

COVID-19 REPORT

There are early reports of confirmed cases of COVID-19 in an Ontario long term care facility. Transfers of care to the emergency departments and hospitals should be carefully considered and based on clear medical benefit. Family and public education is necessary. One of the big lessons of SARS was to reduce all avoidable hospitalizations. The risk of overwhelming acute care, based on the SARS experience, is emphasized in a current article in The Lancet.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30670-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30670-X/fulltext)

SARS killed 44 Canadians, caused illness in hundreds, paralyzed Ontario's health care system for weeks, and an excess of 25,000 Torontonians placed in quarantine. The psychosocial effects of SARS on health care workers, patients, and families were significant. There was much to learn because earlier lessons in public health were ignored. Following the SARS, Dr. David Naylor and a group of experts made recommendations in the report, *Learning from SARS*. Naylor's report concluded "...systems and resources...were manifestly suboptimal. The challenge now is to ensure...that we are better prepared for the next epidemic..." The report led to the creation of the Public Health Agency of Canada.

<https://www.canada.ca/en/public-health/services/reports-publications/learning-sars-renewal-public-health-canada.html>

"We largely are practicing analogue health care in a digital world", Dr. Ewan Affleck is quoted in the Lancet article above. The current pandemic shows that we are behind in province-wide digital capabilities. Dr. Affleck is one of the authors of the CMA report on Virtual Care that was released last month. The report concluded "there is a risk that a series of fragmented virtual care services will be established that detract from continuity and potentially lead to quality of care issues." *There is a lot of information online to help physicians understand their virtual care options from both the OMA and OntarioMD. The Quality division of Ontario Health and OTN have also released a [guidance resource](#) for physicians looking to integrate virtual care into their practice.* (CPSO COVID-19 FAQ). If LTC physicians had better access to consultants by virtual care, some transfers of care could be avoided. The emergency department may be used because it is the only option.

<https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf>

The provincial government has introduced a temporary [fee code](#) change that allows physicians to more flexibly bill for virtual visits. The use if the K080, K081 and K082 are insured. when the following conditions are met: (i)The service was initiated by the patient or the patient's representative, and (ii) The service is personally rendered by the physician. An email of clarification was sent from the OMA Section for LTC and COE yesterday. Nursing staff in LTC are considered the "patient representative" for purposes of initiating a telephone or video visit. As yet, there is not clarification whether or not a virtual visit can be part of the management fee code, W010. . If you are not a member of the OMA Section, you are encouraged to join by updating your profile. If assistance is required, contact office@oltcc.ca.

Long term care physicians are the experts for medical care in long term care. Your questions, experiences and advice will be shared in these daily COVID-19 Reports. Contact office@oltcc.ca.