



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

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Introduction

“Virtual if possible” is our new normal and 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. Virtual care may not be possible, for example, for those without phones or reliable internet, or for people with poor computer literacy or language barriers. Our earlier guidance listed immunizations, prenatal visits and some medical conditions as in-person priorities. As we increase in-person care during the COVID-19 pandemic, 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. See ways to minimize risk of exposure on page 2.

Sample In-Person Care Scenarios

Virtual care is too challenging, such as elderly, complex medication review, language or cognitive barrier. 

Medical issues, such as undifferentiated acute problems, unstable mental health conditions or chronic diseases, joint injections, incision and drainage, and IUD insertions. 

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). 

More complete lists of suggested prioritization, put together by family physician colleagues based on best-available evidence:

- [Re-introduction of In-office Primary Care](#) – Southwest area of OH West
- [Post-COVID Primary Care Reboot?](#) – Dr. Kimberly Wintemute and Dr. Guylène Thériault in CFP
- [Ramping up In-Person Office Visits in Primary Care in the Aftermath of COVID-19](#) – Dr. Tara Kiran in CMAJ.

Questions? Email ocfp@ocfp.on.ca

For more information visit: ontariofamilyphysicians.ca/covid19

WHEN PHONE/VIDEO ISN'T ENOUGH (cont'd)

PPE and Infection Control

Family physicians have raised questions about the potential of asymptomatic transmission of COVID-19 through an in-person visit. While there are ways to minimize risk, as noted below, the ongoing shortage of PPE in particular is an issue that the OCFP and our partners have been raising repeatedly.

This [pictorial guide](#) outlines routine PPE requirements – surgical mask, eye protection, hand hygiene – for all clinical encounters. If you are seeing someone who has **screened positive** for COVID-19, you should also be wearing a gown and gloves. If you cannot get enough PPE supplies, check the OMA website and your Ontario Health Region.

Practice Tips For In-Office Assessments

- ✔ Screen for COVID – both passively with signage and actively with questions on the phone, or on your web-based booking, and when patients present to the clinic
- ✔ Have regular huddles with your staff on office logistics, updates on provincial guidelines, and what appointments would be likely booked as virtual
- ✔ Consider having the patient call from outside the clinic (e.g., in car, waiting at a distance) once arrived
- ✔ Scan health cards or identification visually (e.g. “hands free”)
- ✔ Interact with your staff at a 2-metre distance and wash hands frequently, keeping your hands to yourself!
- ✔ Consider reducing number of rooms used and number of physicians in the office at a time
- ✔ Space chairs in waiting room 2 metres apart and remove extra objects in waiting room
- ✔ Space in-person appointments with virtual appointments to allow for room cleaning and to try to avoid the need for a wait in the waiting room
- ✔ Clear extraneous objects and/or cover up things that cannot be moved, such as wall-mounted ophthalmoscopes
- ✔ Minimize number of people entering with the patient
- ✔ Keep direct patient contact to the physician, so that all vitals are done by the MD as necessary
- ✔ In-person visits are generally for exams, so have patients move directly to the exam table/bed
- ✔ Keep distance until exam, and use PPE according to guidelines; isolation gown and gloves are not required for those who screen negative, however gloves should be worn when vaccines are being administered
- ✔ If seeing patients who screen positive, wear a gown, surgical mask, eye protection and gloves
- ✔ Clean surfaces after the patient leaves.

Hear From Your Colleagues

Here are some innovative stories from our [Community of Practice](#) about how different practices are managing through COVID times.

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