



# Colorado's primary care practices are fragile and at risk of collapse

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Primary care practices nationwide continue to experience stress as they cope with an increasing surge of COVID-19 and the economic impacts on their practices and staff, according to findings from the [Larry A. Green Center](#) survey that closed [November 17, 2020](#). Like the nation, Colorado's primary care practices are struggling to fill empty staff positions and buy adequate personal protective equipment (PPE); are combatting misinformation about the pandemic; and have lost clinicians and staff to resignation, early retirement, or illness because of COVID-19.

Nine months into the coronavirus pandemic, however, there are several ways in which Colorado's primary care practices are worse off than their peers nationwide. Their challenges merit attention and action now to protect frontline healthcare workers and preserve patient access to care.

## Severe stress

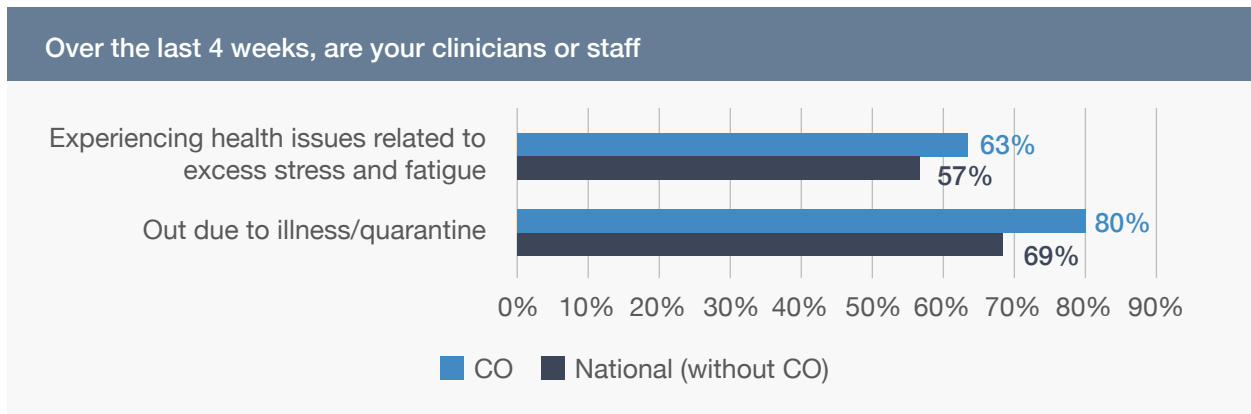
Approximately 7 in 10 Colorado primary care clinicians responding to this survey reported high levels of strain (combined ratings of 4 and 5 out of 5 levels, with 5 being "severe impact") from the impact of COVID-19 changes and pressures on their practices, compared to slightly more than half (55%) nationwide reporting strain at those levels.

*"I am sleep deprived. I do not have ANY support staff so that means every call, text, portal message ... are answered by me. I do all my Medicaid billing, and I see patients. I have worked the majority of weekends and not had a true day off since March."*

– Family Nurse Practitioner, Denver

## Staffing issues

Colorado practices responding to this survey are facing more health issues related to stress and fatigue, as well as greater stress due to clinicians or staff being out for illness and quarantine, than in other states. As a result, Colorado practices are experiencing unprecedented levels of strain with simultaneous lower workforce capacity to take care of patients.

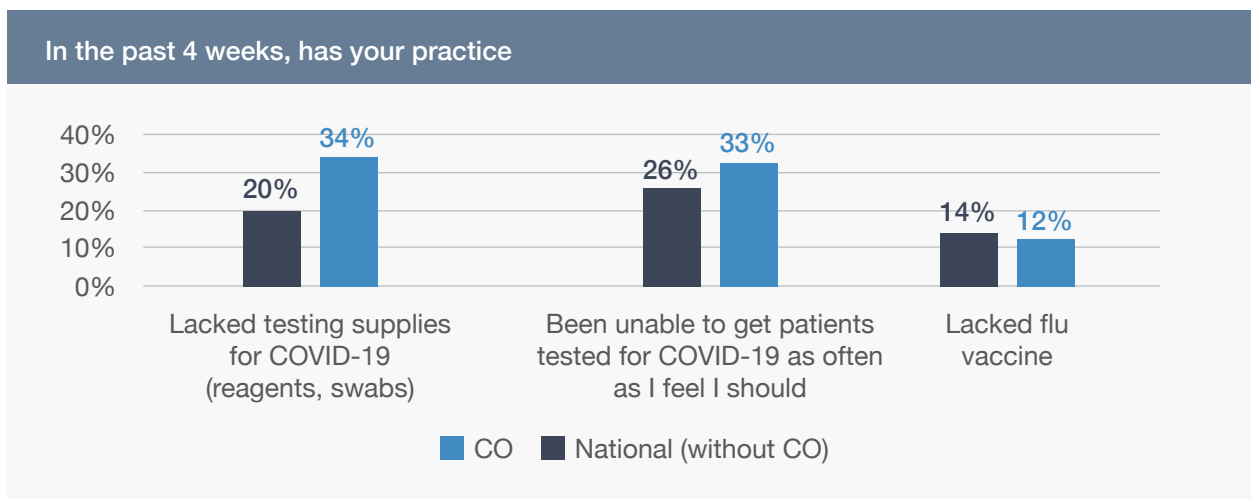


*“More staff and providers are COVID+ this round leading to staff being out due to quarantine and isolation. As an organization, we are >200 positions short on MAs, RNs, front desk staff, lab personnel. These roles are going unfilled because of shortages of candidates and a backlog of internal need. Our teams are depleted in number and energy.” – MD, Denver*

## Supply challenges

Nearly one third of primary care practices in Colorado and across the country report they lack PPE or feel the rate of PPE reuse is unsafe. Rates for access to influenza (flu) vaccines are also similar for Colorado practices and their peers in other states. Access to COVID-19 testing supplies, especially reagents and swabs, reveals a different story; 34% of responding Colorado practices report they lack testing supplies, while 20% of practices in other states said the same. More Colorado practices indicate they have been unable to get patients tested for COVID-19 as often as they feel they should.

*“We are doing the Abbott rapid test at this time for symptomatic patients. We were doing the asymptomatic screening the health department asks for but can no longer do this due to limited supply of tests. Those will now go for PCR [polymerase chain reaction] which is tough on kids.” – MD, Fort Collins*



## Financial stress

Nearly one third of survey respondents in Colorado reported their fee-for-service volume is still reduced by more than 30% relative to pre-pandemic levels, compared to 24% across the country. On the other hand, 39% of Colorado primary care clinicians are reducing or forgoing salaries to keep their practices afloat, compared to 45% nationwide. Nationwide, while practices are facing financial strains, they actively work to safeguard their patients from experiencing the same, even more so in Colorado. In fact, 28% of Colorado practices are waiving co-pays and reducing their fees to accommodate their patients' loss of employment and/or health insurance, compared with 19% nationwide.

*“We have been working harder than ever for less pay and dealing with upset patients and families all day. Workflows around seeing a sick patient and doing testing have increased the amount of work for a previously 10-minute visit to close to 30-40 minutes, and we are not getting compensation for it. Staff is getting sick and burned out, and if they continue to be paid less they will leave, and our clinic will close.” – MD, Grand Junction*

The [Green Center's December 2020 COVID-19 survey](#) revealed persistent distress without substantial improvement of conditions in primary care practices. Nationwide just before the holidays, 48% of responding practices reported mental stress and exhaustion at an all-time high, and 76% reported their mental stress was worse than in spring 2020.

## Policy recommendations

Colorado's primary care practices continue to experience great strain from the ongoing COVID-19 pandemic and need help now from state agencies, payers, foundations, and hospitals and health systems. Keeping these practices open is vital to the health of all Coloradans, as primary care clinicians provide an essential and trusted point of access for care and information. They should also play a critical role in implementing the state's immunization campaign. Colorado's COVID-19 response must prioritize primary care and ensure these practices have access to available resources. Immediate recommendations include:

- 1 Provide financial assistance to struggling practices through advance payments, grants, or loans. Primary care availability allows continued access to in-person or virtual care and prevents overcrowding – and greater risk of COVID-19 exposure – in urgent care centers and emergency departments. Programs like the interim payments funded by the Colorado Department of Health Care Policy and Financing in partnership with Caring for Colorado, The Colorado Health Foundation, Delta Dental of Colorado Foundation, Rocky Mountain Health Foundation, and Rose Community Foundation, can serve as models.
- 2 Educate practices on the [Colorado Staffing Shortage Fusion Center](#), a collaborative effort led by the Colorado Division of Homeland Security and Emergency Management. This Center is designed to support [short-term, COVID-19 related clinical staffing needs](#) by leveraging volunteers, contractual staff, and temporarily unemployed or furloughed health care workers to help primary care practices sustain operations if staff become ill or need to quarantine.
- 3 Increase access to needed testing supplies such as swabs and reagents by building upon the statewide PPE distribution infrastructure [Heart4Heroes](#). Currently, rural primary care practices can request needed PPE on the [Project C.U.R.E.](#) website, and subject to need and availability, supplies are flown free via [Angel Flight West](#). This existing infrastructure could possibly be expanded to fly testing supplies. Timely access to these supplies leads to faster results and helps practices preserve PPE and tailor isolation and quarantine recommendations.

These recommendations are urgently needed to support struggling primary care practices whose infrastructure and funding vulnerabilities were highlighted by the pandemic. Longer-term policy solutions are also critical to strengthen Colorado's primary care system. Such solutions include:

- 1 Continue the work of the [Colorado Primary Care Payment Reform Collaborative](#) and Division of Insurance to increase investment in primary care and shift away from a reliance on volume-based, fee-for-service payments.
- 2 Support growth and adequate distribution of the primary care workforce, such as through the [Colorado Health Service Corps](#).
- 3 Strengthen bridges between primary care and public health to jointly monitor and improve population health.

### About the November survey

Fielded by the Larry A. Green Center, in partnership with the Primary Care Collaborative, the Green Center Survey serves as the only ongoing survey of practicing primary care physicians since the onset of the COVID-19 pandemic. Fielded more than 20 times, the Green Center Survey has collected over 22,000 clinician surveys from across all US states and territories. For this November 17 survey, the Colorado primary care sample (n=156) differs from the national sample (n=1316) with more practices owned by respondents and fewer owned by hospitals or health systems; fewer Colorado providers were employees of hospitals or health systems. More Colorado practices were located in rural areas and were designated as patient-centered medical homes compared to the national sample; fewer Colorado practices were located in an academic or residency practice. The Colorado sample included more pediatricians than the national sample. Thus, while the patterns described in this brief provide insight, caution is advised in assuming the findings for this sample apply to all primary care practices in Colorado. All quotes in this brief were selected from Colorado primary care providers who responded to this survey. Data source: Quick COVID-19 Primary Care Survey, Series 23 fielded Nov. 13 – Nov. 17, 2020.