April 10, 2020

Governor Jay Inslee
State of Washington
Via email

Dear Governor Inslee:

Thanks to your tremendous leadership, the tireless efforts of the leadership at the Washington State Department of Health, the health care leaders of our state, and importantly the commitment of Washingtonians to Stay Home Stay Healthy, we have begun flattening the curve and containing our COVID19 outbreak. We are committed to working with you to ensure we stay on this trajectory.

On behalf of patients in Washington State, we are writing to request modification of your order 20-24, Restrictions on Non-Urgent Medical Procedures, which is currently scheduled to remain in effect until May 19.

We are no longer projecting that the health system will be overwhelmed; in fact, hospitals across the state are 50-70% full and have capacity to care for many more people. The ambulatory surgery center community had been gearing up to take COVID patients but now seems unlikely to need to do so. Given these realities, we respectfully request that you reconsider and modify this order. We would recommend that you allow adding back some scheduled surgeries and non-emergency procedures in phases. We suggest the following as a framework for an initial phase:

- In order to protect patients, allow adding back those procedures that are the most pressing – where delay poses the most significant risk to the patient’s health. We recommend allowing clinicians to have the judgement to add back procedures for which delay would result in an adverse medical outcome to the patient.
- In order to ensure a hospital or surgery center can do procedures and not later become overwhelmed, allow adding back procedures where based on predictive modeling of volumes, personal protective equipment (PPE) consumption, and supply chain activity, the hospital or surgery center will have sufficient PPE and other supplies, hospital beds, ICU beds, and staff to safely meet needs over the next 30 days. In addition, in order to add back procedures, providers must adhere to the Department of Health-recommended level of PPE conservation.
- In order to keep beds free in case they become needed, allow adding back procedures where a safe discharge to a pre-planned location has been established.
- In order to prevent spread, allow hospitals and ASCs to add back procedures only if they have strict infection control policies, including recommended visitor policies.
- Because many Washingtonians are now concerned that layoffs could affect their ability to get needed medical treatment, encourage providers to prioritize procedures for people at risk of losing their insurance.

So long as we have adequate supplies, staff and space, allowing these procedures back will be safe for patients and staff. Hospitals regularly and safely operate in an environment with infectious disease. For example, we do not cancel necessary procedures during the flu season. Furthermore, as we supported your initial proclamation when initially enacted, we would stand ready to support your re-enactment of the full order if COVID worsens in the future.
There are two main reasons why this is important for Washingtonians.

First, the patient impacts of these cancellations are tremendous, both physical and psychological. Patients whose cancer surgeries were cancelled are at risk of their cancer spreading and cannot start other treatment such as chemotherapy. Patients who need cardiac surgery who aren’t getting it are experiencing a decline in their cardiac health. Patients who need joint replacements have impaired mobility, are not moving and their physical condition is worsening. Patients who need a hysterectomy to combat excessive bleeding are becoming anemic. Some patients who have symptoms and need diagnostic tests such as MRIs or colonoscopies have unknown health conditions that could be worsening.

Second, the current financial crunch for hospitals and ambulatory surgical centers threatens their ability to respond to the health needs of Washingtonians in the medium- and long-term. If we do not start to ease into a recovery phase, we will move into a second surge, defined as pent up demand for services with a reduction in care sites and health care professionals to treat them.

Hospitals and ambulatory surgical centers are essential parts of the health care delivery system and their primary source of revenue is commercially insured patients getting non-emergency, but essential medically necessary procedures – for example, symptomatic colonoscopies, hysterectomies, hernia repairs, cardiovascular testing, joint replacements, diagnostic imaging, and cardiac surgery. This revenue has dried up.

Hospitals across the state are reporting they have 50% of their normal revenues. In COVID areas, the hospitals are incurring more than 120% of their normal costs. Hospitals see the financial crunch continuing and even accelerating. For March and April, the statewide impact on the loss of revenue for hospitals/health systems is projected to be at least $900 million. At least three hospitals have contacted WSHA about initiating closure procedures.

Physician clinics across the board have seen their volumes decrease dramatically and, in some cases, have ceased operations altogether. The surgical and proceduralist community have dramatically changed their practices, many having to close their practices temporarily or lay off staff, while attempting to continue to monitor their patients’ care remotely should the condition change and the need for surgery become imminent. This is made more difficult by the fact that many facilities have been forced to furlough or lay off staff.

In light of all of these factors, we urge you to consider making allowance for some scheduled surgeries and non-emergency procedures. We appreciate your consideration of this proposal and thank you again for your leadership during these unprecedented times.

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Cc: Admiral Raquel Bono
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