How Michigan Primary Care Practices Are Responding to COVID-19: Summary Survey Results from Practices and Physician Organizations As of April 7, 2020

This summary document was produced by the Multipayer Michigan CPC+ team and derived from responses from Steering Committee member responses to the following item discussed in round-robin format at their April 2020 meeting:

> *"CPC+ primary care practices and Physician Organizations (POs) in Michigan are quickly adapting and innovating to continue to meet the escalating needs of patients as the nation grapples with the coronavirus. Steering Committee members are at the helm of leading our practice and PO's in this special time.* ***Please share how your practices are dealing with the Corona virus and COVID-19 by responding to the following questions:***
>
> 1. *How are you servicing patients? Are your practices still seeing patients in the office or have you transitioned partially or entirely to virtual visits?*
> 2. *How have you expanded your telehealth servicing to allow for telehealth visits, virtual check-ins and e-visits? Are there other types of ways you are seeing patients in a contact-free way?*
> 3. *What are your patient volumes for each modality of servicing that you are offering (e.g., in-person, e-visits, etc.)? How have they changed over the year to date?*
> 4. *How are you addressing care management in this special time?*
> 5. *Are there other things you are doing in your PO and practices to support teams and patients to support them in dealing with the challenges at hand?*

Responses were summarized into the following table and confirmed with each organization. Michigan CPC+ participating payers (BCBSM, Priority Health, CMS) also made special temporary changes to provide greater flexibility in telehealth and care management requirements.

Supplementary detail for some responses can be located in the appendix that follows the table.

How Michigan Primary Care Practices Are Responding to COVID-19

A Summary of Physician Organization (PO) and Practice Innovations

As of April 7, 2020

Physician Organization (PO)	Measures Taken to Address the Governor's Stay Safe, Stay Home, Stay Healthy Executive Order	Percent Patients Serviced Remotely vs In-person in February 2020 Compared to March 2020 Volume	Remote Visit Type and Platform and Related Tools	Rescheduling or Cancelling Specific Types of appointments?	Other Actions Taken? Additional Notes or Comments?
St. Mary PHO (Ascension)	Seeing ~10% of patients in-office by appointment only. Transitioned to rotating one PCP in-office each day with front staff and MA support. PPE available and used.	~90% of volume (virtual visits, phone calls) vs. 0% in February 2020; Target is to transition to 100% virtual vists.	Doxy.me Will start Amwell in summer 2020.	Rescheduled, canceled or transitioned visits to remote whenever possible.	Several Ascension respiratory clinics in southeast Michigan are seeing patients with respiratory symptoms either by appointments or walk-ins. These clinics do not test COVID-19. But they still do normal tests.
Cadillac Family Physicians (Wexford PHO)	10%-15% patients are still being seen onsite with social distancing precautions. Adopted "clean zone" approach; thus, no patients with fever or respiratory symptoms are seen in the office. PPE available and used.	~85-90% of volume (vs. 0% in February 2020)	Virtual visits are integrated with Allscripts and are linked to EMR and billing Email visits are in process of being set up.	Canceled in-office visits for patient 70 and older; Lengthened visits for allergy patients and most appointment times to 30 minutes	Furloughed some staff; Offers drive-up collection for flu and strep specimens, etc.; Uses their moderately complex lab in-office for specimen analysis
Huron Valley Physicians Association (HVPA) (affiliated with Trinity Health)	Most practices are not seeing patients in office unless there is a critical need.	Almost 100% (had some telehealth capability prior to February 2020)	Doxy.me Zoom Facetime Also uses Moodlifters (https://moodlifters.com/) to ease patient anxiety triggered by pandemic. Contributes to Primary Care Collaborative (PCC) Primary Care Survey PCC COVID 19 Survey	Rescheduled, canceled or transitioned visits to remote whenever possible.	Partner with Michigan State Medical Society which provides a lot of resources and information, particularly about the grant and small business loans to support practices. Some types of practices (e.g., plastic surgery, etc.) in their multispecialty group have completed closed. Several practices have begun lay-offs due to reduced patient volume.

Physician Organization (PO)	Measures Taken to Address the Governor's Stay Safe, Stay Home, Stay Healthy Executive Order	Percent Patients Serviced Remotely vs In-person in February 2020 Compared to March 2020 Volume	Remote Visit Type and Platform and Related Tools	Rescheduling or Cancelling Specific Types of appointments?	Other Actions Taken? Additional Notes or Comments?
Alliance Health	All patient services (100%(were transitioned to remote as of March 16, 2020. Three care teams (each consisting of a PCP provider, MA, and front desk team member) rotate in the office for handling incoming patient calls, faxes, etc. necessary in the office. The rotating PCP also handles remote visits as additional capacity for the other providers using telehealth from home locations	All patient visits have been remote since March 16, 2020; Compared to pre-coronavirus pandemic in-office visit volume, the practice reached 60% of the pre-pandemic volume by April 1, 2020 and are targeting to hit 100% of pre-pandemic office visit volume in mid-April. Remote visits are video visits or phone visits.	Doxy.me Michart Facetime	Paused all in-office servicing and transitioned all to remote.	Constructed an algorithm using HCC score, ED admission score, and A1c results to identify high-risk group (about 2,500 patients) in Epic. Staff have been cross- trained to make calls to these patients weekly. MAs and front desk team members make weekly calls to the high-risk group patients for conversation and an opportunity to hear how the patient is faring and assess their needs, safety and reduce feelings of isolation and anxiety. The activity is scaling up with a goal of weekly call outreach to 85% of high-risk patients. The calls have met with early success and staff report satisfaction and meaning in assisting patients in this time of need.
Oakland Southfield Physicians	Varies, dependent on practice; Have PPE but working with local supplier on waterproof gown production for those staffing the drive-up collection sites.	Practices operating closely under the PO have converted to remote servicing quickly (some w/in two days) and are ramping up remote volumes. HVPA is working with their smaller independent practices to customize their needs.	Telephonic visits, video visits and e-visits	Transitioned, delayed or canceled in-person appointments whenever possible	Figure out innovative way of getting PPEs from a local supplier; Board has supported providing reserve relief funding to practices for sustainability; Drive=up collection servicing for specimens. PO is providing "one stop" shop re: COVID-19 information for practices
University of Michigan (Detailed response in Appendix 1)	Consolidated primary care in-office servicing to small number of sites; Amount of in-office servicing varies by site; Rotating teams in offices that continue to see patients in-person to reduce fatigue; All healthcare personnel should wear a surgical mask at all times in the healthcare setting during periods of high community prevalence; For patients with respiratory symptoms or who are COVID-19 positive, follow droplet precautions (surgical mask, gown, gloves, eye protection). For situations where there is potential for an aerosol-generating procedure (such as nebulizer use, high-flow oxygen, bag-valve mask ventilation, intubation) follow airborne precautions including use of an N95 mask or PAPR if failed fit test for N95.	Video visit volume increased from ~500 in February 2020 to over 3000 by 4/1/20; E-visit growth increased from over ~500 in February to 2,500 in March 2020.	Video visits and e-visits; Conducted provider training and aiming to smooth service levels to include evening and weekend hours as well as weekday	Deferred: Health Maintenance Exams for healthy patients with no acute concerns; Non-essential OB care; Well child exams for children >18 months without acute concern; some procedural services Converted to telehealth: chronic illness not requiring in person examination; Acute illness not requiring in person examination	Developed a live guidance (University of Michigan Live Guidance COVID-19 Compendium for outpatient management of COVID-19 covering evaluation, testing, treatment, guidelines for providing primary care, talking points with patients, mental health resources, etc.; Created workflows of triaging patients, determining appropriate setting, and arranging follow-up; COVID-19 results available in providers' in-basket results folder; Providing periods of self-quarantine to minimize exposure risk; Manufacturing sanitizer in-house; COVID 19 test has been developed and is being used for all inpatients.

Physician Organization (PO)	Measures Taken to Address the Governor's Stay Safe, Stay Home, Stay Healthy Executive Order	Percent Patients Serviced Remotely vs In-person in February 2020 Compared to March 2020 Volume	Remote Visit Type and Platform and Related Tools	Rescheduling or Cancelling Specific Types of appointments?	Other Actions Taken? Additional Notes or Comments?
Spectrum Health	All nonessential visits are cancelled until April 20. Converting all visits to telemedicine if possible Some provider discretion about seeing required visits in the offices. Some providers redeployed to Spectrum's Testing Hot Line and mobile testing services. All staff and providers required to wear surgical masks for all ambulatory visits and full PPE for suspected COVID 19 patients	1200 to date. This includes all service lines, but numbers are small outside of primary care	MyHealth (EPIC)	Rescheduling all in person non-essential visits. Providing any type of visit virtually if patient will accept, including AWVs and specialty care. Behavioral health visits being done virtually	Coordinating all community-based COVID 19 testing through a statewide, central hot line. 38,000 calls to date. 6 mobile testing sites. Community facing web page with useful information. Accepting donations from the community as well.
IHP **(Detailed response in Appendix 2)**	Virtual transition began in mid-March; As of 4/1/20, 5 – 50% depending on practice; Urgent and emergent patient- specific after provider discussion are seen in person. Special provisions taken include: • Greeting patients at their car or having them call when arrive • Staggering patients to avoid contact • Funneling patients with respiratory symptoms to specific locations	From 95 to 50% depending on practice	Patient portal, email Using Skype and Google Hangouts for telehealth visits. Telehealth format options: • On Demand – patient jumps in a queue and waits for a provider to become available • Schedule an appointment time with front desk • Email option – patients can send pictures and communicate back and forth through email (for very common, low complexity conditions	Well/routine visits are being rescheduled Rescheduling elective/non-emergent surgeries/procedures Emergency dental services only, no podiatry, optometry Temporarily suspended outpatient services mammography therapies (PT, OT, Speech, Cardiac and Pulmonary Rehab), and sleep studies.	Offering "hybrid" visit for well/chronic planned visit – virtual visit combined with drive up service (A1c testing, immunizations) Rotating staff, furloughing staff, closing offices where necessary

Appendix 1: University of Michigan COVID-19 Response

The Family Medicine department at The University of Michigan has developed a living document available online that is continually updated with extensive information including guidelines for providing primary care during the COVID-19 pandemic at: University of Michigan Live Guidance COVID-19 Compendium.

Appendix 2: Integrated Health Partners COVID Response

Integrated Health Partners (IHP) provided the following detailed response:

a. How are we servicing patients?

   i. Screening patients over the phone

ii. Updating website/Facebook with current information – sending blasts through patient portals
iii. Greeting patients at their car or having them call when arrive
iv. Staggering patients to avoid contact
v. Expanded hours
vi. Funneling patients with respiratory symptoms to specific locations
vii. Rescheduling elective/non-emergent surgeries/procedures
viii. Specialists are also doing telehealth and telephone visits

b. Are your practices still seeing patients in the office or have you transitioned partially or entirely to virtual visits?
   i. Well/routine visits are being rescheduled
   ii. Offering "hybrid" visit for well/chronic planned visit – virtual visit combined with drive up service (A1c testing, immunizations)
   iii. Behavioral health tele-visits
   iv. Urgent/emergent patient specific after provider discussion are seen in person

c. How have you expanded your telehealth servicing to allow for telehealth visits, virtual check-ins and e-visits?
   i. Offices are increasing or implementing virtual visits
   ii. Increased volume of phone calls
   iii. Implemented new telehealth platforms
   iv. Implemented telehealth within EMR

d. Are there other types of ways you are seeing patients in a contact-free way?
   i. Patient portal, email
   ii. Using Skype and Google Hangouts for tele visits.

e. What are your patient volumes for each modality of servicing that you are offering (e.g., in-person, e-visits, etc.)?
   i. In person visits dramatically decreased – down 50-95% depending on practice
   ii. Virtual visits increased dramatically
   iii. Increase in patients with anxiety and/or depression – addressed through telehealth/phone calls
   iv. Decreasing # of hours in the office, rotating staff, furloughing staff, closing office
   v. Emergency dental services only, no podiatry, optometry
   vi. Temporarily suspended outpatient services mammography therapies (PT, OT, Speech, Cardiac and Pulmonary Rehab), and sleep studies.

f. How have they changed over the year to date?

i. Virtual visits exceeding in person visits

ii. Office staff working from home

g. How are you addressing care management in this special time?

i. MAs collecting Advance Directives, questions addressed by provider via telehealth

ii. CM contacting patients with COPD, asthma +/or CHF – checking if spirometry up to date, if not scheduling in the future, education to patients re: inhaler use, "emergency pack"

iii. Follow up phone calls to controlled diabetics

iv. Working on gaps in care – flagging measures that are due, scheduling patients out, entering information into health plan web portals, identifying interface issues with IHP registry, etc.

v. Nurses are managing triage, Transition of Care, some complex care via phone

vi. Working on the A1c over 9 list, PDCM, SDOH, and longitudinal care management.

h. Are there other things you are doing in your PO and practices to support teams and patients to support them in dealing with the challenges at hand?

i. Nurses are reviewing schedule each week and proactively calling patients and offering them phone or telehealth visit options
    1. If patients aren't already signed up for portal, they are helping them get set up

ii. Telehealth format options
    1. On Demand – patient jumps in a queue and waits for a provider to become available
    2. Schedule an appointment time with front desk then they receive an email to log on at their scheduled time
    3. Email option – patients can send pictures and communicate back and forth through email (for very common, low complexity conditions (e.g., URI)

iii. Advocating for patients that need exams (CT/MRI)

iv. Connectivity to the patient's provider relieving patient stress

v. COVID hotline for patients to call with COVID specific questions

vi. Redeploying staff, adjusting staffing levels to minimum necessary to remain operational

vii. IHP is providing updates (usually daily) on the most pertinent information coming from sources such as CDC, CMS, etc.

viii. Practice coaches are in frequent contact with practices virtually

ix. IHP sits on county EOC and provides reports of needed supplies