

March 26, 2020

The Hon. Michael R. Pence
Vice President of the United States and
Chair, The White House Coronavirus Taskforce
The White House
1600 Pennsylvania Ave, NW
Washington, DC 20500

Re: Pandemic COVID-19

Dear Vice President Pence,

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we would like to thank you and the Coronavirus Taskforce for your efforts to protect the American people from the economic, public health, and social impacts of the COVID-19 pandemic. The AAOS stands united in offering our clinical expertise and support to your efforts.

To this end, please find an earlier support letter in recognition of your call to triage elective surgeries, which can be found at: <https://www.aaos.org/about/covid-19-information-for-our-members/message-from-aaos-president/>.

As the COVID-19 pandemic continues to unfold, we urgently impress upon you the need to enhance existing efforts and enact additional steps to ensure the health, safety and well-being of the American people. As leaders in the medical profession, and on behalf of the surgical community, we would like to raise the following important concerns for consideration and adoption:

Access to Personal Protective Equipment (PPE) and Essential Medical Equipment

We understand that this is an area of utmost concern for you and that the Federal Emergency Management Agency (FEMA) is tasked with national responsibility for distributing PPE and essential medical equipment, such as ventilators. However, across the country, surgeons are reporting that the distribution of these essential items is haphazard and inequitable. We urge you to streamline the distribution process, create a centralized equipment coordination unit, and share distribution data on your website, as well as that of all coordinating agencies. This information should be regularly updated to ensure that medical professionals and their staff can plan accordingly. This is essential for physicians and other clinicians at the frontlines of patient care across the nation who are putting their own well-being at risk to save the lives of the sick.

Express Guidance for Emergency Surgery

We urgently need guidance on how to protect surgeons and clinical staff during emergent surgeries for infected patients or patients who are awaiting COVID-19 test results. Apart from adequate PPE and other essential equipment, our surgeons need timely evidence on spread and retention of the SARS-Cov2. Specifically, for orthopaedic surgery, we urgently need the following actions:

1. Electrocautery / laser smoke or other orthopaedic interventions (drilling, reaming, etc.) create aerosolized particles (virus) which represent a clear present danger to surgical teams. CDC guidance on the level of PPE required for the surgical team; surgeon, assistants, nursing and anesthesiology, which ensure surgical team safety, is immediately needed.
2. **We are also requesting that you coordinate, along with the Centers for Medicare and Medicaid Services (CMS) and the Center for Disease Control (CDC), a timely stakeholder phone call specifically for surgical team issues. Ideally, the call would include adequate time for surgical teams to ask questions and share best practices.**

Other Data Needs

We believe that we should gradually build up our predictive data capabilities regarding health care delivery needs with respect to COVID-19. Granular data preferably by county, region, state and nation will be extremely helpful for leaders of health systems, as well as political leaders. Retroactive data through early February 2020 is also needed. Simply measuring new and total cases will not be as predictive of future resource needs as would broader analyses that include data elements such as age, race, sex, comorbidities, immune status, marital status, activities (occupation, leisure activities), socioeconomic status, and access to medical care.

Thinking ahead: Issues Beyond the Pandemic

While we understand that the current focus necessitates responding to the present and evolving situation, we would like to share some thoughts for the months ahead. Given the current postponement of elective surgeries, we anticipate a significantly increased patient load once we are past the peak of this pandemic. Due to the immense disruption to the health care system, it is unlikely that operations will simply return to normal. AAOS believes a stratified framework for identifying patient risk should be developed. Using such guidance as clinical care and surgical procedures are resumed will benefit staff, patients, and the facilities at which we work. First and foremost, any framework must take into consideration the availability of health care resources.

We propose that this 'transition' plan take into consideration the following elements:

- Clinical urgency
- Patient health/risk
- Staff health/risk for exposure
- Resource availability/consumption/conservation
 - Staff
 - Facility beds
 - Supplies (including PPE)
- Other clinical and resource-based considerations as they appear

Again, we would like to express our appreciation for the efforts undertaken by you and your colleagues on The White House Coronavirus Taskforce. AAOS is committed to protecting the health, safety, and well-being of the American people during this unprecedented time. If you have any questions, please do not hesitate to contact Shreyasi Deb, PhD, AAOS Senior Director, Health Policy by email at deb@aaos.org.

Sincerely,



Kristy L. Weber, MD, FAAOS
President, American Association of Orthopaedic Surgeons

cc: Peter Navarro, PhD, Assistant to the President and
Director, Office of Trade and Manufacturing Policy
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William O. Shaffer, MD, FAAOS, Medical Director, AAOS
Graham Newson, AAOS Vice President, Office of Government Relations

Alabama Orthopaedic Society
American Association for Hand Surgery
American Association of Hip and Knee Surgeons



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American Orthopaedic Foot & Ankle Society
American Orthopaedic Society for Sports Medicine
American Society for Surgery of the Hand
Arizona Orthopaedic Society
Arkansas Orthopaedic Society
Arthroscopy Association of North America
California Orthopaedic Association
Cervical Spine Research Society
Colorado Orthopaedic Society
Connecticut Orthopaedic Society
Georgia Orthopaedic Society
Iowa Orthopaedic Society
Kansas Orthopaedic Society
Limb Lengthening and Reconstruction Society
Louisiana Orthopaedic Association
Maryland Orthopaedic Association Massachusetts
Orthopaedic Association Michigan Orthopaedic
Society
Minnesota Orthopaedic Society
National Association of Spine Specialists Nebraska
Orthopedic Society
North Dakota Orthopaedic Society
Ohio Orthopaedic Society
Oregon Association of Orthopaedic Surgeons
Orthopaedic Trauma Association
Pediatric Orthopaedic Society of North America
Pennsylvania Orthopaedic Society
Rhode Island Orthopedic Society
Scoliosis Research Society
Society of Military Orthopaedic Surgeons
South Dakota Orthopaedic Society
Tennessee Orthopaedic Society
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Utah State Orthopaedic Society
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Virginia Orthopaedic Society