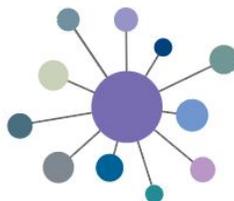


Réseau sur les innovations
en soins de santé de
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Primary and Integrated
Health Care Innovations
Network

Quick COVID-19 Primary Care Survey of Clinicians: Summary of the fifth (May 22-26, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday May 22, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 5 of the weekly Canadian Quick COVID-19 Primary Care Survey. This week we also partnered with the Nova Scotia Health Authority, Doctors of BC and Doctors Nova Scotia.

As restrictions begin to ease across Canada, primary care practices remain under enormous strain. The majority of respondents (60%) reported that the COVID-19 pandemic continues to place a large strain on their practice. One in five respondents reported that clinicians are out due to illness or self-quarantine and 40% continue to lack personal protective equipment. Over 1/3 report reusing personal protective equipment or are relying on homemade options.

Ability to provide primary care services. The majority of wellness and preventive care (87%) and chronic care (79%) visits have been curtailed. Respondents reported their ability to provide the following in the past 8 weeks as being very little or not at all:

- Routine cancer screenings: 94%; Routine follow-up for cancer survivors: 69%
- Arrange lab and diagnostic investigations to support the evaluation of new symptoms, acute injuries or accidents: 58%; Arrange specialist consultations to support the evaluation of new symptoms, acute injuries or accidents: 67%
- Screening for violence or neglect: 71%; Evaluation and follow-up care: 62%;
- Evaluation and follow-up for substance use or addiction: 67%
- Inquire about access to food, housing, or employment: 60%

Virtual health. While almost all clinicians are performing telephone visits (94%), almost half (48%) are reporting that some (less than 20%) primary care visits are being handled through video. One in four are also reporting the use of some (less than 20%) secure messaging.

Over the past two weeks respondents answered questions about the advantages and disadvantages of virtual health, which includes telephone and video visits. Virtual health is seen as a convenient way to deliver primary care. It is also convenient for patients as they do not have to take their time away from work, experience less waiting time or find caregivers for family members. Virtual health can increase access for patients who are more comfortable with a phone call than engaging in a face-to-face encounter. These types of visits can be quite quick: “sometimes quicker and more on task than in-person. I can work from home.”

In other ways, virtual care is not ideal for primary care. Respondents cite technical difficulties with video connections and importantly, the loss of non-verbal information gathered during a face-to-face visit. Certainly physical assessments cannot be done using video and without the proper equipment to take vital signs, “virtual care is not good for evolving acute injuries or infections.” Respondents commented

on the costs of delivering virtual care, including increased phone bills, inadequate remuneration especially for mental health virtual visits or those with older patients and inability to bill unless using specific platforms: “you can’t bill K codes in you use any platform other than OTN which is clunky and harder to use than other platforms.”

Policy Implications. Even with easing of restrictions across Canada, the COVID-19 pandemic has shown us where there are gaps in the healthcare system. Primary care plays an important role in screening, evaluation and follow-up 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 population’s healthcare needs is an open question. Immediate needs for primary care practices include personal protective equipment and reimbursement for virtual care, no matter what platform is used. Maintaining virtual health platforms for the delivery of primary care will need policymakers and technology vendors to reach agreements – to ensure access to primary care.

Methods. On Friday May 22, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 5 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 26, 11:59pm PST.

Sample. 191 clinician respondents from Family Medicine (71%), Advanced Nursing Practice (18%), other disciplines (e.g. primary care registered nurse, registered nurse midwife) (10%) as well as pediatrics and geriatrics (1%, respectively). Responses were from British Columbia, Manitoba, Ontario and Nova Scotia. There were also some from Quebec, Newfoundland and Labrador Practice, New Brunswick and Nunavut. Settings for respondents included 37% rural, 71% working in practices of 1-9 clinicians, and 85% who provide full service, comprehensive primary care. The majority of our sample (69%) reported their practice served patients were English- or French-speaking only patients. Forty-one percent owned their own practice and 45% were owned or financially supported by a health authority or government. Almost one in five reported that their practice was a convenience care setting (e.g. walk-in).

Quotes: “No access to complimentary services such as physiotherapy has impacted patient care. Limited access to diagnostic imaging has added challenges to delivering care. There is also the stress of preventable illness occurring due to the lack of services or patient's apprehension to access medical services.” (Nurse Practitioner #32)

“Very disappointed we do not have access to universal PPE, it is putting us at unnecessary risk. There are many patients we still need to see in-person.” (Nurse Practitioner #59)

“People have put off care for so long that now you need to see more people in person. Anxiety and concern are added to every medical concern. Appointments are rarely “easy” and often take longer.” (Family Physician #65)

“EVERYTHING is more difficult right now! Simple phone visit for hypertension is hampered by finding a pharmacy that will deliver the medication. Staff need to FAX lab requisitions. We are short staffed as we are working in teams to avoid having everyone in quarantine if one of us gets COVID-19. I spend much more time reading every day just to stay on top of public health and government directives. We spend much more time every week doing office planning! Virtual visits are very helpful. I would like to continue them post-COVID and I hope there will be funding to support this.” (Family physician #132)