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Title

Getting Test Results and Clinical Guidance to the Front Lines of Primary Care in Alberta: A qualitative study

Priority 1 (Research Category)

COVID-19

Presenters

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Abstract

Context: As with elsewhere in the world, the majority of COVID-19 patients in Canada's first waves of the pandemic did not require acute care. The Calgary health zone, in the Canadian province of Alberta, sought ways to effectively manage these patients in community-based primary care. The COVID-19 Integrated Pathway (CIP) is an intervention developed in the Calgary health zone to facilitate the flow of data about, and provision of primary care to, these patients. The CIP – which remained in use during the 2021 third wave – is comprised of two inter-related components: 1) a data pathway that disseminates patient COVID-19 lab test results from the province's public health system to local primary care organizations; and 2) a clinical pathway or algorithm that offers guidance for patient care. Objective: To facilitate improved implementation and potential scaling of the CIP, this study sought to understand the contextual factors that shaped the creation, and use, of the CIP's data and clinical pathways. Study Design: Inductive, open-focused interviews with key informants elicited the contextual factors shaping the creation, uptake, use, and effectiveness of the CIP. . Setting or Dataset: Key informants (n=57) from Calgary health zone public health, and primary care facilities, as well as patients who had transited the CIP (n=5). Population studied: Leaders, administrators, clinicians, and patients who were familiar with the CIP from: Alberta Health Services' (AHS) Public Health and Primary Care facilities, as well as non-AHS Primary Care Networks (PCN).. Outcome Measures: Contextual factors shaped the creation and implementation of the CIP Results: A range of contextual pre-conditions facilitated the rapid development of the CIP's components in the Calgary health zone, as well as their uptake and evolution. These included: a history of collaboration and coordination across the Calgary health zone; existing organizational structures between AHS and Calgary's 7 PCNs; champions within multiple systems of the health sector; and existing expertise and leadership in developing and using clinical algorithms for the provision of primary care. Conclusions: The CIP's data and clinical pathways helped deliver clear, consistent, and timely care to COVID-19 patients in the Calgary health zone. While there may be some challenges to scaling the intervention, sustaining the CIP will create a more robust pandemic response in the future.