

# Lessons Learned from COVID-19 in New York City: Preparation Is Key

*Keith M. Blechman, MD, Plastic and Reconstructive Surgery*

Just before New York temporarily banned elective procedures, I looked across the operating table and said, “Leave the sutures long, because the patient is probably going to have to take these sutures out.”

I knew early on that COVID-19 was coming. Through personal connections, I was hearing about events in China, and as the outbreak hit Seattle, I started to prepare. After some rocky early days, leaping the hurdles set by the pandemic has created positive outcomes for my practice, as I have made changes to become more efficient through integrated telemedicine.

So far, my key takeaways for creating a lean, adaptable practice have been:

- Be prepared. I’ve experienced first-hand how practices with remote-work systems already in place have been better off.
- Find efficiencies: Making changes now in light of the pandemic can save your practice time and resources later.
- Choose vendors wisely: This crisis has shown which companies can be counted on to help, and those that fall short. Is it time to reconsider your business partnerships?
- Embrace change: It’s happening (whether you like it or not).

Fortunately, when the pandemic struck, my New York City practice was well equipped to perform many administrative functions remotely, and to offer telemedicine to patients. My staff members were already using Voice over Internet Protocol (VoIP) phones, giving us remote access to our office roles with increased cybersecurity and reduced infection risk. Similarly, we were already using a cloud-based electronic health record (EHR).

However, the pandemic’s initial impact on my practice was still devastating: Since I perform plastic and reconstructive surgeries, a ban on elective procedures shut down 99 percent of my practice. In between volunteer shifts in the emergency

department, I found myself on the phone with attorneys discussing what would happen if I couldn't pay rent on my office, if I had to declare bankruptcy.

Trying to keep my practice afloat as the shutdown continued, I went through my bills. Overhead for an office on the Upper East Side is substantial. Surgery cannot be performed remotely, so the pandemic brought my business to a halt. I had to take action.

I cut my expenses in half. I tried to be active, not reactive: I picked up the phone and talked to vendors and business partners. I found out which businesses were unwilling to adapt to an unprecedented circumstance, and who had my back. For example, just before lockdown, I had switched to The Doctors Company for malpractice insurance. I called my broker and told him I was doing just clinical care, no surgeries. The Doctors Company quickly reclassified my coverage to reflect my actual interactions with patients. It was very easy for me, and it helped me bridge the financial gap until I could perform surgeries again.

By June, I was allowed to resume elective procedures. My practice reduces infection risks by seeing patients virtually as much as possible: I evaluate the patient over the HIPAA-compliant version of Zoom. Prior to surgery, we need to see a negative COVID-19 test. Meanwhile, I receive information about patients by paperwork and photos submitted, followed by a video visit. I perform many breast reductions and transmasculine top surgeries, and for these procedures, the combination of document review, photo review, and video consult is often sufficient to prepare for surgery.

During a post-op telemedicine visit, I can visually examine incision sites and check for swelling, bleeding, redness, and so on. I can ask the patient if they are running a fever, and get a general overall sense of how they are feeling. If I see or hear anything that warrants further inspection, then they can come to the office for an in-person visit, but for most patients, recuperating at home is more comfortable, and it reduces infection risk for everyone.

Before COVID-19, I used to hear physicians worry that their patients would not want to participate in video visits, or that they might be intimidated by telemedicine technology. But my patients have been enthusiastic: Many patients appreciate dealing with an up-to-date practice, and they appreciate speaking to me from home instead of traveling across town for a consult.

I'm starting to think bigger. I'm realizing that with telemedicine capabilities and licenses in other states, I can operate in New York and then consult in California in the afternoon. I can then fly to California, do a surgery, and stay two weeks while doing consults in New York. Any doctor could do the same.

I love how my business is operating now. Some of my staff members do appreciate some separation of work/life spaces, and they are starting to come into the office more. So on any given day, maybe half of us will be in the office, and half on Zoom.

It's easier to make business plans when we think we know what is going to happen, but at this point, no one knows what the future holds. The only thing that is certain is that it won't be like the past. "Back to normal" isn't real. As events unfold, the more we try to do things like the past, the more we will be swimming against the current.

So, my primary lessons learned are: Stay positive. Anticipate and embrace change. Envision the future.

---

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.