

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments

FROM: Dr. Hamidah Meghani, Medical Officer of Health

DATE: March 20, 2020

RE: **Providing care to patients during COVID-19 pandemic**

---

#### Provincial Directives for Healthcare Providers

- On March 17, 2020 an emergency was declared in Ontario due to the COVID-19 outbreak
- The Chief Medical Officer of Health (CMOH) is directing healthcare providers to do the following immediately:
  - All non-essential and elective services should be ceased or reduced to minimal levels. **This does NOT mean that physicians should close their offices/ services entirely.** Decisions regarding the reduction of services should be made using processes that respect professional obligations and are fair to all patients.
  - Please see attached [Directive from the CMOH](#) for details.

#### Virtual Home Care Services

- The province is implementing virtual home care services for patients including nursing, physiotherapy, occupational therapy, social work and dietetics.
- Please see [attached Memo](#) for details and consider arranging these services for your patients.

#### COVID-19 Assessment & Care

- Patients who are symptomatic but do not meet criteria for COVID-19 testing at this time should self-isolate for 14 days from symptom onset OR 24 hours after symptom resolution, whichever is longer. Interim criteria for testing are [attached](#).
- Residents of Oakville, Milton or Halton Hills can book an appointment at a Halton Healthcare Assessment Centre by calling 905-203-7963.
- Residents of Burlington can call Halton Region Public Health at 311 for direction on assessment and testing.
- Visit [www.halton.ca/covid19](http://www.halton.ca/covid19) for up-to-date information on the current status in Halton Region.

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES

IF YOU CAN'T ACCESS HYPERLINKS, PLEASE SIGN UP FOR ELECTRONIC UPDATES BY EMAILING

[DOCTORS@HALTON.CA](mailto:DOCTORS@HALTON.CA)

## COVID-19

### **Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)**

#### **Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7**

**WHEREAS** under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

**AND WHEREAS**, On March 17<sup>th</sup>, 2020 an emergency was declared in Ontario due to the outbreak of COVID-19, pursuant to Order-in-Council 518/2020 under the *Emergency Management and Civil Protection Act*;

**AND HAVING REGARD TO** the emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario;

**AND HAVING REGARD TO** the potential impact of COVID-19 on the work of regulated health professionals, to protect regulated health professionals in their workplaces, and the need to prioritize patients who have or may have COVID-19 in the work that regulated health professionals undertake;

**AND HAVING REGARD TO** the need to ramp down elective surgeries and non-emergent activities in order to preserve system capacity to deal effectively with COVID-19;

**I AM THEREFORE OF THE OPINION** that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

**AND DIRECT** pursuant to the provisions of section 77.7 of the HPPA that:

## **COVID-19 #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)**

**Date of Issuance:** March 19, 2020

**Effective Date of Implementation:** March 19, 2020

**Issued To:** Health Care Providers (Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, defined in section 77.7(6), paragraph 1 of the *Health Protection and Promotion Act*)

\* Health Care Organizations must provide a copy of this directive to the co-chairs of the Joint Health & Safety Committee or the Health & Safety Representative (if any).

## Introduction:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31, 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) [was identified](#) as the causative agent by Chinese authorities on January 7, 2020.

On March 11, 2020 the WHO announced that COVID-19 is classified as a [pandemic](#) virus. This is the first pandemic caused by a coronavirus.

On March 17<sup>th</sup>, 2020 the Premier declared an emergency in Ontario under the *Emergency Management and Civil Protection Act* due to the outbreak of COVID-19 in Ontario and Cabinet made emergency orders to implement my recommendations of March 16<sup>th</sup>, 2020.

## Symptoms of COVID-19

Symptoms range from mild – like the flu and other common respiratory infections – to severe, and can include:

1. fever
2. cough
3. difficulty breathing

Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

There are no specific treatments for COVID-19, and there is no vaccine that protects against coronaviruses. Most people with COVID-19 illnesses will recover on their own.

## **Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)**

The following steps are required immediately:

1. All non-essential and elective services should be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice. Allowable exceptions can be made for time sensitive circumstances to avert or avoid negative patient outcomes or to avert or avoid a situation that would have a direct impact on the safety of patients.
2. Clinicians are in the best position to determine what is essential in their specific health practice. In making decisions regarding the reduction or elimination of non-essential and elective services, regulated health professionals should be guided by their regulatory College, and the following principles:
  1. Proportionality. Decision to eliminate non-essential services should be proportionate to the real or anticipated limitations in capacity to provide those services.
  2. Minimizing Harm to Patients. Decisions should attempt to limit harm to patients wherever possible. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.
  3. Equity. Equity requires that all persons in the same category (i.e. at different levels of urgency) be treated in the same way unless relevant differences exist. This requires considering time on wait lists and experience with prior cancellations.
  4. Reciprocity. Certain patients and patient populations will be particularly burdened as a result of cancelling non-essential services. Patients should have the ability to have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should it be required.

Decisions regarding the reduction or elimination of non-essential and elective services should be made using processes that are fair to all patients.

As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take to protect health care providers and patients. This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

## Questions

Hospitals and HCWs may contact the ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at [emergencymanagement.moh@ontario.ca](mailto:emergencymanagement.moh@ontario.ca) with questions or concerns about this Directive.

**Hospitals and HCWs are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.**



David C. Williams, MD, MHSc, FRCPC

Acting Chief Medical Officer of Health

**Ministry of Health**

Executive Lead  
Ontario Health Teams Division

1075 Bay Street, 13th Floor  
Toronto ON M5S 2B1

Telephone: (416) 212-1134

**Ministère de la Santé**

Directeur général  
Division des équipes Santé Ontario

1075, rue Bay, 13e étage  
Toronto ON M5S 2B1

Téléphone (416) 212-1134



**DATE:** **March 18, 2020**

**MEMORANDUM TO:** **Chief Executive Officers, Local Health Integration Networks (LHINs)**

**Chief Executive Officers, Approved Agencies for the delivery of professional home care services**

**SUBJECT:** **Supporting Expansion of Virtual Home Care Delivery**

---

As the COVID-19 outbreak continues to evolve locally and globally, Ontario is taking further action to ensure the province's health care system is prepared to continue to protect the health and well-being of Ontarians. As part of this plan, the ministry is introducing measures to rapidly increase virtual home care delivery.

Based on the advice of the Chief Medical Officer of Health, the ministry, in partnership with Ontario Health, is introducing provincial rate and billing code changes in an effort to limit person-to-person contact in home care where it is appropriate. These changes will apply to all professional services, including nursing, physiotherapy, occupational therapy, dietetics, and social work. The ministry recently amended O. Reg. 386/99 under the *Home Care and Community Services Act, 1994* to clarify that visits may be provided virtually.

These changes focus first on professional home care services because of the ability to deliver clinical assessments and guidance virtually. The ministry may consider other home care services in the weeks ahead.

LHINs and approved agencies are encouraged to work with community services providers about the expansion of virtual care delivery.

#### Implementation in Home Care

Ontario Health is implementing changes in the Client Health and Related Information System (CHRIS) to support billing and reporting for virtual professional home care services. The billing codes are based on two rates: \$15 for a wellness or health check-in and \$30 for an assessment or monitoring visit. These codes may be used immediately and can be back dated to March 16, 2020.

Over time, contracts held by Local Health Integration Networks (LHINs) and agencies approved under *Home Care and Community Services Act, 1994* (bundled care hospitals, for example) with home care service providers for the delivery of professional services will be updated to reflect these new rates, as appropriate. This memo clarifies that despite any provision to the contrary, billing for virtual services is permitted.

Virtual care includes but is not limited to care delivered over the phone or through video conferencing. Guidance on the appropriate use of virtual care can be found in the attached guidance. The guidance supports both COVID-19 assessment and treatment efforts as well as other care needs, including the replacement of regular in-person home and community care visits where appropriate.

This guidance document, rates and codes will be revisited to support ongoing delivery of virtual care in home and community care. The ministry will continue to work in collaboration with Ontario Health, LHINs, approved agencies and home and community care service providers and will communicate any policy changes.

As we will need to rapidly ramp-up our virtual capacity, I encourage you to work closely with service providers to put implementation plans in place. Please also notify your staff of these changes.

We hope that these measures will support you to continue to provide high-quality care to Ontarians while ensuring the safety of patients, front-line providers, and your communities.

We thank you for your dedication, courage and leadership through this difficult time. Ontarians benefit every day from the contributions of LHINs, approved agencies, service providers and front-line workers.

Sincerely,

Catherine Brown

President  
Shared Services  
Ontario Health

Phil Graham

Executive Lead  
Ontario Health Teams Division  
Ministry of Health

cc: Matthew Anderson, President and Chief Executive Officer, Ontario Health  
Amy Olmstead, Director, Home and Community Care Branch, Ministry of Health

**Virtual Home Care Delivery**  
**Interim Guidance to Local Health Integration Networks and Approved Agencies**  
**Delivering Home care under the *Home Care and Community Services Act, 1994***  
March 18, 2020

**Context:**

As the COVID-19 outbreak continues to evolve locally and globally, Ontario is taking further action to ensure the province's health care system is prepared to continue to protect the health and well-being of Ontarians.

Based on the advice of the Chief Medical Officer of Health, the ministry, in partnership with Ontario Health, is introducing contract and billing code changes in an effort to limit person-to-person contact in home care where it is appropriate.

This guidance document, rates and codes will be revisited to support ongoing delivery of virtual care in home and community care.

**Purpose and scope**

The ministry is advising Local Health Integration Networks (LHINs) and approved agencies to work with Ontario Health and contracted providers to immediately take steps to rapidly expand the virtual delivery of home care professional services listed under the *Home Care and Community Services Act, 1994*.

Increased virtual home care is expected to:

- Support provincial public health self-isolation and social distancing efforts in a way that minimizes disruption to patient care.
- Support intake, assessment, monitoring and treatment of patients presumed or confirmed with COVID-19.
- Support the delivery of home and community care services.

The initial focus is first on professional home care services because of the ability to deliver clinical assessments and guidance virtually. The ministry may consider whether to add other home care services in the weeks ahead.

Ministry guidance will evolve based on experience with implementation. The ministry will continue to work with Ontario Health, LHINs, approved agencies and home and community care providers and will communicate any policy changes.

**Virtual care delivery**

Virtual care delivery includes the meaningful communication of a patient's health status and/or the treatment/intervention needed to support their care needs.

Virtual care includes:

- Phone calls

- Video conferencing
- Secure messaging
- Remote monitoring

LHINs, approved agencies and providers should scale up existing, proven virtual care models where they exist, and consider other models as appropriate.

### **Rates for professional services**

The following standard provincial rates for virtual visits are being introduced:

1. Wellness or health check-in: \$15  
Intended for brief check-ins where interactions would last approximately 5-15 minutes.
2. Assessment or care monitoring visit: \$30  
Intended for longer interactions, including assessment or reassessment, supporting caregivers to implement elements of the care plan, or other specific tasks as appropriate. Assessment or care monitoring visits would be a minimum of 15 minutes and expected to last between 15 and 30 minutes.

Ontario Health is implementing changes in the Client Health and Related Information System (CHRIS) to support billing. Over time, contracts held by LHINs and approved agencies with home care service providers will be updated to reflect these new rates, as appropriate. This guidance document clarifies that despite any provision to the contrary, billing for virtual services is permitted.

Billing codes for virtual professional home care services have been established. These codes may be used immediately and can be back dated to March 16, 2020.

### **Services**

As a first step, professional services defined under HCCSA such as nursing, therapy and social work, are eligible for immediate deployment of virtually delivered care.

Eligible virtual delivery includes:

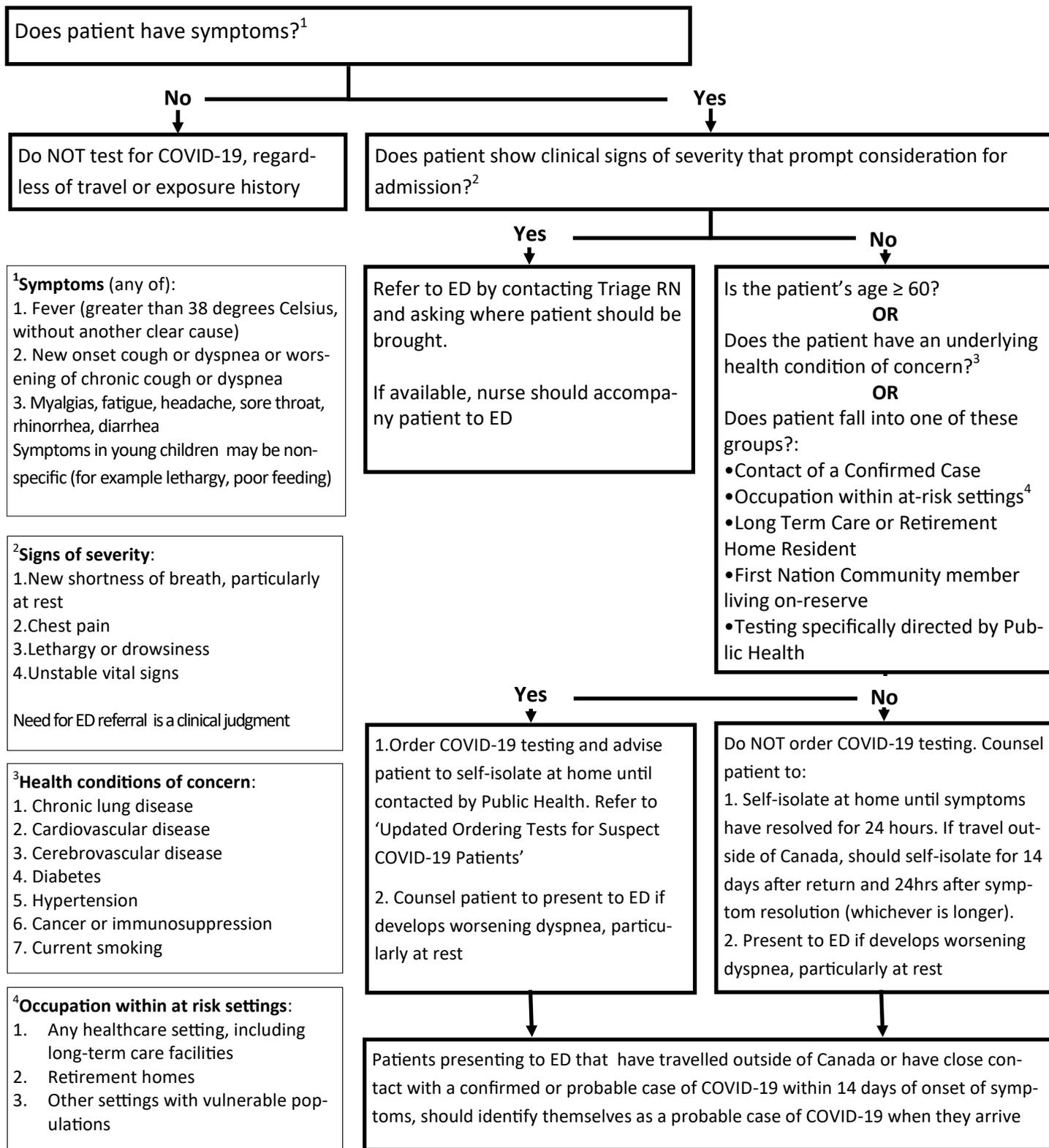
- Wellness and health checks, including monitoring of conditions/symptoms
- Remote clinical consultation or intervention related to client care plan goals
- Support for assessment and reassessment of treatment plan
- Videoconferencing for visual assessments
- Caregiver education/training to support patient care and/or self-isolation efforts
- Patient education/training related to care
- Compliment essential hands-on care
- Replacing in-person care when a physical visit isn't possible, or necessary
- Any other service aligned with the goals of this guidance and approved by the LHIN or approved agency

Virtual delivery does not include practices that are normally conducted virtually as part of regular home care, such as scheduling and case management or issues management calls with patients and caregivers.

## Implementation

- Care planning: LHINs and approved agencies are responsible for determining how virtual care may be used by service providers to support the rapid deployment of virtual visits. This may include referrals for virtual care, the inclusion of virtual care into care plans or enabling service providers to use virtual care within particular parameters.
- Performance and accountability: LHINs and approved agencies will leverage existing provider performance measures where available to support interim provider reporting of virtual visits in home and community care settings. Ontario Health is making enhancements to CHRIS to support reporting functions.
- Technology: LHINs, approved agencies and providers may leverage existing virtual care technologies, including the secure videoconferencing tools provided through the Ontario Telemedicine Network (OTN) to support virtually delivered care. Patients and caregivers will work with their care providers to determine whether they may leverage patient-owned devices to support virtual care. LHINs, approved agencies and provider partners may review the Digital Health Playbook for guidance on the use of technologies to support virtual care and further guidance on technology standards for virtual visit solutions will be available on OTN's website.
- Privacy and consent: Like all home and community care services, virtual delivery must continue to comply with consent and privacy requirements outlined in the *Personal Health Information Protection Act, 2004* (PHIPA) and the *Health Care Consent Act, 1996*. In situations where providers are working from home or other non-standard locations, they must ensure that virtual communication is done in a private setting (unless in emergency situations).

# Interim COVID-19 Testing Approach for Assessment Centres and Clinicians



This is an interim approach which supports judicious use of testing supplies. This approach focuses on confirming COVID-19 in the most ill, those most likely to become severely ill, vulnerable populations and those that may contribute to outbreaks amongst the vulnerable.