NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

June 11, 2020

Honorable John Haggie
Minister, Department of Health & Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL
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Dear Minister Haggie:

The Newfoundland and Labrador Medical Association is very disappointed with the announcement today on the 811 "virtual care walk-in clinic" for several reasons that I will describe below. We are particularly disappointed that as a partner in primary health care the Department did not consult with the NLMA on this initiative and did not provide an advance briefing about it. Our members have been surprised, confused and disrespected as a result.

First, the Virtual Care Task Force of the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada, released in 2019, states that:

> *Medical services delivered through virtual means should be delivered in the context of an established relationship between a patient and a physician and/or primary care or specialty-based team in a manner that: promotes continuity of care; promotes care closer to home; and discourages virtual walk-in clinics, particularly where they may fragment care for attached patients.*

The NLMA's Virtual Care Strategy, released in June 2019, states:

> *In Newfoundland and Labrador, we must avoid the establishment of virtual walk-in clinics where family physician practices are unfamiliar with the patient and have no access to their medical records. This type of care can result in poor outcomes for the patient and can be wasteful of system resources. In British Columbia, the College of Physicians and Surgeons examined cases of virtual care provided to unattached patients and concluded that, "Based on evidence reviewed by the Inquiry Committee to date, the care of unattached strangers in virtual walk-in clinic models is to be discouraged."*

Primary health care is based on long term relationships between primary health care providers and their patients. These relationships provide the highest quality care, and

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over 400,000 people in this province have such relationships right now. Indeed, our goal should be that every single person should have access to a family physician or a primary health care team. Government should not be promoting the fragmentation of their care.

Fragmentation occurs when care is sought from a health care provider other than the provider or team with whom the patient has a continuous relationship. Accurate assessment is not always possible, inappropriate prescribing and testing can occur, and health care resources may be wasted. Immediacy of access is not always a good trade-off when quality of care hangs in the balance. We make these comments no matter what type of health care professional is providing the walk-in service. Nurse practitioners provide excellent care and the issues we raise in this letter are in full support of these health professionals in the provision of primary health care.

Most importantly, when patients have their own family doctors or other continuous providers, the 811 line should be directing patients back to these providers rather than diverting them to a different provider, unless there is truly an access problem disproportionate to the nature of the patient's condition. If a dialogue had occurred with the NLMA this issue would have been raised and resolved.

The news release issued by government suggests this new service will be for "urgent care", but the service is not actually set up this way. The app does not say the appointments must be urgent. The app allows for patients to set up direct appointments for prescription refills, and the news conference contained no reference to urgent appointments. The only definition provided on types of appointments was "acute episodic illness", about which we have no further description or briefing.

The point about urgency is that family doctors already provide access to their attached patients for urgent care. Many doctors provide slots within their clinic every day to accommodate urgent appointments. Many provide after hours access. Many have a "doctor-of-the-day" approach. These formulas work and should be encouraged before the patients of the province are encouraged to seek care from a walk-in clinic.

Unattached patients have unique needs. Walk-in models have a role here, but such models must be integrated with patient follow-ups after diagnostic tests, access to in-person visits, and a path to be attached to a family doctor or team. The new 811 walk-in clinics do not have this comprehensive approach.

We note that such models are under development in several Regional Health Authorities. For example, in Grand Falls-Windsor and Gander there are new "non-emergent assessment clinics" that are available to all patients of the region. Doctors

share the workload, both virtually and in-person, coordination with family doctors is managed well, and there is a linkage to RHA resources. These clinics are looking at ways to integrate nurse practitioners as part of the team to optimize patient care. We wonder why the 811 virtual clinic was established at the present time as it will draw activity away from these more comprehensive RHA-based clinics. Certainly 811 could have done referrals to virtual care in these new clinics.

The NLMA and the government have two formal mechanisms where dialogue on this initiative should have occurred: the Physician Services Liaison Committee and the Family Practice Renewal Committee. We ask that you urgently direct your officials to start this dialogue to resolve the integration and coordination issues, and to realign the new walk-in service, so that it compliments existing services rather than creating unnecessary quality and coordination issues.

We attach five unsolicited comments from family doctors that illustrate the issues we have raised in this letter.

Sincerely,

Charlene Fitzgerald, MD, CCFP, FCFP
President

- *... a parent called at 11:30 am saying that she was worried about an ear infection in (child). She was running a fever and has a history of (condition) so I certainly understood her angst. We gave her direction on fever control and offered for her to come in at 4:30 pm for an in-person assessment. By the time 4:00 pm came around she had called to say that 811 had directed her to a NP for virtual care and a prescription had already been called in thus she did not need to see me. I don't think I can do better than offering a same day appointment literally hours after a phone call. AND I do not think this is an appropriate "virtual visit" given no history of ear infections. This is incredibly frustrating.*

- *We've been years trying to say that a "prescription refill is not a prescription refill". This is encouraging a lack of chronic disease management. Refills are not "acute episodic care". This will be so confusing to the public.*

- *I am talking to a patient today with a long history of severe depression and anxiety, with admissions.... (S)he had been seen in ER and over phone consults repeatedly in recent weeks. I noticed that she was prescribed (name of drug) on (date) by (name of NP). (The patient) told me this was prescribed this after calling 811. This patient is already on (name of alternate drug) as well as (name of another alternate drug). In my honest opinion, this is obviously a very complicated patient and frankly after 27 years in practice, is still a patient on which I would seek specialist consultation before adding a (class of drug) from a different group. (S)he was in fact seen by (specialty) in late 2019 when no additions were made to medications. Making changes like this fall in the category of specialist care, sometimes at the level of family physicians, BUT never after a single phone consult.*

- *I have also noticed (inappropriate) antibiotic prescriptions from the 811 line, in a time when we are all trying to limit prescriptions for these.*

- *Research shows that these types of virtual walk-in services increase antibiotic prescribing...the minister has spoken time and again about antibiotic prescribing and is now supporting a service that has been empirically shown to increase the use of unnecessary antibiotics.*