

Helping private practices navigate non-essential care during COVID-19

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The American Medical Association (AMA) is providing this guidance to physicians and practices related to the provision of non-essential care to patients amid the COVID-19 pandemic to help them triage non-urgent patient requests.

Physicians are currently facing new and unfamiliar challenges in delivering care to non-urgent patients. Physician practices are concerned about safely delivering necessary care to patients and about postponing non-essential care. New for many practices is having to consider current and future needs for clinician services, the supply of laboratory test kits and access to personal protective equipment (PPE).

The World Health Organization (WHO) declared the Coronavirus (COVID-19) pandemic on March 11, 2020. The characterization of a disease as pandemic is not indicative of its deadliness but rather an acknowledgement of the disease's geographical spread¹. Travel bans, crowd restrictions and temporary closures of numerous businesses are currently in effect to limit the spread of the disease².

The Centers for Disease Control and Prevention (CDC) recommendations are based on the need to:

- Minimize disease transmission to patients, healthcare personnel (HCP) and others,
- Identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care,
- Reduce negative impacts on emergency department and hospital bed capacity, and
- Maximize the efficiency of PPE utilization across the community health system while protecting healthcare personnel.

The Centers for Medicare and Medicaid Services (CMS) have created a tiered framework to maintain the provision of necessary services, while also keeping patients and providers safe during the COVID-19 pandemic. It identifies key factors for practices to consider, including:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth, virtual check-ins and/or remote monitoring
- Supply of PPE available at the practice location and in the region
- Staffing availability

- Medical office/ambulatory service location capacity
- Testing capability in the local community
- Health and age of each individual patient and their risk for severe disease
- Urgency of the treatment or service

Keeping these factors in mind, CMS recommends that clinicians:

- Delay and reschedule inpatient and outpatient elective surgical cases and procedures
- Assess the appropriate level and timing of care by identifying patients for whom the risk of postponing care outweigh the benefits (e.g. surgical oncology)
- Postpone routine dental and eyecare visits

Health care providers whose populations include children or expectant mothers may require the implementation of different strategies for appropriate patient care.

These considerations are not intended to serve as a comprehensive or all-inclusive list. AMA strongly recommends reviewing the complete guidance on the CDC's website. Also, physicians should be aware that the majority of states have issued orders or directives that may require physicians, health care facilities and providers to delay elective and non-essential health care procedures. These are expected to be modified over time in response to local conditions. Practices should review such directives on a regular basis.

Recommendations

- Instruct patients to call for clinical advice prior to an appointment if they have symptoms of illness, COVID-19 or otherwise.
- Regularly review the CDC³ and CMS interim guidance for updates.
- Check with your state to determine if it has issued its own directive or order and follow any associated guidance that it may have issued.
- Align rescheduling and/or cancellation policies with CDC and CMS guidance. Communicate to patients and staff that a planned appointment may need to be rescheduled or take place in a different setting, e.g. via telemedicine visit, if the patient is developing symptoms of a respiratory infection.
- Utilize a recorded message where possible advising patients how to self-screen and to advise those who have recently traveled to self-quarantine if recommended by the CDC and/or their state or local department of health.
- Define a common language or provide a standard script for staff to use when speaking to patients.
- Identify patients in the high-risk category for severe illness, should they develop COVID-19, including older adults and those who have serious chronic medical conditions, e.g. heart

disease, diabetes, and lung disease.

| Increase prescription medication refills to a 90-day supply if allowed and as appropriate based on their clinical status. They should contact their pharmacy to ensure this can be filled.

| Encourage patients to contact their plan if refills are not initially approved. Several insurance companies have pledged to waive prescription refill limits on “maintenance medications”⁴.

| SAMHSA has affirmed its support of Opioid Treatment Programs during this time and has issued guidance for states that have a declared state of emergency and for those that have not yet done so.

| Remind patients to check supplies of over-the-counter medication (e.g., acetaminophen, cough suppressants).

| Many states have ordered that elective, non-essential or non-urgent procedures be delayed in order to conserve personal protective equipment and free up staff and facilities for COVID-19 patients. State action related to the delay of elective procedures during the COVID-19 pandemic (PDF)

Additional COVID-19 resource

| The CDC has published updated guidance for health care systems including a framework to deliver non-COVID-19 health care during the COVID-19 pandemic.

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¹UNICEF statement on COVID-19 outbreak

²Duty to Plan: Health care, crisis standards of care, and Novel Coronavirus SARS-CoV-2

³Resources for hospitals and healthcare professionals preparing for patients with suspected or confirmed COVID-19

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