CONSIDERATIONS FOR FAMILY PHYSICIANS: IN-PERSON VISITS WHEN PHONE/VIDEO ISN’T ENOUGH

Introduction

We have already been successfully managing many conditions by phone and video. But we know that in-person care is essential for many conditions and some of our patients cannot fully benefit from virtual care. As we continue to increase in-person care, below are some suggestions for how to prioritize these visits.

Ultimately, as family doctors, you are in the best position to determine when an in-person visit with a patient is warranted and safe to do so.

Principles to Guide Decision Making

As COVID-19 continues, we need to continually reassess how we are balancing safety, effectiveness and patient-centredness (more here). Provided the right safety precautions can be taken, patients who need to be seen should be encouraged to seek care. Information and tips on PPE and office measures to minimize risk of exposure are on page 2.

- **Local prevalence:** In areas of widespread community transmission (red zone/lockdown), the risks posed to patients through travel and potential spread at the clinic should be weighed with the risk of poor outcomes to the patient if not seen in person. Provided it can be done safely, prevalence should not preclude an in-person visit, nor the ability to consider patient preference.

- **Shared decision making:** As described in the CPSO’s FAQ on providing care during the pandemic, ultimately – even if it’s safe and appropriate to provide care virtually – your patient’s best interests may be served by providing care in-person. Our elderly patients often strongly prefer in-person visits, and family physicians have been taking patient preference into consideration.

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. This guide on diabetes care during COVID provides ways to consider prioritization of in-person care.

- **Prenatal/immunizations:** see proposed interim schedule for well-child and low-risk prenatal visits during the COVID-19 pandemic, also available as a visual (source: St. Michael’s Hospital).
Examples of When In-Person Care is Required (cont'd)

- **Cancer screening**: PAP smears, prioritized by degree overdue and/or the patient’s level of risk.
- **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.

Ontario Health West has prepared this list ([Appendix A](#)) of Suggested In-Person Primary Care Services [1], and the Centre for Effective Practice has this information on Determining When to Schedule In-person versus Remote Visits.

[1] These suggestions are not meant to be a comprehensive list of circumstances that may require an in-person visit

### PPE and Infection Control

This pictorial guide outlines **routine PPE requirements** (where a patient screens negative) – surgical mask, eye protection, hand hygiene – that are required for all clinical encounters. If a patient **screens positive** for COVID-19 symptoms in the office/clinic, wear a mask, eye protection, gown and gloves and ensure that you can isolate the patient and can follow appropriate office IPAC controls – as outlined in [Ministry of Health guidance](#) and addressed in this [OCFP FAQ](#). See section below for patients who screen positive over the phone.

If your **PPE needs** are not being met through the commercial market, community family physicians can continue to access PPE support from the pandemic stockpile as noted [here](#) and also described in this [Ministry of Health FAQ](#) – including a list of regional contacts to help and instructions for completing the request form.

Tips on PPE, IPAC and minimizing risk for transmission of COVID 19 based on questions from family physicians are available [here](#).

### Managing Patients who Screen Positive for Febrile Illness (by phone)

Assess the patient first through virtual care:

- Use the BMJ's COVID-19 [visual summary](#) for assessing patients by video or phone
- Unless your clinical setting is set up for safe assessment of febrile respiratory illnesses, direct patients with febrile illness to an assessment centre for COVID testing or to an emergency department, depending on severity of illness
- Plan for close follow-up either virtually or in person.

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

### Support From Your Colleagues

Colleagues have shared innovative stories at the UofT DFCM and OCFP Community of Practice about how different practices are managing through COVID times.

---

The OCFP thanks Drs. Amy Catania, Tara Kiran, Mekalai Kumanan, Liz Muggah, Sarah Newbery and Jennifer Young for their input, as well as Laura Diamond, Medical Student at the University of Toronto, for her support in designing this document.

---