



## **Framework for Providing Outpatient Medical Care in NYC During Winter 2020-2021**

This document provides guidance on which non-COVID-19-related outpatient medical services to prioritize during a COVID-19 surge and resources to help providers continue offering these services.

### **Background**

During the spring of 2020, the NYC healthcare system was under severe strain due to COVID-19. As a result, many outpatient and elective services were disrupted. Many New Yorkers delayed care for serious symptoms and conditions, leading to severe outcomes, some of which may have been preventable. COVID-19 cases are rising again in NYC and, as related hospitalizations increase, it may be necessary to curtail certain non-COVID-19 medical services so resources can be shifted to COVID-19 care, and to reduce potential COVID-19 exposures. However, there are essential services that should be maintained to prevent complications of and deaths from non-COVID-19-related causes and manage risk factors for severe illness from COVID-19.

### **What Has Changed Since Medical Practices Had to Reduce Operations During the Spring 2020 COVID-19 Surge?**

We know more about preventing and treating COVID-19 than we did in spring 2020. Medical facilities and health care providers have developed and implemented infection control policies and programs to prevent COVID-19 transmission in medical settings. In addition, there is better availability of and access to personal protective equipment (PPE).

### **Key Messages for Outpatient Providers**

#### **Maintain outpatient care.**

- Remain open during COVID-19 medical surges to help manage conditions that do not require urgent care, ideally through a mixture of remote and in-person visits.

#### **Decide which patients and services may require in-person visits.**

- Prioritize services that, if deferred, are most likely to result in patient harm, including any type of essential medical care. See Table 1 for examples.
- Prioritize patients who are at risk for severe complications if care is delayed or who cannot access telemedicine.

**Provide care in the safest way possible.**

- To minimize the number of people at a facility, consider using [telehealth services](#) when in-person visits may not be necessary.
  - Use hybrid visits where initial assessments are performed remotely and in-person visits are limited to brief, focused exams or testing.
  - Help educate patients on how to use telehealth technology.
- Follow recommended infection control practices, including screening all patients for COVID-19 signs and symptoms and universal use of face coverings. Be familiar with COVID-19 health care infection prevention and control recommendations specific to your setting. See resources below for detailed infection control guidance.

**Reach out to patients with risk factors for severe COVID-19.**

- Identify patients of yours who have risk factors for severe illness from COVID-19.
- Reach out to these patients to optimize management of non-COVID-19-related conditions and provide education on when to seek care and how to avoid exposure to COVID-19.
- Remind patients to maintain at least a 30-day supply of prescription and nonprescription medications, and of home medication delivery options.

**Educate patients on when to seek emergency care.**

- Urge patients with severe symptoms of any kind, due to any health condition, to seek medical care promptly, even during a COVID-19 surge. Such symptoms include new or worsening dyspnea; persistent chest pain or pressure; and symptoms of a possible stroke.
- Address patients' fears of being exposed to COVID-19 at medical facilities by explaining the infection prevention and control policies and procedures that are in place.

**Be familiar with resources that can be used during medical surges.**

- Organize a surge staffing plan. Monitor the situation at your facility closely to make sure staffing levels are adequate to maintain essential functions. It might be necessary to reassign staff or restructure shifts to [mitigate shortages](#).
- If needed, consider hiring temporary staff through the [NYC Group Purchasing Option](#).
- Continue obtaining PPE through your usual channels. Review [this list](#) of medical supply chain companies.
  - If you belong to a parent health system or trade association, inquire whether they can facilitate acquiring PPE.
  - If you are a small independent primary care practice, contact the [NYC REACH Program](#) to see if you are eligible for PPE assistance from the City.
  - If you are unable to procure essential PPE through other methods, and you are health care provider working in a high-risk or congregate setting or providing direct care to patients with COVID-19, contact [PPESupport@health.nyc.gov](mailto:PPESupport@health.nyc.gov) to inquire about emergency assistance.

**Stay informed on COVID-19 transmission in your area to help anticipate the potential need to prioritize medical services.**

- Consult the New York City Department of Health and Mental Hygiene's (NYC Health Department) [COVID-19: Data web page](#) for up-to-date citywide and ZIP code-level case

counts, hospitalizations, deaths and percent positivity. Monitoring local trends in these indicators and maintaining awareness of state and local recommendations can help you determine how to safely continue providing services during the COVID-19 public health emergency. Data that are most useful for individual patient care are on the [Latest Data page](#):

- The **Summary table** shows recent trends and compares data from the last seven days to the average data from the previous four weeks. This offers a glimpse into what is happening across NYC.
- The **Percent Positive and Test Rate of Molecular Testing by ZIP Code map and table** show the amount of people who have tested positive in the last seven days (based on available data). The borough comparison charts include data by ZIP code from the past three months. You can search for COVID-19 activity in an area where your patient may reside or work.

### **NYC Health Department Resources**

- [COVID-19 Outpatient Infection Control Quick Guide](#)
- [Identifying and Triaging Adult Patients at Increased Risk for Severe COVID-19 in Outpatient Settings](#)
- [Checklist for Expanding Outpatient Practices During COVID-19: Considerations and Resources](#)
- [Restoring Outpatient Care During the COVID-19 Pandemic](#)
- [COVID-19 Preparedness Checklist for Outpatient Settings](#)
- [Health Insurance: Enrollment Counselor page](#)

### **Additional Resources**

- [Infection Control Guidance for Healthcare Professionals about COVID-19](#) (CDC)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#) (CDC)
- [NYC COVID-19 testing sites](#) (New York City)

The following table, adapted from the [Centers for Disease Control and Prevention](https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html),<sup>1</sup> provides a framework for considering how to prioritize medical services taking into account the potential for patient harm if services are deferred and the degree of COVID-19 transmission in the community. These examples are not exhaustive. Decisions health care providers and systems ultimately make may depend on factors not addressed in this table:

Potential for Patient Harm	Examples of Signs, Symptoms or Conditions	When to Provide Services During Minimal to Moderate Community Transmission <sup>2</sup> Sustained community transmission with exposure in communal settings <sup>3</sup> and potential for rapid increase in cases	When to Provide Services During Substantial Community Transmission <sup>2</sup> Large-scale community transmission, including communal settings <sup>3</sup>
<p><b>Highly Likely</b></p> <p>Deferral of in-person care highly likely to result in patient harm</p>	<ul style="list-style-type: none"> <li>• New or worsening dyspnea</li> <li>• Signs/symptoms of stroke or heart attack</li> <li>• Acute abdominal pain</li> <li>• Dental emergencies</li> <li>• Treatment for certain cancer diagnoses</li> <li>• Well-child visits for newborns</li> <li>• Administration of long-acting injectable psychotropic medications</li> <li>• Behavioral health crisis</li> <li>• Obstetrical care</li> <li>• Any life-threatening medical issue</li> </ul>	<ul style="list-style-type: none"> <li>• Provide care without delay</li> </ul>	<ul style="list-style-type: none"> <li>• Provide care without delay</li> <li>• If your facility is overwhelmed, consider referring patients to facilities that are less heavily affected by COVID-19 or better resourced to manage SARS-CoV-2.</li> </ul>

<sup>1</sup> Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Centers for Disease Control and Prevention website. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>. Updated June 30, 2020. Accessed December 15, 2020.

<sup>2</sup> For additional information on selecting mitigation measures based on a community's level of COVID-19 transmission, see [cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html#table1](https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html#table1).

<sup>3</sup> For example, schools or workplaces.

<p><b>Moderately Likely</b></p> <p>Deferral of in-person care may result in patient harm</p>	<ul style="list-style-type: none"> <li>• Pediatric vaccinations</li> <li>• Worsening symptoms of chronic conditions</li> <li>• Musculoskeletal injury</li> <li>• Certain planned surgical repairs</li> <li>• Physical or occupational therapy</li> <li>• New-onset or increasing behavioral health signs or symptoms that interfere with daily life</li> <li>• History of unfavorable outcomes in absence of periodic contact with providers for management of serious behavioral health problems</li> <li>• Serious behavioral health problems AND current homelessness</li> <li>• New or worsening substance use</li> <li>• Reproductive health services</li> </ul>	<ul style="list-style-type: none"> <li>• If care cannot be delivered remotely, work to provide in-person care to all patients in this category.</li> </ul>	<ul style="list-style-type: none"> <li>• If care cannot be delivered remotely, arrange for in-person care as soon as possible, prioritizing at-risk* patients.</li> </ul>
<p><b>Unlikely</b></p> <p>Deferral of in-person care unlikely to result in patient harm</p>	<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>• Routine follow-up for established patients</li> <li>• Most elective surgeries and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• If care cannot be delivered remotely, work to provide in-person care as needed, prioritizing at-risk* patients and those whose care, if deferred for a prolonged period, would likely result in patient harm.</li> </ul>	<ul style="list-style-type: none"> <li>• If care cannot be delivered remotely, consider deferring until community transmission decreases.</li> </ul>

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

The NYC Health Department may change recommendations as the situation evolves.

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