Family Physicians' Response to the COVID-19 Pandemic

Results of the May 2021 CFPC Members Survey on COVID-19

It is critically important to know how family doctors are caring for patients and communities as frontline health workers in response to the COVID-19 pandemic. The College of Family Physicians of Canada (CFPC) surveyed its 40,000 members in 2020 and 2021. We told their COVID-19 stories at the start of the pandemic in May 2020 (https://www.cfpc.ca/CFPC/media/Resources/Research/Covid-19-Member-Survey-ENG-Final.pdf). The results provided here from May 2021 show how family doctors continue to adapt their practices and the concerns they have for their patients a year later.

Covering the spectrum of COVID-19 care





Concerns and care for the most vulnerable

At the start of the pandemic family doctors were more concerned about the impact of COVID-19 on their patients than on their own health or on their practices. More than a year later this is still true. Family doctors are most concerned about their patients, especially those in the most vulnerable and at-risk populations.



Family physicians' biggest concerns about COVID-19

- 87% are highly concerned about patients' emotional or mental stress
- **67%** are highly concerned about patients' use of alcohol and other non-prescription drugs
- **54%** are highly concerned about reduced in-person interactions with patients
- **60%** are highly concerned about health risks due to reduced patient-doctor contact

Serving where they are most needed

27% of family physicians care for patients with COVID-19 in **long-term care and other residential care facilities**.

In Canada approximately 2 per cent of the population lives in collective dwellings,^{1,2} but 69 per cent of COVID-19 deaths have occurred in long-term care and retirement homes (compared with the international average of 41%).³



14% of family physicians provide care to patients with COVID-19 in **Indigenous** communities.



i Indigenous peoples (First Nations, Inuit, and Métis) represent 5 per cent of the population in Canada.⁴ Among First Nations people living on reserves, the rate of COVID-19 infection is six times higher than among the general Canadian population.⁵





At least 235,000 people in Canada experience homelessness annually.⁶ A large Ontario study shows that people who are experiencing homelessness are 76 per cent more likely to test positive for COVID-19 and five times more likely to die from it.⁷

¹ Data tables, 2016 Census: Type of Collective Dwelling and Collective Dwellings Occupied by usual Residents and Population in Collective Dwellings of Canada, Provinces and Territories, 2016 Census - 100% Data. Statistics Canada Catalogue Number 98-400-X2016018. Updated June 17, 2019. Accessed June 30, 2021.

² Statistics Canada. Census Program website. 2021. https://www12.statcan.gc.ca/census-recensement/index-eng.cfm?MM=1. Accessed June 30, 2021.

³ Canadian Institute for Health Information. The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months. Ottawa, ON: Canadian Institute for Health Information; 2021.

⁴ Statistics Canada. *Aboriginal peoples in Canada: Key results from the 2016 Census*. Ottawa, ON: Statistics Canada; 2016. Available from: https://www150.statcan. gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm. Accessed June 30, 2021.

⁵ Indigenous Services Canada. Confirmed cases of COVID-19 web page. 2021. https://sac-isc.gc.ca/eng/1598625105013/1598625167707. Accessed June 30, 2021. ⁶ Gaetz S, Dej E, Richter T, Redman M. *The State of Homelessness in Canada 2016*. Toronto, ON: Canadian Observatory on Homelessness Press; 2016. Available from: https://homelesshub.ca/sites/default/files/SOHC16_final_20Oct2016.pdf. Accessed June 30, 2021.

⁷ Richard L, Booth R, Rayner J, Clemens KK, Forchuk C, Sharif SZ. Testing, infection and complication rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: a retrospective cohort study. *CMAJ Open*. 2021;9(1):E1-E9.

Virtual care in family practice



Virtual care—involving visits conducted over the phone, by video, or through messaging—is now a familiar and frequently used way to access care, including that provided through family practices. The CFPC's May 2020 COVID-19 member survey showed that four out of five patient visits were happening via virtual care at the start of the pandemic. A year later, in May 2021, **90 per cent of family physicians use virtual care technologies and 55 per cent of their patient contacts continue to be handled through virtual care**. Given the magnitude of this health care delivery shift and its sustained use, it is important to know how virtual care is being delivered in Canada and the impact it may have on the quality of care. While virtual care can improve access, it is important to note the perceived negative impact of virtual care on the quality of several aspects of care reported in the survey.



Proportions of family physicians who very frequently or never use various virtual care technologies

		⊗	66% say it has worsened the delivery of procedural health care services
		×	64% say it has worsened assessing or diagnosing new patient complaints
62% of family physicians say	but	8	50% say it has worsened chronic disease management
virtual care has improved access to		⊗	48% say it has worsened mental health care
care for patients	8	⊗	40% say it has worsened interactions and relationships with patients



Workload and burnout

Family practices saw major decreases in the number of patient visits at the start of the pandemic, with 76 per cent of family physicians reporting reduced work hours in the CFPC's 2020 survey. The picture has changed significantly over the past year. Most family physicians are working beyond their desired capacity and many are feeling burnt out.



Burnout is lowest among family physicians who are working at their desired capacities, higher among those who are working below their desired capacities, and **highest among those who are working above their desired capacities**.



The Canadian Medical Association maintains a physician wellness hub (https://www.cma.ca/physician-wellness-hub) that includes provincial and territorial physician support phone lines (https://www.cma.ca/supportline).



Methodological note:

The CFPC Members Survey on COVID-19 was sent to 39,911 members, excluding those living outside Canada. Data were gathered between April 7 and May 10, 2021. The results are based on the voluntary, self-reported information respondents provided. The Copenhagen Burnout Inventory was used to assess burnout.

A total of 3,409 CFPC members replied to the survey, for an overall response rate of 9 per cent. Geographic and demographic membership counts and response rates are summarized below.

Region	Invited	Responses	Response Rate
Alberta	5,417	503	9%
British Columbia	6,593	580	9%
Manitoba	1,558	158	10%
New Brunswick	887	76	9%
Newfoundland and Labrador	736	48	7%
Northwest Territories	53	1	2%
Nova Scotia	1,257	105	8%
Nunavut	18	0	0%
Ontario	16,756	1,494	9%
Prince Edward Island	160	9	6%
Quebec	4,995	304	6%
Saskatchewan	1,408	122	9%
Yukon	72	9	13%
Missing data	1	0	0%
Total	39,911	3,409	9%

Geographic Response Rates

Demographic Response Rates

Sex	Invited	Responses	Response Rate
Female	20,586	2,051	10%
Male	19,308	1,358	7%
No response	17	0	0%
Total	39,911	3,409	9 %

Age	Invited	Responses	Response Rate
< 30 years	4,419	81	2%
30 – 39 years	11,377	647	6%
40 – 49 years	8,800	795	9%
50 – 59 years	7,364	916	12%
60 – 69 years	5,216	709	14%
70 – 79 years	2,201	220	10%
≥ 80 years	534	41	8%
Total	39,911	3,409	9%

Please contact the CFPC's Research Department if you'd like to know more: research@cfpc.ca.

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