

Series 8 – Quick COVID Clinician Survey Summary (Australia)

Series 8 of the Quick COVID-19 Clinician Survey was fielded from the 3rd to the 10th of September 2020 and received 52 responses. Confirmed cases of COVID-19 in Australia increased by 694 over this period to 26,513. Lockdown measures in Victoria continued, linked to an ongoing reduction in case numbers, with daily cases under 100 for the first time since July. Over the survey period, 590 cases were reported in Victoria, an average of 74 cases per day, and a 5-step roadmap to ease Victorian restrictions was announced. Concerns about ongoing cases of healthcare worker infection continued, with data released suggesting as many as 70% were contracted at work.

Demographics All 52 participants were general practitioners, of whom 17 (33%) were practice owners. 16 participants (31%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 27%; Vic 21%; Qld 23%; SA 8%; WA 4%; Tas 2%; NT 2%; ACT 14%.

Impacts on vulnerable patients

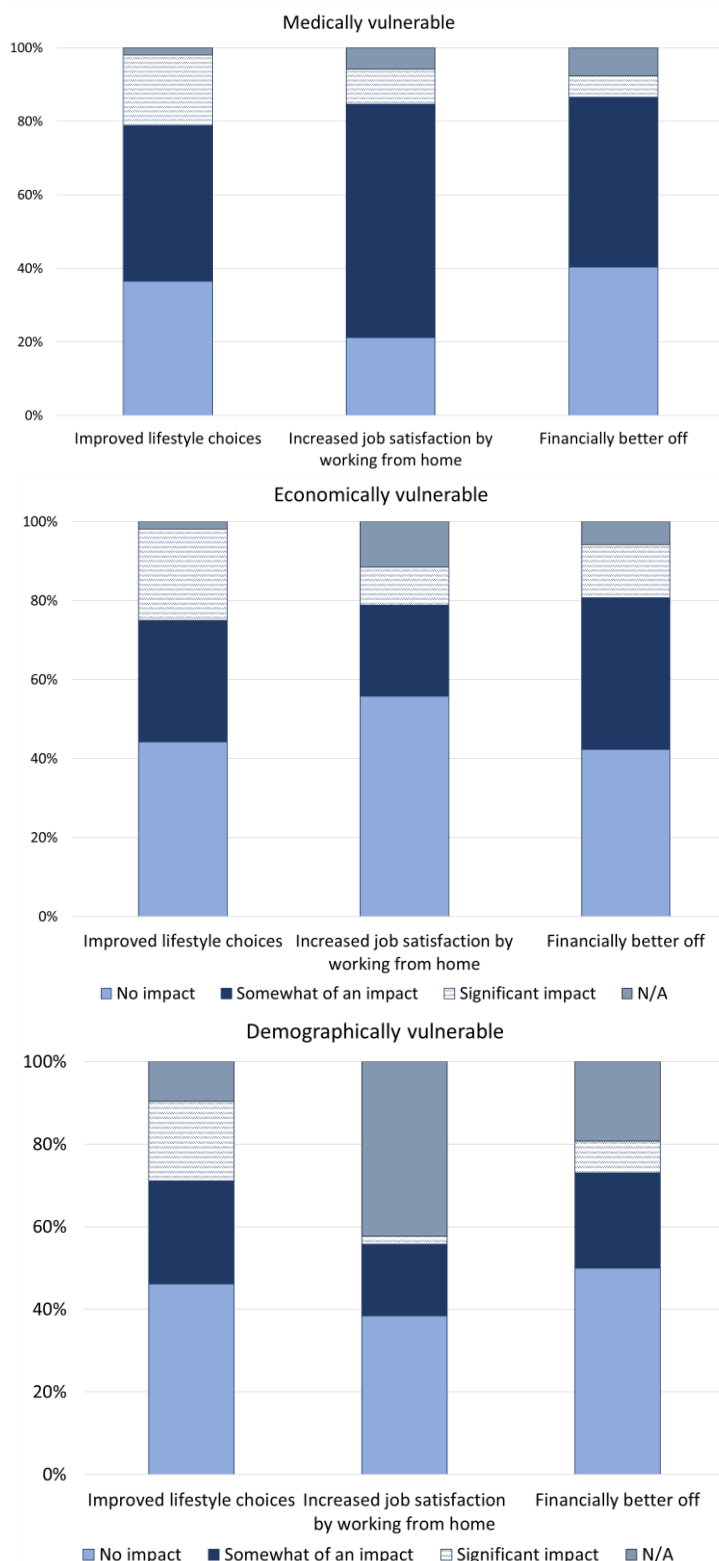
Respondents' were asked about the impacts of the COVID-19 pandemic – positive and negative – they had observed on their vulnerable patients. Vulnerable patients included medically (e.g. somebody with Type 2 diabetes, immune compromised), economically (e.g. living in poverty, unemployed, underemployed, recently lost job, casual worker), or demographically (e.g. somebody who is over the age of 80, Aboriginal or Torres Strait Islander, from a migrant background, in a residential aged care facility) vulnerable.

Positive impacts were reported for a higher proportion of medically vulnerable patients than for those who are economically or demographically vulnerable.

Among medically vulnerable patients, improved lifestyle choices had somewhat or significant impact for 63%, compared to 55% of economically vulnerable and 49% of demographically vulnerable patients.

Increased job satisfaction by working from home was reported to have somewhat to significant impact for 78% of medically vulnerable patients, compared to just 37% of economically vulnerable and 33% of demographically vulnerable patients.

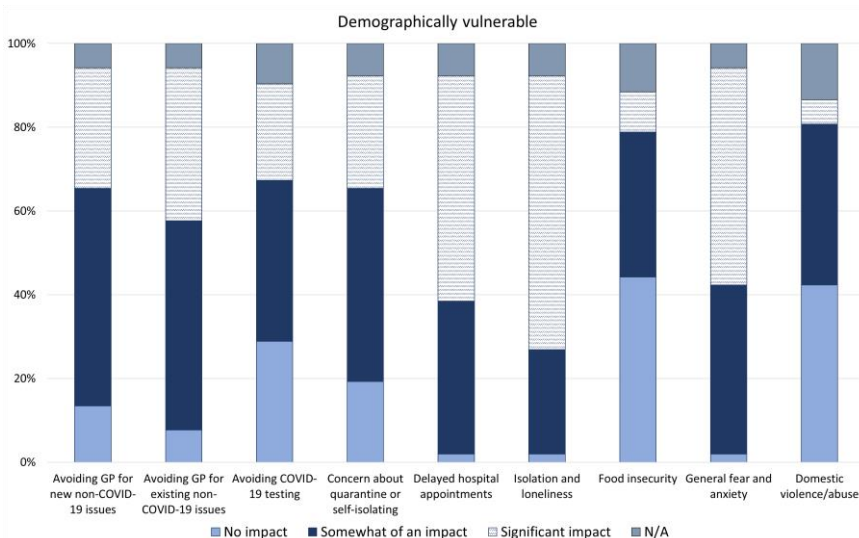
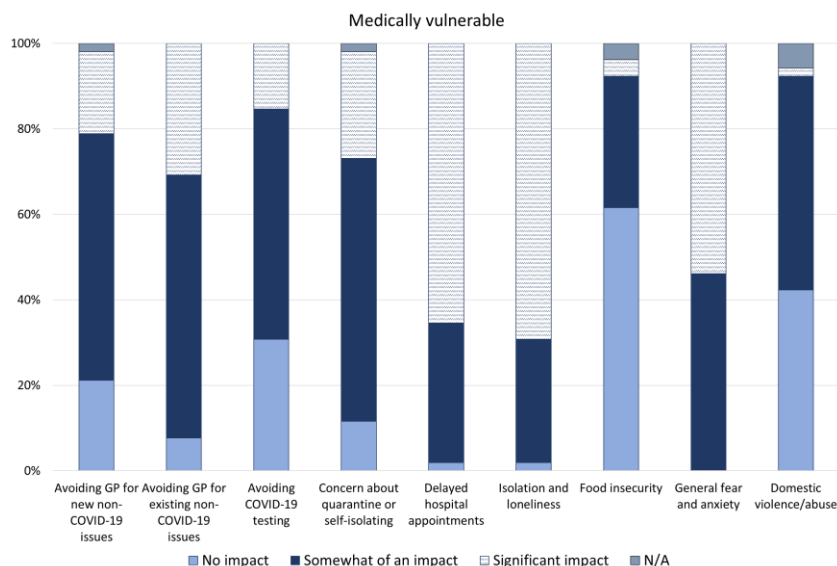
Around half of medically and economically vulnerable patients (56% and 55% respectively) were reportedly financially better off, compared to just 38% of the economically vulnerable.



Negative impacts of the pandemic were more prominent than positive ones for vulnerable patients in general practice.

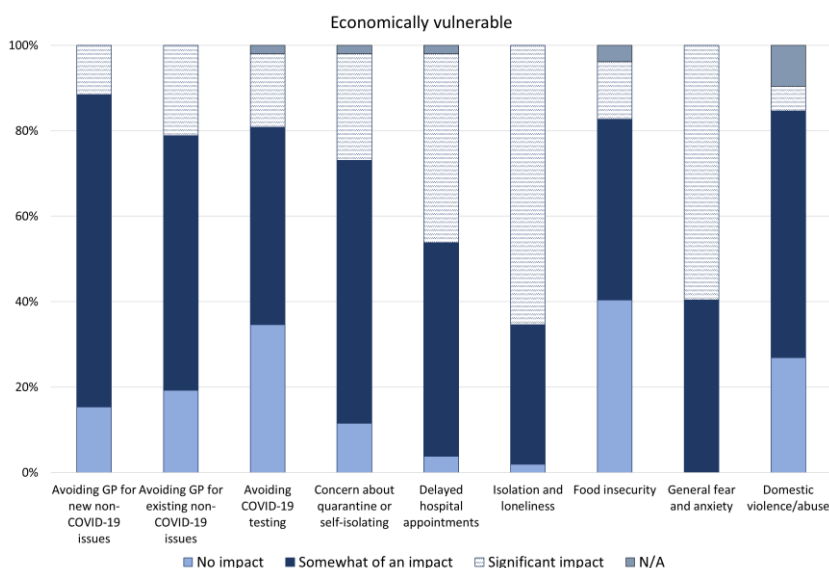
A somewhat to significant impact was reported by well over half of respondents for vulnerable patients' avoiding health care and having concerns about quarantine / self-isolation.

Delayed hospital appointments for follow-up and investigations were reported as having somewhat or significant impact by the majority of respondents (96-98%) for all groups of vulnerable patients.



Similarly, Isolation and loneliness, and general fear and anxiety, were reported as somewhat to significantly impactful by nearly all respondents (98% isolation/loneliness; 98-100% fear/anxiety) for all groups of vulnerable patients.

Unsurprisingly, food insecurity was more commonly reported to impact economically vulnerable patients (58% compared to 36% of medically and 50% of demographically vulnerable patients). A similar pattern was seen for domestic violence and abuse (70% of economically vulnerable compared to 55% of medically and 51% of demographically patients).



Open Text Questions: We asked GPs what other issues they have noticed impacting potentially vulnerable patients during the COVID-19 pandemic. We received 20 responses. GPs identified access to health care as important feature for vulnerable populations.

Reduced access to both clinical and public health services was noted as a negative impact experienced by vulnerable patients.

- *“Difficulty accessing and navigating services. Difficulty accessing medical care in ED departments Due to 'turn-always' - Too busy to deal with issues presenting.”*
- *“Hard [for patients] to re-engage with community activities without stress or anxiety”*
- *“Delay in accessing mental health services as increased waiting times”*
- *“Difficulties for people with disabilities in getting services”*
- *“RACFs excluding GPs, physios etc affecting care for non-COVID conditions despite very low risk (Qld)”*

Increased access, often by telehealth, was considered a positive impact for all patients, particularly vulnerable patients.

- *“Patients who have regular access to, &/or regular counselling cope much better in general, and in the current Covid19 situation.”*
- *“Teleconsultations have increased their access to GP's as they don't need to travel.”*
- *“Ability to do Telehealth which has improved access to patients”*

Each survey we ask clinicians to comment on their general experience during the COVID-19 pandemic. Themes of stress and fatigue remain common, with the financial strain of mandated bulk billing for telehealth items as a major contributor to both personal and practice strain.

- *“The fatigue of the ongoing crisis is starting to catch up with both clinicians and patients.”*
- *“There is a heavier mental load on us as well as on patients, and we then also have the heavier mental health load at work. We cannot leave work at work as it is everywhere AND we need to stay up to date with what is happening so that we can support our patients.”*
- *“It would be very helpful to not have to bulk bill telehealth. This has put a strain on our practice.”*
- *“Now we have an increase in the COVID cases in the area and likely will need to return to more telehealth. This puts significant financial strain on the practice due to mandatory bulk billing rules.”*
- *“Reduced income as we have now become a BB practice as distinct from mixed billings”*
- *“Tele consults have been good for patients but as 99% are bulk billed, GP's are effectively giving away their profit.”*

For questions, comments, or to pose a “Flash question” please contact Professor Kirsty Douglas at
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