

Primary care & Pandemic Politics

Presentation by
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Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
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Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Ownership/ Equity Position	Employee	Other (please specify)
Example: company XYZ	x		x		x			

Meet the research team



Prof Felicity Goodyear-Smith, University of Auckland, **NZ**



Dr Karen Kinder, Technical University of Berlin, **Germany**



Prof Bob Phillips, American Board of Family Medicine, **USA**



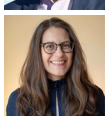
Assoc Prof Andrew Bazemore, American Board Family Medicine, **USA**



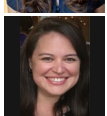
Cristina Mannie, Mast Analytics, **South Africa**



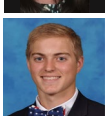
Stefan Strydom, Mast Analytics, **South Africa**



Aimee Eden, American Board of Family Medicine, Lexington, KY, **USA**



Melina Taylor, American Board of Family Medicine, Lexington, KY, **USA**



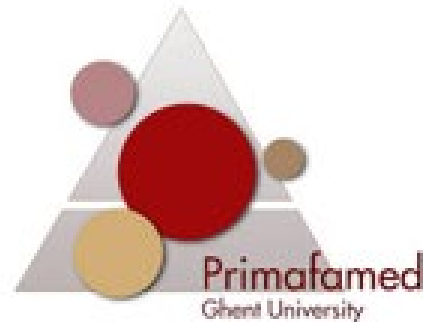
Joe George, American Board of Family Medicine, Lexington, KY, **USA**



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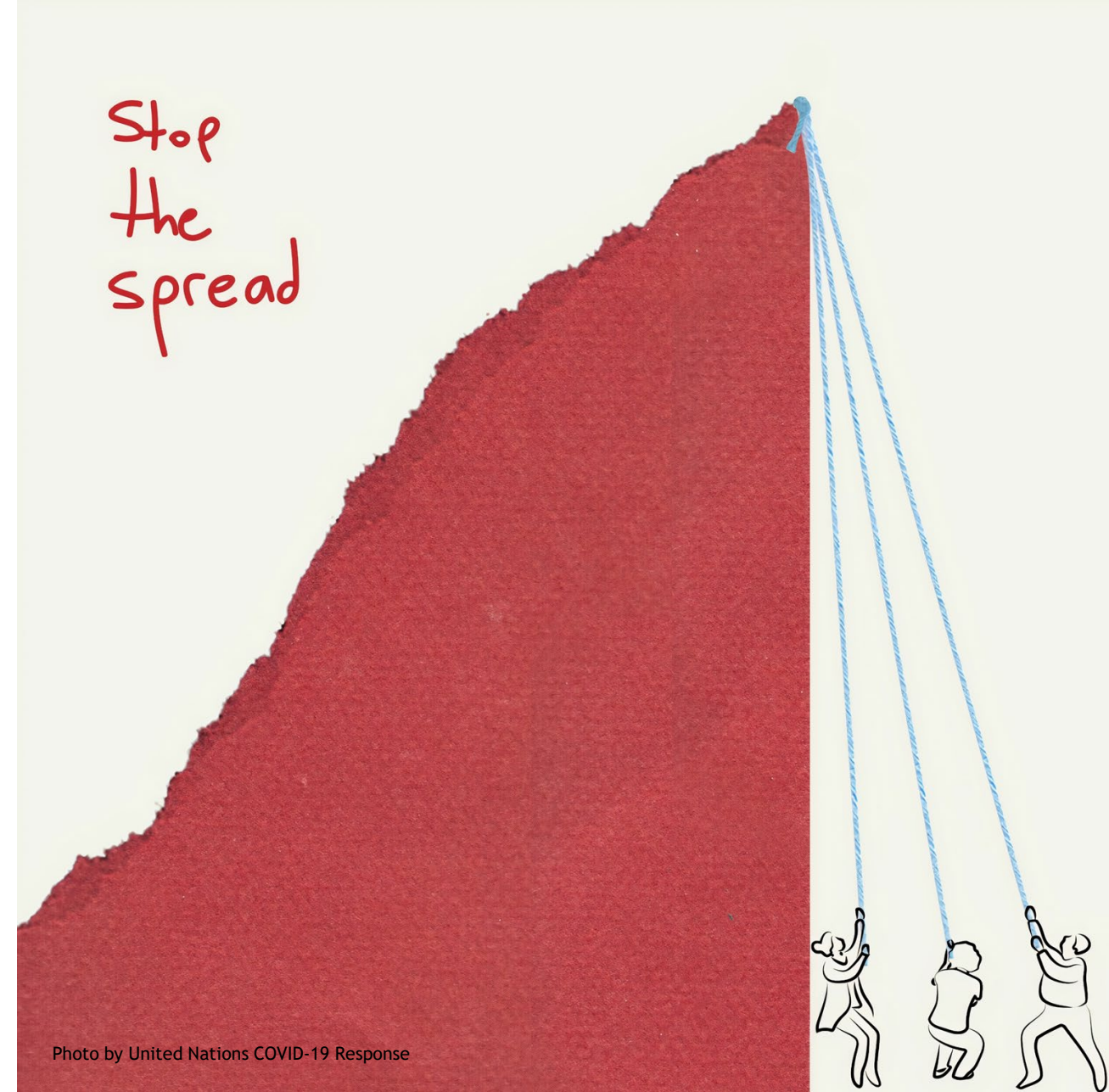


Endorsing organizations



Background

- Findings from an international survey of the perspectives of primary care experts about the role of politics in their country's national response to the COVID-19 pandemic.
- Our mixed methods study reported on how our primary care respondents perceived:
 - the strength of their country's primary care system,
 - that their country had and executed a pandemic plan,
 - Whether the decision-making and pandemic response was primarily based on medical facts, economic models, or political ideals,
 - the role of leadership and communication,
 - the level of decision-making authority (federal, state, regional);
- Narratives describing personal perceptions and experiences of respondents
- Aim: to understand what lessons may be learned to better address this and future pandemics.





Aims

To discuss the role of PC and the complex interplay of many political factors which contribute to pandemic response and outcomes at a national level

Study Design

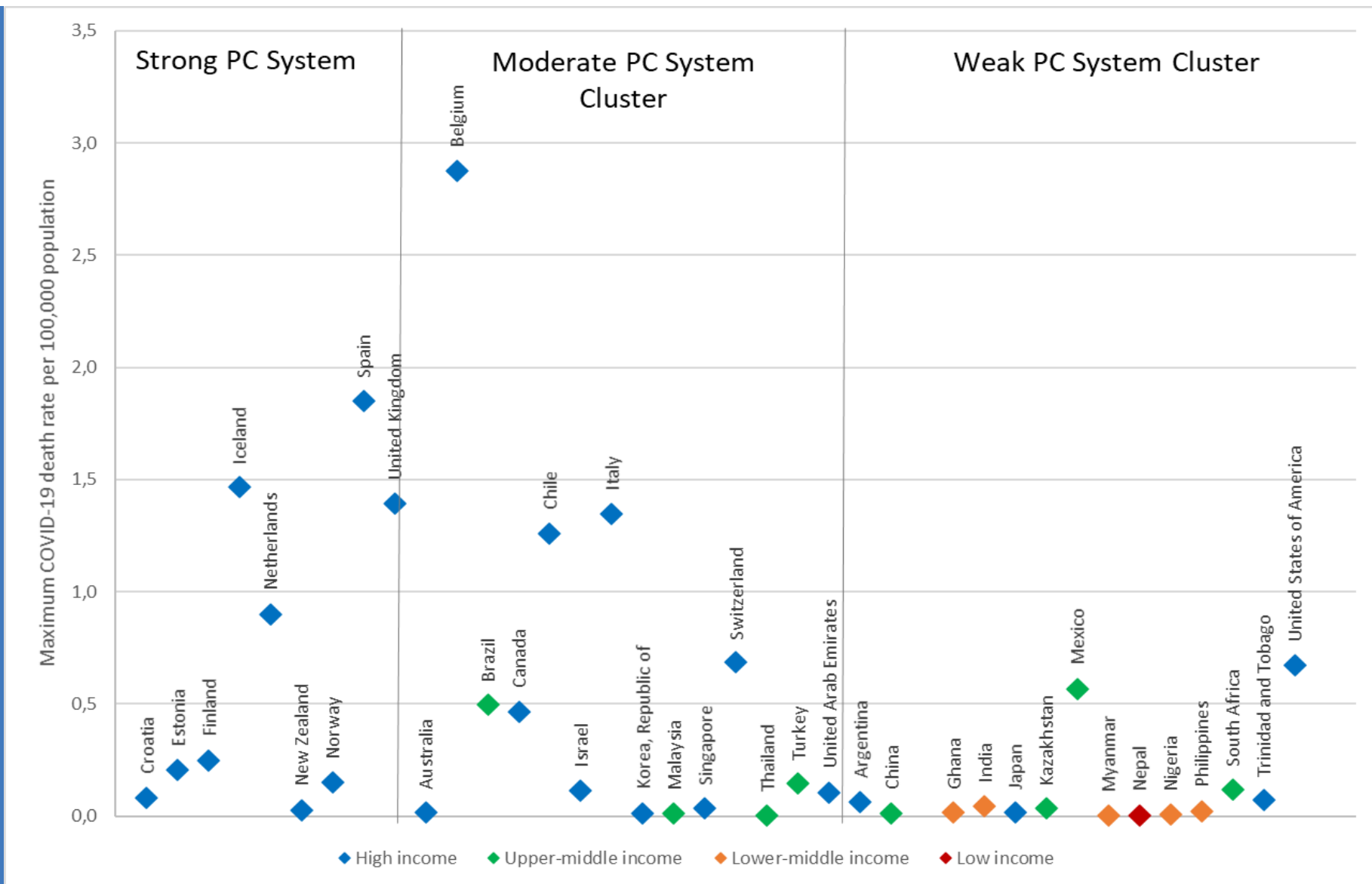
- Online survey (English & Spanish) in April/May 2020
- International PHC experts (clinicians, researchers, policymakers)
- Convenience sample disseminated via PHC networks (including WONCA) and snowballing.
- Univariate and bivariate quantitative analyses as well as qualitative analyses of participants' narratives were conducted.

Data Collected

- Survey included 34 questions on primary care attributes, pandemic preparedness and response strategy in their countries
- 1035 respondents from 111 countries - all economic tiers, all regions.
- 73% of respondents identified as primary care clinicians; 17% identified as academics or researchers
- Remaining 10% made up of secondary/tertiary specialists, policymakers, NGOs and international agencies
- 57% were female



Primary care strength vs Mortality





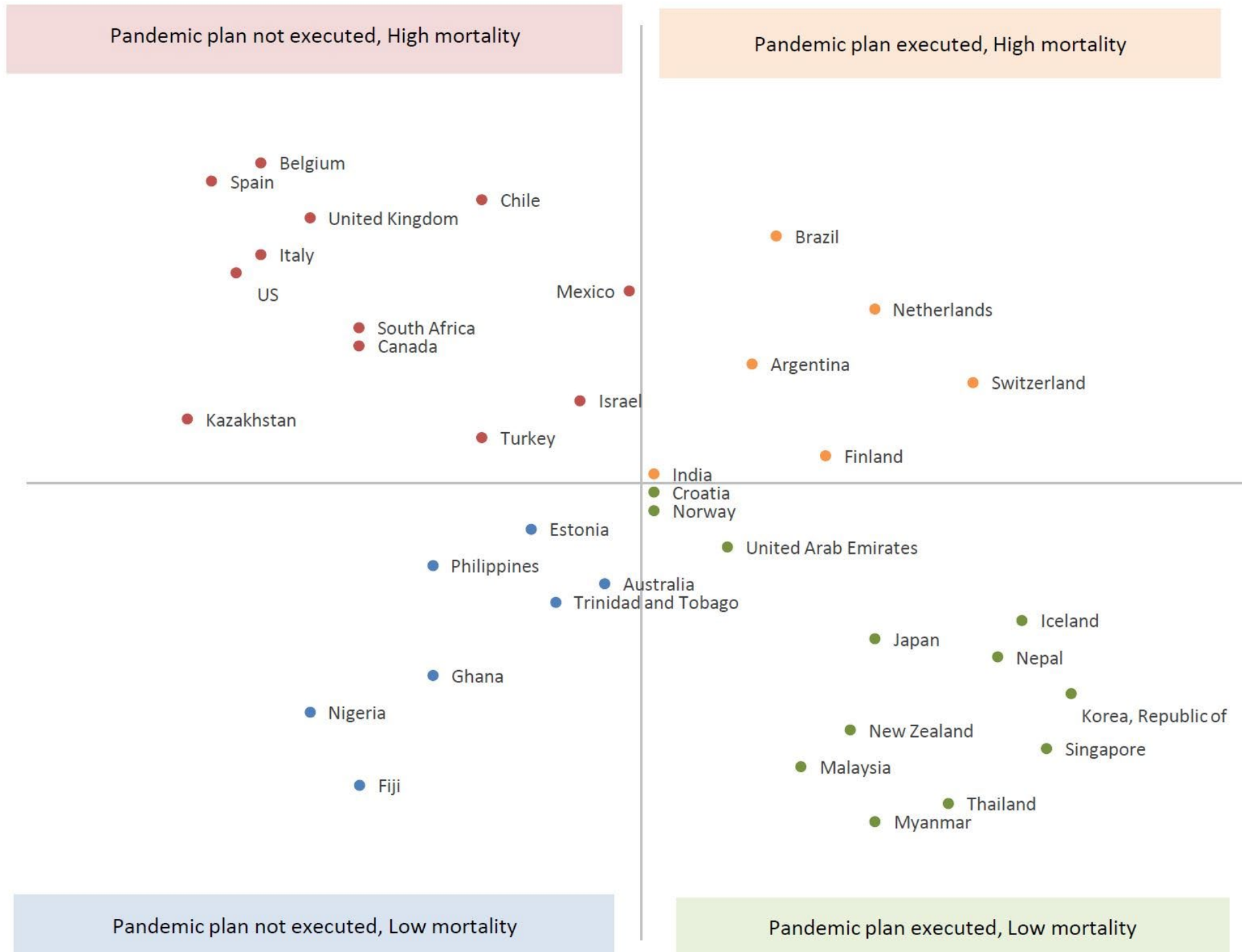
How PC strength was determined

- Survey questions used to make up the measure
 - Availability of accessible, comprehensive care for all or majority of the population
 - Primary care coordination and gatekeeping of specialist care
 - Use of a unique patient identifier within the healthcare system
 - Comprehensive patient records
 - E-consultations prior to the pandemic

Affirmative responses were considered indicative of stronger PC

- How countries were classified
 - K-means clustering was performed to identify subgroups based on the PC strength variables

Pandemic plan executed vs Mortality



Testing vs Mortality

Death rates were less where:

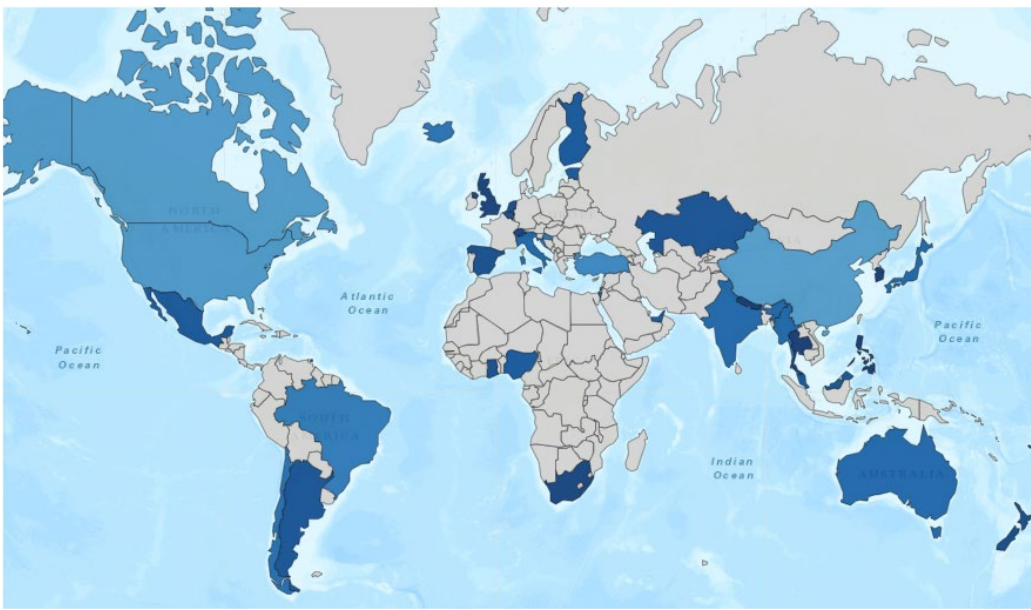
- Testing was readily available at time of 1st COVID death
- Testing was performed on incoming travellers
- Testing was conducted for those exhibiting symptoms
- Testing was conducted for those exposed to COVID-19 positive individuals

Movement Restrictions vs Mortality

Death rates were less where there was:

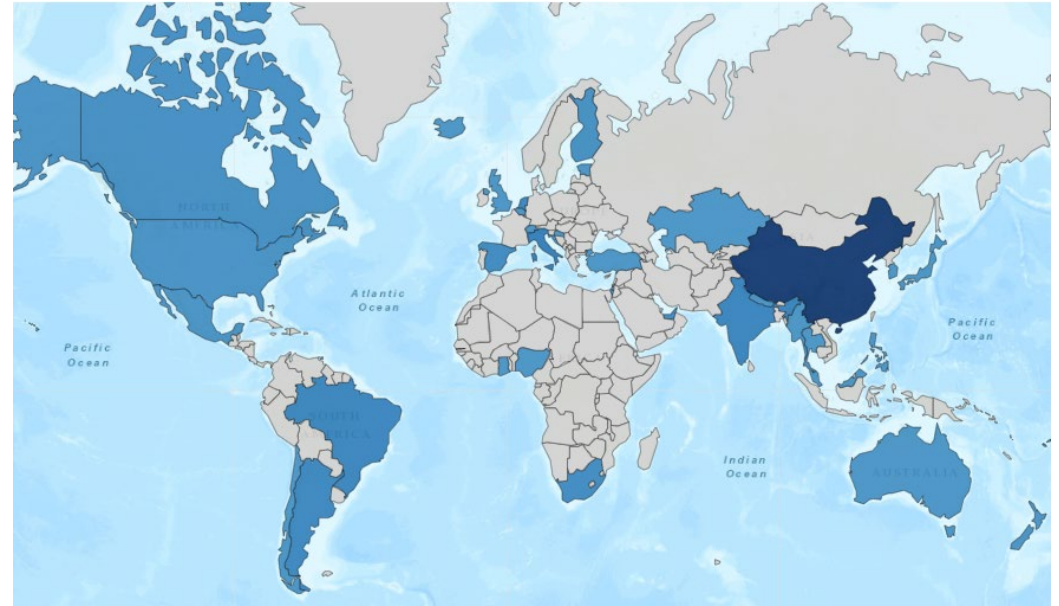
- Physical distancing
- Event closures
- Isolation based on contact tracing
- Closure of all but essential services
- Self-isolation in households
- Quarantine for suspected cases

National

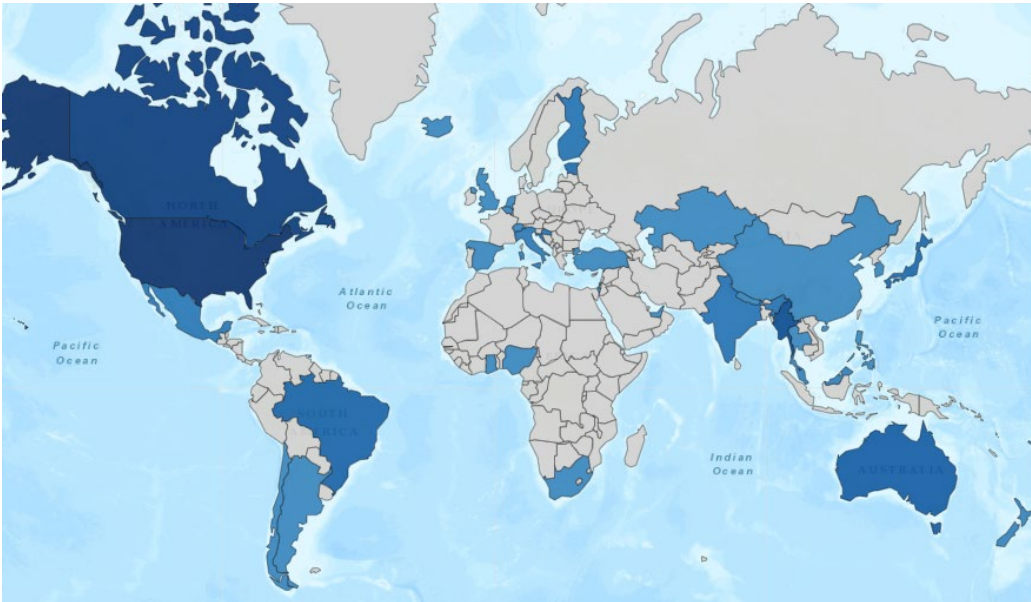


Level of authority

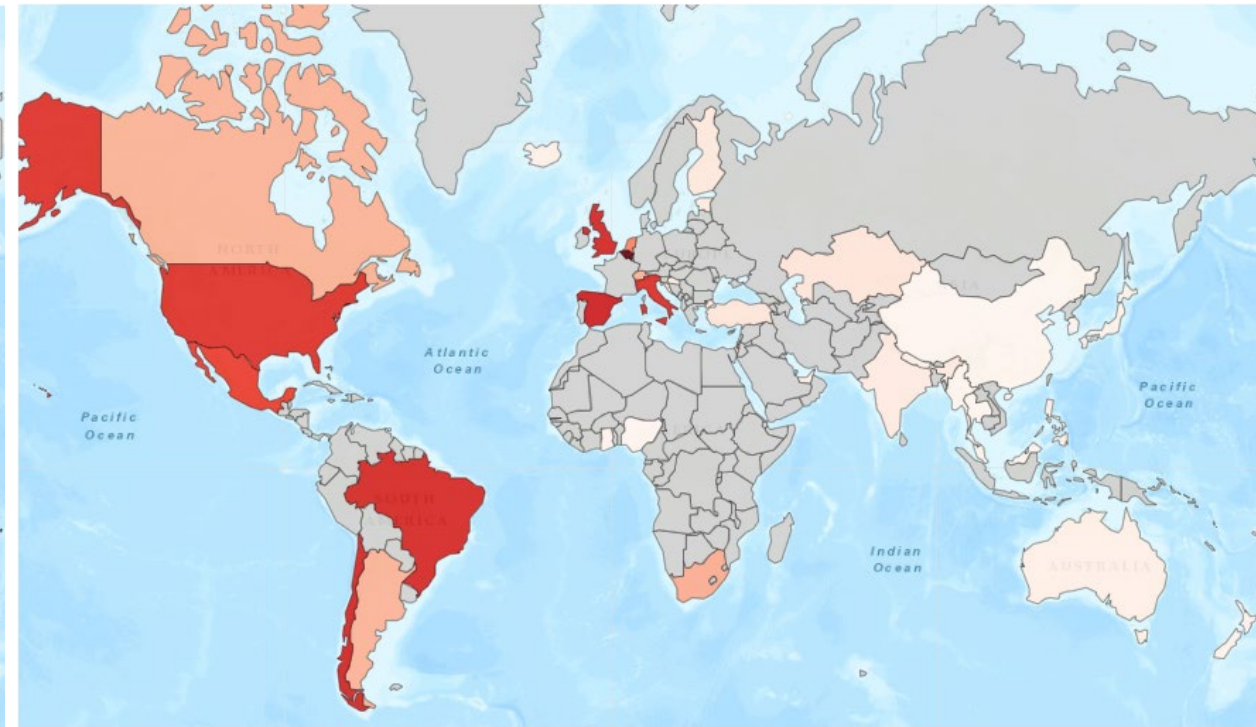
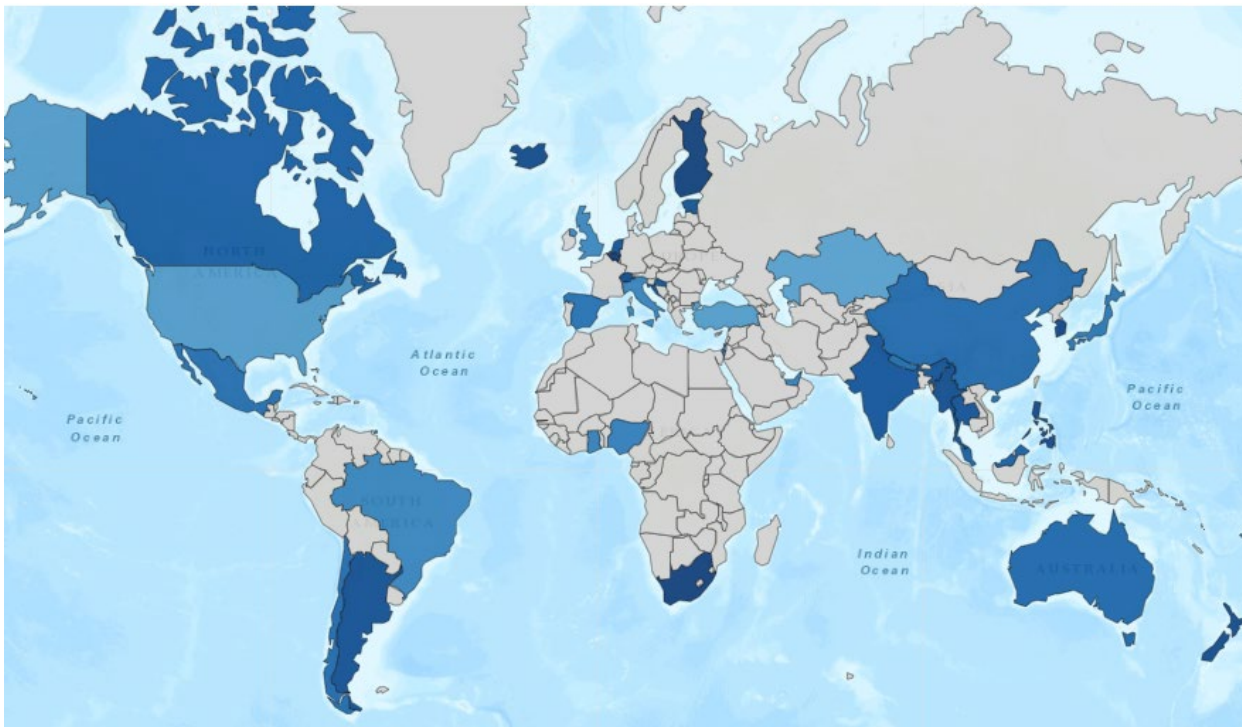
Local



State



Decision making medical (left) vs Mortality (right)





Leadership and
communication

Prominent theme identified from
free-form text survey responses

Leadership and communication

Poor leadership, high mortality	Poor communication, high mortality
<p>Italy (death-rate 588.59/million): ‘A huge leadership lack disaster, crossing all sectors’</p> <p>Israel (124.43/million): ‘In our leaders, we had a problem with leading by example - where they afforded themselves exceptions that were punishable to the general public. It does not build trust - quite the opposite.’</p> <p>United States (582.05/million): ‘Totally irresponsible, incompetent, destructive, dangerous response by the leadership of the US’</p>	<p>Israel (124.2/million): ‘Doesn’t seem to be logic which was communicated effectively... to the professional or non professional public’</p> <p>United States (582.05/million): ‘Initial statements of denial re the pandemic were motivated to preserve political appearance and avoid economic disruption.’</p> <p>UK (614.22/million): ‘Communication overload and constant changing of advice is confusing.’</p>
Effective leadership, low mortality	Good communication, low mortality
<p>Australia (31.22/million): ‘Political leaders cooperating across state and federal government and opposing parties’</p> <p>Ghana (9.11/million):</p> <p>‘After initial uncertainties the President has exhibited strong and exemplary leadership’</p> <p>Thailand (0.83/million): ‘Prime Minister and team gave priority to control the outbreak by using strong disease control policy’</p> <p>Malaysia (3.95/million): ‘Our DG has taken the leading role to head the pandemic response management of the country’</p> <p>New Zealand (4.98/million): ‘Strong leadership jointly by the Prime Minister and by the Director-General of Health (PH physician) on medical & public health matters’</p>	<p>New Zealand (4.98/million):</p> <p>‘Fantastic government leadership and open communication. Public support high for strategies put in place’</p> <p>Iceland (29.3/million): ‘There was very good cooperation with the chief epidemiologist and the director of health and it probably helped to have a single payer system/national health system that could easily talk and coordinate actions and make quick decisions when needed. The homogeneity of the nation and the common trust people have in the authorities, the police and the health system also helped and the nation usually followed well all recommendations about social isolation’</p> <p>Australia (31.3/million): ‘I have been so impressed by my nation’s coordinated cross-sector unified approach to this problem, the positive messaging, and the community responsiveness imply a trust in the medical and political decision-makers’</p> <p>Finland (60.82/million): ‘Ministers hold press conferences regularly, answering questions with detail and share openly the models they are using to estimate progress on epidemic’</p>

A few interesting findings



No correlation found between PC strength and lower COVID-19 mortality



Countries where respondents felt that a pandemic response strategy was in place and executed on average experienced lower COVID-19 mortality



Overall, respondents' confidence that their countries had a pandemic strategy and executed it was low



Respondents in most countries believed a strong communication strategy contributed to a better response to the pandemic



Respondents in most countries believed their response strategy was primarily based on medical considerations, with a few notable exceptions



Respondents in most countries believed their response was led by national government, with a few notable exceptions

Most interesting finding

- Primary Care was left out of the response to the pandemic and used to “plug” holes.
- There was limited or no input from Family Doctors in the development of pandemic plans.
- This increased the stress on Family Doctors and General Practitioners.

- More needs to be done to integrate Primary Care and essential Public Health functions.
- ? Who is responsible for defining Family Doctors' role in a pandemic response?



In Closing....

URLs of publications on this study thus far ---

- Relationship between the perceived strength of countries' primary care system and COVID-19 mortality: an international survey study, BJGP Open, 2020, DOI:10.3399/bjgpopen20X101129
- Primary care perspectives on pandemic politics, Global Public Health, 2021, DOI: 10.1080/17441692.2021.1876751
- Integrating Primary Care and Public Health to Enhance Response to a Pandemic, Primary Health Care Research & Development, 2021, in press

Check out the project webpage at:

<https://professionalismvalue.org/international-covid-study/>

And look for further publications resulting from manuscripts currently under review as well as our follow-up survey.



THANK YOU FOR YOUR ATTENTION

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