

Department of Family Medicine

# 2019-2020 **Annual Report**

**Collaboration During Crisis**

## Vision



A community of Family Physicians and Primary Care Providers building collaborative, integrated, and innovative medical homes, responsive to the needs of our population.

## Mission



### To Serve Our Communities:

- To promote best practice primary health care and family medicine
- To enable our members to build and support patient-centred medical homes
- To translate innovations in family medicine to our physicians and communities
- To support medical education, credentialing, recruitment, and retention

### DFM Leadership:

Academic Department Head: Dr. Charles Leduc/Dr. Sonya Lee (effective July 1, 2020)

Clinical Department Head: Dr. Mike Spady

Deputy Academic Department Head: Dr. Sonya Lee/Dr. Maeve O'Beirne (effective July 1, 2020)

Deputy Clinical Department Head: Dr. Ann Vaidya

Department Manager: Ms. Allison Mirotchnik

Unless otherwise stated, the work presented within this report occurred between April 1, 2019 and March 31, 2020.

COVID Impact & Response refers to March 1, 2020 - onwards.

# Executive Summary

This has been an exceptional year in so many ways; for patients, for health care workers, for staff and in fact for all Albertans. In an environment of uncertainty and worry, it is especially important to take time in this report to acknowledge the immense amount of dedication shown by our Department staff and physicians, highlight remarkable activities, and to document and share our successes and our challenges. Our overarching theme this year is *Collaboration During Crisis*, and the opportunities to break barriers toward innovative and progressive approaches to care. Within this report are examples of courageous and dedicated health care workers in our sections, and incredible connections and collaborations with our Acute Care, Community and PCN partners.

We are a Medical Affairs department with almost 1,300 members, in six clinical sections. We continue to have a progressive gender balance in our membership, with a huge variety of practice types and clinical activity. Over 85% of our physicians maintain an academic appointment and participate in health learner education on multiple fronts.

## Highlights, Accomplishments, Challenges

Highlights of the report this year from our Community Section include our 53rd Mackid Symposium that was combined with a resource fair for residents and practicing physicians. This highlighted our collaborations with specialists from the Specialist Link group and our interest in system change through the Enhancing Care in the Community work. The DFM has a unique role within the Calgary PCN structure as primary care partners within the AHS system; the impact of the Calgary Zone PCN committee work through the primary care task groups continues to show exponential benefits to the system and to Albertans, and the DFM is proud to be partners and liaisons in this work. A number of challenges continue to be faced in primary care, including a tense environment between physicians and government that has been especially felt in family physician offices. This can make it more challenging to get engagement with those providers who remain stressed with that uncertainty of relationship and the continued change related to COVID-19 management and virtual care. Another significant challenge is the external demand on primary care, as a large pool of generalist trained physicians who can support needs in other care domains. We continue to balance the priority of building strong medical homes in the community and contributing to generalist family medicine neighbourhoods in other sections, with responding to requests from Public Health and other specialties to support acute care specialty extender work, transitions management and shared care.

Our Maternal Newborn section continues to provide high quality care to over 40% of all pregnant families in the Calgary Zone, with multiple quality improvement activities and continued movement toward standardized workforce management. One of the main challenges for this section is the decreasing birth rate and changing expectations of Albertans around prenatal, delivery and post-natal care. Collaborations with midwifery and obstetrics around these issues are ongoing. COVID-19 has provided a particular challenge with limitations on visitation, patient fear of going into our facilities, and the challenges with proper personal protective equipment management in an extremely dynamic and at times unpredictable clinical environment.

Medical Inpatients (Hospitalists) admit and manage approximately 60% of all medical admissions in the Calgary Zone and provide high quality care with regular reporting on metrics vital to the acute care system. These include ALOS/ELOS ratios of 0.99 to 1.1 while maintaining 7-day readmission rates of around 4%. Our hospitalist colleagues collaborate tightly with Seniors Care in many innovative arrangements that decrease ED visitations and hospitalizations for frail seniors, and worked quickly in the spring to develop capacity plans for COVID-19 that remain in place as we move into a second COVID-19 wave. High levels of collaboration with Psychiatry, Emergency Medicine, and Internal Medicine, quick responses to facility COVID-19 outbreaks, and their continued work with the Assisted Self Isolation Sites during COVID-19, have been a key part of our zonal COVID-19 response.

Our Urgent Care section represents the two urban sites, Sheldon Chumir and South Calgary Urgent Cares. Highlights are a strategic plan development with multiple stakeholders prior to COVID-19, and a focus on physician wellness and support. Preparations for Connect Care launch in February 2021 after postponement from May of 2020 continue and will be a major focus in the next four months in parallel with managing the COVID-19 pandemic. The Sheldon Chumir Urgent Care Centre saw the first COVID-19 positive patient in Alberta with COVID-19 safety protocols already in place. Both sites quickly adapted to develop COVID-19 surge plans and adjusted schedules and rotations to manage the changes in volume that initially saw a significant decrease in patient presentations. The need for continued flexibility in an uncertain environment and managing the launch of a major IT project will be challenges in the coming months.

The Palliative Care section has continued to serve urban and rural Calgary Zone clients through a difficult stage of life during a very turbulent time. They continue to focus on strategic activities that advance care in this area including early palliative care involvement in cancer diagnosed patients, standardized hospice guidelines, and patient centred care initiatives. They have seen particular challenges in recruiting palliative-trained physicians, as well as navigating the restrictions that COVID-19 has created for family participation and visitation and home palliative care. They also face a Connect Care launch at their rural sites of activity in February 2021, and are looking forward to how the evolution of the new Cancer Centre will affect delivery of palliative care in the Calgary Zone.

Our Seniors Care section continues to work on many initiatives looking at improving care at home for seniors and reducing ED visits and hospital admissions through multiple innovative projects. Of all our sections, this group has been the most significantly affected by COVID-19 with multiple outbreaks at LTC facilities early in the pandemic. With many units in lockdown, managing physician workforce has been challenging, and the loss of these physicians and allied health providers have experienced in their patient population is profound and very personal. They continue to provide excellent care, doing everything possible to maintain individuals in their homes or facilities where safe and working together with families in often very tragic circumstances. The very human effect of COVID-19 has been most felt in this section.

The Academic Department continues to care for 28,000+ paneled patients across three teaching sites in a Patient Medical Home model. This model of accessible, continuous, comprehensive, and interdisciplinary care that is patient and family centred became even more important during the COVID-19 pandemic, and supported the immediate shift to virtual care in March-April 2020. We continue to train large numbers of residents, clerks and undergraduate medical students – due to COVID-19 this was both a challenge and a success for our education programs and preceptors. Adaptability and partnerships supported an immediate shift to virtual curricula, the reorganization of clinical learning experiences in both the community and acute care sites, and the rapid introduction of virtual care in clinical teaching. And finally, our research teams adapted and secured funding for multiple new COVID-19 related projects and initiatives with the hope of improving our understanding of the COVID-19 pandemic in primary care.

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## Legend

AHS = Alberta Health Services

AIMG = Alberta International Medical Graduate

ALOS/ELOS = Actual Length of Stay/Estimated Length of Stay

ARP = Alternative Relationship Plan

CaRMS = Canadian Resident Matching Service

CBME = Competence Based Medical Education

CFMTC = Central Family Medicine Teaching Centre

CFPC = College of Family Physicians of Canada

CME = Continuing Medical Education

CPD = Continuing Professional Development

CSM = the Cumming School of Medicine

DFM/the Department = the Department of Family Medicine

DLRI = Distributed Learning and Rural Initiatives

DI = Diagnostic Imaging

ECFCC = East Calgary Family Care Clinic

ED = Emergency Department

EMS = Emergency Medical Services

EPAs = Entrustable Professional Activities

ERHL = Elbow River Healing Lodge

ES = Enhanced Skills

FMC = Foothills Medical Centre

FMeCAP = Family Medicine electronic Assessment and Curriculum Platform

IT = Information Technology

LMCC= Licentiate of the Medical Council of Canada

LTC = Long Term Carebody text

AMRP = Most Responsible Physician

MSO = Medical Staff Office

NICU = Neonatal Intensive Care Unit

OD = Opioid Use Disorder

PBSG = Practise Based Small Group

PCN = Primary Care Network

PG = Postgraduate

PLC = Peter Lougheed Centre

PMH = Patient Medical Home

QA = Quality Assurance

QI = Quality Improvement

RAAPID = Referral, Access, Advice, Placement, Information & Destination

RGH = Rockyview General Hospital

SHC = South Health Campus

SHCFMTC = South Health Campus Family Medicine Teaching Centre

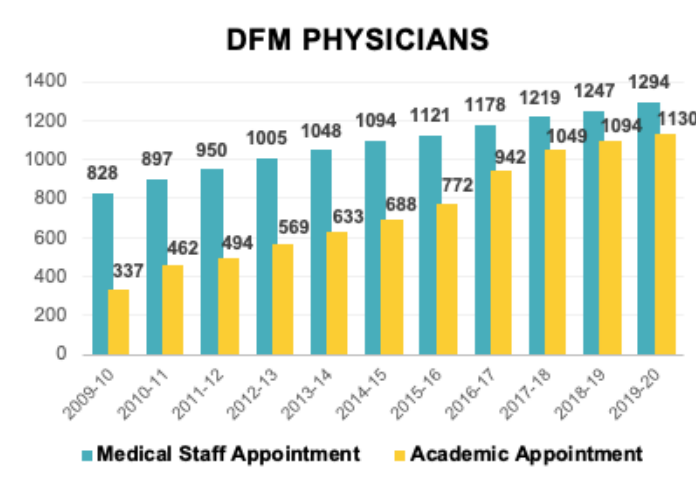
SL = Supportive Living

SRFMTC = Sunridge Family Medicine Teaching Centre

UCalgary = University of Calgary

UG = Undergraduate

## DFM Physician Membership

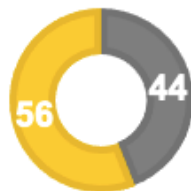


We represent one of the largest clinical Medical Affairs departments in AHS. This high membership with diverse practice environments continues to challenge us to find innovative ways to connect with our membership and engage them in the numerous activities and initiatives occurring in health care delivery. As with other departments, Family Medicine has made a number of rapid pivots through-out 2019-2020 to manage the COVID-19 pandemic as well as numerous other priorities like Connect Care and addressing diversity, inclusion and gender equity. We have laid out this report first highlighting some of the overall achievements of our sections and then focusing on COVID-19 specific successes and challenges.

We are proud to have a very diverse department and a very diverse leadership team; going forward, we are committed to collaborating closely with the academic side of the Department, as well as the University of Calgary, Alberta Health Services, and other partners and clinical departments to better understand and act on diversity and inclusion priorities.

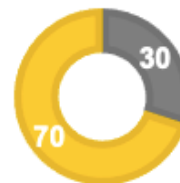
### DFM PHYSICIANS GENDER BALANCE

■ Male ■ Female



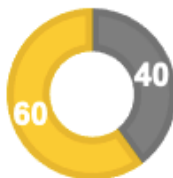
### CLINICAL EXECUTIVE GENDER BALANCE

■ Male ■ Female



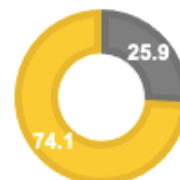
### ACADEMIC GOVERNANCE COUNCIL GENDER BALANCE

■ Male ■ Female




### CLINICAL DEPARTMENT LEADERS GENDER BALANCE

■ Male ■ Female



## Community Primary Care

[REDACTED]



**53rd**  
Annual Mackid Symposium

The 2019 patient nominated Family Physician of the Year Award was presented to Dr. Karishma Mehta who practices at Elbow River Healing Lodge, CUPS Medical Clinic and the Tsuut'ina Health Centre. Her practice focuses on improving access to care, women's health and harm reduction.



The 2019 family physician nominated Specialist Physician of the Year Award was presented to Dr. Kerri Novak, a local Gastroenterologist with an interest in inflammatory bowel disease and small bowel imaging using ultrasound. She is passionate about improving the health system, both for her patients and her family medicine colleagues.



## CLINICAL SECTIONS

### **Calgary Zone PCNs**

The Calgary Zone PCNs continue the important work outlined in its first zone service plan. Emphasis has been on the Patient's Medical Home as the foundation of primary care, supported transitions between healthcare systems for patient continuity, specialty integration for physicians, and also a focus on mental health. The provincial Alberta Find a Doctor website was also launched in April 2019, and expanded version of the previous Calgary Zone website, to ensure all Albertans have access to a family doctor. The work of the zone is supported by a robust governance structure and dedicated zone supports. Efforts are being made to integrate various provincial initiatives into existing streams of work.

### **AHS Primary Care Clinics**

Academic Family Medicine Clinics – please refer to the Academic section for details.

ERHL provides culturally competent, trauma-informed primary care to their paneled Indigenous Calgarians, integrating traditional Indigenous wellness approaches in care. Recently the reporting structure for the clinic was moved under zonal oversight to help improve connections between local partners and to spread best practice Indigenous primary care approaches across the zone.

ECFCC is managed by AHS and continues to provide excellent care to patients in the northeast quadrant of Calgary, focusing on complex patients with multiple comorbidities. They are shifting to an ARP in the upcoming year which presents both an opportunity and a challenge in the next number of months.

## CLINICAL SECTIONS

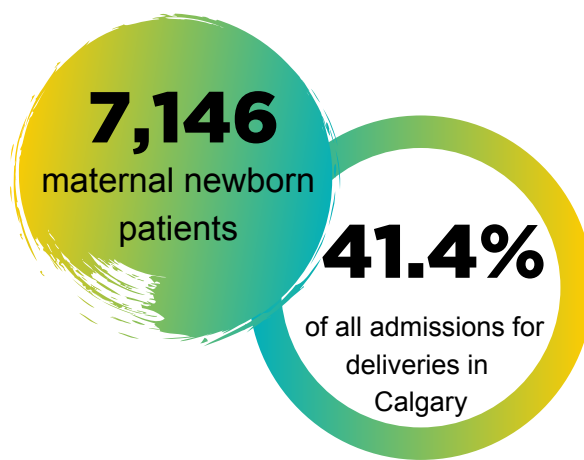
### Maternal Newborn Care

Section Chief: Dr. Norma Spence

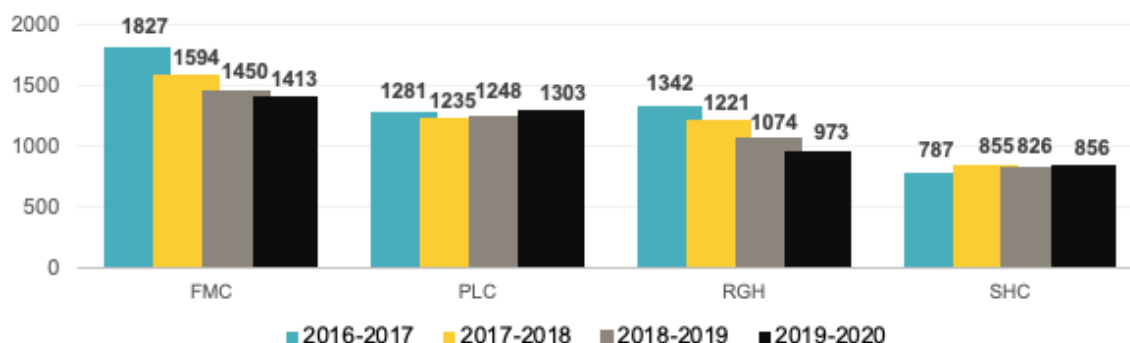
The Maternal Newborn Care section includes 122 physicians privileged to provide obstetrical care at all four of the Calgary Adult Acute Care Sites.

This section works closely with other specialties and professions in their clinical practice, and have continued to develop administrative procedures which streamline the service patients receive throughout the continuum of care. Focusing on the prenatal portion of their journey, a thyroid testing pathway has been developed and implemented, and the development of a provincial iron deficiency anemia pathway is underway.

With a declining birth rate and lowering referral numbers, physicians within this section are facing a new reality and adjusting the care they provide accordingly.



### FAMILY MEDICINE DELIVERIES (2016 - 2020)



Physicians in the section will begin seeing their postpartum patients on the labour and delivery units in triage within the next year, which will ease some of the patient load in respective EDs and enhance continuity of care. Community prenatal offices will also begin offering the pertussis vaccine to pregnant and postpartum women and their families in the office which will increase access for point of care vaccinations.

This collaboration between public health and Family Medicine maternity providers hopes to increase the pertussis vaccination rate in this population, a priority for Public Health; however, the main driver is to provide more point of care vaccinations and decrease the need of clients to travel to a different venue for this service.

### Medical Inpatient Care

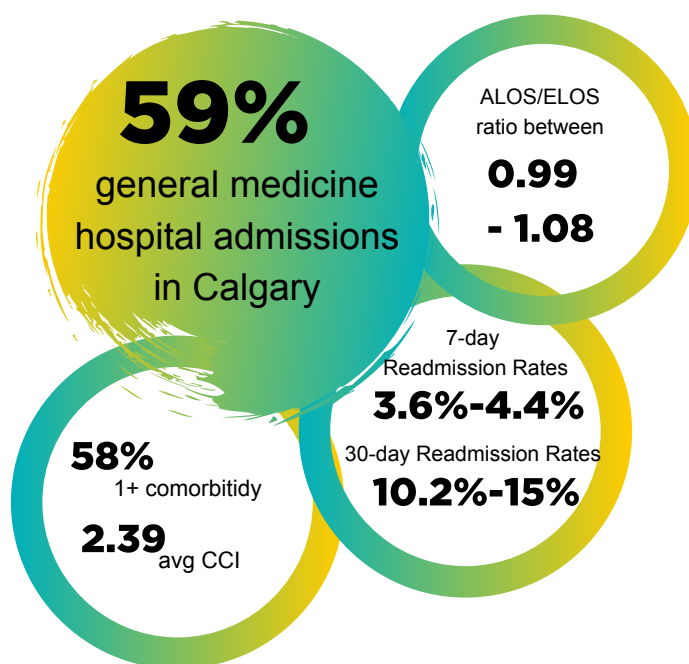
Section Chief: Dr. Jim Eisner/Dr. Marinus Van der Westhuizen

The Medical Inpatient Care section includes 159 physicians privileged to provide inpatient care at all four of the Calgary Adult Acute Care Sites, and various continuing care facilities.

Physicians (hospitalists) in this section have participated in over a dozen QI projects that focus on transitions in care, patient safety, knowledge and skills development, communication, and effective resource utilization. As the eSIM program has expanded to all acute care sites, physicians noted improvements in communication and teamwork as well as increased confidence in managing high acuity complex patients.

Physician Wellness survey showed burnout rates among Calgary hospitalists ranged from 20-49%. The next steps include designing and implementing physician-focused initiatives that address both individual physician and system factors, through which the Hospitalist program can continue to build a culture of wellness.

We saw a transition in section leadership, thanking Dr. Jim Eisner for his many years of dedication and leadership and welcoming Dr. Marinus Van der Westhuizen into the role. In the coming year, the section looks forward to ongoing co-management with medical specialty colleagues to manage primary care needs for specific at-risk populations, and has planned a review of scope of practice to provide greater clarity with respect to care of specific patient populations.



### Urgent Care

Section Chief: Dr. Charles Wong

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# 99,881

urban urgent care presentations

The Urgent Care section includes 71 physicians privileged to provide care to patients with unexpected but non-life-threatening health concerns that require same-day treatment at both the Sheldon M. Chumir Health Centre Urgent Care and the South Calgary Health Centre Urgent Care.

Acuity at both sites increased over the past year and urgent care physicians and allied health staff continued to balance their unique role in the space between primary care and ED care.

With the change in acuity and evolving expectations of patients and system partners, the AHS Urgent Care portfolio conducted a comprehensive internal review to guide the future direction of the Urgent Care Centres and inform a Strategic Plan. Both Urban Urgent Care sites have collaborated with key internal and external stakeholders to assess four pillars that are instrumental to the enhancement of service care delivery in Urgent Care Centres. Along with many other section and departments, the Urgent Care section recognizes the potential of physician burnout and has endorsed the importance of physicians' well-being and the impact it has on patient care delivery and safety, and implemented a physician peer support group, supported by Well Doc Alberta.

Apart from COVID-19 preparedness and response, one of the biggest challenges in the next year will be the launch of Connect Care in Urgent Care Centres. While initial preparation was for a May 2020 launch, COVID-19 necessitated a delay with a new target of February 2021. This transition will demand significant attention and person-power over the upcoming six months as we train superusers and the physicians and staff they will support.

#### **Quality Assurance and Quality Improvement Activities:**

1. Collaboration with RAAPID / EMS to better understand interfacility transfers and explore opportunities to maximize efficiencies.
2. Collaboration with DI to initiate physician metric performance feedback and enhance wise and thoughtful use of diagnostic imaging resources.

#### **Workforce Planning/Recruitment:**

1. Creation of a Physician Resource Committee to centralize hiring for all Urgent Care Centres and to consolidate and create transparency for hiring and advancement decisions. This will be a collaboration between the rural and urban Urgent Cares.

### Palliative Care

Section Chief: Dr. Charlie Chen



The Palliative Care section includes 97 physicians who are privileged to provide palliative/end of life care patients across all service areas in the Calgary Zone.

As a section we continue to emphasize the importance for patients to have as much information and control over their palliative and/or end of life experiences that not only include leading palliative care management skills and programs, but also numerous quality and patient experience through these initiatives. These include partnering with the Division of Palliative Medicine on the Palliative Care Early and Systematic (PaCES) project to improve timely palliative care referrals for advanced colorectal cancer patients, and the development of education and promotion sessions on Advance Care Planning/Goals of Care discussions for PCNs.

The Hospice Transition Guideline was developed in collaboration with local hospice site leaders to identify a consistent process for all Calgary Zone hospices to use when managing hospice patients who may benefit from a transfer home or to a different facility as the most appropriate place for care. Highlighted is a strong commitment to clear communication with patients and families. In a similar vein, a major project has been undertaken to refresh urban Palliative Home Care admission criteria, referral documentation, and related processes. This aims to ensure our patients needing this service are cared for in the most timely, efficient, and appropriate ways.

Finally, we eagerly anticipate the opening of the New Cancer Centre, and are participating in a design process to develop model(s) of care for the delivery of palliative care in that new setting.

**1250**

Hospice  
Admissions

**5011**

Palliative Care Consult Team  
Patients Seen

**1415**

Palliative Home Care  
New Referrals

**567**

Intensive Care Palliative Unit  
Admissions

### Seniors Care

Section Chief: Dr. Vivian Ewa

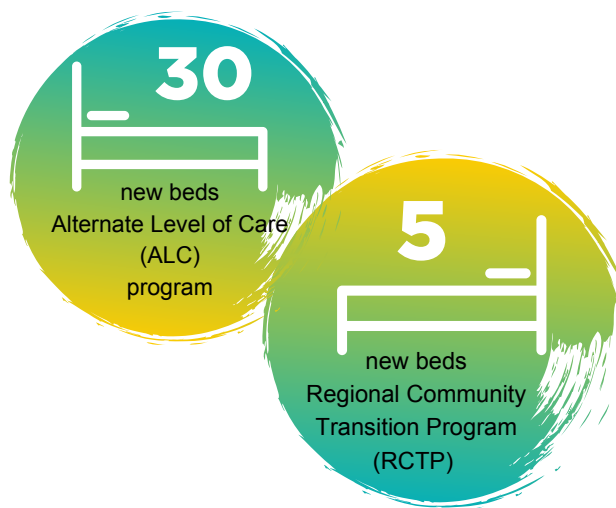


The Seniors Care section includes 311 physicians who work in multiple areas across the continuum of older adult care, from home living to LTC providing care to older adults within Calgary.

Physicians in this section are involved in a number of quality improvement initiatives, including a project called Collaboration Leading to Expedited Admission and Return to LTC (CLEAR LTC), which has resulted in an 11% reduction in length of stay for LTC patients in acute care sites, and the development of a process that facilitates patient safety conversations between residents, families and health care providers in long term care to reduce communication gaps.

Even prior to the advent of the pandemic, the Seniors Care section had made strong gains in home based primary care services. As the proportion of seniors in Alberta grows, higher numbers of clients require home visits due to various limitations on their mobility and ability to access health care and health care programs. We are working with local PCN partners to improve integration of care, and are developing programs with stakeholders to reduce acute care admissions. In February of 2020, a strategic retreat was held with primary care, seniors care family physicians, and geriatricians and included patient and family representatives to further explore how to improve communication, integration of care, and patient experience.

Finally, the section continues to work on an ARP to support the variety of programs in the section that struggle under the fee for service system. This is a challenging time for ARP development and significant time and effort continue to be applied to this joint geriatrics – family medicine ARP application.



## ACADEMIC PILLARS

### Clinical/Medical Operations

Director, PMH & QI/Medical Director: Dr. Maeve O'Beirne

**[REDACTED]**

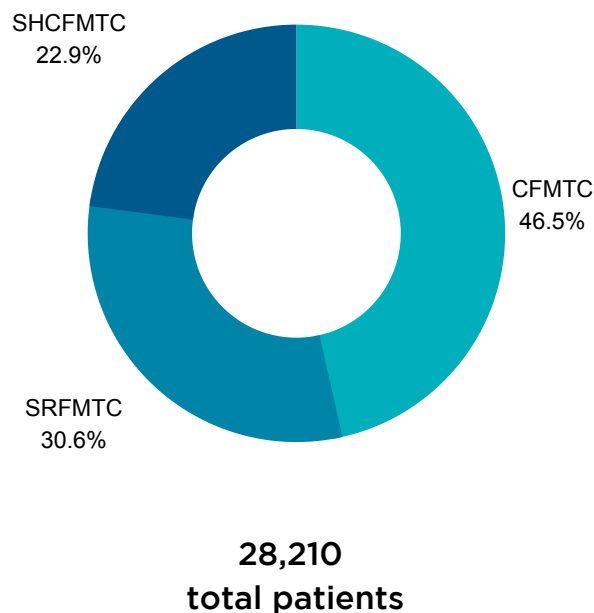
The DFM teaching clinic is composed of three sites: the Sunridge Family Medicine Teaching Centre, the Central Family Medicine Teaching Centre, and the South Health Campus Family Medicine Teaching Centre. Each centre is a Patient Medical Home, which is an evidence-based care model endorsed by the CFPC<sup>1</sup> and Alberta's Primary Care Networks.

48 physicians provide family medicine care in a PMH model to over 28,000 paneled patients. Patients receive accessible and continuous care, focused on their needs, and delivered by an interdisciplinary primary care team which is family physician led. Members of the interdisciplinary team include receptionists, medical office assistants, nurses, pharmacists, social workers, behaviour health consultants, chronic disease nurses/educators, and dietitians.

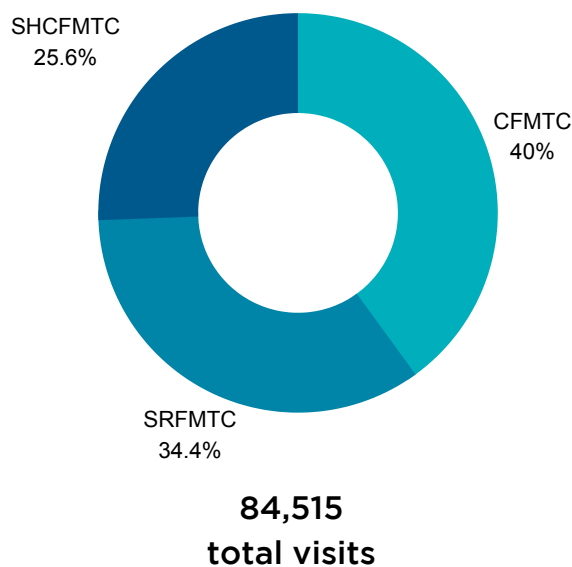
Approximately 25% of paneled patients have the highest levels of social deprivation<sup>2</sup> (compared to the average in Calgary of 6.9%)<sup>3</sup>, and 19% of our patients have three or more chronic medical conditions (compared to the provincial average of 10% using data from the Canadian Primary Care Sentinel Surveillance Network)<sup>2</sup>.

The academic teaching centres provided a clinical home to train 125 residents, and supported clinical teaching for 25 clinical clerks and 95 undergraduate medical students.

**Patients Paneled to Academic Teaching Centres**



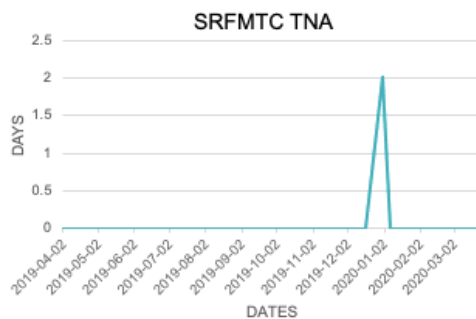
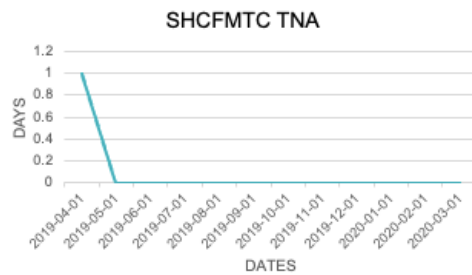
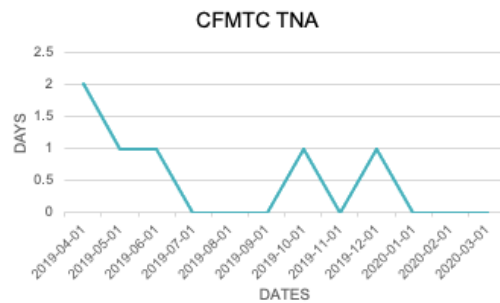
**Patient Visits to Academic Teaching Centres**



## ACADEMIC PILLARS

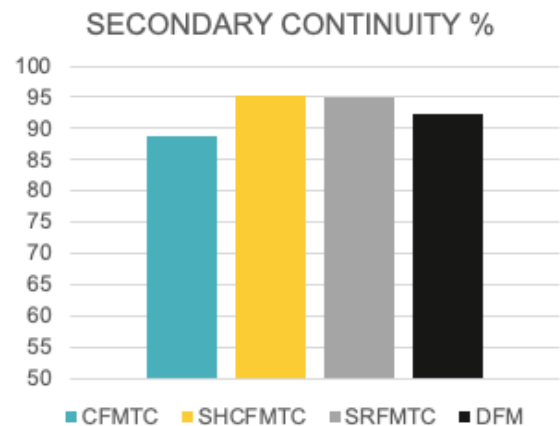
### Accessible Care - Time to Next Available

TNA measures the ability of a patient to see their physician in a timely manner and is one metric used to demonstrate accessible care. The TNA data for each of the academic teaching centres is demonstrated in the graphs below.



### Continuity

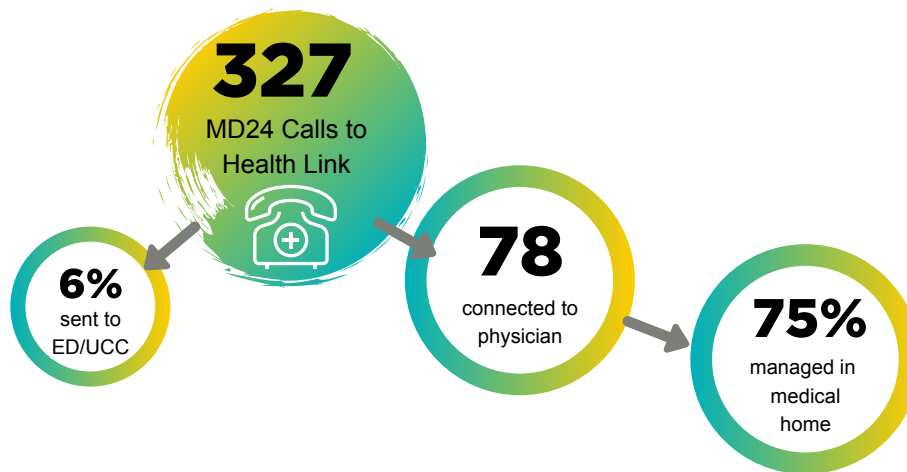
Secondary continuity of care in the DFM is defined as the percentage of time a patient is seen by a physician in their home base/paneled microsystem and is depicted below for each of the academic teaching centres.



## ACADEMIC PILLARS

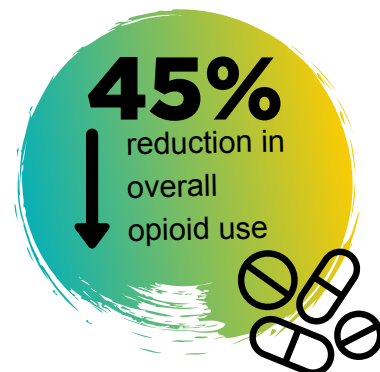
### MD24

Continuity of care and access to care are core pillars of the PMH. Improved continuity and access are associated with significant cost-savings to the healthcare system<sup>4</sup>. Select CFMTC physicians piloted a 24 hour on-call system called MD24, to enhance both continuity of care and access to care within the PMH. In partnership with Health Link/811, patients with high levels of complexity and/or high utilization of acute care services have access to a physician 24 hours a day, 7 days a week, 365 days a year. Out of 327 calls by MD24 patients to Health Link, 78 patients were connected to a physician, and in 75% of those cases the patient was managed within the medical home and did not proceed to an acute care site. Only 6% of the total calls to Health Link by MD24 patients attended the ED or Urgent Care after the call. MD24 has recently been expanded to all academic teaching centres.



### Opioid Agonist Treatment in the Patient Medical Home

Buprenorphine/naloxone is a first-line treatment for the management of opioid use disorder. Initiation in the community can be a time-intensive and resource-intensive process, however it provides immense benefit for patients with OUD. Research shows that opioid agonist therapy within the medical home results in increased program retention and abstinence from street opioids when compared to speciality clinics<sup>5</sup>. However, "over 50% of surveyed physicians report inadequate staff support and training, time and office space as barriers to prescribing opioid agonist treatment in their practices".<sup>5</sup> Working within our multidisciplinary teams, a process for buprenorphine/naloxone initiation and maintenance was developed for implementation in the academic teaching clinics. Data from the first phase of the project showed an average reduction in morphine milligram equivalents from 291mg to 173mg, or a 42.5% reduction in overall opioid use.



### References

1. College of Family Physicians of Canada. Summary of a New Vision for Canada: Family Practice – The Patient's Medical Home 2019. Mississauga, ON: College of Family Physicians of Canada; 2019.
2. Data obtained from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). Personal Communication, October 27, 2020.
3. <http://enoughforall.ca/wp-content/uploads/2019/08/A-Snapshot-of-poverty-in-Calgary-in-2019.pdf>
4. Canadian Institute for Health Information. Continuity of Care With Family Medicine Physicians: Why It Matters. Ottawa, ON: CIHI; 2015.
5. Location, Location, Location: Treating patients with opioid use disorder in primary care. Tools for Practice, Alberta College of Family Physicians. Accessed November 3, 2020: [https://gomainpro.ca/wp-content/uploads/tools-forpractice/1538762474\\_tfp221primarycareoudfv.pdf](https://gomainpro.ca/wp-content/uploads/tools-forpractice/1538762474_tfp221primarycareoudfv.pdf)

# Quality and Informatics

Director, PMH & QI: Dr. Maeve O'Beirne



## Quality and Analytics Translation for the Medical Home – Quant-MH

Quant-MH is the Academic Department's clinical metrics reporting tool. It is a visualization platform for clinical metrics that is user-friendly and easily accessed online. This enables DFM teams and individual physicians to make informed decisions based on metrics such as:

- Total patient visits
- Patient visits/half day clinic
- Total physician panel size
- Complexity adjusted panel size
- TNA
- Physician level patient continuity
- Resident level patient continuity



Quant-MH Dashboard

## ACADEMIC PILLARS

### Education

Director, Postgraduate Education: Dr. Lindsay Jantzie

Director, Undergraduate Education: Dr. Martina Kelly

Education Manager: Dr. Marianna Hofmeister, Mr Craig Cutler (as of May 11, 2020)

### Undergraduate Education

Undergraduate medical education in family medicine continued to focus on incorporating, promoting, and teaching the principles of the PMH. All medical school committees now have family medicine representation and 79% of our student placements occur in PCN clinics. Over 90 dedicated PCN physicians have provided training to students at all levels of family medicine medical education for the past three years.

The UG team launched the new clerkship FM 4+4 (four weeks of urban experiences and four weeks rural experiences) after recruiting sufficient preceptors for the increased number of students. By increasing the time each student spends in family medicine and structuring the schedule to include family medicine prior to the CaRMS match, the new curriculum will hopefully result in more students pursuing a career in our discipline. In 2019, the CSM family medicine match rate was 43% which is the highest match rate since 2014.

### Postgraduate Education


The DFM trained 250 residents across 10 programs.

Program faculty and staff implemented recommendations from the Organization Design Review and from accreditation.

Steps were taken to more closely align the Calgary and Rural Programs. Residency Program Committees merged to form one committee. The ALARM course is now being offered to Calgary and Rural residents at the same time twice per year.

Curriculum changes for implementation in July 2020 included the following recommendations from the Continuity Working Group:

- halting the current practice of residents returning to continuity call back clinics during immersion rotations; and
- scheduling paired family medicine blocks, and removing ambulatory clinic learning experiences and replacing them with one week of thematically organized experiences.

**250** 

PGME Residents

**Calgary  
Core  
2 year**

**Rural  
Core  
2 year**

#### Enhanced Skills

Addiction Medicine

Care of the Elderly

Family Practice  
Anaesthesia

Health Equity:  
Local and Global Care

Maternal Newborn Care

Palliative Care

Sports and Exercise  
Medicine

Family Medicine:  
Emergency Medicine

## ACADEMIC PILLARS

### Electronic Assessment Curriculum Mapping

Considerable effort has been made to map the 900 plus key features to the program's 26 EPAs, which will provide the foundation of the new FMeCAP system. FMeCAP was piloted in July 2020 and rolled out in November 2020. Postgraduate administrators have been working hard to enable online field note data collection, one-stop ITER collection, and eventual linkages between assessment and curriculum components. Evaluation of learning experiences and preceptor teaching will also be part of this system in future phases of the FMeCAP rollout.

### Enhanced Skills

The eight ES programs have been transitioning to CBME. CBME is a national and local priority for ES programs. All ES programs in the DFM are developing EPAs and the DFM is a national leader in this area. Once the EPAs for each ES program are complete, a curriculum development and a curriculum mapping process will follow.

### Continuing Professional Development

Over the past year, there have been 11 CPD events with over 150 participants.



Fall Together had 76 preceptors attend from the Calgary, Rural, and ES residency programs as well as preceptors from clerkship and MDCN 330/430.

## ACADEMIC PILLARS

### Research and Scholarly Activity

Scholarship Director: Dr. Turin Chowdhury

Research Manager: Ms. Agnes Dallison

**[REDACTED]**

The DFM has four research pillars:

- Indigenous Health
- Health Services
- Health Equity
- Medical Education

Faculty and physicians with academic appointments in the DFM are credited with:



Click for a complete list of [publications](#) and [grants](#).

Total Grant Amount Awarded (new money): **\$12,370,952**

Total Amount Awarded this Fiscal Year with DFM Primary Investigator: **\$5,927,687**

## ACADEMIC PILLARS

### DOLLARS TO ACTION - \$1.5M IN FUNDING SCALES UP HARM REDUCTION SERVICES FOR OLDER ADULTS EXPERIENCING HOMELESSNESS

For low-income seniors in Calgary living with addiction, the struggle to find and keep housing is all-consuming. With the support of a Health Canada grant, Peter Coyle Place (PCP) will be able to create a supportive community for older adults who have addiction and mental health challenges.

Dr. Lara Nixon, MD, assistant professor in the DFM and member of the CSM's O'Brien Institute for Public Health, is the team lead and received funding from Health Canada for the project Harm Reduction Housing for Older People Experiencing Homelessness (HRHOPEH). In part, the funds will be used to sustain, expand and evaluate recreational services at PCP, which offers primary health care, supportive housing, and services grounded in harm reduction, including community-building activities such as trivia or lawn games, for older people who are using substances. This new money will allow PCP to hire a recreational therapist, a full-time addiction and mental health nurse, and two additional support workers. The project also has multiple community partners, including Alberta Health Services and The Alex Community Health Centre.

"It's very much about putting the dollars to action as much as we can — that's the purpose of the whole project," says Nixon.



Alison Loewen and Doug Matheson at Peter Coyle Place



Dr. Lara Nixon

In addition to Nixon, the team of researchers behind this initiative includes Drs. Martina Kelly, MD, Rita Henderson, PhD, Neil Drummond, PhD, in collaboration with Drs. Kerry McBrien, MD, Jazmin Marlinga, MD, Helen Bouman, MD, Paula Pearce, MD, Janet Tapper, MD, PhD, and Dr. Victoria Burns, PhD, (Faculty of Social Work) and Lawrence Brault, chief executive officer, Trinity Place Foundation of Alberta. The project also has multiple community partners, including Alberta Health Services and The Alex Community Health Centre.

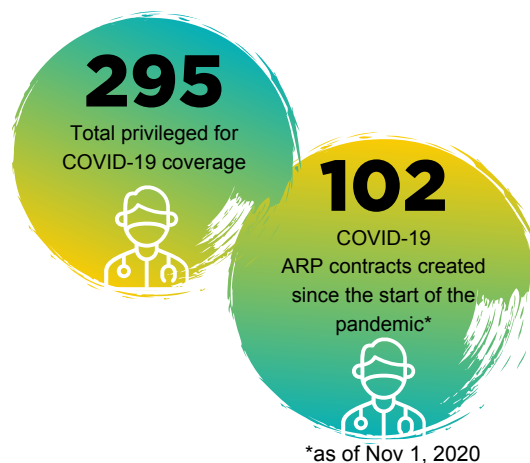
## COVID-19 Impact & Response

The COVID-19 pandemic has required a significant shift in focus for people and financial resources in our Department. We were involved early on in the physician workforce management response together with Medical Affairs and the Department of Internal Medicine. Our department staff managed a massive load of administrative duties around cross-privileging physicians across sites, the development, execution and ongoing management of the COVID-19 ARP, and implementing appropriate communication processes.

We worked closely with our PCN partners to manage COVID-19 ARP contracts in various PCN Access clinics, a key part of the COVID-19 response in Calgary Zone that has been highly successful in managing COVID-19 positive patients and minimizing acute care system impact where we can.

Family medicine in all of our sections pivoted quickly to the new reality of a global pandemic. Very quickly a series of themes developed that remain consistent to our approach to COVID-19.

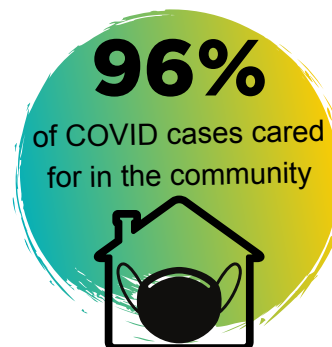
- **Communication:** With the at times hourly changes in available information early on, it was very important to maintain open communication with all sections and members. This is very challenging in a large department. Early communications in partnership with the Zone PCN Committee, communications through our email alert system and DFM HomePage, and regular round table conversations between sections have maintained connections to our leaders and members.
- **Virtual Care:** Every section immediately began to provide virtual care options to its members and patients where appropriate and safe. None of our six sections had any offices or services closed during the pandemic and continued to provide care effectively in the midst of a storm of changing circumstances.
- **Pathway support:** Our PCN partners in the zone quickly developed COVID-19 care pathways as well as Access Clinics and pathways to follow-up COVID-19 test results and coordinate care for COVID-19 positive patients needing urgent follow-up. As a department, we supported the COVID-19 ARP needs of the Access Clinics and our community section was involved in the pathway development. This has allowed us to be highly successful in the Calgary Zone managing the vast majority of COVID-19 positive patients at home during the first wave of the COVID-19 pandemic.



### CLINICAL SECTIONS

#### Community Primary Care

The Calgary Zone has developed and executed a zone wide strategy to respond to the pandemic, placing the Patient's Medical Home at its foundation. A mechanism was put in place for all PCNs to receive referrals from various sources (i.e. Public Health) for follow-up of COVID-19 positive patients. PCN clinics / PCN physicians were able to follow-up on over 14,570 positive cases between April and November, resulting in 96% of all cases in the zone cared for in the community. The Calgary Zone also developed a number of clinical pathways to support COVID-19 management in the community, and also held a number of well attended and well received webinars for knowledge translation related to COVID-19.



ECFCC has worked closely with other primary care partners including Mosaic PCN, the refugee clinic, and most recently with the Zone PCN Committee to provide emergent transition support for COVID-19 positive patients in the Calgary Zone. Their combined effort with the Calgary Zone PCNs was part of a response that allowed Calgary to manage over 96% of COVID-19 positive patients in the community.

#### Maternal Newborn Care

Reviewed literature on frequency of visits during pregnancies and decreased visits based on this literature to minimize exposures for our patients. Virtual care has been essential to the continuation of services in this section.

As part of Labour and Delivery pandemic capacity planning for the Calgary Zone, the SHC Family Maternity Place and NICU moved all obstetrical and newborn care, with the exception of obstetrical outpatient clinics, to the other three adult acute care sites in Calgary, effective April 21, 2020 to June 3, 2020. In total, 104 babies were delivered at RGH due to the relocation.



#### Urgent Care

The Calgary Urgent Care Centres also implemented a zone surge plan and reworked the site layouts to ensure safe COVID-19 care in an unpredictable environment where there are fewer acute care supports in place as free-standing sites

### Seniors Care

Care and treat in place during pandemic. Home based or facility based clients have been treated in place where appropriate to minimize ED visits, which has increased the physician support required.

Development of medical pathway for continuing care, developed through the physicians group at McKenzie Towne LTC, and has been adopted provincially.



### Summary

The COVID-19 pandemic has proven to be one of the most remarkable health care challenges in the last century, forcing us to adapt quickly and challenge traditional approaches to health care. The effect of the pandemic on health care providers and Albertans has been life-altering, with fear and burn-out for providers, tragic loss of life and health for many Albertans, and a heavy burden on our mental health as human beings in every walk of life. As with all such events however, it has also provided many opportunities to break barriers and attempt new and innovative ways of providing health care. We endeavor every day to acknowledge and respect those who have been affected by or lost to COVID-19 by driving change that will create lasting improvements and integration for health care in Alberta.

Collectively the diverse primary care and family medicine leadership teams across the Calgary Zone have faced challenges with the COVID-19 response, provincial financial constraints, and ongoing uncertainty in funder-physician relationships that have significantly impacted providers in our department. In spite of those realities, and in fact in response to those challenges, our physicians and teams have shown incredible dedication and innovation in their approaches and response, and as a leadership team we are very proud to be able to represent their accomplishments in this report.

# ACADEMIC PILLARS

## Clinical/Medical Operations

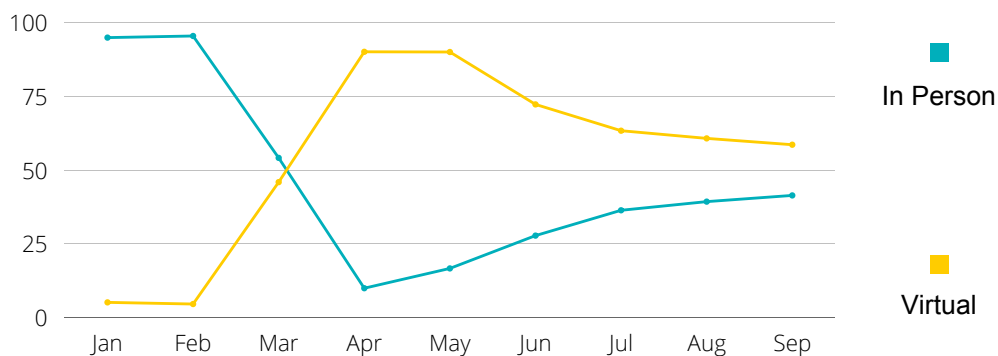
The academic teaching centres remained open throughout the COVID-19 pandemic with zero lost academic clinical days.

The COVID-19 pandemic resulted in the immediate need to pivot from in-person visits to virtual visits (e.g. phone visits, video visits). By April 2020, in-person visits had shifted from just over 95% to approximately 10% of total visits. The balance between visit types remains variable and is reflective of the current state of the COVID-19 pandemic.

Virtual care was used as an additional tool for clinical care and not a full replacement for in-person care. As the PMH is built on continuity, relationships, and understanding patients' needs and challenges and goals, it allowed the implementation of virtual care in a safe and appropriate manner.



VISIT TYPE 2020



### Education

#### Undergraduate Education

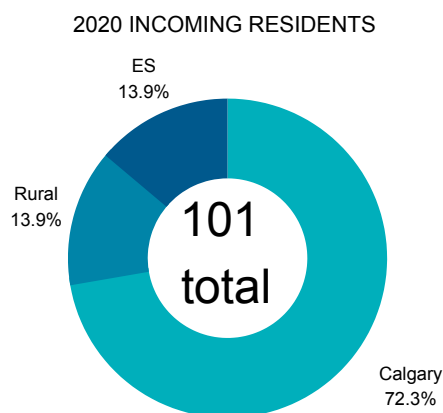
The rapid removal of clinical clerks from the FM clinical environment in March 2020 required the development of a virtual clerkship curriculum within four weeks. UG family medicine partnered with community preceptors to create and curate virtual clerkship teaching resources. UG family medicine also partnered with UCalgary's Office of DLRI to communicate with rural colleagues and contributed to a webinar on the virtual physical examination (> 100 attendees). UG program leadership worked with UCalgary to ensure PPE was distributed to all family medicine clerkship students. Clinical clerks were re-introduced to clinical family medicine in June 2020.

MDCN 430 was moved online. Ten panelists and 43 small group leaders (preceptors and residents) were recruited to deliver interactive academic half-days covering topics such as the PMH and paths of family medicine.

The MDCN 330 class size increased 14% to 174 students. Through the combined efforts of undergraduate medical education, family medicine, and DLRI, UG was able to recruit 62 new preceptors for these community-based placements.

#### Postgraduate Education

In the midst of the COVID-19 pandemic, the residency program welcomed 101 new first year residents in July 2020, while continuing to train over 100 second year and ES residents.



## COVID-19 Impact & Response

Family Medicine Home Clinics transitioned to virtual care in the early months of the pandemic. Resources were provided to preceptors to help transition their practices and to integrate residents.

All in-person academic sessions transitioned to virtual events including conferences, scholarship day, weekly and monthly academics, and the PGY-1 July orientation.

A proportion of resident ambulatory experiences and mandatory rotations were cancelled or suspended as a result of COVID-19. The residency program was required to rapidly reassign learners while ensuring adequate learning experiences and opportunities to fulfill program competencies. This was accomplished by collaboration with pediatrics, rural family medicine, public health, the hospitalist program, psychiatry, and internal medicine. Some Calgary and rural residents volunteered for redeployment to assist other in-patient services when appropriate.

The residency program managed the cancellations of the LMCC Part 2 and CCFP examination in the spring of 2020, as well as the LMCC Part 2 in the fall of 2020 and early 2021.

There has been rapid program adaptation to deliver a completely virtual CaRMS promotion and selection process for 2021.

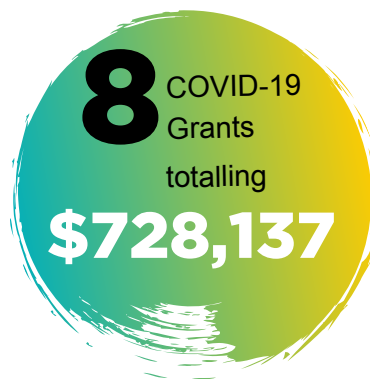
The development of FMeCAP continued through COVID-19 with the pilot starting in July 2020 and implementation of phase one in November 2020.

## Research and Scholarly Activity

Research teams continued work in the DFM's four research pillars and adapted to a rapidly changing environment, enabling them to continue with existing projects as well as securing funding for new COVID-19 related projects and initiatives.

**2** COVID-19 publications

**4** COVID-19 presentations





**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE  
Department of Family Medicine



**Thank you for reading.**

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