

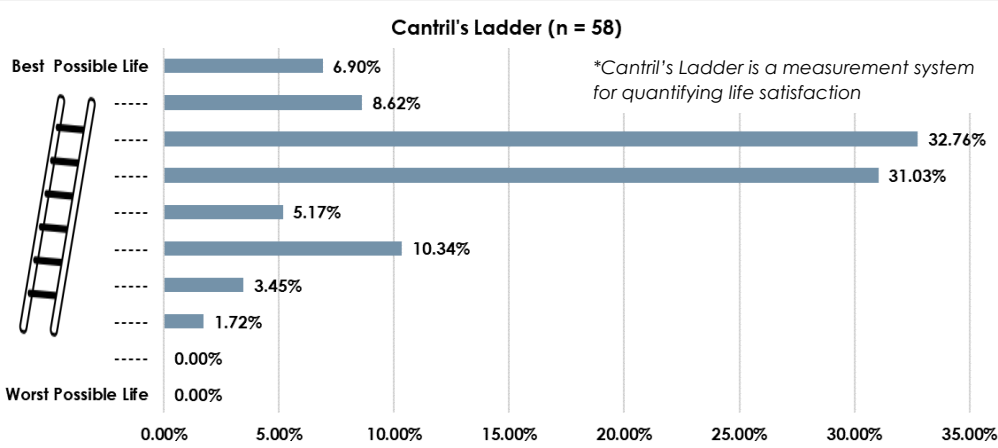
COVID-19 SURVEY REPORT-WEEK SIX

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.

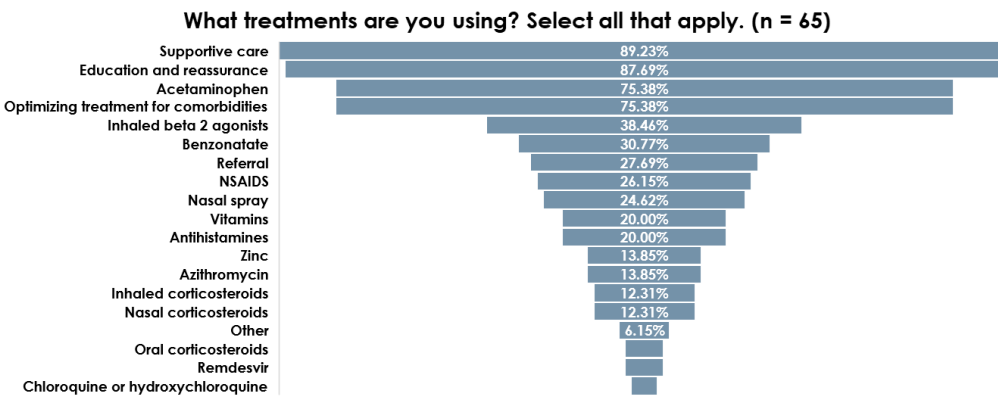
Weekly, members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. This brief report includes the highlights from the survey that was open May 1-4, 2020.

QUALITY OF LIFE MEASURE, TREATMENT PROVIDION, RESPONDENT SPECIALTY, PRACTICE TYPE



What is your current specialty? (n = 81)

- Family medicine: 97.53%
- Behavioral Health: 1.23%
- Dentistry: 1.23%
- Emergency Medicine: 0.00%
- General Internal Medicine: 0.00%
- OB/GYN: 0.00%
- Pediatrics: 0.00%
- Pharmacy: 0.00%
- Other: 0.00%



How would your practice/center be described? (n = 81)

- Primary care only: 59.26%
- Academic practice: 12.35%
- Multi-specialty group: 11.11%
- Community-based residency program: 11.11%
- Academic center-based residency program: 9.88%
- Rural health clinic: 8.64%
- Other: 8.64%
- Federally qualified health center (FQHC): 7.41%
- Affiliated with academic medical center: 6.17%
- Community health center (CHC): 6.17%
- Integrated health: 4.94%
- Fellowship program: 1.23%
- Federally qualified health center look alike (FQHC LA): 1.23%

Are you offering treatment to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 82)

No: 19.51% Yes: 80.49%



COVID-19 SURVEY REPORT-WEEK SIX

THEMES

PATIENT VOLUME: Respondents (50.00%) reported significant declines in patient volume compared to pre-COVID-19 levels, leading to substantial revenue reductions.

Our patient volume is down 50 percent from three months ago.

FINANCIAL STRAIN: Respondents (38.46%) commented on the profound financial strain that their organization has experienced since the onset of the COVID-19 pandemic, including lost revenue from the lack of elective procedures and services (e.g., labs and imaging), the threatened existence of independent practices, and concerns that SBA money will not sustain businesses' long-term viability.

SEVERE. We did get CMS grant and also have SBA loan. Practice viability/independence is a major concern. The hospital here already owns most of physicians' practices in town.

STAFFING: Respondents (26.58%) stated that staffing strategies, such as furloughs, reduction of hours, reduction of salary, and layoffs, continue to be used as organizations adjust to current economic realities.

Significant impact with resulting furloughs of employees at all levels of operations. 30% reduction in payroll to medical providers and 40% for management (c-suite). Temporary closure and combining of clinic sites to conserve resources and cut overhead. Decrease of surgical services and elective procedures. Consolidation of rehab services. Suspension of group educational in person training.

REMOTE CARE: Respondents (13.92%) discussed an increased reliance on remote visits and used them to augment patient volume; however, those visits did not make up for the lack of in-person visits, indicating diminished revenue.

Revenue way down because of fewer patient visits, that have only partially been made up by tele or video visits.

PERSONAL STRAIN: Respondents (15.79%) who mentioned challenges pertaining to personal strain, commented on individual salaries and reduced incomes, especially those situations where respondents did not know how future developments would affect the health care environment.

Still not able to open up and see as many patients. Down to less than 20% income

NOTABLE RESPONSE

"The impact is quite significant for our private practice of 6 doctors. Our patient volume and charges are down by 50%. This has occurred despite an aggressive and early push into telemedicine which simply cannot offset the loss in well visits and does not match face-to-face visit reimbursement or the ancillary services associated with our visits. We had to reduce the hours for many of our staff and employed physicians and cut our salaries. The PPP loan which we secured will provide us with a few months of cashflow relief, but beyond that the future is quite uncertain. Additionally, as a small group practice we have encountered roadblocks in obtaining PCR swabs and rapid COVID19 kits to perform testing which we actually have good capacity and workflows to perform. The larger organizations all seem to have them, but this diverts our patients and our revenue stream to outside locations. It is frustrating that independent practices like ours, which have repeatedly shown to deliver care at a lower cost and high value, and are in contrast to corporate models that continue to lead to physician burnout, are going to be even closer to extinction as a result of the pandemic. It is a critical time for surviving independent practices to rally toward better organizational and support structures."

AAFP NEXT STEPS AND RECOMMENDED ACTION

Fee-for-service is not working in the current environment. Alternative payment models must be considered for continuing quality care at low cost accompanied with positive patient experience.