

Move Better



SPRING 2020 | Co-published with
Community Health Magazine

COVID-19 Roundtable



IBJI Providers discuss the coronavirus pandemic's influence on the increased use of Telemedicine, how the pathogen is affecting healthcare now, and its potential impact moving forward

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Committed to Delivering Care

These are very challenging times for our families, our communities and our healthcare system. At Illinois Bone & Joint Institute (IBJI), as the COVID-19 pandemic appeared on our doorstep, we rapidly developed and implemented a responsive COVID-19 Care Plan so that we could continue to provide for our many patients' musculoskeletal needs during this crisis. It is clear that this will not pass quickly, so we must prepare for a 'new normal,' recognizing the pandemic will be with us until we have an effective vaccine and our economy and society have been restored, yet likely altered forever.

It is in times like these that organizations find their core values truly tested. IBJI reaffirmed its values and mission with its COVID-19 Care Plan — committing to continue to deliver Patient-Centered Care, maintain Musculoskeletal Value (Best Quality for Less Cost) and continue supporting our care through the outstanding teamwork of our amazing IBJI staff and physicians.

The COVID-19 virus pushed us all into isolation. It created the need for the statewide "shelter-in-place" order from the Governor forcing us to stay home, causing many to give up their jobs, and at the same time requiring us to "social distance" ourselves by six feet or more of separation when we are together. These unimaginable changes have created the need for IBJI to reinvent ourselves, creating a new care model.

Two very significant changes have been accomplished: we established virtual visits to our care teams through telemedicine, and we restructured our office visits to remain available for urgent care but also safer if you need to come to one of our offices or facilities for evaluation, diagnostic testing, or treatment. Telemedicine has long been discussed as the future of medicine, and COVID-19 made it a necessary reality for patients and providers. We are committed to keeping the same personal touch of a face-to-face IBJI office experience but can now make our care even more accessible for many patients who are ill or cannot come in to see us in the office. Gone for these Telehealth visits are many traditional barriers to access for our care—no long commutes to the office, no long waits in waiting rooms and less paperwork to schedule the visit.

IBJI doubled our efforts to find new ways to connect with our patients during this crisis and maintain or even add more value to patient experience. We have added a lot of new material that we hope you find instructional on our website (ibji.com), and we will be investing in expanded public education in your communities as well. There you'll find a lot of information about the COVID-19 virus such as how to make appointments to see us—in the office or virtual—and how to stay safe if you need our care. We have changed our office practices to reduce congestion in the offices and facilities as well as create a clean, safe environment for you if you need to come and see us. It's important that you understand and know that we are open for business and committed to delivering the musculoskeletal care you expect from IBJI during this crisis.

As the Chief Medical Officer of IBJI, I've seen firsthand how our physicians, surgeons, therapists, administrators and staff came together working more effectively and collectively than ever with the commitment to continue providing the highest-quality care for you and be nimble enough to be able react quickly as the healthcare landscape in our country so rapidly changes.

IBJI's collective heart aches for all who have been harmed or tragically affected by the COVID-19 virus. We remain hopeful that this will pass in time but we also know that we will never go back to the days before December 18, 2019. There is a lot of work ahead, but with your support we can build a bright future.

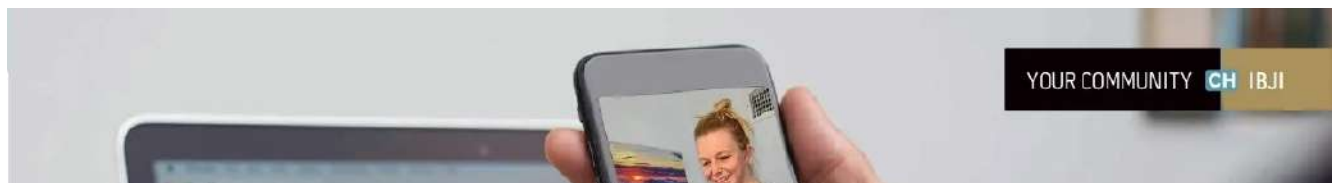
However difficult these times become, IBJI sees this interruption of business as an exceptional opportunity to improve how we provide services and care and operate our business. We look forward to seeing you again if you need our help. We wish you, your family, friends and businesses the best health and quick, full recoveries if you become ill. We are here if you need us!

In good health,

William J. Robb, MD
Chief Medical Officer
Illinois Bone & Joint Institute



William J. Robb, MD
CHIEF MEDICAL
OFFICER





The Future of Medicine

By Kelsey Koziel

The nature in which we provide services to patients has and will continue to evolve rapidly. In these unpredictable times, Illinois Bone & Joint Institute (IBJI) has quickly adapted the use of Telemedicine in order to provide care to patients without in-person contact.

But what exactly is Telemedicine and how does it impact the future of medicine?

Telemedicine allows healthcare providers to offer services through a virtual video visit. It allows our healthcare providers an additional way to evaluate, diagnose and develop treatment plans with a patient without the need for an in-person visit. It is an innovative, convenient and accessible care option for patients to interact with a physician or therapist.

Utilizing a Telemedicine visit is easy, and it provides peace of mind and continuity of care for patients. They no longer have to worry about long commutes to the office, there are no long waits in waiting rooms, and there is less paperwork to schedule the visit.



Carrie Dinelli, PT, DPT, uses Telemedicine to conduct a virtual physical therapy appointment.

What type of Telemedicine visits are available?

- Initial Consultations and Assessments
- Follow-Up Appointments
- Post-Operative Visits
- Physical & Occupational Therapy Initial Evaluations & Treatment Visits
- Immediate Orthopedic Care Consultations

What if I require an X-ray or MRI?

If at the time of a Telemedicine visit the clinical team determines there is an urgent issue, patients may arrange an in-office visit for necessary testing or treatment per the guidance of the treating provider.

What are the costs of Telemedicine visits?

Telemedicine visits are billed to a patient's health insurance. Per-visit costs are similar to a traditional office visit.





Are Telemedicine visits available for Physical and Occupational Therapy?

Yes! IBJI Physical and Occupational Therapists are aiming to provide the same high-quality physical care, as well as emotional support, in the form of Telemedicine virtual visits that you have come to expect from in-person appointments. You may be able to replace some or all of your in-person visits with virtual care. Consult directly with your IBJI provider to decide the nature and frequency of Telemedicine care that makes the most sense for your specific needs.

Here's what may be included in a therapy Telemedicine visit:

- Initial assessments
- Exercise modifications
- Posture modifications
- Walking (gait) evaluations
- Rest & sleep positioning recommendations
- Evaluate wound and incision healing

What are some tips for Telemedicine visits?

You will need to use a device with a camera such as a smartphone, computer or tablet. Here are some additional tips to ensure your visit goes as smoothly as possible:

- Telemedicine visits are best completed in a quiet space where the patient will experience as few interruptions as possible.
- Use headphones if available.
- Reduce the volume of speakers to prevent feedback.
- If using an external microphone, move the microphone away from the speakers to reduce echo.
- Being connected to a strong and stable internet signal will help you get the best connection with your therapist.

How can I schedule a Telemedicine visit or learn more about it?

If you are a current patient, please contact your current IBJI provider to schedule a virtual visit. If you are a new patient, please contact your preferred office location and our care team will be glad to assist matching you with the right provider for your needs. For Physical and Occupational Therapy patients, please contact our offices or call 847-745-7281 to arrange a Telemedicine evaluation.

For patients that have an orthopedic condition that requires an in-person office visit, IBJI can schedule a regular in-office appointment or they can go to one of our walk-in OrthoAccess immediate care clinics.





Elective Surgery

What It Means And Why We Are Waiting

By Eric Chehab, MD

“You have a tear of your ACL, and it should be repaired. But we will have to wait... For how, long I'm just not sure.” Conversations like this have been occurring all week. Treating rotator cuff tears, ACLs, meniscus injuries, and painful joints is what I do as a sports medicine surgeon at Illinois Bone & Joint Institute (IBJI). But patients and surgeons have never faced uncertainty like this.

On March 14, the Surgeon General recommended ceasing all elective surgeries to preserve resources for the COVID-19 pandemic. Many of the hospitals in our area had already taken this step before the Surgeon General's announcement. Patients are being asked to postpone procedures to treat pain and limitations. With so much uncertainty swirling around COVID-19, the wait time is anyone's guess.

Every surgeon who performs elective surgery understands the hardship that delay causes for patients. Many people misjudge exactly what “elective surgery” means. It's very easy to consider elective surgery as something you don't need; however, “elective surgery” does not mean “unnecessary surgery” or “uninsured surgery.” Instead, elective surgery means that patients have a choice between using surgery as a means to fix a problem, or not. Elective surgery also means that you can choose a time that works for you. Many conditions are so overwhelmingly better treated operatively than nonoperatively, yet they still fall under

the category of “elective surgery.” Joint replacement is a prime example. So why would patients opt out of elective surgery despite it being the superior treatment? Time off work. Kids to care for. Who cares for me? Health conditions that increase the risk of surgery. Fear of a complication or the unknown. Cost (regrettably).

In our current COVID-19 environment, we are asking patients to continue to live with painful, limiting conditions. We are asking all of these patients to sacrifice for their neighbor — and for their healthcare team — so that all of us can be safe. COVID-19 has caused a shortage of medical supplies, gowns, masks, ventilators — supplies for those that are sickened and those who take care of the sick. To preserve these supplies, only surgeries for conditions that pose a threat to life, limb or vital function should proceed. The conditions that would typically be treated with elective surgery are being postponed until the coronavirus slows down, or the supply chain ramps up.

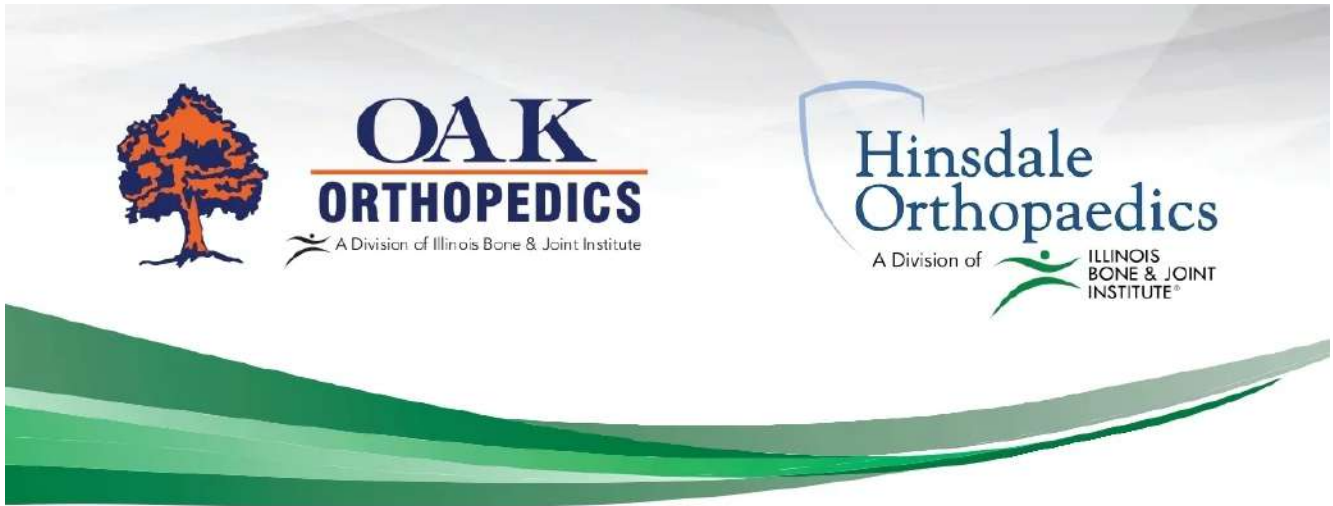
So to all those patients who are waiting — in pain, with limitations, without a timetable to resume your lives — we collectively owe you one big “Thank You.” As surgeons, we understand and appreciate the collective sacrifice you are making for the good of your community. COVID-19 will pass, and we will soon be able to help you. In the meantime, people should recognize and appreciate your sacrifice. If they do, we all come out stronger and more united in the end.



OAK



Hinsdale



Expanding our Services to Better Serve our Patients

This year, Illinois Bone & Joint Institute expanded its services in the south and west suburbs of Chicago.

The addition of OAK Orthopedics and Hinsdale Orthopaedic Associates strengthens the array of services available to our patients, including orthopedic surgery, non-surgical orthopedic treatment, physical and occupational therapy and imaging.

IBJI is pleased to treat patients in the following communities:



OAK Orthopedics

- Bradley
- Frankfort
- New Lenox
- Watseka

Hinsdale Orthopaedic Associates

- Elmhurst
- Hinsdale
- Joliet
- Munster
- Naperville
- New Lenox
- Western Springs
- Westmont



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ibji.com



Spring into home fitness By Victoria Taylor, MS, NASM, STOTT

Spring into home fitness By Yvonne Taylor, MS, NASM, STOTT

The spring season is usually a time for us to get back to being active, but as COVID-19 has made it essential for us to stay inside, we must find new ways to promote balance, strength and flexibility from the comfort of our homes. IBJI Pilates Instructor Yvonne Taylor, MS, NASM, STOTT, recommends these yoga poses and easy Pilates exercises to help you de-stress, get strong and increase energy right from your living room.

HIP BRIDGE

A great exercise that activates the back of the body while opening the front of the body. The hip bridge is used in both yoga and Pilates as a hip opener. The benefits of this exercise include:

- stabilize and strengthen abdominal muscles through activation of the pelvic floor.
- activation of the glutes.
- open the hip flexors.
- relieves tight hips, balances muscles and relieves discomfort.



LOTUS POSE



This is a common, recognizable pose in yoga that provides the following benefits:

- opens the hips.
- calms the mind and body.
- helps focus breathing.
- helps keep joints and ligaments flexible.
- increases awareness and attentiveness.

Practicing Pilates and yoga at home can have great benefits to both the body and mind. Sprinkling a mix of these movements into your daily routine will help you to achieve and maintain strength, balance and focus for optimal health.

BIRD DOG / SWIMMING PREP

This exercise is known as the "Bird Dog" pose in yoga and the "Swimming Prep" in Pilates. It provides the following benefits for the body:

- strengthens and stabilizes the core.
- strengthens the lower back.
- challenges and increases balance.
- prepares the body to stabilize shoulder blades (keeping shoulders from the ears), keeping abdominals engaged for proper balance during contralateral movement while performing swimming exercise in Pilates.



THE ROLL UP

A healthy spine and strong core are key ingredients to optimal health and efficient function. The roll up moves the spine through full range of motion (flexion and extension), engaging deep abdominal muscles while stabilizing the spine and strengthening your abdominals. Proper execution of this exercise results in:

- stronger, tighter, flatter abdominals.



For more information, visit www.ibji.com.

THE SWAN

The Swan is a great exercise to open the front body, counterbalancing the forward flexion position in which we work because of computers and the use of handheld devices.

This exercise expands the chest and stretches the abdominals, hip flexors and quadriceps.

The Swan also strengthens by keeping the abdominals engaged through pelvic floor activation. The shoulders, back, inner thighs, glutes and hamstrings are also at work.



YOUR COMMUNITY **CH** IB.JI

RESILIENCY

By Donna Taylor, LMT, Integrative Health Coach



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Resilience is our natural ability to process the adversity that is before us as we continue to live through each day. Often, we create goals and get excited about attaining them, and we build up expectations about how the path toward those goals is

Resilience is our natural ability to process the adversity that is before us as we continue to live through each day. Often, we create goals and get excited about attaining them, and we build up expectations about how the path toward those goals is going to look. We may feel optimistic and positive, ready to take on the challenge we set forth for ourselves.

Then, without warning, a work deadline is moved up for the project you proposed, and it means extra hours, a parent falls ill and needs your help, or your child's school is closed indefinitely in response to a global health crisis.

With these changes, you just don't see how you can make time to get to the gym, push your project through the finish line or find ways to care for your loved ones, and just like that your goals from the new year are pushed to the side — again.

When we come to a place of accepting what is before us, we are breaking down the wall of resistance that the stressor created.

Resilience is not something some of us have — it is inside all of us, and it is something that can be developed and strengthened through strategies.

How to Practice Self Resiliency

1. SELF COMPASSION

Things are not what we are used to right now, and we are learning to work and live in a virtual world. It's OK to not be OK, and it is OK to accept where you are in the moment.

Often, we tend to be hard on ourselves over things we cannot control or change.

Show yourself the same kindness, love and grace that you would extend to your family, friend or neighbor.

2. GRATITUDE

Gratitude, according to Positive Psychology, is more than feeling thankful; it is a deeper appreciation for someone or something that produces longer-lasting positivity.

According to a clinical psychology review on gratitude and well-being, gratitude is associated with high positive affect, low negative affect, and a high satisfaction with life. Being thankful also showed a significantly lower risk of major depression, generalized anxiety disorder, nicotine and alcohol dependence, as well as drug abuse or dependence.

Adding time for gratitude and thankfulness in your day can reinforce a positive attitude and mindset. This can be especially helpful when dealing with unexpected stressors or changes in one's life.

To learn more about the research of gratitude or ways to give thanks, visit www.thnx4.org.

**Wood, A. M., Froh, J. J., & Geraghty, A. W. A. (2010). Gratitude and well-being: A review and theoretical integration. Clinical Psychology Review, 30, 890 – 905.*

3. PRACTICING MINDFULNESS

Being able to step outside of your head and away from your thoughts gives you space mentally, physically and spiritually to come into the present moment to make a choice, a decision, or plan that supports your health and well-being.

There are many ways to practice mindfulness, and the more you practice, the more you are able to be mindful throughout your day.

For more mindful breathing exercises, please visit ibji.com or the IBJI Facebook page.

COVID-19 Q&A Roundtable

WITH OUR IBIJI PROVIDERS

COVID-19 is swiftly changing the ways in which we provide healthcare. In the roundtable that follows, three of our IBIJI providers — Orthopedic Surgeon Dr. Eric Chehab, Physical Therapist and Director of Rehabilitation Cathy Irwin, and Anesthesiologist and Pain Management Physician Dr. Adam Young — sit down to answer some questions about how COVID-19 and the accelerated adoption of Telemedicine is impacting the way they provide care today, as well as how it is changing the path ahead.

How is the future of medicine changing?

Eric Chehab, MD:

COVID-19 has rapidly accelerated the use of technology to promote patient health. With social distancing being our main weapon to combat COVID-19, the use of technology such as Telemedicine allows us to evaluate patients, but to keep in line with social distancing. In the future, time constraints, geographic constraints can be overcome with Telemedicine, which will be an increasingly useful means to evaluate patients. We had been exploring the use of Telemedicine before COVID-19, but the outbreak has thrust it to the forefront.



Cathy Irwin PT, OCS, MHS:

The reaction that the medical profession has had to this pandemic has created a world in which we have to be able to adapt to the way we deliver medicine. It reminds me of how brick-and-mortar retail has had to adapt to the world of online retail and the Amazons of the world. Those who have been able to adapt and make the switch are still doing just fine; however, those that are stuck within the confines of their own four walls are struggling and may become obsolete. In the past, regulators and payers were not as supportive of providing Telemedicine. HIPAA regulations and other barriers made it difficult. This crisis has opened the door to get the medical profession familiar with the technology and service. Over the past five to 10 years, the profession has talked a lot about productivity and metrics secondary to reduced reimbursement from payers. With the acceleration to Telemedicine, we are seeing that patients are getting one-on-one time with a provider. That quality time and communication is something that has been missing. Patients felt that they were just a number at a doctor's office. Now they are getting their time without being rushed out the door or waiting for an hour in the waiting room. I think both customer service and the connection with the patients is going to be much better. Now, I wonder how we will fit that back into the workspace when we get back closer to normal.



Adam Young, MD:

Medicine is undergoing a rapid and forced evolution toward remote office visits. Telemedicine, the use of telecommunications outside of the doctor's office to allow for the evaluation and treatment of a patient, has been available for decades. However, the use of Telemedicine was largely limited to rural and remote areas prior to our current COVID-19 pandemic. In fact, it was not a covered benefit in many states, including Illinois. That has changed with most insurances. This change has allowed patients to follow social isolation orders. It has opened up Telemedicine as an excellent alternative to in-person office visits. From the dozens of patients I have seen with this technology, it is clearly convenient for both the provider and the patient. As social distancing continues, most patients will have had an opportunity to experience Telemedicine, and I feel as more are exposed to it, more will request it as a covered benefit with their insurance provider. Even with my limited experience thus far, I could certainly see Telemedicine become commonplace within the field of medicine. Both patients and physicians could benefit from this.



How has remote medicine changed the way you approach patient care?

Eric Chehab, MD:

Fundamentally, I try to approach patient care the same way — taking a thorough history, performing a directed physical examination, using any test such as X-rays, MRIs or lab work to confirm the diagnosis, and then treating the condition. Practicing remotely means that a directed physical exam will be different. I can see motion, swelling, redness of a joint. But I cannot test for strength or stability remotely. So the history becomes increasingly emphasized and even more important with Telemedicine. Fortunately, for many conditions, the patient history alone can lead to an accurate diagnosis.

Cathy Irwin PT, OCS, MHS:

As a therapist, I have always enjoyed being able to have that quality one-on-one time with patients for 30 to 60 minutes. They feel connected to us and believe that we are fully engaged in their recovery. With remote medicine, it has removed the clinic distractions from the visit (other patients, other clinicians, timers going off, techs asking you questions), which I like to view as a good way for me to create more of a true one-to-one experience.

Adam Young, MD:

My in-office visits generally involve a fair amount of time speaking with patients, as opposed to focusing solely on my physical exam. Remote medicine forces you to ask focused questions and allow for ample time to listen to the patient's response. It really tests your experience and acumen to understand and distill symptoms into a diagnosis. I am more likely to follow up with patients sooner—for one, it's much easier for the patient and me to connect via Telemedicine; and two, more frequent monitoring will allow me to ensure patients are improving.

Are there risks certain patient populations will encounter with face-to-face meetings being limited?

Eric Chehab, MD:

There is no question that some communication can get lost in a virtual encounter that would otherwise be communicated with face-to-face encounters. So much communication occurs nonverbally, and many patients will queue their doctor to whether they are in pain through body language, for instance. And without being able to perform a physical exam, physicians will be challenged to rule out diagnoses that a history might suggest. The physical exam routinely confirms or refutes our suspicions raised by the history. What's important is that both patients and physicians understand the limitations of Telemedicine. Knowing its potential, but also its limitations, will lead to continued high-quality care. Like any tool, it needs to be utilized appropriately. And when used properly, it will be both convenient and effective.

Cathy Irwin PT, OCS, MHS:

I think the main risks are the technology factors (i.e., figuring out how to use the camera on the phone/computer, etc.). If the patient has that capability, we can have them take pictures of wounds, limbs, etc., and get instant access to recommend that they need to see us or an MD. Where I think IBJI has an advantage over our competitors, is that with our collaborative care model, I can get in contact with an MD immediately to get that patient in to see someone if I am concerned. This speeds up the response rate and provides quicker intervention for the patient.

Adam Young, MD:

Patients who are on medications long-term to treat their chronic pain symptoms can be prone to side effects that, if not caught or dealt with early, can lead to serious consequences. Fortunately, patients have access to the physicians at Illinois Bone & Joint 24/7. My patients know they can reach me in a variety of ways. Although face-to-face meetings are limited, they have not altogether been eliminated. We will always have the opportunity to examine a patient if their symptoms warrant an in-person exam.

Besides Telemedicine, do you see any other shifts that will

Besides Telemedicine, do you see any other shifts that will occur in the practice as a result of COVID-19?

Eric Chehab, MD:

There's no question COVID-19 is placing a tremendous emphasis on public health and resources to care for patients. The "supply chain" is a term we hear about frequently with COVID-19. In fact, the supply chain is the reason why we are socially distancing and limiting our lives. Imagine if we had unlimited medical resources to care for anyone who becomes ill. It would certainly eliminate the need to slow down the virus if we had limitless capacity to treat the sick. But we can see that the medical system does not have unlimited capacity. I don't want to say rationing, because I would hope we never have to do that in our medical system, but prioritizing conditions will likely occur as we continue to move forward after COVID-19.

Furthermore, the virus seems to be behaving differently here in the U.S. than in China and Europe. It's probably not the virus that is different, but the host. In general, at-risk individuals are elderly, lung/heart patients, immunocompromised patients, and diabetic and obese patients. In the U.S., we have a larger number of young people being severely affected. This might be because of our obesity rates being higher for young people than in other parts of the world. One of the public health lessons we will take away from COVID-19 will be that we need to treat conditions such as obesity much more aggressively. I think the future of medicine will emphasize "lifestyle medicine" strategies to help people cope with comorbidities such as obesity and Type 2 diabetes.

Our OrthoHealth program is a prime example of how lifestyle medicine can improve not only musculoskeletal health, but also overall health. The benefits of OrthoHealth — through which we help people manage their sleep, stress, diet and exercise better — would also help people cope and prevent serious infections like COVID-19. To borrow a phrase, this outbreak is a huge wake up call to "Make America Healthy Again."

Cathy Irwin PT, OCS, MHS:

This is a great question. I think it may change how professionals look at protocols for care. Does someone really need three visits a week? I don't think it will push toward group therapy sessions, but rather more thought about how many visits are necessary to get quality outcomes. Outcome measures could be a big game changer here. If payors learn the patients did just as well with one or two remote visits as they did in the clinic, you may see authorizations for care change.

Adam Young, MD:

The judicious use of medical supplies will be important moving forward. We routinely consume medical supplies in a variety of settings, including during procedures. I would not be surprised if we are encouraged to perform more in-office pain procedures as opposed to an ambulatory surgery center. This would result in far less personal protective equipment and other medical supplies being used for a procedure that may have been done in office. There has been some suggestion that uninsured Americans who require COVID-19 treatment will receive that treatment, and hospitals will be reimbursed at the same rate as Medicare. This would effectively provide Medicare for all COVID-19 patients and could be the precursor to a larger change in our healthcare system.

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What other resources will the team rely on to ensure

What other resources will the team rely on to ensure patients' care plans stay on track?

Eric Chehab, MD:

Many patients' postoperative care has been disrupted by COVID-19. Planned access to physical therapy has been severely curtailed — but not eliminated. We can still do virtual visits, post videos, give written instructions, conduct podcasts, etc., to expand the available resources for patients. The goal remains a high-quality recovery despite challenges. It will require creativity to develop, and flexibility by providers, patients and insurers to implement. Our goal is to allow patients to stay on track in their recovery no matter what the circumstances.

Cathy Irwin PT, OCS, MHS:

There are a variety of checks that we can perform for patients through the use of video and photos, including monitoring the progress of patients' mobility and range of motion, as well as observing a patient's incisions, and a variety of others. Sharing videos of movement patterns can also be helpful for both the patient and the provider. We can also stay in contact with patients over email to pass along information for care as well as continue to encourage them in their recovery.

Adam Young, MD:

Many patients have had their surgery or procedure delayed or cancelled. It may be several weeks or months before they can be rescheduled. We are maintaining a list of patients and their procedures as they have been canceled. Additionally, our electronic medical record allows for the use of timed reminders. This allows me to not just make mental notes of a canceled procedure, the medical record can be programmed to remind me in two, three or four weeks that it still has not been done. This way, we can stay on top of scheduling and assure no patient falls through the "cracks."

With elective surgeries and procedures being postponed, how will the practice adapt to such a demand once these services are reinstated?

Eric Chehab, MD:

We will adapt as soon as we can. We fortunately have access to outpatient surgery centers, which can allow for safe, expedient care. We will have to do some prioritizing with regard to those patients in most need. This will be challenging. We will also have to utilize our centers' resources effectively. Some times of the day are better than others for the more involved surgeries, such as the morning for spine and total joint cases and the afternoon for sports or hand cases (knee arthroscopies — aka scopes, carpal tunnel releases.) We are actively developing a plan to meet the demand for surgeries already postponed, and surgeries that need to be scheduled as we go along.

Cathy Irwin PT, OCS, MHS:

We are scaling down to a set number of Physical and Occupational Therapists. Some will be working in clinics and some at home on Telemedicine. This will provide us with a crew that can step in and provide immediate care once we start ramping back up after elective surgeries are reinstated. Additionally, our staff that have been furloughed will be brought back as that volume picks up.

Adam Young, MD:

We are poised to be ready for such a moment. As quickly as we reduced our in-office and operative workload, we have made a conscious effort as an organization to be ready for our patients when they are ready for us. The staff at Illinois Bone & Joint Institute remain dedicated to one common goal: our patients. Although some offices are closed and you will see fewer people at the offices that remain open, our patients should remain confident that all their physicians are here and eager for the opportunity to resume their care.

MOVE BETTER SPRING 2020 13



Bad news:



Bad news:
Accidents happen.

Good news:
The ER isn't your only option.

IBJI OrthoAccess provides faster, more affordable, immediate orthopedic care than an ER.

For injuries that can't wait, but don't necessarily require a trip to the ER, IBJI OrthoAccess provides faster, more affordable orthopedic immediate care. Staffed seven days a week by highly trained orthopedic professionals, including board-certified orthopedic surgeons, OrthoAccess is here for you with the high-quality immediate care you need.

So bring us your aches, breaks, twists, and sprains. We'll get you moving again—quickly and affordably.



FAST

OrthoAccess is a walk-in clinic. Patients are seen on a first-come, first-served basis. Wait times are usually less than an hour.



AFFORDABLE

An OrthoAccess visit can cost up to 80% less than a visit to a hospital emergency room.

Average OrthoAccess Visit	\$275
Average Emergency Room Visit	\$1,233



**Immediate Orthopedic Care.
Exceptional Quality You Can Trust.**

Find your nearest
OrthoAccess location at

ibji.com