



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 23 FIELDLED NOV 13 – NOV 17, 2020



**As we begin month 9 of the pandemic, primary care is weaker, patients are sicker, and the pandemic is raging more fiercely.** For months, medical groups have raised alarms about the escalating consequences on patients of failing to adequately support primary care during the pandemic: excess mortality, preventable worsening of non-COVID related health conditions, high levels of mental anguish, growing social needs, and surging pandemic misinformation. The impact of inaction is clear. More than half of clinicians report severe/near severe levels of practice stress and growing patient health burden due to delayed or inaccessible care. Nine months in, COVID-19 is again surging, 63% of practices have staff out due to illness or quarantine, 1 in 5 lack sufficient testing supplies, and over half report increased patient distrust of medical information from public leaders.

## **Primary care is at the front lines of the pandemic, yet faces critical staffing shortages and limited resources**

- 25% permanently lost practice members, 41% have unfilled staff positions, 14% clinicians re-deployed
- 44% clinicians with salary cuts, 57% with health declines from stress and fatigue, 44% out with illness/quarantine
- 14% still lack flu vaccine, 32% are either lacking PPE or feel their levels and reuse of PPE required are unsafe
- 25% report fee-for-service volume is down over 30%, yet 20% have still waived copays and reduced fees

## **Despite inadequate reimbursement, clinicians expand use of telehealth and address complex needs**

- 64% used telehealth for mental health counseling, 69% used telehealth for patients with chronic conditions
- Nearly 50% report most telephone visits are not covered at parity with in-person visits
- Clinicians have increased support for mental health (65%), substance abuse (22%), and food insecurity (20%)

## **Patients have more severe illness and declining mental health, in concert with escalating social needs**

- 9 in 10 are seeing worsening mental health of their patients, 37% have seen higher rates of substance abuse
- 63% have seen higher levels of unemployment, 39% report increased loss of health insurance
- 33% overall report high levels of food and housing insecurity.

## **Efforts to address the pandemic are undermined by misinformation, administrative hurdles, and testing challenges**

- 61% report spending significant time combatting misinformation about the pandemic among their patients
- 43% overwhelmed by high volume of patient questions, 52% by constantly changing protocols and billing codes
- 26% report difficulty getting patients tested, 29% referred patients to a designated respiratory clinic for testing

**Policy Implications** – Given the COVID-19 surge, public and private payers need to ensure parity for video and phone visits at least until a vaccine is widely disseminated to help stabilize practices and make sure patients get the care they need. Public and private payers should waive all co-pays and deductibles for primary care so that finances are not a barrier for patients seeking such care. It is also imperative to have immediate and sustained investment in the primary care workforce, as well as to address critical shortages in PPE and availability of COVID-19 testing.

**About the Larry Green Center's Primary Care COVID-19 Survey** – Fielded by the Larry A. Green Center, in partnership with the Primary Care Collaborative, the Green Center Survey serves as the only ongoing survey of practicing primary care physicians since the onset of the COVID-19 pandemic. Fielded more than 20 times, the Green Center Survey has collected over 22,000 clinician surveys from across all US states and territories. Survey results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Survey series 23 reports findings based on 1472 respondents from 49 states and Guam: 69% family med, 9% pediatrics, 13% internal med, 9% other. 70% MD, 5% DO, 12% NP, 3% PA, 10% other. Settings: 1/3 CHCs or similar. 21% rural, 27% 1-3 clinicians, 46% had 10+ clinicians. 25% self-owned, 11% independent and part of a large group, 43% system owned, 5% government owned. 7% convenience settings. Patient panels: 34% have small\* Medicaid panel, 21% large; 24% small Medicare panel, 15% large; 52% small uninsured panel, 7% large; 23% small value-based payment, 11% large; 29% small low-income panel, 34% large; 54% small non-English speaking panel, 8% large; 37% small minority panel, 21% large. \*small defined as 10-19%, large as >50%

*"The families we serve are in crisis and we need more support to be able to help them." – California*

*"A calm fear has settled over us. We march on." – Maryland*

*"Virtual visits are the difference between austere survival and utter collapse of services for our patients." – Colorado*

### ***Critical staffing shortages and challenges to the workforce pipeline***

- More staff and providers are COVID + this round leading to staff being out due to quarantine and isolation. Unlike in April and May, the surge is happening while our visit volumes remain very high. We do not have the same slack in our system to accommodate COVID disruptions. We are >200 positions short on Mas, RNs, front desk staff, lab personnel. These roles are going unfilled because of shortages of candidates and backlog of internal need. Colorado
- We have a staff and nursing shortage that is unsustainable. The quality of nursing staff has severely diminished. Difficult to fight pandemic and train staff simultaneously. Tennessee
- We have lost 1/3 of the primary care workforce in our area. Washington
- We need more nursing and staff support to be able to safely see and test more patients. California
- Staff are quitting because they are feeling overwhelmed and we have no one to hire. Wisconsin
- Call volume is really high. Support staff are constantly short-handed due to re-deployment at institution level. Georgia
- Employees are out sick or quarantined while office demands are up, staff are tired. Ohio
- We have lost practice members due to enforced layoffs due to reduction in revenue. Texas
- We have had providers stepping down from duties, I think we will see a shift of good doctors leaving medicine due to the stress and lack of support during this pandemic. Colorado

### ***Staff overwhelmed by high demand and insufficient resources***

- Everyone is burned out. We are so tired of supporting patients, family, and friends along with learners there is nothing left to give yourself or colleagues. Connecticut
- The walls are closing in, we are surrounded by Covid. Illinois
- It is like waiting for the tsunami you can see to reach you. Virginia
- My co-workers and I are showing clear signs of stress and fatigue from working under these conditions; the increased numbers of patient phone calls daily; worry about infecting our families; and feeling the public is not changing its own behaviors, despite healthcare workers' sacrifices to continue to provide care for them. Oregon
- The workload at times is almost impossible to keep up with. Our faculty and residents are getting worn out. Alabama
- Staff is extremely stressed, and supplies are always being juggled. We often have to order PPE off of eBay. Colorado
- Putting a tremendous strain on practice. Panic is causing increase in phone calls due to anxiety among patients. North Carolina
- We are having increased provider and staff anxiety as the volumes of Covid positive patients in primary care increases, making the workflows more complex and time consuming and contributing to delays. Utah
- Increased demand for testing, which isn't always covered by insurance if asymptomatic. New York
- Increased requests for COVID testing, increased volume of calls, lack of adequate reimbursement for testing. New Hampshire
- A significant difficulty getting supplies as we are a small clinic in a rural area and do not have large enough contracts or patient volumes to get priority. Minnesota

### ***Misinformation undermining efforts to control the pandemic***

- Messages from the White House have led to widespread disregard for scientifically sound information and advice from public health experts. Oregon
- The government has not provided a clear and consistent message for the nation which leads to chaos. California
- Since the pandemic started the distrust in public leaders and in primary care docs (me) has been at an all-time high. Wisconsin
- Patients are refusing the flu vaccine because of increased mistrust. Rhode Island
- We spend a lot of time combatting misinformation from our commander in chief. New Jersey
- Patients are stating they won't take the vaccine following the lead from prominent politicians. Maryland
- Higher prevalence of misinformation among patients, from public leaders. Oregon

### ***Other impacts of the COVID-19 surge on practices and patients***

- Patients are becoming sicker during the pandemic. I'm seeing more uncontrolled diabetics and new diabetics. I am concerned about patients' isolation and mental health. People are delaying care. Pennsylvania
- The amount of patients with mental health concerns right now is significant. There is great difficulty in helping them access behavioral health services. Appointments for new patients is 4-6 weeks out. Illinois
- We are cutting back on wellness visits and doing labs and refills on the healthiest of our patients without seeing them in person just to deal with volumes. Difficult decisions and we don't like the feeling of rationing care on any level but we are having to do so both in the ambulatory and in-patient settings. This is resulting in high levels of stress for physicians and staff. South Dakota
- Our rural practice does not have adequate broadband access, many of our patients don't have access to the internet. Wisconsin
- Our providers are brave and resilient for now and have weathered the financial impact out of commitment. Colorado
- We are frequently calling 3 or 4 different places before we find a bed and definitive care for patients with strokes, heart attacks, sepsis requiring ICU care, etc. This delays transfer and delays definitive care. Kansas
- Feels like a ticking bomb. We haven't made major changes; if the anticipated surge comes we will wish that we had. Washington