

PW TWEETCHAT SERIES

On May 14, we hosted a live discussion on twitter (a TweetChat) as part of the #PWChat series, co-hosted by *Physician's Weekly* Editor-in-Chief, Linda Girgis, MD, with the intention of highlighting what reopening from/during the COVID-19 pandemic means for healthcare professionals (HCPs) and their patients, providing advice on reopening practices, and more.

PW Physician's Weekly (@physicianswkly)
What do you feel are the strengths and weaknesses of the federal plan to reopen America?

Linda Girgis, MD (@DrLindaMD) I think it needs to follow the CDC guidelines. I think they're the most comprehensive and structured. Yet, they are guidelines. Different regions are at very different places in this pandemic and need to be adapted accordingly.

Deepak Sudheendra, MD, RPVI, FSIR (@Dr_Sudi) Strengths: We have lots of manpower overall. We have technology that other countries don't have. Weaknesses: Testing is poor. Vaccine is not available. No coordinated plan to reopen; states can do whatever they want. Science and medicine are being overruled by politics.

What do you make of Dr. Fauci's testimony to Senate on the dangers of reopening too quickly?

@DrLindaMD I completely agree with him. When we reopen, there will be a second wave. We need to minimize that. Throwing the doors wide open would be a disaster. It needs to be done slowly and carefully analyzed.

@Dr_Sudi I agree with him. This has to be done responsibly and in a smart way. I think much of society thinks that Fauci and others WANT to keep the country closed when that's not the case. He does not want more people to die but he doesn't want us to be rash either.

Molly Rutherford, MD, MPH (@UnbridledMd) I agree with Senator Rand Paul. Having worked for Dr. Fauci, I respect him and agree that reopening in some places might not be wise...in other areas, it will be more harmful to remain closed.

Aside from testing and a vaccine for coronavirus, what else is the country in dire need of before reopening? Is the country capable of meeting the requirements necessary to open up safely, even if all Americans follow the guidelines?

@Dr_Sudi 1. An adequate PPE supply. We shouldn't have to wear the same masks for > 1 day let alone 1 week.

2. More than ever, we need to start telling people to get the flu vaccine in the fall.

3. Need doctors to be able to practice nationally with telemedicine.

I think our country can reopen safely. Our country comes together in times of crisis. War and natural disasters are something that everyone understands and unites for. A pandemic is something that many don't understand and herein lies a big problem.

David Epstein, MS, MD, FAAP (@MVP_Pediatric) PPE and various supply chains are impacted. We are scrambling for things that we never thought would be in short supply...gloves, gowns, FLOQswabs, masks, hand sanitizer, toilet paper...crazy. I only had an emergency supply of N95 masks that I hadn't used in 5 years...then, couldn't get any on my own...all donated.

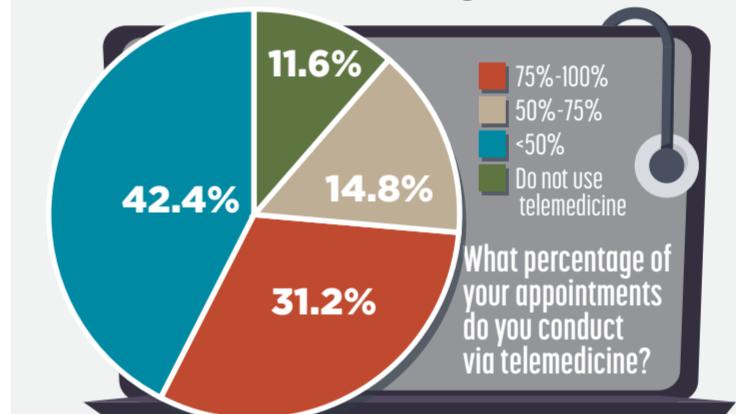
HCP Viewpoints on the Reopening of America



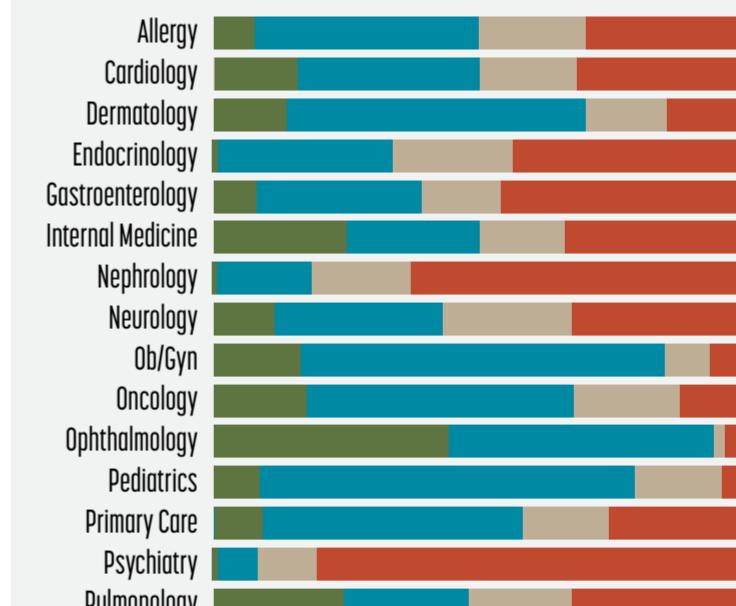
The Impact of COVID-19 on Physician Practices

There's no denying the significant impact the COVID-19 pandemic has made on medicine. "We're practically developing new protocols every day," says PW Editor-in-Chief Linda Girgis, MD. "We now are conducting many visits by telemedicine to limit contact between people and sterilize every surface of the office—for those patients who do come in—like we've never done before." To get a better sense of the impact, we conducted a survey of our physician eNewsletter recipients, during the latter half of 2020. Among the approximately 1,500 recipients representing 15 specialties, we found striking, but understandable, differences by specialty in response to two key questions that reveal an overall trend.

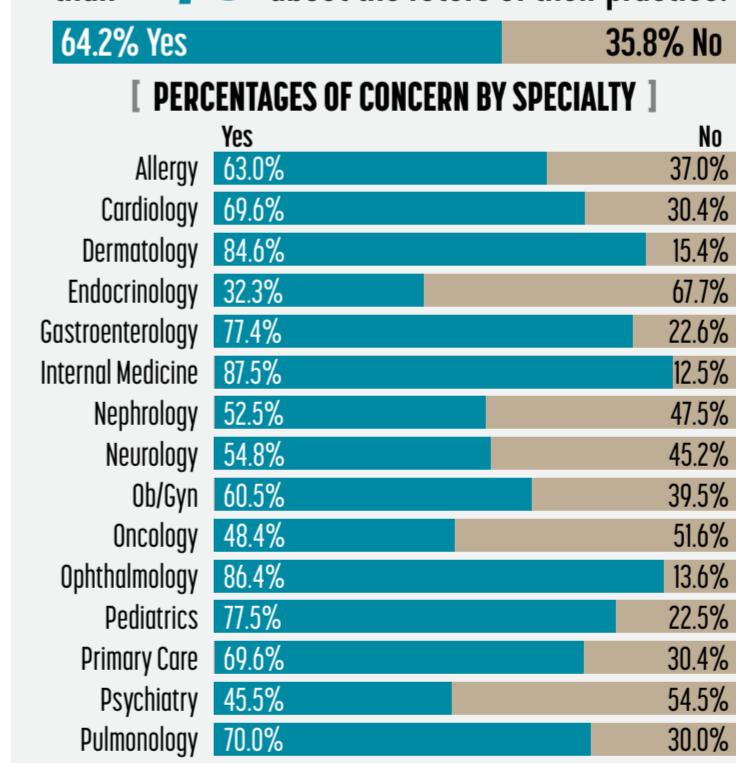
Nearly 90% of offices are using Telemedicine



[TELEMEDICINE APPOINTMENT PERCENTAGES BY SPECIALTY]



More 2/3 of physicians are concerned about the future of their practice.



Source: 2020 Physicians Weekly COVID-19 Survey

In light of these impacts, Dr. Girgis says "Hang in there, and don't forget to take a pause! We need to speak up and let people know the conditions we're working under and keep pressuring administrators to provide a safe work environment." ■

COVID-19 RESOURCE CENTER

VISIT physiciansweekly.com/covid19 for the latest updates on the pandemic, including breaking news, expert-written features and editorials, patient education, and more!



PART 2 Medicolegal Issues During the COVID-19 Pandemic

This three-part series—Part 1 in the June issue covered patient confidentiality—reviews a few topics giving physicians concern during the COVID-19 pandemic.

Maintaining Office Safety

PATIENTS | You retain the right to refuse a patient who will not cooperate with requirements to wear a facemask. If they refuse and can be safely seen later, they should be given an appointment past the expected isolation period. However, you cannot summarily deny care to someone under active treatment without adequate notice to permit them to set up care elsewhere.

You should also keep the issue of constructive abandonment in mind. Actual termination from your practice because of how a patient conducted themselves is something to deal with when the isolation regimen has ended.

EMPLOYEES | The EEOC has specifically said that nothing in the ADA should be taken to interfere with employers following public health recommendations. As an employer under OSHA obligations to maintain a safe workplace and a physician with a fiduciary duty to safeguard the health of your patients, you may therefore take steps that you would normally be more limited in.

Current employees can be denied access to your premises if they place others at a significant risk. You can require that employees self-report any exposure, answer questions about symptoms, and be tested with sufficient medical basis. You can require temperature checks, should counsel employees to be mindful of how they feel generally and to immediately report any changes, and remind all that hygiene and PPE precautions apply fully. All employees should be required to engage in proper hygienic procedures. If an at-will employee is not cooperating with hygienic conduct, you may fire them immediately.

If an employee was exposed or has tested positive, you will need to inform co-workers, but ask for permission to reveal their identity. If they refuse, tell other employees without naming the source. Since a sudden absence at this time can be revealing, firmly instruct in writing that the employees who remain not discuss a co-worker's PHI. While an employee is on self-isolation, ask only the minimum information necessary to make a work-related determination of their safe return. You can also require that they provide a physician's note saying that they are fit to return.

This article was written by Dr. Medlaw, a physician and medical malpractice attorney.