Across the U.S., the nation’s physician practices are reopening, but how they reopen and how quickly they do so can depend on where the practice is located and which specialties are practiced under their roof.

New AMA resources summarize federal and state guidance and rules on safely reopening practices along with recommendations from specialty societies such as the American College of Surgeons and other experts. Also included are charts highlighting state actions and state medical society recommendations—which often influence the plans made by policymakers.

Highlighting the importance of state-level decisions, a five-page AMA Advocacy Center Fact Sheet discusses actions that states took in mandating delays in elective procedures and cites factors to be considered for postponing procedures listed in the Centers for Medicare & Medicaid Services’ (CMS) guidelines released March 18.

The fact sheet notes that, in its guidelines, CMS ultimately states that “the decision about proceeding with non-essential surgeries and procedures will be made at the local level by the clinician, patient, hospital, and state and local health departments.” An AMA fact-sheet chart identifying those states that mandated delays and guidance those states provided to help physicians and health care providers distinguish between procedures that should be postponed from those that shouldn’t.

State documents cited in the chart reflect the rapidly evolving nature of the COVID-19 crisis and how facilities struggled with distinguishing between urgent procedures and those that needed to be postponed.

Links to guidance from the Centers for Disease Control and Prevention (CDC) are also included in the fact sheet.

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Along with the fact sheet are two additional charts developed by the AMA listing details and guidance that states having prior bans have issued to help physicians and providers now resume procedures as practices start reopening. One chart covers the states alphabetically from Alabama to Mississippi. The other chart covers the states from Nebraska to West Virginia.

CMS vision for gradual transition

CMS issued its guidance for reopening facilities for non-urgent care in communities with low or stable incidence of COVID-19 on April 19, which are summarized in the AMA fact sheet.

“The new recommendations envision a gradual transition and encourage health care providers to coordinate with local and state public health officials, and to review the availability of PPE and other supplies, workforce availability, facility readiness and testing capacity when making the decision to re-start or increase in-person care,” the fact sheet says.

The resources describe how different states are approaching this transition. They also provide information on best practices, liability concerns from experts such as the Medical Professional Liability Association, and information on the role of state or specialty societies played in state reopening plans.

Policymakers are listening to doctors

Many medical societies offer guidance to their members, while some went even further and offered guidance to their state officials who incorporated physician expertise into their reopening plans.

Representatives from the Arkansas Medical Society, for example, drove around the state in April and May delivering PPE. You can follow their efforts on social media by searching for the #PPERoadShow hashtag.

The website arkansasready.com/ppe was created by the Arkansas Economic Recovery Task Force and includes a list of the state’s PPE vendors. This is similar to what the AMA recently advocated for on a national level.

The Medical Association of the State of Alabama posted a COVID-19 resource page on their website with specific sections offering resources for physicians, policymakers and the public.

Several state medical associations have released their own best-practice guidance. This includes the California Medical Association


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, whose COVID-19 resources include webinars on treating opioid-use disorder during the pandemic and telehealth reimbursement and privacy issues.

**Sending the right reopening message**

Prior to the release of the Massachusetts reopening plan, the Massachusetts Medical Society (MMS) developed its own document that highlights the importance of public messaging.

This messaging “must also be responsive to changes in testing and treatment as well as the ebbs and flows of the disease,” the MMS recommends. They also cite an op-ed column and public service announcement physicians developed with the state hospital association that urges people who are suffering from serious medical problems to not wait for treatment out of concern over COVID-19.

“This outreach is a good start, but additional PSA communications will need to be broadly inclusive of physician practices, community health centers, and other sites of care,” the MMS stated. “Outreach messaging must also expand to emphasize the need for preventive and less urgent medical care.”

While there is optimism over reopening that is pervasive throughout the state plans, it can be tempered with caution. The Illinois plan for reopening, for example, warns that elective procedures may be suspended again if there is “a rapid resurgence or a second wave of COVID-19.”

Read about the AMA’s other advocacy efforts regarding COVID-19 and the AMA’s physician practice guide to reopening.