

# Pandemic RESPONSE

## COVID-19 in the Calgary Zone: PCN update #11 – May 20, 2020

Dear colleagues, PCN staff and teams,

As Alberta's relaunch strategy prepares to enter its second week, primary care providers continue to adapt to the rapidly changing landscape that is emerging for physicians, clinic staff, PCNs and teams. While we all wrestle with unanswered questions about what the future holds, we would like to take a moment to thank you for the part you have played in the pandemic response to date.

Partnerships between acute and primary care, AHS and PCNs and rural and urban providers are at the heart of the Calgary Zone story. While it is difficult to convey the value of an integrated and aligned response in numbers, we have attempted to do just that in the [infographic](#) distributed as part of this week's newsletter.

We began sharing some of these figures with provincial colleagues last week to help illustrate the impact that primary care can have in all aspects of the response. In Calgary and the surrounding areas, the percentage of COVID-positive patients being cared for in the community has consistently remained at 96 per cent. What the Cargill outbreak demonstrated was that local PCNs and providers – in this case, starting with Calgary Rural PCN physicians and teams but quickly growing to a multi-PCN rural and urban team-based approach – can be integral to a nimble, rapid response in the hours and days following an outbreak, as well as in the medium and long-term as patients are triaged, treated, tested and transition through the system.

Harnessing the power of more than 1,700 physicians and 400 health professionals – with rural and urban PCNs working alongside public health, AHS, and others – has benefited patients and the system. The model is far from perfect, and there have been many lessons learned. However, the impact that a robust, responsive, and integrated primary care system can make is very clear. Thank you for being an important part of the Calgary Zone story.

Yours sincerely,



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Calgary Zone



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## Medical Home Q&A, with Dr. Christine Luelo

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### **Q. What practical resources or solutions are available to make sense of what a ‘reasonable physician’ should do as part of Alberta’s relaunch strategy?**

Many physicians and their teams have started to make plans for increased face-to-face traffic in their clinics, as appropriate, while adhering to guidelines. Continuous masking and virtual care delivery options remain the standard of practice. However, many members say they feel unsure about how to proceed and would appreciate more specific tactical advice. There are three main areas to consider:

1. Clinic setup / physical space and workflow processes
2. Who to bring in, scheduling patients and screening for COVID-19 symptoms
3. PPE supplies

Medical Directors and other primary care physician leaders in the Calgary Zone are gathering this week to discuss preparations for working safely and efficiently in their clinics and PCN spaces. Workplace guidance is available via [Alberta Biz Connect](#). We are also reaching out to our specialty colleagues for advice about how long it is safe to wait for certain typically non-urgent, but timed interventions (e.g. repeat pap smears). Furthermore, we are in communication with all levels of provincial pandemic planning to ensure ongoing support for personal protective equipment (PPE). The ‘relaunch’ will be a major theme of next week’s PCN webinar, which takes place on Monday, May 25, from 6-8 p.m. [Register](#). If you have questions please email [info@calgaryareapcns.ca](mailto:info@calgaryareapcns.ca). [Advice to the profession document](#) | [Alberta’s relaunch strategy](#) | [Instant replay: May 4 webinar](#) | [May 4 physician Q&A](#)

### **Q. In the absence of clarity around virtual care fees, how should clinics plan for future demand?**

Pre-pandemic literature on virtual care showed positive impacts on the four pillars of the quadruple aim (see page 6 of this [Calgary Zone slide deck](#) for an explanation of quadruple aim) and suggested there would be higher uptake of virtual care in the future. COVID-19 has forced us to adopt this method of care for our patients almost overnight. That isn’t all good (fees and compensation are an issue) or all bad (it’s efficient for certain types of care, and for busy patients, in particular). The trick will be to strike a balance moving forward in the context of business sustainability. A virtual appointment should still be considered your first point of contact for most patients, with a follow-up face-to-face visit if necessary.

[AMA virtual care literature summary](#) | [AMA virtual care toolkit](#) | [Virtual completion of goals of care](#)

### **Q. I’m ready to follow-up with COVID-19-positive patients, but notifications have been patchy and I am concerned some may not be reattached to their Medical Home. Is the system being improved?**

A small army of PCN and AHS operations teams, including the Calgary Zone’s supported transitions task group, is working on improvements within the confines of privacy rules and challenges related to technological or informational continuity. Picture building an airplane as you fly it, during a hail storm! Any COVID-positive patient who has not been connected to their Medical Home is being followed by the communicable disease team until released from isolation or back to their Medical Home. Redundancies are in place to ensure patients receive care. [CII/CPAR information](#) | [Rapid evidence reports](#)

**Q. I'm concerned about availability of PPE – and the cost. How can clinics ensure they have enough and what happens if PCN supplies run low?**

Sourcing more PPE and determining how much PPE to wear for particular patients are commonly-asked questions. We hope to be able to address this in more detail during next week's webinar. [Register](#). Stay tuned, but in the meantime wear a mask, pre-screen anyone you see face-to-face in the office, wash your hands and don't touch your face! Talk to your PCN about PPE ordering. [PPE resources](#) | [Testing criteria](#)

**Other updates**

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**1 Maternal tele-advice options added**

Two new tele-advice lines have been added to the options available to Calgary and area physicians via [specialistlink.ca](http://specialistlink.ca). Maternal fetal medicine obstetrical pandemic support is a new addition to the COVID-19-related tele-advice lines (COVID and COVID Pediatric ID are also available). Maternal fetal medicine has also gone live as part of our Women's Health services. Both lines are available Monday to Friday, from 8 a.m. to 5 p.m. Like the other COVID-19 lines, maternal fetal medicine obstetrical pandemic support is also available on weekends, from 9 a.m. to 5 p.m. Please consult the updated [tele-advice user guide](#) for more information. Requesting tele-advice is simple: Enter your information at [specialistlink.ca](http://specialistlink.ca), or call 403-910-2551. Calls are returned within one hour. Please ensure you leave a direct phone number or cell and have your practice ID and the patient's personal health number at hand. [COVID-19 tele-advice](#) | [COVID-19 primary care pathway](#) | [Hospital discharge pathway](#)

**2 HealthQuest EMR COVID-19 pathway template**

Thanks to the EQUIP (Elevating Quality Improvement in Practice) team, the primary care COVID-19 pathway EMR template is now available on HealthQuest. Physicians and clinics can call HealthQuest support to request that the template is added to their EMR. It only takes a few minutes. EMR pathway templates for Wolf, Accuro and Med Access are also available via [specialistlink.ca](http://specialistlink.ca). Those EMR vendors are in the process of integrating the pathway templates into each platform for easier access. Contact your PCN improvement team (practice facilitator or panel manager) for more details. [Instructions](#)

**3 Cardiac referrals: An update**

Referral guidelines for cardiac diagnostic and ambulatory care clinics in the Calgary Zone have been updated. If a patient's condition deteriorates, providers are encouraged to re-refer for testing or assessment. However, all postponed referrals will be reviewed for rescheduling as services resume. [Read the memo](#), which outlines criteria for urgent and semi-urgent referrals. [Serological testing: Next steps in Alberta](#) | [Updated: Specialty access guide](#)

**4 Webinars**

It's another busy week for webinars with the second of the two University of Calgary COVID Corner events on re-establishing continuity of care scheduled for today (Wednesday, May 20, 7-9 p.m.). [Register](#). The U of C is also hosting a 90-minute webinar on the virtual physical exam on Thursday, May 21, at 7 p.m. [Register](#). 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](#). As mentioned above, the next PCN COVID-19 webinar is scheduled for Monday, May 25, from 6-8 p.m. [Register](#).