



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 20 FIELDED SEPTEMBER 4 – 8, 2020



Has primary care bounced back since the start of the pandemic? Some modest gains have happened recently but primary care remains in significant need of support: 35% say revenue and pay are still significantly lower than pre-pandemic levels and net losses threaten current and future viability. Another third of clinicians say the financial picture has been slowing improving but the workforce is fragile and in trouble. And 1 in 5 practices report they have clinicians who have chosen early retirement or left their jobs as a direct result of the pandemic.

Some say that primary care has rebounded – 97% of clinicians disagree

- Fewer than half of practices have the same number of clinicians working the same hours as before the pandemic
- 1 in 3 clinicians report **FFS volume is 30-50% below pre-pandemic levels and likely to be for a while**
- 81% disagreed emphatically with the notion that primary care has rebounded
 - “It’s going to take over a year to bounce back... the upcoming surges may extend that. My salary has already gone down 13% because of the pandemic.” South Dakota
- 33% work longer hours to make up for losses but still are not near pre-pandemic levels
- 13% said things are better but still struggle to meet patient needs; feel overwhelmed by the pending flu season
 - “In July, our volumes had rebounded nicely. However, a rebound in COVID-19 case in late July and August turned into a near crippling decline in patient volume.” Oregon

Problems with staffing/staffing levels remain; result is high level of mental strain and difficulty meeting patient needs

- 49% of clinicians report **mental exhaustion** from work **at an all-time high**
- 33% have empty staff positions they cannot fill; 23% have empty clinical positions they cannot fill
- 38% have staff with limited time due to child/elder care needs; 30% report the same for clinicians
- 1 in 3 practices consistently have trouble getting PPE; another 1 in 3 struggles to get COVID-19 testing supplies
- 1 in 5 practices experience a combination of 6 or more staffing and financial pressures

Financial pressures remain high with no clear sign of change in the near future

- 48% report in-person volume 30-50% below normal and will be for a while
- 26% report that their previous pandemic financial support has run out or is about to
- 18% insurers pulled back on telehealth

Policy Implications – The vast majority of primary care practices have not returned to pre-pandemic status. The primary care system is fragile and shrinking as we enter the start of cold and flu season. Practices need state, federal, and private sector leadership to address disruptions to primary care funding and supply chains to safeguard the health of the public.

Sample – This survey, fielded by the Larry A. Green Center, in partnership with the Primary Care Collaborative, had 489 respondents from 49 states: 70% Family Medicine, 6% Pediatrics, 13% Internal Medicine, 5% Geriatrics, 1% mental health, and 5% other. Clinician types: 71% MD, 5% DO, 17% NP, 4% PA, and 3% other. Settings included: 24% rural, 13% community health centers, 9% in schools/offices, and 28% in designated patient-centered primary care homes. 33% had 1-3 clinicians; 40% had 10+ clinicians. 32% self-owned, 12% independent and large group, 37% owned by a health system, and 4% were government owned. 7% were convenience settings and 4% were membership-based.

Patient panels within sample – (small defined as >10%, large as >50%): 61% have small Medicaid panel, 29% have large; 63% have small Medicare panel, 33% have large; 64% have small uninsured panel, 6% have large; 49% have small low-income panel, 36% have large; 70% have small non-English speaking panel, 9% have large; 61% have small minority panel, 27% have large; 23% have small multiple chronic conditions panel, 74% have large.

“We are swamped. Trying to keep waiting room empty, socially distance, patient slots full, screen each patient day prior to visit and day of visit, keep up with patient mental health demands is exhausting. My team is great but I fear we are all on the brink of burn out and we have no \$ or space to hire more staff.” Maryland

Clinician responses to the statement 'Primary Care has bounced back, there is no need for concern'.

- That is patently false, we are at about 70% prior volume with faculty/staff taking EFMLA to cover remote schooling, those left severely stressed, trying to cover massive staff losses, how to do flu clinics and still socially distance, our leadership has NO ability to understand the strains on primary care. Michigan
- The moral distress, the patient deaths, the staff stress, the patients challenges with lack of access to online resources. Oregon
- False. The volume continues to be down but better than early pandemic levels. My salary is still cut. My health insurance was just downgraded. I work past my quit time daily. It's very nerve wracking. Pennsylvania
- Disagree, we have limits due to limiting the number of patients to allow adequate cleaning, telehealth takes longer, patients are ill prepared for telehealth despite revisit calls, still trying to fulfill all primary care requirements is overwhelming. Massachusetts
- We have a 2-3 month wait for appointments for new patients. We are unable to accommodate patients with in person appointments due to space limitations and need for social distancing. Connecticut
- That is simply not true. My volume is coming back but I lost significant revenue from March to August. Since I am 120 days behind in payments -- I am starting to feel the loss of revenue now and will continue through the winter. Arizona
- Support staff are harder to acquire. Volume is not the same mix as pre-pandemic levels. Care for chronic conditions is being deferred. Mental health issues are far more prevalent but insurance companies continue to provide poor coverage. Idaho
- Workforce might have PHYSICALLY recovered, but we're MENTALLY at the end of our reserves and increased risk of errors in medical care. Staff can't 'fly by the seat of their scrubs' forever... We're anticipating staff COVID/FLU infection this winter will stretch us to the breaking point since we're operating with less staff due to \$ and child care restraints already.... Michigan
- Volume is returning to near-normal levels but patients' needs are not being met. Their social needs are tremendous. Georgia
- As part of a public health department, resources are strained and providers are being asked to basically fill the needs of entire care teams since they're gone. All semblance of team-based care is gone. Tons of people are getting sicker at home. California
- Bull. Our volume is still very low. Even our telehealth has low volume and telehealth visits are inadequate especially lacking the bond between patient & provider and without ability to perform an adequate physical examination. Texas
- Volume is about 75% of normal but unable to increase due to staffing decrease, increased time requirements per patient (PPE and testing, etc). We didn't qualify for any loans. Overall financial security is significantly decreased. North Carolina
- I would disagree greatly. We have seen patients that have waited too long to come in for their chronic disease. We have staffing issues with providers & staff due to quarantines from COVID exposures. Our volume is still below normal. South Dakota
- Because of conversion to telemedicine care is limited and suboptimal. We are working harder than ever to meet all the needs of all our patients as creatively as possible but it is causing burn out of us and our staff. California
- On the whole it has bounced back but patients are still reluctant to come into clinic. PCPs still doing telehealth that is not being reimbursed for those fearful of coming to the clinic. Medicaid is still denying needed travel for care. Alaska
- Not quite. We have great difficulty meeting patients' needs - we can't work through the back load fast enough. Maine
- We are not able to meet the demand for Telehealth, which is very high volume and still required before in person visits. We still have very high costs for PPE... Our reimbursement is still down because we provide a lot of care to the uninsured or underinsured indigent population and this is exactly who is most heavily impacted by the pandemic. California
- Significant decrease in patient volume - both inpatient and telemedicine visits. Patients are afraid to come or unable to get transportation to clinic even in instances where they really should be seen... No loans were made available to my clinic. Illinois
- We are getting killed by staff not coming in due to childcare. Patients with anxiety is increasing, and schools reopening has jacked it up for parents, students, teachers, etc. Also seeing more patients losing employment and insurance. New Hampshire
- No way! We will be facing a catch up on chronic care and health maintenance for the next 12 months or more. I have seen many A1Cs jump to over 9 during the last six months. This will cost us for years to come. Washington

Mounting pressure amidst falling optimism and burnout

- The NEED for primary care remains. It takes longer to see the same patients because there are so many new, adjusted ways to get the same job done. I am less effective due to strain and fatigue and worry much more about making mistakes. I earn even less per hour of work than I did before and that wasn't enough. California
- Quality measures for many of our insurance plans is poor so we're at risk of losing incentive money which we rely upon. Nevada
- I am working longer to just maintain the same caseload as before. I have more people wanting service and am trying my best to fit in extra people to help with the emotional stress, however that requires even more of me. Idaho
- Financially FP may appear improved but the providers and staff are under pressure from employers and families. This stress is still coming out as anxiety, fear and anger. The healthcare family is not getting stronger – only more resentful. Virginia
- We are exhausted and feel opposition from many fronts. We are pressing on, because that is what is needed, but we may not be able to keep it up for long. Our patients are sicker and more anxious and scared. There is more work to be done, it is harder to complete, & we are already exhausted and concerned about the upcoming flu season along with schools opening. Oklahoma
- There is tremendous uncertainty, stress, and burnout for the constant change and high volume of work, including continual modifications. We are unable to hire new providers. 4 out of 14 have left over 6 months. Colorado