## **President's Letter**

April 1, 2020

## FFS Physician Work Disruption Policy for Pandemic Event

## Dear Colleagues:

The Covid-19 pandemic will be a defining moment for our profession. Already we are witnessing many examples of strong leadership and selfless service. We will be called upon during the weeks and months ahead to care for patients in new, innovative and sometimes stressful circumstances. The NLMA will remain attentive to our members' needs, and protection of their health, as we move through this crisis period.



Charlene Fitzgerald CCFP, FCFP, FRRMS President

As a significant step, the NLMA and Government have agreed on the terms of a Policy for compensating FFS physicians who commit to be available for "additional services" during the pandemic. This policy is an update of the policy that was in place during the H1N1 event in 2009. It is also similar to the policies being considered in other provinces.

The Covid-19 pandemic is a difficult time for everyone, and the public knows that physicians will continue to act in the best interests of patients. This includes providing direct or supportive medical services as part of Regional Health Authority-organized teams. As the pandemic continues to unfold in the coming weeks, many doctors will be needed to fill a variety of roles that are within their scope of license and competency, but beyond their usual basket of services. This policy helps facilitate this process.

The details are included in the <u>March 31, 2020 official Policy</u>. Please refer to the Policy as the authoritative source. In summary, the policy includes the following elements:

- 1. The policy applies to FFS Physicians adversely affected by the pandemic and/or the system response to the pandemic.
- 2. To be eligible, a physician must:
  - a. continue to carry out normal services (virtually or in-person; in normal work site or alternate location) AND <u>commit to be available to provide "additional services"</u> during the pandemic period;
  - b. provide necessary information about your practice and schedule to the RHA through an application process (TBD);
  - c. continue to provide on-call coverage if you are currently in a call group;
  - d. be available to participate in call-groups that may be needed during the pandemic.
- 3. For physicians who agree to these criteria, they must continue to bill FFS and, in instances where FFS billings are below 80% of their individual average FFS earnings for the previous 26 pay periods, they will be guaranteed a supplementary payment to the 80% level. The guarantee is retroactive to March 18, 2020. The calculation of the 26 pay period average will include services remunerated by sessional payments and will exclude pay periods, upon request, that were lower than normal due to valid reasons such as extended illness, sabbaticals and parental leave.
- 4. "Additional services" are defined as "assessment centers, coverage in ER, support to another clinical area, extended clinic hours beyond normal practice hours, regional community call services, assessment clinics, support for quarantine units, etc." "Additional services" will vary by region and site, and the Vice-President of Medical Services in each region will be responsible for designating which services and roles fall within "additional services".
- 5. Physicians who are requested and agree to provide "additional services" must continue to bill FFS and will be provided with a supplementary payment to the 100% level of their individual 26 pay period average for the duration of the secondment.

- 6. A physician who ceases to be available to provide "additional services" must notify their VP of Medicine or designate, and they will no longer be eligible to receive benefits under this policy.
- 7. If a physician becomes ill with COVID-19 (or presumed COVID-19), or requires mandatory self-isolation based on guidance from the RHA or Chief Medical Officer of Health, during the pandemic emergency, and has been providing services as agreed (above), or in the course of performing their normal duties, he/she will be entitled to compensation under this policy (80%) until cleared by the RHA or, if deemed unable to work by the RHA, until their own disability insurance becomes active up to a maximum of a 90 day period.
- 8. Physicians must individually complete the appropriate agreement, consistent with this Policy, and forward to the VP Medicine (or designate) for approval before implementation. Further information will then be provided by the RHA.

We expect many questions from physicians about this policy. Doctors have many different circumstances and we know that you may need the policy interpreted in different contexts. <u>Please email these questions to:</u> <u>nlma@nlma.nl.ca</u>. We will respond directly to your emails, and we will publish the answers that will be valuable to the broader membership on our website and in our daily update.

One of the most important reasons for this compensation is to allow physicians to continue to pay overhead costs, including the salaries of staff within your practice. Staff must continue to be available as the pandemic ends and normal services begin again, so it is essential to ensure the benefits of this policy also reach your staff.

This policy facilitates an "all hands-on deck" approach to pandemic medical services. The RHAs are already recruiting physicians for these service areas. The NLMA is proud that physicians everywhere are stepping up at this critical time.

There may be physicians who, for valid reasons, cannot be available for additional services. They will not be able to avail of this policy. We would like to hear from these physicians to ensure we understand their issues and needs.

The policy will not be perfect for every physician in every circumstance. But it is a good policy that provides significant compensation at a critical time as the pandemic unfolds. Virtual care codes have also been made available for physicians to carry on a substantial amount of their practice.

The administration of this Policy is just starting. We appreciate your patience as the application/ agreement, and other materials are developed. Also, as the government and RHAs adjust payment systems to provide the supplementary payments, there may be delays. We will keep you informed as these issues unfold.

Thank you and I look forward to hearing from you.

Sincerely.

Charlene Fitzgerald, MD, CCFP, FCFP, FRRMS

President

Newfoundland & Labrador Medical Association 164 MacDonald Dr. St. John's, NL A1A 4B3 (709) 726-7424 Or 1-800-563-2003

Fax: (709) 726-7525 www.nlma.nl.ca president@nlma.nl.ca