



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 1 FIELDLED MARCH 13-16, 2020

Close to half of primary care clinicians (46%) lack COVID-19 testing capacity and have little to no personal protective equipment (PPE). Staffing outages due to illness are already hitting clinicians (20%), nursing staff (17%) and front desk support (13%). On Friday, March 13, 2020, The Larry A. Green Center launched its first weekly Quick COVID-19 Primary Care Survey to assess the impact of COVID-19 on practices. An invitation to participate was distributed to 9,000 primary care clinicians across the country and remained open until March 16, 11:59pm PST (survey to be repeated weekly). Clinicians report a reduction in services (58%) and phone lines flooded with patient concerns (74%). They report new workflows, extensive phone triage, care coordination and redesigned work areas/systems to limit exposure. These are largely unpaid activities.

Sample – 534 clinician respondents from Family Medicine (n=377, 70%), Pediatrics (n=76, 14%), and Internal Medicine (n=58, 11%). 5% of respondents were from other disciplines, largely geriatrics and urgent care. Responses covered 48 states. Practice settings for respondents included 86 rural practices, 389 with >3 clinicians, and 280 with >50% of patients commercially insured.

Main Findings

- 46% of practices report no capacity for COVID-19 testing; 51% lack adequate personal protective equipment
- 52% of practices report COVID-19 having severe and near severe impact on their practice
- 58% have had to cancel well and chronic care visits to accommodate need; 17% lack enough available appointments

236 Respondents included open-ended comments.

85% of comments indicate lack of PPC and testing ability. For example:

- We have no face masks or respirators. They are on permanent back order. I have no way to protect myself or my staff from infection. We reached out to the hospital and they have none to spare. We have no gowns or eye protection and no rapid test. We have been sending everyone to ER. I need supplies yesterday
- It is appalling to me that we don't have broader testing capabilities. I had a patient two days ago who absolutely should have been tested. But because she hadn't traveled internationally, or had a known contact with COVID, we couldn't. She was flu negative. We know it's here in our area, and we aren't looking for it like we need to be. It's maddening.
- The state health department is telling residents that providers can choose to test through the commercial laboratories but we CANNOT GET SUPPLIES such as masks gowns or gloves to do this properly.

30% point to failed leadership, constantly changing guidelines, and failed coordination between agencies and institutions.

- Help. I'm medical director at 2 nursing homes... can't get my hospital or Public Health Dept to test febrile lower respiratory infection patients before sending them to my nursing homes. The nursing home staff have essentially NO PPE!!
- Enormous time and stress it takes to train, then re-train, then re-train, then re-train on the constantly changing protocols. Asking staff to make complex algorithmic decisions when they are themselves under stress and worried.
- Frustrated. Health dept telling everyone to see pcp for testing. We don't have tests.

31% reflect loss of employees, risk of financial collapse (from avoided face-to-face visits for which they are paid), and helplessness.

- I am a solo practitioner. I am afraid we will get sick, have to close, and I will lose my practice.
- I may have already been exposed and have no way to know if I am an asymptomatic carrier to others.
- Difficulty determining clinically which patients should be tested, running out of personal protective equipment, looming sense of doom that cases will spike suddenly and health care system will be overrun.
- Starting to have providers out so they can take care of kids out of school.
- We are paid strictly on RVU so we are going to have a dramatic financial risk. I have 1 N95 mask and no eye protection or gowns at all even before this thing has started. We can't test but it is clearly here. Please help us.

11% discuss health risks related to social inequities and a scarcity view creating risks in new areas.

- Telehealth for a technologically underserved population... a major problem.
- Parents aren't bringing children in for wellness visits. Babies are not being vaccinated - other illnesses still exist!!!
- Right now, worried well and acutely increased mental health issues are our biggest patient related problems.
- A single N95 being reused for days now. No guidance locally or otherwise. EMT volunteers are seniors with no protection
- We have decided to stop doing strep screens and influenza testing since they are aerosol generating procedures.

Primary care is the first contact for most entering the health care system. It sees over 50% of all US medical visits each year while receiving less than 7% of national health expenditures, and 0.2% of NIH funding. An over focus on known disease pathways and an under focus on clinician-patient relationships, acute care and wellness needs has left this critical national resource unstable. Urgent attention is needed to provide primary care with funding and resources sufficient to care for the health of the American population.