The Covid-19 Pivot
Reclaiming your office practice during the pandemic

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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
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Speaker: Katherine Stringer
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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
### Screening:
- Screen patients virtually before booking in-person assessment
- Separate clinics for symptomatic patients

### Physical distancing:
- Take patient history over the phone in advance
- Plexiglass barriers for front office staff
- Lock office door; text patients when their turn
- Avoid use of waiting room or mark 6-foot barriers within the waiting room
- Visual markings at entrance and exit (circle taped on the floor)
- For larger group practices, gradually allow more MDs to work regular days (depending on availability of exam rooms)

### Patient & staff communication:
- Patient newsletter/ website updates to explain clinic changes
- Signage on door about hand hygiene, physical distancing, etc.
- Regular staff meetings to re-evaluate supply/demand issues

### Hand hygiene:
- Create hand hygiene station for patients

### Universal masking:
- Provide masks for patients (or pt brings own)

### Office cleaning protocol:
- Who will clean rooms and equipment during the day? How often?

### OH&S plan for employees:
- Jurisdiction specific

### Other:
- House-call team for patients who cannot come to the office (e.g. half day a week for frail homebound seniors, new mothers/newborns)
- Multidisciplinary teams – assign roles to improve efficiency (e.g. well baby or pre-natal clinics; vaccination clinic)
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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