

COVID-19 SURVEY REPORT-WEEK TEN

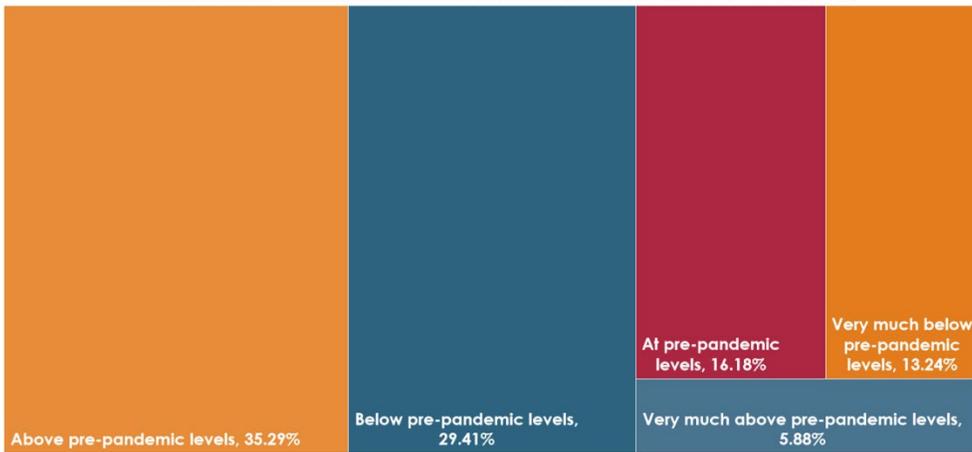
OBJECTIVE

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 May 29-June 1, 2020.

PPE SUPPLY, PATIENT CONCERNS, QUALITY OF LIFE MEASURE, TREATMENT PROVISION, RESPONDENT SPECIALTY

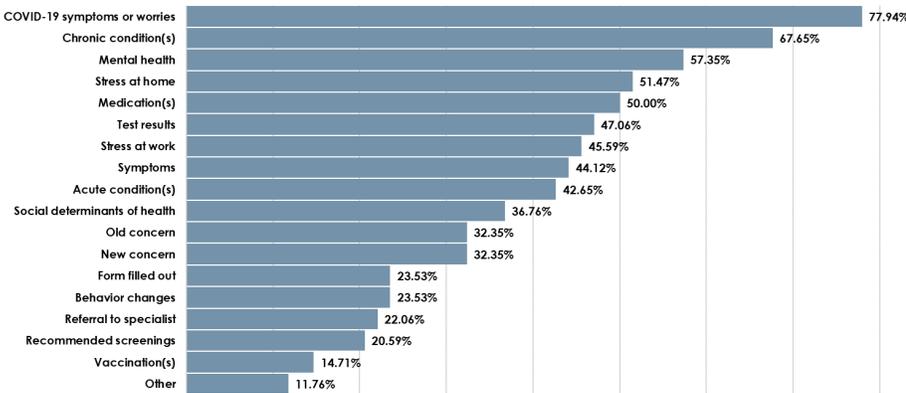
How has your supply of personal protective equipment changed from pre-pandemic levels? (n = 68)



How would your practice/center be described? (n = 68)

- Primary Care Only: 58.82%
- Federally Qualified Health Center (FQHC): 13.24%
- Community-Based Residency Program: 11.76%
- Integrated Health: 10.29%
- Multi-Specialty Group: 8.82%
- Other: 8.82%
- Academic Center-Based Residency Program: 5.88%
- Academic Practice: 4.41%
- Affiliated with Academic Medical Center: 4.41%
- Rural Health Clinic: 2.94%
- Community Health Center (CHC): 1.47%
- Fellowship Program: 0.00%
- Federally Qualified Health Center Look-Alike (FQHC LA): 0.00%

What are the primary concerns you are hearing from your patients? (Select all that apply; n = 68)

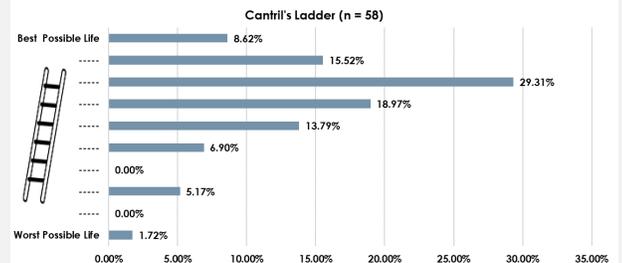
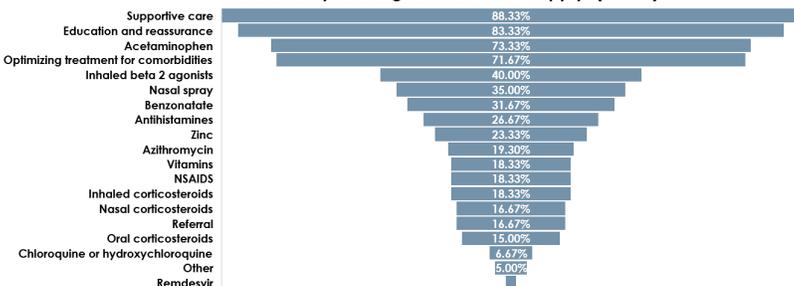


What is your current specialty? (n = 68)

- Family Medicine: 95.59%
- Dentistry: 1.47%
- Emergency Medicine: 1.47%
- Other: 1.47%
- General Internal Medicine: 0.00%
- OBGYN: 0.00%
- Pediatrics: 0.00%
- Pharmacy: 0.00%
- Behavioral Health: 0.00%



What treatments are you using? Select all that apply. (n = 60)



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

Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 67)

No: 10.45%



Yes: 89.55%

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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 the respondents who mentioned patient volume (42.42%), a portion (25.00%) indicated that volumes are increasing. To keep alignment with COVID-19 safety recommendations, separating patients or spreading out appointments over the course of a day may prevent or cause additional hurdles in achieving previous patient volume levels.

During the worst of this situation we had a 50% decrease in patient visits, even with telemedicine. However, our volume has increased over the last two weeks to approximately 70% of our previous volume. In addition, with New York moving into Phase 2 in our region of the state, we are allowing well visits starting on Monday June 1 and I expect to be busier over the next few weeks.

FINANCIAL STRAIN: Respondents who directly discussed financial matters (65.15%) stated that they were experiencing decreased revenues although losses varied in scale. Those who mentioned receiving federal funds (11.63%) did not feel financially secure beyond a temporary time frame.

As previously noted, in a fee-for-service practice, lower patient volume means less money. As we never made much anyway, the PPP loan (presuming 100% forgiveness) and the initial PRF grant, probably kept us afloat. We'll see what happens in another 26 days. If the second pandemic wave does not prompt another, similar round of Federal support, then we'll probably be toast.

STAFFING: Respondents who referred to staffing matters (28.79%) mentioned tactics used to cut costs including: furloughs, layoffs, decreased salaries, and decreased hours. A small percentage of those respondents (10.53%) remarked that they have been able to avoid staffing cuts thus far.

Monthly revenues are down about 45% for the past three months. Routine visits, well exams, immunizations and Chronic Disease Management have all been put on hold. We have had to furlough about 30% of our clinical staff and 60% of our administrative support staff.

REMOTE CARE: Respondents who referenced telehealth or telephonic care (15.15%) alluded that virtual visits will continue to be offered even with reintroducing in-person visits (or as in-person visits increase), and that difficulty covering costs generated from telehealth visits lags behind pre-COVID in-person patient income.

Continue to have challenges covering costs with telehealth visits and prescribed residency requirements. Now looting and rioting in our community.

NOTABLE RESPONSE

"Biohazard waste disposal and cleaning supply costs have more than doubled. We have had to prepay for COVID testing supplies. We have had to buy more RSV, Strep and Flu testing supplies to follow guidelines prior to COVID testing. We are seeing fewer patients but need more staff to triage, and have a dirty and clean clinic for seeing sick and well patients and to do telemed."

AAFP NEXT STEPS AND RECOMMENDED ACTION

Practices will incur extra costs due to COVID-19 safety recommendations, e.g., purchasing more cleaning supplies, buying additional tests and testing equipment, providing signage, using more staff, serving less volume at designated times due to social distancing, among others. Also, more time and effort will be required to get patients in the office, such as transportation services, patient outreach, and extended hours. These circumstances need consideration for reopening and increasing capacity to serve patients.