



# Pandemic Practice Recovery

**Whether supporting the COVID-19 front lines or providing educational tips to patients and the media, ASDS members have been working hard to contribute to pandemic recovery. Highlighted are their efforts with tips for peers on reopening their practices and adjusting to the new normal.**

**Daniel Behroozan, MD**  
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The biggest piece of advice I would give my colleagues is to maintain an open channel of communication with patients by use of social media and email. Patients are in need of their dermatologists but are concerned about coming into the “new office” environment. By communicating regularly, whether by social media platforms such as Instagram or through email blasts, we continue to engage patients with updates about our office. We let them know we are available by telemedicine now and also update them about how and when we will reopen and what to expect when they return to our practices. They know we will uphold the highest safety standards when they return to the practice and know that we will be ready to take the very best care of them when we reopen.

**Vivian Bucay, MD**  
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Personally, this pandemic has been an opportunity for me to reflect on ways to improve the way I practice and make changes to do things the way I want while still meeting the needs of our patients. When planning for reopening the practice (which we did May 4), our top priority has been ensuring the safety of our staff and patients. Every practice has its own unique flow and style, and there is no one formula that works for all. My patient base is almost 100% cosmetic, whereas my associate sees general and cosmetic dermatology. We are each covering one of our two locations. After almost 30 years in practice, being closed for almost two months gave me the opportunity to study the strengths and weaknesses of our flow and efficiency.

In addition to extra cleaning of all surfaces, I purchased several medical grade air purifiers with HEPA filters that trap particles 0.1 microns in size (coronavirus is 0.15 microns) and clean the air of 400 square feet every 15 minutes. We screen all patients by telephone before scheduling an appointment and contact them the day before the visit to verify the reason for the visit and document the history for EHR updates; this cuts down on time the patient spends in the office. Patients contact us upon arrival and are greeted at the door to verify they are alone, wearing a mask and have a normal temperature. We adhere to addressing the reason for the visit and do not allow add-ons. Since implementing these new check-in procedures, I have never been so on time! Patients are delighted to see that we are taking their health and safety very

seriously and that we are running on schedule. We also implemented telemedicine for acne patients or those with chronic conditions. Patients have been very receptive to this option.

### **Mitalee Christman, MD**

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We are reopening SkinCare Physicians very cautiously, following all the guidelines from our governor. We've educated our peers and patients by sharing our efforts on Instagram ([@skincarephysicians](#)). We're limiting the number of doctors, nurses and staff in the clinic to the absolute minimum, staggering appointments and increasing clinic hours all over our 15,000 square feet of space. By decreasing density in this way, we convert our clinic into a low risk environment. Everyone wears provided N95 masks, gloves, face shields and scrubs. Patients do an online "pre-visit", skip the waiting room and are immediately roomed. The first thing we do when roomed is a symptom screen and a temperature check. Then patients have 10 minute face-to-face time with their doctor. Masks are shed only if the covered area needs to be treated or evaluated, and when this happens, we request no conversation to reduce droplet spread. Our billing department calls ahead to place patients' credit cards on file, so checkout is touchless. Jeffrey Dover, MD, FRCPC, one of the founders of my practice, wrote a detailed manuscript about reopening considerations that we are sending to anyone who asks. Get in touch if you need it!

### **Kim Eickhorst, MD**

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I think one of the biggest obstacles to overcome throughout the COVID-19 pandemic (and in the future) has been consistent and accurate dissemination of information to our staff of over 50 uneasy employees (who man four separate geographic office locations). Many of these employees were working from home or even furloughed, without access to the office or strong direction as to next steps for our practice amidst the daily changing COVID climate. We tackled this communication challenge by creating our

own employee website on [Wix.com](#) (it's FREE!), which gave staff one central landing pad they could reference to get updates and find out the latest on our changes in protocols and procedures — before they even returned to the physical workplace. Having a centralized and easy to update resource helped us disseminate a consistent message that was "reachable" even by employees that were at home, allowing everyone to be "on the same page" with regard to coming back to work in the "new normal."

Additionally, I shot and emailed a video of myself delivering an office update to all staff (this video was also posted on our internal new website) to remind them they had not been forgotten, and that the partners and I were working hard behind the scenes to get everyone back to work as soon as possible; it was well received.

### **A. Shadi Kourosh, MD, MPH**

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I'm proud of my team of colleagues and residents at MGH and Brown Dermatology, where we've held down the fort staffing urgent dermatology clinics for our sickest patients while many redeployed to work in COVID testing facilities and other services within the hospital. We've donated skincare supplies to our colleagues with occupational skin conditions in the frontlines. I also volunteered with one of MGH's follow-up teams for discharged COVID patients, monitoring and continuing their care to ensure they remained stable, had necessary medications and understood treatment plans after leaving. Educational efforts have also been a major focus for me. As procedural dermatology training halted, I worked to provide procedural webinars for my residents at Brown. As past Editor-in-Chief of Dialogues in Dermatology, I was asked to host a podcast series on COVID-19, interviewing experts to provide evidenced-based information from Dermatologists to the public, which were subscribed to by tens of thousands of listeners and many outside dermatology. We've seen how dermatologist have risen to help and also how we need to adapt our practice and training of the next generation in these challenges times.

### **Arisa Ortiz, MD**

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The UCSD dermatology clinic closed on March 16. I recently reopened for Mohs surgery and excisions as of May 4 given Governor Newsom's guidelines that allowed nonessential surgeries to be reinstated. We have been requiring COVID-19 testing for all surgical patients 48 hours prior to their procedures. Patients wait in their cars until we are ready to see them to decrease amount of time in the waiting room. Patients are screened twice prior to entering clinic: once in the parking garage to rule out any flu-like symptoms and again prior to entering the clinic with temperature checks. Patients are required to wear a mask once in the clinic, which we provide if they do not have one. If possible, they continue to wear the mask during the procedure. During the surgery, we use suction to evacuate the plume, which was actually standard procedure for us prior to COVID-19. The recent pandemic has underscored the importance of using suction during aerosolizing procedures.

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## **Guidance for Reopening Cosmetic Practices**

ASDSA and ASLMS have partnered to develop guidance for dermatologists to consider as they reopen their cosmetic practices. A joint task force – led by Murad Alam, MD, MBA, and David M. Ozog, MD, and including members Shanthi Narla, MD; Vince Bertucci, MD; Henry Hin Lee Chan, MD, PhD, MRCP; Mitchel Goldman, MD; Edward Ross, MD; David Sliney, PhD; ASDSA President Marc D. Brown, MD; and ASLMS President Thomas E. Rohrer, MD – created the resource. The document references studies to guide members' thinking as they begin to reopen their cosmetic practices. Access the full guidance at [bit.ly/DermReopeningGuidance](https://bit.ly/DermReopeningGuidance) or visit [asds.net/Learn](https://asds.net/Learn) to watch the on-demand webinar for more details.

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