

CMAAO

COVID-19 Countermeasure Report

Taiwan Medical Association



1. General Mobilization at TMA to Centrally Allocate Disease Prevention Resources for Primary Care Facilities and Secure First Line of Defense

- Members of the TMA were worried about the shortage in medical masks available for buyers when they re-opened for business after the Chinese New Year vacation. TMA immediately approach the Centers for Disease Control and medical mask manufacturers for a million medical masks.
- The management of the TMA visited the Centers for Disease Control to discuss jointly with Minister of Health and Welfare details involved in centralized command, preparation, and distribution of medical resources needed for disease prevention at healthcare facilities.
- Since February 2020, the TMA has been keeping records on a daily basis of the quantity of medical masks picked up by medical associations in respective cities and counties from local health departments and ready for investigating the distribution and shortage of disease prevention resources in respective cities and counties at any time.
- Members of the TMA indicated that it was uneasy for primary care facilities to buy forehead thermometers given the increased demand. The TMA helped purchase 5,400 forehead thermometers and they were delivered to medical associations in respective cities and counties.



1. General Mobilization at TMA to Centrally Allocate Disease Prevention Resources for Primary Care Facilities and Secure First Line of Defense



Medical masks and forehead thermometers



2.TMA Holds Response Meetings from Time to Time as Needed to Form Taiwan Safety Network(1/2)

- Since January 30, 2020, the TMA has held 30 response meetings in total as needed reflective of the latest developments. The meetings were presided over by Chairman Tai-Yuan Chiu and medical associations, scholars and experts, and related societies in respective cities and counties were invited to take part. To show their affirmation of the medical community's devotion, **President Tsai Ing-Wen** and **Vice President Lai Ching-Te** accepted invitations and attended the meetings.



2.TMA Holds Response Meetings from Time to Time as Needed to Form Taiwan Safety Network(2/2)

- Besides discussing the current status of the preventive effort in each of the cities and counties, a priority of these response meetings was to form a safe and robust disease prevention network in Taiwan where healthcare facilities throughout the nation work together following the classification and triage model so that a community-based healthcare disease prevention system may be secured in the prevention against a possible comeback of the pandemic in the future for the protection of the people's life, health, and safety.



3.TMA Management Appears in News Media and Programs to Assure Taiwan People, Reinforce National Confidence, and Unite in Fight against Pandemic

- In order to prevent the general public from panicking in the midst of the pandemic, the management of the TMA to appear in news media and programs as soon as the pandemic broke out where they were able to communicate good personal hygiene habits to the viewers and audience and to adequately give an update of the pandemic answering to the government's disease prevention policy so that people would feel assured and stay united in the fight against the pandemic.



4. Primary Care Facilities as First Line of Defense against Outbreak

- Around 73% of people returning from China, Hong Kong, and Macao would seek medical attention in a clinic. Primary care physicians refer them to hospitals for screening and a diagnosis, doing a properly job as first line of triage to prevent against community transmission.
- For those who need to see a doctor during home isolation, home quarantine, and self-health management, home-based medical care service is available.



5. Innovation Model of Tiered Primary Health Care(1/2)

Tier 1

Walk-in clinics are equipped with standard protection equipment and provide general diagnostic and treatment services including chronic diseases, long-term care, preventive care, mental health care, wound care, and management of unknown symptoms.

Tier 2

Community Healthcare Groups Prepared Clinics (CHGPC) accept patients with fever, cough, upper respiratory symptoms, or possible COVID-19 cases. CHGPCs provide the same services as walk-in clinics and can also monitor isolated cases with video conference calls. CHGPCs have reinforced protection. Participation is entirely voluntary. The government provides protective equipment and subsidies in order to recruit at least 20% of the clinics to participate in the programme.

Tier 3

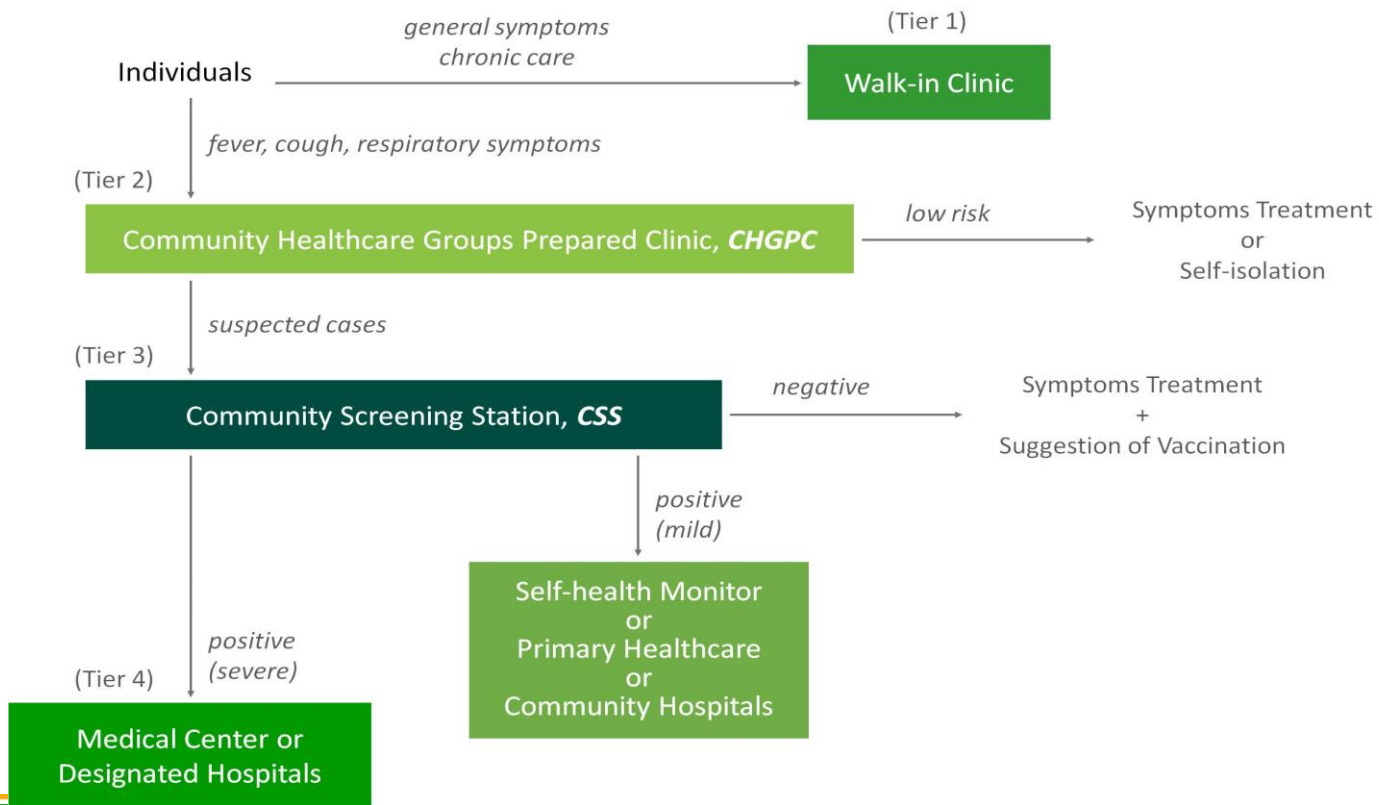
Community Screening Stations (CSS) consist of community health centres, regional hospitals, and other volunteering clinics that satisfy the programme requirements. CSSs are equipped with x-ray devices and can test and quarantine possible cases referred from CHGPCs. Confirmed cases could be treated locally (mild cases) or referred to the next tier.

Tier 4

Medical Centres are hubs of the network and treat referred confirmed cases with serious symptoms. They also test suspected cases and deliver routine services that are not available to regional hospitals and clinics.



5. Innovation Model of Tiered Primary Health Care(2/2)



6. Sharing with World Tiered Prevention Model in Taiwan

Articles on what Taiwan did to prevent against an outbreak and the response capability of the community healthcare system were composed and submitted to international academic journals. On April 2, 2020, an article was accepted by a well-known international academic journal from UK, BJGP Open and was quickly published for reference to the public.



PRACTICE & POLICY



Ready for a long fight against the COVID-19 outbreak: an innovative model of tiered primary health care in Taiwan

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Between January 15 and March 31 2020, Taiwan reported 31 800 subjects tested, 322 confirmed COVID-19 cases (including 276 imported and 46 indigenous), and five deaths. Taiwan has been able to control the epidemic more effectively than many other countries in the Asia-Pacific region through a combination of measures, including border control; testing and quarantine of individuals with history of contacts; at-home self-isolation; and real-time linking of immigration records with healthcare information. Society maintains trust in governmental agencies thanks to daily press conferences, with full disclosure of key metrics and clear guidelines.¹ An average of 675.76 tests per million individuals were performed. Our containment strategy ensured the numbers of new cases per day remain in single digits, delaying peak time and protecting the medical system from being overwhelmed. While first responses by primary health care is slowing down the outbreak, the Taiwan Medical Association (TMA) has devised a long-term strategy to handle the inevitable scenario of community transmission. Our plan relies on a tiered primary healthcare network of community healthcare groups prepared clinics (CHGPC) and community screening stations (CSS) to treat patients with mild symptoms at community clinics so hospitals and medical centres can focus on serious cases. Close coordination of hospitals and community care providers is key to guard the medical system against possible collapse due to sudden outbreaks of unknown pathogens.

More than 90% of the clinics in Taiwan participate in the National Health Insurance and accept walk-in patients. This provides a venue for rapid responses including education, diagnosis, isolation, and referral to de-escalate the virus outbreak. The importance of an effective community clinic is clear from the observation that between February 12 and March 13, 60% of the citizens returning from high-risk areas volunteered to visit community clinics (694 633 visits) (National Health Insurance Administration, Ministry of Health and Welfare Taiwan, The Statistical Analysis of Outpatients' Clinical Data from NHI MedCloud system, unpublished report, 2020).

The Taiwanese primary healthcare model consists of four tiers (Figure 1):

- Tier 1: Walk-in clinics are equipped with standard protection equipment and provide general diagnostic and treatment services including chronic diseases, long-term care, preventive care, mental health care, wound care, and management of unknown symptoms.
- Tier 2: Community Healthcare Groups Prepared Clinics (CHGPC) accept patients with fever, cough, upper respiratory symptoms, or possible COVID-19 cases. CHGPCs provide the same services as walk-in clinics and can also monitor isolated cases with video conference calls. CHGPCs have reinforced protection. Participation is entirely voluntary. The government provides protective equipment and subsidies in order to recruit at least 20% of the clinics to participate in the programme.
- Tier 3: Community Screening Stations (CSS) consist of community health centres, regional hospitals, and other volunteering clinics that satisfy the programme requirements. CSSs are equipped with x-ray devices and can test and quarantine possible cases referred from CHGPCs. Confirmed

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Competing interest: The authors declare that no competing interests exist.

Received: 01 April 2020

Accepted: 02 April 2020

Published: 08 April 2020

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Author Keywords: COVID-19, primary healthcare, Taiwan, coronavirus

Copyright © 2020, The Authors; DOI:10.3399/bjgpopen20X101068

Chang BB-J and Chiu T-Y. BJGP Open 2020; DOI: 10.3399/bjgpopen20X101068

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7. TMA mobilizes strategies to maintain medical capacity for pandemic control and prevention(1/3)

Pillar 1

- The Society of Otorhinolaryngology Head and Neck Surgery, with their expertise in nasopharyngeal examinations, will coordinate with primary physicians to participate in **community screening** stations.

Pillar 2

- Many people are suffering from physical and mental stress and are in urgent need of **mental health care**. The Society of Psychiatry will convene a team of experts in psychiatric medicine and holistic medical training to provide psychiatric counseling.



7. TMA mobilizes strategies to maintain medical capacity for pandemic control and prevention(2/3)

Pillar 3

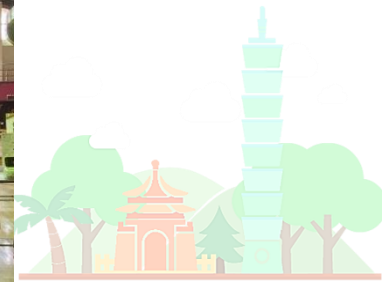
- Preventive health care, acute and chronic medical care, home and hospice care, and other essential medical care needs will be met by mobilizing the 7,000 participating physicians of the **community healthcare groups** in the family physician integrated care plan. We also encouraged all primary care physicians to volunteer. The Association of Family Medicine will lead this part by coordinating with local medical associations and enlisting their help.

Pillar 4

- **Rapid vaccination** to the public will rely on community health providers, as most immunizations have been carried out with their help. The Pediatric Association will lead this part and coordinate vaccination clinics in COVID-19 vaccination at community level.



7. TMA mobilizes strategies to maintain medical capacity for pandemic control and prevention(3/3)



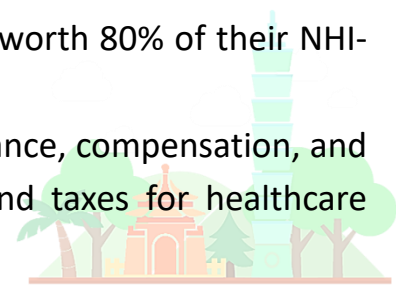
8. Taiwan Medical Association Continues to Safeguard People's Life and Safety and Taiwan in Post Pandemic Era

The TMA indicates that, besides holding response meetings at any time to discuss the countermeasures, given the rapidly changing developments, experts will be invited in the future, too, to jointly discuss how to build a medical care and disease prevention-based national safety system in the post-pandemic era and that the TMA will continue leading fifty thousand physicians throughout the nation while working together to safeguard the health and safety of the people in Taiwan.



9. Regulatory Allowance, Compensation, Relief, and Incentive for Healthcare Facilities to Control and Prevention of COVID-19 Pandemic

- Since May 2021, the number local COVID-19 cases in Taiwan had been quickly climbing. Faced with the harsh situation, healthcare facilities throughout the nation have remained proactive in working with the government on the latter's prevention policy. In July 2021, the domestic outbreak started to ease down and healthcare facilities have been playing a crucial role in this regard.
- For the fifty-two thousand physicians and first-line medical staff throughout the nation and all healthcare facilities and related staff that have worked together around the clock against an outbreak, in compliance with the Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens, we continue to fight for reasonable allowances, subsidies, compensations, reliefs, and incentives to hopefully show our support of nationwide healthcare facilities in jointly fighting this long-lasting battle.
- For clinics that are seriously impacted during the outbreak, we proactively seek subsidies worth 80% of their NHI-covered income in 2019 on their behalf in order to support their basic expenditure.
- We continue to seek on a larger scale various types of anti-epidemic supplies, relief, allowance, compensation, and incentive solutions for healthcare facilities and medical staff and waivers of utilities and taxes for healthcare facilities.



10. Assistance in Preparing Related Guidelines for COVID-19

- Infection Control Guidelines for Primary Care Facilities against COVID-19
- Advice on Isolating COVID-19 Patients upon Hospital Admission and Bilateral Referrals
- Precautions for Referrals through COVID-19 Community-based Sampling Network



11. Automatic Extension of Practitioner License Due and Specialist Certificate Due in 2020~2021 to Enable Physicians Devote Fully to Disease Prevention

- In order for physicians in the first line of defense against an outbreak to have nothing to be worried about, the TMA advised the Ministry of Health and Welfare on the waiver of the required application for an update or an extension of the effective period that appears on the Practitioner License or the Specialist Certificate, is expiring, and needs to be updated or extended.



12. 2020 & 2021 Special Contribution Award in COVID-19 Prevention

- In light of the COVID-19 pandemic in 2020, to thank physicians for their effort in keeping the pandemic at bay, the 2020 Special Contribution Award in Disease Prevention is organized. Physicians with special contributions in the fight against COVID-19 are recognized for their silent dedication, having stood fast and remained at their post, and their unselfish care for other people.



13. Implementation of Online Learning Courses to Cope with COVID-19

As the COVID-19 outbreak got worse each day, many healthcare authorities suspended physical in-service educational courses and it impacted the acquisition of credits on continuing education completed by physicians. The TMA hence reinforced online continuing education courses on how to cope with COVID-19 so that physicians on the front line learn the latest information about prevention through online courses.



14. “COVID-19 Physical and Mental Stress Care Project” for the Health of the General Public and Medical Staff

- The “COVID-19 Physical and Mental Stress Care Project” provides the general public and medical staff with a professional, sound, warm, and subtle physical and mental support platform.
- The TMA formed the “COVID-19 Physical and Mental Stress Care Group” to discuss relevant matters and related professional societies and associations are invited to take part and provide resources for physical and mental stress care online through the devoted section available on the TMA website (<https://www.tma.tw/Covid19-PMCare/>). It consists of five segments: physical and mental disorders, how to cope with physical and mental stress, psychiatric analysis and psychotherapy, psychiatric tele-healthcare resources, and neuropsychological therapy.
- Tele-healthcare resources, in particular, were jointly initiated by the TMA and the Taiwanese Society of Psychiatry. The platform includes participation from a total of 85 clinics and more than a hundred physicians throughout Taiwan who will make the best of their medical expertise. The physicians, nurses, pharmacists, and clinicians, and psychologists work with one another as a professional team to help everyone live through the current hard times.



International Relationship

Preparation of the Draft CMAAO Taipei Statement on Collaborative Work for Managing Novel Pathogen Pandemic



International Relationship

Interview with Secretary General Dr. Otmar Kloiber of the WMA on COVID-19

2020.03.26

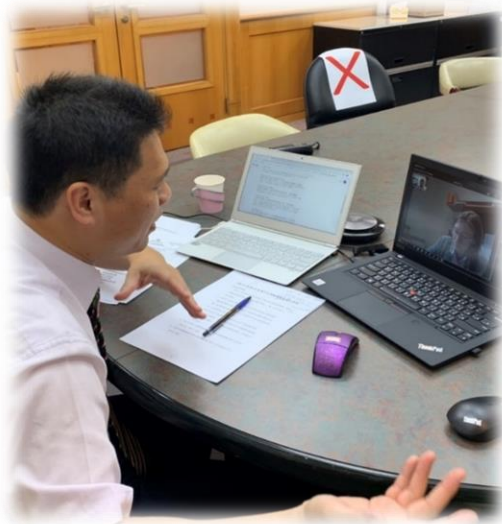


Attendance in CMAAO International Weekly Meeting on COVID-19



International Relationship

**Virtual interview with the
Department of Health of Austria
on COVID-19
2020.06.18**



**Virtual interview with Professor
Yasuharu Tokuda from Okinawa,
Japan on COVID-19
2020.07.21**



International Relationship

**Virtual interview with Mr. Keith Cooper
and Ms. Arthy Hartwell
of the British Medical Association on
COVID-19
2020.07.22**



**Taiwan Medical Association International
Joint Conference with Japan Society of
Crisis Management Medicine
2020.01.08**



International Relationship

**National Graduate Institute for
Policy Studies 7th Dialogue on
Health Security
COVID-19 and Beyond
2021.03.24**



**Taiwan Medical Association and
Fédération des Médecins Suisses
Virtual Meeting on Covid-19
2021.06.09**



THANK YOU FOR ATTENTION

