



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 7 FIELDLED APRIL 24-27 2020



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

The dire financial picture continues – 47% of primary care clinicians report they have laid off/furloughed staff, 2/3rds report that less than half of what they do is reimbursable, and 45% are unsure if they have enough cash to stay open for the next 4 weeks. With 61% of practices conducting limited or no in-person visits, it is perhaps not surprising that the 50% of clinicians are unsure about opening up the country. 39% report no connection to local health departments and 37% suggest that opening the country depends upon testing, PPE, geographic specific conditions and other factors.

More Specific Main Findings

- 32% no capacity for testing; 28% limited test capacity; 52% have no personal protective equipment
- 85% report large decreases in patient volume
- 11% say they will close within 4 weeks; 66% report less than half their work is reimbursable
- Outages due to illness/quarantine reported for clinicians (36%), nursing staff (38%), and front desk (27%)

Virtual Health Findings

- 75% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Only 24% rely on majority use of video, 14% on e-visits, compared with 28% conducting majority visits by phone
- 30% of practices report no use of video visits, 11% no use of e-visits

COVID-19 is influencing priorities for primary care delivery

- Less than 25% are able to maintain pre-COVID focus on preventive care, chronic care, and health goals
- More than 50% are finding ways to maintain limited focus on continuity, chronic care, and care coordination
- Fewer than 40% support primary care as the preferred site for COVID testing

Fewer than 10% supported opening the country. Among the 50% who said no, and the 37% who said it depends, answers relied on the following themes: Geographic specificity – areas with lower rates could plan gradual reopening while those with higher rates of infection should remain closed; **Gradual reopening** – should be enforced through specific guidelines and **dependent** upon adequate PPE and testing capacity.

Policy Recommendations – Despite rounds of Federal stimulus packages and renumeration for telehealth visits, primary care is not adequately benefiting from Federal policies and in danger of shuttering. A targeted, immediate infusion of financial support for primary care is essential to retaining a primary care foundation, particularly independent practices, rural, and those serving the safety net. Without primary care, and its coordination with public health, the nation cannot safely return to work and school.

Methods – On Friday April 24, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 7 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 27, 11:59pm PST.

Sample – 3131 clinician respondents in all 50 states. Family Medicine (64%), Pediatrics (12%), Internal Medicine (11%), Geriatrics (6%), and 7% other. Settings included 26% rural, 16% community health centers, and 32% small practices. 24% were self-owned, 28% were independent and part of a larger group, 39% were owned by a hospital or health system. 14% were from convenience care settings (retail, walk-in, urgent) and 22% were defined as direct primary care or membership-based practice. 7% were government owned, 57% received > 10% Medicaid and 67% > 10% Medicare.

“The entire fee for service model collapsed under the strain of a public health emergency. We can do better than this. We just have to decide that we are going to do better going forward.” New York

“Many serious health issues are not being addressed. It's a secondary disaster in the works. The anxiety level of the patients has been increasing steadily. Maryland.” – Maryland

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1231 respondents provided general open comments. Among these:

34% express deep concern and frustration with lack of resources and apparent diverting of resources to other settings

- I had COVID, was symptomatic, had multiple known exposures, am 66 and recently had a procedure. I was on a testing "wait list" for 8 days with the Dept of Health. This is a national obscenity. How many patients did I infect? New York
- State resources have gone to the larger entities. Small practices are left on our own to find PPE and develop policies. Alaska
- PEDIATRICIANS have been SHAFTED. We did not get any Medicare /HHS grants ...most of us have still not got PPP/EIDL and I have to figure out how to pay for my vaccine costs ..I have high Medicaid and am rural. Michigan
- Who else but rural care is caring for our farmers and farm communities who rely on us? We are 50 miles from any large hospital system. We have COVID 19 cases in our county an all surrounding counties and people are scared. I suspect my clinic and many others like it will have to close after this crisis is past and then what will happen to rural America? Illinois
- We remain isolated from the rest of the state, in the northern part of New Hampshire. We are not part of the state that the officials consider when planning or a surge or included in distribution of resources such as PPE, field hospitals, personnel, or testing supplies. We feel alone. New Hampshire
- The only clinics [with available testing] are hospital clinics. Very large decrease in patient volume leading to decrease in >50% of shifts, decrease in hours of business operation, and financial strain on providers that are not eligible for any SB loan. Alabama
- Many of my patients are limited by income, language, technology, health literacy and are unable to access care via video virtual visits, so I call them, knowing that I am likely not to be reimbursed. I've been wearing them same mask for more than a week, likely exposing my family to infection. It's frustrating not to have support, and it is not sustainable. Washington
- My primary focus has been on the people I care for - and the impact of this crisis on their lives has been sobering. I am dealing with medical and social needs I cannot assist with as resources are not available. The safety nets are largely broken. And yet, we are now hearing that the long-term and follow-up care for seriously ill COVID patients - after the inpatient stay - will be the responsibility of primary care practices. Where will those resources - and that training - come from when health systems are furloughing staff and cutting expenses? Michigan

13% share a growing worry for health disparities and growing non-COVID-related health burdens

- In lower socio-economic areas, lower health literacy, competing social needs, feeling overwhelmed by volume of COVID information, lack of trust in information provided by government agencies—all of these playing a part in reduced adoption of effective public health measures and active participation in personal health. Pennsylvania
- I do telehealth with many patients who are sick and afraid to go for testing. They live in small apartments with large families and everyone is getting sick. Even though I recommend they stay home, they go out once they feel better as they need to work. DC
- I treat uninsured patients. The flow is down greater than 80% due to fear and lack of testing. Once available, the price for testing will still be high for our uninsured. So, we're going to continue to have to make presumptive diagnoses which is not great patient care and exposes our staff and other patients over and over again. Georgia
- We are not talking enough about the mental and emotional impact of this pandemic. The school system is failing miserably, and we are not talking about that. The big think tanks are focusing on small businesses but others should be more proactive about solving other problems like lack of primary care, dental care, basic education, exercise and other health practices, etc. Oregon
- Preventative care is not happening. I am currently furloughed and feel like I've just had to leave my patients high and dry to be managed by someone they've never met before. Connecticut
- I am seeing significant impact on mental and emotional health. For example, people dying in a nursing home alone without their family there. The same with births. Humans are social and need to be together during life transitions. These moments are causing anxiety, immense regret, and depression. We are seeing an increase in request for medications because of this. Arizona
- In our family medicine residency, our teaching service was dissolved. Now all of us are part of a hospitalist megaservice. Maine
- I have deep concern about the impact of avoidance of care on comorbidities that I have seen due to COVID policies and social distancing. Access to affordable mental health care is more important now than ever. Something must be done to fund professional counseling services for people who have no financial resources to pay for it. Texas

22% speak to the growing financial burdens for primary care practices created by ill-fitting payment models

- Primary care is still charged with taking care of its patients, even without office visits - and yet since we're paid based on office visits, revenue decreases while still taking care of patients over MyChart and telephone. We need more of a capitated payment plan to account for the work that PCP's do that is not face-to-face, and robust reimbursement for this work. Wisconsin
- This pandemic has unmasked the inadequate support for our primary care and public health infrastructure. Telemedicine reimbursement MUST have parity with office reimbursement. I don't want schmaltzy commercials thanking me for being a frontline hero. I want the tools to do my job- PPE, testing, tracing AND compensation. California
- Difficulty getting PPP. Applications in to 4 banks and no response. As owner, barely enough to pay for overhead. Using my savings to stay open. This clearly shows the value of primary care and the decades of unappreciated underfunding. Michigan

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