

Keeping Doors Open: Maintaining Primary Care Access and Continuity during COVID-19

Interim Report, January 5, 2021

Background:

Primary care is the front door of the healthcare system. Early in the pandemic, there was concern that this front door may have started to close in some places. Anecdotal reports suggested some family practices were contemplating closing their doors. Some practices remained open virtually while others were closing entirely. Closure of family practices could result in newly unattached patients who would potentially struggle to have their healthcare needs met increasing the risk of their seeking care in emergency departments in the short or longer term. In May, primary care leaders across Toronto came together to better understand the nature of this problem and collaborate on potential solutions.

Objectives:

1. Determine the extent to which family physicians have closed their doors altogether or for in-person visits.
2. Understand the characteristics of family physician practices that have closed and the root causes of the closures.

Methods:

Between May and October 2020, our team reached out to family doctors (FPs) and general practitioners (GPs) providing comprehensive care in six sub-regions in the city of Toronto: Mid-East Toronto, East Toronto, West Toronto, North West Toronto, Mid-West Toronto, and North York.

Each subregion conducted their own outreach using a combination of phone, fax, or email. Subregions determined which outreach methods to use and in which order. A common survey was developed and used by most regions for data collection. In some cases, subregions also noted answers to questions around opening based on publicly available websites or personal knowledge.

We identified potential FPs/GPs using the CPSO database combined with databases maintained by Ontario Health -Toronto Region and the sub-regional leads. Denominators in Mid-East, West, and East Toronto sub-regions were based on reviewing the publicly available list of FPs/GPs in the respective postal codes per the CPSO data. Denominators in the Mid-West, North York, and Northwest regions were determined based on existing physician lists and may under capture the FPs/GPs working in the region.

Notes: We excluded physicians on maternity leave and physicians who retired before COVID-19. If physicians said they were closed at the time of outreach, we counted them as such even if they had plans to open in 30 days.

Results:

Who we reached and how:

Overall, we obtained information on 1406 FPs/GPs using the following methods: 746 (53%) reached by phone, 118 (8%) reached by fax, 205 (15%) reached by email, 337 (24%) information obtained from practice website or personal knowledge. We estimate that the 1406 FPs/GPs for whom we have data represent 75% of the FPs/GPs in the six Toronto regions. Response rate varied by subregion, ranging from 51% to 91%.

Who was open:

Overall, 8.7% of FPs/GPs were providing only virtual care and 1.7% of FPs/GPs had stopped seeing patients entirely (i.e., they were providing neither in-person or virtual care). The remaining 89.6% were seeing patients in person (87.2% were providing a combination of in-person and virtual care while 2.4% were only providing in-person care). There were differences in responses based on when the outreach was done (Table 1). There were some differences by physician sex (Table 2). There were some differences by physician graduation year (Table 3). Forty-nine physicians who were closed to in-person visits told us why they were closed. Most commonly cited reasons, in rank order, were health concerns, PPE supply, and PPE costs. Loss of Income and difficulty with environmental cleaning were also cited reasons. Common supports they requested included: supply of PPE and cleaning materials as well as matching with another physician who could provide in-person services and communicate the results.

Table 1: Responses by month outreach was conducted, n=1406

Month outreach conducted	Total no. of physicians	% closed entirely	% of virtual care only	Total % not seeing patients in-person
April-Jun	163	4.3%	30.1%	34.4%
July-Aug	336	1.2%	4.8%	6.0%
Sep-Oct	907	1.4%	6.3%	7.7%

Table 2: Responses by sex, n= 1400

Sex	Total no. of physicians	% closed entirely	% of virtual care only	Total % not seeing patients in-person
Male	635	2.1%	10.7%	12.8%
Female	765	1.3%	7.1%	8.4%

Table 3: Responses by graduation year, n=1390

Graduation year	Total no. of physicians	% closed entirely	% of virtual care only	Total % not seeing patients in-person
Before 1970	42	2.4%	31.0%	33.3%
1970-79	167	4.2%	14.4%	18.6%
1980-89	280	1.4%	11.8%	13.2%
1990-99	231	0.9%	6.9%	7.8%
2000-2020	670	1.3%	5.4%	6.7%

Limitations:

Each subregion did their own outreach and methods varied. Outreach was done at different times in the pandemic and influenced the proportion closed. Unfortunately, we did not have enough resources to complete all outreach during the first wave or repeat the outreach at a later date.

Physicians who were closed may have been less likely to respond to our survey. However, in subregions with ~90% response rate, the rate of closure was lower than average.

There is uncertainty in the denominator (i.e., who is a GP/FP actively practicing comprehensive primary care in Toronto). For all subregions, we attempted to use CPSO data to reduce our chances of inadvertently excluding practicing physicians. However, three of the subregions did not have the time/resources to review the CPSO list and in these cases, we used their subregional lists (that were based on review of CPSO data in the past).

We did not perform a regression analysis to whether associations held true after adjustment for other factors. For example, differences in sex may be driven by graduation year with more males graduating in earlier time periods. We did not have complete information on practice model so could not assess for associations between model and closures.

We did not collect information on what practice arrangements were made by a physician who was closed to in-person visits. Physicians who reported being closed to in-person visits may be working in a practice providing coverage.

Summary:

Our outreach in six Toronto-area subregions found that the vast majority of family physician practices were open and providing care to their patients. We estimate that ~10% of FP/GP practices were closed to in-person visits sometime between March and October 2020 with ~2% closed entirely. Crude analysis

suggests closure seemed more common early in the pandemic and seemed to be associated with year of graduation.

Next steps:

We have collaborated with partners to produce a [one-page handout](#) for the public to confirm that family doctors' offices are largely open; that virtual care is care; and what to do in case your doctor's office is closed. Other potential next steps include a refresh of the data during wave 2 of the pandemic and a deeper dive in understanding reasons for closures and whether system supports are needed for physicians and patients.

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