



COVID-19 Tracking Poll: Views from California Health Care Providers on the Front Lines

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About the Authors

Goodwin Simon Strategic Research (GSSR) is an independent opinion research firm with decades of experience in polling, policy analysis, and communications strategy for clients in the public and private sectors. GSSR's Partner Amy Simon, Senior Research Director John Whaley, and independent researcher Sharon Pinkerton all contributed their thought leadership to this survey research in collaboration with the California Health Care Foundation.

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.

About the Survey

On behalf of the California Health Care Foundation (CHCF), Goodwin Simon Strategic Research conducted a California statewide online survey among doctors, nurses, nurse practitioners, physician assistants, and behavioral health specialists to assess their experiences during the COVID-19 pandemic.

The survey was designed to explore five key areas:

1. **Health care providers' experience in providing care during the pandemic.** Questions on this topic explore morale and burnout, perceptions of risk of contracting COVID-19 in the workplace, availability of needed personal protective equipment and COVID-19 testing, and job-related impacts such as being laid off, furloughed, or having hours or pay cut (among other consequences).
2. **Experience with telehealth.** The survey assesses providers' use of telehealth during the COVID-19 pandemic, their impressions of telehealth, and their interest in continuing to use telehealth after the COVID-19 pandemic ends.
3. **Patient behavioral health and physical health impacts.** This includes perceived increases in mental health impacts, increased use of alcohol or other drugs, and the role of COVID-19's mental impacts on their patients' ability to maintain their physical health.
4. **Public health preparedness.** Questions in this area focus on speed of patient COVID-19 test results and vaccine and surge preparedness.
5. **Financial and workforce impacts.** This includes impacts the COVID-19 pandemic is having on patient volume, financial instability, and current and future business decisions.

Methodology

The survey was administered online and conducted from September 19, 2020, through September 28, 2020, among 1,202 health care providers in California. Throughout this report, the survey respondents are referred to as "providers." While the survey sample was designed to ensure it captures a broad cross section of health care providers in California, it is not a technically representative sample across the entire health care worker population of California. Instead, the survey was intentionally designed to focus on doctors, behavioral health specialists, nurse practitioners, physician assistants, and nurses who have provided direct patient care during the COVID-19 pandemic. Potential respondents who reported that they have not provided direct patient care since the COVID-19 pandemic began were terminated from the survey.

The margin of error for $n = 1,202$ respondents is +/- 2.8% percentage points and is higher for subgroups. Detailed methodology and the sample profile are available in the appendix.

Key Findings

COVID-19 Impacts on Health Care Providers

Morale and Mental Health Among Providers

- **Providers appear divided in their assessment of their morale.** While 52% describe their own morale as “excellent” (10%) or “good” (42%), 48% describe it as only “fair” (35%) or poor (9% “poor” and 4% “very poor”). Across all subgroups analyzed, the proportion reporting having “excellent” or “good” morale does not rise above 60%.
- **The modest morale ratings may reflect the emotional and mental health impacts many providers are feeling now.**
 - Two-thirds (66%) feel “emotionally drained” from their work.
 - Six in 10 (59%) are “burned out” from their work.
 - Just over half (55%) say they are “overworked.”
 - Half (51%) agree that they are “struggling to balance my work and family needs at this time.”
 - Half (48%) are “frustrated” by their job.

High proportions of all subgroups agree with these sentiments, with those who have seen or treated COVID-19 patients more likely to feel burned out, overworked, and frustrated.

- **Notable numbers of providers do not believe their concerns and mental health needs are being addressed.**
 - Three out of four (76%) agree that “not enough is being done to address the problems facing health care workers right now.”
 - Although 51% agree with the statement “my employer is providing sufficient emotional support to employees like me at this time,” 44% disagree.
 - Sixty-two percent agree “I have sufficient access to the mental health services I need.” However, fully one in four disagree, believing they lack the mental health services they need.
- Perhaps reflecting the emotional and mental impacts of practicing health care during the COVID-19 pandemic, 3 in 10 providers say they are at least “somewhat” likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least “somewhat” likely to retire early or stop providing direct patient care, and 1 in 10, each, is at least “somewhat” likely to leave the health care field temporarily or altogether.

Workplace Safety/Protocols

- **Most of the providers surveyed have seen or treated patients with COVID-19.** Seven in 10 (70%) gave this response, including high proportions of doctors, nurses, and nurse practitioners / physician assistants (NP/PAs) and across medical specialties, work settings, patient population, and every demographic group studied.
- **Fully half of all providers surveyed are currently reusing some or all personal protective equipment (PPE).** Another 25% are not currently doing so but have had to reuse PPE in the last six months, for a total of three out of four providers reusing PPE during the COVID-19 pandemic. Just 21% have never had to reuse PPE.
- **Six in 10 providers (60%) consider a shortage of PPE in their workplace currently to be at least a “somewhat” serious problem,** with 35% calling it “extremely” (16%) or “very” (19%) serious. Thirty-nine percent of those working in safety-net settings call their current PPE shortage “extremely” or “very” serious.
- **Just under 3 in 10 providers (28%) say they do not have access to adequate COVID-19 testing for themselves in their workplace.**

- **Almost 4 in 10 providers (37%) feel pressure to go to work even if they know they have been exposed to COVID-19**, with providers in safety-net settings (40%) somewhat more likely to feel pressure compared to those outside the safety net (32%).
- **Seven in 10 providers (70%) are at least “somewhat” concerned about contracting COVID-19 at work.**

Experience with and Opinions of Telehealth

- **The number of health care providers using telehealth has grown dramatically during the COVID-19 pandemic.** Before the pandemic, 30% of the providers surveyed used telehealth for patient visits and appointments. By September, that proportion has swelled to 79% — a more than twofold increase. Further, the use of telehealth for patient care is far-reaching, including high proportions of doctors, behavioral health specialists, nurse practitioners, physician assistants, and nurses, as well as across different medical specialties, work settings (hospital and nonhospital), and demographic groups.
- **Telehealth now accounts for a far greater percentage of a provider’s appointments than it did in the past.** Providers who used telehealth before the COVID-19 pandemic used it for 24% of their appointments on average. Today, these providers are using it for more than half (52%) of their patient care.
- **More than 8 in 10 providers (84%) using telehealth overwhelmingly consider it very or somewhat effective for providing care to their patients**, including high proportions regardless of occupation, medical specialty, or work setting. Significant majorities of providers believe telehealth is generally effective for the screening and management of uncomplicated physical and mental issues as well as chronic physical conditions and uncomplicated cases of COVID-19.
- **Regardless of whether they are using telehealth currently or not, 8 in 10 providers (80%) have a more favorable opinion of telehealth today than they did before the pandemic.** One-third (33%) have a “much” more favorable view and 47% a “somewhat” more favorable one. Eighty-three percent of those using telehealth now have a more favorable view, compared to 70% of those not using telehealth now.
- **Nine in 10 providers (89%) currently using telehealth would continue to do so if payments for telehealth and in-person visits are comparable.**
- **The proportion who would continue using telehealth drops by more than half if payment for telehealth is lower than payment for in-person visits.**
- **Eight in 10 providers (80%) using telehealth are using video for some percentage of these appointments today — up from 55% before the pandemic.** Yet while more providers are using video today than in the past, 9 out of 10 also use telephone appointments for some proportion of their telehealth visits. Safety-net providers (those with 30% or more patients covered by Medi-Cal or uninsured) use the telephone for 53% of their telehealth appointments on average, compared to a lower 41% of non-safety-net providers.
- **Providers with Medicaid/Medi-Cal or uninsured patients acknowledge many of these patients do not have adequate access to technology to receive telehealth.** Nearly half (45%) of these providers say that only some (34%), few (10%), or none (1%) of their Medicaid/Medi-Cal or uninsured patients have adequate access. While 41% say that most do, only 9% believe all these patients have adequate access.

Patient Impacts: Behavioral and Physical Health

- **Nine out of 10 providers (91%) are seeing an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the COVID-19 pandemic. Moreover, 54% report seeing a “significant” increase.** Not surprisingly, 99% of behavioral health specialists are seeing increased mental health impacts.

- **Two out of three providers (66%) say they have seen an increased use of alcohol or other drugs among their patient, including over one in four (27%) who are seeing a “significant” increase.**
- **Nearly all the providers believe these mental health impacts are affecting their patients’ ability to take care of their physical health, with over 4 in 10 seeing “extremely” or “very” negative impacts.** While 94% believe the mental health impacts are having at least a “slight” negative impact on managing physical health, 44% say the mental health consequences are having an “extremely” (11%) or “very” (33%) negative impact on their patients’ ability to take care of their physical health. There is little difference across the occupations or patient populations studied.
- **Reflecting mental health impacts, 86% of providers are concerned that their patients are forgoing or delaying health services necessary for their long-term health and well-being because of the COVID-19 pandemic.** Moreover, one in three (33%) is “very” concerned. This concern is broad-based, including large proportions of providers across occupations, medical specialties, work settings, patient populations, and other variables analyzed.

Public Health Coordination and Health Care Delivery

- **Three out of four providers (75%) are at least “somewhat” confident that the health care system in the area where they practice is prepared to administer a COVID-19 vaccine when it is ready. However, just one in three is “very” confident.** There is little difference in response to this question by occupation or other subgroups analyzed.
- **Over three out of four (78%) of those who work at or send patients to a hospital are at least “somewhat” confident that their hospital is prepared for another COVID-19 surge. However, just 36% are “very” confident.**
- **Reflecting the overall sense of preparedness, most providers who work at a hospital or send patients to one believe their hospital has adequate beds, ventilators, and clinic staff to handle a COVID-19 surge.** While 55% believe their hospital has enough medicines like remdesivir, one in four (23%) is not confident and 22% are unsure, suggesting less confidence in preparedness in this area.
- **Nearly two out of three providers are waiting two days or more for COVID-19 test results.** Among those who have ordered COVID-19 tests for their patients within the past few weeks of taking the survey, 34% receive the results back the same (18%) or next (16%) day. However, 63% wait two days or more for results, with one in four (24%) waiting four or more days.
- **Doctors and NP/PAs who have treated COVID-19 patients are generally satisfied with their ability to electronically transmit and receive the clinical information they need to diagnose and manage patients with COVID-19.** Eight in 10 (82%) are “very” (30%) or “somewhat” (52%) satisfied in this area. Just 14% are dissatisfied.

Business and Career Impacts

- **Patient volume is down for nearly half of providers.** Forty-seven percent say their patient volume is down “a lot” (15%) or “some” (32%) compared to before the COVID-19 pandemic. Pediatricians (82% down) and emergency department doctors (84% down) report the greatest impact, although over half of primary care doctors and other specialists report reduced volume as well. Twenty-five percent say their patient volume is up — most notably behavioral health specialists (45%) and psychiatrists (37%). Another 27% have not experienced a change in patient volume.

- **Reflecting this decline in patient volume, one in three providers (35%) say their office, clinic, hospital, or medical facility is currently experiencing financial instability.** Another 21% say their workplace initially experienced financial instability but has largely recovered. Therefore, more than half of providers (56%) report that their workplace has faced financial instability during the COVID-19 pandemic. Just 21% have not (4% prefer not to say, 16% are unsure, and 4% say the question is not applicable to them).
- **Just over 1 in 10 (13%) acknowledges that their office, clinic, hospital, or medical facility is currently exploring new affiliations or mergers.** This question was only asked among doctors, NP/PAs, and behavioral health experts or those involved in the business management of their office. While 51% say they are not considering new affiliations or mergers, 29% are unsure (3% prefer not to say and 4% said the question is not applicable to them).
- Among those with knowledge of their workplace’s business or financial management, **1 in 10 (9%) says that their office, clinic, hospital, or medical facility is at least “somewhat” likely to shut down permanently.** Another 1 in 10 (11%) says they are likely to shut down temporarily. Two in 10 (20%) say they are at least “somewhat” likely to lay off or furlough staff.
- **Not only has the pandemic resulted in considerable business impacts, it has resulted in pay cuts, reduced hours, layoffs, furloughs, and changed job responsibilities for providers.**
 - One out of two providers (49%) has seen job responsibilities expand during the COVID-19 pandemic.
 - One in three (32%) has had hours reduced.
 - One in four (25%) has had to take a pay cut.
 - Nearly 2 in 10 (17%) have been assigned to a different job, work area, or unit.
 - One in 10 (9%) has been furloughed.
 - Five percent have been laid off.

The remainder of this report presents the results in more detail.

Detailed Findings

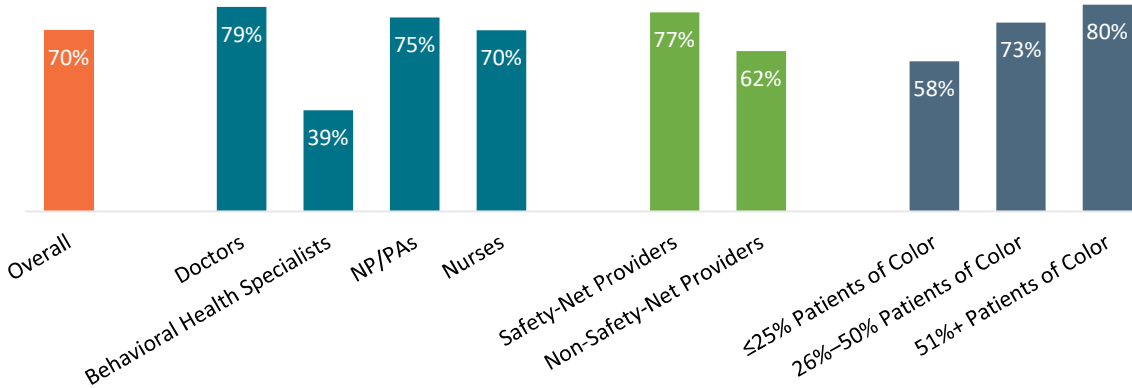
Experience with COVID-19 Patients

Most of the health care providers surveyed have seen or treated COVID-19 patients. Seven in 10 providers (70%) say they have seen or treated COVID-19 patients, while 20% have not, and 10% are unsure. Of those who have treated COVID-19 patients, two-thirds (66%) have treated 30 or fewer, while 21% have treated between 31 and 100, and 19% have treated more.

Results Among Subgroups

- Occupation:** Behavioral health specialists are less likely to have seen or treated COVID-19 patients, with 39% reporting they have done so. Seventy-nine percent of doctors, 75% of NP/PAs, and 70% of nurses have seen or treated COVID-19 patients.
- Work setting:** Providers are seeing or treating COVID-19 patients across all health care settings. This includes large numbers of those working in emergency departments (93% have seen or treated COVID-19 patients), urgent care centers (87%), inpatient hospital settings (87%), nursing homes (84%), outpatient clinics or services within a hospital (77%), outpatient surgery centers or infusion clinics (72%), Federally Qualified Health Centers (FQHCs) or other community or public health clinics (72%), behavioral health residential facilities (64%), home health care settings (65%), and private offices (58%).
- Safety-net providers:** Safety-net providers are more likely to have seen COVID-19 patients than non-safety-net providers (77% vs. 62%).
- Patients of color:** The proportion who have seen COVID-19 patients is higher among those with larger patient populations of color. Fifty-eight percent of those for whom people of color make up 25% or less of their patient population have seen COVID-19 patients, compared to 73% of those with patient populations of 26% to 50%, and 80% of those with more than half of their patient population being people of color.

Figure 1. Seven in 10 Providers Have Seen or Treated COVID-19 Patients
PROPORTION ANSWERING YES



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

COVID-19 Impacts on Health Care Providers

Personal Morale and Other Emotional and Mental Health Impacts

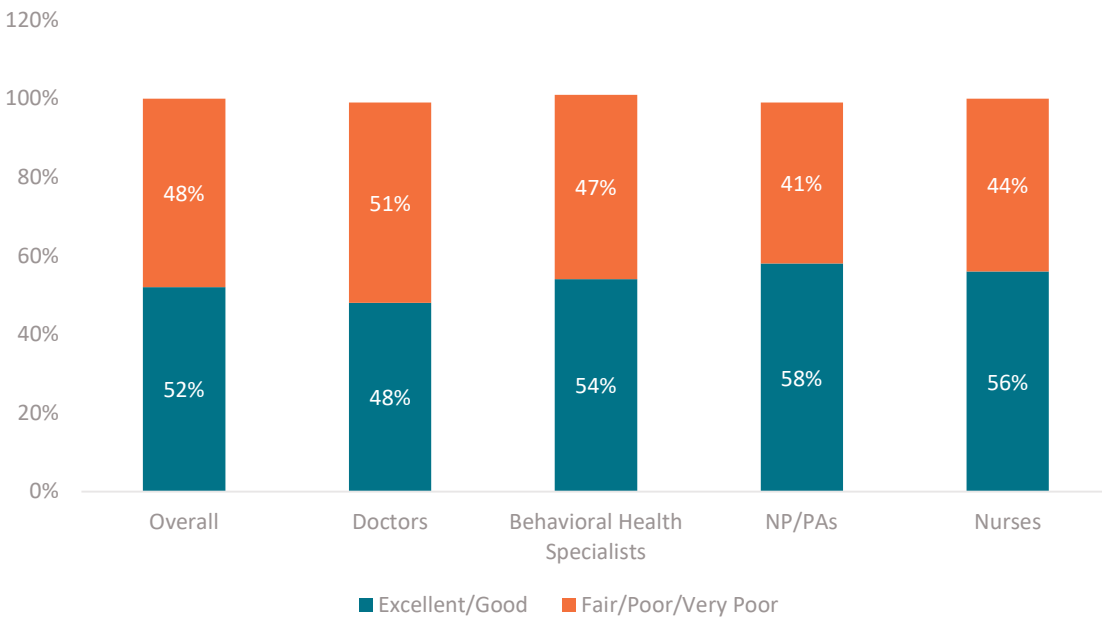
Personal Morale

Providers give lukewarm ratings to their morale. While 52% report a “good” (42%) or “excellent” (10%) morale, 35% rate it as only “fair,” and 13% say their morale is “poor” (9%) or “very poor” (4%).

Figure 2. Just Half of Providers Express Positive Morale

Q: ON A PERSONAL LEVEL, HOW WOULD YOU RATE YOUR OWN MORALE?

BY OCCUPATION



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners /physician assistants.

Results Among Subgroups

- **Occupation:** Positive morale (defined as “excellent” or “good”) is lower among doctors (48%) than NP/PAs (58%) and nurses (56%), and slightly lower than behavioral health specialists (54%).
- **Safety-net providers:** There is no difference in ratings among safety-net and non-safety-net providers.
- **Patients of color:** Providers with 25% or less patients of color in their patient populations have positive morale in slightly higher proportions than do those with larger patients-of-color populations (57% vs. 51%).
- **Other notable findings:** Positive morale is lower among those who express strong concerns about contracting COVID-19 at work (45% compared to those with little or no concern at 61%), who consider a lack of PPE to be a serious problem (44% compared to 61% of those who do not see it as a problem), and those reusing PPE compared to those who are not (47% to 58%).

Health Care Providers' Emotional and Mental Health

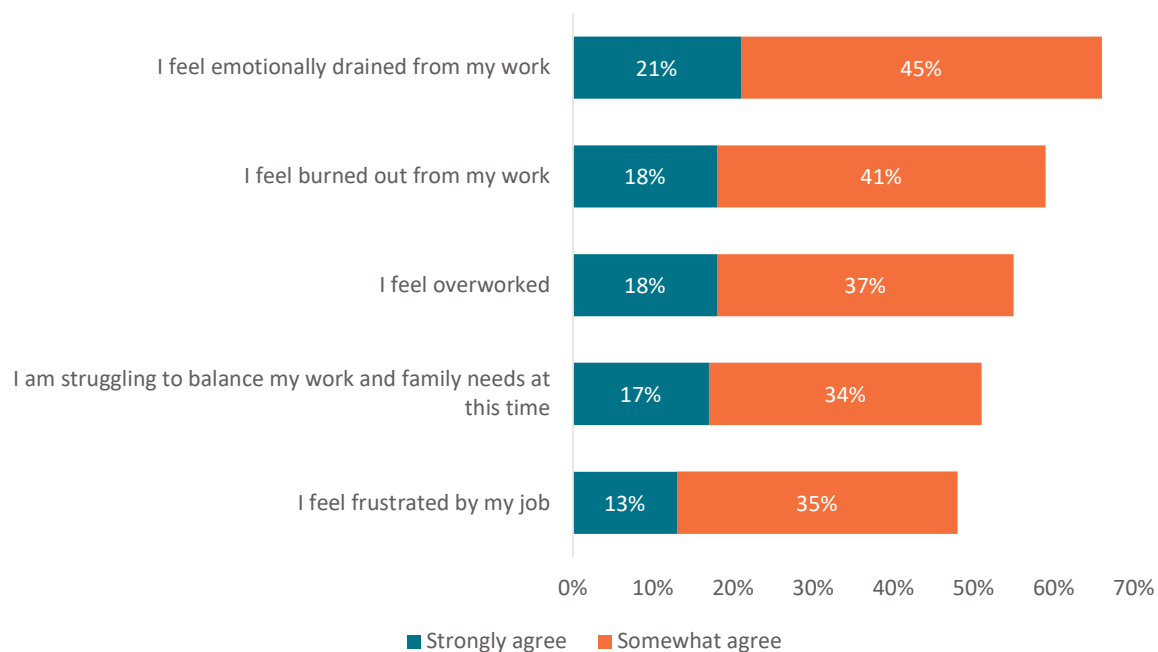
Significant numbers of the providers surveyed report negative emotional and mental impacts from providing patient care during the COVID-19 pandemic. Furthermore, they do not feel that enough is being done to address the problems they face, and large proportions do not feel they receive the emotional support they need.

Indicators of Burn Out

Approximately half to two-thirds of providers report being emotionally drained, frustrated, overworked, burned out, and struggling to balance work and family. Nearly half or more providers “strongly” or “somewhat” agree with the following statements:

- *I feel emotionally drained from my work* (66% agree).
- *I feel burned out from my work* (59% agree).
- *I feel overworked* (55% agree).
- *I am struggling to balance my work and family needs at this time* (51% agree).
- *I feel frustrated by my job* (48% agree).

Figure 3. Many Providers Feel Drained, Burned Out, Overworked, Frustrated, and Are Struggling to Balance Work and Family
Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING? (RANKED BY TOTAL AGREE)



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options.

Results among subgroups: There is little notable variation in the proportion agreeing with each of these statements among subgroups analyzed. There is no notable difference by patients-of-color population in response to each statement. The only notable difference by safety-net providers is that they are slightly more likely to feel overworked than non-safety-net providers (59% vs. 50% agree). Nurses are more likely to report feeling burned

out (66%) than other providers (57%). Those who have treated COVID-19 patients are more likely than those who have not to report feeling burned out (61% vs. 50%), overworked (58% vs. 46%), and frustrated (51% vs. 38%).

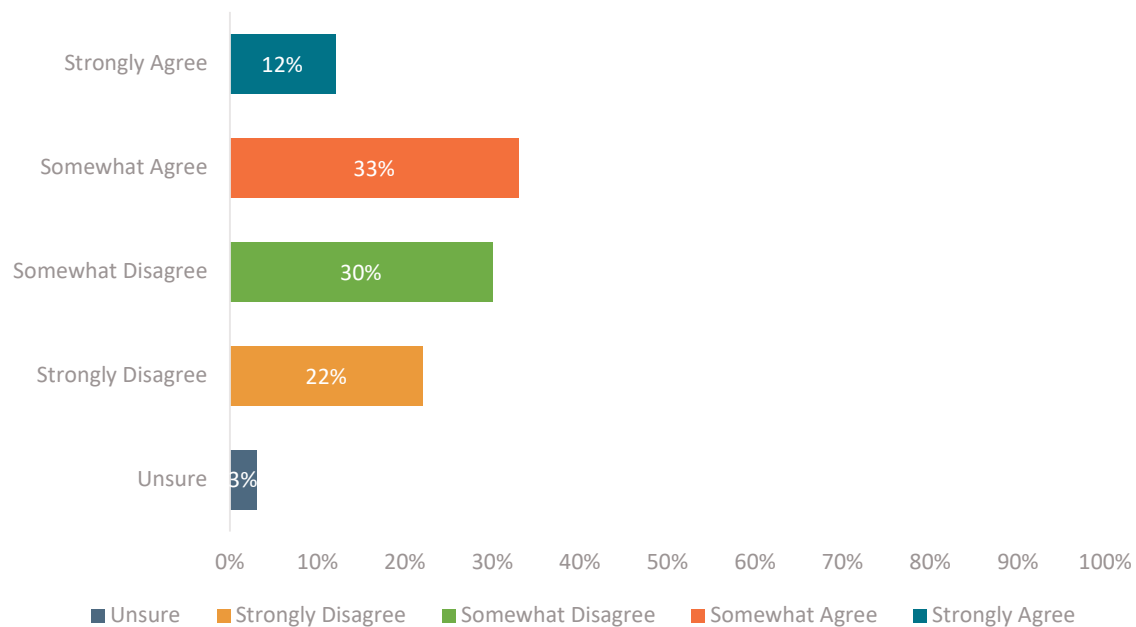
Additionally, those age 35–49 are generally more likely than those younger and older to feel emotionally drained, burned out, overworked, and frustrated and struggling to balance work and family. Although the difference is not large, it suggests greater impacts for those in this age group — an age group most likely to have children age 17 or younger.

Staffing Shortages

Adding to the pressures facing providers, nearly half (45%) of providers for whom the question was applicable agree that “staffing shortages have hampered my ability to respond to the COVID-19 pandemic.” Another 52% disagree. There are few notable differences by the subgroups analyzed. Safety-net providers agree in slightly higher numbers than non-safety-net providers (48% vs. 40%).

Figure 4. Nearly Half of Providers Say Staffing Shortages Hamper Their Ability to Respond to COVID-19

Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING: *STAFFING SHORTAGES HAVE HAMPERED MY ABILITY TO RESPOND TO THE COVID-19 PANDEMIC.*



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them.

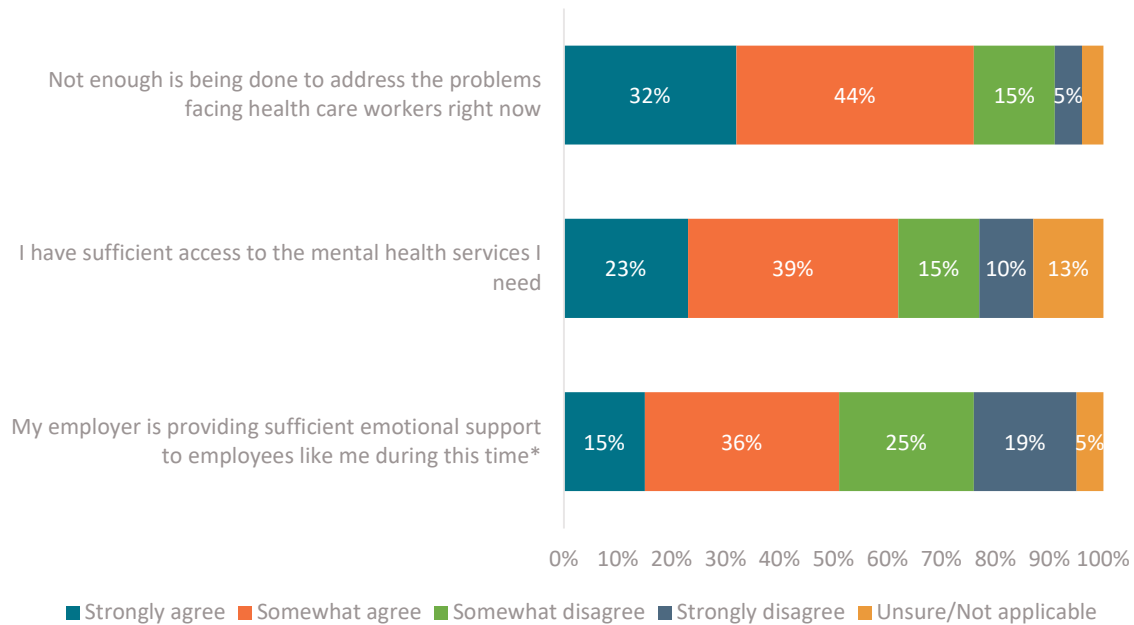
Access to Support

Many of the providers surveyed believe they have inadequate emotional support and access to mental health services. While just over half of providers say their employer is providing sufficient emotional support, 44% do not think so. And 62% agree with the statement “I have sufficient access to the mental health services I need.” Twenty-five percent disagree.

- **Results among subgroups:** Behavioral health specialists (73%) and nurses (66%) are the most likely to agree they have sufficient access to mental health services. Kaiser providers are also more likely to agree with this statement than other providers (73% vs. 61%). Agreement is highest among those working in large cities (67%), compared to smaller cities (60%), suburbs (57%), or small town and rural areas (53%).

Overall, 76% of providers agree with the statement “not enough is being done to address the problems facing health care workers right now.” High proportions of all subgroups agree with this statement.

Figure 5. High Proportions of Providers Report Insufficient Support; Three-Fourths Say Concerns Not Being Addressed
 Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING. (RANKED BY TOTAL AGREE)

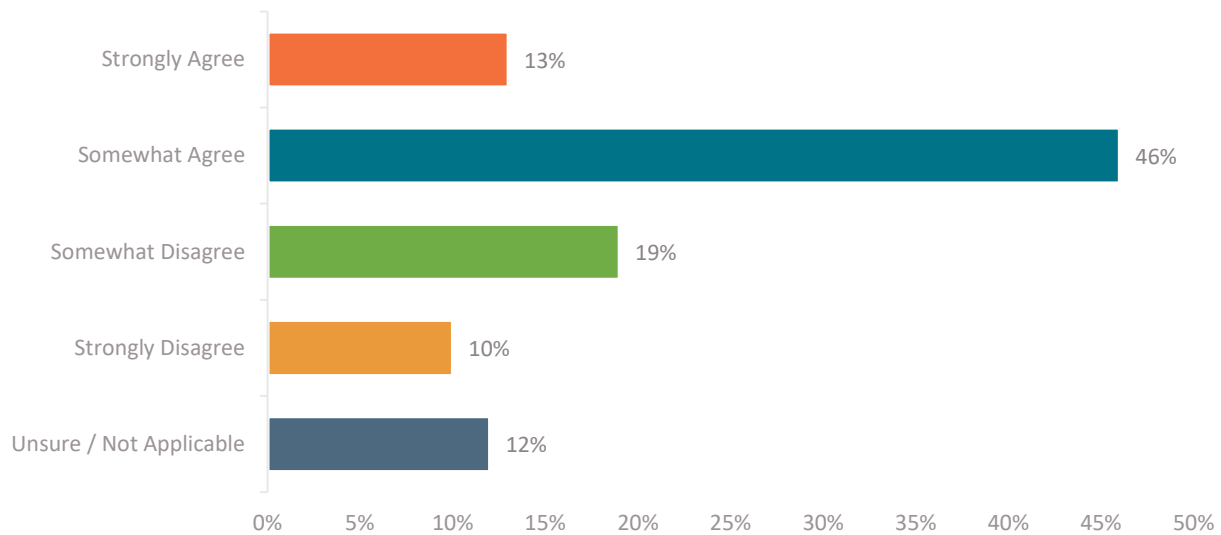


Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding. Results exclude those who said the question was not applicable to them.

At the same time that many providers are expressing negative emotional and mental health impacts of providing health care during the COVID-19 pandemic, nearly 6 in 10 (59%) agree with the statement “I feel my work is more respected now than before COVID-19.” Similar proportions of most subgroups agree with this statement, with nurses agreeing in higher proportions (72%).

Figure 6. Six in 10 Providers Feel Their Work Is More Respected Now Than Before COVID-19

Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING: *I FEEL MY WORK IS MORE RESPECTED NOW THAN BEFORE COVID-19.*



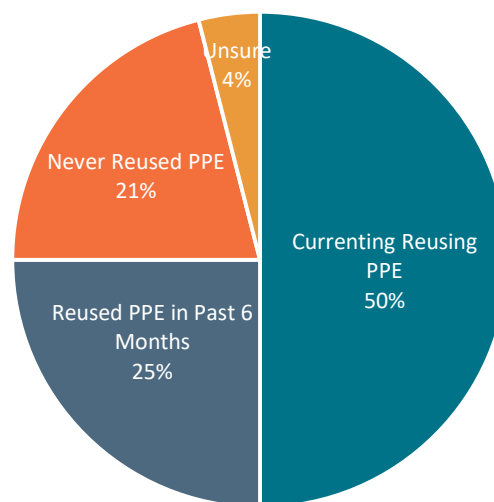
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options.

Availability of PPE

Half of providers are currently reusing PPE. Another 25% had to reuse PPE in the last six months but are not doing so currently. One in five (21%) have never had to reuse PPE.

Figure 7. Half of Providers Currently Have to Reuse Personal Protective Equipment (PPE)

Q: WHEN THINKING ABOUT YOUR USE OF PPE IN THE PAST SIX MONTHS SINCE THE COVID-19 PANDEMIC BEGAN, PLEASE INDICATE WHICH OF THE FOLLOWING BEST REFLECTS YOUR EXPERIENCE.



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:** Six in 10 NP/PAs (61%) report currently having to reuse PPE, while 54% of doctors and 51% of nurses are doing so. Behavioral health specialists are the least likely to be reusing PPE at 27%, perhaps reflecting less reliance on it. Four in 10 behavioral health specialists (39%) have never had to reuse PPE — far higher than any other subgroup analyzed.
- **Work setting:** Reuse of PPE is common across work settings, including urgent care (62%), emergency department (60%), inpatient hospital setting (59%), outpatient clinic within a hospital (53%), and FQHC or other community or public health clinic (52%). More than 4 in 10 of those working in nursing home settings (42%), private offices (41%, which includes disproportionate numbers of behavioral health specialists), or behavioral health residential facilities (40%) are doing so. Kaiser providers are more likely to be reusing PPE than non-Kaiser providers (61% vs. 49%).
- **Safety-net providers:** Safety-net providers are more likely to be reusing PPE than non-safety-net providers (53% vs. 45%).
- **Patients of color:** Those with more than 25% of their patient population being people of color are more likely to be reusing PPE than those with fewer patients of color (54% vs. 43%).
- **Other notable findings:** Fifty-six percent of those who have treated COVID-19 patients have had to reuse PPE, compared to 35% of those who have not treated COVID-19 patients.

Table 1. High Proportions of Nearly All Provider Subgroups Are Currently Reusing PPE

Q: WHEN THINKING ABOUT YOUR USE OF PPE IN THE PAST SIX MONTHS SINCE THE COVID-19 PANDEMIC BEGAN, PLEASE INDICATE WHICH OF THE FOLLOWING BEST REFLECTS YOUR EXPERIENCE. (PROPORTION CURRENTLY REUSING PPE)

Subgroup	Currently Reusing PPE (%)
Overall	50
Occupation	
Doctors	54
Behavioral Health Specialists	27
NP/PAs	61
Nurses	51
Kaiser Provider	
Kaiser	61
Non-Kaiser	49
Safety-Net Provider	
Safety-Net Providers	53
Non-Safety-Net Providers	45
Patients of Color	
25% or Less	43
26% to 50%	54
51% or More	54

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

Sixty percent of providers consider a shortage of PPE at their workplace to be a serious problem, with 16% saying it's "extremely" serious, 19% a "very" serious problem, and 25% a "somewhat" serious problem. Nearly one in four

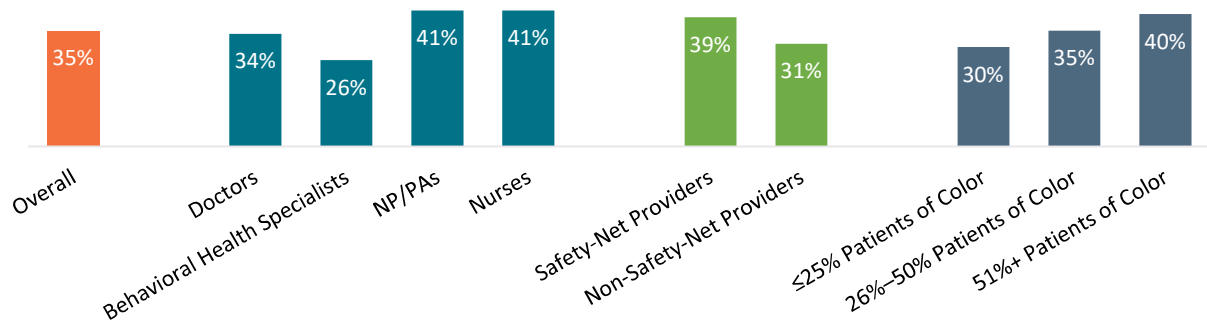
(24%) say a shortage of PPE where they work or practice is “not too serious” a problem and 14% consider it “not a problem at all.”

Results Among Subgroups

- **Occupation:** NP/PAs (41%) and nurses (41%) are slightly more likely to consider a PPE shortage to be an “extremely” or “very” serious problem than doctors (34%). Behavioral health specialists are the least likely to feel this way (26%) and far more likely to not consider it a problem at all (29%, compared to 9% to 14% of doctors, NP/PAs, and nurses).
- **Safety-net providers:** Safety-net providers are only slightly more likely to consider the shortage of PPE to be an “extremely” or “very” serious problem than non-safety-net providers (39% vs. 31%). This may reflect that more NP/PAs and nurses consider the PPE shortage to be a serious concern, and more safety-net providers are NP/PAs and nurses.
- **Patients of color:** Concern rises along with the proportion of people of color within the providers’ patient population. While 30% of those who say 25% or less of their patient population are people of color consider a shortage of PPE to be an “extremely” or “very” serious problem, 35% of those with 26% to 50% patients of color and 40% of those with more than half of their patient population comprised of people of color give this response.
- **Other notable findings:** Those who have treated COVID-19 patients consider the shortage of PPE to be an “extremely” or “very” serious problem in slightly higher numbers than those who have not (37% vs. 27%). Those who are concerned about contracting COVID-19 at work (54% “extremely” or “very” serious problem), who are reusing PPE currently (47%), and who say their morale is poor (54%) are the most likely to say a shortage of PPE at their workplace is an “extremely” or “very” serious problem.

Figure 8. One in Three Providers Considers a PPE Shortage to Be an Extremely or Very Serious Problem

PERCENTAGE WHO CONSIDER A SHORTAGE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) TO BE AN EXTREMELY OR VERY SERIOUS PROBLEM.



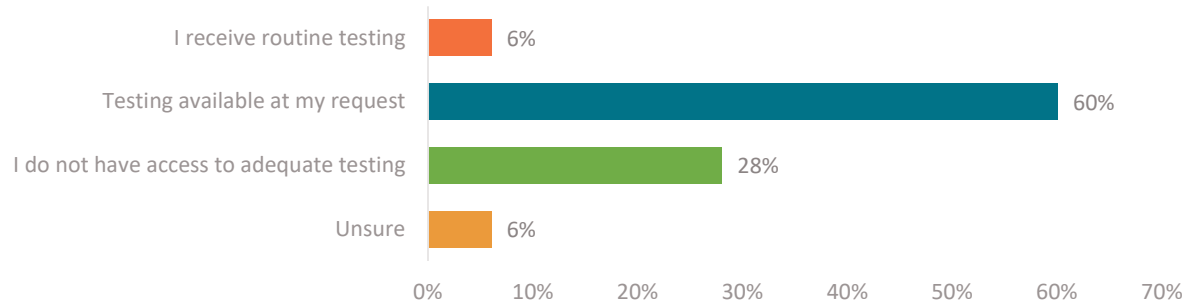
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

Testing Availability for Health Care Providers

Sixty percent of providers say they have COVID-19 testing available at their request at work, and another 6% say they are routinely tested. But nearly 3 in 10 providers (28%) say they do not have adequate access to testing.

Figure 9. Nearly Two in Three Providers Do Not Have Access to Adequate COVID-19 Testing in Their Workplace

Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE AVAILABILITY OF COVID-19 TESTING FOR HEALTH CARE PROVIDERS LIKE YOURSELF IN YOUR WORKPLACE?



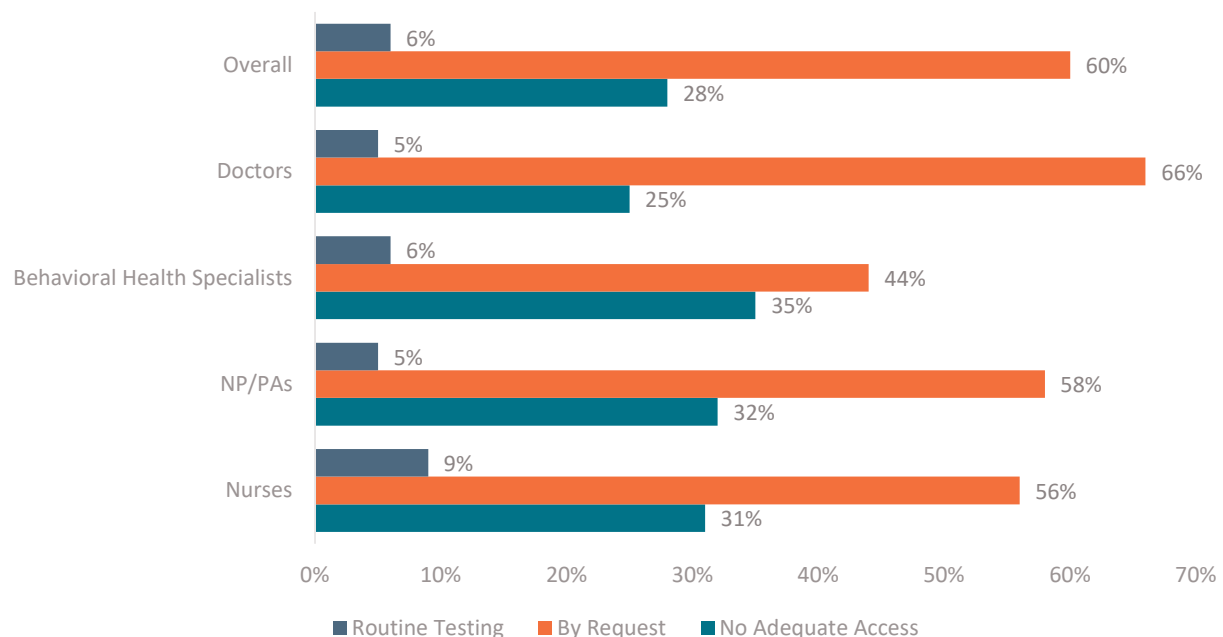
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- Occupation:** Two out of three doctors (66%) report having access to COVID-19 testing at their request, a slightly higher proportion than that of NP/PAs (58%) and nurses (56%). One in four doctors (25%) say they do not have access to adequate testing. Thirty-five percent of behavioral health specialists, 32% of NP/PAs, and 31% of nurses say they do not have access to adequate testing.

Figure 10. Nearly Two in Three Providers Do Not Have Access to Adequate COVID-19 Testing in Their Workplace, by Provider Type

Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE AVAILABILITY OF COVID-19 TESTING FOR HEALTH CARE PROVIDERS LIKE YOURSELF IN YOUR WORKPLACE?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

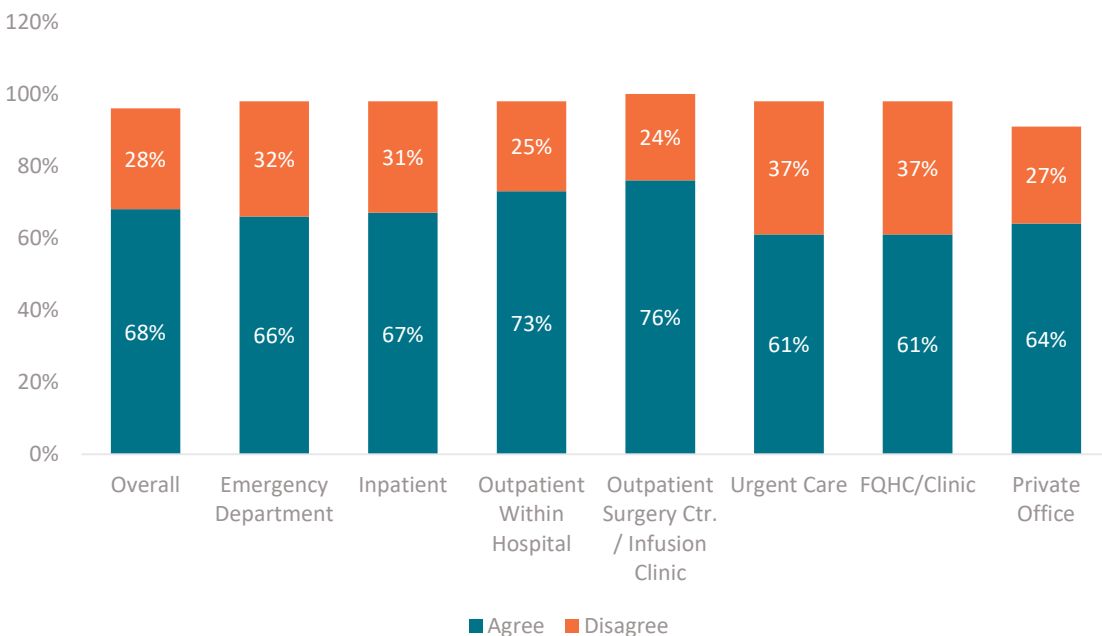
- **Safety-net providers:** Safety-net providers are slightly more likely to receive routine testing than other providers (8% vs. 4%).
- **Patients of color:** Those with more than 50% patients of color are slightly more likely to say they do not have access to adequate testing (32%) than those with fewer patients of color (26%).
- **Other notable findings:** Those currently reusing PPE are among the most likely to say they do not have access to adequate testing (34% compared to 24% of those not currently reusing PPE and 19% of those who have never done so). Furthermore, 50% of providers reporting poor morale say they do not have access to adequate testing, compared to 22% with “excellent” or “good” morale and 29% of those with “fair” morale.

COVID-19 Safety Protocols and Concern About Contracting COVID-19 at Work

Nearly 7 in 10 providers (68%) agree with the statement “I feel confident that safety protocols at my workplace effectively protect me from contracting COVID-19.” While high numbers agree overall, just 25% “strongly agree” with this statement. In addition, a sizeable share, 28%, disagree that their workplace safety protocols effectively protect them from contracting COVID-19.

Figure 11. Three in 10 Do Not Believe Workplace Safety Protocols Effectively Protect Them from COVID-19

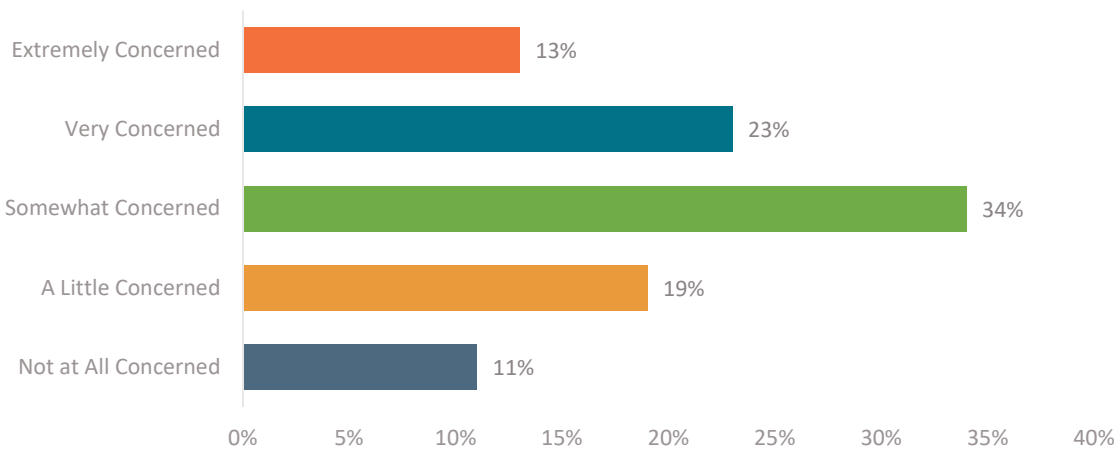
Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING: *I FEEL CONFIDENT THE SAFETY PROTOCOLS AT MY WORKPLACE EFFECTIVELY PROTECT ME FROM CONTRACTING COVID-19.*



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding. *FQHC* is Federally Qualified Health Center.

While overall, nearly 7 in 10 providers feel confident about their workplace safety protocols, an equal proportion (70%) are also concerned about contracting COVID-19 at work. Thirteen percent are “extremely concerned,” 23% “very concerned,” and 34% “somewhat concerned.”

Figure 12. Seven in 10 Are at Least Somewhat Concerned About Contracting COVID-19 at Work
 Q: HOW CONCERNED ARE YOU ABOUT CONTRACTING COVID-19 AT WORK?

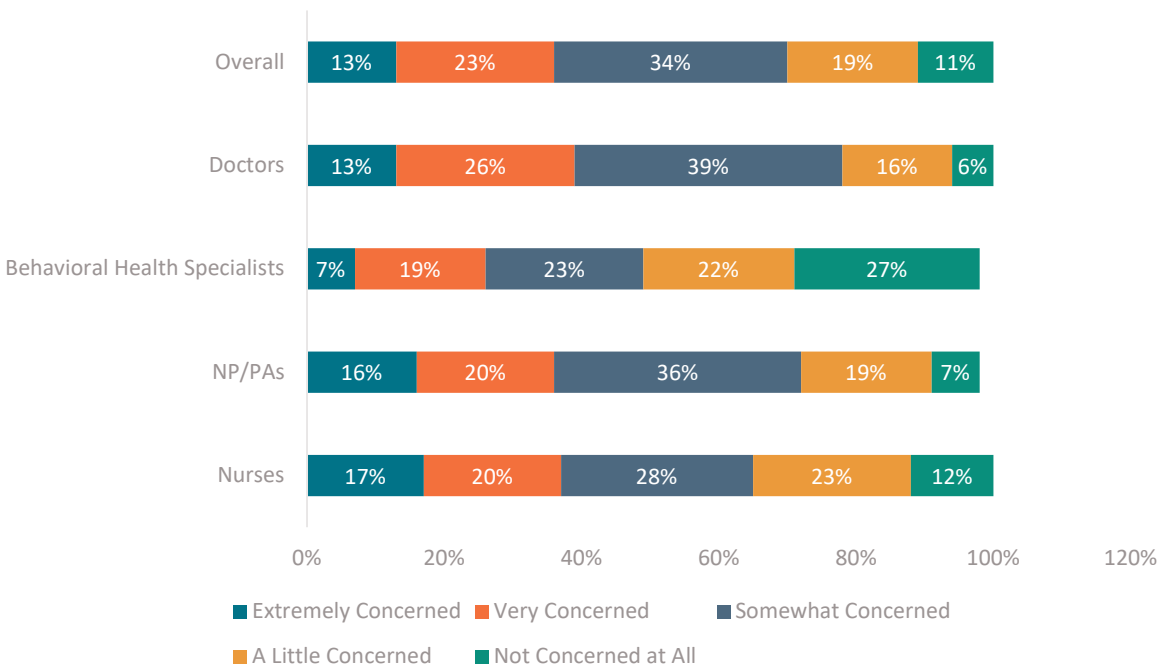


Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- Occupation:** Doctors, NP/PAs, and nurses express similar levels of concern, with between 36% and 39% “extremely” or “very” concerned. One in four behavioral health specialists (26%) are “extremely” or “very” concerned — consistent with other findings suggesting less concern about COVID-19 exposures than among other providers.

Figure 13. Large Numbers of Doctors, NP/PAs, and Nurses Are Concerned About Contracting COVID-19 at Work
 Q: HOW CONCERNED ARE YOU ABOUT CONTRACTING COVID-19 AT WORK?



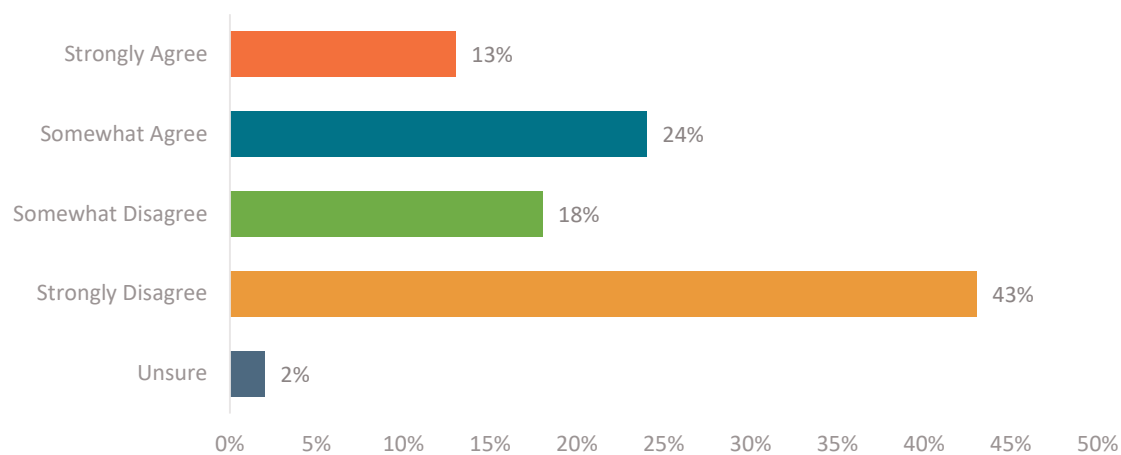
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

- **Safety-net providers:** Safety-net providers are slightly more likely to be “extremely” or “very” concerned than non-safety-net providers (39% vs. 33%).
- **Patients of color:** Those providing care to higher proportions of people of color are more likely to be “extremely” or “very” concerned, with 28% of those with 25% or fewer patients of color giving this response compared to 38% of those with 25% to 50%, and 42% of those with 51% or more patients of color.
- **Other notable findings:** Fifty-six percent of those who believe the PPE shortage is an “extremely” or “very” serious problem and 43% of those reusing PPE are “extremely” or “very” concerned about contracting COVID-19 at work. This is higher than those who do not believe a PPE shortage is a problem (22%) and are not reusing PPE (35%) or have never had to reuse PPE (24%).

Thirty-seven percent of providers agree they feel pressure to go to work even when they have been exposed to COVID-19, including 13% who strongly agree and 24% who somewhat agree with this statement. This belief may be a reason for the high proportion who report concern about contracting COVID-19 at work.

Figure 14. Almost Half of Providers Feel Pressure to Go to Work When They Have Been Exposed to COVID-19

Q: PLEASE INDICATE HOW MUCH YOU AGREE OR DISAGREE WITH: *I FEEL PRESSURE TO GO TO WORK EVEN IF I KNOW I HAVE BEEN EXPOSED TO COVID-19.*



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:** Forty-four percent of nurses, 40% of NP/PAs, and 37% of doctors agree that they feel pressure to work even if they have been exposed to COVID-19. Behavioral health specialists are the least likely to feel this way (20%).
- **Kaiser providers:** Kaiser providers agree with this statement in higher numbers than non-Kaiser providers (46% vs. 36%).
- **Safety-net providers:** Safety-net providers agree in somewhat higher numbers than non-safety-net providers (40% vs. 32%).
- **Other notable findings:** More than half of those with poor morale (59%) and those most concerned about contracting COVID-19 at work (54%) agree with this statement.

Five percent of providers say they have tested positive for COVID-19, while 92% have not. Two percent preferred not to say. Safety-net providers are more likely to say they have tested positive than non-safety-net providers (7% vs. 3%). Those who have treated COVID-19 patients are twice as likely as those who have not (6% vs. 3%) to say they have tested positive, as are more nurses than doctors (8% vs. 4%).

Experience with and Opinions of Telehealth

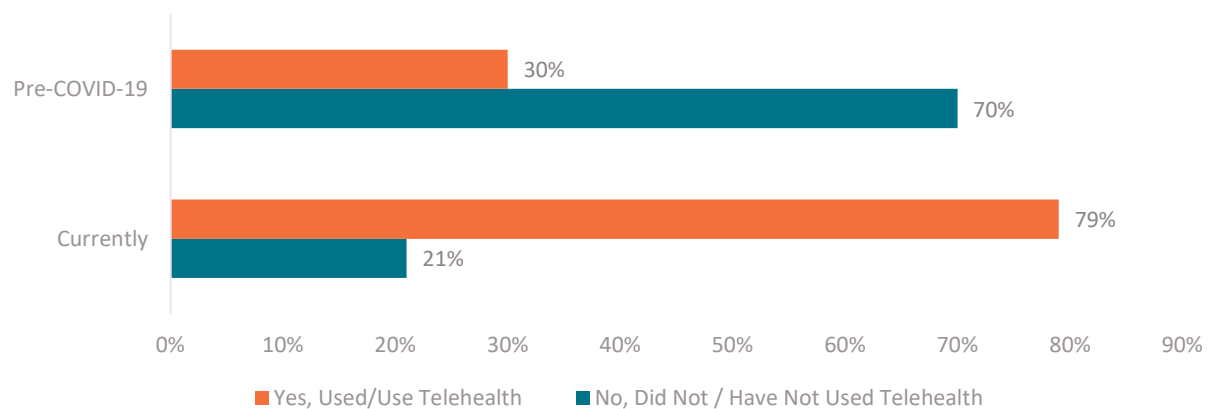
All providers surveyed were asked if they used telehealth before the COVID-19 pandemic and if they are using it currently. Additional questions were asked only among those who had used telehealth pre-COVID-19 or are doing so currently.

Use of Telehealth Before and During the COVID-19 Pandemic

More than twice as many providers report using telehealth today compared to before the COVID-19 pandemic began. Pre-pandemic, 30% of providers used telehealth (either by phone or video) for patient visits or appointments. Today, 79% of providers are using telehealth to provide patient care. This substantial growth in telehealth is seen across occupations and health care settings, as well as among safety-net and non-safety-net providers, regardless of providers' patient-of-color population, and in every region of the state.

Figure 15. The Proportion of Providers Using Telehealth Has More Than Doubled Since Before the COVID-19 Pandemic
BEFORE THE COVID-19 PANDEMIC, APPROXIMATELY WHAT PERCENTAGE OF YOUR TOTAL PATIENT VISITS OR APPOINTMENTS, IF ANY, DID YOU CONDUCT USING TELEHEALTH? / APPROXIMATELY WHAT PERCENTAGE OF YOUR PATIENT CARE IS PROVIDED VIA TELEHEALTH AT THIS TIME?

TOTAL WHO USED/ARE USING TELEHEALTH



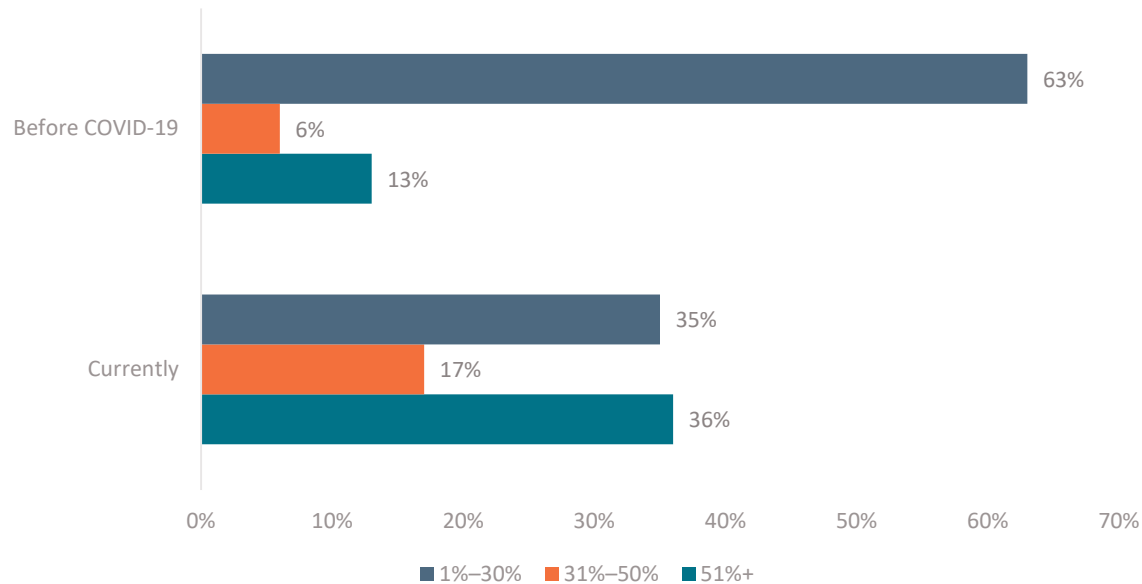
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Not only are more providers using telehealth today, but they are using it for a far greater percentage of their appointments. Among those who used telehealth before COVID-19, most did so rarely, with 48% of these providers using telehealth for 10% or less of their patient visits or appointments. Of those using telehealth currently, nearly 2 in 10 (19%) are doing so for 91% or more of their patient care, compared to 4% using it this often pre-COVID-19. While only 13% of those using telehealth before COVID-19 did so for more than half of their appointments, 36% are doing so now. More to this point, among providers using telehealth, the average

percentage of appointments fulfilled using telehealth pre-COVID-19 was 24%; today, on average, it has more than doubled to 52%

Figure 16. Telehealth Is Used for a Higher Proportion of Patient Care at This Time Than Before COVID-19

Q: APPROXIMATELY WHAT PERCENTAGE OF YOUR PATIENT CARE IS PROVIDED VIA TELEHEALTH AT THIS TIME?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who used telehealth before the COVID-19 pandemic or are currently using telehealth. Totals may not add to 100% due to rounding.

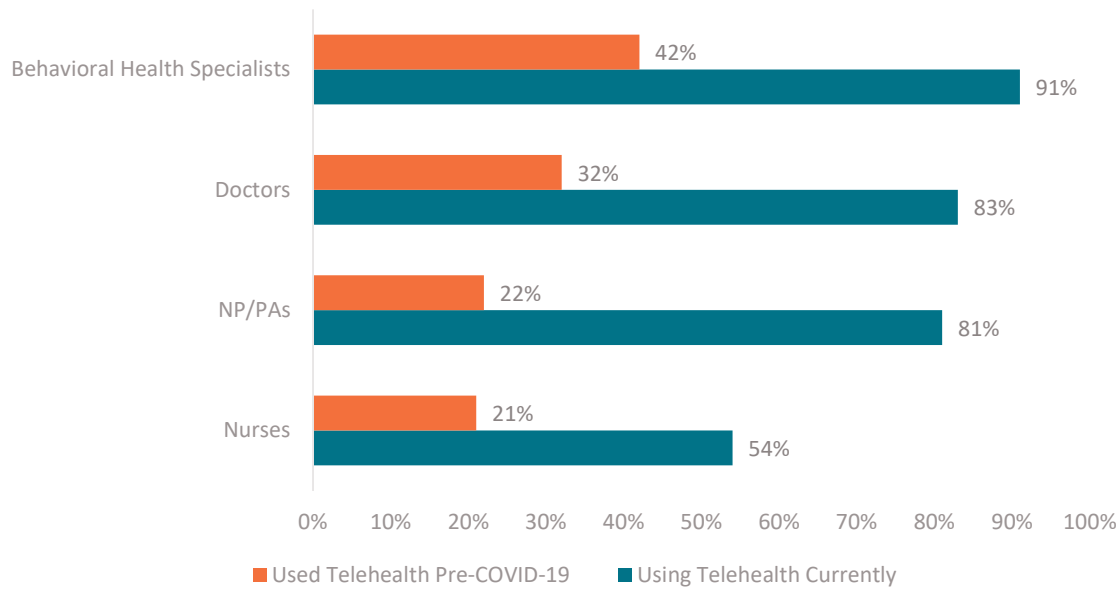
Telehealth Use Among Subgroups

Occupation:

- Among the occupations studied, behavioral health specialists are the most likely to have used telehealth pre-COVID-19 and continue to be most likely to use it now. More than 9 in 10 behavioral health specialists (91%) are currently using telehealth (up from 42% pre-COVID-19).
- More than 8 in 10 doctors (83%) are currently using telehealth, up from 32% pre-COVID-19.
- The increase in use is most notable among NP/PAs, with 81% of NP/PAs currently using telehealth, up from 22% pre-COVID-19.
- While just 21% of nurses report having used telehealth pre-COVID-19, more than half (54%) are doing so now. The lower use of telehealth among nurses reflects, in part, that they are disproportionately likely to work in hospital settings where telehealth is less commonly used.

Figure 17. Use of Telehealth Is Up Considerably Among Behavioral Health Specialists, Doctors, NP/PAs, and Nurses Alike
 BEFORE THE COVID-19 PANDEMIC, APPROXIMATELY WHAT PERCENTAGE OF YOUR TOTAL PATIENT VISITS OR APPOINTMENTS, IF ANY, DID YOU CONDUCT USING TELEHEALTH? / APPROXIMATELY WHAT PERCENTAGE OF YOUR PATIENT CARE IS PROVIDED VIA TELEHEALTH AT THIS TIME.

TOTAL WHO USED/ARE USING TELEHEALTH



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. *NP/PAs* is nurse practitioners / physician assistants.

- **Safety-net providers:** Slightly higher numbers of non-safety-net providers are using telehealth currently than safety-net providers (85% to 76%). Similar proportions used telehealth pre-COVID-19, with 29% of safety-net providers and 34% of non-safety-net providers having done so.
- **Patients of Color:** Pre-COVID-19, those who report patient populations with 50% or less people of color were slightly more likely to use telehealth than those with patient populations comprised of 51% or more people of color — around 32% compared to 26%. That difference persists currently, albeit with around 81% of those with 50% or less patients of color and 74% of those with 51% or more patients of color using telehealth.

The table below illustrates the increased use of telehealth among subgroups.

Table 2. Use of Telehealth Has More Than Doubled Since Before the COVID-19 Pandemic for Every Provider Subgroup Analyzed

Subgroup	Used Telehealth Pre-COVID-19 (%)	Using Telehealth Currently (%)	Percent Increase
Overall	30	79	263
Occupation			
Doctors	32	83	259
Behavioral Health Specialists	42	91	217
NP/PAs	22	81	368
Nurses	21	54	257
Safety-Net Provider			
Safety-Net Providers	29	76	262
Non-Safety-Net Providers	34	85	250
Patients of Color			
25% or Less	33	82	248
26% to 50%	32	81	253
51% or More	26	74	285

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. *NP/PAs* is nurse practitioners / physician assistants.

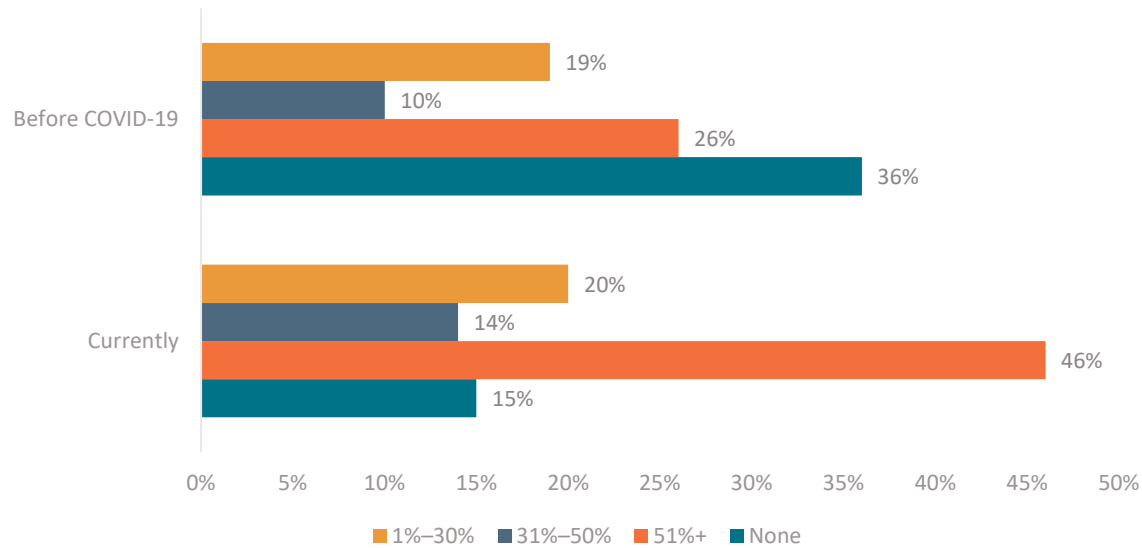
Telehealth Delivery Choices

More providers are delivering telehealth via video today than before the COVID-19 pandemic. More than half (55%) of those who used telehealth pre-COVID-19 used video as the platform for any percentage of the telehealth care they delivered (36% did not use video and 9% are not sure). Today, 80% are using video (15% are not and 5% are not sure). Pre-COVID-19, 26% used video for more than half their telehealth appointments. That proportion has nearly doubled to 46% today. While more providers are using video today, most are also using telephone to fulfill telehealth appointments. Nine out of 10 providers (90%) are using telephone appointments for some proportion of their telehealth visits.

Figure 18. More Providers Are Using Video for Their Telehealth Appointments Today Than Before COVID-19

Q: BEFORE THE COVID-19 PANDEMIC/AT THIS TIME, APPROXIMATELY WHAT PERCENTAGE OF THESE TELEHEALTH VISITS YOU CONDUCTED WERE DONE BY TELEPHONE, AND WHAT PERCENTAGE WERE DONE BY VIDEO?

PROPORTION OF TELEHEALTH APPOINTMENTS DELIVERED VIA VIDEO CURRENTLY VERSUS PRE-COVID-19 AMONG THOSE WHO USE TELEHEALTH



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who used telehealth before the COVID-19 pandemic or are currently using telehealth.

Use of Telehealth by Video Among Subgroups

- **Occupation and medical specialty:** Sixty-one percent of behavioral health specialists are using video for more than half of their telehealth appointments, compared to 45% of NP/PAs, 43% of doctors, and 40% of nurses.
- **Safety-net providers:** Safety-net providers are less likely to use video to deliver telehealth than non-safety-net providers. While 57% of non-safety-net providers use video for their telehealth appointments more than half the time, a lower 38% of safety-net providers do so. On average, safety-net providers use video for 47% of their telehealth appointments, compared to 59% of non-safety-net providers.
- **Patients of color:** The use of video for telehealth appointments declines with rising proportion of patients of color. Providers who use telehealth and whose patient population comprises one-quarter or less patients of color use video for 63% of their telehealth appointments on average. This proportion declines to 51% among those with between 26% and 50% of patients of color, and falls further to 45% among those with a majority of patients of color.

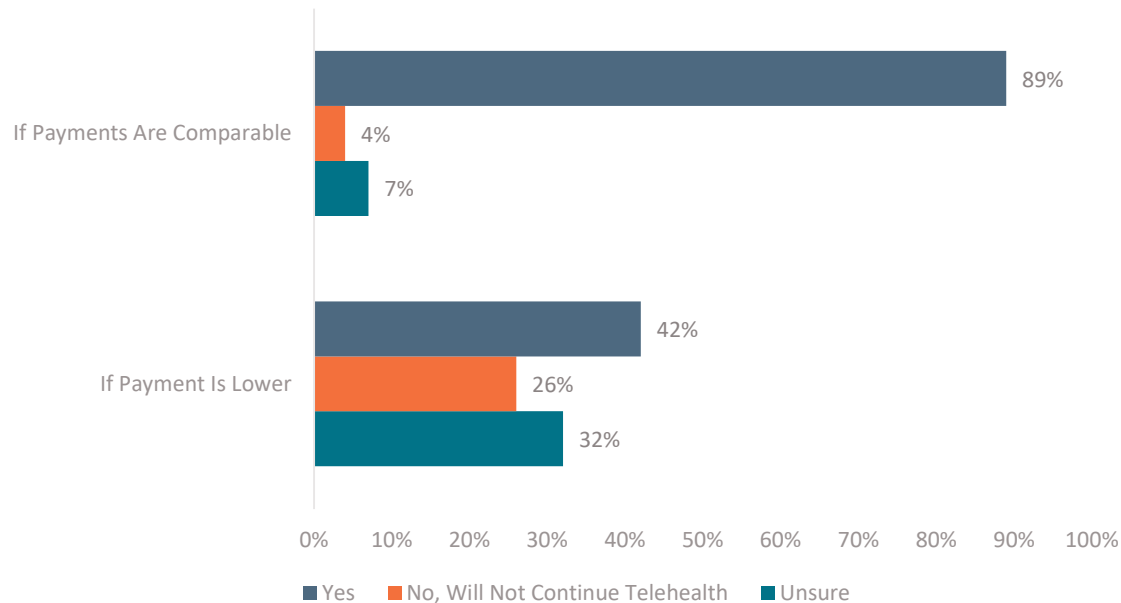
Continued Interest in Telehealth

The vast majority of providers currently using telehealth would like to continue doing so after the COVID-19 pandemic ends. However, the ability to do so depends for many on payments. Nearly 9 out of 10 (89%) of those currently using telehealth will continue to do so after the COVID-19 pandemic ends if payments for telehealth and in-person visits are comparable. Just 4% say they will not continue using telehealth, while 7% are unsure. There is strong support among all subgroups, with 80% saying they would continue using telehealth after the COVID-19 pandemic ends if payment for telehealth and in-person visits is comparable.

However, if payment for telehealth visits is lower than payment for in-person visits, the proportion who would continue to use telehealth falls by more than half — from 89% to 42%, with 26% saying they would not continue using telehealth, and 32% unsure.

Figure 19. Most Providers Will Continue Using Telehealth After the COVID-19 Pandemic — Unless Payment Is Lower Than In-Person Visits

Q: LOOKING AHEAD TO AFTER THE COVID-19 PANDEMIC ENDS, DO YOU THINK YOU WILL CONTINUE TO USE TELEHEALTH TO PROVIDE PATIENT CARE IF PAYMENTS FOR TELEHEALTH AND IN-PERSON VISITS ARE COMPARABLE / IS LOWER THAN PAYMENT FOR IN-PERSON VISITS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who currently using telehealth. Totals may not add to 100% due to rounding.

Results Among Subgroups

The drop in likelihood to continue using telehealth if payment is lower than payment for in-person visits is precipitous across all subgroups analyzed.

- **Occupation:**
 - While 92% of doctors say they will continue to use telehealth if payment for it is comparable to in-person visits, just 44% would do so if payment is lower.
 - NP/PAs show a similar level of decline, from 93% to 44%.
 - Nurses are less likely than doctors to continue using telehealth if payments are the same (82%), and the proportion who would do so declines to 46% if payment for telehealth is lower.
 - The decline is steepest with behavioral health specialists, from 83% to 31%.

- **Safety-net providers:** There is no notable difference between safety-net providers and non-safety-net providers in the proportion who would continue using telehealth if payment is the same as for in-person (88% and 90%, respectively) and if it is not (43% and 41%, respectively).

Table 3. Large Proportions of All Provider Subgroups Are Less Likely to Use Telehealth After COVID-19 If Payment Is Lower Than In-Person

Q: LOOKING AHEAD TO AFTER THE COVID-19 PANDEMIC ENDS, DO YOU THINK YOU WILL CONTINUE TO USE TELEHEALTH TO PROVIDE PATIENT CARE IF PAYMENTS FOR TELEHEALTH AND IN-PERSON VISITS ARE COMPARABLE / IS LOWER THAN PAYMENT FOR IN-PERSON VISITS?

PROPORTION ANSWERING YES

Subgroup	Comparable payment (%)	Lower payment (%)	Difference
Overall	89	42	-47
Occupation			
Doctors	92	44	-48
Behavioral Health Specialists	83	31	-52
NP/PAs	93	44	-49
Nurses	82	46	-36
Safety-Net Provider			
Safety-Net Providers	88	43	-45
Non-Safety-Net Providers	90	41	-49
Patients of Color			
25% or Less	86	37	-49
26% to 50%	91	48	-43
51% or More	91	42	-49

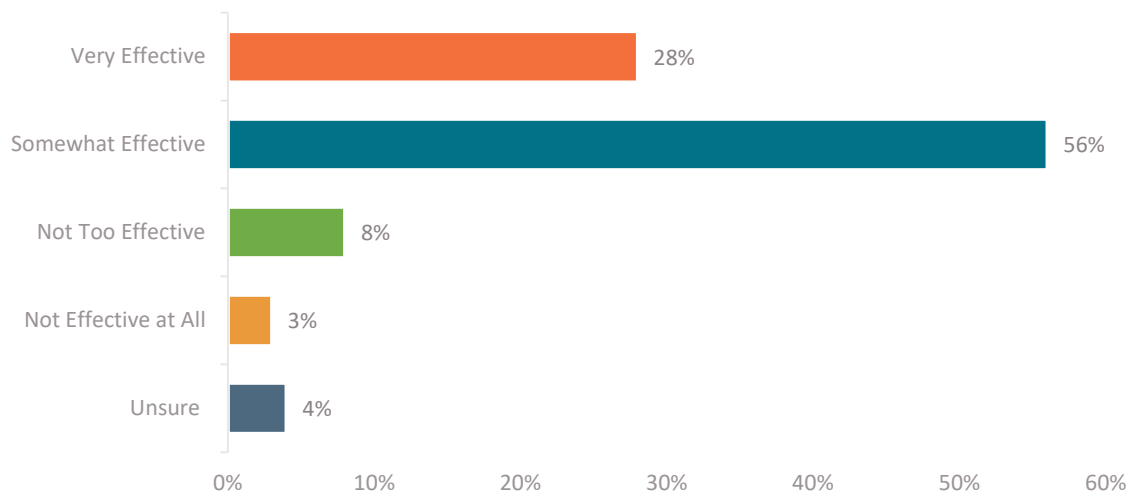
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers currently using telehealth. NP/PAs is nurse practitioners / physician assistants.

Opinions of Telehealth

Whether using telehealth or not at this time, 85% of providers consider telehealth to be effective for providing care to their patients. However, a modest proportion find it “very” effective (28%), while most consider it “somewhat” effective (56%). Just 3% find telehealth “not effective at all,” and 8% call it “not too effective.”

Figure 20. More Than 8 in 10 Providers Consider Telehealth Effective for Providing Care to Their Patients

Q: GENERALLY SPEAKING, HOW EFFECTIVE DO YOU BELIEVE TELEHEALTH IS FOR PROVIDING CARE TO YOUR PATIENTS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers who said the use of telehealth is applicable to them. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:** High proportions of all providers analyzed consider telehealth to be effective, including 85% to 90% of doctors, behavioral health specialists, and NP/PAs, and 77% of nurses.
- **Safety-net providers:** High proportions of safety-net providers (83%) and non-safety-net providers (87%) find telehealth effective, although safety-net providers are less likely to call it “very” effective (24% vs. 36%).
- **Patients of color:** Overall, there is little difference in opinion on effectiveness between providers with 25% or less patients of color in their patient population (26% vs. 50%), or 50% or more. However, those with 25% or less patients of color are slightly more likely to find it “very” effective (34% compared to 26% of those with more patients of color).
- **Other notable findings:** Ninety-three percent of those who did not use telehealth before COVID-19 but are doing so now consider it effective. Even among those not currently using telehealth, 50% consider it effective.

Literature has shown that telehealth is effective for various health care needs, and the survey shows that these providers agree.* Seven to 8 in 10 providers say telehealth is effective for the screening and management of the following conditions:

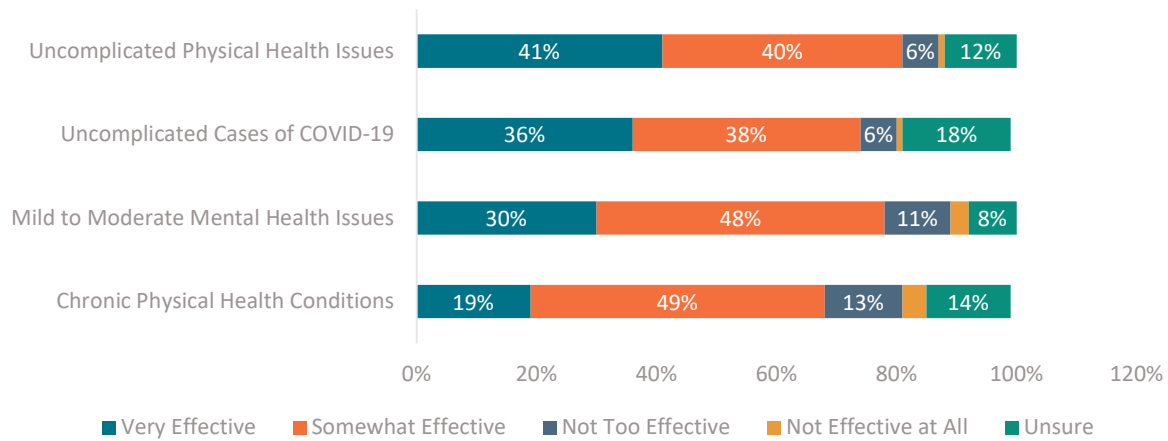
- Uncomplicated physical health issues such as allergies and UTIs (81% somewhat or very effective)
- Uncomplicated cases of COVID-19 (74%)
- Mild or moderate mental health issues (78%)
- Chronic physical health conditions, such as hypertension and diabetes (68%)

It is important to note, however, that while 7 in 10 or more find telehealth effective for treating these conditions, most find it only “somewhat” effective. Forty-one percent consider telehealth “very” effective for treating uncomplicated physical health issues, 36% for uncomplicated cases of COVID-19, 30% for mild to moderate mental health issues, and a low 19% for chronic physical conditions.

* Annette M. Totten et al., [Telehealth for Acute and Chronic Care Consultations](#), Agency for Healthcare Research and Quality (AHRQ), April 2019; and Annette M. Totten et al., [Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews](#), AHRQ, June 2016.

Figure 21. Most Providers Consider Telehealth Effective for Screening and Management of Uncomplicated and Chronic Conditions
 Q: PLEASE INDICATE IF YOU BELIEVE TELEHEALTH IS VERY EFFECTIVE, SOMEWHAT EFFECTIVE, NOT TOO EFFECTIVE, OR NOT EFFECTIVE AT ALL FOR THE SCREENING AND MANAGEMENT OF EACH OF THE FOLLOWING.

RANKED BY VERY EFFECTIVE

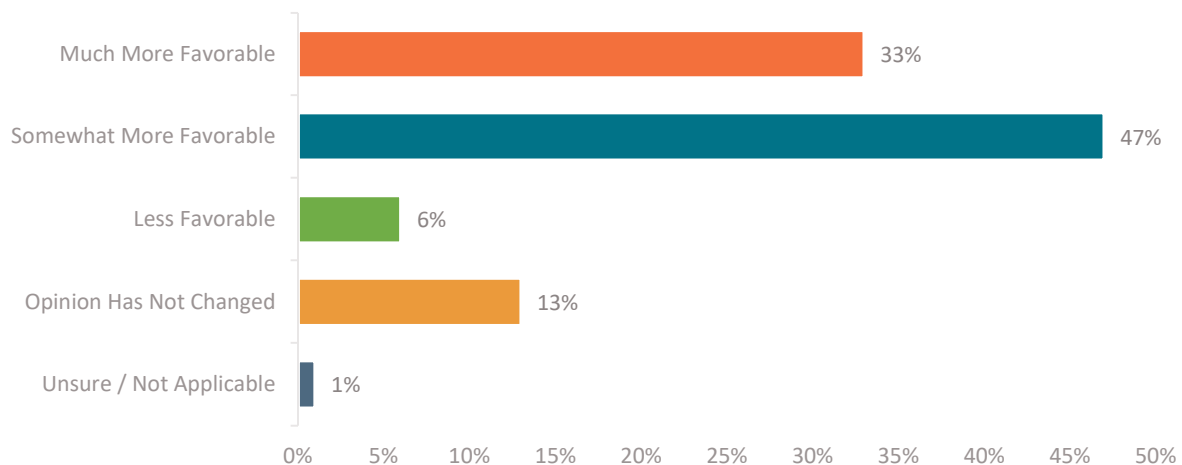


Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Eight in 10 providers (80%) have a more favorable opinion of telehealth today than they did at the start of the COVID-19 pandemic, with 33% having a “much” more favorable view (47% “somewhat” more favorable). Only 6% have a less favorable view, while 13% say their opinion has not changed.

- This favorable impression is broad-based; high proportions of all subgroups report feeling more favorable about telehealth since the start of the COVID-19 pandemic. Nurses — who are less likely to use telehealth — are less likely to report a more favorable impression (74%) than doctors (81%), behavioral health specialists (86%), and NP/PAs (82%).
- **Other notable findings:** Seven in 10 (70%) of those who have not used telehealth during the COVID-19 pandemic have a more favorable opinion of telehealth today than they did at the start of the COVID-19 pandemic. This compares to 83% of those who now use telehealth.

Figure 22. Eight in 10 Providers Have a More Favorable Opinion of Telehealth Compared to Before the COVID-19 Pandemic
 Q: HAS YOUR OPINION OF TELEHEALTH BECOME MORE OR LESS FAVORABLE SINCE THE START OF THE COVID-19 PANDEMIC?



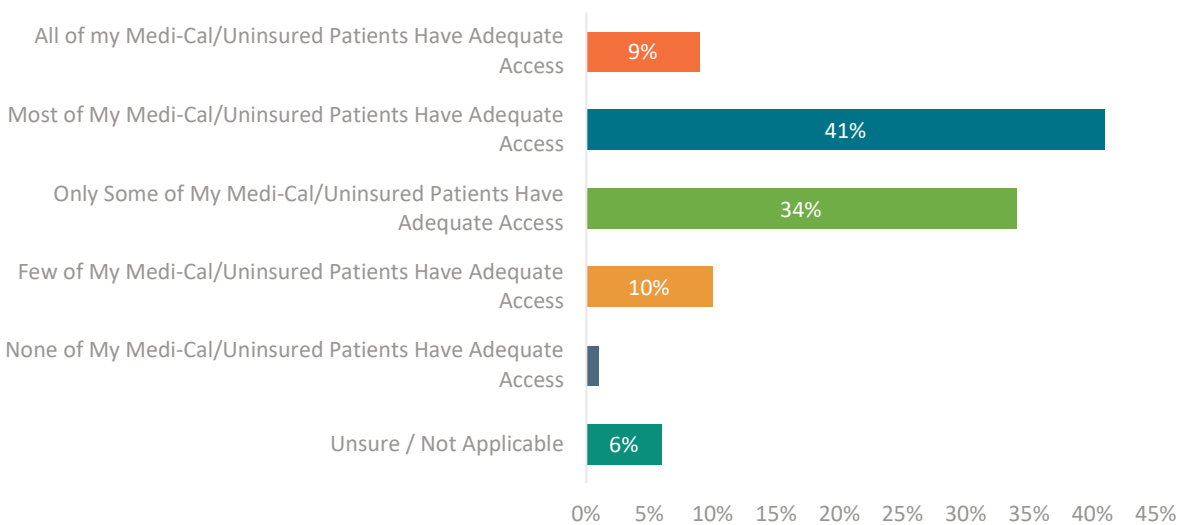
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Telehealth Access for Medicaid Patients

Nearly half of providers using telehealth who have uninsured patients or patients on Medi-Cal say many of their patients lack access to the technology needed for adequate care via telehealth. Forty-five percent of providers with uninsured patients or patients on Medi-Cal say only some, a few, or none of their Medi-Cal or uninsured patients have adequate access to the technology needed for care via telehealth.

Figure 23. Many Medi-Cal/Uninsured Patients Do Not Have Adequate Access to the Technology Needed for Telehealth

Q: WHEN THINKING SPECIFICALLY ABOUT YOUR PATIENTS ON MEDICAID/MEDI-CAL OR PATIENTS WHO ARE UNINSURED, HOW WOULD YOU EVALUATE THEIR ACCESS TO THE TECHNOLOGY NECESSARY FOR YOU TO ADEQUATELY PROVIDE CARE VIA TELEHEALTH?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of those providers currently using telehealth who have Medi-Cal/uninsured patients. Totals may not add to 100% due to rounding.

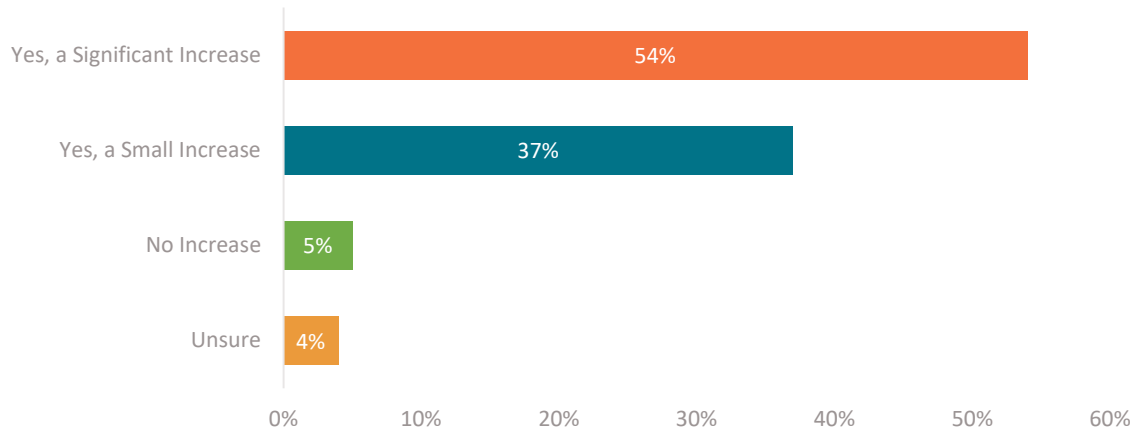
Patient Impacts: Behavioral and Physical Health

Patient Mental Health Impacts

Nine out of 10 providers (91%) report an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the COVID-19 pandemic. Moreover, more than half (54%) are seeing a “significant” increase, while 37% have seen a “small” increase.

Figure 24. Nine out of 10 Providers Have Seen Increased Patient Mental Health Impacts

Q: ARE YOU SEEING AN INCREASE IN PATIENTS EXPERIENCING ANXIETY, DEPRESSION, SUICIDAL IDEATION, STRESS-RELATED DISORDERS, OR OTHER MENTAL HEALTH IMPACTS DURING THE COVID-19 PANDEMIC?



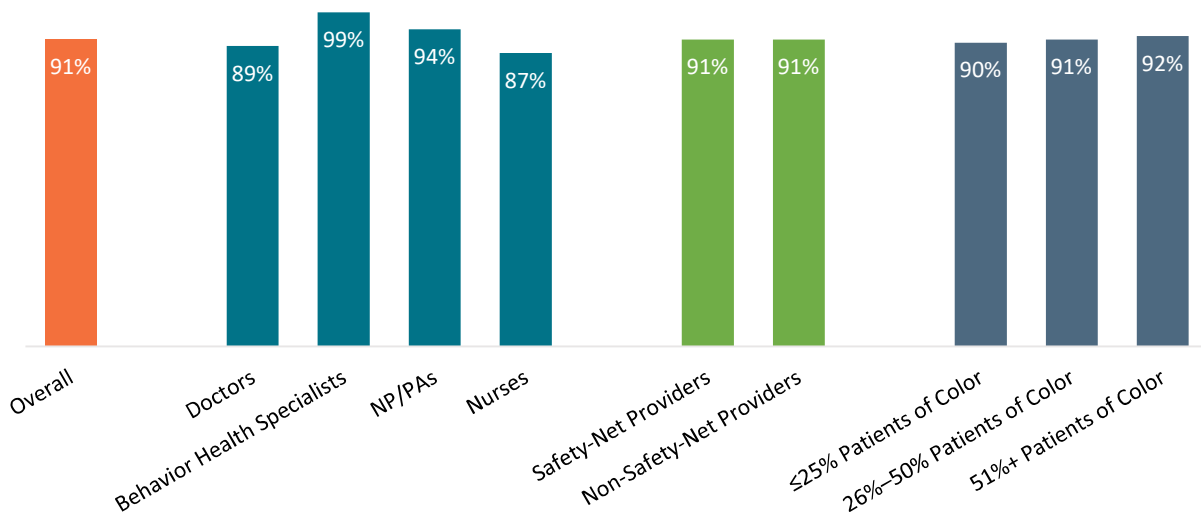
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:** Not surprisingly, 99% of behavioral health specialists are seeing an increase in mental health impacts, with 69% calling it “significant.” Nearly 9 in 10 doctors (89%) also report an increase (51% significant), as well as NP/PAs (94%, 60% significant), and nurses (87%, 48% significant).
- **Safety-net providers:** There is little difference among safety-net providers and non-safety-net providers, with 91% of each saying they have seen an increase in mental health impacts. However, safety-net providers are slightly more likely to say they have seen a significant increase (58% vs. 52%).

Figure 25. High Proportions of Providers, Regardless of Occupation or Patient Population, Report Patient Mental Health Impacts

Q: ARE YOU SEEING AN INCREASE IN PATIENTS EXPERIENCING ANXIETY, DEPRESSION, SUICIDAL IDEATION, STRESS-RELATED DISORDERS, OR OTHER MENTAL HEALTH IMPACTS DURING THE COVID-19 PANDEMIC? (PROPORTION TOTAL YES)



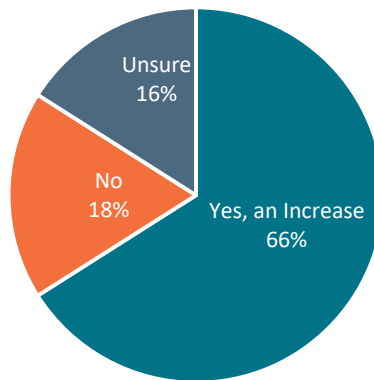
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

Patient Substance Use Impacts

Since the COVID-19 pandemic began, nearly two out of three providers (66%) have seen either a “significant” (27%) or “small” (39%) increase in the use of alcohol or other drugs among their patients.

Figure 26. Two Out of Three Providers Have Seen Increased Alcohol and Drug Use Among Their Patients Since the COVID-19 Pandemic Began

Q: IN THE LAST SIX MONTHS, SINCE THE COVID-19 PANDEMIC BEGAN, HAVE YOU SEEN AN INCREASED USE OF ALCOHOL OR OTHER DRUGS AMONG YOUR PATIENTS?



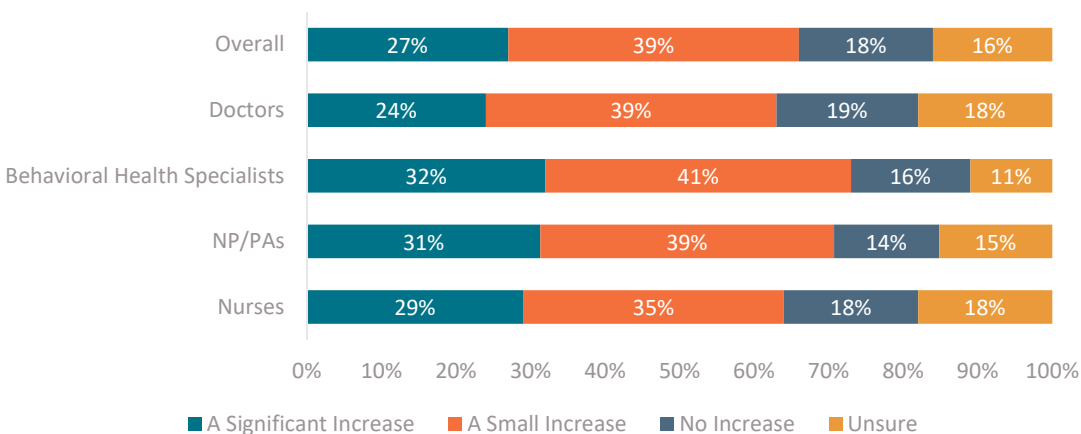
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- Occupation:** Three out of four behavioral health specialists (73%) say they have seen increased use of alcohol and other drugs among their patients, as do 70% of NP/PAs. This is higher than the 63% of doctors and 64% of nurses who have.

Figure 27. High Proportions of Providers, Regardless of Occupation, Are Seeing Increased Alcohol/Drug Use Among Their Patients

Q: IN THE LAST SIX MONTHS, SINCE THE COVID-19 PANDEMIC BEGAN, HAVE YOU SEEN AN INCREASED USE OF ALCOHOL OR OTHER DRUGS AMONG YOUR PATIENTS? (RESULTS BY OCCUPATION)



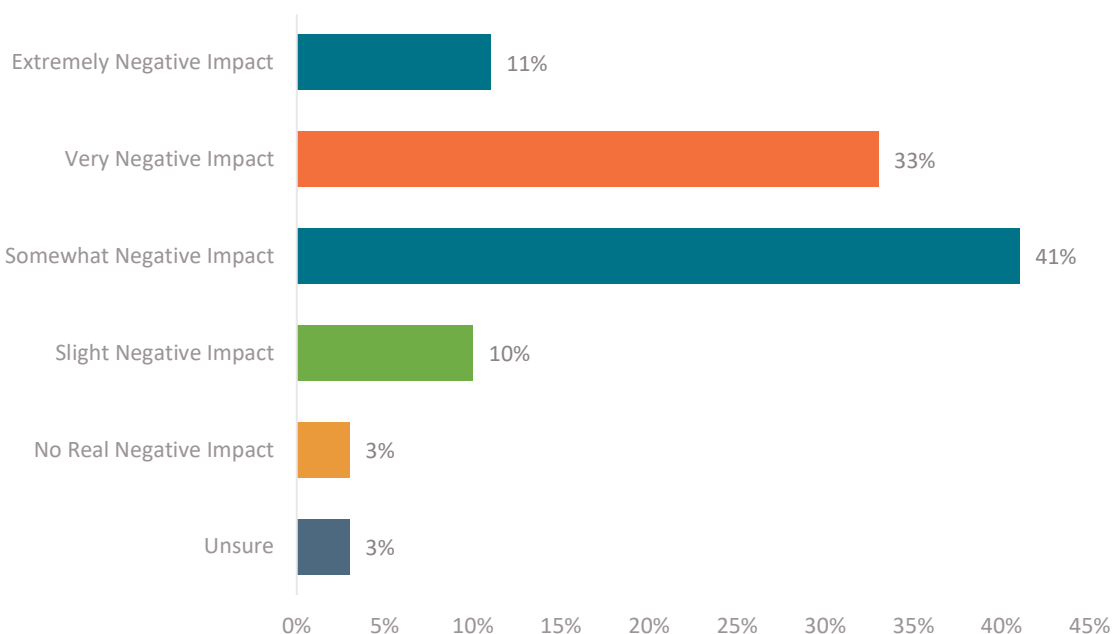
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding. NP/PAs is nurse practitioners / physician assistants.

- **Safety-net providers:** Overall, there is a modest difference in the proportion saying they have seen an increased use of alcohol or drugs among their patients among safety-net and non-safety-net providers (69% vs. 63%). However, while one-third (33%) of safety-net providers reports a significant increase, a lower 20% of non-safety-net providers do so.
- **Patients of color:** The proportion reporting a significant increase rises with the proportion of patients of color, with 22% of those with 25% or less people of color in their patient population reporting a significant increase compared to 33% of those with more than half seeing a significant increase (again, with no difference overall).

Impacts on Patient Physical Health

More than 9 in 10 providers (94%) believe mental health impacts are having at least a “slightly” negative effect on their patients’ ability to take care of their *physical* health. Forty-four percent believe mental health impacts are having an “extremely” or “very” negative impact on their patients’ ability to care for their physical health, while 41% see a “somewhat” negative impact and 10% a “slightly” negative one.

Figure 28. Nearly All Providers Believe Patients’ Mental Health Impacts Are Affecting Patient Physical Health Management
 Q: TO WHAT EXTENT DO YOU THINK ANXIETY, DEPRESSION, SUICIDAL IDEATION, STRESS-RELATED DISORDERS, OR OTHER MENTAL HEALTH IMPACTS DURING THE COVID-19 PANDEMIC ARE AFFECTING YOUR PATIENTS’ ABILITY TO TAKE CARE OF THEIR PHYSICAL HEALTH?



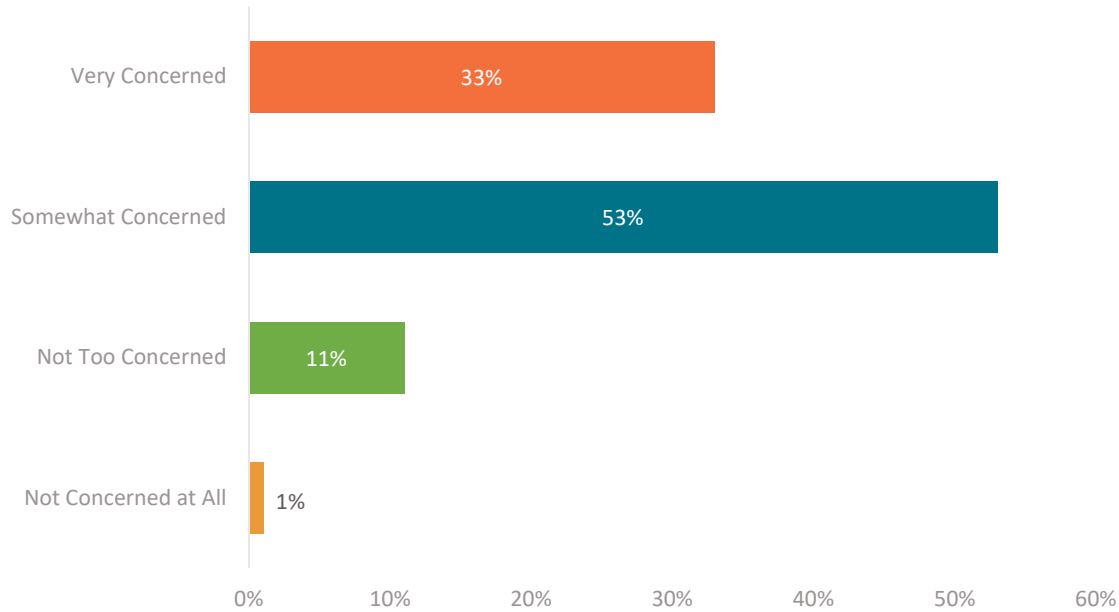
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

- **Results among subgroups:** High proportions of providers regardless of occupation or patients-of-color population report mental health impacts negatively affecting their patients’ ability to take care of their physical health. Safety-net providers (48%) are more likely than non-safety-net providers (38%) to report that mental health impacts are having an “extremely” or “very” negative impact on their patients’ ability to take care of their physical health.

Nearly 9 out of 10 providers (86%) are “very” (33%) or “somewhat” (53%) concerned that their patients are forgoing or delaying health services necessary for their long-term health and well-being because of the COVID-19 pandemic. Concern is high across all subgroups analyzed.

Figure 29. Nearly 9 in 10 Providers Are Concerned About Their Patients Delaying Needed Health Services

Q: HOW CONCERNED ARE YOU THAT YOUR PATIENTS ARE FORGOING OR DELAYING HEALTH SERVICES NECESSARY FOR THEIR LONG-TERM HEALTH AND WELL-BEING BECAUSE OF THE COVID-19 PANDEMIC?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

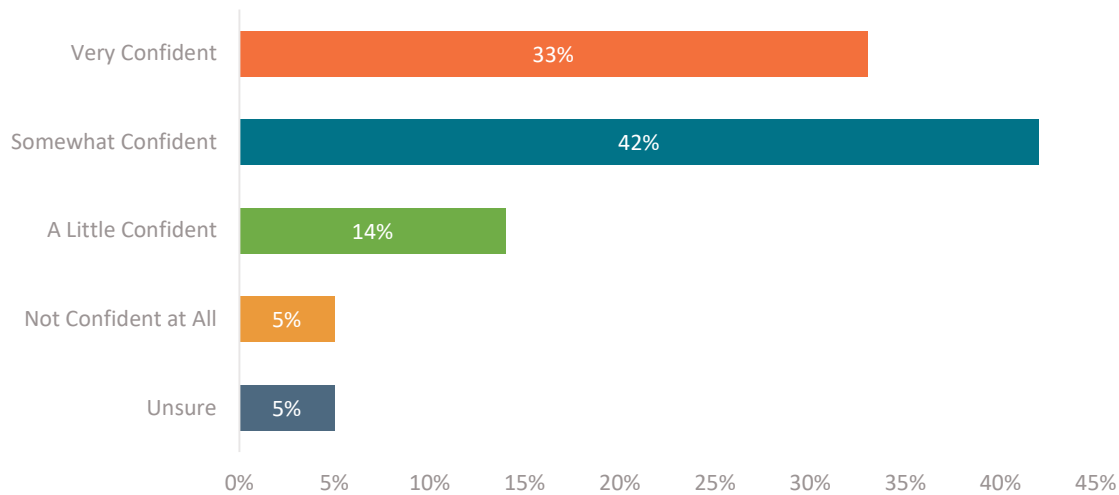
Public Health Coordination and Health Care Delivery

Vaccine Preparedness

Three out of four providers (75%) are at least “somewhat” confident that the health care system in the area where they practice is prepared to administer a COVID-19 vaccine when it is ready. One in three providers (33%) are “very” confident, while 42% are “somewhat” confident.

There are few notable differences in response to this question by subgroups. Safety-net providers are slightly less likely to be confident (only “a little” or “not confident at all”) than non-safety-net providers (22% vs. 16%).

Figure 30. Three out of Four Providers Are Confident Their Area’s Health System Is Prepared to Administer a COVID-19 Vaccine
 Q: HOW CONFIDENT ARE YOU THAT THE HEALTH CARE SYSTEM IN THE AREA WHERE YOU PRACTICE IS PREPARED TO ADMINISTER A COVID-19 VACCINE WHEN IT IS READY?

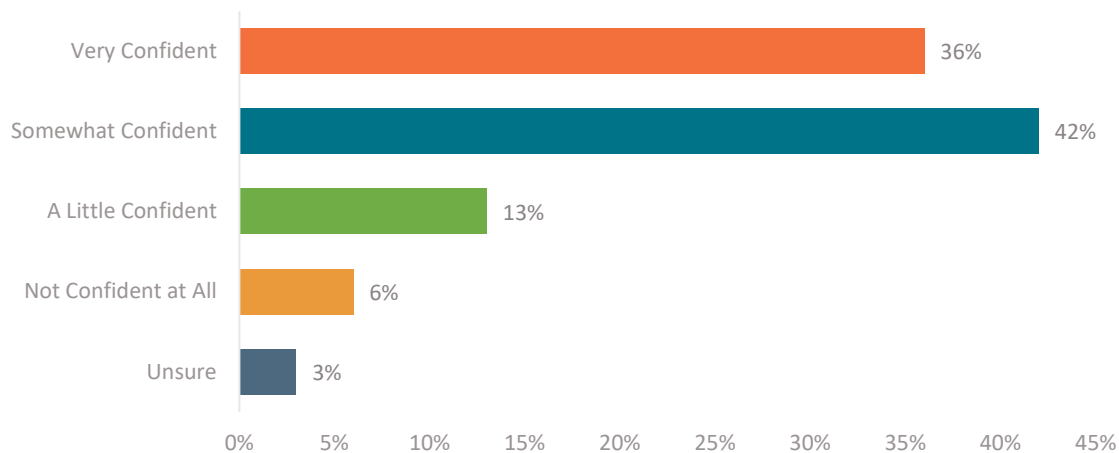


Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Surge Preparedness

Over three in four providers (78%) who work in a hospital or send patients to one are “very” (36%) or “somewhat” (42%) confident about their hospital’s preparedness for another surge.

Figure 31. Three out of Four Providers Believe Their Hospital Is Ready for a COVID-19 Surge
 Q: NOW THINKING ABOUT THE HOSPITAL WHERE YOU WORK THE MOST HOURS, WHERE YOU HAVE PRIVILEGES, OR WHERE YOU SEND THE MOST PATIENTS, HOW CONFIDENT ARE YOU THAT THIS HOSPITAL IS SUFFICIENTLY PREPARED FOR ANOTHER SURGE OF COVID-19 CASES?



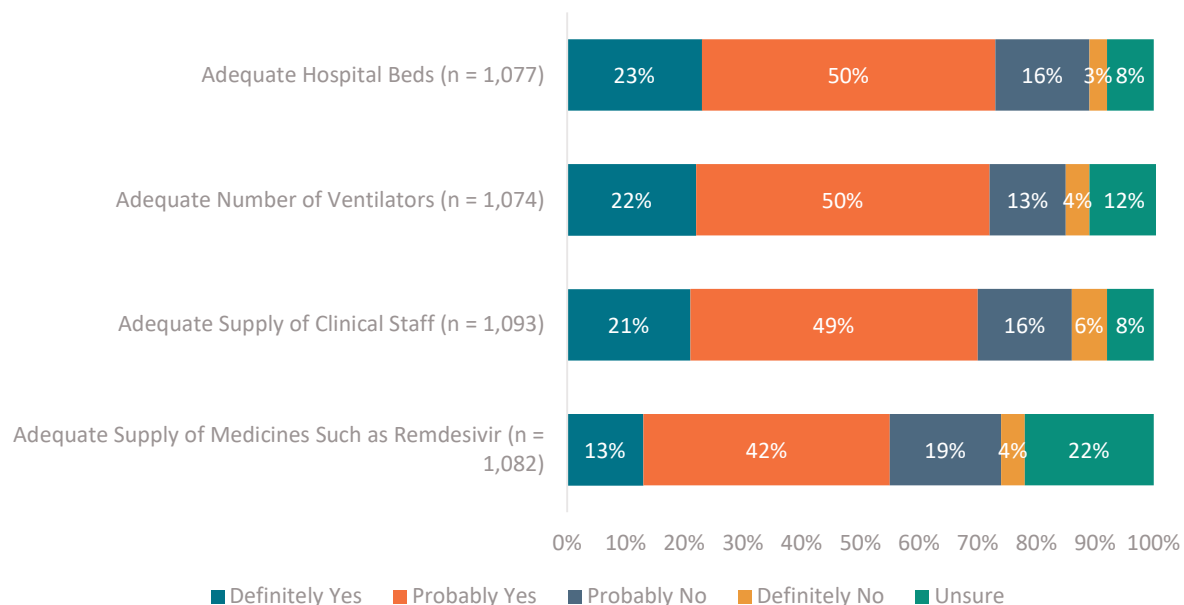
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Results Among Subgroups

- Safety-net providers:** Safety-net providers are less confident that their hospital is ready for another COVID-19 surge than non-safety-net providers. While 22% of safety-net providers say they are not confident — again, defined as “a little” confident or “not confident at all” — 15% of non-safety-net providers give this response. Moreover, non-safety-net providers are more likely to be “very” confident than safety-net providers (42% vs. 32%) and slightly more so overall (80% vs. 75%).
- Other notable findings:** Those who have treated COVID-19 patients are more confident about their hospital’s preparedness than those who have not (80% vs. 66%). High numbers of those who report having to reuse PPE now or in the past express confidence despite these experiences (74% now, 81% past), albeit with less intensity than those who have never had to reuse PPE.

Approximately three out of four of those who work at a hospital or send patients to one believe that their hospital has adequate hospital beds, ventilators, and clinical staff for a COVID-19 surge. However, while overall confidence is high, only 21% to 23% “definitely” believe their hospital is prepared in these areas, with the remainder saying they are “probably” prepared. While 22% are not sure about their hospital’s supply of medicines such as remdesivir, 55% believe there is an adequate supply (13% definite in this view; 23% do not believe there is an adequate supply).

Figure 32. Most Providers Believe Their Hospital Has Enough Beds, Ventilators, and Clinical Staff to Handle a COVID-19 Surge
 Q: THINKING ABOUT THE HOSPITAL OR CLINIC WHERE YOU WORK THE MOST HOURS, WHERE YOU HAVE PRIVILEGES, OR WHERE YOU SEND THE MOST PATIENTS, DO YOU BELIEVE THAT HOSPITAL HAS THE BEDS, VENTILATORS, MEDICATIONS (SUCH AS REMDESIVIR), AND CLINICAL STAFF IT NEEDS TO TREAT COVID-19 PATIENTS IN A SURGE SCENARIO?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:**
 - Doctors are the most likely to believe their hospital is prepared in all four areas: 79% feel this way about hospital beds, ventilators, and clinical staff, while 60% do so about medications. No more than 23% say their hospital is not prepared in each area. While majorities of NP/PAs and nurses believe their hospital is prepared in these areas, they are more likely to believe their hospital is not prepared than are doctors.
 - While 17% of doctors believe their hospital is not prepared with adequate hospital beds, 23% of NP/PAs and 25% of nurses feel this way.
 - While 14% of doctors do not feel their hospital is prepared with adequate numbers of ventilators, 21% of NP/PAs and 22% of nurses feel this way.
 - When it comes to clinical staff, 38% of nurses say their hospital is not prepared, while 26% of NP/PAs give this response. This compares to a lower 16% among doctors.
- **Safety-net providers:** There is little difference among safety-net and non-safety-net providers in the proportion who believe their hospital is prepared in all areas other than clinical staff. Non-safety-net providers are slightly more likely to believe their hospital has adequate clinical staff to handle another surge than do safety-net providers (75% vs. 68%), while safety-net providers are more likely to say their hospital is not prepared in this area (26% vs. 15%). Safety-net providers are also more likely than non-safety-net providers to believe their hospital is not prepared with hospital beds (22% vs. 14% not prepared) and medicines (25% vs. 18% not prepared).
- **Patients of color:** Those with patient populations of more than 25% people of color are more likely to say their hospital does not have adequate clinical staff for a COVID-19 surge, with 24% giving this response compared to 17% of those with a smaller patient population of people of color. There is no difference, however, in the proportion saying their hospital is prepared in each area.
- **Demographic groups:** Providers in Fresno are more likely to say their hospital does not have adequate clinical staff for another surge (34%) than those in other regions on average (22%). Those in rural areas and small towns feel less prepared in each area than do those in large cities, small cities, and suburban areas.

Table 4. Lower Numbers of Providers from Rural Areas Say Their Hospitals Have Adequate Beds, Ventilators, Staff, and Medications for Another Surge

Q: THINKING ABOUT THE HOSPITAL OR CLINIC WHERE YOU WORK THE MOST HOURS, WHERE YOU HAVE PRIVILEGES, OR WHERE YOU SEND THE MOST PATIENTS, DO YOU BELIEVE THAT HOSPITAL HAS THE BEDS, VENTILATORS, MEDICATIONS (SUCH AS REMDESIVIR), AND CLINICAL STAFF IT NEEDS TO TREAT COVID-19 PATIENTS IN A SURGE SCENARIO?

PROPORTION SAYING YES

	Large City (%)	Small City (%)	Suburban (%)	Small Town / Rural (%)
Adequate Hospital Beds	74	75	73	48
Adequate Number of Ventilators	73	73	72	46
Adequate Number of Clinical Staff	71	71	71	47
Adequate Supply of Medicines Such as Remdesivir	57	56	57	30

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them.

- **Other notable findings:** Providers who have treated COVID-19 patients believe their hospital is prepared in each area in slightly higher numbers than those who have not. Those currently reusing PPE are more likely to

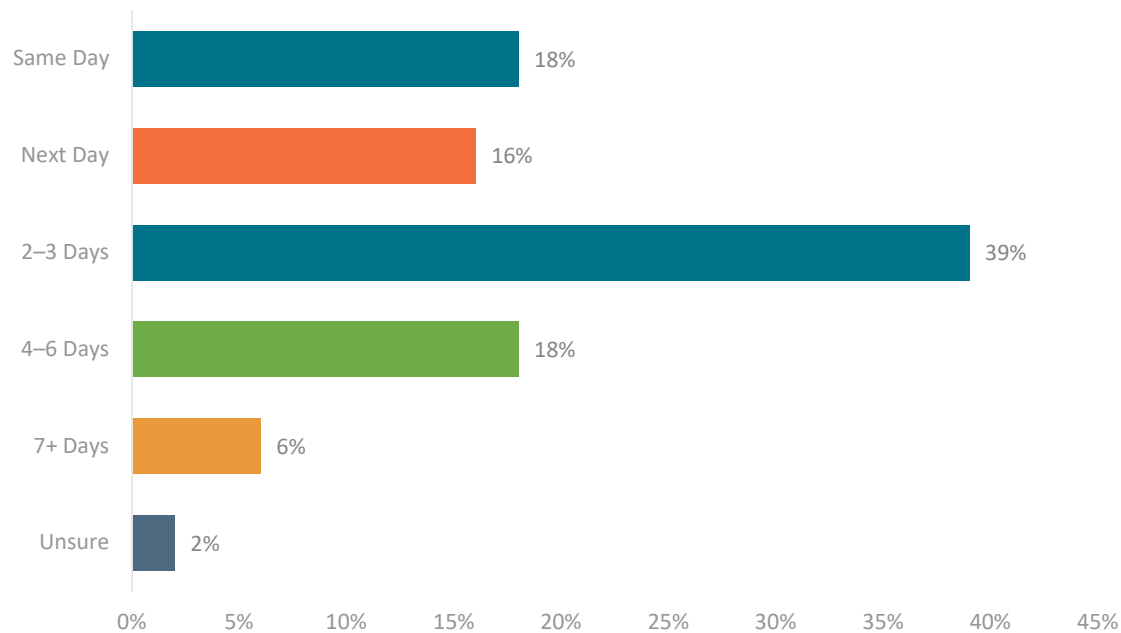
say their hospital does not have adequate beds (22% vs. 10%), ventilators (19% vs. 11%), medicines (27% vs. 15%), and clinical staff (27% vs. 13%) than those who have never had to reuse PPE.

Timeliness of Patient COVID-19 Testing Results

Most providers ordering COVID-19 tests for their patients are waiting more than two days for the results. Among providers who ordered COVID-19 tests for their patients within the past few weeks before taking the survey, one in three (34%) say they received the results the same day (18%) or next day (16%). Nearly two out of three (63%) wait two days or more, with nearly one in four (24%) saying they wait four or more days.

Figure 33. Most Providers Wait More Than Two Days to Receive Their Patients' COVID-19 Test Results

Q: OVER THE PAST FEW WEEKS, HOW QUICKLY HAVE YOU BEEN ABLE TO GET BACK COVID-19 TEST RESULTS FOR YOUR PATIENTS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them / have not ordered COVID-tests within the past few weeks. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Work setting:**
 - Those working in emergency departments or inpatient units in hospitals are most likely to receive test results back for their patients within a day. However, half of these providers say they wait two days or more.
 - Those working in emergency department settings (49% same or next day) and inpatient units (50%) are the most likely to receive results back for their patients by the next day. Fifty-one percent of those working in emergency departments and 49% of those working in inpatient units are waiting two days or more for these results.

- Lower numbers of those in other workplace settings receive their patients’ test results within a day, including 34% of those working in outpatient surgery centers or infusion clinics, 25% of those working in urgent care settings, 24% in behavioral health residential facilities, 19% in FQHC/other clinics, 16% in private offices, and 15% in nursing homes. Forty-four percent of those working in FQHC/other clinic settings wait four days or more for patient results, as do high numbers of those in nursing homes (40%), behavioral health residential facilities (39%), private offices (34%), and urgent cares (34%).

Table 5. Less Than Half of Providers in Any Workplace Receive Patient COVID-19 Test Results Back Within a Day

Q: OVER THE PAST FEW WEEKS, HOW QUICKLY HAVE YOU BEEN ABLE TO GET BACK COVID-19 TEST RESULTS FOR YOUR PATIENTS?

	Same/Next Day (%)	Two to Three Days (%)	Four or More days (%)
Overall	34	39	24
Emergency Department	49	31	20
Inpatient	50	33	16
Outpatient Clinic or Service Within a Hospital (such as cardiology, radiology, or specialty clinics, excluding ED)	35	45	18
Outpatient Surgery Center / Infusion Clinic	34	45	19
Urgent Care Center	25	41	34
FQHC / Community or Public Health Clinic	19	37	44
Private Office	16	49	34
Nursing Home (including extended care, skilled nursing facility, or group home)	15	45	40
Behavioral Health Residential Facility	24	34	39
Home Health Care	13	39	48

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Results exclude those who said the question was not applicable to them / have not ordered COVID-tests within the past few weeks. FQHC is Federally Qualified Health Center.

Results Among Subgroups

- **Occupation:** Nurses are the most likely to say that they receive their patients’ test results back within a day (43%). This most likely reflects that nurses are more likely to work in a hospital setting. Thirty-five percent of doctors also say they get the results back within a day. Meanwhile, 64% of doctors, 74% of NP/PAs, 69% of behavioral health specialists, and 56% of nurses are waiting two days or more for results.
- **Kaiser providers:** Non-Kaiser providers are more likely to wait four days or more for patient results than Kaiser providers (27% vs. 13%).
- **Safety-net providers:** Safety-net providers are more likely than non-safety-net providers to receive patient results back within a day (38% vs. 27%). However, 6 in 10 are waiting two or more days for results.

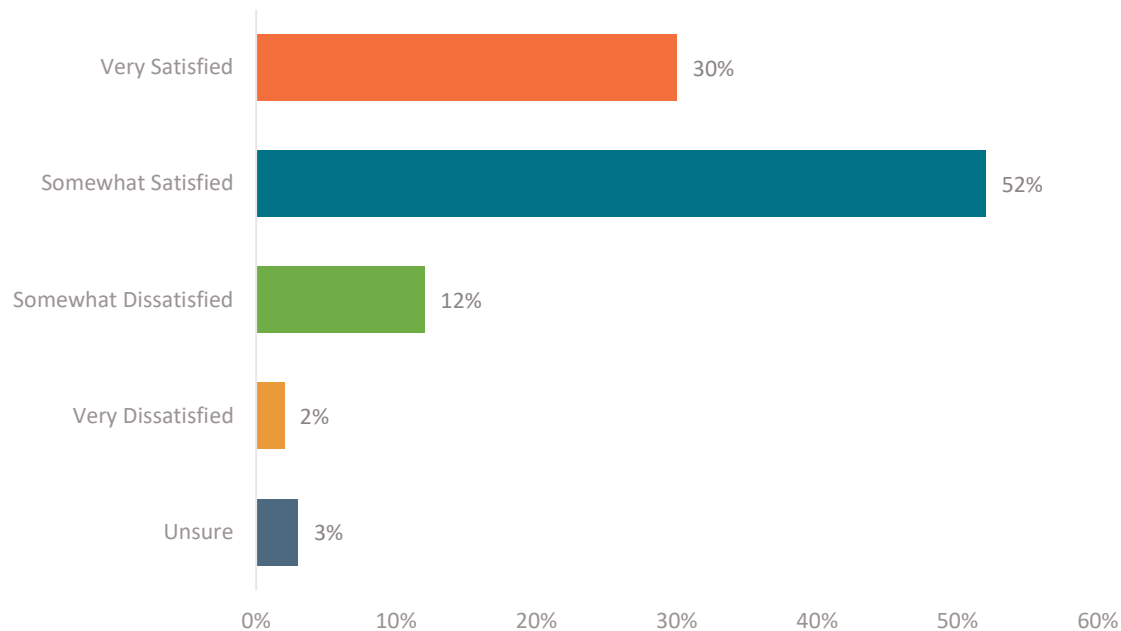
Electronic Transmission of Clinical Information for COVID-19 Patients

Doctors and NP/PAs who have treated COVID-19 patients were asked how satisfied they are with their *ability to electronically transmit and receive the clinical information they need to diagnose and manage patients with COVID-19 — for example, through the use of electronic health records*. More than 8 in 10 providers (82%) are satisfied; however, just 30% are “very” satisfied and 52% are “somewhat” satisfied).

Ninety-four percent of Kaiser providers are satisfied, compared to 81% of non-Kaiser providers. Moreover, 59% of Kaiser providers are “very” satisfied, compared to 26% of non-Kaiser providers.

Figure 34. Eight in 10 Providers Are at Least “Somewhat” Satisfied with Their Ability to Electronically Transmit COVID-19 Clinical Information

Q: ARE YOU SATISFIED OR DISSATISFIED WITH YOUR ABILITY TO ELECTRONICALLY TRANSMIT AND RECEIVE THE CLINICAL INFORMATION YOU NEED TO DIAGNOSE AND MANAGE PATIENTS WITH COVID-19 — FOR EXAMPLE, THROUGH THE USE OF ELECTRONIC HEALTH RECORDS?



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Asked of doctors and NP/PAs who have treated COVID-19 patients. Totals may not add to 100% due to rounding.

Business and Career Impacts

Patient Volume

Nearly half of providers (47%) say their total patient volume is down, either “a lot” (15%) or “some” (32%) compared to before the COVID-19 pandemic. Another 27% say it is about the same, and 25% say it is up. Of those who say their patient volume is down, 61% say it is down 25% or less, while 37% say it is down by 26% or more. Less than 1 in 10 (8%) report a patient volume decline of 51% or more.

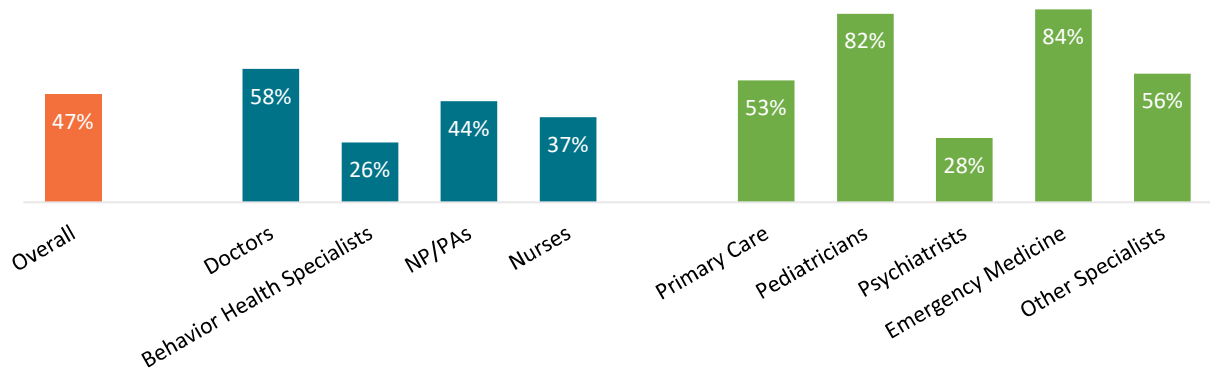
Results Among Subgroups

- **Occupation:**
 - Nearly 6 in 10 doctors (58%) report that their patient volume is down, with 18% saying it is down “a lot.” Pediatricians and emergency department doctors are seeing the greatest impact, with 82% and 84%, respectively, saying their patient volume is down. Thirty-five percent of pediatricians and 42% of emergency room doctors say their volume is down “a lot.” This compares to patient volume being down for 53% of primary care doctors (while it is up for 22%) and 56% of specialists (up for only 8%).

- Behavioral health specialists (45% say volume is up) and psychiatrists (37% say volume is up) have seen a notable increase in volume, with far fewer reporting a decline than those in other occupations or medical specialties (26% and 28%, respectively).
- Broadly, 44% of NP/PAs and 37% of nurses say their patient volume is down, while 27% of NP/PAs and 36% of nurses say it is up.

Figure 35. Patient Volume Is Down for Nearly Half of Providers Overall

Q: WOULD YOU SAY YOUR CURRENT TOTAL PATIENT VOLUME — INCLUDING BOTH IN-PERSON AND TELEHEALTH — IS UP, DOWN, OR ABOUT THE SAME COMPARED TO BEFORE THE COVID-19 PANDEMIC? (PROPORTION SAYING PATIENT VOLUME IS DOWN)



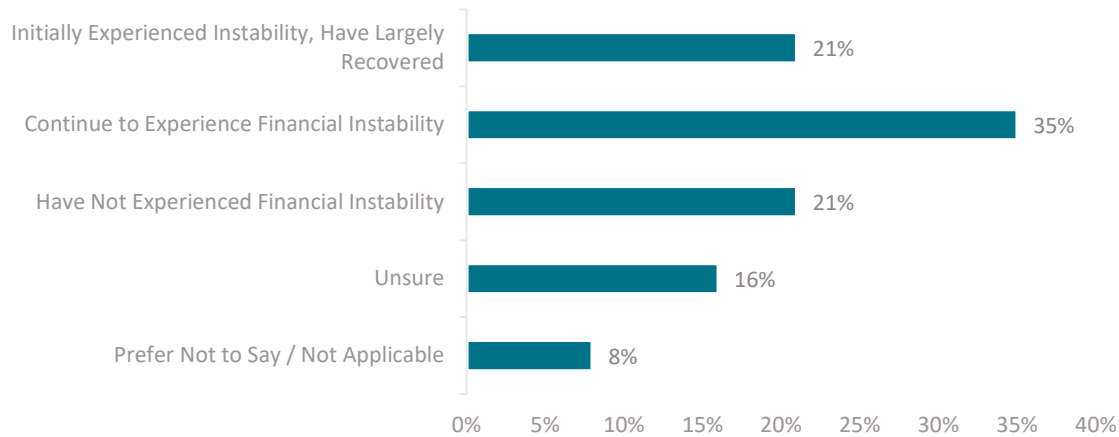
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

- **Safety-net providers:** There is no notable difference among safety-net and non-safety-net providers.
- **Patients of color:** There is no notable difference in response by patient-of-color population.

Financial Instability

More than one in three providers (35%) report that the office, clinic, hospital, or medical facility where they work is currently experiencing financial instability. Another 21% say they initially faced financial instability but have largely recovered. An additional 21% have not experienced financial instability.

Figure 36. One in Three Providers Says Their Office, Clinic, Hospital, or Medical Facility Is Currently Facing Financial Instability
 Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE FINANCIAL POSITION OF YOUR OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY SINCE THE START OF THE COVID-19 PANDEMIC?



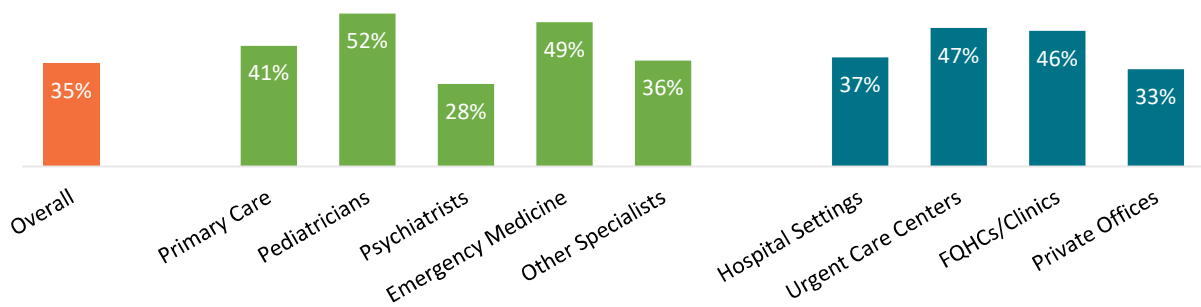
Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Results Among Subgroups

- **Occupation:** Four in 10 doctors say they are experiencing continued financial instability, compared to 34% of NP/PAs, 30% nurses, and 24% of behavioral health specialists.
- **Medical specialty:** Among medical specialists, pediatricians (52%) and emergency medicine doctors (49%) are the most likely to report continued financial instability. Overall, 41% of primary care doctors and 36% of medical specialists are experiencing instability. Like other behavioral health specialists, psychiatrists are the least likely to be experiencing continued financial instability (28%).
- **Work setting:** Those working in urgent care settings (47%) and FQHC or other community and public health clinics (46%) are experiencing financial instability in some of the highest numbers — although one-third or more of those in other settings are experiencing this as well.

Figure 37. Half of Pediatricians and Emergency Medicine Doctors Are Currently Facing Financial Instability

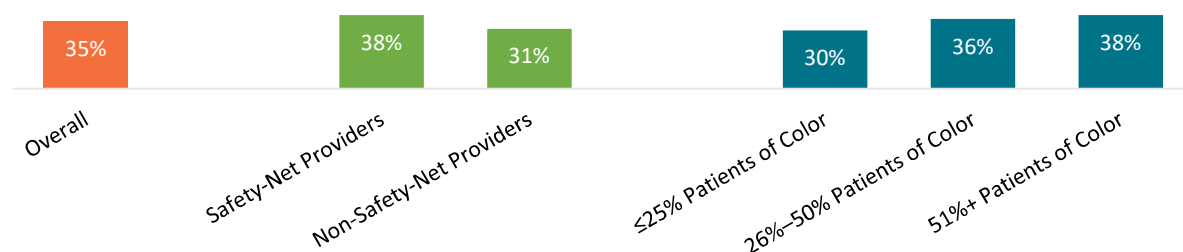
Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE FINANCIAL POSITION OF YOUR OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY SINCE THE START OF THE COVID-19 PANDEMIC? (RESULTS BY MEDICAL SPECIALTY AND SETTING FOR “CONTINUE TO EXPERIENCE FINANCIAL INSTABILITY”)



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. FQHC is Federally Qualified Health Center.

- **Safety-net providers:** A higher proportion of safety-net providers report facing financial instability than non-safety-net providers (38% vs. 31%).
- **Patients of color:** Those with a patient population of more than 25% patients of color are slightly more likely to be currently experiencing financial instability than those with fewer patients of color (37% vs. 30%).

Figure 38. Safety-Net Providers and Those with More Patients of Color Are Slightly More Likely to Currently Have Financial Instability
 Q: WHICH OF THE FOLLOWING BEST DESCRIBES THE FINANCIAL POSITION OF YOUR OFFICE, CLINIC, HOSPITAL, OR MEDICAL FACILITY SINCE THE START OF THE COVID-19 PANDEMIC? (RESULTS FOR SAFETY NET AND PATIENTS OF COLOR FOR “CONTINUE TO EXPERIENCE FINANCIAL INSTABILITY”)



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options.

Among doctors and those involved in the business management of their offices, 13% report that their office, clinic, hospital, or medical facility is currently exploring new affiliations or mergers. Fifty-one percent say they are not, and 29% are unsure.

Among those with knowledge of their workplace’s business or financial management, about 1 in 10 are at least “somewhat” likely to shut down their health care business permanently, while another 1 in 10 are considering closing temporarily as a result of the COVID-19 pandemic.⁵

Eleven percent report that they are likely to temporarily shut down their office, clinic, hospital, or medical facility — including higher numbers of those working in nursing homes (28%), behavioral health residential facilities (23%), and home health care (35%) — and nonhospital settings more than hospital settings overall (13% vs. 8%).

Twenty percent are likely to lay off or furlough staff, including 46% of those working in nursing homes. Kaiser providers are less likely to give this response than non-Kaiser providers (8% vs. 21%).

⁵ Results exclude those who said the question did not apply to them.

There is no difference in the proportion considering shutting down permanently or temporarily based on if their patient volume is currently up, down, or the same. One in four (24%) are considering layoffs and furloughs among those where patient volume is down, compared to 17% where it is the same and 12% where volume is up.

Personal Job Impacts

High proportions of providers have experienced job impacts as a result of the COVID-19 pandemic, including reduced hours, pay cuts, and expanded job responsibilities beyond their normal scope.

- Forty-nine percent have seen their job responsibilities expanded during the COVID-19 pandemic.
- Thirty-two percent have had their hours reduced.
- Twenty-five percent have had to take a pay cut.
- Seventeen percent have been assigned to a different job, work area, or unit.
- Nine percent have been furloughed.
- Five percent have been laid off.

Table 6. High Proportions of Providers in Various Occupational/Job Settings Have Experienced Job Impacts

Q: PLEASE INDICATE IF YOU HAVE EXPERIENCED EACH OF THE FOLLOWING AT ANY TIME IN THE LAST SIX MONTHS SINCE THE COVID-19 PANDEMIC BEGAN (PROPORTION ANSWERING YES)

Subgroup	Responsibilities Expanded (%)	Hours Reduced (%)	Pay Cut (%)	Assigned To Different Job/Area (%)	Furloughed (%)	Laid Off (%)
Overall	49	32	25	17	9	5
Occupation						
Doctors	44	39	38	13	9	4
Behavioral Health Specialists	47	14	10	10	5	3
NP/PAs	53	36	19	21	14	5
Nurses	62	30	11	31	12	6
Primary Care	51	34	36	19	11	6
Kaiser/Non-Kaiser						
Kaiser	53	25	14	20	7	3
Non-Kaiser	49	34	27	17	10	5
Safety-Net/Non-Safety-Net						
Safety-Net Providers	56	31	24	20	10	5
Non-Safety-Net Providers	41	33	27	14	9	4

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. NP/PAs is nurse practitioners / physician assistants.

Health Care Industry Impacts

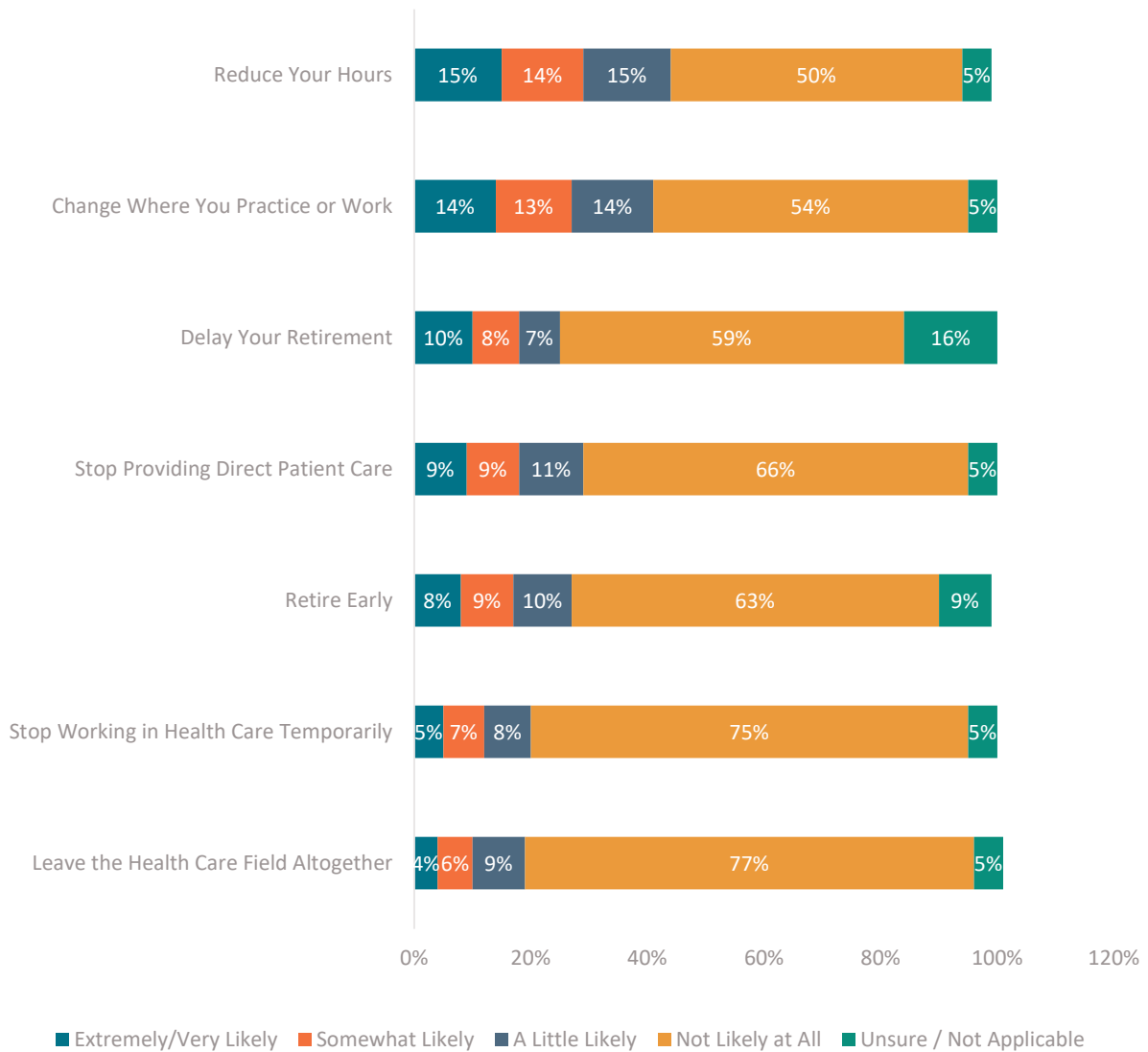
The survey explored the likelihood that providers are considering early retirement, leaving the health care field, or other actions that could impact health care delivery.

The survey found that approximately 2 to 3 in 10 are likely (defined as “extremely,” “very,” or “somewhat” likely) to make changes to how they work that could greatly impact health care delivery.

- **Reduce their hours (29% likely)** — including 46% of emergency medicine doctors and 39% of those who work in emergency departments, 40% in urgent cares, and 40% in nursing homes (these are also the settings more likely to be facing reduced patient volume). Those who have treated COVID-19 patients are more likely to say they are likely to reduce their hours than those who have not (31% vs. 23%).
- **Change where they practice or work (27%)** — including higher numbers of those working in urgent cares (34%), FQHC/other clinics (37%), nursing homes (38%), and behavioral health residential facilities (40%). Doctors are less likely to change where they work or practice (23%) than those in other occupations studied (between 30% and 36%).
- **Stop providing direct patient care (18%)** — higher among nurses at 23% than those in other occupations (17%) and highest among those working in emergency departments (20%), urgent cares (25%), nursing homes (29%), and behavioral health residential facilities (38%).
- **Retire early (17%)** — including 24% of those 50 and older — while 18% say they are likely to delay their retirement, including 21% of those 50 to 64 and 29% of those older.
- **Temporarily stop working in health care (12%)** — including more of those who work in urgent care (19%), outpatient surgery centers or infusion clinics (19%), FQHC/other clinics (19%), behavioral health residential facilities (23%), home health care (22%), and nursing homes (27%).
- **Leave the health care field altogether (10%).**

Figure 39. Many Providers May Stop Practicing or Reduce Their Availability Because of the COVID-19 Pandemic

Q: AS A RESULT OF THE COVID-19 PANDEMIC, HOW LIKELY ARE YOU TO DO ANY OF THE FOLLOWING? (RANKED BY EXTREMELY / VERY LIKELY)



Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. Totals may not add to 100% due to rounding.

Appendix: Methodology and Sample Profile

Methodology

The survey was administered online and conducted from September 19, 2020, through September 28, 2020, among 1,202 health care providers in California. Although the survey sample was designed to ensure it captures a broad cross section of health care providers in California, it is not a technically representative sample across the entire health care worker population of California. Instead, the survey was intentionally designed to focus on doctors, behavioral health specialists, nurse practitioners, physician assistants, and nurses who have provided direct patient care during the COVID-19 pandemic. Potential providers who reported that they have not provided direct patient care since the COVID-19 pandemic began were terminated from the survey.

The margin of error for $N = 1,202$ providers is ± 2.8 percentage points and is higher for subgroups.

The survey includes the following sample sizes in each of these subgroups (please note that some providers qualified in more than one category):

- **Doctors**, which includes those with an MD or Doctor of Osteopathic Medicine (DO) ($n = 603$, 50% of the sample)
- **Nurse practitioners** (10%) and **physician assistants** (7%), represented together in this report as **NP/PAs** ($n = 201$, 17% of the sample)
- **Nurses**, which includes those with the following licenses or credentials ($n = 250$, 21% of the sample):
 - Registered nurse (RN)
 - Certified Nursing Assistant (CNA)
 - Certified Nurse Midwife (CNM)
 - Clinical Nurse Specialist (CNS)
 - Certified Registered Nurse Anesthetist (CRNA)
 - Licensed Practical Nurse (LPN)
 - Licensed Vocational Nurse (LVN)
- **Behavioral health specialists**, which includes the following ($n = 205$, 17% of the sample):
 - Doctor of Education (EdD)
 - Doctor of Philosophy (PhD)
 - Doctor of Psychology (PsyD)
 - Licensed Clinical Social Worker
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Professional Clinical Counselor
 - Other licensed behavioral or mental health therapist

Throughout this report, when referring to behavioral health specialists, this excludes MDs (such as psychiatrists) unless that MD also has a license or credential in a behavioral health field.

Quotas for each of these four occupational areas were established, and participants were randomly selected to participate. The sample was randomly drawn from providers registered with Web MD / Medscape. Those selected received an invitation email with a link to complete the survey online. The participants were also provided with a financial incentive to complete the 20-minute survey.

The table below shows the proportion of providers who completed the survey by the various licenses, credentials, and degrees used to determine occupational categories.

Table A1. Provider Licenses, Credentials, and Degrees

Q: WHICH OF THE FOLLOWING LICENSES, CREDENTIALS, OR DEGREES DO YOU CURRENTLY HOLD? (MULTIPLE RESPONSE WAS ACCEPTED)

Doctors	
MD	46%
Doctor of Osteopathic Medicine (DO)	5
Behavioral Health Specialists	
PhD, Doctor of Psychology (PsyD), Doctor of Education (EdD)	2%
Licensed Marriage and Family Therapist (LMFT)	6
Licensed Professional Clinical Counselor	1
Licensed Clinical Social Worker	7
Other Licensed Behavioral Or Mental Health Therapist	1
NP/PA	
Nurse Practitioner (NP)	10%
Physician Assistant (PA)	7
Nurses	
Registered Nurse (RN)	19%
Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)	1
Certified Nursing Assistant (CNA)	*
Clinical Nurse Specialist (CNS)	1
Certified Nurse Midwife (CNM)	1
Certified Registered Nurse Anesthetist (CRNA)	*

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options. *Indicates that fewer than one-half of one percent of providers gave that response.

The providers represent a diverse population of practitioners. The demographic profile of the sample is provided in the “Sample Profile” section that follows.

Sample Profile

Below is a profile of the overall sample and within each occupation. Cells highlighted in yellow indicate where a particular occupation is disproportionately represented within a demographic group. For example, behavioral health specialists are more likely to be female, age 65 or older, and White than the sample average.

Table A2. Demographic Profile of Sample Occupations

	Size of Subgroup (n)	Total (%)	Doctors (%)	Behavioral Health Specialists (%)	NP/PAs (%)	Nurses (%)
Gender						
Male	465	39	61	13	22	13
Female	729	61	38	86	76	86
Age						
18–34	137	11	11	7	15	15
35–49	505	42	47	25	48	38
50–64	408	34	30	40	27	40
65+	151	13	12	27	9	7
Race/Ethnicity						
White	667	55	47	77	52	60
Hispanic	96	8	4	13	11	11
Black	40	3	2	6	4	3
API	421	35	47	9	35	27
Patient Population of Color						
25% or Less	334	28	26	42	19	26
26% to 50%	424	35	41	24	35	31
51% or More	413	34	31	32	41	42
Safety-Net Provider						
Safety-Net Provider	666	55	51	48	60	69
Non-Safety-Net Provider	496	41	47	51	36	24

Notes: CHCF/GSSR Survey of California Health Care Providers (September 19–28, 2020). See topline for full question wording and response options.