

Series 16 – Quick COVID-19 Clinician Survey Summary (Australia)

Series 16 of the Australian arm of the Quick COVID-19 Clinician Survey was fielded from the 10th to the 16th of September 2021 and received 57 responses. During this time period, a significant outbreak of the delta strain of SARS-CoV-2 affected NSW, Victoria and the ACT. Confirmed cases of COVID-19 in Australia increased by 12,357 over this period to 80,402, of which 18,951 were active at the close of the survey period. 1,443 people were in hospital, and 824 in an intensive care unit. A further 62 deaths were reported in this period.

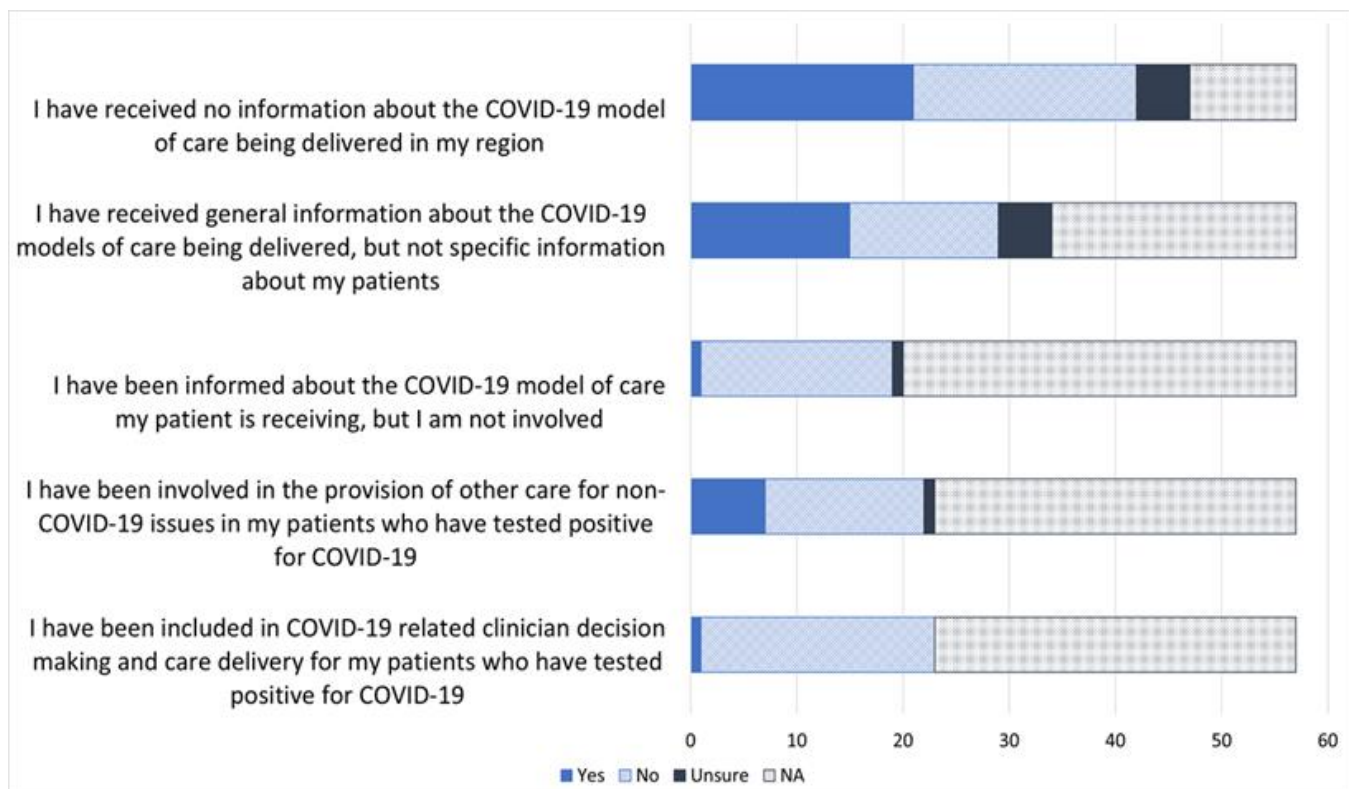
Vaccination rates have continued to increase markedly, with 45.4% of Australians aged 16 years and over being fully vaccinated against COVID-19 as at 16 September. A further 25.1% had received one dose of a COVID-19 vaccine.

Demographics Survey participants included 57 GPs, 23 of whom were practice owners. 14/57 (25%) respondents reported working in a rural practice. Responses were received from all jurisdictions other than Tasmania: NSW 51%, Vic 16%, Qld 14%, SA 11%, WA 2%, NT 2%, and ACT 5%.

Strain on practice remained significant, being rated high to severe for 40/57 (70%) of respondents, and moderate for a further 10/57 (17.5%), with few reporting little to no strain.

Consultations moved towards telehealth in light of the outbreaks of COVID-19; all respondents were using telephone consultations, with two-thirds some to a lot of the time (61.4%). There has been increased uptake of video consultations, in line with some Medicare item numbers being claimable for video but not telephone telehealth only; in this survey around a third were not using video at all (38.6%).

Care of patients with COVID-19 We asked respondents about whether they had been notified by the COVID-19 clinical response / public health team about any of their patients testing positive for COVID-19, with 6/52 stating yes and 46/52 no. We sought more information about the coordination of care for patients with COVID-19 disease. Only 21 respondents indicated that they were aware of what should happen for their patients diagnosed with COVID-19 and what their regional model of care was.



Few clinicians were involved in the care of their patients who had been diagnosed with COVID-19. 7/22 were involved in provision of non-COVID-19 care. Just one respondent (of 23) indicated they had been involved in COVID-19 decision making for their patients.

Of those involved in COVID-19 care of their patients, 6/57 indicated remuneration was provided entirely through existing MBS item numbers (plus or minus a gap fee) (all others indicated 'not applicable').

Open Text Questions:

When asked what information they would like, and from whom, participants specifically highlighted they want information from State or Territory Health Authorities and Primary Health Networks about:

- (i) Patients testing positive for COVID-19 (who and when); and
 - (ii) Protocols for management including who is responsible for care, indications for escalation and pathways for hospitalisation, and post COVID-19 infection advice especially around vaccination.
- *"I would like to have been informed of any of my patients testing positive for Covid-19. I have had to rely on the patients informing me themselves"*
 - *"I would like to know what systems are in place for home based covid care in my area"*
 - *"That they have even been diagnosed, and discharge summaries after being released from virtual hospital to be received in a timely manner. Discharge summary to include advice on timing of vaccination."*
 - *"Who has Covid, what and when have they been told, what resources have they been given, what PHU expects of me, what advice for the rest of the patient's family and for our surgery"*
 - *"I would like to know from the Local Health Authority whether they will be monitoring my patient or whether I need to. I would like to know if there is a protocol such as a symptom checklist, when to monitor oxygen saturations etc. I think this needs to be in place prior to us becoming overwhelmed by potential patients."*

Participants also expressed frustration about the poor consideration of primary care in COVID-19 management, despite many COVID-19 positive patients being managed in the community.

- *"There is a distinct lack of planning to involve GPs in COVID management other than vaccinations"*
- *"Liaison with GPs needs to improve. With more covid in the community and failing virtual hospital resources we should be given more support, communication and remuneration for providing covid care"*
- *"I am a Health Pathways lead and have been very frustrated by the unwillingness to engage with our team to clearly delineate roles for care. There is very poor co-operation and trust. And now that they are so busy, they are behind in contacting patients and still not asking GPs to help."*
- *"Frustrated that my patients with Covid are officially admitted to HITH 2 days before they are actually contacted by them. This means that when they reach out to me for advice and care, I cannot be paid for my care by Medicare. The model needs to be changed."*
- *"I'm exhausted because it's a daily battle to advocate for our patients against the force of our LHD who just want to monopolise care of our patients in the community but who are struggling with capacity to do so and have no understanding of the importance of continuity of care and the relationships we GPs have with our patients."*

Other expressed issues included information overload, feeling devalued, the burden of ongoing challenges with vaccine counselling and patient mental health, and practice challenges from COVID-19 contamination.

- *"Exhausting keeping up with the information - Telehealth set-up -> vaccinations -> treatments."*
- *"Fed up with getting news of vaccination roll out changes from patients hearing it on the TV in our waiting rooms. This is unprofessional, and treating us like health department lackeys, instead of valued team members"*
- *"The negative media portrayal of the AZ vaccine and the lack of availability to Pfizer vaccine in our area has led to a lot of time spent reassuring patients that AZ is safe for them. It has added literally hours of extra work onto the GPs not to mention the stress on the reception staff from patients unhappy that they can't get Pfizer vaccine straight away."*
- *"Dealing with the significant rise in mental health problems in both adults and children has been quite overwhelming, on top of general medical care and talking to every patient about vaccinations"*
- *"The sheer burden of mental health issues caused by or exacerbated by the pandemic has been overwhelming"*
- *"Recent significant impact on our practice by neighbouring practice having a positive case and causing closure/isolation of all staff for 2 weeks, halving the town's medical workforce."*