



**MEDAXIOM**  
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# SURVEY: IMPACT OF COVID-19 ON CV ORGANIZATIONS

THREATS, OPPORTUNITIES AND INSIGHTS  
TO NAVIGATE THE PANDEMIC



REPORT

PUBLISHED APRIL 3, 2020



# SURVEY: IMPACT OF COVID-19 ON CV ORGANIZATIONS

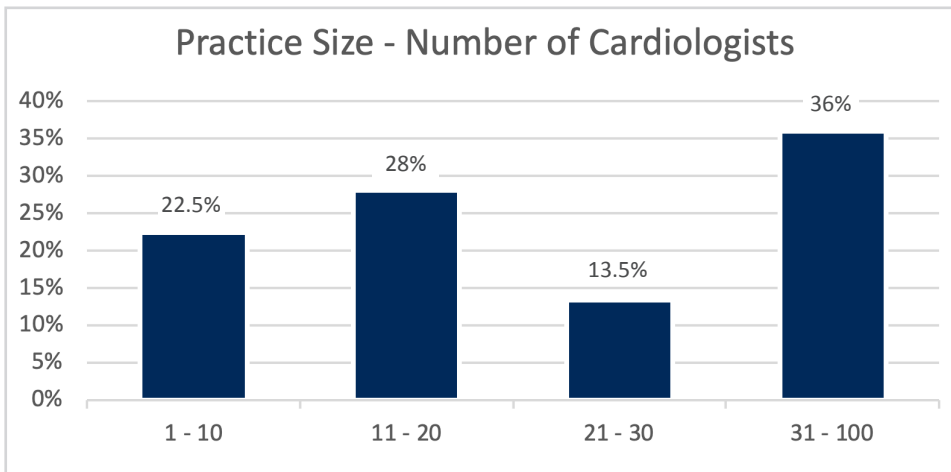
THREATS, OPPORTUNITIES AND INSIGHTS TO NAVIGATE THE PANDEMIC

The COVID-19 virus has rocked the healthcare industry, shifting the way care is delivered for years to come. The impact on practices and hospitals was immediate and CV service lines have had to rapidly adapt to a new environment.

MedAxiom surveyed its members to gain insight into the initial impact of COVID-19 on CV organizations across the country.

While the situation continues to unfold and the impact on practices will evolve, this report details how CV organizations have adjusted to a new normal in a matter of weeks and what actions programs need to take now to ensure viability in the coming months.

## DEMOGRAPHICS



**89**

**CV ORGANIZATIONS RESPONDED**

**DATES OF SUBMISSION**

**MARCH 24 - 28**

**OWNERSHIP MODEL**

**65% INTEGRATED**

**35% PRIVATE**



## RESOURCES



Visit [MedAxiom.com/COVID19](https://www.MedAxiom.com/COVID19) for Advocacy, Legal and HR Resources



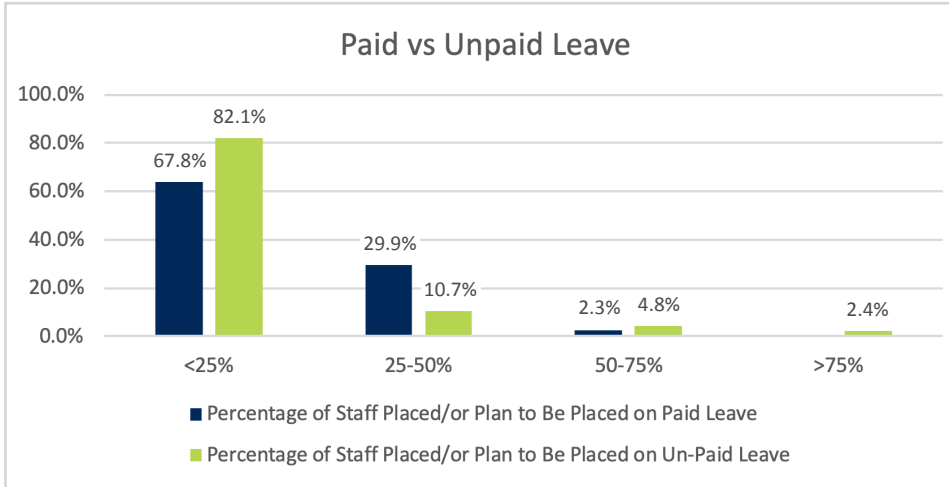
[Webinar: COVID-19 and the CV Service Line: Legal Questions You Never Thought to Ask - Part 4](#)





## STAFFING

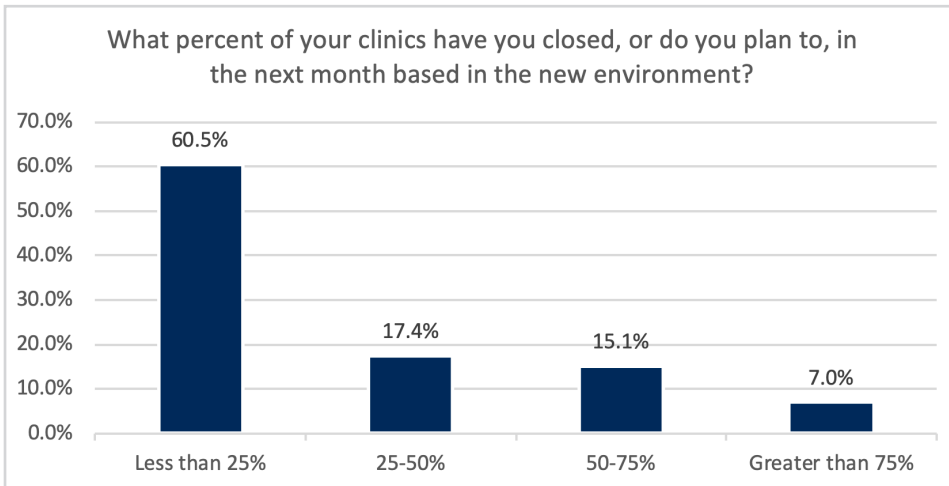
We are seeing a shift in staffing with so much of the work rescheduled. Programs are shifting as much work virtually as possible but furloughed and paid leaves are a reality. The survey data suggest that there may be additional pressure for private groups, especially early-on.



Many of you are utilizing your advanced practice provider (APP) team for virtual and telehealth visits. This is a great use of their time and expertise while keeping them and your patients safe.

## CLINIC OPERATIONS

At the time of this survey, over 20% of MedAxium member programs were closing 50% or more of their clinics. Based on ad hoc feedback, many clinics have remained open for new patients and urgent needs only.



According to the survey findings, many programs have either moved their routine visits or transitioned them into virtual or telehealth visits. A significant change in reimbursement has allowed this to occur while maintaining some revenue flow. Patients are able to stay home while seeing their providers.



Changes in physician staffing coverage may have significant impact on your physician compensation model.



Be aware of current options for managing staffing – guidelines and regulations.

## ARE YOU UTILIZING YOUR APPs FOR TELEHEALTH/VIRTUAL SERVICES?

**69.3% YES**

**30.7% NO**

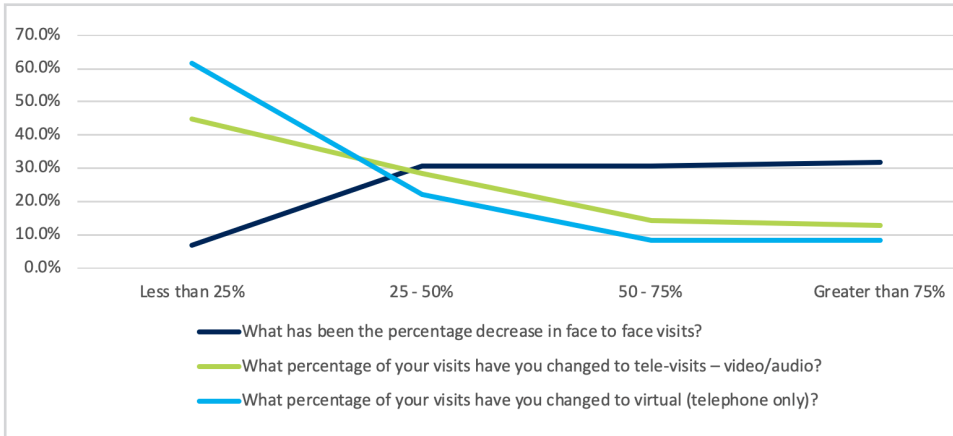
## HAVE YOU CHANGED YOUR PHYSICIAN STAFFING/COVERAGE?

**56.8% YES**

**43.2% NO**

Almost 60% of programs have changed physician staffing coverage with the majority creating a rotating hospital and/or clinic coverage model. The survey found that 31.1% have adjusted staff to remove higher risk physicians from face-to-face work.





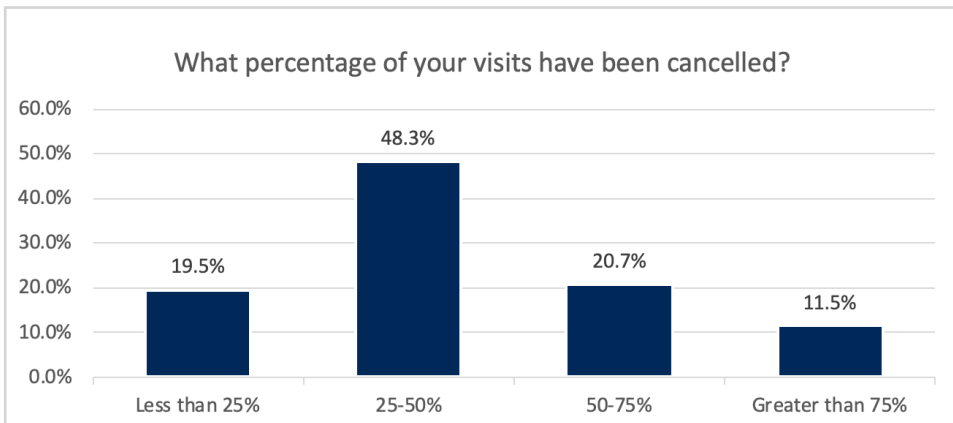
## HOW ARE YOU HANDLING THE MAJORITY OF NEW PATIENT SCHEDULED VISITS?

**51.7%** KEEPING SCHEDULED FACE-TO-FACE APPOINTMENTS

**19.5%** SEEING VIA TELEHEALTH, VIRTUAL, ETC.

**28.7%** TRIAGING AND RESCHEDULING TO A LATER DATE

Unfortunately, even with these changes many appointments have been cancelled with plans to reschedule in the future. The typical timeline seems to be 90 days or later.



Common platforms used for video/audio telehealth visits include **FaceTime**, **Zoom**, **EMR** platforms and a few with **Skype** and **Webex** along with a number of others.

For new patients the survey showed a mix of changes but over 50% were keeping them as scheduled. At the time of this survey, the Centers for Medicare and Medicaid Services did not allow new patient visits to be reimbursed as telehealth visits. However, since then this has changed and new patients can be seen via telehealth. The MedAxiom COVID-19 and the CV Service Line Part 2 and Part 3 webinars suggest an even more dramatic shift.



## RESOURCES



Webinar: [COVID-19 and the CV Service Line: Setting up Telehealth in Your Office - Part 2](#)



Webinar: [COVID-19 and the CV Service Line: Operationalizing Telehealth Visits and Virtual Services – Part 3](#)



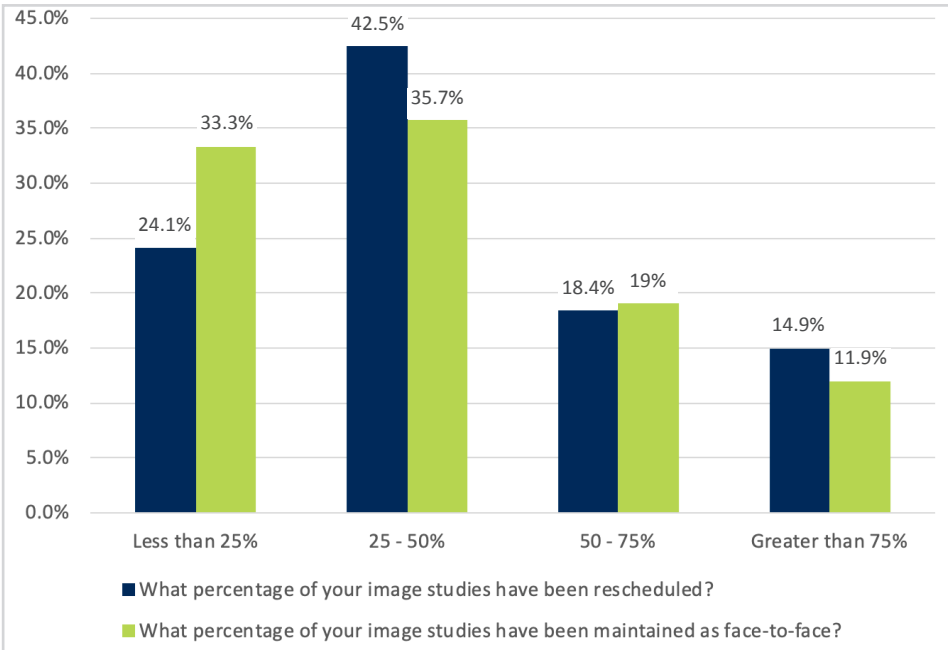
Review the [Virtual Services Coding Tool](#)





## IMAGING

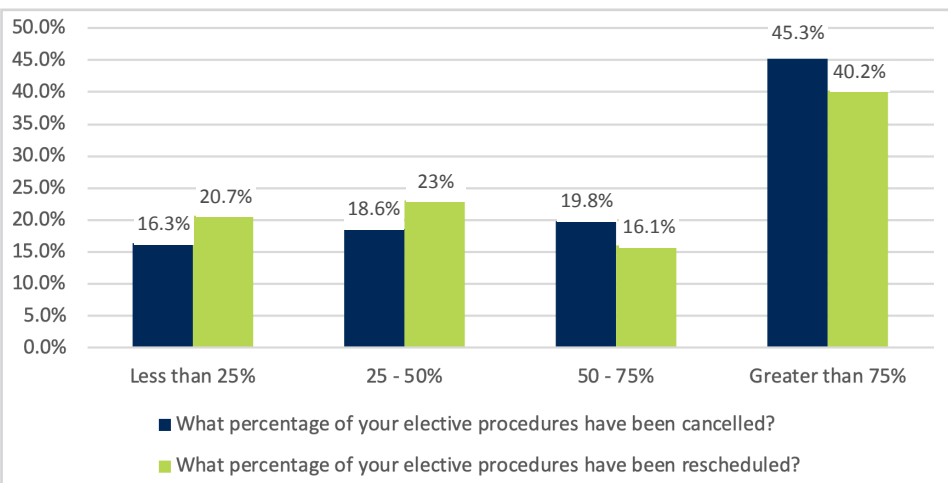
We have also seen a significant number of imaging studies rescheduled with a similar trend for those that are maintained. Programs described reviewing all imaging schedules with the goal to move all elective studies to a safe time. Programs will need to be ready for a significant wave of volumes in the next few months as well as assure that none of these have fallen through the cracks.



Clinic visits, imaging studies and elective procedures have all been shifted significantly. Recall and tracking strategies need to be a priority to assure that no patients are lost in the transition.

## PROCEDURES

Procedure impact is similar to imaging studies. Programs have been forced by their hospitals and for safety of the patients to reschedule elective CV procedures. A program in New York noted a 90% decrease in their CV procedures during this time. The survey shows that most programs are seeing a 50 to >75% reschedule rate in CV procedures to a later time. This has been a rapidly moving target with 'stay at home' mandates, staffing safety and employment issues contributing. The good news is that the trends for cancellations are the same as reschedules, meaning that these procedures are not 'lost' but rather the timeline has been extended.



Operational efficiency will be incredibly important once the pandemic subsides to assure that all patients from spring and summer receive timely care.

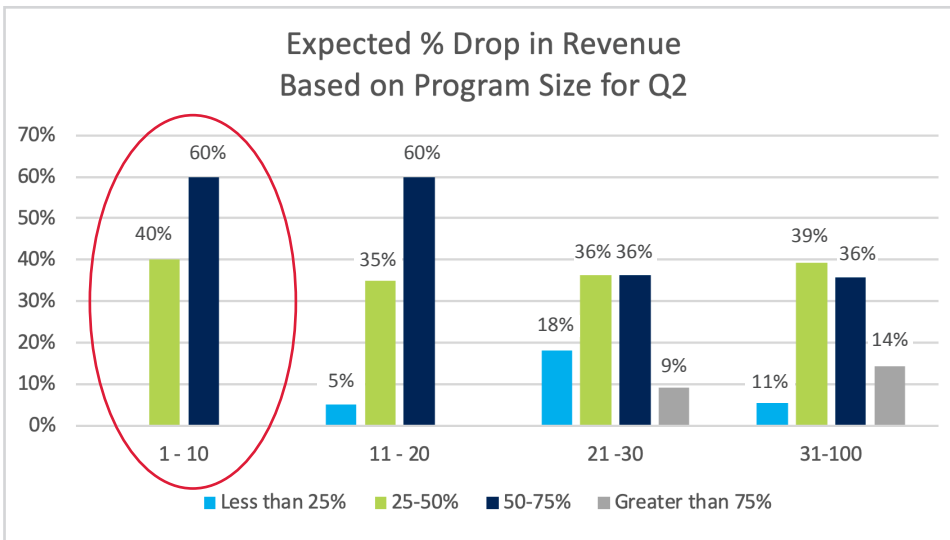
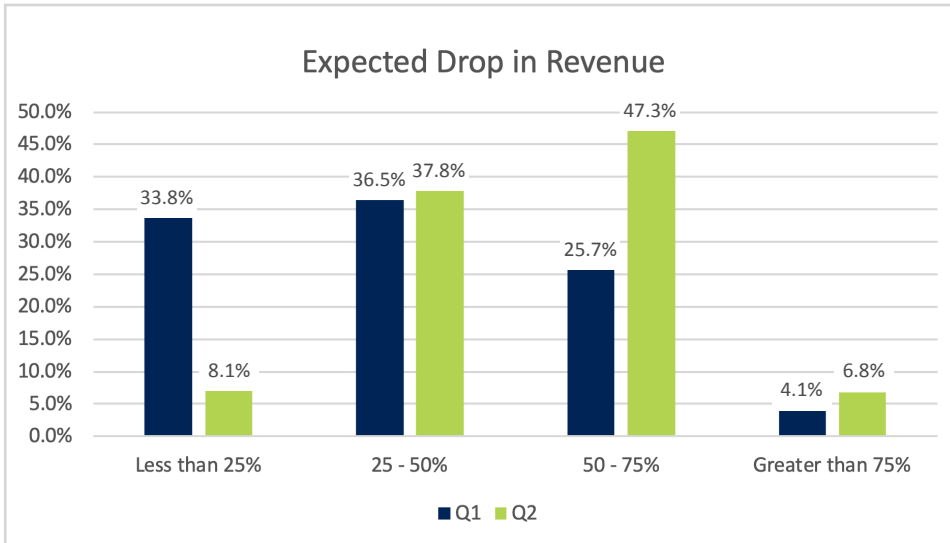






## REVENUE IMPACT/REVENUE CYCLE

All programs expect to see a significant revenue decline with the greatest impact in Q2 at this point. This is not surprising given the decrease in almost all services that cardiologists provide.



## HOSPITAL SERVICE

**84.8% DECREASED**

**15.2% INCREASED**

Almost 85% of programs have actually decreased their APP utilization for hospital rounds – likely due to split-shared visits requiring both to provide face-to-face patient interaction. Keeping to only one provider maximizes safety for the team. There are now options for telehealth visits for hospital services.

At the time of the survey, just over 25% of programs were providing e-consults to their ICU patients which seems to be more prominent in the larger, integrated groups. Thirty-five percent of programs were delivering provider to provider consults with similar trends for the larger, integrated groups.



## RESOURCES



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Review the [Virtual Services Coding Tool](#)



Programs with fewer physicians are expecting a larger drop in revenue as well as for the drop to occur earlier in Q1. These are program predictions and are likely to be worse.





## REVENUE CYCLE

With recent changes in reimbursement from almost all payers, effective management by billing and coding staff is key. At the time of this survey 42% of programs were holding their claims for telehealth with the hopes that the video requirement may be waived. Just under 60% of programs were reviewing all provider documentation prior to billing but just under 60% of programs were confident that the revenue cycle team has what they need to optimally interpret regulations related to these recent changes. Finally, almost 75% of programs have concerns about keeping up with the legal and compliance changes of the current environment. *There is significant uneasiness around coding and regulatory issues.* Many recent changes have made it challenging for programs to keep up and the language is often not clear.

## CONCLUSION

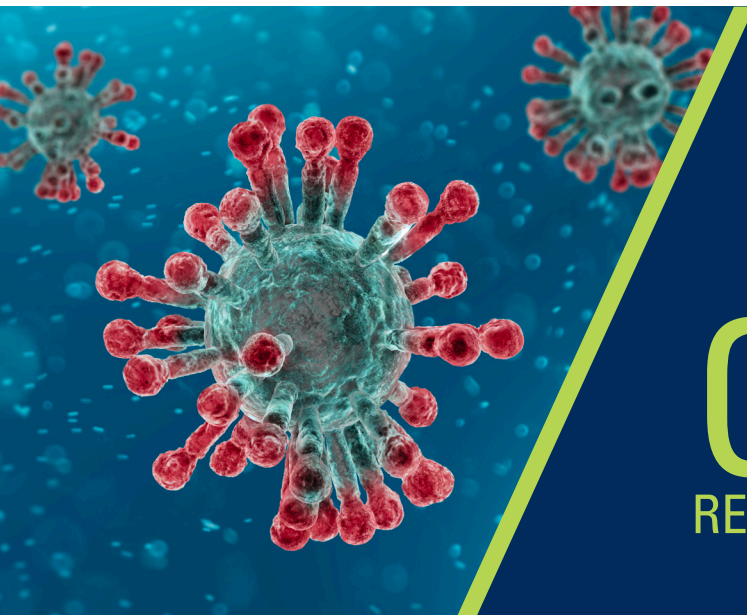
COVID-19 is proving to have far bigger impact than any of us could have imagined at the beginning. Major shifts in delivery models, patient volumes, staffing and revenue are being seen by every single program across the nation. We are working diligently to provide the most up-to-date information, resources for delivery model and regulatory changes. The good news about this pandemic situation is that the CV community has come together like never before to learn from each other, support each other, and advocate for resources and support. This is truly an example of *transforming cardiovascular care, together.*



## RESOURCES



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# COVID-19

## RESOURCES FOR CV ORGANIZATIONS

VISIT [MEDAXIOM.COM/COVID19](https://www.medaxiom.com/covid19)  
FOR THE LATEST INFORMATION AND TOOLS.

