

# COVID-19 SURVEY REPORT-WEEK ELEVEN

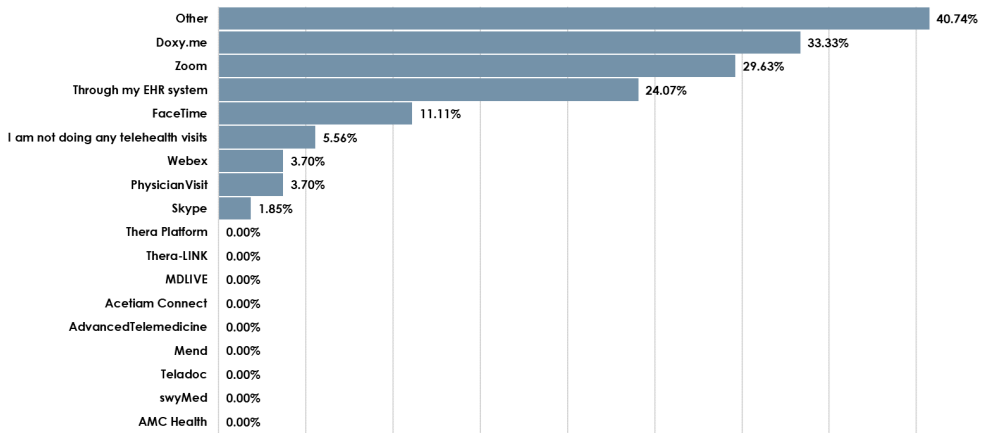
## OBJECTIVE

The objective of this research is to understand the COVID-19 pandemic's impact on financial, personal, and professional futures of primary care clinicians.

Weekly, members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. This brief report includes the highlights from the survey that was open June 5-8, 2020.

### TELEHEALTH PLATFORM USAGE, QUALITY OF LIFE MEASURE, TREATMENT PROVISION, RESPONDENT SPECIALTY

Please select which platform(s) you are using for telehealth. (n = 54)



How would your practice/center be described? (n = 54)

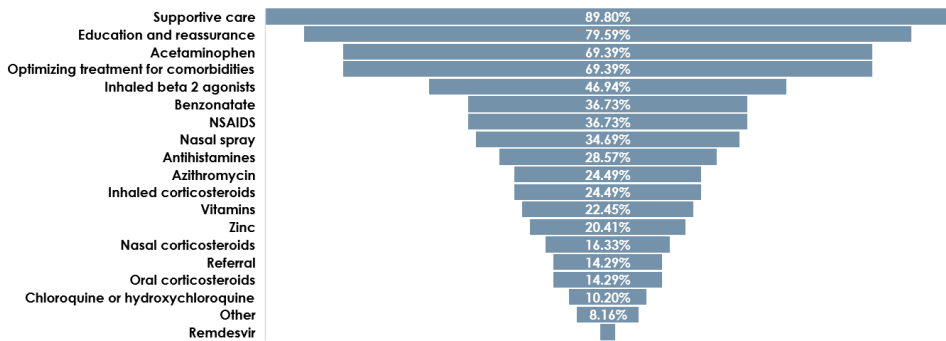
- Primary Care Only: 64.81%
- Federally Qualified Health Center (FQHC): 14.81%
- Multi-Specialty Group: 11.11%
- Integrated Health: 11.11%
- Other: 9.26%
- Academic Practice: 7.41%
- Community-Based Residency Program: 7.41%
- Rural Health Clinic: 7.41%
- Affiliated with Academic Medical Center: 3.70%
- Academic Center-Based Residency Program: 1.85%
- Community Health Center (CHC): 0.00%
- Fellowship Program: 0.00%
- Federally Qualified Health Center Look-Alike (FQHC LA): 0.00%

Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 53)

No: 7.55% Yes: 92.45%



What treatments are you using? Select all that apply. (n = 49)

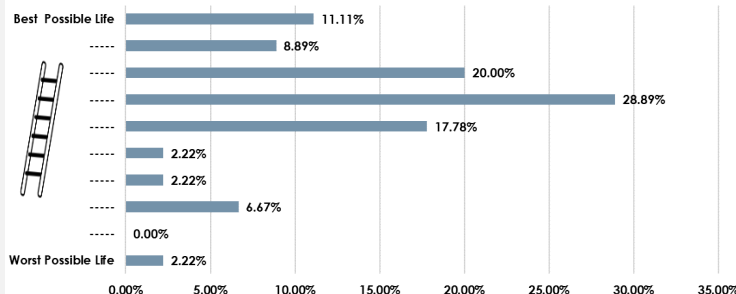


What is your current specialty? (n = 54)

- Family Medicine: 87.04%
- Other: 5.56%
- General Internal Medicine: 3.70%
- Behavioral Health: 1.85%
- Emergency Medicine: 1.85%
- Dentistry: 0.00%
- OBGYN: 0.00%
- Pediatrics: 0.00%
- Pharmacy: 0.00%



Cantril's Ladder (n = 45)



\*Cantril's Ladder is a measurement system for quantifying life satisfaction

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### THEMES

Themes are identified through responses to the following question: *Could you please tell us about any financial impact the COVID-19 pandemic has had on your practice, if any?*

**PATIENT VOLUME:** Of those respondents who mentioned patient volume (46.15%), several reported that patient volumes were still down (62.50%). However, a portion of respondents reported that volumes were beginning to increase after experiencing low numbers in March, April, and May (25.00%).

*Decrease in volume by over 50% at the worst (April). It has been improving and we probably have a loss of 25% of volume compared to January.*

**FINANCIAL STRAIN:** Respondents who directly commented on financial matters (63.46%) stated that overall revenue remains low compared to pre-COVID-19 levels due to decreased patient volumes, limited non-essential services, and inconsistent or lower-than-expected compensation for telehealth. Responses varied in the degree of hardship ranging from mild to severe, including those who are experiencing a positive turnaround to those who are considering closures.

*The pandemic has impacted every aspect of my clinic. The financial aspect showed with fewer patient visits. This has accounted for me as the only physician cutting my salary by one-half in order to pay my staff and bills. Currently we are three months into this pandemic and have not had normal pay since the end of March which is really starting to affect my overall ability to pay my own bills.*

**STAFFING:** Respondents addressed staffing (19.23%) and listed tactics used to save costs (layoffs, furloughs, decreased salary, decreased hours, etc.); these are the same as in previous reports. Only two respondents specifically mentioned an increase in hours or staff returning to a practice.

*Still low revenue due to limiting non-essential services. Now starting to open but see increased stress on ICU and other services at hospital for non-COVID patients. Still have many on furlough and not in clinic.*

**REMOTE CARE:** Respondents who commented on telehealth or telephonic care (9.62%) mentioned that they continue to use the capabilities heavily, are unsure of telehealth reimbursement due to RVU differences in comparable in-person visits, and experience additional work that is not charged, (i.e., answering questions, refilling medications without visits, etc.)

*Our visits are 95% virtual and only 5% in person. We don't know if we have received appropriate reimbursement for those. However, we have been told that the CPT codes are going to give us much lower RVU than an equivalent visit. And since our income is based on RVUs, there is a strong possibility that our income is going to take a huge hit.*

### AAFP NEXT STEPS AND RECOMMENDED ACTION

As practices reopen and/or increase services are offered, patient volume remains tenuous. In the short-term, a multiprong approach to increasing volume, either bringing in patients or increasing telehealth reach, is necessary. The tactics will vary based on the particular circumstances, including ongoing social-distancing requirements, socio-economic conditions in the region, and local political situations, in each provider's community. For long-term implications, fee-for-service must be replaced with more stable value-based care options.