The Covid-19 Pivot

An opportunity to re-evaluate high value care and clinical preventive services

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Disclosure of Financial Support

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

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Relationship with financial sponsors:

- Co-Director for Evidence and CPD, Alberta College of Family Physicians (ACFP)
- Spoken at conferences sponsored by ACFP

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Relationship with financial sponsors:

- Primary Care Co-Lead for Choosing Wisely Canada
- Facilitator and Scientific Planning Committee member of the Practising Wisely Course, Ontario College of Family Physicians
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Relationship with financial sponsors:
- Co-Lead for Family Medicine, Choosing Wisely Canada
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- Paid facilitator, Practicing Wisely
- Member of Canadian Task Force on Preventive health Care: guideline work

**Faculty/Speaker: Allan Grill**

Relationship with financial sponsors:
- Physician Advisor for the College of Family Physicians of Canada.
- Chief of Family Medicine, Markham Stouffville Hospital
- Primary Care Provincial Medical Lead for CCO – Ontario Renal Network
- Member of the Canadian Drug Expert Committee for the Canadian Agency for Drugs and Technologies in Health
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Learning Objectives

After this webinar presentation, the participant will be able to:

1. Discuss, when reflecting on the breadth of family medicine, which elements of day-to-day practice have the greatest return for patients, particularly in the context of the pandemic.
2. Discuss which clinical care can be prioritized in the ramp up of office practice during the pandemic, particularly around preventive services.
3. Describe how we might reshape the periodic health exam to reflect a more evidence-based approach while balancing the realities of billing/time pressures, patient expectations, and COVID-19.
Finding Balance: *In-office care* vs. *minimizing spread of COVID-19*

- **Reciprocity**
- **Uncertainty** – cautious and gradual approach. Virtual visits where appropriate.
- **Local rates of COVID-19 transmission in the community** (higher risk in community → less in-person visits)
- **Infection control capacity of clinic** - PPE supply, plexiglass, cleaning supplies; staff training on procedures
- **Personal risk** - older physicians, underlying medical conditions;
- **Proportionality** - larger practices can ramp up faster than smaller ones
- **Minimizing patient harm** - prioritize services that, if delayed, will result in patient harm (e.g. f/u abnormal pap tests)
- **Attention to patients with higher needs** (e.g. frail elderly patients who are homebound)
- **Availability of community resources for collaborative care**
  - work with community partners (e.g. ER, COVID-19 assessment centres, home care, etc.)
Periodic Health Exam – Perceived Value

- Enhances doctor-patient relationship - builds trust
- Increases patient beliefs that physicians will be receptive to concerns moving forward
- Uncovers health issues not addressed in urgent care visits
- Medication review
- Chart update
- Advance care planning discussions
- Lifestyle issues/social well being discussions
- Vaccinations
- Obligation towards a patient’s ‘personal health’ vs. ‘public health’
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