Colorado Primary Care Response: COVID-19 Report #8

What Colorado Primary Care Practices are experiencing with COVID-19

SNOCAP
State Network of Colorado Ambulatory Practices & Partners

This report was compiled thanks to 80 responses received from the SNOCAP/Practice Innovation Program survey between August 20-27, 2020

35% of respondents were from practices in a network or system. State-wide reach, as shown in map, with 81% urban/suburban & 19% rural/frontier respondents

*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?

We asked practices new questions about the following:

- COVID-19 Contact Tracing
  - Use & Process
- Patients' Routine Care Visits
  - Impacts & Identification Mechanisms

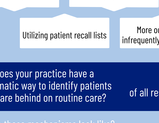
NEW

CONTACT TRACING

Of respondents, 23% are participating in contact tracing, either formal or informal (n=60). This includes:

18% urban and suburban practices
38% rural/frontier practices

What does this process look like for practices engaging in some sort of contact tracing?



ROUTINE CARE

Has COVID-19 affected practices' ability to see patients for routine care?

67% of all respondents said YES

What strategies are practices using to combat this?

- Social Distancing Measures
- Separating scheduling of sick & well
- Extra screening measures
- Utilizing patient recall lists
- More outreach to infrequently seen patients

Does your practice have a systematic way to identify patients that are behind on routine care?

85% of all respondents said YES

What do these mechanisms look like?

32%
Use patient registries to identify gaps in care with active callback or message for visits by a member of the healthcare team

24%
Use of patient registries to identify gaps in care with identified gaps highlighted in EHR to be addressed at next routine office visit or to prompt scheduling of office visit

15%
EHR reporting tools to focus on the highest priority patients

15%
Partnerships with insurance companies that provide list of patients that are overdue for visits

1. 5% for 'other.' This was a check all that apply' response. Practices shared answers such as check-in text, mail, EMR.

TESTING

Do practices feel they currently have access to testing? (n=60)
Urban/suburban practices: **85%**
Rural/frontier practices: **75%**

What is preventing practices from acquiring testing locally?

Practices are using the following criteria to determine who and how to test:

'Other' testing criteria respondents noted include:

- Exposure with symptoms
- Preoperative screening
- PI discretion
- Work or travel-related requests

13 total respondents said their practices have sent 301+ patients for testing.

Testing patients for COVID-19 can be difficult and inefficient for practices:

"Would like access to a rapid test for COVID."

"Testing is worthless, if results take over 10 days."

"We don't have the space to test because of the requirements for air clearance; a room needs to be shut down for 2 hours after every test."

TELEHEALTH

As of August, all but one responding practice are utilizing Telehealth visits.

The average overall breakdown of visit types from the past 4 months is shown in the chart, below:

*: 2% for unanswered

Practices' intention to use telehealth include, in no particular order:

But there are still struggles...

Low reimbursement for telehealth visits

"Billing is ridiculously and unnecessarily complex. Reimbursement should be on par with in person visits."

"Insurance does not pay same as in person but still takes more time than in person"

"We lose out on the copayment reimbursement"

New workflow & staffing processes, and trainings to consider

"Culture shift and work flow."

"Our phone triage staff is inundated with COVID calls and testing orders, and we are now very short staffed because triage staff is quitting because of it."

"Working on how to best involve MA 's and other members of the team in the telehealth care."

Technology remains an issue for both patients and practices

"Many of our patients lack... technical abilities to do video."

"Virtual visits are inefficient and frustrating for everyone due to the lack of bandwidth."

Other special cases

"Insurances are denying mental health therapy via telehealth."

"We don't have a Spanish patient portal but 50% of our patients are Spanish speaking."

FINANCIAL TOLL

75% of respondents shared COVID-19 is impacting the financial survival of their practice (n=60)

73% of urban/suburban respondents
and **88%** rural/frontier respondents

8 **practices** shared that they are at risk of either temporary or permanent closure this month

Top Financial Hardships this Month

Furloughs — **9% of responding practices reporting furloughs at the clinician level, 16% reporting for nursing staff, and 28% reporting for administrative staff.**

Reduced working hours (61%) has been the highest reported experience influencing the financial impact and stability, followed by **salary cuts (37%).**

'Other' financial struggles respondents noted include:

RESOURCES

The percentage of respondents reporting resource shortages from the past 4 months is shown in the chart, below:

Gaining access to Personal Protective Equipment (PPE) remains difficult, even 6 months in:

"We are struggling to get PPE."

"We don't have the staff or PPE to test efficiently."

"PPE is expensive and disinfecting ourselves and equipment after every patient is adding to our time and lack of efficiency."

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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