

Primary Care Teams: DYNAMICS after COVID

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COVID pandemic has turned primary health care services upside down. After a first wave that nearly blocked accessibility, new waves of COVID patients have surged together with a tsunami of care needs. Our organization manages a public Primary Care Team (PCT) including family doctors, nurses, health clerks and nurse aids. We covered a 33.000 population that might contact us face to face or through call center until COVID breakout.

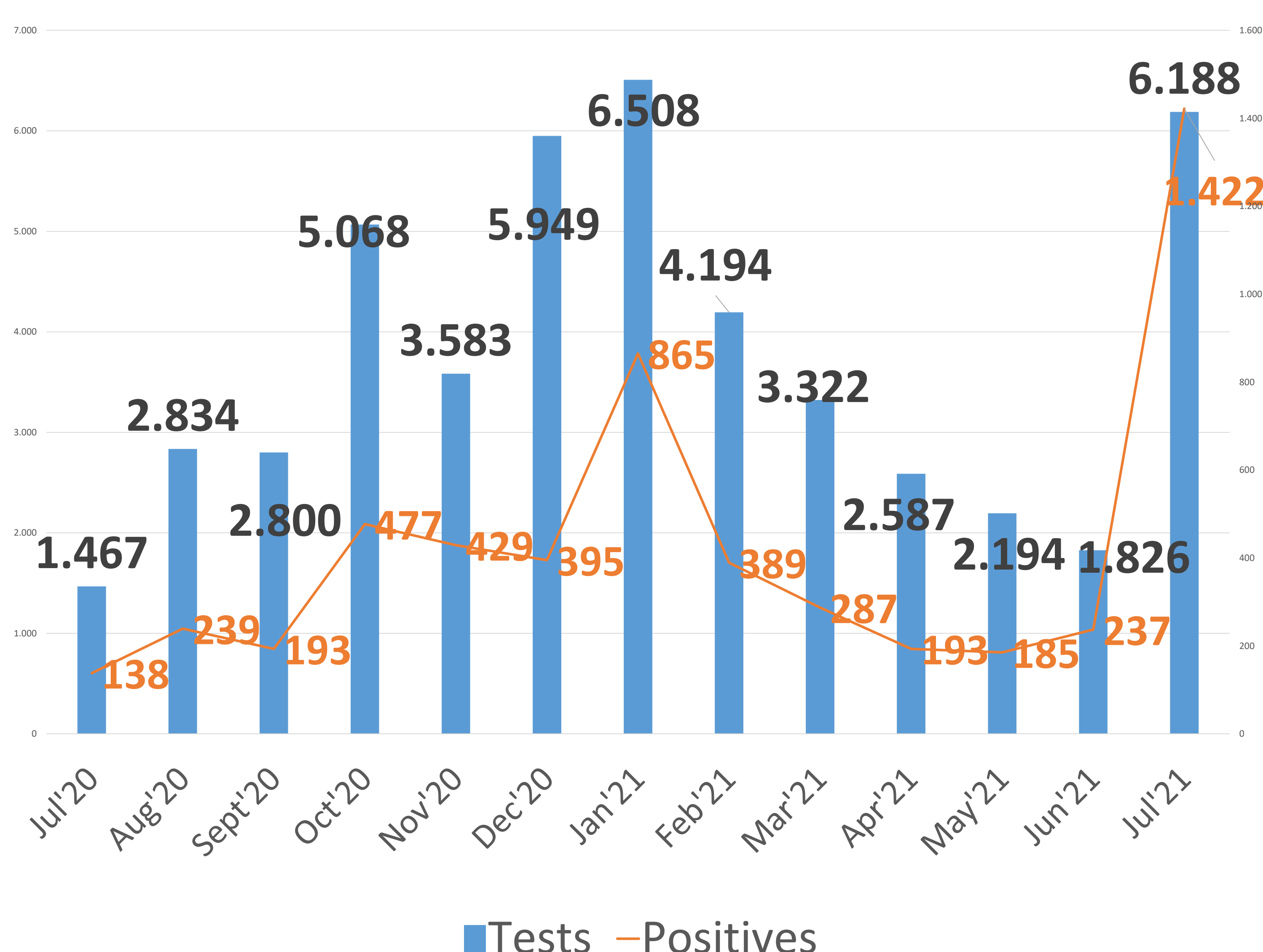
It all changed after the second wave during 2020 summer.

Methods

A huge amount of phone calls comes hand in hand with delays in care for chronic patients. We moved incoming patients demands from external call center to internal **new switchboard and an app to facilitate prioritization.**

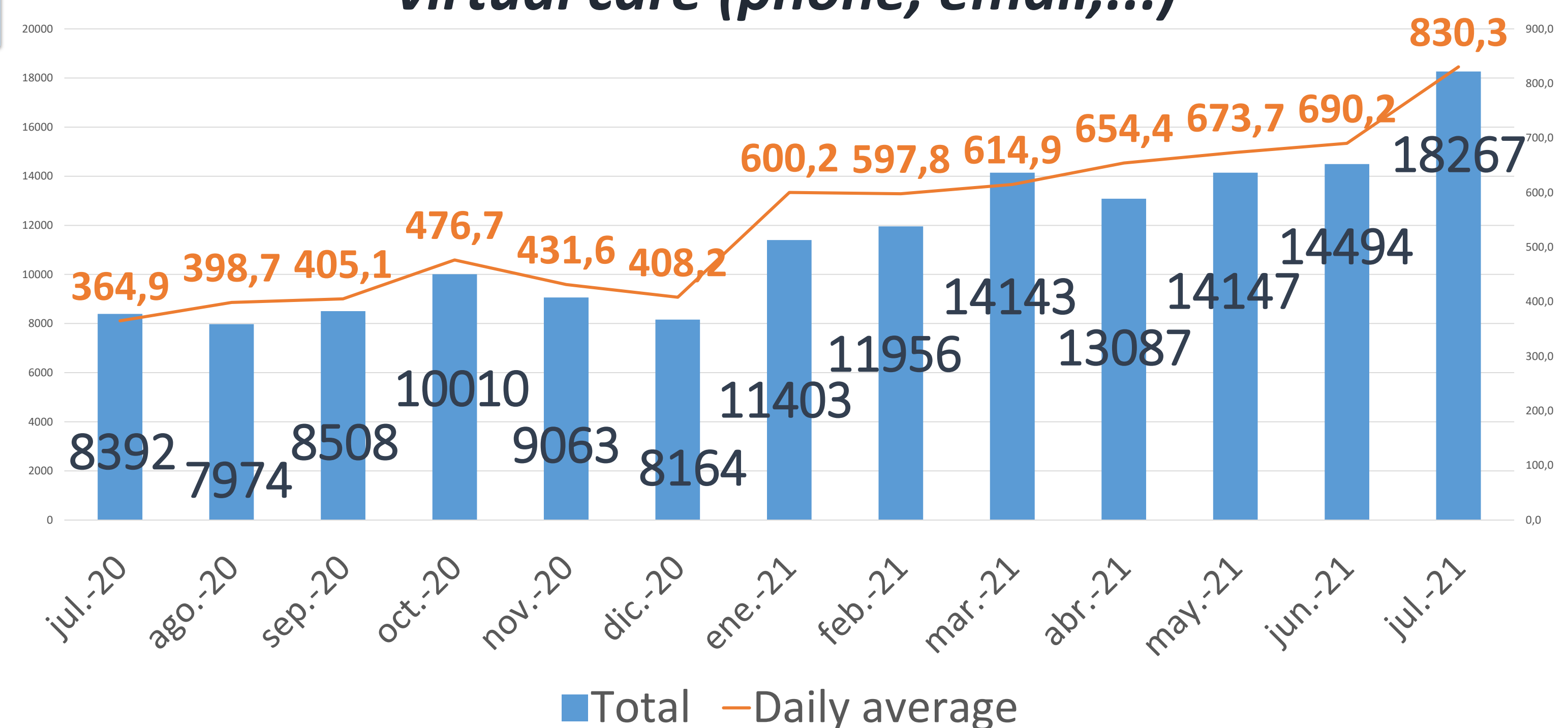
Need to identify COVID cases and screen contacts has changed workforce profile. We **hired 9 nurse aids** for testing, **18 clinical assistants** to support COVID patients' tracking and **1.890h of nursing work** for the vaccination process – including our own PCT nurses working extra hours and new ones hired when needed). Emergency unit and home care have needed professional reinforcement.

COVID +: tests & confirmed cases

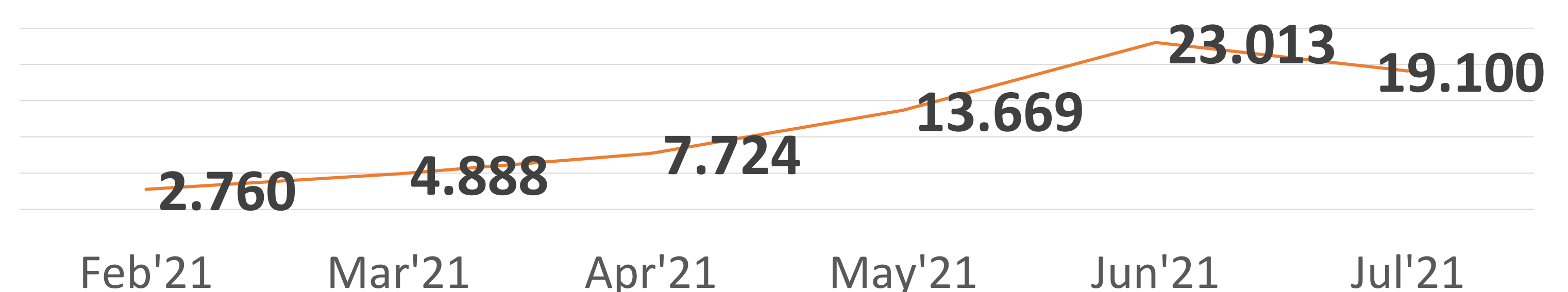


PATIENTS' DEMAND EVOLUTION

**virtual care (phone, email,...)*



Vaccinations



Results

Former PCT health clerks turned to clinical assistants.

They are to understand the needs of the patient, the choices for diagnostic or treatment and be empathic. Nurse aids role, through COVID testing, have also evolved to much more relevant role.

Nurses and doctors are to identify through virtual means those patients to attend soon.

It all results in an **increased workforce expenditure (581.783€)**, **increased accessibility** for people used to **digital tools** and **delays in chronic patients follow up.**

Discussion

- From now on PCT need to adapt to this new situation, considering both COVID persistent cases, non-COVID needs and (hopefully not) new pandemics.
- PCT have to evolve from doctor-centered to team development through subsidiarity and professional roles development.
- Digital accessibility needs a professional analysis to avoid younger people abusing health system.
- Organizational and budget changes are unavoidable.