



# Department of Health

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**To:** Healthcare Providers and Local Health Departments

**From:** New York State Department of Health (NYSDOH)

## **HEALTH ADVISORY: Ensuring Access to Health Care Services During COVID-19**

**Please distribute to the Chief Medical Officer, Family Medicine and Pediatric Departments, Director of Medicine, Director of Nursing and all primary care clinics.**

### **SUMMARY**

- It is critical to maintain access to health care services during the COVID-19 public health emergency, including routine preventive care and follow-up services.
- Healthcare providers should continue to ensure infection prevention and control measures are in place to prevent the spread of COVID-19.
- Healthcare providers should contact patients who may have missed routine preventive care or follow-up appointments during the COVID-19 public health emergency, including ensuring children, adolescents, and adults receive doses of recommended vaccines they may have otherwise missed.

### **BACKGROUND**

- Healthcare services and doctor's offices are considered essential, and except for elective surgeries, have not been subject to in-person workplace reductions during NY on Pause.
- NYSDOH issued [guidance](#) encouraging utilization of telehealth, when possible and appropriate, during the COVID-19 public health emergency. However, in-person health care services, including routine preventive care and follow-up for direct examination and/or treatment needs, including vaccination, should not be postponed.
- Access to preventive health care services is important to decrease the risk of negative health outcomes and outbreaks of vaccine preventable diseases that could overwhelm our healthcare system and endanger New Yorkers.
- On April 6, 2020, the [Centers for Disease Control and Prevention](#) (CDC) released guidance on delivery of adult clinical preventive services, including immunizations.
- The NYSDOH, CDC, American Academy of Pediatrics (AAP), and American Academy of Family Practice recommend maintaining routine childhood immunization during the COVID-19 public health emergency.
  - On May 8, 2020, CDC published data demonstrating a notable decrease in Vaccines for Children (VFC) vaccines ordered and administered in the United States during January 6, 2020 through April 19, 2020, compared with the same time period in 2019.

- New York State VFC orders, outside of New York City (NYC), declined by 55% in April 2020 compared to April 2019; doses of pediatric vaccines administered in NYS outside of NYC dropped by approximately half in late March through mid-April 2020, compared to the same time period in 2019.

## **STRATEGIES TO SAFELY ENSURE ACCESS TO HEALTH CARE DURING THE COVID-19 PUBLIC HEALTH EMERGENCY**

Healthcare providers must continue to ensure infection prevention and control measures are in place to prevent the spread of COVID-19. This requires deploying multiple strategies, including:

- Strategies to separate well individuals from sick individuals. Strategies may include:
  - Scheduling well visits in the morning and sick visits in the afternoon;
  - Scheduling visits based on patient-risk factors for COVID-19 severe outcomes, and schedule those at highest risk earlier in the day;
  - Separate patients spatially, such as by placing patients with sick visits in different areas of the clinic or another location from patients with well visits;
  - Collaborate with providers in the community to identify separate locations for holding well visits;
  - Request that patients remain in their cars while waiting for their appointment and call them directly into an exam room once ready;
  - Implementing triage before entrance into facilities (e.g., phone triage, parking lot triage, front door triage);
    - Provide patients who screen positive for symptoms or COVID-19 risks factors with a facemask to cover their nose and mouth; and
    - Bring such patients to a private room immediately.
  - Restricting or limiting individuals that accompany patients based upon need to support the patient during the in-person evaluation (e.g., pediatric patient, patient with dementia, patient with developmental disabilities, patient with limited ability to walk) to reduce transmission;
  - Providing necessary infection prevention supplies in patient accessible areas (e.g. tissues, waste receptacles, alcohol-based hand sanitizer containing at least 60% alcohol);
  - Placing waiting room chairs 6 feet apart when possible. Consider use of physical barriers such as screens;
  - Removing any toys, reading materials, or other communal objects, or clean and sanitize such items between each use.
  - Designating staff who will be responsible for caring for suspected or known COVID-19 patients and ensure they are trained on infection prevention and control recommendations for COVID-19 and the proper use of personal protective equipment.
- Strategies to reduce transmission among health care personnel, including:
  - Requiring health care personnel to wear medically-appropriate facemasks at all times while on duty. Exceptions include while eating, sleeping, communicating with people who read lips, modelling speech as part of speech therapy, and when an N95

- respirator or other respiratory protection is indicated. Masks may be worn until wet, soiled, or potentially contaminated.
- Implementing health checks for all healthcare personnel and other facility staff at the beginning of each shift and every 12 hours while on duty.
    - This includes all healthcare personnel and facility staff entering the facility regardless of whether they are providing direct patient care.
    - Healthcare personnel and other facility staff entering the facility with symptoms consistent with COVID-19 or with  $T \geq 100.0$  F should be immediately sent home. Healthcare personnel and other staff who develop symptoms or fever while in the facility should also be immediately sent home.
  - Follow [CDC](#) and [OSHA](#) guidance for cleaning exam rooms and areas between patients and sessions.

Standards of care should be based upon relevant specialty society COVID-19 recommendations and in accordance with [New York State directives](#), including those for COVID-19 testing, PPE, and prioritization of procedures protocols.

## **BEST PRACTICES TO CONTACT PATIENTS**

- **Identify patients who have missed routine preventive care or follow-up services** in the previous 2 months, using your practice's electronic health record and call or send letters requesting them to reschedule these appointments as soon as possible.
- **Communicate with patients** plans you intend to implement to minimize the risk of COVID-19 transmission in the office. This will further reassure patients that seeking routine health care services is safe.
- **Identify patients who have missed immunizations** due to the public health emergency, using your practice's electronic health record or the NYSIIS Reminder/Recall function. The Reminder/Recall function in NYSIIS can be used to generate standard or custom reminder letters, mailing labels, or lists of patients in your practice due or overdue for vaccines.

## **RESOURCES:**

- NYSDOH COVID-19 Guidance for Healthcare Providers:  
<https://coronavirus.health.ny.gov/information-healthcare-providers>
- American Academy of Pediatrics COVID-19 Clinical Guidance Q&A:  
<https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>
- American Academy of Family Physicians COVID-19: Guidance for Family Physicians on Preventive and Non-Urgent Care  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/public\\_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf)