



# MICHIGAN ORTHOPAEDIC SOCIETY

## COVID Position Statement and Guidelines

Dear MOS Members,

According to our mission statement, the Michigan Orthopaedic Society (MOS) is a professional organization for orthopaedic surgeons in the state of Michigan. Representing over 600 physicians, the association strives to serve our orthopaedic professionals and to advance the highest quality musculoskeletal care through educational programs. The Michigan Orthopaedic Society participates in the legislative process by promoting the involvement of orthopaedic surgeons in grassroots advocacy efforts to promote public policies that ensure high quality care for our patients.

The vision of the MOS has been to become and remain one of the nation's premiere Orthopedic Medical Societies by executing a strategic plan focusing on membership, health policy, professional education, public education, practice management, diversity, and in unprecedented times such as these, with the COVID-19 pandemic, **PROMOTING UNITY.**

COVID-19 is a novel respiratory disease causing serious illness or death on a scale few, if any of us, have ever seen. As this specific virus was not previously identified in humans, we struggle to understand the novel pathophysiology of the disease, how and why it is so infectious and deadly, and more importantly how to treat and prevent the virus from its continued and utter devastation on the human race on a global pandemic level.

The first COVID-19 case in the United States was announced by the CDC on January 21, 2020, in Everett, WA. Although the pandemic had taken hold of Asia and also Europe, this was the beginning of the pandemic on United States soil. On March 10, 2020, the Michigan Department of Health and Human Services identified the first two presumptive positive COVID cases in Michigan, which triggered a state of emergency proclamation (Executive Order 2020-04) by Governor Gretchen Whitmer on the same day. Initial business and school closures were mandated on March 16, 2020, and this was followed by **Executive Order 2020-17** which put restrictions on non-essential medical and dental procedures. Non-essential services were closed on March 23, 2020 and a Stay at Home order was issued on March 24,

2020. Terms such as “social distancing” and “flatten the curve” became household terms overnight.

As Michigan saw its COVID cases rise, the stress on the hospital systems quickly outpaced our resources, including personal protective equipment (PPE), hospital beds, ICU beds, and precious ventilators. In order to keep patients and providers safe and healthy, and to preserve hospital resources and the PPE supply chain, what we saw was an unprecedented and widespread shutdown of all elective patient care. This placed many of our patients in a state of limbo, where they struggled with untreated disease states, undiagnosed conditions, or known conditions needing surgery that could not be done. Essentially, the national COVID-19 pandemic shutdown the US healthcare sector, which typically accounts for 18% of the United States Gross Domestic Product (2016).

We are physicians first and orthopedic surgeons second. As physicians in this COVID-19 pandemic, we are all part of one group that believes to “do no harm” and puts the care and treatment of our patients as our top priority. Although we are orthopedic surgeons, the compliance with the shut down of non-essential medical procedures was necessary to support our colleagues on the front lines and direct precious resources (PPE, ventilators) to the front line medical providers.

As we look to the future, there still needs to be access to musculoskeletal care for our patients. This need has not changed. Physicians need to control this process and do what is right for our patients. This historic pandemic required a historic move by our legislators, who have worked to keep the citizens of Michigan safe, but now we need to continue this historic move by working with our government to bring musculoskeletal care back to the high level the Michigan Orthopedic Society has been promoting for over 90 years.

### **Understanding Our Priorities**

The purpose of this statement is to provide guidelines for helping Michigan’s orthopedic system safely begin to ease restrictions, and safely increase elective patient care and surgery, while the COVID-19 pandemic stabilizes and hopefully resolves.

The things at risk are not only our practices (private or academic), but our employees and most importantly our patients. We must take into account what the liability of the surgeon or the hospital is if patients or ancillary staff are exposed to COVID-19 and become ill.

The State of Michigan Executive Order 2020-17 states, *“To mitigate the spread of COVID-19, protect the public health, provide essential protections to vulnerable Michiganders, and ensure the availability of health care resources, it is reasonable and necessary to impose temporary restrictions on non-essential medical and dental procedures.”*

It further goes on to say there is the “*need to temporarily postpone, until the termination of the state of emergency under section 3 of Executive Order 2020-4, all non-essential procedures (“non-essential procedure postponement plan” or “plan”). For purposes of this order, “non-essential procedure” means a medical or dental procedure that is not necessary to address a medical emergency or to preserve the health and safety of a patient, as determined by a licensed medical provider.*”

Although the Executive Order does state in the next paragraph that at a minimum, facilities must postpone joint replacements, the onus is still on the **licensed medical provider** to preserve the health and safety of the patient.

In this light, in order to avoid threatening access to musculoskeletal care and in order to keep our offices financially solvent and open to our patients, we believe we can safely return to practice according to Federal, State, and Local guidelines with the following priorities.

We understand that there are significant differences in disease incidence and prevalence not only in the Nation but within our State. This can lead to situations where one group of surgeons is experiencing the brunt of the COVID-19 pandemic with limited resources and another group is almost unaffected. In all situations, our first priority is the safety of our patients.

As leaders of our orthopedic team, our second priority is the safety of health care personnel and staff that support us in our endeavors. We need to unify behind and adhere to the guidance from the Centers for Disease Control and Prevention (CDC), and all relevant rules and recommendations on the Federal, State, and local public health levels.

Our decisions for returning to musculoskeletal care, both in the office and with surgeries of all types should take into account our local factors of the COVID-19 pandemic, including the local and regional COVID-19 incidence and prevalence, staff risk factors, our community needs, and resource availability (hospital beds, ICU beds, ventilators, and PPE). The licensed orthopedic medical provider(s) in solo or as a group, must determine if the pattern of COVID-19 disease is increasing, flattening, or decreasing.

We must ask ourselves, has our geographical area seen a sustained reduction of new COVID cases over a substantial amount of time? Are our patients in our geographical area able to access care and testing if needed? Are we able to conduct active monitoring of confirmed or suspected cases adequately? Are we able to identify if our patients have undergone COVID-19 testing? We also need to adequately factor in treatment options and complication of patients with a higher risk of severe consequences from COVID-19.

The considerations before moving forward with in-person services and elective surgery must be based on safety, urgency (even of elective procedures that have been postponed), and resource considerations.

## **Recommendations**

The following are the recommendations from the Michigan Orthopedic Society for helping Michigan's orthopedic system safely begin to ease restrictions, and safely increase elective patient care and surgery:

1. We recommend complying with State and Federal regulations. These include the Centers for Medicare and Medicaid Services (CMS), CDC, American College of Surgeons (ACS), and the US Surgeon General. We need to be respectful of the guidance and orders of our local, state and federal health and government authorities, who are working in an unknown situation with an unknown outcome. Lets promote UNITY!
2. We recommend that the safe return of musculoskeletal care be determined by the individual orthopedic surgeon on a case-by-case basis with each patient, based on their specific disease process, how long they have been waiting for care, and what the final outcome of that disease process would be with and without proper orthopedic treatment. Any guidelines of that specific surgeon's home institution or hospital system also must be weighed into the decision.
3. We recommend keeping the concept of medical resources at the forefront of our decision-making process. Resources are the issue. There needs to be adequate PPE and a supply chain to keep up with those needs. We need to be respectful of the safety of providers and healthcare workers, in that the PPE supply chain needs to be robust, as a second surge of COVID in our community is a distinct possibility.
4. We recommend evaluating our staff resources and facilities. Are adequate personnel able and available to provide health care services for a safe surgical intervention? Along this line, are facilities able to safely treat patients without crisis standards of care, and are there sufficient beds to treat those patients?
5. We recommend pushing for more extensive testing of physicians, our support staff, and patients, especially for procedures done in the hospital setting.
6. We must pave the way for continuation of best practices, including maximizing social distancing and minimizing interactions with family and friends to the most significant possible. We must follow these social distancing rules and support them until the COVID-19 pandemic has passed or is under sufficient control.
7. The return of musculoskeletal care in Michigan will most likely be phased in based on geographic region. There is still much work to be done in this area. We recommend being respectful of geography, understanding that the rates and trajectory of the diagnosis of COVID-19 are the determinant of that "geography". Different regions in the State of Michigan have been affected differently by the pandemic and each region will likely develop different strategies for returning back to normal musculoskeletal care.
8. We recommend following our specific regional COVID-19 case trajectory rates. This will allow us to be respectful our specific community and health

- care resources and the prevalence of COVID-19, yet take into account the morbidity of delaying orthopedic care (inpatient or outpatient) to a time where we could expect COVID-19 to be less prevalent in that community. In this light, we also need to be respectful of patient comorbidities (including but not limited to diabetes, obesity, smoking, hypertension, and cardiovascular disease), and that early cases should lean towards those with fewer risk factors.
9. Finally, we recommend working hand in hand with our hospital and/or surgery center administrators. We all want what is best for the patient. We need to communicate our concerns about providing musculoskeletal care in terms of the patient's diagnosis, acuity of diagnosis, available PPE, safety of staff, and the environmental setting.

### **Final Comments**

As representatives of the Michigan Orthopaedic Society, we feel the health and safety of our members and their families is of paramount importance. The resumption of safe musculoskeletal care in the face of this COVID-19 pandemic is not only an ethical issue of treating the sick and injured, but it is an important socio-economical one. This is a time to be patient and nimble, as events continue to change very rapidly. Cooperation among health care providers and systems is critical to the long-term success of recovery. We need to aggressively use universal precautions and PPE, closely monitor the COVID-19 disease state and work with local, state and national governments to get data on the pandemic curve. Then in cooperation with our local healthcare systems and taking into account our colleagues on the front lines, work on a phased approach to safely increase musculoskeletal patient care in Michigan.

Respectfully,



James Bicos, MD  
President, Michigan Orthopedic Society

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**Links to relevant websites:**

CMS: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

AAOS: <https://www.aaos.org/about/covid-19-information-for-our-members>

ACS (American College of Surgeons): <https://www.facs.org/>

State of Michigan Executive Orders: <https://www.michigan.gov/whitmer> (click on News at the top and then Executive Orders)