

Pandemic delays to elective procedures cause difficulties for hospitals, surgeons, and patients

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As the possibility looms that more states will again pause elective surgeries, hospitals and physicians face steep financial losses, while patients must cope with increased stress and anxiety.

Elective surgery, meaning procedures that do not have to be performed immediately, includes operations that are done to save a patient's life but can be scheduled in advance because they are not emergencies. Many states issued orders in March pausing most elective surgeries as the coronavirus spread. Most lifted those orders in April.

Thus far, Texas is the only state to reimpose a pause on elective surgery. In late June, Gov. Greg Abbott paused elective procedures for eight Texas counties. He increased that to more than 100 counties on Thursday, as coronavirus cases surged and available intensive care unit beds [declined](#).

Yet, as coronavirus infections surged in recent weeks, many hospitals voluntarily suspended certain elective procedures to ensure that they had enough capacity to handle COVID-19 patients.

On June 29, Arizona activated "crisis of care" standards for hospitals to handle the virus surge. The next day, Valleywise Health in Phoenix decided to shut down all non-essential elective surgeries beginning on July 1, according to Dr. Ross Goldberg, vice-chairman of the Department of Surgery for Valleywise. Goldberg, a general surgeon and the president of the

Arizona Medical Association, also said, "Other hospitals are doing things like not adding anything new to the schedule, just doing what was already on the books."

At the start of July, Jackson Health System, Memorial Healthcare, and Baptist Health in southern Florida limited certain inpatient surgeries. A week later, the Tampa-area HCA Healthcare and James A. Haley Veterans' Hospital followed suit.

Most hospitals experienced large financial losses during the first pause.

"The canceling of elective surgeries and procedures especially had a ripple and compounding effect," said Crystal Stickle, the interim president of the Florida Hospital Association.

The revenue that hospitals receive from surgery is substantial. Data from a Merritt Hawkins [survey](#) shows that, on average, hospitals received more than a third of their revenue from surgical procedures, although the survey did not ask about the exact amount received from elective surgery.

According to the American Hospital Association, hospitals nationwide [lost](#) over \$161 billion due to canceled services from March to June of this year. The study did not state how much of that was due to the suspension of elective procedures. Thirteen hospitals have closed down, and 29 have filed for bankruptcy in the first six months of this year.

Physicians often worried about their employees and patients during the pause.

Gov. Gavin Newsom paused elective surgeries for over a month in the Golden State beginning in March. This caused Dr. Scott Miller, a plastic surgeon and the founder of the Miller Cosmetic Surgery Center in La Jolla, California, to dip heavily into his practice's cash reserves.

“I’ve spent years fine-tuning my team,” Miller said. “You want to keep everybody, you want to take care of everybody, but I have my own family and my own savings — it was an anxious time.”

As states lifted restrictions, surgeons faced the new stress of dealing with a backlog of patients needing surgery.

“We take a month away, we’re not doing any cases for a month, so you’re taking a fair number of patients and saying we will operate on them later on,” said Goldberg. “Well, we’re still getting new referrals, and we’re seeing our normal influx of patients. So, we’re taking the group of patients we were going to operate on and putting them on top of the new patients we are seeing.”

To deal with the backlog, Dr. Goldberg said that Valleywise has started doing surgeries on Saturdays in addition to the ones it regularly does on Mondays, Wednesdays, and Fridays. Dr. Miller said that to deal with his backlog, he has begun performing surgeries at 6 a.m. instead of his usual 7:30 a.m. and will continue until 6 p.m. instead of the usual 5 p.m.

Both surgeons noted how stressful the delay was for some of their patients.

“I feel frustration for my patients,” said Dr. Goldberg. “No one wants this delayed. You get everything set up, you’re ready to go, and you’re in pain and discomfort. You want it taken care of, and now all of a sudden, you’re being told that we can’t do it right now, you’re going to have to wait.”

“We had patients who were here from out of state and even from out of the country,” Miller said. “A couple of patients had rearranged their schedule to have surgery. They had put everything else off and were ready to go, so it was a real inconvenience. They understood [the delay] on an intellectual

level, perhaps, but they were quite frustrated.”