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COVID-19 heralds a new era for chronic diseases in primary care

On March 23, 2020, the UK Government enforced a country-wide lockdown in response to the COVID-19 pandemic to limit transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Although spread of the virus has been reduced, the lockdown has created new challenges for primary care practitioners who manage patients with chronic respiratory diseases (CRDs). However, there have also been opportunities for innovation, especially in terms of digital and remote working, and these solutions could be maintained and developed further to improve primary health-care services as we recover from the pandemic.

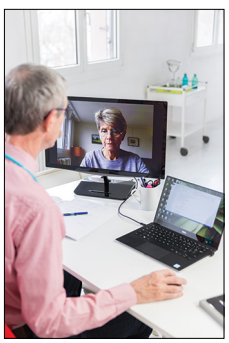
The threat of COVID-19 is a serious concern for patients with CRDs and their primary care providers. Challenges that these patients already face related to their illness include an increased risk of depression, and feelings of isolation and loneliness, which might have been amplified during lockdown, without the usual support from health-care providers, family, and friends. Although the virus might have acted as a catalyst for patients with CRDs to access online support groups and self-management tools to reduce feelings of isolation, and to improve their knowledge about their illness. Improved adherence to preventer medications for those with asthma and COPD has been reported, to the extent that inhaled corticosteroid inhalers were in short supply at one point during lockdown in the UK. This shift in patient behaviour provides an opportunity for primary care providers to actively promote self-management and online support.

Confused messaging about whether patients with CRDs were at increased risk of infection with SARS-CoV-2, or development of severe disease, might also have contributed to increased levels of patient anxiety. Primary care providers, a key source of advice, might themselves have been unsure of the best guidance as concerns about increased risk were somewhat eased by emerging, reassuring data. Patient communication must be clear and efficient to help avoid misinformation and unnecessary panic, and can be difficult to convey. Efforts to ensure guidance reflects the available evidence, is up to date, and is communicated through appropriate channels is therefore essential in these unprecedented times.

Routine check-ups were disrupted by lockdown restrictions; primary care providers had to adapt quickly to maintain care for chronically ill patients and respond to acute presentations and potential COVID-19 cases. Overnight, remote consultations (telephone, video, or online) widely replaced face-to-face appointments in the UK to allow for physical distancing and to prevent spread of infection. 97% of practices now offer video consultations and 75% offer online consultations compared with just 25% offering remote consultations last year. This move towards a digital era will likely continue for non-urgent cases as lockdown restrictions are lifted, and care providers can then prioritise face-to-face consultations for patients who need them. Ideally, in the future, patients—in collaboration with their clinician—will have a choice in the mode of appointment that's most suitable. Some primary care practices have adopted strategies to enable patients to safely visit the facility—eg, with designated shielded sites reserved for vulnerable patients, in which physical distancing is strictly observed, or red sites where people with suspected COVID-19 can attend. Now that the peak of the pandemic might have passed, and demand for face-to-face appointments is increasing, health-care providers can adapt these measures to reflect the reducing threat of infection.

Potential misdiagnosis of patients with CRDs being infected with COVID-19 has been a challenge for primary care physicians owing to overlapping symptoms and the initial lack of widespread testing available in primary care facilities. Physicians have to decide whether an appointment in person is necessary and worth the risk of exposing the patient to infection. Policy makers must learn from this experience for future pandemic preparedness, to manage any second waves, and to ensure sufficient and efficient testing is readily available in primary health-care facilities. This will not only allow improved management of individual suspected cases, but can also help physicians make key decisions about patients with respiratory illnesses, as well as identifying the risk to the general population as lockdown measures are eased.

Although the pandemic is far from over in many countries, it is time to reflect on what we have learned from a primary health-care perspective in the management of CRDs. The shift towards increased self-management and use of digital tools could help initiate a new era in primary care—one of improved health for patients together with the flexible and comprehensive use of all available resources. ■ *The Lancet Respiratory Medicine*



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For more on **remote consultations** see **Comment** *Lancet Respir Med* 2020; published online June 25. https://doi.org/10.1016/S2213-2600(20)30278-2 and https://www.asthma.org.uk/support-us/campaigns/publications/digital-asthma/