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May 9, 2020

His Excellency Charles D. Baker  
Governor of the Commonwealth of Massachusetts  
State House  
Boston, Massachusetts 02133

Dear Governor Baker,

The Massachusetts Orthopaedic Association (MOA) and American Association of Orthopaedic Surgeons (AAOS) appreciates the work that you and your administration have done during this pandemic. Our physician community shares your concern for the citizens of the Commonwealth and the state's health care economy. With orthopaedic surgeons experiencing a 61% reduction in non-COVID-19 care nationally in March and April (Health Policy Commission, May 6, 2020), we are looking forward to working with you to safely resume non-emergent surgical procedures in hospitals and ambulatory surgery centers (ASCs) as soon as possible.

The March 15th Executive Order directing facilities in the state to cancel or postpone elective procedures was the prudent response to address the impact of the pandemic at the time, however over the past two months, the postponement of surgical care has resulted in a backlog of patients who have deferred needed care, trying to manage their pain due to an orthopaedic condition and may be at increased risk of experiencing a negative clinical outcome due to the lengthy delays.

There are several excellent documents that exist to offer guidance on resuming routine care in physician's offices and elective surgeries. Orthopaedists have found the following documents useful in putting forth criteria to ensure adequate facilities, workforce, testing and supplies. We suggest it be considered by the Reopening Advisory Board: Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf> and the AAOS guidelines for elective surgery <https://www.aaos.org/about/covid-19-information-for-our-members/aaos-guidelines-for-elective-surgery/>.

Most of the national guidance put forth, and that of other states, suggest that office visits and elective surgeries should only resume in the state if the community is ready. The prevalence of COVID-19 in the community must be low or declining and the community must have sufficient bed capacity and PPE supplies to accommodate the potential needs of COVID-19 patients. As the state meets these criteria, we believe that restrictions should be lifted and decisions about care allowed to rest with the treating physicians, patients and their families, using clinical judgement to prioritize time sensitive surgical or procedural cases.

Ensuring the safety of our patients is paramount. We are confident that these safety measures adapted appropriately for surgical procedures will allow us to safely open ASCs to address the growing clinical needs of our patients and the prevention of virus spread by applying the following principles:

- Screening patients, including appropriate COVID-19 testing, before visits and monitoring their health prior to starting surgery as part of the preoperative procedure
- Requiring staff to self-monitor and screen for viral symptoms daily
- Continuing to use PPE per the latest Centers for Disease Control and Prevention (CDC) recommendations for all procedures



- Following waiting room spacing guidelines, social distancing, face masking and other recommended procedures for patients and visitors prior to entering the facility
- Ensuring heightened disinfection to prevent and mitigate risk of spread
- Ensuring patients have been medically cleared by their primary care physician where applicable

In addition to these cautions, there are other factors to consider that will permit physician office practices to reopen in a prudent and safe manner, balancing the needs of patient care with the risk of providing that care:

- Geographic considerations: starting in areas where the COVID-19 trendline follows gating criteria and expanding to other areas as the situation improves
- Patient prioritization: starting with patients who have lower co-morbidities and surgical risks
- Procedure types: starting with procedures that are lower risk with regard to airborne transmission and those with minimal risk of unintended complications

With these suggested safeguards in place, orthopaedic surgeons can safely address our patient's clinical needs without further delay and may begin the process of reversing the significant patient backlog and mitigate the disastrous financial impact that the closure has had on physician office practices.

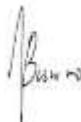
The MOA appreciates the various state and federal financial assistance packages available but unfortunately, for both patients and physicians, the financial challenges exceed the available resources. For example, many of our patients who have lost jobs or been furloughed have also lost their health insurance or will experience an increase in future premiums, co-insurance or deductibles. The recent news that UnitedHealth Group (with a reported \$50.6 billion in premiums collected in the first quarter of 2020 and \$3.5 billion in profits) will be issuing insurance premium credits for its members recognizing that the insurer has paid out fewer claims due to the postponement of medical procedures during the pandemic is encouraging. We would ask that the policy implemented by UnitedHealth Group be adopted across the board by all the commercial health insurance carriers in the Commonwealth. These insurance premium credits would provide assistance to those that have lost employment, to the businesses that have had to shut down and to the physician community, especially the orthopaedic surgeons, who suspended surgical care and treatment of patients since the Order by the Department of Public Health was issued on March 15, 2020.

In conclusion, the MOA and AAOS stand ready to continue working with the state and local governments, and the COVID-19 Advisory Board, to provide needed care during this extraordinary time. Please feel free to contact us if there is anything that we, or our members, can do to assist you as we all face the enormous health and economic challenges of the COVID-19 pandemic.

Sincerely,



Walter Stanwood, MD  
MOA President



Joseph A. Bosco III, MD, FAAOS  
AAOS President

Cc: Lt. Governor Karyn Polito, Commonwealth of Massachusetts  
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