



Aim

- To evaluate the COVID-19 Integrated Pathway (CIP) by describing its function and capacity to facilitate Family Physician (FP) follow-up with COVID positive patients
- To inform refinement of the CIP for future use and potential scaling

Background

The first wave of COVID-19 in Calgary, Alberta health zone accelerated Primary Care (PC) integration. Specifically, it connected FPs with their counterparts in the broader health system to deliver wraparound patient care through a CIP.

A key element of the CIP included a data sharing platform that facilitated the provision of COVID-19 test results directly to the FP identified by patients.

Public Health provided test results for all patients to the primary care system so they could be followed up by primary care to improve their outcomes and lower the risk of straining the acute care system.

Outcome Measures

- Characteristics of patients cared for via the CIP (age, sex, and risk-level)
- Number of patients followed by their FP in the community
- Time from diagnosis to follow-up with PC/FP
- ED and acute care utilization

Method

Study Design: Mixed quantitative and qualitative study. This abstract reports on the quantitative arm of a mixed methods study.

Setting: The Calgary Health Zone. Primary data were drawn from the Calgary COVID-19 Care Clinic (C4), a designated hub clinic for COVID-19 patients. Secondary data were drawn from provincially maintained records of hospitalization, emergency department visits, and FP claims

Participants: FPs and COVID-19 patients

Intervention: The data platform and PC attachment elements of the CIP

Intervention: The CIP has 2 components:

- Information Pathway
- Clinical Pathway

CIP integrates Alberta's Public Health, 7 Primary Care Networks (PCNs), and family physicians to provide primary care follow-up and social work referral, as well as attach patients to medical homes for continuity of care

Quantitative Findings

- Between April 16 to September 27, 2020, 7289 patients were referred by public health to C4 (Calgary COVID-19 Care Clinic- a designated hub clinic for COVID19 patients during pandemic)
- 98.8% of patients had one follow-up visit by C4 clinic physician or nurse using Clinical pathway (CIP)
- 3223 (43.7%) patients had a family physician (FP) and followed by them
- 2448 (33.2%) patients were sent directly to PCNs to be followed by PCN physician or referred to their FP
- 849 (11.5%) patients were from LTC or Cargill and had F/U somewhere else
- 480 (6.5%) patients did not need F/U (self care)
- Mean age of 37.4 y. (range: 1-105)
- Male: 51.4%
- Hospitalization: 1.9%
- ED visit: 5.1%
- Average FP visit: 4
- Median time from diagnosis to first FP visit: 1 day

Discussion

- Our data suggest that that information exchange between PC and central systems facilitates primary care-based management of patients with COVID-19 in the community and has potential to reduce acute care visit.
- The CIP continues to be used during subsequent waves of COVID-19 and is now part of a broader, province-wide care pathway in Alberta.