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**Title**

*Perspectives of primary care leaders on the challenges and opportunities of leading through the COVID-19 pandemic*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context: The COVID-19 pandemic presented new challenges to primary care, but little is known about the experience of practice leaders.

Objective: Describe the experience of leaders in a range of primary care delivery organizations leading their teams during the COVID-19 pandemic.

Study Design: Qualitative study using semi-structured interviews. Thematic analysis was performed using a hybrid deductive/inductive approach.

Sample: Convenience sample of 15 clinical leaders in organizations in the United States that deliver primary care. Organizations included academic health centers, federally qualified health centers, non-academic health systems, and independent private practices.

**Results:**

Early in the pandemic, leaders had to make many critical decisions despite substantial uncertainty. Clinicians and staff experienced fear regarding personal health, potential workplace exposures, and job security, while also having a strong sense of purpose and wanting to help with pandemic response. Strategies leaders used to manage teams included 1) Being present, listening, acknowledging uncertainty and showing vulnerability 2) Near constant communication regarding changing conditions, 3) Strengthening trust among team members by building upon prior relationships, and 4) Changing

decision making by a) maximizing transparency when decisions were made quickly without time for broad input, b) balancing personal involvement in problem solving vs. delegating work and elevating new leaders and c) allowing front line workers to change care processes independently. Outside of specific strategies leaders stressed the importance of working with public health and other local organizations, by capitalizing on prior relationships or developing new ones. Leaders also noted that their organizations served as essential sources of information to patients, but also that in some cases relationships with patients and communities were stressed over disagreements over mask use and vaccine refusal, leading to clinician and staff burnout. Fee for service payment was noted as a barrier to effective pandemic response, and to primary care function in general.

#### Conclusions:

Primary care leaders used strategies including being present, listening and acknowledging uncertainty, frequent communication, enhancing relationships, and changing decision making patterns to be more transparent and participatory. Such practices may persist, strengthening organizational capacity post pandemic.