



COVID-19: Guidance for Family Physicians on Preventive and Non-urgent Care

The AAFP supports the Centers for Disease Control and Prevention's (CDC's) [mitigation strategy](#) as a framework for family physicians to protect patients, families, and staff during the COVID-19 pandemic. Family physicians should consider taking action now to reduce or postpone non-urgent, outpatient face-to-face care. Further, [CMS issued guidance](#) to limit non-essential adult elective surgery and medical and surgical procedures (including endoscopy) to minimize risk and transmission, and preserve needed personal protective equipment (PPE) and other medical equipment.

Family physicians should consider working expeditiously to provide routine, chronic, and preventive visits by [telehealth, virtual, or e-visit](#) as much as possible until after the COVID-19 threat has subsided, as defined by the CDC and as appropriate.

Implementation of this strategy should be based on the individual needs and circumstances of the patient balanced with the safety of other patients and staff. The AAFP recognizes that the decision to reduce or postpone non-urgent face-to-face care, elective procedures, and surgeries are dependent on each practice's geography, current and projected COVID-19 cases in the region, available PPE, and resources to conduct visits virtually through telehealth or e-visits.

As the COVID-19 situation is rapidly changing and varies geographically, affected communities are developing strategies to ensure that the delivery of newborns and well-child care is maintained. This includes childhood immunizations. Practices have separated well visits from sick visits temporarily (e.g., well visits in the morning, sick visits in the afternoon) or spatially (e.g., well visits in a specified clinic or other location, separated from sick visits). Follow the [CDC](#) and [Occupational Safety and Health Administration \(OSHA\)](#) guidance for cleaning exam rooms and areas between patients and sessions.

Due to personal, practice, or community circumstances related to COVID-19, some family physicians may be unable to provide preventive health care visits, including the provision of immunizations. If only limited well-child visits can be provided, family physicians are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age), when possible.

The CDC has developed guidance that is relevant to the approach of caring for children. For patients and families who may have been exposed to SARS-CoV-2, the CDC has developed [What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#).

In addition, the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) and guidance for [administering vaccines when a child is sick](#) are helpful resources.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time

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of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America.

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