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Series 11 – Quick COVID Clinician Survey Summary (Australia)

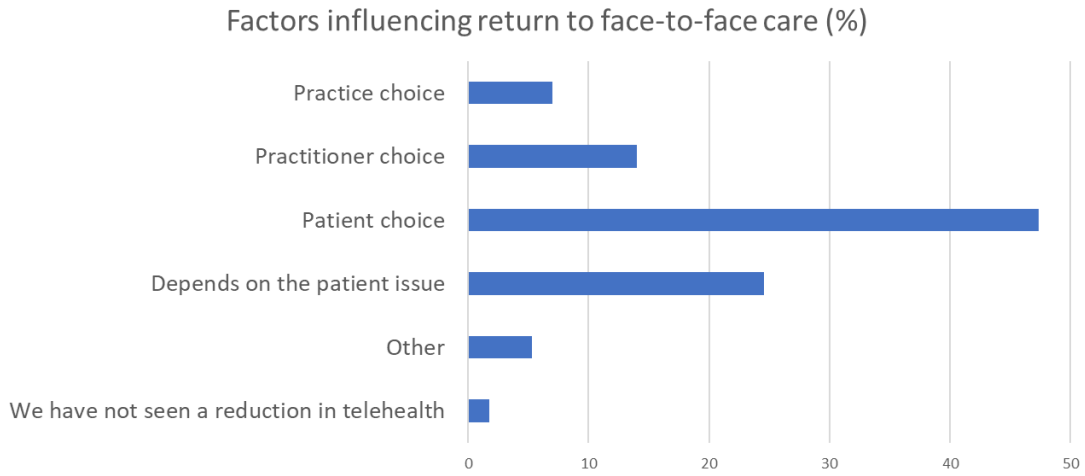
Series 11 of the Quick COVID-19 Clinician Survey was fielded from the 11th to the 19th of November 2020 and received 57 responses. Confirmed cases of COVID-19 in Australia increased by 106 over this period to 27,784; over three-quarters of new cases were overseas acquired. Victoria has effectively eliminated community transmission; there were no new cases of COVID-19 in Victoria during the survey period. South Australia has reported a cluster of cases where there may be community transmission.

Demographics: Participants included three practice nurses and 54 general practitioners (of whom 13 were practice owners). Nine participants (16%) worked in a rural practice. Responses were received from: NSW 21%; Vic 11%; Qld 9%; SA 11%; WA 2%; ACT 47%. There were no participants from Tasmania or the Northern Territory in this survey.

Impact: Strain on practices persists, but the proportion reporting moderate-to-severe strain has decreased to 54%. Loss of staff due to illness or self-quarantine continues (general practitioners out - 61%; nursing staff out – 53%; reception staff out – 63%).

Consultations: During the survey period, 37% of respondents reported care being provided via video. Telephone appointments were offered by most respondents, but for less than 20% of consultations by 49%, and for 20-50% of consultations by 41%.

Consultation format: We asked participants about changes in the balance of telehealth and face-to-face care in the previous 3-months, and what factors influenced reductions in telehealth where that occurred. Patient choice was the perceived driver in nearly half of responses.



Open Text Questions: We asked participants why they think face-to-face consultations have increased. We received 39 responses, from which three themes could be identified.

1. **Patients feel safe** to return to in person visits with their GP, and often appear to prefer face-to-face consults.
   - *"People seem to be feeling safer to come in especially older pts who seem to prefer F2F so long as they feel it's safe."*
   - *"As less cases in ACT more confidence with patients coming into the surgery."*
   - *"Overall, patients are more confident to come back to face-to-face consultation."*
   - *"Our practice is small and I think patients felt safe to come in."*
   - *"A lot more patients (and practitioners) are happy with F2F consults, especially in light of the low COVID cases locally."*
   - *"Many patients feeling safe in our area with little cases. Masks in practice helped confidence initially."*

2. **Patients are more confident identifying when telehealth is appropriate** and book appointments accordingly.
    - *"Patients are becoming more literate with telephone and telehealth options. They have become much more discriminating about what consults are appropriate to do remotely."*
    - *"Patients who have symptoms of concern are keen for FTF consults but most who simply need scripts, referrals, results for example are requesting phone consults."*
    - *"…. they still choose teleconsult for consultations that they perceive feasible on teleconsult such scripts renewal, results follow up , routine referrals."*
3. **Telehealth remains viable for infection control**. Awareness of social distancing for infection control is observed as coming from practice, clinician, and patient levels.
    - *"We are continuing to encourage patients to take up the option of telehealth…to manage the waiting room."*
    - *"Being in metro Melbourne we are just starting to increase our face to face consultations, but keeping a mix of telehealth to manage waiting room numbers etc."*
    - *"We have some clinicians who are working from home for whom telehealth remains the preferred option."*
    - *"Patients still prefer telephone consults to avoid coming [in] and sitting in waiting room full of sick people."*

We asked participants what was appropriate and what was inappropriate for telehealth consultations.

Appropriate consults for telehealth (n=57) included known patients with simple presenting problems (that did not require examination), administrative procedures and reviews, and consultations with patients that may otherwise not attend.

- *"[Telehealth] has been fantastic for simple results. It has also been good for routine care plan reviews, a lot of which doesn't need face to face review."*
- *"Telehealth via whatever format works better with patients I know well. I suspect [patients] feel more confident about it with a doctor they know well too."*
- *"Issues requiring administration, likely renewed referrals, some renewal of prescriptions or discussing most types of results are largely suitable to Telehealth. Whereas most other consults work better when done F2F."*
- *"Very good for rural patients who live far away from town."*

Conditions identified as appropriate for telehealth varied by practitioner, but included: some basic pregnancy counselling, basic mental health counselling, palliative care, identification of skin issues (by video), reviews for chronic disease management when patients have access to home equipment (e.g., sphygmomanometer), mild respiratory issues, suspected COVID-19.

Inappropriate consults for telehealth (n=57) included anything requiring an examination or procedure, new conditions or new patients, and sensitive counselling sessions.

- *"Anything requiring a physical examination that is not immediately recognisable in a photo, e.g. new musculoskeletal injuries, skin checks, women's health checks, shortness of breath. Procedures of course, or anything that may require a procedure on the day (e.g. vaccination)."*
- *"Complex older patients should be seen at least every few months face-to-face I believe, because they are not always aware that they are deteriorating."*
- *"New patients. Routine patients not seen for say 6 months."*
- *"Acute presentations, potentially serious conditions e.g., chest pain"*
- *"Breaking bad news."*

Conditions identified as inappropriate for telehealth varied, but included: Acute pain/distress, pain management (e.g., opioid prescriptions), baby and infant checks, musculoskeletal injuries, complex mental health counselling (especially high-risk patients), skin issues that require examination, abdominal pain, chest pain, pregnancy care >20 weeks, procedures (e.g. IUD placement), domestic abuse.

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