

Statement on Nonurgent In-Person Medical Care

Approved by the Executive Committee of the Board of Regents on behalf of the Board of Regents on March 23, 2020

Physicians' primary goal is to care for patients, maintaining access to clinical services in environments that are safe for all. While it should be recognized that regular ongoing evaluation of patients with chronic health conditions can prevent deterioration that might lead to unnecessary emergency room or hospital care, during times such as the COVID-19 pandemic, it is appropriate to reassess whether the patient requires an in-person visit. While the need to see a particular patient in person is based on multiple complex factors, physicians should work to transition patients who do not need to be seen in person to a virtual visit (e.g., use telehealth video or telephone services) or else consider delaying the visit until such time as the benefits are outweighed by the harms that could occur when timely care is not delivered. Physicians should provide an explanation to the patient for these changes. Physicians should also cancel elective and nonurgent procedures. Internists' comprehensive skills and training uniquely position them to respond to the changing needs of their roles in the healthcare delivery system

Although use of video, online digital, and telephone care may be an option for many patients, many insurers and government programs will only pay for telehealth services that involve smart phones or other devices with video sharing capabilities. Although recent telehealth flexibilities have been introduced by some payers in response to the COVID-19 pandemic, most payers are still not paying for "audio only" phone calls. For patients lacking more advanced technologies, including many of the elderly, traditional "audio only" phone calls may be the only way for physicians to convert in-person visits to virtual ones. Government and all other payers should immediately expand their coverage and payment policies to include both video-enabled and audio-only phone calls, and make that coverage retroactive to the date of the President's declaration of national emergency, allowing physicians to quickly convert routine or preventive visits to a telephone or telehealth visit for as many patients as possible.