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## Title

The role of Canadian family physicians in the response to the COVID-19 pandemic

# **Priority 1 (Research Category)**

COVID-19

### Presenters

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### Abstract

Context: In Canada, most medical care is delivered through front line, first contact primary care. As nations traverse the most significant health event in a century, it is important to understand how primary care has been engaged in the challenge.

Objective: Assess the patterns of direct clinical patient care involvement of Canadian family physicians (FPs) in the response to the COVID-19 pandemic by province, age, remuneration model, and practice setting.

Study Design: Online, self-report survey administered between April 7 and May 10, 2021. Survey invitations sent via email, with three reminders following initial contact.

Setting or Dataset: The College of Family Physicians of Canada (CFPC) membership list was used to reach family physicians in diverse practice settings in all Canadian provinces and territories.

Population studied: All active CFPC family physician (FP) members were included. Family medicine trainees and members with primary addresses outside Canada were excluded. Most FPs in Canada are CFPC members; 39,991 FPs received survey invitations; 3,409 replied, for an overall response rate of 9%.

Outcome Measures: Percent of FPs engaged in the pandemic response, including performing COVID-19 testing, administering COVID-19 vaccines, and caring for COVID-19 patients.

Results: Almost all FPs (99%) were in some way involved in the COVID-19 response. Most FPs (77%) were involved in direct clinical patient care (eg vaccination, testing, and/or caring for COVID-19 patients). In particular, 54% cared for COVID-19 patients and 15% vaccinated patients at their practice.

Older FPs, FPs receiving remuneration only via fee-for-service, and FPs practicing in family medicine clinics only were less likely to be involved in the COVID-19 response. The findings also vary across jurisdiction.

Conclusions: While most family physicians have been involved in the COVID-19 response, discrepancies exist across jurisdiction, ages, remuneration types, and practice models. These results suggest that there

were obstacles to the full involvement of Canada's primary care system in the response to the pandemic. Evidence generated by this study points to factors that could enable a more responsive future primary health care system.