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Primary and Integrated
Health Care Innovations
Network

Quick COVID-19 Primary Care Survey of Clinicians: Summary of the 12th (September 18-21, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday September 18, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 12 of the weekly Canadian Quick COVID-19 Primary Care Survey. This week we also partnered with Doctors of BC, Doctors Nova Scotia and Réseau-1 Québec.

Has primary care bounced back since the start of the pandemic? Some modest gains have happened recently but primary care remains in significant need of support: over 20% report having empty clinical positions they cannot fill; one-third report that clinicians are limiting their availability due to child care needs; and 1 in 10 are reporting previous pandemic financial support has run out or will soon and difficulty getting enough personal protective equipment. Clinicians are also reporting that primary care is also limited due to themselves or staff awaiting COVID testing results and setting up for in-person visits while continuing to offer virtual care has been challenging.

Some say that primary care has rebounded—92% of this week's sample disagree

As one clinician stated, "Anyone who says that primary care has bounced back clearly is oblivious to the now developing second wave. If my colleagues are truly seeing the number of in office patients to suggest all is fine with primary care, I am relieved NOT to be a patient under their care." [#14]

- Fewer than half of practices have the same number of clinicians working the same hours as before the pandemic
- 1 in 5 clinicians report FFS volume is 30-50% below pre-pandemic levels and likely to be for a while
- 1 in 4 clinicians report in-person patient volume is 30%-50% below normal and will be for a while
- 1 in 3 clinicians report that members of their practices are limiting availability due to their own personal health needs and due to family circumstances (e.g. no childcare)
- Almost half (49%) report their **mental exhaustion** from work is **at an all-time high**
 - "Ongoing use of virtual care seems unsustainable in this now longer run for pt physical review AND pt expectations re rx renewal without any follow up plus their sometimes overuse of virtual appointments for their increased ease of access for minor issues." [#13]
 - "My volume is way up. Virtual and in person. I can't keep up." [#15]

Unusual strain continues to increase over the past 4 weeks with almost 50% of respondents reporting a lot or severe impact because of the current status of COVID-19 cases in Canada. As clinicians prepare for the upcoming flu season, they are reporting "worry", "dread" and "financial belt tightening".

Policy implications. The vast majority of primary care practices have not returned to pre-pandemic status. The primary care system is fragile and shrinking as we enter the start of cold and flu season.

Practices need provincial, federal, and private sector leadership to address disruptions to primary care funding and supply chains to safeguard the health of the public.

Methods. On Friday September 18, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 12 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 September 21, 11:59pm PST.

Sample. 51 clinician respondents from Family Medicine (90%), with a few from Pediatrics and Advanced Nursing Practice (17%). Responses were mainly from British Columbia (27%), Manitoba (24%), Ontario (25%) and Nova Scotia (18%). There were no responses from Alberta, Saskatchewan, or the territories. Settings for respondents included 35% rural, 51% working in practices of 1-9 clinicians, and 92% who provide full service, comprehensive primary care. The majority of our sample (75%) reported their practice served English- or French-speaking only patients. A little less than half (47%) owned their practice and 31% were owned or financially supported by a health authority or government. Fourteen percent reported that their practice was a convenience care setting (e.g. walk-in).

“People have greater health needs now. They are not as active and not as social. Many lost their jobs. Financial stress. Worried about their health and family health. Public health services are reduced for new moms and babies, can’t get immunizations at the pharmacy anymore, homecare services reduced or nurses not available, people are afraid to go to the hospital not only to get COVID but because they will be ALONE there (no visitors). Primary care is extra busy now! These virtual fee codes are inadequate and I feel like I’m working more and getting paid less.” [#14]

“All of our team is working longer hours to meet the needs. It is less rewarding and harder work seeing fewer people in person and not having a clinical team. Heading into the demands of flu season and increasing COVID numbers, no one was able to get the time off in the summer they wanted and already tired.” [#15]

“Cost to delivering primary care has exploded and makes full service primary care even less feasible. Burnout rates are high.” [#41]