

Innovative healthcare organization to deal with COVID-19 in primary health care in the Haute-Garonne department, France

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Innovation in primary care

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Abbreviations

GP: General Practitioner

DCU: Dedicated Care Unit

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THE INNOVATION

In front of the COVID-19 disease and the current global pandemic (1,2), the Haute-Garonne department (France) has rapidly developed an innovative healthcare organization to deal with the COVID-19-related health crisis.

WHO AND WHERE

The Haute Garonne department is located in the southwest of France, in the Occitanie region. To deal with the COVID-19 crisis, primary care health professionals (general practitioners [GPs], nurses) in this region have developed a collaborative approach to the management of the disease with, on the one hand, hospital health professionals (emergency and infectiology services) and medical regulatory services and, on the other hand, local health, research and governmental stakeholders.

HOW

The management of patients suspected or not suspected of having COVID-19 is detailed in Figure 1. COVID-19 Dedicated Care Units (DCUs) were created specifically in temporary locations with GPs and nurse coordinators to manage the organization (Figure 2). The access to these DCUs is direct for patients or regulated by their referring GP and medical regulatory services.

From the first week of the health crisis, stakeholders representing GPs met rapidly to create different care pathways and a digital medical monitoring tool in order to overcome the usual administrative constraints.

The digital tool is secure, shared between hospital and primary care and regularly updated according to the needs of health professionals. Health monitoring and data collection are carried out by GPs researchers and public health researchers of the University of Toulouse via the digital tool.

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The local medical institution has a major place in our organization with several roles: 1/ coordination of the different care pathways (weekly videoconferences between the stakeholders), 2/ operation of the DCUs (bi-weekly videoconferences between GPs coordinators, purchase and distribution of stocks of the protective equipment), 3/ regular information concerning recommendations and psychological assistance to physicians if necessary, 4/ collaborations with other health professionals, and 5/ links with the local media in order to release reliable and updated information to the population.

In financial terms, the mayors of the towns in the department have provided free locations for DCUs. The health insurance allowed an advance exemption from consultation fees for COVID-19 suspected patients. The local health institution is funding the digital tool and the coordination activities of GPs and nurse coordinators of the DCUs.

LEARNING

The rapid evolution of the pandemic is putting a lot of pressure on health professionals who have to adapt to frequent updates of care recommendations. However, there are early indications that this organization in our department allows access to care for all patients while respecting safety conditions for healthcare professionals. The first strengths we have identified are the rapid mobilization of primary care actors, the good performance of existing collaborations between the professionals in various sectors (care, research and administration) and the use of a dedicated digital tool. These key elements guarantee the efficiency of primary care, which remains the “gatekeeper” of a care pathway adapted to the patient's needs. In this way, we avoid inappropriate use of hospital services and continue to provide routine care for other patients.

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Conflict of Interest Statement

No conflict of interest declared by the authors.

References

1. Li DKT, Zhu S. Contributions and challenges of general practitioners in China fighting against the novel coronavirus crisis. *Fam Med Community Health*. 1 mars 2020;8(2):e000361.
2. McCartney M. Medicine: before COVID-19, and after. *The Lancet*. 31 mars 2020. Available on: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30756-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30756-X/abstract)

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