



## COVID-19 SURVEY REPORT-WEEK EIGHT

### 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:** Respondents (48.28%) indicated that patient volume continues to be lower than pre-COVID levels. A few of those respondents (10.71%) indicated that patient volume is improving, in turn, helping revenues.

After a consistent trend upward of 5-8 percent in-office visits, our April office visits were down 25 percent and May is trending similarly.

**FINANCIAL STRAIN:** Of the respondents who discussed financial aspects directly (53.45%), the majority (96.77%) reported continued financial strain within their practices with varying degrees. A portion of respondents (22.58%) applied and received federal funds. They stated that those funds helped, but the extent to which those funds will secure business viability varied.

*Although we received a PPP loan, we are still operating at a loss of \$90,000 in April. We hired back all of our staff as per the SBA guidelines for loan forgiveness, but are seeing about 220 fewer patients per month, and offering no premium services (colonoscopy, mammography) that generally brought in higher revenue.*

**STAFFING:** Respondents who mentioned staffing changes (27.59%) described tactics, e.g., furloughs, lay-offs, reduced salary, and reduced hours, used or planned in efforts to cut costs. A small percentage (12.50%) of those who discussed staffing changes did not employ these methods due to reserves.

*We are still not able to practice normally, only emergency care. Our staff is still out on furlough.*

**REMOTE CARE:** Respondents who commented on telehealth and/or telephone visits (15.52%) stated that those visits helped augment the number of patients seen, but they did not make up for lost in-person volume. In addition, questions remained regarding actual reimbursement.

*Revenue is way down. Can't schedule as many telehealth visits as we had face-to-face visits. We care for a large refugee population and trying to do phone or video visits with a translator is a nightmare.*

### AAFP NEXT STEPS AND RECOMMENDED ACTION

As long as primary care practices and clinicians operate at a decreased capacity, basic patient care will not be met, foregoing services such as chronic care and primary screenings, which both save lives and costs downstream.