

Intelligence MEMOS



From: Åke Blomqvist and Rosalie Wyonch
To: Provincial Ministers of Health and Long-Term Care
Date: April 16, 2020
Re: **COVID AND PROFESSIONAL SCOPES OF PRACTICE**

The recent changes to allow [doctors to bill provincial insurance plans for virtual consultations](#) are a welcome innovation that will help in the fight against the COVID virus. Relaxing the current rules regarding scopes of practice, who can prescribe and administer various kinds of medication, or decide how to treat certain patients, would also help.

The COVID-19 crisis is threatening to stretch healthcare systems beyond the limits of their capacity. Addressing both the pandemic and regular healthcare needs, while attempting to minimize exposure risk for health professionals, vulnerable populations and the public, poses a daunting challenge.

Meanwhile, some healthcare professionals need to self-isolate and cannot provide care due to being exposed or infected themselves. In addition, protecting the public and vulnerable population, in particular, from exposure requires minimizing physical interactions.

Allowing health professionals like pharmacists and nurse practitioners broader authority to diagnose and prescribe for patients with relatively uncomplicated health problems would leave physicians more time to deal with COVID patients. The scopes of practice of pharmacists and nurse practitioners have been expanding for years prior to the current crisis – allowing these professionals to deliver more routine care, such as [administering flu vaccines](#) for example.

Some provinces have already taken the additional step in expanding scope of practice to ensure continuity of care by [relaxing restrictions](#) on pharmacists for renewing prescriptions.

A particularly important issue is to ensure that there are enough doctors to treat elderly COVID-19 patients not only in hospitals but also in nursing homes and retirement residences, or those cared for by family members in their own homes. Elderly patients are at greater risk of becoming seriously ill if they get infected; if they live in institutions, they are also at greater risk of becoming infected since the virus spreads more easily in institutional environments.

In the coming days, there will be a growing need for care provision in these institutions, not only to resident COVID patients who cannot be transferred to hospitals, but also to patients with other health problems.

Currently, most medical services for institutionalized elderly people are supplied by doctors who make regular visits to where they reside. If these doctors fall ill or have to spend more of their time with hospitalized patients, those who live in nursing homes or retirement residences may risk having to wait a long time before they can be seen.

Giving other health professionals – nurses and pharmacists in particular – more authority to prescribe drugs and make certain treatment decisions could alleviate the consequences of such delays. For example, it could give terminally ill COVID patients faster access to palliative care if they and their families have opted to forgo more aggressive interventions.

Rules with respect to scope of practice are controversial, both because it is important to ensure that treatment decisions are made by properly trained professionals, and because they can affect expected incomes in the different professions. For now, these issues should not be allowed to stand in the way of measures that could reduce the likelihood of elderly patients dying while [gasping for air](#). To make the new rules less controversial, they could be made temporary and reviewed at regular intervals as the current crisis proceeds.

Relaxing restrictions on scope of practice aligns with temporary/emergency licensing of medical graduates and retired physicians and other actions already taken to increase the system's surge capacity. If provinces do decide to proceed further along these lines, they should do so quickly, so that the new rules are operationally effective in time to help expand surge capacity in the current crisis.

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