CCRC

OSLER COVID CLINICAL RESPONSE COMMITTEE

Airway Physician Role in Wave 2 **7 December 2020**

The COVID Clinical Response Committee (CCRC) has been asked to provide guidance on the creation of a dedicated airway physician or protected code blue team leader role.

1. **CCRC does not recommend re-establishing the "Airway physician" role in Wave 2 of the COVID-19 pandemic, which was previously provided by anesthesia (in Wave 1).**

This decision will be revisited as required based on acuity experienced by front line physicians (ED, GIM, ICU, Anaesthesia) or at the request of CSLT.

Rationale

1. **From April – July 2020, Osler had a dedicated physician for protected Code Blue based on dedicated funding for this role provided by the MOH. Osler decided to implement this role with an anesthesiologist at each site providing 24/7 coverage. The role supported Code Blue intubations, and occasionally supported critical care and ED intubations.**
2. **At the time the initiative was launched Osler teams were preparing for a worst-case scenario with concerns that physician staff could be stretched thin and many intubations per day of COVID patients. In addition, physicians were unfamiliar with intubating COVID patients.**
3. **The experience of the first wave of COVID and the increased comfort with COVID patients have demonstrated that**
    a. **Unexpected Code Blue events on wards are uncommon with COVID patients. Typically the decline in oxygen gives advanced warning of deterioration (contrast with aspiration or mucous plugging events).**
    b. **A significant role for high-flow nasal cannula to avoid endotracheal intubations has reduced the percentage of patients with severe COVID-19 requiring intubation.**
    c. **Dexamethasone administration may reduce the need for mechanical ventilation when delivered early in the course of COVID-19 illness requiring oxygen.**
    d. **Comfort level of non-anesthesia physicians and teams involved with intubations (RT, RN) with airway management of COVID patients**
    e. **Anecdotally, improved goals of care discussions are occurring to limit emergency intubations of COVID patients who are poor candidates for mechanical ventilation.**
4. **Code Airway response is already in place for difficult or failed airways.**
5. **Remuneration for Airway physician is unevenly distributed across Osler physicians who are responding to Code Blue situations requiring intubation. MOH has offered an alternate funding model that provides a premium to the specific physicians responding to the Code Blue which requires intubation.**

Special Note

The Ministry has given Hospitals an option as an alternative to reactivating a Protected/Pre-Emptive Code Blue response team (see screenshot below from MOH memo). At this time, the above recommendation would permit physicians to receive the 30% payment modifier for the 3 Critical Care G-codes listed. While this may change over time based on acuity and volume of patients, at that time we will communicate this decision well in advance to ensure physicians are aware of the change.

Please note that the ministry has yet to provide further communications to hospitals and physicians indicating when system changes have been implemented to enable physicians to submit billings of the temporary modifier payment for these services.

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73-2020-1785

Date: November 25, 2020

Memorandum To: Ontario Hospital CEOs

From: Patrick Dicerni
Interim Assistant Deputy Minister & General Manager of OHIP

Mike Heenan
Assistant Deputy Minister
Hospitals and Capital Division

Subject: Temporary COVID-19 Related Physician Service Funding

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Hospitals will now have the option to have physicians receive a 30% payment modifier on three Critical Care fee codes G521, G522 and G523 (G-codes) *instead of* activating the Protected Code Blue or Pre-Emptive Protected Code Blue response team funding, under the terms of the earlier Phase 2 agreement.

The G-code modifier will be payable to physicians who perform these services in the hospital for patients requiring resuscitation including endotracheal intubation who are COVID-19 positive or who are treated as at-risk of being COVID-19 positive under local hospital policy.

This funding will also be available for services between October 1, 2020 and March 31, 2021.