What We Have Learned from the COVID-19 Stress Test on Primary Care

February 19, 2021
The Punchline

You grow well in the wild
Social justice is strong
Personal doctors are mission driven

This is good... I want more
Primary Care

Worthy of your trust
Safe to be vulnerable
Wholeness of your dignity
Patients come first

Societal investment in this basic good
Enter a Pandemic:

What will happen to primary care and how will we know?

The cost of lack of investment

No national office for primary care
No national database for primary care
No information exchange that reflects primary care

What we needed to do

Develop a network and information exchange
Gather the data to make primary care visible
Provide primary care with data and outlet
Quick COVID-19 Survey:

*It should help and it shouldn’t be hard*

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**Our commitment to participants**

- 3 minutes to complete
- Only the data we can immediately use
- Responsive to the pandemic and to practice

**Categories of questions**

- Basic demographics – responsive to use
- Flash questions – responsive to the pandemic
- Clinician questions – responsive to participants
Timeframe: March 13 – the present
~ 26,000 clinician surveys
~ 10,000 patient surveys

Funded by
AHRQ, Morris-Singer, Samueli

Typical Distributions (approx)

Sample size
~ 1000, range 550-3131
50 states, (CA, CO, RI, NY, OR, WA, TX, VA)
> 95% unique settings

Disciplines
70% family medicine
15% internal medicine
5% ea pediatrics and geriatrics

Settings
20% rural, 15% CHCs, 5% ea DPC/ofc/schools
40% ea indept/system, 7% urgent/retail

Practice size
35% 1-3 clinicians, 35% 10+ clinicians
What the survey told us:

DURING COVID, primary care reinvented itself overnight.

In Practices
- >80% adopt new platforms
- 2/3 increase in outreach

- Drop in FTF visits (85%)
- Paid <50% of work (66%)
- Furloughs/layoffs (47%)
What the survey told us:

FOR PATIENTS, inequities are growing ...

- Substance abuse
- Domestic violence
- Financial struggle
- Food insecurity
- Housing insecurity
What the survey told us:

... and health is dropping.

- Chronic conditions are worse
- Mental health has decreased
- Physical health has decreased
- More complaints per visit
- Visits have greater complexity
- Reduction in self care noticeable
What the survey told us:

FOR PRIMARY CARE, finances are strained...

- >30% of work is unpaid
- FFS is 30-50% down
- We have furloughed
- Positions we cannot fill
- Clinician salaries skipped
- Thinking of leaving PC
What the survey told us:

FOR PRIMARY CARE, the mental strain is palpable...

48% burnout is at all-time high

Reporting detriments to:

- Physical well-being: 36%
- Psychological well-being: 45%
- Family well-being suffers: 65%
- Out due to illness: 47%
What the survey told us:

... and practice is shrinking.
So what did we do with that?
Where did we go?

Stop the hemorrhaging

Wherever the wild things were...
Remember who you are

2019... 42% – at least once
COVID... 53% – 2x in 8 weeks

Possibility of losing their doctor?
• 32% panic, heartbroken
• 39% upset, lost
Know the social contract is sound

<table>
<thead>
<tr>
<th>Valued Relationship</th>
<th>91%</th>
<th>85%</th>
<th>82%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients say:</td>
<td>First Contact</td>
<td>Continuity</td>
<td>Coordinated</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>77%</td>
<td>79% being seen ~ feel better</td>
<td>85% helps make sense of things</td>
<td>76% I can ask about anything</td>
<td>82% this is someone I trust</td>
</tr>
</tbody>
</table>
Where did we go?

Stabilize practice

Wherever the wild things are...
Remember who you are teaching…

…and when

Use of Telehealth

- Blue: Video
- Orange: Phone

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Telehealth has shown benefits…
Is telehealth...  

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>37%</td>
<td>FTF down, contact at all-time high</td>
</tr>
<tr>
<td>52%</td>
<td>patients struggle with isolation</td>
</tr>
<tr>
<td>48%</td>
<td>patients with anxiety or depression</td>
</tr>
<tr>
<td>22%</td>
<td>lack tech access needed</td>
</tr>
<tr>
<td>21%</td>
<td>insurers have pulled back on funding</td>
</tr>
<tr>
<td>52%</td>
<td>clinician pull back on use</td>
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</table>
Remember Evidence Based Practice
Is about practice-based evidence

### Phreesia

- June 7th

### National

<table>
<thead>
<tr>
<th></th>
<th>FFS w/n 10%</th>
<th>FFS down &gt;30%</th>
<th>FTF w/n 10%</th>
<th>FTF down &gt;30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 21</td>
<td>28%</td>
<td>46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 4</td>
<td>26%</td>
<td>33%</td>
<td>28%</td>
<td>48%</td>
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<tr>
<td>Sep 18</td>
<td>23%</td>
<td>32%</td>
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Remember Evidence Based Practice
Is about practice-based evidence

Phreesia

National

Use of Telehealth

Week starting

10-Apr 6 7 8 9 10 11 12 13 12-Jun

Apr 5th
June 7th
Racism affects health:

- 86% of all who responded believe racism affects health
- 32% self-identify as part of a minority group

Clinicians said

- 31% Racism impact on patient health

Patients said

- 28% Physical health
- 56% Mental health
- 23% Primary care helped

Remember ... the patient is not a dirty window
Where did we go?

Strengthen by investing in the future
Key Takeaways:

- Neglect led to unnecessary vulnerability
- Lack of data was a handicap
- Trust deficit was a significant obstacle
  ... and yet...
- Primary care flourishes in the wild
- It is worthy of the public’s trust
- It is founded in relational learning and leadership
- What we can’t articulate, we may lose
Questions / Comments

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