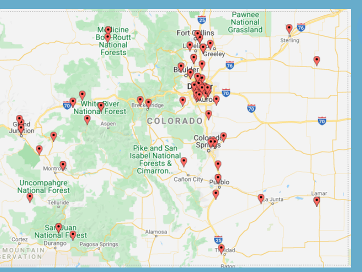
Colorado Primary Care Response: COVID-19 Report #6



This report was compiled thanks to 102 responses received from the SNOCAP/Practice Innovation Program survey between June 15-22, 2020.

40 respondents were from practices in a network or system.
State-wide spread, with 52 urban/suburban & 34 rural/frontier respondents.
16 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.

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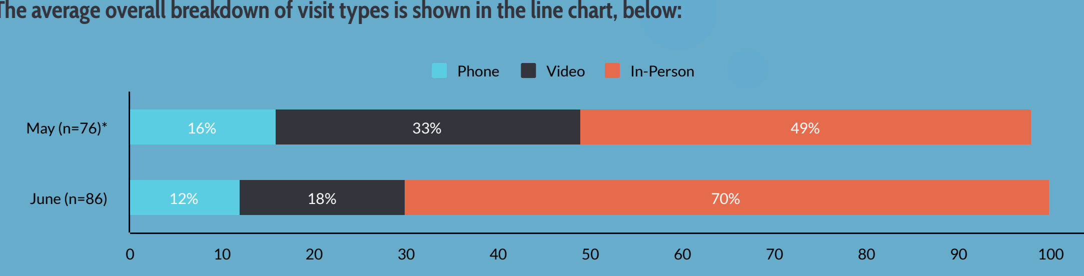
Breakdown of visit types

All but 2 practices are now conducting telehealth visits (n=86).
The average overall breakdown of visit types is shown in the line chart, below:



Practice Re-Opening for In-Patient Visits

We are encouraged to see that only 5 of 74 respondents shared that they do not have enough guidance on processes to follow for resumption of in-office visits.

HOWEVER, significant needs are still being reported:

- Is what we're doing okay?
- Will there be another PPE shortage as we go into cold and flu season?
- Should we be swabbing for flu, doing strep tests, and nebulizer treatments outside, as we do with COVID?
- Should we invest in construction for separate waiting areas?
- What is going on at the state/national level, not just county/community level?
- Do we follow what the national recommendations are or do we go by our local disease incidence which is low?
- Need a more detailed timeline (for large clinics or hospitals).

Continuation of telehealth visits

We asked practices about their intent to continue or begin using either telephone or video telehealth visits, even as seeing patients in-person becomes safer.

Thoughts on continuation of both telephone and video based telehealth can be seen, below:

This month, **urban/suburban practices** shared that the majority (59%) either plan to begin or continue virtual visits by phone, and 22% of respondents haven't yet decided if they will.

Compare this to **rural/frontier practices** where 75% of practices either plan to begin or continue virtual visits by phone, and only 3% are still undecided.

As for video-based visits, 90% of **urban/suburban practices** plan to continue using this visit type, and 88% of **rural/frontier practices** plan to do so.

As compared to responses from May, 2020, June responses show a slightly higher percent of urban/suburban practices deciding to continue use of video-based patient visits (76% in May compared to 86% in June). Additionally, rural/frontier practices generally seem to have made decisions on continuing use of phone visits, as responses of 'not sure' dropped from 19% in May to 3% in June.

Telehealth/Virtual Visit issues that respondents still experience

1 Technology - 31% (n=82)
- Patient connection issue, general
- Technology concerns with elderly and complex care patients
- Dropped phone or video calls
- Complexity of systems
- Electronic Medical Record (EMR), general

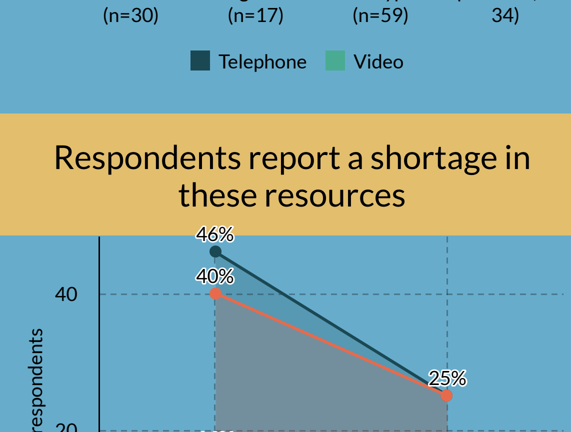
2 Billing - 25% (n=80)
- Issues with Copay
- Inconsistent reimbursement
- Remote monitoring billing codes unavailable
- Rules change
- Different rules/codes with different insurance types

3 Documentation - 13% (n-80)
- Increase in documentation, general
- Unclear requirements

4 Reimbursement - 34% (n=80)
- Coding concerns, general
- Will telehealth for Behavioral Health end?
- Reimbursement is lower by private payers
- Not clear how we will get paid
- Confusion with rules and codes for remote monitoring

5 Other - 15% (n=39)
- Patient lack of internet/phone entirely
- Patient fee collection
- Slower times, slower revenue
- Patient retention with telehealth
- Volume, general
- Other outlets not informing patients of the importance of "Well Visits"

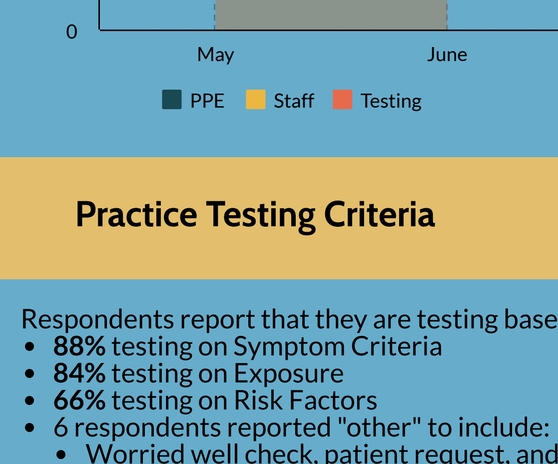
Circumstances in which responding practices will have telehealth visits



Use of telephone visits:
- "When video is not available"
- "High Risk"
- "When distance circumstances makes it a good choice and no internet is available."

Use of video-based visits
- "We have found that video based visits work for some minor acute complaints like rashes, asthma followups, ADHD follow-ups..."
- "Those concerned about coming in and when appropriate."
- "Counseling Services"
- "Psychiatric visits and BH therapy visits have become mostly telehealth now, but also some of the medical visits..."

Respondents report a shortage in these resources



We are encouraged to see these responses to shortages going down, however understand that shortages are a real concern for those that lack regular access.

Practice Testing Criteria

Respondents report that they are testing based on the following:

- **88%** testing on Symptom Criteria
- **84%** testing on Exposure
- **66%** testing on Risk Factors
- 6 respondents reported "other" to include:
  - Worried well check, patient request, and travel to endemic area.

Financial impact of COVID-19 remains a major issue, with 92% of responding practices noting impact

It is important to note within the table below that:

- **4 respondents are considering closing doors temporarily** (1 urban, 1 suburban, 2 rural)
- **6 respondents are considering closing doors permanently** (3 urban, 3 rural)

While this rate is actually lower than our May survey, it is still concerning. We have decided to add an optional contact section for future surveys so we can reach out to such financially impacted practices to offer consultation and support.

"Sold my business to a larger practice."

"Employees quitting/ moving with high turn over of lower paid employees"

"Payroll has been very tight as the numbers have been down, but our expenses still the same."

"Future is uncertain, budgeting is unknown."

Financial Considerations	Yes
Layoffs/furlough for clinicians (MD, DO, NP, PA)	23.4%
Layoffs/furlough for nursing staff (RN, LVN, MA)	28.1%
Layoffs/furlough for administration staff	32.3%
Salary cut	40.3%
Reduced working hours	57.8%
Considering closing doors temporarily	6.4%
Considering closing doors permanently	9.4%

Primary Care/Public Health Partnership

74% of respondents are working with Public Health
(whether the relationship is effective or not)!

"Too many mixed messages.... different cities have different criteria, poor leadership and communication between the Government and people. False information relayed to people not being corrected by rebuttals."

"We are helping test people identified through contact tracing."

"Our hospital has twice weekly calls with PH and I attend as a liaison for Primary Care practices. There I express all the concerns that come up and our local practices are dealing with."

"They start up mobile test sites then close them down. Must be consistent....where can we send patients every day to test.....where are free test sites?"

"Our doctor does a weekly phone meeting that includes public health, nursing home and hospital administrators. Having this group of people discuss issues every week has helped the entire community."

Social Determinants of Health

Responding practices are working hard to create innovative supports for patients with high social needs.

FOOD/FOOD BANK
- Food delivery/shopping
- Connecting to food bank

HOUSING/SHELTER
- Access to housing is inadequate
- Helps connect patients to shelter services
- Trying to help with housing and utilities

MENTAL HEALTH
- Support for mental health
- Mental health is always a wait

CARE COORDINATOR
- Care coordinator makes sure needs are met
- Will work with family to find resources that work with their dynamics
- Manages connecting patients with food, shelter, medical services

DOMESTIC VIOLENCE
- Support and advocacy for domestic violence and resources

COMMUNITY RESOURCES
- Work with community service agency partners, nonprofits
- Connect to various community resources
- Comprehensive community effort includes money, food delivery shopping day care etc.

Practices report needing access to local resources and referral processes, they seek to have more direct contact with social supports. Practices are asking for a centrally located place patients and practices can go to access a multitude of resources, especially when this help isn't directly available in practice.

Specific needs include:
- Where/how to help homeless families
- Transportation remains a bit issue, specifically for Medication Assisted Treatment
- One practice wants to know how to do grocery delivery when there aren't online grocery order options
- Help with multigenerational families that can't socially distance
- Both domestic violence and acute suicide are on the rise; practices want to know where people can go for urgent care

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

Follow Along

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