

## Coronavirus Disease 2019

# Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

## Purpose

To provide healthcare systems with a framework to deliver non-COVID-19 health care during the COVID-19 pandemic.

## Background

At the onset of the COVID-19 pandemic, CDC recommended that healthcare systems prioritize urgent visits and delay elective care to mitigate the spread of COVID-19 in healthcare settings. A consequence of the pandemic has been the under-utilization of important medical services for patients with non-COVID-19-related urgent and emergent health needs <sup>[1-3]</sup>. As the pandemic continues, healthcare systems must balance the need to provide necessary services while minimizing risk to patients and healthcare personnel (HCP). Because the effects of COVID-19 vary among communities, healthcare systems will also need to consider the local level of COVID-19 transmission when making decisions about the provision of medical services. This document provides a framework for the delivery of non-COVID clinical care during the COVID-19 pandemic. Given the dynamic nature of the pandemic, considerations may change over time and vary by practice type and setting.

## Key considerations

- Be prepared to rapidly detect and respond to an increase of COVID-19 cases in the community.
  - Stay informed. Consult regularly with your [state or local health department](#) for region-specific information and recommendations. [Monitor trends](#) in local case counts and deaths, especially for populations at higher risk for severe illness.
  - Before expanding to provide elective services, healthcare systems must operate without [crisis standards of care](#) [↗](#). Ensure adequate [HCP staffing](#) and bed capacity, availability of personal protective equipment and other supplies, and access to other important [tools](#) to respond to a surge in cases if needed. Learn how [healthcare systems can operate effectively during the COVID-19 pandemic](#).
- Provide care in the safest way possible.
  - Optimize [telehealth services](#) [↗](#), when available and appropriate, to minimize the need for in-person services.
  - Follow [recommended infection control practices](#) to prevent transmission of infectious agents, including screening all patients for COVID-19 signs and symptoms, universal source control, and [infection control practices specific to COVID-19](#). Be familiar with [COVID-19 healthcare infection prevention and control recommendations](#) specific to your setting.
- Consider that services may need to expand gradually.
  - Make decisions for expanding necessary care based on the local epidemiology and in concert with recommendations from state and local officials.
  - Prioritize services that, if deferred, are most likely to result in patient harm.
  - Prioritize at-risk populations who would benefit most from those services (for example, those with serious underlying health conditions, those most at-risk for complications from delayed care, or those without access to telehealth).

The following table provides a *framework* for considering some of these factors. **The examples are not exhaustive;** decisions that healthcare systems ultimately make may depend on local factors not addressed in this table.

**Table. Framework for provision of non-COVID-19 health care during the COVID-19 pandemic, by potential for patient harm and degree of community transmission**

Potential for patient harm	Examples	Substantial community transmission <i>Large scale community transmission, including communal settings (e.g., schools, workplaces)</i>	Minimal to moderate community transmission <i>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</i>	No to minimal community transmission <i>Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting</i>
<b>Highly likely</b> Deferral of in-person care <i>highly likely</i> to result in patient harm	<ul style="list-style-type: none"> <li>• Signs/symptoms of stroke or heart attack</li> <li>• Dental emergencies</li> <li>• Acute abdominal pain</li> <li>• Treatment for certain cancer diagnoses</li> <li>• Well-child visits for newborns</li> </ul>	Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	Provide care without delay; consider if your facility can provide the patient’s care, rather than transferring them to a facility less affected by COVID-19.	Provide care without delay while resuming regular care practices.
<b>Less likely</b> Deferral of in-person care <i>may</i> result in patient harm	<ul style="list-style-type: none"> <li>• Pediatric vaccinations</li> <li>• Change in symptoms for chronic conditions</li> <li>• Musculoskeletal injury</li> <li>• Certain planned surgical repairs</li> <li>• Physical or occupational therapy</li> </ul>	If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.

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<b>Unlikely</b> Deferral of in-person care unlikely to result in patient harm	<ul style="list-style-type: none"> <li>• Routine primary or specialty care</li> <li>• Care for well-controlled chronic conditions</li> <li>• Routine screening for asymptomatic conditions</li> <li>• Most elective surgeries and procedures</li> </ul>	If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.

\*Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services.

## References

1. De Filippo O, D’Ascenzo F, Angelini F, et al. Reduced rate of hospital admissions for ACS during Covid-19 outbreak in Northern Italy. *N Eng J Med*. 2020 Apr 28. doi: 10.1056/NEJMc2009166.
2. Guo H, Zhou Y, Liu X, Tan J. The impact of the COVID-19 epidemic on the utilization of emergency dental services. *J Dent Sci*. 2020 Mar 16. doi:10.1016/j.jds.2020.02.002.
3. Metzler B, Siostrzonek P, Binder RK, et al. Decline of acute coronary syndrome admissions in Austria since the outbreak of COVID-19: The pandemic response causes cardiac collateral damage. *Eur Heart J*. 2020 Apr 16. doi: 10.1093/eurheartj/ehaa314.