



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 4 FIELDLED APRIL 3-6, 2020



This is the fourth weekly national survey of frontline primary care clinicians' experience with COVID-19.

Four weeks in, 4 out of 5 primary care practices continue to experience sustained high levels of stress. This new normal includes persistent lack of personal protective equipment (58%) and tests (>50%), and nearly half of practices have clinical care team members out sick/quarantined. At the same time, practices (54%) are reporting an increase in patient mental and emotional health needs, patient challenges with implementing virtual care platforms (72%), and persistent financial uncertainties, with close to 60% not sure the majority of care they are provided is reimbursable.

More Specific Main Findings

- 29% of clinicians report no capacity for COVID-19 testing and 39% have only limited capacity
- Outages due to illness/quarantine reported for clinicians (48%), nursing staff (50%), and front desk (34%)
- 58% lack PPE; an overlapping but separate group of 58% rely on used and homemade PPE
- 90% of practices are limiting well and chronic care visits
- 40% of practices are prioritizing redeploy of clinicians within the health system

Virtual Health (Telehealth) Findings

- Full scale use of virtual platforms is limited: 23% rely on majority use of video, 5% on e-visits, and 6% on patient portal, compared with 40% conducting majority visits by phone
- 30% of practices report no use of video visits, 60% no use of e-visits, and 32% are not using patient portals

Primary care practices prioritize (as high or moderate) work that is largely unpaid, underpaid or delayed

- 86% of practices prioritize virtual triage and refer of potential COVID-19 patients (63% as high)
- 76% of practices prioritize calling patients at home for check in and monitoring (37% as high)
 - This rate is 43% (high) for majority Medicaid patients; 44% (high) for community health practices
- 59% are not scheduling preventive care; 51% are not scheduling well child care although 2/3rds prioritize

Policy Recommendations -- Required is a transparent, coordinated national effort to assure rapid and equitable distribution of testing and PPE for frontline practices. Payers must urgently implement capitation/global payment to allow practices the ability to stay open, pay staff, and choose patient visit types based on need, and not on reimbursement levels. Virtual telehealth/telephonic visits under commercial/Medicaid plans should be reimbursed at the same rate as face-to-face visits to meet patient needs, keep people out of the hospital, and protect healthcare staff.

Methods – On Friday April 3, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 4 of the weekly Quick COVID-19 Primary Care Survey. An invitation to participate was distributed to thousands of primary care clinicians across the country and remained open until April 6, 11:59pm PST.

Sample – 1024 clinician respondents from Family Medicine (71%), Pediatrics (11%), Internal Medicine (8%), and Geriatrics (6%). Four percent from other disciplines. Responses covered 49 states. Practice settings included 22% rural, 78% larger than 3 clinicians, 27% community health centers. One third were >50% Medicaid; 25% owned their practice; 20% were part of academic centers. 23% were majority fee for service; 7% majority capitated; 35% had no capitation.

"We are burning through cash like crazy. Laid off 200 workers to date - all support staff. One physician on a ventilator with COVID." – New York

"Physicians are not protected in this climate. We are being redeployed, pay is cut, and we are not covered by the Families First Coronavirus Act, which is infuriating." – Washington

419 respondents included open text comments. Among these:

43% revealed tremendous financial strains threatening practice closures. Example quotations...

- We're holding out for a stimulus loan to stay open. If we don't get it we'll likely close our practice. Every day we go into work wondering if [if we'll have a job] the next day. The red tape to get aid may be the reason we have to shut down. Arizona
- Insurance reimbursement is not what "they" are telling us. Claims are denied for telemed. Arizona
- Extremely difficult to balance caring for patients and not risking exposure. Severe drop in all visits has become a financial disaster and may put a 25-year practice of 22 physicians and 100 staff out of business. Florida
- My revenue is down by 80% because my health system is not allowing us to bring in any non-urgent visits such as wellnesses, well child checks, or physicals. My health system is ALSO not allowing us to bring in ANY patients with any respiratory symptoms whatsoever. It is a very depressing time for me right now because I continue to have lots of administrative, unpaid work. Indiana
- Patients are very anxious and need guidance and reassurance. They still have other illnesses that need to be addressed. We should be paid and supported during this time so we can care for our patients. Maryland
- In pediatrics, the financial concerns of decreased volume of sick and well is overwhelming. New York
- We are considering closing. It's not financially viable; we're afraid of getting infected or [infecting] family members. New York

56% share high levels of stress related to difficulty with virtual health, ill-fitting policies and lack of PPE

- The crisis highlights the uselessness of the 3-day qualifying [hospital] stay; the absence of insight at CMS re older people's ability to access telehealth technology, and their ability to double the workforce by eliminating E&M coding. Florida
- Patients most vulnerable do not have capabilities for virtual visits. We contact them via phone - not getting reimbursed. Iowa
- Clinical pharmacists affiliated with a medical clinic should be included for reimbursement for telehealth visits. Illinois
- Despite state mandate for full coverage of telephone visits at the same rate as office visits, insurer computer systems are not equipped to pay for telephone visits; for 3 weeks 98% of our visits have been phone and we've not been paid. Massachusetts
- Because of COVID, 75% of our providers were told yesterday they are out on furlough for the next 8 weeks just to keep the community clinic alive to survive this. Minnesota
- The financial stress is overwhelming as we attempt to keep our 39 employees employed, apply for loans to keep us afloat, get the necessary PPE to protect our staff and physicians and oh yes, do what I am trained to do, take care of patients in the face of an entirely new set of parameters to avoid a life threatening illness. Other than that, just another week at the office. Missouri
- We are hamstrung by changing documentation/billing each day. It's hard enough to take care of patients ... can't we get away from a new code/documentation/coverage strategy for every innovative of care for every different type of insurance? Oregon
- We do not have enough/adequate PPE - reusing, utilizing donated Tyvek painter suits since we can't get gowns, & covering reused masks with homemade ones. It is impossible to do our jobs... I am currently ill with COVID-19. Washington
- GET US SUPPLIES!!! – Rhode Island; Help. Just help us. – Louisiana

Growing concerns about unmonitored chronic conditions, reduced preventive care, and other non-treatment issues

- I work at a rural community outreach clinic. ED's are turning away pts that need to be seen for pneumonia if no underlying med conditions. They are so focused on potentially severely sick COVID-19 pts, they are forgetting to treat other conditions. Idaho
- Our ability to manage our complex older patients is complicated by limitations on available urgent care resources, difficulty in scheduling any needed testing, lockdowns in assisted living, and their limited ability to participate in telehealth. Michigan
- Babies need their immunizations but parents are afraid to come in; I am worried kids will get sick from vaccine-preventable diseases. Second concern: how will we handle the huge backlog of care needed once this crisis abates? North Carolina
- We closed the practice for the last 2 weeks due to 3 employees sick on the same day. No PPE. New Jersey
- We need more testing. Criteria remain markedly limited. We also need better information about sensitivity of the tests which I suspect are lower than we think. Need clear communication about whether evolving PPE recommendations are based on real science/"the right thing to do" or based on resource scarcity. Hard to trust recommendations with statements like "cough is not an aerosolizing event" as in my hospital. Washington

Food for thought

- I am amazed at the ability of our large healthcare system to transform overnight. Flexibility on the part of both patients and providers has been key. Our ability to work together and realize that it's not going to be perfect but it's good enough for now has really helped. DC
- Direct Primary Care and small practice has been great for adapting to changes. Cash flow is more stable than FFS and as a small office we could make changes easily to improve patient care. Maine
- With patience and keeping focused on doing as much good as we can, we will get through this -- and maybe become humbled again into why we are doctors. Pennsylvania