

Physician leader: Patients must know about efforts to keep them safe

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Strict safety measures and resourcefulness helped keep a large Virginia group practice open during the COVID-19 pandemic, now the key is to make sure patients know about these efforts.

An ability to improvise also helped as the organization found itself in situations it had never experienced before, said Thomas Eppes, MD, president of Central Virginia Family Physicians, a Privia Medical Group Practice with seven offices and three immediate care centers.

“We never completely closed down,” said Dr. Eppes, a member of the AMA House of Delegates and past chair of the AMA’s Integrated Physician Practice Section. “What we realized from the beginning is that there are innumerable illnesses and conditions that have to be addressed on an ongoing basis.”

Two other factors affected the decision: Total closure could have gone on indefinitely and would have meant the postponement of so many services that the practice could have been overwhelmed upon reopening—whenever it occurred.

“It was clearly a moving target,” Dr. Eppes said. “Nobody knew.”

Dr. Eppes recently appeared on a *Perspectives with the AMA* podcast series to discuss how his practice continued caring for patients and kept financially afloat amid the COVID-19 pandemic. The podcast reviewed the AMA’s guidance for reopening practices during the pandemic and how some practices have begun to reopen. Other expert panelists are Carol Vargo from the AMA and Michigan pediatrician Sheryl Hirsch, MD.

Dr. Eppes credits Privia’s assistance in getting the group through the crisis. An AMA Health System Program Partner, Privia compiled useful guidance from the AMA and others sources to help physicians manage their practices.

An AMA checklist has been developed to help physicians manage the safe reopening of their practices.

Dr. Eppes also credits Privia for putting together information to share with patients, procuring PPE, and facilitating the growing use of telehealth. Read about how Privia lets doctors be doctors.

Providing patients assurance of safety

The state of Virginia has had 46,900 people test positive for COVID-19, with almost 4,900 hospitalized and more than 1,400 dying from the disease, as of June 3. Lynchburg, however, has not seen a surge. The city has recorded 80 cases, six hospitalizations, and one death. In the four surrounding counties that make up the Lynchburg Metropolitan Statistical Area, there have been a total 138 cases, 10 hospitalizations, and three deaths.

Dr. Eppes believes Central Virginia Family Physicians' strategies for keeping patients and staff safe were well executed and effective. But, if there was one thing he could do over, it would be to amplify that message more.

"Looking back at where we were, we might have done a better job of telling people our offices are safe," Dr. Eppes said. "I think that's the big thing: Patients need to be reassured that not only are you going to take care of them, but you're going to take care of them in the best venue possible."

The AMA has also created a physician's guide to COVID-19, which features resources on how to optimize the supply of PPE.

- The triage system Central Virginia Family Physicians implemented has four goals:
- Reassuring patients that they were coming to a safe place.
- Making sure patients were seen in the most appropriate setting.
- Keeping the staff healthy.
- Keeping the physicians healthy.

Patients who call and say they have a cough, fever or have travelled to a COVID-19 hot spot area are directed to an immediate care center designated for "sick" walk-in patients staffed by clinicians with the appropriate PPE.

Physician offices are maintained as "well" spaces. Before patients enter, they have their temperatures taken and answer a screening questionnaire.

The process usually results in one or two patients a week sent to a "sick" facility for testing.

Daily telehealth visits jump from 120 to 5,000

“Privia has done a marvelous job,” Dr. Eppes said regarding the quick ramping up of telehealth, which grew from 120 visits a day at the start of March to 5,000 a day in the organization’s Mid Atlantic Region by the end of the month. This was accomplished by embedding the technology in physicians’ electronic health records and boosting capacity so the system wouldn’t be overwhelmed by the gigantic new demand.

“Probably the biggest users have been our walk-in centers because people want to know if they need to come in or not,” he said.

The use of telehealth, just like other safety measures, will continue into the foreseeable future.

“COVID-19 is going to be around for a while and we know that,” Dr. Eppes said. “And I hate wearing an N95 mask, but guess what? It doesn’t fog up my glasses as much as some of the others do. So, I’ll just live with it the best I can, because I want to keep myself healthy, my patients healthy, my family healthy—all the way around.”

For physicians looking to expedite telehealth implementation during the pandemic, the AMA created this quick guide to telemedicine in practice.

On a personal level, Dr. Eppes said that, now that he’s seeing fewer patients, he gets to spend more time with them.

“I find that to be extremely fulfilling and I’ve had patients remark how nice it was to not feel rushed,” he said. “If there was a way to bag that and keep it that way, I would love to do it.”

In addition to his involvement with the AMA, Dr. Eppes is also active with the American Medical Group Association and the Medical Society of Virginia—or at least he was. Along with the suspension of the 2020 AMA Annual Meeting in Chicago, several other meetings Dr. Eppes normally attends have been cancelled.

“So, I’ve read more books than I have in a long time—and that’s a healthy thing to do,” he said.