QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 16 FIELDED JULY 10 – JULY 13, 2020

Four months into the COVID-19 pandemic, fewer than 10% of US primary care practices have been able to stabilize operations. While 13% are adapting to a "new normal", nearly 9 in 10 practices continue to report significant difficulties whether through obtaining medical supplies, rising health needs among patients, or limited resource support. Fewer than 4 in 10 clinicians feel confident and safe with their access to PPE and 11% report practice members quit in the last four weeks over safety concerns.

What does high practice stress really mean? Primary care clinicians reported…

- 45% report ability to bounce back and/or adjust to adversity has become limited
- 38% say they are maxed out with mental exhaustion
- 36% report lack of access to PPE feels unsafe, both because of reuse (20%) and scarcity (20%)
- 21% My work environment is compromising my safety and that of my family
- 18% I spend each week wondering if my practice or job will still be there next week

Fluctuating COVID-19 surges, combined with confused public messaging, has led to upheaval. In the last 4 weeks…

- 1 in 5 clinicians had increased in-person visits, but are now limiting them again
- 22% clinician salaries skipped/deferred, while 28% report furloughed staff returning to work
- 78% had preventive/chronic care deferred/delayed by patients, while 51% continue to see the negative health impact of chronic care visits deferred
- 42% in-person volume is down but overall contact with patients is high, while 39% report not being able to bill for majority of work delivered

What pandemic-era workflows have clinicians adopted, liked, and would recommend to others? (details next page)

- Design patient flow to ensure physical distancing: remove most waiting room chairs, stagger appointment times, create one-way traffic pattern, encourage televisits for appropriate visit types – like stable chronic conditions
- Prescreen patients: prescreen before entering office; if a respiratory complaint, make the initial visit a televisit
- Mix in-person and televisits: overlap allows greater number of patients/session; televisits during room cleaning

What pandemic-era workflows were adopted, didn't work, and clinicians recommend avoiding? (details next page)

- Help patients choose virtual or in-person: patients need guidance to know what can be addressed virtually
- Furloughing staff created lack of support for televisits and in-person visits, inefficiencies, and reduced access
- Cancelling chronic/well visits created backlog, uncontrolled chronic conditions, and loss of care continuity

Policy Implications – In the face of rapidly rising infection rates and persistent lack of PPE, more than a third of primary care clinicians report feeling unsafe at the office and 20% are cutting back on face to face visits while simultaneously enhancing outreach. It is essential that all payers advance or retain parity for video-based and phone-based care in order to safely meet the population's medical and mental health needs. Protracted instability in primary care signals the need for rapid cycle testing by payers of new & better payment models able to sustain and grow a reliable health care system.

Methods – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded July 10-13, 2020 with thousands of primary care clinicians across the country.

Sample – 594 respondents from 46 states and Puerto Rico. Family Medicine (71%), Pediatrics (8%), Internal Medicine (12%), Geriatrics (4%), and 5% other. Settings included 21% rural, 14% community health centers, 11% in schools/offices, and 29% in designated patient-centered primary care homes. 33% had 1-3 clinicians; 27% had 4-9 clinicians; 39% had 10+ clinicians. 33% self-owned, 12% independent and large group, 39% owned by a health system, and 4% were government owned. 6% were convenience settings and 5% were membership-based.

"In our 4th month of this pandemic I see an accumulation of all the negative emotions and stress of several months now. It is worse now than in the first month, second month, or third month. Cumulative stress, isolation, fear, anger, confusion and this covid-19 surge is on top of people's existing trauma." – California

What pandemic-era workflows have clinicians adopted, liked, and would recommend to others? Clinicians said…

- Adopted guidelines for return to work after exposure or with symptoms. Alabama
- Brief (30-120 second) outreach/education videos on website & social media. Colorado
- Removing most of the chairs in our waiting room. Delaware
- Incorporated specialists into visits, made possible because we are on Zoom. Georgia
- "Check out" in exam room, reducing time and office congestion. Illinois
- Separate well visits from sick at specific times to encourage patients to get their well visits. Maryland
- Lower appointment density so each provider has 3 exam rooms available - will hurt bottom line but safer. Michigan
- Brief daily provider meetings for first 2 months to review the quickly changing environment each day. North Carolina
- Incorporated daily breaks from zoom/for mental health. New York
- Chat function in the EMR to help teams communicate-Social distancing made access to secure chat crucial. Ohio
- Have drive thru testing site where we can direct most patients for testing; greatly conserves our PPE! Oregon

What pandemic-era workflows were adopted, didn't work, and clinicians recommend avoiding? Clinicians said…

- Just doing telemedicine only. Some patients have a difficult time with the internet and phone connections. Arkansas
- Redeploying staff to centralized hospital teams when primary care volume dropped — primary care still has responsibilities for patients that take time even when patients don't show up. Colorado
- Having patients sit in hot cars - they had artificially high temps. Colorado
- Well child care as car visits. Just not safe or thorough enough. Kansas
- Lay-offs of clinical support staff (LPNs, RNs) leaving providers without any support during reopening. Massachusetts
- Blanketly cancelling well exams - ignores the chronic illness or acute issues people have kept waiting to see the doctor. Maine
- Preventing clinicians from mixing virtual and in-person visits. It resulted in poor continuity of care. Michigan
- Not allowing family members inside room or building. Disaster for those mentally challenged or with dementia. Pennsylvania

What does COVID-19 related practice stress look like 4 months in?

- The "I can do 4-6 weeks of this" transition to "this feels like a new/permanent normal" is crushing and demoralizing. Ways to build morale when everyone is at a computer workstation away from other staff (and patients) feels impossible. Ohio
- I am seeing a counselor regularly, and clearly have compassion fatigue. Pain from the daily treadmill, crying because of the broken system locally and fractured national disaster, knowing how different it could be. Virginia
- I finally went to the doctor and got on anti-depressants. I need counseling but I can't afford it. Washington
- Testing was better for a while but with this surge, we are waiting over a week to get back covid tests. South Carolina
- I have lost all child-care and am expected to work full time, homeschool, and take care of my family. Arizona
- March-June the stress level was constant and severe. I had a physical and emotional meltdown in June and had to take a week off. Emotional exhaustion has also been affected by a physician colleague's suicide in May. Oregon
- I'm also becoming desensitized and am being more reckless in regard to my personal health and safety. Rhode Island.
- I was given 2 N95 to last indefinitely. I've already worn one for a month and now it is exacerbating my asthma and causing detrimental health effects. I have one reusable gown that is more likely to contaminate me than protect me. Arizona
- I am done being scared, sad over how devalued primary care is in the US. Now I am angry, sickened, and disgusted. Colorado
- I may have had a patient die because he could not get acute intervention, even from the hospital. Delaware
- Very challenging. It is so difficult to educate patients on prevention of spread when government officials contradict us. It seems, at times, like a hopeless mess. I will continue to try to educate my patients and anyone who will listen though. Illinois
- Marked uptick in stress-related symptoms and diseases of despair in both our patients and our team. Colorado

More support from private insurers is critically needed

- BCBS is not paying for telehealth above Level 3 - causing some to make unsafe choices for elderly to come into clinic. Mississippi
- Fight for telemed to stay reimbursed after pandemic. It has helped us improve chronic care for our diabetes especially. Texas
- It will be the 20 ton brick that breaks Primary Care. Would have quit if they stuck to low telehealth reimbursement. California
- My biggest fear is the financial impact. I am hoping we can make it thru the next few months and not have to close. New Mexico
- No longer wonder if my practice/job will be there next week. We are in the process of closing down. Massachusetts
- Lack of reimbursement for phone visits from Aetna and Anthem – frustrating. Virginia
- Increased costs for PPE but no increase in reimbursement. Other groups like dentists can charge insurance companies and patients to make up the cost. Seems like should get some additional funding from insurance companies. New Jersey
- Recently told we would not be able to conduct telephone visits due to lack of reimbursement. I work in a low-income Medicare population which has low health literacy and no technology literacy. We were 80% telephone and 20% zoom and in-office. This further exemplifies the extreme health care disparities in the US. Illinois
- We are continuing to receive nuisance requests from insurance companies. Prior authorizations, reports of missed days of cholesterol medications, etc. We would appreciate receiving info on important clinical info. Illinois