

April 20, 2020

CMS Issues Updated Guidance for Providing Non-emergent, Non-COVID-19 Health Care

The Centers for Medicare & Medicaid Services (CMS) last night [issued updated guidance](#) on providing essential non-COVID-19 care to patients without symptoms of COVID-19 in regions with low and stable incidence of the virus. This is part of Phase 1 in the Administration's [Guidelines for Opening Up America Again](#).

The recommendations update earlier guidance provided by CMS on limiting non-essential surgeries and medical procedures. The new CMS guidelines indicate that when a state has passed the gating criteria articulated in the Administration's plan for opening America, they can proceed to Phase 1, in which health care organizations can restart care postponed due to COVID-19 in coordination with local and state public health officials. In considering resuming such services, hospitals should review the availability of personal protective equipment (PPE) and other supplies, along with workforce availability, facility readiness, testing capacity and post-acute care capacity in the area. In planning to reopen services, facilities also must recognize the need to be able to rapidly expand care for COVID-19 patients if another surge should come to their community.

AHA Take: America's hospitals and health systems remain focused on caring for, and preparing to care for, COVID-19 patients. In order to help manage the challenges this unprecedented pandemic presents, we have in large part paused and postponed elective and non-emergent care, often because of state government direction, in spite of more flexible federal guidance. Many patients have waited, understanding what our priorities had to be, but hospitals and physicians realize non-COVID health issues also need to be addressed in a timely fashion. It is important to recognize that so-called elective care or scheduled care often involves providing lifesaving treatments and procedures that are necessary to save lives and keep people healthy.

We welcome and support today's guidance from the CMS, which complements the work that the AHA has been doing with other partners in the health field, including the American College of Surgeons, the American Society of Anesthesiologists and the Association of periOperative Registered Nurses. This CMS guidance is clearly focused on addressing important health care needs for non-COVID patients, with decisions being made by providers in collaboration with local and state public health leaders. CMS also rightly expects hospitals and health systems to maintain the flexibility needed to quickly respond to a surge should one occur in their community, and to maintain separate caregivers and locations within a facility for non-COVID care.

We continue to believe that determinations about care are best addressed by hospitals and their clinicians in collaboration with their local and state governments.

Highlights of the guidance and general considerations follow.

HIGHLIGHTS OF CMS'S GUIDANCE

CMS says its recommendations aim to give health care facilities some flexibility in providing essential non-COVID-19 care to patients without symptoms of COVID-19 in regions with low incidence of COVID-19. Hospitals and health systems are strongly encouraged to continue to maximize the use of telehealth services whenever possible to provide care. In recommending that health care organizations have the flexibility to restart clinically necessary care for patients with non-COVID-19 needs or complex chronic disease management requirements, CMS articulated the following general considerations.

- In coordination with state and local public health officials, evaluate the incidence and trends for COVID-19 in the area where restarting in-person care is being considered.
- Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary.
- Screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened, as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area).
- Retain the current limitations on visitors.
- Take appropriate measures to reduce the chance of spread of COVID-19, such as creating non-COVID-19 care zones, assigning staff exclusively to either the non-COVID-19 zone or the COVID-19 zone, social distancing for patients and anyone who must accompany them, and universal masking of all who enter the facility.
- Sufficient resources should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity and post-acute care, without jeopardizing surge capacity.