



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 25 FIELDED JANUARY 15-19, 2021



## COVID-19 vaccines are now available, yet primary care remains a largely untapped resource in vaccine administration.

99% of clinician respondents believe primary care should be helping with vaccine distribution, yet only 1 in 5 are currently involved. 6 in 10 practices are willing and ready to assist with vaccine distribution but face obstacles, such as lack of storage, staffing, or PPE required. This despite the fact that primary care can help reach vulnerable and at-risk patients and has vast vaccine experience. Among respondents, 20% were practicing in rural communities, and 17% were caring for almost exclusively Medicaid covered patients, and 6 in 10 had patient panels in which at least 75% patients have multiple chronic conditions.

## As the largest health care platform, primary care stands ready to aid vaccine distribution yet faces obstacles

- 4 in 10 are able and willing to administer the vaccine but cannot get access to it
- 25% are willing but still waiting for vaccine delivery
- 1 in 5 would offer the vaccine but lack the staffing required
- **44% report their local health systems can get the vaccine, but smaller/independent practices cannot**
- 32% have not been included in state/regional planning and do not know when/if their practice will get vaccines

## Recent Green Center Patient Survey (n=1,112) shows primary care can play a key role in addressing vaccine hesitancy

- 1 in 3 had been in contact with their primary care doctor/clinic in past 8 weeks
- 67% had difficulty finding COVID information they can trust, but **over 80% trust their primary care clinician**
- 66% of patients were more willing to speak to their primary care doctor about a potential COVID exposure
  - Only 20% were willing to speak with public health, 10% with trained people in their community

## Primary care could support an overburdened public health system but lacks critical information on vaccine delivery

- 67% are working with public health (PH) in some capacity; of those
  - 26% were in actively working with PH, 7% were actively communicating with PH, and the remainder were receiving intermittent information
- 33% reported no contact with their local public health department; of those
  - 12% tried but were unsuccessful, 17% found HD unhelpful, overwhelmed, or under-resourced, and 6% had no means for contacting public health
- 25% do not know how to advise patients calling for the vaccine

## Unaddressed damage to primary care from early pandemic waves threatens its potential role in vaccine distribution`

- **39% have personal knowledge of clinicians who have quit, retired early, or closed their practice**
- 59% have clinicians out due to illness or redeployment to other locations
- 17% have empty clinician positions that cannot be filled
- 77% are limiting in-person visits due to lack of staffing or safety concerns

**Policy Recommendations:** It is essential for the Biden Administration to incorporate US primary care practices into national COVID-19 vaccine promotion, education and administration strategies, with sufficient funding and support. It is also critical to support communication infrastructure between primary care and other key sectors, e.g., public health, community-based organizations, hospitals, and others to enable vaccine coordination, record keeping and distribution.

**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 20+ times, resulting in over 25,000 surveys across the US and its territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 25 reports data from 1065 respondents from all 50 states: 72% family med, 6% pediatrics, 12% internal med, 3% geriatrics, 7% other. 72% MD, 6% DO, 13% NP, 9% other. Settings: 12% CHCs or similar. 20% rural, 29% had 1-3 clinicians, 41% had 10+ clinicians. 29% self-owned, 39% system owned, 5% government, and 9% convenience settings.

*“Primary care is best situated to deliver these vaccines to our populations.” – Oregon*

*“Our practice could easily be giving out 300 vaccines per week but we cannot get the vaccine (or information).” – Texas*

*“We have closed our doors; we have scraped by but have no reserves at this point.” – Georgia*

### ***Roll out of vaccine has presented challenges***

- The vaccine roll out right now might be my mental low point of this entire pandemic. Nevada
- Vaccine distribution would be more effective if they would also involve the primary care physicians in giving the vaccines to their patients. This would expedite the process. Texas
- We have to get vaccines to doctors' offices to vaccinate more. Our patients trust us -- we are more likely able to convince them to be vaccinated. We already bought more needles, syringes, alcohol to get ready but have no vaccines. California
- The recent issues surrounding vaccine rollout have been extremely challenging for our practice... handling the amount of phone calls, frustration, and anxiety our patients have. We have finally been able to figure out how to sign up to get vaccine but the roll out on this has been terrible. Colorado
- The access to vaccines is rough. I initially got 100 vaccines. I was the only doctor in the county and patients who were not mine keep calling daily DEMANDING I vaccinate them. Texas
- We are incredibly frustrated. Our 6-doctor practice could easily be giving out 300 vaccines per week but we cannot get the vaccine (or information about the vaccine) other than an initial 200 doses for healthcare workers. Texas

### ***Small and independent practices are suffering***

- It doesn't appear anyone wants to deal with community based primary care providers. They are only working with large pharmacies and hospital systems that don't have the trust of patients that community physicians have. Many of my patients refuse to go there even when I try to reassure them. They just don't trust those entities. Texas
- Thinking about closing practice later this year. Stress has finally caught up. Washington
- If your office is independent and not connected to a large hospital you get no help whatsoever with PPE and are denied the ability to buy it, even though I am treating COVID patients and trying to keep them out of the emergency room. Indiana
- This last quarter was by far the worst I have had in 18 years. The financial pain in primary care practices right now is real--and unsustainable if things do not change. Virginia
- I have suspended personal income to preserve the practice - we need payment reform!!! California
- I wish we would have had the finances to do the safest thing for our community, ie more virtual visits, drive by testing, daily contact with COVID patients virtually, keeping them in their homes away from labs, clinics and ER. Indiana

### ***Communication with overburdened public health systems is limited***

- We are trying to coordinate with public health to help distribute vaccine, but they seem overwhelmed with contact tracing and uninformed about how much and when vaccine doses are coming. Oregon
- Need more funding for public health and primary care and better coordination between the two. Washington
- Our local public health is abysmal - chronically underfunded and understaffed - so they are overwhelmed. They can't do contact tracing. They are inefficient at getting vaccine out. Texas
- Varies county by county. One county health dept has been doing a great job of planning with us since the beginning of the pandemic, including vaccine distribution. Most others are silent with no plan. Colorado
- No clear process from local or state health departments. Our practice location in a primarily brown and black community has no vaccine access for 10 miles. While the white communities have surpluses of vaccine. Shame on our healthcare system. Texas
- Our only communication from local public health is coming through news media. Kansas
- The practice is part of a large multistate system. There is no clear communication between administrators and clinics. New York
- My specific practice is not communicating with my county's health department as they have been a source of inaccurate information during this time. I have been in some minor communication with the state health department. Indiana
- Very limited information concisely provided to clinicians on how to get access to treatments and immunizations. I often find out from patients who have more time to watch and read news sources. Oregon
- I have tried to reach out to the public health several times. The people answering the 211 call did not have the answers and transferred the call to others who never returned the calls. When I sent in email I did receive a notice there was about 600 emails ahead of mine and they would get to me when my turn came up. I never have heard back after 6 weeks. Indiana

### ***Other stressors include***

- We are really lacking a coordinated governmental public health effort to all providers to coordinate COVID testing, care and immunization. It is all happening on the fly... and not so successfully. Particularly in terms of testing and vaccination. California
- In addition to COVID, I am seeing a huge surge in domestic violence and suicidality among the patients I care for. Washington
- It is hard to overemphasize the severity of staffing shortages. We are running our clinic on bare bones, at precisely the time when demand is highest. Virginia
- Our ability to be viable resources for vaccination requires appropriate reimbursement and sustainability. Georgia
- Staff is getting exhausted working short-staffed and now with additional hours to administer vaccine. Alabama
- Many decisions are made without thoroughly consulting clinics so patients have complained about a lack of access - "it is as if I don't have a doctor anymore". California