



Primary Health Care Experts' Perceptions on Their Country's COVID-19 Response: An International Mixed Methods Study

Presentation by:
Melina K. Taylor, PhD, MPH
Medical Anthropologist, Research Associate
American Board of Family Medicine

Photo by United Nations COVID-19 Response

Research Team



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



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



Dr. Bob Phillips, CPV, **USA**



Dr. Andrew Bazemore, ABFM/CPV, **USA**



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



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



Dr. Aimee Eden, ABFM, **USA**



Dr. Melina Taylor, ABFM, **USA**



Joe George, CPV, **USA**



TECHNISCHE
UNIVERSITÄT
BERLIN



2021 STFM Annual Spring Conference



Disclosures:

None

Learning Objectives

- **First objective:** Describe similarities in experiences to the COVID-19 pandemic, as perceived by primary care experts.
- **Second objective:** Understand the relationship between primary care experiences and country pandemic response, including the relationship between public health policies and primary care delivery.
- **Third objective:** Explain how lessons learned from primary care experts on the front lines of the pandemic can be translated into practice to help prevent and combat future epidemics/pandemics.



Photo by United Nations COVID-19 Response

Background of Project

- Findings from an international survey of the perspectives of primary care experts about their country's national response
- Mixed methods study reporting on whether our primary care respondents perceived:
 - that their country had and executed a pandemic plan
 - the decision-making and pandemic response was primarily based on medical facts, economic models, or political ideals
 - initially intended to develop herd immunity or flatten the curve;
 - the level of decision-making authority (federal, state, regional);
- Correlations with country-level death rates
- Personal perceptions and experiences of respondents

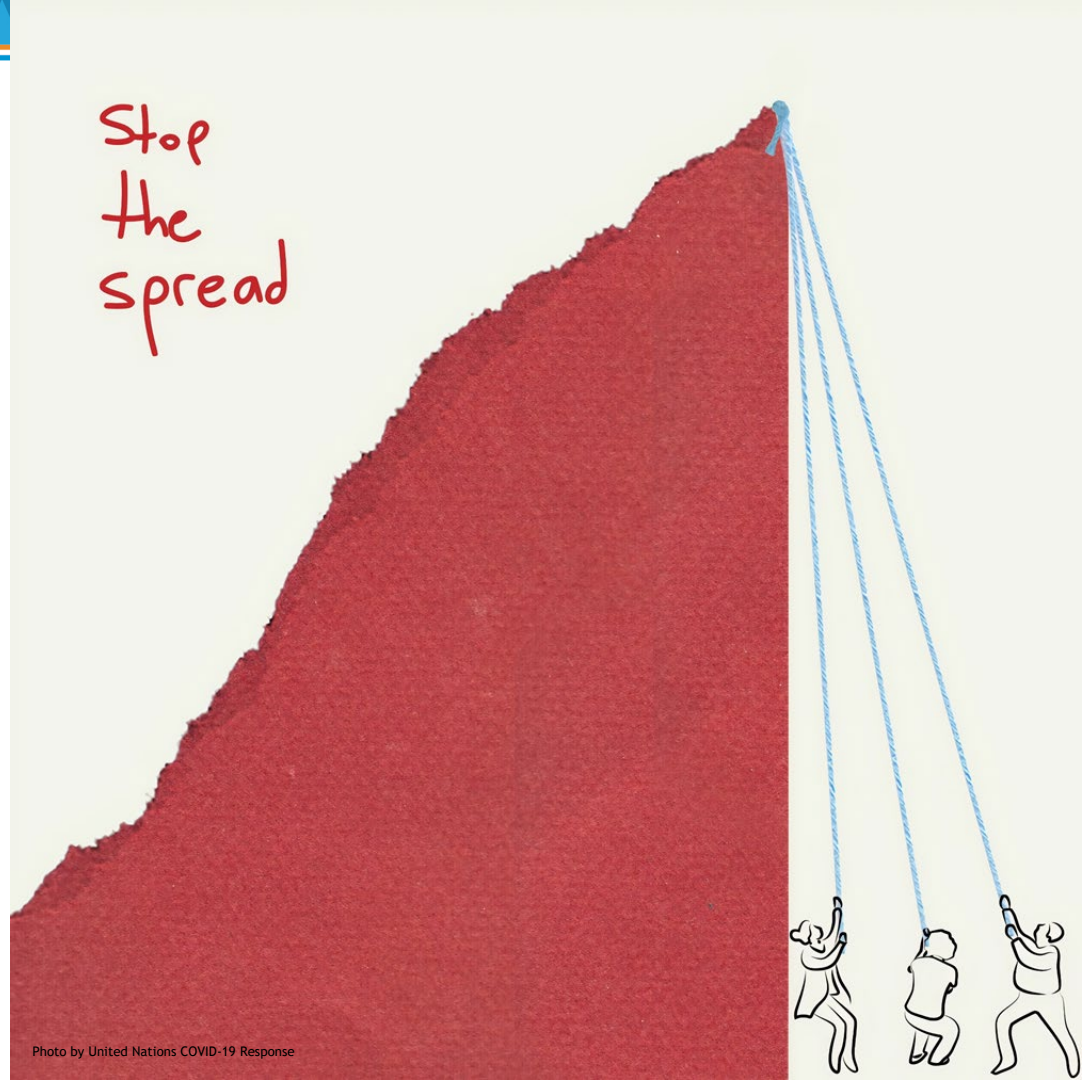
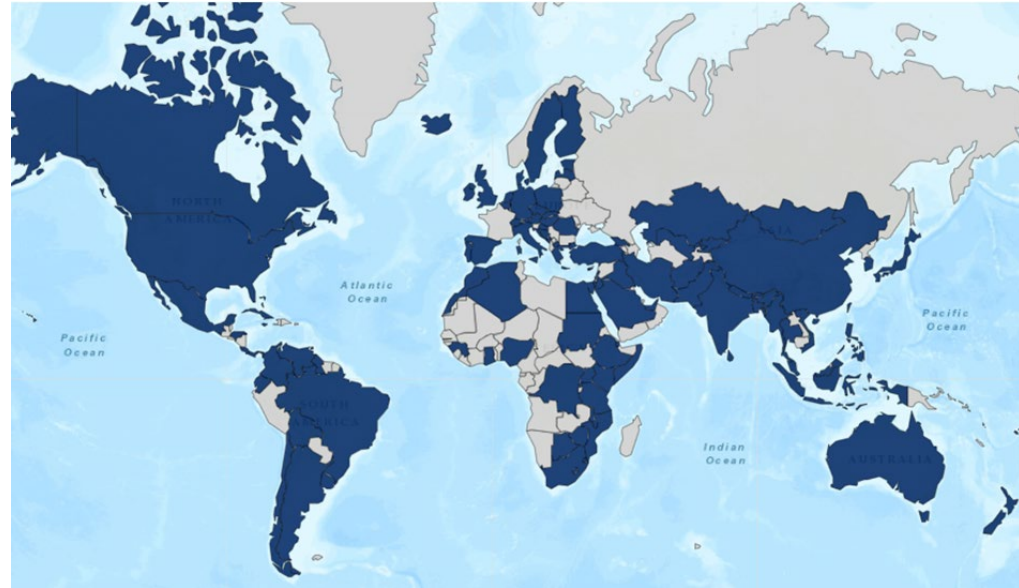


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Methods & Data Collected

- April - May 2020
- 1035 respondents from 111 countries
- Survey included 34 questions on primary care attributes, information technology, pandemic preparedness and response strategy in their countries
- 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

Geographic distribution of respondents



Previous Work on this Project

Publications:

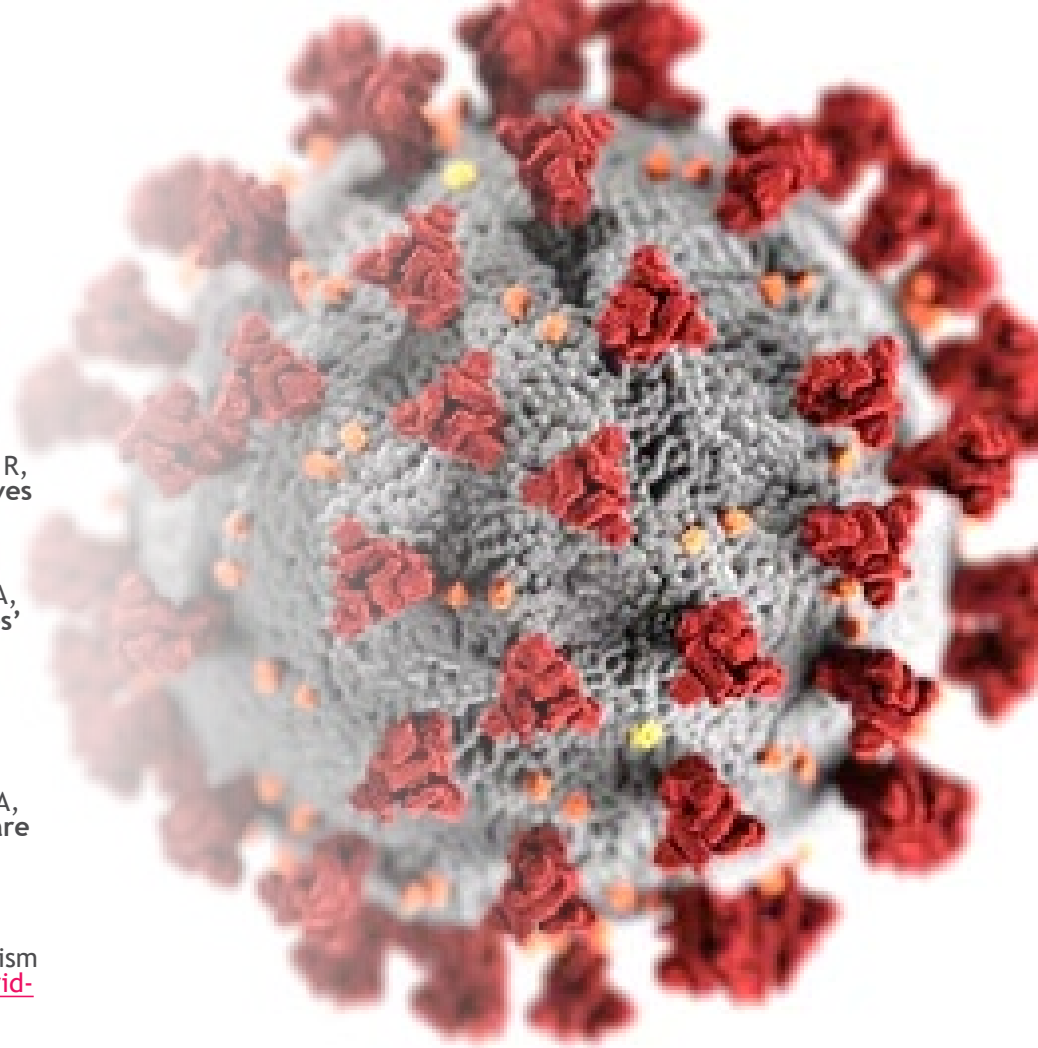
GOODYEAR-SMITH F, KINDER K, STRYDOM S, BAZEMORE A, PHILLIPS R, EDEN A, TAYLOR M, GEORGE J, MANNIE C. **Primary care perspectives on pandemic politics**. Global Public Health. 2021. DOI:10.1080/17441692.2021.1876751

GOODYEAR-SMITH F, KINDER K, MANNIE C, STRYDOM S, BAZEMORE A, PHILLIPS R. **Relationship between perceived strength of countries' primary care system and COVID-19 mortality**. British Journal of General Practice Open, 2020. Published online 9 Sep. DOI: 10.3399/bjgpopen20X101129

Under Review:

KINDER K, MANNIE C, STRYDOM S, BAZEMORE A, PHILLIPS R, EDEN A, TAYLOR M, GEORGE J, GOODYEAR-SMITH F. **Integrating Primary Care and Public Health to Enhance Response to a Pandemic**

Stay up to date on the project through The Center for Professionalism and Value's COVID-19 page: www.professionalismandvalue.org/covid-19-response/



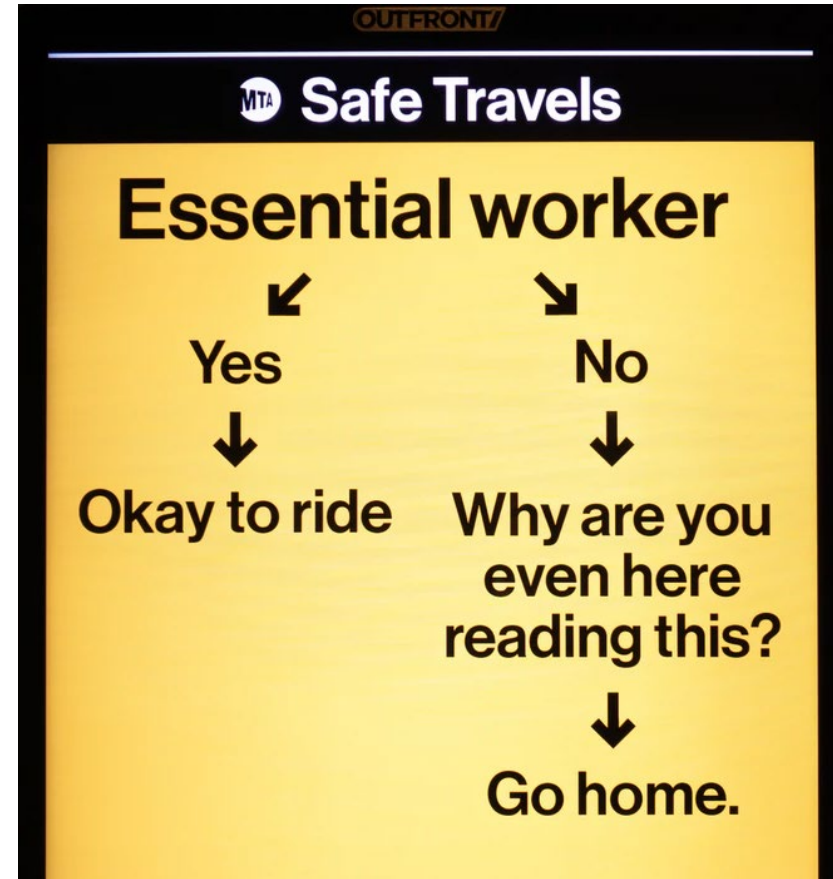
Focus of This Presentation:

Qualitative thematic examination of one question's open-text responses:

“Since the first identified case of COVID-19 in your country, have the roles of a typical primary care team in your country changed?”

Objective:

To understand perspectives and experiences of primary care experts across the world; what are the similarities across countries?



Methods & Respondents

Qualitative thematic analysis was applied to code responses across themes and subthemes

Countries represented: 69

Female: 190 (56%)

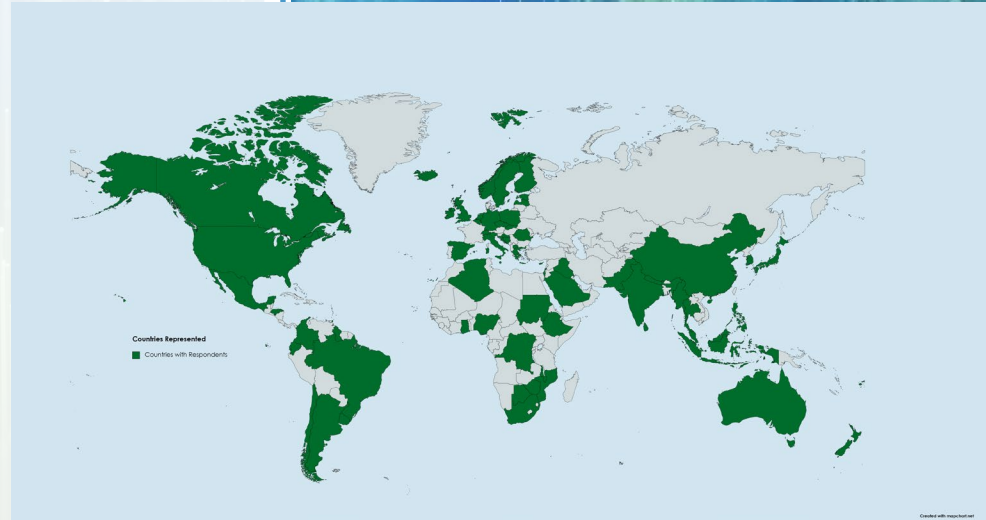
Male: 144 (43%)

Gender diverse: 3 (1%)

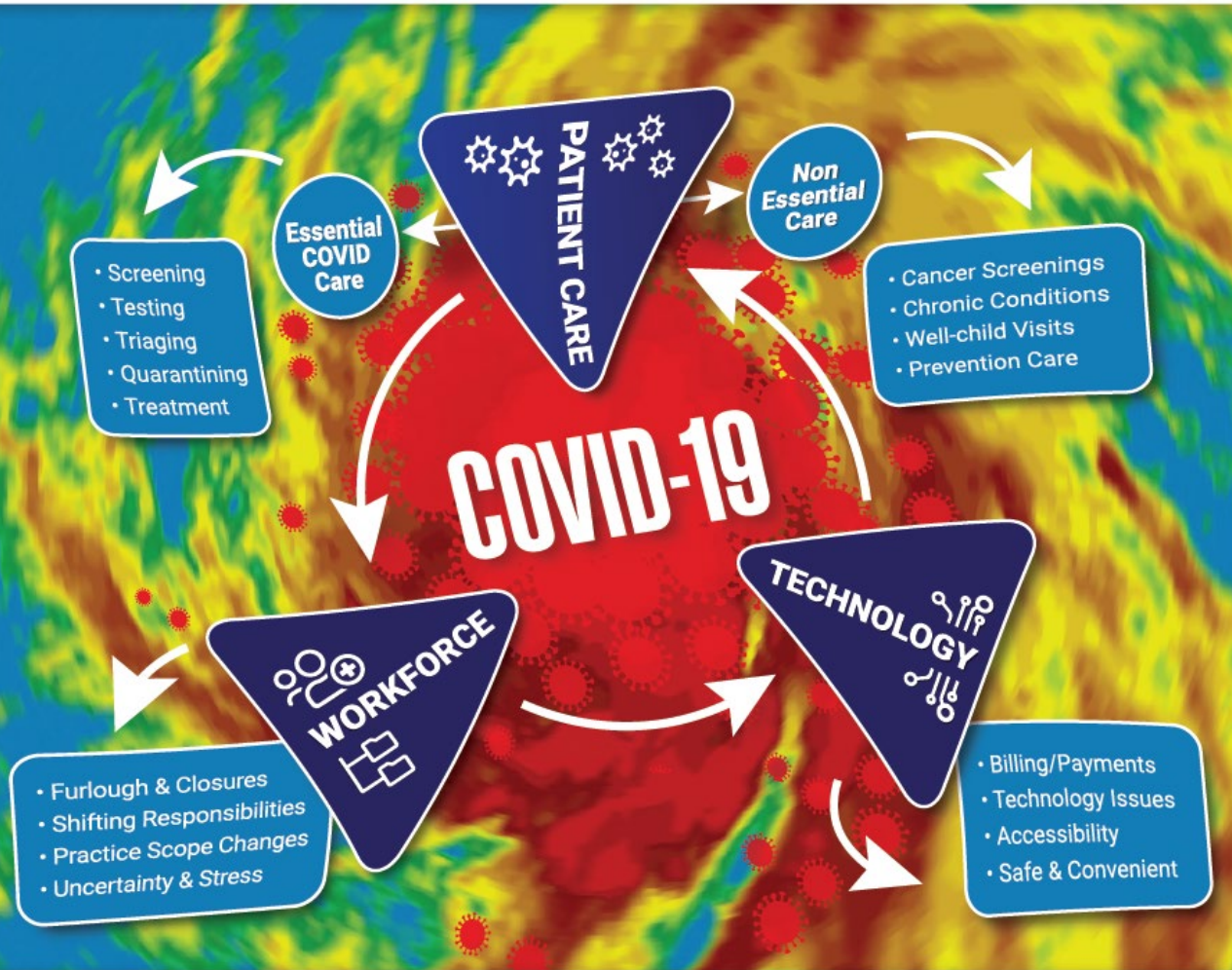
Primary care clinicians: 261 (77%)

Academic researchers: 52 (15%)

NGOs, Policy Makers, International Agencies, etc.: 26 (8%)



Thematic Results



Workforce

Furlough & Closures

"As a locum I have for the first time in my working life been scrambling around looking for work, after normally being fully booked ahead 1 1/2 years in advance. I am now surplus to requirements. I finally found work at a COVID testing centre," (New Zealand, female primary care clinician (PCC)).

Shifting Responsibilities

"The primary health care team is now required to do contact tracing, surveillance, establishing quarantine sites, providing manpower for screening at ports of entry, training health care workers on covid-19, donning and doffing, taking specimens from suspected patients and from people in quarantine sites," (Botswana, male academic).

Practice Scope Changes

"Being asked to do duties of an emergency physician/internal medicine etc.. primary care doctors are assumed to be footballs to kick into any department that needs staff," (Trinidad and Tobago, female PCC).

Uncertainty & Stress

"Private sector primary care physicians neglected and made to fend for their own. Nil government support," (Malaysia, male PCC).





Patient Care

Essential COVID-19 Care

- Screening
- Testing
- Triaging
- Quarantining
- Treatment

Non-essential Care

- Prevention care
- Cancer Screenings & Chronic Conditions
- Well-child Visits

Patient Care

“We stopped doing checks on children, older adolescents, we stopped doing checks on chronic diseases such as diabetes or depression, we stopped community tasks,” (Uruguay, female PCC).

“...preventive care has almost completely diminished, changes due to responsibilities of doctors and nurses to remotely care for COVID-19 positive patients (about 2/3 of cases are treated for by primary care clinicians as the majority of patients are at home/hotels) has resulted in a shift of care focus,”

(Israel, female academic).





Technology

- Visit Volume Changes
 - “Most of the consultations are done by phone calls (phone-visits) or by e-mail. Very few patients actually come to see a health care worker.” (Estonia, female PCC)
- Safe & Convenient
 - “Tele consultations (allowed practitioners) to avoid overcrowding of health centres and unnecessary exposure of vulnerable populations,” (Saudi Arabia, female PCC).
- Accessibility
 - “Shift to caring for patients virtually - in many places, especially rural areas, the infrastructure doesn’t exist for these types of services so providers and patients both have had to find ways to adapt,” (United States, female PCC).
- Payments
 - “Non face to face consultations have previously been unfunded - but we have had rapid rollout of government subsidised non-face-to-face consultations via telephone or video,” (Australia, male PCC).

Limitations

- Survey recruitment used a convenience and snowball sampling methodology
- Responses are unique to individuals and are not generalizable to primary care in specific countries
- Only focused on the initial wave of the pandemic





Lessons Learned

- Pandemics illuminate weaknesses in healthcare systems for both patients AND the healthcare workforce
- Pandemics apply unique uncertainty, stress, and anxiety which can contribute to burnout, moral injury, PTSS for primary care clinicians and staff.
- Primary care clinicians have a generalist scope of practice and therefore can be utilized more effectively than other specialists to fit specific community needs for pandemic plans and response
- Deciding which patients deserve care (COVID-19 positive patients) versus those who do not (routine, continuity of care patients) places an ethical dilemma onto policy-makers, often leaving clinicians out of the decision-making process, with little room to shift care based on particular patient circumstances.
- Digital health was a benefit to patients and clinicians, provided both parties were able to access it and clinicians were able to be compensated for using it.

Conclusions & Recommendations

Primary health care can take steps now to reduce disparities that have increased during this pandemic

- Gov't support, proper funding, workforce development, patient access to care

Increased focus on mental health care services is needed

- Both at the beginning and throughout for as long as needed

Primary care should be incorporated as an integral part of pandemic planning at the beginning

- Ethical considerations should be considered (autonomy, beneficence, non-maleficence, justice)

Public health and primary care should work together

- Clinicians should have flexibility on patient care based on ethical principles of decision-making

Digital health should remain a staple of facilitating primary care services.

- Expanding access to marginalized populations, appropriate financial reimbursements



Photo by Daniel Schludi @schluditsch on Upsplash



Thank You for Attending