



## QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 31 FIELDED SEPTEMBER 10-14, 2021



**Nine in ten primary care clinicians agree – the size of the primary care workforce and current payment models are not sufficient to meet the COVID-19 related needs of our population.** While details regarding long-haul COVID-19 remain unclear, people with extended COVID-19 symptoms will require regular clinical management over time, most likely to occur in primary care settings. COVID surges and worsening population health challenge the resilience of primary care, even as it braces for the long-lasting impact of the pandemic. Nearly half of surveyed clinicians report **both** that the health of their patients is worse **and** that hospital and specialty care in their area is limited. Primary care is filling gaps in access even while their workforce has shrunk during the pandemic.

### **Clinicians believe ‘long haul COVID-19’ likely to create new work for an already shrinking primary care workforce**

- 72% believe long haul COVID-19 likely to be a new chronic condition requiring regular clinical management
- 83% report that most long haul COVID-19 treatment and management is likely to happen in primary care
- 8% say that current payment models are adequate to support care delivery for long haul COVID-19
- 8% report that current primary care workforce levels are adequate for taking on this new condition
- 64% say that the primary care workforce is already or definitely too small to handle this new health demand

### **Patient health is getting worse, access outside of primary care is often limited, clinician resilience is lessening**

- 56% report the health of patients with previously well managed chronic conditions has become worse
- 32% have seen an increase in untreated dental health issues and 23% with untreated eye and eyesight issues
- 46% report limited access to specialty care and 44% report limited access to hospital care in their areas
- 59% report that practice members have experienced symptoms of depression and/or PTSD due to the pandemic

### **In the last year, 1/3 of practices (36%) have experienced major disruptions beyond pandemic related illness**

- 74% have experienced a turnover in staff and 44% have experienced a turnover in clinicians
- 36% have adopted new telehealth software (i.e., this change happened during the pandemic)
- 24% experienced hours or pay reductions
- 1 in 10 have: adopted a new EHR (8%), moved office locations (10%), had a change in payment model (9%)
- 88% of practices experienced at least one of these major changes

### **Relationships between clinicians and patients are mutually and positively reinforcing during the pandemic**

- 88% report the ability to know a patient over time is one of the most rewarding things about their job
- 82% say relationships with patients help to overcome misinformation and confusion regarding COVID-19
- 85% report telehealth is helpful, but human touch remains an important aspect of primary care

**Policy Recommendations:** Long-haul COVID-19 introduces a novel set of issues to our health care system and primary care clinicians report current payment models and workforce levels are insufficient to meet this new patient need. Proactive reform of primary care financing in the US, along with greater investments in the workforce through such mechanisms as GME funding, would be a significant step to safeguarding this common good, leading to better health of all Americans.

**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 31 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 31 reports data from 983 respondents from all 50 states, Washington DC and 2 territories: 73% family med, 5% pediatrics, 13% internal med, 3% geriatrics, 6% other. 68% MD, 7% DO, 13% NP, 2% PA, 10% other. Settings: 29% CHCs or similar. 24% rural, 17% residencies, 29% had 1-3 clinicians, 41% had 10+ clinicians. 27% self-owned, 41% system owned, 6% government, and 5% membership based.

*“I have been treated for depression for the first time in my 40-year career. The level of overwhelm/stress in my patients (kids) is truly heartbreaking. I struggle every day to be present for my patients, when all too often I am overwhelmed as well. The lack of clear communication from our public officials means that those of us caring for patients are even more challenged to provide coherent advice that’s acceptable to our patients. We are all at a breaking point.” – California*

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

### **... clinician stress, mental exhaustion, and fatigue which continue without clear policy response**

- I can't continue covering for providers who have left and take care of my own panel, never mind take care of myself. California
- Previous surveys have asked if we were quitting medicine or reducing hours, and now the answer is yes. COVID not the only factor but definitely escalated the time frame. Colorado
- Workloads are unsustainable. Burnout at an all time high. Staffing shortages an incredible strain. May need to close our successful 20+ year, highest quality practice if things do not improve. Oregon
- I'm more discouraged/angry now than I've been throughout. We had a chance to end this and anti-vaxxers threw it away. After a year of working on the front lines with limited resources and difficult conditions, it feels like they spit in our faces. Colorado
- Resentment toward the unvaccinated is growing. It is difficult to maintain one's composure when confronting vaccine refusal for fallacious and irrational reasons in the office. Idaho
- There is considerable turnover in our practice. Providers, MAs and front desk are overwhelmed. Currently 50% of the entire staff is out sick and there are several days we do not have an MA at all and have to borrow one from another clinic. Several staff members have put in their notice to leave work as the amount of work they are required to do would typically be done by 3-4 staff members. Illinois
- Burn out is so high. We have had 4 resignations early retirements in last year compared to 1 in previous 5 years. Oregon
- We are eating up Healthcare with this Pandemic. We act like healthcare is a 'thing'. We talk about 'hospitals' like they are buildings. But, it is people and staffing. We are insulted, tired and losing compassion. Illinois
- Primary care was already totally unsustainable in this country. This only made it worse. Please save us. Illinois
- It takes more and more "time off" to have the motivation and energy to go back and see patients. I feel at risk for quitting patient care on a regular basis and stay only because I want to support my partners who are in the trenches with me. Kansas
- It has been both rewarding and dreadful. So many clinicians I know are planning to "get out" in the next year. Massachusetts
- I've never seen our providers and staff so burnt out, throughout the entire medical system. There are no Medical Assistants to be found so we have been operating understaffed for over a year. Patients wait, providers have long days and we can't be as efficient and open access as we need to be. More administrative tasks fall on our clinicians and nobody leaves feeling fulfilled, just overworked. Admin is not taking this as the extreme emergency it is but as always relying on our altruism and integrity to do the right thing and keep going above and beyond. I've never been more fearful that the system will collapse. New Mexico
- The last 2 months have been really, really hard, as we've seen significant spread of COVID and other respiratory illnesses in schools, which opened about a month ago with inconsistent policies on masking and social distancing. Our government has put politics above public health and is making it really challenging to keep people safe. Texas
- Not enough support for clinicians in this pandemic. We are forgotten. Virginia
- Primary care was falling apart before COVID and now worse. I have young cousins considering medicine and none want to go into primary care! Vermont
- Loss of clinical staff (CMA's) with inability to recruit or replace them is on the verge of crippling our practice. Washington
- We have constant turnover of social workers, patient navigators, medical assistants. We cannot see enough patients to pay for the staff who are so important in helping patients get the "total" care that they need. When will the US actually pay primary care to DO primary care??? This "survival of the fittest" model of medicine makes NO SENSE!! I'm exhausted!! And tired!!! And I really care about the health of the people. Washington

### **... lack of access in other parts of the health care system make the job of primary care harder**

- Can't get care for our patients even at huge, wealthy places like Stanford. Loss of nurses, doctors, staff due to pandemic needs to be addressed. Feel completely undervalued as a doctor by country in general. California
- Our residents are being pulled to help cover ICU patients, mostly unvaccinated COVID cases. Georgia
- With providers quitting/leaving those of us remaining cannot take care of the population at need. Hospital asking us to be ER and walk in docs, those left are feeling intense pressure and burn out. Maine
- We are currently experiencing the delta surge and that is difficult enough BUT the real issues for us are workforce shortage - currently have 35+ hospital beds CLOSED due to lack of staff and our PC office has had to convert ALL our open acute appts to Telehealth because we have 50% reduction in our MA/nursing staff. MA's are quitting weekly due to better salaries being offered in virtually EVERY sector including nearby urge-care centers, retail, hospitality industries. We are rural so attracting large #'s of skilled workforce is doubly challenging. New Hampshire
- I am currently experiencing significant burnout as a result of increased acute care needs (ED pts needing appts after discharge, covid swabs, and check ins with covid patients), and because we can't get patients in for specialty appointments or procedures were cancelled. I wish the general public understood the strain on the INDIVIDUAL care providers and used this in their decision making of whether or not to get the vaccine. I'm so tired. My co-workers are so tired. We need a break and it will be years before that happens. Oregon