Nearly half say that their personal burnout (44%) and their office burnout (48%) is at an all-time high. More than 80% are experiencing high levels of burnout and 1 in 5 have no access to known resources for support. The supply of personal protective equipment (PPE) is elusive or non-existent for many primary care practices. Clinicians and staff are worried about their healthy patients not receiving necessary preventive services; concerned their sicker patients are getting worse through care deferred or delayed; worried about their livelihoods (jobs and income), contracting COVID-19, and potentially bringing it home to their families.

Clinician well-being has been severely damaged during the pandemic
- Nearly half say that their personal burnout (44%) and their office burnout (48%) is at an all-time high
  - For 36%, their physical well-being has suffered
  - For 45%, their psychological well-being has suffered
- 65% report the well-being of their families is also suffering as a result of their work
- 63% are reporting severe and near severe stress levels over the past 4 weeks
- 41% struggle to know when their workday ends

What do they need to stay open? We asked. 1,770 responses offered. 90% fell into actionable categories:
- Top of the list: PPE (21%) – most with severely limited access; 1 in 5 have limited patient volume as a result
- Safe return of in-person office visits – full workloads of non-in-person care fails to keep practices viable (16%)
- Financial assistance – increasing receivables now are inadequate for recovery from losses (17%)
- Telehealth support must continue – the future of primary care will have telehealth as a useful and necessary component, but not if the plug on coverage levels is pulled (12%)

Clinicians continue to report sources of strain, which dovetail with their comments above. In the last 4 weeks:
- 5% report their practice is now (temporarily or permanently) closed
- 25% of clinicians have skipped or deferred their salaries
- 39% have needed to layoff or furlough clinicians or staff
- 12% had staff quit saying that COVID-19 has made work unsafe for them
- 9% had offers to hire new clinicians rescinded
- 60% report non-face-to-face patient volume at an all-time high – 14% have had telehealth billing being denied
- 15% report that they’ve had to DESTROY expired vaccines/medication

Risk of COVID-19 is higher for those with comorbidities; challenges accessing that care are a serious problem
- 78% of clinicians report a majority of their patient population present with multiple chronic conditions
- 60% of practices are limiting well/chronic care
- 48% report that their patients are not scheduling well/chronic visits even when they’re offered

Policy Implications – Without immediate private and public payer action to stabilize (short-term) and strengthen (long-term) primary care, primary care will not readily survive the next wave of the pandemic.

Methods – This survey fielded by The Larry A. Green Center, in partnership with the Primary Care Collaborative. The survey invitation was fielded June 12-15, 2020 with thousands of primary care clinicians across the country.

Sample – 763 respondents from 49 states. Family Medicine (67%), Pediatrics (6%), Internal Medicine (11%), Geriatrics (4%), and 12% other. Settings included 21% rural, 17% community health centers, 10% in schools/offices. 31% had 1-3 clinicians; 28% had 4-9 clinicians; 40% had 10+ clinicians. 27% self-owned, 14% independent and large group, 36% owned by a health system. 10% were convenience settings and 5% were membership-based.

“No leadership. No unity. We are alone. We are unlikely to survive.” Washington DC
Practices are closing.

That’ s it. I’ m done. Iowa
In NYC because of furlough. Virginia
I was laid off 4 weeks ago. Oregon
I am retiring. New Mexico
I will sell my practice or shut it down. North Carolina.
I have been laid off. Washington.
Furloughs Furloughs. Pennsylvania
The pandemic killed my practice. Texas
I have been furloughed. Arizona
My office closed. Arizona
Closed my office. Wyoming
I have made the firm decision to close my practice. Oregon
Voluntary retirement or early sabbatical. My options. Washington
Furloughed. I will be applying for unemployment. Florida
Many senior physicians have retired. Michigan
I have become the sole provider in my area. California

We furloughed a large percentage of our organization due to lost revenue. Connecticut
My receptionist quit due to fears of contracting COVID and taking it home to family. Ohio
My practice will be included as a casualty of coronavirus. My patients received letters this month announcing the closure of a trusted friend of 22 years. New Jersey

The collateral damage to our primary care workforce was preventable.

I am becoming depressed with each passing day. I think about killing myself every day. Washington
I feel like giving up. I care so much for my patients but how long can I keep this up? Delaware
I suspect that in another year, the family medicine practice I served over the past 23 years will be closed. Wisconsin
Physician suicide, burnout, I’ m seeing it happen. Michigan
Nerve wracking and depressing as hours get cut back and my daughter wonders if I will get COVID-19 and die. Texas
No one cares. We are in this alone. Illinois
I feel like I was hung out to dry. Take chances with my health or abandon my patients were my only choices. New York.
Burn out is significant. Compounded by the enormous emotional weight will be dangerous. Please help. Connecticut
Our leadership doesn’t care about us. Michigan
We are alone, patients are alone, we spend all our financial savings, and no one cares for us. Massachusetts
We own our practice. We have not paid ourselves since the start of the pandemic. Oregon
With clinical practices dealing with budget, hiring freezes, and closure, our health care system will be under-resourced to be able to handle the load. Throw in a second wave of COVID-19 infections and outcomes could easily be worse. California
This job is now an actual killer. Delaware
Significant amount of suicide ideation. Oregon
There will be a toll on front line primary care teams in the form of exhaustion, depression and burnout. Oregon
The fear is unbearable. Difficult. Running out of steam. Maine
My hours are 9, 10, 11 and now 12hr days. My company says we are doing a great. My salary has been reduced. Washington
Our operations are eviscerated. Our finances are ruined. Morale is at an all time low. Senior physicians have retired. Michigan
Had to pull out most of my money in retirement and take second mortgage to keep practice from totally closing. North Carolina
It was already very hard, now it’s a horror show. Michigan
This pandemic is so mentally, physically and emotionally exhausting. What does the future hold? Florida
I am horribly depressed. Everything I’ve built is crumbling. I feel like there’s no hope primary care will recover. Texas
Our physicians haven’t been paid since February. It will be a terrible impact if we collapse. Washington
Crushingly busy. Destroying my life. Herculean efforts to keep COVID out of our long-term care facility. Fighting with every ounce of energy I can muster. Traumatized. Maybe this will kill me and all my patients and all my family. DC
Devastating impact; fighting for survival, landlord demanding rent. Primary care will be mortally wounded. California
I have filed for unemployment. I have been a practicing primary care provider for 30 years. This is devasting. California
I’ ve been working without pay since March 1. Maryland