



March 13, 2020

The Honorable Gavin Newsom
Governor
State of California
State Capitol Building
Sacramento, CA 95814

By fax: (916) 558-3160 (3 pages total)

Dear Governor Newsom:

On behalf of the undersigned Bay Area medical associations, representing over 16,500 Bay Area physicians, we would like to thank you for your ongoing leadership on California's response to novel coronavirus, or COVID-19. As the Bay Area braces for more widespread community transmission of Covid-19, we are writing to urge the State of California and our local jurisdictions to take the following actions to minimize the transmission of Covid-19 and keep our health care workforce healthy:

We need to protect patients and providers from Covid-19 exposure in health care facilities

- There is an immediate need for aggressive, consistent public messaging that urges patients with upper respiratory infection (URI) who have mild to moderate symptoms to stay home and avoid seeking medical care unless their symptoms worsen. Patients should be encouraged to remain out of public contact entirely until after their symptoms have resolved. Patients should only leave their home to seek medical care if their condition worsens, and they should call their providers before arriving at a health care facility if they suspect they may have COVID-19
- Patients with mild to moderate URI symptoms should be encouraged to receive care at home through telemedicine. Any regulatory barriers to the utilization of technology should be lifted on an emergency basis so that physicians can easily and immediately provide telecare to patients without delay or additional cost. The state should enforce parity and require payors to reimburse telemedicine and telephone appointments the same as in-person visits and should remove all contracting or other barriers for providers. Physicians should be able to start communicating with patients virtually by simply using the smart phone in their pocket, without delay.

- Home, “drive through” or other remote testing must be widely available throughout the Bay Area; patients with URI suspected for Covid-19 should have a means to be tested immediately without entering a healthcare facility and subjecting other patients and health care workers to possible exposure.
- Screening should occur prior to entry into critical health care facilities (EDs, acute care hospitals, long term care facilities, etc.).
- Any patient showing mild to moderate URI symptoms should be directed to self-isolate at home and seek care from a PCP through telemedicine or telephonically. Protocols should be established to ensure patients screening for a higher level of care are safely transported to a facility that is properly equipped per CDC guidelines.

We urgently need more testing capacity

- We still do not have readily available access to Covid-19 testing in our community despite announcements from elected officials that testing is available. Physicians in our community are reporting difficulty accessing testing.
- Supply chain issues need to be addressed to ensure adequate access to test kits
- Testing capacity and turnaround time need to be improved – commercial labs are backlogged with turnaround times up to 5 days, and physicians have reported having requests for tests declined
- We have also heard reports from physicians that turnaround time for testing is far too long, as much as five days. We need the ability to get rapid results in order to help mitigate spread.

We need clear, consistent guidance for providers managing suspect patients and referrals

- Most of the guidance issued thus far has been appropriately focused on containment, and there is a need for clear, practical guidance for outpatient practices reflect the growing realization that community transmission is occurring
- We cannot afford to lose our physician workforce - especially primary care physicians – for two weeks at a time. We need clear pragmatic guidelines on how long someone with a URI illness must be home quarantined after recovery, with or without a positive Covid-19 test.
- Local jurisdictions should be encouraged to adopt CDC guidelines allowing asymptomatic HCW to provide care, even if they have an exposure.
- There needs to be reasonable protective measures an office-based physician can take to minimize risk to patients and to themselves that will enable our physician workforce to provide vitally needed care without being sidelined unnecessarily.
- As already emphasized previously, a central strategy needs to be keeping mild to moderate URI patients at home and out of health care facilities.
- Physicians—particularly independent community physicians—need better guidance on Covid-19 procedures, including when patients should be sent to hospitals or other local health care facilities for further testing.
- Physicians need clear, consistent guidance on what to instruct patients who are tested for Covid-19 and their families/household members to do while awaiting test results.
- For those who are simply unable to stay home when they are not feeling well, we need guidance on what to instruct patients to do to minimize risk to others

We need enough ventilators and general ICU resources to manage the most severe cases

- The World Health Organization has warned that such shortages have already occurred in hard-hit areas such as Italy and China, forcing triage and increasing mortality
- A new survey of American emergency physicians highlights this as a primary concern here as well, especially as hospital beds have consolidated and decreased
- We urge that every hospital be urged to devote the necessary equipment and Human Resources to planning for this scenario and that regional cooperation among local hospitals and clinics be prioritized so that these most urgent needs can be most optimally deployed

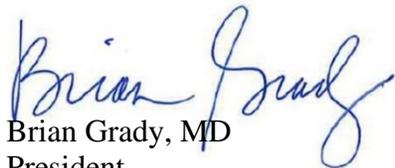
We also believe our efforts would be far more effective if all Bay Area counties followed a uniformly proactive and aggressive approach rather than continuing to wait and see. Community spread of a transmissible virus is not going to be confined by county lines. We believe the virus is likely more widespread than reported number suggest since we don't have adequate testing capacity to know how many cases there are. If you have questions about this letter, please contact us or Joseph Greaves, ACCMA Executive Director, at 510-654-5383 or jgreaves@accma.org.



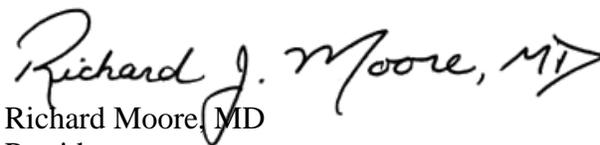
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