

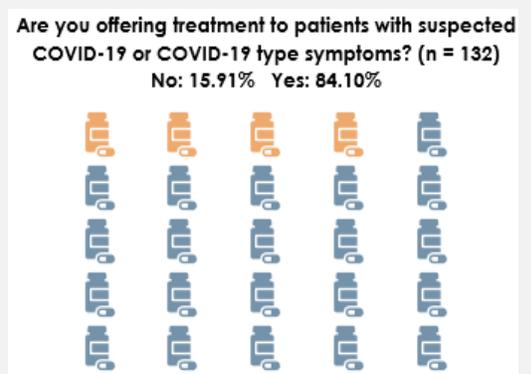
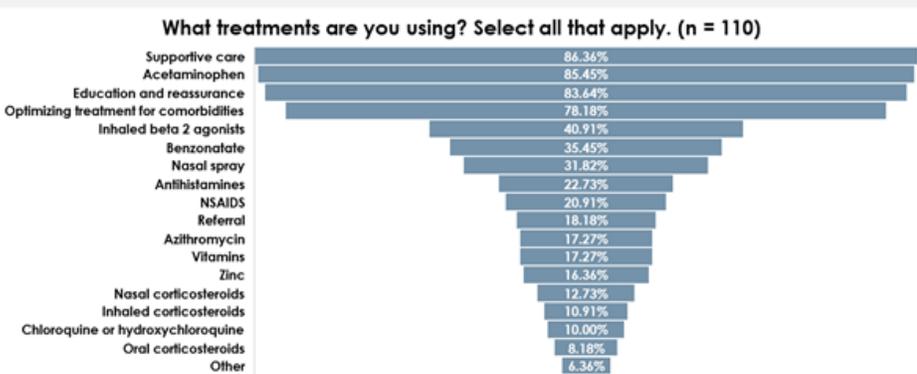
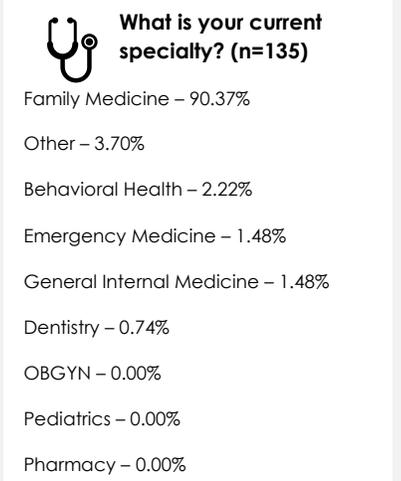
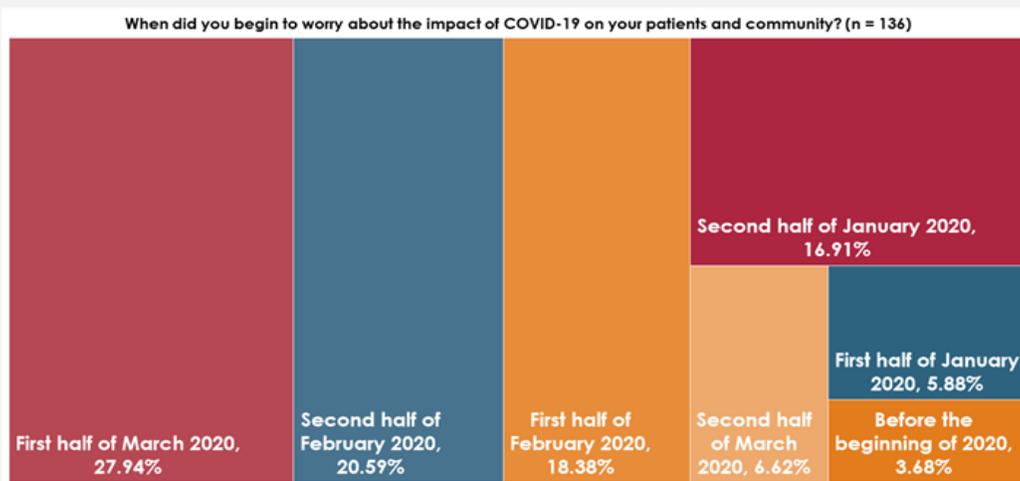
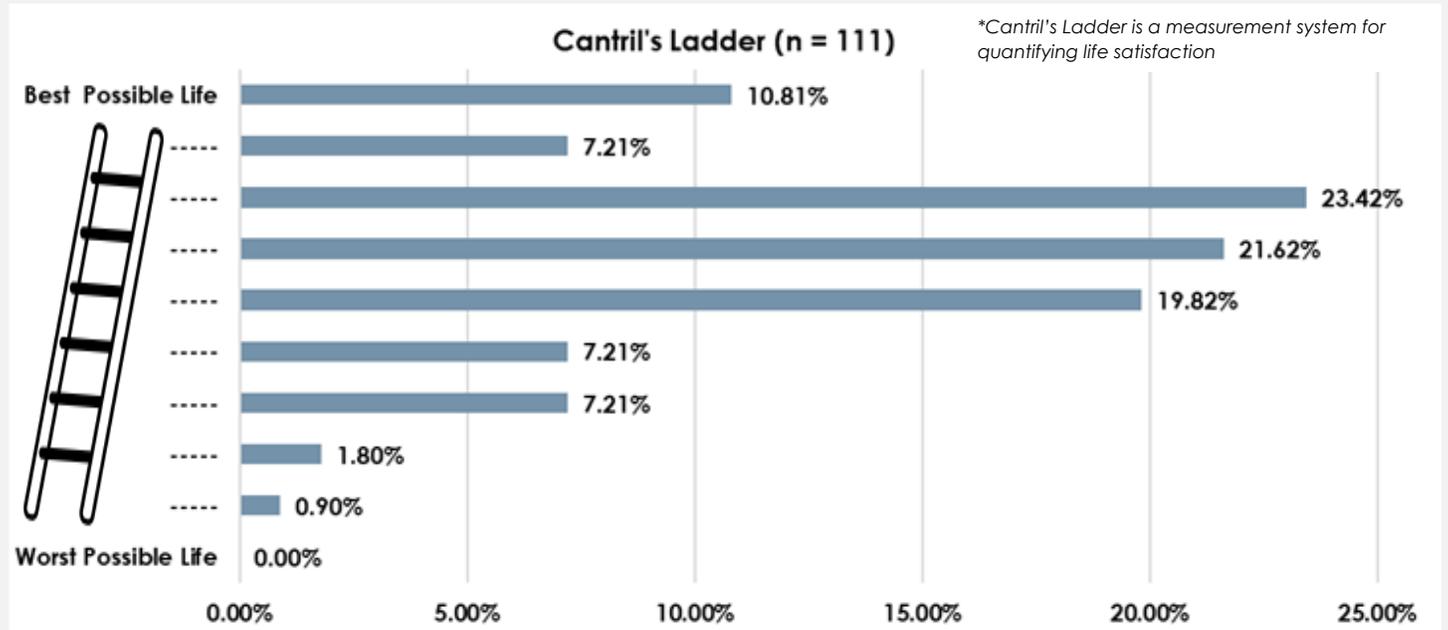
COVID-19 SURVEY REPORT-WEEK THREE

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 10-13, 2020.

Quality of Life (Cantril's Ladder), Treatment Types, Respondent Specialties, and COVID-19 Worry



COVID-19 SURVEY REPORT-WEEK THREE

THEMES

PATIENT VOLUME: Respondents (46.56%) indicated a continuation of low patient volume, resulting in decreased revenue. Respondents noticed shifts in care where fewer appointments were made that addressed chronic care conditions or cited declines in acute care appointments due to shelter in place recommendations.

About 3-4 weeks in now. Practice volume has kind of leveled off around 50 percent of what we usually do. Still waiting to see if insurance companies are going to pay for telehealth. As things are relatively calm where I live, I'm starting to see patients contacting us more for issues they would have ignored a few weeks ago...I'm starting to worry about how well my patients with chronic diseases are doing and if they are getting less optimal treatment due to our overall worries about COVID.

FINANCIAL STRAIN: Some respondents (12.98%) specifically addressed reduced revenue implications. A portion of those (29.41%) reported that they applied for funding opportunities to help alleviate urgent financial stressors, e.g., Small Business Administration (SBA) loans (specifically Paycheck Protection Program (PPP)), Health and Human Services stimulus payments (HHS Relief Fund), Centers for Medicare and Medicaid Services (CMS)-Medicare Accelerated and Advanced Payment Program, and Health Resources and Services Administration (HRSA) emergency funding. All received payment for at least one funding opportunity. Also, of those respondents who commented on reduced revenue implications, a portion considered strategies (35.29%), i.e., combining practices, contemplating bankruptcy, deferring loans, and initiating closures, to manage immediate mounting financial needs.

We have furloughed 25% of our staff (went from 64 employees to 48). We are fully tapped out on our lines of credit and have applied for the Paycheck Protection Program loan (\$717,000) but have not heard back anything. We are concerned that the banks are choosing the winners and the losers in the marketplace and they are not choosing private sector family medicine (even though we are risking our lives with curbside COVID-19 testing). We did receive the HHS Stimulus payment of \$64,000 but this is a fraction of what is needed for a group our size to bring our furloughed staff back two and a half months early

STAFFING Respondents reported (12.98%) staffing strategies used to save money such as reducing salaries, holding physician paychecks, cutting hours, laying off and/or furloughing staff) as well as other cost saving tactics such as relying on those who have not hit minimum contracted hours for the year, redirecting providers to inpatient care (or other areas where there is high demand), and seeing more patients per day to

make up lost revenue (for those in fee-for-service arrangements).

Organization has had to furlough 218 support staff. Telehealth and in-person clinic schedules have been expanded to have 23 visits per day (previous schedule has been 19 patients per day). Still may have to make more layoffs or cuts.

TELEHEALTH: Respondents (25.19%) varied in the implementation of telehealth as some clinics were able to ramp up quickly while others required more time. Some considerations included installation delays due to technical issues, lengthy EMR integration, and patient learning curves.

We have not been able to do more than 5 percent of our telehealth visits as video, (due to network glitches in our practice as well as inability on the part of our patients). So effectively, we are shut out of billing visit codes since almost all encounters are now telephone.

TELEPHONE USAGE: Some respondents (5.34%) have reported an increase in telephonic visits, (especially for those patients who do not have access to or who are willing to use telehealth visits); they are concerned with low reimbursement rates and non-billable time.

We are seeing about 50 % less patients. Many of my elderly patients want to do telehealth, but do not have visual capabilities so we cannot code office visits even though some of them are lasting up to 28 minutes.

PERSONAL STRAIN: Respondents (4.58%) reported that the decline in revenue has significantly impacted their livelihoods where some detailed declines in personal income and potential repercussions, accumulation of practice bills, and fears of contracting COVID-19 and infecting others.

My practice is down to about 50% of what I was seeing under normal circumstances due to COVID. Many of my staff are too scared to work and I am seeing patients by myself often. I am trying to find alternative sources of income through telemedicine or moonlighting or pop-up hospital however these avenues appear to be saturated with other physicians in my situation. I can maybe hold out for another 3-4 weeks or so before I may need to leave my area and family to find work.

PERSONAL PROTECTIVE EQUIPMENT: Respondents (3.05%) reported that due to PPE supply shortages, they switched care modalities (i.e., telemedicine only) and, for those who were able to access PPE supplies, they paid more, increasing overall costs.

I don't have enough PPEs to protect my staff and patients. All I do now is telemedicine.

AAFP NEXT STEPS AND RECOMMENDED ACTION

Assist practices in applying for SBA loans and determine what can be done for those who have applied and have not received notification of payment. Furthermore, determine if the funds received are adequate and anticipate changes that may arise to individual business models (operations, staffing, etc.).