



March 17, 2020

The Honorable Mike Pence
Vice President of the United States
Chair, Coronavirus Task Force
The White House
Washington, DC 20500

Mr. Vice President:

I write on behalf of the 134,600 family physicians and medical students represented by the American Academy of Family Physicians (AAFP) to provide recommendations on how the White House Coronavirus Task Force and appropriate federal agencies can assist frontline, family physicians during this time. Family Physicians are putting their lives on the line for their patients in nearly every community in our country. We are resolved and resolute in our dedication, but need assistance.

The AAFP recently conducted a survey among our members regarding the SARS-CoV-2 and COVID-19. When asked about the incidence of coronavirus in their community or practice:

- **33% of family physicians report the presence of SARS-CoV-2 and/or COVID-19 in their community**
- **10% report COVID-19 positive patients in their practice panel**
- **34% report having patients that they suspect have COVID-19**

There also continues to be disjointed communication channels between federal, state and local agencies with respect to the pandemic. In fact, 50% of family physicians who have a patient in their practice that has tested positive for COVID-19 have not received outreach from local or state public health officials to coordinate care of those patients.

Federal, state and local agencies must work together with physicians and other stakeholders to ensure consistent and coordinated communication with the medical community – especially those on the front lines delivering primary care as this pandemic evolves. The AAFP is aggressively communicating with our members in an effort to inform and prepare them for the hard work that lies ahead. We know that thousands of individuals and families will turn to their family physicians for care and counseling and our members will respond by providing the high-quality care they provide each and every day. The AAFP is committed to making sure they are equipped to do so. To assist the country and the frontline family physicians who are providing care to thousands of impacted individuals, the AAFP offers the following feedback and recommendations to the Coronavirus Task Force:

STRONG MEDICINE FOR AMERICA

President
Gary LeRoy, MD
Dayton, OH

President-elect
Ada Stewart, MD
Columbia, SC

Board Chair
John Cullen, MD
Valdez, AK

Directors
Sterling Ransone, MD, *Deltaville, VA*
Windel Stracener, MD, *Richmond, IN*
Erica Swegler MD, *Austin, TX*
James Ellzy, MD, *Washington, DC*
Dennis Gingrich, MD, *Hershey, PA*
Tochi Iroku-Malize, MD, *Bay Shore, NY*

Andrew Carroll, MD, *Chandler, AZ*
Steven Furr, MD, *Jackson, AL*
Margot Savoy, MD, *Media, PA*
Brent Sugimoto, MD (New Physician Member), *Richmond, CA*
Kelly Thibert, DO, MPH (Resident Member), *Columbus, OH*
Margaret Miller (Student Member), *Johnson City, TN*

Speaker
Alan Schwartzstein, MD
Oregon, WI

Vice Speaker
Russell Kohl, MD
Stilwell, KS

Executive Vice President
Douglas E. Henley, MD
Leawood, KS

AVAILABILITY OF COVID-19 TESTS

While recent efforts to ramp up the availability of testing is commendable; the distribution of those kits is still severely lagging. According to the AAFP survey, only 19% of physicians have been able to secure tests for patients that were screened and deemed appropriate for testing. Even more concerning is the fact that 70% of family physicians report that their practices have not received information from commercial or private labs about accessing COVID-19 test for their practice. The lack of testing protocols to assist in prioritizing patient needs in cases where limited tests are available is an area of concern for our members. As the tests become available, it will be crucial that there is a coordinated plan to distribute those tests equitably to all practice sites and, as such, we call on the Administration to ensure that testing is made available to physician practices in rural and smaller settings whose patients are similarly in need. Given that most patients will seek care from their local physicians, it would be a huge mistake to prioritize distribution of test kits to hospitals and large retail settings only.

PERSONAL PROTECTIVE EQUIPMENT

We are extremely concerned over the scarcity of personal protective equipment so soon into this pandemic. Some members have already depleted their supply with no clear guidance on how to secure more. There is an urgent and growing need among frontline family physicians for personal protective equipment for them and their staff. The AAFP is hearing directly from family physicians across the country that they are without appropriate personal protective equipment putting their patients, staff and themselves at risk. Furthermore, we are deeply concerned that there isn't a national strategy to identify distribution of essential supplies to these frontline physicians. Our members are reporting that they are using raincoats, and other unsafe, stop-gap measures to protect themselves. To stop the transmission of COVID-19, family physicians and care teams must be equipped with the appropriate fit-tested personal protective equipment.

The AAFP calls on the Administration to identify ways to secure and distribute PPE to frontline physicians. This issue needs to be of the highest priority for the manufacturers, distributors and the Administration. The lack of PPE for health care providers is directly causing in the spread of the novel coronavirus.

TELEMEDICINE

Telemedicine has been identified as priority strategy for approaching the screening and triaging of patients who believe they are infected with the COVID-19 virus. Additionally, telemedicine creates an opportunity for physicians to keep other healthy and mildly ill patients out of their offices—thereby reducing their risk of exposure to COVID-19—by enabling some other routine care to be performed virtually rather than in-person. The Administration, Congress and some commercial insurers have taken steps to facilitate expanded access to telemedicine via payment policies. Despite these important steps, the deployment of telemedicine capabilities across the primary care system is limited. In fact, only 15% of family physicians currently have telemedicine capabilities in their practices.

The AAFP calls on the Administration to establish a grant program that would extend financing to solo/small group primary care practices for the purposes of implementing telemedicine technology in their practices. We would encourage the Administration to prioritize those practices that are independent and located in rural or other underserved communities. The AAFP is happy to assist you in identifying such practices.

We also call on the Administration and all commercial insurers to ensure parity in coverage and payment for telemedicine and in-person health care services. Additionally, public and private payers should compensate primary care practices for all telephone visits conducted over the next 90 days. Given the importance of social distancing to our collective efforts to control the spread of the coronavirus, it is appropriate for public and private payers to facilitate virtual visits by paying for all modalities that allow patients to remain isolated from others, yet remain connected to their family physician or health care team. This is especially true for transitional care management.

Many small practices will become financially insolvent during this crisis unless these steps are taken immediately, resulting in loss of access. The new reality is while patient care will continue, and the best patient care will occur within the context of a preexisting patient-physician relationship. How that visit should occur will depend on circumstances. Family physicians must be able to keep those most at risk for COVID-19 complications out of the office and hospital. Further, quality measure reporting and other administrative work not directly related to patient care must be suspended.

COMMUNITY HEALTH CENTER & TEACHING HEALTH CENTER FUNDING

This emerging public health crisis has underscored the damages incurred by the historic underfunding of our primary care and public health infrastructure. Two programs rising to meet the needs of communities struggling with this pandemic are the Community Health Center Program and the Teaching Health Center Graduate Medical Education (THCGME) Program. Currently, both programs are operating under short-term financing, which compromises their ability to invest in the workforce, personnel and supplies needed to confront this pandemic. Unfortunately, many are on the brink of closure unless immediate action is taken.

Our ability to effectively manage this pandemic, contain community spread, and extend care to millions of people depends on these vital programs. Together, these programs provide community-based care to 29 million people regardless of their ability to pay. Failure to adequately and consistently fund these programs has led to an inability to recruit and retain physicians to care for these populations, difficulty recruiting a needed workforce into primary care residencies, and program closures. In normal circumstances, this might cause challenges in access to care. In the current climate where our health care system is being taxed beyond its capacity, it will have catastrophic impacts on the ability of vulnerable populations to seek care. Primary care is the underpinning of any successful health care system and its funding and support should not be an afterthought if we are to be successful in flattening the curve and, ultimately, limiting the number of fatalities due to COVID-19.

Continued underinvestment in primary care education and training will only result in further strains on our primary care system in the future and weakens our ability to confront and manage future outbreaks and pandemics. **The AAFP calls on the Administration to work with Congress to secure reauthorization and funding for these essential programs.** It is essential to the health centers' ability to recruit, train and hire physicians, expand capacity and plan for dramatic increases in demand for services, particularly as this crisis unfolds. Not extending this funding will contribute to the spread of COVID-19 in communities who have no other place to receive health care services.

The AAFP and our members stand ready to partner with all stakeholders to make sure that our members are equipped and prepared to provide the safest, most effective care during this crisis. Thank you for your leadership in convening the medical community and we look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "John S. Cullen". The signature is fluid and cursive, with a long horizontal stroke at the end.

John S. Cullen, MD, FAAFP
Board Chair

C: The Honorable Alex Azar – Secretary, Department of Health and Human Services
The Honorable Seema Verma – Administrator, Centers for Medicare & Medicaid Services
The Honorable Robert R. Redfield, MD – Director, Centers for Disease Control & Prevention
The Honorable Thomas J. Engels – Director, Health Resources & Services Administration