QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 8 FIELDED MAY 1-4, 2020

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

After 8 weeks, primary care clinicians continue to face considerable headwinds (@ 40% laid off staff) and the future looks grim. Clinicians predict primary care will be overwhelmed with pent up demand and 38% expect to see non-COVID related deaths due to lack of access or care delayed. 66% expect increased population health burden resulting from care avoided or diverted, particularly for mental health services (74%), preventive care (72%), and chronic care (71%) visits.

More Specific Main Findings

- A corrosive and debilitating "new normal" continues: 77% severe or close to severe stress, 54% without personal protective equipment, and 40% reporting office absences due to illness/self-quarantine
- 70% report a greater than 50% decrease in patient volume
- 25% fear the medical profession has lost the public's trust; another 32% fear lost trust in our safety-net systems
- 35% believe most independent primary care practices will be gone after the first wave of the pandemic
- 30% say the US population and government has accepted the unacceptable

Virtual Health Findings

- 84% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Only 28% rely on majority use of video, 14% on e-visits, 28% conducting majority visits by phone
- 29% of practices report no use of video visits, 9% no use of e-visits

Weakened by national lack of preparedness, clinicians worry about what's coming after this initial pandemic wave

- Over 70% expect high patient volume related to delayed chronic care, preventive care, and mental health care
- 30% expect a rise in substance use and 24% expect a rise in domestic violence related harms
- 66% worry about health risk and burdens created by opening the country up too early
- 60% fear the limited policy shifts enacted to help primary care during the first pandemic wave will reversed

Policy Recommendations – The COVID-19 pandemic has exposed the costs of a chronic and fragmented under-investment in primary care and public health infrastructure. Public/private efforts to bolster primary care have been like bringing an umbrella to an oncoming hurricane and assuming you will not get drenched. These efforts have been nowhere near enough in size, scope, reach, or level of multi-payer participation. Policymakers must immediately target relief directly to primary care practices to stabilize them. As practices let staff go, who will respond to patient need for mental health, preventive care and chronic care management? Unless primary care receives needed relief, a second public health crisis will hit soon with potential to further damage an already weakened US health care system.

Methods – On Friday May 1, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 8 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 May 4, 11:59pm PST.

Sample – 773 clinician respondents in 49 states. Family Medicine (70%), Pediatrics (7%), Internal Medicine (11%), Geriatrics (6%), and 7% other. Settings included 24% rural and 18% community health centers. 35% of practices had 1-3 clinicians; 26% had 4-9 clinicians. 31% were self-owned, 28% were independent and part of a larger group, 38% were owned by a hospital or health system. 9% were from convenience care settings (retail, walk-in, urgent) and 22% were defined as direct primary care or membership-based practice. 6% were government owned, 58% received > 10% Medicaid and 72% > 10% Medicare.

"Our physicians haven't been paid since February. We have about 20,000 patients and due to lack of access to primary care in our community it will be a terrible impact if we collapse." – Washington

"I continue seeing my patients despite no PPE. I am the medical director of a free clinic for the homeless, 74 years old. I have prepared all my life for such an event and refuse to run away from this crisis." – Virginia

633 respondents provided open text comments. Among these:

Corrosive 'new normal' leaves many clinicians feeling abandoned, unheard, with futures uncertain.

- No one cares. We are alone. I feel like giving up. I care so much for my patients but how long can I keep this up? Delaware
- I worry every day that I will lose my practice. I am becoming depressed and losing hope with each passing day. Washington
- I feel like I was hung out to dry. Take chances with my health or abandon my patients were my only choices since I could not get PPE. Our billers are on lock down in India so nothing has been billed for months. New York
- Payers seem to think the money they pay goes to the doctor. We take home 30% of the money that comes in – overhead to provide quality care is so high. I feel terrible about the young staff who are furloughed. DC
- It has been the most stressful time of my 20-year career. Trying to care for pts with high quality care, provide safe environment for our staff and maintaining a financially viable practice. Very much considering leaving clinical medicine. Colorado
- I'm tired and overwhelmed. Not from the work but from the constant din of the virus and bearing witness to the insane government response. I wish a group of leaders would get together and address our nation in the absence of any. Rhode Island
- I don't understand why the US government hijacked my practice's N95 order. We are not getting more and opening the country will cause a surge and HCPs will not be protected. Colorado

The small support recently made available is not reliably reaching practices in need

- Being owned by a hospital system, all the aid goes to the hospital not the physicians. My hospital keeps the CARES Act bonus and I still get a pay cut. THERE IS NOTHING FOR EMPLOYED PHYSICIANS. WE ARE IN FINANCIAL DISTRESS AND NOBODY IS ADDRESSING THIS. PAID 100% ON PRODUCTION AND I'M SEEING 30-40% OF USUAL VOLUME. WE NEED HELP. Tennessee
- My office is small, 5 employees including myself. I have had to lay-off 2. My practice was first opened in January. We saw a 40% hit in our reimbursement for March/April. Stimulus money is based on last year's tax returns, so no help for us. Washington
- PPP loans are incredibly slow to come through and might not arrive in time to cover April payroll needs. Texas
- Financially very tough. Not sure how long we can hang on. We had billing issues before, and now the pandemic. Texas
- We are now feeling the financial fallout from the last 2 months. We have furloughed staff. The long-term financial effects are still unknown. Also concerned about patients who will have lost health benefits and jobs – worrisome in many ways. Florida

Ill-fitting health systems policies now threaten access to care for many

- Our independent rural practice is the only medical care in our town of 2000 people. We serve 6,000+ from surrounding areas with no access to care. We were already struggling due to increased reporting regulations, onerous prior authorizations, and out-of-pocket deductibles our patients are not able to pay. We have laid off employees, requested loans & grants to try to keep our doors open, but it's hard to imagine how we are going to be able to bounce back. I suspect that in another year, the family medicine practice I served for past 23 years will either be closed or absorbed into some larger consolidated network. Wisconsin.
- Lack of support by public health; no actionable support by professional groups; insurers making it more difficult - codes change and 10 flavors of how to code telemedicine so I get paid for my work - ridiculous. We have no help. Washington
- Most of our patients are self-pay. We use a LOT [of grant subsidy money] because folks are running out of money and they can't access care elsewhere since so many clinics are closed. I'm afraid of what happens when we run out of that subsidy. Nevada
- PPE remains scarce. Positive cases in this area continue to grow. I have yet to receive correspondence from my public health dept, but amazingly, my husband who is a dentist gets regular guidance from them. Dental offices are closed aside from emergencies so I'm not sure how public health has prioritized who they keep apprised of latest guidelines. Georgia

Virtual health has expanded rapidly as a patch fix, but the gaps in care are beginning to show

- Telehealth has distanced my relationships with pts and amount of confidence placed in me by pts. Since I cannot see them always and definitely not touch them; definite lack of human touch and compassion from telehealth platform. North Carolina
- For the short-term, it has been helpful. For the long-term, it makes us feel distant and dis-connected. Patients are increasingly isolated, depressed, anxious. Many choose to come in even though we could address their concerns virtually. Oregon
- I actually love it - I'm a geriatrician and some patients w/ dementia and dementia related behaviors are incredibly stressed when they have to be brought to clinic - video and telephone visits have actually improved their stress in that regard. Illinois
- Increased capacity to identify medication related problems as most patients contacted are home with their medication vials and glucometer or home blood pressure monitor, as applicable. Illinois
- It has been more difficult to connect to 'underserved' patients with limited ability to manage virtual care. These relationships are stressed, and trust may erode if we cannot adapt to better serve them. Michigan
- It has improved our ability to remain connected with our patients in a safe way and has improved convenience and flexibility for patients. Video visits offer a view into patients' homes which broadens my understanding of them and their needs. Wisconsin
- Rural area with unreliable internet in many locations, aging population with some difficulties with technology, and great number of residents in the area living below the poverty level making internet a luxury. Georgia
- Patients really appreciate virtual as an option to get help. They seem to feel relieved, reassured, and satisfied they can still get care. I feel like I struggle more than my patients do. My struggle the missing components of physical contact and exam. Oregon