Ontario Long Term Care Clinicians

Thursday, March 26, 2020

COVID-19 REPORT

Our OMA is currently running an advertisement: "Ontario Doctors. *We stay at work for you.* You stay at home for us." LTC physicians remain committed to our residents during this COVID-19 pandemic. This includes adapting rounds in order to exercise social distancing and using PPE when examining patients who are sick or have respiratory symptoms. Availability of the clinician in the home may be restricted because of self-isolation or rationalizing the care settings that one visits. Speak to colleagues to arrange coverage where you are unable to do so. Medical Directors must assure that there is coverage and the continuity of clinical care by the physicians and nurse practitioners. Be on the phone to family members and others. They need assurance that their loved ones are getting attentive care. Make this unfortunate crisis an opportunity to show responsibility and professionalism; an opportunity to build trust with our residents, families and staff.

Confirmed cases of COVID-19 are now in the LTC homes of four provinces, including six homes in BC. Deaths in LTC account for more than one-half of all the deaths in Canada Our residents show the stress of isolation, "where risk and need are among the highest". They do not have the usual visits from families and loved ones. The strain of families not seeing their vulnerable members is especially so on dementia units. Droplet precautions are difficult where there are wandering residents. Rather than using restraints, virtual visits, in-room activities and other creative activities are options to consider.
https://www.cbc.ca/player/play/1716009539682

Several of our clinicians report being proactive in initiating conversations about advance care planning at this time. Others find it is time to review the conversations about wishes and values that have already occurred. Families and substitute decision-makers develop a trusting working relationship with the clinician and interdisciplinary team. The attached The Advanced Care Planning and Goals of Care Conversations in LTC During the COVID19 Pandemic is prepared by OLTCC Director, Dr. Sandy Shamon. There are several useful links.

Because of the strain of pharmacy operations, yesterday's report advised deferment of non-urgent medication changes. However, if a resident is in isolation, the frequency of medication pours should be reduced, e.g. only morning and evening. Dr. Julie Auger, former OLTCC Director, shares some advice. The best way to time these changes can be discussed with the consulting pharmacist. Some suggestions are:

- Scheduled acetaminophen scaled back to BID with a PRN order
- Metformin TID orders can be changed to BID
- The proviso to give l-thyroxine apart from other meds could modified

Some medications like Parkinson drugs, bolus insulin and time-based behavioural meds cannot be changed. Medication management involves teamwork that includes the nurse and pharmacist.

Several of our members express concerns that documented virtual care may not be considered a visit when using the management fee code, W010. Monthly Management of an LTC patient is the provision by the most responsible physician (MRP) of routine medical care, management and supervision of a patient in LTC for one calendar month. The service requires a minimum of two assessments of the patient each month, where these assessments constitute services described as "W" prefix assessments. LTC physicians are now advised to use the K080-K082 codes. Even with a nurse as "patient representative", these are ambulatory care codes and not applicable to the comprehensive, interdisciplinary care of LTC. This recommendation affects both fee-for-service and patient enrolled models (PEM) physicians. From one of our members: "The problem is that PEM Physicians billing the K080 and K081 will receive 10% of the full value and FFS will receive 100%. Essentially PEM Physicians will see a 90% fee cut." The OMA Section of LTC and COE need to represent these concerns. Contact hugh.boyd@medportal.ca

LTC needs to provide the best care and psychosocial support to our residents and families while limiting the surge to acute care. This includes advance care planning. The hope is that essential and necessary care is not rationalized. In a letter to the editor this morning, an 83-year woman writes: "We all should make our end-of-life choices known to other family members… though I feel reasonably healthy, I'm one of the more vulnerable citizens in the country. So far I'm keeping myself under house arrest, healthy and bored. My family knows my wishes. I hope it never happens, but if, in the future, I should need a ventilator, I would leave it for some younger person."
https://www.theglobeandmail.com/opinion/letters/article-march-26-trump-seems-to-have-made-political-calculations-with-his/