



Family physicians and the COVID-19 third wave

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Dear Colleagues,

We are now at a stage where, with greater access to vaccinations, we are making considerable progress in reducing the numbers of hospitalizations and deaths from coronavirus disease 2019 (COVID-19). The second CFPC member survey, conducted in April 2021, conveys important key messages about the adaptive capability of FPs and the stress they experience in these uncertain times. It also raises questions about the need for better integration of family practice in health care planning.

Family physicians continue to be involved in COVID-19 care and have demonstrated great adaptiveness and responsiveness. One in 3 FPs (34%) have staffed COVID-19 centres, providing screening and vaccination. By far most (89%) FPs are counseling patients about COVID-19 vaccines. Half (49%) are caring for nonhospitalized patients with COVID-19, and 1 in 5 (20%) are caring for hospitalized patients with the infection. Many are providing COVID-19 care to vulnerable populations, including those in long-term care homes (18% of FPs), homeless people (11%), and Indigenous communities (14%). One in 4 (24%) FPs say their practices are reporting COVID-19 cases to public health authorities; more than 1 in 3 (39%) say their practices are helping to identify priority patients for COVID-19 vaccines; and FPs are also participating in COVID-19 task forces (19%), developing new COVID-19 services (17%), and participating in COVID-19 research (6%). This adaptation is in addition to a large shift toward virtual care.

Although virtual visits have improved access, concerns are mounting regarding quality of care. Family physicians report that half (50%) of patient visits are now virtual. Most FPs (62%) say that virtual care has *improved* access to care for patients. At the same time, about two-thirds think that virtual care has *worsened* the quality of procedural care (66%) and care related to assessment and diagnosis of new patient complaints (64%), and half believe that virtual care has *worsened* the quality of care for chronic disease management (50%) and mental health care (48%). Most virtual care happens over the telephone (78% of FPs say they very frequently use the telephone vs 7% who say they frequently use video for virtual visits).

The pandemic is taking its toll on FPs' work life and health. More than half (55%) say that their workload has increased since September 2020, and half (51%) say they are working beyond their desired capacity. At present,

15% of FPs say they feel burned out, representing a 3-fold increase since the start of the pandemic. Comparing areas of burnout, FPs are relatively more stressed by their personal and work lives. They express lower levels of burnout related to patient care.

The health care system does not appear to be making optimal use of family medicine as a key resource in response to crises like COVID-19. In spite of the great adaptiveness shown by FPs, most family practices and primary care clinics have not been engaged in reporting COVID-19 cases to public health authorities: 42% of FPs say their practices do not report cases, and 31% are uncertain if primary care clinics are involved in reporting cases. Although family practice electronic health records contain important patient health information, only 1 in 3 FPs (32%) have been asked to help identify priority patients for COVID-19 vaccination. Half of FPs (50%) are highly concerned about the lack of clarity from government regarding FPs' role in the pandemic response. We have heard concerns from FP colleagues and CFPC's provincial Chapters about their desire to be involved and their inability to be. Although practice-based research networks can run rapid clinical trials, only 6% of FPs say they have contributed to COVID-19 studies.

We acknowledge public health efforts across the country to connect, engage, and involve family practice in pandemic health care planning. In particular, we thank the Public Health Agency of Canada for engaging regularly with health professional organizations. Unfortunately, in several provincial jurisdictions, the approach has been perceived as siloed and suboptimal. None of us had a play-book to guide what we are living. We encourage decision makers to recognize the exceptional potential of family practice to adapt to a dynamic public health environment, expand service capacity, identify vulnerable at-risk populations, provide early warning signs, and contribute to monitoring. Family practices want to be involved, if appropriately informed and supported. We look forward to engaging with decision makers to strengthen integration of care, enhance access, and support continuity. Much work remains in managing the "shadow pandemics" and supporting those afflicted by "long COVID." Will family practices be an afterthought or a go-to resource? 🍁

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