

**GPSC COVID-19 QUESTIONNAIRE**  
**SUMMARY OF THEMES**  
**MARCH 20, 2020**

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## TESTING SITES

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### FRASER

- 7 active testing sites
  - Location: Abbotsford, Burnaby (Edmonds UPCC), Chilliwack, Fraser Northwest, 2 sites in Mission (1 drive-through) and 2 drive-through sites in Langley
- 5 testing sites in development – most will be open within 1 week
  - Location: Surrey-North Delta (Whalley UPCC), Burnaby, 2 sites in Ridge Meadows (1 drive-through) and White Rock-South Surrey
- Testing sites are primarily co-managed by Divisions, FHA and community partners
- All but one Division (Delta) in the Fraser region have a designated testing site
- Community supports are enabling the set-up of some testing sites (e.g. City of Burnaby are providing a space for the central testing, assessment and treatment site free of charge)
- Access restrictions in place at some sites to mitigate capacity challenges
- Current capacity of testing sites is unknown or described as insufficient – most sites do not have adequate onsite capacity to safely test patients
- Additional funding needed in Chilliwack and Mission to expand current sites to include drive-through testing (funding would compensate NPs, MOAs and provide more supplies)
- Most communities ready to mobilize quickly to identify appropriate new sites

### INTERIOR

- 9 active testing sites
  - Location: 2 sites in Kelowna (UPCC and PCC), North Shore, Barriere, Chase, Cranbrook, Vernon (UPCC), Salmon Arm (Public Health), Penticton (Public Health),
- 4 testing sites in development
  - Location: 100 Mile House, Williams Lake, Trail, and Nelson
- Testing sites are primarily managed by IHA
- Testing sites becoming overwhelmed is a concern – despite narrow testing criteria
- Current capacity of testing sites is unknown or described as insufficient – most sites do not have adequate onsite capacity to safely test patients
- More testing sites needed - Divisions are ready to mobilize quickly to identify appropriate new sites
- Some testing sites willing to expand hours – however, there is concern that this would compromise ability to provide care in regular clinics
- Space, transport and resource limitations identified for Rural and Remote Division – but testing sites in development
- Request for IHA leadership to be visible in this process

### NORTHERN

- 1 active (undesignated) testing site
  - Location: Tumbler Ridge (one room in Health Centre)
- Approx. 3 testing sites in development
  - Location: Prince George, North Peace, and Tumbler Ridge (drive-through site)
- Current capacity of testing sites is unknown/adequate

## VANCOUVER COASTAL

- 2 active testing sites
  - Location: North Shore (UPCC) and Vancouver (UPCC)
- Testing is occurring FP clinics (volume unknown), walk-in clinics, ambulance bays and parking lots
- Support for centralized site in each PCN
- Concerns about privacy / cleaning during screening process
- Concern for testing sites becoming overwhelmed
- Current capacity of testing sites is varied (adequate/insufficient)
- Some FP clinics are open to providing testing more broadly - providing they are resourced with appropriate PPE and testing supplies
- HR supported needed

## VANCOUVER ISLAND

- 3 active testing sites
  - Campbell River (private clinic), South Island, and Victoria (referral only)
- Gabriola Medical Clinic can provide testing (no PH or VIHA involvement)
- 5 testing sites in development
  - Location: Parksville, Port, Comox Valley, Cowichan Valley, and Nanaimo
- Testing sites in development within Rural and Remote Division (locations TBC)
- Testing sites are managed by VIHA
- Current capacity of testing sites is unknown or described as insufficient - VIHA is reported to be addressing this issue
- Some testing occurring in FP clinics – more clinics willing to offer testing if needed
- HR and staff support required for potential new sites
- Support for only screening patients at designated sites and not FP offices

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## SUPPLIES

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### FRASER

- Testing sites have limited PPE supplies or have ran out entirely - physicians/staff are not protected
- Divisions unable to locate available supplies
- PPE, swabs, hand sanitizer and cleaning supplies urgently needed

### INTERIOR

- Limited supplies of PPE and swabs at most testing sites

### NORTHERN

- Swab supplies limited, PPE supplies currently adequate but there are concerns about future availability

### VANCOUVER COASTAL

- Vancouver Division willing to act as a 'hub' and/or support distribution of supplies should they become available
- Recommendation to develop fee codes for the cost of PPE
- Most testing sites have limited PPE supplies or have ran out entirely
- PPE and swabs are urgently needed

### VANCOUVER ISLAND

- Nanaimo completing inventory of supplies
- Limited supplies of swabs at testing sites
- Limited or no access to PPE supplies at testing sites
- Concern regarding VIHA responsiveness to supply issue

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## ACCESS TO INFORMATION

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### FRASER

- Support for one centralized source of information – communities inundated with information (often inconsistent messaging)
- Some members not clear on where to find the most up-to-date information due to volume of communications
- Divisions sharing resources and communicating regularly with members
  - Burnaby Division has created online repository or resources
- Request for walk-in clinic guidelines in the event of possible closure
- Request for virtual care start-up support (e.g. guidelines)
- Better information needed for patient management

### INTERIOR

- Overall, members feel clear on where to find up-to-date information
- Divisions sharing resources and communicating regularly with members
  - SOS sharing list of recommended sites with members
- Division Liaisons in SOS are visiting testing sites to provide them with information and support

### NORTHERN

- Overall, members feel clear on where to find up-to-date information
- Communications from Doctors of BC, CPSBC and NH described as helpful

### VANCOUVER COASTAL HEALTH

- Support for one centralized source of information – communities inundated with information
- Members not clear where to find the most up-to-date information
- Divisions sharing resources and communicating regularly with members
  - Vancouver Division has created a member only website at [VancouverPrimaryCareNow.com](http://VancouverPrimaryCareNow.com) to share announcements and available resources
- Request for clear, up-to-date, ongoing, information from HA and MHO

### VANCOUVER ISLAND

- Support for clear, concise consistent information for FPs, their patients and staff
- Divisions sharing information from MHO/Island Health as soon as it is available/updated
- Pathways is being kept up-to-date and is well utilized

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## SUPPORTING VULNERABLE PATIENT POPULATIONS

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### FRASER

- Proactive outreach to high-risk populations (Abbotsford)
- Social media utilized for community messaging on social distancing and isolation
- Burnaby community services integrated into COVID-19 strategy to help address needs of vulnerable populations
- Concerns for homeless population and ability to isolate
  - Recommendation to engage BC Housing to provide additional funding to open up isolation spaces in shelter
- Long Term Care physicians are apprised of Fraser Health's LTC guidelines and have a contingency plan among the group members should any physician need to be quarantined
- Divisions have limited capacity at this time to complete this work – funding support requested

### INTERIOR

- IH and LTC home are reported to have developed an approach for supporting vulnerable patient populations
- Support for utilizing virtual care to address this issue

### NORTHERN

- Tumbler Ridge in consultation with politicians to ensure co-ordinated response from community
  - could include take-out home deliveries / grocery home deliveries
- Health Authority is providing regular updates and additional supports
- Very limited PPE for providers working in the indigenous communities

### VANCOUVER COASTAL HEALTH

- Local services consulted in some Divisions
- North Shore leveraging UPCC and 811 to support vulnerable patient populations

### VANCOUVER ISLAND

- Nursing homes in Comox Valley are reported to have implemented increased safety measures (e.g. increased signage and monitoring visitors)
- Overall, Divisions have not yet started this planning

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## PROVIDER HEALTH

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### FRASER

- Providers are reported to be physically depleted and feeling anxious, unvalued, sad, angry, and frightened, due the following issues:
  - limited clinic capacity to meet needs of COVID-19 patients **AND** provide regular primary care services
  - supply shortages (lack of protection)
  - HA sending COVID-19+ AHPs to FP clinics for testing with no prior notice
  - concern of unknowingly spreading COVID-19 to patients, colleagues and loved ones
  - perception that physicians are “on their own”
  - lack of consistent information
  - ability to educate patients effectively
- Billing updates requested to address income concerns

### INTERIOR

- Mixed responses across the Interior region
  - Central Okanagan and SOS providers are reported to be in average-good health at this time
  - Providers in other Divisions report feeling anxious and frustrated, but not overwhelmed
- Lack of supplies causing concern among providers
- Physician burnout and self-care supports/resources requested

### NORTHERN

- Providers are reported to be feeling anxious due the following issues:
  - increasing work demands
  - ability to support their families
- Request for information to support clinic staff fielding COVID-19 related questions
- Concerns regarding limited capacity if staff become sick
- MOAs receiving abuse from the general public

### VANCOUVER COASTAL HEALTH

- Providers reported to be feeling anxious and devalued due the following issues:
  - concern for provider health and health of communities
  - slow information flow and response at HA level
  - financial concerns / loss of income
  - onsite capacity to safely test patients for COVID-19
  - lack of PPE supplies – concerns not taken seriously
  - lack of faith in local leadership (HA and MHO)
  - lack of clarity in role of divisions
- Physician leaders burnt out – urgent need for locum coverage in rural communities
- Vancouver Division adding Physician Wellness section to their members area with respect to COVID-19

## VANCOUVER ISLAND

- General anxiety among providers regarding lack of equipment
- Concern over increase in volume of patients / being overwhelmed
- Access to counselling services will be necessary when COVID-19 outbreak is contained
- Physical health of older physicians is a concern
- Providers in South Island reported to be in good health at this time
- Request for mental health and stress management support for front line care providers



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## VIRTUAL CARE

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### FRASER

- Most communities offering virtual care tools/services
- Burnaby developing community wide virtual care longitudinal strategy which would involve collective licensing
- Chilliwack exploring bulk purchasing of licencing
- Divisions request additional support to implement virtual care in more FP clinics

### INTERIOR

- Communities reported to be experimenting with virtual care but is not widely offered
- COK providing discount code and reimbursement for a virtual platform
- Strategy needed on how to offer virtual care, including billing support
- Providers are interested in adopting Doxy.me software

### NORTHERN

- Prince George in consultation with Northern Health for virtual screening / clinics (enabling recently retired or quarantined providers to support response in a lower risk setting)
  - Virtual after hours care for COVID-19 will be available next week
- Divisions are utilizing DTO Virtual Care Guides

### VANCOUVER COASTAL HEALTH

- Support for one virtual platform for each community area (enabling physicians to provide cover for other physicians)
- Virtual care services are offered by some FP clinics but are not widely available
- Responsivity from DTO is noted as positive
- Virtual care start-up support requested

### VANCOUVER ISLAND

- Virtual care services are not widely offered
- Interest in expanding virtual care capacity in communities
- Victoria and South Island exploring bulk purchasing of Doxy.me software

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## INNOVATIVE IDEAS

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### FRASER

- Drive through testing at centralized site
- Resources from PCN MH counselling and social work programs redirected to help manage the anxiety of suspected COVID-19 patients
- Provide funding for the following:
  - Supporting Family Practice for 1 month
    - MOA / temporary staff costs for additional work
    - Additional cleaning costs
    - Telehealth licencing (plus staff to support)
    - Virtual Health Clinic system
    - Additional supplies
    - New incentives to do additional shifts at walk-ins or virtual health clinic
    - Screening teams with additional Allied Health provided
- Relax billing criteria so that physicians can bill for faxed prescriptions in stable patients (decreasing contact)
- One-time block payment for work to reduce transmission
- Providers willing to support 811 phone line in the event of isolation/down time
- Central repository of information and communications managed by the provincial office

### INTERIOR

- Utilize Telehealth/virtual care where possible
- Drive through testing model
- Access to masks for symptomatic people unable to self-isolate (vulnerable patient populations)
- Patients wait in vehicles to lower exposure risk in waiting room
- Alternative access points for swabs and assessment during COVID 19
- Provide virtual locum support for primary care needs if local capacity is not able to meet demands

### NORTHERN

- Virtual screening / clinics
- Alternative access points for swabs and assessments
- Leverage virtual supports for patients at risk or requiring assessment
- Provide virtual locum support for primary care needs if local capacity is not able to meet demands
- Paramedic based assessments (if there is capacity)

### VANCOUVER COASTAL HEALTH

- PCN staff screen for offices linked to MOAs and FPs using existing pathways developed in PCN, and protocols and pathways established by Public Health
- Proactive Outreach to High Risk Populations
- FP clinics could have a designated staggered hour for COVID visits
- Mobile House Call Team – staffed by VCH Nurses with portable O2 tanks and O2 stats
- Phone Team – for phone-based screening, monitoring until patient is asymptomatic

- Maximise telehealth
- Direct Public Health staff to an active support role in terms of COVID assessment, assurance and testing
- Reimbursements for re-prescriptions via pharmacy
- Patients with respiratory / GI illnesses assessed at specified locations

#### VANCOUVER ISLAND

- Utilize social media for communicating with providers (e.g. Whats App and Facebook)
- Develop 'front line' teams to protect more vulnerable providers
- 'Help wanted' lists for MOAs and physicians in the event of clinic closure
- Navigation guide for resources and tangible/usable information
- Cross coverage locum pool in the event of sickness or quarantine
- Staggering patient appointments
- Utilize Telehealth/virtual care where possible

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## ADDITIONAL REQUESTS

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### FRASER

- Flexibility to Division budgets to meet the below needs:
  - Utilize funding for PCN APP GP positions that are not yet filled to pay for GP additional hours
  - Utilize HCP, LTCI, Infrastructure funding - reimbursement after
- Additional funding to meet the below needs:
  - Portables, supplies, equipment, security for testing site, staff time/expenses, and Division staff overtime

### INTERIOR

- Support for Liaisons in SOS to visit/support PC providers
- New billing codes to support virtual care
- Support to run a MOA temp pool and a primary care provider Locum pool
- Escalating the need for critical transportation for rural and remote communities

### VANCOUVER COASTAL HEALTH

- New billing codes to support virtual care
- Guaranteed locum coverage
- Financial resources to compensate staff off work or overhead costs in the event of clinic closure
- Flexibility to Division budgets to meet the needs
- Redirect all GPSC/DoBC staff to roles to support physician members in managing COVID-19
- Negotiate increase in data capacity with Telus to enable fast and secure internet services
- Develop webinars to support physicians and MOAs (e.g. “how to’s” for applying masks, cleaning, or handling distressed patients)
- Use video clips to communicate to mitigate email fatigue
- Move all communications from various DoBC teams to a secure website that is maintained with up-to-date information
- Set up a slack or similar platform for division to division communication
- Identify and ensure activity from PSP to support physician practices
- Ramp up multi-language public health messaging to the public
- Redirect all existing primary care resources to on-the-ground service and support roles

### VANCOUVER ISLAND

- Additional funding to meet the below needs:
  - Supplies, equipment, staff time/expenses, Division staff overtime
- Request for online discussion platform (limited by existing GPSC platform)
- Advocate for supplies
- Coordinate with the Ministry around messaging for patients
- Mental health and stress management support for front line care providers
- Advocating for supplies
- Coordinating with the Ministry around messaging for patients
- Mental health and stress management support for front line care providers.

- Appropriate compensation for increased work loads
- Billing codes for virtual care
- Provide an ICD9 code for Covid-19
- Utilize infrastructure funds to assist in acting as a coordinating centre for the community

## APPENDIX 1 – Email to Division EDs and Physician Leads

Dear Division EDs and Physician Leads:

At the GPSC Core meeting today, physician members had the opportunity to speak directly with Ministry of Health Deputy Minister Stephen Brown about the many challenges that we are facing in primary care in responding to COVID-19.

The Deputy Minister said it is important at this time to empower divisions to take the lead in working with health authorities to develop and implement solutions to the challenges we are facing. He acknowledged that divisions are able to be nimble and flexible, and that physicians know what their communities need.

The most immediate areas of focus are (1) the establishment of a co-ordinated process to set up assessment and testing centers, and (2) access to much-needed supplies. In order to help us support divisions to move forward quickly, we have compiled a list of questions. This will provide an inventory of the resources or approaches already in place. It will help to identify ongoing barriers that you are facing, to learn about ideas and actions that you would like to see for your community and to identify the support needed to quickly put these ideas into action.

### Questions:

1. Are there designated testing site(s) in your community/communities? If so, who runs them?
2. What is your understanding of the current capacity of the testing site(s) and whether they are sufficient to meet patient demands?
3. If there is a need for new or increased designated testing site(s) for your community, how quickly could your practices come together to identify an appropriate site? What support would you need to do this?
4. Are your members clear on where to find relevant and up to date information needed to have confidence in providing primary care related to COVID-19?
5. What is your immediate level of access to necessary supplies (e.g. PPE, swabs, cleaning agents)? Is replenishment an issue?
6. What, if any, community services are you leveraging to support vulnerable patient populations during the COVID-19 pandemic?
7. What other innovative ideas do you have to support managing your patients during COVID-19? What's possible if you could come together across practices? How would you describe the physical and mental health of the providers (GPs and NPs) in your community? Is there additional support you require at this time?
8. Are you currently offering virtual care tools or services for your providers? (e.g. bulk purchasing licenses, or creating virtual after hours networks).
9. Are there resources you require that the GPSC can help you with?

**Please return this completed questionnaire by 12:00pm Monday, March 16<sup>th</sup> by return email to [gpsc@doctorsofbc.ca](mailto:gpsc@doctorsofbc.ca) . The GPSC is working hard to mobilize support as soon as possible.**

We recognize that one the most urgent needs is for accurate information. Please note the BCCDC recently provided an updated website link her. This is a valuable resource to share with physicians that is also highlighted on Pathways and the Doctors of BC websites.

We will have more information early next week on new billing codes and tools and resources for using virtual care in your practice.

Your GPSC liaison is available to you over the weekend; please reach out if you would like to discuss or need assistance in providing this information.

Thanks again for all your are doing to care for the patients in your communities.

APPENDIX 2 - GPSC COVID-19 Questionnaire Responses by Division

Region	Division/Chapter	1. Are there designated testing site(s) in your community/communities? If so, who runs them?	2. What is your understanding of the current capacity of the testing site(s) and whether they are sufficient to meet patient demands?	3. If there is a need for new or increased designated testing site(s) for your community, how quickly could your practices come together to identify an appropriate site? What support would you need to do this?	4. Are your members clear on where to find relevant and up to date information needed to have confidence in providing primary care related to COVID-19?	5. What is your immediate level of access to necessary supplies (e.g. PPE, swabs, cleaning agents)? Is replenishment an issue?	6. What, if any, community services are you leveraging to support vulnerable patient populations during the COVID-19 pandemic?	7. What other innovative ideas do you have to support managing your patients during COVID-19? What's possible if you could come together across practices?	8. How would you describe the physical and mental health of the providers (GPs and NPs) in your community? Is there additional support you require at this time?	9. Are you currently offering virtual care tools or services for your providers? (e.g. bulk purchasing licenses, or creating virtual after hours networks).	10. Are there resources you require that the GPSC can help you with?
Fraser	Abbotsford	1 site managed by Division	Clinic capacity is negligible	2 expansion sites identified	Yes	PPE/Cleaning	<ul style="list-style-type: none"> <li>• Outreach to high-risk populations</li> <li>• Community messaging through social media on social distancing and isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Telemed group for supportive care for unattached patients</li> <li>• Covering telemed licence cost to encourage use over next 2 months</li> </ul>	<ul style="list-style-type: none"> <li>• Providers are reported to be physically depleted</li> <li>• Providers reported to feel anxious and fearful for their patients</li> <li>• Supply shortages affecting mental health</li> </ul>	Yes	
Fraser	Burnaby	<ul style="list-style-type: none"> <li>• New Central COVID-19 site – operational by March 20, 2020 (TBC)</li> <li>Facility will include a drive-thru testing site and 2 exam rooms, and will be staffed by nurses, physicians and nurse practitioners</li> <li>• Edmonds UPCC will serve as an interim central testing and assessment site until central site up and running</li> </ul>	<ul style="list-style-type: none"> <li>• The UPCC does not have sufficient capacity to be the permanent testing and assessment site for Burnaby</li> <li>• To manage capacity, access is restricted to patients of Burnaby FPs and residents of Burnaby</li> <li>• Nursing staff have been added to staff the central site and augment the UPCC from PCN funding and FH funding</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility to utilize funding for PCN APP FP positions to compensate FPs for additional hours</li> </ul>	<ul style="list-style-type: none"> <li>• Regular communication to members</li> <li>• Online repository created using a link to BOX</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to locate available supplies</li> <li>• Limited supply of PPE</li> <li>• Unknown if there will be sufficient testing and PPE equipment for new centralized strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Engaging directly with community services in Burnaby – integrated into COVID-19 strategy</li> <li>• Community partners will be provided with consistent marketing material to ensure residents are directly appropriately to the website</li> </ul>	<ul style="list-style-type: none"> <li>• 4-pronged COVID strategy for Burnaby</li> <li>• Redirect resources from PCN MH counselling and social work programs to help manage the anxiety of suspect COVID patients</li> </ul>	<p>Anxiety among providers due to the following:</p> <ul style="list-style-type: none"> <li>• Meeting COVID-19 patients needs, without disrupting normal primary care services</li> <li>• Supply shortages</li> <li>• Risk to health and health of their families</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 virtual care strategy developed</li> <li>• Contemplating community wide virtual care longitudinal strategy for Burnaby (involving collective licensing)</li> <li>• Virtual care supports would be valuable</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility to utilize funding for PCN APP FP positions that are not yet filled to pay for FP additional hours</li> <li>• Resources to pay for portables, supplies, equipment, and security for the central site, and FP staff</li> <li>• Additional funding to enable Division staff to continue working OT hours</li> </ul>



<b>Fraser</b>	<b>Chilliwack</b>	<ul style="list-style-type: none"> <li>1 site managed FHA</li> <li>Operational by March 16, 2020</li> <li>Opening hours - Mon-Fri 08:30-16:30</li> </ul>	<ul style="list-style-type: none"> <li>Chilliwack – insufficient capacity if volume increases or staff become sick (max capacity - 60 patients/day)</li> <li>Hope – unknown</li> </ul>	<ul style="list-style-type: none"> <li>Hope - space identified if critical volume at other site reached (FHA managed)</li> <li>Chilliwack – potential to expand current site to include drive-through testing</li> <li>FPs and NPs willing to support assessment and swabbing - funds needed to compensate them</li> </ul>	<ul style="list-style-type: none"> <li>Email fatigue</li> <li>One centralized source for information preferred</li> </ul>	Limited supplies of PPE/swabs	<ul style="list-style-type: none"> <li>Virtual care</li> <li>Concern for homeless population and ability to self-isolate</li> </ul>	<ul style="list-style-type: none"> <li>Virtual care – doxy.me and Medeo</li> <li>Drive through testing at centralized testing site</li> <li>Relax billing criteria so that physicians can bill for faxed prescriptions in stable patients (decreasing contact)</li> <li>Providers willing to support 811 phone line in the event of isolation/down time</li> </ul>	Supply shortages causing concern	In consultation with DTO re: bulk purchasing licences	<ul style="list-style-type: none"> <li>Flexibility to budgets to meet the needs (e.g. HCP, LTCl, Infrastructure)</li> <li>Additional budget to meet the needs (e.g. revamped HCP)</li> </ul>
<b>Fraser</b>	<b>Delta</b>	No designated sites	FPs have limited swabs and lack the appropriate PPE to safely test in their offices	Division is ready to support and have completed preliminary work flow planning	<ul style="list-style-type: none"> <li>Information and BCCDC guidelines/handouts circulated to members</li> </ul>	Unable to locate available supplies	None so far	Virtual care	Anxiety among providers	In preliminary stages	Information on patient management
<b>Fraser</b>	<b>Fraser Northwest</b>	<ul style="list-style-type: none"> <li>1 site managed by Division</li> <li>Opening date March 16, 2020</li> <li>Planned operational hours 9 AM - 8 PM Mon - Fri, Sat &amp; Sun 9 AM - 5PM</li> <li>Could operate 12 hours per day if needed</li> </ul>	Capacity unknown	New site opened March 16, 2020	<ul style="list-style-type: none"> <li>Clear access to information</li> <li>Providing multiple sources for members (e.g. Pathways, SLACK community forum for physicians etc.)</li> </ul>	Unknown	Telehealth		Recent improvement in provider health noted	Yes (e.g. Doxy.me)	<ul style="list-style-type: none"> <li>Lab access</li> <li>Cleaners</li> </ul>
<b>Fraser</b>	<b>Langley</b>	<ul style="list-style-type: none"> <li>2 drive-through sites in Langley managed by the HA</li> <li>Operational March 16, 2020</li> <li>ERP, FP and NP staffing needs</li> <li>Operating 7 days per week – 12-8 PM</li> </ul>	Capacity for 40 swabs per day	Suppliers and PPE equipment required	More consistent information requested	Very limited supplies of PPE, swabs and hand sanitizer	Consultation with community partners, NGOs and local politicians - strategy TBD	Doctors of BC explore phone triage solutions (staff currently overwhelmed)	<ul style="list-style-type: none"> <li>Providers physical and mental health impacted</li> <li>Concern around risk of exposure/transmission</li> </ul>	Yes	<ul style="list-style-type: none"> <li>Public messaging on virus hotspots</li> <li>Deploy available resources to support COVID-19 response</li> </ul>
<b>Fraser</b>	<b>Mission</b>	<ul style="list-style-type: none"> <li>1 makeshift site set up in meeting room at the CHC</li> <li>1 large clinic is offering drive-through testing</li> </ul>	Insufficient capacity due to cleaning limitations	<ul style="list-style-type: none"> <li>Potential new site identified (education room lower level of the hospital – drive-through testing outside also feasible)</li> <li>Funds for sessional payments required</li> <li>Supplied would be required</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient information</li> <li>Email fatigue / oversaturation</li> </ul>	<ul style="list-style-type: none"> <li>Unable to locate available supplies</li> <li>Limited supplies of PPE</li> <li>Ran out of swabs</li> </ul>	None so far		Billing updates requested to address physician concerns	In development	<ul style="list-style-type: none"> <li>Funding for test site</li> <li>Funding for staff time and expenses</li> </ul>

Fraser	Ridge Meadows	<ul style="list-style-type: none"> <li>In development with HA partners</li> <li>UPCC could become influenza site</li> </ul>	<ul style="list-style-type: none"> <li>UPCC for site 1</li> <li>Drive-through for site 2 – both within hospital area</li> <li>FP clinics do not have capacity to safely test patients</li> <li>Equipment/supplies needed for testing sites</li> </ul>	In process	Request for centralized information source to minimize confusion/misinformation	No equipment or supplies	None so far	<ul style="list-style-type: none"> <li>Supporting Family Practice for 1 month</li> <li>MOA / temporary staff costs for additional work</li> <li>Additional cleaning costs</li> <li>Telehealth licencing (plus staff to support)</li> <li>Virtual Health Clinic system</li> <li>Additional supplies</li> <li>New incentives to do additional shifts at walk-ins or virtual health clinic</li> <li>Screening teams with additional Allied Health provided</li> <li>Relax billing criteria so that physicians can bill for faxed prescriptions in stable patients (decreasing contact)</li> </ul>	Physician/MOAs reported to feel anxious and frightened	Yes	<ul style="list-style-type: none"> <li>Funding for additional clinic work outside of funding agreement</li> <li>Funding for staff/FP time</li> </ul>
Fraser	Surrey-North Delta	Preparations in process to set up site in Whalley UPCC	Unknown	<ul style="list-style-type: none"> <li>UPCC and potentially second site may not meet population needs</li> <li>Drive-through in parking area of 2nd UPCC could be set up to mitigate capacity challenges</li> </ul>	<ul style="list-style-type: none"> <li>Members not clear where to find information</li> <li>Directing members to Division website as central source of information and link to other trusted sources</li> </ul>	Limited supplies	None so far - in consultation with community partners	Telehealth/virtual care	<ul style="list-style-type: none"> <li>Email fatigue</li> <li>Provider burnout/anxiety</li> <li>Concern re: shortage of supplies</li> </ul>	Not formally - but is a priority	<ul style="list-style-type: none"> <li>Additional funding to implement COVID-19 responses</li> <li>Support to remove systemic barriers</li> <li>Central repository of information and communications managed by the provincial office</li> </ul>
Fraser	White Rock-South Surrey	<ul style="list-style-type: none"> <li>Assessment centre in development - in partnership with local FH executive</li> <li>To be co-managed with FH and staffed by mix of FH RN and support staff with a community FP</li> <li>Currently 8 FP clinics doing testing in their clinics – waiting for dedicated centre</li> </ul>	<ul style="list-style-type: none"> <li>Unknown - will monitor demand once open</li> <li>Anticipate capacity will not be sufficient due to high senior population in WRSS</li> </ul>	<ul style="list-style-type: none"> <li>Able to mobilize quickly to make adjustments</li> <li>In consultation with the city re: access to unused space</li> </ul>	Division messaging to use BCCDC site for up to date info Request for the following: <ul style="list-style-type: none"> <li>Information for public about testing protocols requested</li> <li>Walk-in Clinic protocols</li> <li>Virtual care set-up support</li> </ul>	<ul style="list-style-type: none"> <li>Supplies expected to run out within 1 week</li> <li>Supplies on order aren't expected for up to 2 weeks</li> </ul>	Long Term Care physicians are apprised of Fraser Health's LTC guidelines and have a contingency plan among the group members in the event of quarantine	<ul style="list-style-type: none"> <li>High anxiety among providers</li> <li>Concern for: shortage of supplies, lack of information, ability to educate patients effectively, increase in patient volume</li> </ul>	<ul style="list-style-type: none"> <li>6 family physicians (out of possible 100) offering virtual care</li> <li>More support requested to help increase volume of FP clinics offering virtual care</li> </ul>	<ul style="list-style-type: none"> <li>PPE supplies for clinics</li> <li>Testing kits for clinics</li> <li>More virtual care start-up support</li> </ul>	
Interior	Central Interior Rural	<ul style="list-style-type: none"> <li>2 sites in development (100 Mile House/Williams Lake)</li> <li>Set up by IH</li> </ul>	Unknown	Anticipate 2 testing sites will be sufficient to meet needs	<ul style="list-style-type: none"> <li>CDC and IH providing frequent updates/information to members directly</li> <li>Facility Engagement have set up What's App chat group for Williams Lake updates</li> </ul>	Limited supplies, particularly swabs	Unknown	<ul style="list-style-type: none"> <li>Virtual care</li> <li>Patients wait in vehicles</li> <li>Increased cleaning regime</li> <li>Removal of magazines in clinics</li> </ul>	Potential impact on provider physical/mental health	<ul style="list-style-type: none"> <li>Not currently offered but being contemplated</li> <li>Implementation supports requested</li> </ul>	<ul style="list-style-type: none"> <li>Billing supports</li> <li>Mental health supports</li> </ul>

<b>Interior</b>	<b>Central Okanagan</b>	1 site in Kelowna UPCC – managed by IHA	Not sufficient to meet demand	<ul style="list-style-type: none"> <li>• Potential need for new sites if volume increases</li> <li>• Supplies will be needed for new sites</li> </ul>	Yes	<ul style="list-style-type: none"> <li>• Ran out of PPE</li> <li>• 10 day expected wait for hand sanitizer</li> </ul>	None so far	Telehealth/virtual care	<ul style="list-style-type: none"> <li>• Provider health reported to be good at this time</li> <li>• Concern for families</li> </ul>	Providing discount code and reimbursement for a platform	Updated information regarding loss of income
<b>Interior</b>	<b>East Kootenay</b>	1 testing site in Cranbrook - managed by IHA	<ul style="list-style-type: none"> <li>• Shortage of supplies</li> <li>• Concern for capacity if patient volume increases</li> </ul>	Community collaboration on acute planning	Yes	Very limited supply of swabs, gowns and masks	IH and LTC home are understood to be addressing this issue	<ul style="list-style-type: none"> <li>• Drive-through testing sites</li> <li>• Virtual care</li> <li>• Non-urgent appointments postponed</li> </ul>	Concern re: lack of supplies	<ul style="list-style-type: none"> <li>• Some FP clinics experimenting with virtual care</li> <li>• Virtual care implementation support needed to expand</li> </ul>	Equipment to support virtual care implementation (e.g. headsets)
<b>Interior</b>	<b>Kootenay Boundary</b>	2 in development (Trail and Nelson) - managed by IHA	Unknown	Willing and ready to work with community partners	Some improvement - but members still not clear	Limited supplies	None so far		Anxiety and frustration among providers	In progress	Self-care materials
<b>Interior</b>	<b>Shuswap North Okanagan</b>	<ul style="list-style-type: none"> <li>• 1 site in Vernon in UPCC – managed by IHA</li> <li>• 1 site in Salmon Arm at Public Health</li> <li>• Opening hours TBD</li> </ul>	<ul style="list-style-type: none"> <li>• Vernon - COVID 19 testing clinic: 8 patients per day due to space, time and staff constraints</li> <li>• Regular clinic hours decreased by 4 hours per day to accommodate COVID-19 testing</li> <li>• Salmon Arm – capacity unknown – receiving 400 swabs</li> </ul>	<ul style="list-style-type: none"> <li>• Vernon – capacity to expand hours and provide more testing (regular clinic would be further compromised)</li> <li>• Salmon Arm – additional site / supplies needed</li> </ul>	Yes	<ul style="list-style-type: none"> <li>• Vernon – testing site – replenishment of N95 masks an issue</li> <li>• Private FP clinics have limited supply of masks / gowns</li> <li>• Salmon Arm – Limited supply of PPE / Swabs</li> </ul>	None so far	Phone visits and house calls	<ul style="list-style-type: none"> <li>• Additional support will be needed as providers burnout</li> <li>• Increased telephone support</li> <li>• Provider health impacted</li> </ul>	Not currently offered	
<b>Interior</b>	<b>South Okanagan Similkameen</b>	1 site in Penticton – Interior Public Health building Open 4:40-8:30PM Daily	Appointments booked in advance - approx. 7 patients per day	<ul style="list-style-type: none"> <li>• In consultation with Interior Health – rural community access / resources sites with physicians / compensation models</li> <li>• Testing sites would be IH designated facilities</li> </ul>	<ul style="list-style-type: none"> <li>• List of trusted sites developed/shared with members</li> <li>• Division Liaisons will visit PC clinics to provide support on where to access information / gather information on # of cases</li> </ul>	<ul style="list-style-type: none"> <li>• Limited supplies of swabs and masks for patients</li> <li>• No access to PPE and N95 masks</li> </ul>	None so far	<ul style="list-style-type: none"> <li>• Virtual care</li> <li>• Locum pool</li> </ul>	Provider physical/mental health reported to be average	Offered in some clinics, plans to expand this more broadly	<ul style="list-style-type: none"> <li>• Support for Liaisons to visit/support PC providers</li> <li>• New billing codes to support virtual care</li> <li>• Support to run a MOA temp pool and a primary care provider Locum pool</li> <li>• Sessional compensation for those working in testing sites</li> </ul>

Interior	Thompson Region	2 sites in Kamloops offering testing - UPCLC run by IHA - Kamloops Primary Care Clinic											
		1 site in North Shore offering testing - North Shore Primary Care Clinic - Screening patients on case-by-case basis	• Limited supplies • Concern for capacity if patient volumes increase	• Drive-through sites a consideration • More sites needed and could be identified relatively quickly • Support for PPE/training/resources for new sites	Communication channels working well	Limited supplies	• Ensuring elderly patients have 3-6 months medication • Utilizing virtual care / home visits where possible / • Leveraging advice re: hand hygiene/social distancing	Online Telehealth system	• Mixed responses • Overall, physician health not an issue at this time • Burnout / exposure risk a concern	Virtual care offered by some clinics but is not widely available			
		Possible site in Barriere – Public Health nurse office  1 site in Chase - designated room in FP office  No local testing in Sun Peaks											
Northern	Tumbler Ridge	• No designated site –but have allocated one room in Health Centre for screening and testing • Awaiting approval from NH for drive-through screening in health centre parking lot	Concern for site capacity		Yes	More supplies needed	In consultation with politicians to ensure co-ordinated response from community - could include take-out home deliveries / grocery home deliveries - community volunteers may be engaged		Physician health is reported to be OK at this time - staff sickness may present capacity challenges in future	Not currently offered			
		North Peace	TBD - meeting scheduled	TBD - meeting scheduled	Yes	Yes	Limited supplies	Health Authority is providing regular updates and additional supports	MOA's receiving abuse from frightened community members.	• Many physicians are offering phone appointments (when appropriate) for existing booked appointments • Plans to utilize DTO virtual care implementation guide once released			

Northern	Northern Interior Rural	No dedicated testing sites	<ul style="list-style-type: none"> <li>• Current capacity is adequate and meeting demands</li> <li>• Some communities more vulnerable than others</li> <li>• Emergency locum support may be required</li> <li>• Regional approach may be required in more remote areas if gaps emerge in access to primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Remote sites present greatest challenges – local creative solutions needed (space and managers to support planning may be an issue at more remote sites)</li> <li>• Indigenous communities in preliminary planning stages</li> </ul>	<ul style="list-style-type: none"> <li>• Communication from Doctors of BC, CPSBC and NH have been helpful</li> <li>• Regional and local phone calls to answer questions</li> </ul>	<ul style="list-style-type: none"> <li>• Access to supplies is a concern</li> <li>• Limited supply of swabs</li> <li>• PPE may become in short supply if volume increases</li> <li>• Indigenous communities have very limited access to swabs/PPE</li> </ul>	None so far	<ul style="list-style-type: none"> <li>• Alternative access points for swabs and assessment</li> <li>• Leverage virtual supports for patients at risk or requiring assessment</li> <li>• Provide virtual locum support for primary care needs if local capacity is not able to meet demands;</li> <li>• paramedic based assessments (if there is capacity)</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety among providers</li> <li>• Burnout anticipated</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual care tools leveraged – plans to expand this capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual care start-up support</li> <li>• Increased access to emergency locum services</li> </ul>
Northern	Pacific Northwest										
Northern	Prince George	In development - discussions underway with HA	N/A	<ul style="list-style-type: none"> <li>• Appropriate site has been identified</li> <li>• Nursing support and Physician compensation options</li> <li>• Access to swabs / PPE</li> </ul>	Links to the BCCDC have been shared with members	<ul style="list-style-type: none"> <li>• Swab access very limited</li> <li>• Varying availability of PPE in offices with no replenishment options</li> <li>• Conversations with Northern Health are underway</li> </ul>	PCNS	In planning phase for the set-up of virtual clinics/screening	Notable increase in anxiety among providers	Virtual after hours care for COVID in the planning phase - anticipated to be ready next week	
Vancouver Coastal	North Shore	<ul style="list-style-type: none"> <li>• Local UPCC managed by VCH</li> <li>• Desire for centralized testing site (ideally in each PCN)</li> </ul>	Current capacity is insufficient - local UPCC centre operating at capacity with physicians requested	Support requested for HR, PPE and supplies	Yes - centralized source for information preferred	Very limited supply of PPE and unable to locate available supplies	UPCC & 811	<ul style="list-style-type: none"> <li>• Free up clinic time for more urgent visits</li> <li>• Utilize telephone and telehealth</li> <li>• Reimbursements for re-prescriptions via pharmacy</li> <li>• Patients with respiratory / GI illnesses assessed at specified locations</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety among providers is high</li> <li>• Concern for loss of income, supply shortages, and risk of exposure/transmission</li> </ul>	In development	Fee codes to support virtual care and increased costs of PPE
Vancouver Coastal	Powell River	<ul style="list-style-type: none"> <li>• Testing in FP clinics</li> <li>• Testing in ambulance bay of Powell River General Hospital</li> </ul>	Increase in calls/appointments to FP clinics		<ul style="list-style-type: none"> <li>• Members receive updates from VCH/MOH/DOBC/CDC/CPSBC</li> <li>• Local updates from Powell River Covid Steering Committee</li> </ul>	Ran out of swabs - other supplies limited	None yet	Timely information at local level	Provider burnout a concern - urgent need for locum cover in rural communities	Offered in 2 FP clinics	<ul style="list-style-type: none"> <li>• Guaranteed locum coverage for full-service FP involved in clinic, LTC, hospitals and Covid leadership work</li> </ul>





<ul style="list-style-type: none"> <li>• No designated testing sites in Richmond</li> <li>• Majority of testing occurring in FP practices and walk-in clinics</li> </ul>	<p>Unknown</p>	<ul style="list-style-type: none"> <li>• Drive-through testing could be launched this week if space confirmed</li> <li>• Spaces for possible testing sites have been identified</li> <li>• Formal approval would be requested to utilize unspent funds for PCN</li> <li>• Admin and patient flow support</li> <li>• Communication strategies</li> <li>• Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Members report experiencing conflicting, shifting information, and gaps in information</li> <li>• Email fatigue is significant</li> </ul>	<ul style="list-style-type: none"> <li>• Limited supplies of PPE and cleaning agents</li> <li>• Challenges in replenishing supplies – medical suppliers directed to prioritize acute care orders</li> </ul>	<ul style="list-style-type: none"> <li>• None at this time</li> <li>• VCH Richmond long term care facilities instituted visitor polices and extra hand soap stations and revised staff isolation policy</li> <li>• Outstanding inquiries made to local shelter and Seniors Centre</li> </ul>	<ul style="list-style-type: none"> <li>• PCN staff could be screeners for the offices linked to MOAs and FPs using existing pathways developed in PCN, and protocols and pathways established by Public Health</li> <li>• Proactive Outreach to High Risk Populations</li> <li>• FP clinics could have a designated staggered hour for COVID visits</li> <li>• Mobile House Call Team – staffed by VCH Nurses with portable O2 tanks and O2 stats</li> <li>• Phone Team – for phone-based screening, monitoring until patient is asymptomatic</li> <li>• Maximize telehealth</li> <li>• Direct Public Health staff to an active support role in terms of COVID assessment, assurance and testing</li> </ul>	<p>Physician burnout a concern</p>	<ul style="list-style-type: none"> <li>• Currently support on call network for all Neighbourhood Network practices</li> <li>• Supported the introduction of videoconference and telehealth options in practices</li> </ul>	<ul style="list-style-type: none"> <li>• Redirect all FPSC/DoBC staff to roles to support physician members in managing COVID-19</li> <li>• Negotiate increase in data capacity with Telus to enable fast and secure internet services</li> <li>• Develop webinars to support physicians and MOAs (e.g. “how to’s” for applying masks, cleaning, or handling distressed patients)</li> <li>• Use video clips to communicate to mitigate email fatigue</li> <li>• Move all communications from various DoBC teams to a secure website that is maintained with up-to-date information</li> <li>• Set up a slack or similar platform for division to division communication</li> <li>• Identify and ensure activity from PSP to support physician practices</li> <li>• Ramp up multi-language public health messaging to the public</li> <li>• Redirect all existing primary care resources to on-the-ground service and support roles</li> </ul>
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Vancouver Coastal	Sea to Sky	<ul style="list-style-type: none"> <li>No designated testing sites in Richmond</li> <li>Majority of testing is occurring in FP practices and walk-in clinics</li> </ul>	Unknown	Direction form MHO, HA re: shift from testing and containment phase to delay phase	Variable — most find the best source of information to be a closed FP facebook page	Replenishment is an issue	None yet	<ul style="list-style-type: none"> <li>Division provided virtual platform for FPs</li> <li>Providing support with logistics/set up</li> <li>WHCC has public health nurse triaging phone calls to ER</li> </ul>	High anxiety among providers	See response to question 7	<ul style="list-style-type: none"> <li>Clear, up-to-date, ongoing information</li> <li>Financial resources to compensate staff off work or overhead costs in the event of clinic closure</li> <li>Flexibility to Division budgets to meet the needs</li> </ul>
	Sunshine Coast										
Vancouver Coastal	Vancouver	<ul style="list-style-type: none"> <li>1 designated site located in City Centre UPCC</li> <li>Testing occurring in FP clinics</li> </ul>	Currently adequate - concern for capacity if volume of patients increase	FP clinics willing to offer testing more broadly if PPE and testing supplies provided	<ul style="list-style-type: none"> <li>Division has created a member only website at VancouverPrimaryCareNow.com to share announcements and available resources</li> <li>Public facing page on Divisions website for MOAs and other health care workers in progress</li> </ul>	<ul style="list-style-type: none"> <li>Most clinics have limited supplies (2 weeks or less)</li> <li>Division is willing and able to act as a hub and/or support distribution of PPE supplies should they become available</li> </ul>	In progress	<ul style="list-style-type: none"> <li>Virtual Care</li> <li>Billing codes to support telehealth</li> <li>Support to get adequate PPE</li> <li>Clearer messaging to patients and members</li> <li>Small pool of members offered to assist in the UPCC or testing sites</li> </ul>	Provider health not a concern at this time	Not currently offering but currently exploring options	<ul style="list-style-type: none"> <li>Virtual care support / billing codes</li> <li>Access to supplies</li> <li>Subsidized PPE or fee codes</li> <li>Locum coverage</li> <li>Support with disseminating information to public</li> <li>Clear and consistent information/guidelines</li> <li>Funding for COVID responses</li> <li>Additional funds to continue to prepare fulsome disaster preparedness plans for communities</li> </ul>
Vancouver Island	Campbell River & District	1 private clinic supported by Island Health	Unknown	Additional clinics willing to offer sites if needed	Yes	Limited supplies	None yet	Develop 'front line' teams to protect more vulnerable providers	Concern for provider mental health after containment	Phone triaging - other virtual care services not needed at this time	
Vancouver Island	Central Island	2 designated sites in development - Parksville through OHC - Port through West Coast Hospital	Unknown	<ul style="list-style-type: none"> <li>Site could likely be identified quickly</li> <li>Staff to support this work may be required</li> </ul>	<ul style="list-style-type: none"> <li>Providing regular updates for members and MOA network</li> <li>Pathways site</li> </ul>	Equipment/supplies needed to enable safe testing	None yet	Utilize social media platforms	Concerns re: safety of colleagues and shortage of supplies	Not currently offered would leverage opportunities to provide virtual care	Coordinated response across HAs
Vancouver Island	Comox Valley	<ul style="list-style-type: none"> <li>1 site in development – managed by Island Health</li> <li>Expected to be operational next week</li> <li>Testing in FP clinics</li> <li>ER has set up a plan to test people who present</li> </ul>	Concern ER site capacity is insufficient	TBC	Clear, consistent information still needed	<ul style="list-style-type: none"> <li>Equipment/supplies needed to enable safe testing</li> <li>Very few swabs remain</li> <li>Safe disposal of PPE an issue</li> </ul>	<ul style="list-style-type: none"> <li>Nursing homes are reported to have implemented increased safety measures (e.g. increased signage and monitoring visitors)</li> <li>Hand sanitizers supplies needed for nursing homes</li> </ul>	TBC	Provider health not a concern at this time	Sharing information re: virtual care options	

Vancouver Island	Cowichan Valley	<ul style="list-style-type: none"> <li>Health authority in process of identifying a site</li> <li>A swabbing clinic anticipated to open early this week.</li> </ul>	Unknown	Unknown	Communications widely distributed through Division Network	Availability of supplies is a concern - suppliers unable to fill orders	<ul style="list-style-type: none"> <li>None specifically on the part of the Division</li> <li>The health authority is implementing "concierge services" at long term care facilities to help screen and limit visitor numbers</li> <li>None yet</li> <li>Potential to leverage Gabriola Health Care Foundation as needed</li> </ul>	Virtual care to mitigate staff shortages	High anxiety among providers re: lack of supplies	Not currently offered	<ul style="list-style-type: none"> <li>Advocate for supplies</li> <li>Coordinate with the Ministry around messaging for patients</li> <li>Mental health and stress management support for front line care providers.</li> </ul>
Vancouver Island	Gabriola	Gabriola Medical Clinic can provide testing (not designated) Run by physicians - no public health or VIHA involvement	Sufficient capacity	Designated staff person/nurse that could do the screening on Gabriola when needed.	Yes	Adequate level of supplies	<ul style="list-style-type: none"> <li>UPCC and Hospital are very low on swabs</li> <li>Access to PPE is very limited or non-existent for community physicians.</li> </ul>	<ul style="list-style-type: none"> <li>Virtual care</li> <li>Facebook page to provide information/updates to community</li> </ul>	<ul style="list-style-type: none"> <li>Stress level moderate - mental health not a concern at this time</li> <li>Physical health a concern for older physician in practice</li> </ul>	Not currently - in consultation with Doctors of BC	<ul style="list-style-type: none"> <li>Appropriate compensation for increased work loads</li> <li>Billing codes for virtual care</li> </ul>
Vancouver Island	Nanaimo	<ul style="list-style-type: none"> <li>1 site in development - managed by Island Health</li> <li>Anticipated to open next week</li> </ul>	Email sent to members to ask FPs if they will add their name to a reserve list to work at the centre	<ul style="list-style-type: none"> <li>Island Health is leading the site location</li> <li>Courier services that could pick up swabs at clinics and deliver them to NRGH would be valuable</li> </ul>	Ongoing need for clear, concise consistent information to give to patients, FPs and their staff	<ul style="list-style-type: none"> <li>UPCC and Hospital are very low on swabs</li> <li>Access to PPE is very limited or non-existent for community physicians.</li> </ul>	Vulnerable populations are being discussed through Addictions Network	<ul style="list-style-type: none"> <li>Help wanted lists for MOAs/Physicians</li> <li>Navigation guide for resources</li> <li>Virtual care</li> </ul>	Concern re: being overwhelmed by increased volume of patients	<ul style="list-style-type: none"> <li>Provide an ICD9 code for Covid-19</li> <li>Utilize infrastructure funds to assist in acting as a coordinating centre for the community</li> </ul>	
Vancouver Island	South Island	1 site - managed by VIHA	Unknown	Each clinic managing own patient panel for testing but HA leading centralized sites	<ul style="list-style-type: none"> <li>HA memo circulated regularly via division email</li> <li>Consistency of information appears to be improving</li> </ul>	Supply issues for clinics	None yet	<ul style="list-style-type: none"> <li>Cross coverage locum pool in the event of sick/quarantined members</li> <li>Video conferencing tools</li> <li>Cancelling non-urgent meetings</li> </ul>	Provider health reported to be good at this time	Negotiating bulk purchase of doxy.me	Additional funding for clinics to plan and execute covid19 plans
Vancouver Island	Victoria	<ul style="list-style-type: none"> <li>1 site in Victoria – referral only</li> <li>Managed by VIHA</li> <li>Operating 8:30-4:30PM</li> <li>Testing occurring in FP clinics</li> </ul>	Unknown	Division ready and willing to be involved in planning	<ul style="list-style-type: none"> <li>Ongoing need for clear, concise consistent information to give to patients, FPs and their staff</li> <li>Pathways is kept up-to-date</li> <li>COVID-19 page on Division website – locally developed resources</li> </ul>	Gap around supplying physicians with equipment to safely diagnose and prevent further transmission	Unknown	Staggering patients	Concern for provider health	In partnership with South Island - exploring bulk purchasing of licenses for Doxy.me	<ul style="list-style-type: none"> <li>Request for online discussion forum (limited by existing GPSC platform)</li> <li>New billing codes and resources to support virtual care</li> <li>Facilitate sharing of resources</li> </ul>



**Rural & Remote**

• Testing sites in development - Space, transport and resource challenges identified

Limited supply of testing kits and PPE

Consultation happening locally with community partners

Email fatigue / information oversaturation reported

Limited supplies; particularly PPE and swabs

- Discussions occurring locally with community partners
- FNHA is looking at specific approaches for First Nation communities

- Clinics communication directly with communities (e.g. via Facebook)
- Webinar for physician peer learning across our chapters
- Virtual care solutions

Burnout and anxiety among providers/MOAs is a concern

Not currently offering tools or services

- Escalate the below issues:
  - need for critical transportation for rural and remote communities
  - manpower vulnerability of rural and remote communities
  - scarcity of ventilators (e.g. Bella Bella only has one)
  - swab processing time for staff (currently 4-5 day turnaround)
  - limitation of space in privately owned clinics
- Advocate for an ED physician and a respiratory tech to be on-call/available
- Advocate for changes in billing to support virtual care