



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 26 FIELDLED FEBRUARY 12-16, 2021



Though primary care is able to reach, educate, and advocate for the majority of the population with regard to vaccine administration, they have not yet been leveraged. Two months after the first vaccine was given in the US, practices are still struggling to access vaccines for their patients. Although 89% of primary care clinicians want their practices to be a vaccination site, only 22% are considered as such by their health department, local hospital, or health system. Primary care is overlooked as an outlet for equitable vaccine distribution even as it has the ability to target those most vulnerable and in need. Over 60% of clinicians surveyed have already created eligibility groups and proactive outreach campaigns to educate their patients.

Primary care is a front-line witness to the nature and extend of population inequities in vaccine rollout

- 40% report spending significant time investment trying to find vaccine for their most vulnerable patients
- 35% of practice staff, on average, are unable to find vaccine for themselves
- 88% note communities with high positivity rates are not being prioritized
 - > 50% note that those with privilege are having an easier time getting vaccinated
 - < 15% are asked to identify priority populations; < 10% note minority communities receiving priority
- 63% report it seems like scheduling to get vaccinated requires an advanced degree in IT or health literacy

It has strong relationships with patients & communities that could be leveraged for vaccine education and outreach

- 73% report their relationships with patients has been key to addressing vaccine hesitancy
- 31% have already created eligibility groups among their patients to inform vaccine prioritization
- 21% have a reliable communication channel with their local health department
- 12% say their communities are using primary care to help identify priority populations

Primary care can run the ground game needed to reach >50% of the population, yet struggles for vaccine access

- 8 in 10 are not yet recognized by their health department, local hospital, or health system as a vaccination site
- 47% want to administer vaccine but cannot get access to it
- 34% report large businesses like CVS and Safeway are able to receive vaccine in their area while they are not
- < 3% have partnerships with local pharmacies to assist with prioritizing population needs

Primary care continues to meet patient needs, despite continued building of unaddressed pandemic-related woes

52% report fielding weekly calls from patients or colleagues actively experiencing a mental health crisis

- 65% say their practice has clinicians/staff out due to illness, empty positions that can't be filled, or both
- 25% report receiving patient overflow from area practices and hospitals that are at maximum capacity
- 34% have increased their unpaid/volunteer hours to help meet patient needs
- **22% report their patients with current COVID-19 illness have exhausted health benefits**

Policy Recommendations: Comprehensive vaccination of the US population is threatened by failure to use its largest care delivery platform – primary care. The federal administration must act swiftly to incorporate primary care into vaccine distribution, and to facilitate bidirectional coordination among those most critical to vaccine education and delivery. If integrated into shared information systems, primary care could leverage its relationships with 8 in 10 Americans, prioritizing those in greatest need to insure equity in vaccine 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 25+ times, resulting in over 25,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 26 reports data from 910 respondents from all 47 states, Puerto Rico, and Guam: 70% family med, 6% pediatrics, 14% internal med, 5% geriatrics, 6% other. 69% MD, 6% DO, 16% NP, 9% other. Settings: 9% CHCs or similar. 24% rural, 29% had 1-3 clinicians, 41% had 10+ clinicians. 29% self-owned, 39% system owned, 6% government, and 4% membership-based.

“Getting vaccines has been extremely frustrating. How are we supposed to help our high-risk patients and communities be protected from this disease that disproportionately affects them and their families?” Oregon
“I have seen a significant rise in depression and anxiety in teenagers and have had 2 teens attempt suicide.” New Mexico

Clinicians are frustrated with lack of access to vaccine for their patients

- I am more than willing to give the COVID vaccine, but I have never received the vaccine and have no idea when it will be available. We are in a rural area which makes many of my patients have difficulty getting to the clinic. Alabama
- We have done all the necessary paperwork to administer the vaccine, but at this time we are unable to store it. Virginia
- As mentioned in every article, I am EXTREMELY frustrated that we have been left out of the vaccine equation. We have set up a plan and priority lists and are ready to vaccinate TODAY. The only thing missing are the vaccines! Maryland
- Please get the vaccine out. Too many need it and can't find it. I'm also spending a lot of time educating patients on the vaccine and how it works, trial information, and why they should get it. Missouri
- Not being able to vaccinate my patients is the most depressed I've been re the role of family medicine in our country. Nevada
- Am disappointed that primary care has been left out of the loop to give the COVID vaccines. Oklahoma
- We have been excluded from community decisions but the fire dept has been the public source of vaccines and info. Texas
- Primary Care should be the Prime Mover in the vaccination program for COVID-19. We have been the trusted corner stone in the vaccination programs for 70 years. Patients trust our opinion and recommendations. Texas
- Patients are desperate for a vaccine and frustrated. They are overwhelming myself and my staff. Virginia

Long-haul COVID is now appearing and difficult to manage

- Patients are experiencing anxiety, fatigue and depression post-COVID illness. California
- Long lasting effects on patients - DOE, fatigue, memory problems, new cardiac and respiratory disease diagnoses - symptoms that are difficult to control and impact return to work. Increased frustration among patients - to have survived acute COVID and be held back by unremitting symptoms. Futility finding effective treatments and an increased sense of hopelessness. Maryland
- Patients are struggling to return to work due to extreme fatigue, headaches in some cases. Very little out there to help them, employers struggling to believe their symptoms are real and I feel helpless. Minnesota
- We are seeing long haul COVID patients daily. We are trying to piecemeal information how to treat them. This is a mess at the present time. Symptoms: SOB, CP, depression, fatigue, weakness, most common- they are sick! Colorado
- We are seeing individual patients with long-lasting, debilitating symptoms post-COVID that are quite variable, from respiratory to renal to blood clots to general fatigue. Patients look to us for treatments, but we have no evidence to guide us. Oklahoma

Patients and clinicians continue to experience pandemic-related stresses that began early on and now worsen

- It's bad. Those in poverty are most affected. Homelessness and loss of housing and income is pervasive. New Mexico
- Large systems and pharmacies get priority. Rural is being forgotten about. A little means a lot in rural settings. Nebraska
- My elderly patients who cannot access the internet (or have their kids do this) cannot get vaccinated. Virginia
- All of my patients are affected by COVID in one way or another. Some have lost employment and insurance coverage; other's been cut back on hours. Those who can't see me online have a hard time getting in to see me. Oregon
- I wish there was more support for mental health for our community and staff. I have had more patients die of suicide and overdose than COVID in my busy practice. It is beyond heartbreaking and some of these are kids. Indiana
- COVID has significantly decreased the number of patients coming to the clinic. Patients are afraid. I have noticed increased weight, worsening diabetes, decreased physical activity, and worsening depression and anxiety. Texas
- I have seen more anxiety, depression and obesity than I ever have in 20 years. I also am concerned about the impact of patients that had COVID and their long-term problems. Alabama
- Our expenses have increased by 30% due to overtime, lack of medical supplies and hard to get supplies such as needles and syringes. Furthermore, staff morale has decreased to the length of the pandemic. Colorado
- I feel traumatized. Compartmentalization is key. Will hopefully get to reflect and unpack this one day. Texas
- Being in a rural area has impacted the healthcare and mental health access for my patients. Emotionally, I have been sprinting for a year to help patient's get their basic needs met (food, housing, transportation, etc). Additionally, the long-haul of COVID19 has taken a toll on staff and providers. Morale is down, there is mistrust amongst others. Oregon
- My ability to see patients is greatly limited due to homeschooling and a lack of childcare. I need my children vaccinated and this pandemic over. I, like many others, are over it. Ready to be done. I can't do this anymore!!! Arizona
- Intense stress due to psychosocial fallout from the pandemic in my patient population. Texas
- In Dec and Jan we were down 150 patients/month compared to the previous year. I am wondering if this is going to be a second wave of financial stress for practices as people still don't have jobs and run out of insurance and stimulus money. North Carolina
- We had a large number of providers retire and have had difficulty replacing them. We are the sole primary care provider in our area. We are located in northern rural NH and often feel as if we are alone in our fight to care for our patients. New Hampshire
- This has been the worst year of my professional career. I will likely quit medicine as a result of this experience. Patients lying, coming in sick and putting me at risk is hard to cope with. New York
- I was unable to work until October. My own health and capacity to work was impacted by COVID. I am unsure if I will be able to continue working as a primary care physician due to lack of support from any programs for independent practices. Oregon
- It's really difficult. Trying to work, while my sons are doing remote learning, is stressful. Washington