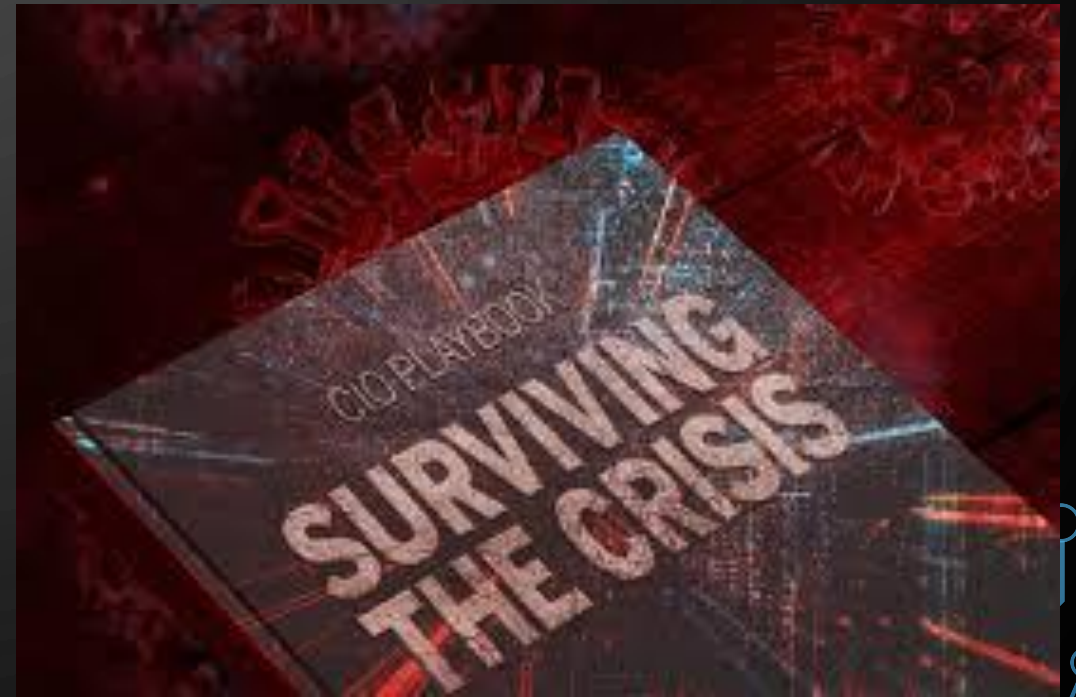




COVID-19

ADAPTING TO COVID-19

- Dr. Ruben Kalra M.D., M.B.A
- Neurovations
- Thursday, April 30th, 2020

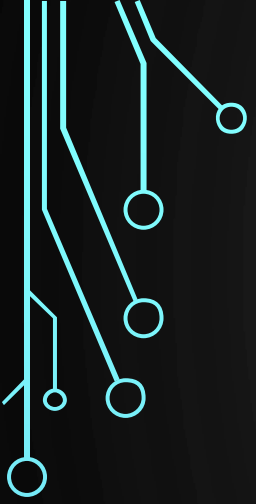




COVID-19

BACKGROUND

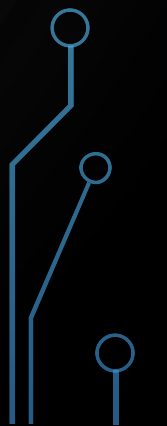
- Former Chairman Pain Management John Muir Hospitals, founder WellBrain, former stock research analyst at Credit Suisse during 2001 recession, former advisor to the head of the Joint Commission (JCAHO)
- Bay Area- Corte Madera, Pleasanton, Pleasant Hill
- President-Pain Medicine Consultants- Multidisciplinary- 9 providers- bread and butter, SCS, regenerative, meditation classes, suboxone, payor mix- good blend, majority PPO
- 25000 visits/year
- Disclosure- founder WellBrain



THE CHALLENGE



- All surgerycenters closed- 30% of volume, 50% of revenues
- Telehealth reimbursement not clear with all payors
- Some staff fearful coming in
- Latest \$2T proposal may incentivize employees not to work- make more staying at home

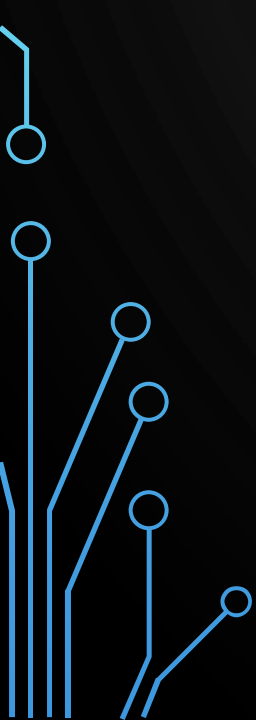



A white rectangular box in the top right corner contains a light gray world map. Overlaid on the map is the text "COVID-19" in a bold, orange, sans-serif font.

COVID-19

A decorative graphic in the top left corner consisting of light blue lines and circles, resembling a circuit board or network diagram.

LOOK AT YOUR NUMBERS

- Example: normal- 1000 patient visits/month
 - Overhead 50% (most 55-65% overhead)
 - Rev/visit- \$250/visit
 - Breakeven will vary for each practice
 - Calculate your breakeven and track each week
- 
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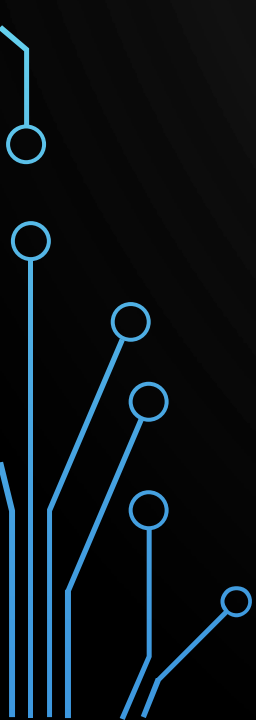

2019 Pre-Covid revenues		per month			
Non-ASC revenues		150,000			
ASC revenues (prof fees)		100,000	40% of revenues come from ASC professional fees		
total revenues		250,000	avg revenue/visit= \$250		
# patients/month		1000			
PA expenses/month		30000			
other staff expenses/month		40000			
total expenses		125000			
Net margin		125,000			
Post-Covid 2019 revenues					
Non-ASC revenues		120000	(assumes a 20% reduction in office visits because of fewer injections,)		
ASC revenues (prof fees)		0			
# patients/month		700			
ASC replacement visits	120 visits x \$150/visit	18000	(fill MD procedure slots)		
BHI	400 visits x \$600/visit	24000			
urine screening	200 x \$60	12000			
total revenues/month		174700			
PA expenses/month		24000			
other staff expenses/month		30000			
total expenses		110000			
Net margin		64700			



GOAL



COVID-19

- Keep open- We are protecting the backlines. It is essential to helping our patients and keeping ER's free from out patients. In crisis, let's be the best version of ourselves
 - Reduce overhead, improve patient volume through telehealth
 - Patient and staff safety
 - Compliance- urine screens, DEA 1 month supply (telehealth OK)
- 
- 



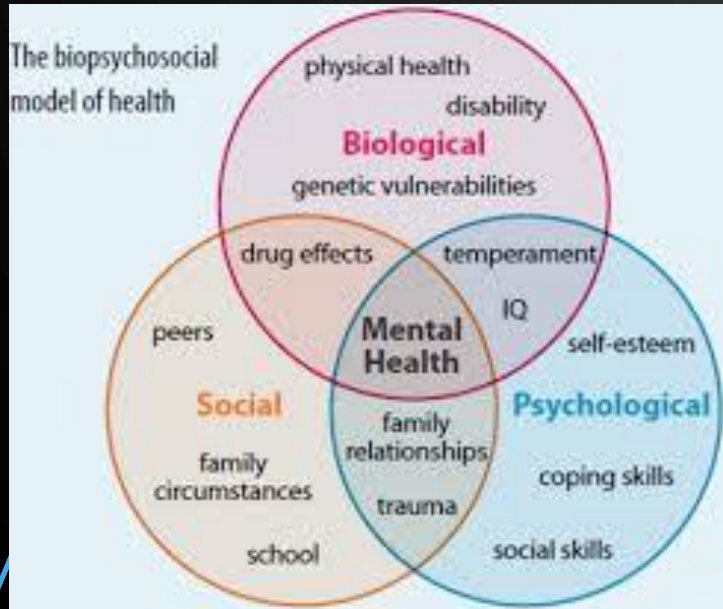
COVID-19

STAGE 1 TRANSITION- 6 WEEKS AGO

- Cash is king. Talked to our bank about a LOC
- Bought a cell phone or sim card for all our providers, setup remote access to our phones and EMR for key staff
- We implemented telehealth (through use of phone, zoom, and facetime). 80 telehealth appointments on March 17th
- We contacted payors about providing written documentation on E/M equivalent reimbursement for all visits



THE PROBLEM-CHRONIC PAIN AND MENTAL HEALTH ARE DEEPLY INTERTWINED AND SHOULD BE TREATED TOGETHER...



- ❖ Patients with chronic pain are **3 times** more likely to develop symptoms of depression or anxiety.
- ❖ Individuals with chronic pain are at risk of other substance use disorders (SUDs).
- ❖ 5 fold increase in anxiety/depression with COVID-19 & 5 fold increase in patients interested in learning meditation during this time

STAGE 1 TRANSITION- 6 WEEKS AGO

- Reduced hours by 30% across the board
- All patients 65 and older and those with chronic conditions- telehealth only
- All patients are given the option to use telehealth. Those coming in- we have strict precautions (stay in the car until coming to your appointment, plans for urine screens next month on those who need one (drive up))



STAGE 1 TRANSITION- 6 WEEKS AGO

- Leveraging use of Behavioral health integration to help patient's mental health during this time frame and keep staff busy. (additional revenue of \$50/patient/month, unbundled- 500 patients- **\$25K/month**)
- Weighing the use of non-steroids for in office injections such as Traumeel etc.
- Work comp, private payors except Blue Shield- in office until we hear otherwise



COVID-19

STAGE 2 TRANSITION- 2 WEEKS AGO

- Seeing Telehealth denials for documentation- buffed up documentation & resubmit
- CARES act, PPP
- Implemented remote use of BHI- assess brain health during this crisis & unbundled reimbursement
- Setup COVID-19 protocol for urine screening- high risk time & DEA mandates it
- Convinced local HMO to allow telehealth E/M for new patients and had documentation from California insurance commissioner for all private payors





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STAGE 2 TRANSITION- 2 WEEKS AGO

- Zoom is not for everyone- MA walks them through it the day before has helped, Facetime- others, phone-others
- Procedures- only if deemed urgent and documented accordingly
- 500 telehealth visits this past week
- Providers noting they don't need as much staff with telehealth



STAGE 3 TRANSITION- TODAY

- ASC's reopening- awaiting criteria & discussing risk/benefit with patients
- Auth coordinator- obtaining auth on all pending procedures and making a priority list of patients for the ASC's
- Expanding schedules and staff hours slowly
- Appealing denied claims
- Tracking implementation of urine screening and use of BHI (Behavioral health integration)

LATEST UPDATE ON TELEHEALTH PAYMENTS- 4/24

- **Anthem Blue Cross – underpaid**
- **Aetna – DOS before 4/2 underpaid ; after 04/02 contract rate**
- BCBS – contract rate
- Blue Shield – contract rate
- **Cigna – underpaid**
- **HealthNet – underpaid**
- Medicare – sample data are secondary payments only
- MediCal – no payments yet
- **UHC – underpaid**
- **Tricare- underpaid**
- **Action Plan: be ready to appeal and can use insurance commissioner mandate letter on paying for telehealth appropriately**



6 PRACTICAL TIPS TODAY



COVID-19

1) Cash is King.

Make sure your are carefully tracking cash flow & building on it

LOC, staffing hours, laser focus on billing and collections

follow-up on government funding resources as Dr. Grigsby discussed

2) Appeal denials, can attach state insurance commissioner letter as we do in California

3) Continue urine screening- DEA is not going to care & a high risk time

6 PRACTICAL TIPS TODAY



COVID-19

- 4) Consider integration of Behavioral Health Integration Program
 - Win/win/win for patients, staff, and cash flow during this time of heightened anxiety, pain, depression, and trend towards addiction
- 5) Start obtaining extensions for all procedures and having your staff develop a priority list
- 6) Follow ASIPP & CalSIPP & Neurovations on LinkedIn. Great resources. Covid-19 Procedure consent etc.

Email me at rubenkalramd@gmail.com for the Pain Practice COVID-19 survival package for forms, zoom templates, BHI info, telehealth verbiage, appeal forms

A white rectangular box containing a grey world map. The text "COVID-19" is overlaid on the map in a bold, orange, sans-serif font.

COVID-19

THANK YOU

- Dr. Ruben Kalra MD, MBA
- Cell 415-601-7132
- Email rubenkalramd@gmail.com
- *“Ask not what your country can do for you – ask what you can do for your country,” JFK*





Eric Grigsby MD, MBA
CEO and Founder Neurovations and
Napa Pain Institute



Stephanie Vanterpool
MD, MBA
Director of Comprehensive Pain
Services

Preparing Your Re-entry Plan

*Mapping the Future of Pain Procedures with
Neuromodulation and COVID-19*

**Thursday May 7th, 2020
5:30 PDT/8:30 EDT**

