

Private-care doctors in state receive little advice on Ebola

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Medical practices around the state face an unnerving possibility: that a patient with Ebola symptoms could show up first at the doctor's office, not the hospital.

It happened Sunday when a man who had recently traveled to Liberia went to a Braintree group practice, complaining of a headache and body aches. The highly publicized response, which turned out to be a false alarm, underscored that the front line of medical care is not always the emergency room.

The episode at Harvard Vanguard Medical Associates was "the wake-up call that probably much of the state, if not the country, needed," said Jamie Barber, chief executive of Compass Medical, a multispecialty practice with eight Massachusetts locations.

But doctors in private practice have had little guidance from health officials on how best to protect staff and patients without fueling needless fears about a virus that is unlikely to threaten most Americans.

It was not until Wednesday that the Centers for Disease Control and Prevention put out recommendations specific to office-based practices.

The Massachusetts Department of Public Health has posted information for all clinicians about the screening and management of patients on its website, and it has reached out to such groups as the Massachusetts Medical Society and community health centers, according to a spokesman. But it has not directly sought to engage primary-care doctors, who are making their own way in developing protocols.

"The state hasn't put out any phone calls or alerts," said Dr. George M. Abraham, associate chief of medicine at St. Vincent Hospital in Worcester and governor of the Massachusetts chapter of the American College of Physicians. "They're focusing on getting the hospitals prepped, which is fair enough. Hospitals are much more likely to have a seriously ill patient."

On Wednesday, the Massachusetts Nurses Association said that those preparations were inadequate to protect nurses who might screen for and treat possible Ebola cases.

Abraham, an infectious disease specialist, has been fielding calls from primary care doctors who are seeking advice. He recently heard from one whose staff was wearing gloves and masks and taking every patient's temperature upon arrival. The doctor asked if he was doing enough. Abraham told him he was doing too much and risked making patients feel unwelcome.

Harvard Vanguard, which declined to discuss Sunday's incident, handled the patient with Ebola-like symptoms by calling in a hazmat team and an ambulance and temporarily shutting the building.

The patient was taken to Beth Israel Deaconess Medical Center, where it was determined he did not have Ebola.

"Harvard Vanguard erred on the side of caution," Abraham said, predicting that others would do the same. "Nobody wants to be blamed over not having done enough."

Starting this week, Abraham's seven-doctor practice in Worcester, a city with a sizable Liberian population, began asking patients who call with certain symptoms, such as fever or diarrhea, whether they traveled recently to West Africa. So far, no one has said yes, but if patients had, they would probably have been advised to go to the hospital, he said.

At the Tru-Med Walk-In Center in Fall River, Dr. Robert S. Crausman and his colleagues recently mapped out their Ebola response plans, mindful of the large Liberian population in nearby Rhode Island. They packaged together the personal protective equipment that is normally available — gloves, gowns, masks, face shields, and booties — so it can be grabbed quickly if needed.

A patient who had been in West Africa and who arrived at Tru-Med with Ebola-like symptoms would be moved immediately to an exam room, and the nurse or doctor responsible for the patient's care would be notified.

"Once the patient is in the room, you have some time to think about what to do next," Crausman said. The next step would probably be to call state health officials.

"What we're not going to do is call 911 and throw everybody out," Crausman said. "I'm pretty sure that the ophthalmologist next door and the hardware store next door will not be evacuated."

For Dr. Harvey Clermont, a retired surgeon who runs three free clinics, in Worcester and Shrewsbury, the Ebola threat poses a special challenge. His evening clinics, staffed by volunteers and serving people without health insurance, are held in churches, not well-equipped medical centers — and one has primarily African patients.

About three weeks ago, using guidance provided by St. Vincent Hospital, Clermont's clinics adopted protocols: Evaluate patients based on symptoms and travel history, put those with possible Ebola in a room apart from others, and call a hospital for advice on whether to send the patient to the emergency room.

Still, he said, "Everybody is nervous about it," and he plans to hold meetings before next week's clinics with volunteers. He is also ordering gowns, gloves, masks, and face shields.

James W. Hunt Jr., president of the Massachusetts League of Community Health Centers, said the state's 49 community facilities are encouraging patients to contact them first if they feel ill or have questions. The league, he said, is forwarding alerts and guidelines from the CDC to health centers and is surveying them to find out how each is responding.

Manet Community Health Center, with six sites in Quincy, Hull, and Taunton, has experienced an increase in phone calls from worried patients and is working to allay fears at community events and through social media.

"We are debunking myths and putting people at ease," chief executive John Holiver said.

Abraham, the Worcester infectious disease specialist, did see one bright side to the worries.

"It's easier to convince people to take the flu shot now than it was in past years," he said, even though most understand that the flu shot will not protect against Ebola.

"It's just the general fear of more virulent viruses," he said. "We're running out of flu shot faster than we can get it in."