



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 10 FIELDED MAY 15-18, 2020



After 2.5 months, primary care practices are beginning to report some modest improvements in key areas, such as an increase in testing capacity beyond CDC guidelines (29% to 35%) and reduction in percent of practices temporarily closed (19% to 12%). However, the overall picture for primary care remains tenuous with 40% continuing to report laid off or furloughed staff and 42% reporting staff out due to illness or quarantine.

Patients are being seen in primary care when new symptoms arise, but known (e.g., chronic) and preventive health concerns continue to be delayed or postponed, leading to potential population health burden.

- 81% of practices have limited wellness and chronic care visits; 70% report patients delaying these visits
- Evaluation of new symptoms and acute injuries is happening as usual in nearly half of practices
- 1/4 of clinician report NO routine adult vaccinations or cancer screenings taking place
- Among chronic and preventive health concerns, clinicians are prioritizing follow up for: lung disease, hypertension, diabetes (30%); screening for PTSD, depression, anxiety (40%); and social health factors such as food, housing and work (35%).
- Least assessed are cancer screenings (5%), adult vaccinations (10%), monitoring of cancer survivors (12%), childhood immunizations (14%), and screening for violence or neglect (25%).

Primary care continues to require a financial lifeline, desiring “payment of any kind at this point” (53%)

- Over 80% indicate payment based on volume, extensive documentation, and measure-driven incentive programs were not favorable to practice resilience during the pandemic
- 50% of clinicians felt predictable payments in exchange for transparent reporting on a small essential set of meaningful measures was key to current and future primary care practice sustainability
- Another 37% favored payment options that were majority prospective, capitated, and risk adjusted
- 60% continue to see significant decrease in patient volume
- 18% had digital health billing denied; 4% were denied SBA/PPP loans; 5% had state-based cuts to Medicaid

Harmful “new normal” for primary care continues; 55% fear we are unprepared for the next wave of the pandemic

- 76% practices under severe or near severe stress
- 51% continue to have no or severely limited access to testing; 59% continue to have no PPE
- 84% have patients who struggle with digital health platforms; 20% experience significant obstacles to adoption

Policy Implications – Changes in reimbursement policies seem to be having some modest, short-term effects. Lack of predictable payment, long-term financial solutions, and essential supplies (e.g., personal protection equipment) are severely hampering care delivery and contributing to a growing public health crisis based in unmet non-COVID chronic and preventive care needs. Increased social challenges for patients related to economic downturn are also contributing to mental health and addiction issues that were at epidemic levels even before the COVID-19 crisis. Capitol Hill and the Administration need to provide immediate targeted relief to primary care to stop the hemorrhaging and also support systemic longer-term financial solutions in place of patchwork, time-limited initiatives.

Methods – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded May 15-18, 2020 with thousands of primary care clinicians across the country.

Sample – 736 respondents from 49 states. Family Medicine (67%), Pediatrics (7%), Internal Medicine (16%), Geriatrics (4%), and 7% other. Settings included 26% rural, 18% community health centers, 17% in schools/offices. 34% had 1-3 clinicians; 26% had 4-9 clinicians. 35% self-owned, 19% independent and large group, 40% owned by a health system. 9% were convenience settings, 3% were direct primary care or membership-based practice. 7% were government owned.

“If you do not see the importance of Primary Care during this pandemic, you will never get it. We have stayed in the trenches when your specialists left, we have cared for people and communities without being paid. We did not abandon our patients.” – Kentucky

285 respondents provided general open comments. Among these:

- We have done frontline surge, testing, taking care of our regular complex patient IM panel, adapted to significantly challenging working conditions. Although we have been supported by our system in an area which has been less affected thus far than others, we are weary. I see the toll on our whole team, faces are tired & strained. Change fatigue is universal: worry for families/anxiety about getting sick/balancing home & kids or eldercare, as well as all the changes at work and in the world are difficult. I am concerned about the fallout on the mental health of our teams. Every few days we have to flex again in a different direction. And will be asked to work even longer hours, and see more patients with fewer staff. Oregon
- As the least paid of the specialties (Pediatrics), I am unsure that we will be able to weather a full summer/winter. If there is no school in the Fall, there will be no incentive for parents to bring their children in and we will have to close our doors. Maryland
- As we start to open up practices again we are having to define a new normal with pent-up demand for urgent and chronic care, and likely a new wave of patients who have lost their jobs and health insurance. With clinical practices everywhere dealing with budget and staffing cuts, hiring freezes, and even closure, our health care system will be under-resourced. Once again we are asked to do too much with too little. Throw in a second wave of COVID-19 infections and outcomes could be worse. California
- Our affordable care organization may be ending telehealth capitated payments end of June. Being pushed to increase more in person office visits by ACO. Cannot obtain N95s. It is obvious business and government are pushing to reopen unsafely. My salary remains cut. Office has had many lay offs. Technology not easy for many patients to use. Very concerned about my office contracting virus. Please help non hospital owned practices like us gain PPE. Pennsylvania
- So grateful for the professionalism of our staff and colleagues, and the graciousness of our patients. This has been very difficult on our patients who have mental illness - seeing more calls with somatic symptoms, anxiety, depressive symptoms, etc. Virginia
- Having to furlough staff and cut down clinic hours due to no revenue stream. Spending my nights trying to connect with patient virtually who will not or cannot come in. Texas
- I am here for the neediest and most marginalized members of my community, and keep them out of the ERs. I am proud to do [this] work but I am damn sure tired of [doing it] for free if you don't want to support what I do. Colorado
- I am beyond burned out. With the added stress on top of usual stress, I am seriously trying to find ways to "get out." New York
- Huge barriers to get permission for basic services for Medicaid patients. Insurance reimbursement for telephone visits with an internet and smart device poor population is unacceptable. Alaska
- I will sell my practice or shut it down. I don't think I can break even and don't want to go into debt at age 70. North Carolina
- My practice is midtown Manhattan. I have labored to virtually guide COVID patients through their illnesses without overwhelming the hospitals even while I myself was struggling through a case. Without trusted primary care physicians, the ERs and hospitals would have been swept away by the deluge. We were the silent gatekeepers because our patients were not tested and therefore not counted in the statistics. New York
- Not increasing telephone appointment RVUs when pay was increased is offensive and hurtful. New Mexico
- Patients are really scared. They are afraid to go out of their homes. They are afraid to come in to the physician's office. They are thinking twice when they need emergency care. This is not how we want to serve our communities. We need consistent guidance from the state and national government which is based on scientific research and fact. There should be no reason for partisanship. We need to keep people out of public areas so that our community does not get a second wave. Wisconsin
- Please tell them we don't care about left or right. We want science driven intelligent path forward! Nevada
- Significant amount of suicidal ideation and behavioral health challenges that have impacted our patient population which telehealth/telemedicine has helped but we have needed to send out our CHW/navigators/field nurses into the field for support. Our homeless patient populations are often with limited resources to support this telehealth endeavor. Oregon
- Still not enough PPE. I am having to pay exorbitant prices for any PPE... sources are unreliable... reliable sources will not sell to me because I am not a hospital... very unfair. Georgia
- Concerned about the relaxation of social isolation guidelines and increased COVID cases which will also infect our staff. Alabama
- We are alone, patients are alone, we spend all our financial savings, and time to care for patients, and no one cares for us. Our big Network that is making money off us, never assisted me with anything! Massachusetts
- We are scheduled to open on 6/1/2020 and have NO PPE at all. Clinicians are required to find their own. Very frustrating to say the least. I am expected to see patients without the proper equipment putting myself and my family at risk. Connecticut
- We do not have easy access to adequate affordable PPE. We desperately need help with this! We are seeing/billing <50% of our usual schedule yet being asked to lay out money for telehealth and PPE. Rhode Island
- We have had an increase in suicidality among patients, especially among those with pre-existing depressive/anxiety disorders. The slow response to cover mental health services and non-physician health care providers added to this problem. Illinois
- We have seen the incredible importance of being able to massively pivot how we do the work in order to safely keep our doors open - our new mantra is "Every Sick Visit Starts as a Telemedicine Visit". If we are going to combat the declining rates of immunizations, we have to show our parents that it is safe to come to the office. Telehealth plays a big part in assuring parents that they are not bringing their child to a place where a lot of sick children are being seen. Michigan