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Primary and Integrated
Health Care Innovations
Network

Quick COVID-19 Primary Care Survey of Clinicians: Summary of the second weekly pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday April 17, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 2 of the weekly Canadian Quick COVID-19 Primary Care Survey.

The economic pain experienced and seen by practices is apparent: One of every five clinicians are unsure if they have enough cash to keep their practices open; 20% are unsure if they have enough patient volume to stay open with 75% reporting a dramatic decrease in patient volume. Reopening the economy or easing public health measures will be difficult when testing remains limited (36% cannot test and people go to a COVID testing centre; 27% have no current capacity) and personal protective equipment in primary care remains hard to find.

Primary care delivery of services continue to change. Primary care practices have changed to deliver services where it is almost all through virtual care,

“On average one in-person patient appointment per week (compared to 50-60 patient appointments per week pre-covid-19). All other care delivered via phone/video appointments. Less patient contact but equivalent amount of patient management (ie. complex patients, lab results, figuring out what is essential vs. non-essential care and where to send patients who need tests/investigations).” (primary care clinician #24)

Providers also note that they are seeing people with many more mental health concerns (e.g. anxiety). They report seeing fewer sick children and postponing all routine preventative care. Prenatal and newborn visits are being done mostly virtually. There is concern with mainly virtual care that there could be long term impacts on overall health with less ability to assess for cancer, coronary artery disease, etc as well as delayed immunizations.

Avoiding care. Primary care providers are reporting that their patients are *“afraid to go out”*, (primary care clinician #21) fearing that they might get COVID-19. People are, *“...avoiding the ER, sometimes when they have very worrisome symptoms”* (primary care clinician #23) and *“...not accessing care for non-COVID reasons (eg youth mental health, sexual assault survivors)”* (primary care clinician #55). Those who are living below or close to the poverty line and non-English or French speaking have the most challenges to accessing care between they may not have a computer, no wifi and no phone.

Policy recommendations. Federal and provincial governments must take decisive action to make sure that primary care practices across Canada are not shuttered. Additional support is needed for primary care clinicians to address mental health concerns and fears of patients, particularly those who are suffering more stress due to financial instability or unstable housing.

This article is a preprint and has not been peer reviewed. It reports new medical research or thought that has yet to be evaluated and so should not be used to guide clinical practice.

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More specific main findings

- Practices operating a lower capacity due to clinicians (50%) and front desk (33%) illness/quarantine
- 45% lack PPE; 28% rely on used and homemade PPE
- 83% of clinicians are limiting well/chronic care visits for COVID-19 related reasons
- 61% of clinicians report increase number of patients with mental or emotional health needs; 69% of clinicians see rising family and economic concerns among their patients; 52% see rising family and economic concerns among their practice members

Virtual health findings

- 61% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Full scale use of virtual platforms is limited: 16% rely on majority use of video, 14% on e-mail, and 9% on patient portal or secure messaging, compared with 83% conducting the majority of visits by phone
- 30% of clinicians report no use of video visits, 33% no use of e-mail, and 56% are not using patient portals or secure messaging

Financial vulnerabilities are high. Over the next 4 weeks...

- 5% predict closure due to low staffing; 11% unsure if they will have enough staff to stay open
- 6% predict closure due to low patient volume; 19% unsure if they will have enough patient volume
- 3% predict closure due to lack of cash on hand; 22% unsure if they will have enough cash to stay open
- 22% have not received payment for video/text/email care; 25% have not received payment for phone-based care

Methods – On Friday April 17, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 2 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 20, 11:59pm PST.

Sample – 64 clinician respondents from Family Medicine (83%), Advance Nursing Practice (3%), 11% were from other disciplines serving palliative care or inner city patients. Responses were mostly from British Columbia and Ontario with some from Quebec, New Brunswick, Alberta and Manitoba. Practice settings for respondents included 22% rural, 83% larger than 3 clinicians, and 19% from some type of community health centre. The majority of our sample (84%) had seen English-speaking or French-speaking only patients. Forty-two percent owned their own practice and 33% were associated with an academic center.

Clinicians reported noticing how different patient groups were responding to COVID-19:

Theme: Increased anxiety. Younger patients, especially those with young or school-age children, have increased anxiety. Many individuals who remain in the workforce are increasingly stressed given threatened job security and additional attention needed to care for and home school children.

“it’s varying more by week of the pandemic rather than age group, seniors are the most practical in it all, parents who are balancing at home work and at home schooling/child care are struggling the most especially as job security is threatened” (primary care clinician #53)

Theme: Emotional and physical well-being among elderly. With the need for physical distancing and protection of those who are older (65+ years) from contracting COVID-19, primary care providers reported that older patients are lonely. These individuals experience the most confinement to their homes and have limited access to care since either the practices or older patients may have difficulty with video access. While some older patients are managing their concerns, others are experiencing increased anxiety.

“Elderly not accessing care due to fear of infection” (primary care clinician #49)

Clinicians reported how COVID-19 was impacting their practice. While there are some positive effects for patients who can now stay at home for their primary care visits, the majority of providers reported challenges and strain. There is financial strain as practices learn how to provide care in a new way, what is considered essential versus non-essential primary care, figure out how to pay for staff and re-tool their practices:

“SO much extra time spent organizing/donning/doffing/sanitizing/learning - 4wks in and it’s a bit less than initially at ~2hrs/day. This is NOT remunerated time and needs to change for the 12-18month long haul.” (primary care clinician #38)

“I am almost fully virtual (mostly phone calls as the video internet connections can be unstable and glitch). I love it and my patients love staying at home for their visits that do not require an exam. I am busier.” (primary care clinician #21)

