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Primary and Integrated
Health Care Innovations
Network

Quick COVID-19 Primary Care Survey of Clinicians: Summary of the eleventh (August 21-24, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday August 21, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 11 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 Québec.

During month 5 of the pandemic, a tsunami continues to build within primary care. During the last 4 weeks, work hours for primary care have remained the same (39%) or increased anywhere between 15%-30% (24%). The majority of respondents report their compensation has stayed the same (43%) or been reduced anywhere from 1%-30% (37%). 50% of respondents note that the current status of COVID-19 in Canada continues to have a large and severe impact on their practices. More than half of primary care clinicians report their practices are short of staff, making it harder to meet patient needs (63%) with additional layoffs/furloughs (9%) over the last month.

Steadfast stewardship of population health, while both resources and workforce continue to shrink, is taking a toll:

- 28% of clinicians report staff and colleagues require increased psychological support to get through the day.
- Just 13% of respondents report their practices have stabilized whereas almost half (48%) report their practices are still changing their workflow frequently.
- 57% of clinicians report that in-person visits are down but overall contact with patients is high.

Stress continues to increase over the past 4 weeks with 50% of respondents reporting a noticeable increase in practice stress because of increased COVID-19 cases. Meanwhile **patient health burden continue to rise:**

- 83% of patients have heavier than usual mental health burden
- 51% of patient visits include a larger number of complaints and greater complexity
- 37% of respondents report continuing to see the negative health impacts of deferred chronic care visits

Services being provided in-person range from few clinics providing all services to most delivering well-baby and antenatal care visits, lumps and bumps procedures, injections (e.g. vitamin B12, antipsychotic), acute assessments which cannot be completed over the telephone (e.g. fractures, lacerations, rashes), prenatal visits, non-COVID concerns requiring an exam, etc.

We asked clinicians what they need for planning for the fall and a potential increase in numbers of COVID-19 cases. 61% of responses fell into three clear and dominant themes:

1. Guidance and direction on what primary care ought to be doing as Canada heads into its flu season. Who will hold the flu vaccine clinics? Will the COVID-19 assessment centres screen for flu?
2. Need for reliable supply of personal protective equipment (PPE) as practices prepare for more people who might come into offices due to upper respiratory tract (e.g. common cold) infections.
3. Continuation of virtual (video and telephone) fee codes. These fee-for-service codes need to be flexible enough to be used (e.g. “previous phone codes in NS, for example were so restrictive they were completely unusable”).

Policy implications. Primary care remains a critical defense to excess deaths and hospitalizations. To prevent burn out, primary care practitioners are clear about their needs to prepare for the co-management of the COVID-19 pandemic and the flu season. Primary care needs clear guidance on roles and responsibilities during flu season, a reliable supply of PPE, and appropriate remuneration of virtual care codes.

Methods. On Friday August 21, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 11 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 August 24, 11:59pm PST.

Sample. 46 clinician respondents from Family Medicine (83%), with a few from Pediatrics, Geriatrics and Advanced Nursing Practice (17%). Responses were mainly from Nova Scotia followed by British Columbia and Manitoba with a few from Ontario and Quebec. There were no responses from Alberta, Saskatchewan, all other maritime provinces or the territories. Settings for respondents included 48% rural, 61% working in practices of 1-9 clinicians, and 87% who provide full service, comprehensive primary care. The majority of our sample (65%) reported their practice served English- or French-speaking only patients. A little less than half (48%) owned their practice and 41% were owned or financially supported by a health authority or government. Just over one in 10 reported that their practice was a convenience care setting (e.g. walk-in).