Rescheduling routine follow-up for well patients

Last Friday, we decided that we will begin working this week to reschedule routine follow-up for well patients (at the discretion of the clinical team). We will revisit this decision every Friday.

There are two reasons to reschedule these patients:

1. **Patient safety.** A hospital environment is not the safest place to be for well patients. Although Wellness patients are seen at the Arnold clinic, they still come to the SCCA building for mammograms and blood work.

2. **Expand capacity.** Serving fewer routine patients will open capacity for providers to pitch in if other providers are unable to come to clinic.

Below is suggested messaging for TCs to use when calling patients to reschedule:

1. Due to the spread of the new coronavirus in our region, we are concerned about bringing patients who are doing well into a health care facility where exposure to the virus may be possible.

2. We would like to reschedule your visit for 2 weeks from now. At that point, we will have a better idea of the level of exposure in Seattle. We are also exploring serving our patients remotely via phone or Skype in the near future.

3. If you already made plans or for medical reasons believe you need to keep the scheduled visit, you will be seen.

We are working on a telehealth solution that may be available by the end of this week or early next. We are mindful of concerns regarding pushing too many patients into the future and the resulting capacity issues that this may generate.

Questions about delays in starting therapy

There have been questions about delays in starting therapy. For patients with current respiratory symptoms or fever, chemotherapy should be delayed according to the standards for their disease and treatment. Some considerations regarding this include:

1. We expect this problem to last weeks/months and not days.

2. We have two basic groups receiving chemotherapy:
   
   a. Patients receiving adjuvant curative chemotherapy: Delaying initiation of treatment beyond what was allowed in the trials’ guiding therapy may compromise their survival.

   b. Patients receiving palliative chemotherapy in the context of advanced disease: Delaying treatment risks patients missing the window of adequate PS. Keep in mind that there is evidence that patients being treated with established, beneficial chemotherapy are admitted to the hospital less frequently, thus exposing them to less risk of being in the hospital and reducing the burden that SARS-CoV-2 is putting on the system.

For these reasons, we do not recommend delaying therapy.