



# Amid Surge, Hospitals Hesitate To Cancel Nonemergency Surgeries

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Three months ago, the nation watched as COVID-19 patients overwhelmed New York City's intensive care units, forcing some of its hospitals to convert cafeterias into wards and pitch tents in parking lots.

Hospitals elsewhere prepped for a similar surge: They cleared beds, stockpiled scarce protective equipment, and — voluntarily or under government orders — temporarily canceled nonemergency surgeries to save space and supplies for coronavirus patients.

In most places, that surge in patients never materialized.

Now, coronavirus cases are skyrocketing nationally and hospitalizations are climbing at an alarming rate. But the response from hospitals is markedly different.

Most hospitals around the country are not canceling elective surgeries — nor are government officials asking them to.

Instead, hospitals say they are more prepared to handle the crush of patients because they have enough protective gear for their workers and know how to better treat coronavirus patients. They say they will shut down nonessential procedures at hospitals based on local assessments of risk, but not across whole systems or states.

Some hospitals have already done so, including facilities in South Florida, Phoenix and California's Central Valley. And in a few cases, such as in Texas and [Mississippi](#), government officials have ordered hospitals to suspend elective surgeries.

Hospitals' decisions to keep operating rooms open are being guided partly by money. Elective surgeries account for [a significant portion](#) of hospital revenue, and the

American Hospital Association [estimates](#) that the country's hospitals and health care systems lost \$202.6 billion between March 1 and June 30.

“What we now realize is that shutting down the entire health care system in anticipation of a surge is not the best option,” said Carmela Coyle, president of the California Hospital Association. “It will bankrupt the health care delivery system.”

The association [projects](#) that California hospitals will lose \$14.6 billion this year, of which \$4.6 billion has so far been reimbursed by the federal government.

But some health care workers fear that continuing elective surgeries amid a surge puts them and their patients at risk. For instance, some nurses are still being asked to reuse protective equipment like N95 masks and gowns, even though hospitals say they have enough gear to perform elective surgeries, said Zenei Cortez, president of the National Nurses United union.

“They continue to put us at risk,” Cortez said. “They continue to look at us as if we are disposable material.”

Elective surgeries, generally speaking, are procedures that can be delayed without harming patients, such as knee replacements and cataract surgery.

At least [33](#) states and the District of Columbia temporarily banned elective surgeries this spring, and most hospitals in states that didn't ban them, such as Georgia and California, voluntarily suspended them to make sure they had the beds to accommodate a surge of coronavirus patients. The U.S. surgeon general, the Centers for Disease Control and Prevention and the American College of Surgeons also recommended health care facilities suspend nonemergency surgeries.

The suspension was always intended to be temporary, said Dr. David Hoyt, executive director of the American College of Surgeons. “When this all started, it was simply a matter of overwhelming the system,” he said.

Today, case counts are soaring after many states loosened stay-at-home orders and Americans flocked to restaurants, bars and backyards and met up with friends and family for graduation parties and Memorial Day celebrations.

Nationally, confirmed cases of COVID-19 have topped [3 million](#). In California, cases are spiking, with a 52% jump in the average number of daily cases over the past 14 days, compared with the two previous weeks. Hospitalizations have gone up 44%.

Governors, county supervisors and city councils have responded by requiring people to wear masks, shutting down bars and restaurants — again — and closing beaches on the July Fourth holiday weekend.

But by and large, government leaders are not calling on hospitals to proactively scale back elective surgeries in preparation for a surge.

“Our hospitals are telling us they feel very strongly and competent they can manage their resources,” said Holly Ward, director of marketing and communications at the Arizona Hospital and Healthcare Association. If they feel the situation warrants it, “they on their own will delay surgeries.”

In some states, like Colorado, public health orders that allowed hospitals to resume nonemergency surgeries in the spring required hospitals to have a stockpile of protective equipment and extra beds that could be used to treat an influx of COVID-19 patients.

States also set up overflow sites should hospitals run out of room. In Maryland, for example, the state is using the Baltimore Convention Center as a field hospital. The state of California last week reactivated four “[alternative care sites](#)” — including a hospital that was on the verge of closure in the San Francisco Bay Area — to take COVID-19 patients should hospitals fill up.

But the decision to reduce elective surgeries in California will not come from the state. It will be made by counties in consultation with hospitals, said Rodger Butler, a spokesperson for the California Health and Human Services Agency.

The question is whether hospitals have systems in place to meet a surge in COVID-19 patients when it occurs, said Glenn Melnick, a professor of health economics at the University of Southern California.

“To some extent, elective care is good care,” Melnick said “They’re providing needed services. They are keeping the system going. They are providing employment and income.”

In Los Angeles County, more than 2,000 COVID patients are currently hospitalized, according to county data. While that number is projected to go up by a couple of hundred people over the next few weeks, hospitals believe they can accommodate them, said county Health Services Director Christina Ghaly. In the meantime, hospitals are preparing to bring on additional staff members if needed and informing patients who have scheduled surgeries that they could be delayed.

“There’s more patients with COVID in the hospitals than there has been at any point previously in Los Angeles County during the pandemic,” Ghaly said. “Hospitals are more prepared now for handling that volume of patients than they were previously.”

While hospitals have not stopped elective surgeries, many have not ramped up to the full schedule they had before COVID-19. And they say they are picking and choosing surgeries based on what’s happening in their area.

“We were all things COVID when it was just starting,” said Joshua Adler, executive vice president for physician services at UCSF Health. “We didn’t know what we were facing.”

But after a couple of months of treating patients, hospitals have learned how to resupply units, how to transfer patients, how to simultaneously care for other patients and how to improve testing, Adler said.

At Scripps Health in San Diego, which has taken more than 230 patients from hard-hit Imperial County to the east, its hospitals have scaled back how many transfers they will accept as confirmed COVID-19 cases rise in their own community, said Chris Van Gorder, president and CEO of Scripps Health.

A command center set up by the hospital system reviews patient counts and medical

supplies and coordinates with county health officials to study how the virus is spreading. Only patients who need urgent surgeries are being scheduled, Van Gorder said.

“We’re only allowing our doctors to schedule cases two weeks out,” Van Gorder said. “If we see a sudden spike, we have to delay.”

In California’s Central Valley and in Phoenix, where cases and hospitalizations are surging, Mercy hospitals have suspended elective surgeries to focus resources on COVID-19 patients.

But the other hospitals in the CommonSpirit Health system, which has 137 hospitals in 21 states, are not ending elective surgeries — as they did in the spring — and are treating patients with needs other than COVID, said Marvin O’Quinn, the system’s president and chief operating officer.

“In many cases their health deteriorated because they didn’t get care that they needed,” said O’Quinn, whose hospitals lost close to a \$1 billion in two months. “It’s not only a disservice to the hospital to not do those cases; it’s a disservice to the community.”

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### **COVID-19 CMS News Alert**

Here is a summary of recent Centers for Medicare & Medicaid Services (CMS) actions taken in response to coronavirus disease 2019 (COVID-19), as part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, click here <http://www.coronavirus.gov/>. For information specific to CMS, please visit the [CMS News Room](#) and [Current Emergencies Website](#). CMS updates these resources on an ongoing basis throughout the day; the information below is current as of May 5, 2020 at 10:30 a.m. ET.

#### **Health Affairs Blog: What CMS's Response to COVID-19 Means for Front Line Clinicians**

Health Affairs recently featured a blog post about what the recent CMS policy changes, including an unprecedented number of health system waivers and flexibilities, mean for health care professionals on the front lines. The blog was written by Michael J. Lipp, MD, Chief Medical Officer for the CMS Center for Medicare & Medicaid Innovation, and Shari M. Ling, MD, Deputy Chief Medical Officer of CMS and Medical Officer for the CMS Center for Clinical Standards and Quality.

#### Health Affairs Blog

##### CMS Gives States Additional Flexibility to Address Coronavirus Pandemic

CMS has approved over 145 requests for state relief in response to the COVID-19 pandemic, including recent approvals for Kansas, Maryland, Minnesota, Missouri, Nebraska, Rhode Island, and Wyoming. These approvals help to ensure that states have the tools they need to combat COVID-19 through a wide variety of waivers, amendments, and Medicaid state plan flexibilities, including for programs that care for the elderly and people with disabilities. CMS developed a [toolkit](#) to expedite the application and review of each request and has approved these requests in record time. These approved flexibilities support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported.

#### Section 1135 Waivers

#### Section 1115(a) Waivers

#### 1915(c) Waiver Appendix K Amendments

#### Medicaid State Plan Amendments

#### CHIP State Plan Amendments

## **Stay Informed on COVID-19**

**Optum is providing support and resources to help physicians stay up to date on coronavirus disease 2019 (COVID-19).**

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Testing availability for the novel Coronavirus (COVID-19) is of urgent concern for healthcare providers and delivery networks. COVID-19 testing is imperative in aiding healthcare providers to identify infected patients more quickly. BioReference Laboratories is pleased to serve as a valuable resource for providers in the TIPAAA network to ensure at-risk patients have access to quality testing.

BioReference has worked diligently to ramp up PCR testing capacity and is prepared to accept specimens from TIPAAA providers to get quality testing to patients who need it most.

BioReference is aware of some difficulty in obtaining the necessary supplies for COVID-19 testing. Alternate specimen collection is available. Please click the following links for more information.

## [Specimen Collection](#)

### [Provider Info PCR Testing](#)

### [Patient Info](#)

### [Provider Info Serology](#)

## [FAQ](#)

### **ANTIBODY TESTING FOR COVID-19**

BioReference offers a semi-quantitative immunoassay which measures SARS-CoV-2 specific IgG antibody levels, correlating with the patient's immune response after COVID-19 infection. Based on early evidence, IgG is expected to be elevated in the majority of patients by 14 days after the onset of symptoms. The timeline for IgG elevation in asymptomatic patients is still being studied.

Antibody tests play a critical role in the fight against COVID-19 by assessing the levels of immune response in populations and individuals. A significant number of asymptomatic or mildly symptomatic COVID-19 patients will not be diagnosed with molecular testing. Antibody blood testing from BioReference can assist healthcare professionals and public authorities make decisions about people returning to work and easing social distancing and shelter-in-place measures.

Antibody tests offered by BioReference are performed on high-volume instruments and have been verified for sensitivity and specificity. They have been approved by appropriate state Departments of Health and registered with the FDA.

For detailed information on test ordering, specimen collection or any other service issues, [please visit](#) or call 833-684-0508.

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# Western Physicians' Alliance

## WPA Exclusive Member Portal: Register Today

Registration Link Below: Access to Education, Savings, Advisors and More.



## WPA Member Update - Benefits, Education and Featured Advisors

### Dear WPA Physicians and Practice Managers:

Welcome to the new WPA Exclusive Member Portal. We are excited to be able to offer our members a web based Education, Benefit and Advisor panel to help with your practice needs.

There is no charge to access the WPA Portal and you will have access 24/7. Some of the key features included are, Deep Discounts from vendors, Practice Management Solutions and a Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

To help identify how the Portal can benefit your unique practice, you are encouraged to register below. Should you have any questions, please log in to view the instructional walk-through of the WPA member resource center.

And, to help you identify how the portal can benefit your unique practice, you are encouraged to sign up for your Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

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## ***WPA Member Benefit and Education Portal: Register Today!***

We are pleased to announce the launch of our new and improved Exclusive Member Resource Center. As a member of WPA, you now have **24/7 access** to your online Benefit, Education and Advisor Portal.

[Register now by clicking here!](#)

## WPA Exclusive Member Portal: Virtual Tour



The image shows a tablet displaying the WPA Exclusive Member Dashboard. The dashboard is a grid of various service tiles. Callouts from text labels on the left and right point to specific tiles on the screen.

- WPA Education Center** points to the 'education center' tile.
- Your Business Advisory Panel** points to the 'Today's Practice PANEL OF EXPERTS' tile.
- Online Provider Directory** points to the 'online provider directories' tile.
- WPA IPA Member Exclusive Benefits** points to the 'search and discover your member exclusive benefits' tile.
- Upcoming Events** points to the 'conferences & upcoming CME events' tile.
- Online Reservation: Complimentary Benefit Review** points to the 'Schedule your Complimentary Benefit Review' tile.

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