

How COVID-19 Has Impacted My Practice and Our Ability to Practice Medicine

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Our practice had a head start. We were blessed to have developed a pandemic box years prior, considering the potential impact of Ebola and SARS-1. And yes, it was literally ONE box, but this one box saved us in those early weeks, enabling us to continue seeing patients.

We had a learning curve. My staff and I became religious in attending MDH COVID updates and listening to This Week In Virology (TWIV) podcast. We quickly educated ourselves about COVID.

Roles expanded for many office staff. Many nonclinical personnel took on additional temporary roles as scribes, entrance monitors, temperature checkers, parking lot managers, and vaccine testers.

Practice income diversified. During the first several months of the pandemic, we saw patient volume drop by as much as 30 percent. Thankfully, MDPCP and HRSA provider fund payments kept us financially sound. Additional revenue came from in-office COVID testing and monoclonal antibody administration.

Patient care settings and focus changed. We quickly innovated and began to evaluate and treat patients outdoors, under a roofed drive-through. Performing procedures such as EKGs, PFTs, cerumen lavage, and joint injections outdoors was a huge departure for me. Attention to quality measures waned. Implementation of practice improvements focused rarely on areas that did not address COVID. All these made me question the quality of care our patients received.

COVID measures pervaded our every thought. Throw out unused St. Patrick's Day surgical masks from last year? Looks like we'll use them. We upgraded one exam room to a negative

pressure room, and added HEPA filtration units and UV air purifiers throughout the office. Still, I vacillate between "Are these measures enough?" and "Is this too much?"

Personal Protective Equipment (PPE) affected patient communication. It quickly became evident how patients with some degree of hearing loss were previously reading our lips. PPE made it more challenging to effectively engage with patients, given the compromise of not seeing our full range of facial expressions.

Patient-provider interactions became strained. When we followed the COVID guidelines for isolation, quarantining and testing, our patients became frustrated and distrustful of us. At times my patience was stretched thin, especially when patients second-guessed my judgement.

Internal relationships became strained. At times anxiety ran high among staff. Occasionally there were disagreements in mitigation strategies and the value of vaccination. We felt that we were "holding an umbrella up," to protect those who were saying it wasn't raining. In spite of this, our team was able to pull closer together and look beyond our differences.

In the end, COVID produced resilience. In June of 2020 I commissioned a pin for everyone at Stone Run to wear and gave many away to those who helped in the COVID fight. I figured this was going to be a long war, and as military campaigns had pins to honor those who were part of a campaign, so should we. Our staff wear the pins as a show of solidarity now.

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