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## Spine and Orthopedic Practice Management

# One year from today: How 6 spine, orthopedic surgeons see their practices evolving

Alan Condon and Laura Dyrda - Friday, May 1st, 2020 | [Print](#) | [Email](#)

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Six orthopedic and spine surgeons outline where they see their practice one year from now, given the current challenges related to the COVID-19 pandemic.

**Noam Stadlan, MD, NorthShore Orthopaedic & Spine Institute (Skokie/Evanston, Ill.):** In the last 45 days we have significantly increased our use of phone and video outpatient visits, and I think that this will continue beyond the current crisis. Combined with our robust EMR system, it has enabled us to provide follow up care, have patients send in images of their incisions or areas of concern, and even see new patients. In the future, I think it will allow us to offer care to patients beyond our local geography or who face challenges with transportation. I would expect that a year from now the COVID infection crisis will have passed and/or diminished and most of, if not all, the surgical and outpatient routine (with the addition of more video/phone visits) will have returned to normal.

**Jeffrey Wang, MD, Keck Medicine of USC (Los Angeles):** It is hard to say what the new normal will look like, but I think we will continue to institute some of the things we learned during the crisis. I believe that some sort of social distancing and precautions that we adopted during the crisis will continue to be used even when we return to our new normal. Hand-washing and sanitation, spacing patients for social distancing and telemedicine are likely to continue to be used in some form. I have many patients who just need to talk and are doing so well that their visits via telemedicine make us realize how efficient and easy it is for our patients. I recently saw a patient who is so happy that he did not have to wake up early, drive to the spine center, park, wait and see me when it was handled from the comfort of his home in a 15 minute telemedicine visit. For a certain part of our patients, telemedicine will be used perhaps more in the future. The important lesson is perhaps to understand that this did and could occur again, and this will allow us to prepare for the future.

**Owen O'Neill, MD, Twin Cities Orthopedics (Minneapolis):** Our practice will continue these robust safety measures for patients and staff. We believe that our clinical practice will flourish and have higher demand as patients seek out centers that provide the safest environment for their care.

**Jason Scalise, MD, The CORE Institute (Phoenix):** At the moment, it seems likely that several aspects or consequences of this pandemic will remain, at least in part. Social distancing, face masking and perhaps ongoing testing may continue to have a role a year from now. We also expect that most if not all of the telehealth opportunities will remain and perhaps even be encouraged going forward such that a new level of 'virtual encounters' may persist in the continuum of how we practice.

It also seems abundantly clear from all of the large payers around the country with whom we speak that as they also attempt to recover, a massive push towards alternative or at-risk payer models is eminent as a way of shifting even further the cost burden to providers and linking reimbursement to sustained performance. In order to perform well, physician practices should be prepared to quickly engage in robust data tracking and reporting capabilities, the ability to demonstrate consistent clinical outcomes and be able to function in a population health type environment where a larger continuum of the patient's care than just the surgical episode is the responsibility of the surgeon. Practices without the ability to do so quickly should look for partnerships that allow them to incorporate such resources.

**Brian Cole, MD, Midwest Orthopaedics at Rush (Chicago):** I think all of us are bracing for an imbalance of the supply of healthcare services and the demand for those services. Because of the processes in place, the practice of medicine will be more expensive to deliver safely. We can make up some of those inefficiencies through telemedicine and hopefully insurance companies will continue to recognize and reimburse for telemedicine. In addition, we will likely see consolidation amongst groups of variable sizes given the implicit overhead to practice medicine today.

On the demand side, there will be some patients who are uninsured or just started new jobs and they won't be able to take time off for surgery. There are also different acuity levels we'll deal with and there will be fewer sports-related injuries. As a result, we expect inefficiencies and increased costs on the delivery side and less demand on the need side from the patient perspective. How long will that last? I don't know; it largely depends on when life looks more like it did pre-COVID. We remain cautiously optimistic in our projections.

If we have an effective vaccine without being faced with new viral challenges, things will begin to look better faster. There is a lot we can't predict, but we are anticipating and building out our infrastructure in a way that anticipates the imbalance between supply and demand. It would be fiscally irresponsible not to do so.

**Isador Lieberman, MD, Texas Back Institute (Plano):** One year from now, every aspect of healthcare delivery will have changed. I suspect we will all have a new respect for social distancing and PPE. I suspect we will be more reliant on telehealth methods, as we now realize the clinical and economic value to all the stakeholders. I also suspect we will see a small decrease in surgical case volume for a 12- to 18-month period, as some patients and some surgeons will be reluctant to accept the risk of a COVID infection during the perioperative period.

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