

Frequently asked questions: COVID-19

COVID Treatment

Is treatment for COVID-19 available?

Treatment options for COVID-19 remain limited and vary depending on severity of disease and facility-based protocols in acute care. Given the critical role health professionals play in the appropriate distribution of medications, we must all help ensure that care decisions are based solely on the most current evidence available.

Community physicians should not prescribe unproven therapies for COVID-19 outside the context of a clinical trial. If physicians do prescribe unproven therapies, pharmacists should not dispense them. The [College of Family Physicians of Canada supports the Canadian Pharmacists Association's advice](#) to pharmacists, to not dispense hydroxychloroquine or azithromycin to treat symptoms of COVID-19. At the moment, physicians should refrain from prescribing these drugs to prevent or treat COVID-19 in the community. There is insufficient evidence to recommend their general use to combat COVID-19. Advice pertaining to the dispensation of these drugs will be updated if new evidence warrants any changes. Please see this [relevant article published by the CMAJ](#).

- Physicians working in Alberta Health Services facilities should follow the [guidance](#) offered for hospitalized patients.
- The WHO has published [guidance on the clinical management of severe acute respiratory infection when novel coronavirus infection is suspected](#).
- Health Canada published a [list of all COVID-19 clinical trials in Canada](#).

Recently, an article rejecting the use of hydroxychloroquine/chloroquine for the treatment of COVID-19 was retracted from *The Lancet*. The retraction does not represent an evidence update that would warrant a reconsideration of our [position](#) at this time. We are following the evidence as it evolves. Meanwhile, physicians should practice within the scope of their training and expertise in a way that is appropriate and safe for their patients. At present, evidence continues to imply that the risks for this treatment for COVID-19 outweigh potential benefits.

Where can I get the latest information on vaccines?

Please visit the [Alberta Health website](#) for the latest information on vaccines approved for use in Canada and details on Alberta's vaccination program.

Given the current situation with access to care, can I treat myself or my family if we get COVID-19?

Prescribing medication to treat COVID-19 for self and family, and stockpiling these medications is a violation of the [CMA's Code of Ethics & Professionalism](#). CPSA and the Alberta College of Pharmacy (ACP) issued a [joint statement](#) about antivirals, antibiotics and antimalarial therapies as a treatment for COVID-19.

Personal Protective Equipment

Where do I find the most up-to-date information about PPE?

Alberta Health is taking steps to ensure physicians are supported with an adequate amount of PPE and supplies. Physicians should check [AHS' website](#) regularly for the most up-to-date information.

While Alberta Health Services (AHS) will continue ordering and securing PPE to ensure physicians and care teams have the supplies needed to support patients, they are moving to a [cost-recovery model](#) for community physicians working outside of AHS.

There are also specific guidelines and additional information available:

- [PCNs & PCN Member Physicians](#)
- [Community Specialists and Primary Care Physicians Who Are Not a Member of a PCN](#)

AHS is just one option for community physicians to order PPE. Community physicians can source from any supplier of their choice.

Telemedicine/Virtual Care

What is CPSA's position on virtual care?

CPSA recommends the use of regulated virtual care platforms when possible. Should such platforms be unavailable, the use of unregulated virtual care tools are permitted during the pandemic if clinically merited. We suggest reviewing CPSA's new [Advice to the Profession document on COVID-19 Virtual Care](#), which has guidelines for managing virtual consults during this time. To find a list of both unregulated and regulated tools, [AMA](#) has an excellent resource and a list of platforms is also available in our new advice document.

What is My Chart?

Previous CPSA advice referred to My Chart to schedule telemedicine appointments, but we've heard that some physicians have difficulty accessing it. My Chart is part of Connect Care, which hasn't rolled out to all of Alberta yet, so only some patients and physicians currently have access. In the meantime, CPSA suggests secure landlines to communicate with patients virtually.

How are virtual clinics like Babylon regulated?

Physicians have contacted CPSA with concerns about virtual health providers such as Babylon by TELUS Health, a virtual health service contracted by Alberta Health. These providers are essentially walk-in clinics that function virtually. All the doctors working with Babylon are licensed in Alberta

and they are expected to follow all of the professional requirements of any other physician licensed in Alberta. The same rules apply to all other virtual care providers treating Alberta patients.

Service Provision versus Personal Needs

Do I have a professional obligation to put my health at risk for my patients?

CPSA recognizes these are challenging times, but it is worth reminding physicians that all patients have the right to access medical care and we all have a professional, ethical and, in many cases, a legal duty not to turn sick patients away.

CPSA issued [COVID-19 Virtual Care advice](#) to help physicians respond to these challenges by taking steps such as providing care virtually. Physicians whose personal health has been impacted by COVID-19 must follow public health direction to self-isolate due to possible contact and/or to self-quarantine because of confirmed or suspected COVID-19 illness. CPSA recognizes many doctors are concerned for their own personal health and safety at this time. It's a real and understandable concern. Physicians with a health condition that puts them at risk need to protect their own health. For those who are healthy, and not at increased risk, patients need physicians' help on the front lines. Clearly, physicians cannot be forced to do anything, but it is times like this that define us, not just as individuals, but as members of a profession with a deep-rooted pride in supporting patients in time of need. CPSA is highly encouraged by the professionalism of the majority of our profession and sincerely thank the many physicians who responded to CPSA's COVID-19 physician registry survey and have offered assistance to help beyond their usual practice obligations.

Do I have a professional obligation to provide care when it is difficult to cover my practice-related costs due to COVID-19 public health measures?

CPSA understands there is financial vulnerability for the physician, but there is also a vulnerability of health for the patient that cannot be overlooked. This is a time when some work may be required on the business side of practices, which may include seeking small business supports from the provincial and federal levels of government, seeking bridge financing or considering changes to your business model. Finally, if your clinic has PCN involvement, it may be worth contacting the PCN Accelerating Change Transformation Team (ACTT). The previous support provided by the Practice Management Program (PMP) was folded into that unit, and assisting physicians with their practice and change (in response to all sorts of stressors) remains part of their mandate.

There is no doubt that these are exceptionally difficult times. While physicians are free to change, enter or leave practice, their primary responsibility must be to ensure that any such changes are managed with the health of patients and continuity of their care in mind.

The *Code of Ethics & Professionalism* and the CPSA's *Code of Conduct* speak to the expectation that physicians provide assistance to individuals who need care. They also speak to the expectation that colleagues will collaborate for the betterment of the health of patients and the population.

CPSA developed an [advice document](#) to support physicians in making these difficult decisions.

With regard to AHS facilities and withdrawing from the ER or other hospital based practice, a process is already in place for physicians to make an application to AHS for a change in privileges: CPSA expects physicians will comply with contractual agreements at this time (e.g.: AHS bylaws).

Financial Compensation for Physicians

How do I bill in a pandemic?

Matters relating to physician billing fall outside the purview of CPSA. However, CPSA has heard concerns from physicians about their ability to practise good medicine once a new physician funding framework is put into place. Alberta Health announced they will not move forward with some of the changes to physician compensation, which were supposed to take effect on April 1, 2020.

CPSA encourages physicians to reconnect with the AMA, as they represent physician interests regarding billing.

[The AMA shared recently that three new categories of virtual care codes](#) were created to better help physicians virtually respond to the expanded scope of patient needs during this pandemic. The changes add billing codes for assessments, consultations and tele-psychiatry provided over the phone or by secure videoconference. [Read the full Alberta Health bulletin.](#)

Licensing Issues

I am completing my post-graduate training in spring 2020 and will not be able to write the Medical Council of Canada or College of Family Physicians certification examinations. Will I still be able to practice?

In response to the cancellation of the MCC, CFPC and the RCPSC spring exams due to the COVID-19 pandemic, [CPSA has a plan in place](#) to register physicians affected by these examination cancellations.

I am retired. How can I offer my services during the pandemic?

CPSA reached out to eligible physicians who retired in the past two years and asked if they would be willing to return to practice if needed. A list of interested physicians was provided to AHS, who will reach out to individuals as needed. Recently-retired physicians who did not hear from CPSA and wish to help are advised to email Bruce.Leisen@cpsa.ab.ca to register their availability.

Physical Distancing Measures and Non-Essential Care

How can I practice physical distancing and still ensure patients get the care they need?

Physicians should be increasing the use of [virtual care](#) options and limiting physical examinations to only the most necessary cases, in the interest of public health and the safety of patients, themselves and other healthcare workers. When it is necessary to see patients in person, limit patients' exposure in waiting rooms by altering your schedule, having patients wait in vehicles until they can be moved into an exam room, removing chairs from your waiting room, and ensuring patients are spaced at least two metres apart.

CPSA released a [statement](#) on Public Health Recommendations for COVID-19 that provides more information.

We advise clinics not to engage in any procedures or patient visits that are not considered urgent in nature. All elective and non-urgent visits and procedures should be postponed. CPSA's *Standards of Practice* define "urgent" as a situation where direct communication between Most Responsible Healthcare Providers (MRHP) is necessary to access care.

What is essential/urgent care?

Urgency is complex—there is no one single answer. CPSA issued an [Advice to the Profession document to help physicians navigate this question](#).

Here are a few questions you should ask yourself when trying to determine if something is urgent:

- Would the patient feel that the benefit of therapy exceeds the risk of the leaving their home?
- Is the benefit to the individual patient worth the risk of having them leave their home at this time? Special consideration must be given to high risk patients.
- Will scarce resources (e.g., acute care) need to be accessed if the procedure does not go as planned? How will this be coordinated?
- Will the care provided prevent the need for a patient to access the acute care setting in the foreseeable future?
- Would a group of your peers support your decision that the care is urgent? Would your colleagues perceive your actions as being self-serving rather than putting the needs of patients, staff and society first?

Scope of Practice

What happens if AHS asks me to help out in the pandemic and the work I am being asked to do is outside of my typical scope of practice?

CPSA recognizes that during the COVID-19 pandemic, physicians may be asked to work outside of their normal scope of practice and training. We are working hard to ensure you have all the resources you need to focus on providing front-line care to Albertans during these extraordinary times.

During this time, any physician who has privileges and is working in an Alberta Health Services (AHS) or Covenant Health facility can be deployed in any way they see fit.

Physicians will be exempt from the CPSA's requirement to work within their recent experience and training as long as they are doing so at the direction of AHS and for the duration of the pandemic only. We will also not require a change in scope of practice form or approvals in these instances.

In addition, the CMAA will [extend assistance](#) to physicians providing care outside of their usual field of practice or in a different province.

This temporary exemption does **not** apply to physicians working in private practice. Physicians who are in private practice or physicians who wish to change their scope of practice after the pandemic is concluded will need to apply for a formal change in scope of practice through CPSA.

Goals of Care

How can physicians ensure their patients' wishes are respected when difficult treatment decisions must be made in a pandemic situation?

Decisions about Goals of Care Designations (GCD), including whether resuscitative intervention should be provided, should be made jointly following discussion between the patient/decision-maker and the clinical team. In light of the COVID-19 pandemic, there are a number of important conversations regarding GCD which should be revisited by clinicians. AHS Clinical Ethics created the [Goals of Care Designations during Pandemic Conditions](#) guidance document (AHS sign in required), intended to support decision-making during COVID-19.

General information about Goals of Care is available on [the AHS website](#) and CPSA has compiled a list of [Goals of Care and Advanced Planning resources](#).

Following Standards of Practice in a Pandemic

How can physicians follow CPSA *Standards of Practice* when the pandemic makes it very difficult to do so?

The extraordinary burdens of the current situation may put additional constraints on delivery of care, and you may be in a position where it is not possible or not in the patients' best interest to abide by

all of our standards explicitly. In situations like these, physicians should be guided by the [Code of Ethics & Professionalism](#), especially:

- Consider first the well-being of the patient.
- Take all reasonable steps to prevent harms to patients.

Physicians should not be reluctant to provide care, even when it may be extremely difficult to follow some components of CPSA's *Standards of Practice*. CPSA will always consider the individual circumstances and context if a complaint arises during the COVID-19 pandemic. In an emergency situation, failure to meet standards is not considered unprofessional conduct if a physician can demonstrate they took all reasonable actions in their service to patients.

Prescribing Controlled Substances in a Pandemic

How can physicians ensure their patients on controlled substances receive the care they need when they are unable to attend to them personally due to physical distancing measures and self-isolation?

Health Canada has issued temporary exemptions for prescriptions of controlled substances under [section 56 of the Controlled Drugs and Substances Act \(CDSA\)](#). These exemptions allow physicians to issue verbal prescriptions and permit pharmacists to extend and renew prescriptions. See the [CSPA website](#) for further advice.

Physician Pandemic Registry

How can physicians support the health system to ensure adequate manpower during the pandemic?

CPSA was asked by AHS to organize a central registry for physicians to self-report their ability to provide clinical services during the pandemic. We encourage all physicians to complete and regularly update their [COVID-19 status](#).

The information you provide will be shared with Alberta Health Services to:

- streamline communication,
- identify where support and resources are needed, and
- coordinate Alberta's response to the COVID-19 pandemic.

The information you provide will NOT be used:

- to track your personal health condition,
- to hold you accountable for not being able to provide services, or



- for any CPSA disciplinary process.

More information can be found on [CPSA's website](#).