

De: Matt Hutter, ASMBS President, on behalf of the Executive Council president@asmbs.org
Asunto: COVID-19 Updates to ASMBS Members
Fecha: 23 de marzo de 2020, 9:31
Para: miguelfherrera@gmail.com



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Dear ASMBS Membership:

During these most challenging times due to COVID-19, we wish the best for all our patients, members and people with obesity who are at increased risk due to related comorbidities. Though most issues are regulated on a local level and with national guidance, and we are being inundated by information in that is evolving rapidly in this fluid situation, we would like to provide the following information that is relevant to our members:

1. **We are doctors and health care providers first**, and all should help out consistent with our training/experience in this crisis. This could mean helping with ICU care for some with that skillset or freeing up acute care/trauma surgeons to run the ICUs while we take care of the acute care/trauma surgical needs.
2. **Elective or non-urgent surgery.** Though decisions are being made at the local level with national guidance that continues to evolve, we encourage all to postpone non-urgent bariatric and endoscopic procedures. Doing so creates capacity for a surge and preserves Personal Protective Equipment for those who need it most. This is consistent with American College of Surgeons and CMS recommendations from 3/20/20 and 3/18/20. (See References below – 1,2)

3. **In the OR**, we advise all to consider the risks with **aerosolization** at the time of intubation and extubation and with the use of laparoscopy specifically due to the pneumoperitoneum, ultrasonic coagulating shears, smoke evacuation etc. There are data suggesting risks of viral transmission from aerosolization and all in the OR should be appropriately protected. (See References 3-7 below.)

4. **Telehealth**. It is important to use telehealth to support our patients and to keep them in the pipeline for eventual life-saving treatments. Rules regarding telehealth are changing nationally and locally, and currently many are allowing and reimbursing for telehealth via previously unsupported platforms like Zoom, WebEx, FaceTime and phone calls.

5. **Mandated programs**. We are reaching out to payers/insurers to assure that patients who are undergoing mandated programs do not lose time or get denied access due to the COVID-19. Special thanks to our [Access to Care Committee](#) and our partners at the [Obesity Action Coalition](#) for their efforts.

6. **MBSAQIP**— With regards to the MBSAQIP, we want to re-emphasize that telehealth is allowed for follow-ups and that there is currently no lock date for 2020 cases. Surgical Clinical Reviewers should be equipped to work remotely. A moratorium on site visits is being considered. We do not want to place sites, surveyors, or the program at risk. Definitive recommendations will be made shortly in conjunction with the American College of Surgeons. Finally, we want to assure programs that MBSAQIP will take into account the COVID-19 impact on bariatric surgery volumes given the current need to defer elective cases.

7. **Fellows.** We understand that COVID-19 is impacting the fellows' education and ability to achieve numbers needed for certification. We will take this all into consideration when making case volume requirements for this year's fellow.

8. **ASMBS Weekend/IFSO Miami.** The [ASMBS Weekend/IFSO](#) meeting in Miami scheduled for 7/28 to 8/1/2020 is currently still on, but as we get closer, we will provide additional updates.

9. **Protecting our frontline providers and our physician practices.** We are working with the Surgical Coalition, which is made up of leaders from the surgical societies, to work with regulators, payers and the government to:
 - a. ***Protect frontline physicians and providers:***
 - i. To ensure Physicians have the PPE they need
 - ii. To ensure Good Samaritans are protected when crossing state lines
 - iii. To prevent frivolous lawsuits from telehealth
 - b. ***Protect physician practices:***
 - i. Small business relief for physician practices
 - ii. Insure physicians have disability protections they need while answering the call for to treat patients
 - iii. Loss forgiveness for Bundled Payment for Care Improvements Initiative
 - c. **Suspension of the following to ensure that closure of independent physician practices is not an unnecessary consequence of the following:**
 - i. Suspension of budget neutrality for Medicare Physician Fee Schedule changes
 - ii. Suspend sequestration (the 2% annual Medicare budget sequestration).
 - iii. Suspend MACRA reporting requirements.
 - iv. Suspend Medical Student Loan Repayment.

Surgical teams have always provided leadership and cared for those in greatest need during times of crisis. This is such a time. We hope that all our members, and those they provide care for, remain safe.

A handwritten signature in black ink, appearing to read "Matt Hutter". The signature is stylized and cursive.

Matt Hutter, MD, President

On behalf of the ASMBS Executive Council:

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