WASHINGTON, July 24, 2020 – The Larry A. Green Center, in collaboration with the Primary Care Collaborative (PCC), today released new data showing nearly 9 in 10 primary care practices continue to face significant difficulties with COVID-19, including obtaining medical supplies, meeting the increasing health needs of their patients, and finding sufficient resources to remain operational. Only 13% of responding primary care clinicians say they are adapting to a “new normal” in the protracted pandemic.

This data comes more than four months into the pandemic and at a time when 39 states are experiencing an increase of COVID-19 cases, straining the nation’s healthcare system again.

The data also reveals that fewer than 4 in 10 clinicians feel confident and safe with their access to personal protective equipment; 11% report that staff in their practice have quit in the last four weeks over safety concerns.

“In the first few months of the pandemic, the country pulled together to stop the spread of the virus, and it seemed like we were making progress. Primary care clinicians and practices were working hard, against tremendous challenges,” said Rebecca Etz, PhD, co-director of The Larry A. Green Center. “But now the country is backsliding, and it’s clear that primary care doesn’t have enough strength to deal with the rising number of cases. If primary care were a COVID-19 patient, it would be flat on its back.”

The survey conducted by the Larry A. Green Center is part of an ongoing series looking at the attitudes of primary care clinicians and patients during the COVID-19 pandemic and the abilities of practices to meet patients’ needs. This week’s data also showed that in addition to feeling stressed, clinicians and their practices are also experiencing upheaval. 22% of clinicians report skipped or deferred salaries, and 78% report preventive and chronic care is being deferred or delayed by patients.

“Given the rapidly rising infection rates and persistent lack of PPE, more than a third of primary care clinicians are reporting feeling unsafe at the office, and 20% are cutting back on face-to-face visits while doing more remote outreach,” said Ann Greiner, president and CEO of the Primary Care Collaborative. “This is a clear signal that all payers must advance or retain parity for telehealth and telephonic calls. But it also is a clarion call to move to a new payment system that doesn’t rely on face-to-face visits and that is prospective so practices can better manage patient care.”

The survey of clinicians was fielded July 10-13, 2020, and received 594 responses from 46 states and Puerto Rico. 71% of respondents identify their practice as family medicine, 12% as internal medicine, 8% as pediatrics, 4% as geriatrics, and 5% as other. Settings include 21% rural, 14% community health centers, 11% in schools/offices, and 29% in designated patient-centered primary care homes. 33% have 1-3 clinicians in the practice, 27% have 4-9 clinicians, 39% have more than 10 clinicians. 39% are owned by a health system, 33% are self-owned, 12% are independent and large-group, and 4% are government-owned. 6% are convenience settings, and 5% are membership-based.

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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

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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.