CALIFORNIA MEDICAL ASSOCIATION

Guidelines and Recommendations for Reopening the Health Care System

Executive Summary

As the COVID-19 pandemic spread throughout the world, California and the United States took steps to limit the transmission and impact of the virus by implementing shelter in place orders. While this has so far prevented any surges overwhelming our hospitals, it has also meant that many other parts of the health care system have been idled to preserve resources and capacity in the system and limit opportunity for transmission or exposure of the virus.

Physician practices and health care facilities have seen massive drops in patient visits, caused by a combination of shelter in place orders and patient fear. This may lead to much more complex problems in the future, as patients miss routine screenings and preventative care. With proper safety precautions, a doctor's office is one of the safest places for a patient to be. Reopening them is an important step for California to take as a state.

As we begin to reopen our health care system, the California Medical Association (CMA) proposes several steps that will be instrumental to ensuring the ongoing safety of patients and the health care workforce. CMA recommends the following:

- **An ongoing and responsive public education is key to reopening the health care system:** Our understanding of COVID-19 transmission, testing and treatment is rapidly changing and evolving. Reopening the health care system will take a concerted public awareness campaign to educate patients and the public when it is safe to seek care in their physicians' office or other health care setting. The public messaging must be responsive to changes in testing and treatment as well as the ebbs and flows of the disease.
- **Reopening the health care system will vary based on geography and local conditions:** When the health care system can open and to what degree will be highly dependent on local conditions. The transmission and prevalence of COVID-19 has varied across the state and within counties and cities. It is highly critical that communities continually evaluate conditions and the impacted populations and make recommendations accordingly. Local communities should be prepared to adjust preventative measures and recommendations rapidly and be responsive to changing conditions.
- **Ensuring adequate capacity in the health care system:** The health care system needs to inventory available capacity to meet current demand while maintaining capacity for future surges including PPE, testing and treatment supplies as well as staffing capacity. Special consideration should be made to ensure staff are given resources to support resiliency.
- **Federal and state regulatory flexibility should be maintained, in particular telehealth payment parity must be maintained:** Regulatory flexibility has allowed practices to adapt to changing conditions and continue to see patients while either they themselves may have been exposed to

COVID-19 or to prevent exposure for their patients through telehealth. This has allowed for screening and initial treatment of patients for COVID-19 but also managing of unrelated acute or chronic conditions. Similarly changes in reimbursement around cost sharing for testing and treatment or billing have enabled patients and physicians to seek and bill for care and the reduced administrative burden allows physicians to focus on patient care. These regulatory flexibilities must be permanently maintained to allow for the health care system to be agile and responsive to changing conditions.

+ **Widespread practice level safety protocols:** As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients. CMA recommends that all practices and facilities adopt comprehensive safety protocols including managing patient flow, limiting visitation, checking temperatures, remote check-in, etc.
+ **Reopening should be in phases based on testing, treatment and data:** The health care system should reopen in phases based on data and information around the prevalence of the disease, immunity, and available treatment. This will continue to change as the science, availability and accessibility and testing and treatment evolves. Certain sub-populations may be recommended to be seen first based on risk status (i.e. pediatrics who are low risk) or need (i.e. chronic conditions or delayed treatment).

Background

On Wednesday, April 15, 2020, California Governor Gavin Newsom released the "California Roadmap to Modify the Stay-at-Home Order." [i] In that document, the Governor listed six criteria he would use to assess whether to begin lifting California's strict social distancing requirements. The following day, (April 16. 2020), President Donald Trump released his own set of guidelines for "Opening Up American Again." [ii] The President's document suggests reopening the country in phases, allowing for regional variations depending the on the prevalence of the disease in different states and regions.

As the federal and state governments begin to have conversations about relaxing shelter in place orders, the health care system will face a unique set of challenges. While emergency departments and intensive care units (ICUs) have been overwhelmed with COVID-19 patients, many other parts of the health care system have been idled to preserve resources and capacity in the system. As the crisis set in, hospitals almost immediately began to cancel elective, non-urgent procedures. Many physician practices, facing shelter-in-place orders, have either completely closed or moved as much of their care as possible to telehealth. Now that unused capacity will need to be brought back online, gradually and with caution.

The California Medical Association offers the following Guidelines & Recommendations for Reopening the Health Care System. It is CMA's hope to speak both to policymakers, who are looking at health care in the context of the larger reopening of society, and physicians, who are considering how to restart their practices.

Considerations for Opening the Health Care System

1. Ongoing and Responsive Public Education Will Be Key to Reopening the Health Care System

Our understanding of COVID-19 transmission, testing and treatment is rapidly changing and evolving. Reopening the health care system will take a concerted public awareness campaign to educate patients and the public when it is safe to seek care in their physicians' office or other health care setting.

At the outset of the pandemic, the Centers for Medicare and Medicaid Services (CMS)[iii] and many other governmental bodies recommended that health care providers delay or cancel elective procedures to preserve capacity in the health care system. Patients, already fearful due to media coverage of the virus, heard these recommendations and avoided the health care system all together. This has led to even needed care, including emergent care, being delayed or put off. There are anecdotal stories of patients dying in their homes because they were afraid of going to the doctor.

Physicians are concerned that the compounded effect of delayed care will further delay the process of reopening the health care system. The patients who present when an office reopens may have advanced problems that could have been mitigated through the provision of routine care[iv]. Public health officers throughout the state have already begun educating patients that they can and should seek help for urgent needs.

Now, as the health care system begins to reopen, patients will need additional reassurance that it is safe to seek care. Policymakers, medical associations, and physician practices can all play a role in helping patients understand the precautions that are being taken to keep everyone safe. They can also help educate the public about the importance of seeking regular, routine care, even during the pandemic.

This may include phased implementation that encourages chronic care management or wellness visits for less vulnerable populations. It also will likely have to adapt to potential future surges in COVID-19 prevalence. Coordinated and responsive messaging and communications is a necessary condition to reopening the health care system.

2. Widespread Availability of Testing and Data

In order to understand when and how we can reopen the health care system we will need adequate testing, data and analytics to understand the prevalence and true risk of the disease including immunological response in the community. This requires widespread, accessible and affordable testing as well as accurate data, reporting and analytics. Evaluating data will help the health care system create regionally and population-based recommendations that minimize risk to the extent possible but allow for others to access care.

3. Assessment of Health Care System Capacity, Including the Availability of PPE

The health care system should only reopen if there is adequate capacity to support potential future surges. This would include beds, staffing, and, as described below, personal protective equipment (PPE). It is possible that the success of physical distancing in this state has created some capacity for the health care system to move back into elective care. But this must be approached with caution, and continuously monitored.

A key consideration when assessing health system capacity is the very likely resurgence of the disease. This could come either from the loosening of physical distancing requirements or from cooler temperatures in the Fall and Winter of 2020. As the Governor has correctly called out, society needs to be prepared to reinstate pandemic protocols if the infection rate begins to climb back up. Similarly, health care facilities and practices need to approach scheduling of delayed care with thoughtfulness and caution, maintaining an ongoing supply of ventilators, beds, staff time, and other resources are needed to combat a resurgence of COVID-19.

Another important facet to this discussion is the availability of PPE. The State of California has done amazing work to acquire and distribute PPE during the worst days of the pandemic. Now, facilities and practices need to carefully consider whether the flow of PPE is sufficient to allow for the reinstatement of some elective care.

4. Continuation of Regulatory and Payment Flexibilities Indefinitely

A. The Federal and State Government Should Continue Telehealth Parity Rules

Since the outset of the pandemic, both the federal [v] and state governments [vi] have promoted telehealth to allow physicians to continue treating patients while complying with social distancing. Both CMS and the State of California have waived consent policies, implemented payment parity, and expanded the services that can be provided remotely.

The result of all this effort has been a massive and rapid expansion of the use of telehealth. Physicians and patients are quickly adjusting to virtual care as a treatment modality. Telehealth is a genie that will not go back in the bottle.

In order to preserve the progress that has been made during this time, both the federal and state governments should move to make permanent the policy changes that have been put in place during the pandemic. In the short term, this will allow physicians to continue treating some patients remotely. Longer term, it will cement the changes that have been made to the health care system over the past two months and allow virtual care to flourish.

B. All Payors Should Continue Administrative Efficiencies Instituted for the Pandemic

Along with reimbursement rules, many private and public payors have instituted administrative efficiencies for physicians which should be extended past the end of the pandemic. For example, CMS allowed the Department of Health Care Services to waive prior authorization requirements in the Medi-Cal fee-for-service (FFS) delivery system and offered extensions for pre-existing prior authorizations in Medi-Cal FFS through the end of the declared public health emergency[vii]. As many of these efficiencies as possible should be made permanent, to allow physicians to plan their practice workflow for the future.

5. Reopening Must Be Inclusive of Different Practice Sizes and Settings

To date, there has been an understandable focus on restarting elective surgical procedures. Elective procedures were cancelled almost immediately at the outset of the pandemic, to conserve hospital capacity and resources for COVID-19 patients. As California considers reopening, however, the state must consider the crucial role played by physicians in all modes of practice. Small practices have been unduly impacted by shelter in place orders, as they have been unable to treat patients for more than a month.

California cannot afford to lose these essential health care providers. As the health care system reopens, there may be a "second surge" of patients who flood the system seeking delayed care. Small practices, FQHCs, and other ambulatory settings will absorb the brunt of that second wave of patients. In addition, they will often be the providers tasked with coordinating care for patients who come out of the ICU after a bout with COVID-19.

Recommendations for Reopening the Health Care System

1. Universal Safety Protocols at the Practice and Facility Levels

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients. CMA recommends that all practices and facilities adopt comprehensive safety protocols. Below is a list of best practices. A list of recommended protocols is included as Appendix A.

2. Use a Phased Approach Based on Local Circumstances

The size and scope of the COVID-19 Pandemic in California calls for a regional, phased approach that recognizes local circumstances in the various parts of this diverse state.

The coronavirus has not hit all regions of California with the same ferocity. According to numbers published by the Los Aneles Times[viii], the number of known infections in California counties ranges

from over 15,000 in Los Angeles to 4 small, rural counties that have no recorded infections. Most regions of the state are somewhere in between.

Of course, the raw number of infections is only one data point that the state should consider when assessing where and how much to reopen the health care system. While rural communities have lower infection rates, they also have less capacity to handle an outbreak. The physician workforce in many rural communities is older, and there are far fewer hospital beds and ventilators.

Seeing this wide variation, CMA supports the use of a regional, phased approach to reopening the health care system in this state. This approach should consider a multitude of factors, including:

- Number of infections, by population
- Trends in hospitalization and ICU beds
- Demographics of the local population
- Local health system capacity

Counties and regions that can show positive trend lines combined with health system capacity should be the first in line to reopen non-COVID-19 care.

3. Special Care Should be Given to Vulnerable Populations

CMA applauds Governor Newsom for calling out the unique needs of vulnerable populations in his plan to reopen the state. Similarly, the health care system needs to be sensitive to the elderly, immunocompromised, and other sensitive populations. The Coronavirus is particularly dangerous to these populations. And these patients are possibly the least likely to be able to access telehealth.

As practices and facilities reopen, they must be mindful of the risks for these populations. For example, many practices can consider setting aside office hours to only see elderly or infirm patients. Or they could keep special entrances and exam rooms only for vulnerable patients.

4. Prioritizing Delayed Care

During the time that the shelter in place order has been in effect, the health care system has been building a backlog of delayed care. Over time, that backlog has grown very large. The entire health care system will need to work with policymakers to work through the backlog in an orderly fashion. CMA recommends that the following types of care be prioritized:

A. Priority Should be Placed on Reopening Pediatric Practices

Many pediatricians have seen their practices brought to a standstill. Parents had an understandable fear about exposing their children to infection, and many pediatric services cannot be done through telehealth.

CMA is concerned that the shutdown of pediatrics will cause severe problems in the future. For example, without well child visits, many young patients are not receiving their recommended vaccinations. This puts them and the community at risk of outbreaks of preventable diseases (measles, whooping cough, etc.).

There is also evidence that the shutdown of pediatric practices has caused a drop in child abuse reporting. Cases of abuse are often caught during well child visits, which are not routinely happening. These children are being left at risk.

In addition, teenagers are at particular risk for mental health problems that are not being routinely seen or treated. The stress of the pandemic, combined with being cut off from social supports, may be exacerbating these problems.

Physicians and policy makers should begin an education campaign for parents that it is safe for their children to see their physicians. Practices can support this effort by explaining to families the steps they are taking to keep their patients safe.

B. Prioritize Preventative Care

The vast majority of delayed care is routine, non-urgent preventative care and screenings – mammograms, colonoscopies, etc. These procedures, while not urgent, can identify serious health issues before they reach a crisis point. Preventative care also includes care management for patients with chronic conditions. Regular check ups for patients with conditions such as Cancer and Diabetes are an important part of the standard of care.

As California reopens the health care system, practices and facilities should – with proper safety precautions – put a priority on scheduling patients for these important screenings.

C. Support the Elective Surgery Guideline Published by the Surgical Specialties, with Regional Input from the County Public Health Officers

CMA endorses the Joint Statement on Resuming Elective Surgery published by the American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, and the American Hospital Association[ix]. This document presents a logical

and reasonable approach to bring back these important procedures. Facilities can also consult the CMS recommendations on re-opening facilities. [x]

Here again, however, a regional approach will be essential. Not every county in California had an order from the County Public Health Officer shutting down elective procedures. Some counties shut them down completely, while some have never stopped them. In addition, the access to resources such as PPE and hospital beds varies widely across the state.

The state will need to coordinate closely with the County Public Health Officers to react to local needs as hospitals begin to schedule elective procedures.

Conclusions

Reopening the health care system after a prolonged shut down will be neither an easy nor a fast process. CMA supports a phased, flexible approach that combines public awareness campaigns that physician practices are open, with changes to those practices to ensure that they are safe. The state must use a phased, regional approach that recognizes the wide variation in the health care system in this state. The approach should focus on prevention and care for the most vulnerable patients.

CMA looks forward to working with policymakers, physicians, and the entire health care system to reopen safely.

Universal Safety Precautions for Practices and Facilities

As physician practices and health care facilities reopen, every precaution should be taken to minimize the risk of infection, for both office staff and patients. CMA recommends that all practices and facilities adopt comprehensive safety protocols. Below is a list of best practices.

1. Educate Patients about Your Safety Protocols, and How They Can Help

As practices reopen, they should communicate with their patients clearly about their safety protocols. As described below, many of the changes a practice might make will require patients changing their usual routines. Informing them upfront will serve to allay their concerns and ensure that they are properly prepared.

2. Maintain Physical Distancing

Physician office space and workflow should be structured to encourage physical distancing. Here are a few ideas for practices to consider:

- Ask patients to check in by phone or text message and wait in their car until an exam room is ready.
- Prohibit adults and teens from having guests or visitors. Only parents with younger children should be in the office.
- Schedule patients such that only a few are in the office at any one time.
- Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- As able, modify check-out procedures to minimize/avoid any patient time in central area or at check-out desk.
- Consider setting aside clinic hours for vulnerable patients – elderly, immunocompromised, etc.

3. Require Universal Masking

Practices should require everyone who enters the practice – both patients and staff – to wear an appropriate face covering. Physicians should communicate this requirement to patients at the time of scheduling an office visit. Patient communications should also include education about the proper type of face covering. Patients do not need n95 masks, which should be reserved for health care workers. Practices should be aware of the needs of very young children and those with respiratory diseases, who may face difficulties with reduced airflow through face coverings.

4. Continue to Use Telehealth, as Appropriate

With the support of regulatory guidance and waivers, the health care system has made a massive shift to the use of telehealth. For all "no-touch" services, physicians should continue to engage in virtual care. This will have the effect of limiting the number of patients who appear in the office and preserving precious office time and space for patients who must be seen in person.

5. Pre-Screen Patients for Possible COVID-19 Symptoms

At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms – dry cough, fever, etc. All patients, regardless of symptoms, should have their temperature checked as they enter the office. Patients displaying COVID-19 symptoms should be screened telephonically, and tested if possible, before coming to the office.

6. Preservation of Personal Protective Equipment (PPE)

All staff should be trained on the proper use of PPE. Practices should follow CDC guidelines for extended use and reuse of PPE

7. Give Extra Care and Attention to the Emotional and Physical Needs of Staff

The pandemic has required physicians and many other health care workers to work long hours in dangerous conditions. As the health care system reopens, practices should pay extra attention for signs of exhaustion, depression, stress, and other similar issues.

Practices looking for resources on addressing the mental and emotional needs of their staff should contact the CMA "Care 4 Caregivers Now" Program at **cmadocs.org/care4caregivers**.

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i https://www.gov.ca.gov/2020/04/14/governor-newsom-outlines-six-critical-indicators-the-state-will-consider-before-modifying-the-stay-at-home-order-and-other-covid-19-interventions

ii https://www.whitehouse.gov/openingamerica

iii https://www.cms.gov/files/document/cms-non-emergent-elective-medical-recommendations.pdf

iv See, for example: "Cancer Patients Face Treatment Delays And Uncertainty As Coronavirus Cripples Hospitals," at https://khn.org/news/cancer-patients-face-treatment-delays-and-uncertainty-as-coronavirus-cripples-hospitals

v https://www.cmadocs.org/covid-19/faq/ArticleID/168/What-services-will-CMS-allow-for-telehealth-for-Medicare-patients

vi https://www.cmadocs.org/covid-19/faq/ArticleID/166/Are-Medi-Cal-managed-care-plans-covering-telehealth-services

vii https://www.cmadocs.org/newsroom/news/view/ArticleId/48782/CMS-approves-changes-to-speed-California-s-efforts-against-COVID-19

viii https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak

ix https://www.asahq.org/about-asa/newsroom/news-releases/2020/04/joint-statement-on-elective-surgery-after-covid-19-pandemic

x https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf