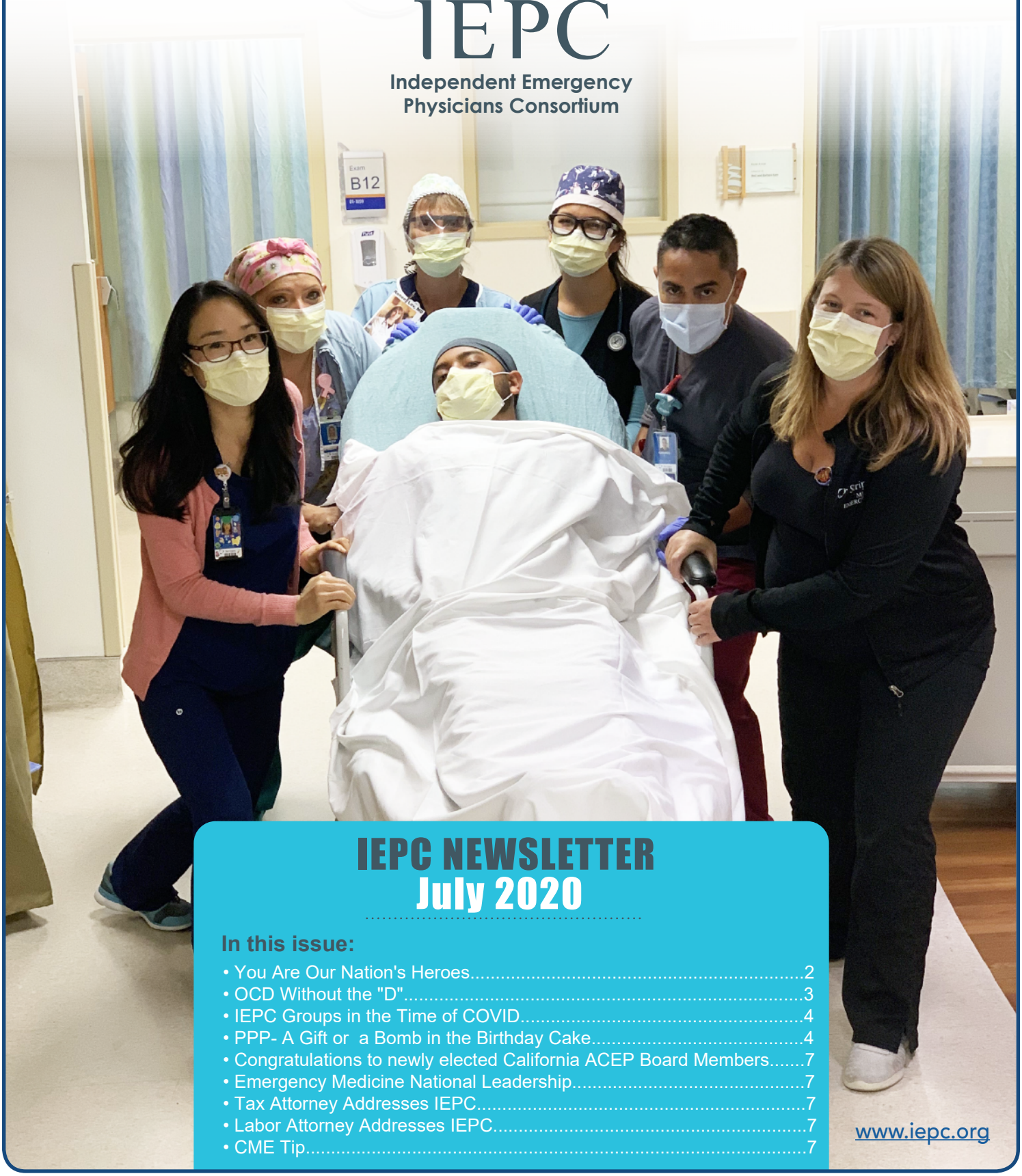
IEPC

Independent Emergency Physicians Consortium



IEPC NEWSLETTER
July 2020

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You Are Our Nation's Heroes

Roneet Lev, MD
President, IEPC

In parts of the country things are opening and it seems people have been dealing with the stress of staying at home for forever. Stress for emergency physicians started way before the March stay-at-home orders. On January 19, 2020 the first official coronavirus case hit the United States in Washington state. Most emergency physicians became utterly obsessed, tracking and studying the coronavirus day and night long before the virus had a name, or a pandemic was declared. The CDC had advice such as generic videos on hand washing and donning/doffing techniques. Yet some advice was simply not applicable, like reusing masks. N95 masks are technically single use but in real life mask hoarding and reuse became a survival skill.

ED docs researched reports from China; spoke to international colleagues; listened to Dr. Anthony Fauci, director of the NIAID and Dr. Deborah Birx from the State Department, both members of the President's Coronavirus Task Force; read medical articles, listened to the EMCrit podcasts; and tracked the daily world infection graphs from around the globe. In January we laughed – we are not like China; Americans don't need to cut bras in half and turn them into masks. But by the end of February, our emergency physician colleagues from Italy sent us warning of what to expect. No more laughter, now we were shaking in our boots and prayed. "Please, we don't want to be an Italy." The reports from Italy provoked anxiety – physicians on ventilators, all hospital beds used for COVID patients, heart attacks and other illnesses going untreated, multiple patients sharing a single ventilator, and horrible ethical decisions about who will live and who will die based on resources.

Scripps Mercy San Diego Emergency Department professionals 3.19.20

After 30 years in emergency medicine, I could have chosen to sit this one out. I knew the hospital dynamics of dealing with a new infectious disease was going to be "a cluster." The reports were that the virus kills older people and people with preexisting conditions. So I asked myself, "Do I really need to do this? Yes, I really need to do this." This is precisely why my colleagues and I entered medicine. We want to be present for our community and for our patients.

We chose emergency medicine to be the first to encounter, diagnose and figure out an emergency health system for the problem of the day. We chose emergency medicine not because it is easy but because it is hard – like President Kennedy's motto for the landing on the moon. Emergency physicians are trained to be the captain of the ship, and we were gearing up for the storm.

Emergency physicians now and always have been heroes in the

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eyes of society. Sadly, pre-COVID, emergency physicians did not see that in themselves. The profession ranked number one in physician burn out and ED doctors forgot that they make an enormous difference and literally save lives. The definition of hero is a person who is admired or idealized for courage. My emergency physician colleagues are heroes, who, from day one, entered the unchartered battlefield knowingly risking their lives to save others. They are soldiers fighting an invisible enemy, each day learning and improving on what weapons to fight the disease and what gear to use to protect themselves. They were sacrificing in so many ways; by doing extra shifts and gearing up for the feared tsunami of patients, by falling ill and entering quarantine, by cutting back on shifts and income when the tsunami did not come, and by separating from family and friends to protect them from exposure. To my emergency medicine colleagues, you are America's most precious commodity. Not PPE, not hand sanitizer, not ventilators but you, trained emergency physicians. I salute you. Stay healthy, physically and mentally. Know that you are loved and appreciated by your community for your work and for saving lives. Post-COVID, I hope the profession goes way down on the burn out scores.

OCD WITHOUT THE D

The public, who are risk averse, have established methods of staying virus free. Mask and gloves in the supermarket, leaving out Amazon packages in the sun for a few days, and wiping down the groceries before putting them away are popular methods as of late. OCD, obsessive compulsive disorder, is no longer a disorder, it is survival, thus dropping the D in OCD. Emergency physicians have shared their OC protection methods for working in the emergency department, a COVID zone.

Dress

- Separate work COVID shoes stay in a box in the car
- No more lab coat – a source of infection
- No watch – a barrier for washing wrists
- Hair in ponytail
- A hat cover – good for COVID and good for covering gray and uncut hair
- No earring – they get caught up in the masks, visor, and hat
- Leggings under the scrubs so the scrubs can go in a COVID laundry bag and you have clean clothes that won't contaminate the car on the way home

In the ED

- Principle: Every patient, even the asymptomatic, may have COVID
- Principle: Every staff member, even the asymptomatic, may have COVID. Sadly, staff have been unknowingly exposed by COVID positive staff.
- Wipe down computer, keyboard, dictaphone, phone, cords, chair, and entire work station before starting the day
- Cell phone in a zip lock bag while at work
- N95 mask, surgical mask, glasses, and a visor must be worn to enter a patient room. Visors can be simply plastic, a helmet like a welder, or the "lego man" – a square helmet
- Bleach stethoscope before and after each use
- Wash hands after each patient and each time you open a door or touch anything anywhere without gloves
- Wash hands after signing a prescription or touching an EKG. Printers can carry COVID, co-workers can have COVID

Decon

- Wipe and disinfect the name badge, visor, pen, cell phone and shoes
- Change clothes before leaving work. Scrubs come home in a tied bag

Scripps Mercy ED pose for photo sent to ADM Brett Giroir, President's Coronavirus Taskforce. Thank you for cutting red tape.

- Spray shoes with alcohol-based solution before going home
- Wipe down car if driving home in dirty scrubs
- Shower as soon as you get home – even at 4 am
- UV light the N95 mask for decontamination – bought a towel warmer with UV light
- Label set of N95 masks Mon, Tue, Wed etc., for decontamination and reuse

Independent Emergency Physician Groups In The Time Of COVID

Scripps Mercy San Diego Emergency Department professionals 3.19.20

IEPC represents independent emergency physician groups that collaborate to promote and protect their unique business model. The coronavirus pandemic has posed both benefits and challenges for our members. The most prominent benefit of independent practice was the ability to advocate for the doctors and ED staff. Very early on in the pandemic, the Berkeley group set up two areas outside the doors of the ED: one for patients with cough and cold symptoms, and one for those without. The Scripps Mercy group bought their own visors, hand disinfectant, Tyvek suits, and patient covers for intubations. They insisted on masks for both staff and patients. At Providence, telehealth was set up in the ED and at home for follow up visits.

The American College of Emergency Physicians urgently fought for the rights of emergency physicians to wear and bring their own protective equipment to the hospital. Fortunately, this was not an issue for IEPC physicians. We do not have the constraints of an employee of a hospital or corporations. We can wear what we want and buy what we need to protect ourselves. Hospital relationships are crucial, and our long-established relationships allowed for successful advocacy both for ourselves, the staff, and our patients.

The challenges for IEPC groups, along with many ED groups, have been financial. ED volume was down up to 50% meaning cuts in shifts and in pay. Efficiency is down because it takes more time to disinfect between each patient, each computer, and donning and doffing. IEPC groups have less of a financial cushion than a large corporation, but we also have less expenses and overhead. We thank ACEP for advocating for hazard pay and financial stability of our practice.

Paycheck Protection Program

A gift or a bomb in the birthday cake?

Cassie Chinn, MAJ
IEPC Communications Director

Our nation's small businesses are facing an unprecedented economic disruption due to the Coronavirus (COVID-19) outbreak. Healthcare facilities, including Emergency Departments, are seeing this as acutely as many other sectors of the economy. On Friday, March 27, 2020, the President signed into law the CARES Act, which contains $376 billion in relief for American workers and small businesses. For some, this aid package came as a relief, in the form of the Small Business Association Disaster Relief funding but for others, the funds, either requested or not, delivered more headache than help.

We spoke with two IEPC Emergency Physicians, the first who put the federal aid money to use with the Paycheck Protection Program (PPP) and the other who opted for internal restructuring to weather the crisis.

IEPC: How were you directly impacted by COVID-19 at your hospital? Uptick or downturn in

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admission? Precautions taken, PPE shortages, C19 positive staff, etc.

IEPC Group A: We have experienced an approximate 40% decrease in Emergency Dept. volume as a direct result of COVID-19. All routine non-emergent surgeries and procedures were canceled. Primary Care Physicians cautioned their patients not to go to the ED if possible. I have heard from many patients that have eventually come into the ED that they put off coming in because of being scared of the virus.

IEPC Group B: Volumes at both (network) hospitals were down by over 50%. Acuity of remaining patients has gone up slightly but not nearly enough to compensate revenue loss created by the volume vacuum. STEMI, STROKE, Trauma volume (have) all been affected negatively.

Overall (there have been) fewer admissions in terms of absolute number however this turns out to be a relatively higher number when compared to daily census. Obviously most admissions have been respiratory in nature.

IEPC Group A: Tents were erected early on to see the mildly symptomatic & "worried well" patients. An entire ED pod was made negative pressure to become a "COVID pod" for the sicker patients. As much as possible, histories were obtained by phone prior to entering the patients' rooms if COVID was highly suspected. Full PPE worn with symptomatic COVID suspected patients. Masks, gloves and face shields are worn with all patients & masks at all times in the ED.

Hand sanitizer was a clear shortage early on. Our ED group had hand sanitizer donated to our group by a local company. Our ED group also purchased enough heavy duty facial shields/helmets for our group and got many other lighter-weight face shields donated. Our group also purchased higher quality water-proof Tyvek suits for PPE as these were not provided by the hospital. The thin yellow PPE gowns were provided by the hospital. Regular surgical masks are handed out at the beginning of the shift and expected to be worn for the entire shift unless obviously soiled.

Dr. Julian Lis. His IEPC group bought their own PPE protection and disinfectants.

One part-time physician and two of our nursing staff have to my knowledge tested positive for Covid-19.

IEPC: What precautions have been taken to address PPE shortages, C19 positive staff, etc.

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IEPC Group B: At both facilities, PPE was easily available- masks, gowns, face shields, hand sanitizer. We felt no obvious effects of shortage and staff are diligent not to waste for fear of a future shortage. Lack of shortage probably related to lower volume, in all honesty. Of 25 ED MD's no one became ill with the virus. Of perhaps 50 RN's/ techs only one has taken ill so far. There have been two hospitalists and several med/surg nurses taken ill.

IEPC: Did you keep the federal money or did you return it? Why?

IEPC Group A: I am only addressing the SBA-PPP Loan. We applied for it and received it. The only "string" attached is that we must show that we will use 75% of the loan for employee salaries & payroll benefits in the 8 weeks following the funding of the loan. If we do that, then the entire loan is forgivable. If we can't do that, then the percentage of the loan that is determined not to be forgivable will have to be paid back with 2 years to pay it back and an interest rate of 1%, so yes, of course, we kept the money that we applied for.

IEPC Group B: Medicare money kept due to not much balance billing of our inner-city clientele.

IEPC: If you kept the funding, how has it helped you?

IEPC Group A: This loan money will help us to maintain our employee salaries & benefits without any cuts and at least a minimum salary to our group MD's when we start to see the decrease in accounts receivable that will accompany a 40% decrease in volume over the next few months.

IEPC: If you did NOT keep the funding, what financial strategies have you implemented in its place?

IEPC Group B: Flex, flex and flex off some more. We decreased from 5 MD shifts per day to 4 MD shifts per day and additionally, if it wasn't too busy we allowed the next doctor to come in later to prevent double coverage as volume was satisfactory for single coverage up to a point.

IEPC: If I may ask you to speculate, given the pandemic, and the federal government's response with this aid package, what does your Emergency Department look like in six months? A year?

IEPC Group A: It would be pure speculation to try to predict what may happen in the upcoming months. But, based on the decreases we've seen and the fact that medical payments can lag the actual ED visits by 2-3 months, we expect to see a significant decrease in accounts receivable over the next 6 months. There may be a some continued decrease permanently due to local clinics & primary care physicians beginning to learn how to utilize telemedicine with their patients.

IEPC Group B: As society starts to open up and elective surgery has started again, volume is slowly picking up. I emphasize slowly. It will continue to improve up to the point where telehealth took a bite out of our volume. People are probably now comfortable with telehealth and those enabled and tech savvy individuals will continue to use it to avoid an ED visit. ED volume will never come back to pre-COVID levels due to telehealth siphoning off lower acuity patients. In reality, that is fine with me because I prefer low volume and high acuity rather than high volume and low acuity.

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PAYCHECK PROTECTION PROGRAM

SBA

Congratulations to Newly Elected California ACEP Board Members

American College of Emergency Physicians®

Dr. Valerie Norton, President of Pacific Emergency Providers at Scripps Mercy in San Diego and Dr. Michael Gertz, emergency physician at Antelope Valley were both re-elected to the California Chapter of the American College Emergency Physician. Both physicians are founding members of IEPC and understand the needs of emergency medicine small business owners. IEPC congratulates them and very much appreciates their advocacy on behalf of emergency physicians and patients.

Emergency Medicine National Leadership

IEPC has been following other national emergency medicine leadership organizations to advocate and learn about financial stability of our independent business groups.

ACEP, American College of Emergency Physicians

EDPMA, Emergency Department Practice Management Association

EMBC, Emergency Medicine Business Coalition

Tax Accountant Addresses IEPC

On April 24, 2020 tax accountant, Brent Walls addressed IEPC regarding various COVID-related financial considerations including the Paycheck Protection Program and CMS loans.

Labor Attorney Addresses IEPC

On May 25, Labor Attorney, Kelly Scott addressed IEPC that included adherence to labor laws for nurse practitioners, physician assistants, part time employees, full time employees, required signage, unions, and workman compensation claims. You can view Kelly Scott's **web site and blogs**.

Continuing Medical Education Tip

Accreditation Council for Continuing Medical Education

learn well

You may have spent hours learning about COVID, treatment, testing, antibodies, donning, doffing, PPE, etc. You deserve CME credit for that learning. See instructions from ACCME on how to claim CME credit for all that learning. Visit **ACCME.org** for more info.

Have an idea for an upcoming IEPC guest speaker or topic? Interested in contributing an article for an upcoming issue of the IEPC newsletter? Email admin@iepc.org

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