

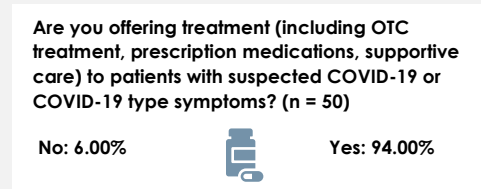
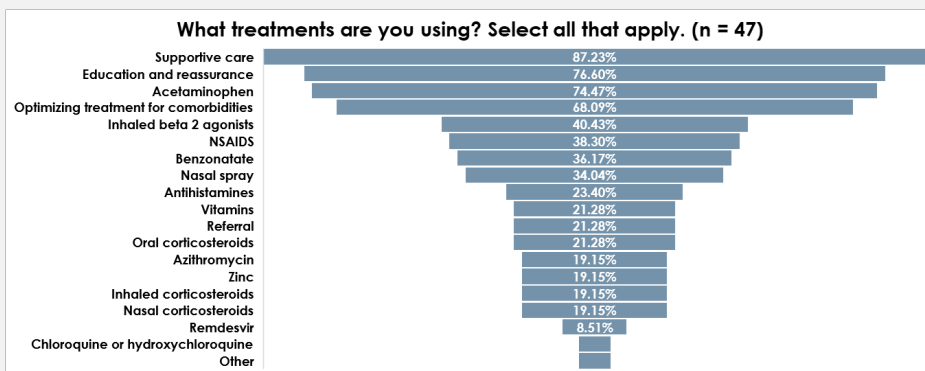
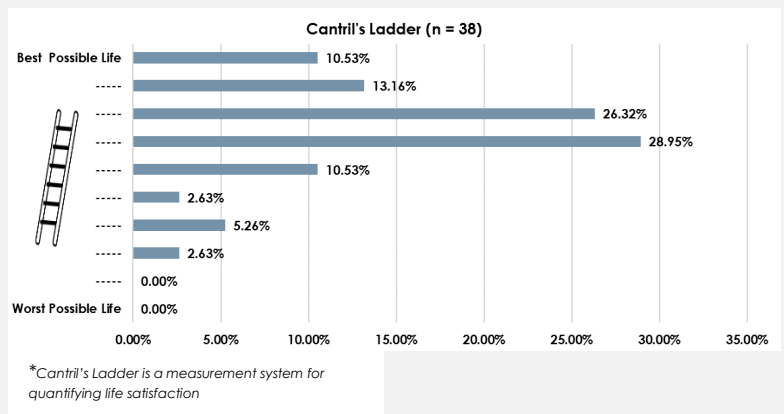
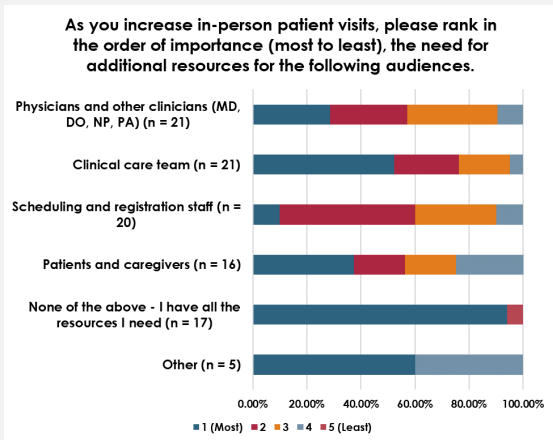
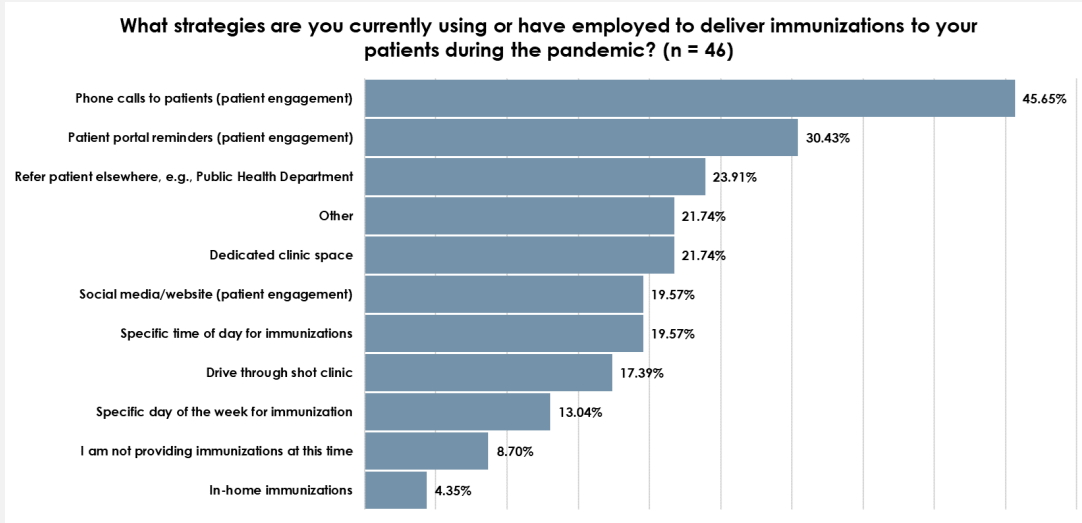
# COVID-19 SURVEY REPORT-WEEKS THIRTEEN AND FOURTEEN

## 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.

Members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. Beginning on June 26<sup>th</sup>, 2020, this survey became bi-weekly. This brief report includes the highlights from the survey that was open June 26-29, 2020.

### IMMUNIZATIONS, RESOURCE NEEDS, QUALITY OF LIFE MEASURE, TREATMENT PROVISION



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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:** Respondents who mentioned patient volume (35.42%) provided a range of replies, including: continued low patient in-person visits resulting in overall low patient volume, increased in-person visits but still below pre-COVID levels, and fully recovered volume numbers as compared to pre-COVID levels.

*We saw vastly fewer patients in both clinic and hospital for many weeks. Getting closer to business as usual now.*

**FINANCIAL STRAIN:** Respondents who discussed financial aspects directly (70.21%) mentioned that revenues declined or continued to be low due to decreased wellness checkups, elective procedures, and patient volumes; others stated that financial indicators are improving slowly. In addition, a portion those who received PPP funds (21.21%) affirmed that they kept businesses operational, however, their financial outlook remained uncertain.

*It has been very severe but is hopefully lessening. We would be in terrible trouble if we had not been fortunate and obtained PPP funds. We are not yet out of the woods, as expenses are rising and revenues lagging.*

**STAFFING:** Respondents discussed staffing tactics (18.75%) used to contain costs such as furloughs, reduced salaries, reduced hours, and hiring freezes. These are the same ones listed in previous survey results.

*Reduced revenues with significant impact and reduction of physician income by 30%. Furloughs of staff and reconfiguration of hospital has reduced non-essential procedures and decreased income.*

**REMOTE CARE:** Respondents who discussed remote care (including both audiovisual and audio only) (12.50%) mentioned several matters including payment policies, billing concerns, and patient volumes.

*Initially it was terrible. Lost \$200K per month, but then we got PPP money and the governor mandated no out-of-pocket costs for patient televisits. So, now we are actually doing well. If, however, patients start being required to pay deductibles/copays again and my PPP runs out we may be back in the same boat.*

### AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

As practices reopen or increase in-person visits, workflow modifications need to be considered for patient safety. The following quote describes one practice's current process:

*We are now over 80% back to our pre-COVID volume, in a combo of in-person and virtual visits. Hoping the reimbursement is what has been promised. We can't open-up to full volume in-person visits due to a very small waiting room and the need to keep time and distance between patients. Working on the new flow, new tasks between front desk and back office, and how to integrate the virtual visits. Our new gang work room is a big problem – can't do telehealth in there because others are in the same room dictating or talking to patients as well. We have to find unused patient rooms to do the telehealth privately.*