

Forward Texas: TAMEST Conversations on COVID-19: Improving Healthcare Access for All Texans During and After COVID-19

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UT Health

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Global Cases

9,944,786

Cases by Province/State/Dependency

989,710 confirmed

Texas US

972,713 confirmed

California US

843,897 confirmed

Florida US

525,608 confirmed

New York US

487,989 confirmed

Illinois US

373,078 confirmed

Georgia US

293,339 confirmed

North Carolina US

281,851 confirmed

Tennessee US

267,410 confirmed

Wisconsin US

257,384 confirmed

Arizona US

254,595 confirmed

New Jersey US

250,268 confirmed

Ohio US

235,014 confirmed

Pennsylvania US

Admin0

Admin1

Admin2

Last Updated at (M/D/YYYY)

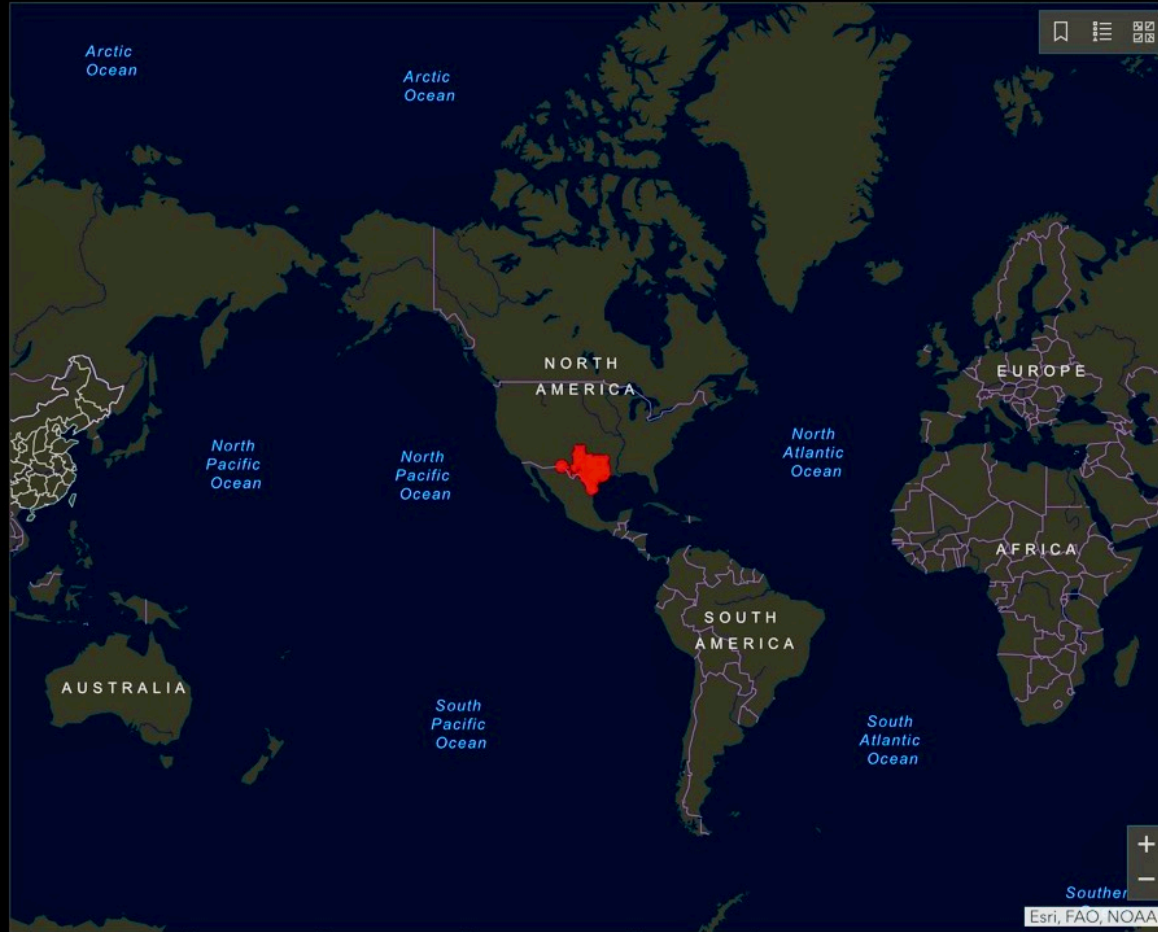
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190

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).

Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: [JHU](#), [NSF](#), [Bloomberg Philanthropies](#) and [Stavros Niarchos Foundation](#). Resource support: [Slack](#), [Github](#) and [AWS](#). Click [here](#) to [donate](#) to the CSSE dashboard team, and other JHU COVID-19 Research Efforts. [FAQ](#). Read more in this [blog](#). [Contact US](#).



Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

Global Deaths

237,488

237,488 deaths
US

US State Level Deaths, Recovered

19,184 deaths, 811,330
recovered
Texas US

Global Deaths

US Deaths, Recovered



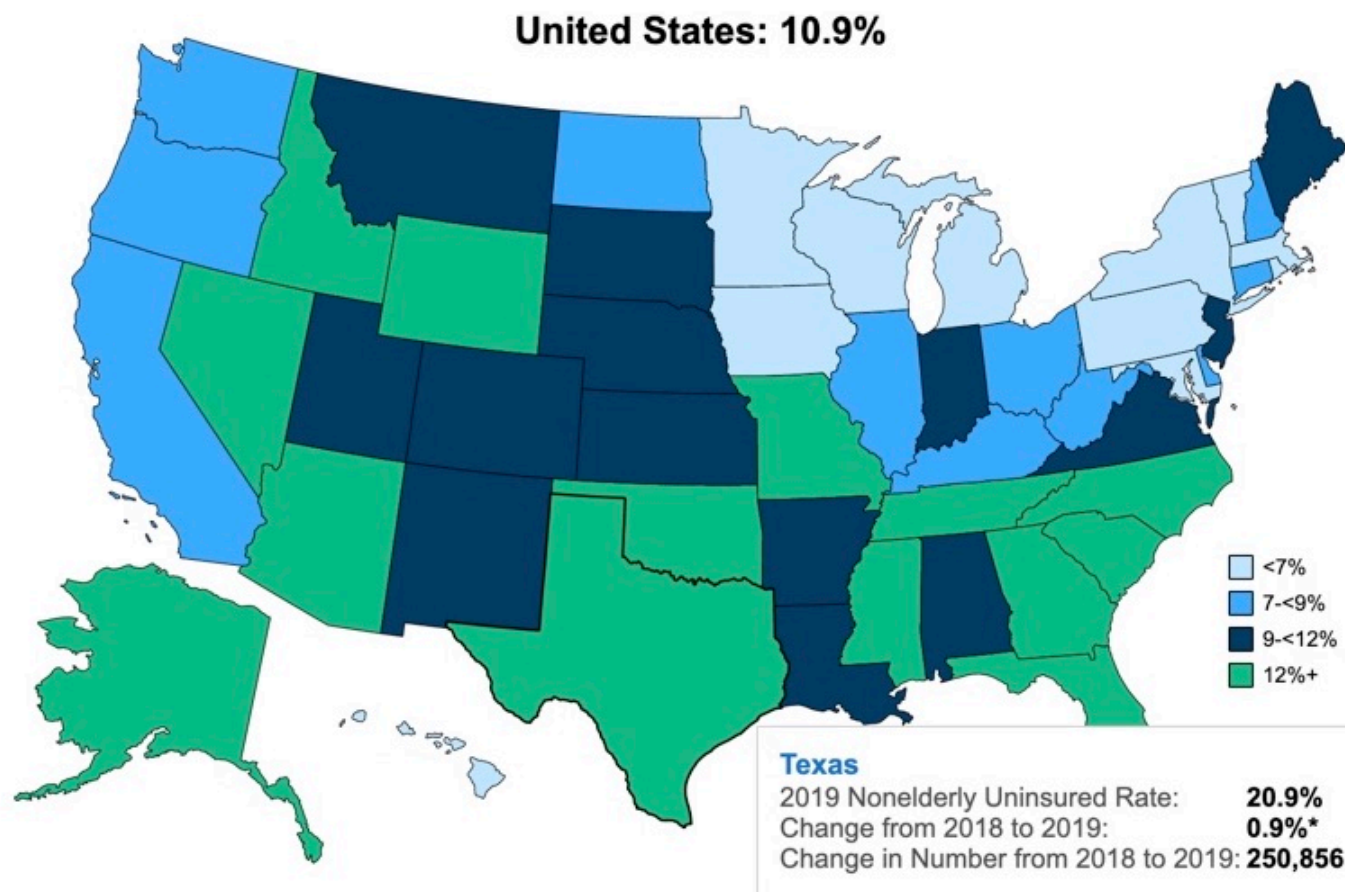
Daily Cases

Texas: 989,710 Cases

Texas: 19,184 Deaths

Figure 6

Uninsured Rates among the Nonelderly by State, 2019



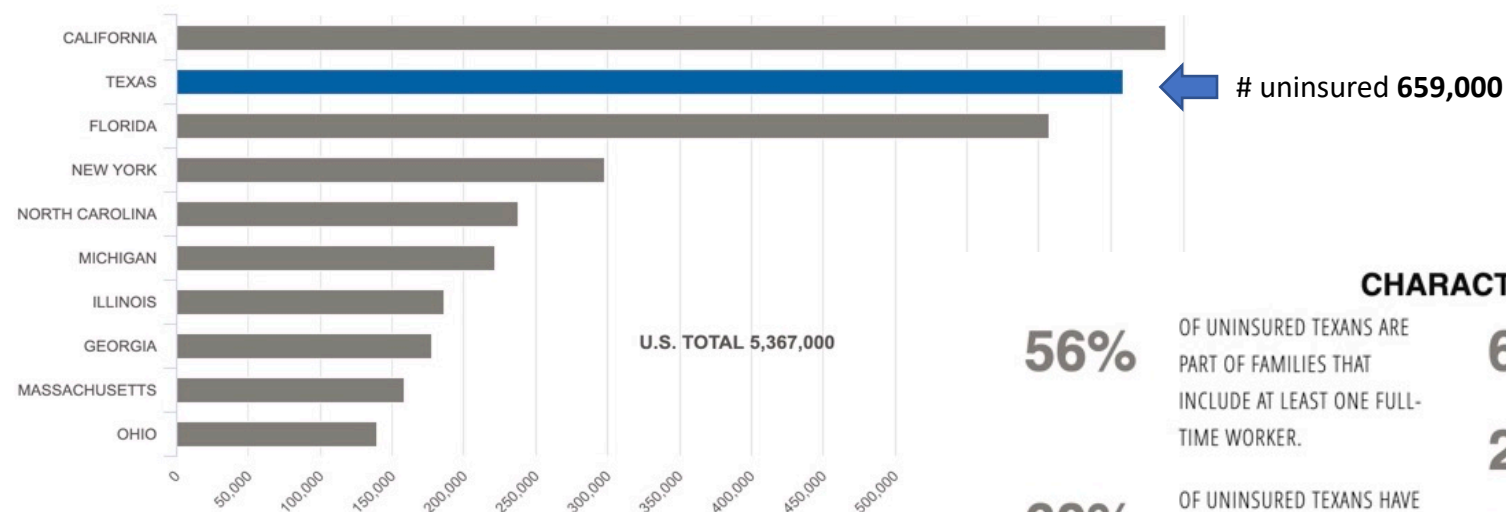
NOTE: * Indicates a statistically significant change from 2018 to 2019 at the $p < 0.05$ level. Includes nonelderly individuals ages 0 to 64.

SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates.

KFF

EXHIBIT 1: ESTIMATED NUMBER OF UNINSURED DUE TO JOB LOSS, 10 MOST POPULOUS STATES AND U.S., FEBRUARY-MAY 2020

Roll over the chart for specific values.



Notes: Estimates are from May 2020 and may change depending on new employment, the future impact of federal legislation adopted to address those impacts. Uninsured estimates do not take into account uninsured people who retained coverage through a spousal employer, Medicaid or the individual insurance market or family members who are unemployed and uninsured, many of whom also lost health insurance coverage. Definitive coverage data will be available in 2021, when the U.S. Census Bureau's American Community Survey publishes health insurance estimates. Source: FamiliesUSA

CHARACTERISTICS OF UNINSURED TEXANS

56%	OF UNINSURED TEXANS ARE PART OF FAMILIES THAT INCLUDE AT LEAST ONE FULL-TIME WORKER.	61%	OF UNINSURED TEXANS ARE HISPANIC.	10%	OF COLLEGE GRADUATES IN TEXAS ARE UNINSURED.
60%	OF UNINSURED TEXANS HAVE ANNUAL FAMILY INCOMES OF LESS THAN \$35,000 A YEAR.	27%	OF HISPANIC TEXANS ARE UNINSURED.	40%+	OF UNINSURED HISPANIC TEXANS ARE U.S. CITIZENS.
29%	OF THOSE WITH ANNUAL FAMILY INCOMES OF LESS THAN \$35,000 ARE UNINSURED.	12%	OF PEOPLE WHO IDENTIFY AS "NON HISPANIC WHITE" ARE UNINSURED.	36%	OF TEXANS WHO HAVE AT LEAST ONE NONCITIZEN IN THEIR FAMILY ARE UNINSURED.
4%	OF TEXANS EARNING \$100,000 OR MORE ARE UNINSURED.	16%	OF PEOPLE WHO IDENTIFY AS "NONHISPANIC BLACK" ARE UNINSURED.	8%	OF TEXAS CHILDREN ARE UNINSURED.
		48%	OF TEXANS WITHOUT A HIGH SCHOOL DIPLOMA ARE UNINSURED.	19%	OF TEXANS UNDER AGE 65 ARE UNINSURED.

Source: Buettgens M, Blumberg LJ, Wang Pan C. The Uninsured in Texas Statewide and Local Areas Views, The Urban Institute, December 12, 2018

What Issues Will Uninsured People Face with Testing and Treatment for COVID-19?

- Work in jobs that may increase their risk of exposure to SARS-COV-2
- Uninsured workers who must take off work because they or family members are sick could face significant financial consequences
- People who are uninsured will likely face unique barriers accessing COVID-19 testing and treatment services
- Uninsured individuals who contract COVID-19 and need medical care will likely receive large medical bills, even if they have low incomes and are unable to pay

Figure 1

Occupations with the Largest Numbers of Uninsured Workers, 2018

Occupation	Number of Uninsured Workers
Construction laborers	695,000
Cooks	618,000
Driver/sales workers and truck drivers	578,000
Cashiers	491,000
Waiters and waitresses	459,000
Janitors and building cleaners	444,000
Maids and housekeeping cleaners	441,000
Carpenters	432,000
Landscaping and groundskeeping workers	392,000
Retail salespersons	379,000

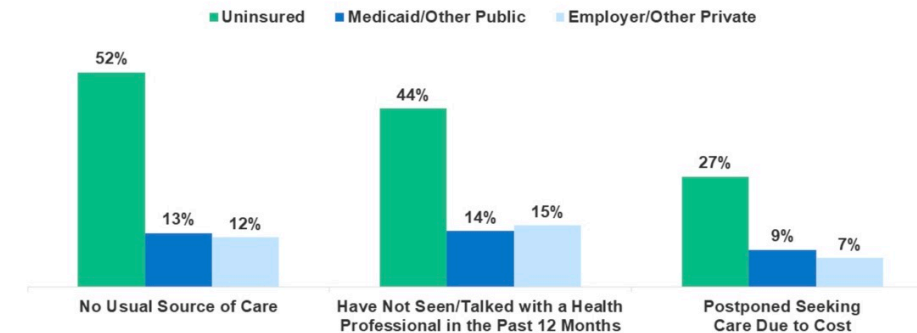
Note: Includes uninsured workers age 19-64.
Source: KFF analysis of 2018 American Community Survey, 1-year estimates.



Figure 1: Occupations with the Largest Numbers of Uninsured Workers, 2018

Figure 2

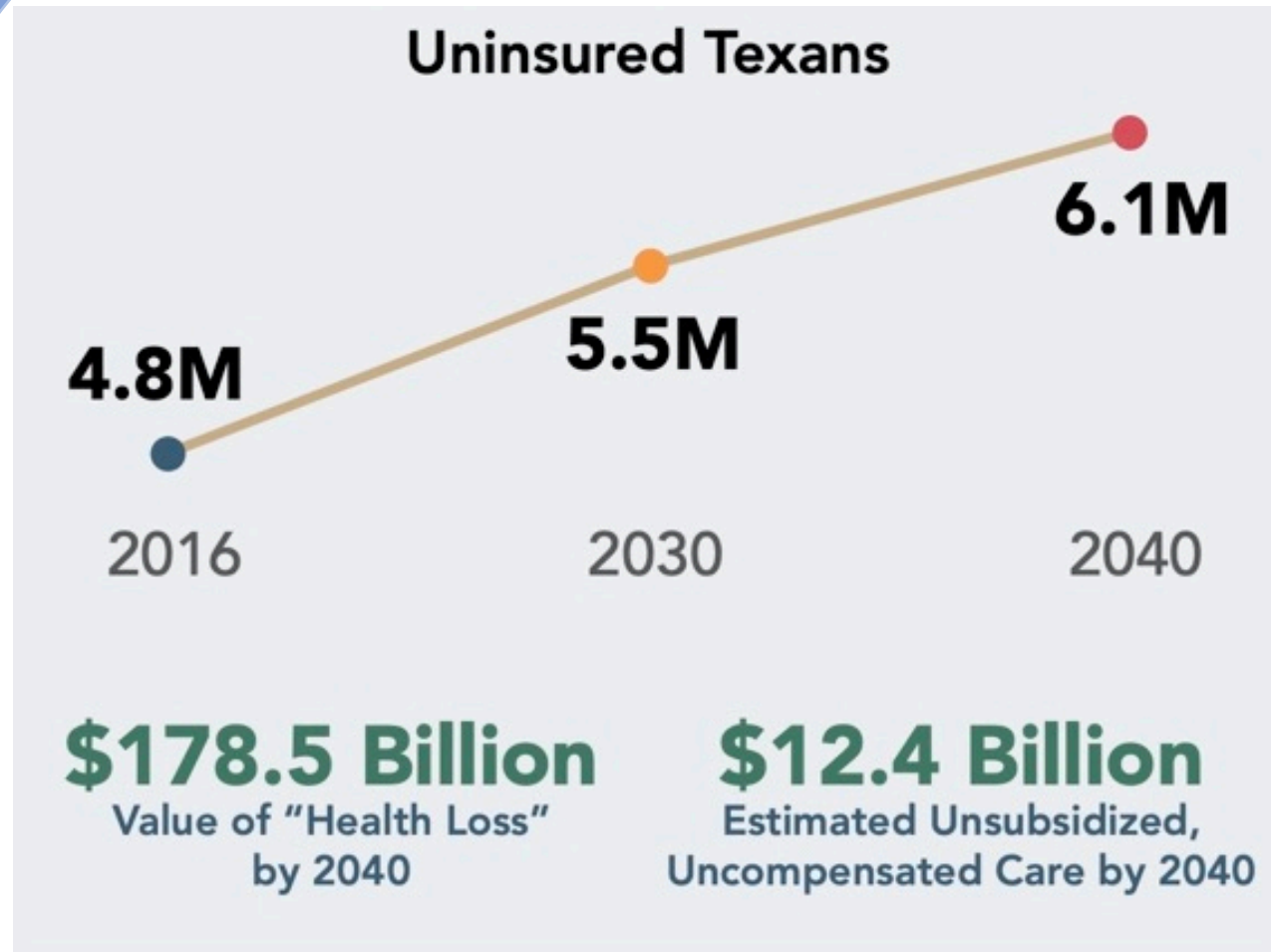
Barriers to Health Care among Nonelderly Adults by Insurance Status, 2018



NOTE: Includes nonelderly adults ages 18 to 64. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant at the $p < 0.05$ level.
SOURCE: KFF analysis of 2018 National Health Interview Survey.

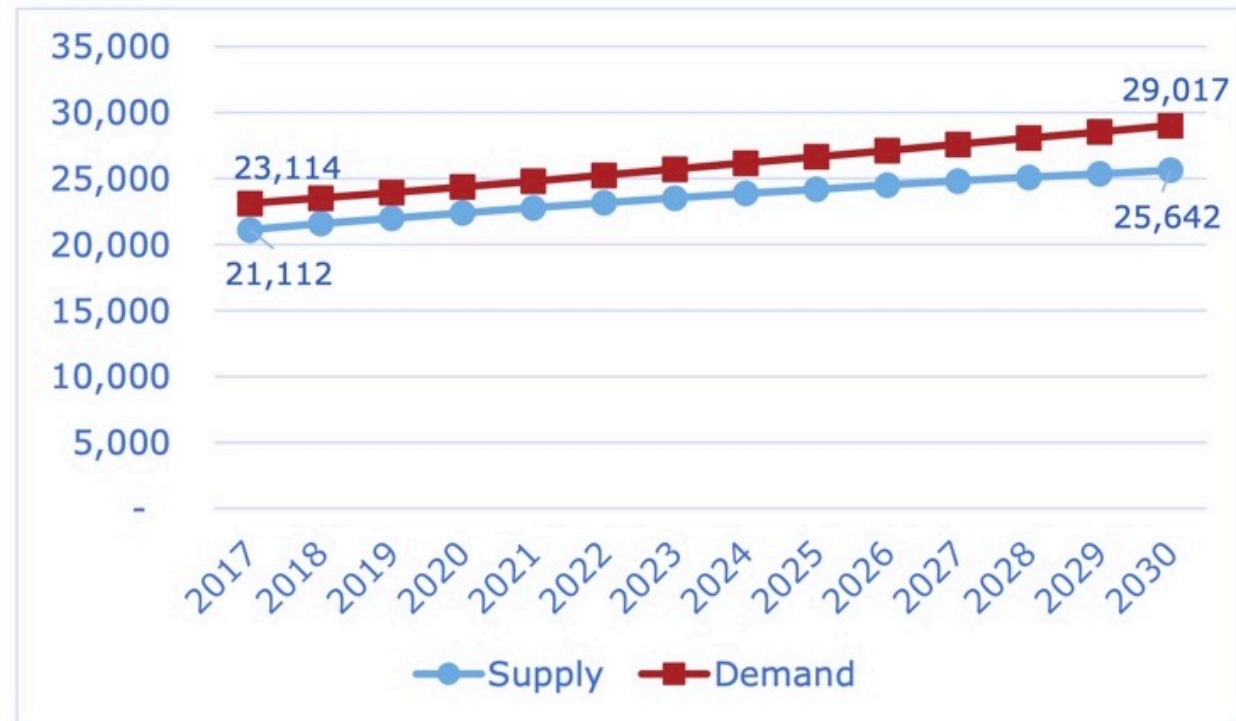


Figure 2: Barriers to Health Care among Nonelderly Adults by Insurance Status, 2018



Source: Texas Alliance for Health Care, The Impact of Uninsurance on Texas' Economy, January 2019

Figure 1. Supply and Demand for Primary Care Physician FTEs, Texas



Projections by primary care specialty estimate that the supply of family medicine FTEs will increase by 16.1 percent between 2017 and 2030 while demand will increase by 27.1 percent. As demand outpaces supply, the shortage for this provider will increase from 103 FTEs in 2017 to 1,016 FTEs in 2030.

Primary Care
in Texas is in
Peril without
intentional
policy support

DSHS, Texas Projections of Supply and Demand for Primary Care Physicians and Psychiatrists, July 2018

Larry Green Center COVID-19 Primary Care Surveys

COVID-19 Survey of Primary Care Clinicians and Patients

Topic: Practice Closures, Care Deferred, Risk of Country Opening

The risk of practices closing is real, which would leave many patients panicked and scared.



19% of practices have temporarily closed



40% are uncertain if they will be open in 4 weeks

62% of patients would be panicked, heartbroken, or otherwise find it difficult if their primary care practice were to close

18% are worried about the potential impact on their care through lost knowledge of medical history

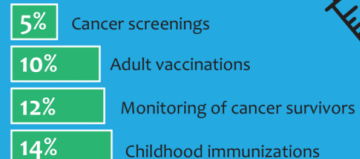


Results from surveys conducted by the Larry A. Green Center (www.green-center.org), in partnership with the Primary Care Collaborative (www.pcpcc.org) and 3rd Conversation (www.3rdconversation.org).

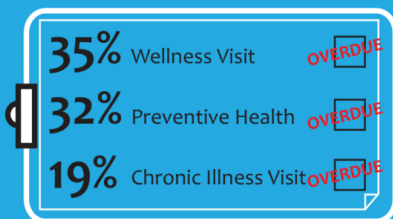
Care is already being deferred.

81% of practices that have limited wellness and chronic care visits

Care least often occurring:



Patients report being overdue for:



Results from surveys conducted by the Larry A. Green Center (www.green-center.org), in partnership with the Primary Care Collaborative (www.pcpcc.org) and 3rd Conversation (www.3rdconversation.org).

Both clinicians and patients are worried about re-opening the country.

When asked if they think it is safe to "open up" the country:



Clinicians



Patients

Only 22% of patients and 9% of clinicians said "yes." Roughly half of each said "no," and the remainder were either unsure or thought certain conditions (related to infection rates, testing capacity, and contact tracing) would need to be met.

Results from surveys conducted by the Larry A. Green Center (www.green-center.org), in partnership with the Primary Care Collaborative (www.pcpcc.org) and 3rd Conversation (www.3rdconversation.org).

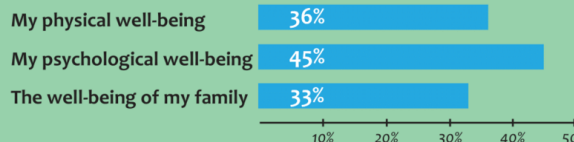
COVID-19 Survey of Primary Care Clinicians and Patients

Topic: The People of Primary Care and the Collateral Damage

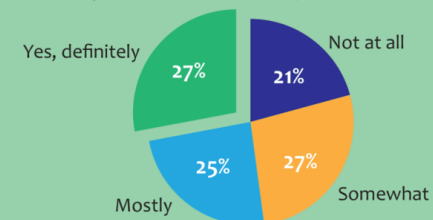
Primary care clinicians are feeling the effects of the pandemic:

48% of clinicians say burnout is at an all-time high

Clinicians experiencing detriments to:



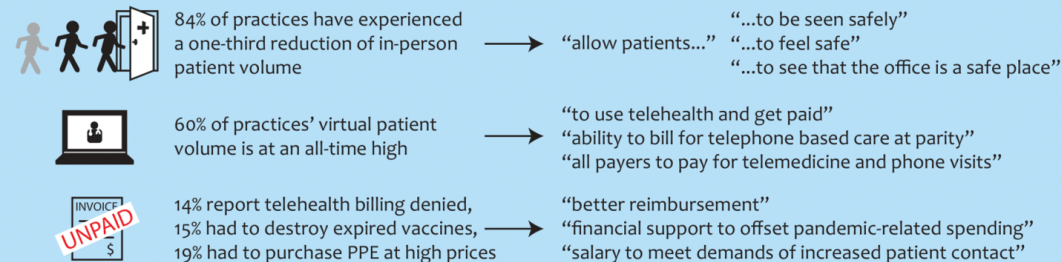
Do clinicians have known resources to help with COVID-19 related job stress:



Primary care faces challenges related to finances, stress, and physician burnout.

Results from surveys conducted by www.green-center.org, in partnership with www.pcpcc.org and www.3rdconversation.org.

Clinician responses about what they need to stay open reflect their experiences:

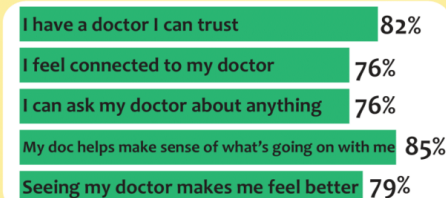


Clinicians know what they need to stay open, and they are asking for help.

Results from surveys conducted by www.green-center.org, in partnership with www.pcpcc.org and www.3rdconversation.org.

If primary care practices were to close, it would have a significant impact on patients:

Most patients report having a strong bond with their primary care provider



3 in 10 patients (32%) say they would either **panic** or be **heartbroken** if their doctor's office closed

Another 4 (39%) would be "upset" because it is hard to find a doctor they can trust



The closing of primary care practices would be detrimental to patients' well-being.

Results from surveys conducted by www.green-center.org, in partnership with www.pcpcc.org and www.3rdconversation.org.

The Texas Context

- A growing threat from COVID-19 cases and deaths
- The largest and growing number of uninsured persons in any state
- A major economic drain in our state, a potential to develop a healthy workforce
- Primary Care already at low levels, threatened further during pandemic
- We can use best science, innovation and transformation to create a health care system that addresses access, quality and equity
- A robust and properly supported primary care is key