



Reopening Massachusetts Health and Human Services

May 2020

During the COVID-19 public health emergency to date, in order to ensure Massachusetts' health care system had the capacity to address the pandemic, some health care services and procedures needed to be limited or put on hold temporarily, while many services were conducted remotely using telehealth. Emergency services and other essential health and human services continued during this time.

As of May 18th, the Commonwealth is issuing new guidelines to hospitals and health care providers in accordance with the state's four-phase reopening plan, to allow some non-emergency procedures or deferred care that may now need attention. Hospitals and Hospital-Licensed and Federally Qualified Health Centers may begin this reopening starting on May 18th, and all other providers may begin starting on May 25th.

Only a limited set of in-person services will resume, including:

- **High-priority preventative services** including pediatric care, immunizations and screenings for at risk patients
- **Urgent procedures** for conditions that, if left untreated, would lead to high risk or significant worsening of the patient's condition, based on the provider's clinical judgment

To begin offering these in-person services, **providers must attest that they are able to deliver these services safely while preserving the healthcare system's ability to treat COVID-19.** This includes specific safety standards such as social distancing, personal protective equipment use, and infection control.

In this phase, providers will continue to maximize telehealth and provide services virtually whenever possible. Individuals with non-emergency health needs should **call their health care provider**, who will **use their clinical judgment to determine** if a procedure or service should be done in person in the immediate future

The state will evaluate when this limited roll out can be safely modified to expand services in the subsequent phases of the reopening to include:

- **Broader in-person preventative services** (e.g., dental cleanings)
- **Day programs** (e.g., Adult Day Health, Day Habilitation, and other human service supportive day programs)
- By the last phase of the reopening, all healthcare services may reopen with guidelines in place

Examples of in-person services that should start in Phase 1

Types of Services	Examples
High priority preventative visits that lead to high risk if deferred such	Pediatric visits; chronic disease management visits for high risk patients; placement of implantable contraception
Diagnostic procedures where delay would lead to high	Mammograms for women with prior concerning findings; biopsy for concerning lesions/ potential cancers
Physical exams for new concerning symptoms	In-person examination for chest pain, blurred vision, breast lump
Medical procedures that if deferred lead to substantial worsening of condition	Removal of malignant skin lesions; orthopedic procedures for significant functional impairment
In-person visits for high risk behavioral health and/or social disorders	Substance use disorder treatment and Medication Assisted Treatment
Rehabilitation where delay would lead to significant worsening of condition	Rehab for post stroke patients or severe traumatic injuries; post-operative physical therapy

Examples of of in-person services that should NOT start in Phase 1

Types of Services	Examples
Preventative visits that do not lead to high risk or significant worsening if deferred	Routine annual exams for adults, screenings (e.g., 10-year colonoscopy, 2-year mammogram), routine eye exam, dermatology exams for low-risk patients
Diagnostic procedures that do not lead to high risk or significant worsening if deferred	Blood draws for routine monitoring of chronic disease
Medical procedures that do not lead to high risk or significant worsening if deferred	All cosmetic surgeries, bariatric surgery, other elective procedures including most elective joint replacement or back surgeries, ear tube placements, tonsillectomies, cataract procedures for individuals not at high risk
Behavioral health care that is low risk or group	Day programs and in-person group therapy and visits, routine consultations or consultations that can otherwise be done via telehealth
Dental procedures that do not lead to high risk or significant worsening if deferred	Routine dental cleanings
Rehabilitation services that do not lead to high risk or significant worsening if deferred	Most physical therapy and chiropractic care