

EXECUTIVE DECISIONS IN DERMATOLOGY

JUNE & JULY 2020



Issue Focus: By the Numbers

NAVIGATING COVID-19 RECOVERY

INTERACTIVE NEWSLETTER



Association of Dermatology
Administrators & Managers

EXECUTIVE DECISIONS IN DERMATOLOGY

JUNE & JULY 2020

inside

Interactive newsletter

Executive Decisions in Dermatology is interactive, getting you to the information you need more efficiently. Navigate the newsletter with ease. Use the Home Icon to bring you back to the table of contents and click all URLs to go to the featured website.

Families First Coronavirus Response Act FFCRA

**Page 8 | Ask the Lawyer; Choosing Wisely:
The Family First Coronavirus Response Act**

Interactive elements are highlighted in color and bold throughout the issue!



- 3 ADAM President's Corner**
President Tony Davis and
President-Elect Janice Smith
- 4 ADAM Annual Meeting Update**
- 5 Federal Fodder:**
SAMI Advocacy and Practice Affairs Team
- 6 Board of Directors Interview**
- 8 Ask the Lawyer**
**Choosing Wisely: The Family First
Coronavirus Response Act**
Q&A with Michael J. Sacopulos, JD
- 10 Get Connected; COVID-19 Edition**
- 12 The COVID-19 Impact:**
Adding New Services to Your Practice
Bill Pickron
- 14 Managing Employees' Pandemic Emotions**
Tandem HR
- 16 Maintaining and Growing
Patient Loyalty During COVID-19**
ADAM Corporate Partners
- 18 ADAM Initiatives**

Executive Decisions in Dermatology is a bi-monthly publication of the **Association of Dermatology Administrators & Managers (ADAM)**. ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 600 members include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM or for more information, please visit our website at ada-m.org, call 866.480.3573, email ADAMinfo@samiworks.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 5550 Meadowbrook Drive, Suite 210, Rolling Meadows, IL 60008.



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President's Corner

As states and practices reopen and we try to figure out the "new normal", we are also coping with revenue short falls, human resource challenges and increasing patient safety measures. Through these uncertain times, what is certain is the steadfast support and collaboration among our ADAM membership. You continue to listen to your colleagues' concerns, are quick to offer advice and happy to assist fellow members in any way you can. In addition, ADAM leadership has rallied to provide first class COVID-19 resources, webinars and timely updates keeping members informed as the situation continues to evolve.

This issue of *Executive Decisions in Dermatology* focuses on the key data points that we can monitor, measure and work to continuously improve to get us back on track. As successful practice managers and administrators, the old adage "what gets measured, gets done" comes to mind. The "by the numbers" theme offers insights to move your practice towards pandemic recovery.

Featured articles include:

- **Maintaining and Growing Patient Loyalty During COVID-19**
- **Managing Employees' Pandemic Emotions**
- **The COVID-19 Impact: Adding New Services to Your Practice**
- **Choosing Wisely: Family First Coronavirus Response Act**
- **A Combination Therapy for Reentering the Workplace**
- **BOD Insights on How to Financially Prepare/Protect Your Practice**

As we move forward, it is with heavy hearts that we announce our difficult decision to cancel the 2020 ADAM Annual Meeting. Our top priority was your safety. With ongoing travel challenges and attendee comfort, we wouldn't be able to provide the robust experience you have come to expect. However, we are excited to offer new online opportunities with round table discussions and virtual cocktail hours. Please see additional details on the next page and participate in our **member survey** to help us understand the resources you need during this time.

Although, we won't be together in person, ADAM is always here for you. Stay connected in the **ADAM members-only Facebook Group**. This is your private group to engage with and learn from other members. See firsthand how members are supporting each other on **pages 10 - 11**. Visit the **COVID-19 ADAM Member Resource webpage** for timely resources on telehealth, reimbursement, practice guidelines and more. This information is continually updated to provide you with the latest information.

There are many challenges ahead, but together we are poised to overcome. Join us as we continue to build a stronger future together.

Stay safe,

Tony Davis,
ADAM President

Janice Smith,
ADAM President-Elect





ADAM Annual Meeting Update

Board of Directors cancel the 2020 meeting in Denver

After much discussion and analysis, the ADAM Board of Directors has made the difficult decision to cancel the 2020 ADAM Annual Meeting. With practices reopening in phases, travel challenges and safety protocols that will impact the attendee experience, the Board felt the timing for an in-person meeting wouldn't be possible for most members and has established a refund process that you should have received via email. Call ADAM headquarters at 800.671.3763 or email adaminfo@samiworks.net with questions.

In lieu of an in-person event, we are excited to offer digital connection opportunities. ADAM's Board Members will lead new round table discussions called, "My Personal Experience With..." that will feature different topics each week. These networking discussions will provide ADAM members with tips and pearls from real-life, personal experiences from your fellow members. ADAM is also planning a series of themed ADAM Happy Hours via the Zoom video conferencing platform. Virtual gatherings will allow ADAM members to network with each other from the comfort of their home or office.

To continue to support your recovery efforts, please complete our **member survey** so that leadership can understand what additional resources and tools membership would like to see developed in order to help them during these unprecedented times.

Details on these new virtual offerings will be shared via email in the ADAM Intel you receive each Friday. The Board thanks ADAM members for their understanding and patience as they worked through this difficult decision and truly looks forward to meeting digitally very soon.





Federal Fodder

A Combination Therapy for Reentering the Workplace

Atul Gawande, a world-renowned surgeon and public health expert, **published an article in *The New Yorker*** that discussed the implications for reentry to the workplace as states lift their stay home orders. Based on strategies that the healthcare industry has used to keep employees at work through the pandemic, Gawande describes a “combination drug therapy” of practices—backed by science—that all employers can use. Hygiene measures, screening for symptoms, social distancing and masks aren’t solutions when used individually; however, when taken together in a serious manner, they have the potential to shut down the virus.

Hygiene: Washing your hands is crucial to stopping the transfer of infectious droplets to your nose, mouth and eyes, but it’s frequency that makes a difference. **A study done at a military boot camp** found that washing hands five times a day cut medical visits for respiratory infections by 45%. **Research done during the SARS outbreak** found that hand washing more than ten times per day reduced infection rates even more. Evidence seems to show that washing your hands each time you go into and out of a group environment, and every few hours, is key to decreasing virus transmission.

Screening: Even the most contentious symptom screenings can only go so far in stopping this pandemic. Coronavirus causes people to be

infectious while asymptomatic. **Studies consistently show that infectivity starts before symptoms do**, that it peaks on the day symptoms start and declines by the five day mark. Daily screenings also change a message that is reinforced in the workplace: calling in sick is no longer a sign of weakness. Coming to work with symptoms of coronavirus is now, especially in healthcare settings, viewed as disloyal.

Social Distancing: It’s well known that **the six foot rule for physical distancing** helps prevent the contagion-containing droplets emitted by coughing, sneezing, exhaling and speaking (**loudly**). Hospital systems have instituted policies that no more than four people can be in an elevator at the same time and face-to-face meetings are still held via video conferencing.

Masks: A recently published study showed that if worn properly and with the correct fit, masks are effective at **blocking 99% of respiratory droplets** expelled by people with coronavirus. A double-layered cotton mask (similar to ones people have been making at home) **also block droplets**. Coronavirus does not live long on cloth; **viral droplets drop 99% over three hours**. However, it’s important to consider that **surgical masks did three times better than homemade masks** at blocking outward transmission of respiratory viruses. Still, **if 60% of the population wore masks that were**

60% effective in blocking viral transmission, the epidemic could be stopped.

This four-pronged strategy isn’t perfect and won’t return the world to normal, but when the virus is under control, they have the potential to get people out of their homes. There is a fifth part to Gawande’s combination therapy: culture. As people focus on wanting to be safe and also wanting to be left alone, everyone needs to embrace the notion that their actions can keep others safe. No one wants to be held responsible for getting another individual sick. Adherence to this “combination therapy” – while acknowledging its limitations – will help the number of coronavirus cases decrease and everyone will be able to reenter the workplace and society.

For questions, please reach out to **advocacy@samiworks.net**. ■

Disclaimer: The materials presented here are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or potential risk.

SAMI SOLUTIONS
FOR ASSOCIATION
MANAGEMENT, INC.

The SAMI Advocacy and Practice Affairs Team is dedicated to education and advocacy on behalf of dermatology practice managers and their patients.



Board of Directors INTERVIEW

How are you financially preparing to position/protect your practice so that you can survive or come out ahead at the end of the year?



**ADAM Board
Member at Large
John Banta**
*Chief Executive Officer
Preferred
Dermatology
Partners*



**ADAM Board
Member at Large
Heather Beard**
*Practice Administrator
Montana Skin Cancer
and Dermatology
Center*



**ADAM Vice
President
Michele Blum**
*Practice Manager
Front Range
Dermatology
Associates (FRDA)*

- Implement or continue to utilize telederm functionality to engage patients during health restricted situations.
- Slow payroll/cash burn by adding back support staff as patient encounters improve.
- Move to an abbreviated work week of 2/3/4 days until patient volumes support full work weeks.
- Review, revise and implement new processes and procedures to ensure maximum efficiency going forward.
- Identify as much overhead and financial waste as possible to maintain profitability.
- Renegotiate your lease(s) to lower payments and add-on more months to the back end of the lease.
- Renegotiate consumable supplies with vendors.

We are focused on implementing policies and procedures that will allow us to maintain continuous operations and have an uninterrupted revenue stream. COVID-19 is not going away any time soon, so we have worked to adapt our workplace controls to support the current biological landscape. We have implemented new patient flow models that better facilitate physical distancing. We are fortunate to have the space to spread out our patients and team members. We have implemented PPE use for all team members, clinical and administrative, as well as wellness checks, to ensure our due diligence in maintaining a COVID-19-free staff. We are closely guiding and monitoring all traffic within our clinic to ensure physical distancing and illness screening, recognizing that team exposure and illness must be prevented to support continuous operations and financial stability.

At FRDA, we run fairly lean – we don't have a surplus of employees – making sure we hire smart people that are hard workers and high ceilings helps. We work off a "dashboard" for budgeting that allows us to track expenditures by provider and overall as a clinic. It has given us transparency for trending and also allows us to plan for those slower months by making capital purchases in proven excess months. We track all expenditures this way so that we can quickly identify if there has been increases we may not have been aware of on an ongoing basis. During this pandemic, we have applied for all grants available – federal, state and local. We took advantage of the PPP loan and the Disaster Relief loan. We also took a Medicare advance on one of our salaried providers but have not yet determined if we will keep it or send it back – for now, it is providing a nice cushion. Our providers paid on production agreed to take a very small salary for a couple of months to free up cash flow.





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Chief Executive Officer
Dermatology Consultants, P.A.



ADAM Secretary / Treasurer
George E. Smaistrle Jr, FHFMA, CMPE, CPC
Office Administrator
Texas Dermatology Specialists



ADAM Board Member at Large
Troy Starling, CPC
Director
University of Florida

At Dermatology Consultants, we applied for and received a Paycheck Protection Program (PPP) loan through the Small Business Association (SBA). We are following the details of the forgiveness portion of the loan, which will provide a great relief to the practice. We are now trying to understand what our anticipated revenues will be for the next three months so we can develop a short term budget for the practice. Since we are on a July 1 fiscal year, we would typically be in the midst of developing our annual budget. A shorter term period with specific financial goals over a 3-month timeframe is our best option and has support of the physicians. Never in my career have I dealt with such great uncertainty over the finances of an organization. Our management team is significantly challenged, and they are demonstrating great flexibility, creativity and ingenuity to come through this as stronger practice.

We initially sought to conserve cash where ever we could. This meant cancelling equipment purchases that were in process, limit supply orders, and more importantly, control cosmetic inventory to become a "just in time" supply chain. This was challenging during the beginning, but once the shutdown occurred it was easy. Secondly, because we had two lease renewals pending, we utilized the chance to negotiate additional months of "free rent" – although it helped that we had both companies begging us to stay. Lastly, as we have restarted operations, we have worked very hard to limit recalls of furloughed employees until it could be demonstrated that we had volumes to cover the costs. This was (is) extremely challenging as we are working very hard to get everything done. Things are looking good right now if we don't get hit again.

Since we have never had to deal with such a difficult situation, all options had to be considered and implemented quickly. We have addressed several areas including patient safety, non-salary expenses, salary expenses (PTO) and scheduling. Over the foreseeable future, the patients' perceptions of how safe they feel in your practice will be critical. We have implemented social distancing policies including screenings at the door, minimal patients in the waiting room and new procedures to minimize wait times at check-out. We have frozen all travel, food and dues and memberships for physicians and staff. Staff have been asked to utilize PTO to bring them to a full 40-hour compensation, and when PTO is completely exhausted, time-off without pay will be necessary. With two clinics, one clinic reduced patient capacity one month at a time while the other weekly. The weekly method has shown a quicker ramp-up. Stay strong!

INSIGHT

Obtain even more insights from ADAM's past Board Members in previous issues of *Executive Decisions*, located in the members-only section of ada-m.org!





Ask the **LAWYER**

Q&A with Michael J. Sacopulos, JD
Medical Risk Institute

Choosing Wisely: The Family First Coronavirus Response Act

The world has changed since I last wrote for ADAM. For some weeks now, there has been a focus upon the coronavirus and COVID-19 and questions swirling around the Family First Coronavirus Response Act (FFCRA).

To answer ADAM members' burning questions on this complex subject, I spoke with Jill Sorger, an expert labor attorney with deep experience representing dermatology practices. She is a managing member of BRIC, LLC, a New Jersey based firm, and is presently advising healthcare providers on the FFCRA and drafting updated employment policies.

Because FFCRA calls for up to two weeks (80 hours) of paid sick leave for employees when quarantined and corresponding tax credits for employers, some may think this Act comes with little choice. That would be a mistake.

"The threshold question for medical practices under FFCRA is whether it should claim an exemption for all of its staff members," explains Sorger. The definition of "healthcare provider" is extremely broad. However, remember, the exemption does not apply to the medical practice entity as a whole but to the individual employees. It is also an Employer's choice ("may be exempted") to exempt an employee as opposed to a blanket exemption. Additionally, the Department of Labor is encouraging "judicious" application of the exemption and may allow for leave / pay to be partially granted and partially exempted.

Let us assume that, after careful analysis, your practice elects not to take an exemption. What next? Sorger counsels, "Medical practices need to implement policies and procedures, in addition to updating existing ones, regarding handling and documenting employee leave. Medical practices will have to be able to sufficiently document said leave taken under FFCRA should it seek the tax credit offered thereunder (the IRS has and will issue certain documentation regulations pertaining to the same)."

It may seem obvious, but it needs to be stated, medical practices must be keenly aware that employee attendance will likely be impacted by COVID-19 issues, and therefore, the employer must balance the need for adequate staffing for the delivery of quality care and the need to protect the health and safety of its employees. Also, medical practices must realize that other laws, including the Family Medical Leave Act (FMLA), are still in effect, and therefore they must carefully examine the reason for the employee's leave to determine what applies.

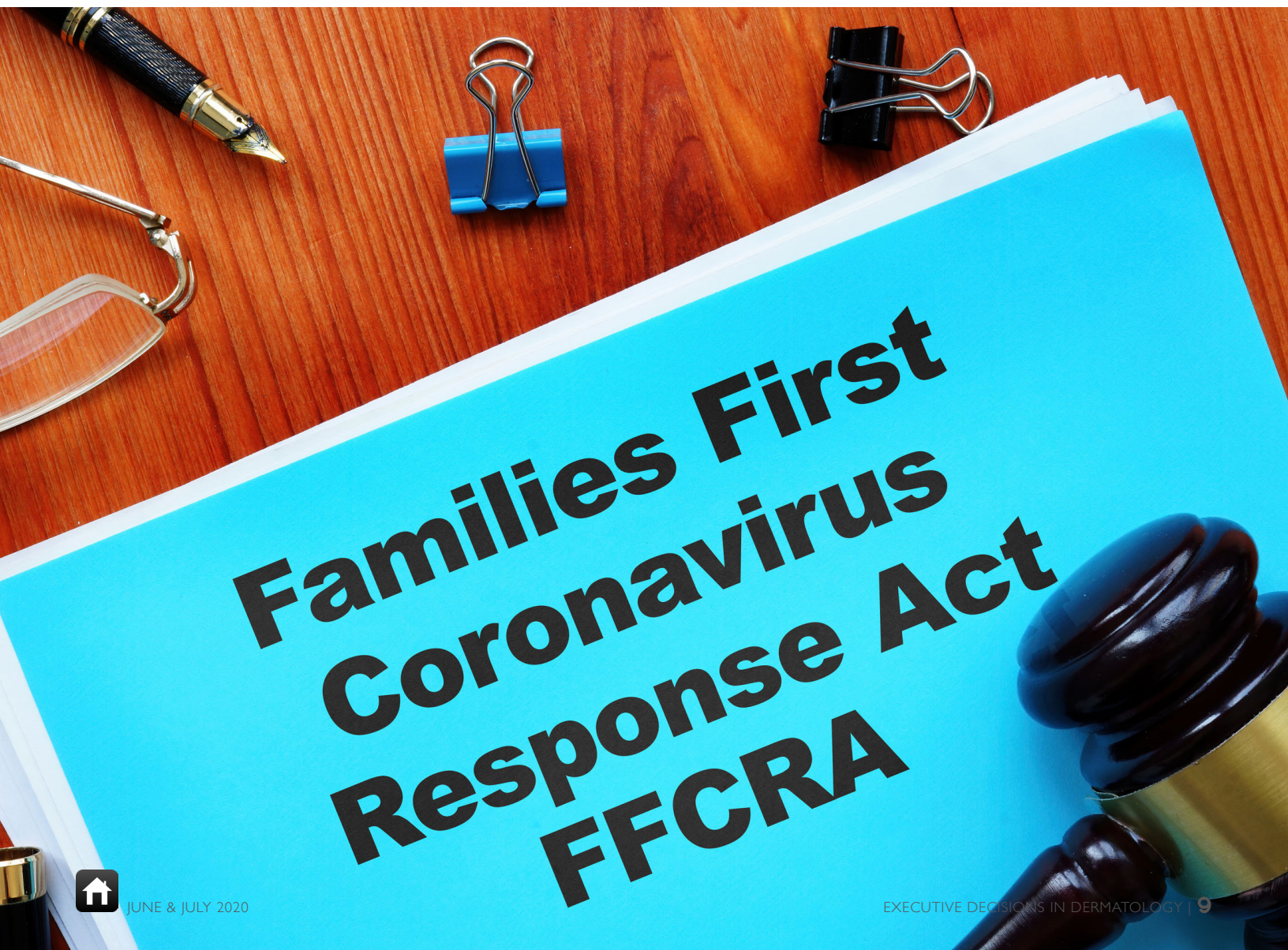


It is dangerous to overly simplify compliance and strategy when it comes to FFCRA. That said, I asked Sorger for some practical guidance. While noting every situation is different and fact sensitive, here are her recommendations:

1. Determine whether the exemption will be taken for all employees or for only certain categories of employees (i.e. providers vs. other staff).
2. Determine whether there is an opportunity to be "judicious" and grant certain portions of the paid leave.
3. Draft / update leave policies to effectively balance the practice's need for adequate staffing to deliver quality care and the need to protect the health and safety of its employees.

FFCRA is a new and dynamic area of law. I recommend getting professional assistance as you work your way through it and wish you much success. ■

Michael J. Sacopulos is the CEO of Medical Risk Institute (MRI). Medical Risk Institute provides proactive counsel to the healthcare community to identify where liability risks originate, and to reduce or remove these risks. He is the author of "Tweets, Likes, & Liabilities". He is a frequent national speaker and has written for Wall Street Journal, Forbes, Bloomberg and many publications for the medical profession. He may be reached at msacopulos@medriskinstitute.com.



Families First Coronavirus Response Act FFCRA

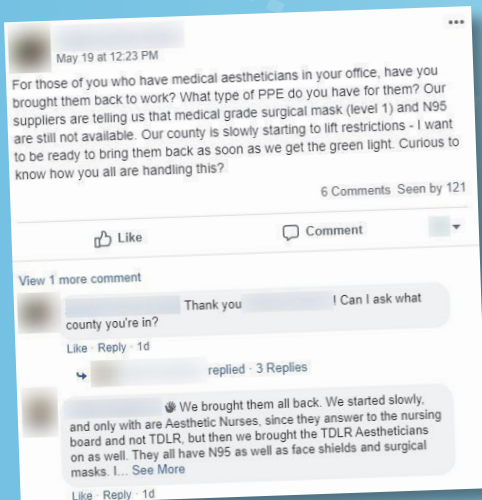


Get CONNECTED: COVID-19 EDITION



ADAM's members-only Facebook group continues to be a trusted place for the exchange of information, ideas and support during the COVID-19 pandemic. As practices begin to re-open, members are encouraged to utilize this fantastic resource for confidential discussions with peers. Here are some of the conversations:

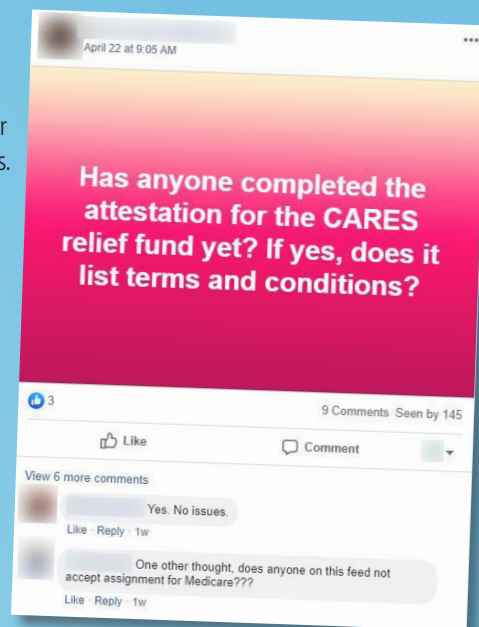
- Does anybody have a plan for when one of your employees/providers contract Covid? Especially a provider... Do we need to inform every patient they treated??
 - Was the provider in PPE? I think it all really depends on your PPE policy.
 - We haven't reopened yet however I believe that will be part of the contact tracing protocol that the public health departments in each state is implementing. Not so much because he/she is a provider but from a public health issue. The same would apply if a patient was positive – anyone that patient came in contact with would need to be notified.
 - We experienced this first hand. You are required by CDC to contact all patients that had direct contact with the provider and/or employee. CDC follows up to make sure it was done.
 - Thanks. Although we are diligent with PPE, it's only a matter of time.
 - Even if they are wearing a mask, N95 or other, you will have to notify all patients and quarantine your staff for 14 days. They didn't require quarantine of front office, only back office, since it was a provider. It's not a fun way to spend a day.
- Have any offices started doing cosmetic procedures? If yes which ones and what precautions are you taking?
 - We're only doing Botox, upper face at this time. We screen all patients for COVID symptoms & recent travel. Our providers wear mask and eye protection, and we ask the patient to as well. Usual disinfecting protocols since all of this started. We also make sure no one waits in the waiting room. They are immediately taken to a treatment room.
 - We are doing the same but also doing fillers and lasers, etc. Asking screening questions, following all disinfecting protocols, etc.



- Has anyone seen reimbursement changes in writing for telehealth visits? I have a doctor that "heard" reimbursement was being cut by 70% in 2 weeks?

- Yes, we heard the same (and it's on the carrier's websites) as early as May 31st and the rest early June. These dang insurance companies! We are looking into this more.
- Has anyone issued additional bonuses using the PPP loan? Our bank said that bonuses are considered a part of payroll so they would be eligible for forgiveness. We really want to issue the employees who have been with us during all the COVID changes a decent bonus. Any advice on this?
 - We are doing the same.
 - We gave \$500 so far but may do an additional.
 - We are (normal true ups for mid-levels), but remember it's only up to the \$100K cap.
 - We gave our leadership team bonuses so far.
 - Yes, we did issue two bonuses.
 - I'm waiting until our final week to issue bonuses. It's been a roller coaster since week 1, but now that we're actually operating with full staff (instead of paying some to stay home while operations were down to 20% capacity), we can return to paying staff for what they've earned. I've got my 75% minimum targets calculated, and we're devoting week 8 to crunching numbers to see how much PPP we have left before we give out extra bonuses.

- We are doing that along as it wouldn't make them cap out for forgiveness. I believe if they make more than 100K their bonus would not be eligible for forgiveness.
- We are waiting until the final week to see what is left.
- Thanks everyone! We typically issue employee bonuses the first of every month based on the previous month's revenue, so we are sticking with issuing on June 1 payroll to be consistent. Employee bonuses (hourly employees) usually range from \$50-\$500 prior to COVID. My only hesitation was if we potentially wanted to give a higher bonus... I was wondering if they would audit it, and this would cause a red flag based on previous bonuses. I think I'm overthinking it though... I'm sure it will be fine as we are using the loan for its primary intention: to pay employees and get them off of unemployment.
- We are also waiting for that last week.
- Yes we are issuing to those that have gone above and beyond as team players.
- We raised their hourly rates to be comparable to what those at home are making on unemployment with the stimulus. They have all been much happier to work during COVID and know this will end at the end of our 8 weeks. This was instead of a lump sum bonus.



Join the conversation at
facebook.com/groups/Association
ofDermAdminsandManagers





The COVID-19 Impact: Adding New Services to Your Practice



Bill Pickron is the Senior Vice President of Business Development at UniteRx.

A veteran of the dermatology industry, Bill has been with UniteRx since 2013. Prior to UniteRx, he was the Director of Commercial Operations at Medicis Pharmaceuticals, where he had a 15-year career, starting as an Account Manager before moving into executive leadership roles in aesthetic and commercial operations.

By Bill Pickron

With declining reimbursements and evolving needs of patients, many dermatology practices are actively assessing new services to add to the practice. From laser products to in-office dispensaries to a full-service med spa, the new services available to complement a dermatology practice are seemingly countless. However, the COVID-19 pandemic has changed the way practices are assessing options for new services.

Existing patients are the foundation of your practice.

For many practices, the COVID-19 pandemic has surfaced a challenge they did not know they had: how to serve patients without seeing them in the office. As a result, some practices are aggressively focused on identifying a “remote care” strategy to ensure that patients can be seen by their dermatologist and receive prescribed treatment without having to leave their homes, while simultaneously ensuring patient privacy and regulatory compliance.



While prior to COVID-19 practices may have been reviewing services to help attract new patients, these same practices now face a more immediate problem and risk to the health of their practice: being able to serve current patients remotely. As a result, telemedicine and courier-delivered or mailed prescription services have become priorities.

According to the American Telemedicine Association, telemedicine has been around for about 40 years but has grown exponentially in the past five years. That growth will likely be accelerated due to the COVID-19 pandemic as payers (including the Centers for Medicare and Medicaid Services) and patients are more open to telehealth as a viable and necessary care delivery option.

Researchers at Harvard University and Phreesia, a healthcare technology company, analyzed data on changes in visit volume for the more than 50,000 providers and found that ambulatory care visits have declined 60% since the start of the pandemic; however, 30% of all visits during this same time were telemedicine. Incidentally, that same research revealed that visits to dermatologists decreased 73% since the onset of the COVID-19 pandemic, with only ophthalmology and otolaryngology experiencing higher declines.

Of course, prior to COVID-19, telehealth would not have been at the top of the list of attractive new services because (a) reimbursements for telehealth visits are lower than in-person, if covered at all by a payer; (b) investment in telehealth does not result in an incremental revenue stream for the practice; (c) a remote appointment decreases the opportunity to cross-promote cosmetic or aesthetic services to patients.

In conjunction with telemedicine, practices recognize the need for patients to be able to receive prescription medications at their homes. As a result, dermatology practices are reviewing options enabling prescriptions to be filled and delivered via courier or mail service to the patient.

“Environment Agnostic” Services Have a Distinct Value

Many dermatology practices have expanded service offerings with laser treatments, fat reduction options, cosmetic dermatology and/or aesthetic treatments, most of which are in-demand and appreciated by patients and profitable for the practice. However, all these services require an in-office visit, so none provide value or revenue to the practice when patients cannot or will not come to the office; as well, in an economic downturn, optional treatments are generally the first abandoned by patients with lower-than-usual disposable income. Hence the term, “environment agnostic” surfaces to describe services that are (a) needed whether the patient physically visits the practice or not; and (b) less likely to be abandoned in an economic downturn.

Assuming the dermatology practice has subscribed to telemedicine, one of the only environment agnostic new services profitably available is a point-of-care dispensary with free courier delivery to patients. A point-of-care dispensary provides the same benefits to the practice and its patients regardless of whether the patient has an in-office or telemedicine visit and is more likely than most services to be used, even during an economic downturn. These benefits include:

1. Improving patient therapy adherence by 60%-70%. (Source: *New England Journal of Medicine*)
2. Adding a service existing patients want; 76% of patients would have their prescription filled in their doctor's office instead of a pharmacy if given the choice. (Source: *American Journal of Managed Care*, 2016).
3. Saving practice staff time, enabling them to focus on patients; clinicians spend two hours weekly consulting with patients about medications and costs, nearly two hours working on prior authorization forms, and an hour working to understand drug pricing for patients. (Source: *2018 Impact Report: Prescription Price Transparency*, from Surescripts)

4. Being reimbursed by pharmacy plans, enabling more patients to continue prescribed treatment at an affordable cost regardless of economic conditions.

5. Enabling better management and monitoring of refills and adjustments by the provider in collaboration with the patient.

While the COVID-19 pandemic has not been optimal for dermatology practices or patients, the experience has provided the chance to pause and reassess the challenges and opportunities within the practice and add criteria to how new services are evaluated to support the current and future health of the practice and its patients. ■





Managing Employees' Pandemic Emotions

There is no doubt that COVID-19 has intensified emotions around the globe. Whether it's fear, anxiety, anger or any other host of feelings, employers know that employees do not check their emotions at the office door. Whether your employees physically work in your office or from a remote location, they still represent your business. If employees are uncertain, on edge, short-tempered or ill-at-ease, it will be evident to everyone they work with, including your patients. Unconstructive or excessive employee emotions could negatively impact your practice.

How can you help employees through this emotional time to keep a healthy, positive and productive workforce?

Show them you care.

According to a **2018 Binghamton University study**, employers should not underestimate the importance of empathy in the workplace, and not just for retention's sake. Managers who show compassion to subordinates nearly always improve workers' performance. The employee feels more valued and secure.

Give them resources.

Employees need resources to help deal with the changes the pandemic has brought about. Each employee may have different needs. A great way to economically provide a host of resources under one umbrella is to offer an **Employee Assistance Program (EAP)**. EAPs offer confidential support like short-term counseling, financial or legal assistance, emotional and mental health resources, and much more. Another popular resource right now are financial programs like **FinFit's Wage Now**. This resource offers employees access to earned but unpaid wages. This could alleviate the financial burdens some families may be feeling right now.



Make them feel good about what they're doing to help others.

Consider creating a company-wide initiative to help those in need within the community. You could organize a fundraiser to allow you to purchase N-95 masks, hand sanitizer, sunscreen or other safety products for local first responders. This type of project will also give you some promotional leverage when you endorse your fundraiser or its results. What a great way to connect your business marketing plan to community involvement and give your employees something they can feel good about all at the same time.

Keep your finger on the pulse of employee emotions.

Merely asking employees how they (and their families) are doing during this unprecedented time can go a long way in showing you care. Understand how your employees may be struggling and connect with them on a personal level. This helps you discover the types of resources that might serve them best and shows your employees you care about them personally.

What about employee emotions during layoffs or furloughs?

Some employers are feeling the financial effects of the pandemic and may need to consider furloughs or layoffs. If you do, know that emotions will run high for those employees too. Here are a few tips on helping employees through the emotional time during furloughs or layoffs.

Communicate clearly and concisely.

If you're able, provide advance notice that layoffs or furloughs are inevitable. There may be rare instances of voluntary resignation. At the very least, this will give your employees a chance to process the likelihood of a layoff, resulting in a more well-managed reaction when the time comes.

When the time comes for the layoffs or furloughs, don't beat around the bush or leave questions unanswered. Uncertainty tends to heighten emotions. If you furlough, tell employees how long you anticipate the situation to last or when you plan to re-evaluate. If the layoff is permanent, be clear about that too.

Do it all at once.

If the changes affect more than one employee, perform the furlough or layoffs in a group setting. Employee morale will suffer more if one person is let go each week. Anxiety levels will rise, and productivity will go down. If a group layoff is not possible, consider a communication to all employees once layoffs are complete to relieve anxiety for existing employees.

Again, give them resources.

Employees in a furlough or lay off situation need different resources. For example, they will want to know if and how they can collect unemployment benefits. They'll also want to know if or when their health and other insurance benefits will end. Be prepared with informational packets as employees may tune out the information if the news is a surprise to them.

Treat them with dignity.

Allow employees to say goodbye to co-workers. If they are particularly emotional, offer a chance to come back and clean their desks later, or suggest you ship their personal items. How you treat employees (both the ones leaving and the ones staying) will set the tone for morale.

COVID-19 has certainly brought additional emotions into the workplace. How employers address and help employees through those emotions is critical. Make sure your employees are remaining healthy, positive and productive to have the best impact on your business. ■

TANDEM HR

The HR experts at Tandem HR contributed to this article. Tandem HR is an IRS certified professional employer organization (CPEO) providing custom, high-touch human resource solutions to small and mid-size businesses. Our HR experts allow executives to focus on growing their business while we manage the administrative aspects of human resources like payroll processing, benefits administration, compliance, risk management, employee relations and much more. Learn more about how Tandem HR can have a significant impact on your business at TandemHR.com or 630.928.0510.



Maintaining and Growing Patient Loyalty During COVID-19

Tips from ADAM's Corporate Members

Healthcare Compliance Pros



Navigating Over the COVID-19 Hump: As we now enter new territory on the other side of the peak, “the hump” of positive COVID-19 cases has healthcare organizations facing the challenge of determining how best to proceed. It is essential to be current with the **latest information and regulatory changes** as we move forward. We have put together the following recommendations to help:

1. Virtual “Q & A” discussions:

Organizations can use these to communicate the organization’s plans, listen to input, and have engagement from all employees.

2. Continue offering accommodations:

COVID-19 has required organizations to adapt, adjust and change things up that they otherwise wouldn’t have done before the pandemic, for example, work from home opportunities.

3. Clean, disinfect, repeat: To ensure everyone’s safety, cleaning and disinfecting objects and surfaces, especially those that are frequently touched, is extremely important. We recommend following the extensive guidance provided from the **CDC** and **OSHA**.

As we continue into this new territory, be familiar with your organization’s pandemic response plans, and have contingency plans that are understood by all employees. Maintain open communication that is prompt, accurate, and confident with employees, patients, and vendors.

Epionce



People want to feel genuinely cared for – especially by those with whom they often have to be very vulnerable, such as their physicians. Right now, people are feeling isolated and alone. A great patient loyalty tactic is simple — pick up the phone and call them. Ask how they are coping during this stressful time and let them know that your office staff cares about them. You can use that time to also share any specials your office be running (such as a bundle that combines products and services), but the main point of the call needs to be focused on connecting with the patient. Yes, this will take more time than sending out an email blast or mailer. However, people will be more emotionally connected to a practice that treats them like a friend – not just a patient. This emotional connection is what will keep them coming back to your office time and time again.

Tandem HR



Grow customer loyalty and create brand awareness during and after COVID-19:

- **Show you care about safety:** Create a safe environment for your patients and staff with individually wrapped masks or hand sanitizer bottles with your logo on them! Display signage letting patients know your efforts to

keep your office clean and how they can adhere to social distancing guidelines while there.

- **Get social:** Use social media or e-newsletters to offer free advice and home skin remedies. Your patients are all stuck at home and looking for new things to try. Those desiring younger looking, healthy skin will look to the experts for advice.
- **Benefit from technology:** Doctors that offer telehealth appointments when possible can continue care for patients throughout the pandemic in an alternative and safe way.
- **Give back:** Host a community fundraiser to supply local first responders with masks, hand sanitizer, sunscreen, or other safety materials. You support the community, give employees something to feel good about, possibly get some PR and distribute safety materials with your logo and contact information on it!
- **Communicate authentically:** We’re all in this together and patients will relate to other human beings going through an unprecedented time – just like them!

HiQ



We at HiQ extend our best wishes for all the many healthcare practices affected by the pandemic. We realize how difficult this is emotionally and financially to each practice... and to your patients! As families and patients



ourselves, we offer our advice to be “steady at the helm”: your patients need you! They are looking to you, as healthcare professionals, for reassurance and stability. Call them to schedule return visits rather than send e-mails or text messages, since they will have questions and concerns. A well-thought-out and friendly process for resuming office visits and managing the waiting room will inspire feelings of security and confidence. We caution against a rush to expensive new telehealth software, since the government has promised not to enforce privacy or security concerns regarding use of widely available video chat software until further notice; furthermore, some of those vendors have stated their products are secure and they will sign BAAs, making them viable even in the long term. Until the dust settles, consider using free or inexpensive solutions — chart away with your existing Certified Electronic Health Record Technology! Although the modern world is obsessed with technology, think about your patients and the human dimension to resuming your practice.

Moderniznig Medicine



Patient loyalty is influenced by the experience a patient has from the moment they make contact with a practice to the moment they leave. If the patient returns and tells others about their positive experience, that is patient loyalty. While technology won't replace human relationships, it can play an important role in contributing to an ideal patient experience that can foster a sense of loyalty. Technology can make it easier for patients to connect with your practice and access their information. These tools include a combination of a patient portal, telehealth virtual appointments, online self-scheduling and online payments. A practice management system should assist in sending automated recalls when patients are due for a visit. This serves as an important touchpoint for the patient's health and encourages their return. Communication is especially crucial as we all grow accustomed to healthcare's new normal. Using a HIPAA-compliant messaging platform, staff can message patients with new

check-in processes, whether that's waiting in their car or messaging patients when it's time for their visit. Patient portals can also enable patients to virtually check-in, fill out paperwork, see results, update insurance, send photos and communicate with the practice, all from the comfort of their home. Leveraging the right combination of personal touch with technology can help foster patient loyalty.

Delasco

The Coronavirus is definitely changing how people function and how practices will operate. Practices have been hit hard by having to close and the new requirements to operate seem just as stressful. We already see change with the amount of personal protective equipment required for staff and patients, the spacing of chairs in practice waiting rooms and the sanitizing of every nook and cranny the eye can see; but to succeed, we need to broaden our focus to set practices up for current and future success.

Practices need to be prepared that more and more patients are wanting to be seen via telemedicine, waiting rooms could become a thing of the past, with technology driving online check-ins, patients will gravitate towards not having to wait at all and clinics will have to accommodate and look out of the 9 a.m. - 5 p.m. box to provide extended clinic hours and perhaps even open up on the weekends, as patients are getting back to work and may not be able to leave in the middle of the day for that doctor appointment anymore.

Nextech



Avoid Patient Loyalty Disruption with Reassuring Engagement: Practices may be unaware of disruption to patient loyalty caused by the current environment. As practices reopen, many expect a return to business as usual. However, if they fail to maintain appropriate levels of care, safety and patient engagement,

it could delay their return to normal patient volume. It is important to recognize patients need for reassurance that practices are taking appropriate safety measures and keeping their best interests in mind. This means modifying workflows and incorporating contactless solutions into your practice, such as telehealth, remote check-in and virtual waiting rooms. If patients feel providers are not continuing to offer quality care in a safe environment, they may reconsider their options.

Safety measures are important but fall flat if not combined with convenience and proper communication. Process changes and modified care experiences should not make it difficult for patients to engage with your practice. Beyond that, patients must be made aware of all changes and available options, as well as how to access them. This requires continuous communication and reassurance so patients know you are doing all you can to keep them safe while continuing to provide exceptional care.

Xstrahl, Inc.



Patients often view their dermatologist as a trusted advisor and an extension of their primary care team. Unlike primary care providers, however, dermatologists are able to offer a much greater range of treatment options in order to build patient loyalty and reduce the frequency of referrals. For non-melanoma skin cancer specifically, many dermatologists refer patients out for Mohs surgery when those patients may in fact be good candidates for surface x-ray therapy within the dermatology practice itself. Many patients are not good candidates for surgery and may achieve similar clinical results with electronic brachytherapy and superficial radiation therapy, which you can provide directly in your office. This is a very important consideration as you consider additional ways to increase patient loyalty and further solidify your position as a trusted advisor. ■



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Submit an article to *Executive Decisions* in Dermatology

ADAM invites members to submit a 500-800 word article for this bi-monthly newsletter. The publication's goals are to:

1. Provide a diverse set of voices sharing their expertise in the field of practice management.
2. Disseminate member knowledge to the entire association.
3. Build a vibrant ADAM community.

Upcoming themes include New Services, Aesthetics, Human Resources and Marketing.

Submit your article now!



FREE

COVID-19 Webinars for ADAM Members

There are now 12 complimentary, recorded webinars available for ADAM members on the **COVID-19 webpage**. Those who missed these live sessions or want to hear an interesting presentation again can log in at any time to view these webinars on-demand, which span a myriad of pandemic-related topics including:

- Phasing-In — Reopening Your Medical Practice
- Employee Status Changes During COVID-19
- Now What? How To Get Patients Flowing Again
- Keeping HR Compliant Through COVID-19
- How to Get Started with Dermatology

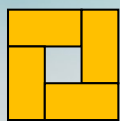
The webpage is frequently updated with timely information and resources covering legislative and practice affairs updates, reimbursement details and more.

Click for webinars!



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JUNE & JULY 2020

EXECUTIVE DECISIONS IN DERMATOLOGY | 18



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