QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 22 FIELDED OCT 16 – OCT 19, 2020

Seven months into the pandemic, patients are exhibiting the effects of delayed or inaccessible care. Over half (56%) of primary care clinicians have seen an increase in negative impact on patients' health. With COVID-19 now surging beyond Spring 2020 levels, practices continue to face unresolved pressure points from the first wave, such as inability to fill open staff positions (35%), persistent challenges with COVID-19 testing (61%), and difficulty with PPE (37%). Despite this, practices are showing remarkable adaptiveness by significantly increasing their outreach to community organizations and adopting wise and flexible use of telehealth despite payment concerns.

Patient health and their experience of social drivers of health continues to worsen and practices increase support

- 56% report patient health has noticeably worsened from delayed or inaccessible care
- 85% report patient mental health has decreased, 31% have seen an increase in patients suffering with addiction
- 60% have seen COVID-19 cases rising in their communities
    - 22% practices have increased connections to community organizations
    - 17% have added mental health capacity
    - 27% are more involved in helping patients with poor access to food, housing, or employment

In the face of a new COVID-19 surge, workforce pipeline – both current and new – is threatened

- 27% have permanently lost practice members who have left practice, retired early, or became sick
- 35% have open staffing positions they are unable to fill
- 80% reported ability to teach students is affected, 27% have delayed or cancelled working with students

Disruptions in the supply chain threatens delivery of needed care, distrust of messages from leadership does same

- 10% still have **no flu vaccine** while 23% commented on an increased demand for flu vaccine
- 14% still lack appropriate PPE and 23% feel unsafe at work due to low amounts or reuse
- 26% report inadequate access to COVID testing; 44% can order testing but results take more than 2 days
- 34% said their patients would not take a C19 vaccine because of distrust

Flexible use of telehealth has become a critical tool for maintaining access and addressing patients' needs

- 64% find telehealth has been important for their capacity to see patients
- 38% use video visits for at least 1 in 5 of their patients; 35% use phone visits at the same level
- 69% use telehealth for managing chronic conditions, 61% use telehealth for mental health visits
- 60% rely on telehealth to screen patients prior to visits, preventing unnecessary population exposure

Policy Implications – Successful distribution of a COVID-19 vaccine will require a high functioning primary care platform, yet practices remain weakened by lost revenue, pandemic surges, and deteriorating patient health. It is urgent that public and private payers foster primary care stability by committing to prospective payments and maintenance of telehealth at parity with in-person visits through December 2021.

Sample – Fielded by the Larry A. Green Center, in partnership with the Primary Care Collaborative. 582 respondents from 47 states and Guam: 66% family med, 6% pediatrics, 15% internal med, 5% geriatrics, 2% mental health, 6% other. 63% were MD, 5% DO, 19% NP, 3% PA, and 10% other. Settings: 20% rural, 9% CHCs, 10 % FQHC or look-a-like, 8% free/charitable clinic, 7% in schools/offices. 30% had 1-3 clinicians and 40% had 10+ clinicians. 29% self-owned, 17% independent and large group, 42% system owned, 4% government owned. 6% were convenience settings, 4% were membership-based, and 11% were academic or residency practices.

Patient panels within sample – (small defined as >10%, large as >50%): 37% have small Medicaid panel, 20% have large; 24% have small Medicare panel, 20% have large; 58% have small uninsured panel, 13% have large; 24% have small value-based payment, 13% have large; 30% have small low-income panel, 35% have large; 53% have small non-English speaking panel, 8% have large; 34% have small minority panel, 22% have large; 7% have small multiple chronic conditions panel, 60% have large.

"Telehealth is critical to our ongoing safe delivery of health care and payers need to continue to reimburse us for this on parity with in-office visits. Failure of payers to do this will result in worsening outcomes for our patients and financial devastation for us." – California

Larry Green Center: www.green-center.org Primary Care Collaborative: www.pcpcc.org 3rd Conversation: www.3rdconversation.com

Clinicians discussed lack of flu vaccine to meet demand and patient hesitancy/distrust of possible COVID-19 vaccine

- We have not been able to keep enough high-dose influenza in stock to meet the demand. Illinois
- Highest interest/acceptance of flu vaccine I have ever seen; significant skepticism about COVID vaccine. Maine
- In first 2 mos of current flu season we have given out 80% of the vaccines we provided in the entire season last year. Michigan
- We have overwhelming demand for flu vaccine. It's higher than ever in my memory after 43 years in practice. We gave 2,159 flu shots at a drive through clinic last Saturday. New Mexico
- There is palpable anxiety regarding if/when a COVID-19 vaccine becomes available. Utah
- Patients are concerned about safety of the vaccine and the political motivations associated with operation Warp Speed. Georgia
- Patients are leery of any rushed covid vaccine. Patients would rather have a well vetted vaccine next year than a rush vaccine this year. Pennsylvania
- Most say they will not take a vaccine unless Dr Fauci says it's safe. Tennessee
- As CHC working with communities of color, we see hesitance but initial refusals/hesitance are often followed up by honest conversations about what we think/know and most engage in convo on risk/reduction. Washington
- I am witnessing a MASSIVE INCREASE in vaccine hesitancy and outright fear. Parents in my practice are openly stating that they will not vaccinate their children or themselves with a COVID-19 vaccine. Virginia

Significant challenges and demands for primary care

- The demands on primary care right now are tremendous. We are trying to provide healthcare on limited budgets and reimbursement. Staff and providers are so overwhelmed. It's like a rubber band stretched to the limits. Oregon
- I worry my office will be shut down with covid outbreak as winter approaches. Pennsylvania
- I believe that primary care providers are the backbone of the health care system and this has been illustrated during the past 7 months. Surviving a pandemic and thriving in the future will be a result of the resilience of patients and those who care for them, not any program/organization/financial plan. People helping people is the key. Texas
- In primary care we have had to adapt on a continuous basis for many months - changing workflow, virtual visits, staff resignations, reduced income and changing reimbursement, altered clinical responsibilities and redeployments, and it feels like 'death by a thousand cuts'. Our personal and professional margins are gone. Our patients are struggling and we can't provide the care we see as necessary. Our health system pushes us to do well adult care and Medicare wellness visit to meet P4P targets, so my in-person schedules are packed with unnecessary care and I do uncompensated after-hours care by phone to patients who need in-person care. This is demoralizing. Michigan
- If CMS stated we would not be able to continue telehealth, I would be out of business and have over 3000 patients. Washington
- Gendered effect on our workforce that is widening gender-based disparities in pay, promotion, and leadership. Missouri

Worsening health of patients

- Patients are becoming sicker during the pandemic. I'm seeing more uncontrolled diabetics and new diabetics. They prefer telehealth yet no access to glucose monitoring or blood pressure cuff. I am concerned about patients' isolation and mental health. People are delaying care. Pennsylvania
- The amount of patients with mental health concerns right now is significant. There is great difficulty in helping them access behavioral health services. Appointments for new patients is 4-6 weeks out. Illinois
- Our pts feel helpless and we are drowning trying to find ways to medically care for them. North Carolina

Impact on medical education

- We have actually seen an increase in personal requests from students who are desperate for rotations. Colorado
- I've had to curtail working with medical students for now. Some of that was because of institutional/medical school restrictions, but some of that is because I don't have the capacity to teach as I'm managing patient care and administrative duties. California
- Our interns this year were significantly shortchanged in their clinical training due to COVID. Idaho
- We curate a mix of in-person, video, and phone experiences, while trying to minimize the risks to both students and patients in direct care. This results in a diminished learning experience (in my view). What you gain is not equal to what you lose. Michigan

Varying interaction with their local public health department

- Primary care clinic is centered in a local public health department; great model! It works very well for interaction, diagnosis, and treatment for public health diseases! Oregon
- Health department is underfunded and understaffed and cannot keep up with contact tracing or testing. – West Virginia
- I listen to their updates every other week and frequently call or email them to get questions answered. Their "pandemic playbook" for Rhode Island has helped guide our management of all Covid exposed patients. – Rhode Island
- Constant communication and coordination with public health and our health system. South Carolina
- No direct contact, it feels and is miles away from me. South Dakota
- Our county health Dept told us they didn't have time or resources to work with us more directly. Texas
- They are close partners and I am super grateful for their help. I have the epidemiologist's cell and can text her anytime. Virginia