

Texas Back Institute monitoring COVID-19 surge as hospital chains restrict elective cases

Alan Condon - Thursday, July 9th, 2020 [Print](#) | [Email](#)

Texas Back Institute in Plano is keeping a close eye on the rising COVID-19 cases in the state as major hospital chains again begin to restrict elective procedures.

Isador Lieberman, MD, president of the institute, sheds light on the situation in Dallas County and how the pandemic is making his practice revisit expansion plans.

Question: How have spine cases been affected at your practice in the past two months? Have you noticed a significant downtick in cases?

Dr. Isador Lieberman: There has been a little downtick. I estimate that this month we're probably down 10 percent and last month we were down about 15 percent year over year. Patients are definitely seeking care but remain reluctant to undergo anything invasive right now. They're establishing a relationship with us and if they need anything substantial done, they're willing to wait until this pandemic gets beyond us. I see probably 15 new patients a day in clinic, and at least two of them say they want to wait to undergo any procedure, which is reasonable. On the flip side, there are a lot of patients that just can't wait. They're suffering so much that they need to have something done.

Q: With hospitals in many Texas counties suspending elective surgeries again, how will this affect your practice?

IL: It will have an impact on us, but I can't predict how significant. It will depend on the number of coronavirus cases, which are climbing in Dallas County at the moment, and we do about 40 percent of our business in Dallas County. The major hospital chains have all advised us that they're going to restrict elective cases, but anything that's already on the books you can still do. Most of us at TBI have cases booked until the end of August. We're still going to be doing those cases. But if the uptick in COVID-19 cases is substantial enough that the hospitals are concerned about the supply of [personal protective equipment] and resources to care for coronavirus patients, I wouldn't be surprised if they completely restrict us from performing elective surgeries. I'm sure we'll feel it a little bit, but I don't think it's going to be substantial if we're at this same level.

Q: How much of an impact did the elective surgery ban have on your practice?

IL: If you look at our numbers, we had a slow period. But in May and June we ramped up very quickly. Overall, we are probably down about 15 percent. We're not down that much in terms of our volumes right now because we made it up pretty quickly. We've got the luxury of a strong organization with a very controlled fiscal policy, so we've been able to weather this storm. We've got good relationships with our hospital chains, so we can do what we need to do without worrying about a complete shutdown. We've also kept all our employees at work. We've transitioned a lot of them to work from home and we're going to maintain that to keep them safe. We'll soldier on and do what's best for the organization, our patients and society.

Q: What's on the horizon for Texas Back Institute? What plans are you formulating on the clinical side?

IL: About 18 months ago, we were planning a renovation of our main office, which is 42,000 square feet. But with the way things are going, we're starting to think do we really need 42,000 square feet anymore? A lot of our workforce is working from home and we are going to reevaluate what we are doing with that renovation. It's on hold for now, but we are going to re-plan the renovation with telehealth in mind, working from home for our employees, and easier access for patients to get their tests and X-rays with less travel.

We see a lot of out-of-state patients and we now realize we can make first contact with them through telehealth. We can do a lot of follow-up visits via telehealth, so patients don't have to travel to be able to see us. In fact, we just audited that experience and over 80 percent of our patients prefer the telehealth platform rather than having to come in and sit in our waiting room or travel from out of town to see us. That audit was formulated into a scientific article that we've sent into one of the major spine publications.

The other thing we're looking at is amplifying our telehealth approach. There's a lot of technology that we have still not taken advantage of, and I see a lot of benefit there. A month or two from now we'll have a better idea of what we're going to do with our office, telehealth and our EHR system.

Q: How do you see telehealth developing in the field post-pandemic? Do you see CMS rolling back in the technology?

IL: I cannot possibly imagine that CMS will shut it down. It makes no sense whatsoever. I suspect we're going to go through a phase where CMS is going to reevaluate. You're going to have the American Medical Association and all the various committees take another look at how telehealth is administered and how it should be reimbursed. I suspect that's going to be a one- to two-year period. There would be a revolt if they shut it down. Physicians wouldn't like it and patients wouldn't like it.

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