

President's Letter

October 27, 2023



Gerard Farrell, MD

NLMA looking to government for answers about new virtual care service

Dear colleagues:

In September 2022, the Government of Newfoundland and Labrador [issued an RFP](#) for virtual emergency care services at rural Category B emergency departments and urgent care centres to reduce the number of ER closures in the province, as well as a virtual primary care service for unattached patients in response to current staffing challenges. The virtual primary care service will be available to unattached patients who register with [Patient Connect NL](#).

This week, the Minister of Health and Community Services spoke with reporters outside the House of Assembly and advised that a proponent had been chosen to deliver this service. While a company has been named in the media, details on which vendor was selected, or how the new service will be funded, have not been officially announced.

The NLMA learned through the media that non-NL physicians working for the new virtual service must be licensed in this province by the CPSNL and have membership with the NLMA, which were two recommendations NLMA made to the Minister of Health. The Minister also told reporters that it will be up to the vendor whether or not they hire physicians from this province.

The RFP included a non-solicitation clause that requires the vendor to not recruit or otherwise engage physicians who are actively practicing within the province. "Actively practicing" is defined as physicians who hold a license in the province, are engaged in the practice of medicine, and provide services to an RHA. However, the vendor may recruit such physicians outside normal working hours and as long as the engagement does not affect their duties and obligations to the RHA or the amount of service provided by the physician through any arrangement or engagement with the RHA.

The NLMA had previously written to the Minister of Health on October 20, 2022, and again on January 26, 2023, to outline a number of questions and concerns about the new virtual care service. The NLMA stressed that the vendor must use the MCP fee schedule as the basis for physician compensation when providing insured virtual care services. Otherwise, the new service may attract physicians who already serve attached patients away from their community-based practices. NLMA also expressed concerns about the capacity of primary care practices throughout the province to provide in-person care when the virtual service deems it is required. Our concerns were also communicated to government on several occasions during in-person meetings that I, and the previous NLMA President, attended. The Minister of Health wrote the NLMA to advise that the issues we raised were important factors in the government's consideration during this process.

Unfortunately, a year later the government has not responded to our concern that physicians working for the new virtual service should receive compensation according to the MOA between the NLMA and Government, inclusive of the MCP Fee Schedule which is linked to the MOA.

The NLMA contacted the government this week, when we learned through the media that a company had been chosen. The Department of Health and Community Services clarified that NLHS has not yet signed the final contract with the preferred vendor. It also advised that NLHS is working with the vendor to establish patient navigators to link virtual services to in-person care as needed throughout the province. However, it is not yet clear to the NLMA how or where patients will be referred to receive in-person care.

The Department of Health invited the NLMA to another briefing on this matter. The NLMA will seek answers to our outstanding questions, including whether there will be payment equity between NL physicians and those working with the new virtual care service.

NLMA's position on a Provincial Virtual Care Solution

Following the recent announcements in the news, the NLMA has been asked by several members, and members of the media, about the NLMA's position on the provincial virtual ER and virtual primary care service.

In general, the NLMA supports the use of virtual care, which can be a valuable service if properly planned and used as an ancillary support for emergency departments. Likewise, virtual care in family medicine is best realized when it is an extension of the existing relationship between the family physician and the patient, as opposed to a virtual walk-in service. Evidence shows that longitudinal relationships that provide continuity of care by family physicians in the community produce the best outcomes for patients.

We believe the need for a provincial virtual ER and virtual primary care walk-in service is a reflection of the current physician human resource crisis in the province. While these stop-gap measures are needed now, they are not the long-term solution to the province's physician shortage.

The Department of Health has acknowledged that it shares the NLMA's position that episodic virtual care is a temporary solution to primary care and that more work needs to be done to see positive growth of family physicians in the province.

The NLMA will begin negotiation meetings with the provincial government in the first week of November. Improving recruitment and retention, particularly in rural and remote sites, and the need to be competitive with other Canadian provinces that we lose physicians to, will be two key areas of discussion.

We will continue to update members on these matters as more information comes to light.

Sincerely,



Gerard Farrell
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
