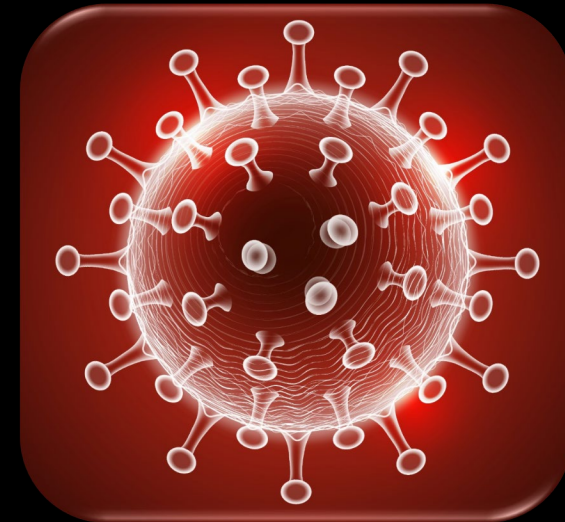


PCN RESPONSE

Protecting patients in the Medical Home

Dr. Christine Luelo, Medical Director, SCPCN
May 4, 2020



Disclosures

- Family Physician – McKenzie Family Practice – FFS
- Medical Director – SCPCN – Contract
- Co-Chair – Calgary Zone Operations Coordinating Committee – Contract
- CPSA – Assessment Program Advisory Committee – Honorarium
- PHARMA – nothing

May the fourth be with you ...

Episode X

**STAR
WARS**

Attack of Coronavirus

Testing guidelines current April 19, 2020 8 p.m.

Testing will be offered for symptomatic individuals in the following roles:

- All Albertans
- Testing is being done for asymptomatic patients in some outbreak settings where transmission risk is VERY high, e.g. High River/Cargill, long-term care
- Online screening tool/811 if no computer access/PCN access clinic/PMH

***UPDATE:** Expansion of symptoms for those eligible to be tested; now includes fever, chills, new cough or worsening of chronic cough, new or worsening shortness of breath or difficulty breathing, sore throat or painful swallowing, stuffy or runny nose, headaches, muscle or joint aches, feeling unwell or general, new fatigue or severe exhaustion, nausea, vomiting, diarrhea, unexplained loss of appetite, loss of sense of smell or taste, or pink eye

- **NEW LAST WEEK – FAMILY DOCTOR FIELD ADDED TO ONLINE TOOL!!**

PCN Navigation Hub

- Symptoms – 811 – NEGATIVE – robocall to inform patient – remember this is a point in time only
- Symptoms – 811 – POSITIVE
 - MOH contacts for contact tracing and
 - Copy should be going to family doctors now*
 - PCN will get a daily list and be a safe backup for patients to land – please bear with us with duplications in notifications
 - Please reinforce isolation requirements – this is critical
 - Specialist LINK COVID line for escalation/problems – PLEASE LEAVE A DIRECT NUMBER

PCN Navigation Hub

- Admitted to acute care during course of illness
 - High Risk on discharge
 - >65
 - Prolonged hospital stay > 5 days
 - Assisted pre morbid function
 - ICU > 48 hours
 - Poor home supports
 - Certain pre morbid conditions
 - Safety check at 24 hours – PCN supported as needed
 - Whenever possible warm handoff to family physician when EDD confirmed
 - Follow up daily through Medical Home using Primary Care COVID Pathway and Specialist LINK and PCN supports

PCN Navigation Hub

- Admitted to acute care during course of illness
 - Average risk on discharge
 - <65
 - Short hospital stay > 5 days
 - Good premorbid function
 - No ICU or ICU < 24 hours
 - Adequate support at home
 - Safety check at 24 hours – PCN supported as needed
 - Follow up daily or EOD through Medical Home using Primary Care Pathway and Specialist LINK and PCN supports

PCN RESPONSE

DR. CHRISTINE LUELO



PCN Navigation Hub

- Patients seen in UCC/ER with COVID diagnosis and don't meet criteria for admission

Managing my panel RELAUNCH ...NOW WHAT!?

- CPSA (May1, 2020) advises physicians to follow the advice and orders of Alberta's Chief Medical Officer of Health
 - This advice is high-level
 - Require 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
 - Non-urgent services becomes more essential as delay in access could result in a poor health outcome depending on the individual's circumstances
 - Elective cosmetic procedures and treatments are NOT essential health services during the COVID-19 pandemic
- Who to see face to face will be complex
 - There is no one single answer

Managing my panel **RELAUNCH ...NOW WHAT!?**

- Use virtual care as means to **assess urgency**; can be informative in planning timing and PPE use during face to face
- Leverage your **PCN COVID access clinic** or your PCN access plan
- How will you create a **schedule** that allows for social distancing of patients in clinic?
- **Lab restrictions** – Pap smears, FIT, HGA1C
- **DI restrictions** – Screening mammograms
- Need to see what increased swabbing teaches us in the next two weeks
 - **Asymptomatic carriers** - what is the baseline for PPE?
- DRAFT DOCUMENT: Guidance for **Risk Assessment and Management** of HCPs with potential exposure to COVID-19 positive patients or co-workers

Managing my panel **BILLING**

- A **patient-initiated** appointment to address a **new problem**
- Consultation services and clinically-necessary **follow-ups by the physician**
 - **Treatment plan that was previously patient initiated**
- A physician-patient visit that was a **result of panel management** activities in either primary (medical home model) or specialty care practices (e.g., internal medicine, pediatrics, psychiatry) to ensure appropriate, ongoing care
 - Patients with chronic diseases as well as medically or socially complex high-needs patients
 - PCN/clinic staff can initiate the call
- Physician: Patient direct contact following **referral by an AHS screening program**
 - **Including COVID-19**

PCN RESPONSE

DR. CHRISTINE LUELO

