

the priorities of independent physicians and those of groups of clinicians employed by a health care organization. In a narrative essay, Loxterkamp observes that living in the same small community as his patients for 3 decades taught him the value of care continuity as defined as a single physician (rather than a “team”) caring for a patient through the duration of their illness.¹² By largely abandoning continuity for “the transactional world of episodic care,” he suggests that primary care physicians have given up “our trust and belief in the value of relationships.” In contrast, Matulis and Barakat describe an informal cases conference for early-career primary care internists and advanced practice clinicians that reduced isolation by creating a virtual community that evoked the hospital doctors’ lounge or a pre-COVID communal break room.¹³ After the first year, participants reported statistically significant improvements in sense of belonging and enthusiasm about their work.

As a mid-career family physician whose experience straddles those of the recent residency graduate and the doctor contemplating retirement, I appreciate both perspectives. My role models in medical school and residency were the archetypes of Loxterkamp’s day, physicians who prized their autonomy and worked around the clock until all the patient care was done. But more than half of today’s primary care physicians, like me, are employees of non-physician-owned practices,¹⁴ and our relationships with these organizations are as critical to sustaining our joy in practice as relationships with our patients. There are also advantages to belonging to a large group of health professionals during a pandemic. As I continue promoting COVID-19 vaccines for patients with low levels of trust in the medical system, it helps to know that my practice team and health care organization have my back.

To read or post commentaries in response to this article, go to <https://www.AnnFamMed.org/content/19/6/482/tab-e-letters>.

Key words: trust; primary care issues: clinician-patient communication/relationship; empathy; health care organizational culture; health care teams; peer health coaching; COVID-19

Submitted September 17, 2021; accepted September 17, 2021.

References

- Centers for Disease Control and Prevention. COVID data tracker; COVID-19 vaccinations in the United States. https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
- American Board of Family Medicine. Joint statement from the American Board of Family Medicine, American Board of Internal Medicine, and American Board of Pediatrics on dissemination of misinformation by board certified physicians about COVID-19. Published Sep 9, 2021. <https://www.theabfm.org/about/communications/news/joint-statement-american-board-family-medicine-american-board-internal>
- Lin K. Commentary; To fix COVID vaccine hesitancy, trust primary care. *Medscape*. Published Mar 30, 2021. <https://www.medscape.com/viewarticle/948281>
- Zulman DM, Haverfield MC, Shaw JG, et al. Practices to foster physician presence and connection with patients in the clinical encounter. *JAMA*. 2020;323(1):70-81.
- Tarrant C, Dixon-Woods M, Colman AM, Stokes T. Continuity and trust in primary care: a qualitative study informed by game theory. *Ann Fam Med*. 2010;8(5):440-446.
- Cocksedge S, Greenfield R, Nugent GK, Chew-Graham C. Holding relationships in primary care: a qualitative exploration of doctors’ and patients’ perceptions. *Br J Gen Pract*. 2011;61(589):e484-e491.
- Nowak DA, Sheikhan NY, Naidu SC, Kuluski K, Upshur REG. Why does continuity of care with family doctors matter? Review and qualitative synthesis of patient and physician perspectives. *Can Fam Physician*. 2021;67(9):679-688.
- Bazemore A, Petterson S, Peterson LE, Bruno R, Chung Y, Phillips RL Jr. Higher primary care physician continuity is associated with lower costs and hospitalizations. *Ann Fam Med*. 2018;16(6):492-497.
- Beach MC, et al. Clinician response to patient emotion: impact on subsequent communication and visit length. *Ann Fam Med*. 2021;19(6):515-520.
- Linzer M, et al. Where trust flourishes: perceptions of clinicians who trust their organizations and are trusted by their patients. *Ann Fam Med*. 2021;19(6):521-526.
- Turner CD, Lindsay R, Heisler M. Peer coaching to improve diabetes self-management among low-income Black veteran men: a mixed methods assessment of enrollment and engagement. *Ann Fam Med*. 2021;19(6):532-539.
- Loxterkamp D. The lost pillar. Does continuity of care still matter? *Ann Fam Med*. 2021;19(6):553-555.
- Matulis JC, Barakat S. Implementation of a “cases and conundrums” conference among early career internal medicine clinicians. *Ann Fam Med*. 2021;19(6):560.
- Willis J, Antono B, Bazemore A, et al. The state of primary care in the United States: a chartbook of facts and statistics. Robert Graham Center. Published Feb 2021. Accessed Sep 14, 2021. <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook2021.pdf>

CORRECTION

Ann Fam Med 2021;19:483. <https://doi.org/10.1370/afm.2616>.

In Loewenberg Weisband Y, Torres L, Paltiel O, Wolff Saggy Y, Calderon-Margalit R, Manor O. Socio-economic disparity trends in cancer screening among women after introduction of national quality indicators. *Ann Fam Med*. 2021;19(5):396-404, the author name Yael Wolff Saggy was misspelled. The article has been corrected online (article of record) and therefore differs from the print issue. The corresponding author regrets the error.