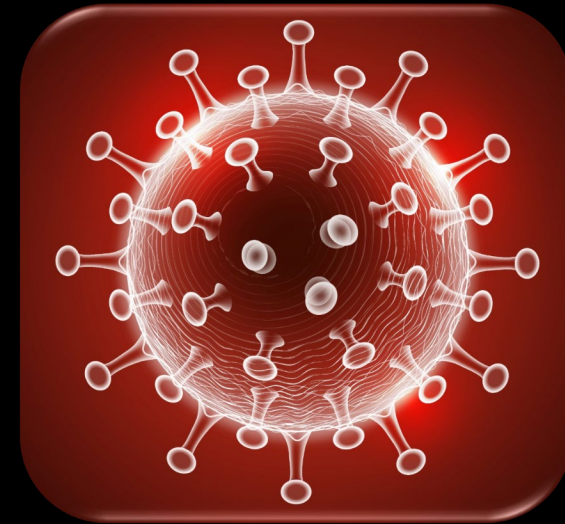


PCN RESPONSE

Protecting patients in the Medical Home

Dr. Christine Luelo, Medical Director SCPCN
April 6, 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

PCN response to clinical challenges

- Calgary Zone COVID Primary Care Core Group
 - Strategic oversight and direction
 - Membership
 - Once a week
 - Zone Operations Coordinating Committee- three times a week
- Weekly pan PCN and key partner huddle
- Weekly pan PCN newsletter
- CME events
- Best practice advice for community clinics

Testing guideline changes: April 3, 2020

- Testing will be prioritized for **symptomatic individuals** in the following roles:
 - Healthcare workers;
 - Group home workers and shelter workers;
 - First responders, including Firefighters and EMS;
 - Those involved in COVID-19 enforcement, including Police, Peace Officers, Bylaw Officers, Environmental Health Officers, and Fish and Wildlife Officers; and,
 - Correctional facility staff, working in either a provincial or federal facility.

Keeping my office going what we should NOT be doing ...

- As per the recent Order by the Chief Medical Officer of Health, “a ‘non-essential health service’ includes any service that is generally done to protect, promote or maintain health of an individual and where an interruption in the provision of services will not result in an individual’s life, health or safety being immediately endangered” ([CMOH Order 07-2020](#))
 - Help patients adhere to the Chief Medical Officer of Health’s advice to remain home unless absolutely essential
 - Use virtual care as a means to assess urgency can be informative in planning need for face to face

Keeping my office going what we **SHOULD BE** doing ...

- Questions to consider when determining if care is urgent
 - Does the patient feel the **benefit of therapy exceeds the risk** of the leaving their home?
 - **Special consideration** must be given to high-risk patients (e.g.: patients with pre-existing health conditions or who are over 60 years old)
 - Could scarce **resources**, like acute care, need to be accessed if the procedure does not go as planned?
 - Will the care provided **prevent the need** for a patient to access acute care in the foreseeable future?
 - **Would a group of peers support the decision** the care is urgent?
- Urgency is complex – there is no one single answer

Keeping my office going during a pandemic - PRACTICAL

- Keep essential staff to populate your schedule and manage any face to face visits you must have
- Update your phone message and website so patients know you are still around
- Start collecting emails right away so you can move to video if you decide to/ need to
- First and foremost practice what we preach – you cannot help anyone if you are sick!

What if my staff member or I myself am at risk?

- **Quarantine** if you have had a close contact/ travelled = 14 days
- No symptoms during quarantine = return to work after 14 days
- Symptoms during quarantine, no test* = 10 days from start of symptoms or symptom resolution or 14 days **whichever is longer**
- Symptoms during quarantine, test - = back to work after 14 days AND symptoms gone **whichever is longer**
- Symptoms during quarantine, test + = back to work after 14 days AND symptoms gone **whichever is longer**

What if my staff member or I myself am sick with RTI symptoms?

- Legal requirement to self isolate for all Albertans = *minimum* 10 days
- Take online self assessment
- No risk factors, no test* = self isolate for 10 days or symptoms gone **whichever is longer**, then back to work once **14 days from symptom start**
- No risk factors, test - = stop self isolation and go **back to work once symptoms gone**
- No risk factors, test + = 14 days from start of symptoms or symptom resolution **whichever is longer before return to work**

In general...

- Legal requirement to self isolate = minimum 10 days
- Additional health care worker requirement, when planning return to work = 14 days from start of symptoms AND symptoms have resolved **whichever is longer**
- For symptoms not on the COVID list, remember Health care workers can't work when they aren't well

In general...

- Legal requirement to self isolate = minimum 10 days
- Additional health care worker requirement, when planning return to work = 14 days from start of symptoms AND symptoms have resolved **whichever is longer**
- For symptoms not on the COVID list, remember health care workers **SHOULDN'T work when they aren't well**

What's next?

- We are moving out of stage 1 this week
 - Only urgent visits taking place face to face
 - Non urgent visits by phone
 - PPE to all clinics
- AMA letter to Albertans March 30, 2020
 - “Your family physician is still here for you!”
 - There is more to your health care than COVID-19
- Chief Medical Officer of Health statement: Wednesday April 1, 2020

What's next?

- We have spent the last week actively planning and are moving into stage 2 now
 - Continued management of both non urgent and urgent general medical needs of medical home panels
 - Specialist access further limited
 - More phone advice available
 - What should they still see face to face?
 - Volume of urgent visits – may expand as we try to keep patients out of emergency and urgent care facilities
 - Hospital census across zone to mid 70% from typical 100%+

What's next?

- And later this week, Stage 3
 - With increased numbers of patients affected by COVID-19, urgent need to
 - Diagnose COVID in the community setting
 - Care for presumptive and confirmed COVID positive patients in the community
 - Receive care back from acute care for COVID positive patients
 - Care pathway for family practice to guide decisions
 - Patient self monitoring guidelines
 - Specialist support through dedicated COVID phone line on specialist link
 - Dedicated DI and LAB sites
 - AHS run and staffed step-up and step-down clinics for patients requiring IV fluids/O2
 - Working on centralized PCN care plans for presumed/confirmed COVID positive patients with other ambulatory care needs