

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

"Walking this line:" Primary Care Practice experiences with workforce strain since the COVID-19 pandemic

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: Interprofessional primary care teams can improve quality of care, reduce health care costs, decrease burnout, and improve patient experiences. The COVID-19 pandemic intensified pre-existing workforce shortages and burnout, hindering interprofessional team functioning.

Objective: To examine perspectives on workforce challenges during and post-pandemic.

Study Design and Analysis: Qualitative interviews and thematic analysis.

Setting: Eighteen primary care practices and systems across the United States (US) diverse in size, location, composition, and 2019-2020 revenue change.

Population studied: Primary care leadership, including clinicians and administrators.

Instrument: Semi-structured interview guide.

Outcome measures: Perspectives on a) the impact of the COVID-19 pandemic on the workforce; b) strategies to mitigate impact; and c) types of support needed for a sustained and thriving workforce.

Results: We conducted 18 interviews with independent and system-based practices (8 West, 3 South, 3 Midwest, 4 Northeast). Participants described a cultural shift in expectations among their workforce. Staff desired greater empowerment, work life balance, and flexibility vs. pre-pandemic. Shifting expectations stemmed from chronic burnout among clinicians/staff, competing needs (e.g. childcare), and greater employee bargaining power. Leaders were responsive to employee demands by creating wellbeing initiatives, restructuring roles, and enhancing compensation/benefits which were made possible largely through pandemic government relief funds. Increased demands created tensions among practice leaders striving to balance organizational values, personal values, and patient needs. As government relief funds ended, leaders noted needing to cut back on workforce strategies implemented during the pandemic. Leadership identified structural changes needed to ameliorate primary care workforce challenges, including: policy investments in primary care and public health, investments in community, and primary care delivery transformation.

Conclusions: Primary care leaders shared shifts in their workforce spurred by the pandemic, strategies and motivations to address changing needs, and concerns as the pandemic relief funds ended but workforce issues persist. Mitigating financial constraints and increasing spending flexibilities are needed to address long-standing and ongoing organizational workforce and care delivery challenges.

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