WASHINGTON, May 8, 2020 — The Larry A. Green Center, in partnership with The Primary Care Collaborative (PCC), today released results of a survey of primary care clinicians conducted May 1-4 that show an emerging concern that delayed health care likely due to in large part to stay-at-home restrictions will lead to serious and sometimes fatal repercussions for patients over time.

In this eighth consecutive weekly survey, 38% of respondents believe that there will be non-COVID-19-related deaths among their patients as the pandemic eases, and more than 60% believe that some of their patients will experience avoidable illnesses, both due to diverted or avoided care. Two-thirds of respondents say they fear parts of the country will be opened too early, intensifying a second wave of COVID-19 and prolonging the strain on the healthcare system.

This week’s survey also shows consistency from past weeks of polling, with primary care clinicians still reporting tremendous pressure from a variety of sources. More than half of respondents are still lacking adequate personal protective equipment (54%) and testing capabilities (54%), and a staggering 70% of clinicians report that they have seen a significant decrease in patient volume, which is threatening their practices’ financial viability.

“As state and national leaders discuss opening the country, primary care clinicians worry that they stand alone and ignored, lacking sufficient funding as well as the testing capacity and PPE necessary to support and treat the population,” said Rebecca Etz, PhD, Co-Director of The Larry A. Green Center and Associate Professor of Family Medicine and Population Health at Virginia Commonwealth University. “Clinicians are worried about a wave of patients with currently unmet health needs arriving just as their practices are starting to fail.”

“Public/private efforts to bolster primary care have been like bringing an umbrella to an oncoming hurricane and assuming you won’t get drenched,” said Ann Greiner, President and CEO of the Primary Care Collaborative. “These efforts have been nowhere near enough in size, scope, reach, or level of multi-payer participation. Policymakers must immediately target relief directly to primary care practices to stabilize them.”

This week’s survey results reflect input from 773 primary care physicians, nurse practitioners, and PAs. All states (except North Dakota) and Washington, D.C., are represented. 60% of respondents work in a practice with fewer than 10 clinicians. Nearly a quarter work in rural practices, 18% at a community health center, and 9% at a convenience care setting. Over half (58%) have a patient pool in which more than 10% are Medicaid beneficiaries. The clinical specialties of respondents are 70% family medicine; 11% internal medicine; 7% pediatrics; 6% geriatrics; and 7% other.

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About the Primary Care Collaborative:

Founded in 2006, the Primary Care Collaborative (PCC) is a nonprofit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations, PCC’s mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care and achieve the “Quadruple Aim”: better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.
About The Green Center:

The Larry A. Green Center for the Advancement of Primary Health Care for the Public Good is a research group founded by Rebecca Etz, PhD at Virginia Commonwealth University and Kurt Stange, MD, PhD at Case Western Reserve University. The Green Center works to reclaim and reconstitute the intellectual foundations of primary care, to advance the science of medicine learned and practiced within layered and competing social frameworks of meaning, and to deliver on a now 50 year old promise: better health and improved health care through a synergistic focus on both humanism and healing. We are nimble, inquisitive, curious, and open. We make personal doctoring and innovation visible.