

COVID-19

Guidance on Outpatient Care Delivery

As part of the global approach to manage COVID-19, a number of [social distancing](#) measures are being implemented. Social distancing is used to intentionally reduce close contact between people to try to stop the progression of community transmission of any virus.

This means:

- minimizing prolonged (more than 10 minutes), close (less than two metres) contact with other individuals in public;
- avoiding greetings that involve touching, including handshakes and hugs;
- frequently disinfecting regularly used surfaces, electronics and other personal belongings;
- following public health advice, including self-monitoring or self-isolation if you have travelled or been exposed to someone who is ill with the virus, EVEN if you are not displaying any symptoms; and
- strongly considering avoiding travel, crowded places and large events, especially if you are at higher risk for influenza-like illnesses.

Social distancing measures are approaches taken to minimize close contact with others in the community and include: quarantine and self-isolation at the individual level as well as other community-based approaches (e.g. avoiding crowding, school measures and closures, workplace measures and closures, public/mass gathering cancellations).

One such measure, [protective self-separation](#), is recommended for a person who is at high-risk for severe illness from COVID-19 (e.g., older adults, those with chronic underlying medical conditions or immune-compromised) when the virus is circulating in their community.

As part of protective self-separation approaches, practices should look at minimizing unnecessary visits to outpatient clinics, including in primary care. As COVID-19 has taken hold in other jurisdictions, authorities have directed primary care clinics to start conducting as many remote consultations as soon as possible, replacing patient visits with phone, video, online or text contact.

Both primary care and specialty practices should review appointment schedules and consider the following in order to reduce in-person visits in their clinics:

Prescriptions

Practices should ensure that patients are provided appropriately sized prescriptions with an adequate number of prescriptions refills. Practices should discourage patients trying to stockpile more than a 30 to 90 day supply of medications, depending on the patient's access to

pharmacy services, as these actions may put a strain on the supply chain and exacerbate any potential shortages,

Physicians may use existing tariff 8005 for prescription refill requests initiated by pharmacists.

Rescheduling preventative care/periodic physical exams

Practices should consider delaying or re-scheduling patients coming in for periodic physical exams or preventative care visits, in particular for the elderly or those with chronic health issues.

There may be circumstances in which you judge that the balance of risk and benefit makes it essential that these should be offered.

Office visits

Practices should consider whether patients need an in-person office visit or not. Some of these should be offered as virtual visits (using telephone or video).

Virtual care offerings, including virtual walk-in clinics and apps, have the potential to fragment care and disturb integrated care. Virtual care should be provided as a supplement to, and not as a replacement of - traditional models supporting continuity of care.

To facilitate these offerings, Manitoba Health and Doctors Manitoba have agreed to the following new tariffs:

***Virtual Visit Tariff**

***Virtual Psychotherapy Tariff**

Physicians are directed to contact Doctors Manitoba for specific information related to the tariffs.

Recognizing the need to urgently deploy video consultation as a modality for clinical consultation, after discussion with the CPSM and the Privacy Officer, the following tools/products can be utilized:

Preferred in short-term – supported solutions with secure transmission

These may include stand alone solutions such as Microsoft Teams or video solutions integrated into your electronic medical system. Work with your local IT provider to determine the best option for you.

We recognize that vendors may not have capacity to rapidly address requests due to high demand for these solutions therefore:

Acceptable in the short-term

For those sites supported by Digital Health, additional communication on the rollout of a supported solution will follow in the coming days.

Consumer solutions such as personal Skype or Zoom. Note that solutions without cost usually do not commit to security during the transmission so patients should be aware and clinical information should be limited to the minimum necessary.

If considering the integration of virtual visits, providers and practices should review the following:

CMPA Advice on Virtual Care

<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2018/thinking-of-working-with-virtual-clinics---consider-these-medical-legal-issues>

CPSM Standards of Practice-See Schedule K-Virtual Medicine, pages 86-87:

<http://www.cpsm.mb.ca/assets/Standards%20of%20Practice/Standards%20of%20Practice%20of%20Medicine.pdf>

Home visits

If considering home visits rather than having patients present to the office for care, providers should take proper precautions for patients under self-isolation for COVID-19 or who may have related symptoms.

This includes the use of Droplet/Contact precautions and the required personal protective equipment (PPE) that includes gowns, gloves, procedure/surgical mask and eye protection/face shield. <https://sharedhealthmb.ca/files/IPC-acute-care-manual-provincial.pdf> OR <https://sharedhealthmb.ca/files/COVID-19-highlights-provincial.pdf>

Physicians who require more PPE supplies can contact 204-926-6050 or 1-877-477-4773

Thank you for the taking the time to reflect upon how to best deliver patient care during the evolving COVID-19 situation.