



WEBINAR



Adapting Your Practice

Practicing in the Pandemic “New Normal”

June 2020

Today's Panel



Dr. Ainslie Mihalchuk

Assistant Registrar
College of Physicians & Surgeons of Manitoba



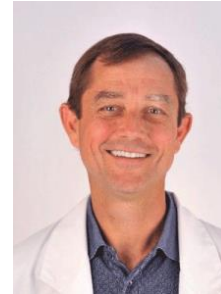
Dr. John Embil

Director, Infection Prevention & Control, HSC
Professor, University of Manitoba
Infectious Disease Specialist



Dr. Alon Altman

Gynecologic Oncologist
Associate Professor, University of Manitoba
Chair, University Medical Group



Dr. Eric Lane

Family Physician / CTU Preceptor
C.W. Wiebe Medical Centre
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Ian Foster

Medical Remuneration Officer
Doctors Manitoba



Keir Johnson

Director, Communications & Strategy
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Today's Agenda

1. Doctors Manitoba Update
2. Professional Obligations During the Pandemic (Dr. Mihalchuk)
3. Tips from Peers (Dr. Altman, Dr. Lane)
4. Infection Prevention & Control Advice (Dr. Embil)
5. Responding to Patient Expectations (K. Johnson)
6. Billing Advice (I. Foster)
7. Discussion and Q&A





Practicing in a Pandemic

Dr. Ainslie Mihalchuk MD CCFP FCFP, Assistant Registrar
College of Physicians & Surgeons of Manitoba

Thank you!

to our members who have and continue to work tirelessly to serve Manitobans and provide safe care during the COVID-19 pandemic

Duty to Provide Care

Members have an
ethical obligation to provide
medical services during a
pandemic

- CMA code of Ethics and Professionalism
- CPSM Standards of Practice
- Common Sense

Duty to Patients and Colleagues

Recent case in New Brunswick with physician who infected others with COVID-19

- ▶ Duty to colleagues with **mandatory self-isolation period** (impact of your absence)
- ▶ Duty to patients to ensure **care/coverage in place**
- ▶ Expectation to follow **Shared Health Requirements** regarding travel and self-isolation

Virtual Medicine


- ▶ Important method for care delivery
 - Doctors Manitoba
 - CMPA
- ▶ **Appropriateness**
 - Risk of harm to patient
 - Delays impacting health outcomes
 - Ability to assess problem adequately
 - Risk of illness/exposure
 - Impact on health system/resources/services
- ▶ Expectation that there is an ***in-person alternative available***

Complaints

- ▶ **No complaints** reported to date related to **virtual medicine**
- ▶ Caution:
 - Early times in the wide spread use of virtual care and often there is a **lag** in reporting
- ▶ **Encouraging** thus far...

Resumption of In-Person Care

Considerations:

- What is the **best option** for care for this patient and their condition at this time?
 - Would further **delay** cause **harm**?
 - Are there **exposure/transmission risks** for this patient or others?
What about their caregivers or companions?
 - Are you able to **offer safe care** and follow the Shared Health Requirements for PPE, social distancing etc?
 - What is the **impact on the Health System** and/or other resources or professionals with limited availability?
- 

Treating Self and Family

CMA Code of Ethics and Professionalism

“Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to **minor or emergency interventions and only when another physician is not readily available**; there should be no fee for such treatment.”

- ▶ *Includes accessing personal health information*

Physician Health

- ▶ Health and Wellness of members is an issue of patient safety
- ▶ Increased reporting and voluntary medical LOA from practice during COVID-19



- ▶ **Duty to report** (self, patient, colleague)
- ▶ Non-punitive
- ▶ Goal is **return to practice** when **safe**

Adapting Your Practice

Perspectives from a Specialist



Dr. Alon Altman

Gynecologic Oncologist

Associate Professor, University of Manitoba

Chair, University Medical Group



Adapting Your Practice

Perspectives from a Family Physician



Dr. Eric Lane

Family Physician, C.W.Wiebe Medical Centre

Preceptor, Boundary Trails Health Centre CTU



Adapting Your Practice

Infection Prevention & Control Advice



Dr. John Embil

Director, Infection Prevention & Control, HSC

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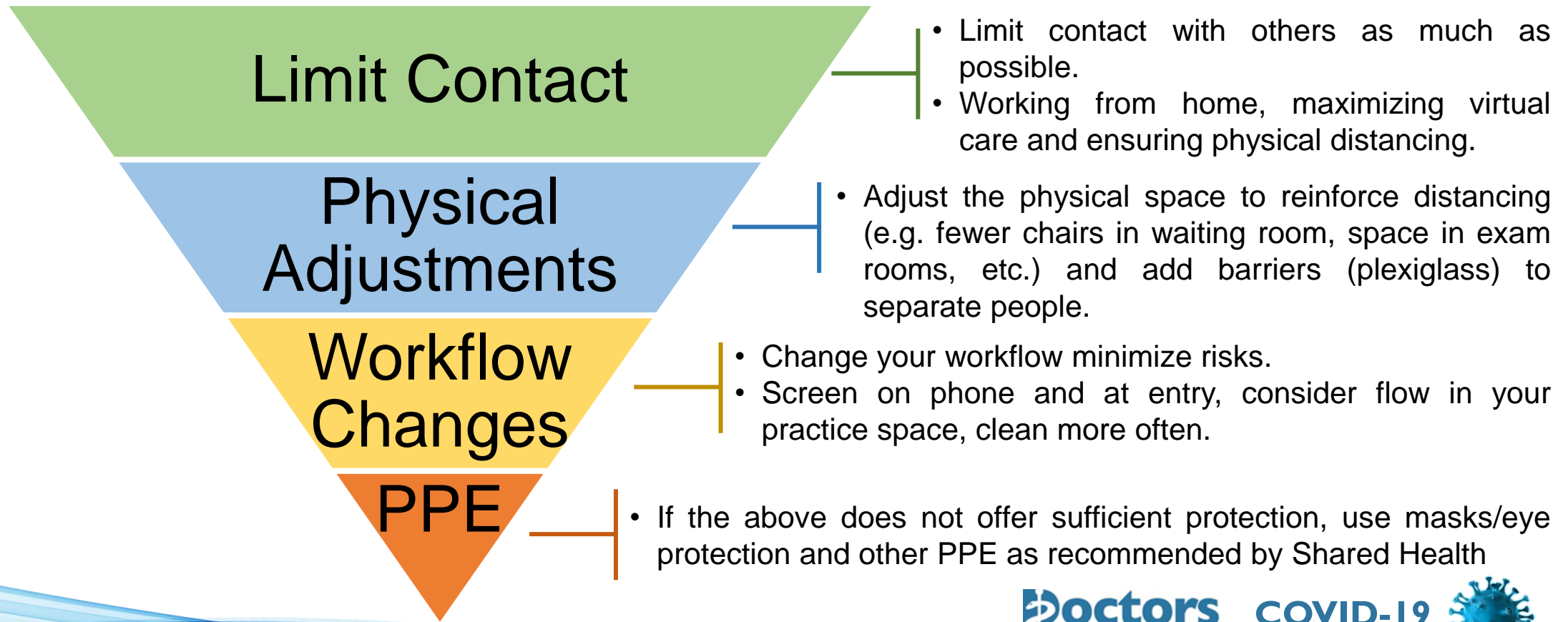
Infection Prevention and Control Guidance

- **Objective: adapt your practice to minimize the risks of transmitting COVID-19 while still meeting your patients medical needs.**



Infection Prevention and Control Guidance

A variety of approaches can be used to reduce the risk of infection, centered on the following framework:



Infection Prevention and Control Guidance

- COVID-19 is generally spread by droplets.
- Droplets $>5\ \mu\text{m}$ in diameter that fall rapidly to the ground under gravity, and therefore are transmitted only over a limited distance (e.g. $\leq 1\ \text{m}$) which means that direct contact with respiratory droplets or surfaces contaminated by the droplets is the method by which infection spreads.
- Droplet-contact precautions are needed to block transmission
 - Hand hygiene
 - Personal protective equipment (PPE) consisting of: procedure mask, eye/face protection, gloves, gowns for symptomatic patients
 - Exception for aerosol generating medical procedures (AGMPs) which require PPE including N95 masks.



Limit Contact

The following steps can help to reduce contact:



- ✓ **Maximize use of virtual care** (phone / video visits)



- ✓ **Ensure physical distancing** of 2 metres / 6 feet between **all** persons (staff and staff; and patients, and staff; and patients and patients)



- ✓ **Ensure patients and staff DO NOT cross-infect:**
Consider staggering in-office shifts in multi-practitioner offices or extending hours



Physical Space Adjustment

Change your clinic / practice physical space to promote and reinforce physical distancing (2 metres/6 feet):



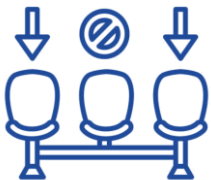
✓ **Display patient signage** on entry doors and throughout clinic:

- On entry with advice for patients with symptoms
- In reception/common areas to reinforce physical distancing
- Throughout with hand hygiene reminders



✓ **Protect Reception**

- Line/decal on floor to distance patients from reception staff
- Consider adding plexiglass for reception



✓ **Rearrange Space**

- Reduce seating in waiting room
- Rearrange workspace for staff
- Minimize furniture and equipment in exam rooms



Workflow Changes

Changing workflow, policies and processes can help to reduce the risks.



- ✓ **Physicians/staff should not attend work if they have symptoms or suspect they may have infection with COVID**
 - Get tested. Stay home. Follow protocols for self-monitoring and isolation.



- ✓ **Screen Patients → Have Plan for Symptomatic Patients**
 - When calling for appointment and upon entry/at reception
 - When starting physician assessment



- ✓ **Adjust Scheduling to Decrease In-Person Traffic**
 - Stagger virtual and in-person appointments
 - Schedule patients with symptoms at end of day or refer to testing sites



- ✓ **Encourage Patients to Check-in by Phone and Wait in Car**
- ✓ **Consider One-Way Flow in Halls (if possible)**
- ✓ **Limit Use of Shared Items (pens, phones, clipboards)**



Workflow Changes

Additional changes to consider:



✓ **More frequent cleaning protocols**

- Regularly wipe down frequently touched surfaces
- Clean exam rooms after each patient
- Disinfect door handles
- Use recommended cleaning supplies



✓ **Ensure access to alcohol-based hand sanitizer**

- 70+% alcohol
- Available at entry, reception, waiting room, exam rooms



✓ **Remove magazines, toys, pamphlets, etc.**

✓ **Use virtual forms and fax requisitions where possible**



Personal Protective Equipment



- ✓ Follow provincial PPE guidelines, which are updated based on emerging evidence, experience and supply chain.
- ✓ Conduct a point of care risk assessment to guide your use of PPE for either routine precautions (no N95) and enhanced droplet/contact precautions (N95)
- ✓ Pandemic PPE requirements depend on the “risk zones” and care setting:
 - **Green zones** involve contact with non-COVID patients
 - **Orange zones** involve contact with suspect COVID patients
 - **Red zones** involve contact with known COVID patients
- ✓ Some PPE is now approved for extended use or for cleaning and re-use
- ✓ Plan ahead to secure the appropriate supplies. The global PPE supply chain is strained and unpredictable .
- ✓ Display signage for appropriate donning and doffing of PPE

Adapted
from
Inpatient
care



Responding to Public / Patient Expectations

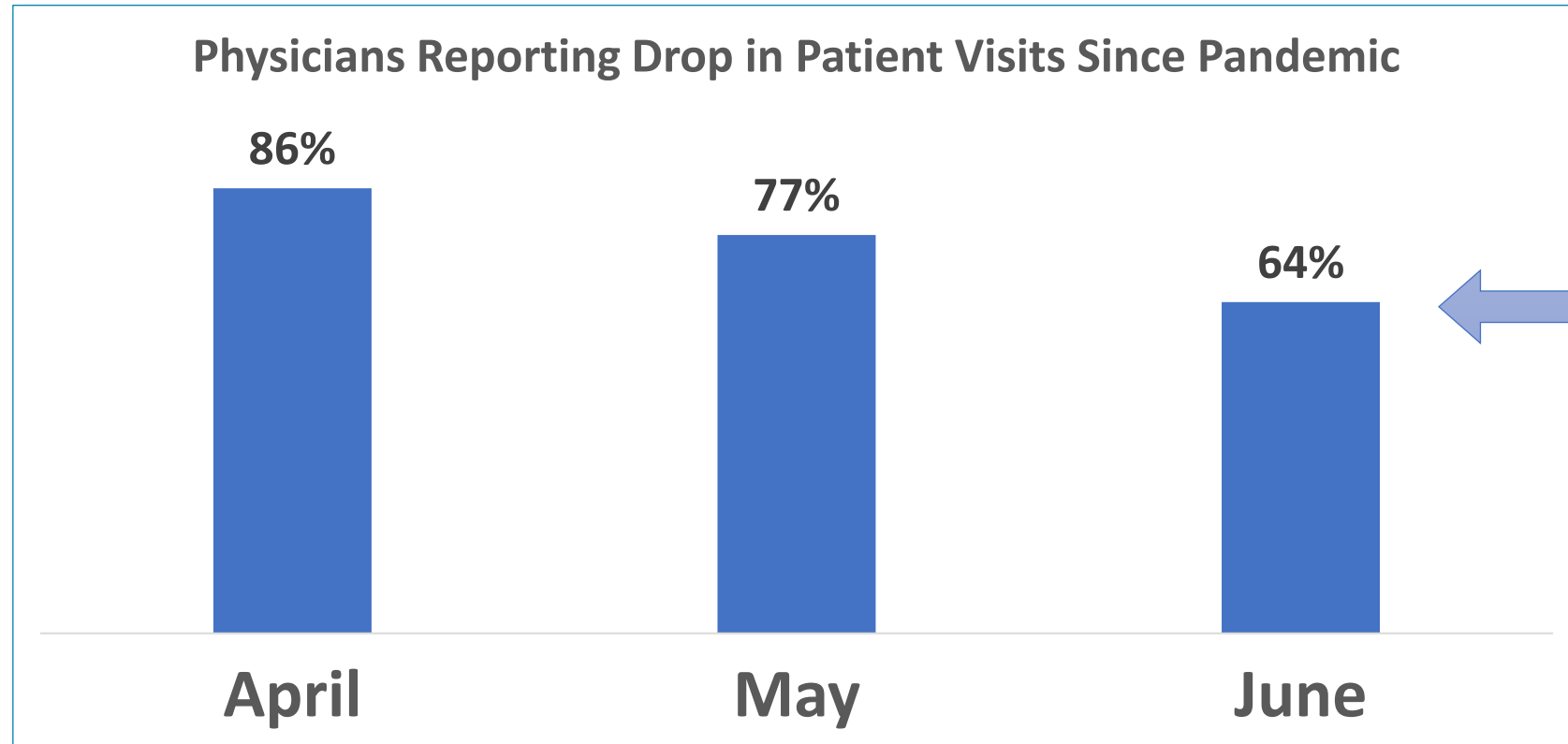
Keir Johnson

Director of Communications & Strategy

Doctors Manitoba



Drop in Patient Visits Still a Concern in June



June 2020
Two thirds of physicians are still reporting a concerning drop in patient visits

Physicians cited several reasons patients put their health on hold and asked Doctors Manitoba to help by raising public awareness



Spring Public Campaign

Don't Put Your Health on Hold

#CallYourDoctor



June Campaign Extension

Focus on Addressing
Assumptions vs. Reality

CallYourDoctor.ca



Public and Patient Concerns: Avoiding Care

Public/Patient Concern	Responding
➤ Clinics aren't safe / Risk of infection	Clinics are taking extra precautions and it's as safe or safer than a store or restaurant
➤ My health concern is not a priority right now / It couldn't be serious	Please do not to put your health on hold. Staying on top of your medical concerns avoids complications
➤ I shouldn't leave home if I don't have to	We offer virtual visits. If an in-person visit is needed, we are taking extra precautions.
➤ My doctor is too busy for me	We are not. Please call. We are here to help



Public and Patient Concerns

- Patients have varied concerns and expectations about accessing care during the pandemic
- Patients need clarity and reassurance during uncertain times
- Doctors are trusted professionals



Suggested Best Practices

Practice	Suggestion
✓ Proactive Patient Outreach	<ul style="list-style-type: none">• Let patients/community know you are still available in-person and/or virtually with email blast, mailer, website/social media, etc.
✓ In-person vs. virtual	<ul style="list-style-type: none">• Assess your practice and decide what you can offer virtually and what you will offer in-person
✓ Reception	<ul style="list-style-type: none">• Adjust voicemail with updated status• Consider call forwarding or timely voicemail replies, even if office is closed• Scripts for reception to help with screening and advising patients of clinic status / precautions



Suggested Best Practices

Practice	Suggestion
✓ Prepare Patients for Visits	<ul style="list-style-type: none">• For virtual visits, prepare patients and send reminder so they don't miss their appointment. See our Virtual Care Guide for more• For in-person, advise patients of precautions and visit protocols
✓ Make precautions visible to patients	<ul style="list-style-type: none">• Signage and other reminders of precautions in place demonstrate commitment to safety
✓ Contingency Plan	<ul style="list-style-type: none">• Who will provide care if you have to self-isolate?• How will you adjust your practice as public health restrictions are loosened or tightened?• What happens if you run low/out of PPE?



Responding to Difficult Expectations

Concern	Response
<p>✓ Why can't I get my surgery or test?</p> <p>Why do I have to wait so long?</p>	<ul style="list-style-type: none">• Like most provinces, the health system here took precautions to protect patients and providers when the pandemic struck• As our situation has improved, testing and surgeries are resuming and being scheduled based on patient need.
<p>✓ I called my doctor and they are not open / didn't call me back</p>	<ul style="list-style-type: none">• Provide clear instructions to patients on how to access care, even if your office closes• Check messages often, return calls

Be clear, transparent and upfront. Be Familiar. Be Honest. Be Understanding.



Billing Advice Update Virtual Care

Ian Foster
Compensation Analyst
Doctors Manitoba



Virtual Care Tools

For more information please visit:
doctorsmanitoba.ca/virtualcare

Pandemic Tariffs

8321 - Virtual Visit by telephone or video,

8535 - Virtual Consultation,

8627 – Virtual Chronic Care

8633, 8655 – Virtual Psychotherapy, *plus several more!*

- Administrative Requirement to include start and stop on the claim.
- Apart from the need for a physical examination, generally the same rules of application that apply to the corresponding in person service.
- Rural Differentials, After hours premiums only for urgent/emergent services.
- You must participate on the virtual visit - make a medically relevant contribution.
- When working with PAs or medical learners, follow your past practices for in-person visits.



Virtual Care Resources

Doctors Manitoba has created a Virtual Care resource site for physician practices:

doctorsmanitoba.ca/virtualcare

The site includes:

- Quick start guide
- Overview of video chat options
- Tips on scheduling and clinic flow
- Patient consent
- Tariff Information



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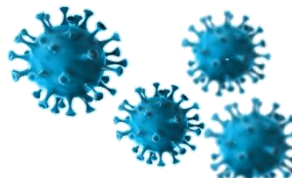
VIRTUAL CARE RESOURCES

Doctors Manitoba Introduce Virtual Visits During the Pandemic

Virtual Care Resources for Manitoba Physicians

We have created a number of resources to help you introduce virtual visits in your practice, including getting started, advice on technology and sample patient consent materials.

- **Quick Start Guide** – Start here for the basics on how to get set up. This includes everything from technology to professional and legal obligations, as well as the types of health concerns appropriate for virtual care. You'll also find billing information and privacy considerations.
- **Approved Virtual Visit Tariffs** – (Updated May 4, 2020): Review the full list of tariffs approved for virtual care, as agreed to by Manitoba Health and Doctors Manitoba.
- **Scheduling and Conducting a Virtual Visit** – Some practice advice on how to adapt your scheduling processes for virtual care, as well as some tips for physicians on conducting a virtual visit.
- **Video Visit Apps** – Find advice from Digital Health as well as information on a variety of video apps that are available.
- **Sample Patient Email Messages** – Find a sample announcement message to all patients on virtual care, as well as a sample email confirmation to individual patients for their virtual appointments.
- **Patient Consent** – For video visits, you must ensure patients are informed of the inherent risks and obtain their consent. We have included the advice from CMPA, sample informed consent text and sample notes on consent to document in the patient's chart.



Additional Virtual Tools

- Telephone/Email/Fax Communication services tariffs 8000, 8001, 8005 etc.
- Conference Services such as Patient Care Family Conference (8473), Case Management Conference (8474) and Palliative Care Counselling (8585)
 - Doctors Manitoba will support you if any of your claims are reviewed
- Live (8480) or Store and Forward (8481) Telemedicine services
 - Patient and provider must be at an approved telemedicine site.



- ✓ Virtual Care Guide
- ✓ Financial Tips
- ✓ Checklists
- ✓ PPE Info
- ✓ Health & Wellness
- ✓ Insurance Updates
- ✓ And more!



**Visit our COVID-19 Resource Site
for up-to-date information
DoctorsManitoba.ca/COVID**

Discussion and Q&A

Please contact Doctors Manitoba
anytime at **COVID19@doctorsmanitoba.ca**

After the webinar...
Please complete our short feedback survey!

