

Series 4 – Quick COVID Clinician Survey Summary (Australia)

Series 4 of the Quick COVID-19 Clinician Survey was fielded from 10th to 17th of July 2020 and received 45 responses. Confirmed cases of COVID-19 in Australia increased by 1,876 over this period to 11,235. Most new cases (1,786 cases, 95%) were reported in Victoria, where rates of community transmission have continued to rise. Several outbreaks associated with public venues such as hotels, restaurants and gyms have occurred in NSW. Immediately prior to the survey period, on July 8, the greater Melbourne area as well as the adjoining Mitchell Shire returned to Stage 3 restrictions and international arrivals into Melbourne were suspended. Regional Victoria and other states and territories maintain light restrictions.

Demographics All 45 participants were general practitioners, of whom 17 (38%) were practice owners. 17 participants (38%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 33%; Victoria 13%; Queensland 13%; SA 11%; WA 7%; Tasmania 2%; NT 4%; ACT 16%.

Strain on practice persists with 91% of participants reporting moderate to severe impact from the pandemic. Half of participants report lack of PPE (51%) and one third report reusing PPE or relying on homemade PPE (35.6%). Most participants (94%) report practice staff (GPs, PNs or administrative staff) being unable to work due to illness or self-quarantine. Two thirds of participants (64%) report that their patients struggle with virtual and telehealth options.

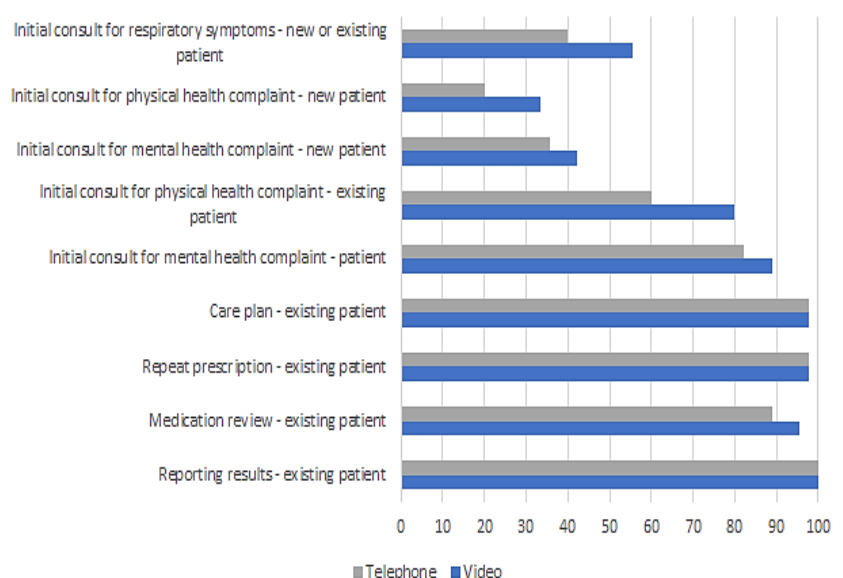
Consultations Face to face consultations are the predominant format, with two thirds of participants reporting face to face consultations for more than half of appointments. Telephone consultations remain more common than video consultations, with 56% reporting no video consults at all compared to just 4% respondents reporting no telephone consults. Online asynchronous care (e.g. online chat) is occurring infrequently, with 18% of respondents reporting using such formats for <50% of appointments.

Hygiene and Infection control measures implemented during the pandemic have been relaxed at more than half of participant practices (62%). Most common measures to have been relaxed include masks and PPE (42%) and physical distancing (22%). Most common measures to continue include hand sanitising (95%) and telephone triaging (93%). Not surprisingly, no respondents from Victoria reported relaxation of hygiene or infection control measures at their practice.

Safety of virtual consultations via video or phone was rated by GPs for new and existing patients with physical health complaints, mental health complaints, routine follow up, or forward planning.

- Video was considered safe for an initial assessment of respiratory symptoms by 25 (56%), while 10 respondents felt it unsafe. Telephone was considered safe for an initial assessment of respiratory symptoms by 18 (40%), while 16 respondents felt it unsafe.
- Fewer than half of respondents considered video or telephone consultations safe for new patients for physical or mental health complaints. However, most participants considered video consultations safe for existing patients with new physical or mental health complaints (80% and 89% respectively).
- Both video and telephone consultations were generally considered safe for medication review (96% and 89%), preparing care plans (98% each), repeat prescriptions (98% each), and follow up of results (100% each).

Participants (%) who consider the following consultation format safe



COVID-19 testing and treatment In the past two weeks, less than half of respondents (44%) reported testing people for SARS-CoV-2 infection in their practice. One quarter (26%) report treating people with confirmed or suspected COVID-19 in their practice.

- 80% triaged and referred patients for COVID-19 testing
- 20% sent patients to hospital for treatment for suspected or confirmed COVID-19
- 60% recommended patients with suspected or confirmed COVID-19 symptoms or risk self-quarantine
- 40% have monitored patients at home for symptoms of COVID-19

Open Text Questions: We asked GPs what factors influence their choice for video, phone or face to face consultations. GPs expressed a strong preference for face-to-face consultations. Our other surveys have highlighted low preference for video consults due to lack of appropriate equipment and technical challenges.

Face-to-face is preferable for non-verbal cues and physical examination

- *“How well I know the patient or have a complete file to review if they are not my regular patient. Mental health - prefer face to face for the therapeutic relationship. Physical exam - need face to face”*
- *“Face to face for body language and how sick they look, new patients you have no feel for so very hard especially with no visual clues”*

Phone is acceptable, sometimes preferable, for simple consults with existing patients

- *“Phone for simple things - reporting normal result, simple query by patient, prescriptions”*
- *“Only use phone for follow-up, scripts, care plans and some initial complaints of established patients. The better I know them, the more likely I'd be happy to do a phone consultation”*

Phone or video is preferable only when infection risk is high

- *“Fear of spreading infection encourages telehealth. Face to face preferable for most consults in a low risk environment”*
- *“[Phone and video are] safe from Infection point of view and is viable alternative given lack of/cost of PPE supply, but not safe from medico-legal point of view as you cannot examine patient or give oxygen etc.”*
- *“If any risk of infection needs to be telehealth”*

Patient preference plays a part in choosing consultation format

- *“some patients that I have seen face-to-face in the surgery or at home even though it is not strictly clinically necessary; I have done this purely because they have expressed or implied a need for human contact.”*
- *“Very few of our patients are able to manage video consultations so we are not offering these”*
- *“Ease of access for patients and doctors”*

We asked clinicians if the country should open... Unlike previous responses in series 1 (majority, ‘It depends’) and series 2 (majority, ‘yes, for domestic travel’), most participants (80%) responded ‘No’. 30 Participants reported reasons for their answers, most relate to the increase in COVID-19 cases from international travellers and Victoria. Example quotes include:

Answer	n(%)
Yes	1 (2)
No	36 (80)
Unsure	5 (11)
It depends	3 (7)
Total	45 (100)

- *“There appears to be a high rate of COVID-19 in travellers returning from overseas. With the high transmissibility, outbreaks and deaths will occur akin to that we have been seeing in the UK / US / Europe.”*
- *“Victoria. We are seeing an explosion of cases in Melbourne. It’s a stark reminder that COVID19 is still with us and can spiral out of control quickly. We must all keep our collective guard up - no matter how tired of it we are.”*
- *“On the epidemiology at any given time. Clearly not in Melbourne. Other states are looking much better.”*
- *“We need to continue limiting spread by reducing travel and overseas/Vic contacts.”*

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