



QUICK COVID-19 PRIMARY CARE SURVEY

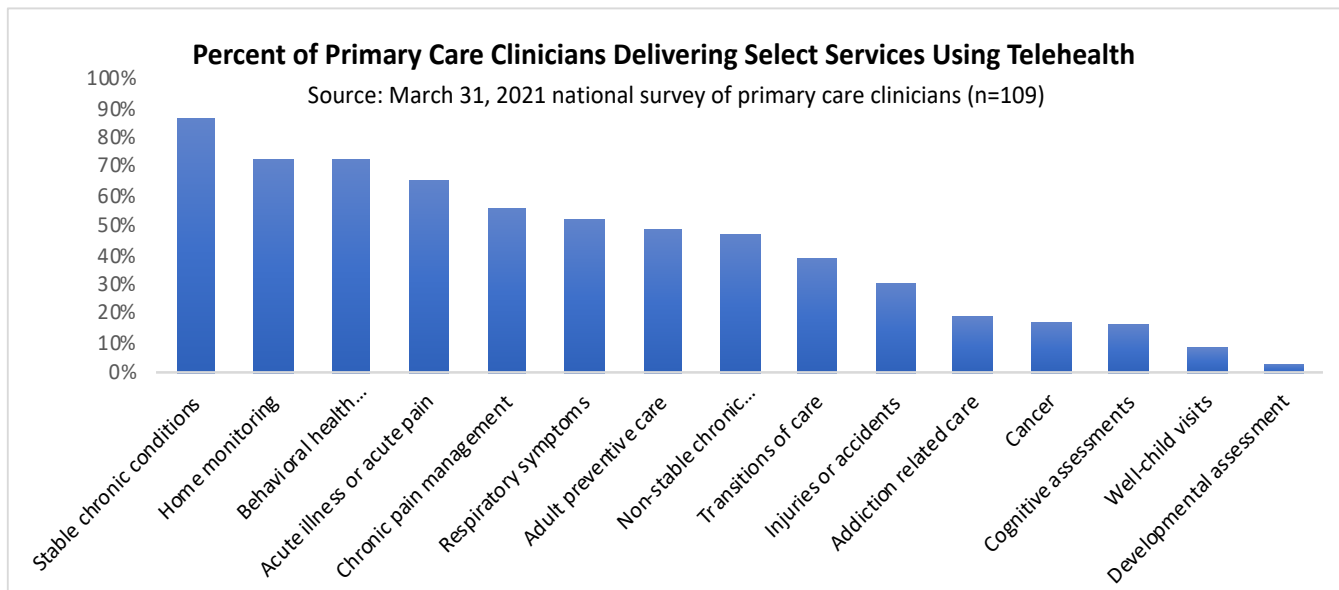
TELEMEDICINE/HEALTH EQUITY SERIES 1, MARCH-MAY, 2021



How are primary care services being delivered by telemedicine?

The number of Americans without a regular source of primary care continues to increase in spite of growing health care costs¹ and expanded coverage under the Affordable Care Act. Prior to the pandemic, a study released in the *Journal of the American Medical Association* reported a 2% decrease in the proportion of the U.S. population with an identified source of primary care.² Given the importance of primary care in enabling timely, high quality care^{2,3} along with the dramatic increase in the use of telemedicine⁴, it is essential to understand how telemedicine is being used.

Most primary care clinicians continue to use telemedicine to provide important services, particularly chronic disease management, behavioral health, and home monitoring of COVID-19 positive patients. Over a year after the declaration of the public health emergency, nearly all primary care clinicians participating in a survey continue to use telemedicine to deliver care (97%). While clinicians continue to deliver some services virtually, they also note there continue to be some services that are best delivered using in-person care.



Primary care clinicians use a combination of audio and video care delivery in telemedicine. Overall, most primary care clinicians use a combination of audio and video to deliver telemedicine services. Clinicians noted that patients often have preferences as to which technology to prefer to use; however, some patients can only take advantage of telemedicine through a phone.

Why this matters: Telemedicine cannot replace in person primary care, particularly as it relates to the critical role of human connection, or care requiring hands-on diagnostics. Telemedicine continues to be a valuable tool to improve care coordination and patient outcomes. Public and private payers should continue to reimburse both audio- and video-based telemedicine at parity, especially for disease management, behavioral health, and home monitoring.

“Telehealth has been the biggest win of the pandemic – bar none.” -Washington

¹ Coulter I, Herman P, Ryan G, Hilton R, Hays RD. The challenge of determining appropriate care in the era of patient-centered care and rising health care costs. *J Health Serv Res Policy*. 2019 Jul;24(3):201-206. doi: 10.1177/1355819618815521.

² Levine DM, Landon LE, Linder JA. Quality and experience of outpatient care in the United States for adults with or without primary care. *JAMA Intern Med*. 2019;179(3):363-372. doi:10.1001/jamainternmed.2018.6716

³ Friedberg MW, Hussey PS, Schneider EC. The evidence on quality and costs of health care. *Health Affairs* 2010; 29(5). doi.org/10.1377/hlthaff.2010.0025

⁴ Koonin LM, Hoots B, Tsang CA, Leroy Z, Farris K, Jolly BT, Antall P, McCabe B, Zelis CBR, Tong I, Harris AM. Trends in the use of telehealth during the emergence of the COVID-19 pandemic- United States, January- March 2020. *Morbidity and Mortality Weekly Report*, 2020 Oct; 69(43): 1595-1599.

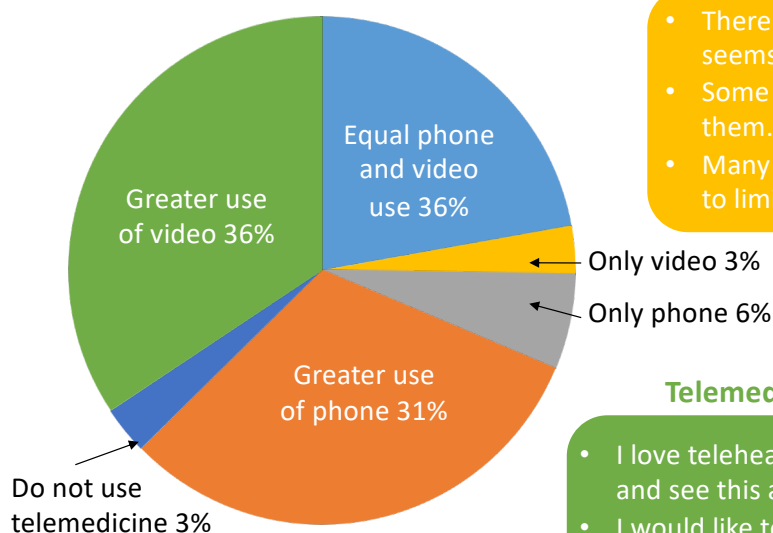
What clinicians said in their own words:

Overall, telemedicine has been a valuable tool

- Telehealth has been an incredible change for the good. North Dakota
- There are pros and cons; I believe more pros than cons. California
- Telehealth has really shined in terms of access for mental health which is a significant part of primary care these days. Texas
- Telehealth allowed me to connect with patients who would otherwise not have accessed our clinic but needed help. Washington

Preferences for using audio or video technology vary

- There are challenges to both types of visits but [video] seems to work a little better. Virginia
- Some patients prefer phone visits.... Others hate them. California
- Many of our visits are by phone rather than video due to limited patient internet capacity. California



Telemedicine is better for some services than others

- I love telehealth for mental/behavioral health follow-up visits and see this as [a] primary use moving forward. Pennsylvania
- I would like to use telehealth more often for follow-up. Pennsylvania.
- It works well for complaints when a physical exam is minimal. Pennsylvania

Telemedicine has produced key benefits for patient care

- It has improved accountability for patient compliance and coaching/guiding patients for better outcomes. Ohio
- It reduces no shows. California
- Patients more likely to schedule a follow-up to go over labs. Pennsylvania
- It has allowed me to see my patients more frequently while we wait for counseling and has helped keep them safe. Pennsylvania
- Patients have blood pressure cuffs and can report BP through telehealth. Pennsylvania

Telemedicine is no substitute for in-person care

- Telehealth in many ways has been a lifesaver, however it is only one means by which providers can connect and is not a panacea. Virginia
- Telehealth is a good option but cannot completely replace in-person care. Colorado
- There is a tradeoff. Some things still need to be in person but the remote access has been a game changer. Texas

About the Survey: Funded by the Agency for Health Care Research and Quality, this survey focuses on telemedicine and health equity. The Larry Green Center fields this survey weekly, in a series of 2 month sprints, to a longitudinal cohort of 109 primary care clinicians. Respondents vary in terms of certification (MDs, DOs, NPs, PAs), practice size, practice ownership, and geographic location. The content of this brief reflects responses submitted during the first sprint, March and May of 2021.

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