



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 2 FIELDED MARCH 20-23, 2020



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

Half of 533 primary care clinician respondents (54%) report the majority of their work effort is not reimbursable. Staffing outages due to illness/self-quarantine are twice as high in this week's survey among clinicians (46%), nursing staff (44%), and front desk support (29%). While a majority of clinicians are aware that telehealth visits are reimbursable by insurance (61%) and Medicaid (52%), a third of them (33%) do not know how these payments will happen. Majority use of telehealth, defined as $\geq 60\%$, remains limited for video-based care (6%), e-visits (2%), and use of patient portal/secure messaging (4%). A greater portion (17%) report majority use of phone-based visits.

Additional Main Findings

- 43% of clinicians report no capacity for COVID-19 testing; 55% lack vital supplies, including PPE.
- 49% of clinicians report severe impact due to COVID-19; last week only 21% reported severe impact
- 87% are limiting well and chronic care visits, up from 58% last week
- 28% of respondents have needed to use parking lots to assist with limiting exposure while treating patients

Telehealth Findings

- Use of telehealth for at least 60% of visits is limited for video visits (6%), e-visits (2%), patient portals (4%), and phone visits (17%).
- 60% of practices report no use of video visits, 70% no use of e-visits, and 34% are not using patient portals
- 83% report patients are accepting of telehealth visits; 49% intend to continue telehealth after COVID-19

235 respondents included open text comments.

- Half of most comments continue to refer to lack of personal protective equipment (PPE) and testing capacity
- Many comments concern potential practice closures related to lack of PPE and diminished reimbursable work
- Significant challenges due to rapid telehealth adoption, mental stress, and unsafe work environments
- Many have significant concerns regarding clinician and staff outages and heightened levels of stress

Lack of personal protection equipment (PPE) places front-line primary care clinicians at risk. Uncertainty regarding payment mechanisms able to adapt to accelerated use of virtual and telephone platforms have further increased the vulnerability of this critical workforce. Primary care acts as the first point of contact for most patients, but is dangerously under-resourced. Urgent attention is required for the following: COVID-19 testing and PPE supplies, telehealth capabilities, and funding levels appropriate to the mission of caring for the health of the American population.

Methods – On Friday March 20, The Larry A. Green Center, in partnership with the Primary Care Collaborative, launched Series 2 of the weekly Quick COVID-19 Primary Care Survey. An invitation to participate was distributed to 9,000 primary care clinicians across the country and remained open until March 23, 11:59pm PST.

Sample – 533 clinician respondents from Family Medicine (61%), Internal Medicine (16%), Geriatrics (12%), Pediatrics (8%), and general Primary Care (2%). One percent of respondents were from other disciplines. Responses covered 48 states plus Puerto Rico and the Virgin Islands. Practice settings for respondents included 17% rural, 72% larger than 3 clinicians, and 18% some type of community health center. Close to half of our sample (48%) had $>50\%$ of patients commercially insured. One third (33%) owned their own practice and another third (34%) were associated with an academic center.

"It is in the community; we know that our patients are coming into our clinic with it. The inability to test and identify mildly symptomatic patients is driving the spread of disease, & the lack of testing makes us all feel powerless." - Oregon

Example quotations:

Lack of resources – PPE, testing, technology

- Limited supply of PPE and tests is a major challenge. Decisions are being made based on availability of supplies rather than the best clinical judgment. – GA
- Lack of PPE and universal testing is affecting the stress level of team! – FL
- Not enough tests. Not enough protective equipment. Front line doctors are going to die because we are being sent out to fight something we cannot see, we cannot treat, & we cannot test for without the PPE necessary to protect ourselves. – VA
- We stopped doing patient visits last Monday due to lack of PPE. – OR
- I converted to all home visits but ran out of PPE within days as many of my patients have chronic coughs (eg COPD, CHF, etc) & don't meet current directives for testing. Someone donated a few gowns & masks (I can't otherwise obtain PPE) – PA
- 3 weeks into this and still unable to get PPE. Can't get a new thermometer if I need it; telehealth for my EHR is back logged – [there is a delay in getting] signed up. Using cell phone and Skype/zoom for some patients. – FL

Lack of information

- I have to use Facebook for information. Dissemination of information is disjointed and poorly managed. – WA
- No direction from state health agencies, changing instructions, no supplies to take samples to send out for testing, private testing labs taking 5-6 days for results, unable to care for elderly in person or telehealth, since they don't have access to smart phones or internet. – CA

Financial impact/concerns

- I am concerned about the health of my patients and don't want to bring them out but yet I am concerned that I will have to lay off my staff if I am unable to bring in enough revenue to cover expenses. – MA
- We are [trying] to do as much telehealth as possible to limit exposure with no idea how much or if we will get paid. Our business has dropped off immensely and we are giving away a lot of free care but are trying to remedy that with technology. I am very worried about cash flow for our small private practice. We have no PPE and no way to get any. – CO
- Clinic revenue way down, resident teaching significantly impacted – TX
- Extreme financial strain that will impact our survival and ability to care for ANY patients for ANY reason. Nothing new, but primary care needs more resources. – NC
- I am a solo family practice doctor running my own clinic. I am in a total panic about how I'm going to pay my staff who all rely on their paycheck to pay their bills and feed their children. I want to know that I can do telemedicine visits and get reimbursed by insurance and how to do that. I have tried accessing webinars that are Full and feel very scared. – OR
- Our biggest issue right now is cash flow. Visits have [plummeted] and we are trying to avoid laying off experienced staff. We are projecting that physician owners will have zero income this year at best and may have to put money back into the practice in order to keep it viable if social distancing continues for more than 2 months. We are actually in better shape than most practices in our area. – NY
- Significant financial impact - visits decreased by about 75% given we are limiting well visits and sick visits to Minimize exposure. We are now furloughing/laying off staff and cutting nursing staff hours by 50% and owners are likely going to go without pay in order to stay afloat. – MA

Global stresses

- Older adults present atypically and classic symptoms and signs are not seen. Elderly with COVID19 may present with delirium falls and fatigue and we should be testing for older adults for these symptoms as well. Classic symptoms may not be present. We need more testing and rapid turnover for tests. PPE are available only for patients presenting with typical respiratory symptoms. [We] are already exposed by the time we test our older adults – TX
- Our group managed to set up parking lot COVID-19 tests this week after learning we could get supplies from a commercial lab. We also started telehealth visits once the government pressed insurers to lessen restrictions. One of the area academic practices had required their clinicians to do business as usual even until this time. – PA
- Shortage of supplies; lower clinic volumes from clinical easing and patients canceling; telemedicine and telephone visits starting but not yet established; no idea if we will be paid for telephone or telemedicine visits but we are billing for them. We have started respiratory clinics. Only 12 cases in the state. The calm before the storm. Not actually calm at all but limited [cases] – WV
- Patients are cancelling checkups. Patients don't want to come in for sick visits. We are overstaffed but don't want to harm staff by laying off. Lack of guidance at every level is stressful. Lack of testing is horrifically stressful. – MA
- I have covid 19 and have been out of work for 1 wk – NJ