

Webinar Series: Maintaining and Optimizing Your Practice During Times of Rapid Change

Session 8: Primary Care's Relaunch – Practical Approaches for the "New Normal" – May 22, 2020

This summary contains reference to the original presenter slides. To access the slides please go to:

<https://www.albertadoctors.org/Webinars/primary-care-relaunch-new-normal.pdf>

To view this webinar, please visit: <https://www.albertadoctors.org/services/media-publications/webinars-online-learning>

Background (Slides 16 -20, 22)

Since March of 2020, due to the COVID-19 public health restrictions, clinical care delivery in Primary Care has largely been aimed at addressing urgent and episodic care. This has in many cases be done virtually with some exceptions requiring in-clinic assessment and treatment. Some clinical work will have also been provided to manage chronic conditions as issues arise.

However, it is anticipated that as restrictions are lifted and staged relaunch begins, patients will increasingly begin to actively seek care, resulting in a surge of demand for appointments. There may also be outreach required for those patients who may not present for care but require clinical monitoring related to chronic conditions that may have gone unmet during the last 2 – 3 months.

Furthermore, continuing advice related to physical distancing, the need for PPE and other measures to ensure patient, provider and clinic team safety will result in reduced capacity to see patients, particularly in person.

Despite these challenges, there are many strategies that can be considered and employed in each clinic's context to maintain delivery of high-quality care with continued focus on panel management and access to continuity.

Shaping Demand - Strategies to Apply to Context (Slides 23, 24)

The content below is based on the real life experiences of Dr. Janet Craig and Dr. Michelle Warren who together with Dr. Brad Bahler presented their relaunch stories.

For more information please visit the following links:

- [Meeting Patient's Needs – Algorithm for Today's Primary & Specialty Care Teams \(AMA\)](#)
- [Community Physician Provincial Relaunch Readiness Checklist \(AMA\)](#)

Panel Management – (Prioritization) (Slides 25, 27, 28, 38)

- Utilize your EMR data to pull lists of patients with chronic conditions (e.g. those living with diabetes), high-risk populations (e.g. seniors, homeless), time sensitive needs (e.g. Driver's Medicals due)
 - Identify any care that can be done now and reach out to patients via a call from clinic or PCN staff to offer a visit
- Check to see if any are due for Rx renewal and address these
- Make a list of those who will require B/W and other routine testing and prioritize by clinical urgency (e.g. HbA1c)

- Utilize EMR data to prioritize high care needs
- Schedule based on priority
- *For more information please visit the following:*
 - [HQCA Panel Report](#)
 - [Active Panel Management during the Pandemic: Principles to Guide Physicians' Billing](#)
 - [Supportive Tools for Every Panel \(STEP\) Checklist \(AMA\)](#)

Leveraging Team (Maximizing Provider & Team Supply) (Slides 22, 25, 27, 37 – 39)

- Work with team members to complete tasks and clinical care based on individual skills and scope of practice, ensure no work is duplicated
- Extend return visit intervals wherever possible and optimize every visit
 - Whenever patients are seen, whether virtually or in person, consider assessing concomitant conditions and provide Rx renewals if needed
 - Consider use of new protocols developed for pandemic purposes (e.g. – prenatal care)
 - By completing work “today” this allows protection of future space in the schedule
- Meet regularly with clinic team members to develop a clear plan for re-opening

Virtual Care (New Modes of Care Delivery) (Slides 26, 28, 34, 35)

- Wherever appropriate the use of virtual appointments can allow for effective, safe care delivery. The speakers noted the following:
 - Time savings (once processes are established and accustomed to)
 - Use of EMR templates and macros for documentation
 - Consider use of phone, video and secure messaging
 - Use headphones for phone visits
 - Remember to tell patients why, when breaking eye contact during video calls (e.g. charting)
 - Anecdotally, patients report positive feedback on virtual visits
 - Video allows for a “real” view of patients’ condition – appearance, living conditions
 - Virtual care may be the future of care– as a part of the various options for care delivery
- *For more information, please visit the following:*
 - [Meeting Patient's Needs – Algorithm for Today's Primary & Specialty Care Teams \(AMA\)](#)
 - AMA Virtual Care Resource Page: <https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care#tools>
 - [EMR Integrated Tools \(AMA\)](#)

Safety (patients and team) (Slides 22, 29, 36)

- Maintain Physical Distance
 - strategically schedule virtual and in person visits to avoid having too many team members in clinic at the same time
- Block schedule patient cohorts e.g. maternity patients
- Screen all patients virtually before determining the need for an in-person visit
- If patient must be seen in person - use scripts to communicate what measures are put in place to keep them safe
- Strategic in person scheduling
 - Clean to dirty scheduling (e.g. high risk patients in AM, those with ILI later in the day)
- Patients call / text on arrival or are given a restaurant buzzer if they are not able to text
- Being on time is critical due to inability to hold patients in waiting room
- *For more information, please visit the following:*
 - Time and Space Safety Checklist: [Organize Time and Space for Patient and Staff Safety](#)
 - [Interim schedule for pregnant women and children during the COVID-19 pandemic \(CFPC\)](#)

Final Words of Advice from Dr. Bahler, Craig and Warren (Slides 30, 41, 42)

- **No recipe exists** – each patient & situation is unique
- **Making decisions** is what we do everyday; relaunch is no different
- Consider using the **decision-making principles + key sources of information**
- It's not about being perfect – **try it** and see what works
- Your **team** is there to help – how can the workload be shared?
- **Meet regularly** with clinic team members to develop a clear plan for re-opening
- **Be creative** – this is an opportunity to think outside the box and do things differently
- Request your **HQCA Panel Report** to identify top chronic diagnoses if panel management is new to you
- Consider watching or asking your team to **watch the other webinars in this series**

Additional General Relaunch Information:

[Alberta's Relaunch Strategy \(Government of Alberta\)](#)

[Record of Decision: CMOH Order 16-2020 re: COVID-19 Response \(Government of Alberta\)](#)

[Advice to the Profession - COVID-19: Reopening Practice \(CPSA\)](#)

[Information for Community Physicians \(AHS\)](#)

[COVID-19 FAQ for Community Physicians \(AHS\)](#)

[Alberta Relaunch Information \(AMA\)](#)