



CONSIDERATIONS FOR FAMILY PHYSICIANS: BALANCING IN-PERSON AND VIRTUAL CARE

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Introduction

We know that in-person care is essential for many conditions, and some of our patients cannot fully benefit from virtual care. Continuing our essential role in patient care means providing the option for in-person care when warranted. Striking the right balance can be a challenge.

While virtual care will continue to part of routine practice, the pressures that existed early in the pandemic that required prioritizing virtual care (e.g., no COVID vaccines, lack of PPE) have now diminished and, in most instances, in-person care can now be provided safely and appropriately.

Ontario's [updated COVID-19 guidance](#) says healthcare workers should take a patient-centred approach in deciding whether to book a visit in-person or virtually. This means moving away from a 'virtual first wherever possible' care approach to one that considers patient preference in addition to clinical need.

Below are some suggestions for how to prioritize in-person visits.

Principles to Guide Decision Making

These over-arching principles can help guide your decision making.

See patients in person for **conditions** where:

- ✓ Physical contact is necessary to provide care (e.g., newborn care, prenatal care).
- ✓ Physical assessments are necessary to make an appropriate diagnosis or treatment decision (e.g., undifferentiated conditions, physical examinations that cannot be done virtually, language barriers).
- ✓ You can provide high-impact prevention strategies, such as cancer screening and immunization that prioritize those at higher risk.

Consider **patient needs**:

- ✓ Even if it is appropriate to provide care virtually, your patient's best interests may be served by providing care in person.
- ✓ Patient age, language and communication barriers may all mean in-person care is preferable.

Bottom line:

Consider patient needs along with the presenting condition.

Local COVID-19 prevalence alone **should not** preclude an in-person visit when warranted, nor the ability to consider patient preference.



Examples of When In-Person Care is Required

- ✓ **Medical issues**, such as undifferentiated acute problems, unstable mental health conditions or chronic diseases, joint injections, incision and drainage, and IUD insertions.
- ✓ **Physical examinations** as normally would be required before making referrals or ordering tests.
- ✓ **Prenatal/newborn/immunizations**.
- ✓ **Cancer screening**, prioritized by degree of overdue and/or patient's level of risk: here is guidance on prioritization from OH-CCO: [Provider tipsheet](#) | [Provider webpage](#).
- ✓ **Confidential assessments** for patients who cannot speak privately at home, on issues such as intimate partner violence, etc.
- ✓ **Virtual care is too challenging** or not possible, such as for individuals with hearing loss, or who have technology, language, or cognitive barriers.
- ✓ **Palliative and end-of-life care** to ensure appropriate management of pain and other symptoms.



Here is an [example](#) of one clinic's approach to in-person and virtual visits based on conditions. Consider creating guidance for your office practices and to communicate with patients.

These resources may help in developing your own approach: [Determining When to Schedule In-person versus Remote Visits](#); [Virtual Care Playbook](#); [CMAJ blog on balancing in-person and virtual visits](#).

PPE and Infection Control

This [pictorial guide](#) outlines PPE requirements that are required for clinical encounters. See section below for patients who screen positive for febrile illness over the phone.

For patients who screen negative, use standard cleaning processes. **For patients who screen positive**, patient-contact surfaces (i.e., areas within 2 metres of the patient) should be disinfected as soon as possible. Treatment areas, including all horizontal surfaces and any equipment used on the patient **MUST** be cleaned and disinfected before another patient is brought into the treatment area or used on another patient. See Infection Prevention and Control section in [Ministry of Health guidance](#).

For ventilation, the most important step is to have the HVAC system properly installed and regularly inspected and maintained. Other measures to consider are keeping doors and windows open and using fans. PHO states: "[portable air cleaners](#) with high efficiency particulate air (HEPA) filters could remove COVID-19 virus particles from indoor air and potentially reduce exposure," and cautions portable air cleaners should not be relied upon as the only mitigating measure.

A reminder that PPE allocations are still available from the provincial pandemic stockpile – [Q&A here](#).

Practice tips for in-office assessments are available [here](#), and an OCFP Q&A on PPE/IPAC based on questions from family physicians is [here](#).



Managing Patients Who Screen Positive for Febrile Illness/ COVID-19

Assess the patient first through a telephone or online screen:

- ✓ Patients with severe symptoms should be directed to the emergency department.
- ✓ For patients who screen positive for COVID-19, in-person care can be provided following:
 - Droplet/Contact Precautions which include hand hygiene and the use of a surgical/procedure mask, eye protection, a gown and gloves.
 - Ensure ability to isolate the patient when in clinic, or see them at the end of the day to avoid contact with other patients.
 - Note: the above applies as well to a patient who is fully vaccinated – follow the same clinic screening protocols as someone who is partially or unvaccinated.
- ✓ If you are unable to safely isolate and/or provide care to patients with a positive screening result, redirect them to a [testing location](#) or to an emergency department if care is urgently needed.
- ✓ Ultimately, use your judgment as to whether you will see patients with febrile illness/ COVID-19 symptoms in office.
 - Do not delay care of patients with COVID-19 symptoms that are clinically evident of a different diagnosis (e.g., COPD exacerbation; sinusitis). Consider local prevalence and contact history in your decision making.