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 seventh (June 5-June 8, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday June 5, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 7 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 and Doctors Nova Scotia.

The majority of primary care clinicians (>80%) report patients as valuing their care. Many (48%) also reported public health as valuing primary care. In stark contrast, they identify strong lack of value for primary care among the Federal government (31%), hospitals (20%), regional health systems (30%), and government insurers (38%). Although payment systems continue to undervalue virtual health options, clinicians' rapid adoption and use of virtual health has started to reveal clear preferences. The majority rate video and phone visits as well suited for adult visits for patients with stable chronic conditions (70%), primary care based mental and behavioral health counseling (69%), and interacting with their regular (1-5 years in the practice) and long term patients (>5 years in the practice) (>60%). Virtual health appears least suited for physical and/or cognitive assessments (71%), injuries (65%), acute illness/acute pain (54%) and medication reconciliation (54%). Virtual health is reported as poorly suited for prenatal visits (51%), well child/developmental assessments (48%), non-stable chronic conditions (44%) or working with those who are vulnerable due to multiple intersecting social determinants of health (41%). Clinicians generally reported that email was not a suitable mechanism to deliver patient care.

3 months into the rapid adoption of digital health, clinicians are realizing its strengths and weaknesses:

- 9% now deliver care evenly among video, phone, and in-person modalities
- 85% rely on virtual (video or phone) health platforms more than anything else during the pandemic
- Results are mixed regarding the fit of virtual health in carrying out transitions in care; 20% reported virtual health was a poor fit whereas 40% reported that virtual health was a good fit. This pattern similarly held for paperwork (e.g. school or disability forms)

The harsh "new normal" of primary care shows few signs of easing:

- 50% report severe or close to severe stress
- 48% still lack personal protective equipment; 37% report reusing PPE and/or relying on homemade PPE options
- 36% report having no capacity to test patients for COVID
- 9% report vaccine inventories that are expiring unused and therefore lost investment
- 77% continue to report limited well and chronic care visits, including 44% well child visits delayed by parents
- 5% of practices report they are temporarily closed and 37% have permanent or temporary layoffs of staff

- 34% are managing child-care and/or home schooling while working from home

Policy Implications. More than three months into the pandemic there are few signs that conditions are improving for primary care, leading many to question whether the health system and payers support their role as primary and first contact for the majority of the population. Policymakers need to take immediate steps to support primary care through dedicated resources in the short term. As we see fewer COVID-19 cases across Canada, now is the time to bolster primary care for what could be a busy flu season amongst this pandemic. Primary care needs adequate supplies of PPE. They also require a commitment to basic infrastructure reform for the long-term. Failure to do so may permanently impair the ability of primary care to recover and meet population health needs.

Methods. On Friday June 5, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 7 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 8, 11:59pm PST.

Sample. 100 clinician respondents from Family Medicine (86%), Advanced Nursing Practice (9%), Geriatrics (2%) other disciplines (e.g. primary care registered nurse) (3%) participated in this week's survey. Responses were mainly from Nova Scotia, British Columbia, Manitoba and Ontario with some from Alberta. Settings for respondents included 41% rural, 74% working in practices of 1-9 clinicians, and 87% who provide full service, comprehensive primary care. The majority of our sample (64%) reported their practice served patients were English- or French-speaking only patients. 62% owned their practice and 30% 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:
"Would have been nice to have more virtual tariffs than we did in the beginning or at least allowed us to retrobill appropriately. Lost a lot of income - but I was still working! Get like we were not appreciated for our work keeping people out of hospital. We had to navigate a whole new way to approach medicine overnight while being stressed about our own families, childcare and our own health. I had less patients book with me but all that did was shorten my wait time. I never had an open slot! I kept working and even seeing my postpartum mom/baby consults (can't be delayed!) but turns out I could only bill $37 not the regular $94 I normally get. Was like I worked for free for 6 weeks. Thanks Manitoba health." [Family physician #6]

"Extremely difficult given lack of PPEs and resources, also difficult to manage general primary care as resources are limited and various tests are not being done. Overall a terrible condition to practice in." [Family physician #32]

"We do not have enough PPE to open up the clinic to more appts. We have 1 provider out of 7 seeing patients each day. They see pts from the other providers which is not usual practice for our clinic. We are reusing gowns. Allocated 2 masks a day for those seeing patients. Our IT manager is not at work so setting up virtual visits has stalled. Only 2 providers have that capability. In Diabetes all appts are phone calls. Not enough PPE to bring any patients in. 4 of our staff are full time at Covid assessment centre. 5 off due to Covid (childcare, chronic health condition, lack of work, personal choice). [Family physician #102]

“COVID-19 restrictions have amplified already existing health disparities and inequities for our vulnerable populations.” [Family physician #24]

“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]