



P.O. BOX 549127 . WALTHAM, MA 02454-9127 • (781) 434-7731 • FAX (781) 464-4896 • MSO@MMS.ORG

PRESIDENT

Derrick T. Lin, MD, FACS
Boston

PRESIDENT ELECT

Alex Grilli, MD
Quincy

SECRETARY/TREASURER

Prerak Shah, MD
North Andover

PAST PRESIDENT

Theodore P. Mason, MD
Springfield

BOARD OF DIRECTORS

James Burns, MD
Boston

David Caradonna, MD
Boston

Sukgi Choi, MD
Boston

Robert W. Dolan, MD
Burlington

William Innis MD
Needham

John B. Lazor, MD, MBA
Quincy

Vijay K Nayak, MD
Lexington

Daniel I. Plosky, MD
Springfield

Pratik S. Pradhan, MD
Norwood

Peter Weber, MD
Boston

Mark Vecchiotti, MD
Boston

LEGISLATIVE CHAIRPERSON

Yolanda Troublefield, MD
JD, FACS
Dartmouth

**SOCIOECONOMIC &
GRASSROOTS
REPRESENTATIVE TO THE
ACADEMY**

Jeffrey Brown, MD
Woburn

AAO-HNS GOVERNOR

Theodore P. Mason, MD
Springfield

CHAPTER ADMINISTRATOR

Gayle Sommer
www.mso-hns.org

May 28, 2020

His Excellency Charles D. Baker
Governor of the Commonwealth of Massachusetts
State House
Boston, Massachusetts 02133

Dear Governor Baker,

The Massachusetts Society of Otolaryngology/Head and Neck Surgery, Inc. (MSO) appreciates your diligence and your administration's efforts during this pandemic. Our physician members share your concern for the health care economy. With otolaryngologists experiencing a 75% reduction in non-COVID-19 care nationally in March and April (Health Policy Commission, May 6, 2020), we are looking forward to working with you to safely resume nonessential elective invasive procedures in hospitals and ambulatory surgery centers as soon as possible.

While the March 15th Executive Order directing facilities in the state to cancel or postpone elective procedures was the correct one at the time, it has resulted in a pent-up demand of patients who have deferred needed care and are at increased risk of experiencing a negative clinical outcome. We were therefore very pleased that urgent elective procedures are allowed in Phase 1 beginning on May 25th as long as the community, hospital based and facility-specific standards are met, and in accordance with the physician's clinical judgement. With these safeguards in place, otolaryngologists can safely address our patients' clinical needs without further delay, and begin the slow process of reversing the disastrous financial impact that the closure has had on our patients and practices. We do, however, have some concerns with contradictory information contained in several Advisory Board Re-Opening documents, as they pertain to the practice of otolaryngology and procedures involving the ear, nose and throat.

Eartubes and tonsillectomies are specifically listed as not allowed during Phase 1: "Urgent elective invasive procedures do not include cosmetic surgeries, bariatric surgery, and other elective procedures including most elective joint replacement or back surgeries, ear tube placements, tonsillectomies, and cataract procedures for individuals not at high risk."

The American Academy of Otolaryngology (AAO) has issued guidelines which state that while tubes and tonsils may not be emergent or urgent, they are certainly time-sensitive and if not done in a timely manner, will result in a worsened patient outcome. As otolaryngologists know, and the AAO document points out, these procedures can be emergent in the setting of severe complications from ear infections or tonsillitis. Also, the risks of untreated sleep apnea, as well as risk of long-term conductive hearing loss in children in terms of speech delay, are well documented. The MSO, therefore, believes these procedures should not be singled out as purely elective procedures. See AAO guidelines below:

https://www.entnet.org/sites/default/files/uploads/guidance_for_return_to_practice_part_2_final_05122020.pdf

Dedicated to enhancing the quality of otolaryngological care in the Commonwealth of Massachusetts

Also, the focus on resuming pediatric care in all Advisory Board materials is clear, and with good reason. For otolaryngologists, the state directives prohibiting ear tubes and tonsillectomies, and resuming routine pediatric care, are contradictory, even given the caveat of reliance upon the physician's clinical judgement. For these reasons, the MSO encourages DPH to include ear tubes and tonsillectomies as allowed services, for all patients, not just those determined to be urgent or emergent. To do so would make Massachusetts consistent with the AAO guidelines and would clarify allowable elective procedures for otolaryngologists during Phase 1. If this is not possible at this stage of re-opening, the MSO would ask for such clarification in Phase 2.

The MSO stands ready to continue working with you and your administration, and the COVID-19 Advisory Board, to provide needed care during this extraordinary time. Please feel free to contact me, or have your staff do so, if there is anything that I or our members can do to assist you as we all face the enormous health and economic challenges of the COVID-19 pandemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Derrick T. Lin". The signature is fluid and cursive, with a large initial "D" and "L".

Derrick T. Lin, MD, FACS
MSO President