



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 19 FIELDDED AUGUST 21 –24, 2020



The primary care platform is shrinking. The low level and time limited support offered through previous federal relief efforts are ill-matched with the magnitude of COVID-19 challenges. In just the past month, 2% of practices have closed, another 2% are considering bankruptcy, and 10% are unable to be certain of their solvency 4 weeks out. Faced with rising population health burden, insufficient support from leaders and policy makers, and the relentless financial challenges and mental exhaustion, 1 in 5 clinicians are now considering leaving primary care and 13% could not answer that question either way.

Social insecurities & mental health concerns, likely to lead to increased health disparities, are on the rise for patients.

Among clinicians:

- 38% see an increase in housing insecurity
- 34% see higher levels of food insecurity
- 58% see an increase in struggle to pay bills
- 86% see higher levels of mental health concerns
- 40% see an increase in substance abuse
- 73% see an increase in weight gain
- 77% have seen more sleep issues
- 57% see an overall reduction in self-care

Some practices are increasing their scope, trying to mitigate social insecurities, despite lack of resources

- 15% have become more involved helping with housing insecurity
- 17% have become more involved helping with food insecurity
- 26% have offered support or extensions for health-related bills
- 70% have increased the support they provide for mental health and related concerns
- 41% are in regular contact with their public health department; 15% assist with contact tracing

Many practices are open, but lack of relief has them shrinking in size, resilience, resources. Over the past 4 weeks...

- 47% have had clinicians/staff out due to illness or self-quarantine and 21% have had layoffs or furloughs
- 28% have had a 30-50% drop in fee-for-service revenue and 46% have seen a similar drop in patient volume
- 24% have shutdown pre-pandemic quality initiatives
- 34% have reduced the number of services offered to patients
- 34% have pulled back or eliminated educational training

Policy Implications – Patients continue to rely on primary care for the majority of their needs. Physical and mental health burdens have increased. Damaging disparities in social determinants have increased. Primary care is extending wrap around support and developing stronger partnerships with public and behavioral health while experiencing historic drops in revenue and support. When will policy makers acknowledge primary care is too critical to collapse?

Sample – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative, had 636 respondents from 47 states: 74% Family Medicine, 6% Pediatrics, 11% Internal Medicine, 4% Geriatrics, 2% mental/behavioral health, and 3% other. Clinician types: 73% MD, 7% DO, 13% NP, 3% PA, 2% PhD, 2% other. Settings included: 24% rural, 11% community health centers, 10% in schools/offices, and 31% in designated patient-centered primary care homes. 29% had 1-3 clinicians; 30% had 4-9 clinicians; 41% had 10+ clinicians. 30% self-owned, 12% independent and large group, 43% owned by a health system, and 3% were government owned. 10% were convenience settings and 4% were membership-based.

Patient panels within sample – (small defined as >10%, large as >50%): 62% have small Medicaid panel, 27% have large; 62% have small Medicare panel, 31% have large; 49% have small low-income panel, 34% have large; 65% have small non-English speaking panel, 9% have large; 63% have small minority panel, 25% have large; 22% have small multiple chronic conditions panel, 75% have large.

“The worries and stresses are intense for families and those who care for them. There has been little attention paid to how we go forward for an extended, and unknown, period of time and what those effects will be and how it magnifies even more the disparities between the haves and the have nots.” – Michigan

199 respondents provided general open comments. Among these...

... ongoing stresses show little sign of lifting

- I'm working 120+ hrs/wk and haven't taken any salary since March. I don't know how much longer I can hold on. I don't want the stress of this all to kill my family OR my community. This is the first week I've been so exhausted and depleted that I almost didn't have it in me to fill out this survey. Colorado
- My income is down 75% due to decreased reimbursement for telemedicine. I am older and therefore can take the cut in pay, galling as it is to do so. However, the younger doctors cannot survive on 1/4 of their regular income and are therefore having to risk their health and the health of their patients by having the patients come into the clinic for their visits. Mississippi
- Everything takes more time, patients need information, reassurance, and guidance. In person or telemedicine or telephone... everything takes more time. NONE of that time is reimbursed. Maryland
- Having the ability to test was and is a continued problem. Insurances are not clear on their fee schedule for the testing or how we will be reimbursed. Can patients be checked multiple times and the code be covered each time by their insurance? We are paying high cost for the test kits and unsure if we will be reimbursed. Georgia
- We have no plan on how to manage influenza vaccine clinics or increased respiratory illness care in the office. Michigan
- We continue to provide remote monitoring for patients. Primary care providers are not compensated for this. Please open up the Medicaid CPT codes for remote monitoring AND care management and coordination. Colorado
- Burn out is at an all-time high with low reimbursements, huge stress managing staff, staff illness and coverage, and a huge likely unrecoverable financial burden as a small practice. Oregon
- Anxiety and depression are rampant. The need for specialty care for psych/mental health is critical. We are also seeing patients who have avoided the clinic and their chronic conditions have therefore not been managed for as long as 8 months because follow up appointments were deferred in March-May. Specialty care is likewise backed up because those clinics essentially shut down March-May and are scrambling to get caught up. North Carolina

... patient needs are expanding, telehealth shows continued benefits yet future support of this tool is unclear

- Addressing isolation concerns of patients. It's a human thing. We need to do better to help. Massachusetts
- My clients are in recovery from drugs/alcohol so needs since COVID have increased. Arizona
- Patients have gained weight. They are experiencing more anxiety and depression. Insomnia is high. Kansas
- LOTS more time counseling patients re emotional health and appropriate management strategies. Virginia
- Addiction care needs are increasing. Nevada
- The public health issues are exploding -- housing, employment, mental health. Wisconsin
- I love working from home part-time and telehealth visits. Many of my patients who had a difficult time attending visits now keep frequent follow-up appointments to control their chronic conditions. We have been limited in providing in person care, which is an ongoing issue, but both my patients and I find great benefit from the option for telehealth care. Connecticut
- Commercial payers need to cover virtual annual wellness visits on parity with face to face as does CMS. Patients are falling behind on preventative medical care. Texas
- Important to keep telemedicine payments and allow flexibility in how we can care for patients. South Dakota
- Patients like telehealth & have less cancellations and no shows. California
- Increased reimbursement for telehealth is what allowed us to remain solvent. Texas
- Medicare Advantage needs to allow phone visits to count for risk-adjustment. We have had ongoing problems with video visits. Many Medicare patients lack the ability to conduct video visits. This is an EQUITY issue. Washington

... new concerns are arising

- Just got information on pricing for flu vaccine this year. It will cost me over \$5000 for 100 doses & I'm not sure how to pay for it or if I will get reimbursed. How am I supposed to provide preventative care when I can barely pay my staff & rent? Washington
- Now having problems getting needles to administer flu vaccines. Texas
- Having to take care of University faculty, staff and students with testing has put extreme demands on our resources and is rapidly increasing stress among our employees as students return to campus and schools reopen. This reduces our staff because of childcare issues, while patient demand and testing increases. Alabama
- Patients need safe options for exercise - closure of our wellness center, especially with its warm pool, is leading me to prescribe more pain meds. Michigan
- We are not allowed to replace staff due to institutional financial losses. Morale is down and we don't see how we can staff flu vaccination and Covid-19 vaccination with so few nurses. New York
- It has revealed even more clearly the importance of a personal relationship between physician and patient. North Carolina