



2020 was going to be our year! We had fun slogans, marketing campaigns, and eye-related memes ready to launch us into a year we could shout out our enthusiasm about eye care and eye health. What better year to help our patients achieve and maintain 20/20 vision than in the year 2020? Unfortunately, the fanfare lasted 2 short months before the COVID-19 pandemic hit all of us. In those first few weeks and months of the pandemic, the mandatory lockdowns and the unknowns surrounding what was to come greatly affected our daily lives, livelihood, and how we practiced ophthalmology. Most practices remained open for urgent and emergent care only, but nonurgent surgical care (ie, cataract surgery) came to a standstill for 6 weeks or more.

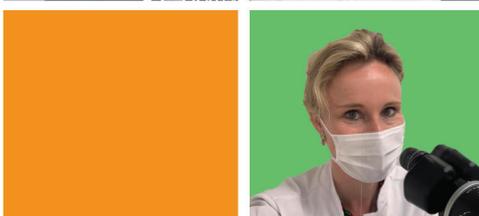
The financial repercussions of COVID-19 were (and still are) unavoidable. Another devastating cost that emerged quickly, however, was the emotional toll of the pandemic. We all felt the frenzy and anxiety of not knowing how we were

THE COST OF COVID-19



The pandemic has taken both financial and emotional tolls on all of us.

BY NEDA SHAMIE, MD



going to survive it. Questions weighed heavily on our minds. How do we protect ourselves, our families, and our loved ones? Will our practice survive this? What are we going to do with our staff? How are we going to make sure that they continue to get paid? How long until we can reopen our doors?

THE EMOTIONAL COSTS

Managing the emotional costs of COVID-19 to our practice was just as important, if not more important, as managing the financial costs.

Emotional costs for employees. The moment we got the news that we had to close the practice, our first priority was making sure our staff had an income. We felt an immense amount of responsibility for them. Financially, we knew we could not maintain our overhead while our doors were closed to patients. My partner, Robert K. Maloney, MD, and I did not take an income home for months. Instead, we put money back into the practice so that we could keep our staff employed, cover the fixed overhead, and maintain our momentum. We furloughed most of our employees and helped them apply for the initially generous government unemployment benefits. We kept the executive team working part-time on projects to get the practice ready for a new normal when we reopened, including addressing ways we could improve and strengthen the practice for the future.

The emotional stress of this process on our employees was a huge cost. Many of them expressed fear of coming back to work, and we spent a lot of time reassuring our staff that they could return when they felt safe enough to do so. We offered routine COVID-19 testing if they desired it, we held weekly forums so that employees could voice their concerns about the work environment, and we constantly updated them on CDC guidelines and recommendations. We were also transparent and forthcoming about our own insecurities and vulnerabilities and shared with them our concerns with a

clear message that our goal was to keep them safe and employed.

Emotional costs for the leadership team. During the 6 weeks when our practice was closed, the biggest emotional burden on the leadership team was shifting our energy from patient care to devising the best strategies by which to survive the pandemic emotionally, physically, and financially. The process of implementing recommendations that changed almost daily—mask use, weekly staff testing, and patient screenings, for example—was emotionally exhausting. I led the practice's COVID Safety Implementation Program and kept up with the expanding and frequently changing CDC and Occupational Safety and Health Administration guidelines and recommendations. I stayed connected with colleagues around the country and attended Zoom meetings and conference calls multiple times each week to keep up with newfound knowledge and to share ideas. I worried about failing to implement recommendations quickly enough to prevent a patient or staff member from being exposed to SARS-CoV-2.

As emotionally draining as this experience was, it put Dr. Maloney and me more in touch with the inner workings of our practice. We used the time in lockdown to strategize ways that we could improve our practice beyond simply putting up plexiglass shields and wearing personal protective equipment.

We spent much of the time away from patient care focused on examining every step and policy that we have in place. We became more intimately familiar with our employee handbooks, policies, and procedures, and we identified areas to improve in how we care for patients. We started to implement changes to streamline our workflow and allow patients to move through the practice efficiently to make the experience not only feel safe by minimizing their contact with the staff and other patients but also more pleasant with no wait time and shorter visits. These changes included implementing virtual visits for

some initial consultations and follow-up appointments and cross-training technicians on diagnostic equipment so that the same technician stays with the patient through the whole process.

Finding ways to pivot and channel our energy to improving the inner workings of the practice so that we could reopen in an effective and more productive way was the silver lining to the 6-week shutdown.

The emotional and financial costs of managing our anxiety around the unknown of COVID-19 paled in comparison to the fear of losing a life to it, be it our own or a loved one's. A few of our employees tested positive for SARS-CoV-2 from community exposure, but thankfully, no one became severely sick. With strict protocols in place, we were able to prevent the spread within our practice and are happy to report that no patient or employee, as far as we know, got COVID-19 because of exposure in our practice. We did, however, have elderly loved ones who were lost to COVID-19, alone and isolated, leaving behind family who could not say their goodbyes or have closure, given the restrictions around gatherings. This emotional cost of lives lost still brings tears to my eyes, even as I write these words, and will remain the greatest loss of the pandemic.

THE FINANCIAL COSTS

In the beginning, we, like the rest of the world, panicked and scrambled to get ourselves and our staff ready for combat against this invisible enemy lurking on every surface and aerosolized with every cough heard from a mile away. We sanitized more than might have been needed. We overpaid for personal protective equipment. I remember paying \$100 for a single N95 mask so that I could see patients. We also installed plexiglass shields at the reception counter, between our staff desks, and on slit lamps and lasers, and we reconfigured our waiting rooms and other areas of the practice to promote adequate social distancing.

The bigger cost, however, was balancing our overhead once all of our staff returned to work while purposefully limiting patient flow by at least 50%. To complicate matters, many patients were fearful of coming into the practice or having surgery. It took several months before we could truly ramp up patient care. By the fourth quarter of 2020, we had regained momentum and started to make up for some of our lost revenue. Much of the momentum was due to an increased interest in refractive surgery. A common reason driving patients to consider LASIK was the frustration they felt from the fogging of their glasses when wearing a mask. Patients also shared that the travel budget they had set aside for 2020 could now be used for the refractive surgery they had wanted but had never prioritized.

In some months, our refractive surgery volume was up by 50% to

70% compared to the same period in previous years. The fact that our practice already had a strong reputation in refractive surgery gave us the advantage of pivoting our efforts toward the increased interest and influx of refractive patients. This helped us look toward recovery with greater optimism than otherwise, giving us an unexpected opportunity for growth.

Receiving Paycheck Protection Program loans from the US Small Business Administration helped our overhead immensely and allowed us to bring our staff back on payroll. Throughout the shutdowns, we did not pull back on our marketing efforts because we felt that we needed to continue our patient outreach efforts to maintain our brand and to strengthen our presence in the community. Our messaging reminded patients and referring doctors that they can continue to have confidence in us to offer them not only our surgical expertise but also

our commitment to keep them (and their patients) safe in the process of receiving surgical eye care.

CONCLUSION

We have all incurred financial and emotional expenses because of COVID-19. It has also, however, provided us with an opportunity to pause and improve our practice's foundation. The fundamental changes that we made in the way we approach patient care and workflow will endure after the pandemic ends, and they have led to a deeper sense of satisfaction among the leadership team and employees. ■

NEDA SHAMIE, MD

- Surgeon and partner, Maloney-Shamie Vision Institute, Los Angeles
- Member, CRST Editorial Advisory Board
- ns@maloneyshamie.com
- Financial disclosure: None