COVID-19 SURVEY REPORT-WEEK TWO

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 April 3-6, 2020.

COVID-19 TREATMENTS TYPES AND PROVISION, AND RESPONDENT SPECIALTIES

- Supportive care: 89.39%
- Education and reassurance: 84.34%
- Optimizing treatment for comorbidities: 71.21%
- Acetaminophen: 69.70%
- Benzonatate: 49.91%
- Inhaled beta 2 agonists: 31.82%
- Nasal spray: 31.98%
- Antihistamines: 24.24%
- Azithromycin: 21.21%
- Zinc: 19.70%
- NSAIDS: 16.67%
- Inhaled corticosteroids: 15.15%
- Vitamins: 15.15%
- Referral: 12.16%
- Other: 12.16%
- Nasal corticosteroids: 10.61%
- Oral corticosteroids: 6.06%
- Chloroquine or hydroxychloroquine: 6.06%

What is your current specialty? (n=97)
- Family Medicine: 92.78%
- Other: 3.09%
- Behavioral Health: 1.03%
- Dentistry: 1.03%
- Emergency Medicine: 1.03%
- General Internal Medicine: 1.03%
- Pediatrics: 0.00%
- Pharmacy: 0.00%

Are you offering treatment to patients with suspected COVID-19 or COVID-19 type symptoms? (N = 97)
- No: 31.96%  Yes: 68.04%
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THMES

PATIENT VOLUME: Respondents (48.39%) stated that patient volumes continue to be drastically reduced, impacting revenues and the ability to pay operational costs.

Reduced visits to 10 percent, anticipate not enough income to meet payroll, rent, and other expenses within a month.

FINANCIAL STRAIN: Respondents (17.20%) reported severe economic loss due to low patient volumes; actions implemented to address immediate financial needs included cutting salaries, reducing hours, laying off or furloughing (staff and physicians), closing offices, and applying for loans.

I laid off about 10 percent of my staff and cut hours on others. Most patient visits are telehealth visits. I have asked banks and SBA to defer our payments and am applying for CARES loans. I am scared about my financial viability.

STAFFING: All respondents who commented on staffing changes (21.51%), described them as significant, citing a wide range of approaches, e.g., voluntary salary cuts, institutional salary and/or hourly cuts (often 50 percent or greater), and layoffs.

It is devastating. We are a large practice. We are not going to pay our physician owners over the next month to keep operation going. We are attempting to get staff hours down by 50 percent.

REMOTE CARE: Respondents who commented on offering or planning to offer telehealth care (either solely or in addition to in-person visits) (23.66%) acknowledged that those visits had not made up the revenue that was once brought in via in-person visits.

Decreased staff time and pay by 50 percent (furloughs). Hoping to see efforts to increase virtual visit volumes enough to get this to only a 24 percent loss for them for the 50 percent that has been affecting them for the past week.

AAFP NEXT STEPS AND RECOMMENDED ACTION

Radically reduced revenues drove operational changes for health care providers to make difficult decisions regarding how to cover expenses such as rent, supplies and payroll.