

During the COVID-19 public health emergency to date, in order to ensure Massachusetts' health care system had the capacity to address the pandemic, some health care services and procedures needed to be limited or put on hold temporarily, while many services were conducted remotely using telehealth. Emergency services and other essential health and human services continued during this time.

As of May 18<sup>th</sup>, the Commonwealth is issuing new guidelines to hospitals and health care providers in accordance with the state's four-phase reopening plan, to allow some non-emergency procedures or deferred care that may now need attention. Hospitals and Hospital-Licensed and Federally Qualified Health Centers may begin this reopening starting on May 18<sup>th</sup>, and all other providers may begin starting on May 25<sup>th</sup>.

Only a limited set of in-person services will resume, including:

- **High-priority preventative services** including pediatric care, immunizations and screenings for at risk patients
- **Urgent procedures** for conditions that, if left untreated, would lead to high risk or significant worsening of the patient's condition, based on the provider's clinical judgment

To begin offering these in-person services, **providers must attest that they are able to deliver these services safely while preserving the healthcare system's ability to treat COVID-19.** This includes specific safety standards such as social distancing, personal protective equipment use, and infection control.

In this phase, providers will continue to maximize telehealth and provide services virtually whenever possible. Individuals with non-emergency health needs should <u>call their health care</u> <u>provider</u>, who will use their clinical judgment to determine if a procedure or service should be done in person in the immediate future

The state will evaluate when this limited roll out can be safely modified to expand services in the subsequent phases of the reopening to include:

- **Broader in-person preventative services** (e.g., dental cleanings)
- **Day programs** (e.g., Adult Day Health, Day Habilitation, and other human service supportive day programs)
- By the last phase of the reopening, all healthcare services may reopen with guidelines in place

## Examples of in-person services that <u>should start</u> in Phase 1

Types of Services	Examples
High priority preventative visits that lead to	Pediatric visits; chronic disease management visits
high risk if defferred such	for high risk patients; placement of implantable
	contraception
Diagnostic procedures where delay would lead	Mammograms for women with prior concerning
to high	findings; biopsy for concerning lesions/ potential
	cancers
Physical exams for new concerning symptoms	In-person examination for chest pain, blurred vision,
	breast lump
Medical procedures that if deferred lead to	Removal of malignant skin lesions; orthopedic
substantial worsening of condition	procedures for significant functional impairment
In-person visits for high risk behavioral health	Substance use disorder treament and Medication
and/or social disorders	Assisted Treatment
Rehabilitation where delay would lead to	Rehab for post stroke patients or severe traumatic
significant worsening of condition	injuries; post-operative physical therapy

## Examples of of in-person services that <u>should NOT start</u> in Phase 1

Types of Services	Examples
Preventative visits that do not lead to high risk	Routine annual exams for adults, screenings (e.g.,
or significant worsening if deferred	10-year colonoscopy, 2-year mammogram), routine
	eye exam, dermatology exams for low-risk patients
Diagnostic procedures that do not lead to high	Blood draws for routine monitoring of chronic
risk or significant worsening if deferred	disease
Medical procedures that do not lead to high	All cosmetic surgeries, bariatric surgery, other
risk or significant worsening if deferred	elective procedures including most elective joint
	replacement or back surgeries, ear tube placements,
	tonsillectomies, cataract procedures for individuals
	not at high risk
Behavioral health care that is low risk or group	Day programs and in-person group therapy and
	visits, routine consultations or consultations that can
	otherwise be done via telehealth
Dental procedures that do not lead to high risk	Routine dental cleanings
or significant worsening if deferred	
Rehabilitation services that do not lead to high	Most physical therapy and chiropractic care
risk or significant worsening if deferred	