# PRACTICING DURING A PANDEMIC

## How has COVID-19 impacted dermatologists and their patients?

## Feature

**By Emily Margosian, assistant editor, May 1, 2021**

While the ongoing national vaccine rollout has offered a glimmer of light at the end of the tunnel, COVID-19 isn't over yet. More than a year has passed since the first COVID-related shutdowns began affecting daily life in the United States, and many dermatology practices are still operating through profound changes caused by the pandemic. Dermatologists have had to face difficult financial decisions, adopt telemedicine nearly overnight, and navigate evolving public health guidelines to keep patients and staff safe.

This month, *DermWorld* speaks with dermatologists across the country from different practice settings about how COVID has impacted their daily operations, the challenges they've faced, and their predictions on what changes will persist after COVID-19.

## Infection control and patient safety measures

While businesses across the country shuttered in the spring of 2020, medical practices had to quickly adapt in order to safely provide care to patients. Many visits now begin at the appointment pre-screen. “Like most clinics, all of our patients are screened prior to their visit and during check-in. They all get a phone reminder asking if they have symptoms. The same thing happens when they come into the office, and we are doing temperature checks for everyone who comes in,” said Sara Perkins, MD, assistant professor at Yale University School of Medicine.

Robert Buka, MD, JD, founder of The Dermatology Specialists in New York City, has also implemented a standard patient questionnaire about recent out-of-state or foreign travel and the presence of COVID-related symptoms. “These are all things that have become second nature for the practice,” he said. “Even simple steps, like a temperature check upon arrival — which doesn’t rule-in or rule-out infection — helps patients feel better and reassures providers as well. We’re learning; there’s some trial and error as we roll out steps for the first time.”

Many offices have also implemented new patient flow strategies during check-in or longer procedures to reduce time spent in a waiting room. “For example, during photodynamic therapy, we used to have patients wait in the office during their incubation time between application of the aminolevulinic acid hydrochloride and when they would sit underneath the light. Now we allow them to go home or sit in their car, and obviously we review critical sun protection with them during that time,” said Dr. Perkins. “It avoids taking up a room and prevents another person from sitting in the waiting room. In our Mohs unit, we also used to have a communal waiting room with pastries and coffee. Our Mohs director jokes that he’s no longer in the catering business, and now we have patients wait in the exam room between stages to avoid anyone congregating in a communal space.”

## Changes to the physical office space

Many dermatology practices have undergone a transformation of their physical layout in order to meet the safety demands of the COVID era. “There were a lot of things we had to do to make the office safe for both staff and patients,” said Alexander Gross, MD, a dermatologist in solo practice in Cumming, Georgia. “We took the majority of the chairs out of our waiting room and made sure those that remained were six feet apart so people could stay socially distanced. The International Sheet Metal Workers Union also donated some plexiglass windows for our front office so the staff who do intake and check-out were separated from patients. We started taking everybody’s temperatures — both patients and staff.”

Dr. Buka’s practice has also had to re-engineer its use of waiting rooms due to the physical constraints posed by some of their locations. “In one of our smaller offices, where the waiting room just can’t hold more than 10 people, we spaced out appointments a bit further,” he said. “In our offices with larger waiting rooms, we distance patients every fourth seat, and bring folks back to exam rooms much faster.”

Dr. Buka's practice has also implemented a touchless sign-in process with plexiglass front-desk partitions and sign-in kiosks that are sanitized after each patient use. "These are newer interventions in terms of how we practice," he said. "Once you've got patient and provider back in an exam room, you now only need two people to be either COVID-negative or vaccinated. The waiting room, on the other hand, is a high-touch area where our best initiatives are focused."

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**Anti-maskers: Dealing with patients who resist COVID safety measures**

Despite public health guidelines advocating for the use of face masks in public during COVID, a vocal minority has resisted their implementation. While the media has occasionally picked up reports of public confrontations in businesses enforcing mask policy, patient reactions to COVID safety measures have been mostly positive, dermatologists say.

"We thankfully did not have any instances where a patient refused to wear a mask," said Dr. Buka. "New Yorkers were rolling with it. Anything we implemented, patients knew we were doing so for their safety and that of our staff."

Patient pushback has fortunately been rare, agreed Dr. Chung. "Every few weeks we'll get a patient who is upset because we ask them to put on a mask. We don't apologize; we stick with it. Those are the exceptions. The vast majority of our patients are wonderful, reasonable people who understand that this is a pandemic, and we are simply following the rules."

When patients refuse to comply with safety protocols, physicians have several options to choose from. "We have a couple of practitioners in our office who are doing telehealth visits, so we offer that as an option. We would never refuse to provide care, but patients also have to realize we're under a mandate to follow our county's guidelines," said Sara Dill, MD, in this month's Answers in Practice column.

"We have a duty to protect other people and our staff. If someone is not wearing a mask, we have amazing front desk staff who explain that we're unable to see them in person, and they can set up a telehealth visit with one of our providers. Otherwise, we can offer to refer them to another office, although I don't think anyone is seeing patients without masking right now."

## Patient volume

Due to the initial adjustment period at the pandemic's onset, followed by an ongoing ebb and flow of shutdowns since, many practices have experienced fluctuations in their patient volume over the past year and a half. Prior to COVID-19, Dr. Gross's practice saw approximately 100 patients per week. By early COVID, they were seeing no more than 10. "We were limiting patients at that time to urgent and emergent care. Mainly people with infections or wounds. The overwhelming majority of patients we normally see had to be postponed," he said. "That went on for five weeks. Although Georgia was one of the first states to re-open, it probably took us three months to get close to our original patient volume. Our cancellation and no-show rates are still very high. There are some days where as many as 20% of patients who are scheduled will either cancel or not show up.

We anticipate that will fade as more people become vaccinated and feel safer about in-person visits. I honestly can't blame people for wanting to protect themselves or still being concerned about going out in public."

In 2020, many residents fled the downtown districts of major U.S. cities, opting to quarantine with more square footage. Dr. Buka has observed some correlation between the COVID population shift and patient volume at some of his practice's locations. "In June, we fully opened back up again, and patients felt increasingly comfortable leaving their apartments. We were at about 120% of our pre-COVID volume, because folks had missed their appointments in April and May and wanted to catch up, so we observed a big bump," he said. "There's been an interesting bifurcation, however: an influx of patients from the boroughs, like Brooklyn and Queens, while things remain slightly slower in Manhattan. A lot of New Yorkers have moved out of the City and have yet to come back."

Not all practices scaled back in 2020, however. "I think we're back to about 80% of what our pre-COVID volume was," said Vinh Chung, MD, a dermatologist in group practice in Colorado Springs. While many practices have experienced closures due to dips in patient volume, Dr. Chung's office has expanded during COVID. "We actually opened up a sixth office in the midst of all of this, and are looking at adding two more next year," he said. "These are decisions that were put in place before COVID happened, and we decided to move forward because we are thinking long-term. When shutdowns happen, it's easy to be scared, but we are offering a valuable service as a medical office. Everyone needs dermatology care. We take care of skin cancers, which will not slow down. Regardless of the constraints we have gone through, we will re-emerge eventually and continue to take care of our community."

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**COVID's impact on dermatology practice**

An October 2020 study in the *International Journal of Women's Dermatology* took a look at the immediate impact of COVID-19 on dermatology practice. Survey results from the study showed a decrease in hospital services, in-person consultations, and procedures, while the use of teledermatology sharply increased.

Prior to the pandemic, only 14.9% of surveyed dermatologists reported seeing less than 50 patients per week. However, 62.9% reported seeing less than 20 patients per week during COVID — a significant drop in patient load.

Procedures were also greatly reduced during COVID. While the plurality of dermatologists surveyed (43.7%) reported that they performed between 21-40 procedures per week prior to COVID, only roughly a quarter (25.6%) continued to perform procedures at all during COVID. Of those performing procedures during the pandemic, the most common types included biopsy (82.4%), Mohs surgery (32.4%), and cryotherapy (28.2%).

See below for a comparison of dermatologic care delivery before and during COVID.

**Face-to face consultations only:**

- Before COVID: 73%
- After COVID: 9.3%

**Telederm consultations only:**

- Before COVID: 0%
- After COVID: 37.8%

**Face-to-face and telederm:**

- Before COVID: 26.1%
- After COVID: 37.3%

## Scheduling changes

COVID has also imposed new changes on many practices' scheduling policies. Some have placed caps on the number of patients seen to avoid a high volume of people physically present in the office. Others have implemented longer workdays to stagger more time between patient visits to avoid back-ups and allow for full sanitization of exam rooms.

"We now have evening hours, which we added during COVID," said Dr. Chung. "We've also made some adjustments due to childcare issues with our providers because of school being in flux."

Within the Yale system, COVID has also produced more flexibility to schedule visits for shorter durations. "Initially we were staggering appointment times to minimize the number of people sitting in the waiting room. Now we're mostly back to our pre-COVID schedules," said Dr. Perkins. "The biggest change is that we used to double-book. If we needed to add a patient, the default was, 'Ok, just put them also at 9:45.' Now we've changed templates to do 10-minute visits rather than 15 or add in a few five-minute visits for things you know are relatively quick. We've moved away from the standard of giving everybody a 15-minute slot and just doubling up when needed, to having a more flexible template where everyone has a slot, and the slots vary in time. It's helped flow-wise and keeps us more uniformly on time throughout the day."

## Personnel changes

Staff are the backbone of any practice, and COVID has put significant pressure on both staff and their employers from an economic and safety standpoint.

Some practices have explored remote work as a way to reduce staff physically present in the office and cut down on potential viral exposures. This solution has its limits, however, depending on the staff member's role within the practice. "We had medical assistants — whose entire role is patient-facing — ask to work from home, and that was hard, because I don't have much for medical assistants to do in a telederm environment," said Dr. Buka. "It really was role-specific. Even our office managers really couldn't work remotely within their job description. Where we could, we tweaked job descriptions, and moved staff to an area where they could work remotely.

In instances that were more intuitive, like our billing or coding personnel, absolutely: stay home, log in, and do all your work that way."

Dr. Chung's practice also allowed non-clinical staff to work from home. "We utilize remote staffing to the extent that we can. Basically, if you aren't patient-facing, then you're working from home, which is something we're continuing to do even today," he said. "It's only a temporary substitute, because there is so much value in physically being in the same space with your teammates."

**Dialing in**

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*DermWorld* talks to Kerry Lavigne, MD — from Rockport, Maine — about how her practice utilized remote staffing during COVID-19. Read more.

Practices may also experience unexpected absences or fluctuations in staff due to COVID infection or self-quarantine following possible exposure. If a staff member does become infected, practices should consult CDC guidelines on when infected staff may return to work, as well as with their attorney, office manager, or representative responsible for HR concerns, for guidance on leave and benefits available to eligible employees.

While the culture in medicine regarding coming to work sick has historically been lax (see responses for *DermWorld*'s January 2019 Water Cooler column, "How ill do you need to be to take a sick day?", COVID has radically reset those norms in many workplaces. "I feel we have a much greater and healthier respect for contagious diseases, from simple colds to COVID," said Dr. Chung.

Unfortunately, there have also been widespread cuts in staff due to the financial impact of COVID. According to a May 2020 Commonwealth Fund report, dermatology is reportedly among one of the hardest-hit specialties, among other "surgical and procedural specialties and pediatrics."

The financial impact of the immediate shutdown was a challenge Dr. Buka's practice had to navigate. "I think we were more broadly hit because of our size, which at the time included 20 offices and 225 employees. We had a lot of administrative mouths to feed and corporate expenses that we did not have when we were a much smaller practice," he said. "At the pandemic's height, we had five offices open out of 20, so we offered as many working hours as we could, despite low patient census. Because of the excellent morale we built prior to COVID, most of our team stuck it out and understood we were all going through it together. When we came back fully after four or five months, just a few support staff members had understandably moved on."

Due to a 90% reduction in patient volume during the early days of the pandemic, Dr. Gross also had to impose temporary reductions on staff. "I ended up having to furlough 13 of my 19 employees. I've been in private practice now for 31 years, and I have employees who have been with me for 10 years. These people are my family, and I let them know at the very beginning that

we were going to take care of them, and make sure that neither they nor their families suffered," he said. "We got our stimulus checks from the government and that was very helpful. Then we got a Paycheck Protection Program (PPP) loan. We continued to pay for their medical insurance even while they were furloughed and made sure that all of their benefits remained in place. We got them unemployment through the state. When we were able to reopen, we brought all of our staff back."

**Paycheck protection program (PPP) loan forgiveness 101**

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Alexander Gross, MD, and Joanne Gross, from Cumming, Georgia, discuss their successful attempts to obtain PPP loan forgiveness. Read more.

## Changes in health care delivery: The rise of telemedicine

## COVID silver linings

While COVID has left immeasurable loss in its wake for many, crisis has historically played a role as a catalyst for change. For Dr. Perkins, health care's rapid adoption of telemedicine proved the profession to be nimbler than perhaps suspected, while paving the way for more accessible modes of health care delivery. "Being pushed to embrace or at least get familiarized with telemedicine is the biggest silver lining, I think. We made really tremendous strides in adoption that would not have happened if our hands weren't otherwise forced," she said. "There are certainly a lot of areas of frustration with telemedicine, but there are also a lot of opportunities to enhance or optimize the process. A lot of practicing dermatologists weren't very involved with telemedicine before, and now many of us are. I think that's actually a very good thing for patients."

According to Dr. Buka, the crisis has in some ways reinvigorated the physician-patient relationship. "One enhancement to arise from the pandemic is improved contact with our patients. Historically, we might only reach out once a year with a skin cancer screening reminder. Now, we're in contact more often. I think it was important to let patients know that, throughout the pandemic, our practice The Dermatology Specialists is a stable medical presence, and we will find a way for you to get your skin care. COVID helped us fine-tune that patient connection," he said.

## What will carry on after COVID?

While the ongoing rollout of new vaccines offers a glimpse at life after COVID, certain behaviors are likely to persist as "the new normal" after the pandemic is under control. "I could certainly see masks sticking around, especially during cold, flu, and what may become COVID season," said Dr. Perkins. "Personally, in my own practice, I was the person who didn't wear gloves for the entirety of a total body skin exam. I felt like I needed to feel the texture of AKs.

Now I obviously wear gloves for the entire duration of the visit, start to finish, and I do think that's something I'll continue to do even after the pandemic."

Dr. Chung agrees that masking in particular is likely to stick around after COVID. "Going forward, during flu season for example, I would not be surprised if there will be new policy for staff and patients to wear a mask if they are going to come in," he said.

Certainly, we all are much less likely to go to work sick in the future — especially if that workplace is a medical practice. "Moving forward, if we have a staff member who's not feeling well, it doesn't matter what's bothering them, we're going to make them stay home," said Dr. Gross. "If you've got a cold or the flu, we don't want you in the office spreading it around. I think we will be much more cognizant of our own health and our employees' health going forward."