Australian National University

Academic Unit of General Practice
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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.

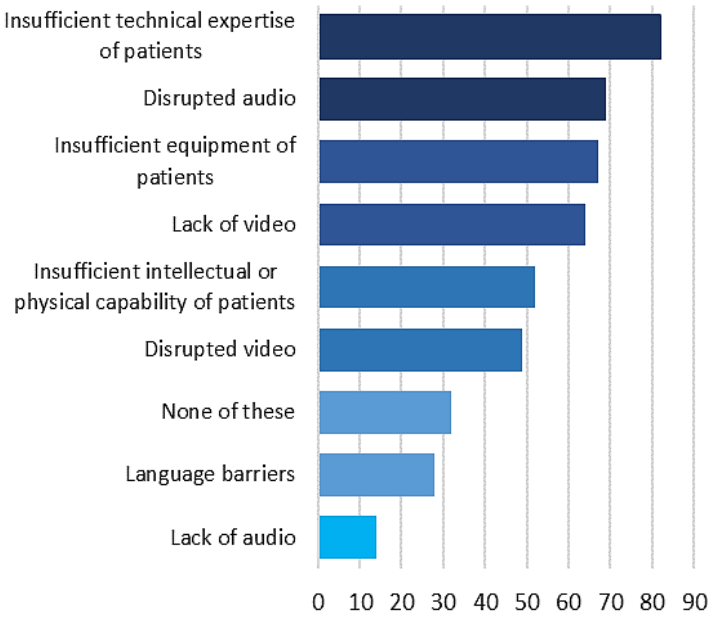
Demographics 170 participants (30%) were general practitioners, including 56 practice owners and two who were both practice owners and managers. Eleven practice nurses (6%) participated in this survey. 44 participants (23%) worked in a rural practice. All jurisdictions were represented in this survey: 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

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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."*