

Healthcare during a Pandemic



The COVID-19 pandemic has impacted all aspects of our lives. We are forever changed in how we approach large celebrations, our daily work lives, our children's education, and even simple trips to the grocery store. We have embarked on a new normal that none of us ever imagined. There has been no industry more impacted than healthcare, which at times has been pushed to the extreme of not only treating patients afflicted with the coronavirus, but also treating all of the other medical needs.

When COVID-19 initially hit the United States, nearly all elective procedures and surgeries were postponed and many medical practices temporarily closed their offices. As lock-downs slowly lifted, those in healthcare have strategized on best practices regarding ramping up operations and revising procedures and guidelines pertaining to patient access, the safety of patients and medical staff, sanitation of supplies and offices, and how to best social distance while caring for patients. As a result, physician management have had to navigate new ways to maintain relationships and assist physicians with the necessary resources to conduct business safely.

Best Practices posed questions to some OMA members on what changes they have made in their own offices due to the pandemic. Here are some of their responses:

Q: What changes have you made with regards to patient interaction as a result of COVID-19?

A: We have instituted protection for both the staff and the patients. Compassion and empathy regarding employee and patient concerns need to be heard and appreciated.

Iris Roseman, Administrator, Bayside Orthopedics, LLC

A: We are only seeing well visits and vaccines in the office. Appointments are separated more so families don't cross each other.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

A: We limit who is physically allowed in the office by what the patient needs. For example, we need the patient in the office if they need staples out or have a drain or have an issue that will need an I&D. Telehealth is offered for consults and some postoperative visits. We are paperless for the patient's paperwork and their chart is complete before their in-office or telehealth visit. Our office door is locked and a patient does not enter without a list of COVID-19 screening questions and a temp check at the door. The parking lot is our waiting room, and only the patient is admitted unless there is a reason for a family member to accompany them for a special need or to discuss a sensitive diagnosis.

Joy Schwartz RN, DNP, MBA, HCA,

Practice Administrator / Atlantic Surgical Group, P.A.

Q: Are you utilizing telehealth for the first time or differently if you had previously used telehealth?

A: Our office now utilizes telehealth for the majority of our patients when appropriate. In office appointments are mainly for annual wellness/physicals or those visits that need to be done in person. Previously, all of our visits were in office only.

Taisha Perez, Practice Administrator,

RWJBarnabas Health Medical Group-Aldrich Primary Care

A: All sick visits are now telehealth visits which is new to us. Sometimes it is difficult especially with our babies and small children.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

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Q: What new social distancing practices have you implemented in your offices? Are patients screened before in-person visits? Do you anticipate this continuing once the majority of the country is vaccinated?

A: Patients are screened before all in-person visits and are asked to call from the parking lot prior to entering. A temperature is taken for anyone who comes into the office (staff, patients, visitors). Plexiglass was installed for those areas where social distancing is not possible. Staff lunches are staggered to ensure social distancing. Signs were put on the floor to keep patients/visitors six feet apart in the waiting room and in the hallway. There are also signs on seats in the waiting room to help keep patients socially distant.

*Taisha Perez, Practice Administrator,
RWJBarnabas Health Medical Group-Aldrich Primary Care*

A: We screen with questions when setting up well visits and vaccines. We also have signs on the front/back door to remind families not to enter if they have symptoms, pending lab tests, etc.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

Q: Do you have limited staff in the office while other more administrative tasks are handled remotely? If yes, how has this impacted your office?

A: All staff works in the office, but the providers have select days that they do work from home.

*Taisha Perez, Practice Administrator,
RWJBarnabas Health Medical Group-Aldrich Primary Care*

A: We do have limited staff in the office, with two billing staff working full time from home and our precertification staff working two days at home and three days in the office. This has made my job harder because I am the link from the office to the billing staff, and once a week I have a conference call with them to evaluate work flows. All billing questions are filtered through me and I send the questions to the correct staff member working from home.

*Joy Schwartz RN, DNP, MBA, HCA,
Practice Administrator / Atlantic Surgical Group, P.A.*

Q: How has your office provided support for the staff as they are balancing the pandemic, possible childcare issues with children learning remotely, and just the overall stress of it all?

A: We have provided COVID-19 incentives to our staff as a way to say “thank you” for working through this difficult time. Also, we have all been supportive of each other’s needs in requiring time-off and/or adjustments to the schedule.

Iris Roseman, Administrator, Bayside Orthopedics, LLC

A: We have huddles with our staff once a week discussing the latest news from the CDC. We have three staff members working from home because of childcare issues. I also had an ID physician come to the office to discuss COVID-19 and the vaccine, and to answer questions from the staff. We have available PCR COVID-19 testing and any staff member may ask to be tested at any time. We were routinely testing staff every two weeks for their piece of mind but since we have been vaccinated, we offer testing on a prn basis.

*Joy Schwartz RN, DNP, MBA, HCA,
Practice Administrator / Atlantic Surgical Group, P.A.*

Q: What steps have you taken to communicate your new safety protocols to patients and ensure that they are comfortable coming to the office during this time?

A: General communication with patients has been helpful. Whenever a patient calls or is contacted for an appointment the staff explains the options as a result of the current pandemic. We explain for everyone’s safety the protocols we have put in place and telehealth is always encouraged, when appropriate.

*Taisha Perez, Practice Administrator,
RWJBarnabas Health Medical Group-Aldrich Primary Care*

A: I review our new procedures of screening questions and masks plus try to remind them to come to appointments on-time since appointments are spaced out.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

A: Our COVID-19 policies and procedures for the patients are on our web site and when they are filling out our paperless patient paperwork with Phreesia, our patient intake information management system. We also advise patients when they make appointments, when we confirm appointments, and again, if they are physically coming to the office they are advised before entering.

*Joy Schwartz RN, DNP, MBA, HCA,
Practice Administrator / Atlantic Surgical Group, P.A.*

Q: Has your staff undergone additional training on proper PPE protocols including putting on/off items and sanitation?

A: We have maintained our usual cleaning policies but the rooms do have time in-between patients since we are only seeing half of our normal visits.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

A: We discussed when the staff is to wear the regular surgical masks and when we need to wear the N95 mask that every employee has. If we have a patient in the office for a procedure, face shields may be used and is based on the procedure. Each staff member was issued surgical face masks, KN95, N95 and face shields along with instructions for care and expirations.

*Joy Schwartz RN, DNP, MBA, HCA,
Practice Administrator / Atlantic Surgical Group, P.A.*



Q: What is your procedure if a staff member or patient is diagnosed with COVID-19?

A: If staff tests positive for COVID-19, they are asked to inform their manager right away. At that point, the manager will instruct them not to come into the office and further instructions will be provided. Patients are screened prior to any in-office appointments. If a patient contacts the office stating they have tested positive for COVID-19, they are instructed to follow CDC guidelines. They will be asked to schedule a telehealth appointment with their provider for any further instructions.

*Taisha Perez, Practice Administrator,
RWJBarnabas Health Medical Group-Aldrich Primary Care*

A: A patient is not to come to our office unless they have tested negative after testing positive. If a patient is found to have COVID-19 after coming to our office, our staff is tested. No staff member has tested positive. All staff members have been vaccinated as well.

Iris Roseman, Administrator, Bayside Orthopedics, LLC

A: The staff member must quarantine for 14 days and then get retested before returning. The other staff members must also get tested.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

Q: Any other areas in which you have made major changes as a result of the pandemic?

A: I simply make sure my staff does their daily health screens which includes taking their temperatures. I encourage them to stay socially distant throughout the day and wear their masks at all times. Communication is key.

*Taisha Perez, Practice Administrator,
RWJBarnabas Health Medical Group-Aldrich Primary Care*

A: Assuaging patients' fears regarding having procedures performed at the hospital, providing staff as well as their family with masks and antibacterial supplies and eating more chocolate is the new normal. OK, we always ate quite a bit of chocolate.

Iris Roseman, Administrator, Bayside Orthopedics, LLC

A: We have removed all toys, books, samples, and magazines from the waiting rooms and patient info from the treatment rooms.

Cathy Schaad, Office Manager, Stepping Stone Pediatrics

A: Some additional changes we have made during the pandemic include:

- We have two offices and we needed to close down one of the offices. We are hoping to reopen the second office soon.
- Making an appointment takes longer because we need to explain if we are offering them a live or telemed visit, our office COVID-19 protocol, and our new paperless paperwork.
- Telemed visits with our secure HIPAA compliant app needs to be explained to the patient and our physicians.
- Learning about and applying for grants and forgiveness.
- Having staff working from home and making sure they have secure connections and concerns with cybersecurity.
- Overall office workflow has been totally changed.
- Changing and reconfiguring staff job descriptions.
- We added signs on our office door in English and Spanish that masks must be worn and temperatures will be taken. We added a wireless doorbell at our office door so people would stop banging on the door and shaking the door handle to get in.

*Joy Schwartz RN, DNP, MBA, HCA,
Practice Administrator / Atlantic Surgical Group, P.A.*

SAVE THE DATE

Thursday, May 6, 2021 | Noon - 1:30 pm

Nicotine and Tobacco Recovery Program and Lung Cancer Screening Program (LDCT) Webinar

Presented by:

Monica Hanna, MPH, CHES, NCTTP

Assistant Director, Nicotine and Tobacco Recovery Program

Laura Gallo

Program Director, Community Outreach, Cancer Services

Kindly RSVP by April 30, by registering:

Online at rwjbh.org/oma

Calling **1-888-724-7123**

Emailing Teamlink@rwjbh.org



* Webinar has limited capacity and is on a first come, first serve basis so register today!

We Are All in This Together

The COVID-19 pandemic has affected our world in ways we could have never imagined. Healthcare workers, teachers, and grocery workers, amongst many others, are being heralded as frontline heroes for triumphing over adversity and putting others' needs ahead of their own.



Dr. Arnold Williams, Psychiatrist and Chairman of Medical Staff at RWJBarnabas Behavioral Health Center, recently gave a virtual presentation to OMA members. He spoke of the impact of this pandemic on our collective mental health. Dr. Williams cited a 2020 Case Western Reserve University

COVID-19 Pandemic and Emotional Well-Being Study that found the current pandemic affects everyone, with 90 percent of the respondents having one or more traumatic stress symptoms and 27 percent of them meeting Post-Traumatic Stress diagnosis.

Mental illness should be treated no differently than any other medical illness, with millions of people experiencing mental illness annually. In the United States, one in five adults experiences mental illness, while 17 percent of youth experience a mental health disorder. According to the Health and Human Services Office of Minority Health, the Black community is 20 percent more likely to experience serious mental health problems than the general population. The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups have less access to mental health services, and of those services that are available, minorities are less likely to seek them out due to the negative stigma. Minorities are more likely to visit emergency departments for mental-health related ailments and receive a lower quality of care than their white counterparts.

Compounding the challenges of the rising number of people seeking mental health treatment are the rigorous health and safety protocols installed at

hospitals, physician offices, and treatment centers due to the pandemic. However, there are numerous treatment options available. Dr. Williams highlighted some of the actions his facility was offering, including:

- Inpatient services available with updated safety precautions for both patients and staff.
- Outpatient treatment operating on a telehealth/virtual platform for both group and individual therapy.
- Televisitation via smart devices for patients to keep in touch with loved ones with the no visitor policy implemented.
- Increased lines of communication from medical staff with families and loved ones of patients to help quell the feeling of uncertainty.

In addition to people's fears about the pandemic, many of them have the added stresses of the health and well-being of their families, caring and schooling of children, as well as work-related issues. Some staff members' symptoms of distress or signs of employee burnout may include unexplained absences, decreased productivity, mood swings, mentally distancing from the job and/or isolation from co-workers or peers. Staff burnout affects the staff member and can infiltrate the entire office/practice with repercussions on other staff members and patients, and family members outside the office.

There are resources for those who may need assistance. In addition to your local medical provider, help can be found at:

- RWJBarnabas Health Behavioral Health Network Access Line **800-300-0628**
- National Alliance on Mental Illness (**nami.org**)
- American Foundation of Suicide Prevention (**afsp.org**)
- National Suicide Prevention Lifeline **800-273-8255**
- Crisis Text Line-text "Talk" to **741-741**

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This pandemic has managed to impact every area of our daily lives. Not only do we have to be diligent about our efforts to keep one another safe physically, but also emotionally and spiritually lift one another despite our difficult circumstances. People are relying on every level of healthcare to provide guidance on this. Unfortunately, many people are feeling unheard. Kind listening in the face of uncertainty is one of the best things we can do to promote holistic wellness. No one has to be alone, and help is available.

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– Dr. Arnold Williams, Psychiatrist and Chairman of Medical Staff at RWJBarnabas Health Behavioral Health Center

How Well Do You Know the Office Managers Association?

In a year where the COVID-19 pandemic forever altered our daily lifestyle, the Office Managers Association (OMA) knew it was imperative to maintain a personal connection. In a survey distributed to all of its members, OMA members overwhelmingly preferred to postpone the 14th Annual Celebration so that they may gather in person when appropriate. Despite not being able to come together, the OMA reached out to its members for a fun raffle to help celebrate its 14th year as an association. Based on all of the correct submissions, OMA winners were randomly selected to receive a Coach wristlet.

Here are the trivia questions with the correct answers:

Q: How many years would we have celebrating the OMA in 2020?

A: 14 years

Q: Over the years, the OMA Annual Celebration featured various entertainers, which entertainer below performed at past OMA Annual Celebrations?

A: All of the above – Steve Adubato, Stephanie Decker and “Oz” Perlman

Q: How many members are in the RWJBH Office Managers Association?

A: More than 3,300

Q: What is the name of the OMA Newsletter?

A: Best Practice

Q: The OMA hosts several educational programs annually. What programs below have been offered to OMA members over the years? (pick one)

A: All of the above – CPT Coding, Meet the Insurance Reps, Medicare Updates



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This past year has been like no other for healthcare workers including the thousands of our OMA members, who deservedly have become frontline heroes for going above and beyond. Every one of you have battled the challenges brought on by the COVID-19 pandemic while also strategizing on new ways to manage your offices, interact with patients and each other.

While we put our Annual Celebration on hold until it is safe to gather together again, I hope everyone took time to reflect on all we accomplished during these unprecedented times. I am in awe of all of you and thank you for your support and dedication in caring for your patients, and wish you continued good health.

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– Alyssa Ruby-Mako, Regional Director, Physician Relations, RWJBarnabas Health

Here is a list of all the 14th Annual Trivia Contest winners:

Keisha Boone	Iris Roseman
Barbara Brady	Diana Rosso
Jodi Brown	Christina Sarcona
Jessica Chiu	Sarah Sayles
Martha Diaz	Cynthia Schue
Sondra DiDonato	Dominga Thompson
Jeanne Dittmar	Lisa Vega
Kelley Fairbarn	Jacqueline Williamson
Michelle Hampton	Kristin Yap
Dawn Jackson	

Foundational Modifications For E/M Office Visit Coding Tops 2021 CPT Updates

While so much has changed this past year due to the COVID-19 pandemic, some medical calendar constants include the annual announcement by the American Medical Association (AMA) of the 2021 Current Procedural Terminology (CPT) codes. This year, the OMA presented an update in two virtual sessions on February 3 and February 26 for close to 300 office managers and practice administrators. For 2021, the AMA has recommended 329 editorial changes, including 206 new codes, 54 deletions, and 69 revisions.

This year’s changes, which are the first significant overhaul made by the AMA in more than 25 years, were made to simplify evaluation and management (E/M) office visit coding and be more intuitive to promote better patient care over burdensome documentation. Specifically, according to the AMA, the E/M visit modifications include:

- Eliminating history and physical exams as elements for CPT codes 99202-99215.
- Allowing physicians to choose the best patient care by permitting code level selection based on medical decision-making (MDM) or total time.
- Promoting payer consistency with more detail added to CPT code descriptors and guidelines.

“The biggest change in the CPT coding we see this year refers to the medical decision-making elements associated with codes 99202-99215,” said Jean Buble, R.N., C.P.C., Senior Vice President of Case Management and HIM and CDI, RWJBarnabas Health. “The MDM elements

being considered are the number and complexity of the problems addressed, the amount or complexity of the data being reviewed, and the risk of complications or morbidity of patient management. In order to select a level of E/M service, two of the three elements must be met or exceeded.”

Buble explained further that these changes should improve compliance with coding and billing regulations and at the same time, reduce the confusion for providers.

The 2021 CPT code set continues to see growth in emerging medicine areas, with 63 percent of new codes this year involving the latest technology services and the continued expansion of the Proprietary Laboratory Analyses (PLA) section. Another vital addition to the CPT code set is new medical testing services due to the COVID-19 pandemic. Codes related to coronavirus and other medical conditions continue to be modified to respond to the fast pace innovation among digital medicine services that can improve access to health care and enhanced health outcomes for patients across this country. The most up-to-date information on COVID-19 coding can be found on the AMA CPT public website, <https://www.ama-assn.org/practice-management/cpt>.

For those who were unable to attend, presentation materials and additional information on the CPT Coding Program are available at rwjbh.org/OMA.

MDM 2020	MDM - Effective January 1, 2021
Number of diagnosis or management options	Number <i>and complexity of problems addressed at the encounter</i>
Amount and/or complexity of data to be reviewed	Amount and/or complexity of data to be reviewed <i>and analyzed</i>
Risk of complications and/or morbidity or mortality	Risk of complications and/or morbidity or mortality <i>of patient management</i>

CMS Novitas Solutions; Medicare Part B Presents: 2021 Changes for Office/Outpatient Evaluation and Management Services Now and Later; December 8, 2020

Ask the Practice Management Expert

"Ask The Experts" is a question-and-answer forum featuring leading practice management experts.



Our Expert:

Susan Lesser
Family Foot Health Center

A true family venture, Susan Lesser has been working at Family Foot Health Center since 1981, when her husband, Dr. Richard Lesser, opened Family Foot Health Center in Howell

Township. With a Bachelor's of Science in Business Management from New York Institute of Technology and years of experience in retail management, Lesser was well-equipped to oversee the operational side of the practice while also raising their two children. The Lesser children are now grown with children of their own so Susan's familial focus is now on her grandchildren who she says are "the loves of her life." In her spare time, Susan enjoys reading and completing puzzles.

Q: How are you training and educating your staff on policies and practices to minimize chances of exposure to COVID-19?

A: We've educated and continue to educate our staff on office policies and practices to minimize chances of exposure to COVID-19. Our protocols are discussed and presented to staff on an on-going basis as the COVID-19 guidelines continuously change/update. I've provided examples (to the staff) of how to do phone screenings of all patients. These screenings are used when appointments are made, confirmed and upon arrival as patients are required to call from their cars prior to entering the office.

Q: Are you doing any form of pandemic recordkeeping (i.e. tracking of staff-patient contacts, those entering your office, etc.)?

A: Our staff conducts screening when appointments are made and confirmed. When patients arrive, they are required to check in from their cars. We again ask, "have you or anyone in your household or that you have been in contact with been ill in any way with a cough, cold, sore throat, and or any other COVID type symptoms (loss of taste or smell, etc.)?" We also ask "have you or anyone you have been in close contact with had or been exposed to COVID-19, traveled out of state or attended any large gatherings?" Unless all questions can be accurately answered that individual may not be seen in our office. We maintain a log of patients not meeting the necessary criteria and a timeline of two weeks before that individual may be seen in our office. These patients are also logged on our ongoing list and the information is documented in their charts and accounts.

Q: What procedural changes have you made to your office, including postponement or elective procedures or non-urgent outpatient visits?

A: At the start of the pandemic, our practice only saw urgent/essential patients. We felt it was our obligation to the community to see these patients rather than overload the emergency rooms and urgent care facilities. Surgeries were cancelled at hospital outpatient units and the surgical center. We slowly began adding additional patient visits based on medical need.

Q: What is the process for patients entering your office, getting treatments, etc.? How are you maintaining physical distancing? Are you utilizing tele-medicine for the first time or differently if you had previously used tele-med?

A: Signs have been posted for both staff and patient purposes regarding masks and distancing. We have installed a plexi-glass shield, plastic barrier and positioned our glass window to not open more than a few inches surrounding our reception area. Staff have been instructed regarding masking at all times, six feet distancing to the most possible extent, and sanitization policies (all surfaces are wiped down in treatment rooms and reception area between patients). In addition, we are continuing to use an antimicrobial product on a regular basis which gives an added layer of protection to the entire office. We do not use our waiting room to minimize close contact. Instead, all patients are directed straight to a treatment room upon arrival. We've installed a mirror for our receptionist to see anyone coming down the hall and make sure they stay distanced if someone is at the checkout area.

Q: How are you staying informed of the ever-changing policies as it relates to contact tracing, exposure, and safety protocols?

A: We keep up-to-date on CDC guidelines as they continue to change, as well as our hospitals' and societies' newsletters. We've also called the CDC when in need of guidelines for specific situations. All of our staff have been recommended to be vaccinated. We were very proactive in finding a location for vaccinations as they become available to medical personnel. At this point, most of our staff has been vaccinated.

Q: How do you manage patients who are resistant to follow safety protocols?

A: Occasionally, we have patients who are resistant to our COVID-19 safety protocols. They are reminded/informed that this is being done for the safety of our doctor, staff and patient population, which of course carries over to the general population as well. If an individual continues to be resistant they are told we are sorry they feel that way but these are our rules and again we explain why. They are also reminded that if everyone were to follow the necessary guidelines we will get closer to squelching this pandemic. This is of course done in a very sympathetic way. More often than not, we are being thanked for being so conscientious about our policies and procedures during the pandemic. To date, our rigid standards/protocols are continuing to keep everyone safe.

Meet the Team

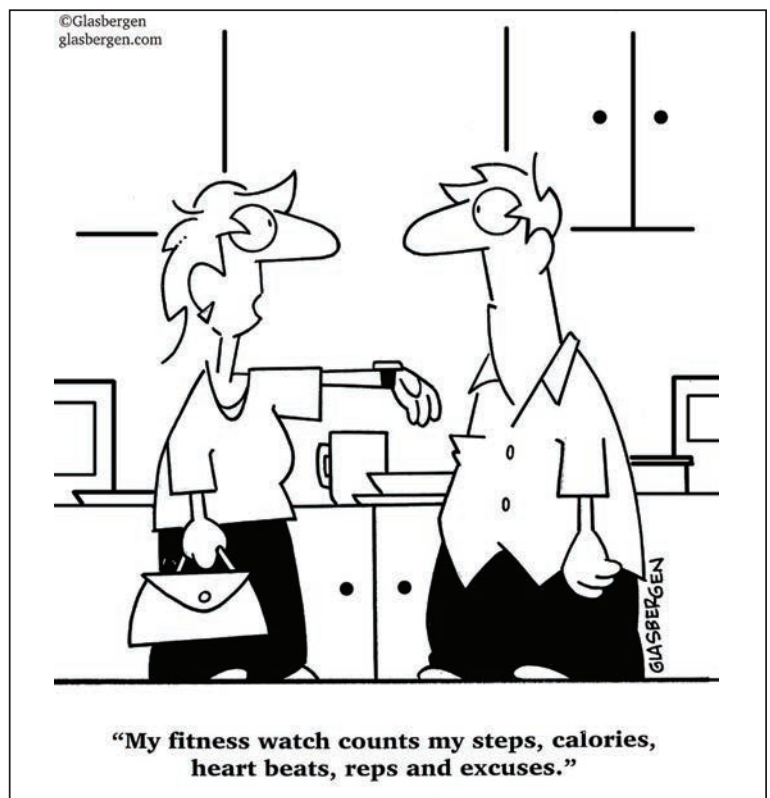
For a complete listing of the Physician Management Team members, visit:

<https://www.rwjbh.org/documents/office-managers/OMA-Best-Practice-Newsletter-Winter-2021.pdf>



Best Practice is Going Green!

In an effort to reduce waste and to distribute information in a timelier manner, future issues of *Best Practice* will be sent electronically to all members. We want to ensure that all members receive their issues, so if you have not been receiving electronic communications from the OMA, please send up-to-date email addresses to Alyssa.Ruby-Mako@rwjbh.org.



Members, let us know what you would like to see in upcoming issues of *Best Practice* by calling 1-888-724-7123.