

PATHWAY UPDATE: THE HIGH RIVER EXPERIENCE

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Disclosures

- Governance Board Chair Calgary Rural Primary Care Network
 - Receive sessional remuneration
- Fee for Service family medicine clinic, and hospital/ER work
- ACB sessional remuneration at High River Cancer Centre
- No other financial disclosures or conflicts that I am aware of
 - Tend to be a glass is half full guy



COVID-19 Cargill Outbreak: Lessons Learned

1. Virtual Primary Care **works**
2. The *COVID-19 Pathway* is an effective tool for management
3. Multi-level **Teamwork** is key to strong Primary Care
4. Trusted voices make a difference to patients
5. **Few** patients were really sick

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Our experience and timeline...

Week 1 – Apr 7-9th

- HRH ER docs see a few cases of suspected COVID from Cargill
- Local docs start to realize an outbreak may be evolving
- Elevate concern to local AHS and PCN leaders

First (Easter) weekend

- More COVID cases seen and confirmed
- Docs escalate and amplify concerns to AHS
- Focus on hospital and LTC/SL sites re: staffing

Our experience and timeline...

Week 2 – Very Busy...

- Communication with Town, Cargill, AHS
- Mobilization of resources to rapidly Test, Identify, and Connect
 - Swab/call center by PCN staff and local docs setup in 3 days
 - Took in 800 calls/200 swabs = 50 C+
 - MDs and RNs implementing COVID-19 Pathway on patient calls







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Our experience and timeline...

Week 3 – Really Busy...

- Recruitment of East Calgary FCC and Calgary Zone PCNs to assist in C+ follow-up
- CRPCN continued F/U of all positives it could find
 - Attached patients → warm handoff to PMH/FP
 - Unattached assigned to local physicians, or followed by CRPCN staff utilizing pathways

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Our experience and timeline...

Week 4 – Still Busy...

- Ongoing F/U calls to C+ using Pathway
- Contact Tracing Support
 - Calgary Zone PCNs collaborate with Public Health and Community Agencies to manage C+ contacts including Isolation Hotel concept

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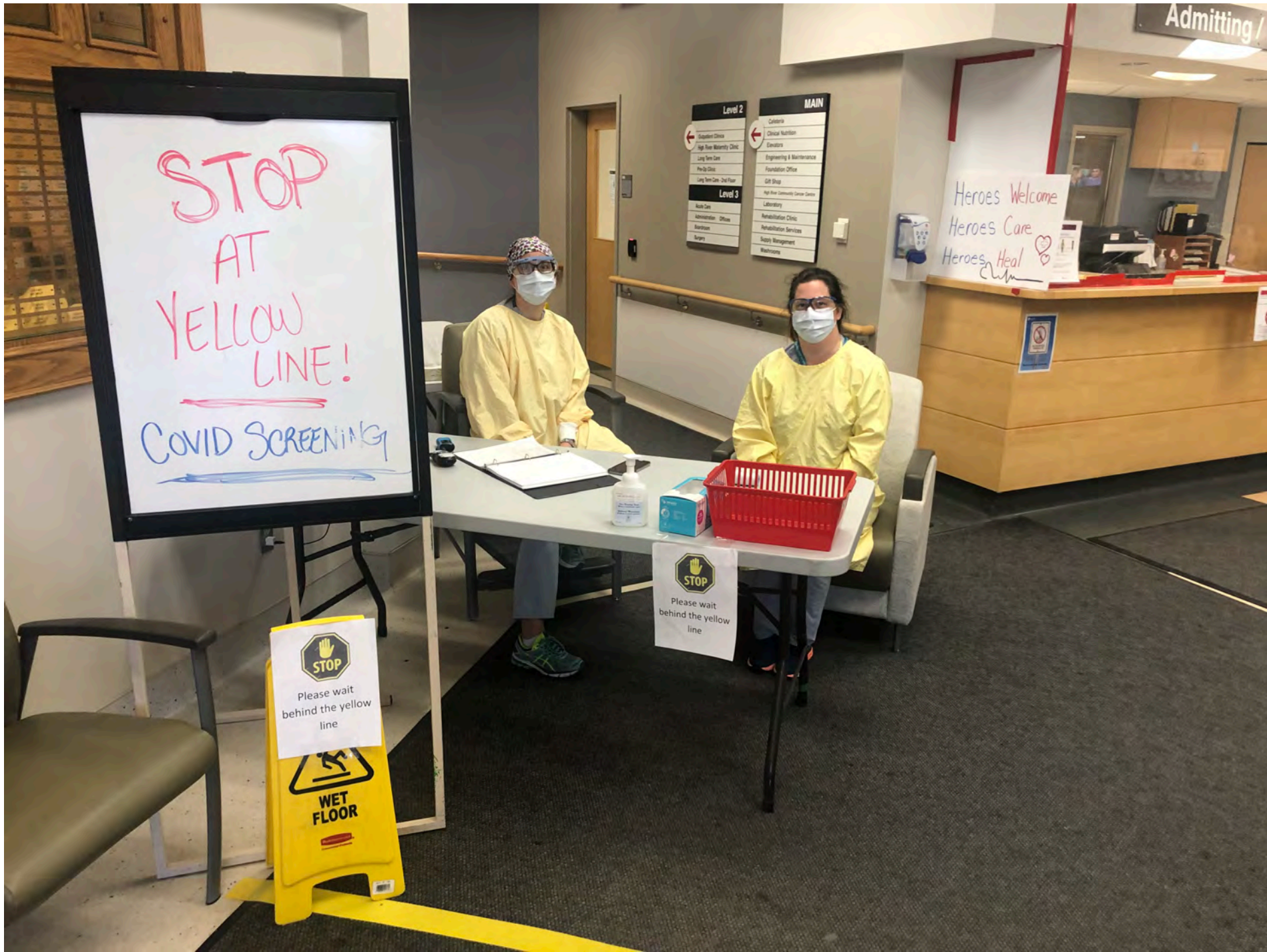
By the numbers...

Total C+ as a result of Cargill COVID-19 outbreak

- ~900 Cargill workers
- ~ 900 contacts
- PCNs involved – CRPCN 1/3, SCPCN 1/3, Mosaic 1/3

Total High River area C+ as a result of Cargill COVID Outbreak

- ~300 Cargill workers
- ~ 300 contacts
- Hospitalizations = 5-10
- Deaths = none from High River, 1 overall



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1. Virtual Primary Care is effective

- Assumption from international reports was that 80-90% of COVID-19 disease does not require acute care
 - More like 98% in our experience, all managed **VIRTUALLY**
- Patients were managed confidently and competently through primary care contact and team approach
- Patients were **grateful** for Primary Care contact
 - Providers regularly (~20%??) reported they “talked patients off the ledge”
 - Lots of anxiety around cough, occasional dyspnea, occasional CP
 - A careful history distinguishes the serious cases
- Follow ups done by docs and multidisciplinary team with PCN support – pandemic response truly a ‘team sport’!

2. The COVID Pathway worked

- Provided confidence and structure to doc and team – especially early in outbreak
 - Effective for MOA, RN and MD
- No known cases where pathway failed to identify a deteriorating patient
- Patients *sounded* sick on the phone but pathway flags reassured that most were not critically ill
 - The value of the medical history shines through
 - Review of 82 patients followed by 2 clinics
 - 2 patients referred for acute care assessment
 - Remainder stayed home = 97%

3. Strong Primary Care = Good Outcomes

Our process was built on multi-level teamwork:

System Level:

- Integration with Public Health (rapid fan out of isolation information)
- Quick response from AHS (establish, staffing and follow-up from swab centres)
- Batching of C+ results to PCN via secure system out of AHS
- Proactive work with allied care (restrict Cargill employee family members from working in LTC/SL)

Patient Level:

- Individualized care with intrinsic connections to all health and social system components if needed. Trusted source of care.

4. Trusted voices make a difference

System Level:

- Alarm raised by local family docs, amplification by AHS and PCN leadership
- AHS respect/trust and reliance with PCN partners forged over past 15 years
- A 'perfect storm' of strengths to combat an unprecedented health emergency

Patient Level

- FPs are the heart of the Patient Medical Home (PMH)
- Trust comes from connection in a practice and knowing the full context of the patient

5. Few people got *really* sick - Why?

- Based on previous published data – we anticipated higher mortality
 - Cargill workers were healthy, average age in 30s/40s – Lower risk **BUT...**
 - Household contacts were widely variable in age and risk status
 - Spouses in 30s/40s
 - Many children in homes
 - Parents/grandparents in 70s/80s
 - Half of our sample of 80 patients were Average Risk, ¼ High Risk, ¼ Low Risk
- Surprisingly, many household contacts that isolated in the home did **NOT** become symptomatic

COVID-19 Cargill Outbreak: Lessons Learned

1. Virtual Primary Care **works**
 - It is here to stay
2. The *COVID-19 Pathway* is an effective tool for management
 - We can confidently recommend it
3. Multi-level **Teamwork** is key to strong Primary Care
 - Let's leverage gains made to break barriers
4. Trusted voices make a difference to patients
 - The navy of Family docs had huge value
5. **Few** patients were really sick
 - Strong Primary Care must be a factor to consider





Thank You

Thank you for
keeping us safe!
- 9 years old

You're
Awesome!

You are our
Heroes!
-Inez
11 years old

2020

THE BARON
FAMILY

ACKNOWLEDGMENTS

DR. ADAM VYSE



- CRPCN staff
 - Stephanie Crichton, Executive Director
 - Terri Shaul and Amy Deagle Clinical Coordinators
 - RNs, Panel Managers and clerical staff – we know who you are!
- High River and area physicians
 - Mostly my wife Dr Nancy Vyse for putting up with my COVID obsessions
- Calgary Zone PCN committee
 - Nicole Gleeson at Mosaic, Lorraine Bucholtz at Foothills, Christine Luelo at South Calgary
- AHS partners
 - Local leaders Lise Brisebois-Blouin, Shantel Hunter, Jen Morton
 - HRH lab staff – Cheri, Kim, Adam and their team
 - Zone Leaders Mike Spady, Rick Ward, Laurie Blahitka, JoAnn Beckie
 - MOH, especially Jia Hu
 - Brian Cornelson East Calgary FCC



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The End