

Physical Therapy Pocket Licenses

- Physical Therapy Board of CA (PTBC) no longer issuing pocket licenses as of July 2020
- For initial licensure and renewals
- Posting licenses prominently in leu of therapist name tags
 - License details posted online <u>https://search.dca.ca.gov/</u>



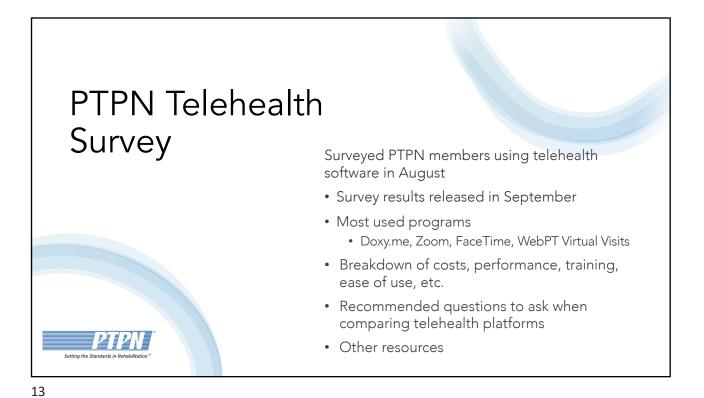


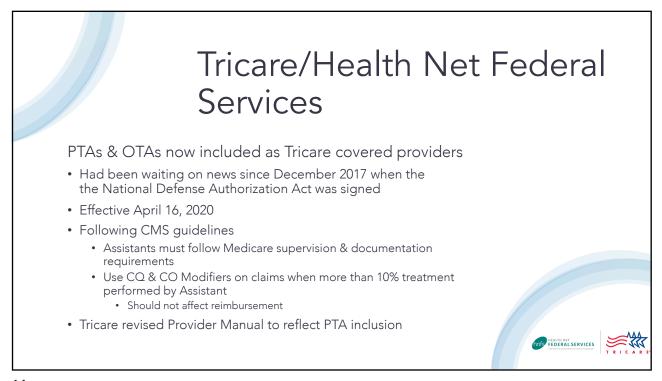
PTPN Coronavirus Resources

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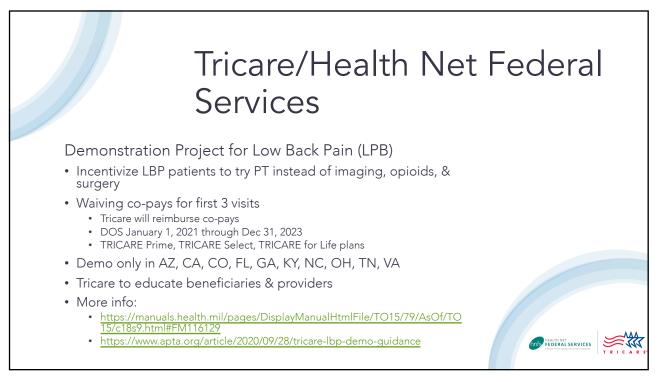
PTPN emails researched & sent by Nancy Rothenberg

- Last email sent October 6, 2020
- Resources on telehealth & payers, regulatory guidance, loan & payment info, some PTPN member office policies, etc.
- Most recent memo linked to in membersonly section of ptpn.com
 - "What's new at ptpn.com?" above Member Tools section









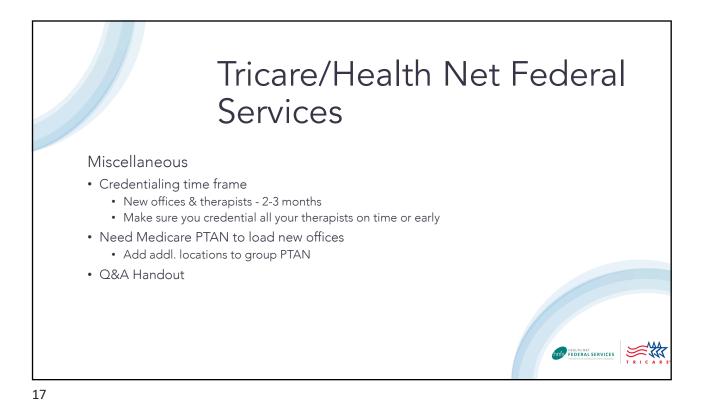
Tricare/Health Net Federal Services

nonfs FEDERAL SERVICES

TENS

- Excluded for treatment of acute, subacute, chronic low back pain (LBP)
- Effective June 1, 2020
- No cost-sharing
 - Sole treatment of TENS for LBP
 - TENS treatment as part of otherwise covered PT visit
- TENS units for home use not covered

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Medpoint Management

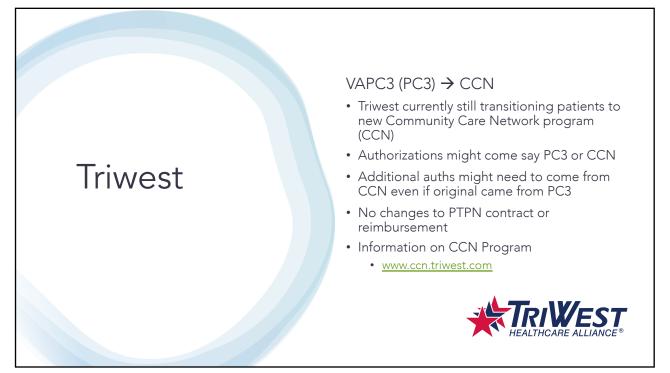
Re-credentialing Apps – Fill them out

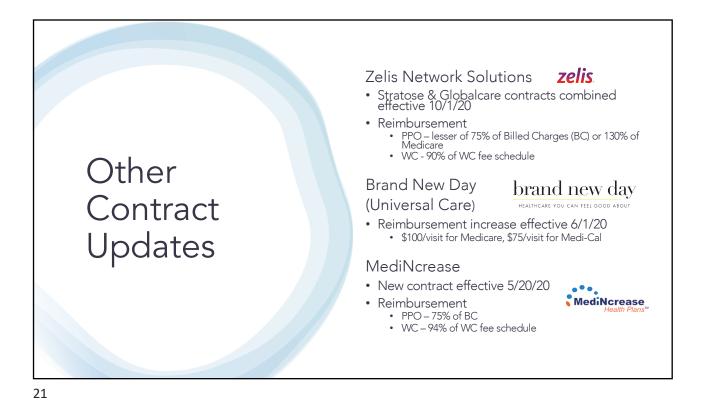
- Medpoint used Gemini Diversified Services, Inc. (GDS) to send 2020 re-cred apps to therapists
- Only sent to therapists in Medpoint's system for a while
 - Therapists (new & old) only recently loaded: N/A
 - Therapists (new & old) who were never loaded: $\ensuremath{\mathsf{N/A}}$
- Medical Groups & IPAs (LA County only)
 - Bella Vista Medical Group
 - Centinela Valley IPA
 - El Proyecto del Barrio
 - Global Care Medical Group
 - Health Care LA IPA
 - Premier Physician Network
 - Prudent Medical Group
 - Watts Healthcare Corp



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In June, Independent Physical Therapists of California filed lawsuit against Medrisk

- Referral process
- Untimely payment
- Not giving accurate info in provider directory
- No certificate for claims administration
- Unlicensed utilization review

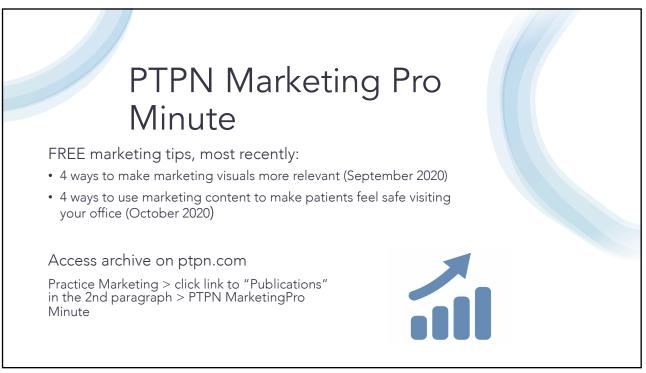




Physical Therapists of CA







Emergency

PHE Home > Emergency > News & Multimedia > Public Health Actions > PHE > Renewal of Determination That A Public Health Emergency Exists

About ASPR

Renewal of Determination That A Public Health Emergency Exists

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Alex M. Azar II, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective October 23, 2020, my January 31, 2020, determination, that I previously renewed on April 21, 2020 and July 23, 2020, that a public health emergency exists and has existed since January 27, 2020, nationwide.

October 2, 2020

/s/

Date

This page last reviewed: October 02, 2020

HomeContact UsAccessibilityPrivacy PoliciesDisclaimerHHS Viewers & PlayersHHS Plain LanguageAssistant Secretary for Preparedness and Response (ASPR), 200 Independence Ave., SW, Washington, DC 20201U.S. Department of Health and Human ServicesUSA.govGobiernoUSA.govHealthCare.gov in Other Languages

Alex M. Azar II



More Emergency and Response Information

Q

Declarations of a Public Health Emergency Public Health Emergency Determinations to Support an Emergency Use Authorization Section 1135 Waivers Emergency Use Authorizations

NCCI Edit List

Instructions

Effective: October 1, 2020

Instructions

How to Use This Workbook:	When billing a Code (1) paired with a Code (2), the Code (2) requires a modifier if allowed. Documentation should support that the procedures are distinct and different. Typically a '59' modifier is used in these situations. Some payers may have a policy that they do not pay codes filed with a '59' modifier without appeal and submission of documentation. A 'N' in the 'Modifier Allowed' Column means that a modifier is NOT allowed, and the codes cannot be billed together. A 'Y' in the 'Modifier Allowed' Column means that a modifier CAN be used with that code combination. A 'Y' in the 'Modifier Allowed' Column means that a modifier doel and documentation. A 'Y' in the 'Modifier Allowed' Column means that a modifier doel and the codes cannot be billed together. A 'Y' in the 'Modifier Allowed' Column means that a modifier doel and documentation. A 'Y' in the 'Modifier Allowed' Column means that a modifier doel and documentation. A red color indicates that this is a new CCI edit for this period. A 'Y' in the 'Timed' Column indicates that Code (1) is a timed code and documentation should support the time billed for that code. A 'N' in the 'Timed' Column indicates that the Code (1) is NOT a timed code.		
	Please Note: this list is <u>NOT all inclusive</u> ! It includes the most commonly billed therapy codes along with the common code edits. For a complete list, click here: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index		

NCCI Edit List

Modalities

Effective: October 1, 2020

Modalities

Code (1)	Code Description	Code (2)	Modifier Allowed	Timed
90912		90901	N	Y
		97032	Y	
	Biofeedback, Pelvic Health, Initial	<u>97110</u> 97112	Y	
	15 min	97530	Y	
		97535	Y	
		97750	Ŷ	
		90901	N	Y
		97032	Y	
00042	Biofeedback, Pelvic Health,	97110	Y	
90913	Subsequent 15 min	<u>97112</u> 97530	Y Y	
		97535	Y	
		97750	Ŷ	
		97110	Y	Ν
95992	Canalith Repositioning	97112	Y	
93994	Canantii Kepositioning	97140	Y	
		97530	Y	
		97018	Y	
97012	Mechanical Traction	97140	Y	
57012	Meenanical Traction	97164	Y	
		97168	Y	
		97018	Y	
G0283	E-stim	97140	Y	
00205	E Still	97164	Y	
		97168	Y	
		97018	Y	
97016	Vasopneumatic Device	97026	Y	
77010	vasopheumatic bevice	97164	Y	
		97168	Y	
		97022	Y	
97018	Paraffin	97164	Y	
		97168	Y	
		97602	Y	
97022	Whirlpool	97164	Y	
		97168	Y	
		97018	Y	
97024	Diathermy	97026	Y	
	-	97164	Y	
		97168	Y	
		97018 97022	Y	
97026	Infrared		Y	
		97164 97168	Y Y	
		97168	Y	
		97018	Y	
97028	Ultraviolet	97022	Y	
27040		97164	Y	
		97168	Y	
		97164	Y	
97032	E-Stim Manual —	97168	Y	
		97164	Y	
97033	Iontophoresis	97168	Y	
		97164	Y	
97034	Contrast Bath	97168	Y	
		97164	Y	
97035	Ultrasound	97168	Y	
		97164	Y	
97036	Hubbard Tank	97168	Y	
		97164	Y	
97039	Unlisted Modality	97168	Y	
		9/100	Y	

NCCI Edit List Procedures Effective: October 1, 2020 Procedures

Code (1)	Code Description	Code (2)	Modifier Allowed	Timed
97110	Therapeutic Exercise	97164 97168	Y Y	Y
	-	97022 97036	Y	Y
97112	Neuromuscular Re-Education	97164	Ŷ	
		97168 97022	Y	Y
97113	Aquatic Therapy	97036 97110	N Y	
	Aquatic Therapy	97164	Ŷ	
97116	Cait Trainin -	97168 97164	Y Y	Y
	Gait Training	97168 97164	Y	Y
97124	Massage Therapy	97168	Ŷ	
	-	97153 97155	N N	Y
97129	Cognitive Function Initial 15 min	97168	Y	
		97164 97153	Y N	Y
97130	Cognitive Function each addtl 15 min	97155	N	
77150	cognitive i unction cach addit 15 mm	97168 97164	Y	
97139	Physical Medicine Procedure	97168	Y	Y
97139	Thysical Medicine Trocedure	97164	Y Y	V
	-	97018 97124	Y N	Y
97140	Manual Therapy	97164	Y	
		97168 97530	Y Y	
		97750	Y	
	-	97110 97112	Y Y	N
		97113	Ŷ	
	-	97116 97124	Y Y	
		97127	Y	
97150	Group Therapy	97140	Y Y	
		97164 97168	Y	
		97530	Y	
	-	97533 97535	Y Y	
		97537	Y	
	-	97113 97116	Y	Y
		97164	Ŷ	
97530	Therapeutic Activity	97168 97533	Y	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	merapeuterietivity	97535	Y	
		97537 97542	Y	
	-	97750	Ŷ	
97533	Sensory Integration	97164	Y Y	Y
97535	Self Care Home Management	97168 97164	Y	Y
97333	Sen care nome Management	97168	Y Y	Y
97537	Community Work Reintegration	97164 97168	Y	r
97542	Wheelchair Management Assessment &	97164	Y	Y
	Trng	97168 97140	Y N	Y
97545	Work Hardening (1st 2 hours)	97164	Y	
		97168	Y	
97750	Physical Performance Tests & Measures	97150	N	Y
	_	97035	Y	Y
		97110 97112	Y Y	
		97140	Y	
		97530 97533	Y Y	
97755	Assistive Tech Assessment	97535	Y	
	-	97537 97542	Y Y	
		97545	Y	
		97750 97761	N Y	
		97763	Y	
		97016 97110	Y Y	Y
		97112	Y	
	Orthotic Mgmt/Trng Initial Encounter	97116 97124	Y Y	
97760		97140	Ŷ	
		97164 97168	Y Y	
		97763	N	
		All Strapping Codes 97016	Y Y	Y
		97110	Y	
	Prosthetic Mgmt/Trng Initial Encounter	97112 97116	Y Y	
97761		97124	Y	
		97140 97164	Y Y	
		97168	Y	
		97763	N Y	Y
		97016 97110	Y	r
	Orthotic/Prosthetic Mgmt/Trn	97112	Y	
07540	Orthotic/Prosthetic Mgmt/Trn		**	
97763	Orthotic/Prosthetic Mgmt/Trn Subsequent Encounter	97116 97124	Y Y	
97763		97116		

NCCI Edit List

Evaluations

Effective: October 1, 2020

Evaluations

Code (1)	Code Description	Code (2)	Modifier Allowed	Timed
		97140	Y	N
97161, 97162,		97164	N	14
97163, 97165,	PT Evaluations & OT Evaluations	97168	N	
· · · ·	PT Evaluations & OT Evaluations	97750	N	
97166, 97168		97755	N	
		97763	N	
		97750	N	Ν
97165, 97168	PT & OT Re-evaluations	97755	N	
		97763	N	

TRICARE Q&A



By Rick Gawenda*

Q: HOW MANY REGIONS ARE THERE IN THE UNITED STATES THAT MANAGE THE TRICARE PROGRAM?

A: Currently, there are two regions in the United States: the East Region and the West Region.

Q: WHO IS THE REGIONAL CONTRACTOR FOR THE WEST REGION?

A: Health Net Federal Services is the regional contractor for the West Region. You can access their home page at www.tricare-west.com.

Q: WHAT STATES ARE LOCATED IN THE WEST REGION?

A: The following states are located in the West Region: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (except the Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (Amarillo, Lubbock and El Paso areas only), Utah, Washington, and Wyoming.¹

Q: WHO IS THE REGIONAL CONTRACTOR FOR THE EAST REGION?

A: Humana Military is the regional contractor for the East Region. You can access their home page at <u>www.humanamilitary.com</u>.

Q: WHAT STATES ARE LOCATED IN THE EAST REGION?

A: The following states are located in the East Region: Alabama, Arkansas, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa (Rock Island area), Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri (St. Louis area), New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas (excluding El Paso area), Vermont, Virginia, West Virginia, and Wisconsin.²

Q: DOES TRICARE FOLLOW MEDICARE'S "8-MINUTE RULE" WHEN PROVIDERS ARE BILLING FOR OUTPATIENT THERAPY SERVICES?

A: Yes, TRICARE has stated they follow Medicare's "8-minute rule." This is based on phone calls with TRICARE. Unfortunately, TRICARE has not published this in their manuals.

Q: DOES TRICARE PAY FOR SERVICES PROVIDED BY A PHYSICAL THERAPIST ASSISTANT OR OCCUPATIONAL THERAPY ASSISTANT UNDER THE APPROPRIATE SUPERVISION OF A PHYSICAL THERAPIST OR OCCUPATIONAL THERAPIST RESPECTIVELY?

A: Effective April 16, 2020, TRICARE has approved Physical Therapy Assistants (PTA) and Occupational Therapy Assistants (OTA) as TRICARE-authorized providers under the supervision of a TRICARE-authorized, licensed, and registered physical therapist or occupational therapist in accordance with Medicare's rules for supervision and qualification.³

Q: HAS TRICARE IMPLEMENTED THE CQ AND CO MODIFIERS IF SERVICES ARE PROVIDED IN PART OR IN WHOLE BY A PTA OR OTA?

A: Yes. TRICARE has implemented the CQ and CO modifiers in the same manner that was implemented by traditional Medicare for outpatient therapy services furnished under Part B benefits.^{3,4}

Q: WILL TRICARE REDUCE THE AMOUNT OF REIMBURSEMENT WHEN SERVICES ARE PROVIDED "IN WHOLE" OR "IN PART" BY A PTA OR OTA?

A: Effective for services rendered on or after January 1, 2022, claims with a modifier of CQ or CO shall be reimbursed at the non-physician class CMAC for the applicable service.^{4,5}

Q: DOES TRICARE COVER TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION?

A: Effective June 1, 2020, TRICARE will no longer cover transcutaneous electrical nerve stimulation (TENS) for the treatment of acute, subacute, and chronic low back pain (LBP).⁶

Q: DOES TRICARE PAY FOR THE DRY NEEDLING CPT CODES 20560 AND 20561 IF PERFORMED UNDER A PHYSICAL THERAPY PLAN OF CARE?

A: No. Per TRICARE, dry needling is considered unproven.⁷

Q: IS TRICARE AND CHAMPUS THE SAME?

A: Yes. TRICARE was formerly called CHAMPUS.

Q: IS TRICARE AND CHAMPVA THE SAME?

A: No. Tricare is for active duty military and their dependents. It is a Department of Defense (DOD) benefit. CHAMPVA is a VA benefit for dependents of living veterans rated 100%, for

dependents of veterans who died service connected, and for dependents of veterans who were 100% rated when they died.⁸

Q: HOW CAN I ACCESS THE TRICARE MANUAL?

A: Go to https://manuals.health.mil/pages/DisplayManual.aspx?SeriesId=TP15/

Scroll down to Navigation and under Navigation on the left-hand side, you will see the word "View." Under "View" click on Table of Contents at Change. When the new page opens, scroll down and click on TP15 Chap 7 TOC — Medicine. Click on the appropriate section you want to read.

You will also want to click on TP15 Chap 11 TOC — Providers and when the new page opens up, scroll down to Sections 3.16 and 3.17 to read about PTAs and OTAs.

If you have additional questions about TRICARE and outpatient therapy, please feel free to email me at <u>info@gawendaseminars.com</u>.

References:

¹Health Net Federal Services. <u>www.tricare-west.com</u>. Accessed July 20, 2020.

²TRICARE Regions. <u>https://www.tricare.mil/About/Regions#</u>. Accessed July 20, 2020.

³Department of Defense. TRICARE; Addition of Physical Therapist Assistants and Occupational Therapy Assistants as TRICARE-Authorized Providers. Federal Register. March 17, 2020;85(52): 32 CFR Part 199. <u>https://www.govinfo.gov/content/pkg/FR-2020-03-17/pdf/2020-04957.pdf</u>

⁴TRICARE Policy Manual 6010.60-M. Chap 11 TOC – Providers, Section 3.16, 5.0 Reimbursement. <u>https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/62/AsOf/TP15/c11s3_16.html#F</u> <u>M72932</u>. Published April 2015. Updated April 22, 2020. Accessed July 20, 2020.

⁵*TRICARE Policy Manual 6010.60-M. Chap 11 TOC – Providers, Section 3.17, 5.0 Reimbursement.*

<u>https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/62/AsOf/TP15/c11s3_17.html#F</u> <u>M72932</u> Published April 2015. Updated April 22, 2020. Accessed July 20, 2020.

⁶TRICARE Policy Manual 6010.60-M. Chap 7 TOC – Medicine, Section 18.2 Physical Medicine/Therapy, 4.17.

<u>https://manuals.health.mil/pages/DisplayManualHtmlFile/TP15/62/AsOf/TP15/c7s18_2.html#F</u> <u>M66017</u>. Published April 2015. Updated April 22, 2020. Accessed July 20, 2020.

⁷*TRICARE Policy Manual 6010.60-M. Chap 7 TOC – Medicine, Section 18.2 Physical Medicine/Therapy, 4.18.*



New Savings for PTPN Members Only!

PTPN has successfully negotiated a new National Vendor Pricing Agreement with Weave. All PTPN members are eligible for special discounts when purchasing from this new PTPN preferred vendor!

While you are not obligated to purchase from PTPN's Preferred Vendors, we invite you to take advantage of the members-only discounts we have negotiated on your behalf. PTPN reviews Preferred Vendor products and services, including customer satisfaction, before offering these programs to our members.

Weave

https://weavepartners.com/zzc



Weave is the complete business toolbox: a smart software and phone system for your business, with features for every step of your customer journey.

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PTPN Contact: Baylee Jensen, <u>baylee.jensen@getweave.com</u>

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Questions about this new savings opportunity? Or would you like to suggest a company or service for PTPN's Preferred Vendor program? Contact Leana Martinez at <u>Imartinez@ptpn.com</u> or 818-737-0237.



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TekCollect

www.tekcollect.com

TekCollect

TekCollect is the nation's leading provider of accounts receivable management, debt collection services, and customer retention solutions. We've partnered with PTPN to provide members with our non-alienating programs at a discounted price.

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For more information, and for the complete list of discounts available through PTPN Preferred Vendors, log on to ptpn.com and click on "Preferred Vendors."

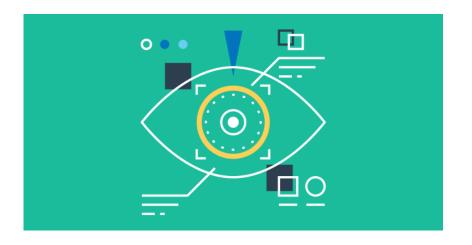
Questions about this new savings opportunity? Or would you like to suggest a company or service for PTPN's Preferred Vendor program? Contact Leana Martinez at <u>Imartinez@ptpn.com</u> or 818-737-0237.



PTPN MarketingPro Minute

For PTPN Members Only

September 2020



4 ways to make marketing visuals more relevant

How should marketing imagery be different now? Practice marketers should be considering how the photos and videos they use can be relevant, appropriate and resonant during and even after the pandemic.

Some adjustments to what images we should be using now are obvious: "Handshakes? Nope. High-fives? Not cool anymore. Packed concert halls and backyard cookouts? If only," says Sue Cahaly, editorial manager at <u>Skyword</u>, a content marketing company.

So what kinds of visuals do work now? Sue and her Skyword colleagues analyzed information from Twitter, Getty Images and Adobe to develop <u>four recommendations</u>:

1. Honest Imperfection

Focus on relatable visuals, including those that aren't perfect, rather than perfectly posed and composed images. Sue says this helps your brand display empathy. "A relatable experience resonates more with consumers now than the illusion of perfection," she explains.

"With many people confined to their homes more than usual, public facades have been forcibly stripped away and life's messiness is now on full display. Just on Zoom alone, we're seeing co-workers wrangle their singing cats, screeching kids, and prodding partners."

One way to implement this in your practice marketing is by using behind-the-scenes photos and videos. Show you and your staff learning, preparing, training, and planning. For example, take quick informal smartphone videos of your disinfecting routines and post them to your social media channels.

"Audiences are craving experiences right now, so they're likely to delight in content that reveals your brand's inner workings and products," Sue says. "Not only that, but this type of content can also help fast-track the trust relationship between you and your audience."



2. Wellness and Wanderlust

Wellness and fitness have always been important visual themes for practice marketing. However, what's increasingly relevant now is the intersection between wellness and the desire to get out and about.

"Absent traditional vacations and with limited means of travel, people are turning to hiking, camping and the peace of the wilderness to fill the void," Sue says. "People are quickly adapting to al fresco fitness, which ticks all the boxes for social distancing, mental health, physical exercise and fresh air."

Consider how to adapt your wellness imagery to include this trend. For example, use images of outdoor walking and hiking rather than indoor workouts or fitness classes.

3. Tech and Togetherness

People are using technology more than ever to replace the ability to connect in person. "We already knew that audiences were obsessed with technology, but it's gained even more fanfare and fancy during the pandemic for its ability to bring us all together," Sue says. "From videoconferencing and virtual events to online learning and Zoom check-ins, we're getting more screen time than ever before."

But this development is a mixed bag, she explains: "On the one hand, people love the social bonds created and strengthened through technology; on the other hand, people are exhibiting worry about our reliance on devices, data security, and what the future may bring."

What does this mean for your marketing? Focus on visuals that humanize technology. For example, if your practice uses digital dynamometers or other digital devices, post videos of staff members using and explaining them. (And remember, some minor imperfections in the videos will make them more effective: If you get tongue tied or distracted mid-sentence, make a joke about it and keep it in the video.)

4. Sustainability

While it may be less directly related to the pandemic, sustainability of the environment continues to be one of 2020's key visual themes, according to the experts. Getty Images has reported an increase in images and video downloads related to pollution, recycling and climate change, and Twitter's research shows that consumers are holding both themselves and organizations responsible for caring for the environment.

"Brands can lean into this visual trend by proactively sharing their sustainability efforts within their communities, being sure to highlight their hands-on participation in photos and videos," Sue says.

It could be as simple as a video of a staff member masking up and taking out the recycling. Even before-and-after pics of you planting a tree in your backyard can communicate your interest in ecology and the environment.



PTPN MarketingPro Minute

For PTPN Members Only

October 2020



4 ways to use marketing content to make patients feel safe visiting your office

No matter what's happening in your area with lockdowns, mask mandates, and school openings, one thing is common for all of us right now: uncertainty. When it comes to your practice, you're probably seeing this play out in patients continuing to defer treatment in an abundance of caution.

One way to reassure patients and encourage them to get needed care is through your practice marketing. Your pandemic marketing content is a powerful tool to inform and educate patients about the safety of visiting your practice.

"As patients continue to look for answers and reassurance, healthcare providers have an opportunity to provide authoritative information – to build a reputation of reliability, trust, and expertise," says Alex Membrillo, CEO of the digital marketing agency <u>Cardinal</u>.

Here are four ways Alex has identified to communicate these messages to patients:

1. Give them the facts

As we've discussed <u>previously</u> in *PTPN MarketingPro Minute*, use your digital marketing channels (website, Facebook, Twitter, Yelp, Google, etc.) to tell patients about the safety measures your office has employed. "Don't let healthcare consumers speculate as to what your practice is doing in response to COVID-19," Alex says, "Make information about cleanliness and safety procedures easily accessible across your website, social media, and even display ad campaigns."

2. Visualization is key

You've heard it before, but it's even more true in the context of the pandemic: Video is king. Use video content to show patients the precautions you're taking. "Especially at a time with limited in-person contact, seeing really is believing," Alex says. Create a video walkthrough of your current check-in procedure, or a how-to video for telehealth appointments.



3. Get personal

What really sets your practice apart are the unique and dedicated people who work there. Use this time to provide personal (yet professional) introductions to your team, from the owner to the front desk staff. According to Alex, "This is what patients connect with most!"

Post short video interviews with your staff members on your website and as an ongoing series on your social media. Include content about their professional roles, but also share one or two personal insights – like hobbies, a favorite cheat meal, or how they're dealing with pandemic-related stress.

4. Keep your reviews current

Online reviews are crucial to patients looking for information about safety during the pandemic. Consumers are doing their research: "They're looking for recent reviews pertinent to the questions they have now," Alex says. "What are recent patients saying about how safe they felt given the COVID-19 pandemic? What about wait times and customer service?"

Be sure you have a robust and ongoing strategy to get customer reviews: Embed review reminders in email messages, text follow-ups, and intake and discharge paperwork. Train your staff to recognize highly satisfied patients and ask them directly for an online review. "Focus on getting testimonials or reviews from people who have worked with you during COVID-19, or reviews that detail the COVID experience and post-COVID experience," Alex says.

Read more of Alex's tips here.