



# PCN RESPONSE

## Protecting patients in the Medical Home

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Dr. Christine Luelo, Medical Director SCPCN  
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DR. CHRISTINE LUELO

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## **PCN response to clinical challenges**

- Weekly pan-PCN and key partner huddle
- Weekly pan-PCN newsletter
- CME events
- Best practice advice for community clinics

## Keeping my office going during a pandemic

- Patient care should always come first
- CPSA / OIPC / CMPA all understand that this is a pandemic
- Consider holistic risk
- Use your judgement
- Keep essential staff to populate your schedule and manage any face to face visits you have
- Update you phone message and website so patients know you are still around

## Virtual Care options

- Think about your current workflow and what you can start right away
- If you are using telephone only, start collecting emails to get ready for jump to video
- Remember the difference between
  - UNSECURE: Facetime, Zoom – can use during pandemic only with pandemic codes
  - SECURE: Doxy – can use during pandemic only with pandemic codes
  - REGULATED: MEDEO/Zoom health – can use now and with all preexisting codes

\*AMA Virtual Care: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

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## What's next?

- We are in stage 1
  - Only urgent visits taking place face to face
  - Non urgent visits by phone
  - PPE to all clinics

## What's next?

- We are actively planning for stage 2
  - Continued management of urgent general medical needs of panels
  - Urgent visits – may expand as we try to keep patients out of emergency and urgent care facilities
  - Specialist access further limited – but more phone advice available
- And Stage 3
  - With increased numbers of patients affected, need to care for COVID positive patients in the community
  - Care map for family practice to guide decisions
  - Support for patients discharged after COVID treatment in hospital

## Philosophical framework for planning

- **Timely access and continuity** with the patient's Primary Care Provider, their Medical Home, and their Primary Care Network, in that order
- **Physical, psychological and emotional safety** of patients and providers
- Support **business continuity and financial viability** for each PCN, their member clinics and individual physicians
- Base decisions on the **best quality evidence** available at the time
- Allow for **flexible and adaptable solutions** that work for metro, urban and rural contexts
- **Use existing zone structures** (Council, Co-Chairs, ZOCC & task groups) to coordinate and implement COVID response strategy