Welcome to the Launch of

Better Health NOW

A campaign of primary care collaborative

#PCCBetterHealthNow
Mark Del Monte, JD

CEO/Executive Vice President
AMERICAN ACADEMY OF PEDIATRICS

Chair, Board of Directors
PRIMARY CARE COLLABORATIVE
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Mark Del Monte, JD | American Academy of Pediatrics; Primary Care Collaborative

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Ann Greiner | Primary Care Collaborative

03 Primary Care & COVID
Rebecca Etz, PhD | Larry A. Green Center

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Asaf Bitton, MD, MPH | Ariadne Labs

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Emily M. Godfrey, MD, MPH

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Ann Greiner, MCP

President & Chief Executive Officer
PRIMARY CARE COLLABORATIVE
Thanks to our funders

The Commonwealth Fund

Samueli Foundation
PCC Concordance Recommendations

1. Invest in what works: primary care.
2. Pay for what we want - better health.
3. Reduce economic and social barriers to better health.
Rebecca Etz, PhD

Co-Director
LARRY A. GREEN CENTER
Better Health: NOW – A Campaign of the PCC

Patients Say –
Right Time, Right Care, Right Place

March 29, 2022

Dr. Rebecca Etz has no conflicts of interest to report
Primary Care – where people live/work/play

Worthy of your trust
Wholeness of your dignity
Safe to be vulnerable
Patient interests first
Timeframe: March 13, 2020 – present

~12,000 patients surveys
~36,000 clinician surveys

Survey
7-9 minutes
Experience of primary care during the pandemic

In partnership with
Primary Care Collaborative
3rd Conversation

Funded by
AHRQ
Morris-Singer Foundation
Samueli Foundation
What the clinicians told us about patients

*Inequities grew... and not evenly*

- Mental health
- Financial struggle
- Food insecurity
- Housing insecurity

![Bar chart showing comparison between national and FQHC models for mental health, financial struggle, food insecurity, and housing insecurity. The chart indicates varying levels of inequities in different categories.]
Patients reported experiences

Visit types and reasons

- Video visit
- Phone visit
- Face to Face visit
- Wellness
- Chronic illness
- Other/acute

Bar chart showing visit types and reasons with data points for May '20, Dec '20, and Mar '22.
Patients reported experiences

Because of cost, I limit my care

Why?...

15% ... I have a high co-pay
17% ... I have a high deductible plan
10% ... I have no insurance

35% ... I don’t think about cost

42%
Patients reported experiences

Primary care was there for them

- When needed, they were there: 53%
- Helped me make sense of things: 68%
- Trusted information, stayed open: 33%
- W/o, I would have used urgent care: 18%
- Panic/heart broken/upset if PC closed: 79%
- Loss of primary care wouldn’t affect me: 17%
Patient preferences for care location

Traditional primary care office

My first choice
- Traditional clinic
- Urgent/Walk-in Clinic
- Online/Virtual Only
- Emergency Dept
- Retail clinic
- Clinic at job site

Where I went
- Traditional clinic
- Emergency dept
- Urgent care
- Retail
- Online/virtual only
Primary Care Is Straining

Aware others quit/retire early

Open positions we can’t fill

Clinicians note among patients
- 84% increased MH burden
- 48% conditions worsened
- 40% greater complexity & more complaints per visit

Only 22% report practices fully staffed
...and that strained workforce?

- More involved in mental health
- Extended services beyond norm
- More support for social drivers
- Volunteer mass vx...
- Public speaking on C19
- Increased/added hospital time
Unshakeable Truths

Health has worsened
Primary care has weakened
New public health emergency brewing
Primary care was/is there for us
Let’s be there for them
Questions or Comments?

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PRIMARY CARE COLLABORATIVE
Signers of the Concordance Recommendations

PCC EXECUTIVE MEMBERS
Signers of the Concordance Recommendations

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Penn Center for Community Health Workers
Q&A