



# BALANCING DEMANDS: CONSIDERATIONS FOR FAMILY PHYSICIANS

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## Introduction

With our health system focused on caring for sick patients, maintaining ongoing patient care, catching up on the backlog, increasing COVID-19 vaccination rates – and more – family physicians are facing many competing priorities.

We are mindful of our collective exhaustion, and the need to [care for ourselves and each other](#).

Here are some considerations for balancing the multiple demands right now.



## Care Focus

Given the significant backlog in our own practices and higher acuity among our patients, the focus should be on helping our patients stay well **in the community and out of hospital**.

- ▶ Maintain our essential role in comprehensive patient care, and **do not delay in-person care when needed**.
  - Provide care for **acute, emergent, and new conditions** – managing acute issues in the community wherever possible and appropriate to do so.
  - According to your practice model and capacity, **make available after-hours care** for your patients.
  - Maintain [high-impact prevention strategies](#), such as cancer screening and immunization – **prioritizing those at higher risk\*** (for cancer screening, by degree of overdue and/or patient's level of risk).
- ▶ **Support COVID-19 efforts**
  - **Care for patients with COVID-19**, using system supports where needed (e.g., [Clinical Assessment Centres](#), [COVID@Home](#) program).
  - Continue to inform and educate your patients on **vaccination** and assist them in getting vaccinated; offer vaccination, depending on capacity and access to vaccines from your PHU.

*More detail on the pages that follow...*

*\*May mean longer wait times for some routine care, where the risk to the patient is low – e.g., well child visits not associated with immunization; chronic disease follow-up in stable patients.*



## Balancing In-Person and Virtual Care During COVID-19

- ▶ **Consider patient needs and preference** along with the presenting condition.
  - 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.
- ▶ See patients with **new or worsening symptoms** requiring in-person assessment.
  - The OCFP's [Considerations for Balancing In-Person and Virtual Care](#), and this [CMAJ blog](#) share examples of in-person care.
- ▶ Conduct physical **examinations where normally required** before making referrals or ordering tests.
- ▶ Provide preventive care, especially where we know the risk of delayed care to be high:
  - **Cancer screening:** prioritized by degree of  overdue and/or patient's level of risk. Here is CCO's guidance on prioritization: [Provider tip sheet](#) | [Provider webpage](#).
  - **Immunizations and well-child visits.** 

### Taking precautions

- PPE allocations, including N95s, are available from the [provincial pandemic stockpile](#) – see this [one-pager](#) on how to access N95s.
- Provided that the right safety precautions are put in place, most physicians will be able to provide care in person when it is needed. Screening patients, both when scheduling appointments and at the point of entry to the office, will help determine the level of precautions you require when seeing patients in person.

### Caring for your COVID-19 patients

Help your symptomatic patients in getting the care they need – triage, support, monitor and refer as necessary. Hamilton Family Medicine has this helpful [overview](#). In sum:

- ▶ Most symptomatic patients just need to self-isolate and rest, drink plenty of fluids and take analgesics (as needed) for headaches or muscle aches. See [outpatient management of patients with COVID-19](#).
  - Some will be eligible for therapeutics – see [guidelines overview here](#). Note: supply is currently limited for some of these treatments.
- ▶ Direct patients with [severe symptoms](#) to the emergency department.
- ▶ For high-risk patients who can be managed at home, refer to [Remote Care Management programs](#)\* (if offered in your community); or, if there is capacity in your practice, monitor them yourself through the [COVID@Home](#) program.
- ▶ For patients who cannot be safely monitored at home, yet do not require emergency care, they can be referred to a COVID-19 **Clinical Assessment Centre (CAC)**. List of CACs [here](#).
  - More info on CACs in this Ontario Health [Q&A](#) and from the [CEP](#).
  - CAC availability varies based on local context – if none in your region, continue to provide care through your usual pathways.
- ▶ Ultimately, **use your judgment as to whether you will see symptomatic patients in office.**

*\*Note: these are programs funded through OH or using the provincial monitoring technology. There may be other local remote care monitoring programs that exist in your region.*



## COVID-19 Focus

### ► Inform and educate your patients about vaccination.

As applicable, raise the COVID-19 vaccine opportunity at every patient interaction. These resources can help answer questions.

#### **For family doctors:**

- [Learn the basics of how to address vaccine hesitancy](#) (gated) from the OMA.
- [Get the evidence to respond to common patient concerns about the vaccine](#) from the CEP.
- [Access an in-depth learning module about the COVID-19 vaccines and vaccine hesitancy](#) from the U of T DFCM.

#### **For patients and family doctors:**

- Self-referral, by-appointment services to answer patient questions/concerns about the vaccines:
  - [VaxFacts Clinic](#) from Scarborough Health Network (connects to a team of doctors)
- For children and youth specifically:
  - [kidshealthfirst.ca](#)
  - [COVID-19 Vaccine Consult Service from SickKids](#) (connects to a team of paediatric registered nurses).
  - [My child has COVID. What should I know?](#)
  - [Ontario.ca/COVIDYouthVaccine](#)

For patients wishing to book a vaccine appointment, visit <https://covid-19.ontario.ca/book-vaccine/> or call the Ontario COVID-19 vaccine call centre at 1-833-943-3900.

### **New resources for your patients**

[ConfusedAboutCOVID.ca](#) answers your patients' most common patient questions about COVID-19 – including when to call the family doctor. Developed by the OCFP and the UofT DFCM, this patient resource is available in multiple languages.

### **Testing**

**PCR testing** is now limited to high-risk settings (e.g., LTC, hospital) and high-risk populations (e.g., symptomatic patient-facing healthcare workers, outpatients for whom COVID treatment is being considered, etc.).

See this [summary](#) on eligibility for PCR testing, as well as uses for **rapid antigen testing** (RAT).

You can access RAT through the [provincial pandemic stockpile](#); given backorders, expect delivery in the next week or two.

### **As your current practice needs permit:**

- Reach out to your local [public health unit](#) if you wish to vaccinate. The OMA has this [decision guide](#) to assess your in-office capacity, an [overview guide](#) on the process, and a billing summary (gated documents).
- Support regional COVID-19 testing and assessment efforts, guided by the priorities of your local PHU.
- If unable to refer to a remote care monitoring team in your community, monitor your patients through the [COVID@Home](#) program to help manage COVID-19 patients at high risk of severe symptoms.

