



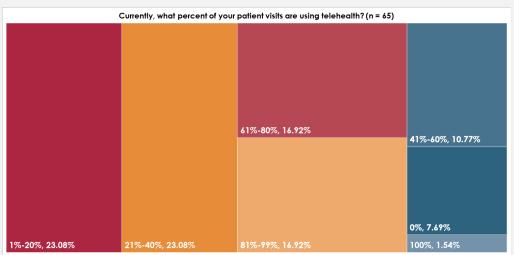
## **COVID-19 SURVEY REPORT-WEEK NINE**

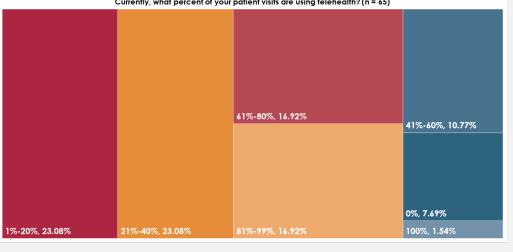
### **OBJECTIVE**

## 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 22-25, 2020.

# TELEHEALTH IN PRACTICE, LONG-TERM IMPACTS, QUALITY OF LIFE MEASURE, TREATMENT PROVISION, RESPONDENT **SPECIALTY**





# How would your practice/center be described? (n = 59)

Primary Care Only: 50.75% Federally Qualified Health Center

(FQHC): 13.43%

Community-Based Residency

Program: 13.43%

Multi-Specialty Group: 11.94%

Other: 10.45%

Integrated Health: 10.45% Academic Practice: 7.46% Rural Health Clinic: 5.97%

Academic Center-Based Residency

Program: 4.48%

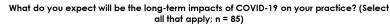
Affiliated with Academic Medical

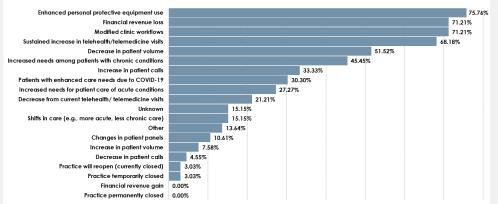
Center: 4.48%

Community Health Center: 1.49%

Fellowship Program: 0.00% Federally Qualified Health Center

Look-Alike (FQHC LA): 0.00%





### What is your current specialty? (n = 67)

Family Medicine: 94.03%

General Internal Medicine: 2.99%

Dentistry: 1.49%

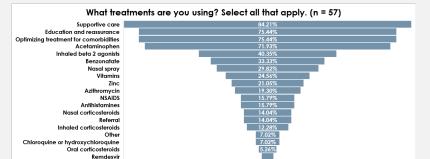
Behavioral Health: 1.49%

Other: 0.00%

Emergency Medicine: 0.00%

**OBGYN: 0.00%** Pediatrics: 0.00% Pharmacy: 0.00%

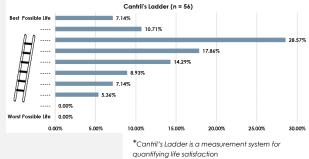






No: 14.93 %

Yes: 85.07%







### **COVID-19 SURVEY REPORT-WEEK NINE**

#### **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 (54.55%) reported patient volume loads ranging from well below normal to a return to pre-COVID-19 levels. Concerns existed regarding patient volume projections as patients may not seek care or be able to afford care. In addition, offices may be limited in accommodating COVID-19 patient care modifications (i.e., ability to ramp up and maintain high in-person volumes).

Practice is starting to pick up. I won't be as far in the hole in May as I was in April. I'm still trying to figure out how we can get back to 22-24 patients a day given all of the restrictions we need in place for COVID.

**FINANCIAL STRAIN**: Respondents (65.15%) reported a continuation of decreased revenues, ranging from devastating to mild. Of those who commented on specific financial topics, some indicated movement toward a better short-term outcome due to federal funding (13.95%) or increased workload (11.63%).

Initially we were concerned that we would not be able to meet payroll, but when the PPP loan and the Medicare advanced payments came in, it appeared that that crisis was at least temporarily averted.

**STAFFING**: As in previous weeks, respondents (19.70%) stated staffing tactics used to save money including furloughs, lay-offs, decreased salary, and decreased salary. Other tactics incorporated hiring freezes and using paid time off (PTO).

It has had a severe financial impact. Our April productivity was at 42% of budget (although we did lower expenses from the original budget, as MDs worked without pay some weeks and staff had some furloughs and everyone else had hours cut to 60%). May has been better in terms of daily work, and we are gradually increasing staff hours, and have brought back most of the furloughed staff.

**REMOTE CARE:** Respondents (7.58%) indicated that they have worked toward implementing or bolstering a telehealth presence, yet patient volume remains lower than prior to the pandemic.

Have seen about 95% fewer patients, and the ones that we are seeing, are done virtually. Am not sure if we have been paid or not for those.

### AAFP NEXT STEPS AND RECOMMENDED ACTION

Patient volumes need to increase in order to sustain primary care practices and clinicians. Even though federal funding has helped cover costs in the short-term, third and fourth quarters may prove troublesome if patients do not return. Additional measures may need to be in place for patients to feel safe and secure, and more educational and marketing efforts may need to be considered to increase telehealth utilization.