

## Maine Medical Center Family Medicine Pandemic Contributions

*The question is not what did we do, but what didn't we do?*

From day one ... our first **testing center** was staffed by primary care – physicians, fellows, nurse practitioners, clinic managers and staff. I was there on one of our first weekends and we got at least three updates about appropriate PPE, cleaning protocols and swabbing. It was all very scary and unknown, but we were there for our patients.

One of our physicians (who is married to another physician) even made the hard decision to have her kids stay with their grandparents to ensure their safety. People talked about getting undressed in their garages for fear of bringing COVID home. We shared stories and tips, coming together (virtually) to support each other.

Later, it was primary care that set up our outpatient **respiratory assessment center**. We designed and operated the “RAC”, assigning providers and staff to the RAC for as long as it was open. I want to give a special shout out to our nurse practitioners and staff. We talk a lot about what physicians did during the pandemic, but a lot of the frontline work was being done by our team members.

Later, when the vaccine became available, we also designed and operated **vaccine clinics**. Our preventive medicine faculty and fellows took the lead, developing workflows, managing allergic reactions, and incorporating the tidal wave of new information from the CDC. Again, primary care stepped in and helped staff these clinics. For some, it was the first time during the pandemic that we got to do something that felt hopeful. The promise of preventing the spread of COVID was powerful.

Speaking of our **preventive medicine** team, they did amazing work in the community to help shelters redesign their space and services, and to provide community-based education focused especially on our non-English speaking and minority patients. Early on in the pandemic, Maine actually had the worst racial and ethnic disparities in the country. This was a call to action for primary care and we stepped up wherever we could.

Our department also runs a community clinic in partnership with a local agency (Preble Street) serving people experiencing **homelessness**. At the Preble Street Learning Collaborative, our providers and case managers worked tirelessly to care for this extremely vulnerable population during the pandemic. When community agencies shut down, we even stepped into gaps to provide basic needs like bathrooms, showers, clothing. We also worked with the state and a local FQHC (Greater Portland Health) to conduct daily clinical rounds at the quarantine shelter and provide outreach to hotels where people were being housed.

In our own **primary care clinics**, we struggled to provide care to our patients while keeping them as safe as possible. Like everyone else, we quickly adopted the use of telehealth as a way to ensure access to care for some of our patients. This was a big change for everyone, but we were determined to find ways to leverage technology to close gaps rather than widen them.

Let's not forget what primary care contributed to the **hospital**. We helped stand up new adult medicine inpatient teams, and our family medicine attendings and residents cared for additional newborns and offered help to our OB colleagues.

Speaking of **family medicine residents**, they worked hard, harder than any of us could possibly imagine. They were assigned (and even volunteered) for extra hospital shifts and a few helped staff the ICU. Initially, there was a lot of fear about seeing hospitalized COVID patients, but one of our chief residents rallied the team by drawing parallels to the beginning of the HIV epidemic. We refused to be those doctors who turned their backs on people in need. This wasn't just part of the job, it's who we are ... it's our mission and our values.

I want to end with the fact that primary care established the first **Long COVID** clinic in Portland, led by a family physician who is also trained in integrative medicine. She recognized the unmet need, reached out to colleagues for advice and collaboration, and successfully advocated for action. Another example of how primary care didn't just agree to help out, but actively stepped into the fray as leaders.