



NEW SURVEY SHOWS HIGHER-THAN-NORMAL USE OF PRIMARY CARE AND TELEHEALTH BY PATIENTS

PRESS RELEASE

WASHINGTON, June 4, 2020 – New survey data released today by the Larry A. Green Center, in collaboration with the Primary Care Collaborative (PCC) and 3rd Conversation, shows that over 70% of primary care patients are comfortable using telehealth options, such as video or phone-based visits, during the COVID-19 pandemic. However, most patients prefer to meet their doctors in person when possible (69%). Given that roughly 20% of patients still face technological challenges when accessing care virtually, focused attention is needed to address these structural obstacles. Survey findings underscore the importance of telehealth in meeting current patient needs and the potential for telehealth as a solution to pent-up demand for care that has resulted from the pandemic.

Patient in-person volume remains low, but data from the Green Center's survey of patients indicates a higher-than-usual use of primary care. Although 46% of the population accessed primary care during all of 2019, over 50% of patients surveyed last week report visiting primary care in the last 8 weeks, with an average of 1.5 visits per patient during that time. Method of contact between practices and patients varied, but appeared evenly spread across video (36%) phone (32%) and in-person based visits (32%). During this same time period, 1 in 5 clinicians reports they've had telehealth billing that was denied, adding additional financial stress to practices.

"Primary care clinicians have strong connections with their patients and are confident in their role as trusted partners – over 70% of clinicians feel patients value them, and over 80% of patients say that a relationship with their doctor is important," said Rebecca Etz, PhD, co-director of The Larry A. Green Center and associate professor of Family Medicine and Population Health at Virginia Commonwealth University. "However, watching the response of payers and leaders over the last two months, most clinicians endorsed the statement that insurers and federal and state leaders do not value them or their role. If the U.S. healthcare system wants to continue to benefit from a primary care foundation, they need to start treating that foundation as a primary concern."

Surveyed clinicians were asked which types of common primary care visits that video and telephone-based methods were most suited for. They shared a general consensus (80%) that video visits were best for patients with stable chronic conditions, mental health counseling, behavioral health counseling, medication reconciliation and worried well visits related to COVID-19. Both video and phone were least-suited for well child visits, evaluation of injuries or accidents, patients with non-stable chronic conditions, and visits to evaluate acute pain.

"More than two months into the pandemic, there are few signs that external conditions are improving for primary care, helping to explain why clinicians feel so under-appreciated," said Ann Greiner, president and CEO of the Primary Care Collaborative. "Public and private policymakers need to take immediate steps to support primary care by providing dedicated funds to shore up practices now. Failure to do so will mean that our nation's health deteriorates further and faster."

"This data quantifies something that we've always felt: Patients place an extraordinary amount of value and trust in their providers," said Christine Bechtel, patient advocate and co-founder of 3rd Conversation. "While these findings underscore the importance of strong patient-provider relationships during the pandemic, it's time for policymakers and insurers to step up in support. Commercial and Medicaid payment policies must be put in place to ensure telehealth is a viable option – both for primary care clinicians working to meet today's increased demand and for all patients especially those most in need of care."

The survey of clinicians was fielded May 29-June 1 and received 558 responses from clinicians in 47 states and Washington, D.C. 68% of respondents identified their practice as family medicine, 17% as internal medicine, 6% as pediatrics, 5% as geriatrics, and 5% as other. Slightly more than 23% of the practices self-described as rural, 14% as

community health centers, and 27% have a patient-centered primary care medical home designation. Approximately one-third work in very small practices of 1-3 clinicians, and one-third own their practice.

The patient survey was conducted online May 22-25 and was open to people 18 or older. The survey results reflect input from 1,114 respondents from a range of education levels (34% high school degree, 47% college degree, 15% graduate degree): income levels (40% less than \$50,000 household income and 9% greater than \$150,000 household income); and geographies (27% urban and 20% rural). One-third (34%) were 18-35 years old, 24% were over 55. Level of health varied, with 51% rating their health as “mostly” good or excellent and 31% saying good. 47% were male, 52% female; 44% were employed full-time and 13% part-time. 21% lost employment during the pandemic.

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About the Primary Care Collaborative:

Founded in 2006, the [Primary Care Collaborative](#) (PCC) is a nonprofit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations, PCC’s mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care and achieve the “Quadruple Aim”: better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.

About The Green Center:

The Larry A. Green Center for the Advancement of Primary Health Care for the Public Good is a research group founded by Rebecca Etz, PhD at Virginia Commonwealth University and Kurt Stange, MD, PhD at Case Western Reserve University. The Green Center works to reclaim and reconstitute the intellectual foundations of primary care, to advance the science of medicine learned and practiced within layered and competing social frameworks of meaning, and to deliver on a now 50 year old promise: better health and improved health care through a synergistic focus on both humanism and healing. We are nimble, inquisitive, curious, and open. We make personal doctoring and innovation visible.

About 3rd Conversation:

[3rd Conversation](#) is a national initiative reimagining the future of health care by reinventing the clinician-patient relationship for the modern era. Powered by X4 Health, 3rd Conversation works at both the local and national levels to address health professional burnout, improve patient experience and realize the promise of humanity and connection in our health care system. Funding support is provided by the Morris-Singer Foundation and the New York State Health Foundation.