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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 third (April 24-27, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday April 24, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 3 of the weekly Canadian Quick COVID-19 Primary Care Survey.

Despite some policymaker statements that testing is adequate, reports from frontline primary care clinicians indicate almost 1/3 have no capacity for testing (25%) and 50% do not have the PPE which makes testing possible. Primary care offices, where testing could take place, are on the economic brink with 25% needing to layoff staff. Patients with economic, social and mental health concerns – some of them brought on or exacerbated by COVID-19 – are particularly vulnerable, laying bare that existing societal fault lines may be becoming more pronounced. These vulnerable populations include those who already have mental health concerns, lost employment, or have a job classified as essential.

More Specific Main Findings

- 80% report large decreases in patient volume
- 32% identify less than one quarter of their work as reimbursable
- Outages due to illness/quarantine reported for clinicians (48%), other staff such as licensed practical nurse (30%), and front desk (26%)
- 25% of clinicians rate the COVID-related stress on their practice as severe; 37% rate it close to severe
- 86% of clinicians reporting limiting of well care and chronic care visits

Virtual Health Findings

- 53% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Full scale use of virtual platforms is limited: 11% rely on majority use of video, 5% on e-mail, and 4% on patient portal, compared with 93% conducting majority visits by phone
- 43% of practices report no use of video visits, 43% no use of e-mail, and 64% are not using patient portals

Vulnerable populations are observed as experiencing a noticeably larger COVID-related health burden

- 12% of clinicians note a “shockingly high” increase of COVID-related health burden impact among patients with lost employment; another 36% noted a meaningful increased burden with this group
- 51% note a meaningful increase among patients with pre-existing mental health concerns, with another 11% noting a “shockingly high” increased burden
- Meaningful increase among people: in “essential” jobs (27%), unable to work at home (20%), with pre-existing chronic conditions (19%)

Policy Recommendations – A core principle to re-starting province's economies is strong health controls, including testing. Additional support for testing and personal protective equipment needs to be directed, in part, to primary care. Policymakers also need to provide relief to primary care practices

immediately via existing and proposed stimulus efforts – in order to assure that Canada’s front door to health remains open to address patients with varied social, behavioral and clinical needs, including COVID-19.

Methods. On Friday April 24, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 3 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 April 27, 11:59pm PST.

Sample. 122 clinician respondents from Family Medicine (90%), Pediatrics (2%), Advance Nursing Practice (7%), 1% were from other disciplines (e.g. registered nurse). Responses were mostly from British Columbia, Manitoba and Ontario with some from Quebec, Alberta and Nova Scotia. Practice settings for respondents included 25% rural, 75% larger than 3 clinicians, and over one quarter from some type of community health centre (27%) or a convenient care setting (e.g. walk-in). The majority of our sample (80%) had seen English-speaking or French-speaking only patients. Forty-two percent owned their own practice and 25% were owned by a hospital or health system (e.g. health authority).

Quotes:

Resource needs

“I am making better connections with my clients who frequently don’t show up for appointments, by doing phone calls. I feel like I can provide them better care, and build better relationships. I am considering continuing with phone/virtual visits with this population, but only if the billing code for this continues to be supported...” Family physician #6

“.....fee for service, thus financial, not getting paid! More work, more expenses.” Family physician #46

“Due to our primary care setting, and the generally low numbers in (province), we have not had (yet) to manage any patients with COVID-19. However, if it does occur, we feel relatively ill equipped to do so.” Family physician #62

“Feeling of no appreciation from government despite my hard work.” Family physician #81