

Memo

Date: October 20, 2020

To: Primary Care Physicians across Ontario Health's West Region (ESC, SW, HNHB and WW LHINs)

From: Ontario Health West Region Primary Care Council

Re: In-person Patient Visits

Primary care offices have responded to the challenges placed on the health care system and to their patients' needs by accelerating the adoption of virtual care (phone, video, text, email). While many physicians have reported a decline in in-person visit volumes (due to cleaning protocols, social distancing, facility limitations, staffing issues, anxiety for staff and patients, etc.), in-person care has continued for those who need it. Evolving Personal Protective Equipment (PPE) ordering processes continue to support ongoing in-person primary care efforts and primary care offices are able to purchase/obtain supplies of PPE from Ontario Health West [here](#).

With people returning to work and school and cold and influenza season approaching, the province has advised parents to call their primary care physician if their children develop minor cold or flu symptoms (not specific to COVID). Many primary care offices may have a difficult time coping with the increased volumes related to these requests. While recognizing that no two practices are the same and no two patients have the same needs, the value of effective primary care in lessening the impact on the health care system now, and in the future, has never been so clear.

In support of your efforts, we have attached version one of our [Suggested In-Person Primary Care Services](#) (Appendix A) for your consideration. It is designed to strike a balance between the day-to-day needs of our patients with the delivery of needed care to help work through the backlog that has developed due to the pandemic (*this list is not meant to be a comprehensive list of circumstances that may require an in-person visit*). Additionally, Ontario Health has suggested we tailor our activities to reflect the current COVID-19 transmission scenarios in their [Optimizing Care through Covid-19 Transmissions Scenarios](#) document (advice summarized in Table 1/page 9, and Figure 1/page 10, attached for easy reference as Appendix B and C).

If you encounter barriers or challenges to resuming appropriate in-person care, please provide feedback to us so we can problem solve solutions. Feel free to share your suggestions about the list as well at OHWestPrimaryCareCouncil@lhins.on.ca. Sometimes our best guidance comes from our own peers.

Respectfully,

Ontario Health West Primary Care Council

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Appendix A: Suggested In-Person Primary Care Services

Appendix B: Table 1 - Description and Health System Goals for Each COVID-19 Transmission Scenario

Appendix C: Figure 1 - Quick Reference of Goals and Recommendations for Each COVID-19 Transmission Scenario



Suggested In-Person Primary Care Services Version 1.0	
Well Baby Care	Newborns and well babies should be seen and assessed by their primary care providers to assess the baby's weight, feeding, jaundice and address parental concerns.
Immunizations	Administration of common childhood vaccines, influenza vaccination, and vaccinations like the pneumonia vaccination.
Cancer Screening	PAP smears can be done safely in offices.
Chronic Disease Management	Chronic Diseases such as diabetes, hypertension, CHF, COPD can be done by a combination of in-person and virtual visits (e.g. virtual laboratory reviews to minimize in-office time). In-person physical examinations for those that have been delayed for six months.
Management of Possible Skin Lesions/Rashes	In certain cases, it may be necessary to see a lesion in person or to do an in-office biopsy to rule out a malignancy. This is especially important in patients with a prior skin cancer diagnosis.
Musculoskeletal (MSK) Injuries/Issues	These types of conditions are often difficult to sort out. Many primary care practices are used to injecting steroids to treat some MSK problems. This can be safely done with good IPAC procedures.
Mental Health	Many people can be helped virtually. Some of our most vulnerable patients will need in-person assessment and treatment, especially when time has lapsed. Health equity (access to technology) can be a challenge in the treatment of mental health problems.
Post-surgical Care	When minor post-surgical care is not provided by a local surgeon, in-person primary care service can avoid unnecessary use of emergency departments.
Hospital Follow-Up	The most common hospital follow-ups required are not COVID related (e.g. CHF, exacerbation of COPD, infections and conditions related to an aging population, etc.), requiring in-person assessment.

Table 1. Description and Health System Goals for Each COVID-19 Transmission Scenario⁸






Scenario	Description	Health System Goals†
1. No Cases	<ul style="list-style-type: none"> No reported active cases 	<ul style="list-style-type: none"> Stop transmission and prevent spread Resume/accelerate* health care services Support care partner participation in care delivery**
2. Sporadic Cases	<ul style="list-style-type: none"> One or more cases, imported or locally acquired 	<ul style="list-style-type: none"> Stop transmission and prevent spread Resume/accelerate* health care services Support care partner participation in care delivery**
3. Clusters of Cases	<ul style="list-style-type: none"> Most cases of local transmission linked to chains of transmission May be clustered in time, geographic location, and/or common exposure 	<ul style="list-style-type: none"> Stop transmission and prevent spread Maintain health care services; resume/accelerate* if there is adequate system capacity and resources (e.g., HHR and PPE) Support care partner participation in care delivery**
4. Community Transmission	<ul style="list-style-type: none"> Larger outbreaks of local transmission, defined through an assessment of factors including (but not limited to): <ul style="list-style-type: none"> Large numbers of cases not linkable to transmission chains Increasing percentage of positive tests among total number of tests Multiple unrelated clusters in several areas in the region/sub-region 	<ul style="list-style-type: none"> Slow transmission, reduce case numbers, and end community outbreaks
A. Moderate		<p>A. Moderate</p> <ul style="list-style-type: none"> Modify scheduled acute inpatient services in proportion to available resources and according to key metrics Maintain/resume/accelerate* other health care services to ensure adequate capacity to care for patients with COVID-19 Maintain prioritization for time-sensitive health services, if possible Support care partner participation in care delivery in accordance with IPAC policies**
B. Widespread		<p>B. Widespread</p> <ul style="list-style-type: none"> Defer scheduled acute inpatient services in proportion to available resources and according to key metrics Maintain/resume/accelerate* other health care services to create capacity to care for patients with COVID-19 Support care partner participation in care delivery in accordance with IPAC policies**

†Subject to future directives and/or amendments to existing directives from Ontario’s Chief Medical Officer of Health.

*Accelerating services may include increasing services beyond baseline volumes to address the backlog of care deferred from previous waves of the pandemic. Even when accelerating services, hospitals must reserve at least 10% surge capacity of inpatient medical, surgical, and critical care beds, or are ensuring that this capacity can be made available within 48 hours.

**Care partner presence guidelines are dependent on local epidemiology and outbreak status (e.g., if there is an outbreak in the hospital or the community, care partner presence guidelines may change, in accordance with the infection prevention and control policies for that specific location).

Figure 1: Quick Reference of Goals and Recommendations for Each COVID-19 Transmission Scenario

	Plan	Ready	Implement	Scale Up	Intensify
	 Scenario 1: No Cases	 Scenario 2: Sporadic Cases	 Scenario 3: Clusters of Cases	 Scenario 4A: Moderate Community Transmission	 Scenario 4B: Widespread Community Transmission
Optimizing Care Goals	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Resume/accelerate health care services 	<ul style="list-style-type: none"> Maintain health care services Resume/accelerate if there is adequate system capacity and resources 	<ul style="list-style-type: none"> Modify scheduled acute inpatient services in proportion to available resources and according to key metrics Maintain/resume/accelerate other care to ensure adequate capacity for COVID-19 patients 	<ul style="list-style-type: none"> Defer scheduled acute inpatient services in proportion to available resources and according to key metrics Maintain/resume/accelerate other care to create capacity for COVID-19 patients
Regional or Sub-Regional Steering Committees	<ul style="list-style-type: none"> Determine COVID-19 transmission scenario Monitor health system metrics Coordinate with health care organizations, providers, and sectors outside of health care to: optimize capacity and maintain care services; optimize health human resources (HHR) across the region; protect vulnerable populations; reinforce immunization programs; support consistent communication 				
All Sectors	<ul style="list-style-type: none"> Resume/accelerate scheduled care Standardize process improvements Strengthen partnerships Prepare surge plans (to optimize capacity and HHR, protect vulnerable populations, and refresh visitor presence guidelines) for all transmission scenarios Reinforce immunization programs 	<ul style="list-style-type: none"> Resume/accelerate scheduled care Ready surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Maintain/accelerate scheduled care Implement and enhance surge plans Manage COVID-19 Reinforce immunization programs 	<ul style="list-style-type: none"> Prioritize time sensitive scheduled care Scale up surge plans 	<ul style="list-style-type: none"> Defer scheduled care as required Intensify surge plans
	<ul style="list-style-type: none"> Use virtual care Monitor health system metrics 		<ul style="list-style-type: none"> Support care partner participation 	<ul style="list-style-type: none"> Standardize communications 	<ul style="list-style-type: none"> Train on IPAC
Hospital-Based Care	<ul style="list-style-type: none"> Review and reprioritize wait lists Address time-sensitive care backlog Review surge plans Plan for COVID-protected wards, where feasible Refresh visitor policy Reduce unnecessary tests and treatments 		<ul style="list-style-type: none"> Create capacity Collaborate with primary care and home and community care 	<ul style="list-style-type: none"> Prioritize time-sensitive surgeries and procedures Consider deferring non-time sensitive surgeries and procedures Implement COVID-protected wards, where feasible 	
Primary Care & Out of Hospital Ambulatory Care	<ul style="list-style-type: none"> Determine services to prioritize for in-person care Reduce unnecessary tests and treatments Identify required resources to support services in each scenario 		<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	<ul style="list-style-type: none"> Assess capacity and set appropriate priorities of care Collaborate with hospitals and home and community care 	
Home and Community Care & Community Support Services	<ul style="list-style-type: none"> Identify required resources to support services in each scenario 		<ul style="list-style-type: none"> Ensure services continue Cohort care teams 	<ul style="list-style-type: none"> Ensure services continue 	