



EXTRAORDINARY MOMENTS IN PRIMARY CARE DURING COVID

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Alabama

It happens every day. At VA we tell our patients this is our battle to repay them for the wars they fought for us. It increases their trust that we will fight and do our best. They know they take great pride in having protected us. They understand we have the courage to do the same for them.

Just be there and listen to folks.

Our family physicians have volunteered to do COVID testing and screening. We have formulated protocols for the university campus to prevent spread of COVID while reviewing every positive case and potential exposure.

Arizona

Every day our team members are scheduled to be in practice (and screening negative), they show up for the patients. They find ways to connect with the patients through masks and face shields. They find ways to connect with each other through the same barriers. They decorated the practice for the holiday season because they wanted to. They are compassionate, empathetic, and resilient. Very proud of everyone I work with.

Hugging the elderly patient who has lost family and was ill from lack of human touch. No masks no shields, just love and compassion.

I sent my first patient without any insurance for monoclonal antibody infusion.

Arkansas

A nurse came out of retirement after 5 years to assist with hospital COVID 19 testing, and now doing testing in drive-up conditions at temperatures at 15 below or colder.

I spent the 2 nights at a patient's house – she has a central line in and was afraid she was Covid+ so her husband and kids went to stay with her parents. I tested both of us and we were both neg (she has Babesia duncani - evil cousin of malaria) so I moved in with her for the weekend to take care of her.

In March, a long-time patient was dying of cancer, and I was able to do a telehealth visit to support the friends caring for her in her final hours. In a time when travel bans prevented family from being at her side, it was so valuable to be able to travel virtually to her bedside.

Went to a patient's home who is starting hospice and gave comfort to son and patient.

My daughter is a RN at my Nursing Home (I am medical director)...she takes longer shifts, interacts with ALL patients, and they LOVE her for what she is and does (and it helps they know we are related!)

California

As part of our pandemic pivot, Share Our Selves deployed our mobile clinic to motels converted to shelters for people experiencing homelessness. One of our patients would not have been able to receive life-saving heart surgery without

having stable housing and ongoing medical care from our team. He shared with me at a recent visit: "I don't know what I would have done without you guys!"

Being behind schedule and still taking the appropriate and necessary time to be with patients rather than being dictated by the administration's quota and clock.

Deep appreciation from patients for being there for them in hard times.

Due in part to availability of televisits, my office's hours have expanded to after-hours as some patients cannot afford to miss work hours.

Family medicine residents and faculty have volunteered to be redeployed into the hospital to care for patients with Covid-19. Community physicians have volunteered to help cover the gaps left behind by our residents in ambulatory settings. We're in this together!

I am working with incredible people who are rising to a horrible situation with grace and dedication. I can't pick one moment, there are so many.

I had a patient stay sober despite grief/illness/loss by counseling her through it, changing her medications, and listening.

I gave my patient a hug.

I just started crying when I read this question. I have been really holding it together - I am the medical director of my small rural clinic and a proud Family Nurse Practitioner. Our staff has been extraordinary through all of this, with so much stress and unknowns. It is humbling. We have been fortunate to not have to lay anyone off, a month ago we implemented twice weekly antigen staff screening with the aim of identifying asymptomatics and sending them home before they spread illness to others, and we have been able to take care of our patients, bring in new patients, and even help patients of other practices/specialties (whose services are on hold or diminished), including COVID testing – and it is because of our staff's dedication. Primary care providers and staff are the backbone of our healthcare system and we need to ensure they are supported.

I still hug patients that need it – mask/goggles, head turned away, but a real hug. I have done house calls so vulnerable patients don't need to go out. I have delivered medications to a quarantined family.

Making home deliveries of food for elderly patients in quarantine.

Many of our clinicians (physicians and nurses) volunteered to be in the vaccine trials.

Our clinic collected donations of cloth masks from individuals and distributed them to our patients and their families.

Our Director of Rehab and a Care Manager made house call on a frail patient to help the family and patient with end of life issues despite risk of Covid exposure. Our Medical Director makes rounds on Covid SNF facilities to help reduce staff exposure to COVID.

Our medical director continuously advocates for our patients and leads by example when implementing innovative approaches that ensure patient and staff safety.

Our patients were relieved and thankful about our "covid letter" before Thanksgiving, telling them not to participate in gatherings and giving them the science and good articles to support that information. Many used our email to justify to their families to not gather and protect everyone.

Patients sending unsolicited Gratitude even though they've not been seen. They worry about me.

The care and compassion for our patients and each other is still there.

The nurses and direct caregivers in group homes for developmental disabilities have risen to the occasion with little support from government agencies or the healthcare system, and at great risk to their own health and that of their families. Most staff are immigrants. They solve problems and provide care, and are the eyes and ears to make sure everyone is safe. If I didn't have that onsite team, I wouldn't be able to provide care at all. Functioning interprofessional teams providing care in the home, led by primary care physicians, have never been more important.

I took care of a patient with covid and heart failure - tried to keep him out of the hospital.

We had a staff member whose husband and sister-in-law were positive. Company policy would have her coming to work if asymptomatic. Her PCP is in our group and advised quarantine and testing, checking in with her every day. She did test positive despite remaining asymptomatic, so the PCP really protected staff and patients by keeping her at home.

We had an extraordinarily high number of new HIV cases at our clinic, and one of our NPs went above & beyond to press for better communication and mutual awareness from behavioral health providers and medical providers.

We now have patients who survived Covid and hospitalization going home sicker than any patients have been discharged in the past. Home health has 2 nurses and one PT for the whole south county, so can only see these patients once a week. So we are doing it – there was no question from our staff. We will take up the needs and assess our patients, giving them the support they need. We have had 2 patients discharged to home; R is on 6 L oxygen, and very weak. What is evidenced based practice to care for the post-covid patient?? No guidelines exist! But my providers have researched this, and my nurses have called these patients daily, and we have supported their families and will continue to do so. We will make this happen, because that is what WE do at Shasta Cascade Health Center!

When my patient's home health care was denied by insurance so I went to her house to change her wound dressings myself.

Colorado

13-year-old with recent SI – a family well known to the practice. Increase in family needs, less income, and social stress was causing these feelings. Due to our clinic being open I was able to be there for a patient at critical time and provide treatment.

8-year-old with history of trauma and intrauterine drug exposure has had escalating behaviors, now hurting adoptive mother by punching kicking grabbing her. The teacher observing this over zoom had the mother call the police (or they would have) due to concern for safety in the home. The mother states the police came and patient was calmer, but the police told her to spank him if he acts out again. Mother reached out for a visit as she did not think this was appropriate and needed support. Gave mother emergency numbers to call if escalating again instead of police if not in need for them, and worked with our multidisciplinary team in our medical home Primary Care model to get in-home counseling, and placed referral for neuropsych/autism testing to be able to hopefully get him more school help. Had multiple follow ups by both MD and psychologist to ensure appropriate support. All visit done over telehealth.

Child with anxiety comes in full panic attack worrying about Covid testing swab. Provider dropped everything and sat with her for over 30 minutes to get her calmed down.

Dr. Zind, a local pediatrician, helped set up several hand washing stations for the homeless around town early in the pandemic. As the virus hit our local community harder in the fall of 2020, Dr. Zind helped larger groups of physicians to organize a phone system in which medical personnel reached out to COVID positive members of the homeless population daily to ensure they did not have symptoms requiring a medical evaluation. Despite the stressors at work, Dr. Zind continues to find ways to help those in need. She is truly a healer for people of all ages.

Drawing blood in elderly patient's car to reduce his risk.

Every single day, our medical assistants, who are generally young women with children, exemplify what it means to be a healthcare hero. They come to work every single day and put themselves in harm's way to make their communities safer. I have always had high respect for MAs, but in these extraordinary circumstances they have demonstrated how extraordinary they really are.

Grads, current resident docs & staff volunteering to help in ICU & COVID Clinic.

I see home bound elderly who fear coming to the office.

I watch low-paid nursing home nurses and CNAs risk their lives daily and show compassion in the face of staff and resource shortages.

In pediatric practice, we are seeing few children with acute respiratory illnesses at this time, largely due to school closures, so we have been ramping up our well visits with mental health screening. Lots of children with anxiety, which we are able to manage with our integrated mental health providers to some extent.

Listening to our patients during this challenging time. Managing our own burn out. We are all supporting each other here and blocking the schedule so we have some rejuvenation time.

Many providers are going above and beyond to cover as many patient needs per visit as possible.

Mental health resources in our community (like everywhere) are spread really thin, and isolation and suffering are at record levels. I was doing a lot of one-on-one mental health appointments (many of them unpaid because folks are out of work and uninsured, etc.), but it was exhausting and didn't seem to be making much of a difference. So, I started organizing Zoom (online) groups with patients to provide some support, share resources and community information, basic psychoeducation, and strengths-based communal problem solving. It's really taken off, and is helping keep folks informed, connected, and out of crisis. It's hard to quantify the impact of prevention, but my patients are better informed, more empowered, and coping better since I've started hosting these groups, and I'm less overwhelmed and more efficient & effective, so it's a win for our whole community.

My Life Techs (EMTs) drove Life Fleet1 (on-location telehealth services vehicle for our private sector medical clinics) to a COVID-positive patient's home yesterday, administered nebulizers, IV fluid therapy, oral prednisone, Vitamin D, zinc, azithromycin, and hydroxychloroquine from our physician managed retail store. They video-chatted a visit with the physician. They then arranged same day oxygen delivery for only \$120 a month from a local supplier. This Direct Primary Care patient has no insurance, but has better access to clinic services delivered straight to his home than any person with home health insurance benefits, and has avoided what would have been a hospitalization almost anywhere else in the USA.

My partner is the only provider to offer pre-natal to delivery care in our rural county. She takes OB calls 24/7 and drives 2 1/2 hours to deliver her patients at a hospital in another county. She has been doing this for 12 years!

Our family medicine department has been stepping up to support the influx of needs across our health system – volunteering to staff inpatient teaching teams to offload hospitalists to care for the COVID-19 units, staffing virtual hospital at home programs and extra telehealth pools for COVID-19 questions, arranging testing, and work notes.

Our Family Physicians are co-managing our COVID inpatients in the ICU at our hospital with intensivists. We see one of our main roles as providing regular open communication to the families, who are not allowed to visit. The nurses on the unit are amazed at our practice, as they (the nurses) are the ones who must communicate with the other families – the hospital employed hospitalists do not do this. Coordinating the care team and allowing the families to share their fears

and concerns is an integral part of helping families cope with the situation their family members are under, including end of life and withdrawal of care conversations.

Our FM residents have stepped up to cover our ICU due to increased volume of patients.

Our practice is dedicated to mutual support and innovation to improve our lives and improve the care of our patients. What a wonderful opportunity for innovation and embracing the needs of our community.

Our staff ask about how our families are doing financially during the pandemic and we give them donated gift cards to the local supermarket if they need help.

Practice leader set up a Gofundme for families facing incredible financial stress, to provide extra food and clothing. So far, we've raised \$8000 and we have two weeks to go before Christmas!

Seeing patients virtually in their home, and having the time to dedicate to chronic issues and checking in on their well-being, has been a blessing.

Talking with a 7-year-old girl about what she wants to be when she grows up – she said President and a Doctor. I then asked what type of Doctor she wanted to be, one who sees kids or adults? She responded "I want it to be challenging....so adults" :-)

We are a private small FM practice. We have received grants to give out food, housing assistance, winter coats to patients, which we do every day.

We have a patient who we see on our benefaction agreement (for free). He also is an anti-masker. We asked him to wear a mask and gave him a mask. He still would not. Though this is selfish and inconsiderate behavior toward me, my staff, and our other patients with and without chronic health conditions, my staff showed him love and care anyway even though it was upsetting to them (they vented about this patient to me later in an appropriate private setting).

We have a quadriplegic patient that doesn't leave his house. We do not carry high dose flu vaccine, so I sent in a script to the pharmacy for him and his wife. I waited at Walgreens to fill it since it was an unusual request and then I drove to their house to administer the vaccines.

When it looked like the hospital would start laying off staff, our family medicine and internal medicine physicians self-organized to raise money and deliver meals to support their staff.

Connecticut

We reached out to patients and utilized telehealth especially when they contracted COVID – very grateful for the close follow-up, virtual hand holding, and avoiding hospitalization. Virtual vital monitoring done throughout.

District of Columbia

How about the fact that we still show up every day, despite such a fragmented, corrupt, ineffective and thankless system.

I work at GWU in an academic practice training medical students and internal medicine residents. During the pandemic, our trainees stepped up to meet the needs of our primary care patients in any way they could. We don't need to worry about the next generation of medical practitioners – they are fully committed to the profession.

One of my partners, Dr. B, cared for 2 elderly sisters for several years; younger was the caregiver for the other. COVID-19 struck and the more frail sister became acutely ill. Her caregiver insisted that she die at home and Dr. B arranged for in-

home hospice. When the the surviving sister became ill, Dr. B swooped in, assessed that the patient did not wish intervention, but also not to die alone, and had her admitted to our hospital service with explicit orders for terminal care under comfort care measures. Both sisters had their wishes honored and respected.

Providers using their own time to call patients with Covid results.

Walking back to my office, I noticed a woman wearing a hijab enter an empty exam room with a child and close the door. I knew that particular exam room was not being used today, so I asked the clinic manager who they were. The manager said, "Oh, they're here to do a telehealth visit with Dr. M who is doing telehealth from home today." She continued, "They said they can't afford to pay for their phone anymore. We're getting more patients like this." I was letting the idea sink in that our patients are coming to the clinic to call our providers who are working from home...

We are doing a coat drive for the homeless.

Florida

Every patient visit is an extraordinary moment as we have a unique team – physician, social worker, pharmacist, and dentist – that sees every patient and discusses together the plan for going forward. It is an awesome experience and patients appreciate it.

I recently had a family of four getting sick with COVID19. I do traditional internal medicine and see patients in office and the Hospital. When one of the family had to be admitted and the rest stay in isolation, I was able to be a bridge between them which provided a mental relief to all, and to this day I still get random 'thank you' messages from them.

My practice owner, Dr. Claudia Emmons, made house calls to elder at-risk patients to accommodate their health needs and minimize their exposure to COVID-19.

One of my nurses continues to work the Covid unit voluntarily.

Patient came in with chest pain, was elderly, cardiologist refused to do cath. I fought for her to get intervention and another cardiologist who did the procedure, and she improved. Patient advocate first.

We are all doing the best we can. I was able to get outpatient privileges so that I could visit patients in the hospital who were afraid and unable to see their families.

Georgia

Being able to comfort a patient on the imminent loss of their spouse due to cancer and them being grateful for the care provided...

Our PA is doing home visits for those too frail to come to the office has prevented multiple readmissions.

Recently saw my healthy 90-year-old patient who tested positive for covid-19. Her extended family – son, daughter-in-law and 4 grandchildren (in their teens and 20s) – live next door to her. Four of her extended family members now have symptoms. I worked in 4 family members to become my new patients last week so that they could get rapid covid tests in my office (2 out of 4 were positive). I arranged the monoclonal antibody outpatient infusion for 2 or the 6 family members – including my 90-year-old patient and her 61-year-old son. I will likely admit the 90-year-old to the hospital tomorrow. I fielded text messages and phone calls from this family all week, including this weekend.

We are a free clinic. Watching our staff care for and love on patients in these difficult times is very rewarding.

Idaho

A homeless man came to our clinic suffering from the residual effects of bronchitis. He had a negative Covid screening result but, due to his cough, we were not allowed to see him within the clinic. In response to this, our medical director suited up in appropriate PPE and had a parking lot appointment to be sure that this patient's needs would be met!

My staff continues to work long, mentally exhausting hours treating COVID patients often outside in the cold and snow without complaint.

One of our patients shared with our front desk staff lead that she and her husband were struggling to get pregnant and had been for a long time. She was struggling with depression because of this. The staff person spent time listening and encouraging the patient and asked if the patient would like her to be praying about this. The patient enthusiastically said yes and had the staff person pray for them in the moment. A month after the encounter, the patient came in with a pregnancy test she had done at home that was positive and then confirmed with a provider that she was pregnant. The first person she told was the front desk staff person. Shows what a difference support staff can make in healing, sometimes even greater than the "providers."

We have been ordering sometimes 10 to 15 tests a day and notifying patients of the results, without any charge to them, as a public service to help with the pandemic.

Illinois

A patient lost their insurance due to unemployment – we were able to take all their primary care and specialty care meds and put them through using 340B, where patient could afford to continue.

A 10-year-old came in to the office a couple of weeks ago at the height of the surge: fever, abd pain, vomiting. FM resident saw him first, worried about appy. Worked so hard to avoid the overburdened ED: got stat outpatient labs, stat outpatient US. WBC ct 15+, US positive. But there's no beds: peds beds being used for adults because half the hospital is COVID patients. Call the surgeon, call the house administrator. Office MA and front desk staff set the family up in (deserted) waiting room with TV shows while we work the phones. Surgeon calls; house admin calls; we get the patient admitted through day surgery and house admin holds the next bed for him. Resident and I see him again later on the peds floor. Uncomplicated surgery, home the next day. So many people had a part in his care during COVID and his care was heavily affected by the pandemic – and he had nothing to do with COVID.

A patient who established with me earlier during the pandemic with new onset diabetes has had great improvement in A1C and weight loss with a combination of telehealth and in clinic follow up.

A senior patient with many co-morbidities came to the office with a serious concern and was cared for and reassured. He was so grateful we were there, would see him, and had taken so many precautions to keep him and us safe.

At least once every 2 weeks we have patients coming in with low pulse ox requiring direct admission to hospital. Very grateful after their hospitalization.

Colleague delivered N95 mask to parents who contracted COVID to protect their newborn who had tested negative.

Everyone has given up vacation. Docs are volunteering to work in the hospital to relieve the burned out hospitalists.

Going out to the patient's vehicle to do an "office visit" and do care and testing.

Going the extra mile to help our patients get care they need, within one visit, without delay.

Gratitude from a family member after her father died, “He was never scared throughout his life, even when you told him he had cancer, because you were taking care of him.”

Having to console surviving spouses of patients that perished by covid.

I advised the Mayor in our town. The night the Governor closed our bars and restaurants (and the Mayor said he would enforce it), at 2 AM in protest they threw eggs at my family home. I would say power washing my home at 9AM in front of my family and children exemplifies what it means to be a primary care healer in these challenging times.

I have primary care healers in my team who are personally delivering food boxes and safety items to vulnerable patients' homes to eliminate the need for them to go outside.

I helped diagnose a 16-yo girl who struggled with Zoom school – it unmasked long term ADHD with associated depression, and she was failing classes. Medication therapy and she is now managing to pass her classes and starting to believe in herself again.

I saw our health care team establish a covid hotline for patients to call with questions and get referred to testing locations. We now have dedicated nurses and providers to manage that hotline.

In general, my patients are much more grateful for their care and are expressing much more concern about our provider's mental health. It is very sweet and kind.

MD makes house calls on Covid patients.

My medical assistant has volunteered to do testing to relieve and assist others who are doing testing. He did this on his own initiative and is able to reassure our patients when they come for testing.

My NP left a safe primary care environment to work full time at the covid clinic.

My physician partner called area hospitals and hospital pharmacies on her day off to find monoclonal antibody therapy for a patient.

One of my fellow NPs always greets her patients when she comes into the exam room like she's greeting a beloved relative that she hasn't seen in ages. She lights up (even behind her mask) and just exudes welcome and positivity and her patients are so happy to see her.

One provider, despite being overwhelmed, has been taking holiday calls and covering other providers when they are out.

Our Hospitalist Dr Coulter is spending extra time in hospital caring for patients and advocating for prevention of illness in our community.

Reached out to a patient weekly to coach her through initiation and uptitration of her injectable dulaglutide to decrease her A1C from 13% to 8.2%, thereby significantly reducing her risk for diabetes complications and providing her optimal cardiometabolic care given her high-risk conditions. She was very excited to be achieving her care goals and lowering her risk for severe COVID and cardiovascular complications by optimizing her diabetes management.

Saved several of my patients' lives with treatment for covid-19 illness, even before she was officially + on a test.

Staying/being nice to patients who are getting VERY short tempted and are lashing out at us verbally because they don't feel we are fast enough in our care of them.

Thanksgiving Day, Willie died of Covid. She was the fourth covid death in our practice in one month's time. Our practice is a throwback to earlier times with a father and daughter physician team running an independent practice that believes it is best to continue to see patients in the hospital. I manage the practice and am the wife/mother of the physicians. Willie was my husband's patient for 20 years, she drove from the west side of Chicago to our practice in the suburbs. On Thanksgiving Day, my daughter called in tears and relayed that Willie died of Covid and that she was relieved that her father was at the hospital because she didn't think she could keep it together. Willie was a treasure, universally loved by all our staff. She brightened the office with every interaction ending with "god bless you baby". The heart of what it means to be a primary care physician is about relationships through good times and bad. Unfortunately, Covid has brought a lot of bad times and unnecessary suffering.

We are grateful for our ability to practice team-based care. The social worker in our practice has been working tirelessly to support our patients' needs with respect to food insecurity, housing insecurity, and other challenges including increased intimate partner violence. In conjunction with care coordination nurses and pharmacy team members, she has made sure no less than 6 of my patients (in a group where she supports over 30 MDs) have received medications over the past few weeks, despite patient challenges with payment. The team provides proactive outreach to our most vulnerable patients who sometimes do not reach out on their own with needs that significantly impact health. I am grateful for this team!! My ability to provide patient care as a physician would be limited without the ability to work with a team to address all of the concerns that go beyond traditional ideas of "healthcare".

We have been able to cover for each other more due to provider telehealth vs inpatient availability.

We have providers in our practice volunteering during their own non-work time to perform covid testing in vulnerable populations – for example, most recently at a homeless shelter on a Sunday afternoon so that beds could be provided for homeless persons on that cold night.

We have seen a dramatic increase in newly uninsured patients, and over the last few weeks, I can't count the number of times patients have cried with us because they're able to get what they need from us.

We have staff buying food for patients...

Indiana

Although hospital systems closed their offices, many INDEPENDENT family doctors stayed OPEN & AVAILABLE!

Even though COVID is dominating the landscape, our patients with heart failure, diabetes and other infections are in continued need of care. Primary care may not necessarily be the "wow" moments, it is more the persistent and diligent managing of multiple co-morbidities in a resource poor population. It is the older gentleman with bad lungs and heart, who needs the gift of time of a doctor teasing out the details of how and when he takes his medications. Taking that time and simply educating on "the when" helps him drop several kg of weight with no change of the medication doses. Those visits take time.

My employed colleagues covered my nursery call when I was out with COVID.

Partners (and self) volunteered and trained as ER "reservists".

Several in my practice spend their lunch hours testing.

We are a residency program. Our residents are routinely stepping up to support one another when burn-out risk rises or when one of us is out for illness or quarantine. Primary care is a team sport, and keeping your team safe and healthy (physically and mentally) is part of winning!

We had an elderly patient with Parkinson's fall at home and her significant other was in my office. She was not able to get to the phone, but was able to use Alexa in another room to call our practice call center, who was then able to get ahold of the significant other who rushed out to help her.

Iowa

Patients of practice had a house fire. One died. We collected emotional and financial support as well as goods.

Those of us working a COVID clinic make an attempt with EVERY patient we see to treat them like a human being, not just another COVID test. We hear of other facilities close to us that are not treating patients that way. I also recently saw an elderly gentleman for a burn on his back from a heating pad. He was scared to come in because of the virus. I made him feel at ease, talked to him about travel, trains, airplanes. He came back for 3 days for dressing changes. He told me in the last day that I was the best provider he'd seen for years because I actually made him feel it was worthwhile to come in to be treated.

Kansas

Go from COVID swabbing to caring for inpatients to public health education all day long.

Sitting in my apartment with my husband over Thanksgiving – just the two of us, having forgone visiting our families – it occurred to me that we were likely headed to an increase of infection rates and that I could step up to help. I had just hired another physician who is slowly filling her panel. I met with her the following Monday and laid it out, simply: I wanted to use my skills as a broadly-trained family physician to serve as many locations as needed over the next month. I noted that she has the capacity in her panel to care for all of our direct primary care patients here at the clinic and that I trusted her. I also noted that I expected that she would need time to think about this and weigh her options. She cut me off and said, "You can stop. I don't need to think about this. I want to help more, and if that means that I take care of your patients while you're able to go out and help, I will do it." I was blown away, both by her support and her clarity in mission. And she was right. In the same way that I felt the urge to help where I could, so did she. I've kept my ER and inpatient hospital skills up since residency, but she had focused on outpatient primary care. We both stepped up in the way we could. That day, I put my name in the hat to serve where needed at rural sites for the remainder of December. When I reached out to the locums company I work with, my offer to help was accepted more quickly than I had anticipated: I was quickly slotted to work in Great Bend, KS; Eads, CO; Bethany, MO; Del Norte, CO; and Scotland County, MO. I anticipate I'll return to clinic w/ normal operations in January, but we'll have to see how things go. It pains me to have care divided between more than one doctor -- and it's certainly not our goal here at the clinic, but -- hey -- COVID isn't really ideal anyway, right? Here's to hoping we can all get back to a more normal pace soon. In the meantime, I'm proud to be a family physician with the broadest scope of training and skills to serve in a diverse array of settings for a diverse array of patients.

There is a skilled bed patient, in his 40s due to noncompliance with DM1 regimen. He is self-pay. Has been advised over months the best plan for his diabetic ulcer. Would not go to wound care. When we finally talked him into it, would not follow their plan. There is no blood flow, dressings, antibiotics, nothing is working. He needs an amputation. No surgeon will do self-pay patient. We need to do something. Anything. The guy won't listen to me. I have written him off. My supervising physician has been reading my notes, came to talk to me. I told him there is no point in trying anymore, he knows where the help he needs is and refuses. The old doc says to me 'Well he is a car guy, and I am a car guy. I will go talk cars with him and see if I can then get some sense in his head. If not, well I will brighten his day by talking about cars for a while.' It is nice to see there are some old timers not completely jaded by medicine after decades in it.

Kentucky

All Direct Primary Care providers are going above and beyond, staying late, coming in on days off, many of us work with our health departments or in our communities as a source of trusted information.

We are all continuing to be present and provide the best care for our patients.

Louisiana

I do house calls in assisted living facilities. Families are unable to visit, so we FaceTime with them during visit. It's heartbreaking to watch a couple that has been married over 60 years "visit" via iPad.

I have been seeing patients for phone visits and video visits weekends and writing off many balances; I have assisted schools in making policies.

We needed to bring in an active covid infected patient to remove her sutures. We took precautions and took care of the patient.

When we have known COVID patients, the providers and team members check on them daily to make sure they know we are here for them.

Maine

My colleagues go above and beyond every day overbooking their schedules, keeping patients on track with preventative care, helping people cope with incredible emotional struggles.

My office was down many staff members for a few months this year and, while other clinical staff were being more and more overwhelmed with increasing workload and no other help on the horizon, my personal medical assistant would go above and beyond to help my patients. Calling them more often (if able), making sure every need was addressed during office visits, and providing emotional support to both patients and staff. Made me really proud to have her on my team. (unfortunately she has now left the practice, but I miss her dearly)!

My patient brought me a 'prescription' written on the wrapper of a chocolate bar as thanks.

One of my colleagues went out to the patient's car and did the visit there, secondary to mobility and the patient's concern about entering the building.

One of our preventive medicine fellows went to our environmental services team and did an educational session on COVID. We are not trying hard enough to educate ALL of our health system employees and this just adds to the disparities we are seeing in poor and minority communities.

Our colleagues have put together slide shows to explain to staff in nursing homes, assisted living facilities, and in the clinical settings how the vaccine came to be so fast, how it works, and why it is important. We have also been able to work with social service providers to help them provide safe housing for the people experiencing homelessness to assure that none are exposed in their shelter accommodations.

Our staff has been running out to meet patients in their cars to do HgA1c testing, vaccinations, oxygen saturations.

Providing covid counseling to patients who need help quickly!

Quickly shifting to do visits in full PPE in the car of a patient when they arrive unexpectedly with symptoms.

Willingness to be flexible and fill in wherever the help is needed.

Maryland

A 91-year-old patient of mine was critically ill due to covid at home on a Saturday. The daughter called the on call pager to ask for hospice to start over the weekend, but both of the hospice agencies were understaffed and couldn't get out to the patient for another week. My colleague who was on call ordered comfort meds and dropped them off on the porch of the patient's house, and then walked the daughter through how and when to administer the meds. The patient died peacefully and comfortably at home 36 hours later.

I had a frail patient in his 90s whose family lived far away. His caregivers called me because he was not doing well. We were able to quickly mobilize hospice support and keep him in his home, comfortable and surrounded by love as he died holding his son's hand. We could do all of this quickly because we had already discussed what going to the hospital looks like during the pandemic. When his son called me to let me know he died he said, "I haven't called hospice yet. I wanted to call all of the family first. We count you as family."

I made a house call on a disabled patient that I knew had transportation and financial barriers to care. I wanted to see her decubiti first hand. While there, I realized that her daughter, their primary breadwinner, was between jobs and couldn't pay this month's rent. We found a local church who provided benevolence funds to pay that rent. My staff is providing some holiday meals for them as well.

I saw a 40-yr-old new patient morbidly obese and a heavy tobacco smoker with hypertension, newly diagnosed, in the office (who was seen at the dentist and had his BP taken there which was 200/100). I started him on treatment, did labs and exam, and talked to him a long time about diet/lifestyle changes. I did an EKG as part of the workup which was abnormal. Cardiology saw him a few days later and sent him to cath lab after a repeated abnormal EKG. 2 vessel disease, with one complete blockage. I was proud to save his life! My labwork also showed new onset Type 2 diabetes also with A1c of 12%+. He has lost 40 lbs since that first visit with me in 1 month and is actively working on the HTN and DM2 as well as taking the new medications he's on.

I saw a resident spend extra time with a patient who was really worried and had a number of social issues she was dealing with.

Reaching out to check in with patients after they received a positive COVID test even if the test was done outside our system.

The first time I saw a physician put their picture on their scrubs/gown so that the patient could see their face.

Unable to access urgent evaluation at my own hospital's ER because of throughput delay, I drove a patient with massive edema, SOB, and O2 desaturation to the nearest hospital so he could be admitted and get timely evaluation and treatment. He left his cell phone in his car in our hospital's parking lot, and I drove back and delivered the cell phone to him so he could communicate with his family.

Massachusetts

A quick connection with each visit - phone video or live.

A shout out to all my colleagues who have shown up to work, seen patients in person, continued to do their best all day every day to meet people's acute, chronic and preventive needs – despite the all the risks and challenges. Our systems are strained and our patients scared and suffering as a result.

Conversation about COVID 19 with patient. Made them feel better after discussion.

Daily barriers jumped over, daily staffing shortages met with "how can I help out," daily suffering approached with a healing heart, daily commitment to coming to work, daily resolve to solving the problems, daily innovation to finding new solutions. Remarkable team spirit in times of extraordinary uncertainty and anxiety – human compassion in primary care never dies.

Explain patiently importance of masks, physical distance, vaccine education and mental and social health questions.

Feels good to join our patients and managing the challenges together.

Helping patients when they are exposed and suffering from covid, being there for them on a daily basis, and when they appreciate all we do to make them better back to normal.

Hold hands of covid pt who is dying and share sentiment on video with family who cannot visit dying father.

Manage very sick patients with Covid from home 7 days a week! Managing HIV patients remotely for 8 months.

MDs in practice going to patients' homes on weekends to drop off practice-owned pulse oximeter, so patients with COVID19 can monitor their vital signs.

Nurse practitioner made multiple, multiple phone calls to frightened patient to finally convince them to go to hospital for care and avoid death at home.

One MA did the work of 3 on a day when 2 had to quarantine.

Patient came in for pregnancy visit but disclosed worry about affording food/rent, as well as severe anxiety. We were able to get her social services resources and counseling.

Patients continue to be the reason I go to work.

Providers who remained willing to care for patients early on in the pandemic when not much was known, and the risks were equally unclear, and yet they continued to offer care in the face of the unknown.

Patient had leg pain and I diagnosed it correctly as a ruptured Baker's. It made my day. Everyone else did not look at his knee.

Stayed after hours to wait for an 8-day-old with a pustular rash so that the family could avoid the ED.

This past week we had a depressed teen and our staff all pitched in to make calls and help find resources to treat this young person quickly and safely.

This past week we had a young man (18) show up for his first medical visit. He had been in detention in Texas since he was 15. He was living in our rural area alone and working at a restaurant where no one spoke his language. The primary care provider met him where he was. They talked about the main medical issues he had, but more importantly listened. Turned out the most important thing for this person was a phone so he could connect with other people. This was the prescription for the day. He was able to have the community health worker buy a phone and set it up for this patient. Since then the patient has called daily just to check in. Others have started to call him, and slowly but surely he is finding his community.

We are in the Marines here...just show and do whatever it takes.

Worked with a family via telehealth and diagnosed appendicitis over the video with mom doing the exam on a child. Had a patient return after one failed attempt to replace a nursemaid's elbow and watched a clinician gain the child's trust by identifying the characters in her book, then "fixed" her elbow!

Michigan

A patient simply thanked me after seeing her for an in person visit, said thank you for all I am doing because she knows how hard it must be (she is not in the medical field at all, she's a small business owner). It stopped me in my tracks because we face so much backlash for taking too long, not offering appointments, cancelling appointments, not knowing info about COVID or the vaccine, etc., and someone simply acknowledging me was so gratifying.

Every day my clinical staff will call a patient and coax them to come in and set everything up in room for me so all I need to do is take care of the patient. We have the best RNs!

Every day my partners are stepping up and going above and beyond to meet the needs of our patients.

Every day these moments happen – these are extraordinary times and primary care is the perfect vehicle to address these challenges – but the lack of support for primary care for decades has weakened our system tremendously.

Guide a patient at home until needed to be admitted for covid.

I do home visits to my vulnerable elderly patients.

Newborns still light up the day, though the level of parental anxiety is at an ALL TIME HIGH.

One gave her patient money to buy food for her family.

Our RN care manager has implemented a Santa's Secret Elf and a Santa's Road Rally for staff morale; she has planned safe PFAC meetings and offered small prizes for participation; one of our MAs put up Christmas decorations even though some thought she shouldn't this year – our patients love them! Our primary care office has done a tremendous job of maintaining our patient first philosophy!

Purchased baby formula and diapers and dropped them off at a patient's home.

Still taking the time to ask patients how they are coping with the stress and strain of the pandemic; many share experiences of living through wars, difficult times in history. Humbling to be a family physician caring for patients during this time.

Strep swabs in the parking lot.

We had two parents, with COVID-19, of a newborn who needed a newborn visit. We arranged for a home visit so the newborn and nursing mom could get the care they needed, staff wearing PPE and bringing the baby scale to the house.

Minnesota

I have seen family medicine physicians and pharmacists come together and volunteer to administer medications to the community when pharmacies were closed due to social unrest during a pandemic. It's pretty awesome.

Physicians in the clinic quickly switch in any given day from in-person visits to telephone to virtual visit.

We completed a mobile COVID-19 testing event at a local high rise and the residents cheered our staff to thank them as they were leaving.

Mississippi

I am in a nursing home. Our activities director has worked as a nurse aid on COVID unit so that we had enough staff.

I have many patients who recently seem more concerned about my health than about their own. To me, this exemplifies the joy of primary care, which allows patients to feel as if they are a part of a caring community that provides support for all.

Missouri

Many of my colleagues are making house calls and working the phones to check on sick patients.

Offer to pay for a patients' meds who could not afford them.

Our staff has participated in the roll out of the Pfizer vaccine and was lauded for their rapid adaptive learning and problem solving around the reality of vaccine distribution, storage and implementation. The real world perspective from nurses on the front lines of a family medicine practice provided great insight in how to best get the vaccine rolled out and administered safely and effectively in the primary care clinic setting.

We had to start an additional inpatient service at our academic health center to care for patients awaiting placement, both post-covid and otherwise. Faculty would care for patients directly in partnership with one resident, but would write their own notes and orders, which is increase over usual inpatient duties. Clinicians did not hesitate to volunteer for this extra duty. Unfortunately we have had to shift them from outpatient to inpatient care.

Montana

During a medical staff meeting, my colleagues, who are practicing in an outpatient setting in a hospital owned practice in our small, rural town, spoke up to the administration about the importance of vaccinating the nursing staff in the ER as a priority over themselves, and offering rapid testing (which is only available to hospital staff and inpatients) to our community's teachers who are also on the front lines.

Nebraska

Nurse doing pre-visit planning for telehealth calls, laughing and engaging with lonely, isolated elder patient.

Nevada

Most of my patients are very appreciative of what we do, especially during these challenging times. One e.g. was how a patient offered to make cloth masks for free for all of our staff members.

Physicians organized a Nevada social media blast with truthful positive vaccine facts.

We received a patient after a 4-week hospital stay: 2 weeks in the ICU and 2 weeks on the floor trying to start walking again. We took a picture with him and our staff. He (60-year-old male) is single and alone. He was crying, and said, "I'm going to send this picture to my Mom. So she knows I'm well taken care of."

New Hampshire

Did a house call for hospice patient, and did a visit for his wife (primary caregiver) at the same time, including hooking up to a 24-hour holter, then retrieving it again the next day.

New Jersey

Being available to them 24/7 to help them in this current climate.

Comforting a patient who is worried about a family member with COVID-19.

Have not been seeing my family, given all my time to see or talk to parents.

Helping a breast cancer patient get better from Covid 19 with HCQ and dexamethasone in 24 hours with outpatient/ office-based treatment and home pulse ox monitoring after the University Hospital dumped her at her ER, sick, with the stupidest suggestion to stay home and isolate.

Home visit made to elderly patient with recent cognitive changes, thereby avoiding ED visit.

I can't give you one specific example. I can say that myself and the other primary care doctors I know have been very busy seeing patients in person while struggling with the costs, safety, and PPE because not everything can be done via telehealth. Meantime, our patients complain about being unable to be seen in person by their specialists, especially the technology unsavvy elderly. Primary care has also been the major provider of care for Covid patients, far more than the hospitals, adding to much more stress and longer days. We also tend not to bill for much of that time as we do not get reimbursed for telephone calls and don't want to have patients billed when denied.

I have been able to help patients who have lost their job due to COVID-19. As a pharmacist, I find low cost or no charge medications for patients with diabetes mellitus. I utilize our system's dispensary of hope program, the system's community health grants, community pharmacy discount programs, and pharmaceutical manufacturers programs. I am faced with barriers to using pharma manufacturer med assistance programs which do not apply to undocumented residents. The positives are intervening with people who have skipped their life-saving insulin doses due to lack of affordability.

My patients checking on me via portal to make sure I am doing ok.

My staff calling my elderly patients to make sure they have food, medications, & supplies without my asking them...that was truly heart-warming!

No one on my staff of 20 has left their post despite fear of contracting the virus.

Our staff constantly works to increase safety for patients and each other, and makes suggestions to achieve this, like signs made for designated parking spots close to the staff entrance to swab patients outside who were seen virtually.

Patients are lonely & isolated during these times, and being sometimes the only person that they can open their heart out to and talk to when they cannot meet their friends and family, makes a big difference; I have experienced this with my pts in the past few weeks – they have been generally low, & talking to me picks them up from depression and that's what it means to be a primary care healer in these times!

People show up with PPE and snacks for our staff at random intervals.

We treat our patients and relieve their pain and infections every day – we have an awesome team and we are proud of them all!

New Mexico

Clinicians' willingness to serve patients despite not having vaccine protection. The selfless care of the needy.

New York

A wonderful positive comment from a patient of one of the staff NPs reflecting confidence in her care, and gratitude for longitudinal care, and trust with the family in this NP's care.

I can't think of one moment, but I am blessed every day by our staff. Recently we were asked by a small local group to collect food for the poor in our village, and the response was remarkable.

I taught a twelve-year-old to examine his belly for appendicitis over teledoc. He did have appendicitis, got surgery, and was better in 4 days.

Managing a complicated patient with multiple medical needs and health maintenance needs in the office. This is primary care.

My patient went to urgent care 3 times without a diagnosis during COVID time. I spoke with him on the phone knowing his medical history, was able to suspect heart problem, and convinced him to go to ER. He had to get 5 stents and now he feels so much better. This makes me feel good about helping patients.

NP came in Saturday, to offer testing to staff potentially exposed in the office, at her own initiative.

Rather than share extraordinary, I'll share the commonplace. Daily my colleagues and I are counseling lifestyle questions to help patients determine if they should accept or decline that invitation to attend a dinner with another couple, a rental in the Caribbean with family over the holidays, or delay an elective orthopedic surgery now that the hospital census of Covid is rising. These are educated, well informed people, but few patients truly understand how infectious this virus is and how it is transmitted. Some are still living in exile in vacation homes outside NYC and washing their mail and newspapers and groceries. Others enjoyed a little more freedom with the lower prevalence in NYC over the summer and have not yet come to terms with the surge. We physicians are acting as interpreters of what the CDC and Dr. Fauci are saying. Primary care private practice continues to play the role of trusted advisor, but this pandemic has wiped out most independent practices, leaving more impersonal, overworked, large healthcare settings. A demographic point – my patients were largely Biden supporters, but they do not support any healthcare initiatives that would deprive them of their right to remain with a private physician in private practice.

Recently I saw one of my patients who has a renal transplant, and he went out of his way to make sure he made it to his in-office appointment. He also decided to personally bake a chocolate cake for the practice because he wanted to share his gratitude for all the hard work we are doing.

We all step up to the challenge; it's tiring, but it's what we do.

North Carolina

A partner is on call 24/7, and rounding 7 days per week on our numerous COVID19 positive nursing home patients, because she knows the patients best and because she is protecting colleagues from exposure on the designated COVID unit.

A surgeon colleague recently held the hand of a developmentally disabled adult woman while she was undergoing a CT scan. She was terrified and would not have been able to tolerate the test otherwise. He is known to the family. She was diagnosed with a pulmonary embolism.

Dr. F had a patient with severe alcoholism who was referred to us by a concerned family member before COVID-19. She came regularly for appointments and check-ins including close monitoring of her liver function. She made tremendous progress prior to COVID, and then we were all so worried about a relapse which happened in the early months of the pandemic. Dr. F and his nurse kept in close touch with her, and some of the staff even stopped drinking alcohol in solidarity with her and our other patients who struggle with substance abuse. Starting in the summer, she regained her ground and stopped drinking and has stayed sober. We celebrate with her and we recognize the importance of personal connection between the healer and the sick. Even when we were not physically seeing her, we were able to provide her support and encouragement.

I have had multiple colleagues give up on the concept of eating lunch. Since we don't really have a place to safely eat anyway, other than our cars, and our patients have such high levels of stress, my medical director constantly is on the phone with her patients during her "break" of 20 minutes. She really goes above and beyond for them, even when her own life is full of stress.

It's not one example, but we are seeing a huge increase in anxiety, depression, and suicidal ideation in kids because of stress and social isolation. I am not advocating for a wholesale return of kids to school but it is a factor. Most of the school closures we're seeing is due to exposure or cases in staff and teachers who are often ignored in the discussion. Yesterday I changed antidepressants in a 14-year-old with suicidal thoughts but no plan. Stress was worse with returning to school because she spent the last 3 months doing nothing during virtual school and is trying to make up a semester in the last week.

Make callbacks for COVID results over the Holiday while off work.

Most NPs are going above and beyond traditional medical care with patients and attending to needs beyond medications and routine screenings, including assistance with housing, food, etc.

People thank us for doing this work, ask about our families, tell us they are thinking about us, and that means the world.

The dedication of the nurses on the COVID inpatient unit has been remarkable. They are the true heroes of this pandemic.

There's no one moment that stands out. I think the fact that we all show up, day after day, and wear masks and goggles and face shields, but are here for our neighbors and friends, speaks to the hearts of primary care providers.

North Dakota

Nursing staff at our clinic will drive with provider to elderly homes to administer COVID testing, and check on them when they are not feeling well, even though we do not provide home health services.

Ohio

A nurse was staffing the drive-up testing site for A1c and INR. She noticed that a patient "just didn't look right" and went back inside the practice to get a vital sign cart. The patient's pulse ox was in the low 70s and her family drove her straight to the hospital after her provider came out to the car to verify the need. She ultimately required intubation later that day and was stabilized in the ICU.

Adolescent with thoughts of harming herself, feeling isolated from peers and services at schools. Have seen very little (almost none) school age patients with COVID. They need to be in school. Got her emergency psych service.

I had an elderly couple come in in Aug-September for a COVID test so they could see their grandchildren. The gentleman appeared weak and reported fatigue, so I examined him and then did an ECG and he was having a heart attack. Had he not come to the office to be tested he would have died. He ended up with a double bypass and was admitted that day. He is doing so well now.

I see many Nepali patients and I find it difficult to connect with them due to the cultural and language barriers. One of my Nepali patients was recently diagnosed with COVID. We had a telehealth visit to discuss his concerns. He sent me a message a few days later thanking me for taking the time to discuss his concerns and how he values the care I provide. Always makes me feel good!

Office manager took the time to set up a patient to be able to do a televisit, and gave follow up calls to this patient as well as all covid tested patients.

Our primary care team opened additional On Demand Respiratory Clinics to be better able to evaluate more covid patients in our community – in addition to their usual practice and in addition to volunteering to back up the hospitalist team.

Our providers are going into assisted livings, nursing homes, and patients' homes to provide care. They are scared. When there is an outbreak in the buildings they are sick and dying. Staff is overwhelmed. I have lost almost 100 patients since April.

Recently, I facilitated an after-hours zoom meeting for local independent pediatricians who gathered on their own time to share information and best practices – each of them motivated by concern to provide the best possible care to their families.

We call our COVID positive patient daily to check on them. Our Physician makes those calls on the weekend to these patients. Last weekend that was 20 patients. One he ended up admitting.

We take care of many issues via phone or video so our patients do not have to get out. We take prescriptions from our wholesale pharmacy out to our patients in their cars so they do not have to get out. Delivered with a smile!

Oklahoma

My colleagues have changed their schedules at the drop of the hat to step up to the plate to cover additional hospital services during a patient surge. They continue to volunteer to take their turn caring for COVID-19 patients in spite of the difficulties.

Oregon

A colleague spending time with a patient who was in labor, being induced on buprenorphine to treat addiction, supported her along with the team of nurses and a learning resident through a nice delivery. The patient said the next day that she recognized how valuable, uncommon, and trust-building being listened to and felt cared for was for her. And this continuity will be ongoing – to support her new family in follow-up care for her and her baby through a recovery process. That is full scope caring primary care at its finest...

A family member of a large family contacting me comfortably because of concerns about another family member.

An RN Care Coordinator reached out to numerous entities (w/N HIPPA bounds) to ensure continuity of care so patient would be able to keep a job.

A staff member paid for patient's medications due to financial, transportation, and health barriers of the patient.

Adolescent female expressing suicidal ideation due to being confined, not able to see friends, loss of hope, loss of connectivity. 3 sessions of counseling, behavioral health referral, placed on SSRI for two months.

An elderly patient was afraid to go ER for a fever, flank pain and confusion. The patient's family was afraid she would die alone if she went to the hospital. We changed her meds, gave antibiotics based on the best culture we could get and our local antibiogram. When home health came she was unconscious. In spite of that, 8 weeks later she was well thanks to her family and 5 home health visits and a lot of phone calls.

Because of the relationship I develop with my patients, they are more willing to consider the COVID vaccine.

Being available is huge for my patients, who are university students.

Everyone's exhausted, and trying to home school, and we keep coming to work to help others.

Go out into the community to find a patient to give them their medication as they are homeless.

Had a patient tell me how much my support with her work on her health improvement has meant to her, as she has changed her lifestyle and decreased meds and improved her labs for her chronic health conditions.

I am working extra hours communicating medical plans with nursing homes, as if the patient was hospitalized, to keep them from utilizing inpatient care.

I have a colleague who has a busy primary care practice and who manages a coterie of long-term ventilator patients in several adult foster care and long-term care facilities. She ALSO showed up a couple weeks to voluntarily take empty shifts in our "fever"/COVID response clinic where we are seeing symptomatic patients being assessed & tested for COVID and triaged for subsequent care from across our system. This all despite having several risk factors for serious COVID herself. Her response on our thanking her? "This is what we do, what we are called to do, what we can contribute to our communities and to support our colleagues. Of course I am here!" (I was not surprised but my heart was deeply touched – she is an awesome human being).

I have a patient with schizophrenia and metastatic cancer who had been in and out of the hospital, and with extra effort by several team members, we were able to get him into a much better nursing home with the care he really needed.

Oregon

I manage approximately 400 primary care physicians who have rapidly changed to significantly increase the amount of phone and video visits. This has been an amazing change that was much needed at a crazy time. *Oregon*

I saw a child for an acute illness, she is an only child of a single parent dealing with her own issues, and no significant family support. When asked about how things were going with school and at home, she shared that she wasn't doing school because she didn't have much information on what was happening with the school year due to lack of resources, and not leaving house because of anxiety around COVID. She also shared that they had nothing to eat at home. We were able to connect her to food that day (through free lunch from free and reduced lunch pick up, and later with the food bank), discussed with her mom how to connect with the school, educated them around COVID safety, and connected them both to mental health care. *Oregon*

I see providers helping patients make patient-centered and safety-focused decisions on a daily basis. I sub-specialize in reproductive health, and I have had great conversations with colleagues about how to get patients the care they need for reproductive health-focused issues during the pandemic. This includes helping patients access medication abortions with minimal barriers (such as needing to do unnecessary testing or follow up visits) in an evidence-based and safe way. *Oregon*

Just received this message from a patient recovering from thyroid cancer treatment: "I really want to thank you so much for all of your help. The medicine you gave me helped me tremendously. I can't wait to see you next time. I just wanted to say thank you and that I appreciate all you are doing for me. Have a great weekend." *Oregon*

Many examples of care teams going the extra mile to follow-up with patients: 1) Patient discharged from hospital with Covid; Care team reached out to her daily for several weeks to make sure she was doing well. They have been doing this for all our patients who have symptoms and are told to stay at home. 2) An elderly man in a wheelchair (leg in a splint) was on the street outside our clinic. Our care team saw him and asked if he needed assistance. He had been discharged from the hospital following emergency surgery the previous day. He had misunderstood instructions about being transported to a shelter and missed the bus. He spent the night on the street. Our care team brought him hot food and spent several hours calling the hospital to get his post-op information and hospital discharge planner to find a place for him to convalesce. He didn't have a ride to the shelter, so staff paid for the taxi. He was not our patient, but they took care of him. *Oregon*

My colleague is still checking on her patients even though she is on vacation this week. *Oregon*

My partner did some fund raising for a homeless mother and we were able to get what she needed for her new baby and put her up in a hotel room for a couple weeks. *Oregon*

On Friday I had 3/3 male patients cry during their visits (video, in-person). I'm glad I can provide a safe space for them to open up. *Oregon*

Nursing and mid-level providers are going into covid nursing facilities and doctors are not – they are using telemed instead. *Oregon*

Our clinic rose to the challenge and quickly instituted a respiratory clinic in March that had undergone constant changes and improvement. It still functions and serves our high-risk population (FQHC) and has been a model for our hospital system. We offer both PCR and POC Ag testing and have been able to off load the ED by treating patients in the community and primary care. *Oregon*

Our nurses spend a LOT of time with our patients. They have taken special interest in some of our families and have created regular outreach for ones with chronic medical conditions. We are trying to get holiday presents for one family who cannot afford them. *Oregon*

Our PCP goes above and beyond to educate patients and make them feel safe about a vaccine, despite being misled by online sources, and friends/family. *Oregon*

Our providers have shown up every day even when they are concerned. *Oregon*

Our RNs are calling patients on the weekends to follow up Covid symptoms – beyond the call of duty. *Oregon*

Our staff continues to show compassion to each other and patients daily. *Oregon*

Our team has rallied to support a patient who recently lost his wife to pancreatic cancer. It has been so heart-warming to see the team take such great care of him! *Oregon*

Our triage nurse: showing up every shift for months at a time, putting on layers of PPE, and taking care of one patient at a time with patience and compassion. *Oregon*

PA who ordered a COVID test for one patient, ended up ordering tests for the whole carload of family members who showed up – took care of the patient first and asked questions later (great, but drove the billing department nuts!) *Oregon*

Provider came in on day off to help a patient. *Oregon*

Provider went out to patient's spouse waiting in their vehicle to say the patient had finished their extended visit and would be coming out, thanked them for waiting. *Oregon*

Taking medicine to a patient's home after clinic. *Oregon*

They showed up to work! *Oregon*

This question drove me to tears. I am so isolated from colleagues, even in the same building, as we try to keep our patients and each other safe, that I could not identify a single example of healing. I do think it is only the devotion to our patients that keeps us all coming in every day. I hope we can continue to sustain that. *Oregon*

We are a pediatric practice but will begin to test adults in our community because it is difficult or impossible for them to get tested elsewhere. *Oregon*

Emergency work into a clinic visit, even though most patient care is done remotely. *Oregon*

We had a patient with a positive rapid covid test – they reported shortness of breath. We made sure that the patient was seen. O2 sat was 98%, they mainly had anxiety. *Oregon*

We have a medical assistant who is creating care packages for parents to use in caring for their ill children to help them not have to go out to the store for supplies during this time. *Oregon*

Able to deliver flu shot to a home-bound patient when home health nurse unable or unwilling to do so. *Pennsylvania*

An RN in our office, in combination with an MD, were able to provide help with getting a urine supplies to check for UTI without the 90+ year old having to leave her house. Continued unique ways our office helps reach out to the elderly to help give appropriate care in these unprecedented times. *Pennsylvania*

Another physician in my practice has gone out of their way to get elderly patients the ACP goals firmly established with use of POLST forms. Many older patients are requesting DNR in light of the pandemic and devastation of Covid 19. *Pennsylvania*

Dr T used interpreter services for a very sick Covid + patient while in full ppe. *Pennsylvania*

I (we) have experienced more patient gratitude for my (our) availability and the health care that I (we) deliver. *Pennsylvania*

I know I have seen lots of extraordinary moments, but I cannot think of one because I am suffering from "covid brain". (I am still on sick leave from being infected with covid.) *Pennsylvania*

I think I have done it – made more house calls than ever to keep people on their Prolia injection schedules, vaccine schedules, or sick home visits so they don't need to come out of their home. Also volunteered to do in-patient work in nearby hospital if needed. *Pennsylvania*

Last week I had four suicidal teenagers in one afternoon and there are no psychiatrists with any openings, there is a long wait for a therapist. These patients were scheduled for a routine 15-minute checkup. I am not compensated for all of the extra time spent trying to help these teens in crisis. *Pennsylvania*

Made a house-call to an elderly patient who was very anxious about coming to the office. *Pennsylvania*

My clinic medical director (without any guidance from our institution) created an outpatient covid care site through sheer force of her will. An amazing doctor, woman, leader, veteran. *Pennsylvania*

My office started covid testing patients in our parking lot beginning in the early Spring. Many of us even brought them into exam rooms, [patients] who were sick with covid, while we were still recycling PPE. At one point I had the same N95 for almost 2 months! *Pennsylvania*

This highlights the indirect stresses of COVID: I have an elderly couple in my practice and I saw the husband last week for a regularly scheduled follow up. He was most concerned about his wife, who has multiple medical issues and had been on our hospital service for a week without improvement. He felt powerless and ineffective in helping her heal because he has been unable to visit her during her stay because of visitor restrictions. This concern is affecting his physical and

mental health. I visited his wife at the end of the day to share that I had seen him and could sit with her for a while (since he couldn't), which was reassuring to them both. *Pennsylvania*

Family docs volunteering for high-risk covid-facing roles like field hospitals due their desire to serve society. *Rhode Island*

My 17-year-old patient, who struggled with suicidality and depression all year, came in for a med check. She was beaming and told me she just got accepted early decision to college and said thank you for believing in her and helping her make it when she doubted herself. *Rhode Island*

The staff saw the Primary care provider go above and beyond during this pandemic. Dr. V has been constantly available to his patients 24x7 since the start of the pandemic. Patients feel comforted when they get to speak to him directly. He has also taken care of people who have lost their insurance due to this pandemic by providing care free of cost. He has even supplied groceries to a few families. The help he extends to the community by being there for them in this time of need is so exemplary. *Rhode Island*

One provider saw a patient with COVID who was hospitalized a few days later. He found out the hospital was looking for blood with antibodies to transfuse to the patient. The provider called co-workers who knew of family members or friends, who had recovered from COVID and were the right blood type, to consider donating for this patient. *South Carolina*

Nearly daily, long telemedicine visits with a very sick Covid 19 patient 50 miles away who was sent home rather than hospitalized due to lack of resources at the hospital. Just now off quarantine and well enough to travel to be cared for in the clinic and have more testing done. A doctor at another site near us working from home doing telemedicine while sick himself with Covid 19 and on quarantine. An ancillary coworker who risked her own health and getting in trouble to apply PPE and drive a very sick patient who had delayed care to the ER when he refused ambulance transport for financial reasons. She walked back to clinic. *South Dakota*

A co-worker spent an inordinate amount of time answering questions from an extremely anxious patient who is dealing with long-term effects of Covid. She did her best to decrease their fears in a situation with so many unknowns. *Tennessee*

Being a school-based health center, we are able to work with the school nurses to ensure that the school is aware of COVID patients and protecting the school and other students. *Tennessee*

I am most grateful to the hospice team, particularly the nurses and CNAs who have been providing care on my mother during her bereavement over the loss of her husband and changing care in living environments due to COVID. *Tennessee*

I provided home visits for my primary care patients, lab draws, COVID testing, wound care. Until I lost my job as an FNP at ETSU Quillen College of Medicine due to COVID related budget cuts. *Tennessee*

My partners volunteered for our student run testing site that was started in April to test all Memphians regardless of ability to pay for COVID-19. *Tennessee*

A telemedicine patient needed rapid COVID-19 testing the day after Thanksgiving, but our main testing site had closed for the day. We had testing supplies available in our office but testing wasn't scheduled to start until the next week due to training needs. The clinic's medical assistant broke out the equipment and supplies, trained her staff right then, and got the patient tested that day. This saved him a trip to the ED on a holiday weekend. *Texas*

Being a person of support to a patient who has overcome homelessness and is battling crack cocaine use, bipolar disorder, and PTSD. We have been able to help her with food insecurity, chronic health problems, and close follow up. It

has been heartbreaking at the same time, however, because she has been unable to get good follow up with the county mental health services during the pandemic. *Texas*

Best thing I saw was Texas academy exec driving all over Texas delivering masks to small practices having trouble getting PPE at the pandemic's beginning. *Texas*

Every day I work with my colleagues in primary care, I see exceptional care. Sitting and taking time to comfort patients and families, when time and comfort are limited, defines primary care. *Texas*

For me being a family physician means that I check on my patients with Covid every day, sometimes multiple times a day, talking with them, the relatives etc. and helping them to stay safe and well. *Texas*

Great increase in routine lacerations, wounds, etc. Patients are very grateful not to go the ER. This may be a good change for the future. *Texas*

Helping a patient from the office to their car. *Texas*

House calls have come out of retirement. *Texas*

House call for a complication after hospital discharge s/p stroke – able to speak with hospital consultants, set up follow up appts, set up home health, bladder cath for urine retention. *Texas*

I call patients personally, they can reach me any time. I am not always happy about it and I am more tired now than I ever remember short of residency, but that is primary care, we are there on a personal level to help patients. We don't do the big, fancy stuff. We listen, we talk, we build relationships. Everyone needs someone that has more experience in some area than they do, that they feel they can talk frankly with, and can help them sort through all the confusion. That is the heart of family medicine. *Texas*

I coordinated care with a patient's daughter to help older adult with dementia and severe constipation undergo enema and disimpaction at home by home health. The daughter connects a 3-way call with me and primary caregiver and we discussed bowel regimen and keeping a log to monitor bowel habits and medications to treat patient at home. *Texas*

I know this is not answering the question, but I wanted to share. My patient came in after a few years of being seen. She was taking care of her ill husband who recently died, I did not know him and we never really talked about him in the past as I recall. She told me she could sleep because her adult daughter was sleeping in the room with her. She was in deep pain but is using her faith to make it. She came in for her two-week follow up. She brought newspaper clippings of her and her husband being celebrated for his artistic work. She showed me the tattoo of his name on her arm. She cried and discussed all of the work that needs to be done around the house. We viewed his work and commented on the mastery and beauty of it. After examining her, I reassured her that unlike her husband, she had good strong pulses and warm feet, that she did not have a circulation problem in her feet. She was so relieved. I thanked her for getting her preventive care items completed and we reviewed what was left to complete. We were laughing over our mutual love of Karman Ghias and how she is going to get hers fixed, and I will get my VW beetle restored someday. This was one of the single most important visits I have had this pandemic and I miss this kind of connection with my patients. This is why we went into primary care and this scenario is happening with my colleagues across the country. *Texas*

I work in an FQHC in Waco Texas and our staff has never wavered from their commitment to supporting and caring for our patients and, in fact, has increased in the midst of the pandemic. I am grateful every day I have the opportunity to work with such dedicated colleagues, and for the support our community has provided us in these dark days. *Texas*

I'm pregnant and my partner saw one of my patients with possible covid. *Texas*

In my UT Southwestern pod, we are all struggling with issues related to COVID (including one physician member who was recently diagnosed); but we work hard to support each other during this stressful time and not lose sight of the "big picture" for our patients, still encouraging mammograms, diabetic eye exams, and many other important preventive health screenings (that make such a difference when things are caught early); we are all so concerned how many patients will be impacted by "postponing" their regular care/important screenings due to COVID worries! *Texas*

It is daily, in a residency focusing on the underserved, and not pandemic related. *Texas*

Making some outstanding diagnosis just over the phone by carefully listening to the history and symptoms. Getting person taken care of and saving a life. *Texas*

My colleague GC – leader in FM – continues to bring awareness to Primary Care even during the pandemic. We are the BEST VALUE for patient care. *Texas*

My medical assistant picked up and delivered medications to a patient who didn't have transportation. *Texas*

One of our Faculty members addressed the concerns of our staff openly and honestly, and the way he logically described the problem formulation and problem resolution of getting the vaccine or not made me realize how pragmatic leaders address difficult choices. *Texas*

One of our physicians saw one of his patients on the street. He knew he was a diabetic with a foot ulcer. He stopped to check on him and urged him to come to clinic for visit. *Texas*

Our family medicine residents have been fantastic throughout this entire pandemic. As the patient need/availability shifted from clinic to COVID units, our residents followed them. They worked in the COVID units wearing the space suits, managing patients on vents, and having the difficult discussions with families when patients die. They have been forced to sacrifice some important educational experiences and have hardly complained a peep. They understand the gravity of the situation and have risen to the challenges. *Texas*

Our nurse going the extra mile to test a patient in their car because that patient did not want to come into the office. *Texas*

Our team of primary care geriatricians quickly transitioned to providing more house call visits in March when our clinic closed, and we still provide house call visits today. Our older adult patients need their routine physician visits! As long as we have PPE, we are mobile, we will continue to go to our patient's homes. *Texas*

Parent calls with child in mental health crisis. We are able to offer same day initial evaluation with referral to emergency resources if needed, and initiation of meds if needed, with confidence in our diagnostic process. *Texas*

Primary care is a joy because we have these moments every day! Had a patient scheduled for Pap smear, discovered she was in new onset atrial fibrillation when she came in and we noticed she didn't look like herself, arranged for her cardio to meet her at the ER, and he got her cardioverted to a normal rhythm the moment she arrived. We are often the first people to learn about a miscarriage, death of a loved one, or the long secret story of childhood trauma. We also share in the thrills of new pregnancies, recovery of a loved one, and depression finally being in remission. It is an honor to be in primary care. *Texas*

Several people in the practice asked for donations for provide food gift cards for some of our food insecure patients. We have had over \$2000 in donations. *Texas*

The patients share with me that they are glad that I am taking precautions to stay safe from the virus so that I can continue taking care of them and their family during these difficult times. *Texas*

The picture of the Houston ICU doctor hugging the crying COVID patient says it all. *Texas*

Treatment started for new diabetic with simple instructions and medications. She returned with remarkable improvement and confidence as she had lost weight and blood sugar was in normal range. Back to work and caring for grandkids. *Texas*

Walk into any nursing home. Can you imagine wearing full PPE 8 to 10 hours every day? They are the men and women in the arena. *Texas*

We are trying to let families wear proper PPE to see their loved one before intubation. *Texas*

We continue to take new addiction patients since the DEA allow us to do it virtually. *Texas*

We had an elderly couple who both contracted COVID 19. Were able to arrange home health care to provide care and nurturing. Then, when the time came, move both to Hospice care for their final days on earth. *Texas*

We had so many people take us up on doing a drive thru flu shot clinic this year that we went through almost all of our ordered supply the first day. People asked to keep the drive thru version of flu shots for the future as well. *Texas*

We roll up our sleeves and do whatever is necessary to help out and care for our patients even at the potential expense of our own health. *Texas*

We started screening for food insecurity and pooled our money to provide packages of food, delivered by promotoras, to the patient's and families' homes. *Texas*

When I advocated our leaders to change our approach early on in the pandemic, once cases were increasing rapidly, on protecting not just our medical staff but the rest of the team – receptionists, door greeter, security guards, social workers etc. It was difficult for me to stand up for everyone but, in the end, my recommendations were enacted. *Texas*

Helping a very deserving patient apply for, and be approved for, social security disability. *Utah*

Making home visits, regardless of reimbursement, to keep high risk patients out of the office. *Utah*

My colleagues caring for patients at a veterans' home are putting in extremely long hours working to keep these patients safe from COVID. *Utah*

Our staff have been great through this. *Utah*

Our volunteer internist has dramatically increased her time seeing patients and filling in for providers in quarantine. *Utah*

Volunteer to cover someone else's shift who is struggling. *Utah*

A patient with lung cancer, who did not get his recommend 12-month lung ca screening, thanked me recently for referring his wife to the ER when she called with a five-day history of ruq pain and low-grade fever. I did not speak to her directly but told the M.A. to tell her to go directly to the ER since she might have acute cholecystitis, which is serious; sure enough that is what she had. She underwent emergency surgery and did well; he said they were not even sure what side of the abdomen the gallbladder was on. *Virginia*

A physician serving uninsured Latino population requested to open his schedule for in-person visits because Telehealth could not address the needs of his patients. *Virginia Commonwealth University*

Addressing end of life issues. *Virginia*

Advocating and convincing a patient to go to ER for a non COVID acute illness even though they and their family were afraid to go. Likely saved their life by getting them in for the acute care they needed. *Virginia*

As patients complain about the cost of medicine, and because of a slower schedule, I have been able to spend more time and help patients understand that Type 2 diabetes can be improved by better choices in food. Ironic!! *Virginia*

Despite all the recent challenges and stressors, I am so proud that our practice continues to operate as a safety net provider for vulnerable families. We continue to give out books, screen for social and emotional concerns, and connect families with services. We are asking more now about food insecurity, for example, and sadly finding more families experiencing hunger, and I'm glad to say that our team – providers and social workers – have helped these families access resources. *Virginia*

Doctors, nurses, and staff all working together to try to figure out a problem! *Virginia*

During April when there was no PPE, I dressed up in garbage bags to see patients, whereas my entire staff ran to the parking lot if they think a patient may have covid19. *Virginia*

Every day I see our dedicated LPNs approach patient needs with care and kindness. They brighten and comfort us all and would support them being paid better. *Virginia*

Float staff did all of our behind scanning. *Virginia*

Going outside in the cold, ice, and rain to examine, educate and reassure them, all the while with a positive outlook, in spite of their own pregnancy and health comorbidities. *Virginia*

I frequently add virtual visits after hours to counsel patients about their COVID questions, to expedite and facilitate testing. I am very pro testing, but many sites are not equipped to explain the implications and best timing and best next steps after testing. For patients who need to be seen or have labs, we are reorganizing and working around their schedules to come in safely for quick visits. I did the AWV questions with the patient and her HPI for chest pain in her car in the parking lot, but then enabled her to come in to evaluate her chest pain quickly in the office. *Virginia*

I spoke to a patient via phone for a telehealth visit. She was an older woman at high risk for a bad outcome with COVID. She had some general physical complaints but, after a lengthy discussion, the patient revealed that her isolation had developed into a severe depression. As I tried to schedule her follow-up she burst into tears, terribly saddened to see providers via telehealth, so the team worked together to get her into the office despite our policy to minimize in person visits at this time. The team together supported her and brought her in to help relieve her isolation and suffering. *Virginia*

I'm so impressed by the unity in our practice. We've continued weekly meetings to stay abreast of changes in guidelines and finances. My partners do an amazing job! *Virginia*

More than once, we have been impressed by patients who make and give away cloths masks! *Virginia*

My clinic is a non-profit ministry with 1/3 of our services being charity care. We partner with local organizations that help the homeless/in-transition population. Last week one of my NPs spent an hour with a new patient referred from a homeless ministry helping him with medical, mental health, and social needs. *Virginia*

My nurse Karen, but others as well have covered multiple positions when half of our nurses were out on quarantine or were sick because of COVID-19. They also ran testing clinics. And responded to increased patient questions with grace, patience despite being overwhelmed with clinical duties. *Virginia*

Our front desk manager helped to arrange a FaceTime visit between a son and his elderly mother, who had just been discharged from the Hospital with COVID-19, for her Post Hospital Visit with me. Megan worked out all the details and everyone was almost in tears over the "reunion". *Virginia*

Our local home health agency, at my request, sent a nurse 50 miles round trip to check an oxygen saturation for my 95-year-old patient at home (she lives alone, still fully independent) who contracted covid at Thanksgiving dinner, because the patient's eyesight wasn't adequate to read the sat probe herself. Fortunately it was 96% and the patient has recovered well. *Virginia*

Our staff goes out of their way to manage our patients in the office even when every contact could potentially expose them to COVID. *Virginia*

Patient brought in covid related ornaments for tree! More thank you cards. *Virginia*

Patients bringing in lunch for our overworked staff. *Virginia Commonwealth University*

Physician visit to patient in assisted living because they were unable to leave the facility. *Virginia*

Reach out to family members and answer their questions when family member hospitalized. *Virginia*

Security guards put in positions to screen people attempting to enter the hospital; we made sure to get them face shields to complement their masks, and they paid it forward to others. Time and again, people have spontaneously donated masks and time to our practice, and we have tried to do the same for our community. Not exceptional, I know, but it feels good nonetheless. Thank you for asking. *Virginia*

That I was able to check a 95-yo patient on his porch while social distancing and masking. Staff who have gone above and beyond their role to check on patients makes me feel very grateful. *Virginia*

The stories of the public health officials who are encouraging mask usage even in the face of death threats to themselves and their families. To stand up for the health of your patients and communities in this midst of this maelstrom is truly heroic and inspirational. It is professionalism at its best. *Virginia*

Using telemedicine to reach patients who are isolated at home, finding out their doctor is calling them to check on them. The patients are deeply moved that the doctor can communicate thru telephone, smartphone or computer. *Virginia*

We have worked very hard to keep Covid-19 out of our office, so we can take care of patients with chronic disease in person, and so far, we've been successful! *Virginia*

When I was taking care of an ICU patient, and I impressed the pulmonologist with my observations and management of the case. *Virginia*

When one MD was out sick everyone pitched in to cover, no questions asked. *Vermont*

A grateful patient who was exhibiting Hyperthyroidism. Was able to explain what was going with their body, reassure them we can help them feel better, and get started on treatment with a referral to Endocrine to follow up. *Washington*

A patient in their 40s dying of cancer at home in a Catholic Hospital Hospice program reached out to me as his primary care physician for access to our state's legal "Death with Dignity" medications. I spent much time, mostly uncompensated, reviewing the law, crossing my t's and dotting my i's to make it happen as quickly as possible. Fortunately, in the end, he died peacefully at home under excellent hospice care. Some just need to know that the option is there if they need it. He and his husband were very grateful for my attending this most difficult time in his life with compassion and kindness. *Washington*

A patient recovered from Covid acting as a navigator. *Washington*

A young, mid-50's woman with a new diagnosis of cancer who has had a significant increase in her stress with needing procedures, awaiting covid results and biopsy results, and then many telephone and telemedicine appointments to discuss her results. Increase in fear, anxiety, concern for need for upcoming procedures and treatments has required continued support for her and close communication with her subspecialty physicians. Our patients depend on family medicine physicians and staff for support, collaboration and reassurance which is done as well as possible right now. We are all grateful that we have telemedicine to be able to support patients' needs while keeping ourselves and patients safe. The face to face time, even on telemedicine, is imperative; and, being paid for the same time caring for our patients over telemedicine, is ensuring that we can still perform our very important duties and dedication to patients without fear of being unable to provide for our own families financially. *Washington*

Actually, I think showing up for work, each and every day of a pandemic, is extraordinary. *Washington*

Coworker caring for a clinician struggling with food insecurity; that coworker asked our peer support specialist to make a special delivery of food to that patient. *Washington*

Everyone wants the vaccine, but are understanding about how it gets rolled out. *Washington*

Exceptional role in our nursing staff that are performing 300-600 covid tests per day and managing I/Q of our patients since the local health department contact tracers are so overwhelmed. *Washington*

Helping MAs to take a COVID test. *Washington*

I am so grateful to our front desk staff and medical assistants for showing up to clinic every day and checking patients in, taking care of our patients. The medical assistants determine ahead of time whether my patients have any healthcare maintenance gaps. Our role is to help our patients continue to get their screening tests so that we keep them healthy and hopeful for a brighter future. *Washington*

I had a patient bring me a large vase of massive peacock feathers from her peacocks. It was so special! I have been taking care of her for years and she usually brings me holiday cookies. But, this time, peacock feathers! *Washington*

I had a pregnant patient on my schedule for a 37 week visit (I provide prenatal care and deliver babies as a Family Physician), whom I didn't know. I asked her what questions she had, and she started crying and threw her hands in the air. Her prenatal care for her high-risk pregnancy was fragmented due to covid, and she didn't know where to begin. We sat and talked for a long time, covering her concerns. Through a twist of fate I was on call when she was being induced, and her baby suffered an unexpected birth event and nearly died in front of her. I sat with her, while she was being sewn back up from her c-section, watching a team resuscitate and ultimately save her baby, who is now home and doing well. The connection between us is cemented by sharing this experience during this already scary and devastating time. She thanked me over and over for being there with her, and we have cried together, now in joy, seeing her son thriving. *Washington*

I have been spending more time with my patients listening to their concerns, offering correct info, support, encouraging hope and self-care. My employers are terminating my job cause Less RVUs and don't care about thought of patient care and satisfaction but more of financial recovery. *Washington*

I recently saw a 14-year-old girl who was sexually assaulted by a male adult relative who is struggling with headaches, insomnia, anxiety and worsening depression symptoms. Her mother is unwilling or unable to get her care. Her grandmother and great grandmother have stepped up. She feels lost, alone and hopeless. She is not dreaming about her future. I spent an hour with them and am not sure I was able to help. *Washington*

I see this every day. My partners, residents, staff and administrators try every day to do the very best thing (not just a right thing). *Washington*

I work with a group of nurses that provide resources and facilitate access for patients. I was seeing a complicated psychiatric patient, that cannot access behavioral health because of his insurance and COVID-19, along with one of my nurse colleagues. He became tearful about the upcoming holiday season as his closest sister was recently diagnosed with cancer. We spent the rest of our visit providing supportive listening and ensuring that he had access to support and services until our next visit. For someone that has mental health issues and is isolated, that can be lifesaving. *Washington*

I would like to thank my fellow providers and staff who have taken the brunt of a significant increase in patient vitriol and have tried to remain professional. Each day they continue to return to work knowing that patients' anger and fear will continue to be directed at them and they have no power to change it. *Washington*

It's a long story, and not COVID related. About 5 years ago, I delivered a baby that died, unexpectedly, at 36 hours of age due to VCLAD (inherited metabolic disorder). Parents got pregnant again, and this new baby was also affected. We had that baby diagnosed in utero, and delivered in Seattle. The Seattle docs and the parents applied for and received an Emergency Use Authorization for a new med for this condition – and that kid is a normal kindergartner! And, that med was just given full approval by the FDA. The partnership between me as a rural doc and the biochemical geneticists in Seattle, along with some phenomenal parents, has allowed for this little miracle. Here's a link - <https://pulse.seattlechildrens.org/hope-surfaces-for-rare-metabolic-disorder-vcld/> *Washington*

Many people on EHN/Eastside Heath Network two mornings a week about Covid 19 for 30-35 minutes. Everyone is trying to take care of patients! *Washington*

My nurse spends time calling patients and talking with them with care and compassion. She goes the extra mile. None of this is reimbursed. It's so sad that what is most important is given so little value (as opposed to lucrative surgeries, etc.). *Washington*

My patient got off hospice, we are still her PCP and she felt no gap in care. *Washington*

My Spanish speaking patient called me instead of 911 because of fear of coming in to a clinic. He was having a heart attack. I called 911 and sent EMS to his home. He made it to hospital on time. *Washington*

My wife volunteered to work part of her vacation to cover calls on Christmas and New Year, as our vacation trip was cancelled. Yet she is technically still on vacation those days. *Washington*

One of my patients, nervous to come in, asked to be brought in a side door to avoid the lobby. My MA and I coordinated and made sure we could do that for her (there was a time early on we brought everyone in this way). *Washington*

One of our resident physicians has done several home visits to supported living settings for adults with developmental disabilities to provide assessment and perform swabs for COVID testing. This is a vulnerable population with risks similar to nursing homes in terms of vulnerability and caregiver webs. Our local Health Department has been too stretched to meet the testing needs of this population, and this resident identified the need and volunteered to provide this service between other obligations. *Washington*

Our messaging to patients via our patient portals has increased over 300% over the last quarter. *Washington*

Our partners work incredibly long hours to serve our patients with skill and quality, every day, with staff shortages and increased risk. To me, this exemplifies the heart of primary care. No one turns away, takes a break, or otherwise lessens their loads. *Washington*

Our practice made cards for our elder patients to let them know they are cared about, worked on food insecurity for our most vulnerable. *Washington*

Someone was staggering in the hallway of her workplace, very worried she had a tumor. I was able to teach her the Epley maneuver for BPPV and she was almost completely better immediately. *Washington*

Today while working remotely, I worked with our in-house Somali interpreter also working remotely, and our nurse in clinic, to manage a new patient who walked in for a pregnancy test, but too dehydrated from vomiting to leave a urine sample. Working together we got history and vitals and then got husband to transport her to an ER. *Washington*

We have given patient "scholarships" for their membership fees if they have lost their jobs. *Washington*

We have lots of disabled patients who live in group home settings. One of these folks was exposed to a temporary care giver with COVID. This meant lots of testing needed for entire group home. One of our resident physicians went above and beyond to see about providing testing to the entire home and staff. Ultimately we were not able to do all that but we were able to work with local public health to ensure task was accomplished. *Washington*

We have made it a point to do regular home visits for our patients in nursing homes to check on them during these very isolating times. *Washington*

We know which patients have Covid within 15 minutes and can now treat with two potential oral meds to decrease their likelihood of hospitalizations. *Washington*

We performed a routine circumcision, which had minor bleeding complications the next day. We rapidly used telemedicine to evaluate the patient, reassure parents, and got them into clinic within half an hour (the bleeding had stopped by then). We managed to help this new family avoid an emergency department visit (and potential COVID exposure) and our telemedicine capability provided us a means for rapid assessment! *Washington*

When we first began rapid COVID testing the week before Thanksgiving, our nurse practitioner in our urgent care facility had a simply overwhelming start to her 12 hour day. Our office manager brought a continuous supply of treats and we all took 2 hours from our regular clinic schedules to sneak over and give her a break over that Wednesday as well as Thanksgiving day, and throughout the Thanksgiving day weekend. Without pay. *Washington*

A colleague proposed we double our holiday gift for our staff this year. *Wisconsin*

Calling a patient in the hospital bed, with end stage cancer, knowing his family could not be there, to visit with him, discuss end of life management. *Wisconsin*

Daily phone calls to 79-yr-old with COVID 19 to keep him out of hospital, successfully. *Wisconsin*

Dr. C leads the effort and team that provides COVID management to the long-term care facilities in our region. We work to manage nursing home and assisted living patients in their home setting, essentially setting up mini hospital units in the care settings. She has made this happen by expressing the needs to our leaders and building relationships with the various facilities we work with. Our group of five usually works to provide primary care within the Nursing home and assisted living facilities, but with COVID, we've been called upon to step up. Dr C is an amazing leader. She selflessly takes her time to see whomever needs to be seen, to help facilities come to terms with the stress of an outbreak and creatively solve problems, and makes sure that the rest of us are taking care of ourselves and getting rest. While this is not a specific moment, her efforts and work are inspiring and I hope will be noticed. *Wisconsin*

I had a patient come in with her husband for their routine visits. They had recently received a supply of an expensive diabetes medication that they no longer needed; she asked if she could bring this in to be used for good instead of

throwing it away. The unused and still sealed supply (2 months' worth!) was brought in and given to our community health center for underserved populations. *Wisconsin*

I inquire about COVID safety at every televisit for any reason. My patients are grateful. We share our concerns and feel connected – a powerful antidote to the isolation and loneliness this pandemic causes. *Wisconsin*

I managed post-covid CHF at patients home (normally would admit) because hospitals overloaded right now. *Wisconsin*

I see my nurses being kind to patients. Yesterday, my nurse scrounged up sweat pants and dry socks and a shirt for our homeless patient. She got him a bottle of Powerade and put together a plate of Christmas cookies from our break room for him. She didn't have to do any of that, and he was mentally ill and didn't thank her – but he did put on the sweat pants and eat the cookies and drink the Powerade. *Wisconsin*

It is not a moment, it is the overall dedication of our nurses and physicians to step up, cover for their colleagues when out, take on new responsibilities without a blink. It is their unfaltering courage to step into harm's way to care for others that is inspiring. We have seen leadership be more open to what staff has to say. *Wisconsin*

My outpatient colleagues did a great job dealing with my "in-basket" while I had a 3 day stretch at the hospital (surge work). *Wisconsin*

My partner continued to do a home visit at the end of life for a patient who she had a long-standing relationship with. And took care of his daughter's chronic issue at the same home visit. *Wisconsin*

On a busy and emotionally demanding inpatient service, I had an intern break down in tears and his intern buddy abandoned our attempts at social distancing and simply offered him a hug. *Wisconsin*

So many of my partners have been called on to work in the hospital, which is outside their scope of practice. I have been so impressed with their competence and professionalism. *Wisconsin*

Taking on extra duties: like an outpatient provider, who has not done inpatient for 10 years, volunteers to do it and doing it well. *Wisconsin*

Team work: not feeling well ourselves, but freezing outside to Covid test the community. *Wisconsin*

The Open Arms Clinic is funded entirely by donations and volunteers. Every day this clinic is going above and beyond to help the underprivileged in our community – the people here are truly amazing. *Wisconsin*

There is not even any "above and beyond" anymore. Every single day is above and beyond. My patient tells me they don't have a winter coat? Great, I order them one from Amazon. You just do what you have to do these days. *Wisconsin*

This is not a direct answer, but I continue to be impressed with the amount (at least 1-2 times weekly) of direct communication from every level - clinic director to system director - to all of us at the front lines. *Wisconsin*

We are a free clinic and recently cared for a patient with Hep C who was discharged from the ER with medications he couldn't afford. He has no health insurance and our PCP was able to see him, provide medications at no cost, and we walked alongside the patient until finding the pathway to connect him to the transplant clinic at a specialty hospital. Over 80% of our patients have nowhere else to go for their care because of no insurance and unable to afford out-of-pocket expenses. Our doors must stay open. *Wisconsin*

We had a patient come in that complained of a leg pain and shortness of breath. Our physician was quite concerned and sent her directly to the ER. She had two blood clots, one in each lung. She would not have made it through the week had she not gone in when we sent her. She wrote the Clinic an amazing thank you note! *Wisconsin*

We have providers over 65 who volunteer to work in our free clinic putting their lives at risk to provide care to low income uninsured patients. *Wisconsin*

Whenever someone thanks me for being here in Urgent Care. *Wisconsin*

I have observed our incredible medical staff demonstrate the ability to pivot and shift service provision in an amazing way, multiple times over the course of the pandemic, and still maintain quality care. Despite worrying about their own safety and their children and families, they have remained steadfast and continue to work together as a team despite many of us taking on new job duties! I would not want to work anywhere else! *West Virginia*

