QUICK COVID-19 PRIMARY CARE SURVEY
SERIES 6 FIELDED APRIL 17-20, 2020

This is the sixth weekly national survey of frontline primary care clinicians' experience with COVID-19.

Despite some policymaker statements that testing is adequate, reports from frontline primary care clinicians indicate 1/3 have no testing and 50% do not have the PPE which makes testing possible. Primary care offices, where testing could take place, are on the economic brink with 42% needing to layoff or furlough staff. Patients with economic, social and mental health concerns – some of them brought on or exacerbated by COVID-19 – are particularly vulnerable, laying bare that existing societal fault lines may be getting more pronounced. These vulnerable populations include those with mental health concerns, lost employment, weak social support, or are elderly at home with little support.

More Specific Main Findings
- 89% report large decreases in patient volume
- 57% identifying less than half of their work as reimbursable.
- Outages due to illness/quarantine reported for clinicians (41%), nursing staff (42%), and front desk (30%)
- 44% of clinicians rate the COVID-related stress on their practice as severe; 38% rate it close to severe
- 82% of clinicians reporting limiting of well care and chronic care visits

Virtual Health Findings
- 65% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Full scale use of virtual platforms is building but limited: 40% rely on majority use of video, 13% on e-visits, and 16% on patient portal, compared with 44% conducting majority visits by phone
- 14% of practices report <u>no</u> use of video visits, 44% <u>no</u> use of e-visits, and 25% are <u>not</u> using patient portals

Vulnerable populations are observed as experiencing a noticeably larger COVID-related health burden
- 20% of clinicians note a "shockingly high" increased COVID impact among patients with lost employment; another 36% noted a meaningful increased burden with this group
- 36% note a meaningful increase among patients with pre-existing mental health concerns, with another 10% noting a "shockingly high" increased burden
- Meaningful increase among people: in "essential" jobs (27%), unable to work at home (22%), with pre-existing chronic conditions (22%), elderly without home support (24%), and those without strong social networks (21%).
- When offered race/ethnicity identify options, over half of respondents lack data to make statements

Policy Recommendations – The Interim package (stimulus 3.5) provides additional support for testing and PPE that needs to be directed, in part, to primary care. Policymakers also need to provide relief to primary care practices immediately via existing and proposed stimulus efforts – in order to assure that the nation's front door to health remains open to address patients with varied social, behavioral and clinical needs, including COVID-19.

Methods – On Friday April 17, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 6 of the weekly Quick COVID-19 Primary Care Survey. An invitation to participate was distributed to thousands of primary care clinicians across the country and remained open until April 20, 11:59pm PST.

Sample – 1047 clinician respondents from 48 states. Family Medicine (68%), Pediatrics (14%), Internal Medicine (12%), and Geriatrics (4%), and 3% other. Settings included 21% rural, 27% small practices. 34% were self-owned, 27% were independent and part of a larger group, 42% were owned by a hospital or health system. 10% were from convenience care settings (retail, walk-in, urgent) and 16% were defined as direct primary care or membership-based practice.

"Having difficulty refinancing debt for lower interest rate. Only source of medical care in county since hospital closed in 2017. 65yo and can't retire. Working excessively without taking salary to pay debts. SOS." – Virginia

"I am horribly depressed. Everything I've built is crumbling. I feel like there's no hope primary care will recover." – Texas

331 respondents provided general open comments. Among these:

Use of virtual care is helping – but limitations to implementation and use are showing

- Almost overnight shift to almost entirely virtual care. Shocking really how much can be done. I suspect we'll never return to the way things were and will always retain far more virtual care than previously. Washington
- I am in a rural setting with 60% of my patients having Medicare and/or Medicaid. Many patients only have a land line. For those [with internet], data speed is not useful for video [visit]. The elderly frequently can't or won't use video applications. Virginia
- Few patients able to participate in telemedicine, relying on telephone visits which has very low Medicare reimbursement. Inadequate support for staff at assisted living facilities/senior care homes. California
- Lack of internet access and smart phones in rural setting has severely hampered telehealth visits in my practice. Texas
- Older patients have no or limited access to internet and devices. Reimbursement for visits low or non-existent to date. Arkansas
- Random insurance guidelines are impossible to navigate re telehealth. We are doing and hoping for payment. Colorado

Practices adapted to virtual care and pandemic-based needs; the health system and payment have not followed suit

- Significant decrease in patients… postponing appointments or don't like telehealth. I have possibly a month left of funds. I have decreased office hours, furloughed my employee. Insurers are delaying payments that I need to keep my office open. Texas
- We call all of our patients over 65 to assess needs and answer questions. Patient volume is down 75%. We let our temps go. DC
- For employed MDs a) hospitals focus on their needs, not primary care, b) inability of many to use telehealth, especially Medicare, c) the hospital has not helped with staff, PPE or telehealth, but WILL reduce our pay because of lower RVUs. Virginia
- Providers caring for children are the ONLY group that received absolutely no Federal support. Rhode Island
- Only a small amount utilizing telehealth. Office could potentially close. We have not been able to sign up for Cares due to bank site crashing. Reimbursement rates for telehealth do not equal an in person visit and should. Pennsylvania
- Drop in volume for community health center with stay at home guidance is creating severe impact financially on health/sustainability as FQHC resulting in org forcing reduced FTE and standby/furlough status to staunch losses. Washington
- Large furloughs for front desk staff, all employees have lost their employer paying into retirement accounts, no clear path to reopening clinic for more in-patient visits (we are encouraging most patients to schedule by telehealth). Colorado

Systemic neglect and broken systems

- Assisted living facilities still lack COVID testing even though the probable death rate is soaring. New York
- After working 14 years, I am furloughed. 15 NP/PAs and 46 employees furloughed in a rural setting; one clinic closed. Michigan
- We need emphasize on public health in conjunction with strong primary care base. Extreme financial stress; lack of any concern or loan category for primary care; total lack of [private insurers] stepping to the plate w/ robust prospective payment. Texas
- Lack of ability for specialist to see patients per my referral. Patient in atrial fib can't see cardiologist; patient with an abscess can't see a surgeon. Offices closing and sending patients to the ER – that is not appropriate to ER. Maryland
- Patients coming in for COVID testing and 14-day quarantine notes required by their employer but they don't meet our health system testing guidelines. Reusing yellow surgical masks for greater than one week. Virginia
- Many of our staff, physicians, nurses, medical assistants, and even administrative staff have been deployed to other parts of the institution, leaving us to care for 20,000 patients with a much smaller team. Our residents were pulled too. Massachusetts
- Telemedicine has added promising options, but lack of reimbursement is unsustainable. Having primary care also do the work of public health isn't scalable. We need a strong public health system. Call your PCP is not a public health response. Connecticut

Patient concerns

- Doing LOTS of mental health triage even with people with no prior mental health issues. Texas
- Patients missing work w/o ability to prove they don't have C19. Unable to do basic screenings like EKG for angina plus a fever. Patients afraid to go outside, no family support, no internet - lack of community resources to assist those persons. Florida
- My greatest concern will be the people who will no longer have health insurance after they lose their job. This will be a national crisis, and could set us up to do even worse in the next epidemic/pandemic. Colorado
- One type of patient care that increased was people with dental issues who can't reach their dentist. Ohio
- I worry about chronic illness unattended as a result of lack of access to "non-essential" care. I am imagining that next year we will be seeing increasing morbidity and mortality from cancers undetected, blood pressures out of control, etc. California

Hopeful

- Our FQHC received PPP [paycheck protection program] from [small business administration]. This has changed our reality from dismal to bright - we are able to conceive of creative and hopefully effective ways to reach out to our community. Minnesota
- Realizing how much impact we have on our patients' physical and mental well-being just by being available for them during this time. I can literally see the anxiety decrease after being reassured/supported by me and my staff. Maryland
- Maintaining contact with primary care provider has been a plus for patients and families. We offer support and reassurance and ongoing care during these times. Florida

Larry Green Center: www.green-center.org   Primary Care Collaborative: www.pcpcc.org