Health Care Crisis and the Primary Health Care Supply: Survey for General Practitioners and Primary Care Physicians during COVID-19 in Austria

Dr. Alexander Braun

Professor for Health Care Management

Institute for Health Management

University of Applied Sciences Krems

alexander.braun@fh-krems.ac.at

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Problem and Research Aim

SARS-Cov-2 as novel challenge for Primary Health Care Suppliers

1. GP's as first responder to their patients.
2. But they are also self-employed suppliers, who could also be affected by public health measures at their daily business (economic threat and high exposure of people).
3. Due to demographics in Austria many of GPs are likely to be in a risk group (above 59 years of age: 29.2% ~n=6,124).
4. As experts in the field, some Public Health measures tend to be a high level hierarchy from external authorities and are partly against GP's rationale.

Research questions and hyptheses

Research question: Which influence has the SARS-Cov-2 pandemic on the health care supply in the Primary Care sector in Austria?

Hypothesis I (age-specific evaluation): As higher the age of the GP the lower is the satisfaction with the public health measures.

Hypothesis II (number of Covid-19 infected): There is a difference between number of set public health measures in practice, based on the number of Covid-19 patients treated in the same practice.

Hypothesis III (economic threat as moderator): As higher the evaluated economic threat (closing practice or decrease on demand of patients due to avoidance) the higher the rejection of the public health measures.

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Questionnaire

Adapting the *International Survey of Primary Care Physicians* (Commonwealth Fund, 2019) to the SARS-Cov-2 situation.

1. General situation as GP and the Primary Care in Austria.
2. GP's evaluation of the care supply for their patients in general (over- and undersupply).
3. GP's evaluation of their practice under SARS-Cov-2.
4. Aspirations and concerns for the Primary Health Care sector during the SARS-Cov-2 pandemic.
5. Changes in treatment and practice.
6. Socio-demografics.

➤ Pre-Tested with 13 medical and public health experts in the field.
➤ Validated in subsample in Lower Austria (n=103): internal consistence (Cronbach's-Alpha): between .463 (6 items of 3.) and .774 (13 items of 2.).
➤ Margin of error: ±8% (90%-CI)
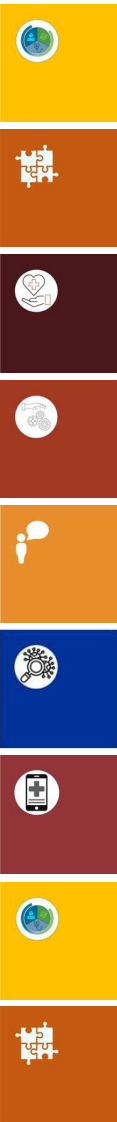
Sampling and description
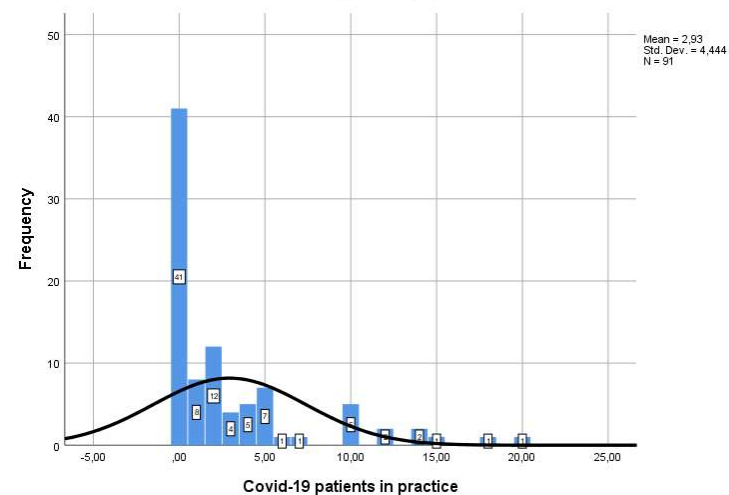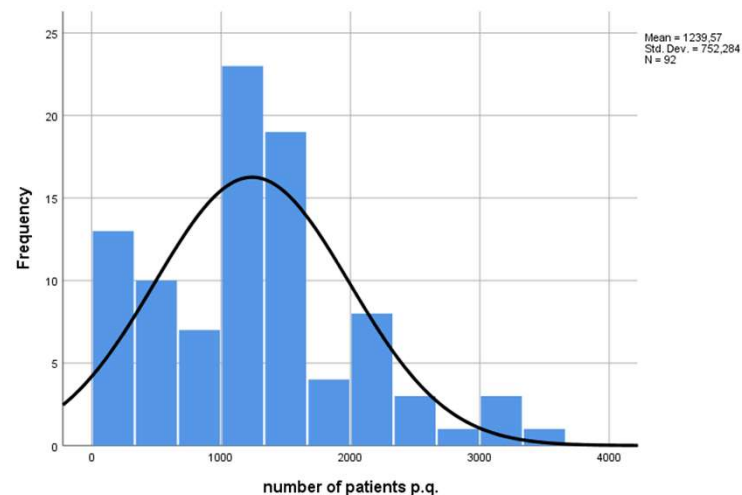
GP's in Lower Austria: N = 2,613
- Online: n = 805 (at 28/05/20)
- Telephone: n= 100

Net-response-quote: 12.8% (n=103)
Female: 50.5% (n=49)
Rural area (up to 15.000 inhabitants): 71.9%

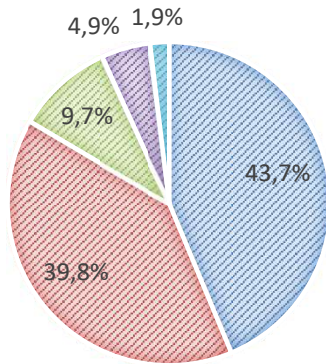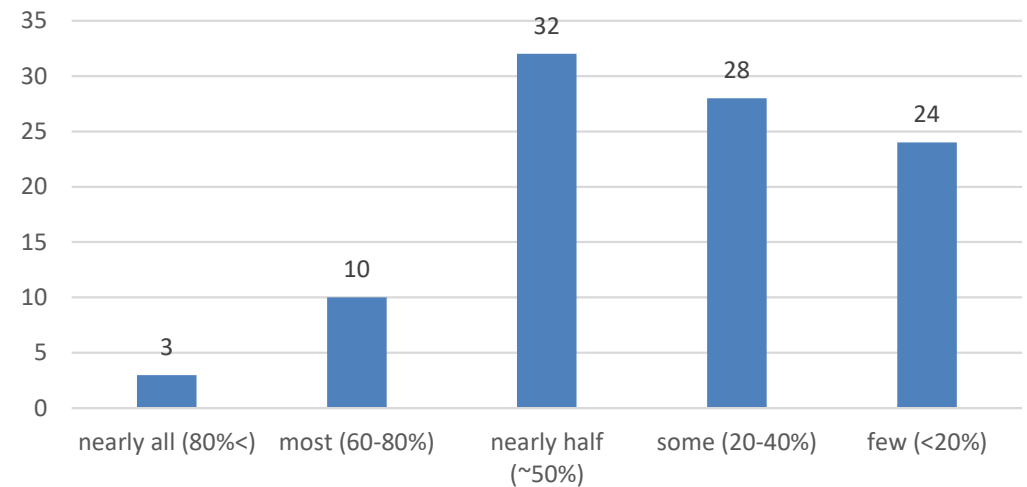| Age	Official statistics	Sample	Δ
<35	9.9%	0.0%	9.9%
35 to 44	28.2%	16.8%	11.4%
45 to 54	25.7%	37.9%	-12.2%
55 to 65	26.1%	40.0%	-13.9%
65<	10.1%	5.3%	4.8%

Preliminary results

HOW WAS THE SUPPORT FROM RESPONSIBLE AUTHORITIES TOWARDS THE IMPLEMENTATION OF COVID-19 SECURITY MEASURES?

Legend: ■ very poor ■ poor ■ good ■ very good ■ n/a

- 43,7%
- 39,8%
- 9,7%
- 4,9%
- 1,9%

Ad) Nearly 51% answered that the care situation has worsen

HOW MANY PATIENTS DO NOT RECEIVE AN ADEQUATE CARE DURING THIS PANDEMIC?

Category	Value
nearly all (80%<)	3
most (60-80%)	10
nearly half (~50%)	32
some (20-40%)	28
few (<20%)	24

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Patient supply - four factors (explains 57.7% of the variance):

1.   Avoiding medical treatment and the results for bad health:

„Yesterday I was meeting friends and we agreed that nearly none of us know someone who died from corona but rather on undersupply."

2. Not receiving adequate medical treatment and self-treatment:

„Telephone contacts instead of physical contacts means loss in quality. Personal realational treatment extremely rare, anamnesis compounded, holistic impression of patient extremely reduced."

„Some patients used household remedies to increase their immune system"

3.   Waiting times and canceled elective treatments:

„MRT waiting times became extreme long. Intramural care was shorted to infectious diseases. Specialists and hospitals did not treat my patients well. Especially, for Neurology and cardiovascular diseases.

**4. Seach for medical security (expanded demand):**

"Patients are unsure about diseases and have an increased demand for medical security"

	correct	partly correct	rather not correct	not correct
Value	6	18	56	17
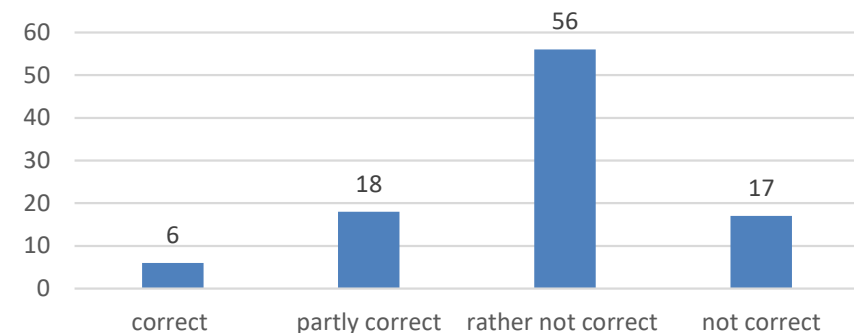
Patient supply – most identified problems in Primary Health Care

1. Elective treatment were canceled or patients had longer waiting times for hospital treatment

2. Longer waiting times by specialists.

3. Problems to receive care lege artis.

4. Patients did not go to preventive care and medical check-ups.

5. Increase of mental disorders.
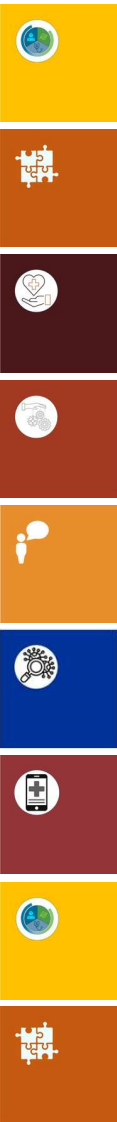
Research questions and hyptheses

Hypothesis I (age-specific evaluation): As higher the age of the GP the lower is the satisfaction with the public health measures. → has to be rejected (no significant difference)

Hypothesis II (number of Covid-19 infected): There is a difference between number of set public health measures in practice based on the number of Covid-19 patients treated in practice. → could be verified based on Telemedicine, containment measures and Covid-consultation-hours. There is a mediocre correlation (R^2=.248, B=.079; p<.000)

Hypothesis III (economic threat as moderator): As higher the evaluated economic threat (closing practice or decrease on demand of patients due to avoidance) the higher is the rejection of the public health measures. → has to be rejected (no significant correlation based on trust in government, cooperation with special doctors, or public health authorites)

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