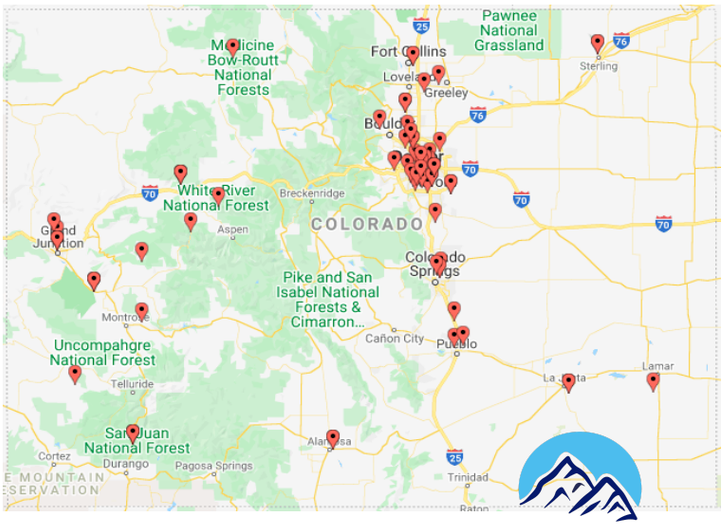
Colorado Primary Care Response: COVID-19

Survey Report #5



SNOCAP
State Network of Colorado Ambulatory Practices & Partners

This report was compiled thanks to 87 responses received from the SNOCAP/Practice Innovation Program survey between May 18-26, 2020.

52% of respondents were from practices in a network or system.
State-wide spread, with 49 urban/suburban & 27 rural/frontier respondents.
11 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 asked the following new questions:

- Continuation of wellness visits
  - Wellness visits for adults
  - Well child visits
  - Well child visits with immunizations
- Practice plans for continuation of telehealth visits post-COVID

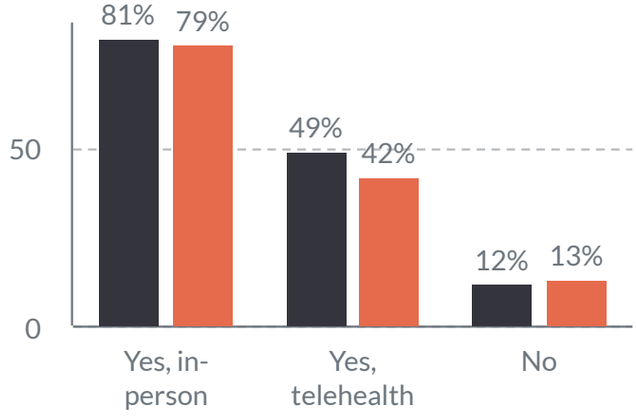
NEW

Continuation of wellness and well child visits

This week, we partnered with our pediatric PBRN, COCONet, to ask practices about adult wellness and well child visits.

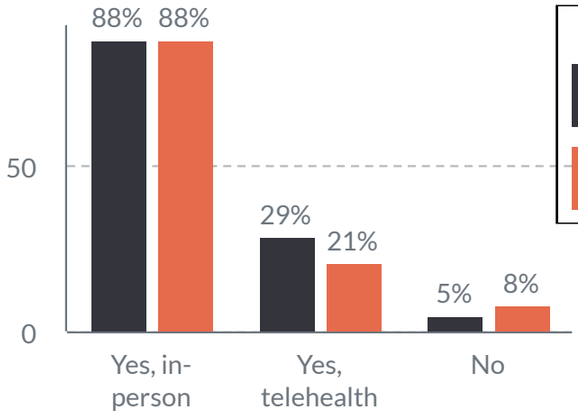
Overall, practices state-wide seem to be continuing wellness and well child visits at some level. We did not ask at what level they are still conducting visits, simply whether or not they are continuing these visit types.

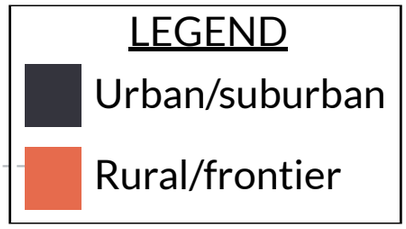
Currently continuing with adult wellness visits (n=67)

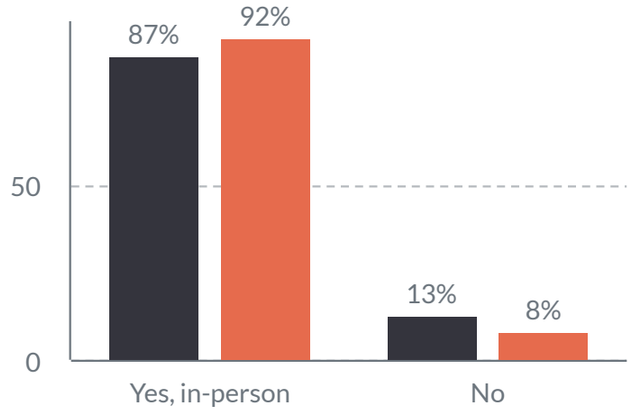


Currently continuing with well child visits (n=65)

Currently continuing with well child visits with immunizatio...







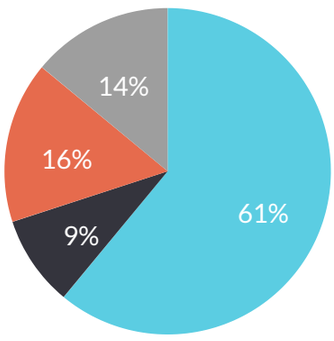
*NOTE: we removed the 'yes, via telehealth' category from this report, as immunizations can not be given via telehealth. 10% of urban/suburban and 4% of rural/frontier practices had responded to the survey this way.

Continuation of telehealth visits

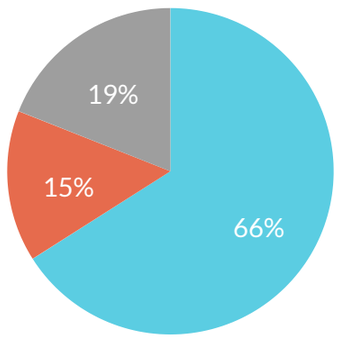
We asked practices about their intent to continue or begin using either telephone or video telehealth visits, even as seeing patients in-person becomes safer.

Thoughts on continuation of both telephone and video based telehealth can be seen, below, sorted by urban/suburban and rural/frontier:

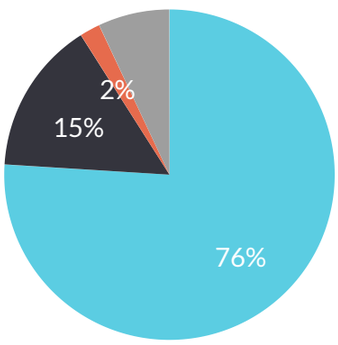
Intent to continue telephone visits - Urban/suburban (n=43)



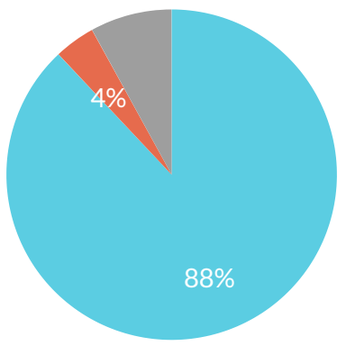
Intent to continue telephone visits - Rural/frontier (n=26)



Intent to continue video visits - Urban/suburban (n=46)



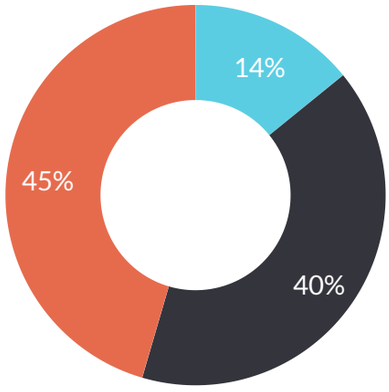
Intent to continue video visits - Rural/frontier (n=26)

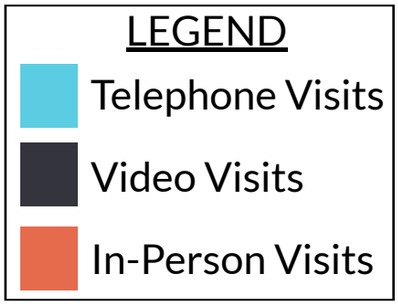


Telehealth

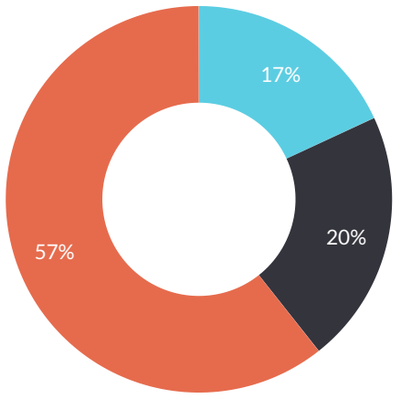
All but 2 practices are now conducting telehealth visits (n=76). Of the two practices that are not, one is urban and one is suburban. 100% of rural/frontier practices that responded are conducting telehealth visits. **The *average overall* breakdown of visit types is shown in the line chart, below:**

Urban/suburban visit type breakdown

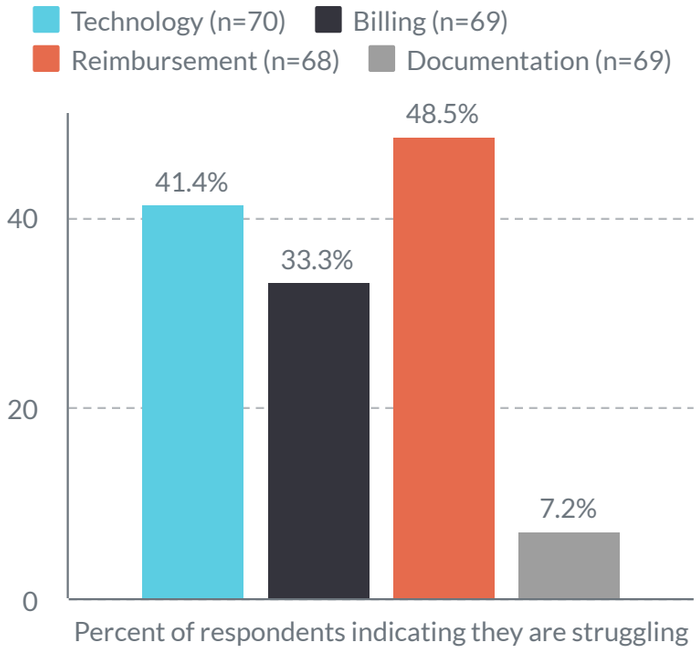




Rural/frontier visit type breakdown



Practices are still struggling with the following issues in regards to telehealth/virtual visits



Specific issues and needs include:

Technology write-in responses:
- Patient-level technology use issues: 5
- Patient-side broadband and/or internet issues: 4
- Practices trying to use other platforms: 3 (doximity, FaceTime, looking into audio-visual options still)
- Added cost to patient: 1

Billing write-in responses:
- Different codes and modifiers/policies for each payor
- We are not sure what we are getting paid yet

Documentation write-in responses:
- It's been a learning curve
- Using our usual OV *[office visit]* templates

Reimbursement write-in responses:
- It is taking a while to get reimbursed
- Provider reps don't seem to understand the telehealth policy at the ins co's
- Reimbursement for telehealth is stalled or less than in person which is financially impacting our system greatly
- Still not making the same back as with in-office procedures in some cases
- Waiting for claims

7 "Other" responses included issues of:
- Decreased patient volume
- The need for a coordinated workflow for remote workers
- Outreach and patient navigation
- Limited internet access and technology problems
- Support for providers working at home
- Overcoming the fear and resistance of frightened and/or chronically sick and/or marginalized populations
- *One response shared in this section that they are not doing telehealth*

Public Health/Practice Partnership

We asked practices to share whether or not they are working or communicating with Public Health (PH), and if they are if it is an effective relationship or not. Responses by practice location can be seen in the table to the right.

	Urban/ suburban	*Rural/ frontier*
Yes	*35%*	*62%*
Yes, but isn't effective	*7%*	*23%*
No	*58%*	*15%*

Of those practices that **are** working with PH *(even if not effective)* (n = 39), 77% (30) indicated that there are community supports in place for those with high social needs.

Of those practices that **are not** working with PH (n = 28), 79% (22) indicated that there were supports in place.

[PH is] part of the emergency management team, influencing protocol and contributing staff to get things set up.

No time to add another task to my plate. No clear point of contact [with PH], no responses or engagement from my previous attempts to reach out to them

Resources Needed to Adequately Address COVID-19

Many practices are still experiencing issues that prevent their practice from acquiring or testing locally.

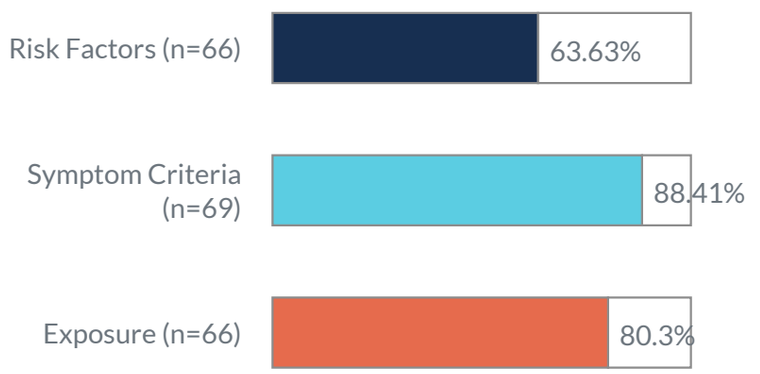
- 16 - lack certain resources
- 14 - lag time or delay in testing
- 11 - lack of testing sites
- 11 - stringent testing criteria

Resources that are still lacking include: tests in general, swabs, and PPE

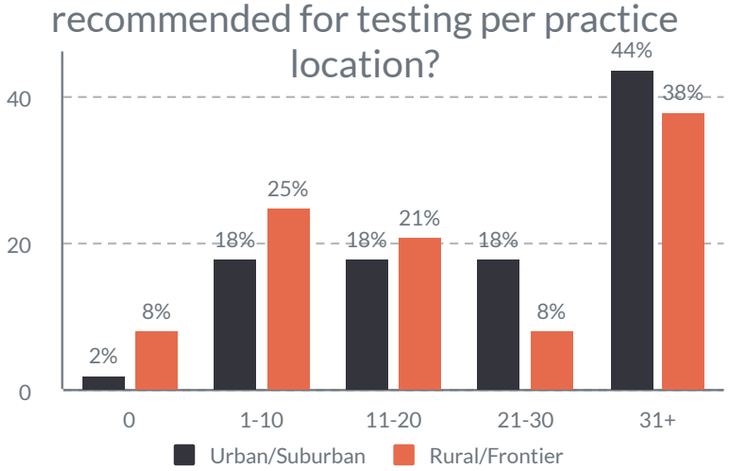
"Other" testing responses included:

- Per doctor's orders
- Health department referral
- Pre-op clearance
- Patient or employer request
- Follow-up surveillance

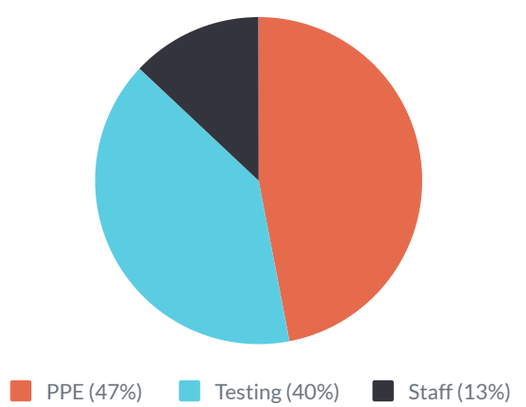
Which criteria are responding practices testing based off?



How many patients have been recommended for testing per practice location?



Resources that responding practices do not have adequate supply of include:



High social determinants of health (SDoH) needs

77% of rural/frontier respondents and 80% of urban/suburban respondents feel there are supports in place locally to meet the needs of patients with high SDoH needs.

Community-level supports for patients with high SDoH needs varies widely, however many resources listed were related to:

- Accessing food and housing
- Behavioral health
- Care coordination and/or patient navigation
- Home health
- Coordination at a practice-level with local social support services
- Supports for elderly or those in senior centers

The heart image at right is a "Word Cloud" of all supports brought up: The larger the word, the more often it was listed by survey respondents.

BIG WIN!

One practice reports offering gas cards for transportation and referral to both food and shelter services.

Another practice had a "big win" recently with finding a senior center that can provide rides for disabled persons to drive-thru testing.

While many practices are well-set up with resources, not all are. Of the additional SDoH needs listed, here are some of the main needs that are still unmet:

- Education *(in general)*
- Information on isolated patients that live in poverty, specific to basic needs
- Home health
- Resources for housing and shelter
- Lists of local agencies supporting COVID patients
- Who is partnering to help with patients that are losing their insurance?

Re-opening of practices

Among practices without enough guidance on processes to follow for resumption of in-person visits, whether fully or partially (n = 13)

77% are urban/suburban,
23% are rural/frontier

46% **are** part of a network or system,
54% **are not** in a network or system

WHAT RESOURCES ARE PRACTICES USING TO GUIDE RESUMPTION OF IN-PERSON VISITS?

- Advice from Infectious Disease specialist and other specialists
- AAFP, AAP, CDC, CDPHE, DORA, Children's hospital, CMS
- Brainstorming with providers
- Purchased air filtration system for patient rooms
- Governor, local county, and payer recommendations
- Talking with other practices
- Literature searches
- Local surveillance data

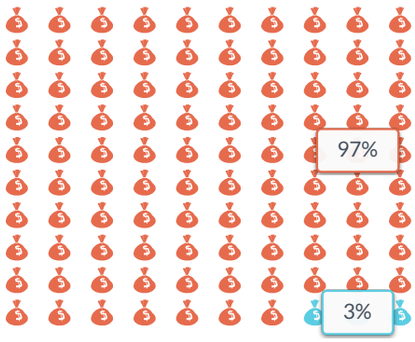
Additional information needed for practices that do not have guidance:

- How to see sick patients, how to clean exam room afterward?
- How to decide which patients should and shouldn't be seen in-person?
- Respondents want to understand what other practices are doing.
- General workflow and patient volume suggestions
- Structures for having at-risk patients return in-person
- Staff confidence

Financial Survival

All but 2 practices, or 3%, (one urban, one suburban) shared that COVID-19 is impacting the financial survival of their practice. (n=69)

31% of all respondents are experiencing layoffs or furloughs *(combined clinician, nursing staff, and admin staff)*
39% of all respondents are experiencing salary cuts
71% of all respondents are experiencing reduced working hours



12 respondents are considering closing doors temporarily (7 urban/suburban, 5 rural/frontier)
6 respondents are considering closing doors permanently (4 urban/suburban, 2 rural)

Other financial experiences documented: consolidated satellite sites, loss of income, slow patient volume, financial assistance (PPP, HHS CARES Act, Medicare Advance), reducing clinic days, ending programs that offer SDoH support, using reserve funds

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

Follow Along

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