Ontario Health Plan for an Influenza Pandemic

Chapter 6: Outpatient Care & Treatment

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Ontario

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Chapter 6: Outpatient Care & Treatment

Audience

- health sector employers, emergency planners, health care providers and other health workers in outpatient (e.g., primary health care organizations, emergency departments and community-based pharmacies) and home care (Community Care Access Centres and home care providers) settings
- staff at Local Health Integration Networks (LHINs) and public health units (PHUs)

Chapter objectives

- to describe approaches that may be used to provide influenza care & treatment for clients/ patients when demand exceeds the supply of resources/ health care providers in outpatient settings during an influenza pandemic
- to describe the Ministry of Health and Long-Term Care's (MOHLTC's) antiviral stockpile distribution strategy

Outpatient care & treatment response summary

Response objective: to ensure that Ontarians have access to rapid influenza outpatient care & treatment during an influenza pandemic

OUTPATIENT CARE & TREATMENT ACTIVITIES BEFORE SEVERITY IS KNOWN

MOHLTC and PHUs promote self-assessment (websites, other media)

MOHLTC releases antiviral stockpile to community pharmacies and designated primary health care organizations

Telehealth Ontario provides telephone-based assessment; PHUs may choose to establish information hotlines based on local need and capacity

Primary health care organizations provide influenza care & treatment for affiliated clients/ patients

MOHLTC appoints local lead flu assessment centre (FAC) agencies

Lead FAC agencies develop plans to implement FACs

Potential FACs prepare to open

Public Health Ontario (PHO) leads provincial surveillance and PHUs lead local surveillance to support decision-making on when FACs will open and close

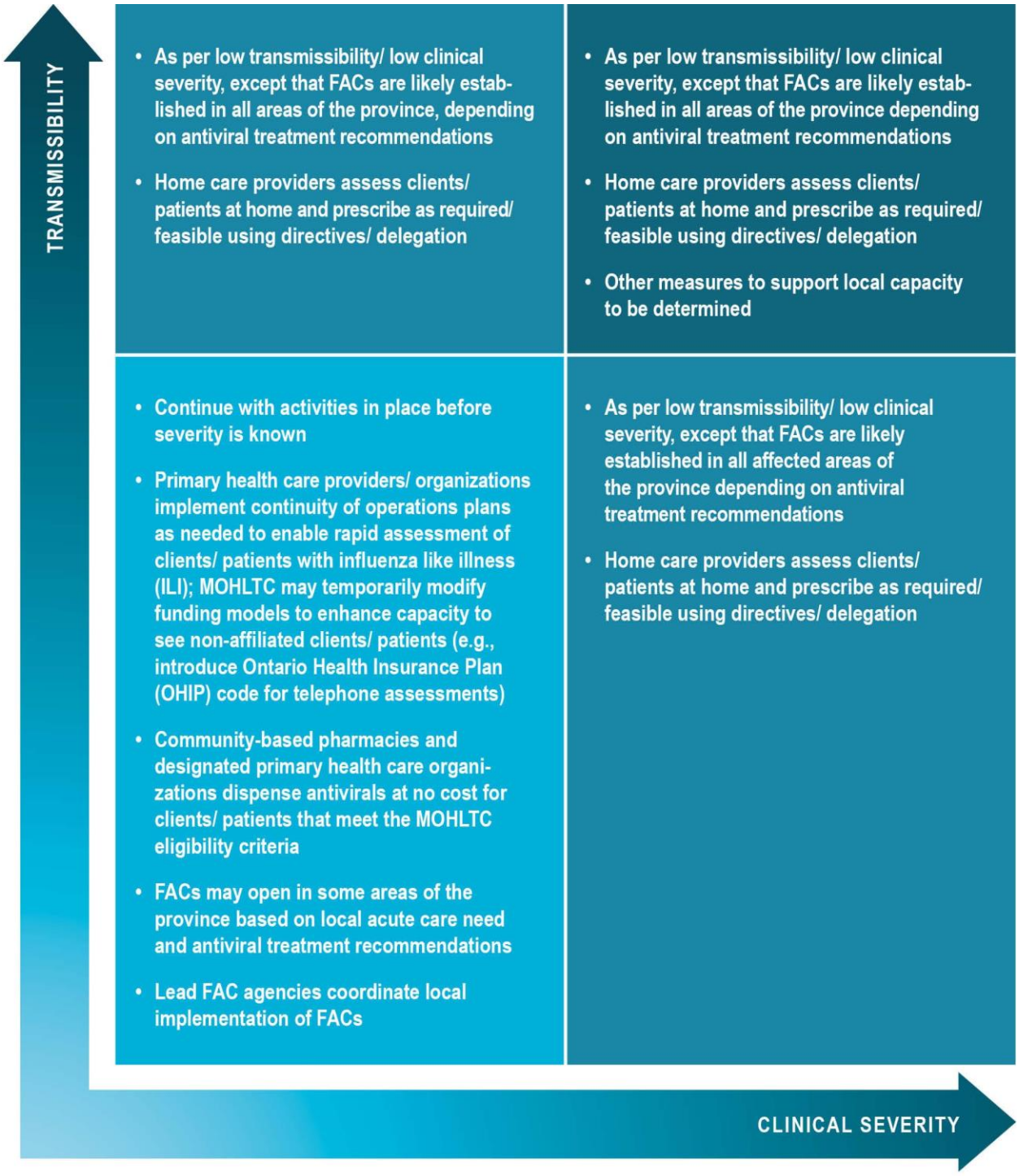

FIGURE 1. OUTPATIENT CARE & TREATMENT ACTIVITIES STRATIFIED BY PANDEMIC SEVERITY

Introduction

This chapter describes how the provincial health system continues to provide influenza care & treatment in outpatient settings during an influenza pandemic – specifically primary health care organizations, hospital emergency departments and, where possible, home care settings. This chapter also describes how the MOHLTC will distribute its stockpile of antivirals to community-based pharmacies and other dispensing sites. The response objective of the OHPIP's outpatient care & treatment strategy is to ensure that Ontarians have access to rapid influenza care & treatment during an influenza pandemic. For an orientation to outpatient care & treatment during an influenza pandemic, see Appendix A.

During an influenza pandemic, outpatient settings implement continuity of operations plans to enable them to have surge capacity to see an increased number of clients/ patients with influenza while maintaining other critical services. These settings may also be called upon to implement FACs – temporary services implemented in primary health care organizations or emergency departments that receive additional funding and supplies from the MOHLTC to provide influenza care & treatment services for any person in their community. The MOHLTC will identify lead FAC agencies to coordinate the preparation and implementation of FACs locally as an influenza pandemic emerges.

Roles and responsibilities

Table 1 describes roles and responsibilities related to outpatient care & treatment during an influenza pandemic. For a broad overview of roles and responsibilities during an influenza pandemic, see Chapter 1: Introduction.

TABLE 1. OUTPATIENT CARE & TREATMENT ROLES AND RESPONSIBILITIES

Party	Roles and responsibilities
MOHLTC[1] (through the Ministry Emergency Operations Centre (MEOC))	Develop recommendations[2] (particularly regarding the use of antivirals) and provincial response strategies for the provincial health system, including the outpatient care & treatment strategy and antiviral distribution strategy Communicate with provincial health system partners through Important Health Notices (IHNs), Bulletins and other methods, including issuing guidance on FAC implementation, sharing changes to health system funding mechanisms and providing instructions on accessing the MOHLTC stockpiles of supplies & equipment and antivirals Based on provincial surveillance information (e.g., anticipated duration, peak and end of a pandemic wave, effectiveness of antivirals) and through consultation with PHUs and LHINs on local health system demand and capacity, determine when the funding for FACs begins and ends Deploy supplies & equipment from the MOHLTC stockpile to health workers and health sector employers, including FACs Deploy antivirals from the MOHLTC stockpile to community-based pharmacies; FACs; primary health care organizations (community health centres (CHCs), Aboriginal health access centres (AHACs), nurse practitioner-led clinics); shelters with medical personnel; remote, isolated First Nation communities; and other dispensing sites Publish self-assessment tools Coordinate messaging with Telehealth Ontario, including sharing information on the location and hours of operation of FACs across the province

[1] Throughout the OHPIP, the MOHLTC includes the Minister, the Chief Medical Officer of Health (CMOH) and the rest of the MOHLTC. For information on how decisions are made in the MOHLTC during an emergency, see the Ministry Emergency Response Plan.

[2] This term refers to recommended best practices, such as recommended clinical procedures and occupational health & safety (OHS) and infection prevention & control (IPAC) measures. Recommendations related to OHS may be considered reasonable precautions by health sector employers in the application of the Occupational Health and Safety Act (OHSA).

Party	Roles and responsibilities
PHO	Provide scientific and technical advice to the MOHLTC (through the MEOC), including advice on the effectiveness of antivirals for the circulating strain and associated treatment recommendations Communicate Public Health Ontario Laboratory testing recommendations and guidance through Labstracts (through the MEOC) Generate knowledge translation tools and offer educational opportunities to supplement MOHLTC recommendations and guidance (through the MEOC) Identify antiviral resistance of circulating influenza viruses in collaboration with the National Microbiology Laboratory (through the MEOC) Support FACs and other outpatient settings to implement effective infection prevention & control (IPAC) measures (through Regional Infection Control Networks (RICNs))
Lead FAC agency[3]	Work with local health care providers/ organizations to identify primary health care organizations and emergency departments that could act as FACs Develop local outpatient care & treatment arrangements, ensuring that the needs of vulnerable populations and those that do not have access to primary health care services are addressed Coordinate with local acute care settings, LHIN, PHU and the MOHLTC regarding the opening and closing FACs based on the risk of acute care settings being overwhelmed Coordinate the implementation of FACs, including liaising between FACs and the MOHLTC Advertise FAC locations and hours of operation Gather reporting data from FACs and share with the MOHLTC Coordinate the submission of FAC expenses to the MOHLTC for reimbursement

[3] As the MOHLTC continues to work with LHINs to operationalize their role in emergency management, the role of LHINs in FAC coordination will be clarified. In the event of an influenza pandemic before the role of LHINs is finalized, the MOHLTC will identify the lead FAC agency.

Party	Roles and responsibilities
LHINs[4]	Communicate information on acute care demand and capacity with local health system partners and the MOHLTC to inform opening and closing of FACs Provide direction to transfer payment (TP) agencies regarding funding changes to support outpatient care & treatment
PHUs[5]	Communicate surveillance information and information on local health system demand and capacity with local health system partners, PHO and the MOHLTC to inform opening and closing of FACs Implement telephone information service based on capacity and local need In coordination with the RICN(s), support FACs to implement effective IPAC measures
Telehealth Ontario	Provide health advice and general health information to Ontarians, including the locations of FACs
Hospitals	Implement continuity of operations plans to expand surge capacity in emergency departments Provide care & treatment services, particularly for individuals referred through Telehealth Ontario and primary health care organizations or clients/ patients who have self-identified as requiring emergency service If a designated FAC, implement FAC as per guidance from the lead FAC agency and the MOHLTC Implement effective OHS & IPAC measures (see Chapter 5: Occupational Health & Safety and Infection Prevention & Control)

[4] As the MOHLTC continues to work with LHINs to operationalize the LHIN role in emergency management, the role of LHINs in FAC coordination will be clarified.

[5] Throughout the OHPIP, PHU includes boards of health, medical officers of health (MOHs) and other PHU health workers (e.g., public health inspectors, epidemiologists, public health nurses, etc.). See the Health Protection and Promotion Act and Ontario Public Health Standards for more information on the roles and responsibilities of various PHU parties.

Party	Roles and responsibilities
Community-based pharmacies	Dispense antivirals from the MOHLTC's stockpile to eligible clients/ patients Implement effective OHS & IPAC measures (see Chapter 5: Occupational Health & Safety and Infection Prevention & Control)
Home care providers	Provide care & treatment services for clients/ patients in home care settings through directive/ delegation Support delivery of antivirals dispensed from community-based pharmacy to clients/ patients in home care settings, such as through pharmacy delivery or pick up by a health care provider or family member/ friend Implement effective OHS & IPAC measures (see Chapter 5: Occupational Health & Safety and Infection Prevention & Control)
Primary health care providers/ organizations (see Chapter 9: Primary Health Care Services)	Continue to provide primary health care services for affiliated clients/ patients Implement continuity of operations plans to expand surge capacity to provide influenza care & treatment services for affiliated and potentially non-affiliated clients/ patients If a designated FAC, implement FAC as per guidance from the lead FAC agency and the MOHLTC If designated to be an antiviral dispensing site, dispense antivirals from the MOHLTC's stockpile to eligible clients/ patients who face barriers in accessing community-based pharmacies Implement effective OHS & IPAC measures (see Chapter 5: Occupational Health & Safety and Infection Prevention & Control)

Preparedness tip

Appendix B includes an overview of continuity of operations strategies that outpatient settings may want to consider to ensure they are able to maintain critical services, including influenza care & treatment. Appendix A in Chapter 9: Primary Health Care provides a checklist that primary health care organizations care use to prepare a continuity of operations plan.

Outpatient care & treatment strategy

There are two components to the outpatient care & treatment strategy: leveraging the existing outpatient care & treatment system the greatest extent possible and activating FACs in the event that the existing system is overwhelmed.

Leverage existing system

Ontario's approach to outpatient care & treatment services during an influenza pandemic is to utilize and build on the existing health care system as much as possible, such as:

- encouraging Ontarians to call Telehealth Ontario or use a self-assessment tool before seeking a face-to-face assessment
- putting temporary funding mechanisms in place for primary health care providers to enable them to see more clients/ patients, provide services over the telephone and provide services for unaffiliated clients/ patients (i.e., individuals not on their roster)
- depending on antiviral treatment recommendations, encouraging home care providers to assess and prescribe antivirals for clients/ patients at home through the use of directive/ delegation

Changes to funding mechanisms are communicated through IHNs and Bulletins.

Outpatient settings should use continuity of operations principles to increase their capacity to provide influenza care & treatment, as well as to maintain other critical services, during an influenza pandemic.

Activate flu assessment centres

In the event that existing acute care systems are at risk for becoming overwhelmed, the MOHLTC issues an IHN notifying the provincial health system that it is enabling primary health care organizations and hospital emergency departments to open FACs. Primary health care organizations may operate FACs concurrently with other services and emergency departments may operate them as adjuncts, maintaining existing collective agreements. The MOHLTC provides compensation to organizations that act as FACs to ensure that these settings are able to hire extra staff and purchase additional resources required to promote and provide these services. As well, the MOHLTC's supplies & equipment stockpile is distributed to FACs to ensure they have access to appropriate OHS & IPAC equipment.

FACs are expected to provide care & treatment services to anyone in the community – particularly vulnerable clients/ patients and individuals without access to a regular primary health care provider (i.e., unaffiliated clients/ patients). This may include prescribing antiviral treatment, based on current recommendations and clinical judgment.

FACs are coordinated locally by a lead FAC agency to ensure they are established in response to unmet needs at the local level. As these are publicly-funded initiatives, there is an obligation for health system partners to ensure that funding is used appropriately (i.e., an appropriate number of FACs are opened based on local need). FACs report daily data to the lead FAC agency on the number of clients/ patients seen, age and demographic information, number of antivirals provided/ prescribed and referrals made to secondary sites or hospitals. In turn, lead FAC agencies share this information with the MOHLTC.

The MOHLTC provides information on the location/ hours of FACs to the public and the health system through Telehealth Ontario, the Health Care Provider Hotline and the MOHLTC website. As well, the lead FAC agency advertises FAC locations and hours of operation locally.

The decision to close a FAC is made when the host organization, lead FAC agency or the MOHLTC determines that demand for services has sufficiently declined.

Antiviral distribution strategy

The MOHLTC maintains a stockpile of antivirals to provide free treatment for eligible Ontarians during an influenza pandemic.[6] Due to logistical challenges, the MOHLTC is unable to provide all outpatient care & treatment settings across the province with antivirals from its stockpile. Instead, the MOHLTC targets its stockpile to key health settings in order to maximize its ability to distribute the drug quickly across the province so that it is readily accessible by eligible clients/ patients.

The primary avenue for dispensing antivirals to clients/ patients in outpatient settings is through community-based pharmacies. Pharmacists use the Health Network System (HNS) to submit claims for dispensing antivirals from the provincial stockpile, which enables the MOHLTC to track the quantity of drugs dispensed at these sites. The MOHLTC provides community-based pharmacies with guidance on dispensing antivirals at the time of a pandemic through an IHN, including details on the use of the HNS, compensation and eligible clients/ patients.

For clients/ patients that are prescribed antivirals in home care settings, the MOHLTC encourages providers to consider methods for accessing antivirals from community-based pharmacies, such as requesting that the pharmacy delivers the medication to the client/ patient or having a family member, friend or health care provider pick up the dispensed medication on behalf of the client/ patient.

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[6] The MOHLTC will release guidance at the time of a pandemic that describe eligibility requirements that clients/ patients must meet to receive antivirals from the MOHLTC stockpile based on antiviral effectiveness and ethical considerations. Clients/ patients that are prescribed antivirals, but don't meet the MOHLTC's eligibility requirements, will receive their medication through the existing supply chain at community-based pharmacies (as during seasonal influenza). These clients/ patients pay for the medications or receive reimbursement from their insurance plan.

As well, the MOHLTC may distribute antivirals from its stockpile to other targeted dispensing sites where vulnerable populations access primary health care services, such as CHCs/ AHACs, nurse practitioner-led clinics, shelters with medical personnel and remote, isolated First Nation communities. The MOHLTC also enables FACs to dispense antivirals.

Any non-pharmacy site that dispenses antivirals from the MOHLTC stockpile must submit regular reports to the MOHLTC to support tracking. The report template will be shared at the time of a pandemic.

The MOHLTC oversees the distribution of antivirals from the MOHLTC stockpile to all dispensing sites, including determining the quantity of antivirals to be distributed to each dispensing site and reordering mechanisms.

Ontario's antiviral stockpile may also be used in very limited circumstances for antiviral prophylaxis, such as in specific closed settings, for long-term care employees with direct client/ patient/ resident contact or for specific high-risk groups. This decision is made by the MOHLTC at the time of the pandemic based on evidence and communicated through an IHN.

Next steps

In the development of the Ontario Influenza Response Plan, the MOHLTC will work with its partners to:

- monitor national and international research on the effectiveness of antivirals for the treatment of influenza and its complications
- clarify the role of LHINs in the coordination of FACs based on their broad emergency management role
- develop guidance on decision-making for deferral of non-critical services for vulnerable populations
- continue to develop care & treatment approaches for vulnerable populations
- examine the feasibility of telephone-based assessment and prescribing models
- examine the feasibility of tracking access to antivirals within 48 hours of symptom onset through emergency medical records
- develop guidance for care & treatment in inpatient settings

Appendix A – Orientation to influenza care & treatment

Outpatient care & treatment during an influenza pandemic involves assessment, treatment and/ or referral to another level of care.

Assessment

The MOHLTC releases recommendations during an influenza pandemic through IHNs to provide information on the symptoms of infection with the pandemic strain and the groups at high-risk for complications. Laboratory testing recommendations, based on surveillance needs and laboratory testing capacity, are published by PHO through Labstracts and may also be referenced in an IHN. As scientific evidence evolves during the course of a pandemic, recommendations are updated. Health care providers use these recommendations to assist them in applying clinical judgment when assessing clients/ patients who may have ILI.

As laboratory testing results generally take more than 48 hours, results will not be available to assist health care providers in making antiviral treatment decisions. The MOHLTC may recommend that outpatient health care providers take a nasopharyngeal (NP) swab from clients/ patients that present for assessment early in the pandemic to inform surveillance efforts; however, this practice will likely be discouraged as the pandemic progresses and laboratory testing focuses on more severe cases (hospitalized clients/ patients/ residents), clients/ patients at high-risk for complications, cases with unusual presentations and outbreaks (see Chapter 8: Laboratories).

Preparedness tip

To ensure they have access to the MOHLTC's recommendations, directives and response strategies during an influenza outbreak, health care providers should subscribe to the IHN distribution list.

Treatment

Through IHNs, the MOHLTC releases recommendations on the management and treatment of clients/ patients with ILI in outpatient settings, including guidance on self-care (e.g., rest, drinking fluids, taking basic pain or fever relievers unless contraindicated), public health measures that can limit the spread of influenza to other healthy individuals in the community (e.g., length of time to remain off work or away from school until symptoms resolve) and antiviral treatment recommendations. Data on the effectiveness of antiviral medications on the strain that causes a future influenza pandemic will not be known until the time a pandemic. Based on an assessment of pandemic severity and antiviral effectiveness, the antiviral treatment recommendations

may range from seasonal influenza recommendations to treating all clients/ patients with ILI.

The MOHLTC maintains an antiviral stockpile that will be released to community-based pharmacies and other dispensing sites during an influenza pandemic to provide treatment for individuals at no cost who meet the eligibility criteria (which will be outlined in IHNs and other communication methods).

Referral

Based on the health care providers' clinical judgment, clients/ patients at high-risk for complications, with abnormal vital signs and/ or with worsening clinical status may be referred to a hospital for further assessment and possible admission.

Appendix B – Continuity of operations

In scenarios of high absenteeism and/ or high demand, outpatient settings may need to use creative methods to ensure that they have surge capacity to provide influenza care & treatment services to an increased number of clients/ patients, as well as maintain other critical services. These methods may include:

- use of non-regulated health care providers (e.g., recent retirees) to do non-regulated tasks in a health care environment
- use of health care providers who are in administration and research to do clinical tasks that are within their scope of practice
- temporarily shifting available part-time workers to full-time
- use of directives/ delegation for controlled acts under the Regulated Health Professions Act and its regulations (see the Federation of Health Regulatory Colleges of Ontario's Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario)
- deferral of services that are less critical than influenza care & treatment based on both the organizational mission and the objectives of Ontario's pandemic response (to minimize serious illness and overall deaths through appropriate management of Ontario's health system and to minimize societal disruption in Ontario as a result of an influenza pandemic; see Chapter 1: Introduction)

During an influenza pandemic, employers must abide by existing collective agreements when considering how to ensure continuity of operations.

Changes to service delivery need to be communicated to clients/ patients and their families to ensure they understand what is being done to ensure continuity of operations.

In scenarios where health care providers are performing clinical tasks using skills and knowledge that they do not normally use, work should be structured to provide the highest quality service possible. Changes to the practice of health care providers must be done in accordance with the Regulated Health Care Professionals Act and collective agreements. Structural work changes may include:

- assessment of skills by a highly competent health care provider
- training and supervision
- use of detailed care plans and algorithms where possible
- documentation of how quality assurance has been met

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