

Pandemic RESPONSE

COVID-19 in the Calgary Zone: PCN update #9 – May 6, 2020

Dear colleagues, PCN staff and teams,

It is hard to put into words how humbling and affirming it has been to watch our primary care teams rise to the challenge presented by COVID-19, particularly over the last few weeks.

Physicians, clinic staff, PCNs and teams worked in partnership with public health, AHS and community groups to tackle the High River outbreak, and in doing so created a rapid response model that is attracting interest and admiration not just provincially, but across Canada and even internationally.

While the impact of the Calgary Zone's approach is hard to convey – especially for those not as familiar with the Patient's Medical Home model – we saw some numbers this week that might help to put it into perspective. On Tuesday, the Calgary Zone had 3,957 COVID-19 cases, with just 4% managed in hospital, compared to 96% in the community. Only 1% were in intensive care. While the public's focus has perhaps rightly been on acute care, primary care has a significant role to play. Most COVID-19 patients can receive high quality care in the Medical Home, which simultaneously increases system capacity and eases the burden on our hospitals. This is the Calgary story.

As more patients are returned to the care of medical homes in the days and weeks ahead and public health restrictions are gradually lifted, there will not be much time to pause and celebrate our successes. The challenge, now, is to ensure our efforts are sustainable. While part of that task involves work behind the scenes to adapt and respond to the 'new normal,' we also need to ensure there is a strong focus on self-care.

Thank you for all you have done and continue to do for your patients. Let's continue to work collaboratively, access the supports available through PCNs, the AMA and other groups, and look out for each other.

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. Any advice re patients who present with a post-viral cough after their isolation period ends?

This is a tricky one that we put to our specialty colleagues. Isolation should be for 10 days from the start of symptoms OR resolution of the respiratory symptoms, whichever is longer. With increased testing we may have many minimally symptomatic patients and they will be eager to get back to “normal” post-infection. There have been growing reports of post-viral cough patients recovering from COVID-19 – similar to other respiratory viruses we are used to managing. Inhaled corticosteroids actually are NOT indicated and in fact honey may have the best evidence for treating a cough. There is no role for follow-up testing to ensure “clearance” of the infection. An immunocompromised host (for example, bone marrow transplant) may remain infectious for longer. [Physicians/teams: Return to work guide](#) | [Patient information](#) | [Assessment tools](#)

Q. COVID toes seems to present late in children. Are physicians still required to wear full PPE?

While Alberta recently increased [testing criteria](#) to include many other non-respiratory symptoms, [COVID toes](#) are not on the list. It seems that this is often a late presentation if linked to infection, and is most often reported along with respiratory symptoms rather than on its own. Therefore, appropriate PPE should be donned. It is unclear if it is simply like many other viral exanthems we see in primary care, and a reaction to an infection versus signaling active infection and therefore contagious. Deciding on the appropriate PPE for these and other patients will be one of the questions we need to answer as we resume more face to face care. [PPE FAQ](#) | [PPE resources](#)

Q. What lessons have we learned about primary care’s role in an effective pandemic response?

Despite having more cases due to recent outbreaks, the Calgary Zone has a lower hospitalization rate for COVID-19 cases. Our primary care team, in partnership with AHS, has rapidly responded to the needs of patients to support them through their Medical Homes. We’ve made critical changes within PCNs to support hundreds of patients from public health, 811, acute inpatient care, emergency departments and urgent care to return to their Medical Home. AHS has seen the value of a strong primary care system like never before. Many of these processes are manual and involve multiple human touch points. We urge everyone who has not explored CPAR/CII to check it out as part of a long-term solution. It includes an electronic push of notifications to your EMR and facilitates improved informational continuity.

Q. I’m still seeing most of my patients virtually; how should I prepare for a gradual reopening?

The College of Physicians and Surgeons of Alberta advises physicians to follow the advice and orders of Alberta’s Chief Medical Officer of Health. This advice is high-level and not a “recipe.” Rather, it requires physicians to make a judgment to determine if provision of a service is in the best interest of an individual patient. What constitutes an “essential health service” changes the longer the COVID-19 crisis persists and the longer we delay chronic disease management, screening and routine investigations. Who to see face to face will be complex. The Zone Medical Directors are discussing this. In the meantime:

- Elective cosmetic procedures and treatments are NOT essential health services during the pandemic
- Use virtual care as means to assess urgency; it can be informative in planning timing and PPE use during face to face

- Leverage your PCN COVID-19 access clinic/plan for COVID-positive patients who need face to face
- Consider how to change your normal in-person schedule to increase your face-to-face care while maintaining physical distancing
- All health care staff should be using continuous masking in patient care areas, especially when physical distancing can not be achieved
- All health care workers should be doing a daily fitness to work assessment

Q. Should we be recommending the tracing app to patients given the concerns raised to date?

Absolutely, the [ABTraceTogether](#) app is our best chance, in combination with robust COVID-19 testing, to get back to a more normal life until a vaccine is available. The app does a virtual “handshake” with other active apps in its vicinity (within two metres, for a cumulative 15 minutes) and keeps this information (encrypted) stored on your phone for 21 days. If you test positive you can “push” this data to the contact tracers at AHS; they can crack the code and call your contacts. You share more every day on your social media and your Internet searches. There are some known glitches for the Apple version, with updates expected in two weeks. We will need 40-70% of Albertans to use the app for it to make the biggest impact. Physicians can be a big driver for uptake – are you up for the challenge?

Q. What’s the update on community paramedics?

Previous communications said family practice could no longer access community paramedics. The service is not available through family practice for “wellness checks” – i.e. my COVID-positive patient is not answering the phone (this goes to police or EMS – call 911). However, if you have a patient you have assessed over the phone and you need someone to see in person to check on oxygen saturation etc., community paramedics can still do this. You can access the service via [COVID-19 tele-advice](#). Family practice can also access community paramedics for non-COVID-19 reasons – with limited capacity.

Other updates

1 PCN webinar video, slides

Thank you to all those who tuned in for Monday’s webinar. Hosted by Dr. Rick Ward, it attracted more than 840 views. The next event will be held Monday, May 25 from 6-8 p.m. [Register here](#). Video: [May 4 webinar \(edited version\)](#) | [Physician FAQ \(Dr. David, Dr. Han\)](#) | Slides: [Mental health](#) | [Public health/app](#) | [PCN update](#) | [Dr. Adam Vyse/High River](#) | [Specialist LINK experience](#) | [COVID science update](#)

2 EMR templates for primary care COVID pathway

Templates are now available to support physicians and teams using the [PCN primary care COVID-19 pathway](#). The EQUiP (Elevating Quality Improvement in Practice) team created templates that are in the process of being integrated on to each platform for easy access. In the meantime, Med Access, Accuro and Wolf templates and guides can be downloaded from [specialistlink.ca](#). [Instructions](#)

3 Instant replay: COVID Corner

Last week’s COVID Corner featured Dr. Luelo, Dr. Rick Ward, Dr. Jia Hu and others discussing care of the COVID-19 patient in the community. [Watch the webinar](#). Coming soon: U of A webinar – The Development & Prospects for Antivirals for COVID-19, May 7, 7-8 p.m. [Register here](#).