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Co-RIG Project

Improving Primary Care: A COVID-19 Integrated Pathway

Project leads: Fariba Aghajafari, MD, CCFP, FFCP, MSc, PhD, Associate Professor, Department of Family Medicine, Community Health Services, Cumming School of Medicine, University of Calgary
Brian Hansen, MA, MPH, Business Evaluation Lead, Calgary and Area Primary Care Networks
Project location: Calgary, Alberta

Summary

The COVID-19 Primary Care Integrated Pathway (the Pathway) links COVID-19 positive patients to primary care providers in Calgary and enables family physicians to deliver comprehensive care to those patients. The Pathway supports family physicians with a risk stratification tool, treatment algorithm, and links to public health, specialists, and acute care.

Faces of COVID-19

Connecting Salama to a medical home

Salama, 35 years old, is a refugee from Eritrea who does not speak English. She is a single mother of five children. She tested positive for COVID-19 but had no symptoms, and was sent home to isolate with her family. Prior to her COVID-19 diagnosis, Salama did not have a family physician.

Anita, a Calgary family physician, reached out to Salama within 48 hours with the help of a translator to explain that her health would be monitored over the phone. Using the Pathway, Anita or someone from her team contacted Salama daily. When Salama developed a fever, sore throat, and lethargy, the team's public health nurse helped her manage her symptoms, thereby avoiding an unnecessary visit to the emergency room. The Pathway also helped the team connect Salama to a community agency to organize food and medication for the duration of her isolation. Moving forward Salama and her whole family will continue to be linked to their new medical home.

Project detail

Early in the pandemic, it became clear that public health and primary care needed to better integrate so that family physicians were alerted to positive COVID-19 cases and could provide treatment and follow-up care. With Co-RIG funding Dr. Fariba Aghajafari and team evaluated the Pathway, which was designed to notify Primary Care Networks (PCNs) about COVID-19 positive patients.

Created as a collaboration between Alberta Health Services (AHS) and Calgary and area PCNs, the Pathway links patients who test positive to their primary care providers in Calgary. Patients without a family physician were provided care by PCN clinicians. The Pathway ensured that all patients with COVID-19 received follow-up, with most patients receiving care in their own community.

Using the Pathway's risk stratification tool, family physicians identify patients with low, medium, and high risk of complications. Using the Pathway's treatment algorithm, they map out a care plan and provide links to public health, specialists, and acute care.

The evaluation allowed Dr. Aghajafari to assess the efficacy of the Pathway, identify areas for improvement, and systemize for uptake across Alberta and Canada.

Impact

- **Enhancing family medicine:** The Pathway enabled a more coordinated and efficient pandemic response in Calgary by introducing a standardized approach to care planning and delivery across all PCNs. It established links between primary care, public health, specialists, and acute care.
- **Person-centred approach:** The Pathway introduced an automated process to enable Calgary's COVID-19-positive patients to be followed by their primary care provider. Patients without a family physician were attached to a primary care provider, which allowed for improved coordination of care and follow-up after a COVID-19 diagnosis.
- **Improving access:** This approach ensured that patients received the best care possible in their own community and was especially critical for patients at risk for poor outcomes as it helped address social and mental health needs. The Pathway may also have the capacity to reduce unnecessary acute care visits and strain on the Calgary Zone's acute care system.

Results to date

- Between April 16 and September 30, 2020, more than 6,049 Calgarians tested positive for COVID-19; 90 per cent of these patients were followed by primary care physicians using the Pathway.
- On average five visits were held with each patient.
- Across the cohort of patients receiving primary care 8.6 per cent visited an emergency department and 3 per cent required hospitalization within 90 days of their primary care follow-up.

Methodology

- Design evaluation plan.
- Conduct evaluation activities including interviews, administrative data collection, chart reviews.
- Analyze and interpret data.
- Disseminate knowledge and scale up planning.

> "Family physicians and primary care teams are best positioned to provide follow-up care for our patients with COVID-19. The standardized pathway equips us with the knowledge and links to effectively support our patients and get them back on their feet."
>
> – Dr. Fariba Aghajafari, project lead

Project team

Project lead: Fariba Aghajafari, MD, CCFP, FFCP, MSc, PhD, Department of Family Medicine, University of Calgary

Project co-lead: Brian Hansen, MA, MPH, Calgary Primary Care Network

Annalee Coakley, MD, CCFP, DTM&H, Mosaic Refugee Health Clinic

Jia Hu, MD, CCFP, MSc, FRCPC, MOH, Alberta Health Services

Jake Jennings, MA, MBA, Calgary Primary Care Network

Myles Leslie, PhD, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary

Kerry McBrien, MD, CCFP, MPH, Department of Family Medicine and Department of Community Health Sciences, University of Calgary

Alyssa Ness, MD, CCFP, Department of Family Medicine, University of Calgary

Terri Shaul, BA, RN, Calgary Rural Primary Care Network

Jason Shenher, BComm, MBA, Highland Primary Care Network

Rick Ward, MD, CCFP, Alberta Health Services

Partners

Alberta Health Services

Calgary and Area Primary Care Networks

University of Calgary

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