



Appendix to The Doctor is In

Recommendations for expanding in-person care in community-based physician practices

(Appendix only. Complete document can be found [here.](#))

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Appendix—Your COVID-19 Safety Plan

A COVID Safety plan requires you to assess the risks, implement protocols, develop policies, develop communications, monitor your workplace and assess and address risk.

In the following pages,

- items with checkboxes (☐) are direct questions from the [WorkSafeBC COVID Safety Plan Template](#);
- items with open circles (○) are measures you should copy into your plan, removing any that you don't do/plan to do.

To create your COVID-19 Safety Plan, simply

1. [click here](#) to access and download the Word document (docx.)
2. remove measures you don't plan to do, and
3. then work through with your team to make the indicated changes.

Appendix—Guidance specific to Family Doctors

While the body of this document contains information relevant to Family Doctors and other community-based specialists, information in this section is specific to Family Doctors.

Practice Support Program



PRACTICE SUPPORT PROGRAM

For Family Physicians, PSP Offers up to 45 certified Mainpro+ credits (three credits per hour), for one to 15 hours in total for the completion of a facilitated QI cycle.

Please see [PSP Compensation and Certification](#), or contact your local PSP Regional Advisor, for questions or more information about eligibility requirements.

Virtual Care Support Network

The Practice Support Program (PSP) has [a team of regional coaches](#) that provide 1:1 support to GPs and teams to enable and optimize the use of virtual care technology in family practice. PSP coaches can provide support around workflow and office efficiencies, and can connect you to a

peer mentor for additional supports if needed. If you'd like to receive support from PSP, please contact your regional PSP team.

Fraser Health: Jennifer Montgomery

Interior Health: Jaime Shipmaker

Northern Health: Liana Doherty

Vancouver Coastal Health: Josefa Kontogiannis

Vancouver Island Health: Erin Corry

Panel management

[Understanding your patient panel](#) can help you manage the chronic and preventative care needs of your patients. The concept is simple: better information about patients leads to better care for patients.

Panel management can help you:

- Easily track billings.
- Improve efficiency of practice workflows.
- Identify and clarify roles and responsibilities of practice teams.
- Maintain a better work-life balance.
- Improve communications and relationships with patients.

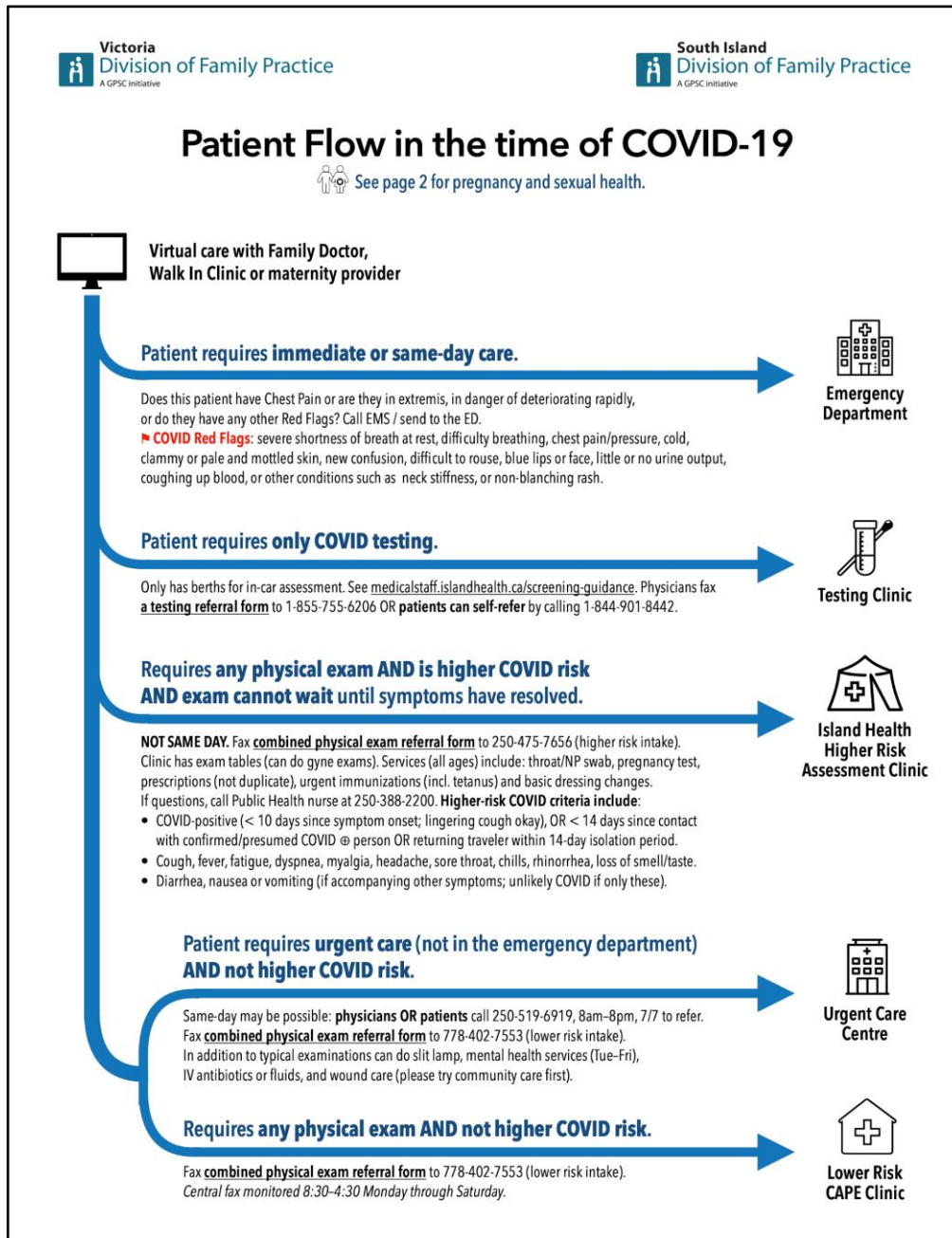
The Practice Support Program has an online Panel Management workbook to help family doctors achieve the benefits of panel management. There is a Panel Development Incentive, valued at \$6000, to recognize the time and effort required to complete the workbook. MainPro+ credits are also available.

Division resources

There are many [Division resources for COVID-19](#) created by your peers.

Appendix—Example patient flow diagram for community physicians

The following tool may help community physicians identify resources available to help them. The example provided is from the Victoria and South Island Divisions of Family Practice and will need to be modified for services available in each community.



Appendix—Working out what is virtual

Take a few minutes to go through the activities below and identify whether they can (now) be offered virtually. If not, when would you consider offering them again in-person (what criteria would you have)? Be sure to add services specific to your specialty to the list.

To help you in this, consider, if you only have a limited amount of PPE, such that you could see 10 people a day in-person, who would you see?

SAMPLE SERVICES	MODALITY	TIMEFRAME
Pre-assessment of patient concerns prior to any in-person care, including screening for COVID-19 symptoms	Virtual	Until vaccine
Cryotherapy ¹		
Cancer screening where above normal risk		
Cancer screening when normal risk		
Cancer surveillance post-treatment		
Complex care including advanced directives		
Ear/throat infections		
First/intake appointments		
Flu shots for < 4 years or ≥ 65 years		
Follow-up appointments		
Hormone injections ² , Allergy shots and injectable meds ³		
Intrauterine Device consultations		
IUD insertions, Pap recalls (abnormal)		
Laboratory/Diagnostic Imaging or other test results		
Lacerations ⁴		
Mental health planning and check-ins		
Musculoskeletal injuries ⁵		
Normal adult vaccinations		
Personal and cosmetic enhancement services		
Post-surgical follow-ups		

¹ Could be sent to a centralized physical examination clinic, if appropriate and available.

² Could be sent to a centralized physical examination clinic, if appropriate and available.

³ Could be sent to a centralized physical examination clinic, if appropriate and available. Could offer or alternatives for iron and B12 if appropriate.

⁴ Send to the Emergency Department or centralized physical examination clinic (if available and appropriate). Given their nature, if not seen in-person there are risks of complications and delayed closure.

⁵ Suspected significant trauma (e.g. fracture or dislocation) and back/neck pains (especially if neurologic symptoms are present) should be seen in-person.

Appendix—Email to patients

Dear xxxxx

As you will be aware, British Columbia is beginning a phased plan to slowly open up again, with businesses and services working in new ways compared to how they worked before the arrival of COVID.

This is only possible because we have all followed the instructions of Dr. Bonnie Henry, in particular physical distancing, hand washing and staying at home as much as possible.

COVID has not gone away, but the risk of one of us catching COVID and of COVID overwhelming healthcare has reduced.

It is very important that we go through these next steps cautiously and safely, so that the risk of overwhelming healthcare and the risk of you catching COVID do not both increase dramatically. It is important that you continue to follow the measures that Dr. Henry advises; it is through all of our behaviour that we will prevent COVID cases rising again.

Over the coming weeks and months, we will start provision of a slowly increasing amount of in-person healthcare in our offices, and provide some of the routine healthcare that could be safely suspended at the beginning of this pandemic, such as screening, through a stepwise plan. This plan will only progress as long as the risk of COVID to all of us remains low.

In the first instance, we will continue to see patients virtually, via video or on the telephone. Where we deem it necessary, not just for urgent conditions or conditions we couldn't diagnose without doing a physical examination, but for some examinations needed for chronic diseases or some screening for example—face to face care will now occur in our own offices.

The reasons we will not see everyone in-person are as follows:

- We have to continue to reduce COVID risk in our offices through physical distancing, which will reduce the amount of people we can have in our office at any one time.
- The risk of COVID has not gone away—consequently, the regional Health Authorities require us to wear PPE (masks and eye protection) during all in-person encounters. PPE remains in short supply worldwide—therefore we have to be economical with its usage.
- We have to clean our exam rooms frequently and thoroughly to ensure you are not at risk of catching COVID from your visit- this will reduce the number of people we can see in our office each day.
- We know that virtual care is safe and effective in a number of conditions and welcomed by a number of our patients as more convenient.

We want to reassure you that safe care will continue to occur, and that you will be seen in-person if it is clinically necessary. This does not mean that everyone can be seen back in the office, but over time we anticipate seeing more of you in the office as long as COVID cases do not rise.

Please remember our office is open and providing care, though please do not turn up in-person unless it is pre-arranged. We can be contacted by phone/email/online in the usual way.

We look forward to seeing more of you in my/our office in the future.

Yours Sincerely,

Dr XXXXX