



MASSACHUSETTS MEDICAL SOCIETY

CONSIDERATIONS AND RECOMMENDATIONS FOR MOVING FORWARD MEDICAL PRACTICE IN RESPONSE TO THE COVID-19 CRISIS

Executive Summary

Throughout the course of the COVID-19 outbreak, Massachusetts has taken great steps to limit the transmission and impact of the virus by implementing various orders and modifying medical practice to match the new demands on our state's health care system. While so far the demand on hospitals has not exceeded their surge capabilities, many other parts of the health care system have been scaled back in order to preserve medical resources and capacity in the system while limiting opportunity for transmission or exposure of the virus.

Many physician practices and health care facilities have seen large decreases in patient visits due to a combination of executive orders and patient fear. While serving an important public health aim of promoting physical distancing and preserving personal protective equipment (PPE), these necessary actions may lead to complex, long-term problems in the near and more distant future, as patients miss out on regularly scheduled medical care. Our health care system is the most critical resource in our fight against the continued spread and impact of COVID-19; and, with proper safety precautions, expanding care provided in physicians' offices is a critical step in promoting the health of all persons in the Commonwealth. Moving medicine forward in Massachusetts is an important step for the Commonwealth to take so that the health of its residents may be best preserved.

As we begin to move our health care system forward from this pandemic, many key considerations for health care system stakeholders and policymakers will be pivotal to ensuring the ongoing safety of patients and health care personnel. Among these key considerations are the following:

- Equitable availability of personal protective equipment and other essential supplies will help ensure safety of patients and workers.
- Continuation of policies to promote telemedicine will help promote access to health care while promoting physical distancing.
- Continuous collection and monitoring of state-wide and local data indicators should be used to inform a comprehensive, data-driven plan to determine when it is clinically appropriate to expand aspects of clinical care that have been scaled back in response to the COVID-19 pandemic.
- Evaluation of hospital and health care system capacity data across all levels of care should be taken into account when planning to move toward the resumption of a full spectrum of clinical care.
- Continued development of highly reliable viral and antibody testing is vital to ensure unrestricted access to testing so that population exposure may be tracked more accurately.
- Expansion of the contact tracing program, along with continuous monitoring of the efficacy of the program, will contribute to the public health strategy of public surveillance used to help control transmission of the disease.
- Steps to safeguard availability of health care personnel, including instituting safety measures and ensuring workforce connectedness, are critical to manage recurrent outbreaks.
- Guidance from federal and state agencies and development of safety plans concerning physical distancing, PPE, telemedicine, patient screening, and other safety measures will minimize the risk of infection for health care personnel and patients.
- Developing outreach campaigns that use messaging to foster trust between patients and the health care system is necessary to ensure patients' concerns are addressed so that they appropriately seek necessary care.

Background

On March 10, Governor Charlie Baker declared a state of emergency with regard to COVID-19. This declaration gave Governor Baker's administration more flexibility to respond to the coronavirus outbreak, which rapidly spread throughout the Commonwealth. As of May 6, over 70,000 cases of COVID-19 have been confirmed in Massachusetts, while over 333,000 individuals have been tested. These staggering numbers demonstrate the need for considered approaches to addressing various needs that have arisen over the past few months. One way in which the governor's administration took steps to limit the spread of COVID-19 was by reducing the provision of elective medical care and procedures. On March 15, the Department of Public Health issued an order mandating that hospitals cancel non-essential, elective procedures. Additionally, in order to curb in-person contact and patient traffic in health care facilities while providing clinical care, the Department of Public Health issued guidance requiring all commercial insurers, self-insured plans, and the Group Insurance Commission to cover medically necessary telehealth services, regardless of whether they are related to COVID-19. This action allows patients to receive care remotely, although the DPH action specified some limitations to the types of health care services that must be covered. For COVID-19-related care, insurers must cover these telehealth services without requiring patient cost-sharing of any kind, such as co-pays and coinsurance. More broadly, the Department of Public Health issued a stay-at-home advisory urging social distancing, and Governor Baker issued an executive order requiring the closure of all non-essential in-person businesses, but medical services were deemed essential and thus are exempt from this closure order.

As a result of these measures aimed at reducing the spread of the outbreak, many functions of the health care system have been scaled back in order to preserve resources and capacity in the system while limiting opportunity for transmission of, or exposure to, the virus. Specifically, ambulatory physician practices and health care facilities have seen substantial decreases in patient visits caused by a combination of factors ranging from executive orders to personal apprehensions. This diminished patient volume may, in the future, lead to lasting complex medical and social problems, as patients are now missing regularly scheduled screenings and preventive care that can be vital to their long-term health outcomes, which may lead to serious public health consequences.

With proper safety precautions, it is important to thoughtfully support the continued expansion of medical services throughout the state. Creating a plan to move forward the broader functioning of physician practice is an important early step to take while focusing on public health issues at present and in the future. As federal and state governments begin to have conversations about reopening the country, the health care system will face a unique set of challenges. Many physician practices, facing executive orders and the societal response to the outbreak, have either completely closed or moved as much of their care as possible to telehealth. Now, these practices will need to restore care services in order to best serve their patient population, but this recovery must occur gradually and with caution. The Massachusetts Medical Society offers the following "Considerations and Recommendations for Moving Forward Medical Practice in Response to the COVID-19 Crisis." It is our hope to engage with policymakers, who are looking at health care in the context of the larger reopening of society, and physicians, who are considering how to resume or expand their practices, in order to accomplish several steps toward those ends. This must be accomplished while ensuring the continued safety of our patients and health care personnel.

It is critical that patient trust be a guiding principle throughout this discussion; the Medical Society cautions that the pace of expansion of medical services should not cause undue stress and anxiety for the patient community.

Considerations for Health Care System Stakeholders and Policymakers

The Medical Society underscores that this conversation must be guided by science and data, prioritizing the highest-quality, peer-reviewed clinical and epidemiologic studies such as those published by the *New England Journal of Medicine* and its contributing authors. The MMS urges an inclusive dialogue to ensure that the process is respectful and considerate of disparate impacts that the COVID-19 response has on diverse patient populations.

The expansion of medical services that have been pared down in response to the COVID-19 crisis should be a top priority in any plan that more broadly opens society. The following are essential considerations that must be continuously reevaluated as medical practices expand operations, a process that is critical to promoting the health of all persons in the Commonwealth moving forward:

I. Availability of Personal Protective Equipment and Other Supplies:

- a. Adequate supplies of personal protective equipment and other critical care supplies (e.g., ventilators, ECMO, dialysis, etc.), as well care testing supplies (swabs, pipettes, reagents, etc.) must be available to health care providers and facilities

to safely continue providing care. National and state strategies should be developed now to ensure supply chains can be responsive to needs for specialized medical supplies and personal protective equipment. The state should continue to provide data on PPE distribution.

- Such strategies should include ways to address the needs of smaller physician practices and clinics, which are often the first to see patients and may lack the buying power and leverage to utilize traditional supply chains to ensure an adequate supply of PPE. The increased need for personal protective equipment should be considered for all clinical care for the foreseeable future as clinical protocols adapt to the disease response.
- b. Consideration should also be given to other non-medical needs regarding PPE, such as through broader use of surgical face masks by the general public. While PPE may be in greater demand for broader use as more businesses and industries begin to reopen, priority must be given to ensuring that health care workers have sufficient supplies of PPE.

II. Availability of Testing and Data

- a. Further expansion of sustained viral and antibody testing is required. Considerations, consistent with those in the Infectious Disease Society of America (IDSA) and HIV Medicine Association (HIVMA) [guidelines to ease social distancing](#), include the following:
 - Broad access to tests (e.g., nucleic acid amplification, point-of-care) that have high clinical sensitivity and specificity without qualifications or restrictions on who may be tested
 - Information on immunologic (antibody) response to COVID-19 coupled with large-scale deployment of validated serologic tests in order to understand patterns of exposure, levels of protective immunity in local populations, including asymptomatic infection prevalence and transmission, and whether and to what degree antibodies provide immunity in order to target public health responses based on local risk
 - An adequate supply of safe, short-term testing facilities that do not disrupt health care capacity (e.g., drive-through testing and pop-up sites) in areas considering lifting distancing restrictions
- b. As reliable antibody tests and testing protocols are identified, Massachusetts can support and partner with key stakeholders to conduct population-based surveillance studies to better understand the population exposure to the virus.

III. Data Indicators of Clinical Appropriateness to Expand Medical Practice

- a. The state should have a comprehensive, data-driven plan to determine when it is clinically appropriate to begin a prioritized expansion of clinical care that has been scaled back due to the COVID-19 crisis. Data used should include state-wide and local measures and criteria, including absolute numbers, rates of change, and contextual data, such as the following:
 - Incidence, prevalence, and trends of infections, by population
 - Rates of positive tests
 - Trends in hospitalization and ICU bed usage and capacity
- b. The state should continually monitor these data to inform a flexible, geographically sensitive path to clinical practice, with expansion guided by experts in epidemiology, infectious disease, and occupational health. The state should continue to be transparent in sharing the data.

IV. Workforce Availability

- a. Officials need to develop a plan to ensure the health care workforce can be safely and rapidly scaled up to manage recurrent outbreaks. This workforce could encompass diverse points of health care delivery, such as hospitals, clinics, physician's offices, and critical partners in community health who are essential to efforts on the ground.
- b. Accessibility of childcare is essential to allowing for the availability of an adequate health care workforce. In addition, access to transportation will be critical to the health care workforce and patients alike.

V. Safety Considerations

- a. State and federal agencies should consider developing safety guidance for physician practices and health care facilities to minimize the risk of infection for staff and patients. A safety plan should include increased telemedicine adoption and use, managing patient flow, eliminating or limiting visitation, screening questions about illness, checking temperatures, remote patient check-in, wearing PPE, and other safety measures.

- b. In line with the IDSA and HIVMA's recommendations, state and federal officials will likely need to mandate that some physical distancing measures remain in place to prevent repeated outbreaks. Officials should develop plans to enhance distancing measures if cases begin to increase, the health care system reaches or exceeds capacity, or contact tracing is not adequately halting transmission. Plans could include mandates for continued use of face masks, limiting gathering sizes, and distancing measures for high-risk individuals. Physical distancing restrictions should only be lifted when safe and effective tools for mitigating the possible resurgence of COVID-19, including treatments and a protective vaccine, are equitably available and accessible.

Beyond these essential considerations, the following additional considerations are important factors as the health care system plans for an expansion of medical services.

VI. Health Care System Capacity

- a. It is critical that health care system capacity be a central consideration of a plan to resume a full spectrum of clinical care, including the resumption of elective procedures.
 - Hospital data should be evaluated to determine if a facility is still operating at surge levels, including at intensive care unit and medical/surgical acuity settings. Rates of COVID-19-positive patients will be an important consideration when interpreting implications of hospital capacity.
 - Health care system capacity evaluations should include all levels of care, such as long-term and sub-acute care facilities, outpatient care facilities (private practices, multispecialty groups, health centers), as well as diagnostic (lab and imaging) facilities.

VII. Contact Tracing

- a. Contact tracing is a fundamental public health strategy for controlling infections and has proven effective with respiratory illness including tuberculosis, SARS, and MERS. An effective COVID-19 surveillance and contact tracing program will need to be developed at the federal level. Massachusetts is already a national leader in contact tracing — the state has significantly scaled up its capacity for contact tracing through a partnership with the Boston-based global health nonprofit Partners In Health (PIH). Massachusetts must continue to expand the existing program, including allowing for a broader definition of contacts and enhancing rapid and accessible testing for identified individuals. In addition, the state should assess and report efficacy indicators for the program — this could include the percentage of the infected population contact tracers needed to trace for the program to be effective in limiting the spread of COVID-19.

VIII. Readiness of Patients

- a. Engagement with patients and patient advocacy organizations is critical to allowing the concerns and perspectives of patients to help inform the plan to restore and expand medical practice. It is critical to continue to foster patient trust with the health care system so that patients are comfortable and confident returning to medical practices.

Recommendations for a Plan to Move Medicine Forward

Given the considerations noted above, the Massachusetts Medical Society recommends the following for a flexible expansion of medical practice, adaptable to circumstances as they change:

I. Continue to Prioritize Telemedicine

- a. Even as medical practices resume more in-person care, a strong emphasis on offering clinically appropriate care via telemedicine should be continued. The availability of this telehealth option will continue to facilitate physical distancing and will reduce exposure and disease transmission, which helps to protect all patients, including those at high risk.
- b. To allow for an equitable expansion of telemedicine across the state, reliable high-speed internet should be available in every community in Massachusetts.

II. Coordinated Communication Plan Public Information Campaign

- a. **Public Information Campaign:** Expanding the health care system requires coordinated and responsive messaging and communications by state and federal government officials. This concerted public awareness campaign must educate patients and the public about when it is safe to seek care in their physicians' offices or other health care settings. The

public messaging must also be responsive to changes in testing and treatment as well as the ebbs and flows of the disease. An op-ed by the Medical Society and the Massachusetts Health and Hospital Association, and a PSA created by physicians from Massachusetts hospitals, have urged people who are suffering from serious conditions not to wait for treatment because of coronavirus fears. State officials are similarly urging sick patients to seek health care. 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. Outreach messaging must also expand to emphasize the need for preventive and less urgent medical care. These communications should include more localized messaging broadly inclusive of local physician practices, community health centers, and other sites of care, and be appropriate for diverse populations, in recognition of and aiming to reduce disparities in care.

- b. **Government Communications Plan:** It will be critical for an organized, bidirectional communication plan to be established to ensure clear, transparent messaging between state and local government and physicians, physician organization, hospitals, and other members of the health care system.

III. Flexible Approach Based upon the Following Factors

- a. **Local Circumstances:** The size and scope of the COVID-19 pandemic in Massachusetts demands a regional or county-based, data-informed approach that recognizes local circumstances in the various parts of this state. COVID-19 has not impacted all counties in Massachusetts with the same intensity. Per data published by Executive Office of Health and Human Services, the number of known infections in Massachusetts counties ranges from 11 infections in Nantucket county to 15,980 in Middlesex county as of May 6. Of course, the raw number of infections is only one data point that the state should consider when assessing where and how much to expand the health care system and should include consideration of data indicators referenced above. Moreover, each county has differing health care system capacity that may inform different standards by which to make these decisions.

While rural communities may have lower infection rates, they may also have less capacity to handle an outbreak or recurrence. The physician workforce in many rural communities is older, and there are far fewer hospital beds and ventilators. Given this variation in virus outbreak and capacity, the MMS supports the use of a regional data-driven approach to expanding the health care system in our Commonwealth.

- b. **Setting of Care:** Different health care organizations may be able to provide safe clinical care at different times depending on the setting of care. For example, ambulatory surgery centers that do not provide acute COVID-19 care may be able to begin providing elective care earlier than an acute care hospital dealing with high numbers of COVID-19 care and high-acuity surgery. As such, the MMS recommends continuous evaluation of the executive order prohibiting elective procedures to determine when some settings may be able to provide such services appropriately, keeping in mind that this determination will not necessarily mean such procedures are appropriate in all instances. Notably, planners must be cautious of redeployment where staff and key resources, including PPE, have been reallocated for COVID-19-related care and could be again with future surges.

IV. Prioritize High-Risk Deferred Care and Vulnerable Populations

- a. Since the state of emergency was declared, with the cancellation of non-essential elective procedures and the issuance of the stay-at-home advisory, care has been deferred so that there is now a large and increasing care backlog building in the health care system. This backlog will need to be addressed in an intentional and thoughtful manner. The Medical Society recommends lifting the prohibition on elective procedures, with due and careful consideration for the aforementioned considerations, and once conditions suffice to safely begin expanding medical practice the Medical Society recommends the following types of care be prioritized, in conjunction with further detail provided by relevant medical specialty societies:
 - ♦ **High-Risk Deferred Care:** As physician practices review care that was postponed due to the COVID-19 response, priority should be given to deferred care with the highest acuity and/or risk profile. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.
 - ♦ **Preventive Care:** The majority of deferred care is routine, non-urgent preventive care and screenings (mammograms, colonoscopies, etc.). These procedures, while not urgent, can identify serious health issues before they reach a crisis point. Preventive care also includes care management for patients with chronic conditions. Regular follow-up for patients with conditions such as cancer and diabetes are an important part of care. As

Massachusetts expands the health care system, practices and facilities should — with proper safety precautions — put a priority on scheduling patients for these important screenings and check-ups. Each specialty should define criteria for highest acuity measures/risk profiles to ensure consistent prioritization within that specialty across Massachusetts.

- ♦ **Pediatric Care:** Pediatric practices have been greatly impacted during the COVID-19 pandemic, especially as many pediatric services cannot be delivered via telemedicine. Understandably afraid of contracting the virus, parents have been canceling well-child visits, resulting in a drop in immunization rates. Pediatricians and family physicians play a critical role in preventing and intervening in suspected child maltreatment as mandated reporters, and the shutdown of pediatric practices is contributing to the subsequent [drop](#) in child abuse reporting, with a reported nearly 60% decrease in reports of abuse and neglect, according to DCF, leaving children at risk. Children are also vulnerable to increased risk for mental health problems, as the response to the pandemic has caused great stress and disruption to children's lives, exacerbated by the loss of school, physical and socialization activities, and trusted routines.
- ♦ **Obstetric Care/Maternal Health:** The COVID-19 pandemic has forced physicians to significantly modify prenatal care with [alternate or reduced prenatal care schedules](#). A return to normal care approaches and schedules for prenatal, intrapartum, and postpartum care must be prioritized as there are numerous concerns, both clinical and public health, emerging as a result of modified obstetric care. With modified care schedules comes increased potential missed diagnosis of risk conditions, especially in high-risk populations, and increased risks associated with hypertension and other conditions that may be missed in postpartum care. While telemedicine is key, physicians struggle to find sufficient home equipment for women to do things like take their own blood pressure or weigh their newborns, and coverage approval has been slow, with delays hindering the time-sensitive nature of late pregnancy care. Lastly, perinatal mental health must remain top of mind, as the emotional and mental health impacts of this pandemic on pregnant women and families coping fears about labor support restrictions, newborn separation issues, etc. may be severe.
- ♦ **Behavioral Health:** While telemedicine has allowed for the continuity of certain behavioral health care, prioritizing the resumption of psychiatric and other behavioral health care will be important. This prioritization will exist alongside new and exacerbated mental health needs resulting from the growing psychological toll of the COVID-19 pandemic and response. In addition, all delivery methods, including telemedicine, should continue to be embraced after lifting the stay-at-home advisory.
- ♦ **Geriatric Health:** Prioritizing geriatric care is important, as many community-dwelling patients have limited capacity to access care through telemedicine. Instead, they rely on in-person care to access medications, address acute issues, and manage chronic medical conditions to maintain health and prevent risk of decompensation. The COVID-19 crisis has also intensified the emotional and mental health needs of the elderly with increased isolation. Furthermore, this prolonged isolation may have allowed increases in elder abuse and neglect in a population already at increased risk for such exploitation.

V. Health and Safety Protocols at the Practice and Facility Levels

- a. It will be critical for physician practices and other health care facilities to have detailed health and safety protocols that address matters such as patient communication, physical distancing, workflow, sanitation, use and preservation of PPE, and occupational safety of its workforce. The MMS is developing guides to outline considerations and best practices for such protocols.

Conclusion

Expanding the health care system after a prolonged disruption will take time and collaboration. The Medical Society supports a public health data-driven approach that combines public awareness campaigns announcing that physician practices are open with changes to those practices that ensure they are safe. Massachusetts must employ a regional- or county-based approach that recognizes the variation in the Commonwealth's health care system and the varying impact COVID-19 has had on different parts of the state. The approach should focus on prevention and care for the most vulnerable patients, including our pediatric population. The Medical Society looks forward to working with policymakers, physicians, and the entire health care system to expand safely.

References

“Massachusetts Medical Society Considerations and Recommendations for Moving Forward Medical Practice in Response to the COVID-19 Crisis” was in part adapted from and informed by the following guidelines and documents:

California Medical Association, [Guidelines and Recommendations for Reopening the Health Care System](#)

Infectious Disease Society of America and HIV Medicine Association, [Policy and Public Health Recommendations for Easing COVID-19 Distancing Restrictions](#)

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