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Any direct financial payments, gifts, in-kind compensation or honoraria
- Employee, University of Calgary

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Membership on advisory boards or speakers' bureau
- Purdue/Elsevier: Speakers bureau, advisory board

**Heather Armsong**
- None to Disclose

**Territorial Acknowledgement**

Source: [https://www.ucalgary.ca/indigenous](https://www.ucalgary.ca/indigenous)
Housekeeping

- Multiple speakers will address various aspects of the topic
- There will be a Q&A after all the presentations
- Use the Q&A box to enter questions by text. No spoken questions.
- Refer to this How-to page for info on Questions, Chat etc.
  - [https://olab.ca/using-zoom-for-large-groups/](https://olab.ca/using-zoom-for-large-groups/)
- We get lots of Questions: scan the list and give a thumbs up if you are interested in a question already posed.
- Formal notices, copyright, declarations and disclaimers will be offered throughout the presentation and within the chatbox

Disclosure of Financial Support

- The program was developed and planned to achieve scientific integrity, objectivity and balance
- This program has received an educational grant from the College of Physicians and Surgeons of Alberta and Alberta Health Services
COVID CORNER Webinar:  
Re-establishing Continuity of Care during COVID-19, *Part 1: Planning and Preparation*

**Presenters:**  
Denise Campbell-Scherer MD PhD CCFP FCFP  
Emmanuel Gye MBBS CCFP  
Dawn Hartfield MPH MD, FRCPC  
Katherine Lariviere MSc MD CCFP  
Chris Naugler MD FRCPC  
Roy Park MD FRCPC  
Doreen Rabi MD FRCPC

**Panellists:**  
Elizabeth Mackay MD FRCPC  
Paul MacMullan MD  
Chandra Thomas MD FRCPC  
Rick Ward MD CCFP  

May 13, 2020

**Learning Objectives:**

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

- Recognize the impact of COVID-19 on the care of patients with chronic conditions
- Identify vulnerable populations that need attention during the pandemic
- Summarize practical tips for effective virtual care
- Identify the measures to safely reopen clinics and outpatient diagnostic centres
- Interpret advice from the CPSA and CMPA regarding care during the pandemic
Alberta Environment and the Case of Maggie

Kelly Burak MD MSc FRCPC
Professor and Associate Dean, Continuing Medical Education and Professional Development, Cumming School of Medicine, University of Calgary

Disclosure
- Employee, University of Calgary

Flatten the curve  
#stayathome

Image Source: https://www.alberta.ca/coronavirus-info-for-albertans.aspx#statement
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May 13 Re-establishing Continuity of Care during COVID-19, Part 1: Planning and Preparation

![Graph 1: Alberta COVID-19 Case Projections]


![Graph 2: Alberta COVID-19 Case Projections]


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Re-establishing Continuity of Care during COVID-19, Part 1: Planning and Preparation

Mar 18 – delay / postpone surgeries & procedures
Mar 31 – no F2F for non-urgent ambulatory care

Increase capacity

Image Source: www.twitter.com/dremackay

COVID-19 UPDATE // APRIL 28, 2020

UPDADTED MODELLING - HOSPITALIZATIONS


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May 13 Re-establishing Continuity of Care during COVID-19, Part 1: Planning and Preparation

As of Tuesday
May 12, 2020 ... 73 in Hospital and 12 in ICU

Image Source: https://covid19stats.alberta.ca/

#reopenAlberta

Alberta's Relaunch Strategy
A safely staged COVID-19 recovery plan to relaunch our economy.

Image Source: https://www.alberta.ca/alberta-relaunch-strategy.aspx

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As our friends and colleagues brave the frontline, we must also get ready for a series of aftershocks. It's very hard to plan this far ahead while we're in survival mode. We must prepare early and strategize our response to the collateral damage of #COVID19.
Meet Maggie

75 year old widow
Lives at home alone
Obesity, T2DM, HTN, arthritis, depression, gout, fatty liver
- metformin
- ramipril
- atorvastin
- fluoxetine
- ibuprofen

Calls clinic with “stomach upset and bloating”

Image Source: pixabay.com

Approach to Primary Care During COVID-19

Denise Campbell-Scherer MD PhD CCFP FCFP
Professor, Department of Family Medicine and Associate Dean, Office of Lifelong Learning and Physician Learning Program, Department of Family Medicine, University of Alberta

Disclosure
Grants or Clinical Trials: Obesity Canada via Novo Nordisk - unrestricted educational grant to support physicians and teams with training in obesity prevention and management. NOVAD (University Hospitals Foundation, Novo Nordisk, Alberta Government) – grant awarded by private/public consortium in obesity prevention and management.
Guiding Principles

- Features of high-quality primary care
  - Greater first contact access and use
  - More person-focused care over time
  - Greater range of services available and provided when needed
  - Coordination of Care

- Primary care-oriented health systems are consistent in showing greater effectiveness, efficiency, and equity


Functions of Primary Care

- Undifferentiated illness care
- Acute and intercurrent illness care
- Person-centred care for chronic diseases and multimorbidity
- Prevention – primary & secondary (high risk registry)
- Identification and management of adverse effects of medical interventions esp. polypharmacy
- Mental health care (minor/moderate)
- Minor surgical care
- Shared care for complex chronic disease
- Integration of care for peoples' life context

- Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q, 2005; 83:457-502

COVID19

- Evolving case definition:
- Common symptoms: cough, fever (>38°C), shortness of breath, rhinorrhea, pharyngitis
- Other: nasal congestion, dysphagia, headache, chills, muscle or joint aches, feeling unwell in general, new fatigue or severe exhaustion, gastrointestinal symptoms (nausea, vomiting, diarrhea, anorexia), loss of sense of smell or taste, conjunctivitis.

Image Source: www.twitter.com/vectorsting

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Emerging Health Crises of COVID-19

- Deficits in access to information and support
- Mental health, triggers of past trauma, social isolation
- Domestic violence
- Economic/ Food insecurity
- Maternal health
- Acute care for non-COVID conditions
- Chronic disease care
- Serious illness care

Source: personal discussion with Yvonne Chiu, MCHB Cooperative

Patient Centred Primary Care Model

Thanks to the Calgary Foothills PCN
“Everything else”
CMOH order 16-2020 May 3, 2020 Allowing for resumption of non-essential health services to Albertans

Considerations
Thinking about Maggie

- Is the patient visit urgent/ crucial to their health?
  - Benefit vs. risks to patient/ physician / healthcare staff
  - Could delay result in a worse patient outcome?
  - Could care in a community setting lessen burden on hospital facilities?
  - Would your peers support your decision?

- Can you mitigate any risk and keep yourself and your staff safe?
  - Do you have staff and patient screening protocols in place?
  - Do you have proper PPE?
  - Can patient protection measures be put place?

Source: Dr McLeod, AMA Webinar May 11 The Alberta COVID-19 Relaunch Plan
“Everything else”

- Diagnostic Imaging – Updated guidance Alberta Society of Radiologists May 4th, 2020
  - In addition to the diagnostic and urgent therapies being provided currently, ASR and the Section of DI believe it is reasonable and necessary to carefully resume breast screening exams, BMD, and elective imaging–guided therapies that have been postponed.
  - Recommending May 19th as earliest date aligning with AHS DI’s ramp-up of outpatient elective exams

- Source: Alberta DI leaders’ teleconference, May 4th, Dr Davies
  

“Everything else”

- Outpatient Lab – Update from May 8, 2020
  - Continuing to only order blood work deemed medically necessary, based on your clinical opinion and decreasing the number of community patients coming to our Patient Service/ Care Centers/ Rural hospital labs

- Source: CMPA page, From Alberta Precision Labs & DynaLIFE Medical Labs May 8, 2020
Preparing for a Virtual Visit in Primary Care

Emmanuel Gye MD MBBS CCFP
Family Medicine, Calgary; Clinical Assistant Professor, Family Medicine, University of Calgary

Disclosure
Investments in any health-related organization: CEO/Director of virtual care software company Ycepture Inc. (prev Lafiya Inc.)

“Hey Doc this means I don’t have to come to see you every time I need med renewal, that is awesome!”

- A few key steps can save time and anguish
- Including learners
HOW TO PREPARE FOR A VIRTUAL VISIT

Brought to you by the Rotary Club of Airdrie

Thank you to the following contributing physicians:
Dr. E. Gye
Dr. W. Jackson
and Dr. N. White

Image Source: https://www.youtube.com/watch?v=DnTvpRs6m6g&feature=youtu.be

1. FOR A TELEPHONE CONSULT
Take it off, until after the appointment.

2. FOR VIDEO CONSULTS
Check with your doctor's office about any other preparations.

3. TIMELINESS
5 minutes early

4. VITAL READINGS

Image Source: https://www.youtube.com/watch?v=DnTvpRs6m6g&feature=youtu.be
Can Maggie safely go to the lab?

Are patients going to the lab?

Chris Naugler MD FRCPC CCFP

Associate Dean Undergraduate Medical Education, University of Calgary; Laboratory Medicine, Calgary

Disclosure

Membership on advisory boards or speakers' bureau: Alpha Laboratories Toronto. Grants or Clinical Trials: Research funding from Abbott Pharmaceuticals. Patents on a drug, product or device; royalties: Royalties for several medical textbooks. Any other financial affiliations that might be interpreted as influencing educational content: Director of OncoHelix Inc. and Summit diagnostic Laboratories Ltd.
Learning Objectives

1. To be aware of changes in test volumes during the pandemic
2. To be aware of changes in the MARR during the pandemic

Community HbA1c test counts
MARR 2019 vs 2020 (bucket of 30 tests)

Common screening tests MARR, 2019 vs 2020
Conclusions

• Overall community tests are down 70%+ across Canada
• HbA1c community test volumes down 70% in Alberta
• Little change in MARR of common screening tests or common case-finding tests
• Likely that many (2/3) of abnormal results on community patients are being deferred during the pandemic
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Transitioning Specialists Clinics During the Pandemic

Doreen Rabi MD MSc FRCPC
Division Head of Endocrinology and Metabolism & Endocrinologist, Department of Medicine, O’Brien Institute for Public Health, Libin Cardiovascular Institute of Alberta, University of Calgary

Disclosure
Nothing to Disclose
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Transitioning Specialists Clinics During the Pandemic

**THREAT**

- Redeployment
- Displacement
- Physical Distancing

**RESPONSE**

- Postponement of existing routine assessments
- Temporary suspension of non-acute programs
- Create an Endocrine Urgent Services Group

Transitioning Specialists Clinics During the Pandemic

**Endocrine Urgent Services Group**

Increasing efficiency through:

- Central Access & Triage Innovations
- Move from a push to pull booking for maximum flexibility
- Create Virtual Care SuperUsers

**Everyone else:**

Increasingly concerned about the disrupted care for non-COVID ambulatory patients

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Current State: Focus on access & appropriateness

Virtual access to routine Care

Access to in person urgent assessment through CAT

Contact matches context

Enhanced Specialist Link capacity to support care in communities

Moving Forward

We have achieved a new steady state however:

1. Virtual care is convenient for patients, variably efficient for MDs (and poorly remunerated) - creates tension b/w desired care & care that is feasible

2. Differential impact of COVID on the workforce- personal capacity will remain limited for many young parents/caregivers

These factors will contribute to the 4th wave if not adequately addressed
Can Maggie safely have an abdominal ultrasound/ SWE?
What about wait times for Radiology Appointments?

Roy Park MD FRCPC
Clinical Assistant Professor, Radiology, University of Calgary; Radiology, Calgary

Disclosure
Investments in any health-related organization: Managing Partner, EFW Radiology
Learning Objectives

- Provide an update of the current state of some community Diagnostic Imaging providers for outpatient imaging including safety measures
- Provide an update of the role of Shear Wave Elastography in Specialistlink.ca NAFLD Pathway

Where is the AHS DI Calgary Zone Right Now?

- Calgary Zone AHS DI leadership is in the process of finalizing their relaunch strategy that will coincide with Ambulatory Care relaunch.
- P3 cases were postponed
- As many P1, P2 and P4 studies were rebooked outside of the acute care sites as scheduling would allow.
- Some urgent exams were postponed at the request of the patient.
Where is Community DI Right Now?

- Over 5000 patients deferred and rebooked
- Over 1200 patients are in process of rebooking
  - Continuity of care
  - Close the loop
  - Incl. no-shows

Safety First - Patient Screening

A. COVID Risk Assessment:
- 3 different levels:
  a) Booking
  b) Phone call day before
  c) Reception

B. Vulnerability Assessment
- a) Vulnerable Patient Clinic
- b) “Hot” Clinic for MFM
Other Safety Measures

- Temperature screening patients and staff
- Fit to work questionnaire
- Universal mask policy
- Social Distancing practices
- Time shifting clinics into evening and weekend
- Expand services into previously underutilized clinic space to spread out patients
- Enhanced cleaning clinics esp. high touch surfaces

NAFLD FIBROSIS - reporting and management

- **HIGH RISK ≥ 8 kPa**
  - See hepatology – NAFLD clinic SHC
  - Biopsy
  - Treatment

- **LOW RISK < 8 kPa**
  - Letter to Primary Care MD recommendations and treatment
    - Lifestyle modifications
    - Therapeutic options
  - Automatically enrolled NAFLD program
    - 3 year repeat US + SWE

All images courtesy of EFW Radiology
Advice to the Profession from CPSA

Dawn Hartfield MPH MD, FRCPC
Assistant Registrar, College of Physicians and Surgeons of Alberta; Pediatrics, Edmonton, Alberta Health Services

Disclosure
Nothing to Disclose

CPSA Advice to the Profession
COVID-19: Reopening Practice

Dr. Dawn Hartfield
CPSA Assistant Registrar
CPSA’s perspective

- Physicians have been flexible in adopting virtual care into practice
- What in-person services are “reasonable” to resume?
- CPSA advises physicians to follow the advice and orders of Alberta’s Chief Medical Officer of Health

COVID-19: Defining “Urgent”
COVID-19: Difficult Practice Decisions

What is “reasonable”

- Hard to define and impossible to outline all healthcare scenarios
- Physician collaboration to help inform decision-making
  - Share best evidence, advice and personal experiences
  - Help guide practice decisions and decrease pressure
- Goal: make good choices for the safety of patients, colleagues and other healthcare staff while under difficult circumstances
“Reopening” Your Practice

• Definitions of “essential” and “urgency” change as the pandemic evolves
• Virtual care should be used if a physical exam is not needed, but in-person care may be warranted

COVID-19: Reopening Practice

Note: Personal and cosmetic enhancement services remain prohibited and are predicted to resume in Stage 2 of the Alberta Re-launch Strategy.

Considerations in determining resumption of services

• Is the patient visit urgent/crucial to the patient’s health?
  o Benefit to patient versus risks to patient/physician/healthcare staff
  o Could delay result in a worse patient outcome?
  o Could care in a community setting lessen the burden on hospital facilities?
  o Would your peers support your decision?

• Can you mitigate any risk and keep yourself and your staff safe?
  o Do you have staff and patient screening protocols in place?
  o Do you have proper PPE?
  o Can patient protection measures be put in place?
    ▪ Adherence to public health orders, screen patients for possible COVID-19 symptoms, limit number of patients booked per appointment time, etc.
More resources are available at cpsa.ca

Advice to the Profession on COVID-19: Reopening Practice

Related Advice to the Profession documents:

- COVID-19: Defining “Urgent”
- COVID-19: Difficult Practice Decisions
- COVID-19: Virtual Care

Questions? Please contact:
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Katherine Larivière MSc MD CCFP
Physician Advisor, Canadian Medical Protective Association; Family Medicine, Ontario

Medico-legal Issues and the COVID-19 Pandemic

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Medical-legal issues and the COVID-19 pandemic

Katherine Larivière, MD CCFP
Physician Advisor, Practice Improvement

Faculty / Presenter Disclosure

Faculty: Dr Katherine Larivière
Employee of: CMPA

Relationships with commercial interests:
- Grants / Research Support: none
- Speakers Bureau / Honoraria: none
- Consulting Fees: none
- Other: none

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The CMPA is here for you

The landscape is changing
What is changing …

- Risk to HCP’s
- Workload
  - Volume
  - Type
- Resources: Need
- Information

…but some things are not changing

- Duty of Care
  - To look after sick people
- Obligations
  - To society, institutions, & ourselves
- Standard of care
  - Reasonable, prudent physician
  - Similar circumstances
Questions?

- CMPA Safe Medical Care
  www.cmpa-acpm.ca/covid19
- To request an education session
  education@cmpa.org
- @CMPAmembers
  1-800-267-6522
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Disclosure
None to Disclose (TBD)

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None to Disclose

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None to Disclose

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Disclosure
None to Disclose

Q&A

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The story of Maggie continues...

COVID CORNER Webinar:
Re-establishing Continuity of Care during COVID-19, Part 2: Priorities and Partnerships

May 20, 2020
Learning Objectives:

At the end of this session participants with be able to:

- Recognize the importance of triaging patients for access to care
- Summarize practical tips for effective virtual interactions between physicians (Specialist Link, Connect MD, Netcare Advice)
- Discuss how enhanced primary care clinical pathways can guide patient management in their medical home
- Demonstrate how partnerships between primary and specialist care can led to improved system integration

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- Your feedback is essential; please make sure you complete the online evaluation survey
  https://survey.ucalgary.ca/jfe/form/SV_cSBNFCTNNTFDtGd

After the session, you will receive an email with the link

Help us provide ongoing COVID-19 education, training and resources for healthcare professionals by donating here http://c-fund.us/rkg