

March 18, 2020

LaQuandra Nesbitt, MD
DC Health
899 North Capitol Street NE
Washington, DC 20002

Dear Dr. Nesbitt -

First, I want to thank you for your department's briefing on COVID-19 with physicians on Friday, March 13. This level of openness with the physician community is a model MSDC emulated with our two physician virtual townhalls. Your example of encouraging good epidemiological practices in the District is a great reflection on why physicians as leaders are ideal in a public health crisis.

At your request, MSDC has been compiling the most commonly asked questions to give your department ideas on where guidance is needed. MSDC has done this through its COVID-19 webpage (msdc.org/physicians/coronavirus-information), two successful virtual townhalls open to all physicians, and through one-on-one conversations with physicians. Attached is more in-depth guidance we are sharing but below is a brief description:

1. Physicians, but especially private practice physicians, are gravely concerned about their inability to do screening test and treat patients with COVID-19, and at the same time protect other patients and staff from transmission. This is due to lack of protective equipment, vague guidance from CDC on best epidemiological practices for office settings, and lack of staffing in instances of ill staff.
2. Physicians are also concerned about how to evaluate patients without symptoms or symptomatic non-COVID-19 patients. This problem is exacerbated by the long period of symptom-free transmission from patients and for the lack of global testing in non-symptomatic patients exposed to COVID 19. We have had numerous conversations with offices unsure how to help patients that have been in contact with a COVID-19 patient in their offices or clinics.
3. There are lingering financial and practice concerns due to multiple visits cancellations, lower payment of telehealth visits, non-urgent procedures cancellations and fear of an infection among staff or even exposure. Losing even one staff person for an extended period can be crippling to a practice and force them to stop helping patients.

While we know DC Health is unable to solve all of these issues, and in the coming days more resources will be available, we offer the following suggestions which are more deeply detailed in the attachment:

- DC Health should create remote testing centers or high throughput testing where physicians can refer patients needing to be tested for COVID-19. This will lessen exposure in physician offices.
- Even though CDC has general guidelines, DC Health should offer specific guidance for physician offices on how to deal with patients potentially exposed to COVID-19. MSDC can assemble a group of experts to help with this guidance.
- DC Health should create a plan to convert non-working hospitals and buildings in the city into temporary hospitals or medical facilities dedicated to testing and to treatment of Covid 19 patients. These facilities can be staffed with temporary medical professionals, such as retired or non-practicing physicians. Again, MSDC can assist with this process.

We look forward to continuing serving as a resource during this public health emergency and look forward to the time when DC's response will be an example of how public-private partnerships can work together in the most unsettled times.

Sincerely,



J. Desiree Pineda, MD, FACP
President, MSDC