

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 eighth (June 12-15, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.**

On Friday June 12, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 8 of the weekly Canadian Quick COVID-19 Primary Care Survey. This week we also partnered with the Nurse and Nurse Practitioners of BC, Nova Scotia Health Authority, Doctors of BC, Doctors Nova Scotia and the Fédération des médecins omnipraticiens du Québec.

Commitment to delivering primary care is weakening with less than the majority of participants (45%) responding that they have experienced renewed energy for their mission to provide primary care over the past 4 weeks.

- 60% of clinicians have experienced a change in rules governing medication renewal
- 60% have increased the provision of primary care services because of virtual (telephone, video) health options but >80% are not increasing their use of or referral to community based services (e.g. physiotherapy) for those waiting for elective surgeries; >80% of participants report no connection to community based resources for patients
- Almost half (49%) have experienced an increased connection to mental health support for patients over the past 4 weeks

Over the past 4 weeks, many respondents have been able to provide first contact care (66%) but report that the pandemic response has made it challenging to meet their professional expectations and delivery of care. Participants reported only sometimes care was delivered that was:

- Comprehensive, addressing the majority of patients' needs (56%)
- Continuous, seeing their established patients (43%)
- Coordinated, integrated across care settings (44%)
- Integrated, attentive to both social and physical concerns (54%)

As restrictions due to COVID-19 have eased across Canada, respondents reported their practices have been impacted "almost all or a majority of the time" by their ability to:

- order lab testing (44%)
- incorporate the use of diagnostic imaging (50%)
- coordinate or refer to other kinds of community based services (e.g. physiotherapy, public health) (67%)
- make specialist referrals (55%)
- A growing list of patients that have deferred or delayed care (69%)
  - 58% have seen a decrease in pre-COVID patient volume
  - 89% of wellness/chronic care is being limited by patients though practices are seeing a majority (>80%) who have emotional health needs

**Policy Implications.** Primary care clinicians are showing signs of fatigue. They have increasingly long lists of patients who have either deferred or delayed care. Inability to use diagnostic services or care being impacted by waiting for specialist referrals means that primary care has less ability to weather subsequent waves of COVID-19. Additional support for primary care is necessary through change management in moving to offering both in-person and virtual visits. More public communication is needed to allay peoples' fears about seeing their family doctor/nurse practitioner/primary care team.

**Methods.** On Friday June 12, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 8 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 15, 11:59pm PST.

**Sample.** 94 clinician respondents from Family Medicine (95%), with a few from Advanced Nursing Practice (3%) and other disciplines (e.g. primary care registered nurse) participated in this week's survey. Responses were mainly from Quebec, followed by Nova Scotia and British Columbia. There were some from Alberta, Manitoba and Ontario. Settings for respondents included 32% rural, 60% working in practices of 1-9 clinicians, and 67% who provide full service, comprehensive primary care. The majority of our sample (80%) reported their practice served English- or French-speaking only patients. A little over half (56%) owned their practice and 27% were owned or financially supported by a health authority or government. One in five reported that their practice was a convenience care setting (e.g. walk-in).

**Quotes:**

"There is an inordinate fear of patients that we manage to calm when we are able to see them "in person" and "in an emergency". [Family physician #30]

"I find it sad that some people are more afraid of COVID than their own health, which declines enough to limit their investigation or go to see specialists. Telephone meetings can seem interesting if for a short time, it helps out, but monitoring chronic diseases, in my opinion, is more effective in person to show the importance of taking care of it, both by the person themselves and by professionals. The impact of the telephone intervention is less significant than in person." [Family physician #16]

There are increasing issues with fee-for-service physicians declining to address more than 1 issue via virtual care because of the billing structure. They have then been sending patients with very common and predictable conditions into urgent care or other community clinics to manage their issues (Tinea was a recent example). Either we need to change the FFS billing system to enhance billable services and prevent unnecessary in-person appointments, OR (preferably) we need to drastically shift the culture around fee-for-service medical care to ensure that we centre on patients and not providers. This shift would help to ensure that patients with non-urgent conditions did not place themselves at risk at urgent care centres because their doctors declined to manage a very treatable condition due to billing regulations." [Nurse Practitioner #96]