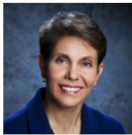


AAFP, AFMRD, AFMA COVID-19 Community Forum Webinar

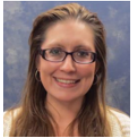
Event Date: 3/31/2020 Length: 60 minutes

Facilitator: Jay Fetter, MSHA – AAFP

Panelist



Karen Mitchell, MD, FAFP
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Participant Information

Alaska	1
Arizona	3
Arkansas	2
California	8
Colorado	3
Florida	1
Georgia	1
Idaho	1
Illinois	5
Indiana	2
Iowa	2
Kansas	5
Kentucky	1
Maine	1
Maryland	2
Michigan	5
Minnesota	2
Missouri	3
Nebraska	1

New Hampshire	2
New Jersey	3
New York	6
North Carolina	1
North Dakota	1
Ohio	7
Pennsylvania	7
Rhode Island	1
Texas	1
Vermont	2
Virginia	3
Washington	4
Wisconsin	3

Participant Role

Program Director	60
Assistant Program Director	17
Program Coordinator	28
Faculty	1
RPS Consultant	2

ACGME Status

Stage 1	9
Stage 1.5	8
Stage 2	64
Stage 2.5	8
Stage 3	32

Stages:

from Samuel Sandowski to everyone:

- Do we need to inform the Review Committee Directly about our state as stage 3, or is updating the webads during the annual update describing what we have done to ensure the residents have met the requirements and are deemed eligible and appropriate for graduation?

from ADay to everyone:

- Stage 1 does not exist, even before increasing patient loads in stage 2, there are decreases in patient loads due to social distancing. Rotations are cancelled to save PPE and reduce traffic in outpatient offices. The planning for stages 2 and 3 occurs in stage 1 in the middle of the country.

from James to everyone:

- Is it not the DIO who decides stage?

from Jamie Smith to everyone:

- Stage 3 needs to be approved by DIO and CEO/exec leader of hospital. Use the form on the ACMGE's website.

from Raj Woolever to everyone:

- I was on an ACGME DIO Zoom meeting this afternoon and they said move to Tier 2 and Tier 3 required written notification to GMEC and notification to ACGME if persisting more than 30 days

1650 Hours:

from Will Lehmann to everyone:

- Wondering if we have any advocacy to push back vs ABFM specifically mentioning "1650" even if novel visits/telehealth included--could crush a couple of my PGY-3 MD's--causing a TON of anxiety.

from Robin OMeara to everyone:

- Address the 1650 issue, and also the 40 weeks in "clinic". what is residents are kept on inpatient service for 1 block, or are not "in" clinic due to being at home (doing virtual visits or home study)

from Jamie Smith to everyone:

- ACGME has also said that 1650 is a program requirement not an individual requirement-it's more a measure of if the program can provide the volume necessary for training. This is a little inconsistent with how the ABFM interprets that number.

from Zubair Syed to everyone:

- Our PGY-3 are slated mostly to be in the in the FMC starting April, (no inpatient till graduation). They get the bulk of their continuity numbers towards 1650. I found it extremely disheartening on the ABFM website the statement "we expect that most of you will already have met the 1,650 minimum visit requirements prior to the pandemic." There is no way now -even with virtual or televisits that we can make 1650.

Vacation:

from Robin OMeara to everyone:

- Our residents have been asked to not take scheduled vacations at this time, will they be allowed to carry any vacation over into next year if they cannot reschedule before the end of the year (due to ongoing coronavirus or rotation issues)

from Jamie Smith to everyone:

- The ABFM told me that we can make a local decision about rolling over PTO for COVID related reasons. Must notify ABFM. they said they'd do "everything possible" to not impact length of training

from rosemebe to everyone:

- if they rollover vacation to next academic year- how will this affect the ABFM rule of residents having <21 days off per academic year?

from Heather Paladine to everyone:

- Ditto on the resident vacation question

Incoming residents:

from Joyce Hollander-Rodriguez to everyone:

- We are starting two incoming interns early - in April. Is anyone else doing this? Any sense of best practices?

from Samuel Sandowski to everyone:

- If we onboard a new resident early, we will have to request an increase in complement?

Milestones:

from Bill Warning to everyone:

- Thank you for relaxing the graduation requirements (continuity visits, etc.) for this year's grads, will these requirements remain lower for the next 3 graduating classes?

from Fiacco to everyone:

- on family medicine board exams. most 3rd year residents want to take exam before residency ends or shortly after; especially if they are moving on to fellowship or working shortly after residency finishes. Any efforts in trying to make board exams available for the summer or some sort of test they can take from home?

from Robin OMeara to everyone:

- I do believe that FM is still starting Milestones on July 1, 2020 though

from kevin to everyone:

- recommendation back to the RC for FM to delay Milestones 2.0 until 2021.

from tmcWilliJo to everyone:

- What I don't hear is that it is possible that some residents and residencies may have to find resources and navigate the logistics of a delay in graduation and board certification of some of their residents. It is possible that the pandemic will change the best laid plans of mice and men?

from shartman to everyone:

- Will someone verify about Milestones 2.0?

from Robin OMeara to everyone:

- from ACGME Q: For some specialties, Milestones 2.0 are scheduled to go into effect on July 1, 2020. Will this be delayed?

A: Yes, for some specialties. The following specialties will move to Milestones 2.0 on July 1, 2020, while the remainder will be delayed until July 2021:

Effective Date: July 1, 2020

Allergy and Immunology
Cardiovascular Disease
Clinical Biochemical Genetics
Complex General Surgical Oncology
Dermatology
Diagnostic Radiology
Family Medicine
Hematology
Hematology and Medical Oncology
Interventional Radiology
Laboratory Genetics and Genomics
Medical Genetics and Genomics
Medical Oncology
Ophthalmology
Sleep Medicine
Surgery
Urology

from BlacCh to everyone:

- residents are being reassigned to inpatient duties but missing other required rotations. such as outpatient peds. What flexibility do we have as PD to change requirements? I have a 3rd year that will not do a 2n month of outpatient peds because peds closed their office and my resident was reassigned to cover inpatient.

from tmcWilliJo to everyone:

- How can we formulate a meaningful education experience around the treatment of patients with COVID and to a community with a pandemic?

from pavnench to everyone:

- our current situation is the "calm before the surge" how to ensure learning is happening when specialists have cancelled rotations, and patient visits limited.

from James Olson to everyone:

- For those that read "Brain Rules" - it is hard to get residents to focus on reading and self-study while they await the surge to arrive

from 921 298 418 to everyone:

- Any good resources for monitoring resident's self-study/ tele didactics
- When they are off some outside rotations

from Samuel Sandowski to everyone:

- We have residents participate in the COVID planning meeting - to help with transparency and to understand what is coming and why certain changes are being made (e.g.; moving the call rooms into the conference rooms - so the call rooms can be patient rooms)

from Turya Nair to everyone:

- second that question about monitoring residents on self-study

from shartman to everyone:

- Milestones 2.0 are not extended to 7/1/21 for FM.

Telehealth/Billing:

from Diana Heiman to everyone:

- Has there been any update from CMS on supervision for billing - primary care exception waived?

from James to everyone:

- Since audio visits are time-based, and residents can't do time-based billing, how will that work to bill for resident audio visits?

from May Hong to everyone:

- For FQHCs who aren't in a Primary Care Exception environment, how does Telehealth apply for Medicare?

from Anush Pillai to everyone:

- FQHCs however are stating that the rendering provider must be at the clinic (FQHC).

from Melissa Nothnagle to everyone:

- we've been told we have to be physically at the FQHC to provide telehealth/telemed visits (i.e. can't do from home). Does anyone have different info?

from Melissa Nothnagle to everyone:

- jinx!

from Wendy to everyone:

- In MA, MassHealth is allowing us to do Telehealth (audio or video) from home and residents can bill as long as supervision is similar to in person care. - this means we can precept from home with Zoom link to team of residents seeing patients in their homes at a 4:1 or less ratio

from mario maffei to everyone:

- this may be naive on my part, but audio visits should take into account Hx and Medical Decision Making to arrive at a CPT code, with appropriate supervision of course

from Samuel Sandowski to everyone:

- It is critical that we try to keep our output open in order to prevent ER overflow. Our tele visits have increased dramatically with concerned patients (both corried and symptomatic). At the same time, since we are running all the codes and rapids, and having to deal with vents more - we need more education in this area - yet our intensivists / pulmonologists are overwhelmed at this time.

from Kent to everyone:

- Because of the switch to telehealth in our programs and practices in the community, are people experiencing layoffs or furloughs of Medical Assistants in their practice?

from acohrssen to everyone:

- Phone visits may happen asynchronous meeting patient needs independent from a usually scheduled templated session. We are struggling to meet precepting need on the fly - the 4:1 may be overkill for single visits by 4 residents. Could there be suggested alternate ratio of "visits per preceptor" for tele visits

from dlupeika to everyone:

- During telephone visits, do preceptors need to be present during the entire visit or just hear the key and critical portions?

from Katherine Holmes to everyone:

- I second resident telephone time should be allowed for billing purposes

from dlupeika to everyone:

- telephone visits-does preceptor needs to be there the entire time or just during key portions of the call and is it billable

PPE:

from Maureen Strohm to everyone:

- some residents AND faculty insist CDC recommendations re PPE are inadequate and based on crisis/shortages NOT on evidence re protection. how are others handling having N95 ONLY for COVID+ aerosolizing situations (and residents declining to participate?)

from Lindsey Wilhelm to everyone:

- Has the AAFP defined "proper PPE"?

from Ron Brimberry to everyone:

- One of our affiliated teaching hospitals is limiting resident involvement in caring for COVID-19 patients due to lack of adequate supply of PPE

from Diana Heiman to everyone:

- All Milestones 2.0 have been delayed to July 2021. Released by ACGME the other day.

from Barbara Nightingale to everyone:

- In Pittsburgh, we're worried that our organization isn't being transparent with ppe available, so we are having a hard time coming up with a reasonable plan for the output environment. Input is highly regulated by the organization.

from tmcWilliJo to everyone:

- Is there a reason to believe that even with PPE we shouldn't expect a percentage of illness among faculty and residents that will need to be accommodated over the next 3 months?

Duty Hours:

from Daniel to everyone:

- NY is under state of emergency. Our DIO says that this means the duty hour rules don't apply any longer. Is this true?

from James to everyone:

- No. duty hour still apply

from David to everyone:

- In Rochester, NY we think that means that stricter NY state duty hour regulations don't apply but ACGME duty hour regulations still do.

from Nannette Catterton to everyone:

- Duty hour apply through all 3 phases. Duty hours impact patient quality and safety of patient care and resident well-being.

Staffing:

from Robin OMeara to everyone:

- For mental health we are doing a weekly check in virtual meeting with the {D, and a weekly check in with our behavioral health faculty and we are sending email updates daily or every 2-3 days

from Barbara Nightingale to everyone:

- we designated one faculty as the virtual rotation director (she was the med student director but since we don't have any of those....)

from Turya Nair to everyone:

- I vacillate between wanting to give them a bit of leeway given the anxiety of knowing they may get called in when the surge hits us and may not be able to concentrate that well, but also needing to keep them accountable since their clinical education at usual rotations isn't happening

from Jenn Wilson to everyone:

- Our hospital has furloughed many MA's

from Anna Squibb to everyone:

- Yes, in low volume we re pressured to furlough admin staff

from Anna Squibb to everyone:

- And asked about faculty admin time

from Katherine Holmes to everyone:

- We are dealing with this right now

from BlacCh to everyone:

- yes, with visit volume down, there is pressure to lay off staff. but it usually takes up months to hire an MA

from Alan Douglass to everyone:

- Furloughs of MAs and LPNs are happening at our institution as clinic volumes decrease

from CHBurrows to everyone:

- we are losing staff and MA s and doctors are being furloughed and our coordinator is on furlough

from Tony Pedroza, MD to everyone:

- We have laid off clinic staff and reduced our clinic to 3 days per week. Seattle area.

from Danette Null to everyone:

- We have residents come up with learning plan and check in twice a week with what they've done. Working well so far

from Rachelle Toman to everyone:

- Our MA/LPN/RN/front office staff was cut by 20% and our clinical management by 40% this week!

from nadeaum to everyone:

- Many of our MAs are hourly. The system is actively cutting back hours, which is stressful for them.

from Melissa Jefferis to everyone:

- Furloughs of MAs and RNs in our office. Or they are getting pulled to other places in the system

from Dominic Geffken to everyone:

- yes, we have reduced outpatient staff hours by 50%

from Melissa Jefferis to everyone:

- Hard to have enough staff to still run telemedicine visits with less and less staff

from Kristin McMenomey to everyone:

- Staff is taking 2 flex days a week right now including leadership.

from tmcWilliJo to everyone:

- We have local hospitals laying off staff, flexing staff to different areas, in clinic the MA's were cleaning light fixtures to prevent being sent home with no work. My concern is that when this is over, the backlog of medical issues that will build up during this time will represent a large clinical tsunami right at the time we transition to a new class of residents.

from kevin to everyone:

- reassignment of resources to other parts of the hospital

from BlacCh to everyone:

- Our organization also talked and about reducing physician salary since volume is down.

Support/Wellbeing:

from Rachel Shockley to everyone:

- Any suggestions on balancing home and family for both residents and faculty as we are pulled and exceptionally busy and possibly self-quarantining from family and balancing e-learning for kids.

from Socha_Lisa to everyone:

- We are starting Support group Skype meetings

from Turya Nair to everyone:

- virtual support groups as part of didactics, led by behavioral health faculty

from jeremy to everyone:

- our GMEC is supporting a SLACK site for resident information resource and support

from ArnoldG to everyone:

- group skype support groups, Group video Balint Groups

from ArnoldG to everyone:

- Dealing with grief reactions

from Annie Derthick to everyone:

- We are coordinating a zoom chief conference for the chiefs in our state

Resources available:

from Annie Derthick to everyone:

- What was the Facebook page you referenced with learning resources?

from yvonne murphy to everyone:

- could you be specific about which Facebook page has those resource lists

from Melissa Yeager to everyone:

- <https://www.facebook.com/groups/124150454922173/>

from MillsW to everyone:

- Headspace is free for health care providers

from Lauren to everyone:

- 10 Percent Happier also is free right now

from Robin OMeara to everyone:

- down dog yoga app is free too

from Cheryl to everyone:

- Happify.com

from yvonne murphy to everyone:

- Annals of Internal medicine article March 20, 2020 on supporting Clinicians during the COVID 19 Pandemic - available online free

from Annie Derthick to everyone:

- What toolbox?

from Cheryl to everyone:

- AFMA MEMBERS- Coordinator Resiliency Toolkit on our website!

from Heather Paladine to everyone:

- Can Coordinators who are not AFMA members get temporary access?

from Robin OMeara to everyone:

- The AAFP board review videos are free-how do we access that. I'm looking right now, and it does not appear to be fee

from Deanne St. George to everyone:

- Program Director Toolbox is available on AFMRD Website

from Deanne St. George to everyone:

- Link to Board Review Registration <https://aafp.digitellinc.com/aafp/live/74/page/761>.

Links:

from Zubair Syed to everyone:

- <https://acgme.org/COVID-19/Specialty-Letters-to-the-Community>

from Merima.Bucaj to everyone:

- <https://www.cms.gov/files/document/covid-teaching-hospitals.pdf>

from Jamie Smith to everyone:

- <https://acgme.org/Newsroom/Blog/Details/ArticleID/10173/Special-Edition-em-e-Communication-em-March-30-2020>

from Robin OMeara to everyone:

- <https://acgme.org/Newsroom/Blog/Details/ArticleID/10173/Special-Edition-em-e-Communication-em-March-30-2020>

from NIK HEMADY to everyone:

- Critical Care for the non-ICU clinician (see link):
- <https://covid19.sccm.org/nonicu.htm>

from Kimberly Sixkiller to everyone:

- free Headspace Plus access for all healthcare workers-- you only need an NPI to sign up

Suggestions:

from mmalle01 to everyone:

- Will this be available at a later time for those that could not join?

from pavnench to everyone:

- This type of webinar every 2-4 weeks would be helpful as a check in. Including ABFM

from Robin OMeara to everyone:

- I think a listserv for chief residents would be amazing

from David Dohnarsky to everyone:

- would be great have acgme/rrc/abfm to something like this directly

from Heather Paladine to everyone:

- Any other resources for incoming chief resident education since the conferences were cancelled?

from 65664 to everyone:

- Extremely small point: Making the presenters visible on video will help them to deliver their messages and keep the interest of the viewers

from James to everyone:

- I would like to have a transcript of the comments

from Turya Nair to everyone:

- agree - comments availability afterwards

from 921 298 418 to everyone:

- Weekly updates will be appreciated

from tmcWilliJo to everyone:

- Develop FAQ from the comments and the Chats

from Michelle Karsten to everyone:

- Yes please, a transcript would be great.

from Bill Warning to everyone:

- Thank you, Jay and FM Team! This is the best example of rapid PDSA cycles we've ever seen in Medicine!

from dlupeika to everyone:

- yes keep doing this it is helpful

from mario maffei to everyone:

- please do an FAQ from this and the answers-- accurate!

from Marianna Worczak to everyone:

- Wish it wasn't at 8 pm Eastern!

from dlupeika to everyone:

- more info on telehealth precepting

from LBarker to everyone:

- would love a transcript of this chat

from Patricia Bouknight to everyone:

- Have ACGME and ABFM representatives on the webinar

from belkn to everyone:

- Great call! Would love weekly update

from Socha_Lisa to everyone:

- Wellbeing resources!

from kevin to everyone:

- Back to AAFP: the early deadline for 100% penalty for booth cancellation for AAFP NC needs to be revisited

Other:

from Louis Sanner to everyone:

- A shout out is needed for our residents who mainly want to HELP! When residents are useful, they learn. Because corona virus hit now, we find ourselves with a stable of 54 young enthusiastic physicians (residents) all of whom know their way around an ICU. The current crisis is an object lesson in the advantages of broad and deep training in the care of very sick patients.

from Louis Sanner to everyone:

- We are doubling our resident deployment to our community hospital ICU which is now spreading out onto several floors. We want to keep them safe and not exhausted but many want to roll up their sleeves and get on with it. I love these people!

from Jay Fetter to everyone:

- Does the Cares Act and other dollars rolling out federally seem like it will be a source of aid?

from mmhdavisr1 to everyone:

- GME Administrators I believe.

from Jessica Brooks to everyone:

- GME Program Administrators / Educators

from Melissa Jefferis to everyone:

- Need to allow resident time to be counted for billing.

from tmcWilliJo to everyone:

- PPE resources!

from Socha_Lisa to everyone:

- overload of email

from Socha_Lisa to everyone:

- Donation coordinator -

from Anna Squibb to everyone:

- We do it as key portions and has been approved by compliance

from tmcWilliJo to everyone:

- There are many memberships to multiple organizations with dues that come in the first quarter. Extensions of memberships to allow for current delays and or to have introductory memberships to broaden the impact for the organizations.