

IMMUNISATION  
COALITION

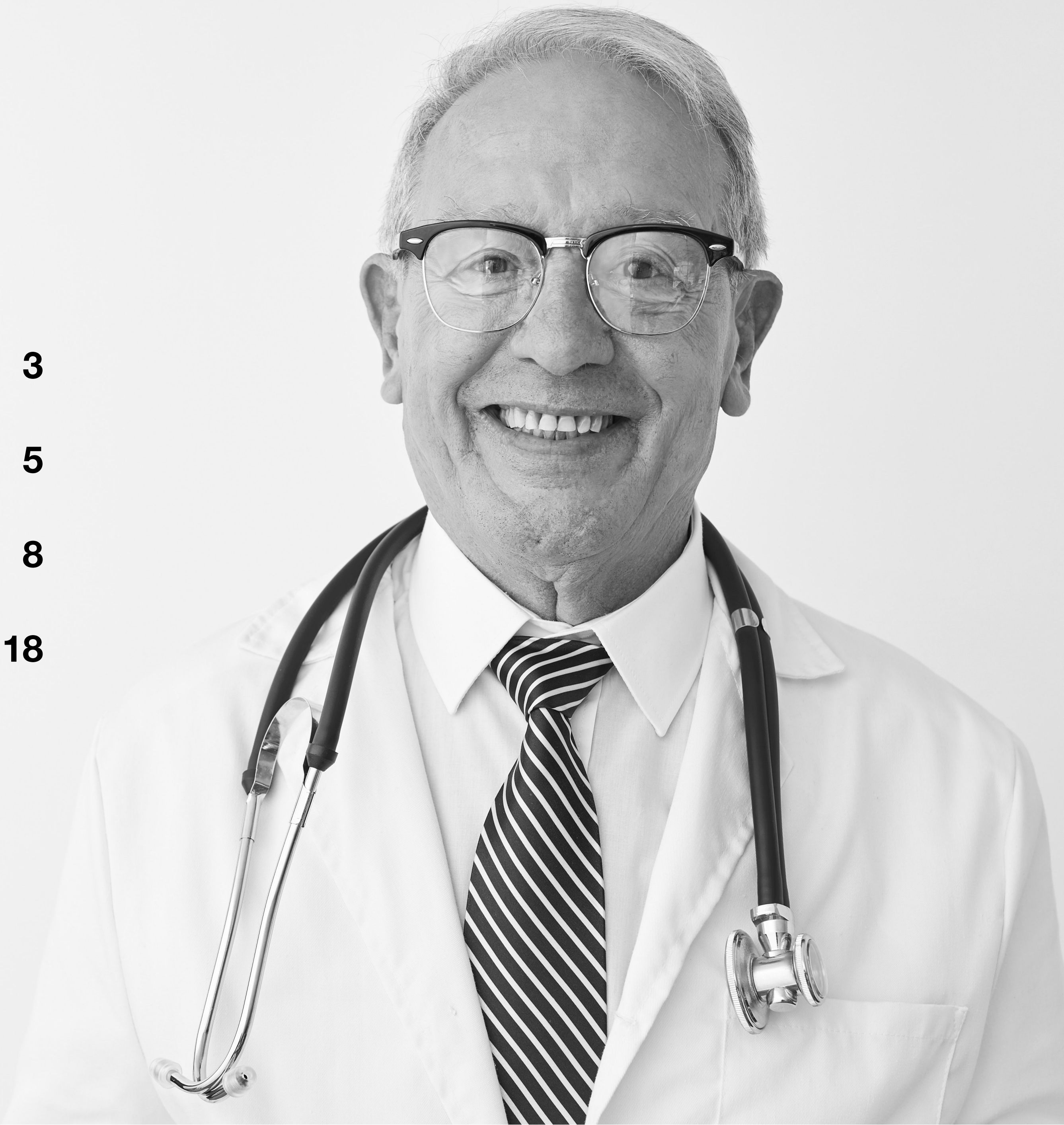
# General Practitioner Survey

Immunisation Coalition | April 2022



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# 1 Background





# Questions Asked

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## CoRiCal

1. Are you familiar with CoRiCal – the COVID Risk Calculator?
2. What is your overall impression of the CoRiCal tool?
3. If you thought the tool was useful, what did you like about it?
4. If you thought the tool wasn't very useful, what do you think would improve it?
5. Has the CoRiCal tool been helpful for your patients to make a decision about getting a COVID vaccine?



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## Methodology & Sample



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# Details of the Methodology

*The methodology utilised a nationwide sample size, representative of General Practitioners throughout Australia, with 2 comprehensive stages of qualitative & quantitative research.*

## Stage 1: In-Depth Interviews

- 153 face-to-face, in-depth interviews were conducted, comprising a representative sample of GP’s, throughout Australia.
- Detailed qualitative and specific quantitative information was obtained.
- Each interview took on average 28 minutes to complete.
- Interviews were conducted in General Practitioners surgeries and medical centres, in the below cities:
  - Sydney
  - Melbourne
  - Brisbane
  - Hobart
  - Adelaide
  - Perth
  - Canberra
  - Darwin
  - Newcastle
  - Bendigo
  - Toowoomba
  - Bunbury

## Stage 2: Online Survey

- The online survey was were conducted amongst a representative sample of 507 GP’s throughout Australia.
- The survey utilised the latest online technology, where images, audio and video were included for some questions, making the survey interactive and engaging.
- Detailed quantitative information was obtained.
- The survey took on average 21 minutes to complete.
- The survey was completed using the following devices:
  - PC’s: 71%
  - Tablets: 18%
  - Smartphones: 11%



**Sample**

- Large nationwide sample size, involving:
  - 153 in-depth interview participants
  - 507 online survey participants
- Representative of General Practitioners throughout Australia of across all States, Territories, metropolitan, regional & rural areas.



**Comprehensive**

- 2-stage methodology.
- Qualitative stage:
  - 153 face-to-face, in-depth interviews, conducted across 12 cities
- Quantitative stage:
  - 507 online survey participants, conducted nationwide



**Confidence**

- Very high level of statistical confidence across all findings.
- Between 95-97% statistical confidence for almost all questions.

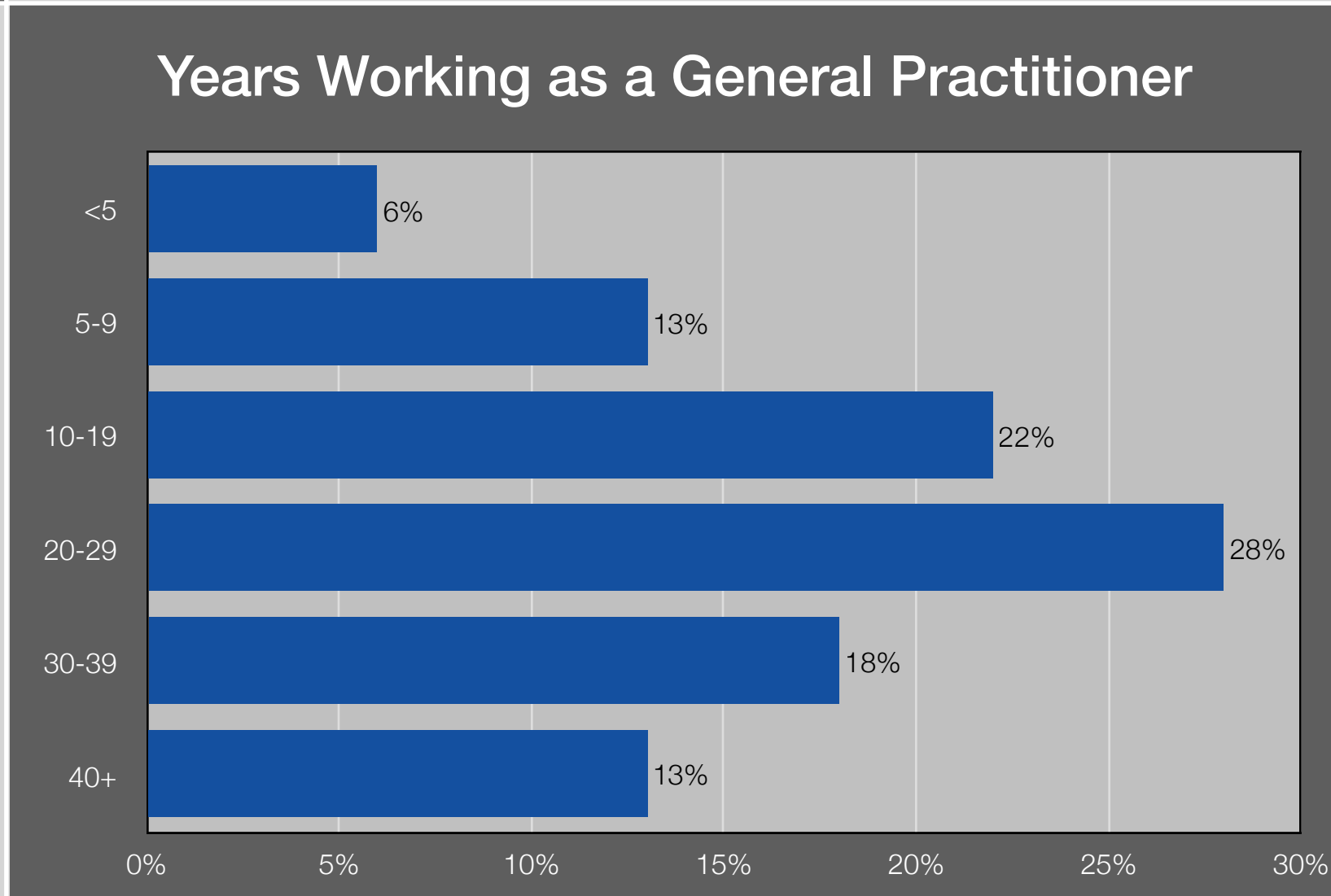
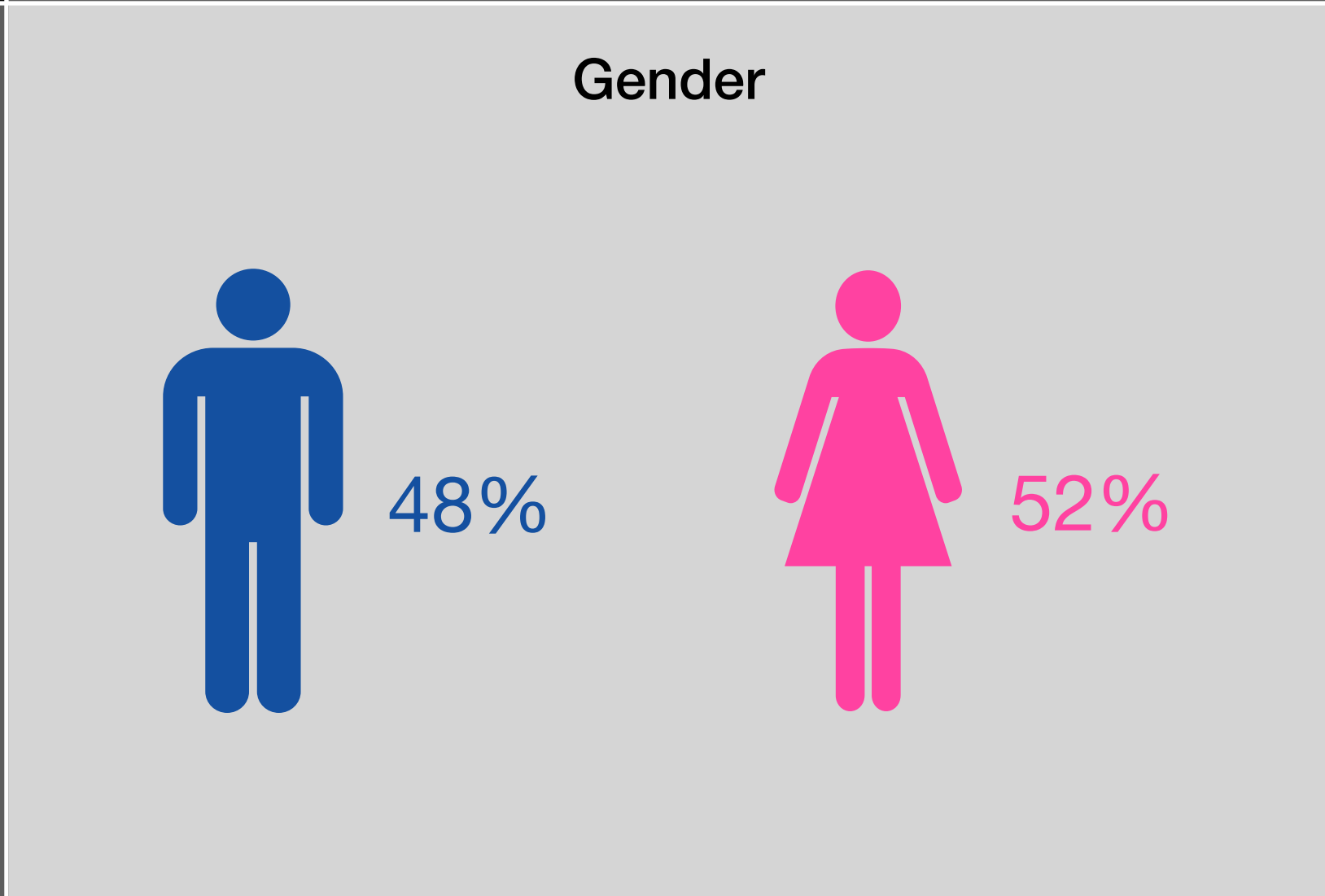
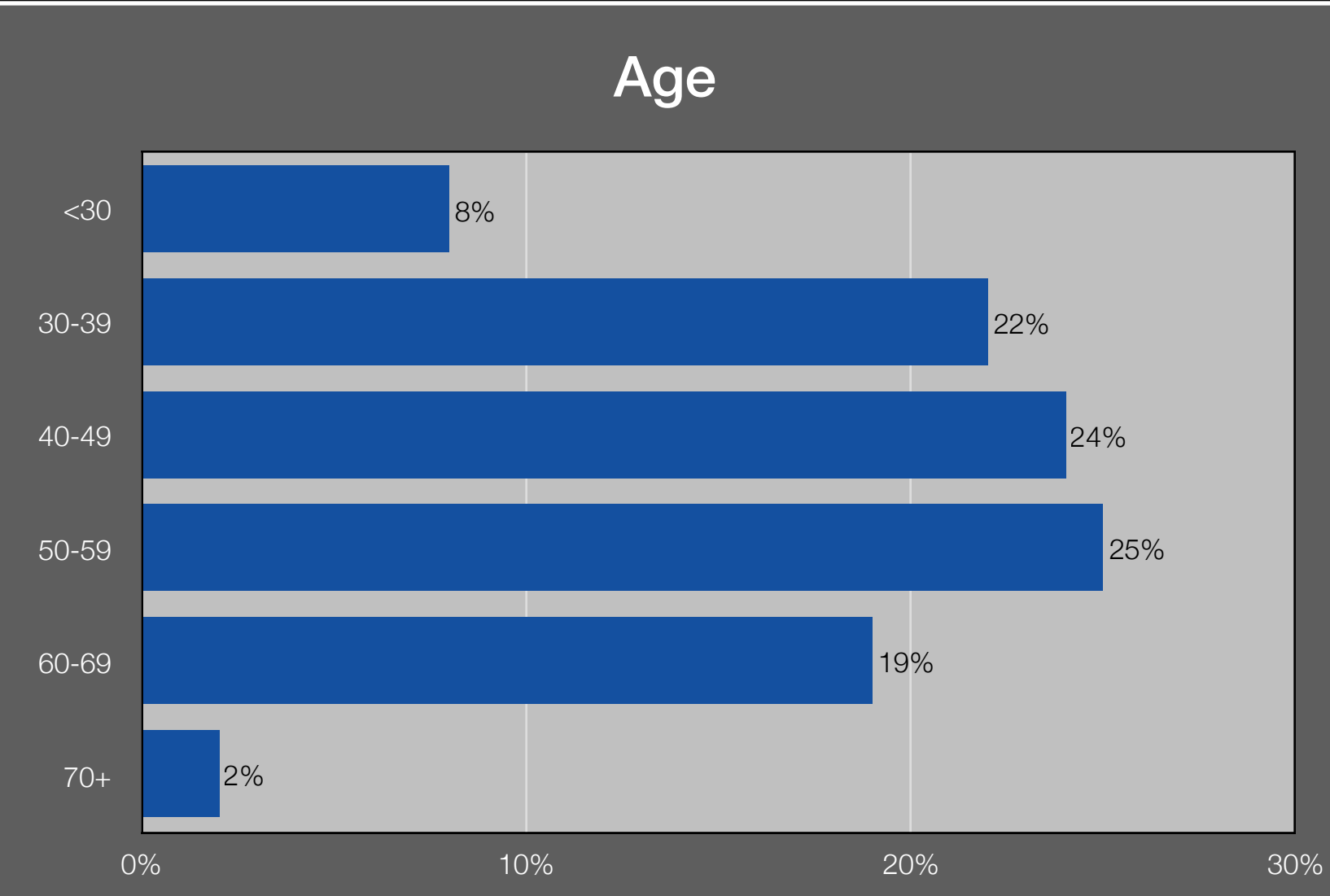
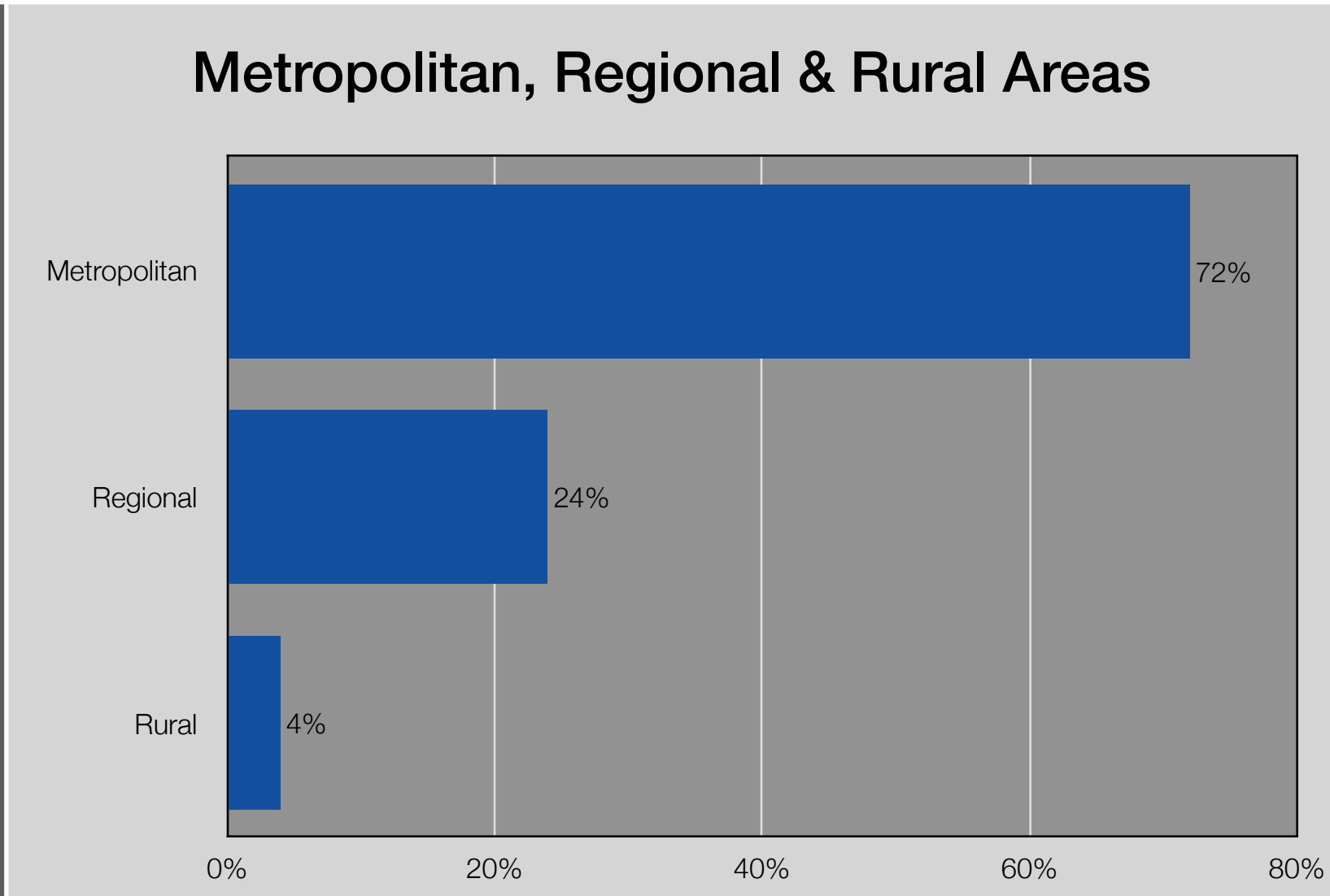
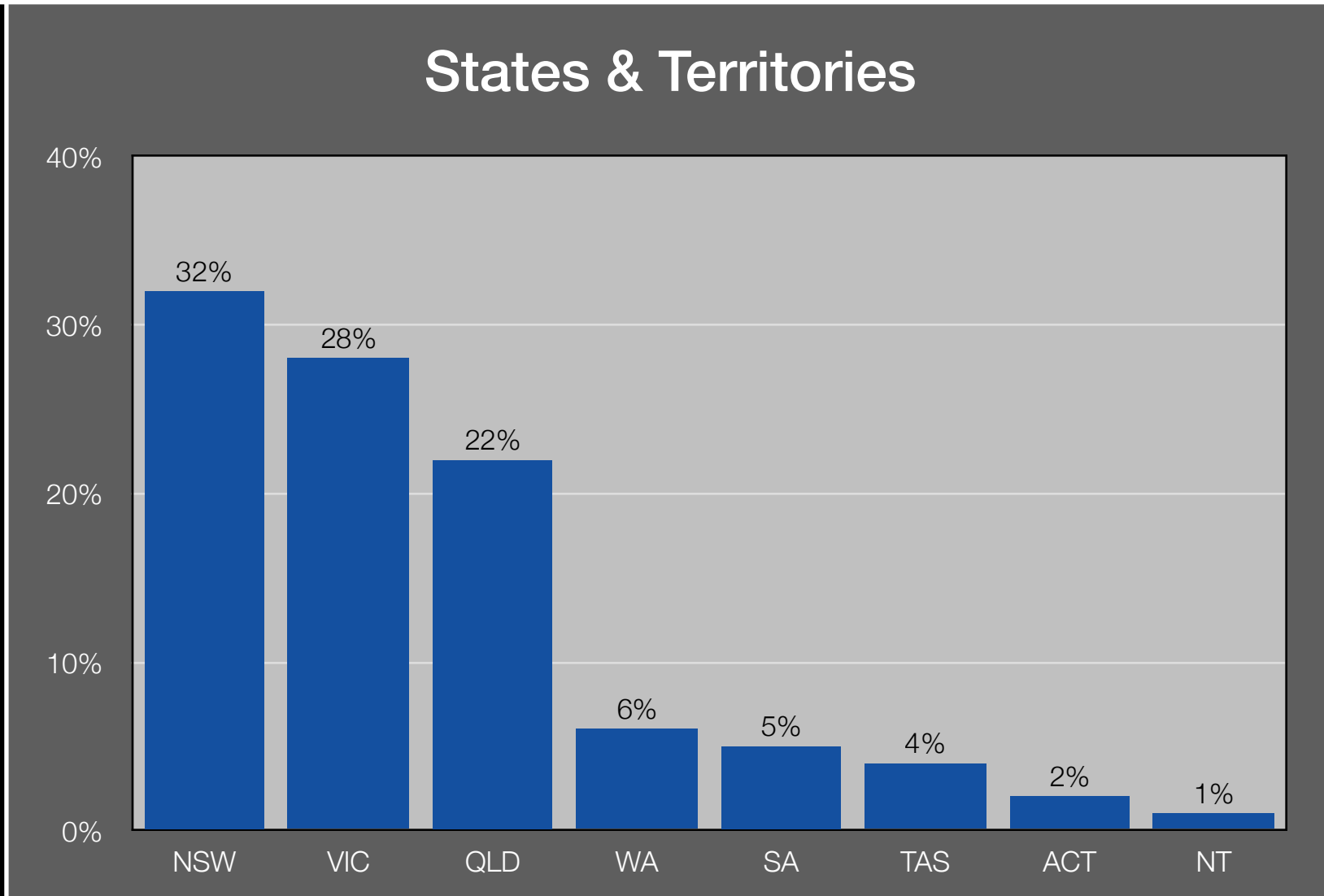


**Dates**

- Qualitative stage
  - Face-to-face, in-depth interviews: 4th to 13th April
- Quantitative stage:
  - Online survey: 7th to 19th April

# Representative Sample of Australian General Practitioners

*The closest representative of sample of General Practitioners throughout Australia was sought across geographic, demographic and working experience.*





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## **Findings**





# 31% of GP's familiar of CoRiCal

## 1. Are you familiar with CoRiCal – the COVID Risk Calculator?

### 31% of GP's aware of CoRiCal

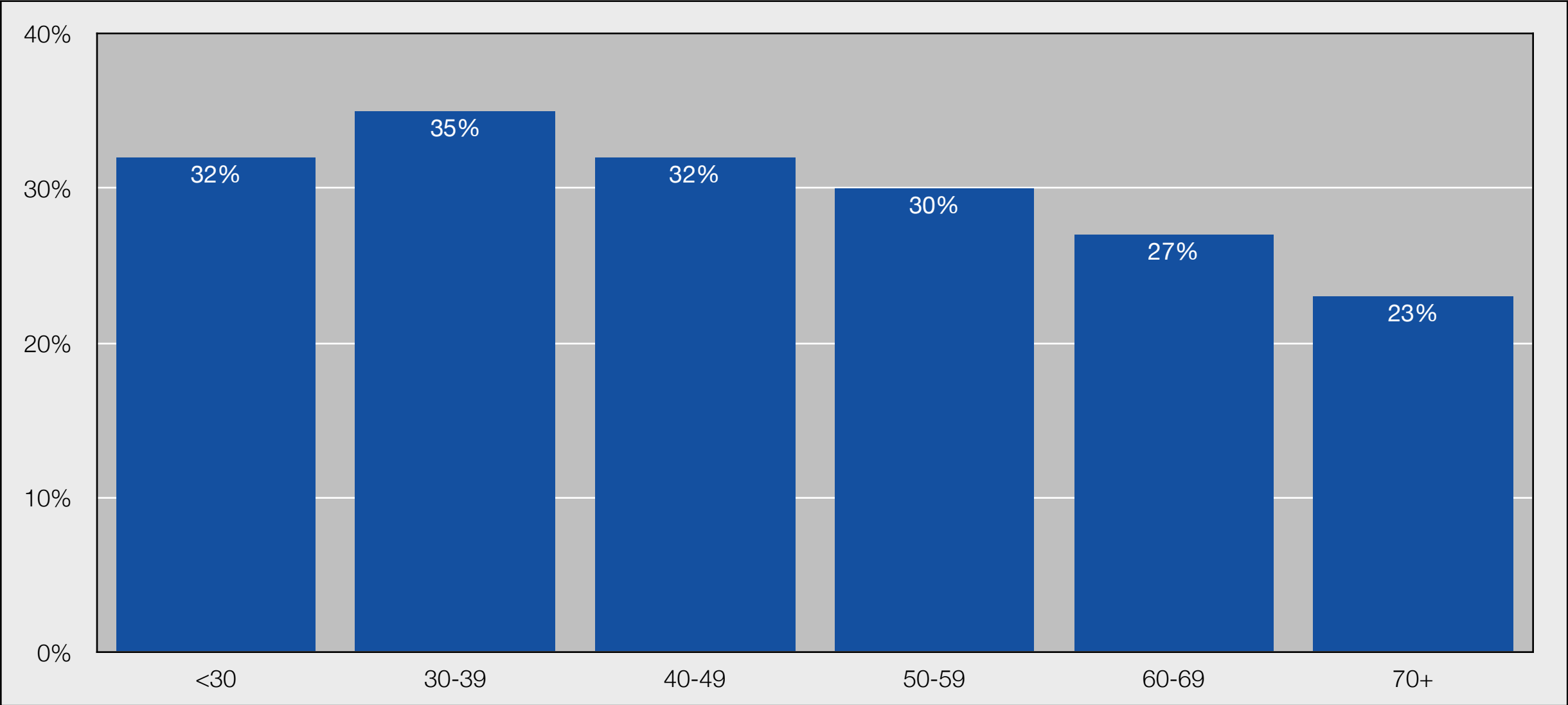
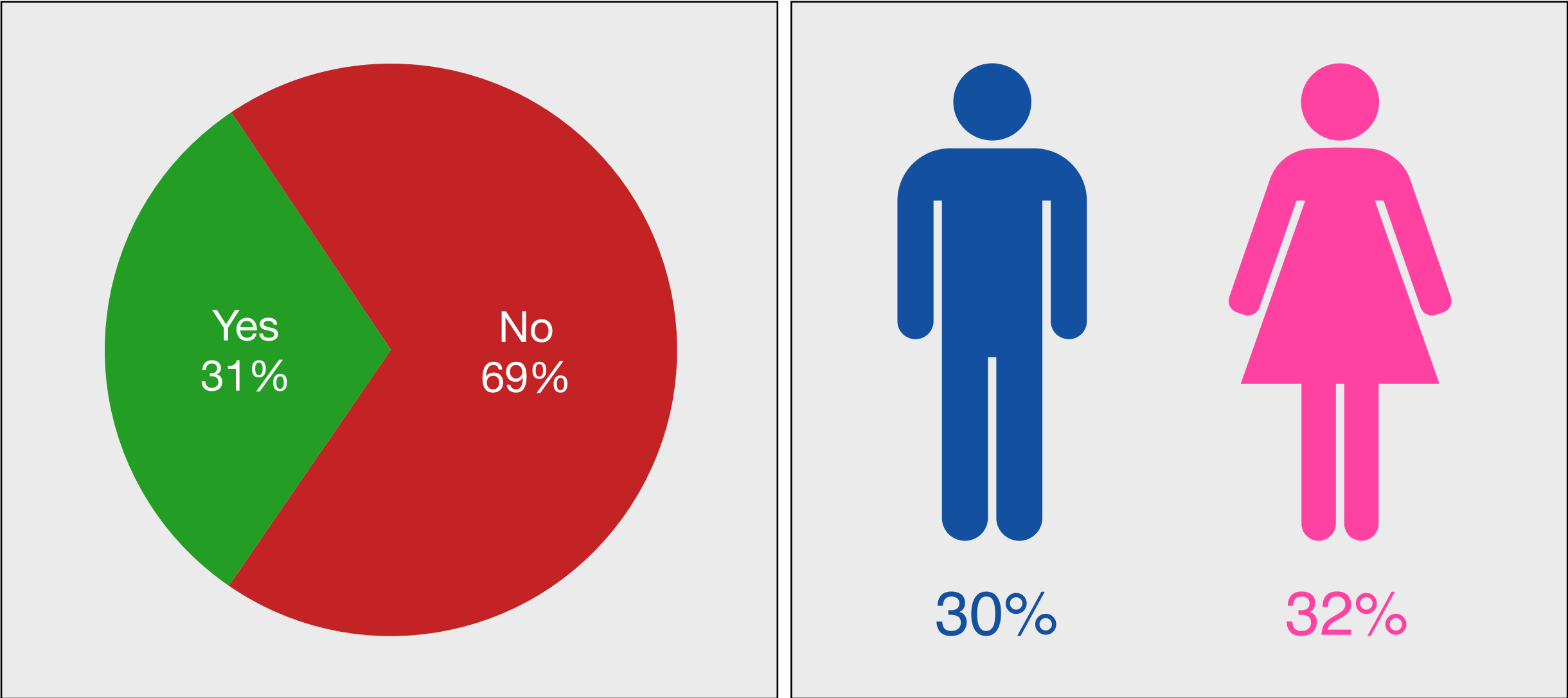
- For the question, illustrated in the opposite, top chart:
  - 31% answered “Yes”
  - 69% answered “No”

### Slightly higher amongst female GP's

- There was a slightly higher incidence amongst female GP's who were familiar with CoRiCal:
  - 32% of females answered “Yes”; compared to 30% of males

### Variation across age groups of GP's

- Across the age groups of GP's there was variation amongst those who were familiar with CoRiCal, illustrated in the chart opposite, where:
  - 32% of those aged <30 years answered “Yes”
  - 35% (30-39)
  - 32% (40-49)
  - 30% (50-59)
  - 27% (60-69)
  - 23% (70+)





# Familiar with CoRiCal across other criteria

## Years Working as a GP

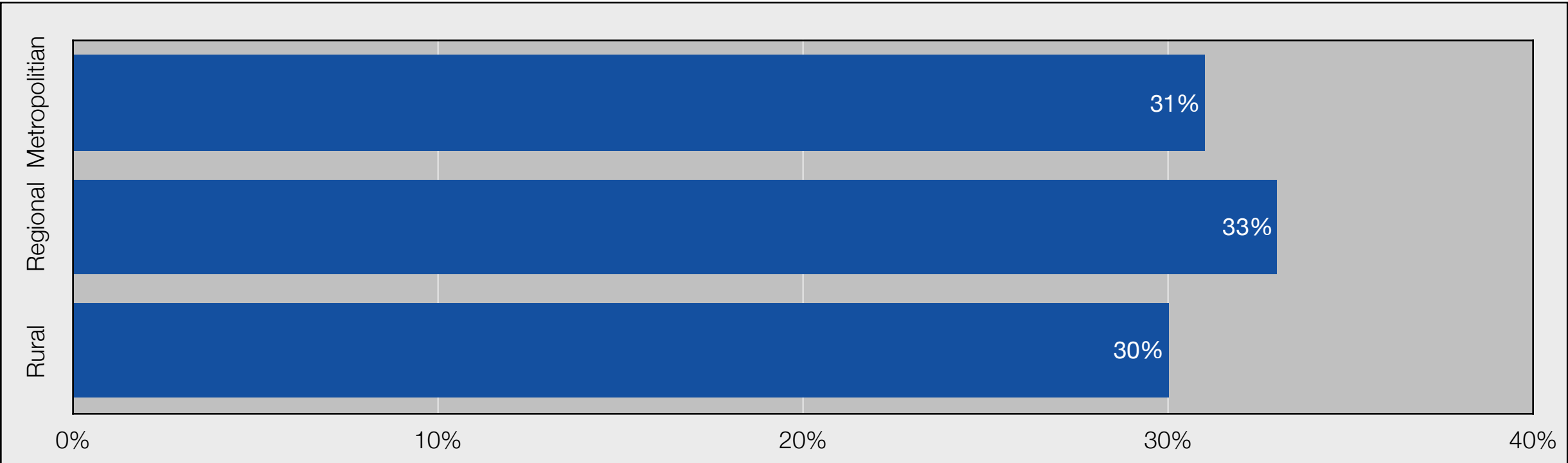
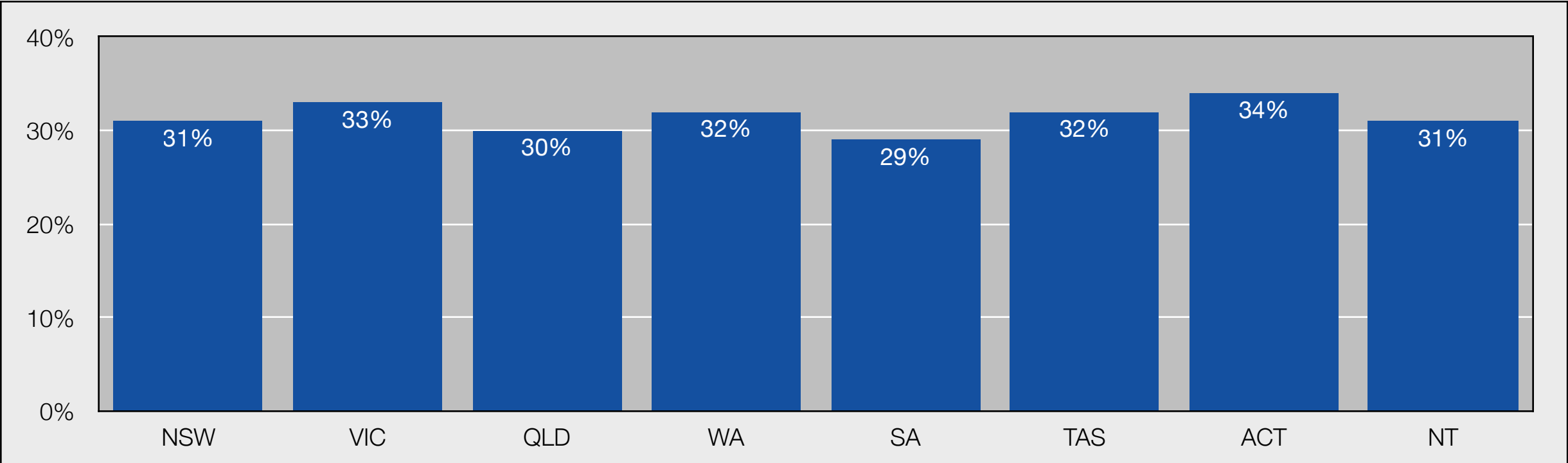
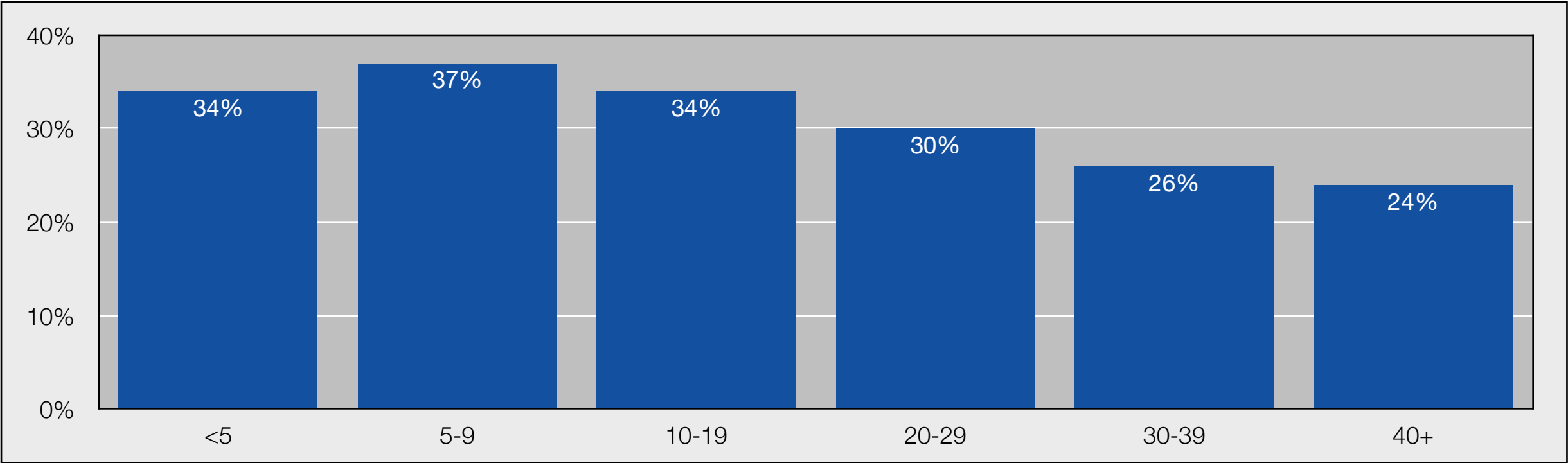
- There was variation GP’s based on the number of years why have worked as a GP, shown in the opposite top chart:
  - Those with 5-9 years experience were the highest in being familiar, with 37% answering “Yes”
  - The lowest was amongst those with 40+ years of experience (24%)

## States & Territories

- The variation in familiarity based on the State/Territory GP’s were from is shown in the opposite middle chart:
  - ACT had the highest percentage who answered “Yes” (34%), followed by VIC (33%)
  - SA (29%) & QLD (30%) had the lowest percentages who answered “Yes”

## Metropolitan, Regional & Rural Areas

- Across metropolitan, regional and rural areas there was some variation, shown in the opposite bottom chart:
  - Regional areas had the highest percentage of GP’s who answered “Yes” (33%)
  - Metropolitan (31%)
  - Rural (30%)





The subsequent questions were asked only to the 31 % of GP's who answered “Yes” to Question 1 that they were familiar with CoRiCal – the COVID Risk Calculator



# 32% say “Somewhat Useful” & 23% say “Extremely Useful”

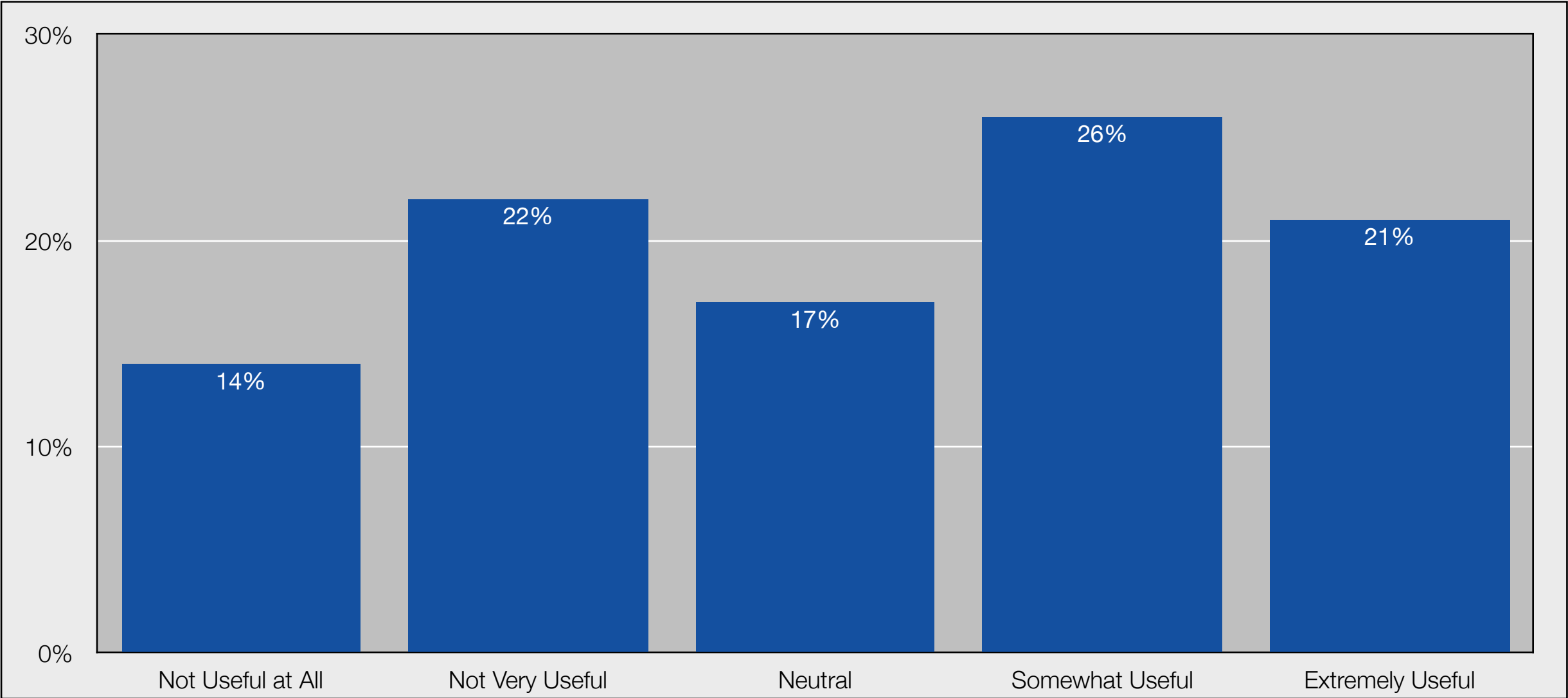
## 2. What is your overall impression of the CoRiCal tool?

### 32% say “somewhat useful” & 23% say “extremely useful”

- For the question, illustrated in the opposite, top chart:
  - 10% answered “Not Useful at All”
  - 19% “Not Very Useful”
  - 16% “Neutral”
  - 32% “Somewhat Useful”
  - 23% “Extremely Useful”

### Younger & less experienced GP’s highest overall impression

- The highest overall impression of CoRiCal was amongst younger GP’s:
  - GP’s aged <30: 32% “Somewhat Useful” & 24% “Extremely Useful”
  - GP’s aged 30-39: 29% “Somewhat Useful” & 24% “Extremely Useful”
- Less experienced GP’s had the next highest overall impression:
  - <5 Years Working as a GP: 30% “Somewhat Useful” & 25% “Extremely Useful”
  - 5-9 Years Working as a GP: 28% “Somewhat Useful” & 24% “Extremely Useful”
- There was minimal variation across the gender of GP’s pertaining to their overall impression of CoRiCal.



### GP’s in NSW, VIC, WA & metropolitan areas highest overall impression

- Across the States & Territories, the higher overall impressions were amongst:
  - NSW: 29% “Somewhat Useful” & 23% “Extremely Useful”
  - VIC: 28% “Somewhat Useful” & 24% “Extremely Useful”
  - WA: 27% “Somewhat Useful” & 23% “Extremely Useful”
- Across geographic areas, GP’s in metropolitan areas had highest overall impressions:
  - Metropolitan: 28% “Somewhat Useful” & 23% “Extremely Useful”



# Quick and simple to use is most liked about CoRiCal

## 3. If you thought the tool was useful, what did you like about it?

### Quick and simple to use

- The main reason given for why CoRiCal was liked, was that it was quick and simple to use.
- In terms of quick, it was commonly stated:
  - It takes no more than 2-3 minutes to input the patients information and to then talk through the results
- In terms of simple to use, it was commonly stated:
  - There is minimal patient questioning to generate the results and there charts are clear and easy to talk through in relation to patients

*“It is relatively simple to use, I can bring it all up and talk through it in about 2 minutes.”*

Peter, 63, GP, Turramurra (Sydney) NSW

*“It has to be quick to use and quick to relate to the patient and it is, I have used it a few times when I thought it necessary and that’s what I liked about it, it’s a tool that can be used for certain patients.”*

Hanjie, 38, GP, St Albans (Melbourne) VIC

*“At the moment it is an aid for me to communicate to some patients who require extra persuasion to have the third shots and it is straightforward to show them the efficacy of this.”*

Stephanie, 35, Coffs Harbour NSW

### Clearly shows individual patients levels of risk

- The ability to show individual patients their risk was the next main reason given, liked most was:
  - The results are somewhat personal and that patients related to them more after seeing the results that they consider being generated specifically for them
- The charts were mentioned positively by most GP’s who thought CoRiCal was useful:
  - They are used as a visual aid to communicate risk
  - They “cut through” to patients in terms of seeing how the risk of contracting COVID and dying from COVID related to their level of vaccination
  - Patients that were not convinced to receive a vaccination during the consultation could be given the results as a print out to take away and mull over themselves

*“The simple charts are easy to show patients how their risk elevates from not having any vaccination, to not being up to date with vaccination and the risk of Myocarditis as this has been the main side effect I’ve found recently that has worried patients, especially those middle-aged.”*

Vanessa, 46, GP, Ashburton (Melbourne) VIC

*“It is easy to explain how vaccination reduces the chance of getting COVID, that’s what most patients ask now and the graphs show that, the data behind the generation of the graph adds validity to what I explain to the patients who don’t want to get their booster.”*

Sana, 33, GP, Launceston TAS

*“The visualisation of their (patients) risks in charts is what gets through, when you show them the sequential increase in risk and it is so much lower from having 2 or 3 vaccinations, that’s what gets through to them and if they don’t want to make a decision immediately, they can be given the charts to take home .”*

Martin, 54, GP, North Haven (Adelaide) SA



# Independent results also liked by GP’s

## Independent results

- Many GP’s mentioned that as the risk calculator was provided by an independent organisation, a third party, that it lended more credibility to their advice about getting vaccinated.
- To this end, most liked was:
  - An independent organisation that was also non-government was viewed favourably by some patients who were reluctant to receive further (namely booster) COVID vaccinations
  - Some GP’s felt it helped them persuade some patients, because they had up-to-date data to help them persuade patients
  - Scientific data is behind the results, from a third party, which helps to overcome scepticism that exists with some patients

*“Just my words are not enough for some (patients) because those who are not fully vaccinated now are the ones that take a lot of effort to get through to, so something like this that is from an independent organisation, not me or the government is helpful.”*

Lilijana, 43, GP, Cronulla (Sydney) NSW

*“It is given from an independent organisation with a lot of data behind it, so it is seen by patients as I’m not pushing them myself to get vaccinated, but this is the real world data telling them to get vaccinated, so that’s the benefit for me with patients that are sitting on the fence about whether to have the booster, which is what many are reluctant towards now.”*

Aydin, 49, GP, Tamworth NSW

*“I can show that there is up-to-date data behind my guidance that they (patients) should be fully vaccinated.”*

Jennifer, 37, GP, Braddon (Canberra) ACT

*“Some people are now very sceptical of the COVID vaccines and those who have not had the third shot by now are really hard to get through to, so every little thing helps and the few times I’ve used this (CoRiCal) I think it pushed them (patients) over the line because it was seen as having the latest data behind it from a more scientific body.”*

Siraj, GP, Westmead (Sydney) NSW



# Risk as a chance should be the default result

## 4. If you thought the tool wasn't very useful, what do you think would improve it?

### Risk as a chance should be the default result

- The main reason given for improving CoRiCal was to change the default results to “risk as a chance” instead of “risk per million people”.
- The consistent reasons for this were similar to the example below:
  - Patients understand “risk as a chance” more easily, such “Chance of getting COVID-19 if you have had 2 shots”
    - ▶ 1 in 28 is easier to understand for a patient than 36,000 cases per million
  - GP’s are used to communicating risk generally as “1 in x number of people”

“Patients are used to knowing about the risk of getting a disease of illness as one in something, that’s how they relate, so have that should be the default.”

Sarah, 42, GP, Duncraig (Perth) WA

“I’ve used it (CoRiCal) for some patients that are very anti-vaccination now and showing the chance of getting COVID as say 1 in 40 or of dying from it as 1 in 20,000 is easier to understand for them than the cases per million that comes up first, so that’s the main change needed from my perspective.”

Rishi, 56, GP, West Leederville (Perth) WA

“Physicians are accustomed to saying the risk is 1 in x number of people, that hits home to people, so that’s what I use it.”

Damien, 39, GP, St Lucia (Brisbane) QLD

### Enable it to be printed for patient to be taken home or emailed to them

- A common suggestion was to enable the results to be printed out so patients can take it with them, the main reasons given for this were:
  - Some patients cannot be persuaded to have a vaccination at the time of consultation and if they took the results with them, they could read it in their own time which may persuade them
- Several GP’s said that it is common for them to print and email summary information about medical conditions, medications, pathology and imaging results and this should be an option also, where there is a “Print” button/icon to instantly print the results and/or a field to enter the patients email address and it to be immediately sent.

“Some patients need time to come around to receiving the booster now, so if the risk calculator could be printed out, but with including everything such as the chance of winning lotto and being struck by lightening, if all that was printed just by pressing a print button and they took it away to read, then those types could digest it and hopefully see why we are encouraging them to get vaccinated.”

Mia, 38, GP, Mayfield (Newcastle) NSW

“Make it more of an online form, so all of the results appear in a PDF and I can just click a button to print it out or email it instantly to the patient.”

Yu, 49, GP, Campsie (Sydney) NSW

“It’s like the factsheets we give out for some types of vaccination, the charts and other information that is generated can’t all be gone over in a fifteen minute consultation, often when there is something else the primary reason they are in, so I think its the perfect example of what should be made available for the patient to take with them if we cannot vaccinate them at the point of consultation or they don’t want it during that consultation.”

Abigail, 44, GP, Albury NSW



# Localised community option based on postcode & appearance

## More localised option for community cases

- A number of GP's mentioned that the option for cases in the community should be based on the city or postcode, where for example the patients postcode could be entered and the risk calculator could factor that in with the latest data for that area.
- The main reasons given for this were:
  - GP's are unsure as to the numbers of cases in the community now and "a huge number of cases (10%)" is seen as the default to use, although that is viewed as underestimating the situation in some areas
  - The data by postcode should be available and would be more accurate, in addition to requiring the GP to just enter the 4-digit postcode

## Suggestions for appearance of content

- A range of suggestions were made pertaining to the appearance of the results, the most consistent being:
  - Making the charts larger, so patients can view them from a greater distance from the GP's screen, was by far the largest request in terms of appearance
  - Showing one relevant, non-medical, relatable risk in each chart to give perspective
  - Including a prediction getting COVID in certain timeframes (not just the 2 months often provided) suggested were: the next month, the next 3 months, the next 6 months, the next 12 months, if the data could model that and present in a chart or as a figure, suggested as:
    - ▶ 1 in 100 chance of getting COVID within the next 6 months
    - ▶ 1 in 5,000 chance of dying if got COVID in the next 6 months

*"Nowadays it is not know by myself or my colleagues how many cases there are in the community, its impossible to know now, so that data is probably up-to-date with the people being this (CoRiCal) so entering the patients postcode could calculate the risk more accurately than just assuming it's 10% or more now."*

Sanaz, 40, GP, Sunshine (Melbourne) VIC

*"Initially it would be better to just enter the patients or centre's (medical centre) postcode that should feed into the data they (CoRiCal) have to make a more accurate result because I don't think any of these options are accurate now."*

Vishal, 58, GP, Bulimba (Brisbane) QLD

*"Making the graphs larger so I can show patients without them having to come so close to me and the screen would be good, ideally they should each be full screen and I just scroll down from one to the other."*

Brigitte, 39, GP, Richmond (Sydney) NSW

*"When I've used it I had to get the patients to come close to my monitor because the generated charts are too small to view from where they sit, the point of it (CoRiCal) is to present to the patient these generated charts to show how risk is reduced commensurate to vaccination, so they should be large and the centre of attention on the screen."*

Bronwyn, 32, GP, Rokeby (Hobart) TAS

*"I like the non-medical relatable risks that are there, one of them should be included in each chart to give perspective that patients can relate to, like the speeding ticket one that comes up."*

Neil, 46 GP, Mackay QLD



# 29% say “Somewhat Helpful” & 22% say “Definitely Helpful”

5. Has the CoRiCal tool been helpful for your patients to make a decision about getting a COVID vaccine?

## 29% say “Somewhat Helpful” & 22% say “Definitely Helpful”

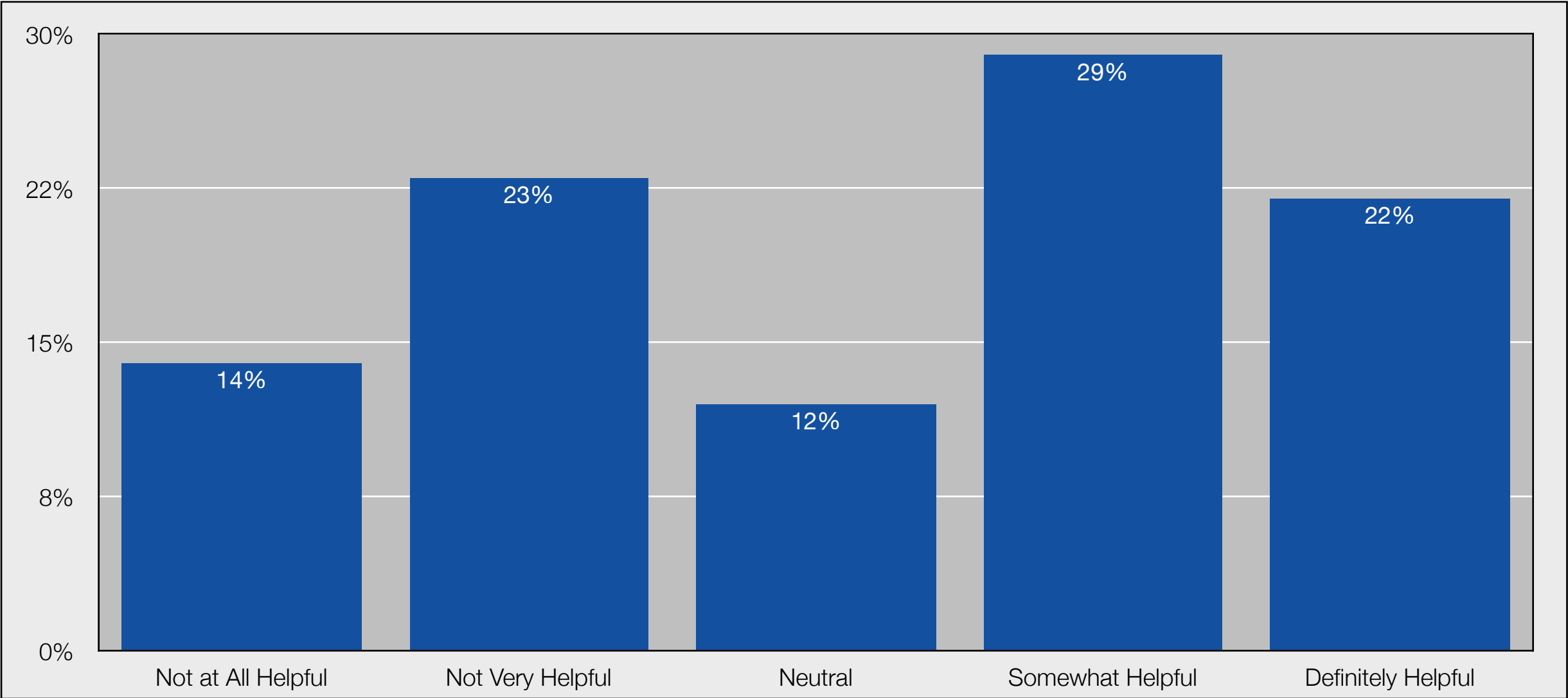
- For the question, illustrated in the chart opposite:
  - 14% answered “Not Helpful at All”
  - 23% “Not Very Helpful”
  - 12% “Neutral”
  - 29% “Somewhat Helpful”
  - 22% “Definitely Helpful”

## Less experienced GP’s believe most helpful

- Less experienced GP’s had the highest responses to the more helpful responses:
  - <5 Years Working as a GP: 34% “Somewhat Helpful” & 27% “Definitely Helpful”
  - 5-9 Years Working as a GP: 33% “Somewhat Helpful” & 25% “Definitely Helpful”

## Believed slighted more helpful by female GP’s

- There was a slight skew towards female GP’s believing CoRiCal was helpful:
  - Female GP’s: 31% “Somewhat Helpful” & 23% “Definitely Helpful”
  - Male GP’s: 28% “Somewhat Helpful” & 21% “Definitely Helpful”



## GP’s in VIC, WA & NSW & metropolitan areas believe most helpful

- Across the States & Territories, the GP’s with the most positive responses towards CoRiCal were:
  - VIC: 33% “Somewhat Helpful” & 25% “Definitely Useful”
  - WA: 32% “Somewhat Helpful” & 25% “Definitely Useful”
  - NSW: 30% “Somewhat Helpful” & 24% “Definitely Useful”
- Across geographic areas, GP’s in metropolitan area believe CoRiCal most helpful:
  - Metropolitan: 30% “Somewhat Useful” & 24% “Definitely Helpful”



**4**

## **Further Information**

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