



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 32 FIELDED OCTOBER 8-13, 2021



Primary care clinicians continue to share evidence of acute distress in our health care system with over half of respondents noting severe/near severe strain in their practice. A new COVID-19 surge has begun at a time when 62% of clinicians report burnout and mental exhaustion in their practice is at an all-time high. One in ten say they receive weekly calls from health care colleagues in the midst of a personal mental health crisis. Many (43%) cite record high wait times for new patients and preventive care visits as primary care must also now adapt to health needs generated by severely delayed access to specialty care. While access to COVID-19 vaccine has improved, rising mental health concerns in the general population and an increase in acute conditions has compromised preventive care and chronic disease management.

Another COVID-19 surge is drawing down on already diminished capacity for care delivery. At the time of this survey:

- 56% report they are experiencing a COVID surge in their area
- 38% of local hospitals are running out of resources
- 45% have found access to specialty care in their area is limited
- 22% of practices are fully staffed
- 44% are flooded to overwhelmed by patient needs
 - 39% report added strain specifically due to health concerns among unvaccinated patients
- 57% are unable to say that their practice is financially stable

Care delivery during the pandemic has created many changes to practices as they strive to meet patient needs

- 54% say video- and phone-based care have become essential to maintaining practice capacity
- 25% have created new positions/roles in the practice to enable use of video- and phone-based care
- 48% clinicians have taken on more administrative tasks due to low staffing
- 26% have added more mental/behavioral health support for patients since the start of the pandemic
- 31% now work more closely with public health and/or community organizations

Visit types have also changed, with an increase in acute concerns and a decrease in prevention. Clinicians report:

- 63% more home monitoring of patients
- 88% more depression/anxiety concerns
- 57% more respiratory symptoms
- 35% more non-stable chronic conditions
- 33% more acute illness or acute pain
- 47% fewer adult preventive care
- 55% fewer well child visits
- 23% fewer cancer survivorship care visits
- 40% fewer visits for stable chronic conditions

In the words of two primary care clinicians:

“Primary care has been in crisis since I started practicing 30 years ago. I never wanted to be in the visit business. I wanted to provide accessible, comprehensive, coordinated and continuous patient-centered care. The failure of payors and government to change how primary care is funded not surprisingly has led to PCP’s leaving small practices and created both primary care deserts and local healthcare monopolies that have driven up costs so much more than just paying me to do my job as a PCP would have. So avoidable and so sad.” Massachusetts

“Primary Care is the backbone of prevention and access to affordable care, but we are understaffed and suffering from unsustainable financial models. Is there any kind of plan to ‘save’ Primary Care?” Washington

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 32 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 32 reports data from 624 respondents from all 50 states, Washington DC and 2 territories: 69% family med, 7% pediatrics, 15% internal med, 4% geriatrics, 5% other. 67% MD, 6% DO, 15% NP, 4% PA, 8% other. Settings: 29% CHCs or similar. 24% rural, 17% residencies, 29% had 1-3 clinicians, 41% had 10+ clinicians. 29% self-owned, 42% system owned, 4% government, and 4% membership based.

Resources are low and strain is high. Hear the open text comments from primary care clinicians on the front lines:

- Primary care is exhausting. The additional strains of COVID, low staffing levels, increasing insurance company authorizations, patients' mental health strain/needs with no available providers have been challenging. I fear no one can/will be able to sustain this. Primary care needs to be valued and supported from the top down or we will have no providers left. OR
- We are drowning in primary care. Ironically, at a time of high need, I am reducing my hours -- it is so painful (for me) and unsafe (for patients) -- because we are so short-staffed and so overwhelmed by patient numbers. WI
- Primary care needs its own portion of the health care premium devoted to it, and data from specialist performance to assist with value-based choices for procedural specialty care. PA
- Clinicians are fleeing. Staff are considering early retirement. I don't know who will be doing primary care in the next decade. MA
- Burn-out in primary care is at an all-time high. I worry every day about losing providers who simply can't keep being asked to do more with less. ME
- We are having SEVERE staffing shortages (worst of my career). Our local health system is partially collapsed. MI
- COVID-19 care has severely strained our clinic operations, we are understaffed with Medical Assistants and have had a difficult time recruiting providers. Both of these are related to recruitment and retention in an FQHC where compensation is not able to compete with the hospital and clinic systems in our county. Please help us with additional funding, or staffing/staffing models, so we can continue to care for those most in need in our community. TX
- I LOVE the NAS Implementation of Primary Care report! Please follow this report!! We need TEAMS of people to help us! I can't stay up at night until 1am answering patient messages. It is NOT SUSTAINABLE. Primary care means we need TIME to TALK to our patients. I am ready to leave primary care because I have been doing it for 20 years and IT NEVER CHANGES!!! WY
- The rupture of trust by patients in the medical establishment has significantly diminished my job satisfaction, worsening burnout. Using poorly functioning electronic medical records is an extra burden on primary care. Public health, mental health and substance abuse, as well as social services must be strengthened to do some of this labor. WA
- Our physicians are very stressed seeing young people dying from Covid in the hospital. One of my second-year resident advisees said her last month in the hospital was the worst ever month in residency. All our docs are frustrated with the low uptake of COVID vaccinations in our patients, and the rage that some patients exhibit when you suggest that they get the vaccine. AL
- Staffing is too low. Provider workload is very high. The patient portal is adding hours to the typical day and week. This may be because many older adults learning to use technology has resulted in an all-time high number of portal messages. CO
- DESPERATELY trying to hire a new doctor for the practice. I've been told by my physician that I must slow down my practice. If I cannot find a new physician, I will likely give up care for 700-1000 patients. CT
- Staffing is becoming a big issue. Mental Health is still difficult to find ready resources. GA
- We are in immediate need of recruiting and retaining high quality staff, including nurses, medical assistants, and behavioral health care providers. IL
- We are depleted: staff-wise, physically, mentally. We need more staff and diminished financial pressure. MA
- Burnout is at an all-time high. I've never lost so many clinicians/colleagues over the past decade than I have in the last year. Overworked, short staffed, mentally and physically exhausted. OR
- Burnout will deplete the already fragile primary care network in this country. Staffing, even with entry-level type folks, is super difficult which is exacerbating burnout. TX
- While FQHC, Rural Health Clinics, CAH, and other government and nonprofit institutions are getting help from the governments (Feds, state, etc.) the independent, private practice family medicine physicians in the rural areas, medical underserved areas, and HPSA are getting NO help from anyone. HELP! TX
- We need more skilled MAs and nursing staff; the turnover is high and exacerbating the burnout. Need help with positive public messages. It feels like health care workers are disrespected and that worsens burnout to feel we are sacrificing for nothing. UT
- Over 1.5yrs into this pandemic we still have confused patients that have no clear direction. This needs to be less political. DE
- Our area is now dealing with a COVID surge as bad or worse than in FL and TX. Our small Critical Access Hospital is full and we in primary care, the only primary care agency in our rural area, are overwhelmed. We are losing staff for various stress related reasons. We have lost so many nurses recently that we may not be able to continue functioning as we have for so long. NH
- The nursing and medical assistant shortages are putting tremendous stress on the organization right now. The biggest stress for providers is vaccine refusers, I think that we all are finding it hard to interact with them and feel frustrated when people say that they have a lot of trust in us but not when it comes to this pandemic. OH
- We are seeing increasingly disruptive and aggressive behaviors from our patients (either due to mask mandates, vaccination status, non-access to non-approved medications, visitation restrictions and distrust of the medical system. TX
- In nursing homes, I'm really fighting with payors and systems to increase awareness for why staff are less efficient in their care even though they are working harder (all community supports offloaded onto staff and PPE reduces efficiency by a third). I'm seeing systems penalize the folks who are working the hardest as they are measuring their productivity compared to pre-pandemic norms. It's not fair. VA