



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 34 FIELDLED DECEMBER 10-14, 2021



The stresses and adaptive responses of primary care have remained consistent over the last 12-month period.

Questions repeated from surveys fielded November 2020 and April 2021 show a primary care workforce that has continued to expand services for patients, establish meaningful community partnerships, and increase volunteerism, despite lack of systemic relief from pandemic-induced hardships. However, primary care is overstretched. That only 6 in 10 clinicians report having conducted well child visits and having kept pace with routine childhood immunizations is cause for concern. Just over half of respondents (51%) reported accepting new patients from now closed practices.

Actions to mediate social drivers of health and lower health system burden were consistent with Nov 2020 findings

- 65% monitored COVID positive patients at home or in the practice to prevent use of hospital or specialty care
- 57% became more involved in mental health support
- 39% added or extended services not usually offered in order to prevent use of hospital or specialty care
- 17-23% reported increased support for patients with food, housing, and financial insecurities
- 30% volunteered time at mass vaccination sites; 17% increased or added time in hospital service
- 27% spoke, wrote, or were interviewed publicly to share accurate COVID-19 information
- 40% reported partnering with public health, 26% with behavioral health, and 19% with area non-profits

Systemic staffing shortages that lack systemic attention or solutions have forced pull back on some functions

- 19% report using telehealth because low staffing makes them unable to room patients on site
- 23% do not offer COVID vaccines, a direct result of low staffing
- 53% report that clinicians are doing unreimbursed administrative work to keep the office running
- 26% have stopped quality improvement initiatives
- 22% are forced to pay salaries above what they can actually afford in order to retain staff

Depression/anxiety screening is near universal (92%), yet many preventive measures are below desirable levels

- 56% report screening patients for social drivers of health
- 49% screened patients for violence, abuse, or neglect
- 63% conducted well child visits; 59% kept up with routine childhood immunizations

Though fewer than 6 in 10 report screening for social drivers, many still note higher levels for social drivers of health

- 29% report higher levels of food insecurity among patients
- 40% report higher levels of housing insecurity
- 38% report higher levels of unemployment
- 87% note yet higher levels of mental health concerns
- 48% see an increase in substance abuse

Policy Recommendations: US population health is best supported when primary care is integrated with behavioral health and public health. Practices are doing what they can despite inadequate support and payment models that do not support patient needs. Primary care needs to be paid differently and more to support integrated team-based care and community-based solutions.

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 34 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 34 reports data from 630 respondents from 46 states, Washington DC and 1 territory: 77% family med, 5% pediatrics, 13% internal med, 2% geriatrics, 3% other. 76% MD, 6% DO, 12% NP, 3% PA, 3% other. Settings: 27% CHCs or similar. 23% rural, 22% residencies, 29% had 1-3 clinicians, 42% had 10+ clinicians. 28% self-owned, 45% system owned, 5% government, and 3% membership based.

We are so tired. I'm crying as I write this. And our state is doing well; I can't imagine what it must be like for others. I am so worried about my office staff. They are exhausted and overworked, yet most of them volunteered to work extra days so we could run vaccine clinics for 5-11 year olds. I'm not sure how much longer we can keep this going. OR

Hear directly from front line clinicians as they talk about stress, staffing shortages, and planned departures

- I'm burned out. The patients have so much anxiety and it has affected me. I see 21 patients daily for relatively low pay. I'm on my way out of this position - I can't remain healthy and stay here. CA
- Unacceptable preparedness from the start, and we won't be prepared for another one either. Plan to retire early. State process of ordering vaccines took 20+ hrs, monitoring of fridge with having to upload temps daily not sustainable due to time suck. CO
- I had planned to retire at age 70, I feel the current struggles to run an independent practice take more energy than I have, so I am retiring at the end of the year. CO
- I am emotionally traumatized and experiencing severe burnout. I would quit if I was able. It feels like someone designed a process to ruin primary care, and the process is underway. MI
- I don't know if the above changes are BECAUSE of COVID or associated with COVID but I have seen several experienced physicians (under age 65) in my circle simply "give up" and choose early retirement, others are seriously discussing retirement and actively planning exit strategies. MO
- I became so stressed as we lost staff I am doing the work of 3 and I started to have worsening panic, chest pressure, racing heart, depression, and I finally resigned ... looking for a job and leaving my beloved clinic in February. I am heartbroken. NM
- For the 1st time ever I am thinking about retirement even though I have 10 plus years until I previously planned on retiring. I have also started to think about leaving primary care. It is exhausting. Sucking way too much of my time. I stay because of my patients and the relationship I have with them. PA
- Our state has held up funding that should be coming to primary care so we are struggling to meet our overhead costs as they have increased with the pandemic. The physicians took a pay cut because we are seeing fewer patients in order to keep our well patients as safe as possible. We gave staff raises to retain them as we are understaffed and cannot afford to lose anyone. I had planned to work for at least ten more years, now I'm thinking about ways to retire as soon as possible. RI
- Not paying for telephone appointments is a travesty. I do not need to be able to see a person to talk about a concept that pertains to their health and does not require any or further physical examination. NM
- The primary care physician shortage preceded the pandemic. It is now coming to a head. MD
- Increasing acuity of patients being seen in the clinic. Serious staff shortages in the past 6 weeks. Have had doctors unable to work due to staff shortages. Have discovered some like pharmacies unable to staff the pharmacy recently for 3 days. They are seriously over-extended to the point of implosion, which means we are at risk for cascading failure in primary care. OR
- Patients trust physicians with whom they have a personal relationship. If Congress decimates Medicare by slashing reimbursement further and recipients are only able to find care in large impersonal clinics, they will be less likely to accept vaccine and health care recommendations, whether for Covid or cancer/ cardiovascular screenings. NY
- We are tired. Frustrated with those who refuse COVID vaccination or argue about wearing masks when coming to our office. AL
- Our practice does not provide clinicians with N95 masks, so I bring my own. CA
- In order to keep the practice open and keep serving patients, I am not taking any salary, am working 2 side jobs to pay the bills, and am main caregiver to partner with a disabling health condition plus "sandwich generation" with aging parents and young adult kid needing support. I am beyond exhausted. CO
- In response to creating partnerships - who has time? As independent primary care, it is enough to keep up with the patient care and the burdens placed on us by the insurances for care. DE
- I have been in practice for over 30 years and have never felt so emotionally and physically drained as I have this year. I have given up trying to correct COVID misinformation and this is so very discouraging. IL
- Please please --primary care practices need financial help. There was tons of help last year but now there is nothing and we are struggling to keep our offices open. MA
- Lots of fatigue on all fronts with the ongoing pandemic! Disappointed that time- and resource-saving telemedicine visits are declining. Driven by need for FFS office-based reimbursement, and patient willingness to go back to the "come into the office" system with which they are most familiar. PA
- We are all exhausted - so many patient calls!! We're trying to keep people out of the hospital so that increases the call volume and we don't have the time to adjust for that. PA
- Many pediatric practices around us have opted to not provide COVID vaccine due to the complexities of becoming a vaccine provider. This has led us to be inundated with calls to try to get vaccine and we cannot address these because we are too busy vaccinating our own patients and keeping up with sick and mental health volumes. TX
- Between COVID and EHR conversion this has been a brutal 2 years with a ton of extra work for which there have been verbal assurances of appreciation but not extra support - the opposite actually. Most of the planned quality improvement work has been tabled, just trying to keep the lights on. VA
- Burnout burnout burnout.. talking about what to do is fine but we simply need more downtime and more flexibility to work from home or to take days off and we can't get it due to understaffing. CA
- We're experiencing Covid fatigue with the new Omicron variant and nearly 2 years of stressful practice behind us. Staff shortages are putting an extra strain on clinicians. CA