



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 28 FIELDLED APRIL 9-13, 2021



Seven in 10 primary care clinicians report that mental exhaustion, both personally and in their practice, has reached all-time highs. Nearly 2 in 5 clinicians have required mental health support as a result of the pandemic, while 4 in 5 report fielding weekly calls from colleagues or patients in the midst of a mental health crisis. There is also evidence to suggest that these levels are underreported (see below). Many clinicians have recalibrated their expectations during the pandemic with close to 40% reporting that stress is the same or worse, but “sadly, we’ve gotten used to it.”

Recalibration of mental exhaustion and strain since last year is likely leading to under-reported size of concern

- 62% of clinicians report their stress a 3 or below on a scale of 1 (no impact) to 5 (severe)
- **AND YET**
 - 71% say their level of burnout or mental exhaustion has reached all-time highs
 - 40% note practice levels of burnout have also reached new heights
 - 40% say pandemic specific practice strain is the same as last May, and
 - 23% report the strain is worse than last May, yet
 - 85% reported severe/near severe strain last May compared to 38% currently

Primary care continues to perform beyond its resourcing, even as limited pandemic specific relief begins to roll back

- 60% of clinicians report current monitoring of patients at home
- 91% report conducting routine chronic care visits, up from 30% this time last year
- Over 200% increase in health screening activities since May 2020, e.g., for substance use, social determinants, violence and abuse, PTSD and depression, and rising numbers of well child visits and immunizations
- **AND YET**
 - 27% have clinician positions they cannot fill
 - 29% have had clinicians/staff out due to illness or quarantine
 - 39% have seen COVID-19 cases increase in their community
 - 12% report pandemic offered relief from loans and documentation is now rolling back

Mission driven to meet population health needs and address inequities, primary care is forming new partnerships

- 76% of practices report new pandemic-era partnerships with at least one of 10 organization types listed
 - 42% with public health 29% with patients 18% food pantries/banks
 - 34% with local health systems 28% community organizations 14% other area practices
 - 34% with mental/behavioral services 19% local pharmacies 11% housing support
- 27% report new partnerships with 4 or more of these organizations
- 47% report partnering with local vaccination sites despite lack of organized regional efforts to include them

Policy Recommendations: Primary care is now beginning to be leveraged to target the vaccine to hard-to-reach populations – just as it is flooded by pent-up demand for care and worsening mental health and social vulnerabilities. Public and private payers should continue relief from administrative burdens enacted under the public health emergency and should dramatically increase fiscal relief for primary care. These steps will strengthen primary care and pay dividends in more quickly getting the country to herd immunity and a return to some sense of normalcy.

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 28 reports data from 657 respondents from all 48 states and Guam: 73% family med, 6% pediatrics, 12% internal med, 3% geriatrics, 6% other. 70% MD, 5% DO, 15% NP, 10% other. Settings: 9% CHCs or similar, 22% rural, 11% FQHC/look-alike, 29% had 1-3 clinicians, 41% had 10+ clinicians. 33% self-owned, 43% system owned, 4% government, and 5% membership based.

- *CMS, the state, and insurers all want to pretend the pandemic is over and snap back all quality measures, while 20 percent of our staff is busy doing COVID-related care. – Oregon*
- *Planning to close end of year 2021. – Washington*
- *I don't know how much longer we can survive. – New Mexico*

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

... drawing on relationships to combat vaccine hesitancy, counseling about vaccine, but denied ability to give

- As a private practice, we were entirely ignored in vaccine distribution plans and still have not been able to receive any vaccine to administer despite seeing a high-risk population. Washington
- Chronic illness, mental health, all worsened as are effects of racism. Access to vaccines have been absolutely horrible for our high-risk low-income patients. I'm really angry about the lack of equity. Minnesota
- Clinic has been open 12-14hrs 6 days/wk for vaccinations. Gave over 1000 in 4 days but still couldn't meet demand. Washington
- I don't know how to partner with public health to get MY OWN patients scheduled for vaccines. I really wish when I was sitting in the room I could schedule them. I'm so frustrated that I can't help close the gap with a vaccine appointment. Michigan
- It is tiring combating so much misinformation about the virus and the vaccine. Oregon
- Need more vaccines. Some patients only agree to vaccines in our office. Michigan
- Not being able to get vaccines has made retirement look good but my son is still in college. I feel family docs are pushed out of medical care. Why do pharmacies get vaccines & docs do not unless they are employed by hospitals or very large groups? Texas
- Our FQHC is vaccinating a large swath of county residents. Not only our patients, but whomever qualifies and schedules at our vaccination clinics. Staffing these clinics 4-5 days/week is short staffing other clinics and increasing stress and demands on other staff. Reimbursement has been limited and our saving grace has been grants to help cover a portion of our costs. Washington
- Patients do not know where to get a vaccine and my clinic cannot obtain the covid-19 vaccine. Texas
- We are not being included in giving vaccines but we are asked to answer all the questions and handle all the side effects. Texas
- It seems with every patient we are answering questions and explaining why they should get the vaccine, or explaining to them how they can sign up to get the vaccine, or explaining why they should continue to wear masks etc. after the vaccine. Virginia
- We have invested significant time and money to be ready to administer COVID vaccine to our patients. WSDOH will not send us enough vaccine for our pts. Across all sites we have 100k+ pts. We have only received approximately 1000 doses. Waste of our resources - money, time, energy - setting all of it up. Then frustration, disappointment and anger from patients. Washington

...financial instability

- Because of PPE / infection control, almost ALL of our acute care has been syphoned off. We are seeing almost no acute care which decreases our volume, and the ones we DO see are HIGHLY complex. Texas
- Even with increase in some illness visits, 50% of my time is spent doing well visits and 50% is spent doing behavioral/mental health visits - these visits are exhausting. Overall numbers are still down and as a result I am having to limit what I pay myself in order to keep the office open. I do not know how long this is sustainable for. Texas
- Financial pressure so much I ended up closing the practice. Washington
- Financial worries are at an all-time high. We have not had a breakeven month for the last 12 months. New Mexico
- I had to cut back on my hours due to need for childcare and personal adverse health effects from COVID infection. Colorado

... the mental toll on our humans working the front lines

- I recently lost 5 long term patients, 3 to COVID. It sent me into a tail dive. Still recovering with counseling help. When I try to listen to podcasts about how to cope, I can't listen past the preamble description or examples of what the talk will address. I turn it off or bawl or both. Still working, and helping people helps me. Thank you for helping us. Virginia
- I'm too exhausted to think of it this morning. The one thing that's kept me going is video visits with patients who have adorable pets at home. This week so far, I've gotten to meet 6 puppies, 9 cats, a hedgehog, a parrot, a tortoise, and even a pygmy goat! I'm not sure why I'm not dead yet, but I am sure there's going to be some kind of reckoning when this is all over... Colorado
- It has been difficult for sure but I am so grateful to be in a private practice where we can make our own decisions on how to run the business while taking care of patients and staff. Virginia
- No time for planning, career devt, practice improvement, team meetings or team relationship building. Loneliness. Washington
- Primary care continues to be over-burdened an understaffed, and nothing seems to be improving. It's causing tremendous burnout among my colleagues and damages nurse morale as well. It is really really horrible. Virginia
- The stress is still very high but it is different - my workload feels more overwhelming and the difficulty keeping up with chronic and preventive care is demoralizing. Administering vaccines is uplifting but the 15-20 minutes that I spend giving the same information to each vaccine hesitant patient is exhausting and when they refuse on the basis of information that they are clearly getting from some of the worst of the Internet it is painful. The diversion of support staff to vaccine clinics leaves clerical work undone leading to sometimes scary delays in DME. I could go on, but I am too tired... Ohio
- The burn out will likely result in my retiring from practice. Pennsylvania
- Why didn't the health department reach out and lead us to do what they needed? We just waved out in the breeze. I really thought that they had our back and we had theirs. Very disillusioned about American medical system. Couldn't help when people needed it most. I thought that was why I went into medicine. Colorado