COVID-19
Community of Practice for
Ontario Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Changing the Way We Work

December 16, 2022: Virtual Care and Pandemic Reflections

Panelists: Dr. Zain Chagla, Dr. Danielle Martin, Dr. Kevin Samson
Co-hosts: Dr. Mekalai Kumanan, Dr. Liz Muggah
Co-Moderators: Dr. Tara Kiran, Dr. Ali Damji

Curated answers from CoP guest, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.

Virtual Care

- **What about when the patient is not able to speak freely at home? Tips to circumvent this?**

Agree this is an issue, part of this as I know you'd be aware is about preparing the patient for the visit (linking to the OH virtual care guidance here that has some patient support handout). I've definitely had people take calls from their cars, in bathrooms. Sometimes this is where phone makes sense as patient then doesn't to have to have data/wifi for the video. https://www.ontariohealth.ca/sites/ontariohealth/files/2022-12/Checklist%20for%20Use%20of%20Virtual%20Care%20-%20Standard.pdf

- **A doctor that spends 20 mins virtually vs a give minute in-person visit. There are certain situations favouring each, but five minutes is not necessarily enough time to get a good history and the fact that it is in-person might not get around that.**

Good point - a thorough history is important, regardless of whether the appointment is in-person vs. virtual.

- **Given the new billing rules for virtual care, many orphaned patients won't have access as the codes for unattached patients went down. How can this void be filled until we get more family doctors in the system?**

Good question. We need to find regional solutions to provide care for the unattached. I suspect many will be seen by our colleagues working in walk-ins. The Renfrew VTAC and Integrated Virtual Care are some examples.

- **Comment for telephone visits. We have the opportunity for patients to upload pics of rashes, etc. Much better detail than video. This can be helpful.**

Great point. Agree with you, sometimes trying to focus on something via video is a challenge.

- **If patients are competent enough to do RATs, they can do self-exams etc. Patients are very capable. You just have to ask the right questions.**

Kevin S has added some resources to the chat that can be helpful in these cases:

This video from the Stanford University School of Medicine provides an overview of physical examination techniques - Problem-Based Approach to the Provider-Directed Patient Self-Exam:

https://www.youtube.com/watch?v=LCvLwnJjmTo

- **I have some questions (clarification and concerns):**

i) **If, for some reason, I cannot attend a LTCF in person (due to viral illness that prevents me from going in until I am 'well' or, according to PH mandates, for at least 10 days if it's COVID-19), would a virtual call with the nurse in charge of the patient be considered as a 'visit' towards the W010 – as it has been so far (up until Nov 30/22)? ...because if not, that would be greatly unfair to 'LTC doctors').**

ii) **In LTC, can I bill an 'A102' when on-call after hours when I discuss a resident with an RN/RPN who called me?**

I am not familiar with LTC billings so can't really comment on the virtual care. Check the SOB or call Claims at the MOH.

- **I have had several situations where I have patients calling me from their hospital bed for a visit, or from the ER. I feel this is not appropriate and I assume I should not be billing for this as the patient is already under the care of another physician.**

I believe you are still able to bill for an appointment like this but I agree, the visit is likely redundant and not needed!

- **Can you comment on billing codes in LTC? A lot of the documents don't mention LTC and most are no longer eligible for assessments in LTC by MRP or specialists.**

I can't comment on LTC billings. Please check the SOB or with MOH Claims

- **How much is Zoom for healthcare for physicians?**

I don't know. There is significant variation in pricing for different systems and even for a particular system depending on features. When comparing prices please keep in mind that it's really important to get a system that's going to work well for you and your practice.

Features to look for include: is it integrated with the EMR? Does it allow real time chat during the visit? Is it easy for patients (do they need to download and install Apps)? Is there a virtual waiting room so you can see who's online and patients can see where they are on the wait list? Etc.

- **How would you recommend physicians who work with PAs (physician assistant) manage the non-delegate billing issue?**

I think that the rules for virtual are similar to in-person. You can call MOH Claims to get a definitive answer.

- **Are we allowed to have (virtual) appointments with patients who are physically outside the province? I'm not referring to billing. Is this considered as if we are working outside of the province?**

If they are in another province then I think that the CMPA allows for this and the CPSO states that this depends on which province.

- **In the wording, if you switch from virtual to in person later that day (i.e. screen for COVID-19, etc, to determine need to see in person), so the time you take for the history, and then when you see them in person, you are supposed to bill only for the longer period of time spent (virtual or in person, not both). It's still our time, both virtual and in person, why is it not the cumulative time? Our lawyer and accountant colleagues are able to bill for every 10 minutes or portion of.**

If we've taken the history virtually then we don't need to take it again in person so it's not really additional time. We get the full billing for one or the other anyway.

- **Do you spend an entire shift on virtual or mix it up?**

It works well for me to have blocks or time for in person and blocks of time for virtual (ex. morning in person, afternoon virtual). When I'm in the office though I will squeeze in a few virtual visits if necessary. I just go to my desk instead of the next exam room. It really doesn't interfere with my workflows.

- **Some patients still have non-Ontario Phone numbers, how can we prove that they are in Ontario?**

It's not on us to prove it. We just need to ask and document.

- **Is K083 code also still available?**

No, this code was discontinued on Nov 30th.

- **A nurse from your LTC home calls about a colleague's resident. You are on call. Complex patient and you give orders. Is this billable?**

Probably not. You can double check by calling the MOH Claims.

- **I practice at a sport med focused practice. If a new patient is referred and wishes a virtual visit only - I assume I cannot bill OHIP. Can I bill the patient privately?**

See SOB page A70:

Focused Practice Consultation by Video

Focused practice consultation by Video is a consultation rendered by a GP Focused Practice Physician who completes a full, relevant history of the presenting complaint and detailed examination of the affected part(s), region(s), or system(s) needed to make a diagnosis, and/or exclude disease, and/or assess function.

A010 GP focused practice consultation by Video 84.45.

- **How do you handle patients that are enrolled and continue to see providers that cause negation (e.g. a psychotherapist)?**

Similar whether in person or virtual. Addressing with the patient can help. Ultimately, though, even if we are able to provide other options but the patient chooses to keep seeing someone who causes negation then we lose income.

- **What do you do if your office is running behind and you have video visits booked? In the office, the patient can be told there is a wait; how do you let the patient waiting for a video visit know?**

Some physicians choose not to book virtual visits during the same period of time that they are seeing patients in-person for ease of booking/running the clinic. You could consider asking your reception team to call the patient to let them know you're running behind, or provide patients with a window of time within which you'll call them when they're booked for a video visit.

- **How do we know which province the CPSO allows?**

The last answer I got to this was that we have to check with the province that the patient is in as to whether we are able to provide in that province. Honestly this wasn't helpful so I'm just reluctant.

- **Are there specific virtual antenatal care billing codes or just a007?**

The only code that is eligible for virtual care is P005 - antenatal preventative assessment when you typically fill out Antenatal 1. The other codes are not eligible for virtual care e.g. P003, P005 etc. For other visits, you would use an A007 for a pregnant patient.

- **If a patient is enrolled and has had multiple virtual encounters but not actually seen in person in last 24 months - full comprehensive fees are applicable. We have been told that the enrolled patients "must have also been seen in person within 24 months" and therefore we have been making them come in for an in person appointment.**

This is a common misunderstanding. It is clearly stated that comprehensive care applies if the patient has been seen in the 24 months OR they are enrolled. If they are enrolled, then you can bill comprehensive virtual care even if they haven't been seen in the past 24 months.

- **What is the rationale for paying less for phone? Personally, I've found 90 per cent is in the history, video is cumbersome and if I've needed a video I've needed an in-person. If I can't manage on the phone then I need an office visit. Perhaps others have had a difference experience**.

This is an MOH decision. I don't think a lot of us agree with it. There is an additional cost for most video solutions and there is more to be done when setting it up so there is some justification for the additional fee amount.

- **Does Limited Virtual Care cause "outside use" if my FHO patients use outside virtual care providers?**

Yes, it does cause outside use.

Vaccines

- **How about other vaccines other than the flu vaccine, can they co-administer with the COVID-19 vaccine for children six months to five years old?**

Live or non-live are allowed.

- **Can you comment on the evidence of the COVID-19 vaccines in the youngest group? Is it something we should be "pushing" in that age group? Do we have any stats that we can give patients? Not great uptake.**

As with everything - benefits are going to be higher in groups with higher risk. NACI guidance really focuses on those groups as SHOULD get a vaccine and other groups as MAY. I think that's probably the guiding principle moving forward.

- **Is there evidence to show benefit in 5-12 year olds of getting the bivalent in terms of hospitalizations vs. those who only have the 2 original doses plus/minus a COVID-19 infection?**

NACI guidance is to prioritize for highest risk children more than anything, and others may but the evidence is not clear of material benefits (especially with recent infection).

- **Do you think we will eventually only be vaccinating the high risk? q 6 m?**

Possibly, still unclear of the benefits of this season from bivalent vaccines, or if the interval will be longer or shorter. More to come!

- **If over 65 and last vaccine booster in October, should they be getting another booster three months later, in January, and will that be accepted by vaccine clinics?**

Really based on risk - six months is probably better than three, but if highest risk three may be reasonable (and yes vaccine clinics will accept).

- **Please comment if q3 months vaccine for immunocompromised and elderly?**

That's correct - a booster is recommended for those who are at high risk for severe outcomes, including immunocompromised patients and those 65 and older:

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/when-you-should-get-a-booster-dose-flowchart.pdf

Paxlovid

- **Do you think Paxlovid will be available to asthmatics, (and other high-risk, younger adults, aged 40-50 etc.)? Do you think it helps to prevent Long COVID?**

Anyone with asthma would fit new criteria, with the caveats of risk as noted in the presentation. Regarding Long COVID, it is not clear, one registry study suggesting yes, but EPIC-SR (low risk study) did not show much difference in an RCT. I would suspect the benefits may be minimal in highly vaccinated cohorts, but lots of work being done in the background on this (as well as a therapeutic for Long COVID).

- **In terms of COVID-19 symptoms - does Paxlovid reduce symptoms experienced and does it reduce length of time patients are infective. What should we be telling patients?**

EPIC HR data didn't show this (only in patients that were not immune prior). Symptom reduction may be lessened but was not seen in EPIC SR study. So bottom line is, this drug is only meant to reduce hospitalization alone.

- **DOACs are a contraindication for use of Paxlovid. What should we be doing for patients on DOACs who are candidates for Paxlovid? It is not practical to give LMWH (for example) during the treatment period.**

Good resource here from uWaterloo with using Paxlovid in this context
https://uwaterloo.ca/pharmacy/sites/ca.pharmacy/files/uploads/files/paxlovid_for_a_patient_on_a_doac_0.pdf

- **Update on evidence of safety of Paxlovid in pregnancy, breastfeeding?**

https://www.hopkinsmedicine.org/news/newsroom/news-releases/study-shows-paxlovid-can-safely-be-used-to-reduce-risk-of-severe-covid-in-people-who-are-pregnant

- **Just looking for a practical advice about prescribing Paxlovid to a relatively healthy patient with no recent eGFR. We prescribe other meds without looking into renal function in such population.**

I think ideally you have the eGFR within the last year but agree there is clinical judgment to be used on this point and sometimes prescribing without renal function makes sense.

- **What happened to monoclonal antibody therapy?**

Neutralization issues with newer variants, although as noted, that may not be totally predictive.

- **Is Paxlovid still for 12 years and older? Can we use it for pre and post exposure?**

Paxlovid is only used in patients 18+ and those with a confirmed COVID-19 diagnosis (PCR, RAT +ve). This OH memo I've included below outlines more detail but Dr. Chagla has also spoken about where Paxlovid may be most helpful in reducing risk in our high risk patients.

https://www.ontariohealth.ca/sites/ontariohealth/files/2022-12/memo-RecommendationsePaxlovid.pdf

- **When did the study take place? Does it reflect a population who may have had four or five COVID-19 vaccines and possibly have already had COVID-19? These are the people we are seeing now with COVID-19 and they tend to be very mildly ill, so I wonder about the data for Paxlovid for them.**

The US study was until September I believe, Canadian study was until August. This was pre-bivalent so agree, may have skewed issues (as seen in some observational).

- **Dr Chagla: Why can't Paxlovid be prescribed in advance in case of COVID-19 (i.e. over the holidays or weekends) so they are not scrambling to get assessed when most clinics are closed. Not being able to prescribe causes unnecessary transmission, worry and delay in treatment when you only have five days to start. How can we change this?**

There is some work in the background on pre-emptive prescribing for high-risk patients. So having the script on file but not filled, but able to activate as needed. More to come.

- **What is your recommendation on 70 year old patient requesting Paxlovid to take with them on a trip in case they get COVID-19?**

This for now is not recommended, although I know many people are asking. For now a positive test still links to Paxlovid.

- **Long COVID and Paxlovid? Does it help? Lots of patients want to for Long COVID risks.**

Unclear. EPIC-SR was a negative trial looking at symptom reduction in low risk patients. One registry trial suggested maybe. For now, this is really unclear and shouldn't be a motivator without better data.

- **I have been asked by patients to give a just in case Rx for Paxlovid as they are travelling out of country- I have said no as cannot be monitored/ cared for that way- is that correct?**

Yes, not currently able to prescribe in advance of infection.

CareCanvas

- **For our docs who may have issues with privacy and who can access their data via CareCanvas: please comment on this.**

CareCanvas is completely private and secure. Only the analyst team who prepares the dashboard would see your data. The data are stored in a data safe haven governed by the local practice based research network.

- **Is there a cost to using CareCanvas?**

No cost!

- **Can CareCanvas be used by unfunded software EMRs?**

Only Oscar, Accuro or Telus for now.

- **How does CareCanvas differ from Mypractice report?**

Take a look here for the answer: **https://www.carecanvas.ca/using-your-dashboard-physician**

In short, MyPractice uses administrative (billing) data and does not have patient-level info. CareCanvas will give you more recent info, from your EMR, and you can download patient lists for those who need follow-up.

- **Is Canvas Care only for practices that enroll patients? I work at a CHC. Our patients are not technically enrolled. Does it matter if they don't have OHIP**?

We can also provide CareCanvas to physicians not working in an enrolment model. It is based on data on the EMR so I think it includes those without OHIP. The Alliance is part of POPLAR so we are working on making one for CHCs!

- **Was it not possible to develop CareCanvas to integrate with more EMR options? How did you decide?**

We would like to integrate CareCanvas into the EMR but that would require much more time and resources — and cooperation with EMR vendors! For now, we are using the data that is extracted via the practice-based research networks.

Evusheld

- **I see patients who have had two shots in India? Any evidence of efficacy**

Depends on vaccines - but COVAXIN and EVUSHELD do wear off over time, and if eligible for a booster should get one (mRNA best).

- **Is Evusheld bivalent Moderna or Pfizer.**

No it is a monoclonal antibody (passive immunization) vs. active immunization with Moderna/Pfizer.

- **Is anything in the works for something that will replace Evusheld for vulnerable people who do not respond to vaccines?**

More monoclonal antibody trials in the background! Some prospective molecules. Issue is still variants emerging faster than progress.

Influenza

- **Yesterday, the CMOH reported that the influenza wave in Ontario has reached its peak and is on the decline. Does this mean we can expect less admissions over the holidays than expected?**

Hard to say. We do see post influenza admissions as well, so that may be challenging. As well, Influenza B has had variable penetrance globally. If it does come it might cause a second hump later in the year. That being said, Australia saw a very rapid decline in their winter season without Infuenza B. So still very unclear

Other

- **Very disappointed to see Dr Chagla's controversial study about N95 masks and surgical masks. I hope we could continue to help patients to make informed decisions about how to protect themselves in this ongoing airborne pandemic**.

The study was meant to really be pragmatic for care, as we will have to deal with COVID forever. It is not a perfect study, nor is it applicable in all settings (healthcare settings have better testing and ventilation). PPE choices are individual and based on

efficacy, risk, tolerance, and real-life compliance, and environmental conditions. I'd use that as the discussion point for patients.

- **Should we still be COVID-19 screening, and recommending patients do a RAT before coming in the office? We are seeing all our URI/febrile illnesses with precautions. Having reception back and forth explaining proper RAT sampling as per Public Health takes up lots of time. It is worth it? What are other offices doing?**

It's recommended that we screen patients for COVID-like symptoms in order to take steps to reduce transmission in office. RATs are not required before assessing patients in-person.

This OCFP summary document can be helpful:

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-ppe-tools-suite.pdf

- **We see all URIs/febrile illnesses with precautions in the office. My question is. do we need to use staffing time to recommend RAT, or not bother any more given all the other viral illnesses out there?**

No need for RATs prior to bringing a patient into the clinic. Screening for respiratory symptoms is recommended in order to take measures to reduce transmission in the office. This OCFP document can be helpful:

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-ppe-tools-suite.pdf

- **Any advice about handling patient requests for Hycodan / codeine contin for post-infectious cough? How about dextromethorphan (OTC)?**

There are some great patient resources, particularly for parents from various sources like this one from Sick Kids. https://caringforkids.cps.ca/handouts/health-conditions-and-treatments/over_the_counter_drugs and also cheo: https://www.cheo.on.ca/en/resources-and-support/p6251.aspx sometimes that helps.

- **Cost ?$700 per Rx**

Unclear - I think close to this in USA. Of note the drug is procured and bought essentially so not an individual cost per prescription (the supply is static).

These additional questions were answered live during the session. To view responses, please refer to the session recording.

- How do you handle Fee for service patients who haven't been seen in person in the last 24months that demand a virtual appointment but the doctor doesn't want to provide this for $15?
- Why is FaceTime or WhatsApp Video not approved for video visits?
- Dr Samson: I am interested in the system that allows you to use your phone, and shows your office # on the other end.
- I have numerous students who are at school in another province. What should we do now? I have been following them well up until now.
- Does a phone appt require some kind of "physical exam" in order to bill A001 or A007? If we deal with more than one problem in a call, can we bill A007?
- Please comment on available private virtual care now for pay. I was surprised this was legal!
- What are the criteria for billing A001 vs A007 virtually?
- Who is eligible for Remdesivir now with the new Paxlovid guidelines?
- "If you do a virtual phone call after 5 pm
- Does that qualify for a Q012?"
- Zain - the new Paxlovid criteria actually recommends Paxlovid for a 19 year old with diabetes. Do you really feel this is appropriate based on the scientific evidence?
- Do pharmacists have access to lab results to look at renal function? How critical is this for younger, healthier patients who want Paxlovid?
- What is number to HARM with Paxlovid in low risk patients?
- If day 3-4 of Covid and mild symptoms and >70yr, is Paxlovid still worthwhile
- Should Paxlovid be used again for patient recently treated with Paxlovid with a recurrence of COVID?
- Can you speak on rebound Covid and related to Paxlovid?
- Dr Danielle Martin: Is Family Med Residency being extended to 3 years? Are you worried people won't choose this residency: longer residency to earn less than other specialties, or delay starting a family. I know if I was choosing FamMed again, I wouldn't do it with a 3yr residency.