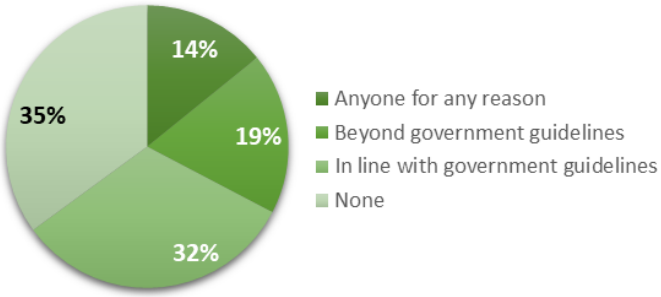
Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

Series 1 – Quick COVID Clinician Survey Summary (Australia)

This summary contains responses from 254 general practice clinicians (252 GPs and 2 PNs) covering up to 8 weeks prior to survey closing on the 29th May, 2020.

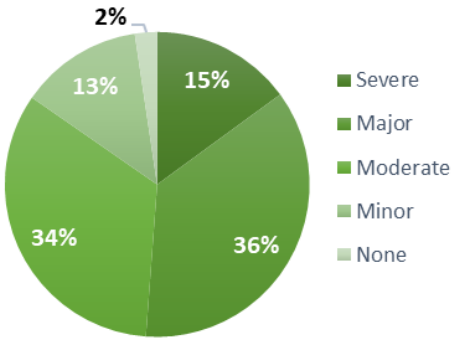
Capacity to test Over one third of practices report no capacity to test patients for COVID-19 (35%). Approximately one third has capacity to test within government guidelines (32%), and around one third have capacity to test more patients than government guidelines (33%), with some able to test any person for any reason (14%).



Testing and treatment While the number of COVID-19 cases in Australia are low, over the last 8 weeks general practice clinicians have significantly contributed to testing and treatment of COVID-19+ and suspected COVID-19+ cases.

- 92% triaged cases and referred for testing COVID-19;
- 55% tested patients for COVID-19 in their practice;
- 32% treated patients for COVID-19 in their practice;
- 68% have recommended that patients self-quarantine; and
- 43% have recommend patients monitor themselves at home for COVID-19 symptoms.

62% do not believe primary care should be preferred COVID-19 testing sites.



Strain on practice Half the clinicians (51%) report the current status of COVID-19 has caused moderate to major strain on their practice. **Specific stressors include**:

- Lack of PPE (65%);
- Reusing PPE (35%);
- Limited well visits and chronic disease visits (67%);
- Significant decreases in patient numbers (60%);
- Patients struggling with telehealth (56%); and
- GPs off work due to COVID concerns or illness (51%).

Practice viability: Despite strain, most clinicians report that it is viable for their practice to stay open for the next month in terms of staffing (97%), and patient volume (86%).

Delivery of care Clinicians report significant changes in care delivery due to the impact of COVID-19 and related safety measures.

- 74% of clinicians report less frequently addressing preventive care needs;
- 75% of clinicians report less frequently addressing chronic care needs; and
- 32% of clinicians report being unable to ask about advanced care planning, while a further 37% are asking less frequently than usual.

Method An online survey was emailed through RACGP state and territory newsletters, two Australian Capital Territory interest groups, and posted on a general practitioner social networking site. The survey was open for 22-29th May, 2020. Responses came from all over Australia: New South Wales (24%), Victoria (21%), Australian Capital Territory (19%), Queensland (17%), Western Australia (9%), South Australia (6.7%), Tasmania (1.5%). 18% of clinicians identified as being from a rural practice, exploration by rural, regional and urban distinctions (as indicated by postcode) will be completed at a later date.

Australian National University

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

We asked clinicians if the country should open…Slow and cautious easing of domestic travel restrictions was preferred. Few clinicians would support opening international borders at this stage, though a "trans-tasman bubble" is somewhat supported due to the low number of cases and similar public health measures (social distancing and hygiene) in New Zealand. Reasons for opening the country include economic stability, reasons for not opening the country include lack of knowledge on COVID, number of active cases and public complacency.

Answer	n (%)
Yes	45 (17.7)
No	88 (34.6)
It depends	107 (42.1)
Unsure	13 (5.1)
Total	254 (100)

- *I am concerned for small business owners and the economic impact on their mental health. Until the virus is past history everyone needs to practice social distancing and good hygiene, but we need to open up the country and NZ for internal travel. To help many industries.*
- *Until we can be sure that we are not spreading covid from one area to another we should not open up the country from overseas or interstate.*
- *Many key COVID safe Criteria are not yet there… treatment , vaccine, patho-physiological understanding of the virus, preventative treatment.*
- *COVID spread needs to be monitored closely within states and a measured and reasoned decision made to reopen state borders, based on risk modelling.*
- *Depends on public behaviour (social distancing, hygiene measures, not going to work or school when sick) and the ability to safely and quickly detect cases and contact trace so outbreaks can be isolated.*

We gave clinicians a free text comment regarding COVID-19…Three common sentiments arose.

Stress and anxiety in relation to patient health, personal health, income and business viability.

- *I have been doing more work for less money. It's been very challenging. Frequent changes have been stressful. Most people (doctors, nurses, admin, patients) are finding it all quite difficult.*
- *Early days stressful and chaotic with constantly changing advice needing to be integrated into clinical practice at once, often on the run with overwhelming demand. This quietened now.*

Insufficient Government support Clinicians felt underappreciated, undervalued and perceived an unfair distribution of workload and protective equipment across tertiary, secondary and primary care.

- *Government support of GP has been woeful during this pandemic. We still have insufficient PPE to allow onsite testing safely, or even protected assessment of unwell patients with possible COVID-19. Enforced bulk billing only in general practice (and not even for nurse practitioner) is unconstitutional and has led to doctors losing their jobs and practices closing at a time when they are sorely needed. There has been a lack of clear guidelines about what PPE is needed for which situations that had allowed doctors to be bullied by their employer into seeing patients without sufficient protection, purely because of lack of availability. It is disappointing and dangerous.*
- *The government has not supported general practice - singled us out as the only group forced to bulk bill and not supplied us with PPE.*
- *Disappointed that we are carrying Primary Care alone. MCHN not seeing patients, Obstetric hospitals not seeing antenatal patients and they're coming to us for reassurance and management…*

Telehealth is an effective tool in the right situations, but not for all appointments.

- *[Telehealth] kept me safe as a GP and kept my patients safe. The BBd incentive has enabled me to provide very thorough care and built rapport to all patients. My patients love it.*
- *The rapid implementation of Telehealth in primary care and the federal support of this through MBS items has made it possible to care for our patients who are vulnerable and has shown that Telehealth should in some way continue indefinitely.*
- *Telehealth is not very effective for most things.*
- *I think telehealth should be done for elderly and vulnerable only, not for convenient way of practice.*
- *Telehealth positive but need to stop expectation that it will be bulkbilled.*

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

Series 2 – Quick COVID Clinician Survey Summary (Australia)

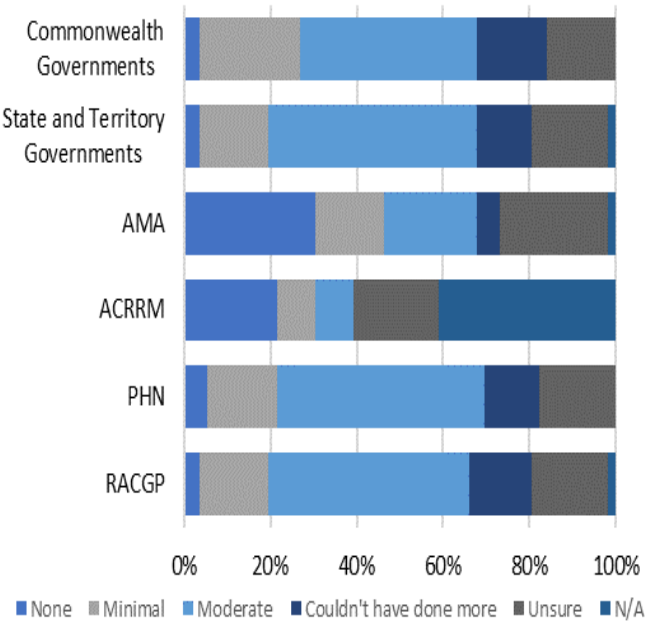
Series 2 of the Quick COVID-19 Clinician Survey received 56 responses. This survey was fielded from 29th May to 12th of June, 2020. Total Australian COVID-19 cases increased by 156 in this 2-week period to 7,290 on June 12. Australian international, as well as some state and territory borders remain closed. Children began returning to school from May 24 . From June 1, gatherings of up to 20 people were allowed. Outdoor play areas re-opened and restaurants, cafes and bars were open for sit down customers subject to restrictions which vary by state jurisdiction.

Demographics all 56 participants were general practitioners with 32% (n=18) also identifying as a practice owner. 25% (n=14) identified as being from a rural practice, 7% (n=4) from fully bulk billing practices, and 9% (n=5) from afterhours or urgent care practices. No participants responded from WA or NT. Most participants responded from NSW and ACT (42%). Other states and territories represented included QLD (20%), VIC (18%), WA (9%), SA (9%) and TAS (2%). All 56 participants completed the series 1 survey.

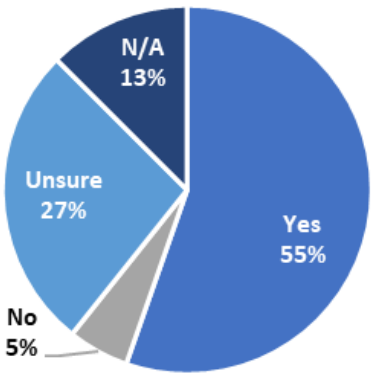
Strain on practice remains with 71% of participants claiming moderate to major impact of COVID-19.

Support from Key Organisations 98% of Participants felt at least moderate support from at least one organisation.

- While GPs often claim lack of support from commonwealth government, 16% reported they couldn't have done more, and 41% reported moderate support.
- Similarly, 12% reported that state and territory governments couldn't have done more, and 48% reported moderate support.
- 60% reported at least moderate support from RACGP;
- 60% reported at least moderate support from PHNs;
- 46% reported minimal to no support from AMA;
- Excluding those that reported ACRRM as not applicable for them (n=22; 39%), most reported no to minimal support (n=17; 77%). Of those that identified as a rural practice (n=14), most reported unsure, no or minimal support (n=9; 64%)



Practice Model Changes in response to COVID-19 were reported by more than half of participants (55%). The two most common changes provided in the 25 free text comments were:



- **Telehealth.** Many GPs recognised the ability of telehealth to be incorporated into permanent practice model change is dependent on MBS funding.

"If telephone consultations continue to be a Medicare-billable option, I will continue to use them as per patient preference. COVID is not the only infection vulnerable patients can pick up in our waiting room."

"triaging before letting patients in the waiting room to assess infectious risk."

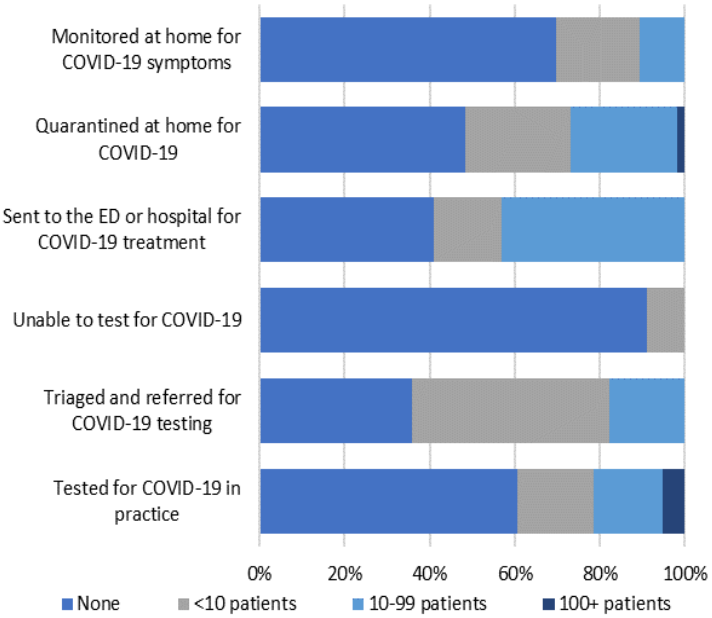
- **Other infection control**. These included: screening and triaging infections to reduce contact in waiting rooms and protect GP clinicians; social distancing; increased hand hygiene; and PPE. Permanence of these changes is unclear.

Capacity to test One third of practices remain unable to test for COVID-19 due to restricted testing capacity (36%), one third are able to test within guidelines (32%), and one third have capacity to test more than is currently stipulated in government guidelines (32%).

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

COVID-19 testing and treatment for the last 2 weeks has not formed a major component of general practice care. Still, there are significant numbers of GPs managing COVID-19 symptoms, testing and referrals.

- 64% report triaging and referring suspected COVID-19 patients for testing
- 56% report sending patients to hospital for COVID-19 treatment
- 34% report testing for COVID-19 in their practice
- 52% report have recommended patients self-quarantine
- 30% have recommended patients self-monitor for symptoms



Open text Comments

We asked clinicians for any other comments on their situation regarding COVID-19…

36 participants provided an open text comment relating to their general experience of COVID to date. GPs continue to echo themes from series 1; overwhelming stress and fatigue, as well as lack of funding. Those two themes combined underpin a new sentiment that arose in series 2 regarding the sustainability of careers in general practice.

"The worst year of my general practice life - will definitely impact how long I remain in General practice/ medicine"

"…Billing changes [are now needed] because the financial COVID impact showed the fragility of private business and thin financial security of GPs"

"General practice in the country already pushed to the limits by years of cutbacks , there was no fat to trim prior to COVID-19 and this has pulled into question our financial viability . Young graduates not looking on general practice as a career, too hard and too poorly paid"

We asked GPs if they think the country should be opened…

Opinions on the safety of opening the country were diverse with approximately one third opting for "No", one third opting for "yes, domestic", and one third opting for "yes, trans-Tasman travel".

Answer	n (%)
No	18 (32)
Yes, domestic	19 (34)
Yes, trans-Tasman	18 (32)
Yes, international	1 (2)
Total	56 (100)

Rationales for these results were provided by 36 the participants.

- Reasons for saying "No" most frequently related to the risk of community transmission causing a "2nd wave" of COVID-19 infections, with some GPs highlighting active (and growing) COVID-19 cases in VIC and NSW.
- Reasons for saying "yes, domestic" and "yes, trans-Tasman travel" were often supported by rationales of: the low number of cases and the similar health systems and COVID-19 responses from Australia and New Zealand. Some GPs highlighted that continued management is necessary through strict monitoring and control measures.

For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at Kirsty.a.douglas@anu.edu.au

Australian National University

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

Series 3 – Quick COVID Clinician Survey Summary (Australia)

Series 3 of the Quick COVID-19 Clinician Survey received 190 responses. This survey was fielded from 19th to 25th of June 2020. Total Australian COVID-19 cases increased by 164 in the previous 2-week period to 7,558 on 25 June. There have been 104 deaths, giving a case fatality rate of 1.4 deaths per 100 cases. While most states continued cautious staged easing of restrictions, Victoria has postponed easing of restrictions. On June 21, 83% of new cases in the last 7 days had occurred in Victoria, 75% of these were community transmission. During this period Victorians were urged to seek testing if symptomatic and restrictions on household gatherings in Victoria were tightened again, with a limit of 5 people. A 10-day testing blitz in selected areas of Melbourne began on June 25.

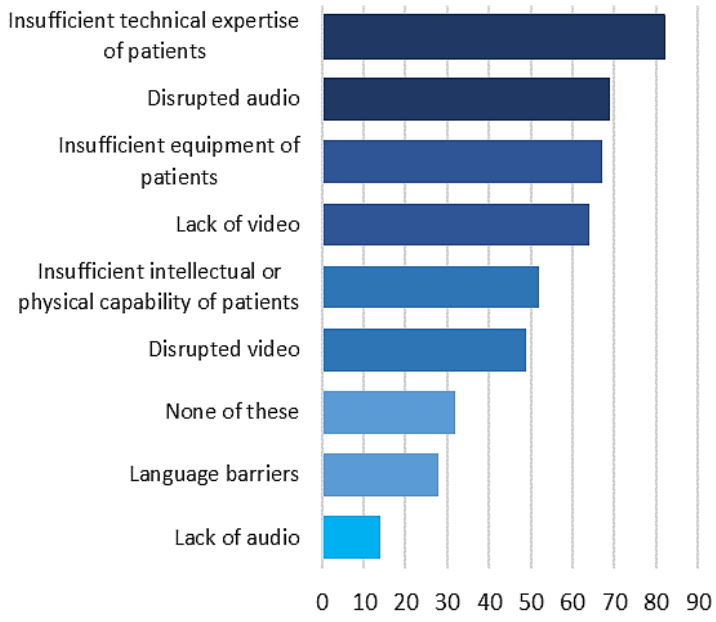
Demographics 170 participants (30%) were general practitioners, including 56 practice owners and two who were both practice owners and managers. Eleven practice nurses (6%) participated in this survey. 44 participants (23%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 63%; Victoria 39%; Queensland 23%; SA 28%; WA 12%; Tasmania 6%; NT 6%; ACT 10%.

Strain on practice persists with 82% of participants reporting moderate to severe impact from the pandemic. Overall, two-thirds (66%) of participants reported general practitioners being off work due to illness or self-quarantine, and around half (47%) reported nursing staff being off for the same.

Consultations Telephone consultations are being provided more often than video consultations, with 122 (64%) reporting no video consults at all compared to just 3 (1.5%) respondents reporting no telephone consults. Nearly two-thirds of respondents are offering face-to-face consultations for more than half of their appointments.

Telehealth experiences were varied and included patient end barriers (see figure), and practice end barriers.

- Only half (50%) of respondents had the equipment needed to conduct video consultations, compared to 97% having the necessary equipment for telephone consultations.
- Three-quarters (73%) reported adequate training to provide care via phone or video, and 87% felt confident to provide safe and effective care in this way.
- While practitioners generally (97%) felt confident in deciding whether face-to-face, video or telephone consultations were appropriate for their patients, only half indicated that patients were choosing the appropriate format.



Capacity to test A high number of respondents (n=77; 41%) reported no capacity to test patients for COVID-19 compared to 34 (18%) who reported capacity to test anyone for any reason.

COVID-19 testing and treatment In the past two weeks, less than half of respondents (45%) reported testing people with respiratory symptoms for SARS-CoV-2 infection in their practice.

- 90% report triaging and referring respiratory patients for COVID-19 testing
- 56% report sending patients to hospital for COVID-19 treatment
- 62% report have recommended patients with respiratory symptoms self-quarantine
- 25% have monitored patients at home for symptoms of COVID-19

For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at Kirsty.a.douglas@anu.edu.au

Australian National University

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

Open text Comments: We asked respondents to tell us about barriers and enablers to providing safe and effective care via phone and video consultations. Medicare rebate and ubiquitous phone access were the only enablers mentioned, though were not common. Comments were grouped into the following barriers and concerns:

Lack of access to video hardware, phones and adequate internet connections were commonly reported barriers. Many doctors and nurses resorted to using their personal devices to conduct a consult.

- *"No internet access at surgery, have to use my own 4G network. Have gone over monthly data download allowance last few months. No cameras or microphones."*
- *"practice does not have adequate internet for video and no cameras; frequent usage of the bandwidth by all practitioners means occasional dropouts of connection"*
- *"Have had to use personal mobile for most phone consultations as practice phone system inadequate to deal with demand"*
- *"Management hasn't supported video in the practice and expects it to be done remotely at our cost without training or assistance. Our cost our responsibility"*

Safety and quality concerns were sometimes reported by participants due to multitasking of patients during a consultation, such as being in public spaces (e.g. school or shopping centres), driving, or completing chores (e.g. cooking). Concerns were also raised about the quality and safety of care provided over the phone.

- *"Several times during teleconsultations, background noises indicate that patient is driving and I have to insist the patient to pull aside, stop the car or reschedule appointment."*
- *"Patients trying to have phone consults in public places e.g. whilst out walking"*
- *"Telephone is ok for minor queries, but not safe medicine. Face-to face is safest."*
- *"patients cannot be expected to always know when telephone or video consultation is safe, the doctor must decide during the telehealth consult and errors will occur."*

Poor useability and privacy of software was reported by some participants, with some avoiding video consults due to "clunky" software and lack of interoperability between video consult software, clinical software, and email. Some participants mentioned resorting to third party apps such as Facetime and Skype, which may raise privacy concerns.

- *"Severe lack of secure communication channels between health professionals and with patients"*
- *"If using appropriate video platforms that are adequately encrypted to satisfy privacy principals and accreditation i.e. Healthdirect video conferencing the platform is clunky and can only be initiated by the patient not by the practice."*
- *"Patients do not realize there is not direct interactivity between my computer file and ability to email, see photos from their phone. Everything is printed out, scanned to email from generic practice email address. Faxing from printed out letters and scripts. All adds time and labour to tasks."*
- *"I have 6 platforms I use, and none are perfect. The most effective are FaceTime and Messenger which are less desirable from a GP privacy perspective. GP Consult is the best notionally and it has improved its service from working 10% of the time, to now working 90% of the time. Privacy and efficacy are the main issues."*

Extra time for telehealth consults was a less commonly reported, though an interesting barrier for GPs

- *"[video consults] take considerably longer than a phone consult to get underway - this is time prohibitive to be the main approach to telehealth which is why telephone is still my main approach. An extra minute or 2 per consult is simply not viable and then the platform sometimes doesn't work after all that!"*
- *"Some people don't answer the phone especially AOD patients; some people book an phone appointment but don't answer when phone on time"*
- *"The video can take too long to start, quality not as good as a photo for looking at rashes etc"*

Challenges with deaf and elderly patients were commonly reported barriers for video and phone consultations.

- *"Elderlies often can't hear properly over the phone and often don't answer the phones as they can't hear the phone ring. Many esp elderlies can't operate videocalls and don't position the camera at the site of interest."*
- *"My patients are generally elderly and don't easily have video access. I don't push it and just settle for the phone."*

Australian National University

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

Series 4 – Quick COVID Clinician Survey Summary (Australia)

Series 4 of the Quick COVID-19 Clinician Survey was fielded from 10th to 17th of July 2020 and received 45 responses. Confirmed cases of COVID-19 in Australia increased by 1,876 over this period to 11,235. Most new cases (1,786 cases, 95%) were reported in Victoria, where rates of community transmission have continued to rise. Several outbreaks associated with public venues such as hotels, restaurants and gyms have occurred in NSW. Immediately prior to the survey period, on July 8, the greater Melbourne area as well as the adjoining Mitchell Shire returned to Stage 3 restrictions and international arrivals into Melbourne were suspended. Regional Victoria and other states and territories maintain light restrictions.

Demographics All 45 participants were general practitioners, of whom 17 (38%) were practice owners. 17 participants (38%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 33%; Victoria 13%; Queensland 13%; SA 11%; WA 7%; Tasmania 2%; NT 4%; ACT 16%.

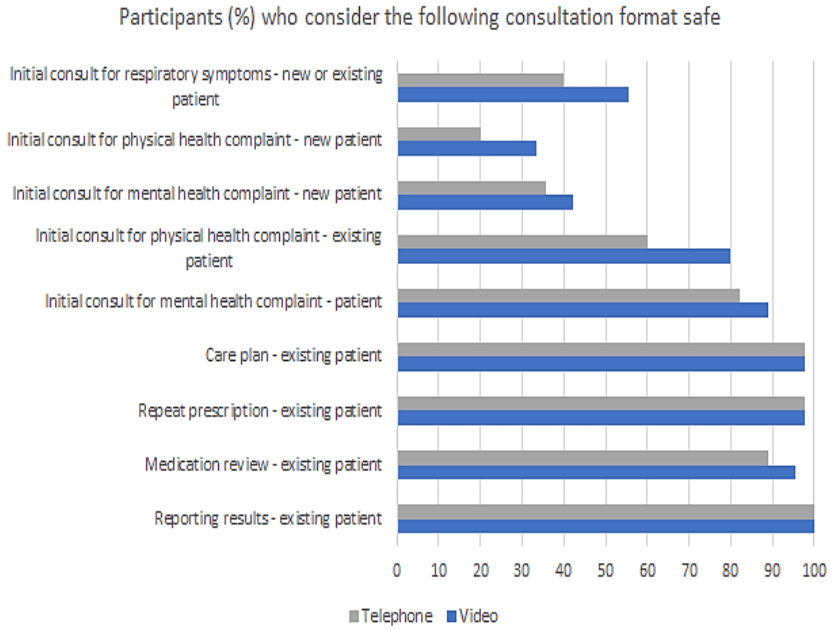
Strain on practice persists with 91% of participants reporting moderate to severe impact from the pandemic. Half of participants report lack of PPE (51%) and one third report reusing PPE or relying on homemade PPE (35.6%). Most participants (94%) report practice staff (GPs, PNs or administrative staff) being unable to work due to illness or self-quarantine. Two thirds of participants (64%) report that their patients struggle with virtual and telehealth options.

Consultations Face to face consultations are the predominant format, with two thirds of participants reporting face to face consultations for more than half of appointments. Telephone consultations remain more common than video consultations, with 56% reporting no video consults at all compared to just 4% respondents reporting no telephone consults. Online asynchronous care (e.g. online chat) is occurring infrequently, with 18% of respondents reporting using such formats for <50% of appointments.

Hygiene and Infection control measures implemented during the pandemic have been relaxed at more than half of participant practices (62%). Most common measures to have been relaxed include masks and PPE (42%) and physical distancing (22%). Most common measures to continue include hand sanitising (95%) and telephone triaging (93%). Not surprisingly, no respondents from Victoria reported relaxation of hygiene or infection control measures at their practice.

Safety of virtual consultations via video or phone was rated by GPs for new and existing patients with physical health complaints, mental health complaints, routine follow up, or forward planning.

- Video was considered safe for an initial assessment of respiratory symptoms by 25 (56%), while 10 respondents felt it unsafe. Telephone was considered safe for an initial assessment of respiratory symptoms by 18 (40%), while 16 respondents felt it unsafe.
- Fewer than half of respondents considered video or telephone consultations safe for new patients for physical or mental health complaints. However, most participants considered video consultations safe for existing patients with new physical or mental health complaints (80% and 89% respectively).
- Both video and telephone consultations were generally considered safe for medication review (96% and 89%), preparing care plans (98% each), repeat prescriptions (98% each), and follow up of results (100% each).



Australian National University

Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
Building 4, Level 2, The Canberra Hospital, PO Box 11, Woden, ACT 2606

COVID-19 testing and treatment In the past two weeks, less than half of respondents (44%) reported testing people for SARS-CoV-2 infection in their practice. One quarter (26%) report treating people with confirmed or suspected COVID-19 in their practice.

- 80% triaged and referred patients for COVID-19 testing
- 20% sent patients to hospital for treatment for suspected or confirmed COVID-19
- 60% recommended patients with suspected or confirmed COVID-19 symptoms or risk self-quarantine
- 40% have monitored patients at home for symptoms of COVID-19

Open Text Questions: We asked GPs what factors influence their choice for video, phone or face to face consultations. GPs expressed a strong preference for face-to-face consultations. Our other surveys have highlighted low preference for video consults due to lack of appropriate equipment and technical challenges.

Face-to-face is preferable for non-verbal cues and physical examination

- *"How well I know the patient or have a complete file to review if they are not my regular patient. Mental health - prefer face to face for the therapeutic relationship. Physical exam - need face to face"*
- *"Face to face for body language and how sick they look, new patients you have no feel for so very hard especially with no visual clues"*

Phone is acceptable, sometimes preferable, for simple consults with existing patients

- *"Phone for simple things - reporting normal result, simple query by patient, prescriptions"*
- *"Only use phone for follow-up, scripts, care plans and some initial complaints of established patients. The better I know them, the more likely I'd be happy to do a phone consultation"*

Phone or video is preferable only when infection risk is high

- *"Fear of spreading infection encourages telehealth. Face to face preferable for most consults in a low risk environment"*
- *"[Phone and video are] safe from Infection point of view and is viable alternative given lack of/cost of PPE supply, but not safe from medico-legal point of view as you cannot examine patient or give oxygen etc."*
- *"If any risk of infection needs to be telehealth"*

Patient preference plays a part in choosing consultation format

- *"some patients that I have seen face-to-face in the surgery or at home even though it is not strictly clinically necessary; I have done this purely because they have expressed or implied a need for human contact."*
- *"Very few of our patients are able to manage video consultations so we are not offering these"*
- *"Ease of access for patients and doctors"*

We asked clinicians if the country should open…Unlike previous responses in series 1 (majority, 'It depends') and series 2 (majority, 'yes, for domestic travel'), most participants (80%) responded 'No'. 30 Participants reported reasons for their answers, most relate to the increase in COVID-19 cases from international travellers and Victoria. Example quotes include:

Answer	n(%)
Yes	1 (2)
No	36 (80)
Unsure	5 (11)
It depends	3 (7)
Total	45 (100)

- *"There appears to be a high rate of COVID-19 in travellers returning from overseas. With the high transmissibility, outbreaks and deaths will occur akin to that we have been seeing in the UK / US / Europe."*
- *"Victoria. We are seeing an explosion of cases in Melbourne. It's a stark reminder that COVID19 is still with us and can spiral out of control quickly. We must all keep our collective guard up - no matter how tired of it we are."*
- *"On the epidemiology at any given time. Clearly not in Melbourne. Other states are looking much better."*
- *"We need to continue limiting spread by reducing travel and overseas/Vic contacts."*

For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at Kirsty.a.douglas@anu.edu.au