



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 9 FIELDLED MAY 8-11, 2020



**Nine weeks in to the COVID-19 pandemic, a heroic but potentially tragic story is emerging. In less than two months, clinicians have transformed primary care, the largest health care platform in the nation, with 85% now making significant use of virtual health through video-based and telephone-based care.** But the large differences in terms of payment across payers is exacting a financial toll. Over 50% of clinicians report no payments received in the last 4 weeks for virtual health care, 18% report billing denied, and among those paid, over 60% report that their telehealth visits are not at parity with face to face encounters.

## **Patients look to primary care for help through this crisis and primary care is responding**

- Nearly 2/3 have increased their patient outreach
- Over 1/3 have increased mental health referrals
- >80% have added new care platforms - video & telephone & e-visits, including the required extra training & expertise. Only 9% have no video visits
- 28% have increased administrative functions to provide medical screenings and permissions for work absences related to COVID-19 or medical verification of ability to return to work.

## **Practices are experiencing high levels of risk and suffering, affecting them and their communities**

- 13% predict closure within the next month and 20% have already had temporary closures
- 42% have staff layoffs and furlough and 51% are uncertain about their financial future one month out
- 1/3 report clinician burnout is at an all-time high and 2/3 say financial stress is at an all-time high
- 84% are experiencing severe or close to severe stress and have continuously for over two months
- 80% continue to experience limited chronic care and wellness care creating huge backlog of care needs
- > 50% continue to lack access to testing or PPE

## **Practices have pursued multiple avenues but remain shockingly under-supported for the care they deliver**

- 42% sought and received some relief from government or private plans
- 21% were ineligible for existing programs and had no options available
- 9% have received donations from patients interested in helping to save this critical support
- 57% report decrease in payments sufficient to care delivered; 60% find less than half of their work reimbursed

**Policy Implications** – The pandemic has uncovered the stark reality of chronic under-investment in primary care. The same is true for public health. Patients are turning to primary care but without immediate Federal response, whether primary care will continue to be there for them is an open question. The 4<sup>th</sup> stimulus must immediately channel more relief directly to primary care practices so they can continue to provide patients' support for COVID-19 related needs as well as ongoing prevention, management of chronic conditions and response to behavioral health needs. Private plans need to quickly follow the Federal government and pay for video and telephonic visits in parity with in-person visits.

**Methods** – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded May 8-11, 2020 with thousands of primary care clinicians across the country.

**Sample** – 2774 respondents in all 50 states. Family Medicine (22%), Pediatrics (5%), Internal Medicine (65%), Geriatrics (4%), and 4% other. Settings included 16% rural and 11% community health centers. 37% of practices had 1-3 clinicians; 25% had 4-9 clinicians. 40% were self-owned, 29% were independent and part of a larger group, 40% were owned by a health system. 7% were from convenience settings (retail, walk-in, urgent) and 27% were defined as direct primary care or membership-based practice. 5% were government owned, 44% received > 10% Medicaid and 83% > 10% Medicare.

*“We are alone, ignored, invisible, suffering. I fear getting out of bed in the morning and what I will face. I get nauseated on my way in to work. I show up every day because my patients have no one else. Is anyone, anywhere, going to show up for me?” – Indiana*

## 1112 respondents provided general open comments. Among these:

### **68% express a growing and extreme sense of financial and emotional strain, 20% focus on systemic obstacles to effective care delivery, and 27% share worries about non-COVID related health issues among their patients**

- Crushingly busy. Destroying my life. Herculean efforts to keep COVID out of our long-term care facility. Fighting with every ounce of energy I can muster. Traumatized. Maybe this will kill me and all my patients and all my family. DC
- It is difficult. frightening, unchartered. For patients and for providers. We have to be earners, employers, health care providers and try to keep ourselves, our staff and other patients safe. New York
- The 5 owners of the practice quit taking pay for over a month. That has enabled us to keep seeing patients. We work for free basically but we are able to pay staff and their family can make it for now. Texas
- Accounts receivable almost zero; patient phone volume rising; geriatric patients cannot access technology for video visits; anxiety in the community rising; virus still rampant here. Maryland
- All the documentation, poor payment, production modeling and all I don't like about primary care is amplified now. Burn out. Limited action to protect providers, action is to protect the patients – Illinois
- Devastating impact; terrified patients staying away, colleagues fighting for their professional survival, landlord demanding rent with no concessions, after being at the forefront of the AIDS epidemic with coherent leadership and brilliantly coordinated science watching the complete abdication of responsibility by the Executive/Legislative branches of gov't is an abomination. Primary care will be mortally wounded. California
- I have filed for unemployment. We do not have ppe to see any sick patients. I have been a practicing primary care provider for 30 years. This is devastating. I have sleepless nights and financial stress. California
- The cost of PPE is skyrocketing and the amount of PPE we need is significant. The PPP program does nothing to help cover the additional cost to see patients in person. Insurance does not reimburse for the additional costs. Colorado
- Patients have been frightened to the point they are avoiding needed care for chronic health problems. The effect on morbidity and mortality is immeasurable. Florida
- Covid 19 is a pivotal moment for the healthcare system. My practice will be included as a casualty of coronavirus. My patients received letters this month announcing the closure of a trusted friend of 22 years. Indiana
- Increased cost to implement regulations with decreased patient volume and reimbursement, increased use of technology burden monthly payment to use telehealth without recovering cost, monthly payment for each new technology added needs to control tech companies controlling medical practices. North Carolina
- It bothers me that political leadership is lying about availability of PPE and supplies for tests. We are not able to get swabs to do the tests and we don't have N95 masks. Also there seems to be no tracing of positive patients/contacts. Nebraska
- I am sending out a desperate plea to the federal government to save small primary care practices. Many will not survive without more financial assistance. This would have a terrible impact on access to primary care throughout the country. New Jersey
- Primary Care is the front line, daily exposure to COVID 19, yet struggling to keep our practices afloat. PPP loan was approved but the rules for using it are confusing. Need the help of our accountants ... This adds to our overhead of 60% plus. New Mexico
- Cost burden and work load has skyrocketed. Forms and letters needed to fill out for patients has been unmanageable. New York
- Has been a horribly stressful time. We have had new practice structure overnight. Staffing is minimal. Our pay has been significantly reduced. We have inadequate PPE over a month and a half into pandemic. Ohio
- Huge financial hardship. Every payor wants it done different, billing staff tearing their hair out. Just standardize it already! Ohio
- Every day I walk into work in danger. I worry about what I might bring home to my family. I'm dehydrated and not eating well due to mask usage. I can't get my people what they need. Oregon
- We are going to close. I doubt I have interest in coming back as it is evident how little we are valued in this system. Pennsylvania
- The government has helped practices who receive Medicare but has not made any attempt to help pediatricians who receive Medicaid. Why don't our children matter to the Congress and Senate? Pennsylvania
- I will make it through this pandemic for my patients whether or not I can pay myself because I know how important my services and guidance are to them. After the pandemic, I anticipate closing my doors. Texas
- Have minimal / reduced access to purchasing PPE. Am reusing what I have and have had to go through odd channels (Facebook groups) to buy N95s. I am using rain ponchos for gowns. Virginia
- Mental health issues are at an all-time high and we have no providers to refer patients to. We are trying to provide counseling and mental health care in addition to our normal duties. Virgin Islands
- Suboxone pts have de-stabilized, mental health pts have destabilized, elderly are not getting their lab work done. Washington
- We continue to hemorrhage money and struggle to provide the amount of care we need to keep our patients safe and healthy. It is devastation on top of devastation for dedicated health care workers. The federal response has been shameful, leading to widespread disease transmission and vast excess deaths. Wisconsin
- I am very concerned about pts delaying ALL non-covid care. I believe the shutdown of all non-covid care for so long as it is in Michigan will result in much more loss of life than the covid pandemic itself. Michigan