








Considerations for balancing in-person and virtual visits in primary care during COVID-19

Quality dimension	Considerations	Example of what data to collect
 <p>Safety Staff & Patients</p>	<ul style="list-style-type: none"> • risk of acquiring SARS-CoV-2 and related mitigation strategies, e.g. <ol style="list-style-type: none"> i) protection from SARS-CoV-2 through adequate PPE for clinicians and staff, masks for patients, active and passive screening, and strong office infection control practices including physical distancing in the waiting room ii) SARS-CoV-2 risk stratification and mitigation based on age and co-morbidities (e.g. separate office times for patients with COVID-19 symptoms) iii) clear office policies on screening, booking, cleaning, and use of PPE iv) risk of acquiring SARS-CoV-2 through travel to the clinic 	<ul style="list-style-type: none"> • amount of PPE used per week; amount of PPE in stock • calculation of the max number of patients (and staff) who can safely be accommodated in the clinic at one time • number of staff infected with SARS-CoV-2 • number of days between incidents where a SARS-CoV-2 positive patient or staff exposes someone else in the office who is not protected • percentage of staff who are confident in their role in booking, cleaning, and using PPE
 <p>Safety Patients</p>	<ul style="list-style-type: none"> • risk of virtual-only care resulting in provider-patient miscommunication or a missed or delayed diagnosis (e.g. for a medical condition such as cancer or a social issue such as domestic violence) 	<ul style="list-style-type: none"> • process for staff to report patient safety incidents, including good catches
 <p>Effectiveness</p>	<ul style="list-style-type: none"> • potential for improved mental and physical health outcomes with in-person visits. Consider evidence on the gradient of therapeutic benefit with different types of interventions from i) treatment of acute symptoms to ii) chronic disease management to iii) prevention of cardiovascular disease and cancer to iv) health promotion. Consider evidence on whether and how assessments can be done virtually. 	<ul style="list-style-type: none"> • chart audit of random sample to identify reasons for in-person and virtual visits in the last week followed by team reflection to discuss trade-off in benefits and harms

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 <p>Efficiency</p>	<ul style="list-style-type: none"> • frequency of in-person visits is minimized e.g. by substituting in-person visit with a virtual visit, max-packing so multiple issues are addressed in a single in-person visit, lengthening visit intervals • amount of time in clinic is minimized for in-person visits e.g. by doing a virtual pre-visit assessment or post-visit counselling • PPE use is appropriate but minimized (e.g. one provider per clinic assesses symptomatic patients and these are clustered at end of day) 	<ul style="list-style-type: none"> • number of in-person visits per 100 patients per week • length of time patient spends in clinic for a random sample of encounters
 <p>Access</p>	<ul style="list-style-type: none"> • ease with which patients can reach the office and get a timely appointment via phone, email, video, and/or in-person 	<ul style="list-style-type: none"> • feedback from patients and families through formal mechanisms (e.g. patient experience survey) or informal mechanisms (e.g. probe at end of visit)
 <p>Patient-Centeredness</p>	<ul style="list-style-type: none"> • benefits of an in-person visit on the therapeutic relationship and patient-provider communication 	
 <p>Equity</p>	<ul style="list-style-type: none"> • in-person care as a way to offset inequities in access to virtual care (e.g. for those with limited technological access or comfort) • availability of virtual options for those unable to come into the office (e.g. due to work hours, transportation, child care) 	<ul style="list-style-type: none"> • chart audit of random sample to understand demographics of those seen in-person vs. virtually vs. not at all • periodic chart review of patients with chronic conditions not seen for >12 months