

Pandemic RESPONSE

COVID-19 in the Calgary Zone: PCN update #10 – May 13, 2020

Dear colleagues, PCN staff and teams,

We reached a significant milestone in the Calgary Zone's pandemic response last weekend. Saturday marked the first time there were no new cases reported related to the Cargill meat-processing plant, a very welcome statistic given the size, spread and impact of the outbreak.

The largest outbreak in Canada connected to a single site, it has taught us a great deal about what an effective response requires in very challenging circumstances. We are extremely proud of the work those representing primary care, public health and community groups did to tackle the outbreak, from the first cases being identified through to today.

The model put in place during the Cargill response harnessed the power of primary care to mobilize quickly and effectively at the community level, alongside public health, and Alberta Health Services. Community groups also played a key role, while PCN access clinics and path to care plans, as well as a navigation hub, were critical elements of the response. Underpinning it all, though, were relationships built on trust that resulted in a partnership between AHS and PCNs, acute, primary and community care that put patients first and benefited the whole system. We believe this could be an important legacy for the Calgary Zone.

As we move into a new phase of the pandemic response in the coming days, with businesses reopening and activities beginning to resume, the demands on primary care may change but the pressure will not relent. Thank you for all you have done and continue to do to support your patients and make the Calgary-area story one in which strong Medical Homes and a valued primary care system are at the heart of an effective pandemic response.

Yours sincerely,



Dr. Michael Spady
Medical Leader, Community Health Services
Calgary Zone



Dr. Ernst Greyvenstein
PCN Physician Lead,
Calgary Zone

Medical Home Q&A, with Dr. Christine Luelo

Q. Do you have any practical advice for physicians and clinics as we start to see more patients face-to-face or receive more requests for face-to-face visits?

The Alberta Medical Association held an informative, high-level webinar on Monday that mainly presented a philosophical framework for a primary care relaunch. The College of Physicians and Surgeons of Alberta referenced behaviour being judged by “what a reasonable physician would have done in the same circumstances.” The Calgary Zone PCN and AHS primary care Medical Directors are meeting on Wednesday evening to start compiling practical lists and examples of how you might consider proceeding with increased traffic in your office. We plan to share these in the coming days in the hope you will find them helpful. The AMA has also created a [virtual care resource toolkit](#) for community practices. Remember: Continuous masking and a focus on virtual care delivery is still the standard of practice at this time. Already have it figured out for your clinic? We would LOVE to hear from you! Email info@calgaryareapcns.ca. This topic will be featured in our next PCN webinar, which takes place on Monday, May 25, from 6-8 p.m. [Register here.](#) | [Instant replay: May 4 webinar](#) | [May 4 physician Q&A](#) | [Alberta’s relaunch strategy](#) | [Resumption of diagnostic imaging, ambulatory care](#) | [Lab bulletin](#)

Q. What are your thoughts on the future of virtual care?

Prior to COVID-19 I dabbled in virtual care, mainly out of desperation! I had a lousy third to next available for my panel, partly because I only have clinic three days a week due to my administrative role. If someone no-showed I would call them and conduct a phone visit. It was less pay but got the job done. It was an opportunity to educate and patients seemed to really appreciate it. I have had very few repeat “offenders” but it was not a great strategy overall. Based on a College of Family Physicians of Canada survey, we now know that:

- Almost all family physicians — about 90 per cent — are contacting patients virtually in response to the COVID-19 pandemic
- Over the past week, virtual care was used for about three out of every four family practice visits
- We will likely be in this state of physical distancing for quite some time

Taking this into account, it’s worth considering how we can take the best parts of virtual care and combine them with the elements that make face-to-face care so valuable in order to create our own new normal (fees notwithstanding). This may even be a way to open up some space in your clinic for a PCN team member or additional doctors in order to create a leaner business model. [AMA virtual care resources](#) | [Virtual care toolkit](#) | [Virtual care playbook](#) | [AMA webinar: May 22](#)

Q. Would you recommend reviewing all postponed referrals or are there certain conditions that should be prioritized?

As ambulatory care clinics relaunch they will be developing their next “normal” state. We will share new information here, and via your PCN COVID-19 newsletters, as it becomes available. A library of all PCN COVID-19 updates, newsletters, tools and resources is stored at specialistlink.ca. The AHS ‘source of truth’ is at www.ahs.ca/covidphc. If you have postponed referrals in the last eight weeks it is important to reassess those patients to make sure their complexity/urgency has not changed. Continue to leverage [Specialist LINK tele-advice](#) if you are not sure on the appropriate next steps for patient care.

Q. How will access to specialty care change in the coming weeks and months?

Specialty care will be following the guidance of AHS as it relaunches. Certain specialties may move quicker than others. Some are looking at the relaunch as an opportunity to re-imagine their future state and put better wait time management processes into place. We have specifically requested that family practice is part of these conversations to ensure the work is aligned with the system as a whole and the needs of patients. The Calgary Zone’s [specialty access guide](#), which summarizes COVID-19-related changes to access, was updated this week.

- Respiriology: Referrals for routine conditions can now be made via eReferral Consult Requests
- Ophthalmology, orthopaedic surgery and surgical oncology (breast health/cancer): eReferral Advice Request is a non-urgent advice option

Q. With symptoms being expanded what are the implications for PPE use?

At the time of writing we do not have any updates on the implications for primary care in terms of changes to PPE use. We continue to vigorously pursue best practice advice that will allow for safety in community family practice, while also being practical about the type of care we offer.

[Updated symptoms](#) | [Self-assessment](#) | [PPE information](#) | [Harm reduction: COVID-19 patient handouts](#) | [Seniors COVID-19 wellness resources](#)

Other updates

1 Hospital discharge clinical pathway

A hospital [discharge pathway](#) has been posted on [specialistlink.ca](#) that outlines recommendations for the monitoring of COVID-19 patients released from hospital. The pathway references a 24-hour post-discharge safety visit and other guidance. It is designed to complement the existing [presumed/confirmed COVID-19 positive primary care pathway](#).

2 Making the most of your tele-advice call

Demand for Specialist LINK tele-advice is at an all-time high, with the number of calls increasing by 73% since Alberta declared a state of emergency in March. Physicians can help speed up their call by having their practice ID and the patient’s personal health number on hand. Although volume is high, the Specialist LINK team remains committed to returning calls within one hour, during business hours (not available on statutory holidays or on weekends, except the COVID-19 line). Tele-advice can be requested at [specialistlink.ca](#), or by calling 403-910-2551. Please refer to our [updated user guide](#).

3 Webinars

Re-establishing continuity of care during COVID-19 is the theme of the next two University of Calgary COVID Corner webinars. Part one (planning and preparation) takes place Wednesday, May 13, from 7-9 p.m. [Register here](#). Part two (priorities and partnerships) goes Wednesday, May 20, from 7-9 p.m. [Register here](#). The Alberta Medical Association’s next webinar in the primary care relaunch series takes place on Friday, May 22, from 12-1 p.m. [Register here](#). As mentioned above, the next PCN COVID-19 webinar is scheduled for Monday, May 25, from 6-8 p.m. [Register here](#).