COVID-19: Surviving and Thriving

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At the time of writing this article, I am in the New York City metro area and 25 minutes from approximately 50% of the COVID-19 cases in the U.S. We have experienced loss, and have friends struggling to get better, suffering at the hands of the SARS-CoV-2 virus and its disease COVID-19. With this pandemic, things are normal until they are not. On Friday, March 6, I learned we had a positive COVID-19 case in our New York City office. From that moment on, our office was shut down and I have been home with my family. Over the course of the past 6 weeks, we have seen a breakdown in the fabric of our community. It started with a grab for basic supplies like toilet paper, progressed to seeing fear in the eyes of others as we walked by (even with appropriate social distancing), and has deteriorated to finger pointing as to what is the right way to live during this pandemic.

This breakdown of a normalized social moral code is not limited to members of our residential community. We see it in the healthcare community, as well. Most will agree, as a national healthcare system we were ill-prepared to face this pandemic. Many are debating the root cause of why the U.S. is in this current situation while other countries have been impacted less severely by the SARS-CoV-2 virus — was it because the federal or local authorities did not enforce social distancing effectively? Should there have been a better reserve of adequate supplies of personal protective equipment (PPE)? Did we not heed international warnings soon enough? And with the moratorium of elective cases, physicians are now questioning one another's judgment if they elect to treat their patients. Regardless of these different opinions, we are all living through this pandemic together. The question we should all agree is worth asking is, "How can we offer the best potential for positive outcomes during this pandemic?" While many answers exist, two that are of interest are "How we can offer meaningful support to one another now during this pandemic?" and "How we can best prepare for clinical needs after?"

Working Within the Confines of COVID-19

There is a current shortage for PPE. We began receiving calls from our customers to address shortages of supplies the first week of March and this process has quickly became challenging. However, many of the products normally utilized for elective procedures are currently available. Will that be the case once the moratorium on elected procedures is lifted? Should we plan now to ensure we can field the cases we need to in a future period? Many device manufacturers have strict formulas for how they maintain inventoried levels of product. These formulas are often based on recent usage trends or warehousing par level requirements. So, if a bolus of product needs is pushed through at once (such as the potential for when elective cases progress), how quickly can the manufacturers respond? What are their lead times for production? If things are backordered, the larger centers will likely get priority during times of allocation. What happens to small hospital labs or physician-owned outpatient centers?

In a submission to www.protectourdoctors.org, I made the following recommendations to physicians about stocking supplies now and highlighted opportunities to reduce the financial impact of the COVID-19 pandemic. I believe this advice is salient for not just physician entrepreneurs in private labs, but also for larger institutions:

If you have a patient population that requires you to currently provide in-person care during this pandemic, there are a few strategies you might consider regarding your medical supplies:

- Assess your supplies and speak to your vendor as to which products are backordered versus which are on "allocation." If you are on an allocation, make sure you order those products as soon as the allocation period terms. For example, if you get one box of gloves a month. Order on the first day of the month.
- Consider alternative distribution channels. Larger vendors will likely fill orders with large multicenter groups and hospitals before individual practices/centers. So, if something is unavailable consider small independent businesses. It is particularly useful to have relationships with businesses such as these during national shortages. For example, small local pharmacies will often have inventory when the big vendors are backordered.
- Custom procedural pack orders are still being filled. If you cannot get items otherwise, it may make sense to order more packs and break them down as appropriate.

It is also important to assess the service and support offered by your current vendors. If you are not getting the partnership you have earned during these times of crisis, why reward these companies with your business now, or in future times of prosperity?

- Remember that most medical supplies we utilize are commodities and can be interchanged.
- If the value is not there, consider new vendor relationships to secure more appropriate pricing and larger consignment opportunities.
- Speak to your vendors and ask for extended repayment terms. If you currently must pay vendors net 30-60 days, ask for net 90-120 days for the next 12 months.

If you have a large caseload currently on "hold," I would communicate with your material managers/staff to procure a surplus of product to be on hand to handle the volume and to ensure you won't need to compromise later on the specific products you rely on for clinical care.

An additional consideration that may be prudent during these times is further examination of the site of service at which you are doing cases. There is much debate as to which cases should be considered elective and which should be considered emergent. If you have cases you believe to be pressing but are not getting the support of your hospital administration to perform them, it may make sense to move cases into outpatient office-based laboratories (OBLs) or ambulatory surgical centers (ASCs). This will ensure you are meeting the needs of your patients and your referring physicians, while gaining a more comprehensive look at site-of-care options available to you to perform cases later. These relationships could be critically important if you are not provided ample block time in the lab when elective cases start moving again.

No one has a better understanding of the needs of a patient than their own physician. We must trust the decision-making processes of our peers as they determine the need and timing of procedures. We should offer that respect to every caregiver who is determining needs without undermining them. Perspective is easier to come by after the fact. These are trying times. As colleagues and humans, we must support each other as we face this pandemic. With proper planning we will survive this together and thrive when we can again treat patients as we have in the past. ■

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Chas E. Sanders is the Founder and CEO of MARGIN, LLC, a buying collective that is singularly focused on supporting outpatient centers/physician offices procure all the supplies needed to provide superior care (disposables, medication, implants, and capital equipment). MARGIN fulfills 2 unmet needs for physician entrepreneurs:

- *Securing fair and appropriate pricing all on supplies*
- *Providing an online store with which to order any supply, regardless of vendor. This platform saves approximately 8 staff hours per week.*