

Réseau sur les innovations
en soins de santé de
première ligne et intégrés



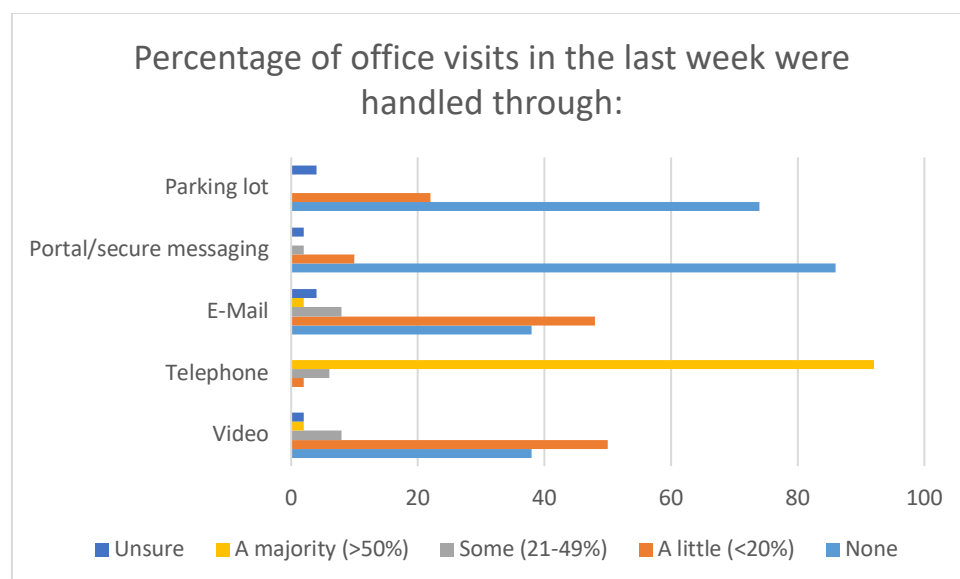
Primary and Integrated
Health Care Innovations
Network

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

On Friday April 10, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 1 of the weekly Canadian Quick COVID-19 Primary Care Survey.

One of every three primary care clinicians report their practices are under high levels of strain. Almost all (94%) primary care clinicians limited well and chronic care visits due to COVID-19 related reasons. More than half (58%) of respondents reported that COVID-19 had led to increased number of patients with mental or emotional health needs and strained the practice because of the number of patients who cannot use telehealth (no computer/internet). One in every three clinicians reported lack of access to personal protection equipment (PPE) or having to re-use PPE/rely on homemade PPE options. Staffing outages related to illness or self-quarantine are high among clinicians (56%), other staff such as office managers (40%) and front desk support (44%).

Clinicians reported they are reimbursed for about half (54%) of what they did in the last week. Most primary care visits were completed over the telephone with little done using e-mail, video, a portal or secure messaging and very few were completed in a parking lot.



Additional Main Findings

- Two thirds of clinicians report insufficient COVID-19 testing capacity (8% have none; 28% must sent patients to a COVID-19 testing centre; 26% have limited ability); one third of clinicians have capacity to carry out COVID-19 testing based on PHAC guidelines or clinician judgement

- Referring patients with COVID-like symptoms and checking on patients at home by phone was a high or moderate priority (88%)
- 60% of clinicians considered redeploying clinicians or staff to new roles within their practices as a high or moderate priority
- Well child visits (<3 years old) and scheduled preventive care were considered low priority (60%, 68%, respectively) this past week

Methods – On Friday April 10, The Strategy for Patient Oriented Research Primary and Integrated Health Care Innovation Network in partnership with the Larry A. Green Center, launched Series 1 of the weekly Canadian Quick COVID-19 Primary Care Survey. An invitation to participate was distributed to primary care clinicians across the country and remained open until April 13, 11:59pm PST.

Sample – 50 clinician respondents from Family Medicine (92%), Advance Nursing Practice (4%), 2% were from other disciplines serving inner city patients. Responses were mostly from British Columbia and Ontario with some from Alberta, Manitoba and the Northwest Territories. Practice settings for respondents included 20% rural, 96% larger than 3 clinicians, and 18% some type of community health centre. The majority of our sample (84%) had seen English-speaking only patients. Twenty-eight percent owned their own practice and 30% were associated with an academic center.

Policy Implications – The additional financial strain on primary care practices due to COVID-19, especially in light of some physicians experiencing changes to fee-for-service billing is a source of incredible stress on private practices. Adequate payment for telephone/secure video and text messaging and adequate infrastructure to carry out functions of primary care require immediate policy attention.

Quotes:

Personal Protective Equipment

“lack of PPE and lack of testing are the most pressing problems” Family physician #12

Changing primary care

“routine care [has] almost disappeared” Family physician #2

“we can do a lot more virtually than I had previously thought possible” Family physician #3