



TEN FAQs COVID-19

PROVISION OF MEDICAL CARE

1. Am I required to be knowledgeable about COVID-19 and the province's plans?

You must make reasonable efforts to inform yourself of relevant information from Government sources and stay informed. Here is the most up to date information on COVID-19 in the province. <https://sharedhealthmb.ca/covid19/providers/>

2. Am I required to provide Medical Services during the pandemic?

Members are vital to the health care team and are critical to the success of managing this pandemic. **Members have a duty to continue to care for their patients and provide care to other patients during a pandemic.**

The [Code of Ethics and Professionalism](#) provides:

- Provide whatever appropriate assistance you can to any person who needs emergency medical care.
- Consider first the well-being of the patient.
- Take all reasonable steps to prevent harm to patients.

In fulfilling your individual commitment to patients, professional commitment to colleagues, and collective commitment to the public, you have an ethical obligation to be available to provide medical services during pandemics. In general, it is unacceptable to close your practice. Patients still need regular medical care for routine non-COVID-19 related health concerns and for chronic disease management. CMPA also has information which you may find helpful. <https://www.cmpa-acpm.ca/en/covid19>

3. But I am sick!

Stay home and take care of yourself!

4. But what if I am well but in self isolation due to a Government directive or am immunocompromised?

If unable to provide patient care due to health (yours and your family's), age, or government imposed self-isolation, then these reasons may limit your ability to provide direct medical care to people in need.

Take reasonable steps in the circumstances to help make coverage arrangements for patients' ongoing care needs (recognizing stresses on the healthcare system). Make sure you or another regulated health professional reviews diagnostic results. If possible, engage in indirect activities that support the response effort during this pandemic. Optimize telemedicine and virtual care alternatives to providing care.

VIRTUAL MEDICINE/TELEMEDICINE

5. What can CPSM tell me about delivering care by Telemedicine/Virtual Medicine?

To the extent that is practical, take advantage of telemedicine and virtual medicine options. However, many patients' needs cannot be met through virtual since it requires a physical assessment. Use your judgment. This is the CPSM standard for Virtual Medicine.

<https://cpsm.mb.ca/assets/Standards%20of%20Practice/Standards%20of%20Practice%20of%20Medicine.pdf#page=86>

There are new virtual medicine tariffs recently announced. These are on the Doctors Manitoba website.

<https://doctorsmanitoba.ca/wp-content/uploads/2020/03/Virtual-Visit-Tariffs.pdf>

The role of the College is to regulate physicians, Clinical Assistants, Physicians Assistants, Residents, and Medical Students, not technology. The College reminds members that the use of technology does not alter the ethical, professional and legal requirements around the provision of appropriate medical care. For clarity these provisions on Virtual Medicine these provisions apply to Clinical Assistants, Physicians Assistants, Residents, and Students (subject to University policies).

6. Do I require expensive special technology for telemedicine/virtual care?

You may use free visual digital communication platforms such as Skype, Facetime, Zoom, Facebook Messenger, What's App, if that is the preference of the patient, making sure that the patient consents to this usage. CMA's Joule REACTs platform is another possibility. The Provincial Telehealth system is another option. Texting and telephone are also permissible if the main visual digital communication platforms are not available to the patient.

PRESCRIBING AND VIRTUAL MEDICINE

7. Can I renew chronic non-M3P prescriptions by phone or fax?

It depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient. For patients who have been on chronic stable dosing of medications, you may consider providing refills for non-M3P medications over the phone or by fax to the pharmacy or utilize Virtual Medicine options.

For example, go ahead and refill a patient's hypertension medications which have been stable for the past 12 months in a reasonable quantity.

8. What about prescribing new non- M3p medications or renewing medications undergoing active titration?

Again, it depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient and the diagnosis or medical issue. Where appropriate, contact the patient to confirm effectiveness and tolerance of medications before authorizing refills. You can use Virtual Medicine options or in-person appointments, as appropriate.

For example, if you recently started a patient on an anti-depressant, prior to renewing the medication it would be prudent to confirm with the patient it is working and/or if an increase in dose is required. If a patient needs an antibiotic for a urinary tract infection, you may decide to prescribe using Virtual Medicine.

9. Can I prescribe M3P medications using Virtual Medicine?

Adjustments have been made to the permit prescribing M3P medications using Virtual Medicine. Read this link carefully. For M3P prescriptions (triplicates)
<https://cpsm.mb.ca/prescribing-practices-program/prescribing-practices-program-overview>

10. What about my patients that have daily dispensing of methadone or suboxone?

A guiding document for methadone and suboxone prescribers during the pandemic has been developed in collaboration with CPSM and the College of Pharmacy of Manitoba.
<https://cpsm.mb.ca/prescribing-practices-program/prescribing-practices-program-overview>