CPSA Perspective

Due to the COVID-19 pandemic, physicians have been required to discontinue the provision of non-essential health services and limit practice to “services deemed urgent by the health professional providing the service”. CPSA has provided guidance on how we, as a profession, define what care is considered urgent.

CPSA thanks all physicians for making practice accommodations to ensure patients receive safe and timely care during the COVID-19 pandemic. The efforts to provide care using digital technology and limiting face-to-face interactions to urgent matters only has been critical in limiting the spread of COVID-19.

We have now entered a phase where some restrictions are being lifted by Alberta’s Ministry of Health (CMOH Order 16-2020, which amends CMOH Order 07-2020). For an
up-to-date list of essential services and the government of Alberta’s reopening plan, please refer to the Alberta Health website.

This document is intended to guide physicians in determining which services are reasonable to resume. We recognize that physicians would like very clear and specific direction on what is considered “reasonable,” but it is not possible for us to address all scenarios.

As a self-regulating profession, our expectation is physicians will collaborate with colleagues in similar practices when making these decisions. It’s important to share best evidence, get advice from guiding professional organizations and draw on personal experience. This will help guide your practice decisions and decrease some of the pressure many physicians are feeling, to ensure they are making the best choices for the safety of their patients and clinic staff under difficult circumstances.

Considerations in determining resumption of services

First and foremost, CPSA advises physicians to follow the advice and orders of Alberta’s Chief Medical Officer of Health. Generally, these orders are high-level and may require physicians to make a judgment to determine if provision of a service is in the best interest of an individual patient. What constitutes an “essential health service” changes the longer the COVID-19 crisis persists. As an example, early on in the crisis, only urgent services were considered essential. However, as time goes on, delay in accessing other important, but non-urgent services (e.g., assessment of chronic disease, preventative care, elective surgery, etc.), becomes more essential as delay in access could result in a poor health outcome depending on the individual’s circumstances.

At this time, personal and cosmetic enhancement services continue to be prohibited according to public health guidance and should not be offered by a regulated provider. We encourage you to follow the guidance of the CMOH and resume these services when appropriate. Currently, such services are predicted to resume in Stage 2 of the Alberta Relaunch Strategy.

Whenever possible when advising patients, physicians should refer Albertans to adhere to the Chief Medical Officer of Health’s advice. Using virtual care as a means to assess which services should be offered in person remains helpful in many cases where there is
uncertainty. Virtual care should still be used when a physical examination is not needed (e.g., some routine prescription refills and providing a patient with test results). Please review the COVID-19 Virtual Care Advice to the Profession document for further advice.

However, there are many circumstances where a physical examination, procedure or diagnostic test may be needed to ensure adequate care. The decision about when to bring a patient into a community-based facility (an accredited facility or a private physician office) should be made carefully. For all services offered in AHS facilities, physicians should follow the guidance of AHS.

Consider the following questions when deciding to bring a patient into an office or community facility:

- Is the patient visit urgent/crucial to the patient’s health?
  
  o Does the patient feel the benefit of therapy exceeds the risk of leaving their home?
  
  o Is the medical benefit to the individual patient worth the risk to you and your office staff by having them travel to a community office or health facility?
  
  o Could further delay in provision of the care or preventative health maintenance result in a worse outcome for the patient?
  
  o Will offering care in a community setting lessen the burden on hospital facilities?
  
  o Could scarce resources, like acute care, need to be accessed if the procedure does not go as planned? How will this be coordinated? What impact might that have on limited resources?
  
  o Will the care provided prevent the need for a patient to access acute care in the foreseeable future?
  
  o Would a group of peers support the decision of the care being important? Would colleagues perceive these actions as being self-serving, rather than
putting the needs of patients, staff and society first? For example, if there was an outbreak related to your clinic or facility, could you justify your decision-making?

- Can you mitigate any risk and keep yourself and your staff safe?
  - Do you have adequate PPE for you and your staff? Will you be using scarce supplies, contributing to a shortage?
  - Can you put the following measures in place to optimize patient protection?
    - Organize in-person appointments times to limit the number of people in the office at one time and prioritize based on urgency
    - Arrange queuing and traffic flow to maximize physical distancing using visual cues like directional arrows and waiting spots, if possible
    - Remove toys, magazines, brochures, remote controls and other shared items from waiting and exam rooms
    - Unless necessary, ask patients to attend alone (i.e., not to bring family members, friends or caregivers)
    - Limit patients in the waiting area and set up seating so that public health orders can be adhered to both in terms of numbers of people and physical distance between them
    - Adopt alternative solutions to waiting in the office, such as asking patients to wait in their vehicles, if possible, and text or calling when appointments are ready
    - Staff booking appointments should inform patients about public health measures and screen them for possible COVID symptoms prior to attending the office
      - Patients with COVID symptoms should be referred to the self-assessment tool on the AHS website
      - If it is necessary to see a symptomatic patient, the patient should be asked to wear a mask
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- Rigorous cleaning and disinfecting of common areas and high touch surfaces should be employed
- All staff must practice frequent hand hygiene using soap and water or a Health Canada-approved hand sanitizer

Once a decision has been made on the best mode of care, in person or virtually, the rationale should be documented in the patient record.

Determining whether a service is important can be complex: there is no one single answer. As a self-regulating profession, physicians must work closely together to determine what is best for their patients and recognize the need to be flexible in our thinking as we adjust to the evolving situation. CPSA trusts physicians will make decisions in the best interest of the public good.

Resources
In addition to this guidance on medical services provision, please follow Alberta Health’s public health orders on self-isolation and recommendations on preventing spread. Additional resources are available in AHS’ COVID-19 information for community physicians (infection prevention & control, PPE, testing, etc.) and CPSA resources for physicians during COVID-19 (virtual health care, urgency ATP, COVID-19 physician registry, etc.).

PPE Information
Alberta Health is taking steps to ensure physicians are supported with an adequate amount of PPE and supplies. Physicians should check AHS’ website regularly for the most up-to-date information.

Specialist physicians working in community (non-AHS) settings should follow AHS’ process for distribution of PPE.

The Alberta Chapter of Family Physicians (ACFP) offers the following advice for primary care physicians:

- PCN member clinics: All PCNs can order PPE from AHS for their member clinics.
• PCN hubs are also distributing PPE to non PCN primary care clinics who meet the required criteria.

CPSA team members are available to speak with physicians who have questions or concerns. Please contact chantelle.dick@cpsa.ab.ca for more information.