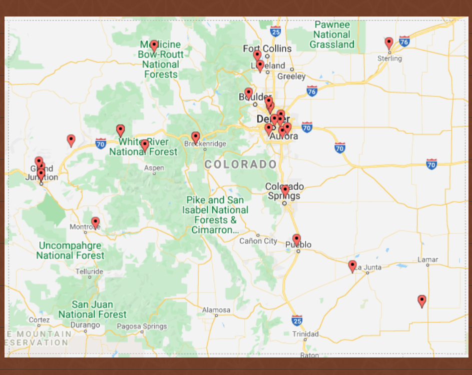
Colorado Primary Care Response: COVID-19

Survey Report #4



This report was compiled thanks to 51 responses received from the SNOCAP/Practice Innovation Program survey between May 1-11, 2020.

44% of respondents were from practices in a network or system.
26% of respondents practice inpatient medicine.
State-wide spread, with 18 urban/suburban & 19 rural/frontier respondents.
**14 respondents did not share their location type.*

**NOTE: This report provides descriptive statistics across practices that responded to this survey (convenience sample). Data presented is not intended to be representative of what all urban or rural practices are facing state-wide.*

What's new this week?

This week, we teamed up with a few partners to ask the following new questions:

- If a patient at your practice with high social needs tests positive or has positive signs/symptoms, are there supports in place to have their needs met locally within their community?
- Is your practice currently testing patients on: risk factors, symptom criteria, or other?
- Does your practice have enough guidance on methods to consider for re-opening in-office visits, either partially or fully, in the next couple of weeks?

Questions that we address again this week include:

- Telehealth--*this week we included the breakdown of telephone, video, and in-person visits*
- Testing and availability of testing
- Availability of resources
- Financial impact on practices
- Public Health and primary care partnership
- Social/legal needs of the patients seen in practice

Are there supports in place to meet social needs locally within community?

Urban/Suburban practices or practices working with their Public Health Department more likely to have supports in place

60% of all respondents shared there are supports in place to meet needs locally if a patient with high social needs tests positive or has positive signs/symptoms. (N=40)

Among urban and suburban practices, **61%** feel there are supports in place, whereas among rural/frontier practices, **53%** feel there are supports in place. (N=37)

Among practices that **are** regularly engaged with their local Public Health Department, **64%** feel there are supports in place, whereas among practices **NOT** regularly engaged with local Public Health department, **38%** feel there are supports in place. (N=39)

"We have a hotline that checks on them daily."

"...food delivery from a variety of different sources."

Testing based on symptom criteria, risk factors, or other

Testing on symptom criteria and risk factors varies greatly based on both location and practice type.

Risk Factors: 61% of urban/suburban practices testing on risk factors, versus 53% in rural/frontier (N=37)

- Unaffiliated practices: **58%** testing on risk factors (N=37)
- Practices affiliated with system or network: **54%** are testing on risk factors (N=37)

Symptom Criteria: 89% urban/suburban practices are testing on symptom criteria, versus 79% of rural/frontier practices. (N=37)

- Unaffiliated practices: **79%** are testing on symptom criteria. (N=37)
- Practices affiliated with system or network: **92%** are testing on symptom criteria (N=37).

COVID-19 Risk Factors:

- Age
- Race/ethnicity
- Gender
- Some medical conditions
- Use of certain medications
- Poverty and crowding
- Certain occupations
- Pregnancy

COVID-19 Symptom Criteria:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Testing for ***exposure*** was the most common "other" response type.

Do practices have enough guidance on considerations for re-opening for in-person visits?

Practices in a system or network or those in rural areas generally are better prepared

Among practices not affiliated with a hospital system or clinical network, 79% have enough guidance on reopening whereas 87% of practices affiliated with a system or network have enough guidance. (N = 39)

Among urban and suburban practices, 72% have enough guidance on reopening, whereas 95% or rural or frontier practices have enough guidance. (N = 37)

There are many questions still needing to be addressed:

- How to deal with patients deciding on their own that they don't have it and that they pose no risk
- Fever isn't a reliable enough indicator to screen for it negatively
- How to protect staff, patients
- Different staffing operations, patient flow, use of PPE, testing protocols, education to patients to come with masks.....
- It's difficult to set forth black and white for patients to prevent the appearance of favoritism
- Since all patients run the risk of being COVID asymptomatic we need adequate supply of PPE and need to know best practices to a family practice office.
- I have an established work flow to follow [based on science I have followed]. I would like to know is the work flow adequate to prevent spread during patient visits into the clinic?

Topics continued from previous surveys

- Telehealth--*this week we included the breakdown of telephone, video, and in-person visits*
- Testing and availability of testing
- Availability of resources
- Financial impact on practices
- Public Health Partnership
- Social/legal needs

Patient Visit Types

Urban/Suburban more likely to have success in transitioning to telephone and video-based patient visits

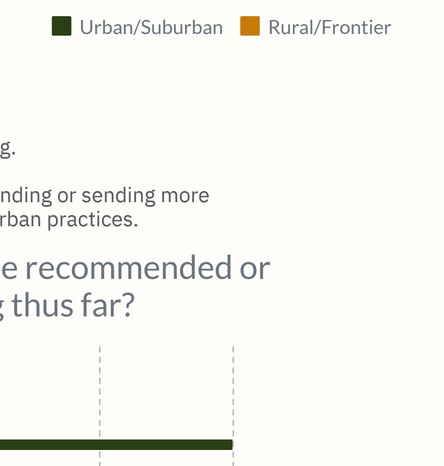
Urban/suburban practices are more likely to have transitioned more visits to telephone and video, whereas, on average, respondents from rural/frontier practices have still been seeing **over half** of their patients in practice.

Among urban/suburban practices, 100% are conducting telehealth visits at some level, whereas 95% of rural/frontier practices are conducting telehealth at some level. (N = 37)

Additional practice struggles related to telehealth or virtual visits, and the number of such responses:

- 10 Responses: Connectivity, video, or tech issues at the practice
- 10 Responses: Patient concerns or lack of internet at home
- 8 Responses: Reimbursement and/or documentation
- 6 Responses: Billing and/or payment
- 4 Responses: EHR vendor issues

Breakdown of visit types among urban/suburban and rural/frontier practices (n=36)

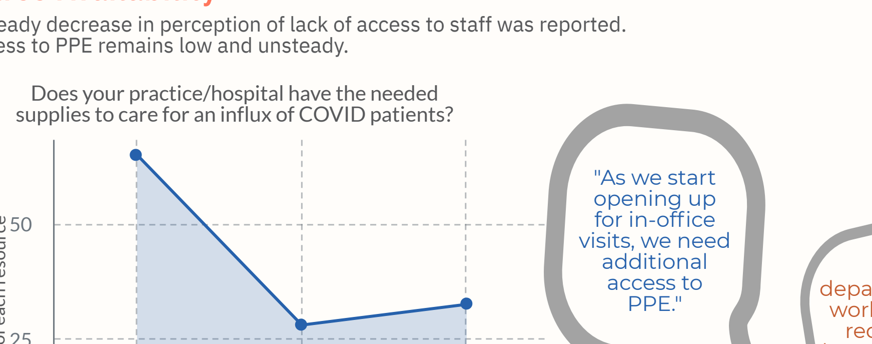


Testing for COVID-19

71% of all respondents feel they currently have access to testing.

There is a trend of rural/frontier practice respondents recommending or sending more patients for testing than those that responded from urban/suburban practices.

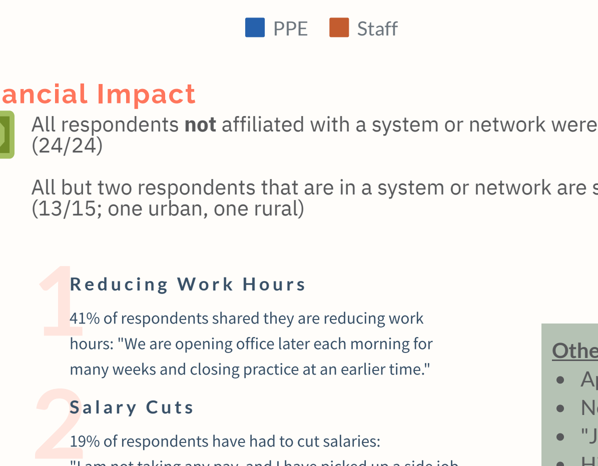
How many patients has your practice recommended or sent for COVID-19 testing thus far?



Resource Availability

A steady decrease in perception of lack of access to staff was reported.
Access to PPE remains low and unsteady.

Does your practice/hospital have the needed supplies to care for an influx of COVID patients?



"As we start opening up for in-office visits, we need additional access to PPE."

"All departments working on reduced hours and/or staffing."

Financial Impact

All respondents **not** affiliated with a system or network were seeing financial impact (24/24)

All but two respondents that are in a system or network are seeing financial impact (13/15; one urban, one rural)

1. **Reducing Work Hours**
   41% of respondents shared they are reducing work hours: "We are opening office later each morning for many weeks and closing practice at an earlier time."
2. **Salary Cuts**
   19% of respondents have had to cut salaries: "I am not taking any pay, and I have picked up a side job to pay my staff."
3. **Furloughs and layoffs at all levels**
   15% of respondents share needing to furlough or layoff staff, including clinicians, nursing staff, and/or administrative staff.
4. **Considering closing**
   4 respondents shared considering temporary closure; 2 respondents shared considering permanent closure (1 urban, 1 rural)

Other impacts that arose include:

- Application and/or receival of loans
- Needing to decrease patient volume
- "Job attached" unemployment claims
- Hiring freeze
- Not taking pay
- Will need to consider moving to a new, smaller space if they survive
- Need the state to open remote monitoring codes

Public Health Partnership

Over 80% of respondents are regularly working and/or communicating with their local Public Health department in a logistical fashion to address practice, patient and community COVID-19 needs.

100% of rural/frontier practices are regularly working with local Public Health, whereas only 56% of urban/suburban practices are doing so. (N=37)

Interestingly, compared to 38% of those not working with public health agencies, 64% of those who are working with public health agencies feel there are supports in place for patients with social needs.

Collaboration efforts noted include:

- Participating in meetings or responding to requests (n=8)
- Information on guidelines via meetings, website, or email (n=7)
- Information on testing for COVID-19 (n=6)
- In-practice safety info and/or PPE availability (n=4)

****Main reasons for not partnering with Public Health:** receiving information elsewhere, unsure how to connect or who to contact, or general lack of time or resource to connect.

Social/Legal Needs

71% of respondents stated they have seen a "slight" or "significant" increase in legal and/or social needs since the onset of COVID-19.

Most pressing legal and/or social needs for patients:

- #1: Income
- #2: Housing
- #3: Food Insecurity

Other:

- Lack of insurance
- Coordinated case management
- Social supports for isolated, chronically ill
- Social supports for those without technology
- Access to medical equipment for monitoring

Thank you to those of you that shared stories of practice flow change and successes you've experienced during COVID-19. We are overwhelmed by the response of people wanting to share their story. We are working to present those stories in a different format to come out soon.

We are partnering on the creation of a tool that will allow practices to ask and answer questions as a "best practices exchange" of information.

We will share information on both as soon as they become available.

We are sharing this report broadly with survey respondents, policy makers (local and national), researchers, and anyone who might be able to make a difference.

Thank you for sharing your story so we can be a voice to these issues and help respond.

We are happy to hear from anyone who wishes to reach out to us.

CLICK HERE to view all previous reports and resources lists on our COVID Work and Resources page on the DFM website

Contact Us & Follow Along

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