



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 24 FIELDED DECEMBER 11 – 15, 2020



Primary care, the foundation of our fragile health system, is on the verge of collapse. Even as a COVID-19 vaccine becomes available, primary care faces serious threats to its capacity to triage and treat. Over half (60%) of surveyed clinicians report their patients' health, unrelated to COVID-19, has worsened. Practices are suffering – 91% have some form of personnel shortage, 61% have severe/near severe practice stress, and 41% have staff positions *they cannot fill*. Primary care is critical to vaccine distribution, yet **only 5% have a full plan for distribution.**

Primary care reports patient needs have increased in number and complexity *and* barriers to care have worsened

- 62% report patient visits have increased in complexity; 46% report patient visits are longer
- 62% say it is harder to schedule patients with a therapist or psychiatrist, despite growing mental health needs
- 52% have seen a dramatic increase in housing, food, and/or insurance fragility among their patients
- 44% note an increase among patients struggling to afford/pick up their medications
- 43% have fewer in-person visits, motivated largely by patient preference (66%) and safety concerns (74%)
- 25% have seen a **total** increase in patient volume, even though chronic (53%) and wellness visits (55%) are down

Primary care suffers severe mental strain, staff shortages, and inadequate resources to address growing patient need

- 91% report at least one form of clinician or staff shortage (e.g., illness, quarantine, redeployed...)
 - **45% report at least 4 concurrent forms of clinician and staffing shortages**
 - 77% report staff and 60% report clinicians are out due to illness/quarantine
- 48% report mental stress/exhaustion is at all-time high – 76% report mental stress is worse than in the Spring
- 30% were paid for less than half their work in the Spring – 52% say payments are worse now than in Spring
- 23% feel unsafe due to lack or low volume of PPE; 17% lack testing supplies (e.g., swabs, reagent)

Primary care has expertise in administering vaccines, yet few practices are set up to distribute the COVID-19 vaccine

- **Only 34% have enough staff to administer it;** 1 in 5 practices lack the ability to pay for the vaccine or its storage
- 23% know from where they are getting vaccine and 20% know how it will be stored
- 89% will take the vaccine themselves and 90% are recommending the vaccine to their patients

Patients have shared high levels of misinformation and distrust related to vaccine, but trust in primary care is strong

- **66% of clinicians report high patient distrust of information,** including from the Trump administration (53%), CDC (37%), public health leaders (39%)
 - In a recent Green Center **patient** survey (n=1,112), 61% distrusted the Trump administration, 48% distrusted the CDC, 47% distrusted public health, **yet >80% trusted their primary care clinician**
- 57% report vulnerable patients have already asked their primary care practice for the vaccine

Policy Recommendations:

- Establish local coordination centers for the distribution of supplies, both for influenza and COVID-19, and provide additional logistical support for vaccine administration and additional financial support.
- Provide both short-term funding for primary care practices (including grants, forgivable loans) and sustained long-term investment to support the primary care workforce. This is critical to enable primary care to address the acute/chronic needs of patients and to reduce overburdening our urgent care and hospital systems.

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. This survey (Series 24) reports data from 1485 respondents from all 50 states: 63% family med, 9% pediatrics, 19% internal med, 4% geriatrics, 5% other. 72% MD, 6% DO, 12% NP, 10% other. Settings: 10% CHCs or similar. 18% rural, 25% had 1-3 clinicians, 49% had 10+ clinicians. 25% self-owned, 43% system owned, 7% government, and 6% convenience settings. 32% have significant portion value-based payment.

“I will close my practice next year. I can't keep the doors open when we see less than 14 patients a day. I have seen more death certificates this year than new babies. The joy is gone. Every day I think about suicide.” – Washington

Patients have increased complexity, needs, and barriers to care

- Patients suffering from anxiety, depression, substance abuse, and completed suicides have substantially increased. Washington
- Complexity and length of visits have increased because of delays in care at the onset of the pandemic and patient reluctance to present to clinic during pandemic. Also increase in mental health problems, particularly anxiety and depression. North Carolina
- I have not worked this hard since my internship. I have never had this many people who have strong suicidal ideation, cannot find therapists/psychiatrists and impossible for people on Medicaid. Washington
- Our patients have experienced increased amounts of anxiety and depression. We have also had several new patients enter the practice due their former PCP's offices closing their practice, and others have lost their insurance due to job loss. Texas
- We are in a mental health disaster. Pennsylvania
- We need help. People are tired. Literally 90% of my telemed visits one day last week were for anxiety issues. Wisconsin
- If we restrict telephone only visit reimbursement, we are worsening the digital divide for our elderly and under resourced patients and are worsening disparities in care. Pennsylvania

Primary care practices are fragile, overburdened, and in need of funding

- Help us - we are exhausted and stressed taking care of patients first and then worrying about our own families. Kentucky
- I have never felt like my work is more valuable and I have never done so much uncompensated care. Illinois
- There was a shortage of health care workers before, now it's even worse. Missouri
- Staff and clinicians cannot get tested even though we had an outbreak of 3 cases in our small clinic - employee health told us that contacts "were not significant enough to warrant testing" - that is SO frustrating and demoralizing. Oregon
- Lost income, lost staff, uncertain future, feeling no support from health system, public, or the current federal govt. Michigan
- One of our receptionists in her late forties, married, four children, died of COVID. Line of fire. Idaho
- To keep my independent practice open to patients, I've foregone my salary and picked up add'l work to pay the bills. Colorado
- Because of staffing and supply concerns, our health system only tests symptomatic patients. This results in long conversations for staff and providers explaining the policy and referring them to retail locations. Pennsylvania
- We were short of primary care before the pandemic. Now a lot of practices have gone bankrupt. I only kept my job due to paycheck protection program. Now my graduating residents can't find jobs because no one has any money to pay them. Oregon
- Seeing a greater number of staff quarantines and isolations impacting care delivery. Alabama
- Quitting medicine due to stress. Lost about where to go from here. Texas
- We are not infrastructurally prepared for the influx of patient emails we are currently facing, related to COVID but also about urgent/routine care. Our appointment access has decreased due to deployment and our nursing is understaffed. Massachusetts
- In baskets exploding. Way behind on documentation- will prioritize documenting paid visits over portal questions. Michigan
- Other internists are retired straining our already strained system - no one is accepting Medicare... where should they go? Alaska
- Everyone is exhausted - I don't know how to repair this. Idaho
- Stress is up. At least half of the providers in my office are in counseling in part to combat burn out. Colorado
- We get so many calls and messages from patients with important health questions and we don't have capacity to answer them. Our clinicians and staff are feeling overwhelmed and burned out by the pandemic. Illinois
- Primary care may go extinct. My practice in California closed and I had to move out of state. Kansas

Primary care will play an important role in vaccine administration but faces challenges

- I am frustrated about the lack of information about the vaccine. The other providers and my staff are worried about getting sick and frustrated that we have no knowledge as to when the vaccine will be available to us. Virginia
- I am disappointed that as frontline primary care physicians, seeing patients daily in our office with COVID, that since we are not affiliated with a hospital, we are not able to have an avenue to receive the COVID vaccine. Kansas
- Our fridge does not meet state standards and so cannot begin the process to get vaccines without a VFC approved fridge. Texas
- Longstanding vaccine hesitancy in my community (Alaska rural but on the road system). Alaska
- Patient and clinicians worry that the vaccine wasn't tested on enough frail older adults. California
- I see a marked racial difference in suspicion of the vaccine with people of color, particularly Black people in my practice being more suspicious. This really worries me because of their higher risk. California
- Our BIPOC patients and staff are wary of being experimented upon given US history. Washington
- Patients have a lot of questions about misinformation they've heard on social media (conspiracy theories, etc). Colorado
- Patients' perspective is dependent upon their news source, but my patients trust me and I plan to get vaccinated ASAP and tell them I myself was vaccinated, that I believe in the need for mass vaccination. Maryland
- A predictable mix of responses-- eagerness from those at highest risk, worry about side effects and safety, and a general distrust for leaders and the CDC given confusing messaging during the pandemic. Illinois
- Patients don't trust many people especially in government or out of towners. South Dakota
- Patients need ongoing transparency, and reassurance by media/public leaders. Media should put reports of adverse effects in perspective with other commonly used vaccines. California