Primary care provider case volume has seen a multifold increase during the COVID-19 pandemic. In the earliest days of the virus, queries related to it were crippling to primary care practices and health systems.

According to Anthony Cheng, MD, within a three-week period as the pandemic was taking root, Oregon Health & Science University’s (OHSU) primary care division received more than 10,000 calls and patient portal messages related to COVID-19.

“That meant we had to redeploy clinical resources to address those, oftentimes, worried-well [patient] questions, said Dr. Cheng, assistant professor of family medicine at OHSU School of Medicine. “And it meant that we had to stop a lot of the work we were doing, work that we think is critical for high value primary care. Reaching out to patients for cancer prevention and chronic disease management or spending 20 or 30 minutes on the phone in care coordination keeps our patients healthy and out of the emergency department. When COVID-19 hit, a lot of that work had to stop. But our patients, especially those with multimorbidity, need us now, more than ever.”

With staffing and resources, academic health centers can play a role in helping to supplement primary care providers during the COVID-19 pandemic. A recent JAMA article, co-authored by Dr. Cheng, highlights how OHSU has implemented a three-phase telemedicine plan.

OHSU, a member school of the AMA’s Accelerating Change in Medical Education Consortium, is also among the medical schools graduating students early to help fight the COVID-19 pandemic.

Phase 1: A local response
The first phase of OHSU’s telemedicine response to COVID-19 was to set up telephone triage for OHSU patients.

The bulk of work on the phone triage is being done by nurses who were redeployed from other areas of the health system. When a patient calls the hotline—which has been funded by a gift from the Morris Singer Foundation—they speak with a nurse almost instantaneously. The patient is then assessed, and, if necessary, directed to nearby COVID-19 testing centers or a virtual visit. The nurses also manage COVID-19 test results which includes performing symptom checks at two and seven days. Physicians are working as a backup resource for nurses on these calls.

Having handled nearly 2,000 phone calls, the call center has allowed OHSU’s primary care physicians and staff to get back to treating non-COVID-19 patients who, in some instances, require significant intervention.

“When you talk to nurses in our primary care practices, they will tell you it feels really nice to get back to their normal chronic disease management,” Dr. Cheng said. “It has allowed them to start doing proactive outreach. There’s a noticeable difference in call volume, and it means we can do the work where primary care’s value really is.”

Phase 2: Provider support

With rural providers encountering their first batch of COVID-19 cases, much of the knowledge that had been gained in treatment of the virus was unavailable to them.

In phase 2 of the program, OHSU created a hotline for primary care practices throughout Oregon, providing technical assistance with operations, logistics and clinical questions. OHSU also partnered with Project ECHO, a telehealth organization that supports rural providers and patients, to disseminate COVID-19 related expertise.

As part of this phase of outreach, primary care providers from across the state participate in a weekly COVID-19 conference call. During those calls, physicians fill a chat box with questions that are answered by the Project ECHO teams. For the questions that are not answered, OHSU clinical faculty, residents and medical students research and create responses. Medical students participating in the project are given elective course credit.

“They have answered hundreds of questions that come out of the Project Echo chat box and from the hotline,” said Dr. Cheng. “It’s created a really solid knowledge base that is available publicly. Sharing of expertise and knowledge is fundamental to what we are doing.”
Phase 3: Statewide support

The third and most ambitious stage to OHSU’s telehealth patient assistance was to expand it to patients across the state. That launched in April.

If patients who call the hotline have a primary care provider, OHSU staff will triage the patient and work to connect them with their provider for a visit. If they do not, they are treated.

“While we at OHSU were able to create a light duty of pool nurses, who were not otherwise deployed and were able to answer our triage calls, we knew that other health systems without our type of workforce were unable to do that,” Dr. Cheng said. “Our long-term goal is to support the state and keep primary care practices a float.”

The AMA has curated a selection of resources to assist residents, medical students and faculty during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events at this time.