



Office of Governor Ron DeSantis
State of Florida
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

Scott A. Rivkees, M.D.
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399

April 6, 2020

Re: Executive Order # 20-72

Dear Governor DeSantis and Doctor Rivkees:

The Outpatient Endovascular and Interventional Society (OEIS) respectfully offers to help clarify and better delineate permissible “non-elective” and urgent medical procedures that should be performed without delay during the period (to include any applicable extensions) covered by Executive Order # 20-72. We fully support your efforts to contain COVID-19, and see it as our duty to assist the Florida Department of Health in its efforts to better define the procedures that can be safely postponed versus those that should proceed without delay. Thus, we will herein offer evidence based clinical guidance when available coupled with expert panel opinion on the procedures and clinical settings where postponement is both safe and appropriate, remove ambiguity, and use our expertise to give our clinical colleagues better guidance.

OEIS is a national multidisciplinary professional medical society whose members are physicians who specialize primarily in Vascular Surgery, Interventional Radiology, and Interventional Cardiology. Our mission is “...to *improve the quality of healthcare through setting and adhering to professional quality standards*”. The commonality that binds these different specialties is that we all perform outpatient minimally invasive procedures using imaging (such as ultrasound and/or fluoroscopic/X-ray guidance) to direct our therapy. OEIS physicians perform outpatient procedures in many different settings, and we are primarily focused on the procedures performed in Office Interventional Suites (OIS), Ambulatory Surgery Centers (ASC), and to a lesser extent, in hospital outpatient departments. The overwhelming majority of these procedures are performed “percutaneously” through needle puncture access and avoid incisions and in most cases any general anesthesia. Most are performed with only local anesthesia or mild sedation which

allows both healthy and elderly or sick patients to undergo these procedures safely in an office setting and be safely discharged home on the same day after only a brief recovery period.

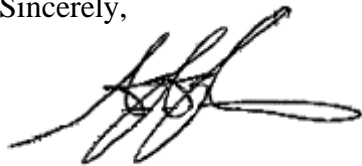
OIS performed procedures have proved extremely popular among patients and payors as it allows procedures to be performed in a comfortable setting, avoids the hospital, and costs less than the same procedure performed in a hospital. In many communities specialized OIS have become the Centers of Excellence for specific pathology such as those patients who are at risk of losing their legs from peripheral arterial disease and diabetic complications. Although an anesthesiologist may administer sedation, in the majority of these cases it is managed by the operating physician; therefore, no anesthesia and/or ventilator equipment or personnel is present during most OIS procedures resulting in a huge savings of resources which is especially important when confronting a threat like COVID-19.

Florida members of the OEIS are in a unique position to help render care to our patients who need urgent procedures and who may be adversely affected by a week, several weeks, or even months delay. Our unique ability to offer minimally invasive procedures in the outpatient setting is essentially a “force multiplier” as the COVID-19 crisis unfolds. Our ability to treat these patients in the OIS frees up critically needed resources at inpatient facilities and allows our overburdened hospitals to focus more of their resources on the victims of the coronavirus. Another potentially critical advantage is the ability of an OIS to limit patients’ exposure to known COVID 19 carriers who are expected to be present in the hospital in ever increasing numbers, and thus mitigate further spread to this vulnerable group of patients.

In keeping with the above, we are attaching a specific list of our most common procedures indicating the situations and clinical scenarios where we believe it would be clinically appropriate to either perform or postpone such procedures. We have also included comments on the consequences of delays in treatment. It is our hope that we would receive clarification from you regarding these recommendations, so as to provide guidance to our practitioners.

Medicine and patient care will always have grey zones. We firmly believe that ultimately the decision of whether a particular patient requires a particular procedure performed ought to reside with the treating physician. We also recognize the necessity of oversight and given this reality, particularly during this unprecedented medical emergency, OEIS is willing and offers to provide a panel of our experienced, board certified physicians to review cases and render an opinion on the appropriateness of pursuing or delaying a specific procedure included in our attached list of recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Niedzwiecki', with a long horizontal flourish extending to the right.

Gerald M. Niedzwiecki, MD
OEIS President