Quick COVID-19 Primary Care Survey

Series 5 Fielded April 10-13, 2020

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

The economic pain experienced and seen by practices is significant: close to half are unsure if they have enough cash to keep their practices open; 42% have experienced layoffs and furloughed staff, and most (85%) have seen dramatic decreases in patient volume. Reopening the economy or loosening physical distancing restrictions will be difficult when 20% of primary care practices predict closure within 4 weeks, while testing continues to remain limited and PPE is hard to find. Close to one fifth are applying for SBA loans and report the mechanisms are onerous and the promised support lower than reported. Disproportionate COVID-related health burdens have been noticed among specific population groups, including income and racial minorities and those with pre-existing co-morbidities or mental health concerns.

More Specific Main Findings

- 34% of clinicians report no capacity for COVID-19 testing and 32% have only limited capacity
- Outages due to illness/quarantine reported for clinicians (36%), nursing staff (35%), and front desk (31%)
- 41% of clinicians rate the COVID-related stress on their practice as severe; 34% rate it close to severe
- 53% lack PPE; 58% rely on used and homemade PPE
- 12% of clinicians see disparities among racial minorities; 27% among low income patients; 20% among those lacking computer/internet access; 29% among those with mental health conditions; 33% among the elderly

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 limited: 34% rely on majority use of video, 15% on e-visits, and 19% on patient portal, compared with 48% conducting the majority of visits by phone
- 22% of practices report no use of video visits, 42% no use of e-visits, and 28% are not using patient portals

Financial vulnerabilities are high. Over the next 4 weeks…

- 3% predict closure due to low staffing; 14% unsure if they will have enough staff to stay open
- 12% predict closure due to low patient volume; 43% unsure if they will have enough patient volume
- 6% predict closure due to lack of cash on hand; 47% unsure if they will have enough cash to stay open
- 10% have not received payment for video/e-based care; 16% have not received payment for phone-based care

Policy Recommendations – Congress must take rapid and decisive action with the 4th stimulus bill to make sure that America's primary care practices are not shuttered, including investing in a Medicare and Medicaid per patient monthly payment (for the balance of 2020). Additional support must be provided to America's independent, rural, and safety net clinicians taking care of the country's most vulnerable patients as data reveals low income and racial minority patients experiencing far greater disparities in COVID-related health outcomes (consistent with US known health inequities).

Methods – On Friday April 10, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 5 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 13, 11:59pm PST.

Sample – 2602 clinician respondents from Family Medicine (69%), Pediatrics (5%), Internal Medicine (12%), Geriatrics (7%), Urgent care (3%), and 4% other. Responses covered all 50 states. Practice settings included 33% rural, 70% larger than 3 clinicians, 28% community health centers. One third were >50% Medicaid; 14% owned their practice; and 13% were part of academic centers. 21% were majority fee for service; 12% majority capitated; 20% had no capitation.

"After working for years to build my NP-owned business - I have lost it. I am not sure where my patients are going to be able to go." – Idaho

"We are a large multi-specialty group that is physician owned and we have >500 employees. We are unable to apply for help through CARES. Our group is at VERY high risk of going bankrupt if this situation does not improve." – Virginia

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836 respondents included general open text comments. Among these:

70% Reported trends in reasons for COVID-related health disparities and burden

- There are patients dying of non COVID-19 diagnoses because they cannot receive the care they need; low income patients are NOT able to stay home [and they] are going to work sick. I cannot make them stay home! DC
- Wage earners are feeling very stressed. And those with mental health issues are breaking through what used to be effective doses of medications- they are not coping well. Seniors are worried they will get the virus and die. PA
- Most of my patients are low income [and] cannot follow CDC guidelines for social distancing. Many have lost jobs and have severe economic concerns. Majority of my patients are people of color. VA
- Socioeconomic, education level and mental illness play a huge [role]. OH
- Patients with addictions hurt greatly. WI
- I live near a reservation, they are more affected as they live in multigenerational houses, and have no running water. NM
- Fear is high among Chinese and SE Asian patients. People who need to work are at risk and have no PPE from employers. OR
- Large # of patients have lost their job, and of those ~ 1/4 have also lost insurance. A large # of young are working in grocery stores. A large # of poor are working in high risk jobs with little to no ppe. Of these a large % are AA, Hispanic. PA
- Low income and minority patients are harder to reach by phone because they are working. At our clinic, Latinx patients make up 80% of positive results but 40% of tests. CA
- African Americans are doing worse and dying. Men are more affected than women. Older patients are dying faster and any patient w/ comorbidity does very poorly. NY

54% focused on continued stress related to financial, testing availability and accuracy, and PPE.

- HELP! WE NEED HELP! I WORK ALL HOURS AND I'M MAKING NOTHING! I used one of my precious few tests of myself. I have COVID-19. I no longer see patients in person but I still do telehealth or they have no one. VA
- Emergency loans (EIDL/PPP) are not processing nearly as quickly as promised, making cash flow concerns even more dire. TX
- I am concerned about sustainability of unaffiliated primary care practices. We have such limited resources to begin with, then told we are too far down the list to get needed supplies like gloves, PPE and testing kits to do our jobs. OR
- It is stressful caring for patients knowing they can possibly infect you. Wearing and trying to acquire PPE is mentally stressful. PA
- Our company may not be able to sustain through this. Because we are a multispecialty practice and employ more than 500 persons, the stimulus packages are unlikely to help us at all. I am struggling to understand how I am considered essential but may have to continue to work for little to no income in order to maintain any hope of saving my practice. VA
- I voluntarily closed my practice weeks ago except for virtual visits due to the risk of exposure for my patients, I continue to pay my staff out of pocket but have reduced hours and am not receiving any income myself. SC
- Testing is ridiculously limited - criteria and access. Locally it has been handled at each institution. No coordinated state support, nothing from the Feds. I have never even been given stats on spec. and sens. of the C-19 test being used. My independent colleagues are shut out of PPE supplies. I was able to secure them N95 masks (6) for their staff. Gross failings abound. WA
- I am a Family Practice MD w/ 30 years experience who has just filed for unemployment for the first time in my life. VA

23% focused on payment and access frustrations with telehealth, and policy driven obstacles to care

- Televisits are [happening] but we are not getting paid for them, there needs to be a single standard across insurers rather than having a patchwork of complicated requirements designed to not pay us for our work. NH
- Allow my pharmacists to be included in all of the billing and reimbursement. They are filling the gap in care. Do not discount payment due to telehealth. We are all still spending the same time with patients--it is not cheaper delivery!!! IL
- Assisted living facilities are being denied lab, diagnostic, and ambulance service. CO
- I have a large Medicare population. Many do not have video options. Please please talk to government about getting reimbursed same as audiovisual with telephone visits. Desperate... VA
- We are part of a larger system and there is a HUGE concern about being penalized for not being "productive". Despite RUC changes that are favorable to primary care payment, there is a strong thread about cutting payments to the clinicians. It is demoralizing and discouraging. We are told to "do only televisits" - with a platform that many patients cannot use. VA

21% discussed primary care clinicians employed within systems suffering greater lack of autonomy and greater risk

- PPE, having to purchase on our own due to what we are supplied being inadequate, being told by administration we are not considered frontline healthcare workers, that the ER and ICU need PPE more than we do. IL
- We are owned by a hospital. They were VERY aggressive preparing the hospital for COVID but initially gave virtually no attention to the outpatient setting and how to manage patients with minimal symptoms who are nevertheless contagious to staff. VA
- PPE guidelines should not be determined based on supply, they should be made for the protection of the providers and the hospital should then be REQUIRED to work under those guidelines. Accepting any less is dangerous for providers and staff. AL
- We were initially told not to wear masks as it would frighten the patients. Then a nurse tested positive. AZ

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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

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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

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