

# COVID-19 SURVEY REPORT-WEEKS FIFTEEN AND SIXTEEN

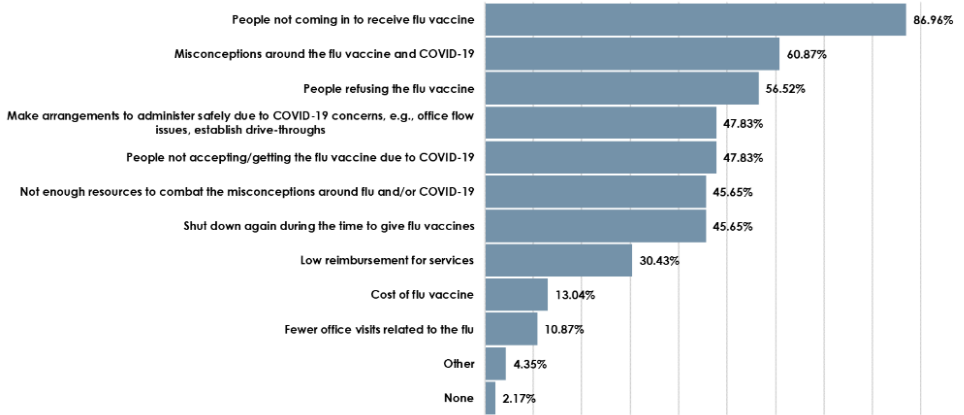
## OBJECTIVE

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 July 10-13, 2020.

### FLU VACCINES, MEDICATION COSTS, QUALITY OF LIFE MEASURE, TREATMENT PROVISION

For this upcoming flu season, what are your concerns? (n = 49)



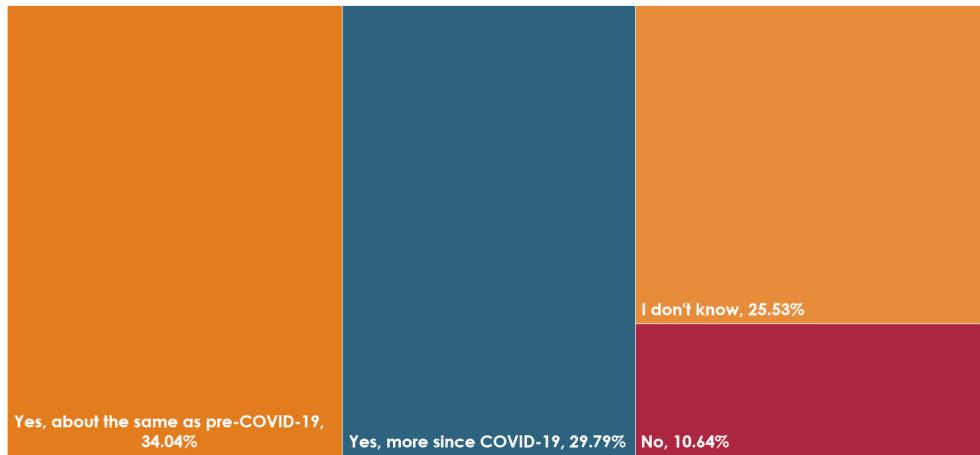
Are people asking about flu vaccines for the upcoming season? (n = 49)

No: 53.1% Yes: 46.9%

Are people asking about the flu vaccine they received last year as it relates to COVID-19? (n = 49)

No: 83.7% Yes: 16.3%

Since COVID-19, are your patients struggling to afford medications? (n = 47)



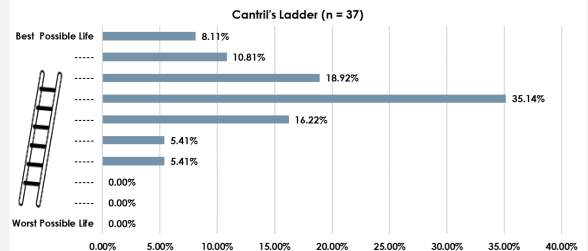
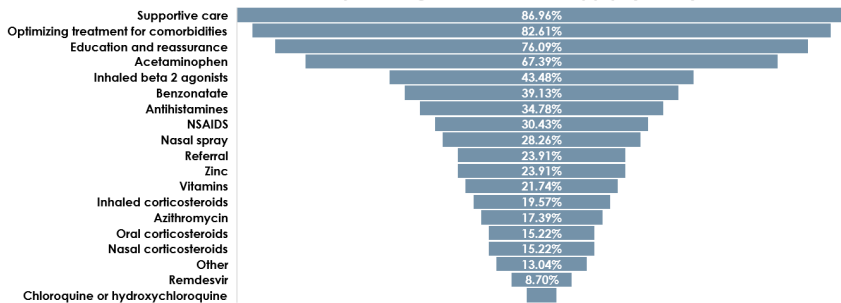
Approximately, what percentage of your patients are struggling? (n = 27)

Minimum: 9.00%  
Maximum: 80.00%  
Mean: 38.85%  
Standard Deviation: 21.99%

Do you feel you have the resources to help patients lower their costs of medications? (n = 47)

No: 65.96% Yes: 34.04%

What treatments are you using? Select all that apply. (n = 46)



\*Cantril's Ladder is a measurement system for quantifying life satisfaction

Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 49)

No: 6.12% Yes: 93.88%



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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%) fell into three categories: those who said that their patient volume levels are low (41.18%), those who stated that while their patient volume remains low, their patient visits are rebounding (29.41%), and those who declared that their patient volume has returned to their normal, pre-COVID levels (29.41%).

*[We] had very few patient encounters in April/May. Getting better since mid-May.*

**FINANCIAL STRAIN:** Respondents discussed specific financial aspects (68.75%) and stated that overall decreased revenue remains a concern. Several of those respondents (27.27%) received PPP funds and/or other federal loans which eased immediate financial burdens; however, they remained uncertain about financial forecasts due to the changing environment.

*Starting to recover in the past month. July is looking much better. Still worried that my whole office is going to have to take two weeks off as cases are increasing in Nevada.*

**STAFFING:** Respondents continued to mention staffing tactics used to cut costs (27.08%), including furloughs, layoffs, decreased salaries, clinic consolidations, early retirement offerings, no cost of living increase, and no professional development support.

*Multispecialty and Hospital Organization has \$400 million shortfall projected for 2020, will get approximately \$200 million from federal grants, so significant shortfall still expected. For our clinic results in 30% reduction in MD salary through end of year. Organization has consolidated some clinic sites and will not be reopening seven of the sites that had been consolidated to reduce overhead.*

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

Ambiguity surrounds financial futures for primary care practices due to the quickly evolving pandemic. As cases spike in many areas of the country, questions remain over 1) patients seeking in-person care, 2) PPE availability, 3) testing supplies, 4) telehealth coverage at in-person parity, 5) additional stimulus packages set forth by federal government, and 6) vaccination approval and distribution by the end of the calendar year to name a few. The below quote exemplifies a crucial aspect of keeping patients and staff safe and extra costs incurred.

*We have confirmed COVID positive staff and possible COVID exposed staff. We are dedicating about 2-3 FTE of clinical staff (physicians and nurses) to test, track and coordinate with the Department of Health, collect tests, coordinate services and collect exposure information. This is an unexpected cost."*