

Subject: Update from Seattle: Merkel interest group cancelled; comments on COVID-19

Date: Thursday, March 19, 2020 at 6:29:58 AM Pacific Daylight Time

From: Paul Nghiem

Dear Colleagues,

Following cancellation of the AAD meeting in Denver, we initially planned to proceed with a virtual (Zoom-based) meeting for our Merkel interest group.

We had 5 very interesting talks lined up & all speakers were available.

Given the urgency of COVID-19-associated events, we have decided not to proceed, and **we will NOT hold a Zoom meeting on Friday March 20.**

Instead, I have inserted some reflections on our COVID-19 experience in Seattle.

Stay safe, and we will be in touch on the other side of this pandemic.

Warmly,
Paul

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A few thoughts (including what we wish we had done earlier) regarding COVID-19, from a Seattle / dermatology perspective.

Our dermatology service has had one of our patients (~80 yo man, with psoriasis, on Humira, otherwise relatively healthy) die of COVID-19 last week, after looking great in clinic 2 weeks earlier.

A former collaborator & emeritus [professor of pathology](#) in my research building, about 80 years old, died yesterday of this virus after a typical course, intubated in the ICU, including appearing to get better before things got worse.

Get ready to use tele-communication (Zoom is the chosen platform at UW, hopefully your institution has a PHI-compliant teleconferencing solution).

You will need that to stay in touch with your colleagues & your patients.

Get familiar with the features.

Set up a good 'home office' for work, ideally a quiet room.

On Tuesday, I had a sore throat & followed the rules (did not go in to clinic) and we ran a very successful clinic via Zoom meetings with 5 patients with very active issues, all from the safety of their homes.

It was critical to plan this with patients at least 1 day in advance, with dedicated Zoom call-in numbers, 'appointment times' assigned, etc.

Patients were VERY HAPPY. No viruses were exchanged!

Determine protocols to triage patients who are not urgent (can safely wait >4 weeks for a visit).

You do not want older, immune suppressed patients to be traveling to/through clinic.

Many Mohs surgical cases likely should be delayed, balancing risks, etc.

Risk of a patient catching this virus from a clinic visit and other patients, is very real.

Be very careful. MANY infected people are totally asymptomatic. Keep your distance, wash your hands, have patients wash hands.

Several of our residents and faculty have been exposed & needed to self-quarantine, despite careful 'symptom checks' carried out on patients arriving in clinic; they were later found to be positive.

The current count of infected, hospitalized patients in our University hospitals is around 40 and increasing rapidly, with PPE rationing a major challenge.

Get ready to do billing for telehealth, though this is time-consuming and may not be ready quickly...just focus on providing great care & documenting the need for tele-health.

Insurances/Medicare may reimburse, and it will be more likely, if you document appropriately, (e.g. patient is older, immune suppressed, COVID pandemic, avoiding exposures.)

It is best practice to document who was present on the tele-visit, where each person was (clinic, home) and time spent face-to-face via the platform.

Form a 'COVID response team' in your Department that will make key decisions & then disseminate them.

Try to convert to a single email blast (curated) per day, and link to one website where information is posted for your team.

Email / alert / information fatigue is a challenge & central curation of the most useful info is helpful.

Rather than merely posting hour-long videos and long documents, ANNOTATE key points so people can efficiently decide what is contained in that item.

Connect with your close colleagues & faculty using frequent teleconference 'check ins'; encourage everyone to turn on their cameras (you get to see their cute pets and kids!!)

Turning cameras on greatly improves communication/connection, especially when the group gets big, as you can see facial expressions of many people at once (use 'gallery mode' to see many people at once), even though only one person can talk at a time.

Learn to use your teleconferencing system's tricks like 'raise hand', 'chat', etc.

These tricks make virtual meetings much more efficient.

Briefly greet/acknowledge everyone on the call & try to get everyone to say something about their unique situation/insights, etc.

Good luck & wash your hands. The virus is [viable on many surfaces](#) for hours to days.