CALIFORNIA MEDICAL ASSOCIATION

CASA
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ASSOCIATION

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California Physicians Call for the California Health Care System to Prepare for Surge in COVID-based Health Care Cases

Plans include suspension of non-essential surgeries and medical procedures, redeploying ventilators and protective equipment

SACRAMENTO, Calif. – As California enters the next phase of the COVID-19 outbreak, the California Medical Association (CMA) and California Ambulatory Surgery Association (CASA) are urging physicians and health care policy makers to urgently redeploy resources to meet the coming increase in demand for health care services.

CMA and CASA are asking physicians to suspend non-urgent and non-essential surgeries to give hospitals the additional capacity to deal with an expected surge in COVID-19 cases. CMA has also helped secure an all plan letter from the Department of Managed Health Care to ensure that patients and physicians will be able to use telehealth and telephone visits whenever possible so that hospitals can remain focused on the highest acuity patients.

CASA and CMA are working to take inventory of ventilation equipment in these facilities that may be able to be redeployed to hospitals and other facilities dealing with COVID-19 patients. The two medical provider groups are also asking centers to offer an inventory of their personal protection equipment like masks and gloves that may also be redeployed in the short term.

“Physicians of all modes of practice must band together to help our state meet the short-term needs associated with this outbreak,” said Peter Bretan, MD, President of the California Medical Association. “Now is the time for all of us to do our part to help the physicians who are on the front lines.”

Michelle George, President of the California Ambulatory Surgery Association (CASA) states, "California ambulatory surgery centers (ASCs) need to be prepared for the possibility that the pandemic may proceed to a point that strains the system such that hospitals will need to shift necessary surgeries to ASCs and/or ASCs and their resources will be required to serve the communities and the healthcare system in a different capacity. It is imperative that we rise to the needs of our communities and our neighbors."

Postponing elective procedures will help protect patients and providers and will help preserve critical supplies of personal protection equipment for providers. Public health experts from the Centers for Disease Control and Prevention (CDC) estimate between 160 million and 214 million people to contract COVID-19 over the course of the epidemic, which could last anywhere from a couple of months to over a year. Up to 21 million of infected Americans could need hospitalization in the worst-case scenario.

In a press conference Tuesday, Gov. Gavin Newsom said California could need as many as 20,000 additional hospital beds to deal with the surge in demand from COVID-19 cases.

CMA recommends following the guidelines created by the American College of Surgeons to determine which procedures should be delayed or postponed. Under those guidelines:

- Hospitals and surgery centers should consider both their patients' medical needs, and their logistical capability to meet those needs, in real time.
- The medical need for a given procedure should be established by a surgeon with direct expertise in the relevant surgical specialty to determine what medical risks will be incurred by case delay.
- Logistical feasibility for a given procedure should be determined by administrative personnel with an understanding of hospital and community limitations, taking into consideration facility resources (beds, staff, equipment, supplies, etc.) **and** provider and community safety and well-being.
- Case conduct should be determined based on a merger of these assessments using contemporary knowledge of the evolving national, local and regional conditions, recognizing that marked regional variation may lead to significant differences in regional decision-making.
- The risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay, including the expectation that a delay of 6-8 weeks or more may be required to emerge from an environment in which COVID-19 is less prevalent.

The Centers for Medicare and Medicaid Services also published a three-tiered elective surgery acuity scale to help physicians determine which procedures might be able to be delayed.

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/ procedure	**Low acuity surgery/healthy patient-** outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/ procedure	**Low acuity surgery/unhealthy patient**	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	**Intermediate acuity surgery/healthy patient-** Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic -Elective angioplasty
Tier 2b	Postpone surgery/ procedure if possible	**Intermediate acuity surgery/unhealthy patient-**	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	**High acuity surgery/healthy patient**	Hospital	-Most cancers -Neurosurgery -Highly symptomatic patients
Tier 3b	Do not postpone	**High acuity surgery/unhealthy patient**	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

For more information on the COVID-19 outbreak, please go to www.cmadocs.org/COVID-19