

# Primary Care's Relaunch - Practical Approaches for the "New Normal"

**Welcome! Thank you for joining early**

**Start Time: 12:00 PM promptly**

- Your **mic** and **camera** are disabled by default
- **To ask questions:**
  - Click '**raise hand**' during presentation; moderator will invite you to unmute during the question period
  - At any time, type questions in the '**chat box**'

# Primary Care's Relaunch: Practical Approaches for the "New Normal"

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

We will be starting the  
session promptly at 12:00 PM

**Zoom technical support:**  
*(Use the link in the chat)*  
<https://support.zoom.us/hc/en-us/categories/201137166>

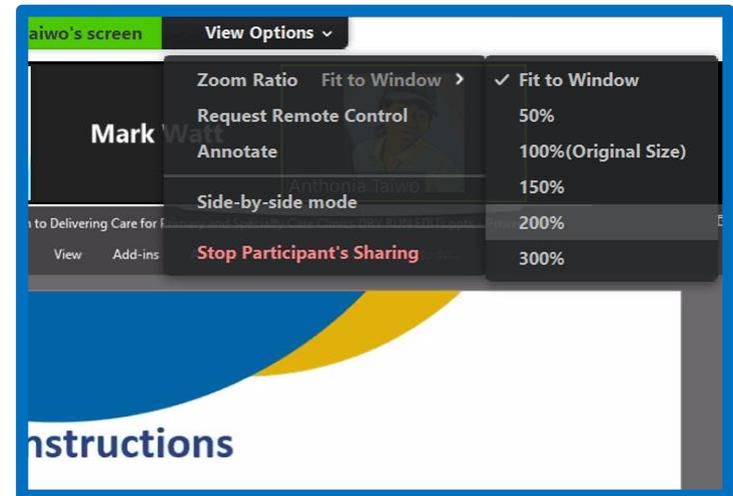
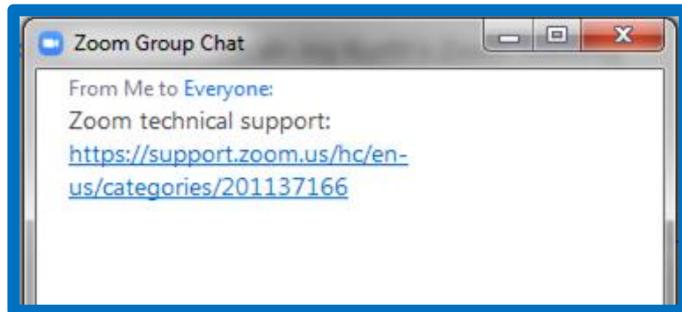
# Primary Care's Relaunch: Practical Approaches for the "New Normal"

---

May 22, 2020

# Zoom Instructions

**Zoom technical support:**  
*(Use the link in the chat)*



# Live Recording

- Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.
- 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 Acknowledgment



We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.

# Disclosure of Financial Support

**This program has not received any financial or in-kind support.**

## Welcome:

**Dr. Christine Molnar**  
Radiologist, AMA President

## Presenters:

**Dr. Brad Bahler**  
Family Physician, ACTT Medical Director,  
Alberta Primary Care Alliance Chair

**Dr. Janet Craig**  
Family Physician, AMA Physician Champion  
(Edmonton Zone)

**Dr. Michelle Warren**  
Family Physician, AMA President-Elect

## Session Moderator:

**Sue Peters**  
AMA - Session Moderator

## Q/A Chat Moderators:

**Sean Miles**  
AMA - Live Q&A Moderator

**Jennifer Fernandes**  
AHS, AIM Alberta - Speciality Access

**June Austin**  
AMA - Access Principles

**Michele Hannay**  
AMA - Access Principles

**Michelle Tobias-Pawl**  
AMA - Specialty Care

**Emily Johnston**  
AMA - Health Service Reopening Schedule

**Caroline Garland**  
AMA – Privacy & Virtual Care Technologies

**Norma Shipley**  
AMA - Billing

**Barbra McCaffrey**  
AMA - EMR, CII/CPAR

# Presenter Disclosure



- Dr. Brad Bahler: AMA-Physician Contractor; Grant: CIHR Grant
- Dr. Janet Craig: Honoraria: UofA; Custom Learning Systems; Alberta AIM; AMA; Edmonton West PCN
- Dr. Michelle Warren: Honoraria: AMA; Associate Professor: UofA, UofC

# Moderator Disclosure



- Sue Peters: AMA-contractor; IBI Group-contractor; HQCA
- Sean Miles: AMA-employee; ThinkFX Performance Group Inc.-director
- Jennifer Fernandes: AHS-employee
- June Austin: AMA-contractor; Vermont Oxford Network-contractor; Alberta Innovates-contractor
- Michele Hannay: AMA-employee
- Michelle Tobias-Pawl: AMA-employee
- Emily Johnston: AMA-employee
- Caroline Garland: AMA-contractor
- Norma Shipley: AMA-employee; AHS-employee
- Barbra McCaffrey: AMA-contractor

# Welcome from AMA Board



# Session Overview



Welcome and Stage Setting - Dr. Brad Bahler



Dr. Janet Craig's Story

- Panel Segmentation for Shaping Demand



Dr. Michelle Warren's Story

- Innovations Sparked by COVID
- Opportunities for Relaunch and Beyond



Questions and Wrap-Up

# Learning Objectives



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

- Adapt and apply to context, strategies to maximize capacity for clinical care
- Apply panel management processes to identify and prepare for patients that require clinical care
- Describe how to optimize clinic and PCN team capacity to support access to continuity

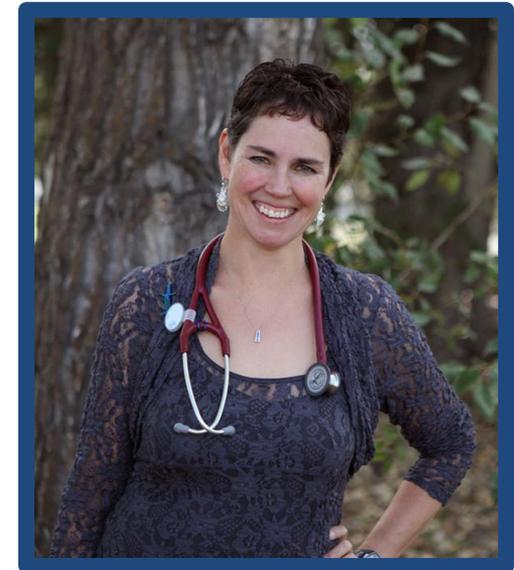
# Today's Presenters



**Dr. Brad Bahler**  
Family Physician,  
ACTT Medical Director,  
Alberta PCA Chair

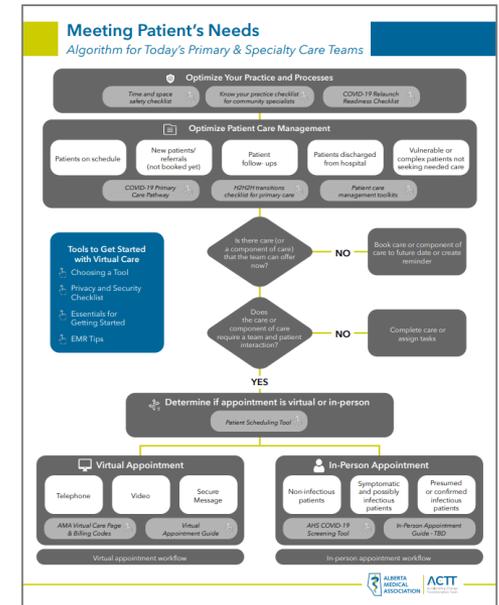
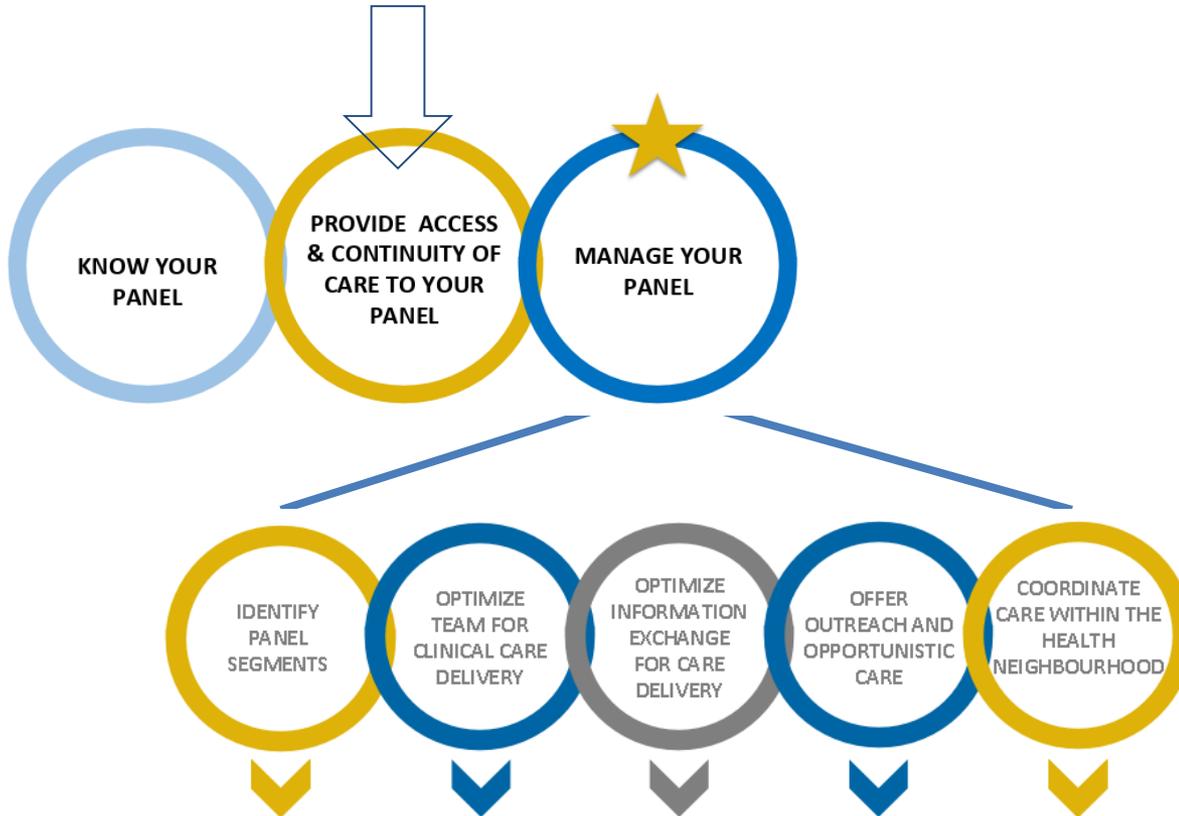


**Dr. Janet Craig**  
Family Physician,  
AMA Physician Champion  
(Edmonton Zone)



**Dr. Michelle Warren**  
Family Physician,  
AMA President-Elect

# What We've Discussed:



Meeting Patients' Needs Algorithm

# Currently

## Patients Needing Care

- Chronic disease
- Mental health
- Driver's medical
- Maternity
- Rx refill
- Acute
- Etc.



## Patients Currently Receiving Care

In-person

Virtual

# The 'New Normal'

Safety

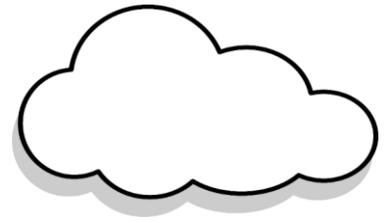
## Decisions...

- Patient needs
- Virtual care
- Panel management
- Team optimization
- Access for appointments



'Demand' for  
appointments

# Making Decisions



**Advice from colleges, organizations & colleagues**

**Status of labs, DI & other services**

**Options for care provision**

**Safety advice from health officials**

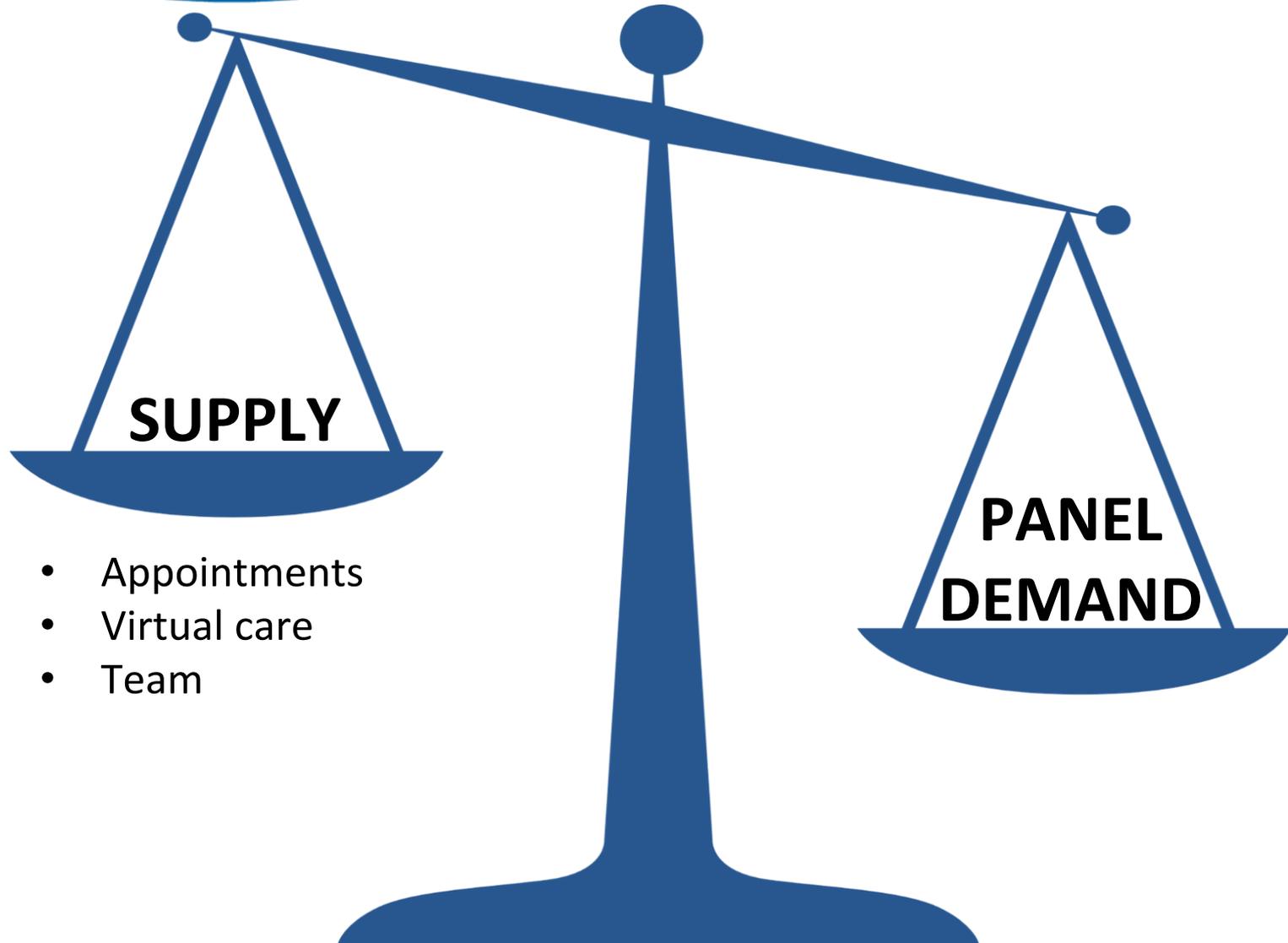
**Prescriptions, referrals, care pathways**



**The needs of my  
panel**



# Finding the Balance





# Dr. Janet Craig

Family Physician, AMA Physician Champion (Edmonton Zone)

# Current State

## Prior to COVID-19



## Current State

- 4-5 physicians
- 6 staff
- 5-15 patients in waiting room
- 20 patients/hr through clinic
- Saw patients for any reason

- 3 physicians
- 3 staff
- 0 patients in waiting room
- 3 patients/hr max through clinic
- See patients for priority concerns

# Approach to Panel Management

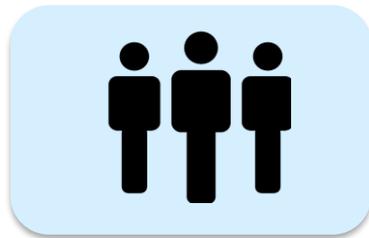


# Considerations for the 'New Normal'

## Shaping 'Demand'



Panel  
Management



Leveraging  
Team



Virtual Care



Safety  
(patients & team)



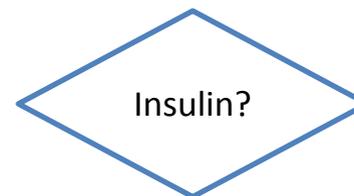
Panel Management



Leveraging Team



ID Pts with Diabetes



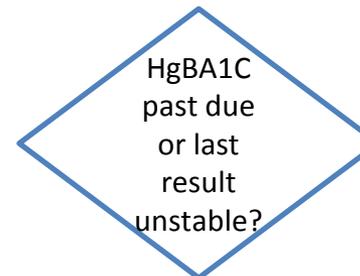
NO

Re-prioritize

YES



SHAPE DEMAND



NO

Re-prioritize

YES



Virtual: Lab Req

(TEAM)

# EMR Integrated Tools



## QHR Notes:

- Medeo can be deployed
- Lists can be easily exported
- Medeo – can send information that was previously shared
- Cliniconex – Accuro
- Accuro patient messaging
- Accuro Mobile: [link](#)
- Accuro Patient Messaging
- Accuro Video: [Link](#)
- Accuro Patient forms
- Accuro Online book

	<ul style="list-style-type: none"> <li>• Health Myself</li> <li>• Chronometriq</li> <li>• CognisantMD</li> </ul>	<ul style="list-style-type: none"> <li>• Chronometriq</li> <li>• Cliniconex</li> <li>• CognisantMD</li> </ul>
TELUS Health Wolf	Via Wolf Patient Portal	Wolf Patient Portal via email Via TELUS Health Partner Program: • Cliniconex

## Microquest Notes

- HQ patient portal –
- Healthquest portal
- Healthquest – down the phone into the phone
- Intake form capabilities
- dr2dr secure messaging
- All tools (i.e. Patient developed and supported)

## TELUS Notes:

- Mobile EMR works on desktops, tablet functionality that is available with the
- TELUS EMR Mobile is not specific to a
- WOLF-TELUS Virtual Visit should be launched
- For TELUS EMR virtual visit, the appointment notes that are documented by the provider of the chat feature are not stored in the
- For TELUS EMR Virtual Visit, the patient new message is available for them in the
- TELUS Wolf patient portal and the Health configuration settings for managing the
- Health Myself patient portal offers several patient messaging and broadcast notification the public facing website
- MedDialog is the TELUS solution for several MedDialog enabled providers can exclude any MedDialog TELUS user can secure
- Wolf patient portal can be configured specific setting. With Health Myself patient
- Cliniconex is a partner product available notifications and bulk notifications.

## EMR Integrated Tools

<https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care#tools>

May 11, 2020

The following tools offer integration with common community EMRs and are known to be compliant with Alberta's privacy and security requirements. An asterisk beside the tool (\*) indicates that it can be used to stand alone outside of any EMR. For a more complete list of vendors, check out the [Virtual Care Toolkit](#).

EMR Solution	On-line appointment booking	Appointment Reminders	Secure Patient Messaging	Patient Portal	Video Visits	Mobile EMR	Patient fillable forms (intake forms, surveys)	Broadcast messaging ability	Secure provider to provider messaging
<b>Microquest/Healthquest</b>	Available, integrated with Healthquest EMR/HQO  Clinic adds a link to online booking via the clinic website	Email, text or voice reminders with confirmations. Integrated with the EMR.	Available, integrated with Healthquest  Accessible through clinic website	Available, integrated with Healthquest  Accessible through clinic website	Will be integrated with Patient Portal.  Available mid-May	Healthquest online (HQO) Download from the App store.	Intake form capabilities to send forms via email or text message link. Self check-in tool/kiosk available	Embedded	*dr2dr secure messaging  Integrated with Healthquest
<b>QHR/ Accuro</b>	*Medeo integrated to Accuro schedule. Website link can be posted on clinic website or sent to patients	Appointment Confirmations powered by Cliniconex (integrated) s via Phone, email or text Appointment reminders can also be sent by secure message	*Medeo – (integrated) right click to send to patient, thread controlled by clinic, can be open or closed	Not yet Medeo account only to review past visits or anything clinic has sent the patient, like lab results	*Medeo	Accuro mobile is a light version of Accuro for viewing on smartphone or tablet  The Citrix login can also be launched from phone/ iPad	Accuro forms and surveys powered by Ocean CognisantMD Forms can be sent via secure message and returned by patient via secure message	Yes, any query can be used to create a list of patients who can all be sent a secure message in blind copy	Currently in pilot as part of Healthmail (Electronic prescribing, Patient Messaging, Provider to Provider)
<b>TELUS Health Med Access</b>	Via TELUS Health Partner Program: • Health Myself • Chronometriq	Via TELUS Health Partner Program: • Health Myself • Chronometriq • Cliniconex	Via TELUS Health Partner Program: • Health Myself	Via TELUS Health Partner Program: • Health Myself	• TELUS EMR Virtual visit + chat Via TELUS Health Partner Program: • Health Myself	TELUS EMR Mobile	Via TELUS Health Partner Program: • Health Myself	Via TELUS Health Partner Program: • Health Myself	TELUS Health Med Dialog
<b>TELUS Health PS Suite</b>	Via TELUS Health Partner Program:	Via TELUS Health Partner Program: • Health Myself	Via TELUS Health Partner Program:	Health Myself Portal	• TELUS EMR Virtual visit + chat	TELUS EMR Mobile	Via TELUS Health	Via TELUS Health	TELUS Health Med Dialog



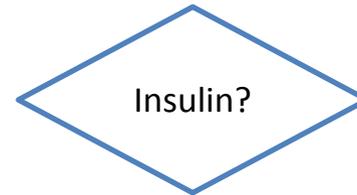
Virtual Care



Safety  
(patients & team)



ID Pts  
with  
Diabetes



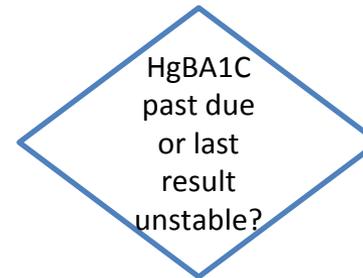
NO

Re-prioritize

YES



SHAPE DEMAND



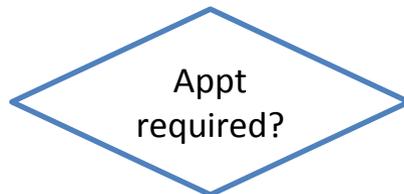
NO

Re-prioritize

YES



Virtual:  
Lab Req



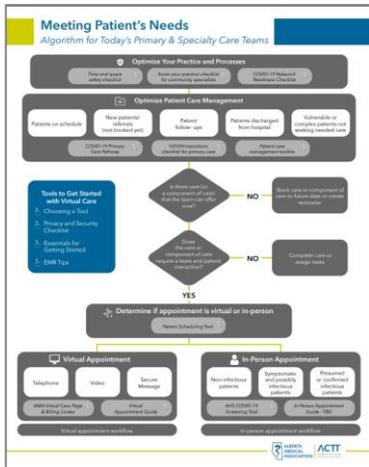
NO

YES



VIRTUAL OR IN-  
PERSON?

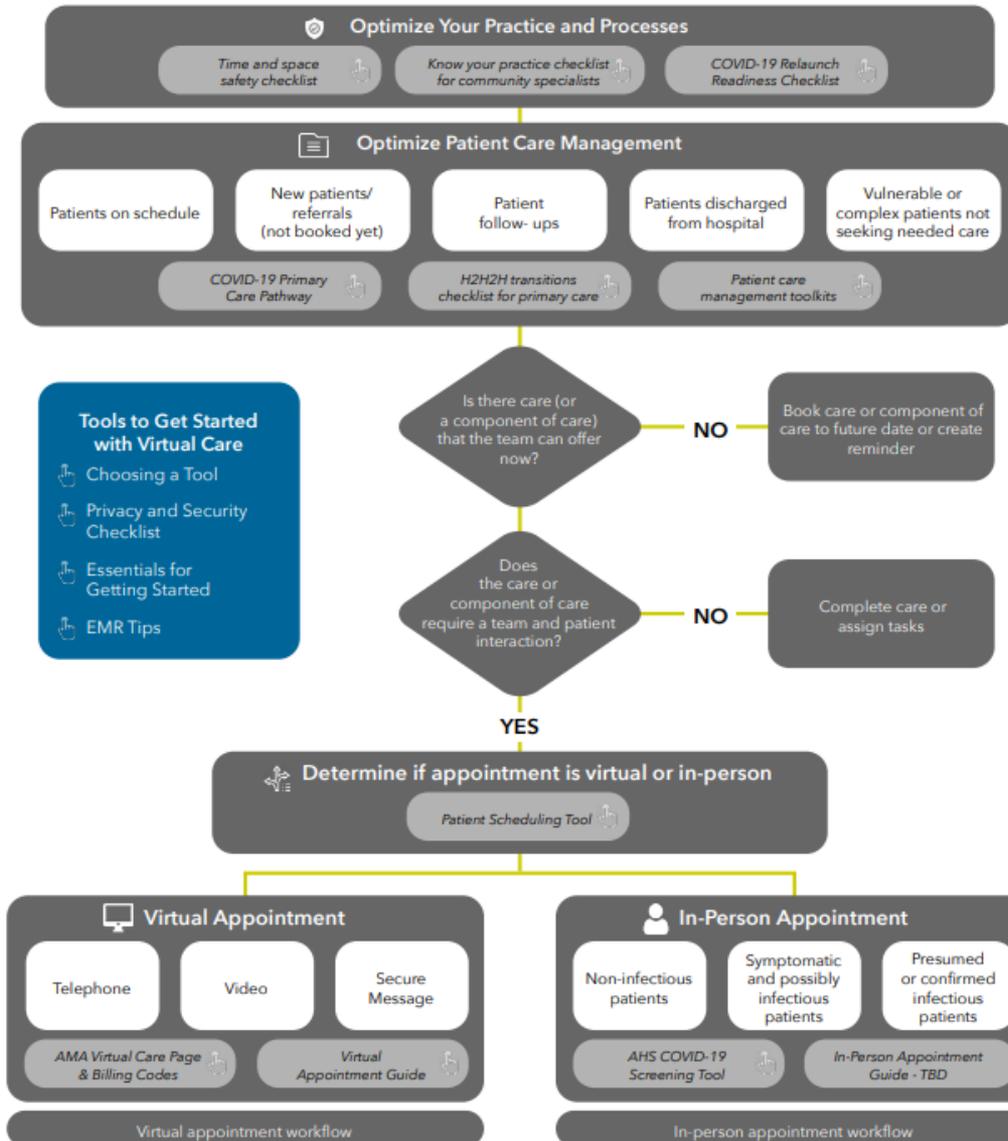
WHAT ELSE?



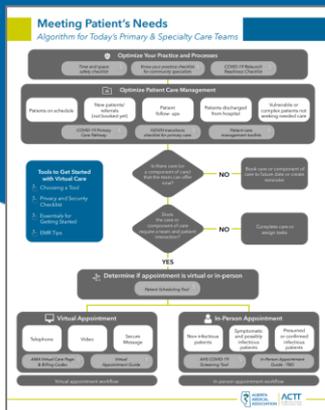
Meeting Patients' Needs Algorithm

# Meeting Patient's Needs

Algorithm for Today's Primary & Specialty Care Teams



<https://actt.albertadoctors.org/M-PN-Algorithm>



## Optimize Your Practice and Processes

**Time and space safety checklist**

Know your practice checklist for community specialists

COVID-19 Relaunch Readiness Checklist

**Organize Time and Space for Patient & Staff Safety**  
Date of Review: April 17, 2020

This checklist was created for community physicians in Alberta to support the organization of time and space for patient, staff, and process safety. The checklist is organized by areas to consider taking within each room of the clinic. For more detailed information and most up to date guidance on safety, check <https://www.alberta.ca/health-services-and-protection/covid-19-prepare.aspx>.

Based on your affiliation with other partners (e.g., PCNs) there may be additional resources available on the province specific community response to COVID-19.

**General Considerations**

- Advise all patients to call prior to coming into the clinic (post information on clinic website, update phone line and answering machine, and/or text email to all patients. Consider creating a Facebook page for real-time patient updates).
- Consider clinical scenarios that may present in person care (e.g., non-infectious complaint of acute nature, pre-visit/investigation, allergy shots for those severely affected - more information [HERE](#)).
- Virtual Care Scope of Practice (VSP), statement from CRA on deferring urgent or COVID-19 (VSP).
- Clinic staff and physicians complete the daily fit for work questionnaire (increasing tool) (VSP).
- Clinic working through routine clinical scenarios with support and guidance for more information on accessing a free, in-person or virtual "tabletop simulation" please email: [tabletop@act.ca](mailto:tabletop@act.ca).

**Outside of Clinic**

- Post signage on entry to the office and at reception. If the office is in a shared building, post signage at entrance to building (VSP signage) (VSP), COVID-19 (tabletop simulation), Patient Services (VSP).
- Screen patients over the phone before scheduling appointment (Question 1 on daily fit for work questionnaire) (VSP).
- If patient has fit symptoms, consider a remote assessment (e.g., remote COVID assessment) (VSP) or have patient call 811.

**Reception Area**

- Provide hand sanitizer, tissue, masks, and a hands free waste receptacle at clinic entrance.
- Use a Plexiglas barrier between patient and reception to prevent spread. If a Plexiglas barrier is not available, staff should maintain a 2-meter distance. Mark the physical distance on the floor of the clinic. If a 2-meter distance cannot be maintained, staff should use contact precautions.
- Scan health cards or identification readily (e.g., "tablets first").
- Repeat screening for COVID-19 symptoms when patient presents to clinic (Question 1 on daily fit for work questionnaire) (VSP).
- Space chairs in waiting room at minimum 2 meters apart and remove all extra objects in waiting room (e.g., coffee tables, magazines, toys, brochures). When possible, avoid having patients in the waiting room at all times before on flow to do this (VSP).
- Consider having the patient call from outside the clinic (e.g., in car) once arrived and move to clinic room when available. For patients with fit symptoms or confirmed COVID-19, provide them with a mask and room immediately with the clinic closed.
- Book patients at non-adjacent intervals to minimize number of patients entering/leaving the clinic at the same time.
- Limit the number of physicians taking in-person appointments at a given time. Potentially create two separate teams to manage patient flow, if space is large enough.
- When possible, encourage patients to come to their appointment alone and do not allow extra people in the clinic room (e.g., spouses, children).

# 'Organize Time and Space for Patient and Staff Safety' Tool

1. If just starting, request and use your **HQCA Panel Report** to identify top chronic diagnoses, etc.
2. Consider watching (or asking team to watch) the other **webinars** in this series
3. **Meet regularly** with clinic team members to develop a clear plan for re-opening



# Dr. Michelle Warren

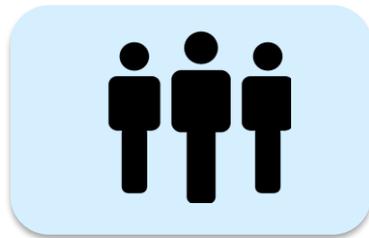
Family Physician, AMA President Elect (2020-21)

# Considerations for the 'New Normal'

## Shaping 'Demand'



Panel  
Management



Leveraging  
Team



Virtual Care



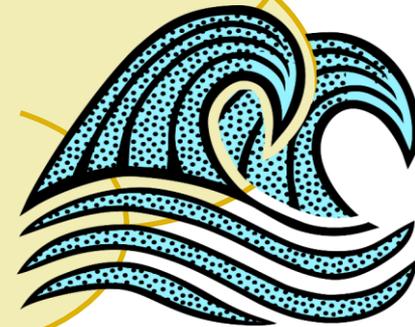
Safety  
(patients & team)

# Easing into the 'Surge'

How can we provide access  
to care now?

+

Prepare for the anticipated  
'surge'?



# Opportunities

Could this be  
managed with a  
phone call?  
Video?

“Stay home!  
We can care for you  
safely while you’re  
home sick.”



Virtual Care

We need to  
run on time!

**Video  
Appointments...**  
*What we've learned*

- Macros to auto-populate EMR
- EMR templates to document



Virtual Care

# Opportunities

How can we schedule for team safety?



Safety  
(patients & team)

**In-person required?**  
Strategic Scheduling –  
'Clean to Dirty'



If necessary, do our patients know when it's safe to come in?



## Clinic & PCN Team

- Avoid service duplication
- Efficient CDM



Leveraging  
Team



How can we  
communicate as a  
team?

- EMR ('task' or 'messages')
- Huddles

# Opportunities

Who should we be prioritizing?

Do we need to see stable patients as frequently?



Panel  
Management

Can we increase  
Rx intervals?

# Shaping Demand

Proposed schedule based on AJOG-MFM Guidelines

## Traditional Approach = **Approx. 13 in-person appointments**



Every 4 weeks until 28 weeks  
= approx. 5 in-person appointments



Every 2 weeks until 36 weeks  
= 4 in-person appointments



Every 1 week until birth  
= approx. 4 in-person appointments

## Our New Approach = **Approx. 7 in-person appointments**



Week 11-13 in person  
Week 16 virtual  
Week 20 in person



Week 26-28 in person  
Week 30 virtual  
Week 32 in person  
Week 34 virtual



Week 36 in person  
Week 37-38 either  
Week 39-41 in person

## Capacity Created

Approx. 60 min of clinical care time created/patient (based on 20 min in-person & 15 min virtual care appointments)  
Approx. 6.25 additional clinical care days created per year (based on caring for approx. 50 low risk prenatal patients)

# Michelle's Tips

1. It's not about being perfect – **try it** and see what works
2. Your **team** is there to help – how can the workload be shared?
3. **Be creative** – this is an opportunity to think outside the box and do things differently

1. There's **no cookbook** – every patient & situation is unique
2. **Making decisions** is what we do; relaunch is no different
3. Consider using the **decision-making principles + key sources of information** (*email coming soon*)

# Live Q&A and Polling

- Please put your virtual hand up by using the raise hand function under the 'participant' menu
- If using the phone, open the participant menu and scroll down to find the raise hand feature



Participants (14)

Find a participant

AD	Awa D (Me)			
MW	Mark Watt (Host)			
MW	Mark Watt			
	Anthonia Taiwo (Co-host)			
AB	Arvelle Balon-Lyon (Co-host)			

Invite Unmute Me Lower Hand

A thick red arrow originates from the Alberta Medical Association logo and points downwards to the blue hand icon in the first row of the participant list, indicating the location of the raise hand function.

**Please complete the post-session evaluation!**

**Click the Evaluation Link in the Chat**

**or**

**Use the QR Code Below**





## Available on:

- Apple Podcast
- Spotify
- Google Podcast
- Stitcher

## Suggested episodes:

11 | Tips for Enhancing Access with Dr. Janet Craig

14 | Teamwork in the Time of COVID-19 with Dr. Rick Ward

15 | CII-CPAR: Part 1 with Dr. Heidi Fell

16 | CII-CPAR: Part 2 Stories from the Field

# Supports & Information

Check out the **Community Physician Provincial Relaunch Readiness Checklist** on the AMA Covid 19 site

### Supportive Tools for Every Panel (STEP) Checklist

This checklist is intended as a guide for panel and screening activities. It can be used to monitor and document progress, as well as define and prioritize future goals. Each clinic can determine the pace of their quality improvement work. The STEP Toolkit and STEP Workbook are supporting documents available on the AMA website.

The STEP toolkit will provide additional resources you may find helpful. The Workbook will take you through each activity in greater detail.

#### Activity

Panel Identify
<input type="checkbox"/> Determine active patients that are attached to a primary care provider.
<input type="checkbox"/> Risks and responsibilities are outlined and assigned for panel identification.
<input type="checkbox"/> CRM configurations and settings are managed by one or more clinic staff.
<input type="checkbox"/> Patient addresses are defined, confirmed and entered with the clinic team.
<input type="checkbox"/> Patient panel list for each provider is available and shared with the clinic team.
<input type="checkbox"/> A transparent process for patient validation is established and documented. A validation team is produced and shared with the clinic team.

#### Panel Reassign

<input type="checkbox"/> Patient panel lists are regularly (1) produced for each primary care provider (2) shared internally, and (3) discussed as a team to ensure accuracy.
<input type="checkbox"/> Conduct CRM searches to actively close the panel.
<input type="checkbox"/> Patient demographics, provider assignment, or status addresses are updated as a result of the CRM search results.
<input type="checkbox"/> All patients have been within the last 12 months; patient validation rate is greater than 90% and results shared with the clinic team.

#### Panel Reconnect

<input type="checkbox"/> Research, identify and describe the value and use of essential resources to be used to enhance patient engagement and patient health.
<input type="checkbox"/> Develop a plan for patient engagement, including patient education, patient support, and patient follow-up.
<input type="checkbox"/> Develop a plan for patient engagement, including patient education, patient support, and patient follow-up.
<input type="checkbox"/> Develop a plan for patient engagement, including patient education, patient support, and patient follow-up.

### Community Physician Provincial Relaunch Readiness Checklist

Updated May 12, 2020

The Government of Alberta is starting to lift some of the restrictions put in place to manage the COVID-19 pandemic. This checklist was created to support community physicians in Alberta in assessing their clinic's readiness to re-open. Consider taking within each room of the clinic. More detailed information for community physicians can be found in other partners (e.g., PCNs) there may be additional resources or specific community responses to COVID-19.

#### Clinic operations

**Polices and procedures**

- Design or update your clinic's operational plan, patient flow, triage, services, and design for you:
  - Consider impacts of potential open/closed
  - Minimize staff in the clinic. Consider what regular hours to minimize staff interest
  - While gatherings of more than 12 are not prohibited from happening
- Space and equipment to reduce or eliminate number of patients entering waiting clinic the appointments between in-person appointments
- Limit the number of physicians taking in-person care
- Create a plan for communicating with patients and providers
- Keep updated lists of clinic staff and patients to identify and facilitate contact tracing, and to ensure planning for crisis coverage with other providers
- Order appropriate supplies and set up reminder
- Contact your clinic's waste-disposal service regularly so that they can prepare for an increased amount
- Require clinic staff provides to complete annual
- Follow the return to work guidelines for clinic staff
- All staff must practice effective hand hygiene and wear their hands with soap and water or an alcohol-based hand sanitizer
- Encourage staff to interact at a 2-metre distance
- Stay informed of the availability of diagnostic drug shortages
- Stay informed about the Government of Alberta's Relaunch Strategy
- Consider frequent team huddles for knowledge

#### RECORD OF DECISION - CMOH Order 16-2020 which amends the Health Disciplines Act

Re: 2020 COVID-19 Response

Whereas J. Dr. Deena Hirshak, Chief Medical Officer of Health investigation into the assistance of COVID-19 within the Province of Alberta;

Whereas the investigation has confirmed that COVID-19 is not a public health emergency as a novel or highly infectious agent;

Whereas section 292(1) of the Public Health Act (the Act) to prohibit a person from attending a location for any period at a public health emergency as a novel or highly infectious agent;

Whereas I have determined that the period beyond an infectious agent, I also have the authority to take a decision, necessary in order to lessen the impact of the public health emergency;

Whereas I made Record of Decision - CMOH Order 16-2020;

Whereas having determined that it is necessary to resume the services to Albertans as the risk of COVID-19 transmission to health professionals for public health guidance, I hereby amend the provisions in Record of Decision - CMOH Order 16-2020 as follows:

- Effective May 4, 2020, sections 6(a), 7 and 8 of Record 2020 apply only to a registered member of a designated Health Discipline Act.
- Effective May 4, 2020, and subject to section 6 of this Order, a person who is a registered member of a designated Health Discipline Act in compliance with the attached Workplace Guidance For Core Essential Services (the Workplace Guidance) is not subject to the provisions of section 292(1) of the Act.
- Subject to section 5 of this Order, each college establish a unit, as soon as possible, public COVID-19 risk management of the colleges that are substantially equivalent to the Workplace Guidance For Community Health Care Staff along with any additional guidelines specific to the unit profession.
- Each college must provide the Chief Medical Officer of COVID-19 guidelines published in accordance with section 5 of this Order.
- The Chief Medical Officer of Health may amend any COVID-19 guidelines published in accordance with section 5 of this Order if the Chief Medical Officer of Health is satisfied that it is necessary to do so.

### Meeting Patient's Needs

Algorithm for Today's Primary & Specialty Care Teams

#### Community Physician Provincial Relaunch Readiness Checklist

Updated May 12, 2020

The Government of Alberta is starting to lift some of the restrictions put in place to manage the COVID-19 pandemic. This checklist was created to support community physicians in Alberta in assessing their clinic's readiness to re-open. Consider taking within each room of the clinic. More detailed information for community physicians can be found in other partners (e.g., PCNs) there may be additional resources or specific community responses to COVID-19.

#### Clinic operations

**Polices and procedures**

- Design or update your clinic's operational plan, including hours of patient flow, triage, services, and design for your specific clinical context:
  - Consider impacts of potential open/closed cycles during the day
  - Minimize staff in the clinic. Consider what tasks can be done during regular hours to minimize staff interactions with each other
  - While gatherings of more than 23 people are prohibited from happening more than 23 staff
  - Consider a contingency plan for at-risk staff (i.e., without a backup)
- Space out appointments to reduce or eliminate time in the waiting number of patients entering waiting clinic at the same time. Consider appointments between in-person appointments at the same time
- Limit the number of physicians taking in-person appointments at the same time
- Create a plan for communicating with patients about changing clinic protocols
- Keep updated lists of clinic staff and patients to identify those at risk of exposure and facilitate contact tracing, and create a plan for staff
- Consider planning for crisis coverage with other physicians in your community
- Identify PPE, cleaning supplies and other materials required for your clinic
- Contact your clinic's waste-disposal service regarding plans for regular waste disposal
- Require clinic staff provides to complete the daily fit for work of their respirators
- Follow the return to work guidelines for clinic staff, where applicable
- All staff must practice effective hand hygiene after interacting with patients and their hands with soap and water or an alcohol-based hand sanitizer
- Encourage staff to interact at a 2-metre distance and wash hands
- Stay informed of the availability of diagnostic imaging and lab drug shortages
- Stay informed about the Government of Alberta's Relaunch Strategy
- Consider frequent team huddles for knowledge translation and patient education

### Alberta's Relaunch Strategy

A safety staged COVID-19 recovery plan to relaunch our economy

### Meeting Patient's Needs

Algorithm for Today's Primary & Specialty Care Teams

#### Community Physician Provincial Relaunch Readiness Checklist

Updated May 12, 2020

The Government of Alberta is starting to lift some of the restrictions put in place to manage the COVID-19 pandemic. This checklist was created to support community physicians in Alberta in assessing their clinic's readiness to re-open. Consider taking within each room of the clinic. More detailed information for community physicians can be found in other partners (e.g., PCNs) there may be additional resources or specific community responses to COVID-19.

#### Clinic operations

**Polices and procedures**

- Design or update your clinic's operational plan, including hours of patient flow, triage, services, and design for your specific clinical context:
  - Consider impacts of potential open/closed cycles during the day
  - Minimize staff in the clinic. Consider what tasks can be done during regular hours to minimize staff interactions with each other
  - While gatherings of more than 23 people are prohibited from happening more than 23 staff
  - Consider a contingency plan for at-risk staff (i.e., without a backup)
- Space out appointments to reduce or eliminate time in the waiting number of patients entering waiting clinic at the same time. Consider appointments between in-person appointments at the same time
- Limit the number of physicians taking in-person appointments at the same time
- Create a plan for communicating with patients about changing clinic protocols
- Keep updated lists of clinic staff and patients to identify those at risk of exposure and facilitate contact tracing, and create a plan for staff
- Consider planning for crisis coverage with other physicians in your community
- Identify PPE, cleaning supplies and other materials required for your clinic
- Contact your clinic's waste-disposal service regarding plans for regular waste disposal
- Require clinic staff provides to complete the daily fit for work of their respirators
- Follow the return to work guidelines for clinic staff, where applicable
- All staff must practice effective hand hygiene after interacting with patients and their hands with soap and water or an alcohol-based hand sanitizer
- Encourage staff to interact at a 2-metre distance and wash hands
- Stay informed of the availability of diagnostic imaging and lab drug shortages
- Stay informed about the Government of Alberta's Relaunch Strategy
- Consider frequent team huddles for knowledge translation and patient education

### Virtual Appointment

Telephone | Video | Secure Message

AMA Virtual Care Page | My Virtual Care

Virtual appointment confirmed

### COVID-19: Reopening

ADVICES TO THE PROFESSION

#### novel Coronavirus (COVID-19)

#### Frequently Asked Questions – for Community Physicians

May 12, 2020

What's happening in Alberta?

For current case count and additional information for families, schools, daycares, employers and all Albertans, visit [www.alberta.ca/covid19](http://www.alberta.ca/covid19)

This document contains supplementary information for community physicians and community primary care professionals, and their teams, on COVID-19. See the [guidelines](http://www.alberta.ca/covid19) for additional information. Issued by the PCN Incident Response Task Force for COVID-19

#### Contents

- CPSA Perspective
- Considerations in determining resumption of services
- Resources

**Note: This statement is applicable for the d**

Please review Order 16-2020 from the Chief Medical Officer of Health regarding the reopening of non-essential services.

#### CPSA Perspective

Due to the COVID-19 pandemic, physicians have of non-essential health services and limit practice professional providing the service. CPSA has put profession, [define what core a considered urgent](http://www.cpsa.ca/consider-urgent)

CPSA thanks all physicians for making practice a safe and timely care during the COVID-19 pandemic. We have now returned a phone where some risk. Ministry of Health ([www.alberta.ca/covid19](http://www.alberta.ca/covid19)), which

Published May 2020

#### Billings Codes

1. I'm a community physician and have provided virtual care. What billing codes should I use?

On May 20, 2020, Alberta Health announced new temporary billing codes have been added to the Schedule of Medical Benefits. Community physicians providing virtual care are encouraged to use these codes to receive compensation. Review the [guidelines](http://www.alberta.ca/covid19) to find more information.

#### Clinic Resources

2. How is there a limit to how many staff and patients we can have in the clinic at a time?

CMOH Order 16-2020 prohibits gatherings of more than 12 people; however, this does not prohibit healthcare settings from having more than 12 staff in a workplace.

Minimizing the risk of transmission amongst staff, volunteers and patients remains important. CMOH Order 16-2020, page 9 provides examples of how to prevent the risk of transmission – including restricting the number of staff, volunteers and dispensarians in the setting at any one time as well as maintaining a two-metre separation between individuals. Review the [guidelines](http://www.alberta.ca/covid19) for more examples.

The College of Physicians and Surgeons of Alberta (CPSA) and AHS continues to recommend [www.alberta.ca/covid19](http://www.alberta.ca/covid19) whenever possible.

3. How should we continue to have an identified isolation room?

Yes, during the COVID-19 pandemic isolation rooms should be used in the community setting for patients presenting with influenza-like illness (ILI). Please see [Guidelines and Consent Protocols for Isolation Rooms during COVID-19 for Community Physicians](http://www.alberta.ca/covid19) for more information.

ahs.ca/covidPHC

**Thank you and please  
complete the post-  
session evaluation!**

**Click the Evaluation Link in the Chat**  
**or**  
**Use the QR Code Below**

