

Practice Recovery Tips From the AAOE

While much of the United States was in lockdown, the American Academy of Ophthalmic Executives (AAOE) started helping ophthalmologists plan for a return to elective procedures (see “Use the AAOE’s Resources”). Factors to consider include the following.

1. Modify your office to reduce risk of exposure. Make sure patients can maintain appropriate social distancing. You can, for example, spread out chairs, minimize the time that patients spend in waiting rooms, and use floor markings to indicate where patients can stand.

Use furniture that can be easily sanitized and eliminate any unnecessary opportunities for exposure, such as coffee and water stations, childrens’ play areas, and aging copies of *People* magazine. Ensure there is proper ventilation and install air purifiers.

In staff areas, space workstations at least 6 feet apart and eliminate shared phones and workstations. Use signage to provide reminders of best practices.

Conduct a weekly walk-through of the entire facility and identify any new modifications that might be needed.

For more tips on practice operations, including cleaning protocols, visit aao.org/practice-management/article/coronavirus-practice-operations-safety-advice.

2. Before the patient encounter. Here are some critical steps to consider.

a) **Screen for possible exposure to COVID-19.** For the screening proto-

col that, as of May 1, was being used by Wilmer Eye Institute, see page 27.

b) **Set your patients’ expectations for the office visit.** Explain, for example, that patients will need a mask; that you’ll be taking their temperature; that, apart from some limited exceptions, they can’t bring friends and family into the office; and that, to limit face-to-face transactions, you’ll be taking copays over the phone or online ahead of the visit.

c) **Explain patient safety precautions and office protocols.** You can try to set patients’ minds at rest by sharing a brief overview of your office protocols for sterilization, safety, and social distancing. Confirm that you are complying with state and local regulations for health care facilities. Ask whether patients have any questions or concerns about your protocols.

d) **Get patients’ key information.** To minimize face-to-face interactions during the visit, obtain patients’ demographic information, history, and insurance details before they arrive at your office.

3. Stay connected with patients during practice recovery. Maintaining direct communication with your patients can help assuage their fears, preserve your relationship with them, and provide them with guidance for their ongoing ophthalmic care. (See aao.org/practice-management/article/stay-connected-with-your-patients-during-recovery.)

Use the AAOE’s Resources

Practice survival and recovery.

For a wide range of practice recovery resources, including tips for resuming surgery and reopening ambulatory surgical centers, go to aao.org/practice-management/resources/reopening-recovery.

Free access until July 31.

The AAOE is making many of its resources available to Academy members until July 31. These include materials unrelated to the pandemic, such as coding courses, but not the eTalk listserv.

4. Create a prioritization process for nonurgent appointments. Develop guidelines for prioritizing nonurgent appointments. Use your practice management system or electronic health record (EHR) system to create a wait-list report of nonurgent appointments and surgeries. Include, if possible, the patient’s diagnosis, age, and risk factors. Surgeons should review surgery lists and assign scheduling priority. (See aao.org/practice-management/article/prioritize-patient-wait-lists-your-practice-reopen.)

5. Use the AAOE’s eTalk listserv to exchange tips and share news. AAOE members can subscribe to the listserv at aao.org/practice-management/listserv. You can join the AAOE at aao.org/member-services/join-aaoe.