



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

This document was developed in February 2022 based on information that was current at the time.

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, some of the pressures that existed early in the pandemic that required prioritizing virtual care (e.g., no COVID vaccines, lack of PPE) have now diminished. With appropriate PPE, in most instances, in-person care can now be provided safely and appropriately.

Below are some suggestions for how to prioritize in-person visits, PPE and infection control reminders, and how to support your symptomatic patients.

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. Whether delivering care virtually or in person, the fundamental principle is that the quality of care is not compromised, and the standard of care is met.

*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.



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.



PPE and Infection Control

PPE:

- ✓ For patients who **screen positive**: wear an N95 mask (or equivalent), isolation gown, gloves and eye protection (goggles, face shield or safety glasses with side protection).
- ✓ For those who **screen negative**: a surgical/procedure mask is required*; if patient is unmasked, eye protection is also required.

PPE allocations, including N95s, are available from the provincial pandemic stockpile – see this [one-pager](#) on how to access N95s.

Cleaning:

- ✓ For patients who **screen positive**: disinfect within 2 metres of patient as soon as possible, and clean and disinfect treatment areas, horizontal surfaces and equipment before another patient is brought into area or used on another patient.
- ✓ For patients who **screen negative**: use standard cleaning processes.

Ventilation:

- ✓ The most important step is to have the HVAC system properly installed and regularly inspected and maintained. See tips from PHO for an [air quality check of your office](#), and a [ventilation/HEPA filtration guide and tip sheet](#) from Masks4Canada.

For example...

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](#); [CMAJ blog on balancing in-person and virtual visits](#).

*Although not required, you may choose to wear a fit-tested N95 respirator (or equivalent) for all patient interactions.



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**.
 - If you have determined that a patient should be seen in person, and you can safely offer the services that you think the patient needs (e.g., access to testing and/or medications), consider seeing the patient in-person at your office/clinic.
 - Do not delay care of patients with COVID-19 symptoms that are clinically evident of a different diagnosis (e.g., COPD exacerbation; sinusitis).

**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.*