



Creating a Pandemic Plan for Primary Care

Memorial Research
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Background

- Family physicians (FPs) play an important role in pandemic response and recovery. However, existing pandemic plans do not adequately incorporate FPs. The goal of this project is to identify the roles of FPs in four regions in NL, NS, ON, and BC, Canada during the COVID19 pandemic.
- Roles are FP specific tasks and responsibilities which are expected to cease once the pandemic is over.

Methods

- We conducted a review of FP-relevant documents from government, professional, and health system organizations and interviewed 60+ FPs to identify pandemic stages and FP roles during each stage.

Results

- We identified 5 pandemic stages. The Phased Closures and Re-Opening, Acute Care Crisis and Vaccination stages may overlap:
 - Pre-pandemic*: there is little specific information about the condition, and FPs must rely on broad protocols for detection, treatment and infection prevention and control (IPAC)
 - Phased Closure and Re-Opening*: there are restrictions on activities that vary in severity depending on number of local cases, potential for widespread infection and ability of the health care system to meet demand for services.
 - Acute Care Crisis*: hospitals are overwhelmed by demand for services
 - Vaccination*: a vaccine is approved and available for use.
 - Pandemic Recovery*: a surge in demand for primary care from patients who had delayed or forgone care during the pandemic is expected.
- FP roles by stage are in Table 1; FP leadership is needed in all stages to advocate for primary care, synthesize evidence for the primary care context, coordinate FP response, and communicate with patients.

Discussion

- Although roles were similar across regions, different policies were used to support FP roles; Cross-case analyses will identify how underlying health system structures helped or hindered FP pandemic response.

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Pandemic Response Stage	Roles for Family Physicians
Pre-Pandemic	<ul style="list-style-type: none"> Implement infection prevention and control (IPAC) Screen patients (active and passive screen) Test patients or refer patients for testing Advise patients on isolation/quarantine Monitor COVID19 patients recovering at home
Phased Closure & Re-Opening	<ul style="list-style-type: none"> Implement IPAC Use special procedures to access supplies (swabs, masks) Educate patients about COVID19, and infection control Limit/moderate/triage patients requiring in-person care Limit/moderate/triage elective, specialist, surgical care, and/or imaging Use virtual and telephone visits Direct patients to assessment centres/811 Staff assessment centres Screen patients (active and passive screen) Test patients or refer patients for testing Advise patients on isolation/quarantine Monitor COVID19 patients recovering at home Identify and support vulnerable patients (e.g. with frailty, addictions, etc.) Support travellers requiring screening/testing/isolation Support community-based residential facilities (e.g. LTC) with outbreaks Update care plans/goals for LTC residents
Acute Care Crisis	<ul style="list-style-type: none"> Staff field hospitals Assist with capacity in ER, hospitals
Vaccination	<ul style="list-style-type: none"> Identify and support patients prioritized for vaccination Address vaccine hesitancy Staff vaccination centres
Pandemic Recovery	<ul style="list-style-type: none"> To be determined
All Stages	<ul style="list-style-type: none"> Provide leadership by advocating for primary care role, synthesizing evidence for primary care, coordinating FP response, and communicating with patients