



QUICK COVID-19 PRIMARY CARE SURVEY

SERIES 37 FIELDLED MARCH 13-19, 2023



The pandemic has subsided but the ruin left behind has not: 99% of clinicians agree – primary care needs help.

Clinicians persist in their commitment to patients and communities, they persist in their innovations and outreach, yet they have been left standing largely alone by national leaders unable to see the extent of damage and suffering. Only 19% of practices are fully staffed – down from 22% a year ago – and 4 out of 5 say the current workforce is insufficient to meet population need.

Assertions that US primary care is unsustainable without immediate support are supported by survey evidence

- 78% say current workforce is insufficient to meet the population need
- 68% have personal knowledge of clinicians who quit during the pandemic
- 32% have personal knowledge of practices that have closed
- 35% continue to receive new patient requests from those who lost their practice to closure
- 61% report US primary care is crumbling; 64% identify a need for new payment models to meet this challenge

Practices are short staffed, under paid, and are increasingly overwhelmed when trying to match patient need

- 60% have open staff positions they cannot fill; 38% have open clinician positions they cannot fill
- 64% don't know the right payment solution but are tired of fighting for pennies
- 74% report telehealth has increased access to care for their patients – and they don't want to lose it
 - 24% report lack of sufficient payment for telehealth post pandemic is already limiting its use
- 40% say they are flooded to overwhelmed by patient need – “we can't keep up!”

Vulnerability among patients has increased; 50% report “we now have more, including newly vulnerable patients”

- 82% have seen an overall increase in mental health concerns among patients
- 43% have seen an overall increase in substance use and addictions
- 56% identify an overall increase in population health burden
- 35% say patients with previously stable chronic conditions are now unstable due to lack of access to care
- 50% report their more vulnerable patients have noticeably suffered greater losses in housing and food security

Standing firm in their commitment to care for people and communities has come with a human toll

- 48% say the mental health of practice members is *significantly* worse than before the pandemic
- 58% have tested positive for COVID-19 at least once
- 32% experience an ill-defined and ambiguous but weighty loss
- 48% felt it was their relationship with patients that kept them going

Policy Recommendations: CMS/CMMI models are important, but we cannot “pilot” our way out of this crisis. The primary care platform is shrinking while the community waits for over a year for the HHS Action Plan to Strengthen Primary Health Care. The window to save primary care through effective policy is closing. Release the Action Plan, increase investment in primary care, and match primary care's commitment to the health of people and populations.

About the Survey: Fielded by the Green Center, in partnership with the Primary Care Collaborative, this is a special anniversary edition of the only ongoing survey of primary care since the pandemic onset. The parent survey was fielded 36 times, resulting in over 32,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 37 reports data from 847 respondents from 46 states, Washington DC and 2 territories: 73% family medicine, 5% pediatrics, 12% internal medicine, 3% geriatrics, 7% other. 73% MD, 7% DO, 11% NP, 2% PA, 7% other. Settings: 27% CHCs or similar. 19% rural, 24% residencies, 25% had 1-3 clinicians, 48% had 10+ clinicians. 24% self-owned, 46% system owned, 7% government, and 4% membership based.

We are working more and earning less. Insurance payments are the problem. Delays, refusals, petty nonsense. Codes that are suddenly no longer billable. A total waste of our time and resources. We are small and struggling. Oregon

We are still understaffed, over-paneled, and working too many hours. We've been abandoned by insurers and the government. They have forgotten about us. Illinois

The practice is closing on July 1st. Cannot hold out any longer. Texas

How are you doing?

- We're relieved the worst seems to be over, and adjusting to a new normal. CA
- Our financial health is terrible. Losing money for over a year now. This is not sustainable. IL
- We are almost fully staffed, after hemorrhaging providers and clinical support. We are still trying to correct the workflows that evolved during the staffing crisis, as providers are dealing with way too many tasks that others could manage. ME
- Mental health and well-being are more of a challenge (for patients and staff and clinicians). We have had chances to expand our behavioral supports for patients - not so much so for staff, and understaffing worsens the strain on those who remain. RI
- I have suffered significant health problems ... following COVID infection in April 2020. There is no safety net for me ... I work 0.6 FTE yet that equates to 40-50 hrs per week. I feel like I am working in a broken system and the system has broken me. CO
- I am tired...mentally and physically. The grind at times in primary care is too much to keep up with. Patients are more demanding and less civil. They are abusive to the staff and clinicians. CT
- Hopeful to leave primary care in next five years and plan on cutting back on hours within the next few months. Exhausted. HI
- It's been a rough few years, but I recently started therapy and am getting better slowly. MD
- I have to convince myself on a weekly basis not to quit. OH
- I am just now starting to unwind emotionally. It is a process taking longer than I anticipated. TX
- It still hurts so damn much sometimes. This is like dealing with chronic pain; it is hard to 'make friends with the pain', there are flashbacks, wondering if my colleagues and I don't all have PTSD. VA
- I continue to feel the impact of community relationships strained during the pandemic due to the tension that arose in the battles over masking and vaccination in rural communities. I still do not feel completely safe to be myself in our small town. KS
- One of the striking losses of the pandemic is patients' loss of trust in their doctors and fact-based medical advice as they get battered with misinformation from every direction. This has been the greatest source of burnout and unhappiness for me. WI

Is primary care sustainable?

- Lowest pay in 35 years. IL
- The heart of medicine is the sacred doctor-patient relationship that has been decimated by external controlling forces. IN
- The hours worked outside of actual patient contact is unbelievably burdensome: Too much computer work and arguing with insurance. Too many buttons to click to "prove" I am providing good care. ME
- PC is at crisis point; early retirements and folks leaving practice; we desperately need national solutions to get PC appropriately reimbursed and staffed. Recent article in JGIM about workload of PC clinicians, reprise of 1999 Yarnall study; way worse... NY
- The future is again a big question mark for us with the new regs & decreased reimbursement yet substantially higher overhead, even after revamping practice yet again to min pay/max efficiency without harming quality too much. PA
- My practice is OK, but MANY primary care providers in my community have retired. WA
- There is significantly less trust in healthcare since the pandemic, and I find it increasingly difficult to provide care to patients who do not trust what is told to them. LA
- We need more residency spots. The deficit of providers is growing; the 1,000 spots recently granted don't scratch the surface. IL
- The pandemic was/is a call to action for all parties (i.e. gov't, private payors, health systems, specialty societies, private equity, tech leaders) to transform how primary care is provided WITH the emphasis of who/what a family doctor IS at the center! IL
- We have had to close to new patients because we don't have enough staff to support the volume. VA

What has been restored for you that you most cherish? How did your practice manage to survive?

- Dogged determination, flexibility and rapid adoption. Providers and staff worked as a team, and had a deep sense of Mission. IL
- Flexibility, focus on essentials, recognizing that there was so much out of our control and that poor outcomes cannot always be avoided. At the end of the day, being present for patients is what is most essential. OR
- Relationships. Telemed didn't work for us. Building strong relationships between the team members and with patients is key. FL
- My patients are more appreciative. They don't want telehealth, they want to come in even when I tell them telehealth is OK. Have gotten more heartfelt 'thank you' cards nowadays compared to pre-pandemic. OH
- We missed the ability to see patients in-person. While telehealth is important, the need for in-person visits remains. OK
- Face-to-face contact and ongoing relationships are essential to quality PC and cannot be replaced by telehealth services, helpful though they might be to increase access & monitoring of stable chronic conditions or minor acute problems. WA
- Our ADAPTABILITY was key to survival! Willingness to learn and convert to virtual care on a dime kept us able to deliver care throughout the entire pandemic. We were later able to introduce and implement curbside testing in conjunction with virtual visits that helped mitigate risk of exposure to clinic staff and other patients. TX
- Our work ethic and dedication to our patients got us through the pandemic but it emptied our tanks. Now we are used up and don't know if we can ever refuel. TX
- True amazing flexibility of our staff – to adapt to protocols that changed weekly, to be able to lean into the stressors – and our clinic leaders who were able to be vulnerable and admit when they didn't know things. This honesty and transparency really helped to solidify team camaraderie. WA