COVID-19 SURVEY REPORT-WEEK FIVE

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 24-27, 2020.

EXPECTED LONG TERM CONSEQUENCES, RESPONDENT SPECIALTY, TREATMENT PROVISION, QUALITY OF LIFE MEASURE

What do you expect will be the long-term impacts of COVID-19 on your practice? (Select all that apply; n = 85)

Sustained increase in telehealth/telementicine visits 77.65%
Financial revenue loss 72.94%
Modified clinic workflows 65.88%
Enhanced personal protective equipment use 62.35%
Decrease in patient volume 51.76%
Increased needs among patients with chronic conditions 42.35%
Increase in patient calls 40.00%
Unknown 20.00%
Decrease from current telehealth/telementicine visits 15.29%
Increased needs for patient care of acute conditions 15.29%
Unknown 14.12%
Shifts in care (e.g., more acute, less chronic care) 12.94%
Other 9.41%
Decrease in patient calls 9.41%
Increase in patient volume 8.24%
Practice will reopen (currently closed) 7.06%
Practice temporarily closed 4.71%
Financial revenue gain 0.00%
Financial revenue loss 0.00%

What treatments are you using? Select all that apply. (n = 67)

Supportive care 71.64%
Acetaminophen 68.06%
Optimizing treatment for comorbidities 57.71%
Inhaled beta 2 agonists 47.99%
Benzonatate 36.11%
Vitamin C 34.33%
NSAIDS 34.33%
Zinc 28.38%
Referral 23.53%
Inhaled corticosteroids 22.33%
Antihistamines 22.33%
Antibiotics 14.42%
Oral corticosteroids 14.42%
Azithromycin 13.43%
Nasal corticosteroids 8.51%
Chloroquine or hydroxychloroquine 5.97%

What is your current specialty? (n = 87)

Family Medicine – 91.10%
Behavioral Health – 2.30%
Other – 1.15%
Dentistry – 1.15%
Emergency Medicine – 1.15%
General Internal 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 = 87)

No: 24.66 %
Yes: 75.34%

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

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Questions? Email NRN@AAFP.ORG
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THEMES

PATIENT VOLUME: Respondents (46.91%) stated that patient volumes continue to persist below pre-COVID-19 levels. A handful of those respondents (10.53%) indicated a shift to where volumes have either steadied or increased.

Patient volumes seem to have stabilized in the office. Telehealth stable at 50% of visits. Annual well visits via audiovisual is a godsend.

FINANCIAL STRAIN: Respondents (34.57%) indicated that practices are under persistent financial stress; some (28.57%) wondered whether loans (i.e., additional funding) will be adequate to keep practices open and functional.

It can't be understated, without the federal support dollars, we would be closing down and letting our staff go. Even with the federal support, the future is uncertain if patients don’t show up.

STAFFING: Respondents (30.86%) reported that staffing strategies used to save money continue to be applied, such as layoffs, furloughs, salary cuts, hourly cuts. Other approaches mentioned include pausing contributions to retirement benefit, keeping mid-level professionals (less expensive than experienced staff), offering voluntary time off without pay, and moving physicians to areas that need extra support, e.g., inpatient care.

One-third of our residents and half our faculty have been working on the inpatient virus service. This has kept RVUs and education opportunities near normal for these providers. The rest of the practice is doing prenatal care and well-baby care and video visits for adults. This has had a very big impact on RVUs.

TELEHEALTH: Respondents (27.16%) stated a range of adoption, e.g., building capabilities, implementing, using and slowly expanding utilization, and operating within virtual care only. Telehealth poses some patient challenge regarding access, especially with older populations.

We are able to do virtual visits, but a lot of patients either don’t have the technology to do video visits or can’t make them work or just don’t want to be bothered. This results in only being able to do the phone visits and the reimbursement is so much less.

TELEPHONE USAGE: Some respondents (12.35%) reported that they have had more telephone visits since the onset of COVID-19, particularly due to a decrease of in-person patient volume; however, projected reimbursement from telephone visits is very minimal, if at all, causing additional financial stress on practices.

Severe. We have staff completely off because they are vulnerable, and almost everyone else is working 60%. We have closed our smaller office (open since 1983) temporarily and merged the offices. We are doing as many video visits as possible, but many are telephone visits with the elderly at $15 each, which kills us financially."

PERSONAL STRAIN: A portion of respondents (17.28%) mentioned concerns that could be viewed as sources of stress, such as changes in salary, health of staff, fear of losing patients, pressure to bring in revenue, and a sense of not feeling valued.

I learned this week I will lose part of my FTE at my job. Only about 10%, so far and I will be fine financially. But the meaning of this cut to my sense of self and self-worth is hard to take. I am working on a reframe.

AAFP NEXT STEPS AND RECOMMENDED ACTION

Evaluate current outreach efforts regarding physician burnout and stress. Understand additional physician support needed as COVID-19 will have lasting effects on the workforce.