



# QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 33 FIELDLED NOVEMBER 10-17, 2021



**Notable loss of primary care workforce since the start of the pandemic is evidenced in this latest survey of front-line workers.** A large portion of respondents report inability to fill both clinician and staffing positions, in addition to direct knowledge of closed practices and an influx of new patients seeking care after their practice has closed. Staffing ratios have shifted causing 3 in 10 clinicians to report they have fewer people involved in direct patient care in their practice. The majority have found telehealth useful for increasing access to care and meeting the needs of patients, however low reimbursements for this mode of care delivery remain troublesome. Six in ten report mental stress/exhaustion is at an all-time high in their practice. Noted by 67% of respondents: we (primary care workforce) are clinically fragile – when is someone going to notice!

## Evidence from this November survey supports the primary care workforce is shrinking and will continue to do so

- 42% respondents have open clinician positions they cannot fill; 68% have open staff positions they cannot fill
- 67% personally know clinicians who have retired or quit during the pandemic
- 42% we are getting more new patients because of other primary care practices that have closed
- 32% we have reduced our participation in training of medical students and residents
- 21% I will be leaving primary care within 3 years

## Telehealth is of interest to both patients and clinicians, and easier to use in the context of an established relationship

- 78% are motivated to use telehealth to increase access to care; 69% specifically citing patient interest
- 75% say it is useful for patients who have had trouble coming in; 57% specify its benefit for vulnerable patients
- 71% telehealth is easier with established patients
- 60% increased use of telehealth will now always be part of my practice
- 34% would use more video- and phone-based care but can't because of low reimbursement

## We asked our participants to complete three sentences regarding their day. To summarize:

- 55% felt negatively as they headed in to work – 5% turned positive by end of day
- 33% felt positively while heading into work – 56% turned negative before the day ended
- 11% headed to work feeling neutral on the whole – 54% turned negative before end of day

## What did positive, negative, and neutral look like?

When I'm heading in to work, I feel...	When I'm leaving for the day, I feel...
Positive • energized; excited; grateful I have patients to see	Positive • sense of purpose; deep satisfaction; I made a difference
Neutral • like it is a normal day; depends on the patient load	Neutral • I have done all I can for one day; like it is getting darker
Negative • nauseated; gut punch; anxious; dreading it; panic attacks as I sleep	Negative • like a wrung-out wash rag; both emotionally and physically drained; uninspired

**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 33 times, resulting in over 30,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 33 reports data from 742 respondents from 48 states, Washington DC and 2 territories: 69% family med, 7% pediatrics, 14% internal med, 3% geriatrics, 7% other. 70% MD, 5% DO, 13% NP, 2% PA, 10% other. Settings: 30% CHCs or similar. 20% rural, 24% residencies, 27% had 1-3 clinicians, 43% had 10+ clinicians. 25% self-owned, 44% system owned, 5% government, and 3% membership based.

*“Primary care is collapsing. Please, please, please help us! We are all so tired and burned out. Too few of us, not enough staff, too much work. I work at work, I work at home. I work in the car, I work at the grocery store. Refills, messages, referrals...I'm tired.” IL*

## Hear directly from front line clinicians responding to our survey as they talk about the state of US primary care:

- We have been flooded with patients who have lost their insurance with job loss. We do telephone visits and calls all the time but only those calls that are "scheduled" count. The ones done on ones own time aren't billed or counted. While this has always been an issue in primary care the burden of this communication has become much greater during the pandemic. CA
- Please help private practice primary care... we are fighting to stay open... high deductibles are killing us. we can't hire nurses or providers... patients remain nasty and demanding... please help primary care! MA
- The most precious thing we need more of is time with our patients. This has always been difficult in a volume-driven reimbursement system but it's especially impossible-feeling now with staff shortages, provider shortages, and health and social stressors at what feels like an all-time high. IL
- It has never been this hard or this stressful to practice before - and I have been at this over 30 years. The patients are getting sicker, more mental health issues, less resources and more demanding. ME
- Rapid expansion of virtual medicine and patient portal use is a boon to the patients. To the providers, we are overbooked daily, and providing care over the portal that would have previously required face to face evaluations. This means a full patient day with typically NO notes done at the end of the day due to demands on time, as well as often 10-20 portal messages with high complexity levels. We are getting burned out at a rapid pace. MI
- The mental load has increased exponentially for both patients and physicians. Constantly being asked to do more, be more efficient but with less support and resources. It is unsustainable. Every day I dream about quitting but have not yet reached my breaking point because I still have a drive to serve my patients. I worry about what will happen when my ability to care and have compassion ends. MO
- Each stage has been exhausting... no PPE, not knowing about the disease, fear of exposing family; being left out when hospitals grabbed resources including vaccines when they were available. Now treating the mental health issues all day every day when mental health resources unavailable/full is exhausting. This marathon seems never ending. RI
- I am having trouble paying for malpractice insurance and organization memberships. Current practice income running about half of previous levels. Neither me nor my one employee have been paid this year. Could not meet deadline for PPP program because no funds available for accounting and taxes. Am circling the drain. TX
- We were on the edge before the pandemic. I don't know who is going to do primary care in the future because so many people I know are getting out or going concierge. MA
- Patients' needs are overwhelming and there is so much delayed care in both medicine and mental health. So many employees have burned out, or leaving for better pay and our patients are suffering the consequences of reduced resources. CA
- The constant change in patient care staff turnover and loss of staff and education has worn me out. We are losing staff and I don't know how long I can keep up anymore. IN
- There is a CRISIS in primary care due to lack of staff. 40% of my clinic time there is no nurse! Doing doctor work plus nurse work is not safe or sustainable. I will retire early. IL
- We have hemorrhaged staff. Retirement can't come fast enough. ME
- Send help!! We desperately need staff. This death spiral just keeps putting more and more work/pressure on the MD. We need an engaged and empowered staff to do real team work but they need to be paid a living wage. OR
- We are losing good staff quickly due to high stress. Call volumes at an all-time high. I want to quit. PA
- Pay for employees is higher, and they are more unreliable and harder to keep. Reimbursement is the same despite our increases in expenses with payroll, supplies, PPE etc. VA
- We lost our entire clinic leadership including our section Chief, manager and supervisor during the pandemic. We then lost 1/3 of our clinicians and they continue to burn out, often citing burnout as the reason. As a result of the pandemic, we are having to add additional unpaid work to cover things like extra patient calls and provider coverage of the vaccine administration clinic. WA
- Need help with nurturing the primary care workforce...better reimbursement, attention to burnout, scribes, more user friendly and primary care friendly EMRs, better networking with public health, more communication and mutual respect with academic medicine, Govt and public health. CT
- Trying to catch up on deferred care is more overwhelming than prior surges. Encouraging patients to vaccinate is a huge drain but successful just often enough to keep me trying. Access for mental health care is at an all-time low. MI
- Patient/community anger/irritability in general, puts a strain on our front-door screeners and all staff. Staff missing work because of kids on quarantine from school, or behavioral issues at school. We are feeling less hopeful now than ever before that we will never get back to normal. AL
- We are seeing more deaths than at any time in the pandemic. Most of them are preventable and families are often aggressive and demanding. The need for peer support is at an all-time high. ID
- We are being forgotten - there is too much to do and not enough resources. Our patients need mental health services, access to specialists and case management/social work services and there are not enough of these providers - it is all falling on us. IL
- We need more time with patients, they are coming with a huge backlog of problems, no visit is simple. Getting through the phones is a nightmare. I am concerned about malpractice suits due to low access. OR