



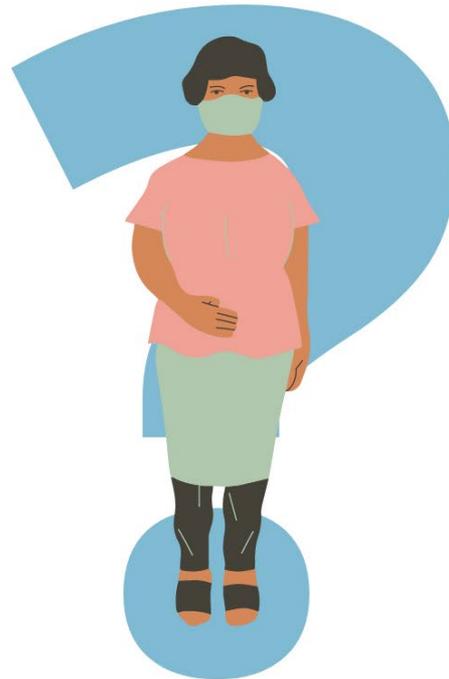
Convening + Uniting + Transforming

August webinar

WHAT DO PATIENTS WANT

From Primary Care – Both
During and After COVID-19?

Wednesday, August 19
3:00 to 4:00 p.m. EDT





01 PCC announcements and introductions

02 **Ann Hwang, MD** *Community Catalyst*
In Their Words: Consumers' Vision for a
Person-Centered Primary Care System

03 **Rebecca Etz, PhD** *Larry A. Green Center*
COVID-19 surveys of primary care clinicians

04 **Lynda Flowers, JD, MSN, RN**
AARP Public Policy Institute
Response to previous presentations &
additional insights

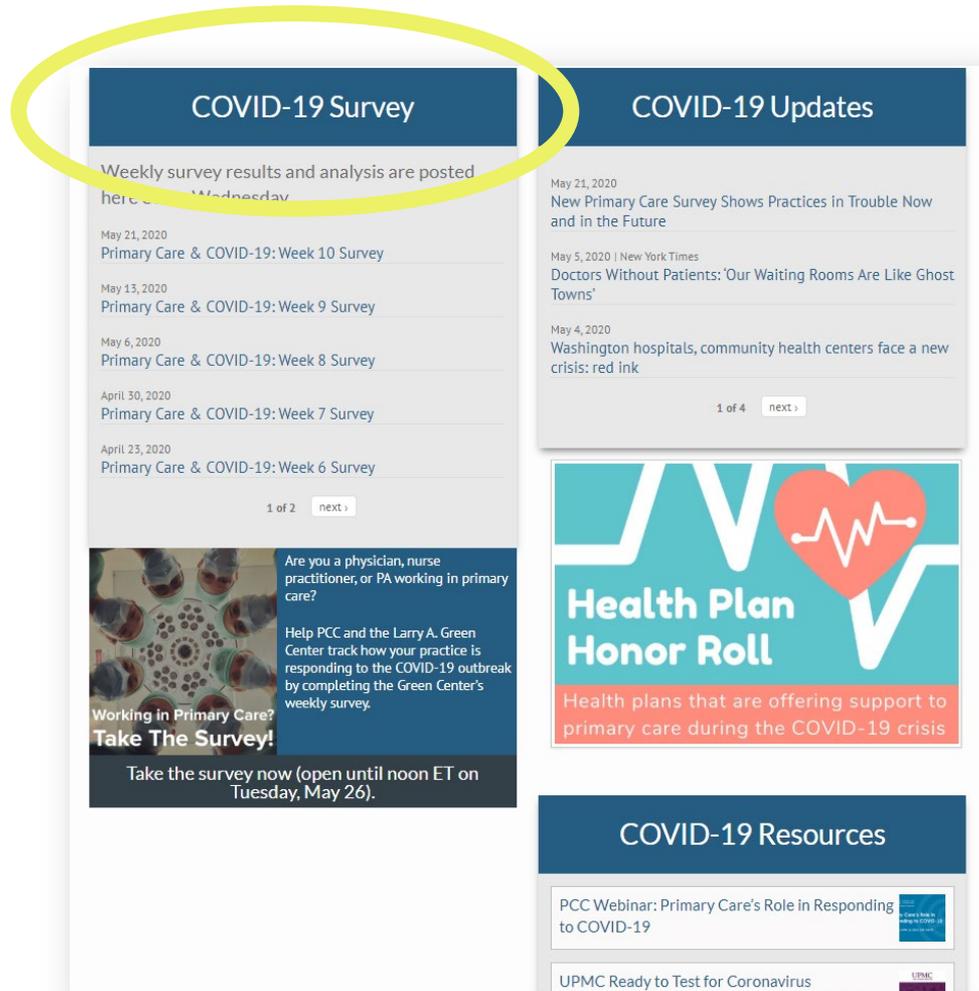
05 **Moderated discussion
among panelists**

06 **Participant Q&A**



On PCC's
website:

thepcc.org/
covid





Today's speakers

PANELISTS



ANN HWANG, MD

Director, Center
for Consumer
Engagement in
Health
Innovation,
Community
Catalyst



**LYNDA FLOWERS,
JD, MSN, RN**

Senior Policy
Advisor, AARP
Public Policy
Institute



REBECCA ETZ, PhD

Co-Director,
Larry A. Green
Center

MODERATOR



**ANN GREINER,
MCP**

President & CEO,
Primary Care
Collaborative

What Do Patients Want from Primary Care?

August 19, 2020

Ann Hwang, MD



About the Center

Our Mission

- Bring the experience of consumers to the forefront of health innovation

Our Focus

- People with complex health and social needs

Our Work

- State and local advocacy
- Policy and research
- Training and education



Building
consumer
leadership



Improving
health systems

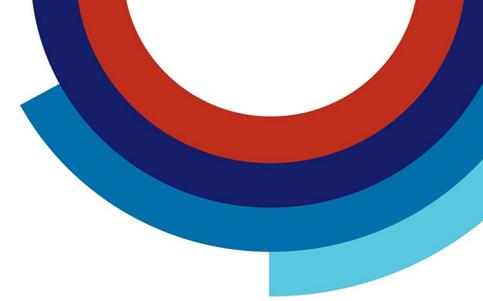


Engaging
policymakers



Conducting
research

Consumer Focus Groups: Fall 2019



- Understand experiences and attitudes toward primary care
 - Focus on low-income communities and communities of color
 - Probe on intersection of social determinants of health with primary care
-

Focus Group Method

- 9 focus groups (GA, CO, PA, CA)
- Rural, suburban and urban
- Included Spanish-language groups
- Professional facilitator



Context: Extreme Social + Financial Stress



Transportation, Food and Housing Family Issues Loneliness + Isolation

"...You'd like to buy the fresh fruits and vegetables and good quality cuts of meat and stuff. You just can't do it."

"Most of us walk because you don't have bus fare. So, you walk where you can... you got to get to your appointments...and by nighttime, you can't even stand up."

Impact:

Intuitive to consumers that these factors affect their health
Concern about medical costs

Context: Disappointment and Cynicism



Widespread perception of a money-driven health care system

Providers do not listen to me

Medical providers on a treadmill

“The primary problem is that it (healthcare) is a business.”

“So we’re looking at a health system as more like a factory type thing...like a conveyor belt where they are milking the cows.”

“They’re so busy, they don’t have time to actually check you out. Right? Let along to talk to you about food and your house and everything else. They’re lucky if you can get down to what you’re in there for.”

Hope for a Better System



Consumers value the primary care provider. They want a relationship with that provider.

Take the time to respect and listen to me.

Get me the help I need.

Those TV shows like Mayberry and whatever Doc. ...What makes them so endearing to their patients? It's personalism. ...They know you, you're not a number."

Five Consumer Aspirations



Aspiration #1: An Enduring and Mutually Respectful Relationship with the Primary Care Provider



Aspiration #2: Access to a Navigator



Aspiration #3: Welcoming the Broader Conversation



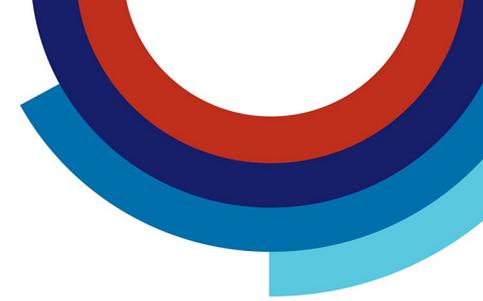
Aspiration #4: A Holistic, One-Stop Shop



Aspiration #5: Cultural Sensitivity and the Ability to Relate to One's Life Experience



An Enduring and Mutually Respectful Relationship



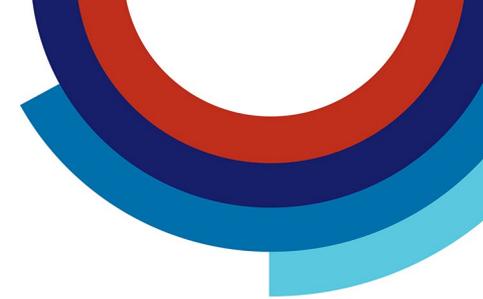
**Consumers want a broader and deeper conversation.
Patience and empathy. Knowing each other personally.
The same provider each time.**

“Take the time to listen to the patient, to know exactly what they're going through... Basically, I mean just showing the true interest and taking care of what the problem really is.”

“You need to actually act like you care. But it's wild that retail, a place like Walmart might have that kind of training, but they're not saving lives. But a doctor's office wouldn't have that same kind of training.”



Access to a Navigator



Overwhelming challenges. A complex system.

Focus group participants compelled by the idea of a navigator or coordinator.

On my side. Will help me qualify for services.

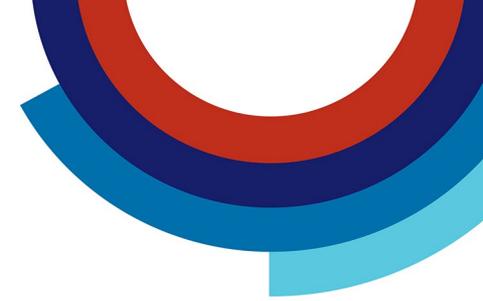
“Nobody really cares. Who do you turn to for help? Who do you go to?”

“I’ll get mail. I don’t even open it. Because if I do and I try and read it, all I’m going to see is mumbo jumbo mumbo jumbo mumbo mumbo. (If I) ...take it to my health care navigator, she’ll glance at it and say, ‘Oh, this is what it is. You need to do this.’”

“It would embrace me. I would feel...a comfort factor knowing that somebody cares about me... Yeah, I would feel absolutely embraced.”



Welcoming the Broader Conversation



Primary care provider should ask questions about life and non-medical challenges.

But motivations must be clear.

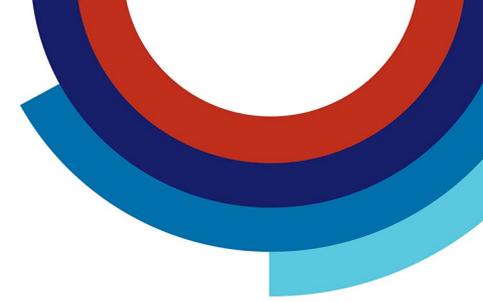
Trust opens the door to this broader conversation.

“If you genuinely care about me as a person, then yeah, I don't mind telling you things. But if I just met you, or if I just come to you once a month or once every couple of months, then what do I need to tell you all this for?”

“For some reason I connected with the orthopedic surgeon. And I trust him because he sat with me for almost two hours when I met him and talked to me about everything. And we went through everything so nothing would go wrong. ...And he was the one that I've never had one ask me, what about my housing, ...what about this or what about that. He sat with me and talked to me and I do trust him.”



A Holistic, One-Stop Shop



A medical facility co-located with other services.

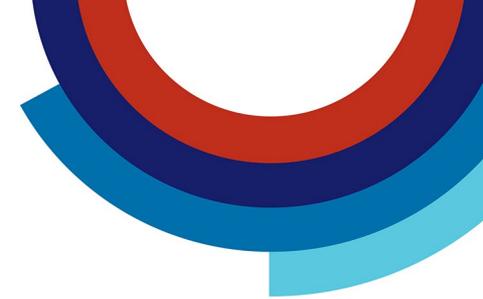
Social services and mental health and counseling services available there.

Single point of intake.

“It would be heaven. It would be because it'd be a one-stop shop. You go to your primary care (provider), you tell him what you need and he sees what you need by asking you the correct questions...And, it helps you, it makes you more at peace with yourself, more sound of mind because you don't have to worry about it now and...you're going to be healthier. ... a lot of what is making you ill or keeping you ill or making you worse is lifted off your shoulders.”



Cultural Sensitivity and the Ability to Relate



Language and cultural affinity.

Consumers connect better if they believe their provider understands their life experiences.

“So to be given information hopefully, of course, in your own language, in Spanish. We speak English, you know, some, but sometimes medical terms are difficult... So because of that, one tends to look at the Hispanic doctors so that you have that conversation in Spanish.”

“Somebody that knows about financial, and that has been through financial problems in their life.”

Reflections

Patients see and feel the pressures faced by providers

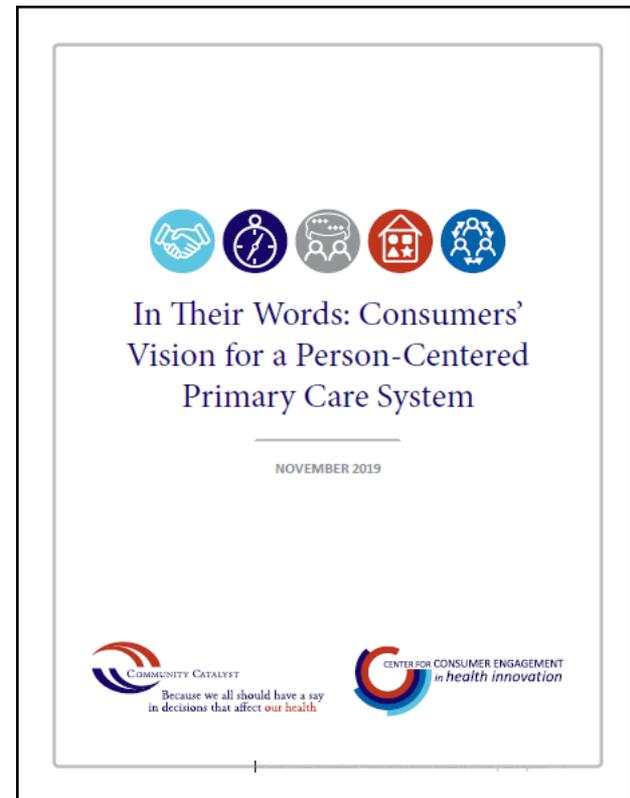
How do we recognize and support the continuity and relationship-based care that patients (and providers) want?

How do we build trust?



Resources

<https://www.healthinnovation.org/resources/publications/body/In-Their-Words-Consumers-Vision-for-a-Person-Centered-Primary-Care-System.pdf>



Resources

Change Package: Person-Centered Engagement.

<https://www.healthinnovation.org/change-package/introduction/about>

Re-envisioning Care for People with Involved Disabilities.

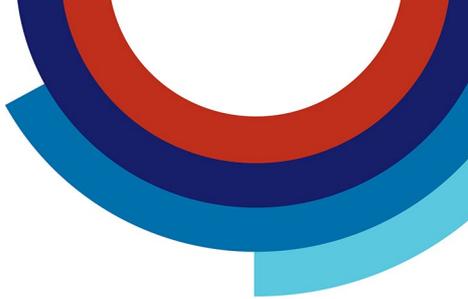
<https://www.healthinnovation.org/work/carevideos>

Meaningful Consumer Engagement Webinar Series.

<https://www.resourcesforintegratedcare.com/resource-library>

How Health Care Organizations Can Promote Racial Justice

https://www.healthinnovation.org/resources/publications/body/Health-Care-Actions-for-Social-Justice_final.pdf



THANK YOU

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Visit us on the Web!

healthinnovation.org

Follow us on Twitter!

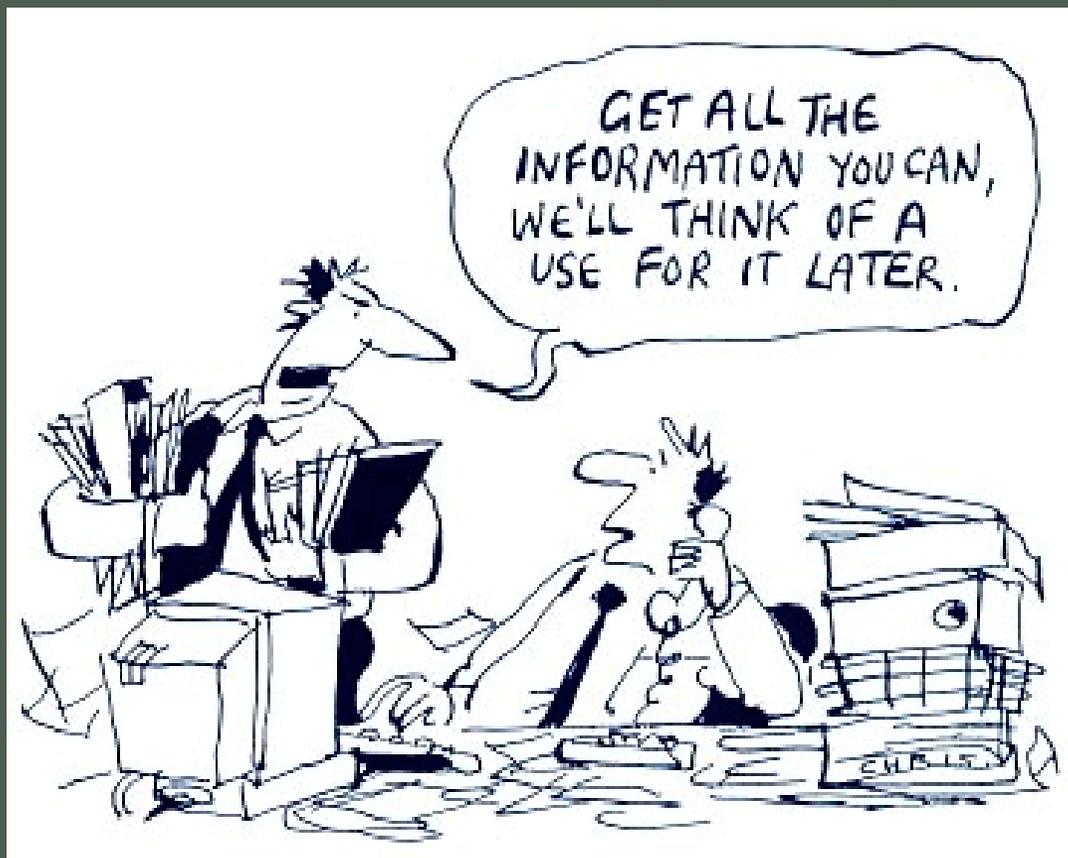
[@CCEHI](https://twitter.com/CCEHI)



THE LARRY A.

Green Center

Advancing Primary Health Care for the Public Good



Timeframe: March 13 – August 10

~17,000 clinician surveys

~9,000 patient surveys

Survey

3 minutes

Natural evolution of primary care

In partnership with

Primary Care Collaborative

3rd Conversation

Funded by

Morris-Singer Foundation

Samueli Foundation

Primary care and the social contract



Worthy of your trust
Wholeness of your dignity
Patient first
Basic good worthy of investment



First contact
Continuity
Coordination
Comprehensiveness

During COVID, primary care reinvented overnight

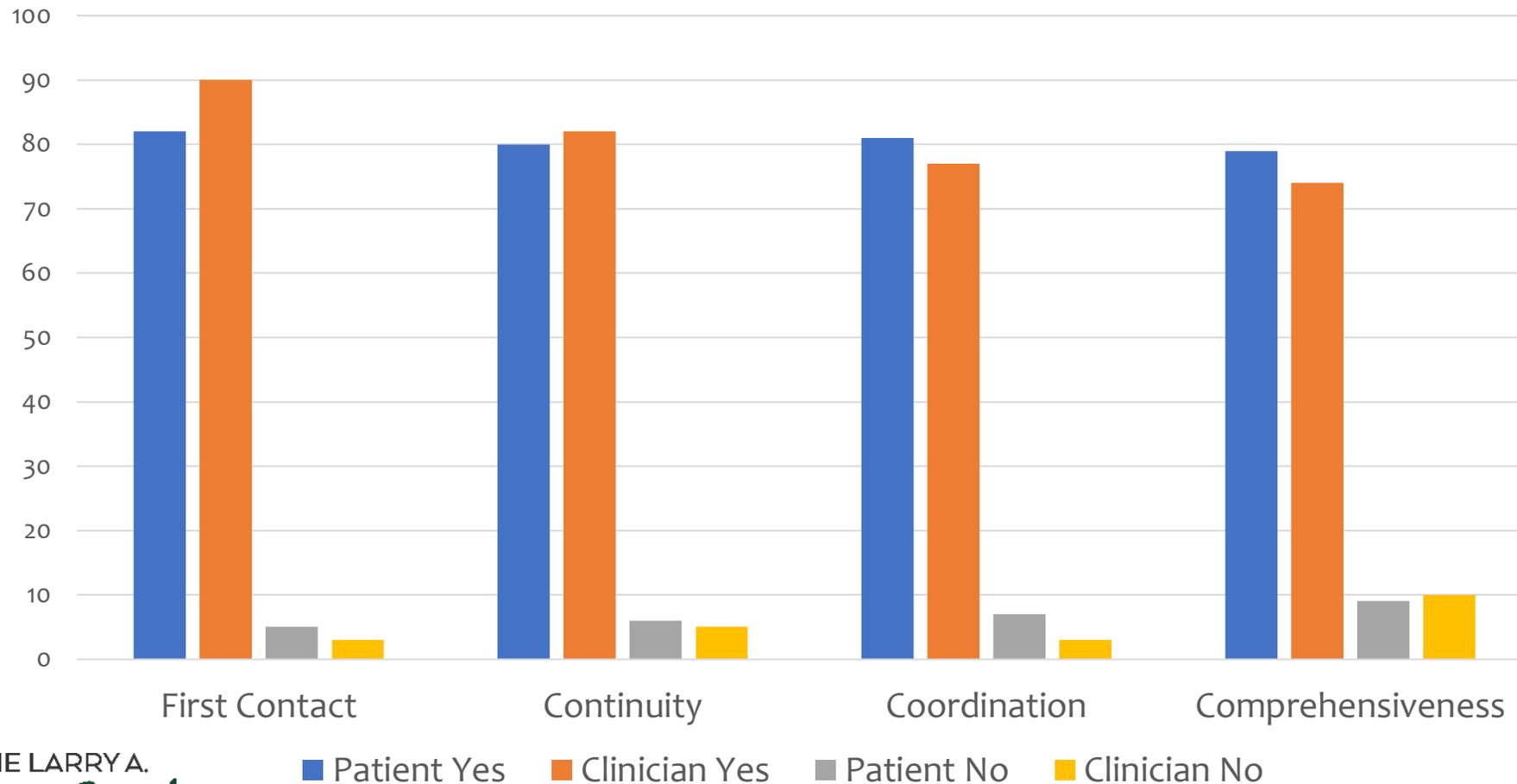
In Practices

- >80% adopt new platforms
- 2/3 increase in outreach



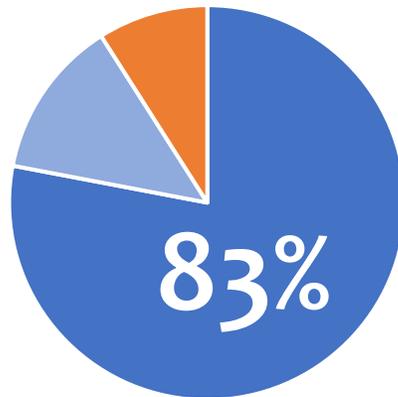
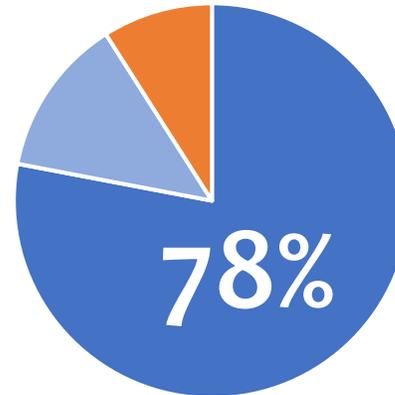
- Drop in FTF visits
- Paid <50% of work
- Furloughs/layoffs

Clinicians and patients aligned: Primary care is present



Clinicians and patients aligned: Relationships are key to foundation

Patients said – It's Grounding relationship gives a sense of connection to a healer with my best interest at heart



Clinicians said – it's what I do personalized, relationship based, integrated, equitable, compassionate

What being a whole person means to patients

Relationship with my doctor means...

82% ... having someone I trust

76% ... feeling connected

76% ... I can ask anything, medical or not

85% ... someone to help make sense of things

79% ... just seeing them makes me feel better

What treating patients as whole people can yield

Patients

Racism effects health

It had an impact on my health

Called PC upset, can't say why

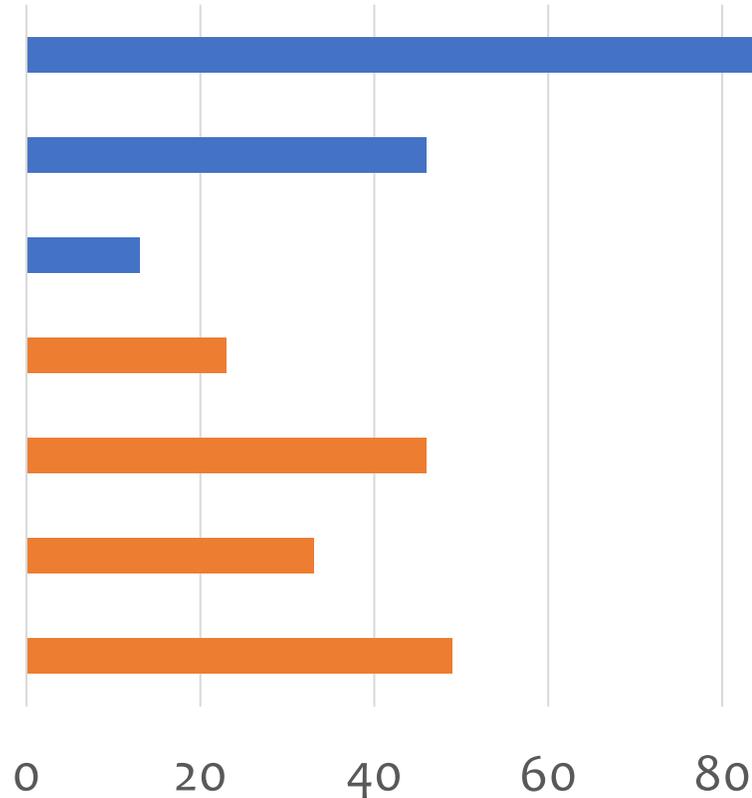
Clinicians

Sought help from PC

Racism was part of complaint

Physical effect of racism present

More so among minority patients



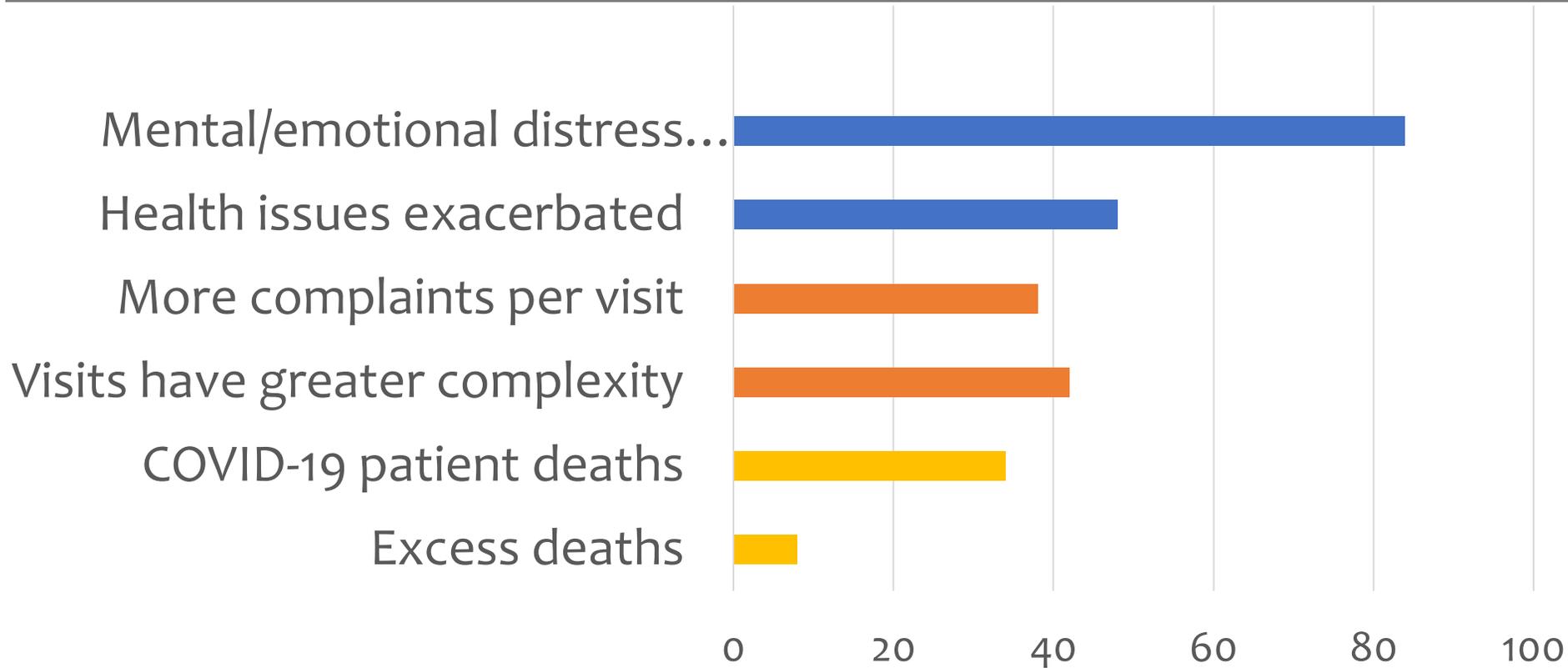
Series 13
Clinicians n=594
Patients n=1,193

Second public health crisis brewing: primary care is first stop

Patients holding back

- 17% avoiding though sick/injured
- 37% overdue prevention
- 21% overdue chronic illness
- 24% overdue lab work
- 42% unlikely to see doctor unless serious

Second public health crisis brewing: primary care is first stop



Pulling the rug out from telehealth

Patients report...

Struggles with

- 52% isolation
- 48% depression/anxiety
- 17% substance abuse

Clinicians report...

Telehealth has strengths

- 83% visits inc mental health concern
- 92% telehealth good for counseling

Funding support is lacking

- 21% insurers pulled back on funding
- 35% reduced phone b/c payment
- 17% reduced telehealth b/c payment

What happened to the social contract?



Worthy of your trust
Wholeness of your dignity
Patient first

**Basic good worthy of
investment?**

Questions / Comments

Sincere thanks to our funders

Morris-Singer Foundation

Samueli Foundation

Deep appreciate to the team and advisors

Christine Bechtel, Asaf Bitton, Erin Britton, Brendan Elliott, Martha Gonzalez, Larry Green, Ann Greiner, Lauren Hughes, Tony Kuzel, David Meyers, Will Miller, Jonathan O'Neal, Sarah Reves, Kurt Stange



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