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Elective Surgery in a COVID-19 Era

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One of my favorite Sports Writers here in Omaha, Tom Shatel, has a column he writes called "Things I Know, and Things I Don't Know." The same can be said for everything going on around the country during these COVID-19 times.

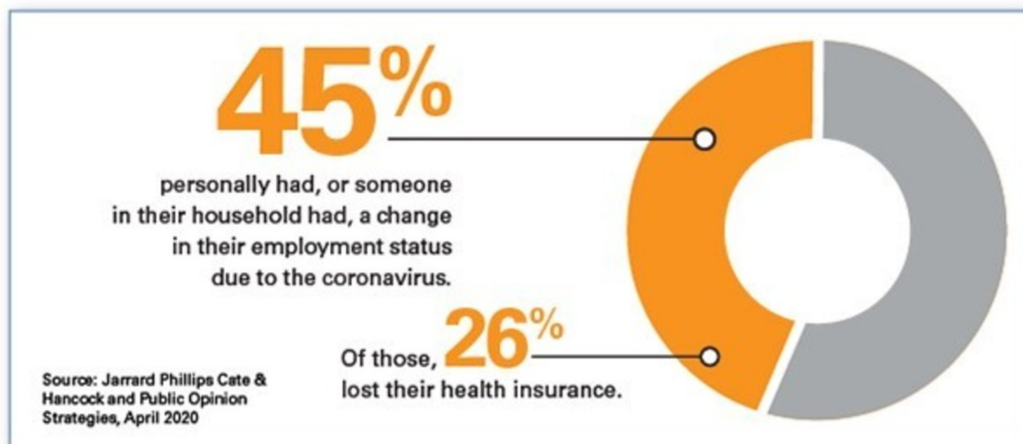
Let's start with what I know. The United States of America is a republic made up 50 individual states. These states, while united in their mission to navigate, survive and ultimately conquer the COVID-19 virus, have very different approaches, criteria, messaging and timelines for reopening. Patient safety does appear to be the number one priority on everyone's mind. This means ensuring a COVID-free environment AND the ability to test all surgical candidates for COVID for a period of time prior to surgery.

For example, New Jersey Governor Phillip Murphy issued an Executive Action on May 11, 2020, ordering all elective surgeries and elective invasive procedures that can be delayed (without undue risk to the patient's future health) to be cancelled or postponed indefinitely. Nebraska Governor Pete Rickett's April 20, 2020, guidance states hospitals can resume elective surgeries if they: maintain 30% general bed availability, 30% ICU availability, 30% ventilator availability *and* have a two-week supply of necessary PPE in their specific facility. Additionally, hospitals must work with their local public health department prior to returning to elective procedures. Two examples from two different parts of the country dealing with two very different phases of the same COVID-19 virus.

Elective surgery, slow-moving yet urgent

Nationally, there is a high degree of urgency to restart elective surgical procedures. Healthcare delivery represents one-fifth of our national GDP. The hospitals have been the last line of defense against COVID-19 and have exhausted hundreds of billions of dollars in the fight thus far. The revved up economic engine of healthcare has not come to a complete stop, but it has slowed significantly to meet anticipated demand. Hospitals must find a way forward to rebuild capital and bring their furloughed workers back. Hospitals must generate desperately needed revenue to avoid financial ruin — or even potential closures — due to COVID-19.

As consumers, we need access to procedures, even those deemed elective, to feel we are in control of our own medical care. The ability to make our own choices about our health and wellness, and those we care about, is fundamentally American. The problem for both sides of this equation – hospitals and patients — is neither is in control at the moment. COVID-19 is. The question is for how long.



The graph above represents the percentage of Americans whose employment status has been affected by COVID-19 – 45%. With 26% of those losing their health insurance. The economic turmoil we're experiencing has sent unemployment surging to record levels and with it, the number of those uninsured or underinsured. While anecdotal, we can estimate this number has now surpassed 100 million. Without insurance, patients are required to pay more out-of-pocket costs for elective procedures. In this challenging time, those dollars pay for basic necessities – food, housing, childcare, etc. Those who are employed are more likely to delay an elective procedure due to the instability of the labor market or worse, fail to seek medical care out of fear for their personal (or their family's) safety.

Hospitals across the country are reporting drops in emergency care for patients suffering heart attacks and strokes. This real or perceived fear of contracting the virus (or bringing it home) is changing our behavior as consumers. We have altered our behaviors – social distancing, stay at home orders, lockdowns, etc. – in an effort to slow the transmission rate of this highly contagious virus, and the data supports that we have been successful in "flattening the curve."

Before COVID-19 we could choose who, what, when, how and how much we would consume – including our healthcare. Now, we seem to be thinking differently about these things. For example, consider the drop in retail spending, the drop in the housing market and the drop in healthcare spending. Perhaps we make different or more thoughtful choices, either out of a greater sense of awareness or alternatively, fear of this still very relevant virus. We are a nation of consumers who are at this moment in time struggling with our "consumer confidence."

So, how do we regain our confidence?

Testing, testing 1,2,3...

We need access to testing – consistent testing at scale – period. The ability to test large segments of the population daily for an extended period of time will allow people the opportunity to go back to work, stay home if they need to or seek care when necessary. The more people working, the higher the probability they have access to insurance. The longer they remain employed, the more secure they'll feel in their ability to take time away to get the medical treatment or care they have postponed. We also need a vaccine which is both safe and effective.

I don't know when all of this will happen but I do know this: When it does, surgical suites will once again be filled with elective procedures and the hospital beds will be full of recovering patients who will rest easier knowing they're safe and free from COVID-19.

When this happens, we will breathe a collective sigh of relief knowing we have made it through this pandemic together. We'll rejoice in our triumph and mourn our tremendous collective loss.

When this happens, we will be back to a new normal (Normal 2.0) – with sports, music, entertainment, travel, nightlife, childcare – and to back being happy consumers in these United States of America.