Weitzman Institute
inspiring primary care innovation

Health Center Staff Reflect on Pandemic Agility and Innovation

March 2025

Executive Summary

SARS-CoV-2 (COVID-19) exacerbated pre-existing primary care clinician shortages, led to widespread misinformation, and laid bare the vulnerabilities of marginalized communities.[1] Yet, the pandemic also demonstrated the agility and dedication of safety net providers, enabling them to quickly establish testing and vaccination programs, rapidly pivot to telehealth and telework, and build trust and camaraderie within their workplaces and communities.

Five years since the emergence of COVID-19, health care workers, policymakers, and other stakeholders reflect on the triumphs and challenges experienced throughout the pandemic. Moses/Weitzman Health System conducted interviews with 44 health center personnel on their experiences during the pandemic, identifying seven themes and related policy and organizational recommendations.

THEMES

1 Quickly establishing testing and vaccination hubs

2 Adapting to telework

3 Establishing patients and staff with telehealth

4 Misinformation and communication

5 Magnified disparities

6 Burnout and stress

7 Cooperation, resilience, and community

▶ Introduction

As we look back on the five years since the emergence of COVID-19, it is evident that the pandemic placed extraordinary demands on health care providers. Research has demonstrated the psychological effects of the pandemic on health care workers across multiple settings, ranging from moral injury and distress to team cohesion and resilience.[2,3] Frontline health care workers serving marginalized populations in outpatient settings faced additional challenges, including balancing familial responsibilities, often without adequate support or resources. Despite these obstacles, health care teams demonstrated remarkable adaptability to unprecedented circumstances, ensuring that vulnerable populations continued to receive essential health services.

Yet, the pandemic has presented an opportunity to learn. In 2022, even as COVID-19 eased, 46% of health workers felt burnout, 13% experienced harassment, and 44% reported looking for a new job, all of which increased compared to 2018.[4] In 2022 alone, over 145,000 health care providers left the industry entirely.[5] Researchers have concluded that, "the pandemic may have long-lasting implications for workers' willingness to remain in health care jobs."[6] This has particular implications for the safety net workforce, which comprises the backbone of the U.S. primary care system. For example, as of 2022, federally-supported community health centers delivered over 21 million COVID-19 vaccines and administered 18 million COVID-19 tests, and communities with health centers experienced fewer COVID-19 cases and deaths than areas without health centers.[7]

▶ Methods

To better understand the impact of the COVID-19 pandemic on health care workers serving vulnerable populations, the Moses/Weitzman Health System (MWHS) conducted in-depth interviews with staff and leaders from Community Health Center, Inc. (CHCI), its affiliated federally-supported health center in Connecticut. CHCI provides primary, behavioral health, dental, and specialty care at 19 sites across the state, as well as school-based and mobile sites. Forty-four interviewees represented 24 unique roles within leadership (e.g., CEO, vice president), administration (e.g., operations, facilities, IT), and clinical staff (e.g., nurses, physicians, dental hygienists), ensuring a broad perspective on pandemic-related challenges and successes. Each interview was structured to elicit insights into participants' experiences, challenges, and adaptations during the pandemic. The interviews also captured perspectives on the organization's response to the pandemic and recommendations for future improvements.

Researchers, policy analysts, and fellows from the Weitzman Institute, the research, education, and policy arm of MWHS, employed thematic analysis to identify recurring patterns, key insights, and shared experiences among participants. The emerging themes, reported in Table 1, guided the creation of policy recommendations to strengthen the nation's safety net workforce and enhance preparedness for future public health emergencies. Incorporating the lived experiences of health care workers ensures that the conclusions and recommendations are grounded in real-world challenges and applicable to similar safety net settings.

▶ Themes and Recommendations

Table 1. Briefs by Theme

	Theme	Brief
1	Quickly establishing testing and vaccination hubs	COVID-19 Policy Brief 1: Health Center Staff Reflect on Pandemic Agility and Innovation
2	Telehealth	
3	Telework	
4	Misinformation and communication	COVID-19 Policy Brief 2: Health Center Staff Reflect on Pandemic Misinformation, Health Equity, and Workplace Well-Being
5	Magnified disparities	
6	Burnout and stress	
7	Cooperation, resilience, and community	

> This brief focuses on themes 1–3 identified in Table 1 and ensuing policy recommendations.

> For more information on themes 4–7, please see **COVID-19 Policy Brief 2: Health Center Staff Reflect on Pandemic Misinformation, Health Equity, and Workplace Well-Being**.

Some quotes featured below have been edited for clarity.

Quickly establishing testing and vaccination hubs

The COVID-19 pandemic forced CHCI systems to transform nearly every facet of their operations. Interviewees mentioned their capacity to rapidly adapt on a large scale, from reorganizing facilities and revising operational protocols to deploying mass testing sites and launching wide-reaching vaccination and testing hubs. With an escalating public health emergency, CHCI staff members embraced unprecedented changes—expanding workforce roles, streamlining communications, and mobilizing resources with remarkable speed. By responding strategically to surging demands, health centers were able to mitigate the virus's impact and better protect their patients, illustrating the vital importance of agility and collaboration in times of crisis.

CHCI staff braved the weather to administer COVID-19 tests in Middletown, 2020. (Photo: Ryan Curran)

RECOMMENDATIONS

Interviewee experiences validate the need to support the following public and organizational policy options:

- Decision makers should prioritize strengthening the health care workforce, including investing in **research and training** on implementing health center-specific crisis preparedness plans.[8] Valuable insight into the effectiveness of resource allocation, interdepartmental collaboration, and community partnership can ultimately guide the refinement of emergency response strategies tailored to community health settings.

- Policymakers should allocate resources sufficient to ensure robust responses to future pandemics, particularly for the most vulnerable populations. One way to boost capacity to serve at-risk communities is **increasing crisis management funding and flexibility** for federally-supported community health centers. Expanding Section 330 grants and guaranteeing their flexibility would allow health centers and state primary care associations to better coordinate and plan for rapid response.

- Organizational leaders should establish **internal crisis communication plans** that include multiple channels, such as virtual town halls, newsletters, and real-time updates. Effective leadership and communication strategies are foundational for organizational resilience during crises. Moreover, empathetic communication can further enhance their ability to guide teams through challenging times.

> *"We had never run a mass vaccination site. They asked us, I think on January 11th to open one at Rentschler Field in Hartford. Seven days later, we opened a 10 lane, drive-through vaccination site. It was a miracle."* (Clinical)

> *"[COVID-19] changed my role… before it was important, but it made it more of an important role. [Not] just care gaps in medical and behavioral health [but] closing that unvaccinated gap. We created basically a pandemic relief… just actually rolling with it and seeing the pandemic firsthand."* (Clinical)

> *"It was really a 'learn-as-you-go.' We had to evolve and learn along the way. We were becoming experts at that point in how to respond to a pandemic and really used a lot of what we had learned in testing and applied it to our vaccine operations."* (Administrative)

> *"For a long time I was the only non-clinical person there, so I would feel so helpless. I would go out and open thousands of Band-Aids. I would fill out cards. I would do anything I could to try to help them because it was really emotional."* (Administrative)

From left to right: A CHCI team member's grandmother, Angelina Gómez de Sánchez, becomes one of the first Colombian-Americans to receive a COVID-19 vaccination, Christmas Day 2020 (Photo: Celso Jimenez); Vehicles line up for COVID-19 vaccinations in Middletown, February 2021 (Photo: CHCI); CHCI teams staff the East Hartford Vaccination Village, 2021 (Photo: CHCI).

Telehealth

The pandemic accelerated digital transformation, reshaping patient data management and care delivery. Amid the rapidly evolving health crisis, CHCI staff recognized the critical need to seamlessly integrate new technologies to provide uninterrupted care whenever possible. Interviewees stressed the importance of adopting telehealth technologies, the complexities of integrating virtual care into existing health care systems, and how remote consultations became an innovative solution for providing care for those most vulnerable. Additionally, interviewees explored the challenges health professionals faced when implementing these new technologies, infrastructures, and capabilities.

Technology was instrumental in managing COVID-19 testing, December 2020. (Photo: Ryan Curran)

RECOMMENDATIONS

The experiences of CHCI interviewees illustrated how fundamental virtual care is in reaching the most vulnerable populations and ensuring little interruption in patient care. The following public and organizational policy options support telehealth as a revolutionary care model:

- Recognizing the pivotal role of telehealth in broadening access to care, regulators should prioritize robust telehealth policies that make **telehealth reimbursements permanent**, including those for voice-only services, and **comparable to in-person reimbursement rates**.[9]

- Funders should prioritize support for **improving and expanding digital platforms**, giving providers and patients dependable connectivity and tools for telehealth services. Funding is also critical for **evaluating and enhancing telehealth services**, assessing **security** effectiveness, and **analyzing patient outcomes data**.

- Health care organizations, particularly those serving vulnerable populations, should **integrate telehealth**, including virtual consultations, remote monitoring, and telecommunication tools, into their team-based, holistic models of care. In parallel, organizations and funders should invest in **telehealth literacy programs for patients**, such as user-friendly website guides, to help individuals develop the skills necessary to effectively navigate telehealth platforms.[10]

"In 72 hours, we figured out how to deliver remote telehealth services, how to support our staff working from home. And that was overwhelming. We had done this really small pilot of telehealth services that gave us the bones to build upon." (Leadership)

"We knew that we could not shut our doors and just stop providing primary care. Before the pandemic we were providing about 98% of our visits in-person. But just within about three weeks of our transition to telehealth, we were down to about 4% in-person. So you can imagine what a transformation this was, going from everybody coming into our practices to pretty much no one coming into our practices." (Leadership)

"We really tried to help our patients, not just to use phones, but transition them over to video. And that took a full team of people, really engaging with our patients and helping them increase and expand their digital literacy." (Administrative)

"The use of technology definitely streamlined a lot of clinical workflows that we previously thought was not really possible. What we ended up boiling it down to was generating our own QR codes, programmatically within our own homegrown application." (Administrative)

"Telehealth has been a game changer... Not every patient wants to come back into the office. There are barriers... such as transportation or work that would stop them from coming in." (Administrative)

Telework

CHCI staff discussed the importance of adapting to telework while maintaining patient care. Staff flexibility at all levels enabled rapid shifts in workflows, technology use, and service delivery. Despite a tight time frame, CHCI teams managed these significant technology transitions, including adopting new software and data infrastructures and undergoing necessary training. Within days, these health care professionals reconfigured entire departments to function remotely, again demonstrating the agility of health center staff. These transitions also illustrated the successful implementation of telework without sacrificing efficiency, organizational stability, or patient services.

CHCI staff quickly pivot to telework, April 2020. (Photo: CHCI)

"We basically have to lift the agency up and move everybody to work from home and to work remotely. Once again, it all goes back to connectivity." (Administrative)

"We could bring people together digitally, through video conference, to rapidly share best practices so that we could share what we were doing, but so that we could learn from others as well." (Administrative)

"The first thing that comes to my mind is flexibility. I don't think we realized how long it was going to be, but we knew it was going to be longer than maybe some people thought. So, it was just 'pick everything up and get moving.'" (Clinical)

"We had infrastructure in play where we could easily get folks up and running, and we invested in mobile broadband units that we could quickly deploy." (Administrative)

RECOMMENDATIONS

CHCI staff demonstrated their clear ability to transition quickly to telework and the ways telework can benefit both health center staff and patients. Accordingly, policymakers and organizations should consider the following:

- In times of crisis, organizations should provide **structural and financial support for teleworkers**, ensuring they have access to equitable benefits and protections that align with in-office employees, and recognize the critical role teleworkers play in maintaining patient care.[11] Organizations should adopt in-person and remote **scheduling options** to accommodate patient demands and provider needs.

- Health care centers are vital access points for clinical and supportive services, so supporting comprehensive **training for telework and patient-facing technologies** is essential for all staff. Equipping personnel with the skills to effectively navigate remote consultation tools, address technical challenges, and guide patients through virtual platforms can maintain seamless patient interactions.

- Remote work enables health care professionals to continue patient care without interruption, address staff shortages, reduce risk exposure, and maximize care.[12] Policymakers and organizational leaders should **encourage pathways for remote workers**, ensuring community health centers remain flexible and capable of delivering critical services.

Conclusion

This brief highlights staff experiences to explore several ways health centers showed agility and innovation during the COVID-19 pandemic, including quickly establishing testing and vaccination hubs; transitioning patients and staff to telehealth; and adapting to telework. Better understanding the experiences of health care workers during the pandemic allows policymakers and institutional leaders to prepare for future challenges, increase staff satisfaction, and better serve our nation's most vulnerable patients. These recommendations are the first step in such improvements, which address the Triple Aim of improved care experiences, better health outcomes, and reduced costs.

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