

CITIZEN ADVISORY GROUP REPORT: Resuming Non-essential Care During the COVID-19 Pandemic
Wednesday, May 13, 2020 (1:30—5:00 pm)
Facilitator: Misha Glouberman

PARTICIPATING PARTNER COLLEGES

- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- College of Dental Hygienists of Ontario (CDHO)
- College of Dietitians of Ontario (CODO)
- College of Kinesiologists of Ontario (COKO)
- College of Massage Therapists of Ontario (CMTO)
- College of Medical Laboratory Technologists of Ontario (CMLTO)
- College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)
- College of Occupational Therapists of Ontario (COTO)
- College of Opticians of Ontario (COO)
- College of Optometrists of Ontario
- College of Physicians and Surgeons of Ontario (CPSO)
- College of Physiotherapists of Ontario (CPO)
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)
- Ontario College of Pharmacists (OCP)

INTRODUCTION

The meeting was called to order at 1:30 pm with welcoming comments and an outline of the meeting.

Members convened in small groups in Zoom (“breakout rooms”) to meet fellow Members and provide comments and feedback about past CAG meetings. Feedback included:

- Avoid tokenism as it has seemed to have occurred at previous meetings; and
- Lots of personal experiences were shared and Members’ perspectives can change after hearing from others.

Members were also asked what they hoped to achieve throughout the meeting. Comments included:

- Contributing to the discussion with their experiences and perspectives;
- Partner Colleges should return to the group and indicate what they have done in terms of implementing Members’ recommendations; and
- What individual Colleges think about resuming non-essential care during the pandemic.
 - The CAG Chair noted that the Colleges did not want influence or prejudice opinions and wanted to hear from Members first but clarified that some providers have stopped providing care altogether while some have not.

DISCUSSION QUESTIONS

Q1: What has your experience been in accessing care during the COVID-19 pandemic?

In general, Members noted that the pandemic has had both positive and negative impacts on their ability to access care during the COVID-19 pandemic.

Positive impacts included:

- Increased access to virtual care was viewed very positively (i.e., a “silver lining”) and Members hoped that this increased access will continue following the pandemic. Members indicated that virtual care has allowed for:
 - Increased communication with providers which was not available pre-pandemic (i.e., would previously need to wait six months for an appointment);
 - Health care professionals to check on isolated seniors; and
 - Continued access to palliative care and some specialist appointments.
- There is less overuse or abuse of health care services which can increase access (i.e., if physicians are able to virtually renew a prescription, patients will no longer need to go to the Emergency Department for a refill which may alleviate the burden on the health care system).
- Emergency care is easy to access and sophisticated protocols for protection are in place (e.g., hospitals have implemented physical distancing requirements; dental clinics only perform emergency procedures once per week and only allow one patient in the office at a time).

Negative impacts included:

- Appointments have been cancelled or deferred and/or been difficult to reschedule, particularly with physician specialists.
- Access to care related to management of chronic conditions has been compromised (e.g., regularly scheduled physiotherapy, massage therapy, rehabilitation, etc.) and have chosen to put off preventative or periodic assessments as long as possible (e.g., lab tests, eye exams, dental work, X-rays, etc.).
 - There was a concern that the potential backlog following the pandemic will cause longer delays across all health professions.
- Challenges with prescription medication renewals or shorter prescription lengths:
 - The 30-day limit is particularly challenging for low-income or seniors;
 - Refills have been delayed up to a week due to drug shortages, which is especially problematic for high-risk patients; and
 - Some have had to switch pharmacies.

Q2. How do you feel about soon being able to access non-essential care again? How will this change your priorities in the health care professionals and care you seek? How will this be different in the near-term?

Members expressed significant concerns regarding the resumption of non-essential services, despite some optimism about being able to access care they want or need.

- Members recognized the potential benefits of being able to access this care but spoke about the risks in doing so (i.e., they would perform a risk-benefit calculation for each service).

- Members agreed that they would continue to put off care as much as they could or that they would be very selective (i.e., where the risk-benefit calculation was clear or “worth the risk”).
- Members questioned how providers will “open the queue” for services and how to prioritize the potential backlog of patients (i.e., routine or “non-essential” care may be at the bottom).
- Members were concerned about health care providers’ ability to access appropriate or sufficient personal protective equipment (PPE), recognizing the need to prioritize access through the system (e.g., hospitals and first responders).
- Members indicated their decision to pursue care for themselves or for those they care for would depend on:
 - the provider (e.g., perhaps see a physiotherapist but not a registered massage therapist; avoid providers that need to get very close to their face or for “hands on” care, e.g., an optician);
 - the type of care (e.g., preventative vs. essential); and
 - the setting (e.g., community vs. institution vs. home visits).
 - Some Members indicated that they would be hesitant to go to a hospital for non-essential services. There were also concerns about home visits, such as the possibility that equipment may not be properly sanitized prior to entering the home.
- Members again highlighted their preference to access virtual care to reduce their risk of exposure where possible (e.g., physiotherapy or rehabilitation stretches).

Q3. What kind of steps do you want health care professionals to take to reassure patients that it is safe to receive care?

Members identified the value of a myriad of safety precautions health care professionals can take to reassure patients, which predominately included:

- using appropriate PPE, including providing masks to patients, encouraging patients to bring their own, and that the use of masks should be mandatory for both patients and providers;
- increased handwashing and access to handwashing stations;
- following existing physical distancing guidelines;
- structuring waiting rooms, including a separate waiting area for vulnerable or high-risk patients;
- screening in advance and/or at point of care;
- using visual guides, posters, or signs in offices (especially for non-English speakers or in languages that represent the populations being served); and
- only permitting in-person care where necessary and continue to use virtual care;

Additional suggestions from Members included:

- posting the cleaning schedule (i.e., rooms will be disinfected between patient visits; deep cleaning will be done after office hours; etc.);
- using designated garbage bins to appropriately dispose of PPE;
- increasing office hours (evenings and weekends);
- ensuring appointments are kept on time;
- staggering appointments; and
- asking patients to stay in their car until appointment time.

Knowing that appropriate safety precautions and guidelines were in place would make Members feel more comfortable accessing or receiving care (i.e., would inform their risk-benefit calculation).

Members also felt information regarding the status of the local community's outbreak would influence their decision to access care (i.e., number of cases; if outbreaks are only occurring in long-term care homes; level of community spread; where in the community, etc.).

Q4. How do the expectations differ across different health care professionals and different kinds of care? Is it different in different health care settings (e.g., hospital, long-term care, or at home)?

Members wanted to see consistency in the safety precautions that are implemented across the health care system and across all health care professions.

- Pre-pandemic perceptions that safety precautions were most robust in hospitals now apply more broadly across all health professions and settings. This standard has been raised and Members expected all health care professionals in all settings to have appropriate PPE and safety precautions (e.g., greater handwashing; mandatory masks; maintain physical distancing).
- Members noted that different levels of protection may be needed for different procedures (i.e., the more invasive or intimate the procedure, the more PPE is needed).
- Members felt that if care is being provided in a patient's home, the same professional would be preferred for each visit to reduce the risk of infection from visiting different homes.
- Members saw virtual care as an appropriate tool for managing care moving forward, especially if the care provided is conversation-based (instead of attending the appointment in-person).

Q5. Do you worry the precautions taken in interest of safety may compromise the quality of care? Or does this feel like part of the "new normal?"

Members recognized that some safety precautions, particularly PPE, could compromise the provision of care or their access to care in some instances.

- While Members did not feel the quality of care would decline overall, they did note that some providers may find it difficult to see or speak through PPE which may compromise care in some instances, especially where visual information is important (i.e., masks may hinder a speech-language pathologist's ability to demonstrate or observe mouth movements, or a optometrist using a face shield may not be able to see properly through plastic and lenses).
- Members were concerned the precautions may lead to increased wait times as the volume of patients seen is lower and questioned how professionals will triage and manage the backlog of needs.
- Members were also concerned that the additional precautions may increase costs for professionals (i.e., PPE costs) which could be passed on to patients. Members were concerned this may disproportionately impact vulnerable populations (e.g., elderly, disabled, or low-income).

Adjournment

The Members were thanked for their input and feedback and the meeting was adjourned at 5:00 pm.