President's Letter

June 26, 2020

Pandemic Work Disruption Policy (PWDP) and Virtual Care

Dear Colleagues,

Last Friday, June 19th, we received notice from the government about the termination of the PWDP. On Wednesday, I shared with all physicians our response to the government, pointing out that it was premature to end this program until the health system, including private offices, could approach normal levels of service while adhering to provincial policies and RHA rules. Later on Wednesday, we held a meeting with Minister Haggie to discuss this issue, along with the topic of virtual care codes.



Charlene Fitzgerald CCFP, FCFP, FRRMS President

The Minister believes that re-opening the health system is going well and should approach normal levels (e.g., 85%) by July 6th, which is the date that PWDP ends. We expressed skepticism that the health system can respond this quickly given that, today, the patient volume for most disciplines varies between 20 and 50% of normal capacity. Our data was provided from well-informed NLMA section heads across almost all disciplines. The Minister did not provide us with data to validate his position. Nevertheless, the government will not be bringing back this program.

Therefore, the NLMA will hold the Minister and the Regional Health Authorities accountable for removing the bottlenecks and creating the efficiencies necessary to return to normal levels of activity. We know that doctors are anxious to care for their patients as quickly as possible and will work with the RHAs to book the maximum possible volume of patients, and set priorities for urgent care within their waitlists, limited only by the resource constraints and rules of the RHAs and government. Private offices will also need to adhere to provincial guidance and will seek to raise volumes as fast as permitted.

Regarding virtual care, the government has extended the pandemic virtual care code to October 1st. We have documented the various deficiencies of this single code and the government is now willing to address the issue raised by many specialists that the rate is well below comparable face-to-face rates. At the NLMA's request, the Department will enter into discussions with the NLMA to establish a new temporary virtual care fee code for specialists after July 6. The fee code would remain in effect until October 1, 2020. These discussions will start on Tuesday, June 30th. We will report back to you on our progress on this dialogue. Unfortunately, we do not have solid progress to report yet on the issue of billing related to the work of preceptors using virtual care, but our advocacy continues.

We discussed a number of other important issues during our meeting with the Minister, including the particularly problematic issue of the 811 virtual care walk-in clinic. The Board of Directors will be meeting to discuss how to provide a further response to the government on the full array of issues, and we will update you next week. We will also need your input and participation in the weeks ahead, and we know we can count on you.

These are difficult times for the medical profession and their patients. Physicians have stepped up to the plate to offer pandemic-related services, and now they are grappling with how to provide regular services to the many patients who have been left waiting. We thank you for your exemplary contribution and sacrifice.

Sincerely,

Charlene Fitzgerald, MD, CCFP, FCFP, FRRMS President

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