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The economic impact of COVID-19: How 5 spine, orthopedic surgeons plan to recover financially

Alan Condon and Laura Dyrda - Tuesday, May 5th, 2020

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Five spine and orthopedic surgeons discuss their backlogged surgical cases and how they plan to overcome the economic difficulties presented by the COVID-19 pandemic.

Question: What is your current backlog of surgical cases and how do you plan to recover financially?

Jeffrey Wang, MD. Keck Medicine of USC (Los Angeles): We have a huge backlog of cases that has only grown daily since we stopped elective surgeries six weeks ago. We had a large backload of patients even before this crisis and the lack of our ability to do elective surgeries grows every day that we are not able to accommodate these patients.

Owen O'Neill, MD. Twin Cities Orthopedics (Minneapolis): We have a significant backlog, but will work through them based upon severity of disease and symptoms. We will be extending hours and working on Saturdays as volume dictates.

Jason Scalise, MD. The CORE Institute (Phoenix): Our backlog of postponed surgical cases is extensive. As we have been vigilant with our operations and finances throughout this process and have implemented extensive planning around potential challenges, we don't really think of it as a financial 'recovery' per se. Instead, we feel we are well positioned to continue to move forward with patient care and practice growth opportunities. Due to our at-risk payer models, our savings-based revenues have increased.

Brian Cole, MD. Midwest Orthopaedics at Rush (Chicago): It depends on the environment. The hospitals where inpatient surgeries are done will have a different ability to ramp up than ASCs. The first places that will be back online are ASCs, which are very nimble and we won't be competing with other surgical specialties for ORs. At inpatient hospitals where everyone has pent up demand, we will have to take procedure prioritization to panel review. We have to make sure there is ample ICU space for high acuity cases; those that have a low risk of needing the ICU will have a clearer path to surgery. The patients that need an ICU bed will be handled differently than those that are traditional inpatients and don't need those resources.

In some cases, ambulatory surgery that may have been performed in the hospital before can now be safely done in the outpatient setting, and we can accommodate that when it's medically safe at ASCs with our extended hours. ASCs are also an easier place to navigate larger surgical loads than the hospital.

Isador Lieberman, MD. Texas Back Institute (Plano): At Texas Back Institute, we have 19 surgeons and three interventionalists. Over the last four weeks, we have continued with a robust telemedicine program. We evaluated well over 600 patients via telehealth methods. Some of our cases from March and April were postponed. Despite that, we estimate a backlog of over 400 surgical cases and over 100 diagnostic or therapeutic injection procedures. The financial recovery will take time. However, I am proud of the TBI team, as we were prepared and acted early to minimize the financial impact on the practice.

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1.800.417.2035

becker@beckershealthcare.com

