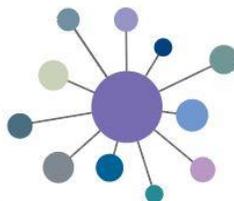


Réseau sur les innovations
en soins de santé de
première ligne et intégrés



Primary and Integrated
Health Care Innovations
Network

Quick COVID-19 Primary Care Survey of Clinicians: Summary of the fourth (May 15-18, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday May 15, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 4 of the weekly Canadian Quick COVID-19 Primary Care Survey. This week we also partnered with the Nova Scotia Health Authority.

Nine weeks in to the COVID-19 pandemic, a heroic story is emerging. In less than two months, clinicians have transformed primary care, the largest health care platform in the nation, with 94% now making significant use of telephone-based care and 49% reporting a bit more by video and email. Almost three quarters (72%) reported the way in which care is being delivered is mostly reimbursable.

Patients look to primary care for help through this crisis and primary care is responding.

- Over half (57%) have increased their patient outreach.
- 40% have increased referrals to public health.
- 36% have increased mental health support from inside their practice.
- >80% have added new care platforms – video & telephone & e-visits. Only 4% have no video visits

Practices continue to experience high levels of risk and suffering, affecting them and their communities.

- 17% are predicting permanent or temporary layoffs of clinicians or staff.
- One in five respondents reported clinicians (23%) or staff (21%) being out due to illness or self-quarantine.
- 13% report clinician burnout in their practice is at its highest level for 2020 and 32% report financial stress in their practice is at its highest level.
- 59% are experiencing severe or close to severe stress.
- The majority of wellness and preventive (92%) and chronic care (85%) continues to be limited for COVID-19 reasons, creating huge backlog of care needs.
- 45% continue to lack access to testing or PPE. 30% report reusing PPE and/or relying on homemade PPE options.

Reports from frontline primary care clinicians indicate almost 1/4 have no capacity for testing or that they are not able to test and people need to go to a COVID testing centre. Two thirds (62%) report they have patients who cannot use virtual care options (no computer/internet). Patients with economic, social and mental health concerns – some of them brought on or exacerbated by COVID-19 – are particularly vulnerable to not being able to access primary care with the almost complete switch to virtual care options.

Policy Implications. As there is easing of restrictions across Canada, a picture is emerging of how primary care and related community based mental health services are needed. Patients are turning to primary care, but without immediate provincial and Federal response, whether primary care and related

community based services can continue or will continue to be sufficient to serve the populations' healthcare needs is an open question. Additional support for testing and personal protective equipment needs to be directed, in part, to primary care. Policymakers also need to provide relief to primary care practices immediately via existing and proposed stimulus efforts – in order to assure that Canada's front door to health remains open to address patients with varied social, behavioural and clinical needs, including COVID-19.

Methods. On Friday May 15, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 4 of the weekly Canadian Quick COVID-19 Primary Care Survey. An invitation to participate was distributed to primary care clinicians across the country and remained open until May 18, 11:59pm PST.

Sample. 53 clinician respondents from Family Medicine (94%), Advance Nursing Practice (2%) and other disciplines (e.g. primary care registered nurse, registered nurse midwife) (4%). Responses were mostly from British Columbia, Manitoba, Ontario and Nova Scotia. Practice settings for respondents included 23% rural, 53% larger than 10 clinicians, and 96% who provide full service, comprehensive primary care. The majority of our sample (77%) had seen English-speaking or French-speaking only patients. Fifty-five percent owned their own practice and 26% were owned or financially supported by a health authority or government.

Quotes:

Respondents are concerned about those who have been increasingly marginalized due to the pandemic:

“Unequitable distribution of decreased access to those already facing marginalization (ie no phones, no housing, no internet, unable to plan ahead for appointments)” Family physician #5

“[COVID-19] very hard on families of patients in long term care. [There is] increased anger and anxiety towards staff and clinicians.” Family physician #28

Respondents are stressed given their working conditions:

“Our overhead costs are greater and work to cover personal protective equipment greater, our volume is down so it is hard to stay in practice” Family physician #8

“... this [survey] did not take 3 minutes because you did not take into account the whining children which also exist when I am trying to work from home calling patients. They do not go to school. I have kept weird hours to try and do some home schooling. I run a full phone/video practice AND am now a teacher and have no child care. THIS IS NOT EASY. I am giving assignments and managing fights in between patient calls.” Family physician #18