

Welcome! Thank you for joining early.

Start time: 12:00 PM promptly

- To ask questions:
 - At any time, type questions in the 'chat box'



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Alberta Health
Services



April 27, 2022

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Webinar #9: COVID Talks for Docs

What you need to know about Paxlovid™

Dr. Ernst Greyvenstein

Dr. Lara Bani Issma'eel

Dr. Judson Barkhurst

Alice Chan

Norma Shipley

Moderator: Dr. Brad Bahler



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- By participating in the chat and live Q&A, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.

Land Acknowledgement

We would like to recognize that we are webcasting from and to many parts of Alberta today. The province of Alberta is located on Treaty 6, 7, and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community.

We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

Session Overview

This webinar is designed to support physicians and their teams as prescribing Paxlovid and other outpatient treatments for COVID-19 begins transitioning to primary care providers. It will respond to common and emerging questions from primary care providers about Paxlovid. Participants will have time to ask questions related to managing patients and practice needs including:

- What is Paxlovid, why the transition to primary care, and when should it be prescribed?
- What processes do clinics need to have in place to support prescribing Paxlovid?
- What supports are available to ensure physicians feel confident and competent in prescribing Paxlovid?

Learning Objectives

At the end of this session, participants will be able to:

- Explain what Paxlovid is, how it's used and who is eligible for it
- List the process associated with prescribing Paxlovid and what clinics need to know when talking to COVID-19 positive patients

Webinar Speakers

- **Alice Chan**, Clinical Practice Leader, AHS Pharmacy Services
- **Dr. Lara Bani Issma'eel**, Medical Lead, Outpatient COVID Treatment Provincial Program, AHS
- **Dr. Judson Barkhurst**, Medical Lead, Outpatient COVID Treatment Provincial Program, AHS
- **Dr. Ernst Greyvenstein**, Family Physician; PCN Physician Leads Executive Member, Calgary Zone
- **Dr. Brad Bahler**, Family Physician; AMA
- **Norma Shipley**, Consultant, Fees; AMA

Why is paxlovid prescribing moving to primary care?

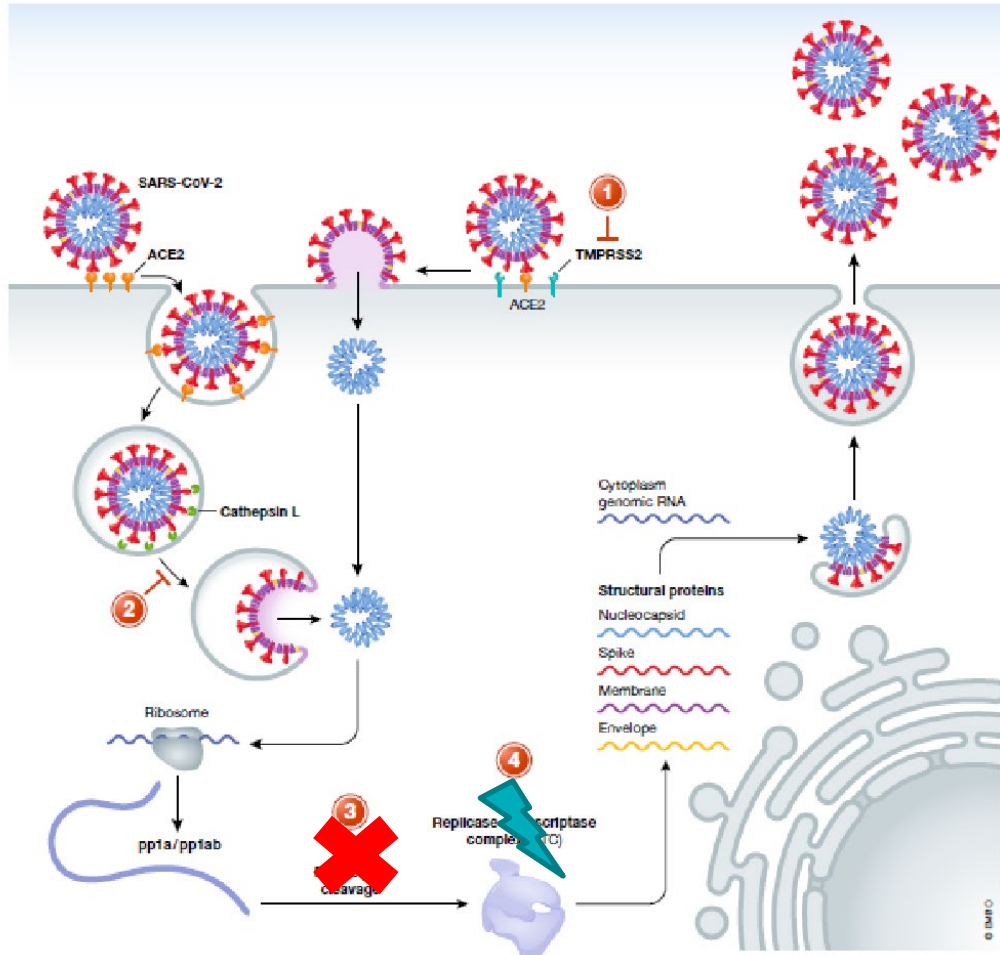
Involving the patient's most trusted care provider in the prescription process ensures greater continuity of care and greater access. Primary care providers will have varying capacities to take on Paxlovid™ prescription responsibilities as the transition evolves. For primary care providers who feel ready to take this on, the transition provides an additional treatment option for high risk COVID-19 patients. Benefits include:

- Improved patient experience
- Improved access
- Improved informational continuity
- Increased uptake
- Improved management of health implications
- Increased proactivity and efficiency/timeliness

April 22

Outpatient Access to COVID-19 Treatments

Alice Chan - PharmD, BSc(Pharm),BSc(hon), ACPR – Clinical Practice Leader, AHS Pharmacy Services
Lara Bani Issma'eel – MD, FRCPC – Medical lead, AHS Outpatient COVID Treatment Provincial Program
Judson Barkhurst– MD, FRCPC – Medical lead, AHS Outpatient COVID Treatment Provincial Program



Treatment Evidence

| | Paxlovid | Remdesivir |
|------------------|---|--|
| Trial | EPIC-HR study (July-Dec 2021) | PINETREE study (Sep 20-April 21) |
| Inclusion | <ul style="list-style-type: none"> • 2,246 unvaccinated adults, confirmed SARS-CoV-2 / symptoms within 5 days • At least 1 high risk characteristic | <ul style="list-style-type: none"> • 562 unvaccinated people with confirmed SARS-CoV-2 / symptoms within 7 days • 12yo or older + at least 1 high risk characteristic OR >60yo + regardless risk factors (8 patients < 18yo) |
| Outcome | 8/1039 (0.8%) vs. 66/1046 (6.3%) hospitalized or died (deaths 0 vs. 12), RR 0.15, p<0.0001 | COVID hospitalization or death any cause at day 28: 2/279 (0.7%) vs 15/283 (5.3%), HR 0.13 (95% CI 0.03-0.59) p=0.008 |
| NNT | 18 | 22 |

Accessing Paxlovid or Remdesivir

Information available at: www.ahs.ca/covidopt

Patient with COVID symptoms within 5 days onset

HealthLink

Patient contacts family doctor

Patient / family calls 1-844-343-0971
(If 811 called will be redirected to 844 number)

Evaluate eligibility

Screening to evaluate eligibility
(Best Possible Medication History, Book AHS confirmed test)

Prescribe
Paxlovid

Prescribe other
therapy

OCTP available
for consult via
RAAPID

AHS Outpatient COVID Treatment Program

Prescribe Remdesivir

Prescribe Paxlovid

Paxlovid™ Eligibility Criteria

- Received 0 or 1 doses of 2 dose vaccine and
 - Age 55 and older (Age 45 and older in First Nations) OR
 - Age 18 and older with a pre-existing health condition including
 - diabetes (taking medication for treatment)
 - obesity (BMI >30)
 - chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m² of body-surface area)
 - congestive heart failure (New York Heart Association class II, III, or IV)
 - chronic obstructive pulmonary disease, and moderate-to-severe asthma OR
 - Pregnant
- Living in LTC, DSL4, 4D settings regardless of age or vaccination status

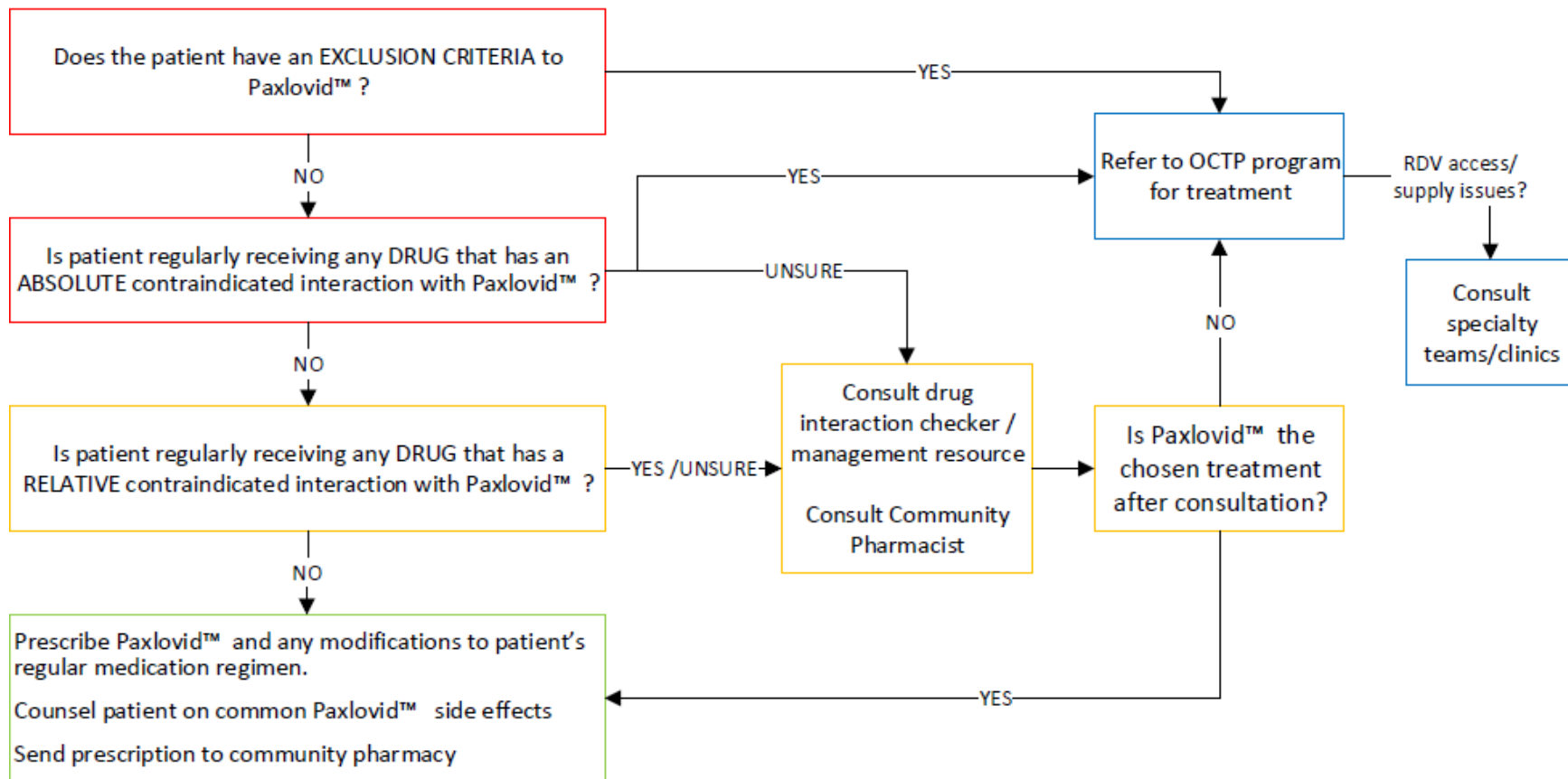
Paxlovid™ Eligibility Criteria

- Immunocompromised, due to one of the following reasons (vaccinated or unvaccinated):
 - Bone marrow (donor) transplant 3 months post allogenic transplant AND no other unmanageable absolute drug contraindications
 - is an oncology patients who has received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
 - has an inflammatory condition (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) receiving a dose of any systemic immunosuppressive treatment since December 2020.

Paxlovid™ vs Remdesivir

- Paxlovid™ offered preferentially unless absolute contraindication or exclusion
- Where the patient has a relative drug contraindication to Paxlovid™ concurrent drug(s) should be assessed to determine risk: benefit of receiving Paxlovid™
- Availability will determine agent chosen if stocks limited
- Patients cannot choose their own treatment

AHS Paxlovid™ Outpatient Prescribing Process



Paxlovid™ Exclusions

| Due to Drug | Due to drug interactions* |
|---|-------------------------------|
| Hypersensitivity to components | Pulmonary Hypertension type 1 |
| eGFR <30 mL/min/1.73m ² in past 6 months | TB |
| | Most Transplants |

Paxlovid™ Contraindications

- Ritonavir is potent CYP 3A4 inhibitor, affecting metabolism of concurrent drugs in liver
- Ritonavir & nirmatrelvir are CYP substrates, affected by concurrent medications ☐
treatment failure, viral resistance
- Many resources available, **see AHS Paxlovid outpatient prescribing clinical resource**
 - [PracticeTool3_DrugInteractionsContraindications.pdf \(bccdc.ca\)](#)
 - [Nirmatrelvir/Ritonavir \(Paxlovid\): What Prescribers and Pharmacists Need to Know - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](#)
 - [Statement on Paxlovid™ Drug-Drug Interactions | COVID-19 Treatment Guidelines \(nih.gov\)](#) [sourced 19/01/2022]
 - [DDI Booklet 2019_English.pdf \(hivclinic.ca\)](#)
 - [FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID™ \(fda.gov\)](#)
 - LexiComp® Drug Interaction database

Managing Paxlovid Interactions - Options

- Decrease dose of concurrent medication
- Hold concurrent medication(s)
 - 7 days or longer
- Continue concurrent medication at same dose
 - More frequent monitoring
- Use an alternative

Managing Paxlovid Interactions

- Considerations

- Duration of therapy
- Dosing frequency of interacting drug
- Half life of interacting drug
- Therapeutic window of interacting drug
- Ability to do therapeutic drug monitoring and lab work
- Indication of concurrent medication
 - Recent vs distant event/procedure
- Number of interacting medications
- Magnitude of effect of the interaction
- Severity of outcome of interaction vs COVID outcome

Paxlovid Prescribing

- Dosing
 - Nirmatrelvir/ritonavir 300/100mg (Paxlovid) orally BID x 5 days (eGFR ≥ 60 mL/min/1.73m²) OR
 - Nirmatrelvir/ritonavir 150/100mg (Paxlovid) orally BID x 5 days (eGFR 30-59 mL/min/1.73m²)
- Paxlovid free of charge
- Recommend clear communication from physicians to pharmacists regarding which drug interactions & management strategies have been assessed and discussed with patients to avoid duplication of work and facilitate medication distribution

Paxlovid Adverse Effects and Management

- Change in taste
- Nausea, vomiting, diarrhea
- Myalgia
- Headache
- Increase in blood pressure

Transition to Primary Care and Zone PCN Committee Supports

Dr. Ernst Greyvenstein



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Transition Key points

Testing

Assuming assessment centres closing/scaling down by June 30th

Testing recommendation for Primary Care in development

Communications

Coordinated partnered communications have begun for awareness and to prepare primary care

Alberta Health supporting public facing messaging for prescribing Paxlovid after April 27th webinar

Data

Exploring one time data pull for planning purposes and ongoing updates

Guideline developed

Prescribing

Early adopters late April with some physicians already prescribing

AHS COVID-19 Outpatient Treatment Program (formerly MaPP) still around to support transition

Transition will be gradual as zones roll out their supports and clinics become more comfortable prescribing

Zone PCN Planning: Current Status

North Zone

- Zone level connections made to AHS clinic operations, lab, public health/Health Link
- Engagement plans in progress
- Zone wide testing plan and Primary Care to complete follow-up
- Zone contact: pmasonlai@gmail.com

Edmonton Zone

- End of May presentation to zone core committee post AMA April 27 webinar

Central Zone

- Planning further engagement session post AMA April 27 webinar
- Zone contact: Jodi.thesenvitz@dpcn.com

Calgary Zone

- End of May presentation to zone core committee post AMA April 27 webinar
- Gathering information from physicians on current prescribing
- Zone contact: info@calgaryarea.pcns.ca

South Zone

- Ongoing communications cascade
- Gathering information from physicians on supports needed to enable prescribing
- Waiting for AMA April 27 webinar to guide further planning
- Zone contact: Contact your PCN directly

Zone PCN Enablers and Barriers Summary

| Enablers | Barriers |
|--|---|
| <p>Communications</p> <ul style="list-style-type: none"> - Consistent and aligned public and provider addressing “the why” - Clear testing requirements for prescribing <ul style="list-style-type: none"> *RAT (at home) enables virtual care *PCR testing needed through assessment sites if a requirement - Public messaging on influenza prevalence, COVID variants etc.. | <p>Test results variance per method</p> |
| <p>Health Link Coordination/customized zone messaging</p> | <p>Lab results: Turn around time with 5 days window</p> |
| | <p>Emergency Room overuse</p> |
| <p>Zone Pharmacy approach and support for providers</p> | <p>Pharmacy supplies per LGA</p> |
| <p>Rural testing (ED/public health center in place for rural areas)</p> | <p>Ongoing Surveillance data shared to Primary Care; Privacy (PIAs)</p> |
| <p>Medical Home adoption & enablers: for prescribing, billing codes</p> | <p>Sustainable supplies and resources: Billing codes, physician willingness to prescribe, long term PPE (under discussion)</p> |
| <p>Supplies and resources if Primary Care to take on testing- PPE, equipment, space etc..</p> | <p>Unattached patients and clinic access: issues for areas with low physician numbers</p> |
| <p>Example of zone approach: Physician EOI for prescribing in Calgary zone</p> | <p>Dispersed geography (zone dependent)/centralization not feasible</p> |
| <p>KT tools (RAT pathway, drug information,) Outpatient Prescribing Clinical Resource Guide</p> | <p>Confidence with prescribing</p> |

Clinic Processes

- Our clinic has been involved with managing our panel of nearly 6000 patients during COVID, including vaccination
- Acknowledging that people are at various stages of readiness to adopt new work processes as it pertains to prescribing.
- Reality is that in the near future, all of us need to become comfortable with managing patients with upper respiratory tract infections & ILI symptoms in the medical home, as we always have, but COVID-19 will continue to affect our patients along with the other viruses that we are very familiar with.
- We will continue to adapt as new strains develop, and pivot accordingly
- Approach will be varied due to own practice; there are tools to assist you

Panel Outreach

- As with vaccine outreach, it may be worth identifying and reaching out to those of your high-risk patients who are potentially eligible for oral antivirals.
 - May not be feasible for many primary care providers due to resource and time constraints.
 - Where appropriate, consider reviewing medication lists to ensure any unnecessary medications that might preclude future Paxlovid prescribing are stopped.
- The HQCA vaccination report is a useful tool to support this outreach, in addition to your EMR
 - Can use to identify patients still unvaccinated or undervaccinated
- Other outreach could occur through clinic signage, newsletters, social media messaging

Clinic Processes and Team Roles

- Can utilize the clinic team in screening, testing & prescribing
- Good idea to designate members of the clinic team to handle patient calls about COVID and triage them to ensure they are screened in a timely fashion for Paxlovid eligibility
- An appointment for those determined eligible will need to be scheduled within 5 days of symptom onset. If this cannot occur within 5 days, refer patient to AHS Outpatient Treatment Program
- Prescribing Paxlovid would be within the scope of practice of an NP
- Consider proactively involving your community pharmacist

Principles for Testing

- Testing recommendations have been approved and are not inclusive of all scenarios that may present in primary care, and this advice is reliant on the providers' clinical discretion.
- Patients are eligible for COVID-19 treatment if they test positive by a molecular test (i.e. PCR) or rapid antigen test (RAT).
- Must meet Paxlovid™ criteria and fall within the treatment window (< 5 days from symptom onset)
- Which test is used depends on the clinical context and availability of test types.
- At home or health care provider performed RAT can be accepted depending on the scenario.

Practical Considerations

- If a patient performs an at-home RAT, verify how the test was done including timing, and how the results presented. Positive results can be accepted for treatment based on provider's clinical discretion, and patients can be asked to show a photo or the test itself.
- Ensure the test results are recent and positive.
- If RAT is negative and clinical suspicion remains high, consider gold standard testing per your zone
- Collect swab at clinic, or send patient to testing/assessment site
- Timely access to PCR testing varies across the province and should be factored into testing recommendations for your patient.

Testing Options to go over with Patient

Patient presentation Testing advice

1. Symptomatic; test not completed
 - a. Are you confident in the patient's ability and the patient has access to a RAT?
 - i. **Yes:** Proceed with at home RAT
 - ii. **No/ other reason:** Proceed with options based on clinic operational circumstance: (whatever works best for the patient & most practical within the timeframe)
 - Ask patient to come to office for a POCT performed by a HCP OR
 - Collect sample in clinic and send to laboratory for testing using the "COVID-19 and other respiratory viruses requisition" OR
 - Send for testing at collection/testing site
 - b. Review results and document as per practice standards

Testing to Treat: Symptomatic with Positive Test

Patient presentation

Testing advice

2. Symptomatic with positive test results
 - a. Was the swab result determined by a lab?
 - i. **Yes-** proceed as if positive, refer to lab result
 - ii. **No-** proceed to #b.
 - b. At-home RAT was completed AND you are confident in patient's skill and ability to successfully administer an at-home RAT
 - i. **Yes:** Proceed with reviewing RAT results
 - ii. **No/other reason.** Proceed with other testing options as with 1.a.i above

Testing to Treat: Symptomatic with Negative Test

Patient presentation

Testing advice

3. Symptomatic with negative test results
 - a. Are you confident in patient's skill and ability to successfully obtain self-administered RAT result?
 - i. **Yes**
 - Proceed with ruling out a False Negative result (steps b- d below)
 - Consider diagnosis of influenza and need for antivirals
 - ii. **No/ other reason**
 - Proceed with other testing options as with 1.a.i above
 - OR consider diagnosis of influenza and need for antivirals and review results
 - b. Repeat RAT 24h after prior negative RAT and proceed with options:
 - Ask for repeat at-home RAT OR
 - Bring in RAT kit to office and watch administration by patient OR
 - Proceed with other testing options as with 1.a.i above
 - c. Review results and document as per practice standards
 - d. If still negative by RAT and COVID-19 diagnosis still likely, get a PCR test at a collection/testing site or by collecting and sending swab to lab. Consider diagnosis of influenza and need for antivirals.

Administering Tests in the Clinic

- Order RAT via CPSM. A specific order form will be used.
 - Final details being confirmed today.
 - Watch for communications from AHS & PCNs.
 - Ordering process will be added to AHS COVID Community Physicians page.
- COVID swabs can be performed by any regulated nurse (NP, RN, LPN).

Patient Visit

- Use same processes and recommendations outlined in COVID pathway
- IPC considerations as per COVID pathway and CPSA
- Virtual or in person
- May need to test during the visit
- Consider asking patient to bring list of all medications, including over the counter & herbal
- Inform patient or caregiver of the quantity of pills and emphasize the importance of adherence to minimize drug resistance
- Advise of common side effects
- Notify patient that you will be following up at least twice (day 2 & 10), as a minimum standard, but we strongly encourage you to follow the COVID management pathway
- Once eligibility and positive COVID status confirmed, prescribe Paxlovid and notify patient how and where to obtain prescription

Dispensing

- Not all pharmacies in Alberta are handling Paxlovid
- Prescribers are responsible for confirming that the pharmacy they are sending a prescription to is dispensing Paxlovid and have it in stock.
- If a pharmacy receives a prescription for Paxlovid and is unable to fill it, the pharmacy is responsible for identifying another pharmacy that can fill the prescription.
- Consider faxing your prescription directly to the pharmacy as opposed to giving to the patient.
- This map can be used to verify which pharmacies in your community are dispensing Paxlovid. <https://www.ab.bluecross.ca/news/covid-19-immunization-program-information.php>

Prescribing of Paxlovid in LTC and DSL

- The eligibility for COVID-19 patients to access the outpatient treatment, Paxlovid, has been expanded to include residents of LTC and most DSL sites, regardless of vaccination status
- Paxlovid can be prescribed by a physician or nurse practitioner to any resident of LTC or DSL 4 or 4D who has tested positive for COVID-19 regardless of vaccination status.
- Specific protocols and processes are in place
- Consider your LTC and DSL patients as an extension of the medical home
- Resources including a consent form, FAQs for patients and providers, Overview, and a flow diagram are available here:

<https://www.albertahealthservices.ca/topics/Page17956.aspx>

Billing Codes

Norma Shipley



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Billing for Paxlovid Prescribing: Visits

| Code | Description |
|---------|--|
| 03.01AD | <ul style="list-style-type: none">Virtual visit <10 minutes, OR secure physician: patient electronic communication |
| 03.03CV | <ul style="list-style-type: none">Virtual Visit 10+ minutes direct and same-day patient care management timeIncludes limited assessment, discussion of treatment options, prescriptionIf 15+ minutes direct and same-day patient care management time, add modifier CMGP01Note start/end time of direct patient contact and total same-day patient care management time |
| 03.03A | <ul style="list-style-type: none">In-person visitIncludes limited assessment, discussion of treatment options, prescriptionIf 15+ minutes direct and same-day patient care management time, add CMGP modifiers |

03.01NM (advice to pharmacist) may be claimed in addition if communication initiated by pharmacist

Physician Initiated Contact with Community Patient

| | |
|---------|--|
| 03.05JR | Physician telephone call directly to patient, to discuss patient management/ diagnostic test result |
| 03.01S | Physician: Patient secure electronic communication |
| 03.01T | Secure Physician: Patient videoconference |

03.01S/03.01T:

- must have established physician:patient relationship and seen patient in last 12 months
- must meet CPSA security requirements

All codes:

- Maximum each 14/week/physician; only one of group claimable per patient per week
- Claimable for physician-initiated contact with patient

Physician Contact with Patient's Family

In-Person Family Conferences – per 15-minutes or major portion thereof Family requests discussion before antiviral therapy prescribed

| | |
|----------------|---|
| 03.05JB | Formal, scheduled, in person family conference with patient's family (DSL, community patient) <ul style="list-style-type: none">• Specific time is booked to discuss antiviral therapy with patient's family before prescribing |
| 03.05JC | Family conference, in person (auxiliary hospital, nursing home, LTC) <ul style="list-style-type: none">• Not required to be scheduled |

Telephone Family Conferences Family requests discussion before antiviral therapy prescribed

| | |
|----------------|--|
| 03.05JP | Telephone conference with patient family (LTC patient) |
| 03.05JH | Family conference, in person (DSL/Community Patient) |

Key Messages and Resources

Dr. Ernst Greyvenstein



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Key Messages

- Consider vaccination as your first line of defense
- Prescribing Paxlovid is manageable in primary care. Primary care prescribing will ensure increased access and improved outcomes
- Staged hybrid rollout: Support available from zones and AHS Outpatient COVID Treatment Program team.
- Refer patient to AHS Outpatient COVID Treatment Program if not ready to prescribe or cannot see them within 5 days of symptom onset
- Rollout and supports may look different across zones
- This is a new practice where we are learning as we go as to the supports needed and best processes and approaches that will work in practice
- Need to incorporate a new disease category/entity into medical home practices is a reality and need to build our comfort and processes around that reality.
- This is a changing environment; we are going to have to be responsive to those changes

Accessing Paxlovid Resources

Information for Community Physicians

COVID-19



Please see the [COVID-19 Guidance for Community Physicians](#), updated March 21, 2022.

[Adult](#) and [Pediatric](#) COVID-19 pathways also available.

Go to [Information for AHS Staff & Health Professionals](#) for additional information, guidance documents, testing for healthcare workers and clinic resources.

Last Reviewed: April 20, 2022

What's New

- [Updates on Cases in Alberta](#)
- [AHS COVID-19 Weekly Update for Medical Staff](#)
- April 6 - Updated [Adult](#) COVID-19 Pathway.
- Feb 10 - Updated [Return to Work Guidance](#)
- Jan 31 - Paxlovid™ oral antiviral available for COVID-19 treatment in Alberta. [See information, eligibility and contraindications.](#)

COVID-19 Information for Community Physicians

Guidance for Physicians & Teams

- [COVID-19 Guidance for Community Physicians](#)

COVID-19 Primary Care Management Pathways

- [Adult COVID-19 Primary Care Pathway](#)
- [Pediatric COVID-19 Primary Care Pathway](#)
- Calgary Zone physicians can find resources at [specialistlink.ca](#)

Provincewide Advice

ConnectMD, Specialist *LINK*, eReferral & RAAPID

These numbers are for healthcare providers only, not the general public.

[More >](#)

Paxlovid™ Resources

- [Alberta Blue Cross Pharmacy Locator](#)
- [Clinical Resource Guide](#)
- [General Information on Paxlovid™, Including Eligibility Criteria](#)
- [Healthcare Providers FAQ](#)
- Information for [Long-Term Care & Designated Supportive Living](#)

Key Resources and Tools

- All current tools are linked from AHS COVID Community Physician page
- AHS Paxlovid Outpatient Prescribing Clinical Resource
 - contains key information such as exclusion criteria, links to drug interaction tools, etc.
- Healthcare providers FAQ
- COVID-19 guidance for community physicians
 - Testing guidance and Paxlovid prescribing advice will be incorporated soon into this tool
- Alberta Blue Cross pharmacy locator
- Billing tipsheet (forthcoming)
- Optional prescription template (forthcoming)
- Billing contact: billingadvice@albertadoctors.org
- Questions about resources: phc@ahs.ca
- Clinical questions: Contact Outpatient COVID Treatment Program team via RaaPid
- Outpatient COVID Treatment Program contact # for patients: 1-844-343-0971

Questions and Answer Session: Experts

General Paxlovid Questions

| | |
|-------------------------|---|
| Dr. Ernst Greyvenstein | PCN Physician Leads Executive |
| Alice Chan | Clinical Practice Leader, AHS Pharmacy Services |
| Dr. Lara Bani Issma'eel | Medical Lead, AHS Outpatient COVID Treatment Provincia Program |
| Dr. Byron Berenger | Medical microbiologist |
| Dr. Cathy Scrimshaw | Medical Lead, Alberta College of Family Physicians |
| Stephanie Minnema | Senior Director, Pharmaceutical and Health Benefits, AH |
| Norma Shipley | AMA Consultant, Fees |
| Dr. Judson Barkhurst | Medical lead, AHS Outpatient COVID Treatment Provincial Program |

Zone-Specific Implementation Questions

| | |
|---------------------|---|
| Dr. Christine Luelo | Calgary zone PCN Committee & Urban primary care |
| Dr. Jordan LaRue | Central zone PCN Committee |
| Dr. Susan Byers | South zone PCN Committee |
| Dr. Joseph Ojedokun | North zone PCN Committee |

Thank you for Attending

