

At the HCCT our patients are among the highest risk for serious illness and hospitalization, as such we hope to minimize their risk by keeping them out of our waiting room where possible. In addition, the ever present fear among the public has precipitated many of our previously stable mental health patients to start decompensating.

As such, in order to cope with this unprecedented workload we will be taking the following measures:

1. All intake visits and home visits will be converted to telephone or telemedicine unless there is a clear medical necessity that is urgent enough to warrant the risk. Follow-up visits for non-infectious, non-respiratory complaints will continue in the office for now, but this is subject to change.
2. Patients will be screened when we call to confirm visits and any patients with new respiratory symptoms will have their visits converted to telephone or telemedicine visits.
3. We will endeavor to significantly expand our urgent access appointments.
4. As a result, while we will continue to attempt to accept new referrals there will be a significant slow-down in the rate of booking new intakes. We will be sending notifications of whether a referral has been approved or not. If approved the patient will go on a wait list and be contacted when it is felt safe from a workload perspective. If there are urgent matters prior to intake, we will try to deal with them on a case-case basis according to common-sense principles of triage. I would ask for your understanding in this situation and that that referring clinicians endeavor to not call and "plead their case" unless the situation is truly dire. Time spent on the phone with you is time we are not with patients.
5. The one exception to the above policy is the emergency room/hospitalists. We will accept referrals from ER management/ERPs and Hospitalists in order to support decanting the ER and inpatient units in preparation for the coming crisis and prioritize them where possible. To be clear, by this I still mean referrals appropriate to our service.
6. If a code orange (I.e. an Italy type situation) is declared, one HCCT team member will remain dedicated to our patients, all other providers will begin working in hospital or providing relief to other primary care practices to assist in coping with crisis level numbers of new cases.

We thank you for your understanding in these difficult times and we hope that with the above we are able to best support each other.

All the best,

Spencer Cleave  
Physician Lead  
High-Complexity Care Team