

## Primary Care Provider Attrition through COVID-19

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### ISSUE

COVID-19 has placed additional strain on the primary care workforce due to safety concerns, illness, and financial pressures. The purpose of this study is to examine national primary care workforce attrition through the end of 2020.

### METHODS

**Design:** Nonrandomized Comparison Group Pretest-Posttest Design. We compared primary care workforce attrition in 2019 and 2020 to examine the impact of COVID-19 on primary care attrition.

**Setting:** US primary care providers prescribing mental and behavioral health medication from 2017 through 2020

**Participants:** 471,603 primary care providers

**Exposure:** COVID-19 pandemic

**Main Outcomes:** Provider inactivity/attrition in the early (March-June) and later (July-December) periods of COVID-19

### FINDINGS

There was a marked decline in active primary care providers from March to June 2020 with recovery post June. In December 2020, there were 4,238 fewer active physicians than in December 2019. In 2020, 1,449 counties saw 5% or greater attrition of their primary care workforce. In 2020, physicians who were female, older, in rural communities, and serving more Medicaid patients were more likely to become inactive during the COVID period than in the previous year. For NPs and PAs, gender, rural/urban, and Medicaid dependence were not significantly associated with increased attrition, however, overall attrition was more likely during the COVID period.

### DISCUSSION

In 2020, there was an increase in the attrition of the primary care workforce, particularly for physicians who were female, older, in rural communities, and serving Medicaid patients. Tracking primary care workforce attrition can guide policies and resources to prevent worsening disparities.

**Key Words:** primary care workforce