

President's Letter

March 12, 2020



Charlene Fitzgerald
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President

COVID-19 Update

Dear Colleagues:

As you know, the circumstances surrounding the spread of the Coronavirus is changing rapidly. Each week I attend the Provincial Coronavirus Conference Call with representatives from Public Health, the RHAs and many other groups from unions, to the Red Cross to Border Security. As of today's date, there have been no confirmed cases of COVID-19 in the province; however this may change at any time.

Each RHA is now planning to establish specialized assessment centres. Details about these assessment centres will be communicated to members as information becomes available. Public Health is preparing to establish coordinated emergency operations and incident command structures. Surge capacity planning is also underway.

Many members have contacted the NLMA seeking advice about access to personal protection equipment (PPE), protocols when encountering symptomatic patients and opportunities for providing care virtually.

Access to PPE

It has become clear that many community-based physicians are unable to get masks for their patients and other personal protective equipment (PPE) from their suppliers. The NLMA has recommended that Public Health provide community-based physicians with these supplies. We have also requested support for the cost for PPE given that community-based physicians have been instructed by Public Health to don this equipment if they encounter symptomatic patients.

Public Health has planned for adequate PPE, which is being distributed through the RHAs for those administering tests and those in hospitals and assessment centres.

Diverting Patients who suspect they have COVID-19 Away from Your Office

We support a diversion strategy from family physician offices. Given the shortage of supplies and uncertainty of if or when supplies will be made available to physicians in the community, physicians need to ensure that any patient calling to make an appointment is screened for symptoms related to COVID-19.

Those infected with COVID-19 may have mild to severe symptoms. These symptoms may be similar to a cold or flu, and may take up to 14 days to appear after exposure. Symptoms have included fever, cough and difficulty breathing. If a patient calls a physician's office and has these symptoms or has had suspected contact with the virus, they should be advised to stay home, self-isolate and **call 811**, the province's Healthline. If 811 regards them as a suspected case, Public Health will be advised and follow up. If the patient is severely ill and requires emergency medical attention, they should **call 911 and advise them to notify 911 of their potential exposure to COVID-19**. If a patient presents at your medical clinic and has been in contact with a suspected case of CoronaVirus, physicians should contact the Medical Officer of Health (MOH) on call and follow the steps outlined in the most recent screening algorithm tool, available [here](#).

We understand a sign is being developed by Public Health that doctors can post outside their office to provide the above information. This will assist you in diverting these patients to the appropriate channels for testing and care. NLMA will forward this to physicians when it is available.

Virtual Care

A second issue relates to access for patients of quarantined physicians who need continued access to their physicians, and access for patients of unaffected physicians who do not wish to visit their physician's office for regular medical care. In British Columbia and Ontario where virtual care codes already exist, special provisions are under discussion to expand access for patients through these channels, particularly telephone and video visits.

Yesterday, the NLMA sent a proposal for expanded use of the FPRP telephone code to eligible physicians and other classes of physicians, and to allow billing of video visits. We have proposed that joint planning take place quickly to ensure patients have continued access to their physicians. At this time we have not received a response from the Department.

Compensation for affected physicians

The NLMA is also seeking measures to deal with compensation for affected physicians. In 2009 during the H1N1 pandemic, the Department of Health and Community Services and the NLMA established arrangements for fee-for-service physicians if their practices were affected by a pandemic event, if they became ill as a result of the virus, and for special arrangements in assessment centres, ICU, etc. NLMA has now sent the full text from 2009 to the Department, which describes these arrangements. The NLMA has asked to meet with Department officials to review the 2009 arrangements and update the text as appropriate to account for necessary changes in the current environment.

Sick Notes

The NLMA has also recommended that the provincial government not require its employees to obtain sick notes from physicians if they are absent from work due to influenza-like illness, and that it instruct employers in the province to do the same. On March 10, the Minister of Health and the regional health authorities advised that RHA employees who are exhibiting respiratory illness symptoms will not be required to provide a sick note for absence periods of less than fourteen days. The NLMA applauds this first step in the right direction; however, this must be expanded to government departments and agencies in addition to the RHAs. We also encourage government to go further by asking the business community to follow suit.

Contact us

If you have questions that you would like me to relay during the weekly Provincial Coronavirus Conference Call, please contact Jonathan Carpenter, NLMA's Director of Communications & Public Affairs at jcarpenter@nlma.nl.ca. You can also find links to the most recent memos sent to physicians from the CMOH as well as links to the provincial COVID-19 website at www.nlma.nl.ca.

Sincerely,



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