Primary Care Networks
CALGARY AND AREA

Alberta Health Services

Relaunch

Clinical Perspectives

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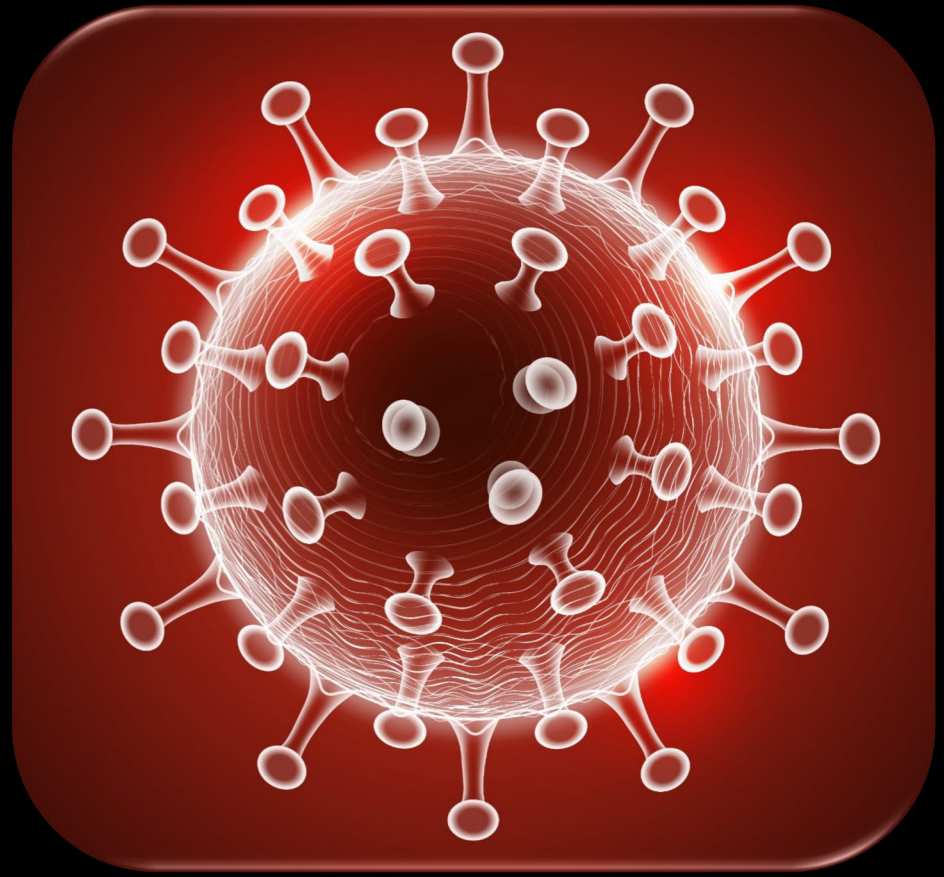

CLINICAL PERSPECTIVES

DR. RICK WARD

Disclosures: Dr. Rick Ward

- Shire
- Pfizer
- Merck
- BI
- AZ
- Janssen
- Takeda
- Servier
- BMS

Disclosures: Dr. Tammy McKnight

- None

Objectives

Following this presentation, participants will:

1. Evaluate risk and appropriateness for face-to-face visits
2. Identify the urgency of routine patient encounters
3. Describe the various options to provide care beyond office-based visits

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Why are we doing this?

Survey following AMA webinar: **300 docs were polled** asking their "biggest challenges in managing access for your panel and shaping demand during relaunch":

- Appropriately scheduling patients with urgent vs. non-urgent needs -- 45%
- Identifying which patients/panel segments have the most urgent needs -- 40%
- Managing HR considerations -- 33%
- Ensuring my team has the right education/information to support the new processes -- 31%

Step 1 – Prepare your office

Step 2 – Assess reason for visit

ILI/COVID or COVID suspected:

- Send for swabbing and follow primary care COVID-19 monitoring pathway

Step 2 – Assess reason for visit

Urgent – start with virtual appointment:

- Dx and manage virtually
- Further investigation needed – arrange lab/DI/other
- Requires urgent assessment – if emergent: call 911 and RAAPID; if urgent, call RAPPID
- Needs face to face office assessment – risk stratify

Step 2 – Assess reason for visit

Routine appointment – can visit be safely delayed? *(see 'safety zone' advice)*

- Yes – planned recall for safety zone envelope date or virtual visit if appropriate
- No – risk stratify

Step 3 – Risk stratify to decide on visit type

Is patient at high risk if they were to contract COVID-19? *(link to risk factors)*

- If yes – consider in home assessment or ‘protected office visit’ *(link to protected office visit)*
- If no – appropriate for ‘routine visit’

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When to consider a face-to-face visit

Social Reasons	Medical Reasons
• Lack of reliable phone or electronic communication • Reliance on Medical Home as a means of social support • Low reliability of subjective reporting • If there have been 2 'virtual visits' for the same complaint and the issue is unresolved	• Unstable medical conditions requiring 'hands on' examination • Conditions where accurate vitals are required to assess (example O2 saturation, pulse, BP, temperature) when home care/community paramedic assessment not available • Rapid weight loss, unexpected functional decline in elderly, confusion or impairment of cognition

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Step 4 – Decide and book visit type

Visit Type	Most suitable for…	Notes
Routine Office Visit	Patients at low risk for CoVid, not suffering from CoVid symptoms or in recent contact with CoVid +ve patients who are not suitable for virtual care	Office precautions should be followed
Protected Office Visit	Patients at risk for CoVid or who have recent contact with CoVid +ve patients who are not suitable for virtual care	Protected visit protocol includes: - Roomed directly - Patient and staff masking - Minimize staff contact

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Step 4 – Decide and book visit type

Visit Type	Most suitable for…	Notes
MRP Home Visit	Patients where mobility or access make office visit difficult or unsafe and when MRP needs to assess directly and in person	MRP should mask and use PPE if indicated
Community Paramedics	Patients who require in person assessment and possible treatments/investigation with urgent medical needs	Availability of community paramedics may vary based on demand
Home Care	Patients who require in person assessment but with reduced urgency	

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‘Safety Zone’ examples (endocrine)

Clinical situation	High Risk for COVID	Average Risk for COVID	Safety Zone for Delay	Note
Not at target T2 DM A1c 7 – 9%	V	V/O	6 mos.	May prefer office visit to assess comorbidities/associated conditions
Not at target T2DM A1c > 9%	V	V/O	3 mos.	May prefer office visit to assess comorbidities/associated conditions
Routine TSH when stable thyroid replacement	V	V/O	3 mos.	
Routine hypertension management	V	V/O	6 mos.	Encourage patient self-management by assessing home blood pressure on validated machine
Dyslipidemia Management	V	V/O	6 mos.	

Mental health visits

- Most visits can be accomplished through ‘virtual care’
- Video appointments may be preferable to phone or email contact as visual contact provides non-verbal cues and information on self-care (dress, grooming, etc.)
- Face-to-face ‘in person’ visits should be considered if: there is apparent treatment resistance (see rule of 3), altered level of consciousness or impairment, when a physical exam may be necessary (BP, pulse or weight)
- Recognize some patients may interpret ‘virtual care’ as rejection and counterproductive to the therapeutic alliance