

COVID-19 SURVEY REPORT-WEEK FIVE

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.