ACG Telehealth Survey
Your Input Needed

Telehealth Usage in GI: Before, During and After COVID-19

Check Your Inbox for This Important ACG Member Survey
Your Feedback Will Help Shape the #Future of GI

AJG Special Issue!
WOMEN’S HEALTH in GASTROENTEROLOGY and HEPATOLOGY

Submit Your Manuscript!

The American Journal of Gastroenterology requests your high-quality, clinically relevant research about the burden of digestive disease in women. We will collect the very best original studies and clinical reviews into a special issue highlighting this vital area of our field.

DEADLINE: AUGUST 1, 2020

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**NEW! Deadline:** Friday, July 31, 2020

For Eligible 3rd & 4th Year Fellows
& Physicians <5 years out of fellowship

---

**ACG Virtual Grand Rounds**

Join us for upcoming Virtual Grand Rounds!

**Week 19: Update on the Management of Upper GI Bleeding**
John R. Saltzman, MD, FACP
*July 30, 2020 at Noon EDT*

**Week 20: Management of Alcohol-Associated Liver Disease with Hepatology and Addiction Medicine**
Ashwani K. Singal, MD, MS, FACP & Jessica L. Mellinger, MD
*August 6, 2020 at Noon EDT*

**Week 21: Dysphagia: A Practical Approach**
Kenneth R. DeVault, MD, FACP
*August 13, 2020 at Noon EDT*

Visit [gi.org/ACGVGR](http://gi.org/ACGVGR) to Register
Now Featuring an ALL Access Pass!

**COVID-19: Overcoming Operational Challenges of the New Normal**

**Participating in the Webinar**

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.
How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2020 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2021 for this activity.

ACG will submit MOC points on the first of each month. Please allow 3-5 business days for your MOC credit to appear on your ABIM account.

MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.
According to ACCME guidance, because there are no current preventive or specific treatments for coronavirus infection, there are no relevant conflicts of interest for any speakers or moderators.
ACG GI Practice Survey Part 2: Results & Analysis

Melissa Latorre, MD, MS
Director, Inpatient Gastroenterology Services Tisch/Kimmel
NYU Langone Health

Survey Overview: April vs. June

<table>
<thead>
<tr>
<th>APRIL</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early pandemic and plans for re-opening</td>
<td>Execution of plans for re-opening</td>
</tr>
<tr>
<td>April 7 – 21, 2020</td>
<td>June 8 – 23, 2020</td>
</tr>
<tr>
<td>16 questions</td>
<td>26 questions</td>
</tr>
<tr>
<td>343 responses</td>
<td>315 responses</td>
</tr>
<tr>
<td>43 US states + Puerto Rico</td>
<td>47 US states + Puerto Rico</td>
</tr>
<tr>
<td>Thailand</td>
<td>Venezuela</td>
</tr>
<tr>
<td>Guam</td>
<td></td>
</tr>
</tbody>
</table>
April Survey: Staff Retention
No Difference by COVID-19 Impact

HIGH COVID 19 IMPACT

LOW COVID 19 IMPACT

April Survey: Staff Retention
No Difference by Community Type
April Survey: Staff Retention
No Difference by Practice Type

Staffing from April to June: At > 75%

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>52% (174/334)</td>
<td>80% (245/308)</td>
<td></td>
</tr>
</tbody>
</table>

- Retained > 75% of staff
- Furloughed > 75% of staff

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Retained</th>
<th>Furloughed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo-practice</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Small single specialty (2-5 physicians)</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Medium single specialty (6-10 physicians)</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Large single specialty (more than 10)</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Multi-specialty</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>Academic medical center</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Utilization of CARES ACT for GI Practice

In Person Office Encounters: April vs. June

<table>
<thead>
<tr>
<th></th>
<th>APRIL</th>
<th>JUNE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.9%</td>
<td>79.5%</td>
</tr>
</tbody>
</table>

88%
APRIL Expectations to Resume Full Volume GI Practice

- Less than 30 days: 6%
- 31 to 60 days: 36%
- 61 to 90 days: 30%
- 90 to 120 days: 15%
- Greater than 120 days: 11%
- Never: 2%

JUNE Expectations to Resume Full Volume GI Practice

- I expect to be at full volu...: 21%
- 31 to 60 days: 31%
- 61 to 90 days: 23%
- Greater than 90 days: 22%
- Never: 3%
Re-opening Expectations vs. Reality

April Expectations
- 42% < 30 days
- 72% by 90 days (July)

June Expectations
- 21% by 90 days (July)
- 51% by 60 days (Aug)

Pay Expectations: April vs. June

More than 50% Usual Pay
- April: 21%
- June: 23%

Losing Money
- April: 42%
- June: 24%
JUNE Indications for Outpatient Endoscopy

- **ALL INDICATIONS**: 85%
- **URGENT ONLY**: 11%
- **N/A**: 0%

**JUNE: Indications for Endoscopy Stratified by Early Operations Response**

- **93% (126/135)**: Never Shut Office Down
- **79% (94/119)**: Shut Office > 2 wks
- **4% (6/136)**: Urgent Only
- **12% (14/120)**: All Indications

(P < 0.05)
JUNE: COVID-19 Screening with Nasal PCR Stratified by Early Operation Response

- 62% (113/181) Never Shut Down Endo
- 53% (46/86) Shut Endo > 2 wks

(P < 0.05)

N95 Mask Usage & Availability: April vs June

- April: 77% Adequate N95 Availability, 23.5% N95 Mask on all Cases
- June: 73% Adequate N95 Availability, 70% N95 Mask on all Cases
JUNE PPE Usage by Procedure Type

- SAME FOR ALL: 82%
- UPPER > LOWER: 17%
- N/A: N/A

JUNE Patient Screening Practices

- CLINICAL: 41%
- NASAL: 57%
- ANTIBODY: <1%
- UNKNOWN: <1%
- N/A: 0%

American College of Gastroenterology
JUNE Staff Screening Practices

- **CLINICAL**: 82%
- **NASAL**: 5%
- **ANTIBODY**: 2%
- **NONE**: 11%
- **N/A**: <1%

June Survey Conclusions Part 1:

- Staff retention was NOT influenced by COVID-19 impact, community or practice type.
- Most privately own practices utilized CARES Act.
- There was a dramatic increase in face-to-face office visits.
- Practices have resumed operations slower than expected.
- Pay expectations have improved!
June Survey Conclusions Part 2:

• Overall endoscopy and elective procedures have increased.
• The widespread shortage of facial PPE has improved for most.
• Procedure type did not modify PPE usage.
• Screening practices for patients are variable but are largely clinical for staff.

Thank You Survey Team!

Tamara Brodsky, MD, MBA
Louis J. Wilson, MD, FACG
ACG PMC Chair
Stephen Amann, MD, FACG
ACG PMC Vice Chairman
Financial Implications: Surviving After PPP Runs Out

Costas H. Kefalas, MD, MMM, FACG
Trustee, ACG Board of Trustees
Akron Digestive Disease Consultants, Inc.
Akron, Ohio

Key Federal Programs

• Paycheck Protection Program (PPP)
• CMS Accelerated and Advance Payment Program
• CARES Act Provider Relief Fund
• Other programs
Mid-Crisis Survey:
CARES Act for Your ASC

---

Which Federal aid programs made available through the Coronavirus Aid, Relief and Economic Security Act has your ambulatory Surgery Center utilized (Choose all that apply):

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Business Administration PPP Loans (Paycheck Protection Program)</td>
<td>27.01% 84</td>
</tr>
<tr>
<td>HHS Healthcare Provider Grants</td>
<td>24.44% 76</td>
</tr>
<tr>
<td>Medicare Advance Payments</td>
<td>18.65% 58</td>
</tr>
<tr>
<td>None</td>
<td>11.90% 37</td>
</tr>
<tr>
<td>I don't know.</td>
<td>18.33% 57</td>
</tr>
<tr>
<td>Does not apply</td>
<td>28.94% 90</td>
</tr>
<tr>
<td>Total Respondents: 311</td>
<td></td>
</tr>
</tbody>
</table>

ACG PM Committee COVID-19 Crisis Business Surveys

Paycheck Protection Program

• **Loan** administered by Small Business Administration via local bank

• Covers payroll, healthcare benefits, rent, utilities, mortgage interest

• Loan forgiveness based on employer maintaining or rehiring employees and maintaining salary levels; forgiveness will be reduced if full-time employees or salaries and wages decrease
Paycheck Protection Program – Update

• Payroll expenditure requirements decrease from 75% of payroll to 60%
• Borrowers now have 24 weeks (not 8 weeks) to restore workforce levels and wages to pre-pandemic levels, by December 31
• Two new exceptions to achieve full loan forgiveness:
  • Inability to find qualified employees or
  • Inability to restore operations to prior levels due to COVID-19 operating restrictions
• Borrowers now have 5 years (not 2 years) to repay loan, at 1% interest rate
• No collateral or personal guarantees are required
• Delayed payment of payroll taxes now permitted

https://cdn.sanity.io/files/bvv8moc6/medec/35fbd0acdf4b3eee27e6c39710499a8dbedaf59.pdf

CMS Medicare Accelerated and Advance Payment Program – Update

• Advanced payment from CMS; must be repaid to CMS
• Funds received are 3-month estimate of usual earnings based on historical data
• After 120 days, CMS will start recollecting funds; interest-free for 90 days, then interest will accrue; physicians have 210 days since receiving funds to repay them
• Program has been suspended for pending and new applications
CARES Act Provider Relief Fund – Update

• Grant that does not require repayment
• Automatic payment from HHS/CMS deposited to organization’s TIN
• Subject to taxation, up to 21%; ACG and others asking Congress to change this to non-taxable status
• Subject to recoupment if recipient does not comply with all terms/conditions/reporting requirements
• Within 30 days of receiving payment, providers must sign attestation confirming reception of funds and agreement to terms and conditions

Other Ongoing Programs

• Economic Injury Disaster Loans Program
  • Loan, required repayment, 3.75% interest
  • Must demonstrate substantial economic injury from declared disaster

• Federal Student Loan Deferment of Payments/Interest
  • Payments to Dept. of Education will stop 3/13/2020 to 9/30/2020
Summary of Key Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Type</th>
<th>Managing Body</th>
<th>Taxable?</th>
<th>Repayment Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paycheck Protection Program</td>
<td>Forgivable Loan</td>
<td>Small Business Admin.</td>
<td>No</td>
<td>Depends</td>
</tr>
<tr>
<td>Medicare Accelerated and Advance Payment Program</td>
<td>Advance Payment</td>
<td>CMS</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CARES Act Provider Relief Fund</td>
<td>Grant</td>
<td>CMS</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Economic Injury Disaster Loans Program</td>
<td>Loan</td>
<td>Small Business Admin.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Federal Student Loan Deferment of Payments/Interest</td>
<td>Deferment</td>
<td>Department of Education</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Financial Forecast

- Based on assumptions, which may or not be true; **but it's the best we can do at present!**
- Review your **current** and **anticipated** revenues and expenses over time
- Evaluate 1-month, 2-month, 3-month, 6-month, 9-month, 12-month
- Plan **NOW** for possible COVID-19 resurgence **LATER**
Break-Even Analysis

- Useful tool to determine at what point the practice or endoscopy unit will be profitable
- Financial calculation to determine number of patients that must be seen (for the practice) or procedures performed (for the endoscopy unit) to at least cover your costs
- When you’ve broken even, you are neither losing money nor making money, but all your costs have been covered
- Consider doing this analysis now and again in 3-6 months

https://www.shopify.com/blog/break-even-analysis

Break-Even Point

- Patient Visits/Procedures Required = \[
\frac{\text{Fixed Costs}}{(\text{Revenue per Visit/Procedure} - \text{Variable Costs})}
\]

- 4 ways to improve the break-even point:
  - Prices
  - Volume
  - Fixed costs
  - Variable costs

https://www.physicianspractice.com/view/determine-your-break-even-point
Financial Principles and Best Practices – 1

- Develop an Income Recovery Plan, to include best practices below
- Take advantage of new federal, state, local, health system programs
- Take out a line of credit from the bank
- Review and restructure practice and/or endoscopy unit debt
- Review and renegotiate vendor contracts and/or monthly payments
- Review and renegotiate leases and/or monthly payments
- Keep a number of days expenses on hand at bank (30-45-or-60 days)

Financial Principles and Best Practices – 2

- Increase revenue
  - Increase productivity (charges, RVU’s, hours, patient volume)
  - Consider no or limited vacation
  - Consider extending work day hours or adding Saturdays

- Provider compensation
  - Options: No bonus vs. no bonus + decreased salary vs. no bonus + salary
  - Duration: 3 months vs. other
  - Who: Officers vs. all partners but not associates vs. all providers
  - Options for leadership roles: President, Director of Endoscopy, etc.
Financial Implications – Take Home Points

• There are other considerations to improve your practice or endoscopy unit’s financial well-being during and after the pandemic, aside from PPP and other federal programs
• A critical review of finances now and over the next few months is paramount
• To improve the bottom line, revenues must increase, expenses must decrease, or both need to occur
• A well-defined financial plan, based on the best forecasting from current assumptions with adjustments as needed, will provide a roadmap to navigate financial challenges

COVID 19 Pandemic
Staffing Implications: Managing outbreaks and exposures

Louis J. Wilson, MD, FACG
Chair, ACG Practice Management Committee
COVID WILL HIT YOUR PRACTICE and ASC

• Directly (providers and staff)
  • COVID-19 illness is likely to occur.
  • Quarantines will occur.

• Indirectly
  • Family members of providers and staff
  • Patients
  • Outside exposures
  • FMLA and FFCRA

  • Intermittent absences will be the norm.

FAMILY FIRST CORONAVIRUS RESPONSE ACT
March 11, 2020

Definitions:

- **Prolonged Exposure**: Data is insufficient to precisely define this:
  - 15 minutes or more.
  - Any duration if the exposure occurred during performance of an “aerosol generating procedure”*.

  * Remains unclear if this includes endoscopy

“Close contact”:

- Within six feet of an infected person for at least 15 minutes without PPE.
- Provided care at home to someone infected with the SARS CoV2.
- Direct physical contact with an infected person without PPE.
- Shared eating or drinking utensils with an infected person.
- An infected person sneezed, coughed or got respiratory droplets on you (without PPE).
Healthcare Personnel (HCP) Includes (not limited to):

• Medical personnel involved in direct patient care.
• Persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare.

• Self-quarantine: keeping yourself away from others following possible exposure to the virus.

• Self-isolation: separating yourself from others after being infected with the virus.
Who should self-quarantine?

• Anyone who has been in close contact with an individual infected with the novel coronavirus.

• This also applies to people who previously had COVID-19 and people who have a positive serologic (antibody) test.

How does someone “self-quarantine”?

• Remain at home for 14 days after last contact with infected individual.

• Monitor for symptoms of COVID 19 or a fever (100.4 F).

• Stay away from others, especially those at higher risk of becoming very ill from infection.
Who should self-isolate?

• Confirmed symptomatic COVID-19 patients who can recover at home.
• Asymptomatic people who test positive for COVID by PCR.

How does someone self-isolate?

• Monitor for symptoms and fever.
• Seek emergency medical care immediately if you experience any serious warning signs.
• Remain in a separate room from others in the household.
• Use a separate bathroom, if possible.
• Avoid contact with other household members and pets.
• Don’t share personal items or utensils.
• Wear a face covering when you are around other people.
What to do when an employee gets COVID-19
(When a staff member or patient tests positive for COVID-19 in the outpatient setting.)

CLEAN – NOTIFY – ISOLATE

When an employee gets exposed to COVID-19

STEP 1 – Cleaning and Disinfection – follow environmental infection control procedures for rooms, surfaces, and PPE.

- Use a log chart to track cleaning and disinfection.
- Refer to “List N” on the Environmental Protection Agency website for EPA-registered disinfectants effective on SARS-CoV-2.
When an employee gets exposed to COVID-19

STEP 2 – Notify Staff of potential exposure and implement appropriate restrictions (CDC 05/29/2020)
- Assess staff using the “Healthcare Personnel Assessment Guide”.

When an employee gets exposed to COVID-19
Simplified HCP Assessment Guide


Time Periods for Quarantine:

• Considered potentially infectious until they meet criteria for discontinuation of transmission precautions.
• The exposure window is 2 to 14 days prior to symptoms.
• Quarantine for "close contact" to asymptomatic COVID infected individuals is 14 days from most recent exposure.

❖ If there are critical staff shortages in crisis capacity situations, then asymptomatic HCWs may work under self-monitoring. (Symptoms and temperatures)
Discontinuing Transmission Precautions

• Managed by public health officials.
• Time-based*
  • Quarantine - Asymptomatic for 14 days after most recent potential exposure.
  • Isolation for infected individuals – 10 days after positive test and asymptomatic for at least 3 days.
• Testing-based
  • Must be asymptomatic.
  • Testing begins no earlier than 4-5 days after most recent potential exposure.
  • Two consecutive negative PCR tests for SARS-CoV-2 at least 24 hours apart.

*May be recommended due to local unavailability of tests. Some locations are using time-based quarantine due to the lack of test availability or in order to preserve resources.

Other Considerations

• Employees are not patients under HIPAA*.
• There is no “employee confidentiality requirement” that prohibits the employer from reporting exposure of COVID.
• Practices should share with staff a COVID policy:
  • Staff are required to disclose if they test positive and to let co-workers, patients and others know of a positive exposure.
  • Although the center/practice will not name the employee, their identity may become evident during the contact tracing process.

*Ann Bittinger, JD; Bittinger Law Firm
More Considerations

- HIPAA Rules, state occupational codes, ADA or the Occupational Safety and Health Act *may* apply in some circumstances depending on who is affected.
- Consider appointing a “COVID Officer.”
- Consider turning the management of quarantines and exposure notifications over to the public health department.

Responding to an exposure at your practice:

1. Incorporate the “basic steps” into an action plan.
2. Be prepared to do “contact tracing” to facilitate notifications of exposed individuals by public health personnel.
3. Time for first test should be 4-5 days after exposure. Testing too early after an exposure will produce false-negative results.
4. Time-based approach is easier to manage.
How to Trace Contacts: Question Categories

A. Demographics  
   • Who?

B. Locations and Contact Information  
   • Who else?

C. Work Exposure Questions  
   • Details of work-related exposures.

D. Symptoms

Performing a Mock Outbreak

• Start with your “Org Chart” or site diagram.
• Engage the employees to review and respond to contact tracing questions.
• Report opportunities for reduced exposures.
• Behavior changes and coaching.
COVID-related Staff Burnout

- Mask fatigue/PPE fatigue
- Restricting hours
- Adequate staffing
- Work from Home
- Work-Life-Balance
- Culture of open dialogue and inclusion

Mentoring and Coaching
Avoid the COVID *leadership vacuum*

- Overcome Isolation in the office.
- Reach out regularly.
- Staff meetings by phone or webex.
COVID – The “New Lean” is a Little Heavy

• Intermittent absences will be the norm.
• View FTE’s from operational perspective.
• Prioritize essential personnel.
• Prioritize cross-training and staff rotations.
• Adjust hours rather than FTEs to improve productivity. Focus on “hours paid” rather than staff numbers.
• Give administration permission to hire.

Focus on the long-term

• Recognize efforts and sacrifices by staff.
• Create short and long-term goals.
• Don’t stop having staff meetings.
• Address career development needs.
• Battlefield promotions.
Resources:

• CDC 24/7 COVID-19 Clinician Guidance Hotline at (770) 488-7100
• DSHS Coronavirus Disease (COVID-19) website

Conclusions

1. The COVID-19 Pandemic WILL affect your organization.
2. Have a COVID-19 Policy and Procedure in place for dealing with quarantined and infected staff.
3. Respond to an outbreak with Basic Steps: Clean, Notify, Isolate.
4. Consider using a “mock outbreak” to aid preparation.
5. The COVID-19 “New Lean” is a little heavy.
6. Focus on coaching, leadership and management to overcome staff-burnout and operational challenges during this time.
COVID 19 Pandemic
Patient Implications: Marketing and Reassuring Patient Return

David A. Greenwald, MD, FACG
ACG President-elect
Mount Sinai Hospital, New York

Reassuring Return:
Why Are People Avoiding Care?

Twin concerns:
• Fear potential infection by going to medical facility
  • Local prevalence of COVID-19 varies
• Cost of medical care
  • Health care expenditures viewed as discretionary as other financial pressures occur
  • Loss of health insurance
    • Prior model in 2008 recession when millions unemployed, lost coverage and deferred health care
Postponing Medical Care

- Approximately ½ of public reports deferring health care
- Of those who deferred or postponed care, some report conditions getting worse

Kaiser Family Foundation, 2020

They Will Come Back...

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

Kaiser Family Foundation, 2020
Issues as Patients Return

- Worry and stress from COVID 19 have had negative effect on mental and emotional health 40%
- Difficulty paying for household expenses 31%
- Losing job or income due to COVID 19 34%
- Skipping meals, visiting a food bank or applying for SNAP (supplemental nutrition assistance program) benefits 26%

All of the above disproportionality affecting lower income households

Kaiser Family Foundation, 2020

Reassuring Patients: Magnitude of patients avoiding care

Weekly number of emergency department (ED) visits — National Syndromic Surveillance Program, United States,* January 1, 2019– May 30, 2020†

March 29–April 25, 2020

CDC.gov, MMW, June 2020
Are patients avoiding care?

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.


Reassuring Patients: We are ready but are our patients ready?

- No specific data, but providers anticipate concerns
- Survey 123 practices, 4/24-5/8
- “What are barriers ….”
  - Limited COVID testing: 69%
  - Patient safety concerns: 66%
  - Inadequate PPE: 54%
  - Staff safety concerns: 37%

Kushnir VM et al. pre-proof 5/22/20. Clinical Gastroenterology and Hepatology
Reassuring patients: 
Key concepts

• Well thought out plan by a multi-disciplinary group about how to reassure patients
  • This will align with a marketing plan
• One size will not fit all
• Will be easier to reassure patients in regions with low community infection rates
  • Knowing and monitoring local rates is critical
• Clear written guidance on what is being done for safety
• Use of multimedia (videos) and e-mail/social media platforms
• All staff aware of plans
• Put into practice what you say you are putting into practice

Reassuring patients of safety
“Getting patients back in the door”

Patients assessment of relative importance of various safety measures in increasing their comfort in returning for care

Treatment or vaccine:
  22% of utility
Safety and sanitation protocols:
  72% of utility
Local infection and hospitalization rates:
  6% of utility

Reassuring patients of safety

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 (16.63)
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 (8.42)
5. Clinic screens temperatures when patients enter the building (6.10)
6. All staff are rapidly tested for Covid-19 every day (6.78)
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)


To make trade-offs, look at utility across and within categories
Sanitizing an exam room is 4x as important as providing hand sanitizer

Some messages are more impactful /reassuring to patients (impact)

- Exam rooms are sanitized after each patient (8.74)
- Hand sanitizer is available throughout clinic (2.09)
- Clinic has patients wait in car instead of waiting room (4.25)
- Clinic is in a stand alone building, not at hospital (1.82)

Reassuring patients of safety

Avoid leading with statewide Covid-19 data and visitor policies
Consumers place greater weight on the tangible changes they can see in-clinic

Utility scores of bottom-ranked attributes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Attribute</th>
<th>/utility score</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>My state has had a decline in daily new confirmed cases across the last  week</td>
<td>1.71</td>
</tr>
<tr>
<td>20</td>
<td>My state has had a decline in daily confirmed deaths across the last week</td>
<td>1.53</td>
</tr>
<tr>
<td>21</td>
<td>Visitors are not allowed to accompany patients to reduce crowding</td>
<td>1.40</td>
</tr>
<tr>
<td>22</td>
<td>Patients are allowed to bring a visitor with them</td>
<td>1.39</td>
</tr>
<tr>
<td>23</td>
<td>My state has had a decline in daily hospitalizations across the last week</td>
<td>1.31</td>
</tr>
<tr>
<td>24</td>
<td>My state has fewer than 50 current cases</td>
<td>1.29</td>
</tr>
</tbody>
</table>

- Patients place most weight on tangible changes they can see in an office (or endoscopy center)
- Lowest weighted attributes were
  - State and local COVID 19 data
  - Visitor policies


Reassuring patients of safety: Preferred communication tools

Most consumers want updates from providers by email
Younger consumers also open to communicating by text and patient portal

Preferred channel for resolving communications from health care providers about COVID-19

<table>
<thead>
<tr>
<th>Channel</th>
<th>Overall</th>
<th>Gen Z</th>
<th>Millennials</th>
<th>Gen X</th>
<th>Baby Boomers</th>
<th>Baby Boomer's Spouses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Text</td>
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<td>10%</td>
</tr>
<tr>
<td>Social Media</td>
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<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

All large health care systems now have pages on ‘How we’ll keep you safe’ (including social distancing, masks, screenings, visitors policies, decontamination, pt flow)

Modalities include press coverage, social media, local public health officials and direct-to-patient communications

Many have videos, including

- Chief Marketing Officer Renown Health (Reno, NV) Suzanne Hendery
  Patients asked “Explain what to prepare for my visit, what to expect when I arrive and throughput my visit”...

- Dartmouth–Hitchcock (NH)—Video series campaign “Behind the Mask”
- Baylor Scott and White (Dallas), Geisenger System (PA) —Large ad campaign encouraging return to health care
- Arkansas Blue Cross Blue Shield “Take Care Arkansas”
- Coalition of Hospitals “Stop Medical Distancing”
Reassuring patients

COVID-19: Overcoming Operational Challenges of the New Normal

Before Your Appointment

Phone Screening: We will call you prior to your visit to ask if you have any COVID-19 symptoms.

Online Check-In: To reduce your wait time and contact with others, as much of your check-in as possible will be handled electronically before you come in.

When You Arrive

Symptom Screening: All patients will be screened for COVID-19 symptoms, including temperature checks. Patients showing symptoms will be referred for appropriate care.

Mandatory Masking: Throughout your visit at Mount Sinai, all patients and staff are required to wear face coverings, as well as appropriate protective equipment. Patients and visitors will be provided with a mask, if needed.

Visitor Policy: Mount Sinai welcomes visitors to the hospitals, including Emergency Departments. Please see the visitor policy for the Mount Sinai Health System.
Reassuring patients

During Your Visit

**Hand Hygiene:** During your visit, we encourage you to practice hand hygiene. We recommend that you frequently wash your hands with soap and water at least for 20 seconds and use the alcohol-based hand sanitizers readily available throughout our health system.

**Social Distancing:** We are minimizing contact by scheduling more time between appointments, minimizing the number of patients in waiting areas, and spacing furniture. We are monitoring the number of patients in elevators; you will see visual aids of our elevator safety guidelines. We follow the guidelines for social distancing, which is to keep six feet between people.

Reassuring patients

Behind the Scenes

**Continuous Cleaning:** All areas—including waiting rooms, patient rooms, operating rooms, and high-touch surfaces—are rigorously disinfected. Patient rooms receive a ceiling-to-floor cleaning after a patient has been discharged and before a new patient is admitted; this takes approximately two hours and includes several quality assurance checks. At our outpatient practices, examination and treatment rooms are disinfected between patient visits, and high-touch surfaces such as door knobs and kiosks are continually cleaned.

**Staff Screening:** Staff are self-monitoring for signs and symptoms of COVID-19 twice daily and being tested for exposure to COVID-19.

**Separation of COVID-19 Patients:** All of our patients who are being treated for COVID-19 are isolated from other patients.
Marketing a Successful Return

• Don’t postpone regular care
• Resume routine health care
• There is a cost in health care quality to missing screening activities

Cancer Screening During the COVID-19 Pandemic.

At the onset of the COVID-19 pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in healthcare settings. One consequence of this has been a substantial decline in cancer screening.

As states and other authorities re-open businesses and ease restrictions, many healthcare facilities are starting to offer elective procedures again, including cancer screening. Restarting cancer screening requires careful consideration of the risks and benefits of screening, along with ensuring safety for both patients and healthcare personnel.

Decisions about restarting screening depend on many factors, and they may not be the same for every person. They will likely vary by community while the pandemic continues.

Regular cancer screening is still important

Marketing Your Practice and GI Procedures:

Promote the Need to Continue Health Care Safely!

• Begin during telehealth visit or at call for appointment prior to office consult
  • Routinely and proactively address potential concerns
  • Don’t wait to be asked!
  • Have a script
• Re-emphasize during pre-procedure calls/contacts
  • All staff engaged
  • Have a script
Marketing Your Practice and GI Procedures:
Promote the Need to Continue Health Care Safely!

• Health care workers are trusted sources of information
• Patients will look to your words, both oral and written, for a feeling of safety
• Leverage that trust to help bring people who are fearful back to your practice and to GI procedures safely
• Physician may need to be personally involved to have patients feel that sense of security

Marketing and Reassuring Patient Return:
Summary

• Patients remain scared and care has been delayed
• Enormous challenges exist to have patients return to care
  • Fear of infection
  • Financial pressures
• Certain messages will motivate people to return more than others
  • There are favored communication routes for delivering those messages
• Strive for clear and consistent communication with simple messaging
• All staff should be engaged in this consistent communication stream
• Always “model what you recommend”—
• Effective marketing will showcase the safety steps you and your practice have taken
PANEL DISCUSSION

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Visit ACG's COVID-19 Resource Page
www.gi.org/COVID19