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Series 5 – Quick COVID Clinician Survey Summary (Australia)

Series 5 of the Quick COVID-19 Clinician Survey was fielded from 24th to 30th of July 2020 and received 81 responses. Confirmed cases of COVID-19 in Australia increased by 2,997 over this period to 16,303. Cases in Victoria, which now comprise 61% of all Australian cases, have continued to increase despite lockdown measures, with 96% of new cases reported in this state. There have been 56 deaths due to COVID-19 reported within this survey period, all within Victoria, and of the 40 Australians in ICU, 34 of these are in Victoria.

Demographics All 81 participants were general practitioners, of whom 26 (32%) were practice owners. 18 participants (22%) worked in a rural practice. All jurisdictions other than the Northern Territory were represented in this survey: NSW 23%; Victoria 23%; Queensland 12%; SA 7%; WA 4%; Tasmania 2%; ACT 9%.

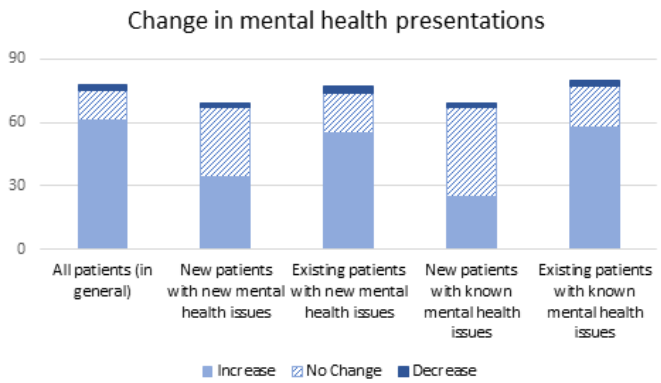
Strain on practice continued to be reported across the board. Unsurprisingly, a higher proportion of Victorian GPs reported severe impact on their practice compared to those in the rest of the country (35% vs 10%).

Personal protective equipment can be difficult to acquire; while only 26% report financial barriers, 73% of respondents experienced supply challenges.

Consultations Face-to-face consultations remain the predominant format. However, in Victoria only 39% of participants reported face-to-face consultations for more than half of appointments (compared to 76% across the rest of the country). Unsurprisingly, telephone consultations are more common in Victoria than other jurisdictions (52% vs 24% reporting more than half of consultations being conducted by telephone). Video consultations remain uncommon with 51% reporting no video consults at all.

Supervision Fewer than half of our respondents were involved in clinical supervision or training during COVID-19 lockdown. One-third (33%) supervised registrars, one-quarter supervised medical students (28%), and just 2 respondents supervised nursing students.

Mental health presentations Three-quarters of respondents noted an increase in mental health presentations to their practice. This was more commonly seen for existing patients, with both new and known mental health complaints.



COVID-19 testing and treatment Over the previous fortnight, just over a quarter of respondents (27%) reported testing people for SARS-CoV-2 infection in their practice.

- 90% triaged and referred patients for COVID-19 testing
- 31% treated patients through their practice
- 27% sent patients to hospital for treatment for suspected or confirmed COVID-19
- 61% recommended patients with suspected or confirmed COVID-19 symptoms or risk self-quarantine

Open Text Questions: We asked GPs to describe differences in mental health presentations since COVID-19 started to impact Australia. All participants responded (n=81), with two themes emerging:

Increased anxiety, stress and worry of patients was noted among two-thirds of participants (n=53; 65%). Increased depression and low mood was also noted, though less frequently (n=13; 16%).

- *"I think there is a marked increase in anxiety - even in people not previously diagnosed/affected or some previously depressed patients are also changing to a more anxious presentation"*
- *"Many new onset cases of Adjustment Disorder, Anxiety and depression affecting all ages : from teenagers to the very elderly. Patients are having difficulties to get family or network support"*

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- *"High degree of anxiety/worry due to rapid changes encompassing all facets of life ie health, life expectancy, family, social, finance, isolation, inability to work/travel, global current affairs eg violence, etc"*

Loss of effective supports and strategies due to changing environments was a commonly noted contributing factor to declining mental health in stable patients.

- *"People who previously had well managed mental health have lost their supports and activities that are protective factors and have reduced ability to cope. There's also a background anxiety about the lockdown."*
- *"There are new pressures on people (workplace, family, financial) for which they don't have strategies in place to manage, hence anxiety, mood changes etc. In addition, the strategies that they have used in the past (eg. distraction, holidays, travel, exercise, socialising, family contact) have been restricted, so they are without tools to cope."*
- *"Decreased support networks, people not able to engage in healthy coping methods e.g. walks. Exacerbation of anxiety due to COVID-19 or new anxieties associated with loss of jobs or health concerns regarding COVID-19."*

Barriers and enablers for focussed psychological strategies were mentioned by all participants (n=81). Many participants commented that the barriers and enablers encountered were not unique to the pandemic; however, circumstances have exacerbated existing issues making the barriers and enablers more prominent.

Enablers include access to psychologists, local mental health programs, and GPs confident in focussed psychological strategies.

- *"My preferred providers are more busy / booked out but have still been able to get treatment for all who need it. - mainly through the GP mental health / private system."*
- *"Wait times in my area are longer than normal….LHD and organisational (headspace) support has been useful."*
- *"Referral ok we have a psychologist in our practice. GPS in the practice are skilled in the management of anxiety"*

Telehealth is considered both an enabler and a barrier. Participants reported **telehealth allows connection with and monitoring of patients more frequently**.

- *"Tele health has been absolutely invaluable in this regard and has enabled me to reach out to patients even when they have been in rural or other settings isolating elsewhere and would normally not have been able to attend the practice. It has been fantastic"*
- *"Telehealth has allowed 'easy' follow up and ongoing discussion, helping people see the importance of seeking professional help for the mental health. Also allowed helpful, timely titration of any pharmacotherapy, particularly when medications are introduced and being able to coach/reassure people through the initial side effects (vs previously hoping a patient would present to talk about medications at the 2 and 6 week mark)"*

However, participants reported **lack of face-to-face psychology appointments as a barrier for patients**.

- *"Frustration around lots of psychologists not providing face to face sessions- this is a barrier for new patients to seek help as they struggle with rapport via Telehealth."*
- *"Few doing face to face. Impossible to get suicidal patients admitted or to see a psychiatrist"*
- *"chaotic patients difficult to manage via telephone consultations. Very few F2F psychological or psychiatric consultations available"*
- *"Patients who have not previously seen a psychologist can feel discouraged as the consultations are telehealth, not face to face."*

Out-of-pocket costs and waiting times are barriers for psychologist support.

- *"Cost of accessing psychological therapy always an issue but amplified by people losing their jobs and not being able to pay for therapy."*
- *"Wait times for psychologist appointments have blown out to several months."*
- *"Cost of psychologist in my local area charging gap $80-100 ++ per session even with private insurance extra cover/care plans. I bulk bill so patients prefer to see me (GP) and talk to me for 30 - 40 minutes instead!"*

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Series 6– Quick COVID Clinician Survey Summary (Australia)

Series 6 of the Quick COVID-19 Clinician Survey was fielded from 7th to 13th of August 2020 and received 64 responses. Confirmed cases of COVID-19 in Australia increased by 2,394 over the survey period to 22,358. Cases in Victoria comprise 71% of all Australian cases, with 96% of new cases during the survey period occurring in Victoria. Lockdown measures in Victoria may have decreased daily case rate, though deaths rates continue to rise. There have been 106 deaths due to COVID-19 during the survey period, with all but one in Victoria. Residential aged care accounted for 304 new cases (12%) - all in Victoria – and 20 deaths (27%). Members of the Australian Defence Force have been mobilised to support aged care facilities, many of which have been overwhelmed.

Demographics Most participants were general practitioners (n=62, 97%), of whom 21 were practice owners. Two practice nurses participated. 15 participants (23%) worked in rural practices. All jurisdictions except Tasmania or the Northern Territory were represented, with the majority from NSW (n=17, 27%) and Victoria (n=19, 30%).

Strain on practice continued to be reported across the board, with half of participants reporting major to severe strain (n=33, 52%). Unsurprisingly, the strain remains greatest among Victorian respondents, with 63% reporting high to severe impact compared to 47% of respondents outside of Victoria.

Stressors specifically experienced by general practices during COVID-19 include:

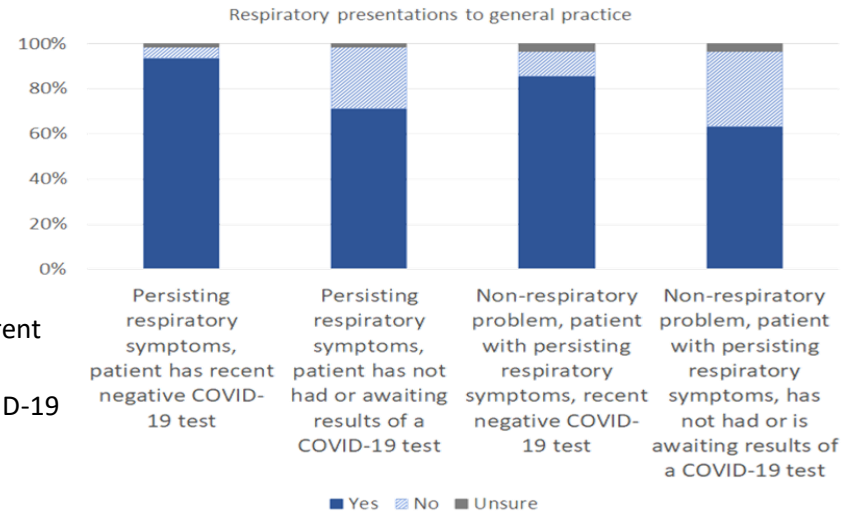
- General practitioners unavailable due to: illness or quarantine (77%); or working in respiratory clinics (14%)
- Front desk or reception staff being unavailable due to illness or quarantine (66%)
- Limiting well and chronic care visits (64%), large decreases in patient volume (38%)
- Supply issues for PPE (61%), financial barriers to PPE (30%), reusing or relying on homemade PPE (41%)
- Patients struggling with Telehealth (61%)

Consultations Face-to-face consultations remain the predominant format outside of NSW and Victoria, with 82% of respondents reporting more than half of all consults being conducted face-to-face. This compares to 42% in NSW and Victoria combined. Telephone consultations are being used at all practices. Nearly all respondents reporting a high proportion of telephone consultations (>50%) were in NSW and Victoria. Video consultations remain less common, though are being used by 31% of practices.

GP-led Respiratory Clinics (GPRCs) are set up specifically to assess and treat patients with respiratory symptoms to reduce spread of COVID-19 in general practice and the community. Of all participants, 75% are aware of a GPRC in their local area, 19% of participants report that they do not have a GPRC in their local area, and 6% were unsure of the availability of these clinics. Of all participants, six (9%) work in a GPRC, and two (3%) work in another type of COVID-19 testing centre.

Respiratory presentations to general practice are occurring, where patients who have respiratory symptoms and could attend a GPRC or other testing centre are still presenting to their usual GP. Almost all participants (97%) have had patients present to their general practice with persistent respiratory symptoms.

- 71% report patients presenting with respiratory symptoms without a recent COVID-19 test result, and 94% report seeing patients with a recent negative COVID-19 test but persistent symptoms.
- Patients are also presenting for non-respiratory problems where they have concurrent respiratory symptoms; 64% report such presentations for patients with no recent COVID-19 test, and 86% for those where they do have a recent negative test result.



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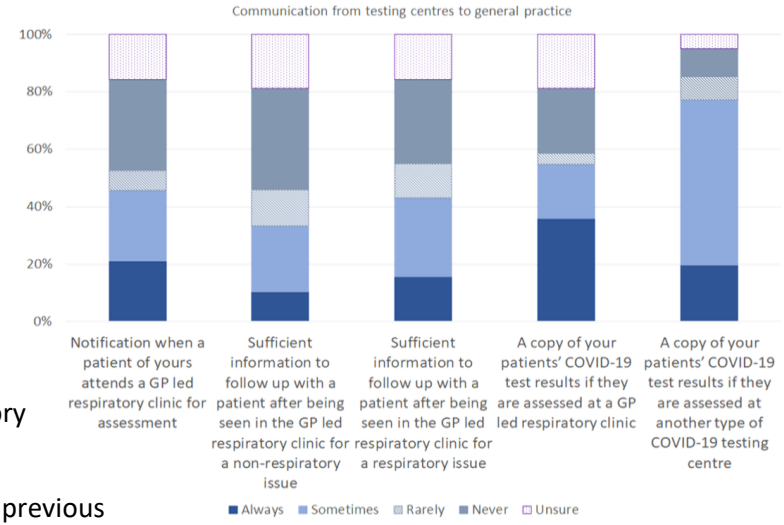
Information exchange between GP respiratory assessment clinics, other testing sites and general practice is important to support continuity of care for patients and to support an ongoing positive relationship between patients and their usual general practice. Exchange of patient test results appears to happen some of the time, however, sharing of information to support ongoing care for patients is often not happening.

- 36% always receive a copy of their patients' COVID-19 test results from a GP led respiratory clinic, and 20% from other testing sites.
- 39% rarely or never receive notification their patient has attended a GP respiratory clinic.
- For following up patients who have had assessment in a GP led respiratory clinic, only 33% report always or sometimes receiving sufficient information to follow up non-respiratory issues, and 43% for respiratory issues.



COVID-19 testing and treatment Over the previous fortnight, one-third of respondents (33%) reported testing people for SARS-CoV-2 infection in their practice.

- 88% report triaging and referring respiratory patients for COVID-19 testing
- 31% report treating COVID-19 patients in general practice
- 27% report sending patients to hospital for COVID-19 treatment
- 56% report have recommended patients with respiratory symptoms self-quarantine
- 17% have monitored patients at home for symptoms of COVID-19

Open Text Questions: We asked GPs to tell us about their experience of their patients attending GP respiratory clinics and other testing centres:

Patients do not know when to attend a GPRC or other testing centre despite messaging throughout GP clinics about presence of respiratory symptoms. Participants believe potentially inappropriate presentations to general practice are due to (i) disbelief in the severity of symptoms, and (ii) wanting to see their regular GP.

- *"Patients consistently underestimate the significance of their symptoms and need to be tested and self-isolate."*
- *"Mums being reluctant to get young kids tested, entering GP practices when there are sign posts advising not to enter with certain symptoms"*
- *"Some patients don't seem to be getting the message that even non-COVID-19 respiratory illnesses need to go to respiratory clinics and not usual general practice. Either that or they don't care. There seems to be no understanding about the impact on GPs of getting any respiratory illness themselves."*
- *"…Patients are expressing their first preference of being assessed by their regular and familiar GP"*

GPs are contributing to COVID-19 management and follow up, though do not feel supported in doing so. Clear guidelines for GP management of COVID-19 as well as communication from respiratory clinics and other testing centres are needed to allow primary care clinicians to provide continued support for patients.

- *"GPs must absolutely be involved and we urgently require clear guidelines on home management of mild covid cases. We must also receive covid testing results."*
- *"General respiratory illnesses need to be assessed. Personal follow-up by GPs makes a difference to patient testing/ behaviour/ isolation and CovidSafe app use."*
- *"Once I refer patients to Resp Clinics I do not get any information or letter/dc summary or covid results back so I cannot follow up my regular patients. "*
- *"If patient attends resp clinic, I get no feedback. I get COVID result if they attend testing centre but only if I provide form to refer them."*

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Series 7 – Quick COVID Clinician Survey Summary (Australia)

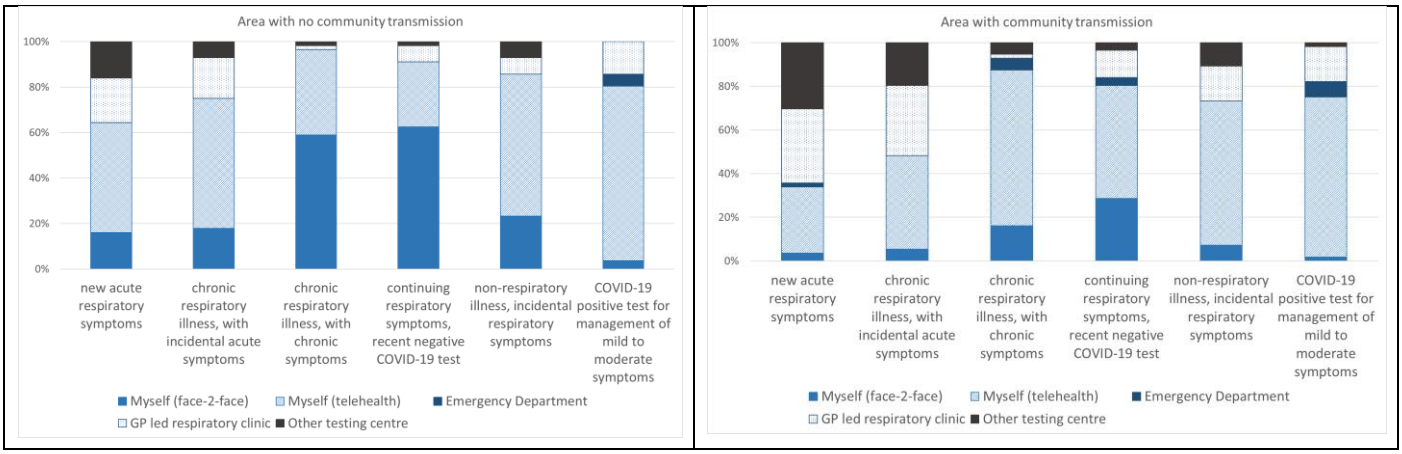
Series 7 of the Quick COVID-19 Clinician Survey was fielded from the 21st to 27th of August 2020 and received 56 responses. Confirmed cases of COVID-19 in Australia increased by 1,086 over this period to 25,322, with emergence of limited community transmission in Queensland. Lockdown measures in Victoria started to show benefits; while Victorian case numbers remained high (1,031 new cases during the survey period), this was about half that of the previous survey period (2,394 cases from 7 to 13 August). More than 5.5 million tests for COVID-19 have been conducted in Australia since the pandemic began, nearly 500,000 during this survey period. 2.3 tests per 1,000 returned a positive result nation-wide, with 8.0 positive tests per 1,000 in Victoria.

Demographics All 56 participants were general practitioners, of whom 21 (38%) were practice owners. 11 participants (20%) worked in a rural practice. All jurisdictions other than the Northern Territory were represented in this survey: NSW 38%; Victoria 21%; Queensland 14%; SA 5%; WA 4%; Tasmania 4%; ACT 14%.

Patients with respiratory symptoms We asked participants about their preferences for assessing patients in hypothetical areas with and without community transmission of SARS-CoV-2.

Unsurprisingly, respondents' preference for seeing patients face-to-face was reduced if they were faced with working in an area with community transmission. Only a small proportion reported a preference for assessing a patient with new acute respiratory symptoms face-to-face (16% in areas without community transmission, compared to 4% in areas with).

In areas without community transmission, respondents generally preferred to assess their patients with chronic respiratory disease who had either chronic symptoms, or acute symptoms with a negative COVID-19 test, themselves, in person. However, in an area with community transmission, while respondents still preferred to assess these patients themselves, it was more likely to be via telehealth.



Regardless of whether the scenario involved community transmission or not, respondents had a strong preference for managing their COVID-19 patients who have mild-to-moderate symptoms themselves via telehealth (77% in areas with no community transmission, 73% in areas with community transmission.

Despite this preference, only half of respondents indicated they were monitoring or treating patients with suspected or confirmed COVID-19 (including within Victoria).

Patients requiring COVID-19 testing Nearly three-quarters of respondents (73%) indicated they would refer patients for a SARS-CoV-2 test to a GP-led respiratory clinic or other testing centre (rather than conduct it themselves).

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Open Text Questions: We provided an opportunity for GPs to expand upon their management choices from the hypothetical cases above. 28 responses were provided. GPs commented that they default to telehealth to assess and advise their patients on where to best receive follow up face-to-face care when required. However, there are circumstances when telehealth triage and advice is not working.

Telehealth to assess, advise and arrange for care in house or at an appropriate COVID-19 designated centre

- *"If after initial telehealth consultation I determined that further examination was needed, I would arrange that to occur with appropriate level of protection including separation from main part of clinic if respiratory symptoms, or possible/confirmed COVID19"*
- *"In my practice we use telehealth to triage all patients with and without respiratory symptoms. We triage those with respiratory symptoms to our own practice run URTI clinic which is headed by one of our GPs dressed in full PPE and runs every afternoon to assess manage and perform Covid swabbing if required."*
- *"Patients with atypical presentations- I would try to assess using Telehealth and make a decision about testing or F2F consultation"*
- *"My method is assess in a safe way - ie. Telehealth. Direct EVERYONE for testing."*

Sometimes face-to-face is preferred for assessment of babies and children

- *"Children with URTI symptoms, more likely to review F2F outside"*
- *"I have been seeing babies with acute moderate respiratory symptoms in person or referring to ED."*

Despite embracing telehealth, face-to-face respiratory presentations are still occurring in general practice

- *"It continues to be incredibly frustrating the number of people who are dismissive of the importance of any respiratory or flu-like symptoms and their disregard for the health of others when they move around the community and seek healthcare ignoring triage questions and signs asking them not to enter."*
- *"There has also been stress when patients with potential symptoms get seen in F2F consultations without wearing PPE."*
- *"[Patients are] presenting with another illness and despite multiple denial of respiratory symptoms have got symptoms – send for COVID test and self isolate."*

Access to services, such as GPs and testing centres, is complex for clinicians and patients in areas spanning borders.

- *"I live on the NSW-VIC border so this has also impacted on testing site availability"*
- *"Depends on waiting times Depends on cross border availability."*
- *"I am on the border between Stage 4 and stage 3 restrictions creating challenges for our patients in stage 4 and traveling to us in stage* 3"

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Series 8 – Quick COVID Clinician Survey Summary (Australia)

Series 8 of the Quick COVID-19 Clinician Survey was fielded from the 3rd to the 10th of September 2020 and received 52 responses. Confirmed cases of COVID-19 in Australia increased by 694 over this period to 26,513. Lockdown measures in Victoria continued, linked to an ongoing reduction in case numbers, with daily cases under 100 for the first time since July. Over the survey period, 590 cases were reported in Victoria, an average of 74 cases per day, and a 5-step roadmap to ease Victorian restrictions was announced. Concerns about ongoing cases of healthcare worker infection continued, with data released suggesting as many as 70% were contracted at work.

Demographics All 52 participants were general practitioners, of whom 17 (33%) were practice owners. 16 participants (31%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 27%; Vic 21%; Qld 23%; SA 8%; WA 4%; Tas 2%; NT 2%; ACT 14%.

Impacts on vulnerable patients

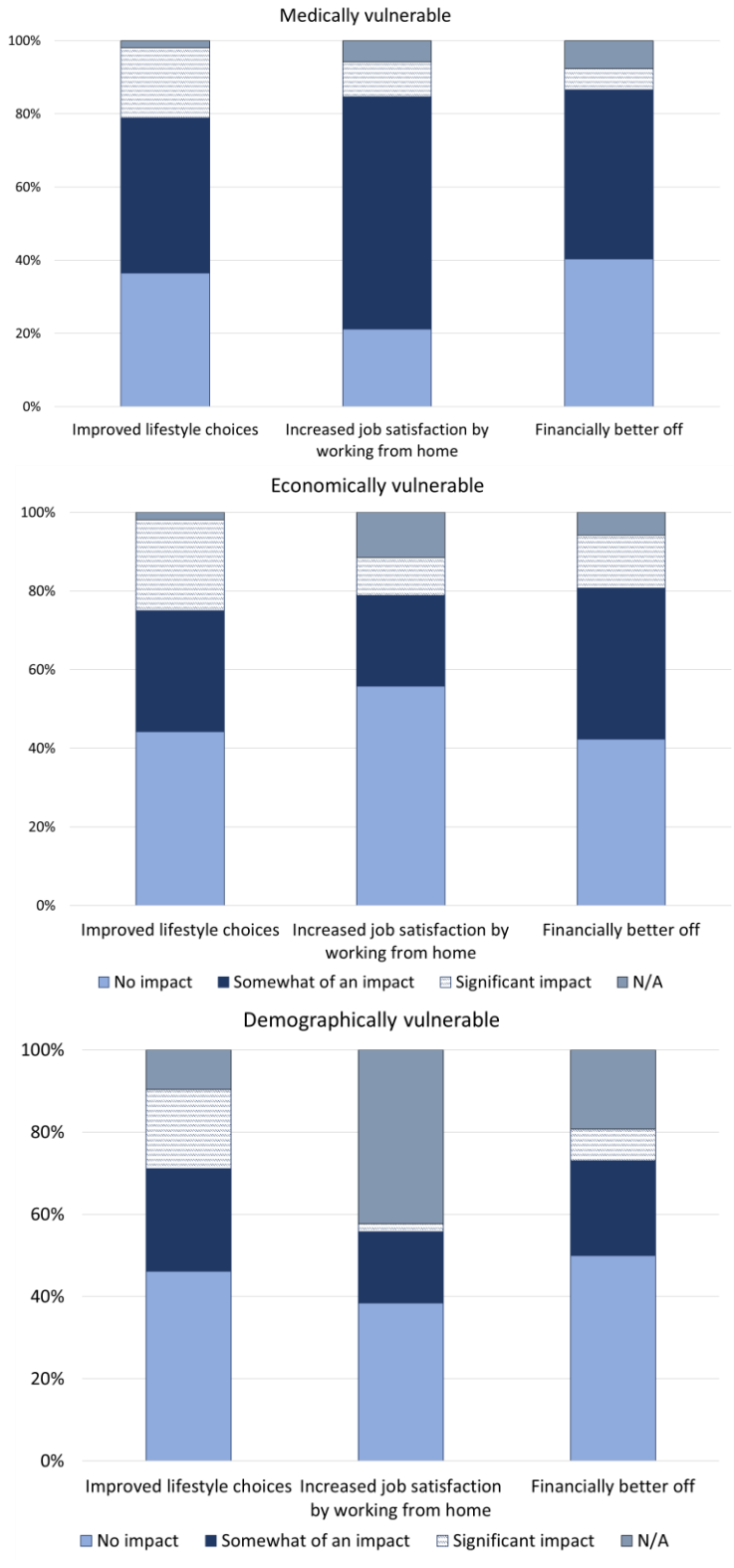
Respondents' were asked about the impacts of the COVID-19 pandemic – positive and negative – they had observed on their vulnerable patients. Vulnerable patients included medically (e.g. somebody with Type 2 diabetes, immune compromised), economically (e.g. living in poverty, unemployed, underemployed, recently lost job, casual worker), or demographically (e.g. somebody who is over the age of 80, Aboriginal or Torres Strait Islander, from a migrant background, in a residential aged care facility) vulnerable.

Positive impacts were reported for a higher proportion of medically vulnerable patients than for those who are economically or demographically vulnerable.

Among medically vulnerable patients, improved lifestyle choices had somewhat or significant impact for 63%, compared to 55% of economically vulnerable and 49% of demographically vulnerable patients.

Increased job satisfaction by working from home was reported to have somewhat to significant impact for 78% of medically vulnerable patients, compared to just 37% of economically vulnerable and 33% of demographically vulnerable patients.

Around half of medically and economically vulnerable patients (56% and 55% respectively) were reportedly financially better off, compared to just 38% of the economically vulnerable.



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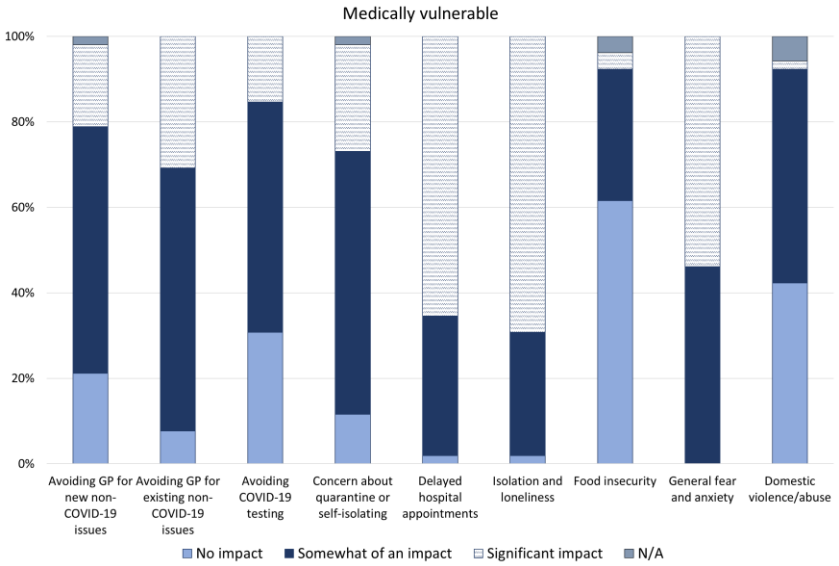
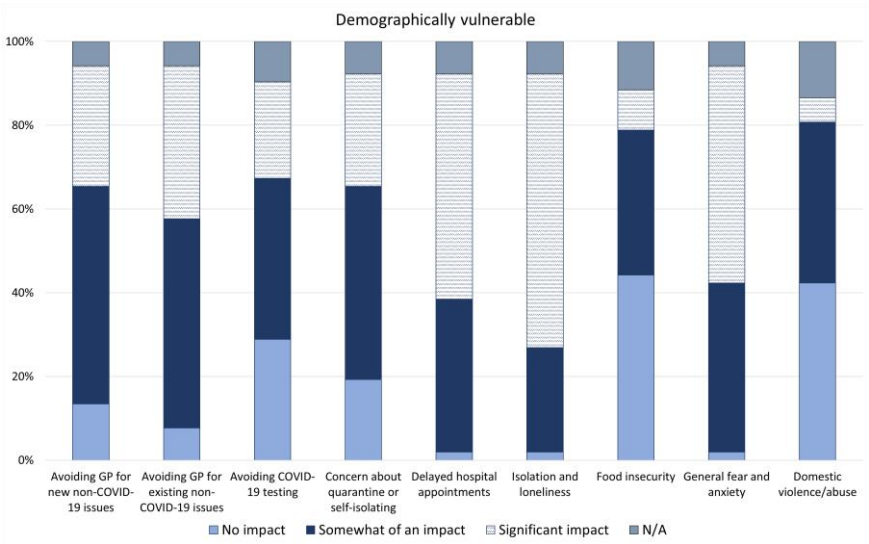
Negative impacts of the pandemic were more prominent than positive ones for vulnerable patients in general practice.

A somewhat to significant impact was reported by well over half of respondents for vulnerable patients' avoiding health care and having concerns about quarantine / self-isolation.

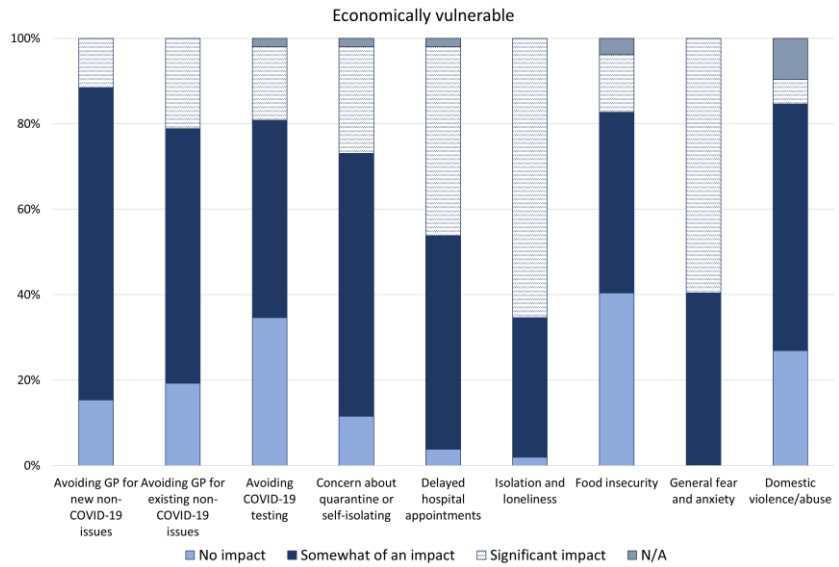
Delayed hospital appointments for follow-up and investigations were reported as having somewhat or significant impact by the majority of respondents (96-98%) for all groups of vulnerable patients.





Similarly, Isolation and loneliness, and general fear and anxiety, were reported as somewhat to significantly impactful by nearly all respondents (98% isolation/loneliness; 98-100% fear/anxiety) for all groups of vulnerable patients.

Unsurprisingly, food insecurity was more commonly reported to impact economically vulnerable patients (58% compared to 36% of medically and 50% of demographically vulnerable patients). A similar pattern was seen for domestic violence and abuse (70% of economically vulnerable compared to 55% of medically and 51% of demographically patients).



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Open Text Questions: We asked GPs what other issues they have noticed impacting potentially vulnerable patients during the COVID-19 pandemic. We received 20 responses. GPs identified access to health care as important feature for vulnerable populations.

Reduced access to both clinical and public health services was noted as a negative impact experienced by vulnerable patients.

- *"Difficulty accessing and navigating services. Difficulty accessing medical care in ED departments Due to 'turn-always' - Too busy to deal with issues presenting."*
- *"Hard [for patients] to re-engage with community activities without stress or anxiety"*
- *"Delay in accessing mental health services as increased waiting times"*
- *"Difficulties for people with disabilities in getting services"*
- *"RACFs excluding GPs, physios etc affecting care for non-COVID conditions despite very low risk (Qld)"*

Increased access, often by telehealth, was considered a positive impact for all patients, particularly vulnerable patients.

- *"Patients who have regular access to, &/or regular counselling cope much better in general, and in the current Covid19 situation."*
- *"Teleconsultations have increased their access to GP's as they don't need to travel."*
- *"Ability to do Telehealth which has improved access to patients"*

Each survey we ask clinicians to comment on their general experience during the COVID-19 pandemic. Themes of stress and fatigue remain common, with the financial strain of mandated bulk billing for telehealth items as a major contributor to both personal and practice strain.

- *"The fatigue of the ongoing crisis is starting to catch up with both clinicians and patients."*
- *"There is a heavier mental load on us as well as on patients, and we then also have the heavier mental health load at work. We cannot leave work at work as it is everywhere AND we need to stay up to date with what is happening so that we can support our patients."*
- *"It would be very helpful to not have to bulk bill telehealth. This has put a strain on our practice."*
- *"Now we have an increase in the COVID cases in the area and likely will need to return to more telehealth. This puts significant financial strain on the practice due to mandatory bulk billing rules."*
- *"Reduced income as we have now become a BB practice as distinct from mixed billings"*
- *"Tele consults have been good for patients but as 99% are bulk billed, GP's are effectively giving away their profit."*

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