

Private Practice Toolkit

Navigating the Provision of Nonessential Care during COVID



The American Medical Association (AMA) is providing this guidance to physicians and practices on the provision of non-essential care to patients amidst the ongoing COVID-19 pandemic and related staffing shortages. This guide is designed to assist practices triaging non-urgent patient requests.

The Centers for Disease Control and Prevention (CDC) recognizes that maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare workers and for safe patient care. Physicians and practices need to maximize interventions to protect employees, patients, and visitors in the wake of the national staffing crisis.

The 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 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, and dependent on both federal and state guidelines, clinicians can use the following considerations in their practices:

- Delay and reschedule inpatient and outpatient elective surgical cases and procedures as appropriate
- Assess the appropriate level and timing of care by identifying patients for whom the risk of postponing care outweighs the benefits (e.g., surgical oncology)
- **Dental** healthcare personnel should regularly consult their state dental boards and/or their state/local health departments and postpone all **non-urgent** dental treatment for patients with suspected or confirmed COVID-19
- Eyecare healthcare personnel should follow the **CDC-issued guidance** for healthcare personnel related to infection prevention

Healthcare 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 most 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 local regulations and guidance are expected to be continuously 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 [CDC](#) 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 and posted language where possible advising patients how to self-screen and to advise those who have recently traveled to places with high levels of transmission 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.
 - o 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”.
 - o SAMHSA has affirmed its support of Opioid Treatment Programs during this time and has issued [guidance](#) for states.
 - o Remind patients to check supplies of over-the-counter medication (e.g., acetaminophen; cough suppressants).

Additional information for keeping your practice open during the ongoing COVID-19 pandemic is available in the updated [guide](#).

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