

Position Statement

Access to Care During the COVID-19 Pandemic

This Position Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.

The first COVID-19 case in the United States was confirmed on January 15th, 2020. As COVID-19 began to reach across the United States in late February and early March, circumstances necessitated quick action to prevent and mitigate the spread of the disease. Federal, state and local governments issued a series of guidelines, recommendations, stay-at-home orders, and other legal requirements geared at protecting the public. Some of these issuances related to clinical considerations, such as delaying non-essential surgery.

As the pandemic has extended over the last several months with projections for a longer-term horizon, medically indicated care once deemed elective grows more urgent as patients continue to experience pain, disability and immobility. While telehealth services and digital health applications are an important tool for continuity of care and access, as well as preventing and mitigating the spread of COVID-19, they cannot fully address patients' needs. While nearly all states have eased previous restrictions and limitations on medically indicated time-sensitive surgery, many patients may still be at-risk or have experienced harm as a result of delays in their care. Specifically, progressively increasing access to specialist office care, medically indicated time-sensitive surgery, and other procedural care will be needed to address the backlog that has been created.

There are many Americans who became unemployed and may not be able or willing to seek out care because of the financial strain imposed on them and their families by this pandemic. The AAOS has long believed that everyone within the United States should receive access to health care coverage – including specialty care – without financial barriers or undue burdens placed on the patient or physician. The responsibility of financing appropriate health care services must be a shared public-private cooperative effort that advances a patient-centered model for choosing affordable health care options.

This becomes even more important, as Americans are faced with these unprecedented circumstances. We urge the Administration and respective federal, state, and local health care programs to take action to protect access to care for all Americans, particularly these at-risk individuals.

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