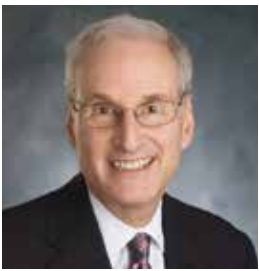




Post-Pandemic Predictions

An interview with CareMount Medical President and CEO Dr. Scott Hayworth



Scott Hayworth, M.D., FACOG, has been president and chief executive officer of CareMount Medical, PC (formerly Mount Kisco Medical Group, PC), the largest independent multispecialty medical group in the United States, for more than 20 years, having started in practice there in 1988. Dr. Hayworth has overseen a more than tenfold expansion in the size of CareMount, from 40 physicians to 650

providers, including 500 physicians. He has earned a national reputation as an authority on practice administration; multispecialty group management; and adaptation to the rapidly changing environment in health care, including the transition to value. He is a past chair of the AMGA Board of Directors. *Group Practice Journal* interviewed Dr. Hayworth about how his New York-based group is surviving as the COVID-19 pandemic subsides in their area.

GPJ: *How is CareMount dealing with staff anxiety and wellness, as well as working to prevent burnout?*

Hayworth: At the onset of COVID-19, CareMount began hosting weekly phone calls to share the latest pandemic-related updates with all providers. These calls average about 350 of our 500 physicians and are open forums where we discuss topics such as group finances, office protocols, telemedicine best practices, and personal protective equipment usage. Providers are encouraged to ask questions about anything on their minds. We've found these calls help our providers

feel more connected to one another and to the organization as a whole.

We understand that our employees are dealing with anxiety and uncertainty, as we all are during the pandemic, so open communication has been—and will remain—our No. 1 priority. Among the first actions we took at the start of the outbreak was to send an email to frontline providers sharing tips and resources for managing stress, preventing burnout, and promoting mindfulness, which they could then share with their families and patients.

GPJ: *What can and should medical practices be doing to ensure patients*

continue to receive the preventative care and screening they need?

Hayworth: We must remain focused on the bigger picture of promoting greater health in our communities. If we become too fixated on saving the world from COVID-19, we will neglect important care for patients experiencing chronic conditions such as hypertension and diabetes.

It's a balancing act between protecting patients from the virus while also ensuring patients continue to obtain needed care. One way we're doing this is promoting virtual visits for patients who don't need to come in for an office examination. It is important to ensure that patients who do need an exam or lab tests, for example, still have access to those types of in-person services.

We have also launched a comprehensive patient communication campaign to keep preventive care top-of-mind, as well as educate patients on the importance of following their personal care plans. We generally communicate with patients multiple times per week through a variety of digital channels, including social media, blogs, and email newsletters.

GPJ: *What are some "best practice" recommendations for launching virtual visits and encouraging patient adoption?*

Hayworth: Providers and patients both have to be educated on how to use the telehealth platform; this is a multi-step process. At the onset of COVID, CareMount had a huge advantage because we were early adopters of telehealth, with several years of experience leveraging our telehealth system with specialty and post-operative care. Still, we had to quickly train hundreds of our own providers who lacked telehealth experience, including the use of the technology itself as well as billing, coding, and documentation. Currently, we're performing an average of 1,500 telehealth visits per day,

from about 25 per month prior to the pandemic.

To encourage patient adoption, we've performed extensive educational outreach detailing telehealth benefits and best practices. We've also staffed and launched a dedicated "virtual center" with a 1-800 number that patients can call to schedule telehealth appointments, as well as answer patients' specific questions on connection or Wi-Fi problems. On our website, we also offered patients the ability to self-schedule a virtual appointment with their own provider, enabling the personal convenience and access many patients prefer.

GPJ: *What do you predict will be the enduring impact of COVID-19 on care delivery models, value-based care initiatives, and technology adoption?*

Hayworth: It's clear that telehealth is here to stay, although we do expect utilization rates to decline from their peaks as fewer people are self-quarantining or sheltering-in-place. While we certainly acknowledge that many conditions and questions will always require in-person examinations, patients and providers no longer need to be convinced of telehealth's usefulness.

Patients like virtual visits because they're so convenient



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and don't require them to spend time in waiting rooms. Providers appreciate that virtual visits increase access to care for their patients while enabling them to maintain a high standard of care. Additionally, telehealth delivers a significant benefit to providers that they'd never get from in-office visits: the ability to get a glimpse inside patients' homes to see them in their own environments. For example, virtual visits give providers a new perspective with the ability to see

inside a patient's medicine cabinet to ascertain whether they've been taking medications other than what they've been prescribed.

Additionally, the COVID-19 pandemic is likely to drive many provider groups to rethink their commercial real estate utilization. Many back-office employees are working from home, and in many cases, that can continue post-pandemic. Staff roles will change in some respects as patients become more conditioned to schedule virtual visits

with their own providers, freeing nurses from answering many routine questions on phone calls and enabling them to spend more time on in-person patient care.

Finally, it's important that we don't squander the momentum that telehealth has gained during the pandemic. Providers can't do this alone. We need payers to continue to reward and encourage telehealth—specifically by promoting telehealth parity, which means reimbursing virtual visits at the same rates as similar in-office visits. [GRJ](#)

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