

COVID-19 SURVEY REPORT-WEEK TWELVE

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 12-15, 2020.

CURRENT CARE CIRCUMSTANCES, QUALITY OF LIFE MEASURE, TREATMENT PROVISION, RESPONDENT SPECIALTY

How long will you be able to continue providing care under the current circumstances? (n = 58)



How would your practice/center be described? (n = 60)

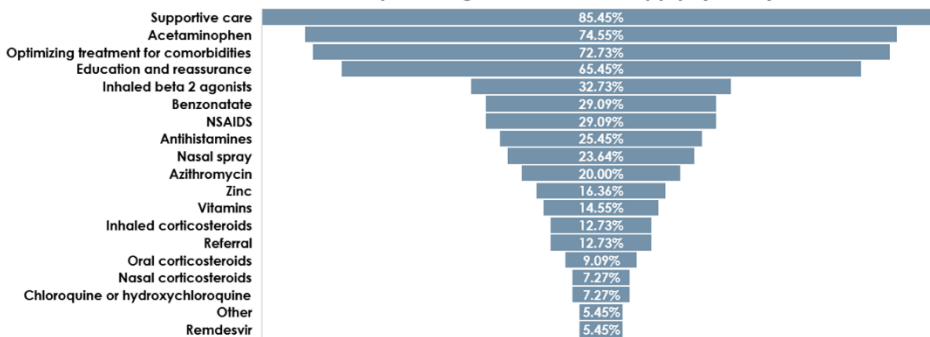
- Primary Care Only: 51.6%
- Federally Qualified Health Center (FQHC): 15.00%
- Multi-Specialty Group: 15.00%
- Community-Based Residency Program: 11.67%
- Integrated Health: 11.67%
- Academic Practice: 6.67%
- Other: 6.67%
- Academic Center-Based Residency Program: 5.00%
- Affiliated with Academic Medical Center: 3.33%
- Rural Health Clinic: 3.33%
- 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: 6.67% Yes: 93.33%



What treatments are you using? Select all that apply. (n = 55)

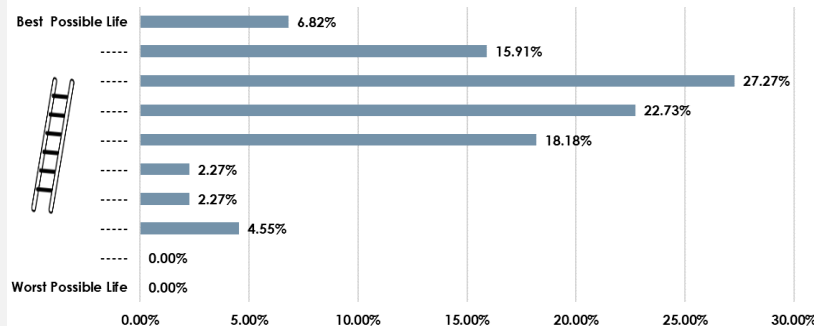


What is your current specialty? (n = 59)

- Family Medicine: 98.3%
- Behavioral Health: 1.70%
- Dentistry: 0.00%
- Emergency Medicine: 0.00%
- General Internal Medicine: 0.00%
- OBGYN: 0.00%
- Other: 0.00%
- Pediatrics: 0.00%
- Pharmacy: 0.00%



Cantril's Ladder (n = 44)



*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: Respondents who commented on patient volume (42.11%) noted that volumes remain lower compared to pre-COVID levels, despite increases in patient volume that some practices are experiencing; lower levels may be a result of patient fear and social distancing requirements.

Starting to see more face-to-face and continue to do telehealth but all volumes down from pre-COVID. Hospital still low volume but starting to do non-essential procedures.

FINANCIAL STRAIN: Respondents who commented on financial aspects (70.18%) described a range of circumstances from potential closures to mild consequences. Situations reflect lower revenue resulting from lower than normal patient volumes and decreased patient services.

Still at 60% of appointments. People are afraid to come in despite the new cleaning procedures. PPP is coming to an end. Payroll may be hard to maintain.

STAFFING: Of the respondents who mentioned staffing (29.82%), almost all stated (88.24%) that they or their practices are using or are considering using staffing changes to cut costs, e.g., furloughs, reduced hours, reduced salary, and layoffs. Additional ones listed include offering early retirements, implementing hiring freezes, and reevaluating low-performing clinicians.

Furlough for front desk staff continues. Dental staff was furloughed for about two months but are back now. Huge losses when starting telehealth, unsure where day-to-day finances stand now.

REMOTE CARE: Respondents who commented on audiovisual or audio only visits (14.04%) remarked about their major shift to remote care, decreased patient volume (even with remote care), and low confidence for appropriate reimbursement.

Now we are at half volume due to social distancing requirements, and the residents' televisits probably do not get billed properly so we don't expect them to be paid.

AAFP NEXT STEPS AND RECOMMENDED ACTION

As practices offer more services, patients need to feel safe to return to their physician's office for in-person visits. Depending on future incidence and mortality rates, combined with vaccine availability, patient volumes may persist below pre-COVID-19 levels. Expanding reimbursement for telehealth services is one approach to help offset these low volumes.