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Primary Care in a Pandemic: A Qualitative Study on the Impact of COVID-19 on Workplace Wellness

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Impact of COVID-19 on Primary Care Practices within the Jefferson Health System

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Introduction & Objectives

- Since March 2020, the Jefferson affiliated Primary Care Practices have handled the COVID-19 crisis in different ways
- Question: How have COVID-19 and related changes impacted individuals and their practices?
 - We anticipated that the largest change in daily functioning will be the integration of telemedicine
- We aim to qualitatively assess how primary care practices have changed since the institution of COVID-19 protocols and assess individual responds to the changes

Methods

- 33 Zoom interviews
 - 7 Primary Care Practices affiliated with Jefferson Health
 - Representative of different roles:
 - Administrative: managers (7), other staff (3), billers (1)
 - Clinical: physicians(8), medical assistants (7), behavioral health (4), nurse practitioners (1), nurse, physician assistants (1), nurses (1)
- Data sources:
 - Qualitative ~20-minute interviews
- Analyses:
 - Qualitative thematic analysis following coding

Methods

- 6 standardized questions:
 - Changes in how care is delivered/administered
 - Surprising things that worked/didn't work
 - Populations with difficulties specifically due to COVID
 - Removal of any burdens
 - Things that will change their practice moving forward / impacts on their feelings about working in primary care
 - General feedback

Results

- Utilized the Job Demands-Control-Support (JDCS) Model to predict job strain to subdivide themes
- Main themes:
 - Adaptability & high demands: telehealth, job security
 - Control: redeployment, working from home
 - Support: practice-level support, organizational support (including testing & PPE)
 - Burnout

Telehealth	“The thing that has changed the most for us is Telehealth.”
Job Security	“I think they’re stressed out. I mean, I think that they’re, you know, a lot of them are hourly employees and, you know, depending on a paycheck and, you know, hours have been changed. Or I wouldn’t say cut, but just changed.”
Redeployment	“There were certainly some stressful times early on when there was talk about us potentially having to staff Urgent Care offices and filling in for ER doctors.”
Working from Home	“I realized I don’t like working from home” “And I never thought that my job would be one that I could or would work from home.”
Support	“So that’s really a big piece, understanding that we’re all in this together and trying to keep everyone safe, people in the office, giving certain employees the option of working from home because of their, you know, medical conditions. That it showed that “we care about you”.”
Burnout	“It comes in waves. Burnout is a real thing. 2-4 weeks ago I could not keep up with the referrals. The shear amount of tasks I have now. They are time consuming.”

Conclusions

- Impact, Scope & Next Steps:
 - Moving forward, telehealth has been described as a viable addition to clinical practice
- Limitations:
 - The nature of Zoom interviews during a stressful time limited our sample size and widened the study window. We would have like to have a large group, with more diversity in office role, and during a shorter window of time.

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