



COVID Clinical Care in the Community Innovative Primary Care approach

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Abstract

CTHCH vision: “To provide high quality primary health care to the persons of our rohe addressing the issues of access and equity and creating opportunities through innovation”.¹

COVID surge in the community – March 2022

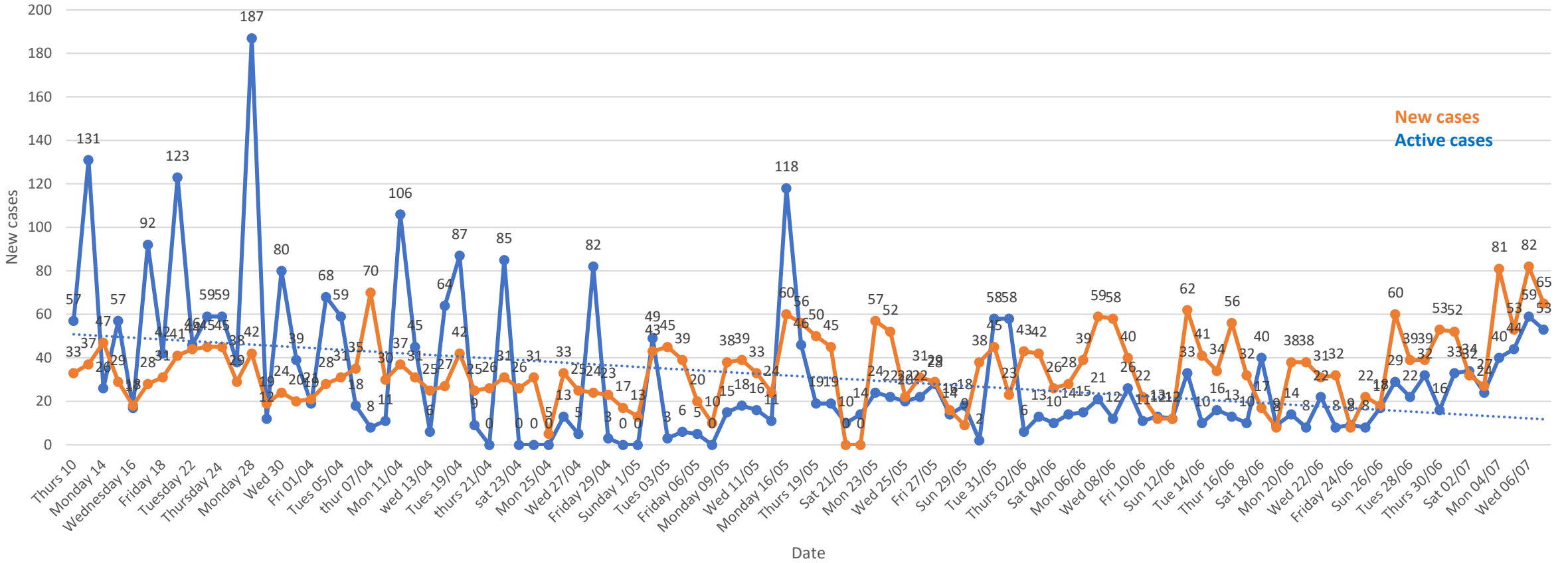
- 8 Primary care clinics across large geographical area High needs population
- Over 3600 patients managed in the community (March –June)

Collaborative team : Lead by Dr Tim Malloy(Chair), Dr Neil Anderson (Clinical Director), Nancy Malloy(CEO), Prescriber Pharmacist and Practice Nurse.

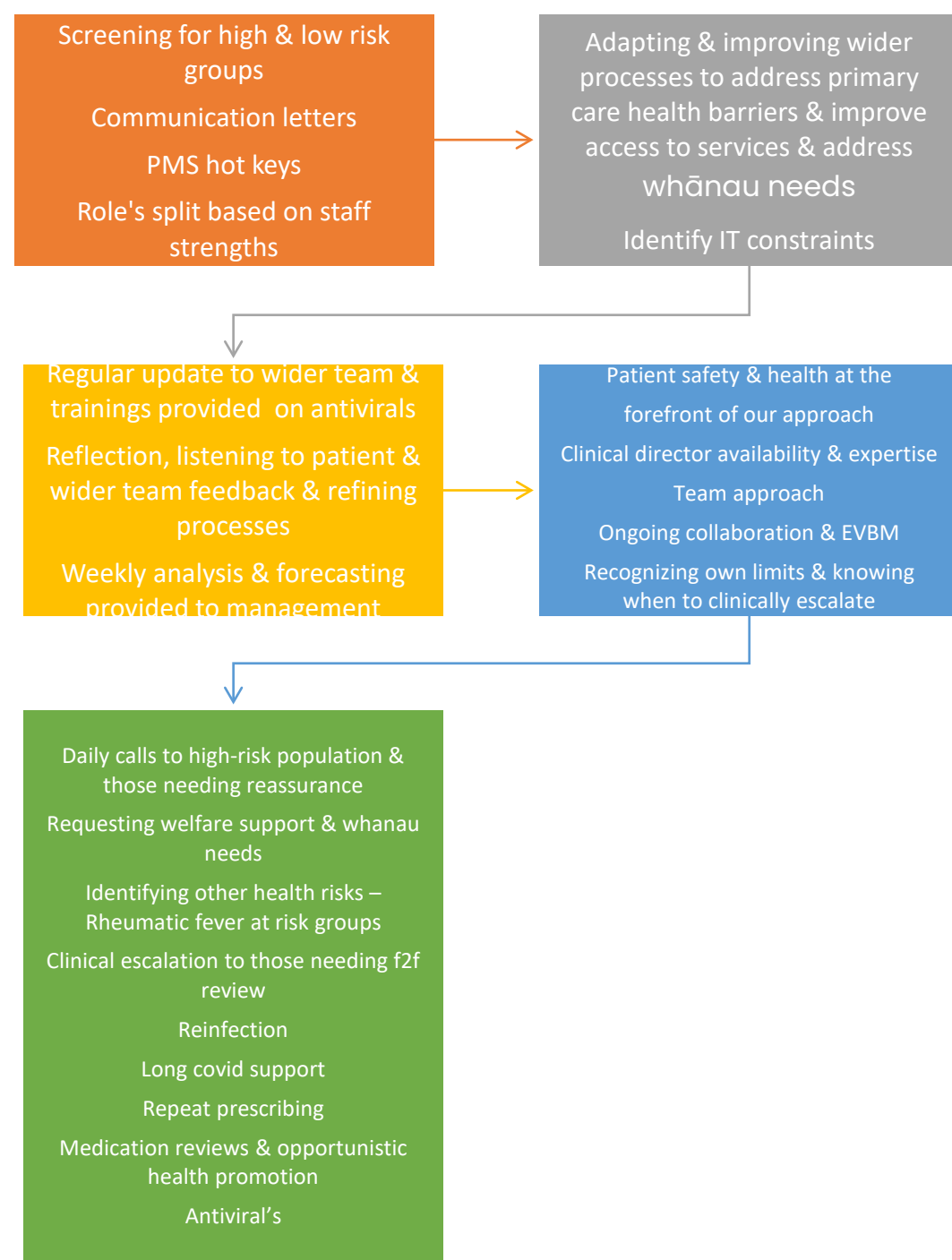
We created a centralised population-based approach to safely manage large number of COVID-19 positive cases in our community.

- Improved health outcomes
- Equity for Māori and commitment to Te Tiriti o Waitangi in our approach
- Reduced hospitalizations
- Reduced health burden
- Patient engagement and satisfaction
- Established patient-clinician rapport
- Opportunistic health improvements & follow up
- Relationship & team building within the wider team & externally with local providers & stakeholders

CTCHC total daily CCM New & Active cases March –July 2022



Design Process



Outcomes



- More than 3600 COVID + patients contacted & safely managed from March-June 2022
- Equity driven- targeting high risk populations, Māori and PI populations
- Policy adapted to suit local needs
- Accessibility to healthcare – 7 days a week
- Reduced burden on GP’s, Nurses and clinical hubs
- Addressing welfare needs and social determinants of health
- Encouraged patient self care- oximeter, BGL, home BP
- Pro active approach e.g. Identifying those at higher risk of Rheumatic fever risk & COVID-19 +
- Long term conditions opportunistic reviews e.g., bloods, recalls, symptoms review, Cx
- Clinical escalation – repeats, COVID-19 antivirals, pain relief, acute in clinic care if needed
- Reinfection management
- Patient satisfaction & health journey
- Team satisfaction & support
- Post COVID-19 follow up
- Team approach – up to date communications, updates/inhouse bulletins, CME presentations

Analysis

Enablers

Macro

Local for local approach-adapted to ensure continuity of care

Funding model & equity lens addressing welfare needs

Antiviral prescribing, enabling patient self management using devices e.g. oximeter

Meso

Strong network partners- PHO's, clinical hub leaders, MOH, NRHCC, community pharmacies

Micro

7 days a week support
Collaborative, engaged, supportive team culture
Strong leadership, versatility, communication, IT, dynamic & adaptive processes, culturally safe
Evidence based, risk management, clinically effective, knowledgeable, training & support

Barriers

Macro

IT lacks integration, communication & case notification times, administrative tasks, Nurses pay parity

Meso

Lack of awareness of Prescriber pharmacist role & capabilities

Micro

overstretched workforce, rural HR concerns, staff burnout, time, complex health needs & barriers to access

Addressing Health Inequities

- Equity driven approach
- Culturally safe
- Identifying patients at risk
- Improved accessibility in rural community – 7 days a week & AH
- Antiviral prescribing – working smarter!
- Repeat prescribing
- Promoting self care
- Identifying & addressing social determinants of health
- Reduced burden on clinical health hubs
- Establish clinician-patient rapport
- Liaising with various stakeholders
- Reflection, analysis & patient's feedback
- Versatile Prescriber Pharmacist role

Implementation / Translation to Practice

Prescriber
Pharmacist versatile
role

Innovative
approach-
integration, support
& centralisation

Working smarter

Quality
improvement

Clinical Governance
& networking