



## PRIMARY CARE IS KEY TO COVID-19 VACCINE DISSEMINATION BUT IS LEFT OUT SO FAR

### PRESS RELEASE

**WASHINGTON, January 7, 2021** – The results of a recent national survey of primary care clinicians show that primary care’s capacity to triage and treat patients with COVID-19 and other health issues is seriously compromised. These results come as the rollout of the COVID-19 vaccines gets slowly underway while, simultaneously, the virus rages out of control across the country. The survey, conducted in mid-December by the Larry A. Green Center, a research organization, in collaboration with the Primary Care Collaborative (PCC) and 3rd Conversation, reveals that, while primary care is critical to the vaccines’ distribution, only 5% of practices have a full plan for vaccine distribution.

Over half (60%) of surveyed clinicians reported that their patients’ health, unrelated to COVID-19, has worsened. Yet primary care’s capacity to assist with patients’ health is struggling; 91% of clinicians report some form of personnel shortage, 61% rate their stress level at severe or near-severe, and 41% have staff positions they cannot fill.

Even amid these persistent challenges, clinicians are welcoming the vaccine rollout. Nearly nine in 10 (89%) say they will voluntarily get the vaccine when available and will recommend the vaccine to their patients. Further, 61% say their practice is expecting to offer the vaccine when available. However, fewer than 1 in 4 clinicians say they are prepared for the logistics of providing the vaccine.

“We had plenty of warning. Close to 99% of those who have respiratory symptoms are first seen in primary care,” said Rebecca Etz, PhD, co-director of The Larry A. Green Center. “Yet we have allowed primary care to weaken and failed to include them when planning vaccine distribution. This is true despite primary care’s long experience in vaccine administration and strong connection to patients who have many concerns and questions about the vaccines.”

“Primary care needs focused, additional support from policymakers and health plans in order to meet the multiple challenges the pandemic has presented,” said Ann Greiner, president and CEO of the PCC. “This support will enable them to be a critical part of vaccine-dissemination efforts and provide the acute and chronic primary care services patients need to prevent the overburdening of our urgent care and hospital systems.”

“If there’s one thing we know for sure about primary care, it’s that it has the trusted relationships with patients that will be essential to achieving the level of vaccination rates that will end this pandemic,” said Christine Bechtel, co-founder of 3rd Conversation, a community of patients and clinicians. “But if federal, state and local leaders don’t act soon to collaborate with primary care and bolster their capacity to vaccinate, we will be in deep trouble,” she said.

The survey also reveals evidence of vaccine concerns and hesitancy: 87% of clinicians say their patients are worried about unknown side effects of the vaccine, and 76% say their patients are worried the vaccine was developed too quickly to be safe. Fewer than half (45%) of clinicians think their patients will mostly be receptive to taking the vaccine. However, over half (58%) of clinicians say their vulnerable patients (e.g., seniors, those with COPD or asthma) have already asked for the vaccine.

The survey was conducted by the Larry A. Green Center, based in Richmond, Virginia. The survey is part of a regular Green Center series to look at the attitudes of primary care clinicians and patients during the COVID-19 pandemic and the abilities of practices to meet patients’ needs.

The survey of clinicians received 1,485 responses from all 50 states, the District of Columbia and Puerto Rico. It was conducted December 11-15, 2020. 63% of respondents work in family medicine, 19% internal medicine, 9% in pediatrics, 4% in geriatrics, and 5% in other specialties. 25% own their practice, 43% of practices are owned by a hospital or health

system, 10% are independent and part of a larger group, and 7% are government-owned. 49% report a practice size of 10 or more clinicians, 25% report a practice size of 1-3 clinicians, and 26% report a practice size of 4-9 clinicians. 6% report practicing in a primary care and convenience care setting, 18% in a rural setting, 34% in a patient-centered primary care home, 10% in a community health center, and 9% in an office, school or college.

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**About the Primary Care Collaborative:**

*Founded in 2006, the [Primary Care Collaborative](#) (PCC) is a nonprofit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations, PCC's mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care and achieve the "Quadruple Aim": better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.*

**About The Green Center:**

*The Larry A. Green Center for the Advancement of Primary Health Care for the Public Good is a research group founded by Rebecca Etz, PhD at Virginia Commonwealth University and Kurt Stange, MD, PhD at Case Western Reserve University. The Green Center works to reclaim and reconstitute the intellectual foundations of primary care, to advance the science of medicine learned and practiced within layered and competing social frameworks of meaning, and to deliver on a now 50 year old promise: better health and improved health care through a synergistic focus on both humanism and healing. We are nimble, inquisitive, curious, and open. We make personal doctoring and innovation visible.*

**About 3rd Conversation:**

*[3rd Conversation](#) is a national initiative reimagining the future of health care by reinventing the clinician-patient relationship for the modern era. Powered by X4 Health, 3rd Conversation works at both the local and national levels to address health professional burnout, improve patient experience and realize the promise of humanity and connection in our health care system. Funding support is provided by the Morris-Singer Foundation and the New York State Health Foundation.*