



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 27 FIELDLED MARCH 12-17, 2021



Despite significant strain, primary care continues to address growing patient needs, with 4 in 10 clinicians increasing support for patients with food, housing, or financial insecurities during the pandemic. Although expanding services, as well as their capacity to provide mental health support, practices remain financially fragile. Eight in 10 report practice revenue is more than 10% below pre-pandemic levels. Based on pandemic experience, 75% of clinicians do not believe fee-for-service should account for the majority of primary care payment.

Primary care has expanded services to meet patient needs and reduce health system burden, despite financial strain

- 46% have added/extended services not usually provided in order to prevent hospital/specialty care use
- 68% monitor COVID-19 patients at home or in the practice to prevent use of hospital or specialty care
- 71% are more involved in mental health support, 25% increased screening for domestic violence and child abuse
- 69% are motivated to use telehealth because it meets patient needs, 45% say patients really like it
- 22% say during the pandemic, they have become more connected to their patients than ever

Half of clinicians have patients requesting vaccine, and yet half say they are not included in state/local vaccine efforts

- 46% report patients are calling their practice and demanding to be vaccinated
- 54% say their local health department has not actively engaged primary care to help with vaccine distribution
- 74% of clinicians are willing to administer the COVID-19 vaccine
- 9% have a reliable vendor and know when they will receive the COVID-19 vaccine

Pandemic generated financial instability threatens the primary care platform

- 42% report that while cashflow has stabilized, financially they are fragile
 - 26% added additional comments regarding the strain of low revenue or poor fitting payment models
 - 46% support either value-based payments or capitation as most able to support primary care
- For 3 in 10 clinicians, reimbursement rates do not cover the cost of COVID-19 testing or vaccine
- One-third of PC clinicians – the frontline of the pandemic – expect to leave primary care within 5 years
- 1 in 3 clinicians report burnout at an all-time high with their ability to bounce back or adjust now limited

Policy Recommendations: Survey results suggest that primary care is diverting large numbers of patients away from hospitals and urgent care during the pandemic, yet the platform remains unstable due to systemic neglect, with 3 in 10 planning to leave an already shrinking primary care workforce. The current Administration must act immediately to financially stabilize primary care in the same manner it seeks to stabilize the national economy. In addition, it should take immediate and aggressive action to move away from majority fee-for-service models.

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 27 reports data from 765 respondents from all 48 states and Guam: 69% family med, 7% pediatrics, 14% internal med, 3% geriatrics, 7% other. 73% MD, 4% DO, 14% NP, 9% other. Settings: 10% CHCs or similar. 22% rural, 31% had 1-3 clinicians, 39% had 10+ clinicians. 32% self-owned, 38% system owned, 5% government, and 5% membership based.

*“Of all specialties, family medicine has had the highest rate of COVID cases and COVID deaths among physicians. We have been the hardest hit and impacted during the pandemic. We need support.” * – Illinois.*

“PC is completely under-resourced. Payment neither supports the work we do, nor the salaries needed to attract/retain high quality nurses/staff. We provide this work, the glue that holds this part of society together, with not nearly the resources we need. COVID-19 stress increased burden exponentially. Staff left for safer and better-paying jobs, making the burden greater.” – Missouri

* Note: There is a peer-reviewed publication that supports this statement. It found that “general practice/family medicine/primary care” account for 26.9% of physician deaths among 19 specialties reported in the study. Pediatrics (4.7% of deaths) and internal medicine (5.5% of deaths) were calculated separately. See Gouda D, Singh PM, Gouda P, Goudra B. *An Overview of Health Care Worker Reported Deaths During the COVID-19 Pandemic.* J Am Board Fam Med. 2021 Feb;34(Suppl):S244-246.

Hear directly from front line clinicians responding to our survey as they talk about...

... **Vaccine distribution**

- Primary care offices should have been involved/included in vaccine distribution. At this point, many of my patients from socially disadvantaged groups have been unable to get vaccinated. It's a struggle. Texas
- Primary care has no voice. We couldn't even get COVID-19 vaccines for high risk, elderly primary care patients. California
- Primary care physicians know exactly who qualifies for vaccinations and how to administer them. In Virginia they weren't even given the option. Virginia
- It breaks my heart that so many of my patients are calling asking me, their PCP, for the vaccine, which I have not been able to provide. The government seems to have overlooked small practices when it comes to administering this vaccine. Illinois
- Our states don't realize the value of primary care during a pandemic. The fact that we've been left behind with vaccination efforts has just made me realize how meaningless primary care is to state public health departments. Nevada
- As an independent clinic we had absolutely no back-up from the health department. I really thought that if something like this happened that the health department would be in charge of organizing outpatient primary care doctors for their help in delivering needed care and information. We were left in the wind. We were barely able to get vaccinations for our employees when we would see colleagues who were employed by large organizations and who were not seeing COVID patients get vaccinations. I mourned for a system that I thought had my back. Colorado

... **Financial instability**

- Low insurance payment makes it challenging to provide private practice medicine due to increasing overhead costs and reduced patient volume. Many practices have closed as a result, leaving many patients without access to primary care. California
- The most important weakness is that for most primary care practices we depend on how many widgets we produce in order to get paid, instead of having global reimbursement that rewards wellness. Washington DC
- Reimbursement model does not account for all the time we spend caring for patients. Uncompensated care in addition to all-hours care is leading to more burnout. We are seeing more clinicians wanting to go to Teledoc or other virtual-only platforms, and they are leaving continuity primary care relationships as a result. Arizona
- Most of the most impactful work that I've done this past year to really make a difference in my patients' lives has been non-reimbursable or minimally reimbursed. I am torn between putting time and energy into doing the important work that I won't be paid for, vs doing things that are more lucrative but of less value to patients & community. Colorado
- We don't have enough money coming into primary care to provide the care patients need without burning us all out. Too small a share of national health expenditures is going into primary care. Illinois
- Primary Care is not afforded the same respect and equality as other specialties and is manifested in the dismal reimbursement and lack of respect by payors and the general public. California

... **frustrations of delivering primary care during the pandemic**

- Lack of understanding of the generalist function. Lack of recognition of the large scale of primary care as an untapped infrastructure for helping people through a crisis (such as the pandemic) in a personalized way. Ohio
- Primary care has limited power to affect change, yet the majority of the work falls on us. New Mexico
- Lack of respect for primary care from media and policy makers is on-going and never ending. Illinois
- How do we unify and support our communities when there are so many individuals that refuse to do the right thing, wear a mask, social distance. I am exhausted. Washington
- It has been the hardest yet most rewarding year of my practice. Colorado
- Despite ever-evolving challenges, primary care stepped up to every need. The structure suffers from under-resourced neglect for many years, but the people made it hold, and work, even in the face of great stress. We are enough and could do even better with just a bit more resources to increase quality staffing in our outpatient practices. Missouri
- Technology gaps amongst our patient population affects access to primary care and vaccinations. We are a rural practice, and many patients don't have internet. Some don't have cell phones. Washington

... **and moments of inspiration**

- I have been surprised how effective telehealth has been for managing Covid19 as an outpatient. I have evaluated and sent a number of people for monoclonal antibody therapy via telehealth and followed recovering COVID-19 patients in a safe, time efficient, economical way. Texas
- I built an outdoor deck with radiant heaters and have treated patients outdoors even through the winter. Ohio
- We conducted food and household item drives for our patients after the George Floyd riots. Montana
- It was wonderful to be working with such a team devoted to taking care of our patients. This has been a sustained moment. Massachusetts