. If a practice is overwhelmed in debt at a time when money into the business has decreased, some companies will allow you to go into a temporary forbearance on the debt or may allow smaller monthly payments for a limited amount of time. Even if a practice has the money to pay these bills, if they are not taking a paycheck home, it may be reasonable to accept the grace period, with no penalties for a couple of months, and put that money to the side in case of an emergency.

An advantage of these forbearance periods may allow a practice to pay on the principal of a loan, without any interest during these times. If a practice has the money available, they should go ahead and continue paying these loans, because all money paid goes towards the

principal on the loan, as no interest is being accrued while the loan is in forbearance.

Contribute to Investments

It is always a good idea to continue to contribute to a 401(k) plan if you can do so during times of stock market depressions. What we know from history is that markets that go down will rebound. Retirement plans have, over the long term, an interest accumulation of 7 percent to 8 percent, and are a tax deduction for the business.

Most times, the business will save the most tax monies by making the maximum contributions to 401(k) plans. If a business owner offers a profit sharing 401(k) plan to your employees, they are required by federal law to make the minimum contributions. The company that handles the plan investments can help determine that minimum contribution number based on employee salaries. Do not forget to plan for 401(k) monies allotted in the yearly budget.

It is not a good idea to invest in stock markets if the practice does not have three to six months available cash reserves in the bank. 🦠



Considerations for Handling Debt:

- Consider consolidating as many debts as possible into one low interest rate loan.
- If consolidation of debt is not possible, pay off loans with larger interest rates first.
- Review monthly profit and loss statements and get rid of any unnecessary expenses.
- Call creditors and ask for extended terms of payment. Instead of net 30 days, ask for 60 or 90 days.
- Revisit your personal monthly budget to reduce unnecessary expenses at home, and reduce take home pay, until the storm passes.

Maintaining Practitioner Health and Wellbeing



The novel coronavirus (COVID-19) has changed the way as physicians look at our lives in many aspects. From understanding our positions and responsibilities as leaders of our practices, to recognizing the importance of our own health and mortality, to reflecting on our lives and what matters most, the pandemic has forced many of us to slow down.

For me, the pandemic allowed me to step away and recognize that I can work a little less, take an extra day off here and there, and still have all I need and want from a material standpoint in life, while being there for my patients. It has allowed me time to think about what matters most to me. It has been a much-needed break from a routine where I focused constantly on my work.

I do not see myself ever going back to my life as it was prior to the pandemic. I have heard other physicians make similar statements. As physicians, we are very valuable to the world at large. People will always get sick, there will be other pandemics, and patients will need our services. Let's take care of ourselves in the best manner we know how, so that we will be able to give our talents to those that need it most, when they need it most.

Self-Care

As physicians, we devote our lives to our patients. No one ever teaches us in medical school how to take care of ourselves. It is enforced to push for our patients. We often don't get adequate sleep, we don't eat well, and we don't exercise. How can we expect anything other than burnout at some point in our lives? Our adrenal glands fatigue, we become no longer capable of producing cortisol, and our sex and thyroid hormone production suffers. We place ourselves at increased risk of infection, depression, metabolic syndrome, anxiety, autoimmune disease, and cancer, to name a few. If we do not take care of ourselves

Example Self-Care Practices I Adopted:

- The maintenance of a consistent morning routine.
- Ensuring daily exercise.
- Obtaining adequate sleep of seven to eight hours nightly.
- Ensuring adequate nutrition.
- Maintaining social relationships.
- Daily meditation or other stress relieving technique.



first as physicians, we will not be able to take care of our families or our patients.

Morning Routine

The importance of a morning routine cannot be overstated. A morning routine that includes exercise and meditation or quiet reflection reinforces the body's natural circadian rhythm, sets metabolism for the day, and can help to focus the mind in preparation for the day's intentions. Infrared saunas are a good addition to the day. They raise the core body temperature to aid in detoxification of heavy metals and environmental toxicities, improve circulation, boost the metabolism and the immune system, and improve tissue recovery and heart health. Mornings, just after awakening, are a good time to implement the use of an infrared sauna. Time in the sauna allows for a quiet reflection or meditation. It is important in

the morning to think about the goals for the day and how to best complete them.

Infrared saunas also warm the muscles in preparation for exercise. The sauna can be used post exercise to aid in muscle recovery and tissue regeneration as well. Mornings are the best time to incorporate some form of movement therapy, as this sets the metabolism for the day. Keeping some home gym equipment near the sauna allows an easy transition from the sauna to exercise.

Additional benefits of infrared saunas include the heating of the core body temperature, which is the equivalent to the induction of a fever. Fevers are the body's way of fighting off pathogens.

An additional consideration to the morning routine is to incorporate a wake-up light therapy alarm clock, which begins to light up the room gradually, increasing in intensity, 30 minutes prior to the morning alarm sounding. As light therapy is the bodies way of increasing or decreasing melatonin production, a light therapy alarm clock is particularly useful in the shorter days of sunlight in the fall and winter months of the year depending on where you live. In addition, blackout curtains are critical in helping to maintain the circadian rhythm during late daylight of summer months.

Finally, the addition of a warm beverage to the gut on awakening is important. Tea, coffee, or room temperature water are good considerations. Adding lemon to the beverage aids in detoxification. Lemons are acidic to tooth enamel, so the use of a straw is recommended when consuming lemon water.

Considerations for a Morning Routine

- Incorporate a wakeup light-therapy alarm clock.
- Transition from the bed to an infrared sauna in the home.
- Add a home gym near the sauna to make an easy transition with pre-warmed muscles.
- Reflect on the upcoming day and the goals to be met.
- Incorporate a warm beverage to wake up the gut.

Exercise

Daily exercise is imperative to the maintenance of a strong immune system. As mentioned, the morning is a great time to incorporate some exercise, as it jumpstarts the brain, the heart rate, the metabolism, and sets a positive mood for the day. However, exercise need not be performed all at once and can be cumulative throughout the day. An example may be 10 to 15 minutes of cardio in the morning to elevate the heart rate, and an additional 10 to 15 minutes in the afternoon.

I do not recommend intense exercise within a few hours of bedtime, as this will contribute to a cortisol surge at the time of day when the natural cortisol curve should be decreasing in preparation for sleep.

Following cardio, weight training should be incorporated. Men and women need to incorporate weight training into the routine to maintain adequate muscle mass as we age. Aging naturally decreases muscle mass, and it is important to combat that with resistance training.

Again, weight training need not be performed all at once, and can be broken up into several different sessions during the day. For example, maybe you do three sets of squats at 15 repetitions each in the

morning, and then three sets of a chest press or shoulder press, using dumbbells appropriate to your level of fitness, at 12 to 15 repetitions each, in the afternoon. The next day, perhaps use your own body weight as resistance by performing a series of planks, push-ups, or chin-ups.

The point is to incorporate movement into the day to help boost the immune system to fight diseases such as COVID-19, maintain a healthy body mass index, maintain circulation and cardiovascular health, and help reduce stress. An example exercise regimen is as follows:



MONDAY

MORNING: 10 to 15 minutes of moderate cardio training. The heart rate is at 85 percent of the individual's target heart rate, followed by 20 minutes of resistance training, and five minutes of stretching.

EVENING: 10- to 15-minute walk after dinner and five minutes of restorative stretching before bed, such as child's pose.

TUESDAY

MORNING: 10 to 15 minutes of moderate cardio training, followed by 20 minutes of yoga.

EVENING: 10- to 15-minute walk after dinner and five minutes of restorative stretching before bed, such as pigeon pose.

WEDNESDAY – REPEAT MONDAY

MORNING: 10 to 15 minutes of moderate cardio training. The heart rate is at 85 percent of the individual's target heart rate followed by 20 minutes of resistance training, and five minutes of stretching.

EVENING: 10- to 15-minute walk after dinner and five minutes of restorative stretching before bed, such as child's pose.

THURSDAY

MORNING: 10 to 15 minutes of moderate cardio training, followed by 20 minutes of yoga.

EVENING: 10- to 15-minute walk after dinner and five minutes of restorative stretching before bed, such as pigeon pose.

FRIDAY

MORNING: 30-minute brisk walk followed by five minutes of stretching.

EVENING: 30 minute brisk walk and five to 10 minutes of restorative stretching before bed, such as yoga supine bound angle pose.

SATURDAY

MORNING: Should be more intense if the schedule permits. 30 to 60 minutes of moderate to intense cardio training, followed by 20-30 minutes of resistance training. Examples include bike riding, running, brisk walk of hills and, aerobics.

SUNDAY

Restorative yoga or gentle stretching.

Again, the point of exercise is movement. Most of us are not training to become world class athletes. The goals of movement are to maintain mental sharpness, flexibility, muscle mass as we age, and a robust immune system to fight disease.

Sleep

A lack of sleep contributes to lowered immune system function, irritableness, increased blood pressure, sugar cravings, higher body mass index, mental dullness, and a shorter lifespan. While it is imperative to get seven to nine hours of sleep per night, it is just as imperative to ensure a routine such that you are going to bed and awakening at the same times daily, even on the weekends when some of us tend to get off track. To ensure adequate adrenal gland health, going to bed by 10 p.m. is critical. The adrenal glands replenish themselves between 10 p.m. and 2 a.m.

To ensure adequate, healthy sleep, following sundown we should limit exposure to light that decreases natural melatonin production. As integrative practitioners, we are aware of the dangers of blue light. Many of us may use blue light filtering glasses when utilizing an electronic device in the evenings, and most of the available smartphones come with an automatic blue light filtering capability that we can program as to what time of evening we want this feature activated at sundown. Exposure to light after dark inhibits the body's ability to release melatonin, increasing the time it takes to fall asleep and preventing you from staying asleep. Red light by contrast increases the body's natural production of melatonin, preparing the body for sleep, and creates a nice ambiance in the home in the evening.

Additional preparations for healthy sleep would include not eating within two to three hours of bedtime, not exercising within that same time frame, and not listening to loud stimulating noises, such as loud music, prior to bedtime.



TIPS for Getting an Adequate Night's Rest:

- ✓ **Maintain a consistent sleep schedule, going to bed and awakening at the same times daily.**
- ✓ **Aim for seven to nine hours of restful sleep per night.**
- ✓ **Be asleep by 10pm nightly.**
- ✓ **Avoid blue light from electronic devices after sundown. Consider adding red light bulbs to lamps around the home.**
- ✓ **Avoid loud, stimulating noises, eating, and exercise within three hours of bedtime.**

TIPS for Maintaining Adequate Nutrition:

- ✓ **Incorporate an abundance of healthy fats, and saturated fats in the diet daily.**
- ✓ **Incorporate five to nine servings of vegetables daily.**
- ✓ **Meal prep for the week on Sunday night.**
- ✓ **Pack a food cooler of “grab and go” containers.**
- ✓ **Incorporate herbs and nutritional supplements to enhance body function daily.**



Nutrition

In addition to daily exercise and obtaining adequate sleep, a heavy focus should be placed on personal nutrition. As healthcare practitioners, we are exposed to a variety of new stressors throughout the day, on top of the routine expected ones. In addition, healthcare providers are notorious for skipping meals to stay on time in the clinic. It is not uncommon to be exposed to several sweets and fast foods brought into the clinic by patients and sales representatives that mean well and want to say thank you. We need to be prepared to avoid these temptations or “quick fixes,” and the best way to do so is to have your own prepared food. Meal preparation for the week, on a Sunday or Monday for example, is critical to ensure the presence of healthy options.

Given that muscle and gut lining breakdown occur with increased stress, it is important to concentrate on protein and fat intake, to help promote health of the gut lining, muscle mass, and brain health. Healthy saturated fats from avocados, grass-fed butter, nuts, and coconut and olive oils, should be a mainstay of the daily dietary intake. Grass-fed meats and wild caught salmon are staples in my diet as well. I also suggest an array of phytonutrients, incorporating five to nine servings of vegetables daily. To have this nutrition at the fingertips, and ensure to feed yourself during a busy day, I suggest packing a food cooler. Having food prepared that can be “grab and go” is essential throughout the day.

In addition to whole food nutrition, supplements and herbs should be used to enhance the diet. A pea or whey protein smoothie within two hours of an exercise regimen that includes essential amino acids can promote muscle mass. Herbs such as ashwagandha, licorice, rehmannia, and echinacea help to restore adrenal gland function. Herbal combinations such as ashwagandha, skullcap, licorice, and Korean ginseng help the body adapt to the changes of everyday life and help to balance mood. Rhodiola and schisandra help to improve energy and provide added stamina prior to exercise. Valerian root and passionflower help with sleep.

By following the above wellbeing practices, we can maintain our health as practitioners, and set a good example for our patients. In addition, we decrease the spread of infectious diseases whether it be COVID-19, influenza, or any new infectious agents we may encounter. We must arm our immune systems and our practices to live in harmony not only with the people around us, but the trillions of pathogens that make up our world. 🦠



Sample Telemedicine Contract

[NAME OF CLINIC]

Notice and Consent/Authorization for Telemedicine Consultation

Patient Name: _____

1. I request a telemedicine consultation with _____.
2. I understand that the consultation with _____ will occur through a private and confidential telemedicine portal. I understand that this means that private health information of mine will be sent through technology means to the offices of _____. I understand that there are potential risks to the sharing of my private health information through a telemedicine portal. Some of these risks include interruptions, unauthorized access (hacking) and technical difficulties similar to internet service disruptions that a person may have at his/her home. With this knowledge, I consent to the sharing of my private health information through these electronic means.
3. I understand that _____ or I may feel that the telemedicine consultation is not adequate for my needs and it may be discontinued at any time.
4. I understand that there are limitations to technology and not every condition associated with my health may be identified through a telemedicine consultation. I understand that this telemedicine consultation is not a substitute for an in-person examination, and it is my obligation to follow the recommendations made as a result of the telemedicine process.
5. I understand and I consent to the sharing of my private health information through this telemedicine portal and that this will include information concerning my health and information necessary for scheduling and billing.
6. I understand that persons working with my healthcare provider may be present during the telemedicine consultation and I consent to their presence and participation. One example may be a person who needs to assist in operating the technology and equipment for the sharing of images of me and my health information.
7. Any person present during the telemedicine visit will maintain the confidentiality of my private health information. I understand that I will be informed of their presence during the consultation and that I can request that (1) personally sensitive information not be shared in their presence, to the extent possible; (2) non-medical personnel leave the room; and or (3) to terminate the consultation at any time.
8. Dr. _____ has explained to me that there are alternatives to a telemedicine consult. For instance, I can have an appointment made and travel to a provider in person. I have expressly chosen and selected to have this telemedicine consultation and not accept any of the alternatives presented to me at this time as I have decided that the telemedicine consultation is in my best interests.
9. I understand that _____ will talk about (discuss) my health and my situation and that the telemedicine consultation will involve testing and the review/analysis of testing results.
10. I understand that my personal image may be recorded with video and telecommunication equipment and will be transmitted electronically between the telecommunication equipment and my electronic medical record. I understand that this may include a recording of my image and of any conversations occurring during the consultation. I consent to the same.



- 11. Because I am authorizing this telemedicine consultation, I authorize the _____ to maintain a record of the consultation. I have been provided with a copy of its privacy policy.

- 12. I understand that my healthcare provider, _____, will bill my insurance a fee for the telemedicine consultation and I and/or the payor for my health care expenses is responsible for payment of any copay, coinsurance, or unmet deductible due. I and/or the payor for my healthcare expenses will be responsible for any balances due.

- 13. I have had a direct, in person conversation with _____ and I have had the opportunity to ask questions about the telemedicine procedure. All of my questions have been answered to my satisfaction. The risks, benefits and practical alternatives, if any, to telemedicine consultation has been discussed with me in language that I understand.

By signing this form, I certify: that I have read each paragraph of this form and/or that each paragraph has been read and explained to me; that I fully understand the process of the telemedicine consultation; and that I have been given ample opportunity to ask questions and all questions I have had have been answered to my satisfaction. I consent and agree with full knowledge and understanding to participate in this telemedicine consultation.

Patient and/or Responsible Party

Date

Relationship to Patient

Witness

Date



COVID-19 Practice Management Checklist

- The physical space of the office has been reconfigured to accommodate social distancing of six feet between patients.
- Clear signage is present through the clinic directing patient flow and expected behavior
- Team members have been educated as to COVID-19 clinic protocols, how to properly use personal protective equipment, and how to diffuse the “angry” patient.
- The front desk scheduling team has access to the scheduling template and understands where to schedule patients.
- A COVID-19 active screening questionnaire is present by the phone, and front desk receptionists are aware to ask and are asking the COVID-19 screening questions during appointment reminders.
- A thermometer is present at check in and the individual checking temperatures is aware of what defines a fever.
- Clear signage instructs patients to wait in the car for their appointment following check in. Front desk receptionists understand how to communicate with patients regarding the waiting procedures.
- Masks are worn at all times by patients and team members.



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About the Author



Heather Skeens, MD, CFMP

Heather Skeens, MD, CFMP, is a cornea, cataract, and refractive fellowship trained ophthalmologist with 15 years' experience in her field. She is the founder of her practice, the West Virginia Cornea and Cataract Center of Excellence, PLLC. She performs all types of cornea transplantation, state-of-the art cataract surgery, and bladeless LASIK as well as PRK for the correction of refractive errors.

Other areas of surgical expertise for Skeens include anterior segment reconstruction in eyes that have undergone chemical or thermal burns, corneal collagen cross-linking for disorders such as keratoconus, induced ectasia, and pellucid marginal degeneration, pterygium removal, and stem cell transplantation for limbal stem cell deficiency induced by genetic abnormality, autoimmune disease, or injury. Amniotic membrane therapy for stem cell deficiency, as well as dry eye is available. Medically, Skeens specializes in the treatment of advanced ocular surface disease, dry eye disease, contact lens related cornea issues, and corneal ulcers.

Skeens' outside interests include spending time with her two boys, ages 7 and 9, as well as yoga, golf, hiking, and taekwondo. She is certified by the Korean Taekwondo Association as a second-degree black belt and is studying for her third. Skeens founded Almost Heaven Yoga and Sauna Services in Summersville, West Virginia, where she teaches yoga in her spare time.