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https://reachmd.com/programs/cme/how-primary-care-clinicians-frontline-are-managing-patients-during-covid-19-pandemic/11395/

Released: 04/06/2020
Valid until: 04/06/2021
Time needed to complete: 15 Minutes

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How Primary Care Clinicians on the Frontline Are Managing Patients During the COVID-19 Pandemic

Announcer:
Welcome to CME on ReachMD. This special activity focusing on COVID-19 is part of a special series titled *COVID-19: Clinical Considerations* provided by Prova Education.

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Dr. Caudle
The impact of COVID-19 has been overwhelming to healthcare providers across the spectrum of care, from emergency departments to hospital wards, and even to outpatient primary care practices out in the community. But how do we, as clinicians, still operate in these uncertain times, and importantly, still provide the valuable care our patients need? This is CME on ReachMD, and I'm Dr. Jennifer Caudle.

Dr. McDonough:
And I'm Dr. Brian McDonough.

Dr. Caudle:
And, together, we'll be discussing the impact of the COVID-19 on community-based primary care practices and how this pandemic is changing the face of patient care across the nation. So, Dr. McDonough, I'm really excited to be chatting with you this evening. Let's begin by discussing the very real and disruptive impact that COVID-19 is having on everyday patient care in the outpatient setting, specifically with telemedicine. How do you feel practices are adjusting to these changes?

Dr. McDonough:
Well, Jennifer, I think the first thing is we weren't doing much telemedicine. I mean, we were pretty much seeing our patients. We were aware of it, but we really weren't using it because, frankly, there's a lot of barriers the way it's set up, and we didn't really want to deal with it at the time, and we have a residency program. But with this situation and the fact that it's safer for patients not to come in, and with the idea that we want to do all we can to reach as many people, we started to ramp it up. And kind of because I like that information technology aspect, I started looking into it. And because we have a residency program, we were able to look at a number of programs which allowed us to do video telemedicine and actually worked with our residents. So, they're very good, they're younger and they figured it out, and we got them involved. But then as we got them involved, we ran into other issues, which is identifying yourself when you make a video call. We didn't want people to know where the call was coming from, like your own phone, so we had to find a way to block that. And then we wanted to get the MA's and the staff involved in making those calls for us to help us get the people on the line. When you get on line with patients, depending on their age and their familiarity, if let's say we have them click a link, which those who are doing this know we often click a link, patients aren't always aware of how to do that the first time. So all those things more or less became issues, Jennifer. But the other side of it, oh my gosh, like you're able to really reach out to people, and they're happy because they want to hear from us, whether it's just talking about the medicines they're on, checking in, dealing with their isolation, it's really an important part of what we're doing.

Dr. Caudle:

I couldn't agree with you more. And you've mentioned some really important points; ones that I've experienced in my own practice, as well. And I did feel like there was a little bit of an adjustment period. It was kind of like, you know, when I first went to EMR, like 10, 15 years ago, that sort of feeling of going from paper to EMR. So, I do remember sort of in the last couple of weeks having a little bit of apprehension, and almost a little bit of fear; is it going to work? What's it going to be like? And then of course you do mention the patient sort of perspective. I feel the same way. You know, our patients are not used to using it just like we aren't either. And I have patients who sometimes, as we both do probably, who are hard of hearing or who may have physical limitations or other things, or may not even have a phone or technology to allow that. You know, so how do we get around some of these potential barriers or things that have come up? I definitely agree with you on some of these.

Dr. McDonough:
Yeah, we do huddles every morning before we see our patients, and of course now we're seeing mostly our virtual patients, and someone was saying, you know, you can bill for the physical exam. And I had said, well, how are you doing your physical exam? And then they explained, well, if you're looking at someone and you're looking, let's say, at a rash or you're checking out different things, you actually can do physical exams that are quite different than the physical exams that we traditionally are used to. So there's a lot of growing and learning and figuring this out. I do think though, long-term, this may be the beginning of something we do quite a bit more as we come more familiar with it. Another major disruption we're facing is staffing. And, Dr. Caudle, what are you seeing as far as staffing?

Dr. Caudle:
Yeah, I do agree with your last point that we probably will see more of this telemedicine. I think it's unfortunate that this is the situation that's forced us to do it – COVID-19. But the fortunate thing is that now we're kind of I think all saying, 'Wow, the possibilities are, in some ways, endless.' From a staffing viewpoint, we're in a residency program, but I'm the clerkship director for the third-year family medicine students on their clerkship. And as you and many providers are familiar with, medical students have been taken off of their rotations for safety reasons. So we had this sort of real issue of our students are not staff, but how do we teach our students when they can't see patients? When they're not even allowed to come to the office? So, how that relates to some of the staffing issues we've had because our staff are fantastic, but they've had to learn the system. They still have to work the phones. They still have to send out faxes. They've still got all this other work to do, and now they've got this other skillset that they've got to become proficient in. One of the things that we've done at Rowan SOM is we've had our medical students actually help with the EMR. Just like your residents are. They're helping room the patients through telemedicine, and they're helping sort of help with getting vitals, you know, asking the patient, 'Do you have a blood pressure cuff? Take your blood pressure.' Things like that. So we've really had to become really creative in terms of figuring out ways to reduce staffing burdens, but also utilize our residents and medical students and the whole team so that everyone's learning and growing and developing, and that nobody is burdened unnecessarily.

Dr. McDonough:
One of the weird things I have as a chairman of the department is, like I'm looking at the residency, and then I have to look at the practice, and then I have to look at the staffing and the budget. And I'm looking at all these things. So my first thought is: How can I keep everybody viable and working? For instance, our MA's or the nurses; what roles can they have in this shifting area? And then to your point, we have residents, so they can't go on many rotations because the offices are either shut down or they're limited, so now they're back, so what can I do for them in the safest possible way for them, but also to give them opportunities? And then of course patient flow is affected. In our office, and like many offices, we do a thing where we do ED follow-up, or the emergency department will send patients who don't have doctors to us. But now all of a sudden, we've never seen these people before, so if you can't have them come in, are you doing the best job for them? Yes, in some cases, but no in others. And that's a battle too.

Dr. Caudle:
For those of you who are just tuning in, you're listening to CME on ReachMD. I'm Dr. Jennifer Caudle, and I'm joined by Dr. Brian McDonough, and, together, we're discussing the many ways that the COVID-19 pandemic has changed the face of outpatient community-based care and how to still provide optimal patient management through this crisis. So, Dr. McDonough, patients are hearing that elective procedures are being postponed. They're not only hearing it, but their surgeries are being postponed. The visits to the doctor's office are being limited. You know, I was seeing patients today and a couple of my patients had their appointments cancelled or rescheduled. And they're also hearing that there are more restrictions to getting really everyday care that they need. How do you feel that we can ensure that we are still providing the critical chronic disease management and acute care that our patients really count on?

Dr. McDonough:
We're figuring out different ways as we go. And I'll give you an example. If you have a residency program, you know you've got to keep the residents making sure they're keeping up with reviewing labs and reviewing messages and following up and keeping up to date with everything else they do. And I was telling them that we have a great opportunity now where you can actually follow up some of these labs, but you could actually also now do a telehealth visit and talk with him and say, 'Listen, you know, we may – I don't know when

we're getting back really to seeing full-time patients; this could be awhile, let's talk about your blood sugar and how you're doing,' or 'Let's talk about why you're doing things' and get that visit in and and work with them. So that's one way we're being creative as far as continuity of care. Communication is still tough because, you know, we almost have too many ways to reach people. It can be texting, it can be email, it can be letters, and I don't know one way that works. So I kind of felt, all of us actually, we want to just make phone calls, see how people are doing, and say, 'Hey, can we set you up for an appointment?' And we're trying to set up like a few days in advance so they can plan it, because you know, most people, even though they're home and most are staying home, they – they don't want to just say, 'Okay, I'll have my visit at 11:00.' They want to prepare and that's good. The other thing is, you know, we have that dilemma of when we bring a patient into the office, because we have developed two things; we have a sick office, which is separate if we have people that we believe are COVID or have other respiratory issues, fever, those types of things, and then we have our own office, but we still know every time you bring somebody out, there's potential risk. And they're not allowed to bring visitors, so they've got to come in by themselves. So, it's still a bit of a challenge bringing them in.

Dr. Caudle:
Sure. Sure. That makes a lot of sense. You know, all very good points.

Dr. McDonough:
You know, and along the same lines, you know, of improved communication with patients is what we're trying to do. You know, there's also the issue of communicating between practices and between providers. Dr. Caudle, what are you doing in that regard? Like, how are you staying in touch with the other doctors you work with?

Dr. Caudle:
Yeah. You know, that's actually a really, really good question. So far, you know, the specialists that I tend to be close with, you know, we text and things like that no matter what. Or communicate through phone. My staff have been calling different offices to try to get patients in. You know, I had a patient actually yesterday with a heart condition that I felt needed to see cardiology sooner than later, so still having my staff, you know, try to make those phone calls and set things up, but of course what's possible is different. And I feel like every day I'm learning what those options and possibilities are, just like my patients, as well. But you know, there's another side of it which I feel is a bright spot in this, sort of, tragedy that is COVID-19, and that is the idea of physicians coming together and working together. In different spheres, you know, Facebook groups, chatrooms, social media, coming together on social media. I feel like a lot of us are coming together and sharing our experiences with one another. We're talking about what we're experiencing, just like, you know, Brian, the conversation you and I are having right now, we're saying, 'Hey, what are you guys doing? This is what we're doing. Wait, what did you do about that? Well, I'm trying to figure out this.' We're literally coming together in a way that I have never seen. I've been in practice I guess maybe 12, 13 years or so; I've never seen this. We're sharing with each other, we are communicating, we're expressing how we feel. And I think that that's really helpful. You know, there's also a lot of COVID-19 physician groups that have opened up online, and as a way to sort of discuss even best evidence and the stuff that we're learning about the disease itself, right? Because we're just learning how to manage this disease. So those are things that I'm very excited and proud of, and I hope we'll continue even after the pandemic of COVID-19 is over; that we, as physicians, continue to come together, to reach out to each other, to share stories, ask questions, get help. And also I guess even offering emotional support, which is really, really important, you know. So yeah, I really love that.

Dr. McDonough:
You know, Dr. Caudle, one of the things we're all worried about too, when you talk about emotional support is we're all wondering what this virus will bring and continue to bring. And I think that's something we all feel is stress as providers, whether we do outpatient or inpatient medicine, or a combination, and I think that's important. And I was wondering, you mentioned emotional support, what are some of the resources you suggest?

Dr. Caudle:
I'm really glad that you asked because there are a lot of really great resources out there. You know, I did mention this idea of leaning on each other as colleagues, and just, you know, having the courage and the wherewithal to talk to each other about what we're experiencing, because one thing I've learned with this COVID-19 is that we're not alone. And all of us, I would imagine, feel worried, anxious, uncertain; all of the things that our patients are feeling, as well. But there some apps that I have found to be very, very helpful. They're apps that I've recommended to my patients. A couple of them I have on my own phone that I've used and still use. We recommend to our residents, as well. So, there's two apps that I really love for just sort of kind of clearing your mind. One app is called the Calm app – like C-A-L-M, Calm app. And another one is called Headspace. Those are really great with helping with meditation, just sort of clearing your mind, taking a break. But there are other apps that I love. There's an app called the 7 Cups app. It's literally the number seven and the word 'cups.' Basically, this is an app that uses trained volunteer active listeners to really provide free and confidential emotional support. So if a physician or a healthcare provider doesn't have a counselor or doesn't have a therapist, et cetera,

that may be a resource for them or their patients certainly. There's a couple of apps that I love that that help us get an idea or take our pulse with how we're feeling. They're kind of twins of each other. One's called Mood Tools, and the second is called Fear Tools. Those are two separate apps and they both help you sort of assess your anxiety and depression symptoms separately. Another one that helps you monitor mood is called the What's Up app. It's not What's App app, which is the communication app, but What's Up app is a mental health app that really sort of helps us monitor our mood and uses principles of cognitive behavioral therapy to help us. So those are a lot of different apps, you know, and hopefully folks who are listening may find one that sort of speaks to what they're going through and how they're feeling. But I certainly would encourage all of us during this time too, as we're working to take care of our patients, we need to also make sure that we're taking care of ourselves. And that's something I feel very strongly about. Unfortunately, that's all the time we have for today, so I'd like to thank our audience for their participation, and I'd also like to give a special thanks to Dr. Brian McDonough for joining me and for sharing all of his valuable insights. Dr. McDonough, it was great speaking with you today.

Dr. McDonough:
It was great speaking with you too, Dr. Caudle. I think we covered a lot of ground, but boy, is it important.

Announcer:
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