The Covid-19 Pivot

Reclaiming your office practice during the pandemic

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This program is presented by the CFPC and has received no financial or in-kind support from other organizations.

Speaker: Nadia Alam
➤ Member-at-Large of Section of General and Family Practice Executive, Ontario Medical Association

Speaker: Shirley Schipper
➤ President of the College of Family Physicians of Canada, stipend
➤ Salary support from the U of Alberta

Speaker: Katherine Stringer
➤ Developmental Disabilities Primary Care Initiative (Ontario) funded honoraria and travel expenditure
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Moderator: Jeff Sisler
➤ Employee of the College of Family Physicians of Canada
Learning Objectives

After this webinar presentation, the participant will be able to:

1. Discuss strategies to maintain the safety of patients, staff and physicians as in-office care is expanded
2. Explain a framework for how to prioritize the clinical services that should be provided in-person
3. Describe strategies to help patients cope with the effects of the pandemic on their mental health
4. Identify how medical trainees can be re-integrated into the office setting
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<tr>
<th>Screening:</th>
<th>Patient &amp; staff communication:</th>
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<tbody>
<tr>
<td>• Screen patients virtually before booking in-person assessment</td>
<td>• Patient newsletter/ website updates to explain clinic changes</td>
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<td>• Separate clinics for symptomatic patients</td>
<td>• Signage on door about hand hygiene, physical distancing, etc.</td>
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<th>Physical distancing:</th>
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<tr>
<td>• Take patient history over the phone in advance</td>
<td>• Hand hygiene: create hand hygiene station for patients</td>
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<td>• Plexiglass barriers for front office staff</td>
<td>• Universal masking: provide masks for patients (or pt brings own)</td>
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<td>• Lock office door; text patients when their turn</td>
<td>• Office cleaning protocol: who will clean rooms and equipment during the day? How often?</td>
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<td>• Avoid use of waiting room or mark 6-foot barriers within the waiting room</td>
<td>• OH&amp;S plan for employees: jurisdiction specific</td>
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<td>• Visual markings at entrance and exit (circle taped on the floor)</td>
<td>• Other:</td>
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<td>• For larger group practices, gradually allow more MDs to work regular days (depending on availability of exam rooms)</td>
<td>• house-call team for patients who cannot come to the office (e.g. half day a week for frail homebound seniors, new mothers/newborns)</td>
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<td>• Multidisciplinary teams – assign roles to improve efficiency (e.g. well baby or pre-natal clinics; vaccination clinic)</td>
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Level of concern over lost revenue due to reduced patient visits, by remuneration group

Are family practices more/less vulnerable to financial loss based on their remuneration sources?

Fee-for-service family physicians are most concerned.
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