

## Series 9 – Quick COVID Clinician Survey Summary (Australia)

Series 9 of the Quick COVID-19 Clinician Survey was fielded from the 17<sup>th</sup> to the 24<sup>th</sup> of September 2020 and received 48 responses. Confirmed cases of COVID-19 in Australia increased by 204 over this period to 26,983. The tough lockdown measures imposed in Victoria have continue to yield results, with case numbers in that jurisdiction decreasing to less than 30 per day on average during this period.

**Demographics** All 48 participants were general practitioners, of whom 19 (40%) were practice owners. One respondent identified as a GP practice owner and practice manager. 11 participants (23%) worked in a rural practice. All jurisdictions were represented in this survey: NSW 33%; Vic 19%; Qld 17%; SA 15%; WA 1%; Tas 2%; NT 2%; ACT 10%.

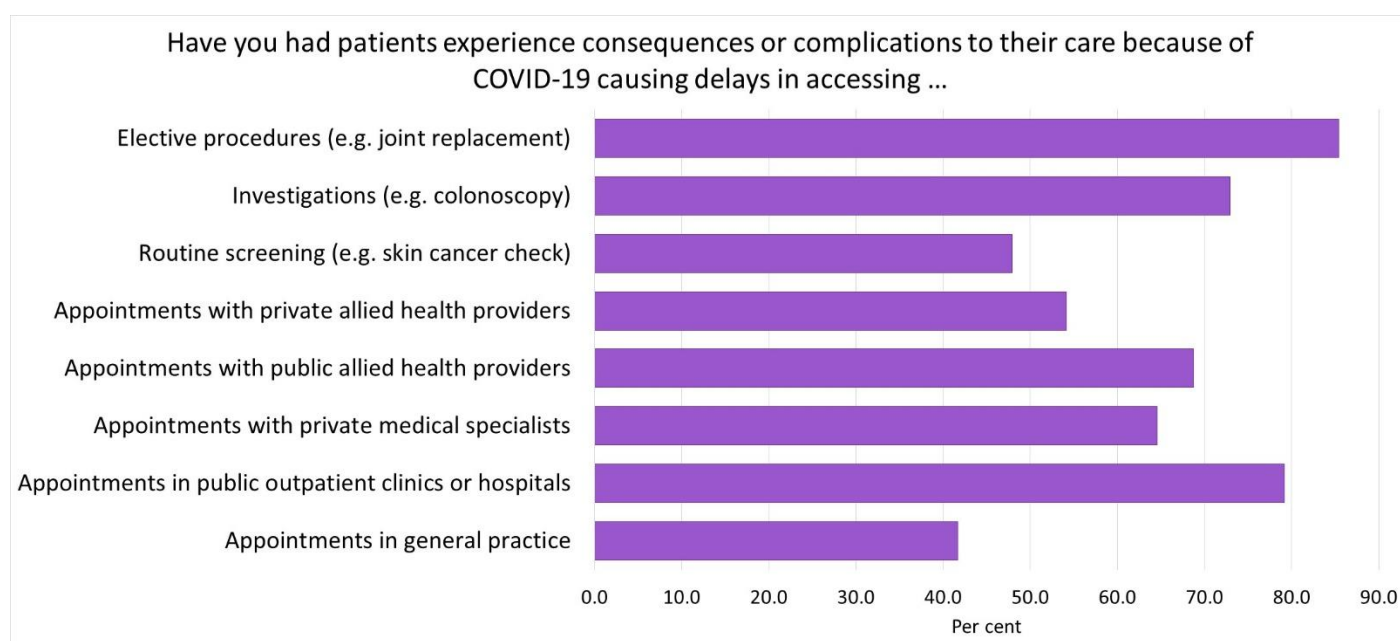
**Consequences of delayed access** Respondents' were asked about whether they had observed consequences or complications to their patients' care due to delays caused by the COVID-19 pandemic.

The biggest impact reported was for elective procedures, with 85% reporting consequences or complications from their delay.

Concerningly 79% reported consequences or complications from delayed public outpatient clinic appointments, and 73% from delayed investigations. Around two thirds reported effects from delayed appointments with private medical specialists.

Impacts from delayed allied health appointments varied between the public and private sectors. Respondents noted negative effects in 69% from delayed public appointments and 54% from delated private appointments.

Less than half reported consequences or complications from delayed GP appointments.



**Open Text Questions:** We asked clinicians about the consequences or complications that arise from missed appointments, investigations, or procedures. 48 clinicians responded citing themes of (i) More advanced disease, (ii) Prolonged pain, anxiety and deterioration (iii) Decline in mental health, (iv) Increased workload for GPs, (v) Increased hospital presentations, and (vi) Telehealth as a contributor to delayed care. Most consequences or complications were experienced at a greater rate, or were more impactful, for vulnerable patients, particularly elderly patients and economically disadvantaged patients who have lower access to care than the general population. Patients relying on public care were more often experiencing delays than those accessing private care.

**More advanced disease** due to delayed screening and diagnosis.

- *More advanced skin cancers, dental problems, mental health issues*
- *Delay in diagnosing possible covid (ground glass opacities on CXR which developed during a wait for the cardiologist), during which time the patient did not think to see me*
- *Late diagnoses of lung cancer*

**Prolonged pain, increased anxiety, and deterioration** caused by delayed diagnosis and treatment.

- *Delays in starting treatment and therefore persisting symptoms and pain*
- *longer waits for treatment of painful conditions in public hospitals (e.g. endometriosis, osteoarthritis)*
- *Pain prolonged because of inability to have joint surgery. Extra steroid injections and higher dose analgesics required*
- *Mood disorder secondary to failure to resolve symptoms*
- *Clinical deterioration and hopelessness*
- *Delays in surgery causing increased pain and anxiety*
- *Delayed diagnoses and treatment, increasing psychological despair as a consequence of delay*
- *Increased chronicity of pain, prolonged time off work and increased severity*
- *Deterioration in physical symptoms and worsening of chronic pain*

**Decline of mental health** due to lack of access to supports including the social interaction provided by clinicians.

- *Those with existing mental health problems are unable to get support in a timely manner*
- *increasing mental health issues especially anxiety, social anxiety and dysthymia leading to depression; loneliness and isolation due to lack of social interaction*
- *worsening mental health in patients trying to access mental health services*

**Increased GP work-load** due to a greater reliance on GPs for care, and greater administrative load as GPs navigate the changing health landscape.

- *Maternal and Child Health Nurses asking patients to attend GPs for growth checks as they're not doing F2F visits*
- *The hits to the public sector with cessation of public OPD clinics has meant [GPs] have done more. I have done 6 minute walk test for respiratory and other tasks for specialists as they are not prepared to see people in person*
- *Many of our usual reliable pathways have changed and more time has been spent calling/chasing/checking to try and find how to get people seen*

**Increased hospital presentations** due to delayed care.

- *Delayed appointments with specialists leading to increased presentations to GP and ED*
- *Patients not being able to see their GP in person, having to go to the ED*
- *Delays to get ACAT a big problem causing bed block [in rural hospitals]*

**Telehealth** has contributed to delayed screening, treatment, and diagnosis.

- *Much less face to face consulting and therefore increased risk of missed diagnosis especially in vulnerable groups*
- *A major issue has been for patients accessing psychological therapy via telehealth. I have had several who either didn't have the logistical capacity of the emotional headspace to try and have therapy via a screen. Some actively chose to delay until their psychologist returned to face to face sessions which was detrimental to their mental health*
- *People being fobbed off by Telehealth appointments when they really needed to be seen*
- *Medication errors due to telehealth consultations and delayed commencement of e-Prescribing*

Delayed services quoted in responses included: joint replacement surgery; colonoscopies; colposcopies; antenatal care; fracture clinics; mental health services; physiotherapy; dietetics; podiatry; exercise physiology; and dentistry.

**For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at**

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