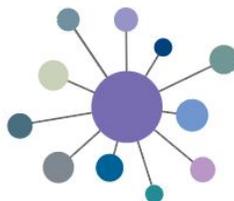


Réseau sur les innovations  
en soins de santé de  
première ligne et intégrés



Primary and Integrated  
Health Care Innovations  
Network

**Quick COVID-19 Primary Care Survey of Clinicians: Summary of the ninth (June 26-29, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.**

On Friday June 26, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 9 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 Réseau 1 in Quebec.

Primary care clinicians and staff are becoming overlooked collateral damage and feel as though they have been forgotten or ignored. More than 30% are experiencing high levels of burnout and 1 in 5 have struggled to know when they could end their work day. 45% report that their psychological well-being has suffered because of their work. The supply of personal protective equipment (PPE) is elusive or non-existent for many primary care practices, with 39% reporting their practice has severely limited access to PPE. Clinicians and staff are worried about their healthy patients not receiving necessary preventive services and concerned their sicker patients are getting worse due to deferred or delayed care.

Primary care clinicians continue to be severely impacted and they are reporting continued severe impacts on their patients' health:

- Nearly half (47%) say that they had few known resources to help with COVID-19 job stress
- 43% report the well-being of their family suffered because of their work
- 66% are reporting severe and near severe strain on their practice

What do they need to stay open?

- Top of the list: PPE - in particular standard/certified gowns (23%) and masks (21%) are hard to come by
- 48% of practices report having to purchase PPE at extremely high prices; 43% report having to use the same mask for a week at a time – most with severely limited access; 1 in 5 have limited patient volume as a result
- Clinicians need virtual care billing codes to remain, as we continue to reopen; virtual care should continue as a useful component of the primary care toolbox
- In order to prepare for any subsequent waves, primary care clinicians are requesting specific guidance on how to manage in person visits, particularly during the upcoming flu season. They would like guidance on management protocols (e.g. “who should be seen in clinic and who should not”) and evidence to guide practice related to differentiating COVID versus flu/other upper respiratory tract symptoms

Clinicians continue to report sources of strain:

- 21% report their practice has experienced permanent or temporary layoffs of clinicians or staff
- 80% of clinicians report there are increased patients with emotional health needs

- 64% of well child visits have been delayed by parents
- 52% report that preventive and/or chronic care is not being scheduled by patients; 53% report a noticeable to substantial decrease in pre-COVID patient volume
- 34% of clinicians report a lack of child care or school for practice staff
- 18% report that they've had to DESTROY expired vaccines/medication

**Policy Implications.** Primary care clinicians continue to be substantially impacted by COVID-19 and are starting to show 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 26, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 9 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 29, 11:59pm PST.

**Sample.** 56 clinician respondents from Family Medicine (93%), with a few from Advanced Nursing Practice (7%). Responses were mainly from British Columbia, Nova Scotia, and Manitoba. There were a few responses from Ontario, Alberta, and New Brunswick. Settings for respondents included 25% rural, 59% working in practices of 1-9 clinicians, and 93% who provide full service, comprehensive primary care. The majority of our sample (77%) reported their practice served English- or French-speaking only patients. A little over half (57%) owned their practice and 39% were owned or financially supported by a health authority or government. One in 10 reported that their practice was a convenience care setting (e.g. walk-in).