A COVID-19 Profile in Courage: Serving from the Front Lines of the Pandemic

ACP recently spoke to Jim Hotz, M.D., the founder of Albany Area Primary Health Care, a large community health center practice with 28 sites, including eight school-based clinics, a large HIV program, two dental practices, a podiatry clinic, as well as internal medicine, pediatrics, and family medicine. Albany Area Primary Health Care serves eight counties, including Albany, Ga., the seat of Dougherty County, (population approx. 88,000), which has the highest per capita rate of COVID-19-related deaths in the entire state. As stipulated by federal rules surrounding funding of community health centers, Albany Area Primary Care provides care for medically underserved populations.

Dr. Hotz likens his practice to the Marines — running toward the chaos of the front lines of a battlefield. The community health center is like the beachhead, staying open to serve needy patients in chaotic times. While the 41-year old practice has weathered natural disasters and other health crisis, like the HIV and the opioid epidemic, none caused the far-reaching upheaval that COVID-19 did.

"What really distinguishes the people who don't go extinct is the ability to rapidly evolve," says Dr. Hotz. "In a system that is under stress, the odds are those who evolve quickest are going to be the ones that are most successful."

Dr. Hotz shares the challenges, the rapid pivots, and the positive takeaways that his practice has experienced in the past 10 weeks.

What immediate effects did the pandemic have on your practice?
We had 38 employees come down with COVID-19. One person died and two spouses died. We are a large organization with about 350 employees, and we were out in the community when this virus first hit and we didn't know it was here.

All of a sudden, we had a significant loss of income and loss in the number of patients that we were seeing. Organizationally, we went from seeing 855 patients a day before the pandemic to 455 a day in the first week of April. That's a loss of probably $400,000 in March and $600,000 in April. Financial folks were scrambling to maintain our staff.

What has been the impact of the pandemic on caring for patients?
Patients have had disruption in their care. People are afraid to come to see you in the office. They were sheltering in place, which is what they were supposed to do, but a lot of them have chronic conditions. So, the issue became how do we connect with people that need to be followed?

How has your practice evolved?
We rapidly pivoted to offering telehealth. But there are challenges to offering telehealth in a community health center practice where 80% of our patients fall below 200% of the Federal Poverty Level. It is very rural and there are issues with broadband access. Only 35% of our patients are web enabled and 30% have a smartphone that would allow for a visual visit. Often, it is those that don't have a visual way to connect that are the ones that need it the most, but that we are financially the least incented to see.

Our organization decided to just do the right thing and take care of our patients. I have done now 400 virtual visits and about 70% of my visits are voice only. I found that patients are extremely appreciative
of the fact that we are calling. We have made a lot of other adaptations, too. We have a pharmacy within our program, and we have switched a lot of people to home delivery.

We also found out a lot of people did not have the tools to safely shelter at home. They didn't have a thermometer or a blood pressure cuff. And they, didn't have a pulse oximeter. We were fortunate that a foundation called us and asked what we needed. We said we need to be able to get these things to people's homes. So, our school-based nurse practitioners, who no longer have a school to go to, volunteered to go to people's homes and teach them how to use these tools. We now have provided over 250 people with blood pressure cuffs and I think I may be getting better blood pressure control. This is probably something we already should have been doing.

**How will these adaptations have a lasting impact on your practice?**

This has opened our eyes to the effectiveness of virtual visits. When you're dealing with a lot of people living in a rural area, where transportation is a real issue, so it's allowed us to really understand the positive impact of the virtual visit. You can manage almost everything you need to with a virtual visit.

The greater the barriers, like transportation, the greater the no shows. And what we've learned from personally calling folks is that the noncompliant patient is a myth. When we remove barriers by using telephonic communication and electronic communication, I have had a total of 11 no shows out of 413 appointments. Normally, the no show rate in my patients is around 20%. There are other ways of connecting and reaching people then making them drive to your place for an appointment. It is important to be flexible and that is one of those lessons that this experience opened our eyes to.

**Is there a specific event as part of your pandemic response that is going to personally stick with you?**

There is a young man that I have taken care of for 35 years. He is diabetic and bipolar and lives by himself. He has done an extremely good job after a struggle in which every bad thing that could happen to somebody happened to this poor guy. Before COVID-19 we got him proper mental health support, got him disability, and he's being productive. This hit and he is afraid to come in the office, justifiably so. So, I tell him, 'We'll have a visit and I'll call you.' We spoke two days beforehand and I told him I need his finger stick, blood sugar, and blood pressure.

I call him, and no answer. I call back, no answer. On the 12th time, I am worried. I finally hear slurring on other side. I say, 'Eat some cookies.' Then I hear a couple of crunches and about five minutes later I could almost make him out. And I say, 'Check your blood sugar.' Five minutes later he says, it's 43. I say, 'Eat two more cookies.' Finally, he wakes up and he gets his hyperglycemia resolved. And I ask, 'What happened?' He said he got so depressed looking at the news and was so scared with the outbreak in Albany that he went to bed without eating supper. I think about it that that telephone call may have saved this guy's life. How would I have connected with him that day if I hadn't moved to calling patients?

**Has this experience changed how you see your role as a doctor?**

I was doing my patient calls on Good Friday and one of my patients is a minister. He said, 'Doc, do you know what you are right now? You're the good shepherd. In times of storms or crisis, the flock scatters. And what you're doing right now is trying to call the flock and bring them in.'

Population management is the big thing we're supposed to be doing these days. And I thought that that was a great analogy for what population management is — keeping your flock close, keeping them safe.