



# QUICK COVID-19 PRIMARY CARE SURVEY

## SERIES 35 FIELDED FEBRUARY 25 – MARCH 1, 2022



**More than half of surveyed clinicians say primary care is crumbling.** They paint both a stark and an inspiring picture of primary care as the second year of the COVID-19 pandemic comes to a close. Over 40% of respondents report they are mentally and financially fragile, a level that has persisted over the past 24 months. Fewer than a quarter of practices report they are fully staffed. One third of clinicians report currently denied and/or seriously overdue payments from insurers and health plans – this on top of previously reported and unaddressed financial losses. And while fee-for-service is dominant within most payment models for primary care, only 21% of clinicians find this form of payment sufficient. Simultaneous with these obstacles, clinicians also report increased volunteerism, new services to lessen burden on the health system, and expanded levels of practice-provided assistance to address patients' social vulnerabilities.

### **The strain on primary care practices is constant, additive, and threatens sustainability of the platform**

- 52% have changed staffing ratios with fewer staff per clinician, and only 22% report they are fully staffed
  - 44% have open clinician positions they cannot fill; 68% have open staff positions they cannot fill
- 59% say patient visits take longer as health has worsened due to delays in access to care
- 40% are getting more new patients because of practice closures – patient needs are overwhelming
- 62% have personal knowledge of clinicians who have retired early or quit during the pandemic
- 29% have personal knowledge of practices that have closed
- 25% expect to leave primary care within the next 3 years

### **Video- and phone-based care provide much needed capacity to expand access, but challenges remain**

- 19% have expanded use of telehealth to maintain access in the face of limited staffing
- 49% are motivated to use telehealth because patients really like it
- 24% rely on telehealth (either phone or video) for at least a third of all patient visits
- 52% note computer literacy is an obstacle for 1 in 5 patients; 30% broadband is an issue for 1 in 5 patients
- 28% must limit use of telehealth due to insufficiency of payment

### **Despite loss of staff, workforce, and revenue, primary care continues to prioritize patient needs above all else**

- 69% monitored COVID-19 positive patients at home to prevent use of hospital or specialty care
- 47% added or extended services not usually provided to mediate issues of access to care
- 72% became more involved in mental health support
- 45% volunteered at mass vaccination sites or became public speakers regarding the pandemic
- 33% increased support for patients with food or housing insecurities
- 26% increased offers of assistance for those in financial trouble

**Policy Recommendations:** Primary care continues to face a policy emergency regardless of when the COVID-19 public health emergency is rescinded. The findings above continue the ongoing narrative captured in over 35,000 responses to this survey since March 2020. Policymakers must respond or watch primary care collapse on their watch. The recommendations in the April 2021 National Academies *Implementing High Quality Primary Care* report are a key launching pad for this response and supported across diverse stakeholder groups.

**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 35 times, resulting in over 35,000 surveys across the US and territories. Results have been reported by the New York Times, Washington Post, CNN, and MSNBC. Series 35 reports data from 847 respondents from 49 states and Washington DC : 63% family med, 18% pediatrics, 11% internal med, 3% geriatrics, 5% other. 73% MD, 6% DO, 11% NP, 4% PA, 5% other. Settings: 28% CHCs or similar. 19% rural, 17% residencies, 27% had 1-3 clinicians, 42% had 10+ clinicians. 28% self-owned, 42% system owned, 6% government, and 4% membership based.

*“The pandemic has put us three decades behind in terms of efforts for building a larger base of primary care providers in the US with retirements and practice closures not to mention nursing shortages. Life expectancy in the country is going to drop and all-cause mortality rates are going to continue to climb.” Washington*

## Hear the largest themes among clinician comments, in their own words

### ***Burnout, stress, and fatigue are constant; clinician and staff shortages are creating access issues...***

- Primary care keeps getting worse. Sicker patients, ridiculous documentation, omicron. I'm sad there appears no end in sight. CA
- I cannot continue to work at this pace and retire at 65. I am 50. I am chronically exhausted. There is no relief in sight. CO
- We have gone above and beyond for COVID. Tested and vaccinated anyone in our community. The reimbursement is hit or miss. Kids get sick with a preventable illness. I haven't been able to go to my own clinic for more than 3 weeks due to severe moral distress and burnout. The final straw, sitting with a father (as I cared for his 5yo son) whose mask read, "This mask is as useless as the idiots requiring me to wear it". After 34 years of clinical practice, my heart is broken to think it all ends like this. CO
- I own my practice and we are drowning---payroll has increased 30% with fewer employees! We are unable to recruit, especially nursing staff and can't afford the higher costs. Primary care needs help! MA
- We were in trouble before. It has only gotten worse during the pandemic. Primary care has historically been the final common pathway for all of the things that no one else is willing to do. We are exhausted. MA
- The increasing regulatory and documentation burdens have continued during the pandemic, creating a toxic poisonous cocktail for primary care. It is as if someone is purposefully trying to destroy us. MI
- We are drowning in healthcare especially primary care. Overworked and underpaid. MS
- Availability of testing supplies has been inconsistent. As the only health care professional our patients have easy access to, we are being asked to do everything, and it's pretty overwhelming. TX
- We have seen a 10% year over year increase in patients due to lack of access mostly from the large groups in our area, which seems to have accelerated through these winter months into the new year. CA
- It is harder than ever to get in to see a specialist and I am often called on to provide care for which I would otherwise refer. Patients are afraid and frustrated, and that weighs on me. We need more mental health and more social work support. MD
- We need more counselors for mental illness. Our behavioral health team has grown but it's still not able to keep up. CA
- Loss of staff is our primary problem. Parents staying home with kids due to lack of daycare, closure of a local MA training program, staff out of clinic due to illness or COVID exposure. Remaining staff work harder and longer to meet patient needs. OR
- There is a real crisis in primary care and it is now impossible to recruit physicians for open positions. Primary care physicians should be granted control over their daily schedule. MA
- We have had to close our practice to new patients due to staff leaving and inability to replace them. We rely on travelers which costs a lot more money. VA
- We lost >1/3 physicians in our group during the last two years with a 100% turnover of physicians and staff in one of my clinics. We remain unable to fill the vacancies. WA

### ***...while more clinicians are closing (or considering closing) their practices, leaving primary care***

- Many new patients flooded the clinic due to moves from other states and from other practices in the area closing. CO
- We are getting calls daily from patients trying to transfer care due to practice closures, but do not have the capacity to take on new patients at this time. RI
- All of the doctors at my previous private practice clinic have left to join a different clinic, retired or are planning to leave after the clinic was sold. My own PCP left her practice. It took me 6 mos to get an appt for a transition with my replacement DO. WA
- I am pretty much at the end of my rope. There is too much uncertainty with reimbursement, too much fighting with insurance companies. We cannot survive on \$17 for a telemed visit for patients with private insurance. My patient volume is up and down with every Covid variant/wave that occurs. I can't continue with this. Combine the pandemic with the already low reimbursement and all the stress that comes with trying to run a small independent primary care clinic ... it is too much work and stress for too little gain. It has created health problems for me as well. I am in the process of negotiating the sale of my practice. I hope to take a sabbatical and potentially get out of primary care forever. NM
- I've exited practice. Pray I don't ever need to go back. Its miserable with no positive indicators for improvement. WI
- We are being sucked dry. Nearly every primary care practitioner I know wants to leave medicine, but we can't. MN
- I left primary care due to administration refusing fair compensation for doing the work of 3 providers after everyone at my office quit. They also couldn't keep staff. Now we've all quit. WA
- Pediatricians are fighting to be the voice of advocacy for kids. Other agencies, including non-pediatric physicians, have somehow become the voices of the country regarding children's health. Parents of kids < 5 feel left behind by all covid guidelines. PA
- It has been essential for our practice to provide public health services during this pandemic. Without our daily support, the local public health response would have been severely disadvantaged. OR
- We invest half of what other countries do in primary care, and we have double the comorbidities. It's not rocket science. Why does it pay the least to care for people who need it the most? And, metrics disproportionately ding safety net providers and hospitals. What are you going to do about that? DC