

Briefing Note
Virtual Care Codes to Compensate Medical Services COVID-19 Pandemic
March 22, 2020

Background

The COVID-19 pandemic has created extreme and immediate challenges for Alberta physicians needing to manage the healthcare of patients in Alberta. Unprecedented public health measures (quarantining, social distancing requirements, building closures etc.) have disrupted the regular delivery of patient care. At the same time, patients are requiring assessment of their symptoms relating to COVID-19, patient anxieties and mental health issues are increasing, and patients are continuing to require management of their new, existing and chronic medical concerns.

The reinstatement of the 03.01AD health service last week (formerly used for H1N1) was a good first step in addressing virtual care for patients and physicians who are exercising social distancing measures. When it was first introduced during the H1N1 crisis, it was part of an overall compensation package to support physicians during that crisis. The AMA is reassured that AH has recognized that the initial payment of \$20 is insufficient for a medium to long-term provision of virtual care.

We recognize that virtual care cannot and will not replace in-person care delivery for many circumstances, however where appropriate, the new virtual care codes will make it possible to deliver virtual care. Earlier this week, the College of Physicians and Surgeons of Alberta developed and published [advice to physicians](#) recommending they use virtual services for screening and care of Covid-19 patients, as well as care for their regular patients). Compensation measures should support these recommendations.

Other provinces in Canada have heard similar concerns from their physicians and are rapidly implementing measures to ensure continuity of medical services. Provincial governments from across Canada are starting to address issues such as providing compensation for virtual delivery of services, business continuity, redeployment of medical resources, personal and protective equipment and income support. The AMA has been in contact with each province and has provided government with a summary of solutions found elsewhere.

Working toward a Solution

In talking with other provincial territorial medical associations, we concluded that most have been working with their governments to develop and establish a suite of codes to support an expansive delivery of virtual care.

AMA staff have provided a formal virtual care compensation proposal to the government that would value virtual care similarly to face-to-face visits, while expanding the scope of services which can feasibly be provided through new technology. This approach mirrors that in other provinces.

On Friday, March 20th, AMA staff met with Alberta Health to discuss solutions from other provinces as well as how these – or other solutions - might be applied to Alberta. Noting the urgency of the matter,

the parties met again Friday evening to consider a more focussed solution – basically, to consider a limited set of virtual care codes in Alberta with the intent to cover a broad range of potential medical services, compensating physicians at a similar rate as if the patient and doctor were face to face.

Further exchange of information has since occurred, primarily in relation to rationalizing the types of coding that should be in place for virtual visits, follow-ups, and consultations and some physicians have been urgently involved to provide specific examples of types of care being provided.

As a result of our discussions to date, the AMA is reassured that a more reasonable payment system will soon be in place for virtual care. We aim to work with physicians during the implementation to help wherever possible with the transition and clarify any issues that may arise.

Virtual Care Information and Supports

The AMA has created a [COVID-19 Resource Center](#) for physicians on the AMA's website that contains a variety of relevant information, a one stop shop so to speak for COVID-19 related information. This includes, for example, links to key resources and other background information such as insurance and a guide for business continuity planning.

Recognizing that more change is required of physicians than simply new billing codes the AMA has augmented that information with specific, [virtual care](#) related resources. This includes:

- Privacy and Privacy Impact Assessment-related information and advice (with links to information from CPSA and CMPA)
- Tips on getting started in virtual care
- Virtual care tools and solutions (with links to vendors)
- Virtual care toolkit (with links a quick start guide for patients)

We are in ongoing discussions with other jurisdictions and virtual care solution providers to ensure that we are accessing and sharing the most current materials. The virtual care webpage is being updated as new information becomes available, so members are encouraged to check back on a routine basis for the most up to date information.

Finally, virtual care material is being developed and we plan on using this to inform physicians through various means. This will be conducted in short order and will be focused exclusively on providing advice and suggestions for physicians and their practices.

Other Compensation

The AMA is also interested in further discussions with government regarding other compensation elements being considered or implemented in other provinces, such as business continuity, income support, redeployment initiatives, and potentially incenting recently retired physicians to return to work to help address medical needs during this crisis. While these discussions are continuing, Alberta Health has asked as a first step, that the AMA ensure members are aware of the income security measures announced for small businesses, the self-employed and their employees. Please see the [AMA's COVID-19 Resource Center](#) and the link to Government of Canada information