CONSIDERATIONS FOR FAMILY PHYSICIANS:
BALANCING IN-PERSON AND VIRTUAL CARE
UPDATED JULY 2021

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.

On average across Ontario, **50% of visits are in-person**, and we would propose this balance could be used as a guidepost. We recognize that every practice is unique, and the decision about the care provided will require judgment on the part of family physicians to determine how best to serve their patients’ needs.

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

Principles to Guide Decision Making
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.

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**: see this [interim schedule for children and pregnant women during the pandemic](ontariofamilyphysicians.ca/covid19).
- **Cancer screening**, prioritized by degree of overdue and/or patient’s level of risk: here is guidance on prioritization from OH-CCO: [Provider tipsheet](http://www.ohcc.org) | [Provider webpage](http://www.ohcc.org).
- **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](ontariofamilyphysicians.ca/covid19) 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](ontariofamilyphysicians.ca/covid19) and [Virtual Care Playbook](ontariofamilyphysicians.ca/covid19).

**PPE and Infection Control**

While there have been changes through the pandemic on COVID-19 prevalence, vaccination rates and evidence on transmission, at present IPAC or PPE guidance from PHAC and the MOH are unchanged.

This [pictorial guide](ontariofamilyphysicians.ca/covid19) outlines PPE requirements that are required for all clinical encounters. See section below for patients who screen positive for febrile illness over the phone.

The emerging evidence suggests [fomite spread is not a significant route for transmission](ontariofamilyphysicians.ca/covid19). However, for now, the guidance is to continue routine spread cleaning between each patient of exam room surfaces that are considered “high-touch” (e.g., examination tables, equipment used). Cleaning of low-touch surfaces should be performed at least daily and/or when soiled.

For ventilation, the most important step is to have the HVAC system properly installed and regularly inspected and maintained. Other methods such as keeping doors and windows open, and the use of fans can be considered. Use a HEPA filter in rooms if there is not adequate outdoor air exchange, either through windows or a properly functioning HVAC system.

A reminder that PPE allocations are still available from the provincial pandemic stockpile – Q&A [here](ontariofamilyphysicians.ca/covid19).

Practice tips for in-office assessments are available [here](ontariofamilyphysicians.ca/covid19), and an OCFP Q&A on PPE/IPAC based on questions from family physicians is [here](ontariofamilyphysicians.ca/covid19).
Managing Patients Who Screen Positive for Febrile Illness/COVID-19 (by phone)

Assess the patient first through a telephone or online screen:

✔ Patients with severe symptoms should be directed to the emergency department.

✔ As noted above, 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 an assessment centre for testing or to an emergency department if care is urgently needed.

✔ Ultimately, use your judgment as to whether you will see patients with febrile illness in office.