



Briefing Note: COVID-19 Pandemic Response: A Family Medicine Perspective

Background

Family physicians are stepping up

Family physicians across Canada are key contributors to the efforts to combat COVID-19 and steer our health care system through this rapidly evolving crisis. While the majority (82 per cent) of Canada's family physicians continue to be available to see patients in regular community settings, many are also delivering care where it is needed most. 14 per cent of family physicians are staffing hospital emergency rooms, 15 per cent are filling in at long-term care facilities and 24 per cent at hospital in-patient clinics.¹ Overall, nearly one quarter (22 per cent) of Canada's family physicians have begun working in new and different settings to help respond to COVID-19.² Nearly three quarters of family physicians are doing some work in screening patients for COVID-19, many in makeshift facilities set up rapidly across the country.³

Family physicians are stepping up to care for patients across many different venues, demonstrating their flexibility and the vitally necessary role they play in Canada's health care system.

Family physicians have concerns about financial viability of practices

However, due to concerns around viral transmission, many patients have chosen to postpone or cancel their appointments, leading to a drop in demand for regular care. Despite stepping up to face the pandemic, 76 per cent of family physicians have reduced their work hours during the pandemic by an average of 45 per cent.⁴ Such a drastic reduction of work hours in providing regular care is putting considerable financial strain on many practices. 63 per cent of family physicians report feeling moderately or extremely concerned about lost revenue due to this drop in demand for appointments. Two per cent of family practices across Canada have already closed as a result.⁵

Family physicians have long-term concern for patient well-being

While maintaining physical distancing is a crucial component of mitigating effects of COVID-19, the reluctance of patients to visit their family physicians may very well result in negative health effects both in the short- and long-term.

¹ Family Physicians' Response to the COVID-19 Pandemic: Results of the May 2020 CFPC Members Survey on COVID-19. College of Family Physicians of Canada. May 2020. P. 1.
<<https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Research/Covid-19-Member-Survey-ENG-Final.pdf>>, accessed 27 May 2020.

² Ibid, p.2.

³ Ibid, p.3.

⁴ Ibid.

⁵ Ibid.

Patients should be maintaining appointments to receive timely consultations and continue treatment plans for existing conditions without interruption. This ensures that important diagnoses are not missed and that complications are avoided where possible. This also prevents a build-up of demand for appointments that could follow once the peak of the pandemic eases. Such an influx would greatly restrict access to appointments. More public support from government leaders is required to reinforce these messages. The CFPC has written to the [Chief Public Health Officer](#) and the [Minister of Health](#) about these needs. The Public Health Agency of Canada acknowledges this concern and the Chief Public Health Officer has been speaking out to remind about the necessity of continuing to seek regular care during this time.⁶

Family physicians are adapting

Family practices continue to provide safe, high-quality care to patients, adjusting the way they work to ensure patient safety. To better care for patients and respond to public health directives and patient concerns, family practices are:

- Changing the physical layout of waiting rooms to make them safer (83 per cent)
- Making increased use of available personal protective equipment (87 per cent)
- Enhancing cleaning and sterilization of office space and equipment (88 per cent)
- Contacting patients at home through other means – phone, email, etc. (89 per cent)⁷

Family physicians are also rapidly expanding their availability through virtual means. Four out of every five patient visits to surveyed family physicians took place through some form of virtual medium⁸.

“Patient’s Medical Home” practices are showing the most resiliency

Anecdotally, how family physicians practise is proving to have a great deal of bearing on how they can perform under rapidly changing conditions and continue to provide high-quality care to patients. Family physicians operating in a [Patient’s Medical Home](#) type of practice structure, report being better able to maintain continuity of care with their patient population; are better able to adapt to providing care virtually; are more likely to operate an Electronic Medical Record, and; are more likely to operate with some form of alternative payment plan rather than on a strict fee-for-service basis.

One of the many lessons learned so far, and of relevance going forward is the notion of proactivity: Knowing a practice’s patient population, to provide ongoing care, as well as being ready to address acute care problems. Another lesson is that of community readiness: while COVID-19 efforts have focused on capacity in our hospitals and ICUs (important) it remains true that that 80 per cent of this battle is fought in the community.

The CFPC intends to learn from the innovations in community-based care that are taking place during COVID-19 through [grants to be funded through its Foundation for Advancing Family Medicine](#). These grants are made possible through a generous donation from the Canadian Medical Association Foundation.

⁶ Tam, T (2020), 1 May. Available at: https://twitter.com/CPHO_Canada/status/1256348794519719941. (Accessed: May 15, 2020).

⁷ May 2020 CFPC Members Study on COVID-19, 27 May 2020, p. 2.

⁸ Ibid, p.3.

How can the federal government help?

The COVID-19 pandemic necessitated changes to family practices across Canada that are expected to have long-term effects on the delivery of care. In response to the pandemic, family practices will need to expand their capacity for screening, isolation, and triage for the foreseeable future.⁹ In addition, while non-essential care may be delayed safely for a short period of time, continuity of care for patients with chronic medical conditions should be maintained.¹⁰

The CFPC is encouraged by the federal government's response to the COVID-19 pandemic to date. However, ongoing support and resources are needed in the following areas:

- **Personal protective equipment (PPE) supply.** Due to the lack of supply and surging demand for PPE, family physicians have been forced to acquire PPE from other sectors and ration limited stocks.¹¹ PPE is now required in delivering necessary in-person care (such as administering vaccinations and treating vulnerable patients). PPE must be deployed effectively to all clinical settings, including community-based family practices. The cost of PPE use should also be considered in determining appropriate financial support for practices. Some reports indicate that family medicine residents in particular experience a particular shortage of appropriate PPE – equitable supply of this critical equipment must be ensured. 55 per cent of family physicians report being moderately or extremely concerned about the availability of PPE.¹²
- **Infrastructure for virtual care.** To be viable, virtual care must be fairly remunerated to ensure family practices financially viable. Policy tools such as equitable billing codes and amendments to province-based licensure would remove barriers to providing care virtually, allowing physicians to better serve their patients. In the long run, infrastructure improvements could offer sustained benefits to Canada's health care system, especially in rural, remote, and Indigenous communities.
- **Mental health services.** The pandemic is putting considerable strain on the mental and physical well-being of family physicians and all front-line care providers. 56 per cent of family physicians are moderately or extremely concerned about contracting COVID-19 themselves. Even more importantly, between 70 and 80 per cent of physicians report a high level of concern for their patients with chronic illness, mental health and other issues not related to COVID-19.¹³ Some physicians are feeling fear and anxiety related to their personal safety and the possibility that they may put loved ones at risk of exposure through their work. Those who need to self-isolate

⁹ World Health Organization. *COVID-19: Operational guidance for maintaining health services during an outbreak*. Geneva, Switzerland: World Health Organization; 2020. Available from: www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak. Accessed April 14, 2020.

¹⁰ Choosing Wisely Canada. COVID-19 web page. 2020. choosingwiselycanada.org/covid-19. Accessed April 14, 2020.

¹¹ Buchman S. COVID-19: Update from CMA President Dr. Sandy Buchman. Canadian Medical Association. March 24, 2020. Available from: www.cma.ca/news/covid-19-update-cma-president-dr-sandy-buchman-issue-4. Accessed April 14, 2020.

¹² May 2020 CFPC Members Study on COVID-19, 27 May 2020, p. 4

¹³ Ibid.

from work or family may also experience feelings of guilt and loneliness.¹⁴ The stigmatization of health care workers may compound these mental health concerns and cause additional negative effects.¹⁵

- **Family medicine residency.** Family medicine residents are experiencing disruptions to their education due to necessary postponed exams, unavailable clinical experiences, and supporting the health care system during the pandemic crisis. Resources must be allocated to support graduating residents being rushed into providing care to their communities in the short-term, especially those seeking to work in rural or under resourced communities. Efforts by all medical regulatory authorities must also be continued to facilitate the issuing of licenses to allow graduating residents to work while they meet requirements for Certification in Family Medicine to support the health care system in this time of urgent need. In the long-term, consideration must be given for how residency training can be enhanced to mitigate these disruptions from the current cohort, but in the future considering how family medicine training can be better supported to provide residents needed opportunities in a world with COVID-19.

Summary of recommendations

The federal government can support family physicians during the current pandemic and in the longer-term by:

- **Providing adequate and equitable access to personal protective equipment**
- **Building up infrastructure to allow for better delivery of virtual care, now and in the future**
- **Supporting the mental health needs of physicians and other health care providers**
- **Developing long-term financial supports (with the provinces) to help consolidate family medicine training for the with-COVID-19 world**

More detail on these areas can be found on the CFPC's advocacy page on [supporting physicians during COVID-19](#) for additional background information.

The CFPC encourages the federal government to act on these recommendations to ensure that high-quality, urgent, and continuous care is delivered safely to everyone in Canada as we work to fight COVID-19 together.

¹⁴ Canadian Psychological Association. "Psychology Works" Fact Sheet: Emotional and Psychological Challenges Faced by Frontline Health Care Providers During the COVID-19 Pandemic. Ottawa, ON: Canadian Psychological Association; 2020. Available from: cpa.ca/docs/File/Publications/FactSheets/PW_COVID-19_FrontLineHealthCareProviders.pdf. Accessed April 14, 2020.

¹⁵ Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. *Interim Briefing Note: Addressing Mental Health and Psychosocial Aspects of Covid-19 Outbreak Version 1.5*. Geneva, Switzerland: Inter-Agency Standing Committee; 2020. Available from: reliefweb.int/report/world/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19. Accessed April 14, 2020.

About the CFPC

The voice of family medicine in Canada

The College of Family Physicians of Canada (CFPC) is the professional organization that represents more than 39,000 members across the country. The College establishes the standards for and accredits postgraduate family medicine training in Canada's 17 medical schools. It reviews and certifies continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements. The CFPC provides high-quality services, supports family medicine teaching and research, and advocates on behalf of the specialty of family medicine, family physicians, and the patients they serve.