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Series 7 – Quick COVID Clinician Survey Summary (Australia)

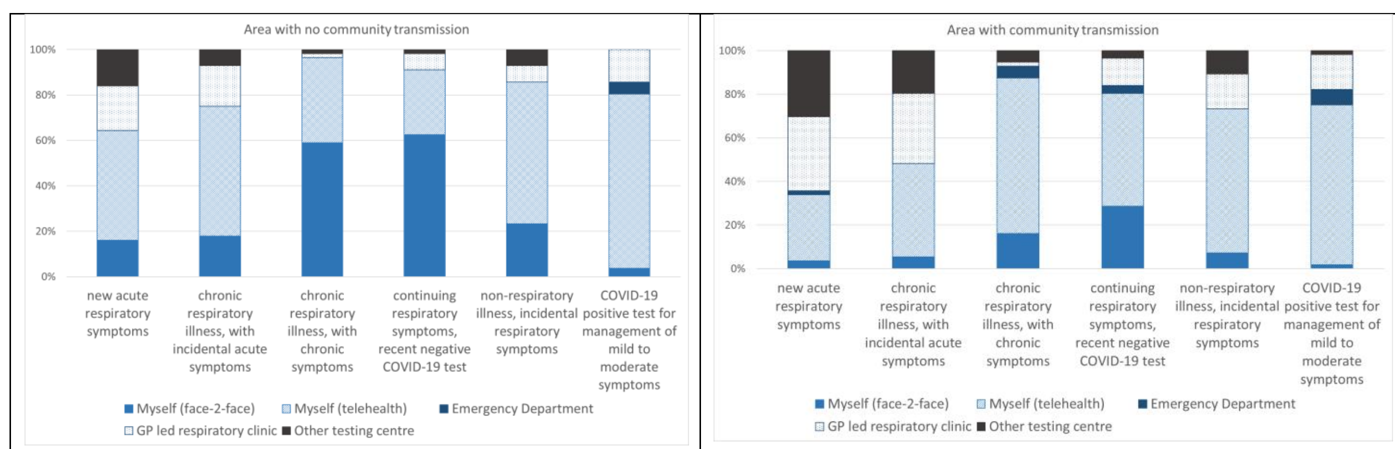
Series 7 of the Quick COVID-19 Clinician Survey was fielded from the 21st to 27th of August 2020 and received 56 responses. Confirmed cases of COVID-19 in Australia increased by 1,086 over this period to 25,322, with emergence of limited community transmission in Queensland. Lockdown measures in Victoria started to show benefits; while Victorian case numbers remained high (1,031 new cases during the survey period), this was about half that of the previous survey period (2,394 cases from 7 to 13 August). More than 5.5 million tests for COVID-19 have been conducted in Australia since the pandemic began, nearly 500,000 during this survey period. 2.3 tests per 1,000 returned a positive result nation-wide, with 8.0 positive tests per 1,000 in Victoria.

Demographics All 56 participants were general practitioners, of whom 21 (38%) were practice owners. 11 participants (20%) worked in a rural practice. All jurisdictions other than the Northern Territory were represented in this survey: NSW 38%; Victoria 21%; Queensland 14%; SA 5%; WA 4%; Tasmania 4%; ACT 14%.

Patients with respiratory symptoms We asked participants about their preferences for assessing patients in hypothetical areas with and without community transmission of SARS-CoV-2.

Unsurprisingly, respondents' preference for seeing patients face-to-face was reduced if they were faced with working in an area with community transmission. Only a small proportion reported a preference for assessing a patient with new acute respiratory symptoms face-to-face (16% in areas without community transmission, compared to 4% in areas with).

In areas without community transmission, respondents generally preferred to assess their patients with chronic respiratory disease who had either chronic symptoms, or acute symptoms with a negative COVID-19 test, themselves, in person. However, in an area with community transmission, while respondents still preferred to assess these patients themselves, it was more likely to be via telehealth.



Regardless of whether the scenario involved community transmission or not, respondents had a strong preference for managing their COVID-19 patients who have mild-to-moderate symptoms themselves via telehealth (77% in areas with no community transmission, 73% in areas with community transmission.

Despite this preference, only half of respondents indicated they were monitoring or treating patients with suspected or confirmed COVID-19 (including within Victoria).

Patients requiring COVID-19 testing Nearly three-quarters of respondents (73%) indicated they would refer patients for a SARS-CoV-2 test to a GP-led respiratory clinic or other testing centre (rather than conduct it themselves).

Open Text Questions: We provided an opportunity for GPs to expand upon their management choices from the hypothetical cases above. 28 responses were provided. GPs commented that they default to telehealth to assess and advise their patients on where to best receive follow up face-to-face care when required. However, there are circumstances when telehealth triage and advice is not working.

Telehealth to assess, advise and arrange for care in house or at an appropriate COVID-19 designated centre

- *“If after initial telehealth consultation I determined that further examination was needed, I would arrange that to occur with appropriate level of protection including separation from main part of clinic if respiratory symptoms, or possible/confirmed COVID19”*
- *“In my practice we use telehealth to triage all patients with and without respiratory symptoms. We triage those with respiratory symptoms to our own practice run URTI clinic which is headed by one of our GPs dressed in full PPE and runs every afternoon to assess manage and perform Covid swabbing if required.”*
- *“Patients with atypical presentations- I would try to assess using Telehealth and make a decision about testing or F2F consultation”*
- *“My method is assess in a safe way - ie. Telehealth. Direct EVERYONE for testing.”*

Sometimes face-to-face is preferred for assessment of babies and children

- *“Children with URTI symptoms, more likely to review F2F outside”*
- *“I have been seeing babies with acute moderate respiratory symptoms in person or referring to ED.”*

Despite embracing telehealth, face-to-face respiratory presentations are still occurring in general practice

- *“It continues to be incredibly frustrating the number of people who are dismissive of the importance of any respiratory or flu-like symptoms and their disregard for the health of others when they move around the community and seek healthcare ignoring triage questions and signs asking them not to enter.”*
- *“There has also been stress when patients with potential symptoms get seen in F2F consultations without wearing PPE.”*
- *“[Patients are] presenting with another illness and despite multiple denial of respiratory symptoms have got symptoms – send for COVID test and self isolate.”*

Access to services, such as GPs and testing centres, is complex for clinicians and patients in areas spanning borders.

- *“I live on the NSW-VIC border so this has also impacted on testing site availability”*
- *“Depends on waiting times Depends on cross border availability.”*
- *“I am on the border between Stage 4 and stage 3 restrictions creating challenges for our patients in stage 4 and traveling to us in stage* 3”

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