

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

Submission Id: 6502

Title

Patients Recognizing the Heart of Primary Care: Patient Indications of Relationship and Healing from Primary Care Clinicians

Priority 1 (Research Category)

COVID-19

Presenters

Ashley Duggan, PhD, Kurt Stange, MD, PhD, Rebecca Etz, PhD, Sarah Reves, FNP-C, MSN, MBA, Martha Gonzalez, BA, Bernard Ewigman, MD, MSPH, FAAFP

Abstract

Context: Relationships between patients and clinicians are at the core of primary care values. Objective: We draw upon longitudinal patient surveys conducted by the Larry A. Green Center during the pandemic and summarize results indicative of social or relational aspects from 14 broader longitudinal patient surveys. Empirical and narrative examples illustrate that patients feel known, rooted, and grounded in relationships with PCCs. Setting or Dataset: The Green Center fielded surveys in partnership with the Primary Care Collaborative and 3rd Conversation. Surveys were offered through a public survey website, with at least 1100 surveys completed each time. Population Studied: This is a convenience sample of patients in the US, 18 or older, voluntary and anonymous, with enrollment to ensure respondent demographics were representative of US populations. Intervention/Instrument: A research team with the Green Center created the dataset to capture the natural evolution of primary care experiences from 2020 through 2022. Patient survey items varied based on status of the pandemic and pressing social concerns but were topically organized around access to care, expressed needs for care, experience or concerns with COVID-19, use of telehealth, experienced health burdens, and reported experiences relative to social drivers of health. Outcome Measures: Empirical and narrative examples illustrate patients feel known, rooted, and grounded in their PCC relationships throughout the COVID-19 pandemic. Results: Patients describe care and connection to their PCC, feel safe asking anything, and experience beneficial impact from feeling known as a person. Patients indicated full-scope primary care even with telemedicine and social isolation. Patients understood relationships and trust within a broader social context including structural racism as a factor in health following the death of George Floyd. As societal issues revealed complexities with racism, vaccine hesitancy, wariness of COVID-19 information, and general mistrust, patients expressed gratitude for critical support and healthcare access for people across all communities. Patients said their PCC relationships and trust influenced their

vaccine decisions. Patients viewed primary care as holistic, felt known as a person, and said primary care “was there for me” when they did not know where to turn. Conclusions: Results provide evidence for social and relational aspects of medicine and opportunities for the future.

Downloaded from the Annals of Family Medicine website at www.AnnFamMed.org. Copyright © 2024 Annals of Family Medicine, Inc. For the private, noncommercial use of one individual user of the Web site. All other rights reserved. Contact copyrights@aafp.org for copyright questions and/or permission requests.