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Primary and Integrated  
Health Care Innovations  
Network

**Quick COVID-19 Primary Care Survey of Clinicians: Summary of the sixth (May 29-June 1, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.**

On Friday May 29, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 6 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.

The COVID-19 pandemic response continues to place much strain (71% report near severe/severe impact) on primary care practices. 10% of respondents reported their practices are now temporarily closed. One third of respondents reported receiving some financial support; this was either through the Federal loan program or a provincial program. About one-third also reported cuts to their practice staff (clinical and non-clinical positions) temporarily not working since January 2020. These cuts ranged from 20% to as high as 80%. One in eight respondents reported receiving a personal bank loan, using personal savings or retirement funds or increasing/extending the line of credit for their practice. 37% reported a decrease in net revenue from January to April 2020. Almost one-third (27%) reported clinicians are out due to illness or self-quarantine with almost 40% of staff out due to illness or quarantine.

As easing of restrictions continue, primary care is facing a wave of deferred or delayed care; respondents reported >80% of preventive and chronic care was limited by patients or by the practices.

- 40% reported a large decrease in pre-COVID-19 patient volume
- 76% are seeing an increased number of patients with mental or emotional health needs
- 84% reported having patients who struggle with digital platforms
- 30% reported no use of video visits and 43% no use of e-mail
- 45% reported a little bit of care is handled in person; 51% lack personal protective equipment

**Policy Implications.** A small number of primary care practices are financially weathering the COVID-19 storm. Care that was delayed or deferred as people heeded orders to stay in their homes is about to hit primary care. The primary care that most Canadians depend on needs dedicated funding to fully implement increased access to care through virtual means: video, telephone and email. It also needs PPE to see those who need in-person visits.

**Methods.** On Friday May 29, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 6 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 June 1, 11:59pm PST.

**Sample.** 63 clinician respondents from Family Medicine (90%), Advanced Nursing Practice (1%), other disciplines (e.g. primary care registered nurse, Aboriginal primary care) (5%) participated in this week's survey. Responses were mainly from British Columbia and Ontario with some from Alberta and Nova Scotia. Settings for respondents included 17% rural, 81% working in practices of 1-9 clinicians, and 94%

who provide full service, comprehensive primary care. The majority of our sample (67%) reported their practice served English- or French-speaking only patients. 59% owned their own practice and 19% were owned or financially supported by a health authority or government. 16% reported that their practice was a convenience care setting (e.g. walk-in).

**Quotes:**

“I feel left to fend for myself regarding PPE and wouldn't be able to see high risk patients as a result. Telehealth is not good medical practice and is not remunerated as well.” [Family physician #15]

“We are managing but only with PPE we had managed to buy ourselves early on which we are reusing” [Family physician #33]

“Many follow-up and medical appointments for chronic diseases not done. Encounters impacted by lab direction not to order non-essential testing due to redeployment of lab staff to covid. Administration of important projects were all put on hold while staff redirected within AHS to support emergency supports.” [Family physician #24]

“There is more conflict and anxiety in the office as we try to navigate seeing more patients, and are experiencing increase patient demand.” [Family physician #62]