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Title

Changes in the top 25 reasons for primary care visits during the COVID-19 pandemic in a high-COVID region of Canada

Priority 1 (Research Category)

COVID-19

Presenters

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Abstract

Context: There is a lack of evidence regarding the management of non-COVID-19 patients in primary care during the pandemic. To fill this gap, we first need to know the reasons why patients seek primary care, and how this may have changed during the COVID-19 pandemic. Objective: To determine the degree to which reasons for primary care visits changed during the COVID-19 pandemic. Study Design and Analysis: Retrospective cohort study of the most common reasons for primary care visits before and after the onset of the COVID-19 pandemic. Data source: Electronic medical records from the University of Toronto Practice Based Research Network (UTOPIAN). Most physicians in the UTOPIAN database practice in the Greater Toronto Area, a high COVID region of Canada. Results: UTOPIAN family physicians (N = 396) conducted 734,836 visits, involving 276,657 patients between March 14 and December 31, 2019 (pre-pandemic period), and 695,659 visits, involving 227,873 patients between March 14 and December 31, 2020 (pandemic period). Visits for anxiety increased during the pandemic, accounting for 9.1% of the total visit volume during the pandemic compared to 6.4% the year before. Decreases in the number of patients visiting at least once were especially pronounced for periodic health exams (incidence rate ratio [IRR] 0.10, 95% CI 0.08-0.13), common cold (IRR = 0.44, 95% CI 0.39-0.50), immunizations (IRR 0.67, 95% CI 0.61-0.74), osteoarthritis (IRR 0.77, 95% CI 0.73-0.83), hypertension (IRR 0.71, 95% CI 0.68-0.74), and diabetes (IRR 0.80, 95% CI 0.78-0.83). Conclusion: The decrease in primary care visit volumes during the COVID-19 pandemic varied based on the reason for the visit, with increases in visits for anxiety and decreases for preventive care and visits for chronic diseases. Implications of increased demands for mental health services and gaps in preventive care and chronic disease management may require focused efforts in primary care.