To: Schwartz, David
Subject: RE: COVID-19 UCHealth and University of Colorado School of Medicine Guidance: Ambulatory Care High Risk Patients and Providers

From: Schwartz, David <DAVID.SCHWARTZ@CUANSCHUTZ.EDU>
Sent: Saturday, March 14, 2020 2:21 PM
Subject: COVID-19 UCHealth and University of Colorado School of Medicine Guidance: Ambulatory Care High Risk Patients and Providers

Hi.
See below UCHealth/SOM guidance for elective ambulatory high risk patients and providers. Please initiate this with your providers. The guidance for elective procedures should be coming soon. Let me kn ow if you have questions.
David

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Subject: FOR DISTRIBUTION: COVID-19 UCHealth and University of Colorado School of Medicine Guidance: Ambulatory Care High Risk Patients and Providers

Clinical Leaders:
We know that there have been a number of questions and concerns regarding potential risks to patients and to providers who may be at higher risk regarding COVID-19 infection. CU School of Medicine, CU Medicine and UCHealth leadership have jointly developed the following guidance regarding: 1) ambulatory care appointments; 2) high risk providers.

Non-urgent or Routine Ambulatory Clinic Appointments
This communication is to provide clarity related to the scheduling/canceling of patients in the ambulatory setting. Procedural areas should reference the separate communication regarding scheduling/canceling of elective procedures.

Non-urgent or routine ambulatory clinic appointments should be deferred or changed to virtual visits for patients who:

- Are age >/= 65
- Lives in residential facility or group setting (e.g. e.g dorms, fraternities, sororities, shelters, jail, prison, skilled nursing facilities, adult family homes)
- Heme malignancy or Solid malignancy on chemotherapy
- Solid organ transplant
- Advanced HIV (CD4 count < 200) or AIDS
- Immune deficiencies or condition requiring treatment with immunosuppressive agents (common examples here):
    - Prednisone >0.5mg/kg or equivalent (≥ 40mg prednisone or equivalent in patients 70 kg and above)
    - Thymoglobulin in last 6 months

        - Alemtuzumab in last year
        - Rituximab in last 6 months
        - TNF-α inhibitor in last 3 months (e.g. infliximab, etanercept, golimumab, adalimumab, certolizumab)
        - Calcineurin inhibitors (tacrolimus and cyclosporine – excludes topical/ophthalmic administration routes)
        - mTOR-inhibitors (everolimus, sirolimus – excludes topical routes)
        - Mycophenolate, azathioprine, cyclophosphamide in the last 1 month
        - Belatacept in past 2 months
        - Eculizumab in last 6 months
    - Have chronic underlying health conditions, e.g.: ESRD, CHF, Chronic lung disease (e.g. pulmonary hypertension; on supplemental oxygen), uncontrolled diabetes (Hgb A1c > 9)
    - Pregnancy

Clinical situation and needs of the patient should be considered in determining the best approach to individual patients.

Work policy for providers who are in a "high risk" group

Providers and staff who have any of the following characteristics are considered "high risk":

- Are age >/= 65
- Lives in residential facility or group setting (e.g. e.g dorms, fraternities, sororities, shelters, jail, prison, skilled nursing facilities, adult family homes)
- Heme malignancy or Solid malignancy on chemotherapy
- Solid organ transplant
- Advanced HIV (CD4 count < 200) or AIDS
- Immune deficiencies or condition requiring treatment with immunosuppressive agents (common examples here):
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    - Mycophenolate, azathioprine, cyclophosphamide in the last 1 month
    - Belatacept in past 2 months
    - Eculizumab in last 6 months
- Have chronic underlying health conditions, e.g.: ESRD, CHF, Chronic lung disease (e.g. pulmonary hypertension; on supplemental oxygen), uncontrolled diabetes (Hgb A1c > 9)
- Pregnancy

Providers who have any of these high-risk conditions may be excused from providing direct clinical care to patients who have confirmed or suspected/are under investigation for COVID-19. These providers should continue to provide clinical care to patients who are not under investigation for or have confirmed COVID-19. Opportunities to provide care via virtual visits may also be a viable option for providers.

Any changes to usual clinical responsibilities must be approved by the relevant Service Line Chief, Division Head or Department Chair. Service Line Chiefs, Division Heads and Department Chairs are responsible for assuring that clinical service needs continue to be met.

All UCHealth and CU Medicine PPE policies, protocols, and recommendations for providing care for patients with infectious diseases are designed to protect all healthcare workers, regardless of their age, health or pregnancy status. These PPE policies, protocols and recommendations should be followed regardless of risk category.

For PPE conservation and to minimize exposure, all services should minimize the number of people who go into patient rooms. Clinicians should only enter the room if it is essential for clinical decision-making.

Please contact Jean Kutner (jean.kutner@cuanschutz.edu) or Anne Fuhlbrigge (anne.fuhlbrigge@cuanschutz.edu) if you have any questions regarding this guidance.

Thank you,
Jean Kutner, MD, MSPH
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Associate Dean of Clinical Affairs, University of Colorado School of Medicine

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Please note that my ucdenver email has address changed to jean.kutner@cuanschutz.edu .
Please update address books and records accordingly.

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