



IN THEIR OWN *words*

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The COVID-19 pandemic has severely affected Maricopa County physicians working in their own practices, medical groups, and hospitals. Read excerpts of what some Maricopa County Medical Society (MCMS) physicians are experiencing during these tough times.



We have had a 50-75% decrease in patients seen and cared for since the pandemic began. - **Dr Forstner**

We had a slowdown, initially, interacting with patients, but now we are seeing patients face-to-face and through telemedicine. I am still operating on patients, but everyone

gets pre-screened for COVID 2-3 days beforehand to ensure that they are not infected. So the “new norm” is that we are all wearing masks when we speak, but I have still been engaged with my patients.

- **Dr Goldberg**



It shut down my referral sources, patient visits and elective surgery until the quarantine lifted. Many patients were reluctant to have elective surgery even after the quarantine ceased. We still have patients who are afraid of a face-to-face visit (June, 2020). My private oculoplastic surgery practice typically involves problems that may be identified visually. This dovetails perfectly with the recent improvements in telemedicine. We were lucky to be early adopters of telehealth visits that allowed ongoing evaluations of existing patients and offered new patients an opinion about their care needs in advance of a physical visit. Many patients were relieved to have a better understanding about their condition and comforted by offering temporary solutions to prevent their issues from progressing until they could be addressed by traditional measures. I think that remote access to healthcare providers relieved an enormous amount of patient anxiety and helped to reduce the burden on an overwhelmed urgent care/ER system. - **Dr Edelstein**



Question:

HOW HAS THE PANDEMIC AFFECTED YOUR PRACTICE OR YOUR PRACTICE OF MEDICINE?

After 16 years with Kaiser Permanente, I took our life savings to relocate to Arizona and form a solo direct pay practice. My plan was to open doors in early April. Naturally, that didn't happen, and the challenges mounted. Aside from the non-urgent shutdown and elective surgery ban, every aspect of practice formation was delayed. Most medical supplies, not just PPE, were suddenly unavailable. Medical reps were furloughed. Crucial equipment languished in shipping crates for months because out of state installers and trainers were prevented from

traveling. Even office artwork was trapped in Australia by a *force majeure* shipping lockdown. As a new practice in a new state without prior billing or payroll, we haven't qualified for a penny of small business grant or loan assistance. - **Dr Brierly**



For our small private otolaryngology practice, one of the most detrimental effects of the coronavirus pandemic has been its financial impact. During the initial stages of the pandemic, the restrictions on elective surgery forced us to cancel or postpone most of our surgical cases, and we also limited office visits to enforce social distancing. Our practice was operating at less than 50% of its usual volume from late March until the end of April. This led to a significant loss of revenue. Volume has improved since the stay at home order has been lifted, but the continued need for social distancing and increased sanitizing still limits patient flow, and it is unlikely that we will be able to make up for the loss of revenue in March and April - **Dr Agarwal**

