



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 13 FIELDDED JUNE 5-8, 2020



The impact of George Floyd's death, and related protests, are compounding the stress levels in primary care practice, adding to COVID-19 related health and financial distress. This week's survey shows that more than half of patient, clinician, and practice conversations included discussion of racism-related events and their impact on health and well-being, demonstrating the role of primary care practices as a relational space for everyday life and sense-making. Practices also report a disconnect that gets at the heart of primary care: more than 80% of them prioritize being the first contact for their patients with the health care system and being able to provide integrated and comprehensive care, yet only 20-37% report that they are consistently able to deliver this kind of care during the pandemic.

Racism is impacting practices already under pressure

- 1 in 3 clinicians report their own well-being has suffered as a result of current racism-related events
- 2 in 3 clinicians report the death of George Floyd, and related events, are the focus of practice conversations
- 12% of clinicians drew clear connections between the current racial unrest and the health of their patients
- 33% felt it possible that the death of George Floyd, and related event, had an impact on their patients' health

Commitment to full scope primary care is strong within practices, despite COVID-19 and structural barriers and gaps

- A damaging bureaucratic gap that pre-dates COVID-19 persists and is worse during the pandemic
 - > 85% of clinicians feel there is not a good fit between the work they do and what they can bill for
 - > 75% feel they are not able to reflect the work they do within electronic medical records (EMRs)
- A professional gap is also present between professional expectation and capacity for care delivery
 - > 80% of clinicians prioritize first contact, integrated and comprehensive care
 - 20-37% are able to consistently deliver this care during the pandemic
 - 63% report stress levels at an all-time high
- A care delivery gap between the needs known among patient populations and the care currently delivered
 - ~75% of clinicians report the majority of their patient population has multiple comorbidities
 - > 50% are currently limited in their ability to deliver chronic care, preventive care, and well child care

The damaging COVID-19 "new normal" in primary care persists, with continuous mental and financial strain

- 40% of clinicians still have no or limited ability for testing; close to 50% continue to lack PPE
- 4% of practices are closed, 18% had telehealth billing denied, 9% have had to rescind job offers to new hires
- 37% of practice settings still report layoffs and furloughs; 31% report clinician salaries skipped or deferred

Policy Implications – Not only is there a need for private and public policymakers to address the significant financial effects of COVID-19 on practices, but decision-makers should take seriously that under current payment models, primary care clinicians are generally not able to provide the kind of care they believe their patients deserve and that they wish to deliver. Additional support for primary care is necessary but not sufficient – wholesale reform of payment is critical to achieving high performing primary care that meets patient needs. Without clear leadership and direct, targeted action, primary care, the foundation of our health system, may crumble.

Methods – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded June 5-8, 2020 with thousands of primary care clinicians across the country.

Sample – 586 respondents from 48 states. Family Medicine (67%), Pediatrics (10%), Internal Medicine (17%), Geriatrics (2%), and 4% other. Settings included 22% rural, 14% community health centers, 11% in schools/offices. 36% had 1-3 clinicians; 25% had 4-9 clinicians; 40% had 10+ clinicians. 35% self-owned, 13% independent and large group, 37% owned by a health system. 9% were convenience settings and 5% were membership-based.

"Pay the practices. If not, primary care will collapse in this country and that will arguably lead to collapse of the entire health care system and bankrupt the nation. Not an overstatement." – Massachusetts

128 respondents provided general open comments. Among these...

... current racial tensions illuminate inequity in health care and magnify stress burden

- We already knew that there was racial inequity in healthcare before the pandemic... now the pandemic as well as George Floyd's murder have brought that to the forefront again. We need to do better by our patients of color. Minnesota
- The daily protest marches and early curfews have directly impacted all offices in NYC. Patient fear of being caught up, transit interruptions, etc add another complication to the already overwhelming pandemic precautions. My patients are mostly sympathetic to the protests and upset by the situation. Stress related complaints skyrocketed this week. New York

... concerns for increased demand in the next few months

- Patients are getting restless, as the rest of society starts to reopen. There are special considerations that distinguish reopening a medical office from reopening a hair salon. Once it is explained, patients understand. However, we are accumulating a large volume of needed visits for patients whose care we deferred or who made that decision themselves, which will result in the combination of greater-than-usual demand for in-person visits at a time that we will need to offer fewer in-person visits for safety purposes. Rhode Island
- Our area... is opening up and we are starting to see well visits in the office as well as chronic care. This is setting us up to get back to normal. I then expect to be overwhelmed for a month or two with deferred care and school well visits. New York

... the complexity of primary care, the value of telehealth, and the need for payment reform is surfacing...

- We have unlimited supplies to obtain and send out samples, our limitations are in having available staffing. It would not be cost effective to hire staff for a service with minimal reimbursement. California
- Blue Cross of Mississippi is refusing to pay for complete exams and is limiting the fee for ANY telemedicine visits to a level 3. This is making doctors schedule patients to come into the clinic, putting everyone at risk of infection - OR doctors are following the CDC guidelines and seeing their income drop significantly. Mississippi
- It has been instrumental in getting long needed modes of care paid for. Telephone visit reimbursement has been and will continue to be an asset. Good internet access for our patients is a significant barrier to telemedicine video visits and it seems that the patients that have the most to gain by not having to get transportation and come to the office during a pandemic are also the ones with the most problematic internet access. Virginia
- Telemedicine is a game changer, but needs to stay; not disappear at the whim of insurance companies. Texas
- In the social chaos of the US health care for profit medical marketplace (there is no real system), the job of primary care is almost impossible. That has always been our job: hang in there and do your best under impossible conditions. Multiple chronic diseases, poverty, unfavorable social determinants, ACES, low educational levels, addiction (tobacco, alcohol, prescription drugs, illicit drugs), shameless PhRMA price gouging create endless conflicts about churning visits or taking time to really engage with patients and their lives. West Virginia

... clinician stress continues

- There seems to be no organized plan for anything. It is every man, practice and health care system for themselves. Florida
- This pandemic is so mentally, physically and emotionally exhausting. What does the future hold? Florida
- Our operations are eviscerated. Our finances are ruined. Morale is at an all time low. Many senior physicians have retired. The insurance companies continue to take the money from the patients and refuse our submitted claims. Michigan
- Amazingly stressful.... I have gone completely grey! Michigan
- The vague endpoints determining restrictions are understandable, but fatiguing, as it is difficult to plan. New York
- Feeling burned out at this time. It is a struggle to continue with telehealth. Not as fulfilling. Much more work. California
- Completely exhausting to try to add in an additional 15-20 hrs/wk negotiating with landlord & creditors, keep up with ever-changing resources and billing/coding/regulatory changes & local public health updates, apply for loans, grants and financial aid, etc., while still taking care of our patients (who require more practical and emotional support in order to engage effectively and cope with rapid changes). Colorado

and yet, in spite of it all, there is hope

- We hope to preserve ... changes we have made during this time, including an emphasis on a contactless culture, a recall culture, and other ways in which we have distilled our processes down to streamline the clinician-patient interaction. Michigan
- Great team of docs and staff... Young Mother doctors very nervous but never hesitated to take care of their patients. Mood was stressed for all staff but they were all wonderful and caring to the more stressed families. In this together. Ohio
- We are a family medicine residency and our residents have done an amazing job of "rising to the challenge" with grace and professionalism. Indiana
- Family Docs are made for these times. Pennsylvania
- It re-affirms my choice of profession and the value of primary care. Maryland