Dear Colleagues:

I appreciate we are receiving a lot of information from a lot of different places at the moment. That said, I think it's important to ensure we have a strong Windsor-Essex approach to our pandemic planning.

My understanding from feedback I am receiving is that there is some confusion out there in regards to what we, as providers, can and should be doing at this moment in time and in the coming months.

I have therefore been in touch with some leaders in our community, including Dr. Alexa Caturay, Dr. Jessica Summerfield, Dr. Amit Bagga, Dr. Marguerite Chevalier, Dr. Ian Mazzetti, Dr. Sheila Horen, and Dr. Braedon Hendy to hear their perspectives regarding current and future needs. Here are multiple thoughts/topics consolidated into one email for you:

Virtual Visits

Practically speaking, the objective of the coming weeks will be to minimize contact between people, while ensuring that those patients who require assessment receive it safely. Furthermore, we want to provide as much community access to care as possible, to ensure adequate space in the hospitals.

What?

- Where possible, shifting to telephone or virtual assessments to enable patients to stay home is a sensible idea.

Why?

- Increases safety for patients, staff, and health care providers so that we can continue practical clinical work
- A move toward telephone or virtual assessments causes minimal disruption to existing schedules other than the adjustment to the VideoConference / Teleconference option.

Who?

- Virtual visits will not be possible by all areas of specialization, however if possible, this move should be made
- The Ontario Medical Association has a document which outlines *how to identify non-essential visits* quite well. In short, where clinical outcomes would not change if assessment were delayed by 4-6 weeks, a visit is not considered essential. https://www.oma.org/member/section/practice-&-professional-support/identifying-non-essential-visits?type=topics

How?

- By telephone or video
- For telephone visits, remind your patients that you may be calling from a "blocked number" and to pick up their phones to "blocked numbers" (FYI cell phone settings may be adjusted to block the caller identification for privacy reasons if MDs are calling their patients from their personal phones)
- There are multiple video platforms available, including those created for medical care (eg OTN -- see attachment), and others. Details from OntarioMD: https://www.ontariomd.ca/pages/virtual-care-tools-for-physician-practices-to-help-practices-contain-the-spread-of-2019-ncov.aspx
- If anyone would like assistance with setting up virtual technology, please consider contacting Dr. Braedon Hendy (braedonhendy@gmail.com)

Payment

- The MOH is supporting virtual visits with new fee codes.
- Information about the fee codes, as well as privacy info for patients can be found here: https://content.oma.org/wp-content/uploads/private/Telephone_and_Video_Fee_Code_and_Consent_Details_March13_2020.pdf

Screening for COVID

Some patients will still require a face-to-face assessment. To enable this, first, patients should be screened for respiratory symptoms, either online or by telephone prior to presenting for care, or at the first point of contact.

A list of screening questions can be found here: https://www.ontario.ca/page/2019-novel-coronavirus-covid-19-self-assessment and an algorithm for COVID screening & assessment developed by Dr. Summerfield is also attached to this email.

Those patients who meet criteria for testing can be directed to the Assessment Centre at the Ouellette Campus of the Windsor Regional Hospital: https://www.wrh.on.ca/COVID19AssessmentCentre Those who do not meet the above criteria should either be seen by yourself for a visit, or else should be directed to self-isolate or self-monitor, based on your clinical judgement.

To be clear, patients with chronic medical conditions such as asthma, COPD, and CHF who are complaining of shortness of breath who do not meet the screening criteria SHOULD NOT be directed to the Assessment Centre. By misdirecting patients with chronic illness and SOB who do not meet criteria to the Assessment Centre, they are potentially being put in harm's way by being unnecessarily exposed to potential COVID-19 cases.

In-Person Visits

Following screening, those with respiratory symptoms should be provided with masks. Physicians should also use appropriate PPE. Information about PPE can be found here: https://www.wechu.org/sites/default/files/create-resource/oma-summary-pho-ppe-recommendationsfinal.pdf

Social Distancing & Cohorting in the Office

- There are a number of methods to encourage <u>social distancing</u> in the office:
    - only allowing patients in one-by-one
    - spacing out chairs (ideally 6ft apart)
    - eliminating waiting rooms all together
    - patients call the office once they've arrived in the parking lot in order to "register"; call them back once it's time to proceed to the office
- Consider <u>cohorting patients</u>
    - Consider cohorting by age & risk group, for example children, pregnant women, elderly patients, et cetera all on different days. Grouping types of assessments, for example prenatal, consults, follow ups, may also make sense here
    - Patient cohorting will vary by practice setting, but may have an impact. It could be worth considering as an entire office or building dependent on your setting.
- Consider <u>cohorting providers</u>

     o   In group practices, cohorting staff and physicians may reduce exposures amongst staff such that there is capacity to continue operations should one group become exposed.

COVID-19 Assessment Clinics

As stated above, the current recommendation is that if you patients screen positive using the self assessment tool and/or algorithm, they should be seen at the assessment centre.
https://www.wrh.on.ca/COVID19AssessmentCentre

- WRH Ouellette Campus: currently running from 9am - 4pm

- WRH Met Campus: will be opening shortly

FYI Due to increases in lab submissions for COVID-19, turnaround times have increased up to 4 days.

Patient Resources

Patient handout "How to Self-Isolate" https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-how-to-self-isolate.pdf?la=en

Patent handout "How to Self-Monitor" https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-self-monitor.pdf?la=en

Patient Handout "Caregiver Isolation Guide" https://www.publichealthontario.ca/-/media/documents/ncov/factsheet-covid-19-guide-isolation-caregivers.pdf?la=en

Other Ways You Can Help

In addition to following the above recommendations, consider the following:

- Please consider submitting your name to Dr. Marg Chevalier (Marguerie.Chevalier@wrh.on.ca) if you are willing to work in the Assessment Centre. Please note providers from a variety of backgrounds (Emerg, Family Medicine, GI, GIM, etc) have already done so; it does not require any particular background.

- If you have any spare red-topped viral swabs at your office (eg for virus/chlamydia, etc), please consider contacting Dr. Chevalier, as the Assessment Centre is in need.

- Please consider that the hospital may soon require assistance with inpatient management. More details to follow.

- We are working to get the ECMS website updated. I will send more details when we have them. For now, we are working to provide the following 2 new sections:
  - Updates
    - For providers and patients, including news releases, etc.
    - Sharing of best practices amongst colleagues; will attempt to facilitate this on the website
  - Map - a new map, similar to our current map, which would indicate the status of local medical offices in Windsor-Essex (eg open for virtual visits, open for limited in-person visits, closed [for whatever reason]). The purposes include:
    - Allowing patients to continue to access urgent in-person primary care services where they are available; keeping people out of emergency departments if not indicated
    - Educating patients of all MDs regarding the increased use of virtual care in the coming months

- Enabling providers to know which specialists are continuing to accept patients in what type of setting, to try and reduce administrative work on both ends

The map should be up and running shortly. When it is ready to go, we will send an email with instructions on how to update the status of your clinic, if so desired.

Again, many thanks to Dr. Alexa Caturay, Dr. Jessica Summerfield, Dr. Amit Bagga, Dr. Marguerite Chevalier, Dr. Ian Mazzetti, Dr. Sheila Horen, and Dr. Braedon Hendy for their very helpful contributions.

Anyone who would like to communicate with Dr. Caturay, who is a Public Health Physician by training (though not associated with the WECHU), may reach her at Alexa.caturay@wrh.on.ca; 905-906-1103

I will continue to try and keep you updated re: Windsor-Essex, while being cognizant of the great number of emails we are receiving at this time.

Jen

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