Tips and tools to help keep your private practice open during COVID-19

Watch the AMA's COVID-19 Update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger discusses ways physicians in private practice can address continued challenges posed by the pandemic and what the AMA is doing to help with AMA Director of Physician Practice Sustainability Carol Vargo.

For more resources, access A Physician Guide to Keeping Your Practice Open During the Ongoing COVID-19 Pandemic and stay updated with the AMA COVID-19 resource center.

Speaker

- Carol Vargo, AMA director of physician practice sustainability

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we're joined by AMA's Director of Physician Practice Sustainability Carol Vargo, who'll be sharing the ways that physicians in private practice can address continuing challenges that are posed by the pandemic and what the AMA can do to help.

I'm Todd Unger, the AMA's chief experience officer, in Chicago. Carol, thanks so much for joining us. It's been two long years and a huge challenge for all physicians, and particularly those in private practice, some of whom have had to close their doors. I'd like to start off by just talking briefly about what you're hearing from the physicians in private practice right now. Are they struggling like they were early in the pandemic or is the situation improving, maybe with some new challenges?
Vargo: Thank you, Todd, and thanks so much for having me today to talk about this work because as you noted, during COVID, private practice physicians in particular really felt more of the brunt of the uncertainty, the immediacy, the unknown at the time. I would say the challenges that they faced at that time were crisis mode, very little known about COVID, very little known about treatments and obviously dealing with office shutdowns, and as you noted, severe disruption in the ability to provide care to their patients, as well as severe disruption to their business operations. Clearly, a very stressful last two years.

What we are now seeing is continued struggles but different. Those are because we have been in two long years and we're emerging but like many of us, there are challenges that have come with these two long years. I would say the most top of mind, largest challenges right now are burnout, which we know were at record levels for physicians prior to the pandemic but we are now in a situation where for two years physicians have worked tirelessly and not just physicians but their care teams, their administrative staff, dealing with these uncertainties and unknowns, and then dealing with a rush of patients coming in who are probably more severely ill than they were before. Burnout is at record highs, we know this.

Then attendant to that is this issue of staffing shortages, which is at a crisis level right now. That is due to a variety of factors but clearly burnout is one of them, but also, just like many us outside of physician practices, individuals are making life changes, they're seeking other opportunities. The goal for us to help physicians, particularly those in private practice right now, is to give them some immediate tips that they can implement, immediate strategies they can implement to address and acknowledge the burnout and staffing shortages, because I think, and I know you know this, so often physicians, particularly those in private practices, feel like they have to do it all on their own and this is a moment where you can't.

Unger: Obviously, the great resignation, these kind of shortages that are really pervasive in this, hopefully, post-pandemic environment but I don't though think many people think about them affecting say a private practice. What is happening? You mentioned burnout as a cause there. What's driving these?

Vargo: Well, I think if you think about physician private practices, they're small businesses. It's very hard for them to stay competitive, just like many small businesses in this environment. Finding staff and retaining staff has been and is even more of a challenge right now. What we've tried to do is help physicians think about new tips and strategies to do that. What we're also trying to do is help physicians and their care teams acknowledge and say, "Yes, we're burned out. What can we do? What can we step back and think about?" because the situation's not going to get better. We need to think differently and think more efficiently about what we're doing so that we can make longer term improvements for both the care team, as well as patients seeking care.

Unger: It's like we need a recovery plan for the folks who helped us recover here.
Vargo: Exactly.

Unger: As part of that, I mean, during the pandemic, you’ve been hard at work on this, had a guide developed to help physicians navigate the pandemic. You’ve now updated that guide to address these new challenges that you’ve named, like staffing shortages and burnouts. Let’s talk a little bit more about this new resource.

Vargo: Would love to. It is called "Keeping Your Practice Open During the Ongoing COVID-19 Pandemic." This is an update of a resource that we launched at the very beginning. Many of those challenges are new, like you noted, so we have updated it with new tips and strategies. One is allowing physicians and their care teams to say, "We're burned out. How can we address this?" We provide some steps and some links to resources through our Steps Forward platform that is open source, of course, around how physicians in the care team can eliminate certain things that they may be doing in their day that they shouldn't be doing. Just saving time, 15 minutes a day adds up. We have a de-implementation checklist that this resource links to, that will give physicians some confidence that, "We're doing this right now, we shouldn't really be doing it. Let's just cut the—"

Unger: De-implementation is just taking things out of the equation, is that what you mean by that?

Vargo: Taking out of the equation. There are things that you may think you need to do but you really don't need to do in order to be delivering more effective care.

Unger: Do you have a sense of what one of those top ones might be?

Vargo: Sure. There's a lot of what we call stupid stuff, right?

Unger: Is that the technical medical term?

Vargo: That is the technical medical term. I'm medical doctor, so I'm probably allowed to use it. We have a guide about how to take away some of the stupid stuff. It may be as simple as you're being inefficient in how you're handling your pre-visit planning and so are there some tips and strategies? One thing we do, do is link to what I think has been very helpful, it's just a script that your admin staff can take and read when you have a pre-screening visit for your patients coming into your office. Just having that script in front of you takes away some of the heavy lift of having to address all these key issues that are coming in when you're getting these incoming calls. It's easy things like that, I think—

Unger: What I—

Vargo: Go ahead.

Unger: Yeah. What I love about your resource, it's very specific. This is not hypothetical, it's been tested in the real world. I just encourage everyone to go and take a look at this and download this. You

Copyright 1995 - 2021 American Medical Association. All rights reserved.
can find it at ama-assn.org/keeppracticeopenguide or you can click on the link that's in the episode description, so many resources.

Carol, talk a little bit about specific around tackling this major issue you identified, staffing shortages.

**Vargo:** Absolutely. One thing we have created, because I think a lot of practices don't think about it, is how do you remain competitive in this post-COVID world? For example, work from home. Many physician offices haven't really embraced the notion that some of your staff may not need to come into the office every day. We've created a how-to guide on how to implement work-from-home strategies in your office. There's some key considerations that are different for physician offices than others, for example, privacy, because you're dealing with personal medical information. We provide an outline in this linked resource that talks about that and key considerations.

I think being competitive is so important for small practices because you are a business and you're operating in an environment where people on your team may be looking for other opportunities, so anything you can do to help them want to continue to work in the office, whether it be flexibility and other implementation in your office to make it more efficient so they're not feeling so overwhelmed, I think is really important for physician practices to consider right now.

**Unger:** These sound vaguely like a lot of the things that I'm looking at for our own operation here at the AMA.

**Vargo:** Exactly.

**Unger:** And that many of my friends and peers are doing the same at companies across the states right now.

**Vargo:** I think it's really important to realize that physician offices don't operate in a vacuum, they're operating in their own communities. All of these stressors we're all feeling are the same for physicians but I would argue even much more just because that they are trying to take care of really sick people right now. We just have to acknowledge that. I think a big thing is as physicians feel like they shouldn't be able to acknowledge that. I think what we're really trying to do is give them permission to do so.

**Unger:** I'm sure one of the many exhausting things is just the surge after surge and the attendant changes in procedures and protocols to make sure that both patients and staff are safe. Talk a little bit about what your approach and guidance is in this realm.

**Vargo:** Right. Well, I think the guidance remains the same that it always has, in terms of providing a safe environment for your patients but they are elevated. Now we know, and I think after two years we've gotten better at this but there are masking protocols. While we know that many communities are lifting those masking protocols, the physician in the office environment is different in the sense that...
there are potentially maybe sicker people, immunocompromised patients coming in. We do provide physicians the latest links to the guidance around masking in their own community but then also let them know that it is entirely appropriate for them to continue to require masks in their office. I think that one benefit of these small private practices is that they do have some flexibility in terms of how they want to implement changes in their office. I think, again, you have to work with your team and you have to understand your patient population to really understand the comfort level around some of these safety protocols.

Some of these protocols also are just good practice in general, whether they be separate waiting rooms for severely ill patients and then those just coming in for regular checkups, there’s also some ideas around patient flow, how to organize your appointments just so that you don’t have a mix of potentially all ill patients in at the same time. It’s tips and strategies that I think that physician practices, particularly small ones, are pretty adept at putting into place.

Another new one that I think that we’re all recognizing is vaccinations. Many practices are struggling with spending extra time counseling their patients around vaccination. We know that we still have a large portion of Americans who have not yet been vaccinated and this is an ongoing, I think, activity for physicians. We link to talk to your patients about vaccine status. I think that’s helpful for them. Also, talk to your staff—

**Unger:** Have that just for their own staff.

**Vargo:** Staff.

**Unger:** Yeah, I was going to say, what’s the—

**Vargo:** Well, we know that there were many mandates and requirements in health care settings that health care professionals be vaccinated, and the AMA supports that a hundred percent and has called for that because of the importance of vaccines in reducing the illness and death related to COVID but there are some unique conditions and unique circumstances for your staff who may be concerned for a variety of reasons. We know what some of those reasons are. While the AMA has strongly argued that, ethically, it is important to speak to your staff, speak to your patients about being vaccinated, implementing a vaccine requirement in a small office can be challenging and it can be a struggle.

We are letting small practices know that they should have conversations with their staff to decide, because clearly, if you’re facing a staffing shortage and you feel like you have key staff who are uncomfortable being vaccinated, we’ve had physician practices call us and say, "Do I have to let them go?" I think these are some really thorny, on-the-ground, community-level issues that private practices need to struggle with. We give them some guidance, we connect them with our ethical guidelines but it is something that physician practices in small communities really do need to think about carefully.
Unger: Well, kind of last topic and along those same lines, I think we've learned in this pandemic that there's the science part and then there's the communication part, both equally important.

Vargo: Absolutely.

Unger: Many places have had to take different measures and physician offices are not like every other place. What kind of guidelines do you provide for that kind of communication between physician and patients on precautions and safety protocols?

Vargo: We link to some key guides about how to speak with your patients about it. I think the most important thing, and again, this gets back to any great communication strategy, which you know, Todd, is articulate it up front, be very clear. You can post your office procedures, we also encourage staff, when calling ahead or scheduling patients, to articulate those requirements very clearly, and again, our script that we provide allows them to do that. It's an easy downloadable, just put it in front of your admin staff so that there's no failure of clear communication.

I think also we recommend and we've always suggested this, that there be huddles just among the physician care team, whether you want to do daily or every other day, just so everybody is clear about what's in front of them that day and everyone's clear about the strategies. Sometimes, and it is counterintuitive, you're a very busy practice but taking an extra 30 minutes or maybe even an hour on a weekly basis or whatever works for you, to step back and really think through some of the strategies, that could save you a lot more time in the long run. Those 30 minutes could add up and save you hours each week. It also, I think, can lead to better morale around your care team. I think as we all know, and we have that experience when we go into a physician office, physicians can sense when there is a high functioning, high morale team that they're receiving their care from. I think that's very, very important to come in these really challenging times.

Unger: Well, Carol, thanks so much for being with us here today. It sounds like there are a lot of practical tips to save physician offices a lot of time and think about how to move forward in this, hopefully, post-pandemic future that we've got ahead of us. Again, download the guide at ama-assn.org/keeppracticeopenguide or click on the link in this episode description, take a look at it. We'll be soon back with another COVID-19 Update. Thanks for joining us today. Please take care.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.