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Title

Phoenix Rising – Primary Care at the Sidewalk’s End and an Inspired New Beginning

Priority 1 (Research Category)

Survey research or cross-sectional study

Presenters

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Abstract

Context: The “Quick COVID-19 Primary Care Survey” launched by our team on March 13, 2020, is the only resource of its kind. It is a monthly finger on the pulse of the response, challenges, and capacity of US primary care practices and their patients during the pandemic. Objective: We examine primary care’s capacity and response to COVID-19 with attention to access, mental strain, workforce and payment obstacles, adoption of telehealth, and the role of relationships between patients and clinicians. Study design and Analysis: A rapid cycle survey of national cross-sectional clinician and patient cohorts fielded during the pandemic using a mixed methods exploratory sequential design. Setting: US primary care clinicians and a sample of US patients. Dataset: 36,000 surveys from 8100 unique clinicians and 12,000 patient surveys, March 2020 to March 2022. Population studied: clinicians practicing in US primary care settings and patients with at least one primary care visit during the pandemic. Instrument: a brief clinician survey, taking 3-5 minutes to complete, completed anonymously using a web-based platform; a patient survey, taking 7-9 minutes to complete, completed anonymously using a web-based platform. Results: The rapid shifting of circumstances during the pandemic yielded troubling trends in practice stressors, including lack of support to video-based and phone-based care delivery, lack of infrastructure to dissemination vital testing and protective supplies, lack of adaptability among policy makers and insurers to allow payment change to keep pace with practice change, and lack of a policy-based definition for primary care that would enable emergency response and support of frontline workers during a natural disaster. The actions of primary care clinicians and practices also revealed an organic and deeply felt sense of professionalism as well as the uncommon strength and insights afforded through longitudinal relationships. Those relationships were the fuel to primary care’s ability to expand services, expand access, provide a safety-net, and share in the wins and losses of the communities they served. Conclusions: In the words of one of our survey respondents, primary care surfaces from the pandemic “broke but not broken” having rediscovered its roots and identified both internal and systemic weaknesses it can no longer afford to carry.