

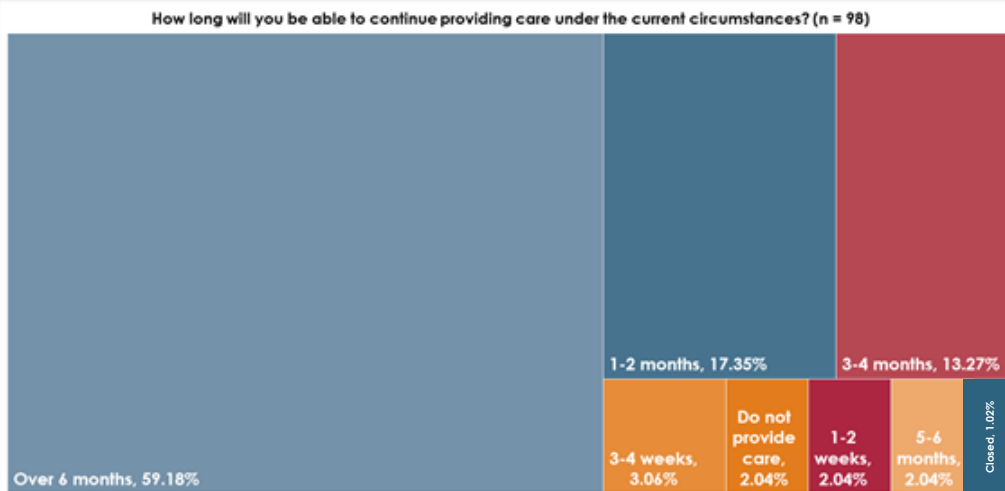
COVID-19 SURVEY REPORT-WEEK FOUR

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.

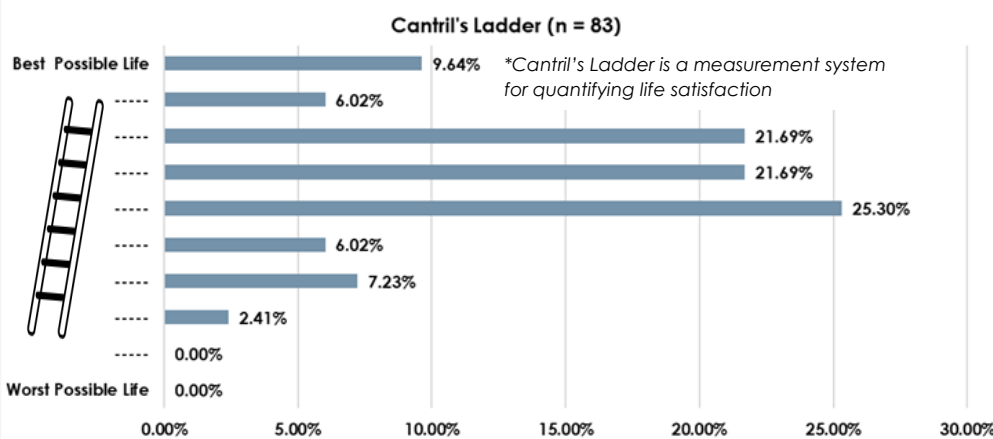
Weekly, members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. This brief report includes the highlights from the survey that was open April 17-20, 2020.

CURRENT CIRCUMSTANCES, RESPONDENT SPECIALTY, QUALITY OF LIFE MEASURE, PRACTICE TYPE, TREATMENT PROVISION



How would your practice/center be described?

- Primary care only – 50.00%
- Multi-specialty group – 15.31%
- Other – 11.22%
- Academic practice – 10.20%
- Community-based residency program – 10.20%
- Academic center-based residency program – 8.16%
- Affiliated with academic medical center – 8.16%
- Integrated health – 8.16%
- Federally qualified health center (FQHC) – 8.16%
- Rural health clinic – 3.06%
- Community health center – 2.04%
- Fellowship program – 2.04%
- Federally qualified health center look-alike – 0.00%



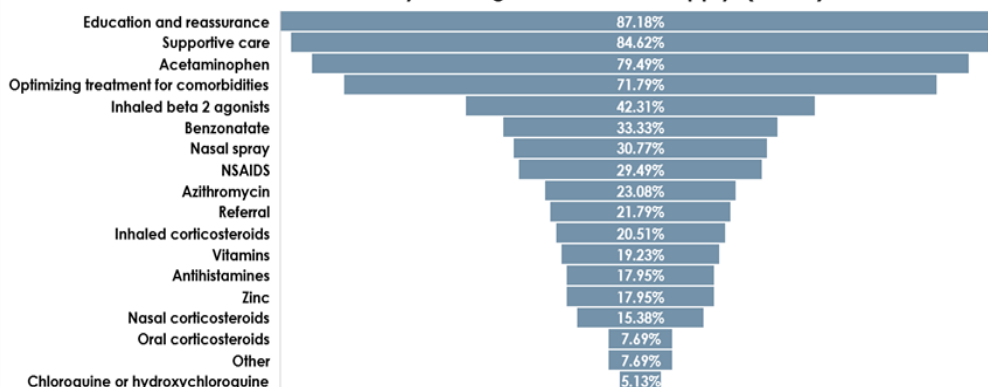
What is your current specialty? (n = 98)

- Family Medicine – 91.84%
- Other – 4.08%
- General Internal Medicine – 2.04%
- Behavioral Health – 1.02%
- Dentistry – 1.02%
- Emergency Medicine – 0.00%
- OBGYN – 0.00%
- Pediatrics – 0.00%
- Pharmacy – 0.00%

Are you offering treatment to patients with suspected COVID-19 or COVID -19 type symptoms? (n = 98)

No: 20.41% Yes: 79.69%

What treatments are you using? Select all that apply. (n = 78)



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THEMES

PATIENT VOLUME: Respondents (44.94%) reported an alarming decrease in patient volume compared to pre-COVID-19 levels, directly impacting revenue generated and the ability to cover overhead expenses.

We are down about 25 percent of our patient volume so far. We operate on very thin margins so this will impact our ability to cover overhead significantly.

FINANCIAL STRAIN: Despite staffing changes (layoffs, furloughs, hours cut, pay cuts), some respondents (12.36%) indicated that they were still operating in the red or on the brink of carrying a negative balance, implying additional action needed.

We have had to furlough some providers and reduce support staff substantially. This is not allowing positive balance or cash flows.

STAFFING: Respondents (37.08%) listed strategies employed to save money, including layoffs, furloughs, pay cuts, and hourly cuts, as well as tactics used to avoid further staffing cuts, e.g., cross train and transfer staff to areas that have high demand, e.g., Emergency Department, increase number of patients seen, and omit physician bonus and incentive pay.

We are down over 20. My office manager came to us Friday (4/17/20) to let us know that we will need to see at least 20 percent more patients for a few months and work late and weekends to make up for the shortfall or lose staff, pay, and equipment.

TELEHEALTH: Respondents (26.97%) noted a range of telehealth adoption; of those respondents, many cited (50.00%) limited utilization due to patient panel, low reimbursement rates, slow reimbursement, and inadequate broadband widths. Even for those practices who use telehealth, patient volume remained below pre-COVID levels.

Yes, we are running at less than 25 percent of our usual volume, even doing telemedicine and telephone consults.

TELEPHONE USAGE: Respondents (6.74%) who used telephone visits described them as generating no or little revenue due to reimbursements. Telephone visits are preferred among some segments of the population, especially those who do not have access to smart phones or who are unfamiliar with the technology.

Severe. We have closed our smaller office, reduced staff and provider hours by 40 percent or more, and are really having trouble with video visits in the very elderly. Phone visits pay \$15 each, which is awful.

AAFP NEXT STEPS AND RECOMMENDED ACTION

Patient volumes and revenue remain substantially lower than pre-COVID levels, affecting the ability for practices to stay open and the capacity of physicians to serve patients and manage care.