QUICK COVID-19 PRIMARY CARE SURVEY
SERIES 18 FIELDED AUGUST 7-10, 2020

THE LARRY A. Green Center
ADVANCING PRIMARY HEALTH CARE FOR THE PUBLIC GOOD

pcc
primary care collaborative

During month 5 of the pandemic, a tsunami continues to build within primary care while minimal public or private support is offered. The primary care platform is shrinking, the majority of those remaining work longer hours for less pay, and patient health burdens are increasing. 63% of practices note stress increasing over the past 4 weeks and report COVID-19 and non-COVID-19 illnesses are on the rise. Patient visits consistently involve greater complexity and a growing level of health burden, while more than half of primary care clinicians report their practices are short of staff due to illness/self-quarantine (53%) and additional layoffs/furloughs (22%) over the last month. Meanwhile 1 in 3 spend up to 8 hours a week trying to find COVID-19 related supplies (PPE, and swabs and reagents for testing).

Steadfast stewardship of population health, while both resources and workforce continue to shrink, is taking a toll
- 45% of clinicians report staff and colleagues require increased psychological support to get through the day
- 22% of practices report additional layoffs/furloughs over the last 4 weeks
- 53% of clinicians and staff members out due to illness or self-quarantine
- 41% report lack of staffing has made it harder to meet patient needs
- 55% of patient visits include a larger number of complaints and greater complexity
- 84% of patients have heavier than usual mental health burden
- 34% have had patients die from COVID-19 with little time to mourn

For 4 in 5 clinicians, pandemic roll backs in fee for service volume, alongside increased work, has led to pay inequity
- 22% report reduction from full time hours and salary
- 45% report working same (or usually) increased hours combined with decreased pay
- 21% report their hours worked and salary received similar to pre-pandemic levels

Telehealth could help to meet increased patient need but rollbacks of payer support have caused reduction in use
- 46% report the majority of patient visits are in-person with little use of telehealth (< 30% video or phone)
- 16% report the majority of patient visits are in-person, with moderate telehealth use (40% video or phone)
- < 15% rely on telehealth modalities to deliver majority of care

We asked clinicians what actions have *most helped* and *most hindered* care of their patients during the pandemic
- 75% of responses to **most helpful to patient care** grouped into 4 clear and dominant themes:
  - 26% telehealth funding; 26% team-work and camaraderie; 26% sense of purpose/duty; 15% receipt of critical loans
  - Among the remaining: support of corporate owners, connections with patients, new telehealth workflows
- 87% of responses to **most hindered patient care** grouped into 8 clear themes:
  - 16% each for staff shortages; managing infection risk; physically/emotionally damaging work environment; and financial concerns
  - 14% higher patient health burdens and visit complexity; 12% loss of fee for service volume; 11% greater work burden related to admin, emails, calls, and high messaging volume; and 7% never feeling a sense of control

Policy statement – How much must our health system shrink, and how high must the level of excess deaths rise, before payers and policy makers recognize primary care is our primary defense and too critical to collapse?

Sample – This survey, fielded by The Larry A. Green Center in partnership with the Primary Care Collaborative and the 3rd Conversation, had 523 respondents from 47 states: 73% family med, 15% internal med, 5% pediatrics, 3% geriatrics, and 4% other. Settings: 23% rural, 15% community health centers, 9% in schools/offices; 32% self-owned, 13% large group independent, 40% health system owned, 5% government owned, 5% membership-based, 8% convenience settings; 34% had 1-3 clinicians, 29% had 4-9 clinicians, 37% had 10+ clinicians.

Patient panels within sample – (small defined as >10%, large as >50%): 63% have small Medicaid panel, 29% have large; 58% have small Medicare panel, 36% have large; 68% have small non-English speaking panel, 12% have large; 61% have small minority panel, 27% have large; 19% have small patients with multiple chronic conditions, 79% have large.

"Since we are a non-profit clinic that serves the uninsured, we have seen our new patient volumes increase significantly. This demand solidifies why we exist and strengthens our resolve to help patients receive the care they need." – Tennessee
"Can't remember how many times I have closed my door just to… cry." – Virginia

What else would you like us to know? Among 208 responses…

- On top of running a private practice the extra challenges have become overwhelming to me and I am retiring. Oregon
- Definitely learning what it means to become a combat medic. North Carolina
- Primary care is defined by fighting against the health impacts of the callousness of the American capitalist system. California
- Taken an already fragile/over-stressed primary care situation and pushed it over the edge. Michigan
- I'm mentally and physically exhausted in caring for COVID-19 patients and other patients in general; I've had no real break/time off since pandemic started and pts have MORE complaints each visit now. Texas
- The anxiety has reached a level that I have started therapy. Ohio
- I will be losing my own practice after it has been there for 18 years. Idaho
- Completely sucks. Would leave today if I didn't feel obligated to see my patients through it. Texas
- I am experiencing burn out for the first time in my 32-year career. The hours are longer, the patients are more medically complex and suffering from more psychiatric maladies… I am providing more mental health than I am trained to do - and the mental health providers in my community are doing their best. Michigan
- The fatigue & fear is beyond what words can convey. Commitment and purpose are renewed by small gestures I receive every day. I am humbled, frustrated, scared, proud and prudent – emotions that are hard to eloquently communicate. Pennsylvania

What has enabled the care of your patients? Among 540 responses…

- PPP, zoom group medical visits, no copay/deductibles for telemed visits. Massachusetts
- A sense of purpose and teamwork… varies day by day, but people continue to pull together to care for our community. Oregon
- Being in a DPC practice. Patients are happy and relieved that they can access my advice and office visits. Florida
- Funding of telehealth, received shipment of PPE via local medical society, patient encouragement and support. California
- Received critical loans, funding of telehealth, team camaraderie. Iowa
- Audio telehealth has been a great thing for my low-income patients. DC
- Access to TeleHealth, our office staff stepping up to care for patients. Indiana
- A great cohesive team to work with... deadly serious when [needed], but are also fun & light-hearted. Washington
- Team camaraderie, though increasingly stressed with COVID issues. Louisiana
- Strong organizational management and response. California
- PPP loan was a lifesaver - it allowed us to pay our staff and purchased needed PPE. New Jersey
- Community needs us to deliver excellent primary care. That is why we are here. They need us now more than ever. Wisconsin
- Sense of purpose and ability to make a difference for the community I serve. Maryland
- My patients' expressions of concern about my personal health and stress level as I continue to provide care has been unexpected, very touching, and has helped sustain me over the past month. Michigan

What has hindered the care of your patients? Among 540 responses…

- Elimination of overtime while workforce reduced due to COVID exposure and childcare issues. Alabama
- Increased emotional toll due to high levels of anxiety in patients, staff, colleagues and myself. Maryland
- Lack of PPE. It has even been hard to find gloves! I cannot get my staff N95 masks. Trying to convince patients to wear masks and wear correctly is also an issue… I am just trying to keep patients and staff safe and it seems as hard as pulling teeth! Illinois
- Fatigue: constant stress, COVID requirements, concern for what will happen next, waiting for that next shoe to fall. Virginia
- Unfunded mandates and expectation that I should render the care that reduces risk/harm to society, but that I don't need to be paid for that work, and certainly not at a rate that covers my cost of rendering that care. Colorado
- The visits are complex, chronic care patients and excessive number of mental health visits - long, long visits. Oregon
- Lack of rapid return of COVID PCR results. Also political propaganda minimizing problem and use of PPE. Florida
- Uncertainty with future approval of telehealth at state level. Connecticut
- Compassion fatigue, physical and emotional fatigue, cynicism, anger at "non-maskers" and politicians and political groups who are pushing us back and back and back … I can't take it much longer. Rhode Island
- Increasing complex visits. Trying to help patients understand the controversies regarding COVID, treatments, masks, etc... Texas
- Fear: pts don't want to come in due to fear and we are seeing deferred care and a lot of worse than usual disease. Michigan
- Loss of income (this normally is the busiest part of our year-back to school physicals and we are seeing less than half of children and adolescents) so savings are gone, tiny loan used up! Maryland
- Chaotic workflow - we no longer have the clinician/MA dyad that was working so well before the pandemic. Washington
- Exhaustion. Demoralized by anti-science elected officials and racism. New Mexico
- COVID-19 questions, false beliefs about COVID-19 and masks, lack of COVID-19 testing, feeling worn down by it all. Oregon
- Illness and staff member shortage d/t their personal illness with COVID. Louisiana
- Staff furloughs. Increase rates of active COVID. Public misunderstanding about testing, increased demands on phones. Missouri
- Poor reimbursement for telehealth and short staffing and overbooking. Telehealth is double and triple booked. Washington