



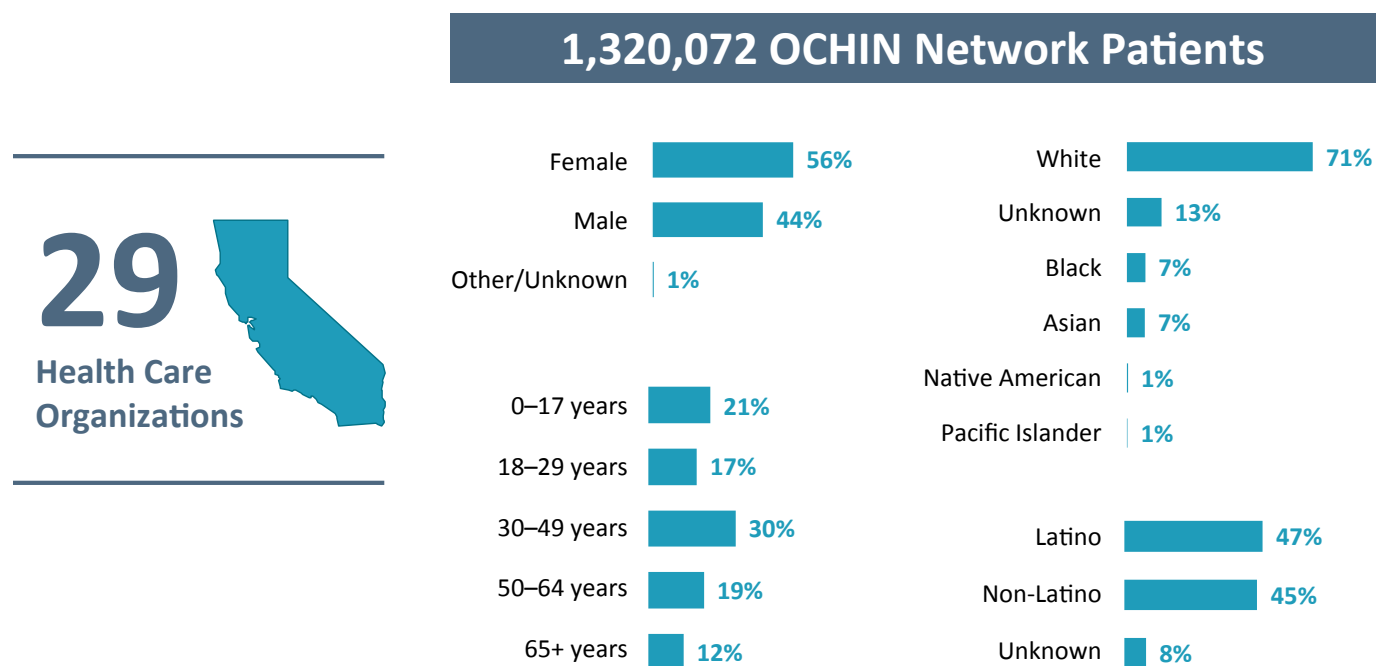
Care in the COVID-19 Era: An Analysis of California Community Clinics

While COVID-19 has not yet created the overwhelming surge of cases feared by leaders of California’s health care delivery system, the pandemic is having unprecedented effects. Patients continue to put off routine and nonemergency care,¹ primary care doctors are increasingly worried about the survival of their practices² and hospitals are experiencing a dramatic decline in emergency and inpatient visits.³

OCHIN is a nonprofit information technology and research organization that serves a nationwide network of primary care practices, including 29 health care organizations

in California. This issue brief uses OCHIN’s unique data sources to provide new information on how the COVID-19 pandemic is impacting health and the health care system in California. OCHIN’s providers are vital to underserved communities, collectively serving more than 1.3 million patients throughout the state (Figure 1). Their experiences and electronic health records data can provide new insight into how the COVID-19 pandemic has magnified existing health disparities in California, led to sizable decreases in in-person visits, and provided new momentum to the shift toward care delivered by phone or video, often referred to as telehealth.

Figure 1. OCHIN’s California Network Overview



Notes: Source uses AI/AN, Black/African American, and Hispanic. Demographic groups may not add to 100% due to rounding.
Source: OCHIN (May 2020).

COVID-19 Pandemic Reflects Deep Health Disparities

According to the California network data as of June 26, 2020, 3,770 OCHIN network patients were confirmed or presumed to be COVID-19 positive. Providers' records show that the virus is disproportionately affecting Latino patients, who represent 47% of the network's total patient population in California but comprise 64% of its COVID-19-positive cases (Figure 2). This disparity has also been well documented nationally.⁴ Beyond California, Latino patients in the OCHIN network are twice as likely, and Black patients are 2.5 times as likely, to have a documented COVID-19 diagnosis in their electronic health records data, compared with non-Latino white patients.

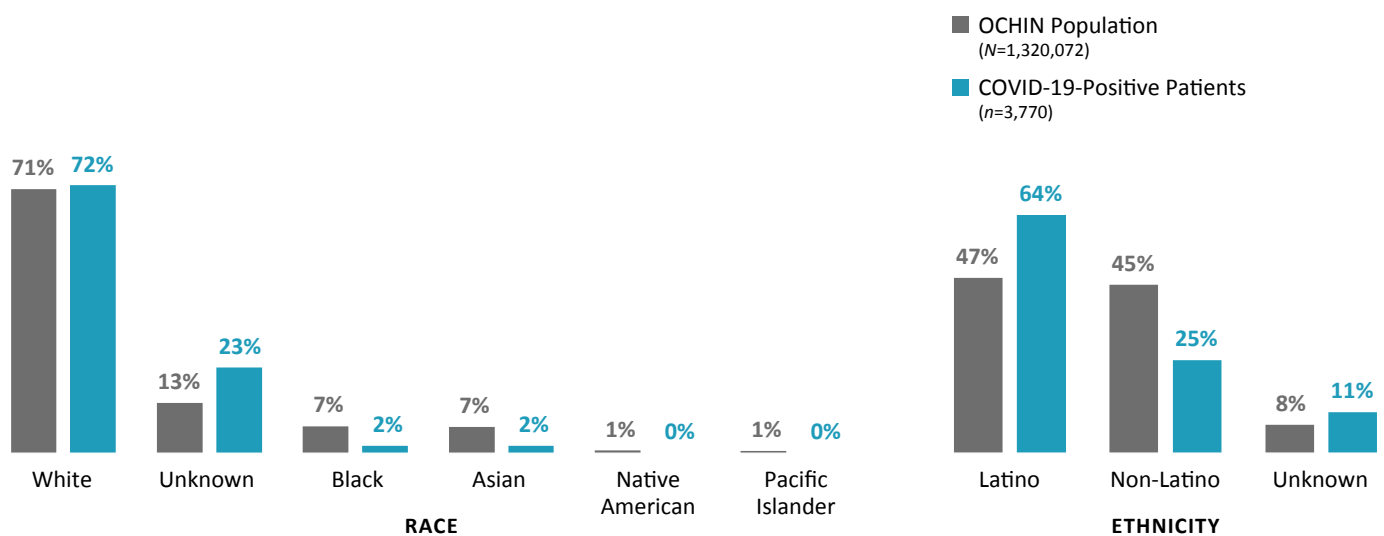
In California, Latino patients are disproportionately experiencing the COVID-19 pandemic.

Rapid Deployment of Telehealth Helped Providers Maintain Care

Emerging reports show dramatic declines in patient volume across hospitals, clinics, and primary care practices both in California and nationally. Providers in the OCHIN network are no different. The national data show that the number of inpatient visits to clinics fell by more than half — from an average weekly volume of 21,101 encounters in early 2020 to 8,761 encounters in May 2020 (not shown). In this context, providers throughout OCHIN's network have turned to telehealth — patient visits conducted by phone or video — to help maintain continuity of care.

In California, nearly half of all patient encounters on the OCHIN network are now completed virtually (Figure 3, page 3). This rise is dramatic and unprecedented. In January, just 0.5% of the nearly 219,000 patient visits to OCHIN safety-net facilities in California were conducted by phone or video. In May, nearly 55% of more than 206,000 visits were virtual. OCHIN has seen similarly dramatic rises in virtual behavioral health visits (Figure 4 page 3). With those telehealth encounters factored in, total behavioral health visits were up roughly 25% in April and May.

Figure 2. Percentage of OCHIN's California Patient Population vs. Patients on COVID-19-Positive Registry, by Race and Ethnicity



Notes: Source uses AI/AN, Black/African American, and Hispanic. Demographic groups may not add to 100% due to rounding.
Source: OCHIN, retrieved June 26, 2020.

Figure 3. Percentage of OCHIN's Completed In-Person and Telehealth Encounters, California, January 2020 to June 2020

In California, telehealth encounters increased as in-person encounters declined in response to the COVID-19 pandemic.

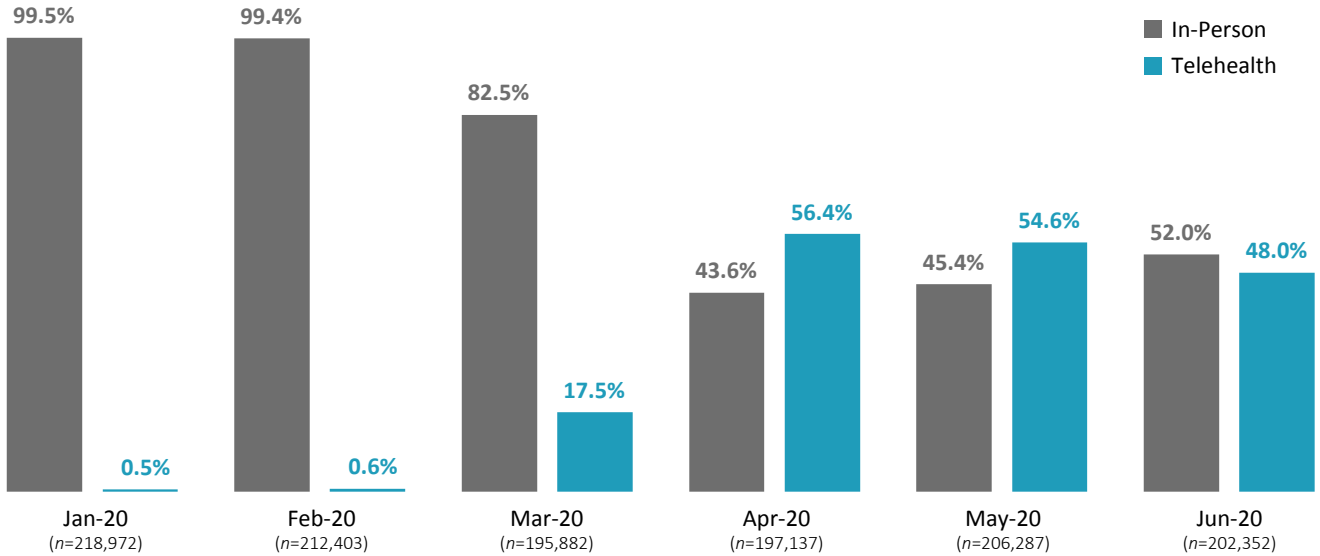
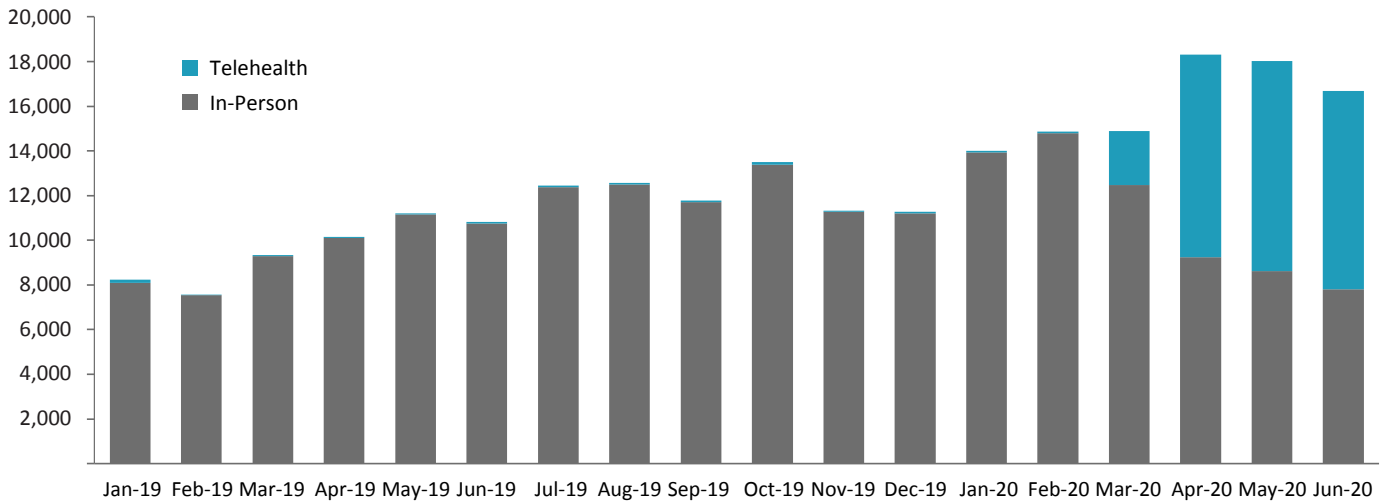


Figure 4. Number of OCHIN's Completed In-Person and Telehealth BH Encounters, California, January 2019 to June 2020

OCHIN's California network has increasingly transitioned to telehealth for behavioral health encounters in response to the COVID-19 pandemic.



FIGURES 3 and 4:
Source: OCHIN, retrieved June 26, 2020.

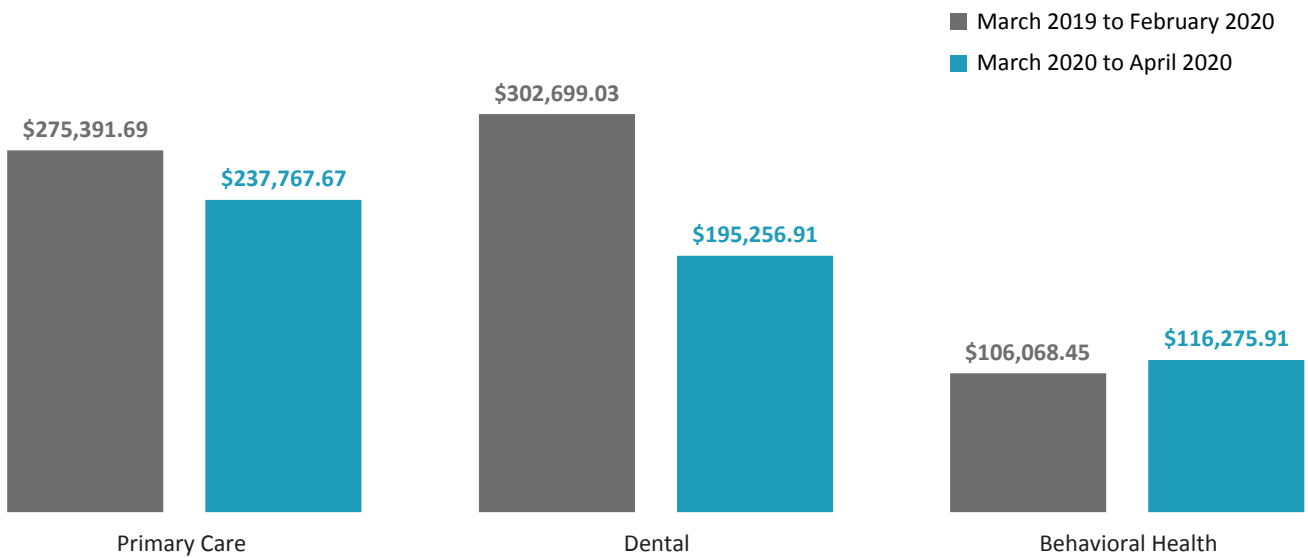
Emergency Regulations Spurred Telehealth Spread

The rapid transition to telehealth has helped many providers find new ways to deliver care, redeploy existing staff, and help offset revenue loss from the sharp decline of in-person visits. Across the OCHIN network, overall visit volume has already rebounded to around 85%–90% of pre-COVID-19 levels as telehealth visits have increased, but charges are still down nearly 20% (Figure 5). Policies that temporarily increased reimbursement for telehealth visits, particularly phone screenings and consults, have been a vital stopgap for providers, ensuring they are paid for their services regardless of how they are delivered. Still, even with these temporary measures, gross monthly charges in OCHIN’s California network are down significantly, particularly when it comes to dental care.

Taken together, these data show that California’s community health centers are experiencing an unprecedented shock to their care delivery models and finances because of the COVID-19 crisis. To close existing gaps and increase access to high-quality health care for everyone, policymakers must ensure that safety-net facilities have the tools, infrastructure, and financial support necessary to provide virtual and in-person care throughout and beyond the pandemic.

Average charges for behavioral health services increased while charges for primary care and dental service decreased during the COVID-19 pandemic.

Figure 5. OCHIN’s Average Monthly Gross Charges, California, by Specialty and Date



Source: OCHIN, retrieved June 26, 2020.

About the Author

Abby Sears is the chief executive officer at OCHIN, a non-profit health care innovation center designed to provide knowledge solutions that promote quality, affordable health care to all. Learn more at ochin.org.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

Endnotes

1. Mallory Moench, "Bay Area Doctors Worry About Patients Skipping Preventive Medical Care During Coronavirus Pandemic," *San Francisco Chronicle*, June 18, 2020.
2. Kristof Stremikis, "COVID-19 Tracking Poll: One-Third of California Primary Care Doctors Worry Their Practices Won't Survive," *The CHCF Blog*, May 15, 2020.
3. Glenn Melnick and Susan Maerki, *The Financial Impact of COVID-19 on California Hospitals*, California Health Care Foundation, June 3, 2020.
4. Miriam Jordan and Richard A. Opperl Jr., "For Latinos and Covid-19, Doctors Are Seeing an 'Alarming' Disparity," *New York Times*, May 7, 2020.