



# COVID-19 + PRIMARY HEALTHCARE

## SCAN OF EVOLVING CHALLENGES & INNOVATIONS

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### 1. CONTEXT

As of Oct. 19, 2020, Canada has had 201,437 reported COVID-19 cases, with >46 % in Quebec (n=94,429).<sup>1</sup>

After 200 days, Quebec has one of the worst COVID-19 death rates worldwide (70.36 per 100 000), similar to Brazil (72.53), and higher than the USA (63.71).<sup>1</sup>

Primary healthcare has faced substantial challenges, leading to many local innovations.

We aimed to **monitor and share evolving challenges and innovations** in primary healthcare in Quebec, in the COVID-19 context.

### 2. METHODS

#### “Living” environmental scan

**How?** Longitudinal online survey with evolving open-ended questions sent via mailing lists and Twitter (n=116 responses) and interviews (n=16). Ongoing thematic analysis (by researchers, providers, patient) & dissemination.



**Who?** Primary healthcare key informants including providers, researchers, patients, policymakers, community workers, etc.

**When?** April 2020 – ongoing.



### 3. RESULTS

#### INNOVATIONS

##### Telehealth

e.g. teleconsultation, telepharmacy, telerehabilitation, teledentistry



##### Service reorganisation

e.g. hot vs. cold clinics, triage algorithms, navigation service



##### Community services

e.g. physical activity videos for the elderly, virtual adolescent wellbeing group



##### Psychosocial services

e.g. virtual grief support group, advanced access single-sessions by social worker or psychologist



##### Provider/practice support

e.g. training videos, clinical wikis, peer support groups, rapid problem-solving team workshops



#### MOST COMMON EMERGING THEMES

>50 challenges and innovations identified

#### CHALLENGES

##### Access barriers to services

e.g. difficult navigation, delays for specialist access, technology barriers, fear, vulnerable patients



##### Provider & patient distress

e.g. stress, burnout, staff turnover, isolation, uncertainty



##### COVID-19 infection control

e.g. obtaining PPE (April-May), changing recommendations, hard to apply in small clinics



##### Cumbersome governance

e.g. unclear guidelines, multiple information sources, slow centralized adaptations, hard to reach policymakers/government



##### Lack of public engagement

e.g. insufficient patient engagement in innovations/adaptations, use of jargon, public confusion



### 4. CONCLUSION

Primary healthcare in Quebec rapidly adapted with many innovations that warrant dissemination.



A “living” environmental scan helps identify & disseminate challenges as they emerge.

Reference: 1. Public Health Agency Canada. [Accessed Oct. 20, 2020] <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

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