COVID-19 SURVEY REPORT-WEEK SEVEN

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 8-11, 2020.

TELEHEALTH IN PRACTICE, QUALITY OF LIFE MEASURE, TREATMENT PROVISION, RESPONDENT SPECIALTY

What is your current specialty? (n = 68)
- Family Medicine: 94.12%
- Behavioral Health: 2.94%
- General Internal Medicine: 1.47%
- Dentistry: 0.00%
- Emergency Medicine: 0.00%
- OB/GYN: 0.00%
- Pediatrics: 0.00%
- Pharmacy: 0.00%

How would your practice/center be described?
- Primary Care Only: 54.41%
- Multi-Specialty Group: 13.24%
- Integrated Health: 13.24%
- Academic Practice: 11.76%
- Community-Based Residency Program: 11.76%
- Rural Health Clinic: 8.82%
- Federally Qualified Health Center (FQHC): 8.82%
- Other: 8.82%
- Affiliated with Academic Medical Center: 7.35%
- Community Health Center: 1.47%
- Federally Qualified Health Center Look-Alike (FQHC LA): 1.47%

What treatments are you using? Select all that apply. (n = 51)
- Education and resuscitation
- Supportive care
- Antioxidants
- Optimizing treatment for comorbidities
- Nasal spray
- Benzodiazepine
- Inhaled beta 2 agonists
- Vitamins
- Referral
- Anti-histamines
- Zinc
- NSAIDs
- Antiretroviral
- Inhaled corticosteroids
- Nasal corticosteroids
- Other
- Benzodiazepine
- Oral corticosteroids
- Chloroquine or hydroxychloroquine

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

*Cantril’s Ladder score ranges from 0 (Worst Possible Life) to 10 (Best Possible Life).*
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THEMES

Themes are identified through responses to the following question: Could you please tell us about any financial impact the COVID-19 pandemic has had on your practice, if any?

PATIENT VOLUME: All respondents who commented on patient volumes (41.54%) indicated that patient volumes remained low compared to pre-COVID-19 levels; although the extent of low patient volumes varied, ranging from substantial reductions to modest decreases.

- Significant reduction in patients on schedule with a significant reduction in cash flow.

FINANCIAL STRAIN: Respondents who commented specifically on financial matters (56.92%) continued to describe diminished revenue. However, a portion of those respondents (24.32%) stated that they had received federal funds which brought immediate relief to their practices.

- April, [we experienced] about 50% reduction in patient volume. An SBA loan is helping us manage cash flow as we anticipate markedly lower reimbursement coming in from late March and all of April.

STAFFING: Of those respondents who commented on staffing (32.31%), the majority (76.19%) stated that practices continue to operate on reduced staff (including support staff and/or clinicians) to offset losses from low patient volumes and low revenues. Respondents who did not state a change in staffing indicated that they are part of large health system and could absorb significant financial impact or they had received federal funds to help sustain them, thus far.

- The staff is all on reduced hours. There are hiring and spending freezes. We are on reduced clinic hours. Seeing half the patients compared to normal.

REMOTE CARE: Respondents who commented on telehealth or telephonic care (15.38%) were uncertain regarding correct billing and reimbursements rates (and how long those rates will be effective). In addition, they wondered how to further increase patient volumes even with telehealth implementation.

- Huge drop in revenue and visits (doing mostly telehealth since 3/23). Huge pressure to reopen to in-office visits and ramp up numbers by end of May or we may face layoffs of up to 33% of staff.

PERSONAL STRAIN: Respondents who indicated personal strain as a result of the COVID-19 pandemic (9.23%) felt significant pressures due to personal finances or situational constraints.

- Devastating. Schools closed. No childcare available. Difficult to work. Do not qualify for PPP. Not enough from stimulus or EIDG $1000. Need unemployment - blocked out.

AAFP NEXT STEPS AND RECOMMENDED ACTION

Patient volumes remain low, even with telehealth implementation. Therefore, many patients are not receiving needed care. Additional innovative and robust telehealth strategies are needed to reach patients so they can get the care they need, and primary care clinicians can keep their practices operating through serving critical, community needs during COVID-19 and beyond.