



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 30 FIELDED AUGUST 13-17, 2021



The primary care platform is resilient but has weakened, with patient needs exceeding pre-pandemic levels.

For nearly two thirds of primary care clinicians (64%), telemedicine has been key to maintaining patient access to care. If pre-pandemic regulations are restored, 41% of clinicians worry their practice will no longer be able to support telemedicine. The potential loss of this adaptive tool is yet another challenge for an overstretched workforce in which more than half report mental exhaustion is a constant worry as both COVID-19 and patient needs surge. Seven in ten say patient visits now take more time, 65% say mental health concerns are increasing among children, and the majority are managing the care of people with long haul COVID-19, despite limited guidance on how to do so (58%).

The adaptive nature of telemedicine has allowed clinicians to maintain patient access and increase capacity for care

- 40% use telemedicine for at least a fifth of all office visits
- 21% have had to pull back on use of telemedicine since payments were reduced
- 35% have developed new work roles in the office to meet needs unique to telemedicine
- 25% worry that fascination with telemedicine will weaken primary care in the long term

Primary care is crumbling from combined/prolonged losses of financial stability, workforce, and mental health

- 52% report pandemic related strain is now severe/near severe, similar to levels in May/June 2020
- 45% personally know clinicians who have retired early/quit; 29% know practices that have closed
- 21% unable to hire clinicians for open positions; 54% are unable to hire staff for open positions
- 32% report that practice revenue has yet to recover – these were more likely self-owned or small practices
- <30% were able to report their practice is financially healthy
- 42% of free text comments were about fatigue, burnout, despondency, vaccine hesitancy & staff shortages

Primary care is successful in countering COVID-19 vaccine hesitancy but effort is time and resource intensive

- 48% approximate they have been able to change the minds of 1 in 5 vaccine hesitant patients
- 57% find it harder to combat vaccine hesitancy in patients that are new to them
- 67% report vaccine hesitancy has become a political opinion for many patients rather than a medical decision
- 80% note COVID-19 vaccine conversations require several minutes; often (52%) over a series of visits
- 31% say COVID-19 vaccinations are now common in their practice and part of routine care
- 37% of free text comments focused on the ability of relationship/continuity helping to overcome patient's confusion and misinformation previously circulated, leading to decreases in vaccine hesitancy

Policy Recommendations: Primary care is resilient but has weakened. Lack of decisive action and support for primary care continues to undermine its ability to meet growing population health needs and safeguard its workforce. Public and private payers must continue to support use of telemedicine to maintain patient access and practice capacity for care delivery. Left with the most difficult to vaccinate portion of the population, primary care clinicians must be adequately supported for the resource and time intensive process of countering COVID-19 vaccine hesitancy.

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 30 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 30 reports data from 1263 respondents from 49 states, Washington DC and 2 territories: 72% family med, 5% pediatrics, 13% internal med, 3% geriatrics, 7% other. 69% MD, 8% DO, 13% NP, 3% PA, 7% other. Settings: 26% CHCs or similar. 23% rural, 18% residencies, 26% had 1-3 clinicians, 43% had 10+ clinicians. 26% self-owned, 43% system owned, 6% government, and 3% membership based.

“There is a quiet suffering as we deal with physical and mental issues of our patients, our country, and the world.” Texas

“We need more support. It’s a moral injury to have our pay cut and be severely understaffed. Most of the burden of educating patients and getting them vaccinated has fallen to primary care and we are already overwhelmed with taking care of patients with worsening mental and physical health.” Utah

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

Relationships: Improve care, foster fulfillment, improve care delivery

- It is extremely helpful to have a prolonged, stable and mutually respectful relationship with our patients. Kansas
- Most patients care about us, value us and want us to be healthy. More patients than ever ask me how I'm doing. Oregon
- Primary care relationships are essential and if it wasn't for those I would step down. The rest is demoralizing. Texas
- There is no substitute for face to face, hands-on care and a relationship of trust with your patients. Arkansas
- Whether we're talking about a primary care patient I've taken care of for decades, or a stranger I'm meeting for the first time in the ER, trust is *earned*. It's about making eye contact, holding someone's hand, sticking with them through their rough decisions and their consequences, and still pick up and keep on trying together. Colorado
- More than ever I recognize that the value of my visits is the visit itself more than any medicine practiced at the visit. Illinois
- An established relationship is critical. It has been critical in to getting my patients tested, to advising positive patients what to do, to monitoring my patients and sending them to the hospital when necessary. For those who have died in the ICUs, it has been critical because I was the only personal connection between the hospital doctors and the loved ones. Texas
- The trust I have developed with my patients over the years has allowed me to talk openly about the vaccine and has allowed some hesitant patients to proceed with getting vaccinated. Indiana
- I live in a politically divided county and many of my patients know that I don't share their views, but when I talk with them about vaccines, or protecting their health, they trust that I truly care about them and their health first and foremost. Michigan
- Of the vaccine hesitant, I guess 30% are politically motivated. The rest usually listen intently and leave saying they will consider getting the vaccine. I suspect most would not even listen if we did not have a long term relationship and mutual trust. Virginia
- Relationships allow me to even have a shot at getting hesitant patients to accept the vaccine. These conversations are exhausting and demoralizing. Wisconsin

Even with relationships, COVID-19 vaccine decisions are difficult in the current political climate

- Amazed that they can trust us to care for them in every way except believing us about the vaccine to protect them. They trust non-medical political sources. Kansas
- The relationship is not as solid as I had thought before. Vaccine hesitant patients will not heed my advice about Covid vaccination and it seems to weaken trust in the relationship. Michigan
- It's been difficult to deal with patients who seem to trust you with everything else, but they won't trust you about the Covid vaccine. I'm also surprised about how many are vaccine-hesitant or absolutely refuse the vaccine. Oklahoma
- I find it frustrating and dumbfounding that many of my patients will trust my professional opinion when it comes to almost all of their healthcare needs, but they don't trust my professional opinion regarding the COVID vaccines, and instead put their faith in some random Facebook or internet article. Oregon
- Patients have very little loyalty, and they don't know who to trust any longer. I've been at the same clinic in a small Texas town for 20 years, and I'm shocked at the people whom I have helped through some major medical problems over the years who now disregard my advice and belittle medicine and science b/c of "vaccine politics". Texas
- A trusting relationship helped reassure vaccine hesitant patients when we started the vaccination effort but the people who have not gotten vaccinated at this point are very dug in. Washington

Stress, fatigue, anger, and burnout

- I am exhausted, the demand only is expanding and our workforce shrinking. Colorado
- We are drowning. Primary care is underfunded, overworked, and the burden only grows as more doctors retire / go concierge. This will only worsen as the pandemic continues, as burn-out is reaching new highs. Delaware
- COVID has taken a toll on our finances, mental health and physical health in my practice. We are exhausted! Idaho
- Burnout and a sense of hopelessness and compassion fatigue is escalating as this next COVID surge continues. We thought there was light at the end of the tunnel once the vaccine was available, but the pandemic continues to escalate. Illinois
- Explosion of mental health needs for patients, clinicians, and staff. Limited resources to keep up. Everyone is struggling, including our behavioral health clinicians. New York
- Compassion fatigue is setting in. The unvaccinated don't trust us but expect to get ALL the care when they catch covid. Oregon
- It feels incredibly helpless right now. Our patients refuse the vaccine. Refuse to be tested when they are symptomatic. Refuse to isolate if they do test positive. Furthermore, we are not supported by any local or state officials in our efforts. Oftentimes, they are working against our pleas. It feels like this will never end. Tennessee
- Going through another year like the past pandemic year is nearly intolerable. Washington
- Just this week, we stopped being able to offer COVID-19 vaccines in our clinic, due to staffing shortages! New York
- The rising cost of supplies - gloves, masks, etc. - without a commensurate rise in reimbursement, is putting a significant financial strain on our small, privately owned practice. Colorado
- Support for primary care has been minimal despite the press. Payments have gone DOWN due to coding changes, making a bad situation worse. Maryland