



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 15 FIELDDED JUNE 26-29, 2020



Thirty states across the US have experienced a summer surge of COVID-19 cases, yet more than a third of clinicians (35%) report they are not ready to address this increased patient need, despite some efforts to shore up primary care. Over 40% said they are unprepared for a second pandemic wave experts expect this Fall. Weakened finances have left primary care practices unstable at the same time that more than half of clinicians report an increase in non-COVID morbidity and mortality that appears to result from COVID-19 related obstacles to accessing health care. Mental stress on this workforce is at historic highs.

Clinicians report increased non-COVID-19 morbidity and mortality among patients from pandemic-related constraints

- 82% clinicians report patients with heightened mental and/or emotional distress
- 59% clinicians struggled with limited specialist referrals because of medical offices closed during the pandemic
- 56% clinicians noticed exacerbation of health conditions related to lack of access during the pandemic
- 44% have noticed the health impact of chronic care visits deferred among their patients
- 23% have noticed higher than normal dental issues among their patients; 11% higher than normal vision issues
- 83% report higher than normal patient mental and emotional distress
- 9% have had patients die from lack of access to appropriate care during the pandemic

2 in 5 clinicians are unable to state they have the billable services or cash on hand to stay open through August

Practices adapted to requirements of pandemic-based care but lack the resourcing to sustain it. In the last 4 weeks,

- 45% lack PPE while at the same time, 40% see an increase in suspected COVID-19 cases
- 25% report local labs are unable to keep up with COVID-19 testing requests
- 37% of clinicians report new layoffs and furloughs; 28% of clinicians have skipped or deferred salaries
- 61% have reduced in-person visits (by 30-50%) for overlapping reasons: need to maintain physical distance in the office (55%), shifting of patients with stable chronic conditions to telehealth (64%), and patient choice (53%)
- 28% say patient contact is at an all-time high, facilitated by telehealth, while 16% of telehealth billing is denied
- 10% have reduced video-based care and 24% have reduced phone-based care due to poor payment structure

Weakened primary care and unrelenting population need have left many practices unprepared for the summer surge

- 2/3 are not prepared for loss/reduction of telehealth payments and < 10% are confident surviving that pullback
- 35% report they are not ready to have COVID-19 surges; 40% are not ready for the next wave of the pandemic
- 34% are not ready for the upcoming flu season; an additional 49% are somewhat prepared but nervous
- 58% are nervous about the starting surge in health issues from care delayed or deferred during the pandemic

Policy Implications – Without immediate action, US primary care will not be able to adequately respond to a second wave of COVID-19. Public and private efforts to support primary care (e.g., parity for telehealth/telephonic services and modest financial support) are not nearly enough to make practices whole, and these policies either will or may sunset in the coming months. Policymakers who understand primary care is critical to getting the country back to work and school need to amplify their voices on Capitol Hill, in state houses and in Board rooms. Our health system will cease to function without primary care as its backbone. Time is of the essence to reverse this unfortunate trajectory.

Methods – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded June 26-29, 2020 with thousands of primary care clinicians across the country.

Sample – 735 respondents from 49 states. Family Med (64%), Pediatrics (8%), Internal Med (17%), Geriatrics (6%), and 3% other. Settings included 22% rural, 12% community health centers, 8% in schools/offices. 36% had 1-3 clinicians; 36% had 10+ clinicians. 48% self-owned and/or independent; 39% owned by a health system; 7% convenience settings; 6% membership-based practice.

“It’s such a struggle to just go to work and battle misinformation from major leaders... You take care of patients for decades and it’s emotionally draining to see their lives put at risk. It’s a kick in the gut for all healthcare employees... Who’s going to be exposed next? The healthcare worker you call when you can’t breathe? It breaks my heart and my will.” Texas

296 respondents provided general open comments. After 16 weeks...

... **mental and financial stress is mounting**

- Heartbroken that our office is being closed due to impact of coronavirus on financial picture. Massachusetts
- Seeing fewer patients per day to keep waiting area socially distanced... even so, everyone is overworked/burned out because patients coming in are often overdue for mgt of chronic conditions, and we have to order/review labs, etc. North Carolina
- We are still not covering our overhead due to the combination of decreased patient volume and increased cost to provide safe care during the pandemic. Wisconsin
- Burn out is very high among all members of our clinic. We have lost MAs and remain understaffed due to minimal candidates applying. Not sustainable. Oregon
- Everyone is getting close to breaking due to long term anxiety. Ohio
- We do not have a program to assist with any employee burnout/depression; myself and another provider have been treating our staff for mental health issues for months but there is nowhere for us to go to help ourselves. Washington
- I give up trying to navigate all this, AND follow all regulatory demands, AND use an EMR, AND risk spreading disease to my family. I'm retiring and leaving my practice at the end of the year. Oregon
- HELP!!!!!!!!!!!!!! We can't get kits, CPL shut down testing for a week due to back logged 50K unless a front line worker. Texas
- We are in danger of having to make drastic cuts, selling out to the local hospital or another buyer, or worst-case scenario, going out of business... Right now we have increased costs for PPE and other expenses to deal with the pandemic and yet we have greatly decreased patient volume and therefore decreased revenue... We have some cash reserves right now but the current situation is unsustainable. Eventually something will have to give. New Mexico
- The private health insurance industry continues to profit grandly but have not been supporting practices sufficiently. There is tremendous and burdensome variability in coverage for televisits and telephone consultation. One major payer has paid a meager \$20 for a single low level phone visit code. This is a slap in our faces. Health disparities will be compounded by lack of access to universal high speed internet and the technology needed for televisits. This is very much a thorn in our side, and we feel no partnership nor support from the private insurance industry even though we are at risk daily. Maryland
- Provider pay cuts; hiring freeze (and understaffing); more patients in clinic due to delays during quarantine. Oregon
- I doubt independent primary care can survive without a large increase in pay for service. New York
- We are doing telehealth only due to cost of cleaning supplies and PPE. Washington
- If we have another big surge in our area with another drop in patient visits without having another round of support payments, I will have to terminate at least one nurse and possibly the new associate I hired in 1/2020. Virginia
- We are struggling to keep our small private practice open. Practicing in the COVID environment is expensive and taxing. Ohio

... **lack of leadership continues**

- Complete lack of support from "the mothership" for primary care has become quite apparent. Missouri
- Cases have been surging for the past couple of weeks. I am frustrated at the lack of state leadership not allowing local elected officials to stop the phased reopening, reinstate stay at home orders, and require masks. Texas
- Disorganized barrage of guidance and emails from federal, state, and local levels; barrage of communication from AMA, ACP, AGS, AMDA, state and county medical society, insurer, and many others...impossible to keep up. Maryland
- Aside from clinic admin not treating this as a pandemic situation and not developing proper screening policies, the public appears very uninformed about infection control/prevention. Tennessee
- The abuse and exploitation of primary care practitioners and the marginalized communities we serve is such a breach of the social compact. Colorado

... **lack of time for recovery while new surges of COVID-19 advance**

- We're exhausted but have to play catch up with care delayed. I do not have enough appointments to do the basics. Michigan
- Needs due to previous deferred care are mounting to more than we can handle. Very stressful to be constantly overbooking to give appropriate care. Wisconsin
- We are starting to see more patients in the office to accommodate their needs now that PA is in the green phase, yet the cases in our state are starting to increase again... I am worried about the Fall and winter surge. We have no plan in place to address this. No access to N95... All providers in my office continue to take a pay cut... Primary care continues to be forgotten, especially privately-owned practices, yet we are vital to the medical care of our communities! Pennsylvania

*May **have to close** due to lack of funds after 30 years. Texas; We are **close to closing** 1/3 sites. Georgia; **Closed**. Texas; We are **closed**. Virginia; I am 62 yo w/ risk factors and have invested my entire retirement in my practice but worry week by week now that I will need to declare **bankruptcy**. Texas; We are in danger of having to make drastic cuts, selling out to the local hospital, or worse, **going out of business**. New Mexico*