



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 29 FIELDDED JULY 9-13, 2021



**Four in 10 clinicians worry that primary care will be gone in 5 years and one fifth of respondents expect to leave the profession within the next 3. This just one month after the National Academies of Science, Engineering, and Medicine (NASEM) declared primary care as a common good and in need of coordinated federal support.** Pandemic related strain has greatly reduced in practices, but that reduction is not matched by a recovery of the workforce. While nearly 50% report pandemic strain at a 2 or below on a scale of 1 to 5, close to one third report they experience constant lethargy, find it hard to find joy in anything, and often struggle to maintain clear thinking. Respondents identify clear and concrete ways in which the current Administration could strengthen US primary care.

### **Pandemic-related strain is declining but primary care workforce and practices are still struggling**

- 24% of practices still rate pandemic-related strain at severe and near severe levels
  - Among these, 50% struggle with constant lethargy, lack of joy in anything, and clear thinking
- 38% face structural obstacles, such as inability to staff positions and patient volume challenges
- 29% have worries about the unvaccinated (15%), vulnerable populations (8%), lost health among patients (6%)
- 13% discuss selling their practice and high-level burnout/exhaustion as main challenge for the next 6 months

### **For primary care, access to COVID vaccine has increased, yet outreach to the still unvaccinated is resource intensive**

- 52% of practices have an adequate or greater than adequate amount of vaccine to meet their patient needs
  - Among those partnered with local/government organizations, 80% reported strong vaccine supply
- 24% have at least some vaccine, but not enough to serve the full needs of their population
- 24% of practices have chosen not to administer the vaccine, most often citing structural obstacles
- 53% have found vaccine hesitancy among their unvaccinated patients to be high and hard to counter
  - Almost half of those felt they were more successful than not in countering vaccine hesitancy

### **Asked how policy makers and the Administration could help, clinician responses showed strong internal consensus**

- 56% say protect primary care as a common good
- 46% say change *financing* of primary care so it is not in direct competition with specialty care
- 46% say change primary care payment – moving away from majority fee-for-service
- 34% say improve infrastructure to allow beneficial health information exchange
- 32% say improve protect professionalism (autonomy, information mastery, decision-making)
- 32% say revamp electronic medical records to capture patient narratives & care delivery process
- 10% say increase broadband access, update residency training, and reduce documentation burden

**Policy Recommendations:** Relief from pandemic-specific strain does not appear to result in optimism or recovery within primary care. Primary care was vulnerable prior to COVID-19 and this key asset was weakened considerably during the pandemic. There is general convergence on strategies to bolster primary care, shared in the recently released NASEM report on [Implementing High Quality Primary Care](#). Policy makers need to rapidly implement these strategies to 1) support gains in population health and equity known to result from strong primary care, and 2) bear witness to the quiet heroism of primary care – a workforce that suffered 5X more COVID-related deaths than any other medical discipline.

**About the Survey:** Fielded by the Green Center, in partnership with the Primary Care Collaborative, this is the only ongoing survey of primary care since the pandemic onset. It has been fielded 25+ times, resulting in over 28,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 29 reports data from 702 respondents from 46 states and 3 territories: 69% family med, 6% pediatrics, 14% internal med, 4% geriatrics, 7% other. 71% MD, 6% DO, 14% NP, 3% PA, 6% other. Settings: 22% CHCs or similar. 20% rural, 29% had 1-3 clinicians, 44% had 10+ clinicians. 30% self-owned, 39% system owned, 6% government, and 5% membership based.

*“[Biggest concern] Clinician burnout. Worsened by the pandemic, reflective of much deeper structural issues.” Wisconsin*  
*“[Our system] cut pay, closed clinics, laid off staff. 1/3 of our providers quit and we have literally 4000 patients to reassign and nowhere to put them.” Washington*  
*“Help. Help us. Help!!!” Sincerely, MI, NY, MA, OR, SD, UT, OH, IL ... and others*

## Hear directly from front line clinicians responding to our survey as they talk about...

### ... **experience acquiring vaccine supply and encountering vaccine hesitancy**

- I am exhausted from trying to counter the myths about covid and the vaccine. Tennessee
- I would love to give the vaccine, but can't afford the infrastructure investments needed for program compliance. Colorado
- Vaccines need to come in individual dose vials! Having to crack a 10-dose vial for one patient makes no sense in a small practice and therefore we cannot offer it in my office. Single dose vials would be great. Virginia
- State CDC waited until too late. Now we risk wasting most of a vial if we keep it on hand for our vaccine hesitant patients. Maine
- We will get our first supply of COVID19 vaccine after requesting it from the state health department for 6 months. Texas
- I feel undermined and devalued by the government, CDC, and system as they gave everyone else the vaccine before PCP's. We finally got them but too little, too late. Maine
- My health system is not allowing us to provide vaccine. There is still far too little emphasis by government and public health on getting COVID vaccine into primary care. There is far too much derision of hesitant individuals. Virginia
- Vaccine hesitancy requires at least 5-10 minutes of counseling for a less than 30% success rate. Illinois
- Just starting admin process to be able to deliver Covid vaccine. Oregon
- Just starting to get a few vials per week. South Dakota
- We have very very limited vaccine supply that trickles in slowly, hard to convince patients to come for it when I don't know when we'll have it in stock. Virginia
- We're supposed to be getting them in the late part of this month. Minnesota
- The requirements here are quite burdensome to provide vaccines to my patients. Illinois
- I'm able to convince some people to get vaccinated, but don't have vaccines in the office. Delaware
- Patients who aren't vaccinated now are much more resistant than the people that I was counseling a month or two ago. Ohio
- Vaccines are available readily but pts are not receptive to obtain. Kentucky
- Dealing with patients who don't want to get vaccinated is leading to burnout. Nevada

### ... **their top concerns for the next 6 months (those listed coming from respondents in at least 5 states)**

- Can the rapid decline in independent practices be stopped? New York
- Eliminate the dehumanizing and de-professionalizing term "provider". Wisconsin
- Ability to prioritize quality over quantity and still get paid. Texas
- Decreased prior authorization requirements. Illinois
- Adapting to the new normal of telehealth. Oregon
- Keeping financial support for telehealth. Ohio
- Will I continue to have to do telemedicine AND see *this many patients*? Missouri
- Being able to keep my job... primary care practice being able to make it through all of this. Pennsylvania
- The work of primary care is time-consuming and that time is so poorly reimbursed. Missouri
- COVID seemed to cause more vaccine hesitancy than ever before. I am worried our community will be less willing to take other vaccines in the coming years. Washington
- Delta variant-how will this affect us? Will we be better prepared than last time? Oregon
- Develop a communication system to disseminate information to front line workers. We received NO information/updates on pandemic info. Illinois
- FFS does not acknowledge the time that goes into panel management, especially of complex patients. Oregon
- High rates of depression without resources in the community. New Jersey
- Creating fair and equitable systems for delivering health care (among other social goods). Ohio
- Finding a way to allow clinicians to take time off to heal from the trauma. Oregon
- EHR needs to be better for the diversity of primary care. South Dakota
- I am unable to recruit primary care physicians (or MAs, or nurses) – at all! Massachusetts
- We need to figure out how to better care for the burgeoning adolescent mental health crisis. Michigan

### ... **and the need for immediate support**

- I want an at once exhausted and still energized primary care work force to capitalize on our recent visibility to push for needed change. Not sure if that can happen... PA
- Increasingly frustrated with insurer expectations re quality metrics without adequate resources, wrestling with EMR. New York
- How many were told to quit by their patients? One of mine said, "If any HCW's are afraid of COVID, they should quit." Kansas
- I am afraid of what is going to happen as kids go back to school, many of whom choose not to or cannot be vaccinated yet, and protections are removed, leading to more outbreaks of delta and other variants in kids, with flu yet to hit. Texas
- I have left the practice after the pandemic highlighted/uncovered inequities in care, mismanaged practice. New Mexico
- I'm tired. CO, PA, WA, CA, TX, IL, OR