

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 sixth (May 29-June 1, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday May 29, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 6 of the weekly Canadian Quick COVID-19 Primary Care Survey. This week we also partnered with the Nova Scotia Health Authority, Doctors of BC and Doctors Nova Scotia.

The COVID-19 pandemic response continues to place much strain (71% report near severe/severe impact) on primary care practices. 10% of respondents reported their practices are now temporarily closed. One third of respondents reported receiving some financial support; this was either through the Federal loan program or a provincial program. About one-third also reported cuts to their practice staff (clinical and non-clinical positions) temporarily not working since January 2020. These cuts ranged from 20% to as high as 80%. One in eight respondents reported receiving a personal bank loan, using personal savings or retirement funds or increasing/extending the line of credit for their practice. 37% reported a decrease in net revenue from January to April 2020. Almost one-third (27%) reported clinicians are out due to illness or self-quarantine with almost 40% of staff out due to illness or quarantine.

As easing of restrictions continue, primary care is facing a wave of deferred or delayed care; respondents reported >80% of preventive and chronic care was limited by patients or by the practices.

- 40% reported a large decrease in pre-COVID-19 patient volume
- 76% are seeing an increased number of patients with mental or emotional health needs
- 84% reported having patients who struggle with digital platforms
- 30% reported no use of video visits and 43% no use of e-mail
- 45% reported a little bit of care is handled in person; 51% lack personal protective equipment

Policy Implications. A small number of primary care practices are financially weathering the COVID-19 storm. Care that was delayed or deferred as people heeded orders to stay in their homes is about to hit primary care. The primary care that most Canadians depend on needs dedicated funding to fully implement increased access to care through virtual means: video, telephone and email. It also needs PPE to see those who need in-person visits.

Methods. On Friday May 29, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 6 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 1, 11:59pm PST.

Sample. 63 clinician respondents from Family Medicine (90%), Advanced Nursing Practice (1%), other disciplines (e.g. primary care registered nurse, Aboriginal primary care) (5%) participated in this week's survey. Responses were mainly from British Columbia and Ontario with some from Alberta and Nova Scotia. Settings for respondents included 17% rural, 81% working in practices of 1-9 clinicians, and 94%

who provide full service, comprehensive primary care. The majority of our sample (67%) reported their practice served English- or French-speaking only patients. 59% owned their own practice and 19% were owned or financially supported by a health authority or government. 16% reported that their practice was a convenience care setting (e.g. walk-in).

Quotes:

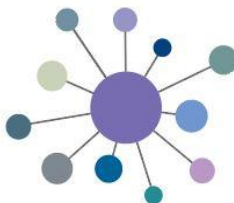
“I feel left to fend for myself regarding PPE and wouldn't be able to see high risk patients as a result. Telehealth is not good medical practice and is not remunerated as well.” [Family physician #15]

“We are managing but only with PPE we had managed to buy ourselves early on which we are reusing” [Family physician #33]

“Many follow-up and medical appointments for chronic diseases not done. Encounters impacted by lab direction not to order non-essential testing due to redeployment of lab staff to covid. Administration of important projects were all put on hold while staff redirected within AHS to support emergency supports.” [Family physician #24]

“There is more conflict and anxiety in the office as we try to navigate seeing more patients, and are experiencing increase patient demand.” [Family physician #62]

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]

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 eighth (June 12-15, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday June 12, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 8 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 the Fédération des médecins omnipraticiens du Québec.

Commitment to delivering primary care is weakening with less than the majority of participants (45%) responding that they have experienced renewed energy for their mission to provide primary care over the past 4 weeks.

- 60% of clinicians have experienced a change in rules governing medication renewal
- 60% have increased the provision of primary care services because of virtual (telephone, video) health options but >80% are not increasing their use of or referral to community based services (e.g. physiotherapy) for those waiting for elective surgeries; >80% of participants report no connection to community based resources for patients
- Almost half (49%) have experienced an increased connection to mental health support for patients over the past 4 weeks

Over the past 4 weeks, many respondents have been able to provide first contact care (66%) but report that the pandemic response has made it challenging to meet their professional expectations and delivery of care. Participants reported only sometimes care was delivered that was:

- Comprehensive, addressing the majority of patients' needs (56%)
- Continuous, seeing their established patients (43%)
- Coordinated, integrated across care settings (44%)
- Integrated, attentive to both social and physical concerns (54%)

As restrictions due to COVID-19 have eased across Canada, respondents reported their practices have been impacted "almost all or a majority of the time" by their ability to:

- order lab testing (44%)
- incorporate the use of diagnostic imaging (50%)
- coordinate or refer to other kinds of community based services (e.g. physiotherapy, public health) (67%)
- make specialist referrals (55%)
- A growing list of patients that have deferred or delayed care (69%)
 - 58% have seen a decrease in pre-COVID patient volume
 - 89% of wellness/chronic care is being limited by patients though practices are seeing a majority (>80%) who have emotional health needs

Policy Implications. Primary care clinicians are showing signs of fatigue. They have increasingly long lists of patients who have either deferred or delayed care. Inability to use diagnostic services or care being impacted by waiting for specialist referrals means that primary care has less ability to weather subsequent waves of COVID-19. Additional support for primary care is necessary through change management in moving to offering both in-person and virtual visits. More public communication is needed to allay peoples' fears about seeing their family doctor/nurse practitioner/primary care team.

Methods. On Friday June 12, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 8 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 15, 11:59pm PST.

Sample. 94 clinician respondents from Family Medicine (95%), with a few from Advanced Nursing Practice (3%) and other disciplines (e.g. primary care registered nurse) participated in this week's survey. Responses were mainly from Quebec, followed by Nova Scotia and British Columbia. There were some from Alberta, Manitoba and Ontario. Settings for respondents included 32% rural, 60% working in practices of 1-9 clinicians, and 67% who provide full service, comprehensive primary care. The majority of our sample (80%) reported their practice served English- or French-speaking only patients. A little over half (56%) owned their practice and 27% 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:

"There is an inordinate fear of patients that we manage to calm when we are able to see them "in person" and "in an emergency". [Family physician #30]

"I find it sad that some people are more afraid of COVID than their own health, which declines enough to limit their investigation or go to see specialists. Telephone meetings can seem interesting if for a short time, it helps out, but monitoring chronic diseases, in my opinion, is more effective in person to show the importance of taking care of it, both by the person themselves and by professionals. The impact of the telephone intervention is less significant than in person." [Family physician #16]

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]

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 ninth (June 26-29, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday June 26, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 9 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 in Quebec.

Primary care clinicians and staff are becoming overlooked collateral damage and feel as though they have been forgotten or ignored. More than 30% are experiencing high levels of burnout and 1 in 5 have struggled to know when they could end their work day. 45% report that their psychological well-being has suffered because of their work. The supply of personal protective equipment (PPE) is elusive or non-existent for many primary care practices, with 39% reporting their practice has severely limited access to PPE. Clinicians and staff are worried about their healthy patients not receiving necessary preventive services and concerned their sicker patients are getting worse due to deferred or delayed care.

Primary care clinicians continue to be severely impacted and they are reporting continued severe impacts on their patients' health:

- Nearly half (47%) say that they had few known resources to help with COVID-19 job stress
- 43% report the well-being of their family suffered because of their work
- 66% are reporting severe and near severe strain on their practice

What do they need to stay open?

- Top of the list: PPE - in particular standard/certified gowns (23%) and masks (21%) are hard to come by
- 48% of practices report having to purchase PPE at extremely high prices; 43% report having to use the same mask for a week at a time – most with severely limited access; 1 in 5 have limited patient volume as a result
- Clinicians need virtual care billing codes to remain, as we continue to reopen; virtual care should continue as a useful component of the primary care toolbox
- In order to prepare for any subsequent waves, primary care clinicians are requesting specific guidance on how to manage in person visits, particularly during the upcoming flu season. They would like guidance on management protocols (e.g. “who should be seen in clinic and who should not”) and evidence to guide practice related to differentiating COVID versus flu/other upper respiratory tract symptoms

Clinicians continue to report sources of strain:

- 21% report their practice has experienced permanent or temporary layoffs of clinicians or staff
- 80% of clinicians report there are increased patients with emotional health needs

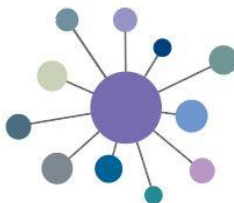
- 64% of well child visits have been delayed by parents
- 52% report that preventive and/or chronic care is not being scheduled by patients; 53% report a noticeable to substantial decrease in pre-COVID patient volume
- 34% of clinicians report a lack of child care or school for practice staff
- 18% report that they've had to DESTROY expired vaccines/medication

Policy Implications. Primary care clinicians continue to be substantially impacted by COVID-19 and are starting to show signs of fatigue. They have increasingly long lists of patients who have either deferred or delayed care. Inability to use diagnostic services or care being impacted by waiting for specialist referrals means that primary care has less ability to weather subsequent waves of COVID-19. Additional support for primary care is necessary through change management in moving to offering both in-person and virtual visits. More public communication is needed to allay peoples' fears about seeing their family doctor/nurse practitioner/primary care team.

Methods. On Friday June 26, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 9 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 29, 11:59pm PST.

Sample. 56 clinician respondents from Family Medicine (93%), with a few from Advanced Nursing Practice (7%). Responses were mainly from British Columbia, Nova Scotia, and Manitoba. There were a few responses from Ontario, Alberta, and New Brunswick. Settings for respondents included 25% rural, 59% working in practices of 1-9 clinicians, and 93% who provide full service, comprehensive primary care. The majority of our sample (77%) reported their practice served English- or French-speaking only patients. A little over half (57%) owned their practice and 39% 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).

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).

FZ[eSd[UW]eSbcd] fS' VZSe` afTWWbWdM[W]WZ; f dMde` W _ W[US^dM]SLZ adfZagYZf fZSf ZSekWfa TWMS'gSfWS` Vea eZagV` afTWgeWfa Yg[W] [US^bdUf]U5abkdYZf Ä S' S' TkFZVbd_ SdkS' V;` fWGSW: WfZ 5SdW` `ahSfa` e@W ad zBaefWa` 3`` S'eaXSS_ [k? W[U]` W5AH;6Z# 5a^Wja` HlgdWkaXESTd` SI a` Yz

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 eleventh (August 21-24, 2020) pan-Canadian survey of frontline primary care clinicians' experience with COVID-19.

On Friday August 21, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 11 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.

During month 5 of the pandemic, a tsunami continues to build within primary care. During the last 4 weeks, work hours for primary care have remained the same (39%) or increased anywhere between 15%-30% (24%). The majority of respondents report their compensation has stayed the same (43%) or been reduced anywhere from 1%-30% (37%). 50% of respondents note that the current status of COVID-19 in Canada continues to have a large and severe impact on their practices. More than half of primary care clinicians report their practices are short of staff, making it harder to meet patient needs (63%) with additional layoffs/furloughs (9%) over the last month.

Steadfast stewardship of population health, while both resources and workforce continue to shrink, is taking a toll:

- 28% of clinicians report staff and colleagues require increased psychological support to get through the day.
- Just 13% of respondents report their practices have stabilized whereas almost half (48%) report their practices are still changing their workflow frequently.
- 57% of clinicians report that in-person visits are down but overall contact with patients is high.

Stress continues to increase over the past 4 weeks with 50% of respondents reporting a noticeable increase in practice stress because of increased COVID-19 cases. Meanwhile **patient health burden continue to rise:**

- 83% of patients have heavier than usual mental health burden
- 51% of patient visits include a larger number of complaints and greater complexity
- 37% of respondents report continuing to see the negative health impacts of deferred chronic care visits

Services being provided in-person range from few clinics providing all services to most delivering well-baby and antenatal care visits, lumps and bumps procedures, injections (e.g. vitamin B12, antipsychotic), acute assessments which cannot be completed over the telephone (e.g. fractures, lacerations, rashes), prenatal visits, non-COVID concerns requiring an exam, etc.

We asked clinicians what they need for planning for the fall and a potential increase in numbers of COVID-19 cases. 61% of responses fell into three clear and dominant themes:

1. Guidance and direction on what primary care ought to be doing as Canada heads into its flu season. Who will hold the flu vaccine clinics? Will the COVID-19 assessment centres screen for flu?
2. Need for reliable supply of personal protective equipment (PPE) as practices prepare for more people who might come into offices due to upper respiratory tract (e.g. common cold) infections.
3. Continuation of virtual (video and telephone) fee codes. These fee-for-service codes need to be flexible enough to be used (e.g. “previous phone codes in NS, for example were so restrictive they were completely unusable”).

Policy implications. Primary care remains a critical defense to excess deaths and hospitalizations. To prevent burn out, primary care practitioners are clear about their needs to prepare for the co-management of the COVID-19 pandemic and the flu season. Primary care needs clear guidance on roles and responsibilities during flu season, a reliable supply of PPE, and appropriate remuneration of virtual care codes.

Methods. On Friday August 21, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 11 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 August 24, 11:59pm PST.

Sample. 46 clinician respondents from Family Medicine (83%), with a few from Pediatrics, Geriatrics and Advanced Nursing Practice (17%). Responses were mainly from Nova Scotia followed by British Columbia and Manitoba with a few from Ontario and Quebec. There were no responses from Alberta, Saskatchewan, all other maritime provinces or the territories. Settings for respondents included 48% rural, 61% working in practices of 1-9 clinicians, and 87% who provide full service, comprehensive primary care. The majority of our sample (65%) reported their practice served English- or French-speaking only patients. A little less than half (48%) owned their practice and 41% were owned or financially supported by a health authority or government. Just over one in 10 reported that their practice was a convenience care setting (e.g. walk-in).