

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

On Friday July 24, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 10 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.

**What does high practice stress really mean? Primary care clinicians reported:**

- 48% report ability to bounce back and/or adjust to adversity has become limited
- 36% say they are maxed out with mental exhaustion
- 40% report a noticeable increase in practice stress because of a COVID-19 surge in July

Primary care clinicians are adapting to a new baseline anxiety which was higher than pre-COVID. It still remains unclear which office visits would be considered essential. During July:

- 8% of clinicians had increased in-person visits, but are now limiting them again
- 20% report furloughed staff returning to work
- 80% had preventive/chronic care deferred/delayed by patients, while 44% continue to see the negative health impact of chronic care visits deferred
- 68% of in-person volume is down but overall contact with patients is high

**What pandemic-era workflows have clinicians adopted, liked, and would recommend to others?**

- Changes to workflow to allow for physical distancing and flow through clinic space: plexiglass, floor stickers, booking in-person appointments every 30 minutes to allow for additional cleaning, reducing office personnel, personal protective equipment for every patient encounter.
- High use of virtual care, mostly by telephone. Examples of telephone visits included medication reviews, well child visits, and history taking.
- Prescreen patients: prescreen before entering office and also at the beginning of phone calls.

**What pandemic-era workflows were adopted, didn't work, and clinicians recommend avoiding?**

- Help patients choose virtual or in-person: patients need guidance to know what can be addressed virtually. Clinicians and patients need to decide what works best for them. For example, providing mental health care over the telephone or in-person physicals for patients who have anxiety were not well received changes to workflow.
- Staff working from home 100% or having sole discretion to book patients virtually or in-person created lack of support for virtual care visits and in-person visits, inefficiencies, and reduced access.

- Both cancelling all patients coming into office, and booking in-person visits every 15 minutes, created backlog, and left some patients with limited access to supplies such as medication samples.

**Policy Implications.** While primary care practices appear to be coping better now that we are 4+ months into the pandemic, they continue to need to adjust their workflow and juggle working at home. It is essential for decision-makers to continue integrating health services for purposes of better coordination and continuity of care. In the face of rising infection rates, lack of access to other services (e.g. lab tests, diagnostic imaging or diagnostic tests) and the increased need to provide mental health, ensuring community based services can provide increased support to primary care.

**Methods.** On Friday July 24, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 10 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 July 27, 11:59pm PST.

**Sample.** 25 clinician respondents from Family Medicine (88%), with a few from Geriatrics and Advanced Nursing Practice (8%). Responses were mainly from British Columbia and Manitoba followed by Ontario and Nova Scotia. There were few responses from Alberta. Settings for respondents included 20% rural, 60% working in practices of 1-9 clinicians, and 96% who provide full service, comprehensive primary care. The majority of our sample (67%) reported their practice served English- or French-speaking only patients. A little over half (60%) owned their practice and 32% 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).