Ohio Medicine

2020—ISSUE 2

Ohio State Medical Association

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2020—Issue 2

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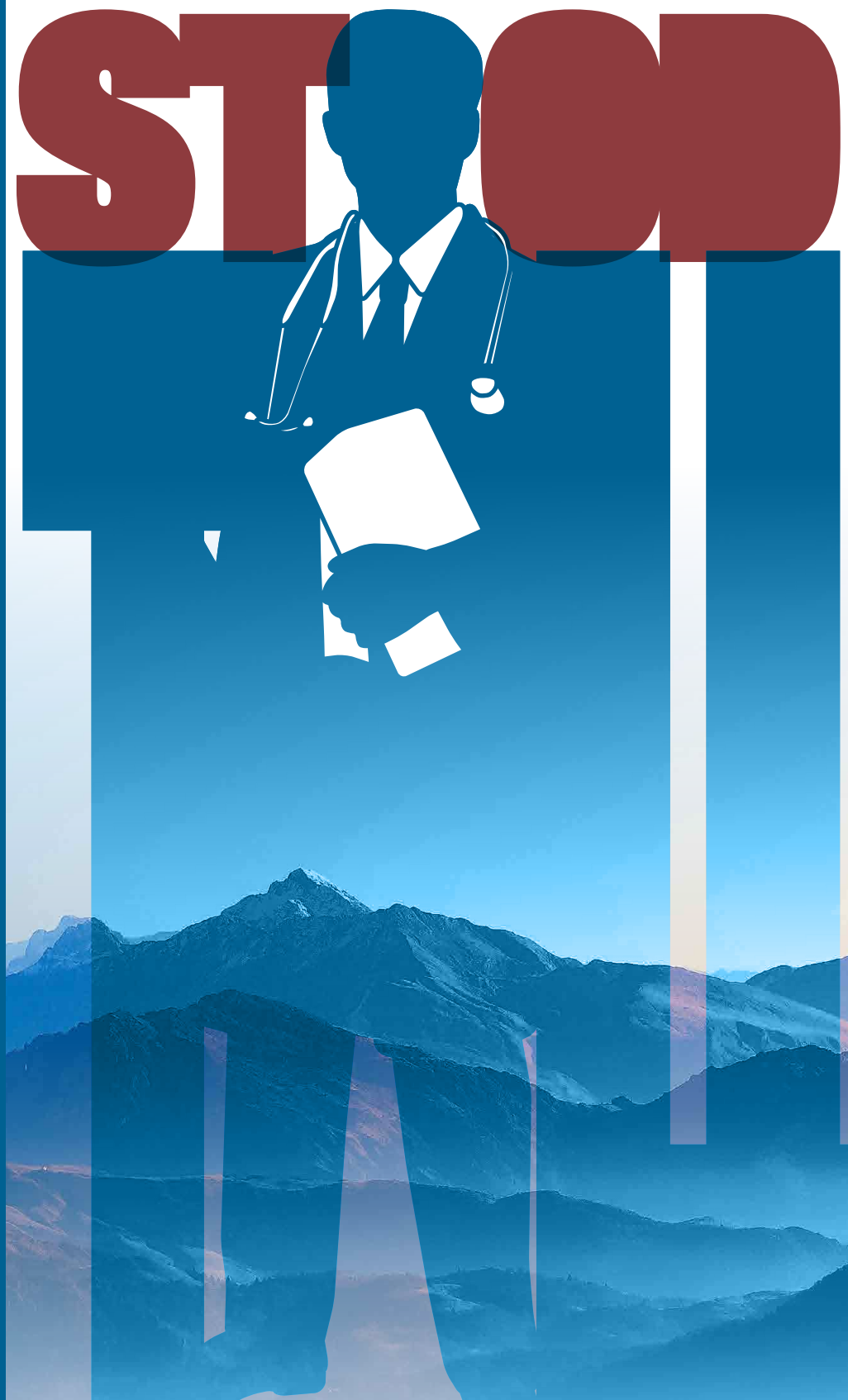
MESSAGE FROM THE **PRESIDENT**

During This Unprecedented Period, the OSMA Has



It seems almost surreal that the first issue of *Ohio Medicine* was such a short time ago. As you are well aware, we were on the front end of the COVID-19 pandemic and on March 12 Ohio Governor Mike DeWine issued an executive order eventually leading to "sheltering in place." There was an immediate and dramatic impact on health care across America and Ohio was no exception.

While Ohioans were hunkering down, your Ohio State Medical Association (OSMA) was very active providing accurate, timely and vital information to Ohio physicians and their staffs. With the deluge of information from multiple sources, the OSMA has become a trusted and reliable one-stop shopping center for updated information. Although the Ohio legislature was largely idle due to the pandemic, we remained prepared to resume our advocacy and legislative efforts.

Our steadfast commitment to assisting Ohio physicians and medical practices has proved instrumental in helping medical services resume efficiently as pandemic restrictions are eased.

Some of your OSMA efforts include:

COVID-19 Related Issues: The OSMA, in partnership with Blue and Co., LLC provided a webinar "Maximizing forgiveness and minimizing reduction for your paycheck protection program loan" which was viewed by more than 250 medical professionals!

OSMA was instrumental for Ohio physicians and their practices in identifying viable supply chains for PPE as well as available re-sterilization resources.

GME: Many medical students across the state are facing disruption to their education due to testing delays for the USMLE exams as a result of the pandemic. These exams are administered at designated testing sites across the country. The OSMA sent a letter to all the Ohio medical school deans and the USMLE expressing those concerns and offering as a resolution setting up testing sites at Ohio medical schools.

Telehealth: In response to COVID-19, many requirements and restrictions on telehealth have been relaxed by regulatory bodies at both the federal and state levels. OSMA is currently working with members of the Legislature on potentially pursuing legislation in order to keep those requirements relaxed, even after the pandemic and state emergency have ended.

OSMA has also actively been educating Ohio's physicians and their staff with additional educational resources such as telehealth webinars on conducting virtual visits, electronic visits, billing and coding, etc. The webinar on telehealth has been seen by more than 600 practices.

Price Transparency: SB 97, an OSMA-backed bill which would give patients valuable tools with which to request pricing information for scheduled hospital procedures seven days in advance, has passed out of the Senate and is now in the House Health Committee.

Liability: OSMA is advocating for two bills at the Statehouse concerning physician liability as it relates to the ongoing COVID-19 crisis: one in the House (HB 606) and one in the Senate (SB 308).

APRN Independent Practice: OSMA has always advocated for team-based care with the physician at the head of the care team. Amid the pandemic a new version of House Bill 177 seeking to allow independent practice for both APRNs and physician assistants for the duration of the COVID-19 emergency emerged, however, this was pulled from committee and is no longer being considered.

Surprise Billing: OSMA raised concerns within the physician community to advocate for changes, and a new version of the bill was crafted with compromise language included. This was accepted, and it went to the House floor for a vote. The Senate will now consider the bill.

Rest assured your OSMA Council has also been busy. We had our first ever virtual resolution process with open commentary ending May 15. The resolutions committee will then make recommendations in a report to Council to complete the normal business of the HOD. There will be a report back to the house at the annual meeting next year.

Communications: Through our new marketing strategy, we have the ability to track multiple data points and generate a meaningful report back on our social media progress. We have seen a healthy uptick of activity across the state, particularly in people who have not typically accessed OSMA in the past.

OSMA has also partnered with the Ohio Hospital Association and Ohio Children's Hospital Association to launch a new public awareness campaign surrounding the COVID-19 pandemic.

Physician Well-being: Dr. Andarsio continues to be our lead for physician well-being and we are planning on having a series of webinars beginning in June featuring well renowned national speakers.

We want to ensure you that the OSMA is advocating on behalf of our members and all Ohio physicians to ensure these initiatives and policy decisions are always made in your best interest.

Anthony J Armstrong MD, MPH
President
Ohio State Medical Association

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ROUTINE HEALTHCARE

looks a little different in the light of a

GLOBAL PANDEMIC

During this time of increased restrictions and social distancing, many are using technology to bridge the distance between provider and patient. Through the use of services like telehealth, providers are helping patients stay on care plans, which often include medications.

Technology can also help personalize the prescription process at a time when patients are making careful choices about how they access their healthcare and medications.

If your practice has started or is considering telehealth as an option for patients, here are a few things to consider.

Telehealth Benefits During The Coronavirus—And After

Telehealth visits surged by 50 percent in March, according to research from Frost and Sullivan.

In the past few months, health insurers, systems and practices have helped break down previous adoption barriers such as cost, availability and a standing provider relationship by reducing or eliminating virtual visit costs and making the technology widely available.

While necessity forced the hand of many to take a ready-or-not plunge into telehealth, the benefits of the service should arguably make it a mainstay after the pandemic dust settles. In a 2019 survey, half of patients indicated the ability to communicate through videoconferencing would increase the likelihood of choosing a provider. Telehealth can also bring healthcare options to patients in rural areas they might otherwise not be able to access.

While the current need for virtual care may evolve into a convenient option when stay-at-home orders lift, it may remain a literal lifeline for certain populations who never before had the option.

Potential Medication Access Challenges With Virtual Visits

Without staff to check preferred pharmacy and benefits, and with typical norms disrupted during a crisis period, patients and providers may face difficulties surrounding medication access.

A few things to consider:

- **Pharmacy location**—Preferred location may need to change due to varying hours, longer wait times and lack of typical daily commutes.
- **Benefits change**—For those experiencing job loss or layoffs, benefits may look different or nonexistent.
- **Delivery method**—Some may require prescriptions delivered to the house due to quarantine or stay-at-home orders. Others may benefit from medication delivery due to preexisting conditions or due to lack of transportation. Many pharmacies and health plans are making this possible through service availability and waived fees.
- **Out-of-pocket price**—The research is clear that patients often abandon prescriptions when they aren't affordable under their current circumstances. It's critical for patients to know the price they'll pay before they receive their medication. And the more price transparency they have, the better.

Telehealth Can Put Patients In Control Of Their Care

Consumer behavior now more than ever points to efficient, informed shopping—whether for grocery trips or medication pick-ups.

Medication price transparency solutions are available for patients to find the most cost-effective way to pay for their prescription. They also benefit providers by reducing the amount of time spent discussing medication price, reducing calls back to the office, and lessening the likelihood of changing the prescription later.

Providers can inform patients about these solutions so they can take their health into their own hands in an otherwise uncertain time.

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Disclaimer: This article is provided for informational purposes only. The author is not a medical professional. The information provided herein should not be construed as medical advice or professional guidance.

Ohio State Medical Association

2020 MEDICARE & MEDICAID UPDATES

The Ohio State Medical Association works with Ohio's Medicare and Medicaid Payers to provide OSMA member practices with updates, tips and resources—keeping you in compliance, and helping to get your claims paid in a timely, appropriate way.

This year, each presentation will vary but overall content will include:

- Hot topics related to Covid-19
- New policies impacting provider enrollment, prior authorizations and claims processing
- Provider relations and assistance
- New initiatives and operational reminders
- Credentialing and enrollment
- Troubleshooting and tips for the most common billing questions, denials and delays.
- Special MIPS update by CliniSync

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Please Note:
Only the name registered is eligible for the CEU credits. If multiple viewers need credit and want to access the live webinars from different workstations, each person should register separately. Multiple staff may attend using the same login if they are viewing from the same computer, but if the same login is shared with others in your practice and utilized on different computers, you will be invoiced a separate registration fee for each.

LIVE WEBINAR SESSIONS

Two time options of same Medicare presentation

AUG 11	9:30 – 10:00am • Molina Healthcare of Ohio 11:30am – 1:30pm • Medicare/CGS Administrators*
AUG 12	11:30am – 1:30pm • Ohio Medicaid 2:30 – 3:00pm • Buckeye Health Plan
AUG 13	9:30 – 10:00am • CareSource 2:00 – 2:30pm • Anthem
AUG 14	9:30 – 11:30 am • Medicare/CGS Administrators* 1:30 – 2:00pm • CliniSync's MIPS update

ON-DEMAND RECORDINGS

Available in late August:

1. Anthem
2. Buckeye Health Plan
3. CareSource
4. CliniSync's MIPS update
5. Medicare/CGS Administrators ***(PDF of SLIDES ONLY)***
6. Molina Healthcare of Ohio
7. Ohio Medicaid
8. Paramount Advantage
9. United HealthCare

REGISTER TO ACCESS

All live webinar registrants will also be given access to the On-Demand Recordings.

For Live Webinars:
OSMA.org/webinars

For On-Demand:
OSMA.org/ondemand

QUESTIONS?

614-527-6762 or email info@osma.org

On-Demand Education Resources

Ohio State Medical Association

We know your time is valuable, and these days there is a lot of information to keep up with. That's why OSMA is committed to bringing you remote learning resources on topics that matter, and that you can access on-demand at your convenience. ***Many of our webinars are FREE and available to all Ohio physicians and staff.***

ON-DEMAND TOPICS AVAILABLE INCLUDE:

- ***How to Lead & Manage Through Change & COVID-19 Adaptations***
- ***Remote Technologies:*** *Addressing Security Concerns of Working Remotely*
- ***PPP Loans for Medical Practices:*** *Maximizing Forgiveness & Minimizing Reduction*
- ***Employment & Staffing Issues in the Medical Office Due to COVID-19***
- ***Medical Marijuana Updates & Ohio's Coding***

TO ACCESS THESE TOPICS:

Visit
OSMA.org/ondemand

QUESTIONS?

614-527-6762 or info@osma.org

RECENT CHANGES TO TELEMEDICINE REGULATION YOU SHOULD KNOW

Telemedicine presents a valuable opportunity to better serve certain patient populations, such as those living in rural areas, elderly and disabled patients who cannot easily travel, and people in need of behavioral health care services.

Historically, because telemedicine (also known as telehealth) has faced many clinical, operational, legal, and regulatory hurdles to widespread adoption by health care providers, much of this potential remains underutilized.

However, telemedicine has recently been the subject of sweeping (albeit temporary) changes due to the unique challenges and circumstances presented to the health care sector due to the COVID-19 outbreak. Many requirements and restrictions on telemedicine have been relaxed by regulatory bodies at both the federal and state levels, in order to give physicians and other providers more flexibility to adequately care for patients during the pandemic.

The following changes have been made:

1. Use of telemedicine to replace in-person visits

Effective March 9, 2020, Ohio health care providers can use telemedicine services in place of in-person visits. Throughout the declared emergency, the State Medical Board will not enforce in-person visit requirements normally required in medical board rules. Providers must document their use of telemedicine and meet minimal standards of care. The Medical Board has stated it will provide advance notice before resuming enforcement of the above regulations when the state emergency orders are lifted.

Suspension of these enforcement requirements includes, but is not limited to:

- Prescribing controlled substances
- Prescribing for subacute and chronic pain/ Pain management
- Prescribing to patients not seen by the provider
- Medical marijuana recommendations and renewals
- Office-based treatment for opioid addiction

2. Out-of-state provider support

Two existing statutory provisions in ORC 4731.36 support out-of-state telemedicine:

- Physicians treating patients who are visiting Ohio and unable to leave because of the emergency
- Physicians in contiguous states that have existing patient relationships with Ohio residents

3. Ohio Department of Medicaid & Ohio Department of Mental Health and Addiction Services

The Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in partnership with the Governor's Office, have executed emergency rules to expand and enhance telehealth options for Ohioans and their providers. Under these relaxed requirements, more people can be served safely in their homes, rather than needing to travel to health care providers' facilities.

This set of regulatory changes is intended to help reduce risk of exposure to COVID-19 for patients, their families, and our health care workforce that is engaged in the community response to COVID-19.

ODM's emergency rule allows "interactive videoconferencing" to include asynchronous activities which do not have both video and audio elements, such as telephone calls and e-mail. It also permits both new and established patients to receive interactive videoconferencing services, even without an initial face-to-face visit with the provider.

Additionally, the list of behavioral health services that may be provided via telemedicine has been expanded to include peer

recovery, SUD case management, crisis intervention, Intensive Home-Based Treatment (IHBT) services, and assertive community treatment (ACT). To facilitate more care delivery, certain restrictions on Medicaid coverage and billing for behavioral health have been removed.

For more behavioral health-specific information, visit **https://mha.ohio.gov/coronavirus**.

Note: While the OhioMHAS emergency rule applies to all community behavioral health providers certified by OhioMHAS, the ODM emergency rule only applies to individuals covered by Medicaid and their providers. ODM's emergency rule will be implemented by Medicaid fee-for-service, Medicaid Managed Care Plans (MCPs), and MyCare Ohio Plans (MCOPs).

4. Medicare

Prior to the public health emergency, physicians faced various limitations to Medicare telemedicine reimbursement. In response to COVID-19, the Centers for Medicare & Medicaid (CMS) have released new guidance and changes to regulation of telemedicine for the duration of the pandemic. These developments are not limited to patients receiving treatment specifically for COVID-19, and include:

- Dissolution of limitations on the location of patients receiving telemedicine services, allowing these services to be provided in all settings, including patients' own homes;
- Non-enforcement of requirements for established in-person physician-patient relationship for certain services, permitting new patients to be served during the COVID-19 crisis; and,
- Broadening the list of services that may be provided through telehealth.

In Ohio, many physicians have taken the opportunity to safely provide care via telehealth during this period. Although these modifications to regulations and requirements are temporary, their implementation may prove beneficial to efforts to expand telehealth and encourage longer-lasting regulatory developments to make access to telehealth easier and more affordable for both physicians and their patients.

OSMA, as a longtime advocate for increased access to telehealth, is currently working with members of the Legislature on pursuing legislation that would keep some of these regulatory requirements for telehealth relaxed, even after the pandemic situation is behind us. The advocacy team anticipates that legislation may be introduced very soon in the Ohio House. Stay tuned for updates moving forward.

For comprehensive updates on telehealth and additional resources, visit the OSMA's Telehealth Guidance hub, created to aid physicians amidst the COVID-19 pandemic: **www.osma.org/telehealth**.

Reminder: Last year, the biennium budget bill (HB 166) contained several changes to Ohio's telemedicine licensing laws. As a reminder, telemedicine certificates were eliminated as of October 17, 2019, and existing telemedicine certificates were converted to standard MD or DO licenses. The previous state law regarding telemedicine certificates has been repealed, eliminating the need for a separate certificate. All active telemedicine certificate holders, upon conversion to holders of a full MD or DO license, are required to meet Ohio's continuing education requirements in order to renew their license (50 hours of Category 1 CME every two years). Physicians currently wishing to provide health care via telemedicine to individuals located in Ohio may do so under their full Ohio license.

Kelsey Hardin
Research & Content Writer

Ohio State Medical Association

Elective Surgery Informed Consent and

Restarting elective surgeries and procedures after suspension during the COVID-19 pandemic requires a great deal of planning and consideration of many factors, including those related to patients, locations where you practice, and the larger community. To support those delivering care during this unprecedented time, we are providing recommendations for resuming elective surgeries and procedures—with a focus on keeping you, your staff, and your patients safe.

As you create your individual plan to resume elective cases, clear and deliberate communication with your patients will be a critical step. In addition to the customary informed consent discussion related to the procedure, you will need to have a candid conversation with your patients about COVID-19. The discussion should focus on measures in place to safely undergo the intended procedure, including any risks of becoming infected during the perioperative episode.

Recognizing that medicine is a blend of science and compassion, we highlight the following areas to discuss with patients undergoing elective surgery or procedures:

- **Setting expectations:** Discuss any contingency plans related to a resurgence of COVID-19 cases in your community. Your patient's surgery is scheduled, and the patient is eager to proceed, but it is important to maintain flexibility. Factors exist that can change your plan, including a hospital's bed capacity or availability of equipment and supplies, forcing you to postpone the care. Due to the limitations of testing and the contagiousness of COVID-19, any member of the team, such as an anesthesia provider, nursing staff, or even a patient may develop symptoms of COVID-19, resulting in more delays. It is best to discuss this up front, so your patient is prepared for all possibilities.
- **Option to defer:** Talk to your patient about the benefits and any risks related to delaying the surgery to a time when the local community is more stable in terms of active COVID-19 cases or a known treatment is available. Make the decision to defer with the patient's full understanding of the situation and when delaying the care will not alter the outcome.
- **Pre/post preparations:** Inform your patient that they will be asked to complete a COVID-19 screening assessment to evaluate exposure to the virus. It is important to consider the patient's effectiveness in preoperative social distancing and the risks related to their contacts who may have been exposed to COVID-19. If recent COVID-19 exposure elevates the risk, postpone the surgery until the patient has self-isolated for a period of 14 days or until it is safe to move forward with the planned care. Explain to your patients the steps that are being taken at the facility to keep them safe and to protect the surgical team from contracting COVID-19. Instruct patients to wear a cloth mask from home to the facility. If they do not have a mask, provide one on the day of the surgery. Make them aware that for everyone's safety the staff will all be wearing masks as they greet them and throughout their care.
- **Testing:** Alert your patients that they will be tested for COVID-19 prior to the procedure. (Even if they have been tested previously, they may have been exposed after that result was provided.) If their pre-op test is positive, regardless of whether they are symptomatic, their procedure will be rescheduled until there are two negative test results performed 24 hours apart. For more information, see the **ASA and APSF Joint Statement on Perioperative Testing for the COVID-19 Virus**. In some cases of extended delays, patients may have to repeat tests that were previously performed such as x-rays, lab tests, EKGs, and COVID-19.

Shared Decision Making During COVID-19

- **Elevated risk:** Educate patients about the current limitations around testing and about the fact that even with a negative COVID-19 test result, there is up to a 30 percent false negative rate. Discuss the possibility they may contract the illness post-op. Specifically discuss that undergoing the surgery may weaken their ability to fight the COVID-19 virus, and they may be at a higher risk of complications involving intensive care, ventilator support, or death from COVID-19.
- **Changes in facility operations:** Discuss any process changes implemented at the care facility because of COVID-19. Examples include a different process for patient drop off/pick up, as well as limiting visitors and screening protocols when they are allowed.
- **Post-op setting:** Discuss where the patient will convalesce after the surgery. Will they be able to shelter in place and maintain social distancing in a separate location in the home? Emphasize infection control practices to prevent COVID-19. Also consider the timing of the surgery for the best outcomes.
- **Post-op visits:** Consider the use of telehealth for post-op visits. Ensure the patient has adequate technology, and they understand what parts of the body you will ask to see, such as a surgical incision. Also discuss when you may need to see the patient in person.
- **Documentation:** Document your discussions with patients and their response related to the inherent risks associated with proceeding with an elective procedure during the initial resumption phase post COVID-19. Also include the clinical judgment that went into the decision to continue with the surgery at this time. If appropriate, document that the patient was given the option of a rescheduling but has chosen to proceed at this time.

In supporting the medical profession during these unprecedented times, The Doctors Company continues to listen to our members and work to respond to their unique concerns as part of our mission to advance the practice of good medicine.

Kim Hathaway, MSN, CPHRM,
Patient Safety Healthcare Quality and Risk Management Consultant

The Doctors Company

Julie Ritzman, MBA, CPHRM,
Vice President, Department of Patient Safety and Risk Management

The Doctors Company

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

OSMA Asks U.S. Congress for COVID-19 Liability Protection

The Ohio State Medical Association (OSMA) has signed on to a letter to the U.S. congressional leaders urging them to include liability protections for physicians in the next COVID-19 relief package. The June 9 letter was led by the American Medical Association and signed by nearly 100 physician associations from across the country.

The letter highlights the difficulties for physicians and medical practices brought on by the pandemic, including acquiring safety supplies for staff and patients and how these issues potentially expose physicians to litigation.

> *The public health emergency triggered by the COVID-19 pandemic has created unprecedented challenges to our nation's health care system. In addition to facing inadequate supplies and safety equipment, physicians, hospitals, and other frontline health care professionals have been faced with rapidly changing guidance and directives from all levels of government. Examples include suspending elective in-person visits and procedures, being assigned to provide care outside the physician's general practice area, rationing care due to shortages of equipment such as ventilators, inadequate testing that could lead to delayed or inaccurate diagnosis, and delays in treatment for patients with conditions other than COVID-19.*
>
> *In these and other scenarios, physicians face the threat of costly and emotionally draining medical liability lawsuits due to circumstances that are beyond their control. These lawsuits may come months or even years after the current ordeal is over.*
>
> *The liability protections we call on Congress to pass are not universal; they are intended to provide targeted and limited protections where health care services are provided or withheld in situations that may be beyond the control of physicians/facilities (e.g., following government guidelines, directives, lack of resources) due to COVID-19. The protections extend to those who provide care in good faith during the COVID-19 public health emergency (plus a reasonable time, such as 60 days, after the emergency declaration ends), and not in situations of gross negligence or willful misconduct.*

The letter asks for Congress to consider targeted and limited liability protections for physicians, other health care professionals, and the facilities in which they practice as they continue their efforts to treat COVID-19 under unprecedented conditions.

5 QUESTIONS with Dr. Karl Fernandes

As the COVID-19 pandemic encroached four months ago, Karl Fernandes, MD, found himself thrust onto the frontline in a battle against a deadly and relentless virus whose stealth nature made it difficult for medical professionals to come up with a clinical strategy.

"The best we could do early on was supportive care, since there were no proven medical therapies. It felt like we were not doing enough to alleviate the patient's discomfort," said Dr. Fernandes, a pulmonary critical care physician at The Toledo Clinic. In March, as the pandemic had set in and shut the state down, Dr. Fernandes found himself working 14-to-16 hour days and at one point had just one day off in a four week period.

The pandemic is still in place and there is still no cure for the virus, but social distancing rules and general awareness has helped to slow the spread of the virus and Ohio leaders have begun lifting many of the shelter-in-place rules that forced many out of work or to work from home and shuttered everything, save for a few essential duties and retail stores.

Looking back, Dr. Fernandes said he had to take on a preparing for battle mindset to help him professionally and personally. We learn more about that time period from Dr. Fernandes with **5 Questions**.

1. What kept you going?

"My father was a physician and I would always go back to think of what he would tell me and what type of physician he was. That inspired me. And my high school, St. Francis DeSales in Toledo, our motto was 'gently but firmly,' that has always stuck with me, as well.

My dad never shirked his duty. He took care of a lot of underprivileged people on the east side of Toledo for many years. My high school imprinted in me the words of St. Francis DeSales, 'do your best and do it well.'

Those thoughts were in the back of my mind when I was facing so many gravely ill patients at once."

2. What surprised you most about this pandemic?

"We never expected the racial disparity of the disease that we saw and didn't expect the secondary conditions, like diabetes, to be such a factor.

There were a lot of middle-aged, black males who were obese and also had hypertension and sleep apnea.

It was just shocking to see the veracity of the disease and the racial tones that it had on African-Americans. It's still hard to explain why this was the case because I don't think it simply had to do with lack of access to care. But this really surprised us."

3. What do you wish more people understood about this virus?

"People don't understand how sick people were. People think this virus is a conspiracy theory or it wasn't something serious. It was real. And it still is. In Lucas County, we have one of the highest death rates in Ohio because of our proximity to Detroit, where they had widespread outbreak. And then you would see patients, especially nursing home patients who are 85 or 90 and doing well one day and then they get COVID and they go down so fast. It's hard on medical professionals.

Most people were supportive, but there was a vocal minority who felt, 'You chose this field, so you should have been more prepared to deal with critically ill patients.' I did choose this field, but I never expected I would be dealing with a plague-like illness from the Middle Ages.

You had to have a Winston Churchill mentality because we were going into battle, that's how I felt, like every day I was walking into a battle."

4. Professionalism aside, how did the pandemic impact you personally?

"I had to learn to be very cautious around my wife and four kids. And professionally I felt that I've got to protect myself because if I'm out then care would suffer and my patients could suffer.

At home I went into social isolation, distancing from my wife and from my kids. We have three at Ohio State University and they all came back home. So everyone's home and I'm social distancing. Being away from them, that was very hard to do. I never want to go through that again. But it was necessary.

Your friends don't understand the psychological impact that has on you. The only people who understood were the physicians and nurses and respiratory therapists who were directly involved in taking care of Covid patients. But I felt assured I was safe.

Bon Secors Mercy in Toledo required us to get tested if we were going to do procedures and I tested negative twice and no anti-bodies, which means I was never exposed. That surprised me but made me feel better about not having brought it around my family."

5. What's worked and what's next for Ohio?

"I think social distancing has helped a lot in Ohio. The numbers are down in terms of how many people who have to be hospitalized. And we've learned new ways to support patients, prone positioning has proven effective and helps keep some patients off ventilators.

I feel cautiously optimistic that if a second wave hits, as many are predicting, I'd say we will be prepared. I think our kids will go to school and we can return to some aspects of life we've always known, otherwise our social fabric will crumble. Social distancing is the key."

Reginald Fields
Editor
Ohio Medicine

Physicians Call for Justice and Racial Equality Amid George Floyd Killing

The Ohio State Medical Association (OSMA) condemns the despicable killing of George Floyd and stands in unified support of everyone who peacefully protests his death while demanding justice and racial equality in all of our communities. We also denounce the activities of those individuals who are using unlawful and violent tactics and hope it will not detract from the larger cause at hand.

The OSMA is dedicated to assuring that health care is fully inclusive and attainable so that everyone has access to necessary medical services regardless of race, ethnicity, sexual orientation, or any other defining characteristic. There should be no light present for racism to breed in any pocket of our wide country or even around the corner from where we live.

For those of us dedicated to medicine, this same level of allegiance to fairness, justice and equality extends well beyond health care and should become an unfadeable fabric of all of our lives.

Our Mission Statement | Who We Are

"The Ohio State Medical Association (OSMA) is dedicated to empowering physicians, residents and medical students to advocate on behalf of their patients and profession." The OSMA is the largest and oldest statewide physician-led association in Ohio. We are affiliated nationally with the American Medical Association and locally with county medical societies. Visit us at **www.osma.org**.

AN UPDATE

ON THE PAYCHECK PROTECTION PROGRAM

Many medical practices have applied for Paycheck Protection Program (PPP or P3) funding through their lending institution. Of those applications, many were successfully approved and have received funds while others are expecting funding from their successful application in the days ahead. Unfortunately, as we (and many others) expected, the initial $349 billion funding of this program dried up quickly, and funds were fully allotted within 13 days.

In response to this accelerated depletion of the initial funds, the Federal government has moved quickly to ensure additional funding to those who did not receive P3 funds initially. In doing so, on the week of April 20, 2020, Congress passed an amendment to HR 748 to provide an additional $310 billion of P3 funding (and thus increase P3 funding to a total of $659 billion). We encourage clients, similar to our initial guidance, to be in close contact with their lending institution to make sure their P3 application is properly submitted in order to receive funds through this additional amendment.

Guidance Provided Related to P3 Eligibility

Additional guidance has also been issued related to the eligibility requirement for borrowers to certify the economic necessity for the P3 application. As part of the application process, the borrower must certify that the uncertainty of current economic conditions makes necessary the loan request to support the ongoing operations.

Documentation and planning is key to successful participation in the P3 program. This is why we have advised all medical practices to prepare three-month, six-month, nine-month and even 12-month forecasts to demonstrate the necessity for the P3 funding for purposes of supporting the borrower's operations.

The updated FAQ specifically states:

> *"[b]orrowers must make this certification in good faith, taking into account their current business activity and their ability to access other sources of liquidity sufficient to support their ongoing operations in a manner that is not significantly detrimental to the business. For example, it is unlikely that a public company with substantial market value and access to capital markets will be able to make the required certification in good faith, and such a company should be prepared to demonstrate to SBA, upon request, the basis for its certification."*

As such, consistent with the guidance we have provided to date, documentation to demonstrate the necessity of the funding and ultimate usage of such funding will be required.

If a borrower has already applied for, or even received P3 funds, prior to the issuance of this additional guidance and does not feel they are capable of making this good faith certification—demonstrating the necessity of the funding to support their operations—they can repay the loan in full by May 7, 2020.

Guidance Provided on P3 Expense Deductibility

On April 30, 2020, the IRS released **Notice 2020-32**. While loan forgiveness was excluded from income per the CARES act, this notice also confirms that the covered expenses related to the loan forgiveness are not deductible to the extent of the amount of the loan forgiven. The Notice reads:

> *NON-DEDUCTIBILITY OF PAYMENTS TO THE EXTENT INCOME RESULTING FROM LOAN FORGIVENESS IS EXCLUDED UNDER SECTION 1106(i) OF THE CARES ACT*
>
> *To the extent that section 1106(i) of the CARES Act operates to exclude from gross income the amount of a covered loan forgiven under section 1106(b) of the CARES Act, the application of section 1106(i) results in a "class of exempt income" under §1.265-1(b)(1) of the Regulations. Accordingly, section 265(a)(1) of the Code disallows any otherwise allowable deduction under any provision of the Code, including sections 162 and 163, for the amount of any payment of an eligible section 1106 expense to the extent of the resulting covered loan forgiveness (up to the aggregate amount forgiven) because such payment is allocable to tax-exempt income. Consistent with the purpose of section 265, this treatment prevents a double tax benefit.*

For example, assume you received a P3 loan of $100,000 and the entire amount is later deemed forgivable. The $100k of expenses incurred will not be deductible and the forgiven loan is not subject to income tax.

This ends many weeks of speculation on how the loan and related expenses will be treated for tax purposes. This treatment is consistent with prior IRS guidance, but many were hoping for an additional benefit due to the ongoing financial crisis. Unfortunately, this notice confirms the IRS's position.

Kameron H. McQuay, CPA, ABV
Director, Blue & Co., LLC

SIMPLE EXPLANATION OF TELEMEDICINE

Telemedicine can be confusing. This is a way for you and your doctor to "talk" and take care of your medical care. **Telemedicine** is when your medical provider gives you medical care through the phone or a computer.

Many different types of providers can care for you with telemedicine including your doctor, counselor, nurse practitioner, physician assistant and the people who work with them to care for you. This could also be a nurse or medical assistant or someone who makes appointments or answers your questions about medication, tests and care.

Telemedicine includes talking on the phone, using a "face time" or using your computer to email or "chat" with the person who is caring for you. When you use the phone or computer to get your health care there may be some limits on what you can do this way.

When you and your doctor or medical provider "meet" on the phone, on the computer or through face time there are some things you need to know:

1. Care through the phone or computer is in addition to your regular care with your care giver—you still must see them face to face.
2. Your meeting with the care givers will need to be scheduled, just like your office visits—so you can't just call or text or email your provider and get an answer.
3. When you are talking on the phone or using your computer with your care giver you need to do this safely where other people cannot hear your or see your computer screen.
4. You need to make sure your phone and computer is safe and secure with a password and other protections
5. You will need to agree to use these services with your care giver with a verbal "okay" and sign this agreement when you see the care giver. There are some risks to you when you use the phone or computer for care because of privacy of your medical and health information.

Using the telephone for care can include just talking to your care giver or in some cases, texting or chatting. If you text or chat with your phone you need to be careful about how you do this and be safe. If you are using someone else's phone you should delete the information after your call or

The codes	Documentation
99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; Medicare $43.98	• The reason for the call • The phone number for the patient (in case of emergency) • Summary of call with diagnoses • Time of call
11-20 minutes Medicare: $73.04	As above
21-30 minutes Medicare: $ 106.18	As Above
99358 Prolonged evaluation and management service before and/or after direct patient care; first hour Medicare $111.09	Reason for contact Methods of contact and review—records, patient, other providers (ER, Hospital, NH, other care providers, family) Summary of contacts over the day and identified plan Diagnoses Time can accumulate over one date of care—to code this CPT code at least 31 minutes of activity is required

chat is over to make sure your health information is private.

When using the phone for face time (also known as a virtual visit) you should do this in a private place.

When using a computer for face time or chatting or emailing you should also do this in a private place. If you use a computer at a library or other common place, make sure to log off when you are done. Your passwords should always be private. Your provider for your health care may make you use the portal for emails and chatting because this is safer.

When you come to your next appointment with your care giver you will be asked how you feel about having some of your care by the phone or computer and your caseworker will answer your questions. For the care you are given through the portal (website) you will be given a special password just for you.

Coding and Documentation for Telephone calls only:

During the crisis time Medicare has waived the requirement that the patients be established to the practice.

If a provider has spent time with a new or established patient with review of medical records, contacts with other providers and this time is greater than 31 minutes, then the following 2 codes can be used (these are not part of the PHE process, and have existed as paid services by Medicare since 2015

For practices that are providing support that is through an EMR portal with phone, chat, and email functions the coding for the physician, nurse practitioner and/or PA is as follows:

Diane E. Zucker, M.Ed, CCS-P
Healthcare Consultant

The codes	Documentation
99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service) Medicare: $54.31	As above To code this CPT code in addition to the 99358 the cumulative time would need to be at least 76 minutes for the first unit
99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes Medicare: $15.06	The reason for the contact When the last office visit was (not within 7 days) The phone number for the patient(in case of emergency) Methods of contact – email, chat, call, etc. Summary of contact with diagnoses Time of call – cumulative over 7 days
99422 from 11-20 minutes Medicare: $ 30.17	As Above
99423 from 21-30 minutes Medicare $ 48.74	As Above

AMA GUIDANCE TO CODING FOR TELEPHONE VISITS FOR TELEHEALTH E/M VISITS

Action	Patient evaluated via: E/M Telehealth, Telephone Visit	
Who is performing	Physician / QHP	
Applicable CPT Code(s)	E/M Telehealth [1 2 3]	Telephone Visit New and Established Patients
	New Patient (CPT times)	99441 (5-10 min) 99442 (11-20 min) 99443 (21-30 min)
	99201 (typical time 10 min) 99202 (typical time 20 min) 99203 (typical time 30 min) 99204 (typical time 45 min) 99205 (typical time 60 min)	
	Established Patient (CPT times)	
	99212 (typical time 10 min) 99213 (typical time 15 min) 99214 (typical time 25 min) 99215 (typical time 40 min)	
Applicable ICD-10 CM codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)*	
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location	
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM)	

OSMA Resources Keep Physicians Ahead of COVID-19

The COVID-19 pandemic caused additional pressure points for physicians who were not only tasked with caring for patients but also dealing with the economic impact of the virus. Statewide orders forced the cancellation of non-urgent medical procedures and led to sharp decline of medical activity and doctors' visits.

As the state began to cautiously emerge from the throes of the pandemic, many medical practices were still left with questions for how to safely restart their practices and encourage patients to get the medical care they need. There were questions about personal protection equipment (PPE) for staff and patients, new in-office safety protocols, and how exactly to recover from the financial losses of the pandemic.

The Ohio State Medical Association (OSMA) helped answer many of those questions with a string of resources and information. In addition to daily member communications, the OSMA created a series of business-minded webinars, worked with Battelle and Cardinal Health to assure medical professionals had adequate supplies of useable masks, and developed a public awareness campaign assuring patients it is safe to go see your doctor.

On-Demand Webinars

In April, the OSMA launched a series of ***Free*** webinars for members:

- How to Lead & Manage Through Change
- Remote Technologies: Addressing Security Concerns of Working Remotely
- PPP Loans for Medical Practices: Maximizing Forgiveness & Minimizing Reduction for Your Paycheck Protection Program Loan
- HR-focused Physician Webinar: Employment & Staffing Issues in the Medical Office Due to COVID-19

The webinars remain available on the OSMA website, **www.OSMA.org/coronavirus.**

Clean N95 Masks

In March, Battelle, a science and technology research and development firm based in Columbus, announced it had created a new N95 sterilization program for hospitals. Under the program, hospitals could send their used N95 masks to Battelle for cleaning and sterilization for reuse.

The OSMA partnered with Battelle to expand the program to all physician practices in Ohio, regardless of size. The OSMA, recognizing that the masks were critical to ensuring the safety of healthcare workers and patients, offered the service at no-cost to help ensure there remained adequate levels of personal protective equipment as medical offices and healthcare systems return to normal operational levels.

To participate and to learn more details about the program, visit **www.battelle.org**.

Healthcare is Safe Campaign

As medical practices begin to reopen and resume elective surgeries and procedures, the OSMA knows it is critical that Ohioans are assured healthcare facilities are safe and accessible for patients.

The OSMA partnered with the Ohio Hospital Association (OHA) and Ohio Children's Hospital Association (OCHA) to create a new campaign: Healthcare is Safe in Ohio. During the pandemic, many doctors' offices have seen a sharp decline in visits from patients who, among other concerns, worried about the safety of visiting a medical office.

With the campaign, the three organizations created two television public service announcements. The messages are also available for radio. The ads began running on television stations across Ohio in early June.

"There is tremendous concern for people who urgently need medical attention for conditions unrelated to COVID-19 and are choosing not to get the care they need. We've seen activity at some doctors' offices decrease by more than 50-percent due to patients cancelling scheduled appointments or not showing up for visits," said Anthony Armstrong, MD, president of the Ohio State Medical Association. "The message has to be clear: your health is your personal responsibility and it is safe to seek the care you need from your doctor."

CEO'S CLOSING POINT

Medical Students to Medical Doctors: WELCOME!

A year ago I sat in the audience of a medical school graduation in Ohio. As the ceremony started I looked at the stage and realized I knew none of the students and as I looked at the audience I knew none of the proud parents, grandparents, siblings or other loved ones.

By the end of the ceremony I felt like they were all my children.

I heard stories from students and professors about this bright, energetic and caring group of new doctors. I have never felt more comfortable knowing that these individuals would be taking care of me, my family, my friends and my fellow citizens for the next forty or fifty years. And I have never felt more proud knowing I would be advocating for them now and in the future. While there was a lot of unknown about their future, the overall healthcare environment that group was set to enter seemed stable and somewhat defined.

Fast forward a year as medical schools in Ohio this spring were forced to conduct virtual graduations. I was unable to see the faces of the graduates or friends and family as I did a year ago but I am just as proud of them as I was of their immediate predecessors. I even attended my first virtual graduation as my daughter received her B.S. in nursing from the University of Pittsburgh.

To our new physicians, certainly your graduation experience was different but I pledge to you that I am just as dedicated and inspired—if not more—to advocate for you in the days, months and years ahead.

The environment you are entering is less stable and has more unknowns than perhaps any other graduating class in history. Some of your immediate questions might be:

- What will happen to the hospitals that support residency programs?
- What will happen to the federal and state funding that supports these programs?
- When they are done with residency and fellowship what type of practice setting will be available for them to join?

Nobody has the answers or can predict the future. Nonetheless, I can assure you that you have joined a profession of highly motivated, passionate and dedicated individuals driven first and foremost to ensure the safety and well-being of their patients.

This focus will continually be challenged by insurers, regulators, lawyers and other entities that threaten the economic foundation of the profession. There are growing public health concerns. And the COVID-19 pandemic continues to pose new challenges. It's a scary and uncomfortable environment but you have earned the right to now be part of a tight-knit profession and that is foundational. Whether at the local, state or national level this sense of collegiality will support your professional well-being, your practice, and tirelessly advocate for you at all times.

In Ohio, the Ohio State Medical Association (OSMA) is that force and will be there every day, every month and every year of the journey with you.

On behalf of all the physician members and staff of the OSMA—Welcome! We need you and look forward to making the profession stronger than ever.

Todd Baker

CEO
Ohio State Medical Association

Ohio State Medical Association

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