

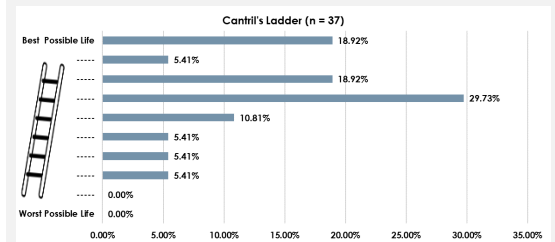
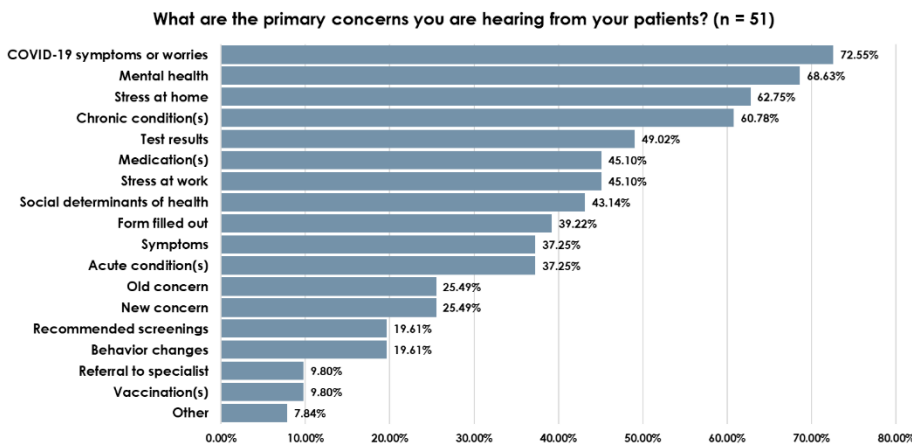
COVID-19 SURVEY REPORT-WEEKS SEVENTEEN AND EIGHTEEN

OBJECTIVE

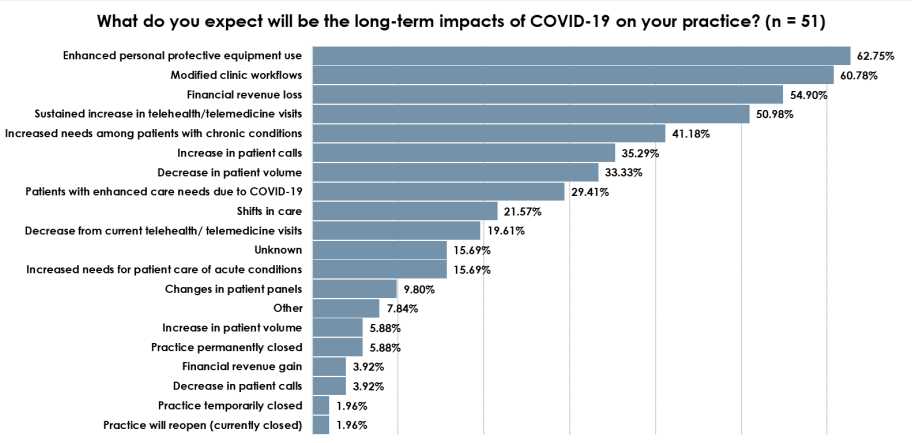
The objective of this research is to understand the COVID-19 pandemic's impact on financial, personal, and professional futures of primary care clinicians.

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 26th, 2020, this survey became bi-weekly. This brief report includes the highlights from the survey that was open July 24-27, 2020.

PATIENT CONCERNS, LONG-TERM IMPACTS, QUALITY OF LIFE MEASURE, TREATMENT PROVISION



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

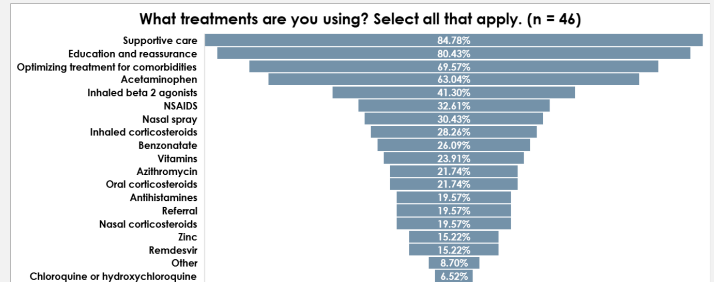
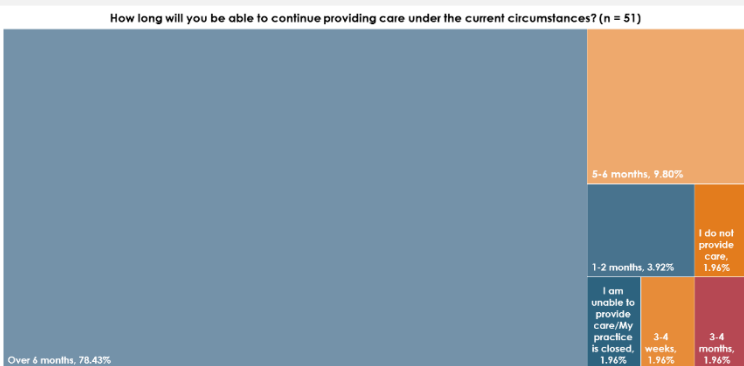


Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 50)

No: 8.00%



Yes: 92.00%



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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 discussed patient volume (42.55%) indicated that they continue to experience low patient volume (75.00%) as compared to pre-COVID levels.

The impact has been swift and ongoing. Numbers in clinic are still down 25% from a year ago.

FINANCIAL STRAIN: Respondents who mentioned specific financial aspects (63.83%) stated a range of experiences, including potential closures, decreased revenues, increased productivity, and budgetary rebounds. For those who received federal funding (20.00%), i.e., Paycheck Protection Program or other program, they indicated that the funding provided immediate relief and helped close gaps.

We are about 80% of our normal collections and production. We are still seeing less patients and will for the foreseeable future.

STAFFING: Respondents who discussed staffing (21.28%) stated that furloughs are still in place, while others stated that staff and clinicians have returned from furloughs. For those who mentioned staff not returning, respondents indicated an increase in burnout among those left.

95% of visits cancelled. Now, multiple staff (medical assistants) in our office have left, which means that the ones who remain are getting overworked and burnt out, for the same amount of pay.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Keeping telehealth coverage at in-person parity is of prime importance as practices have increased telehealth utilization, allowing clinicians to serve patients they may not otherwise. Continue to communicate telehealth reimbursement needs as the current situation evolves. The following quote provides a snapshot of an office's financial picture, patient care needs, and telehealth demands.

Decrease in monthly operating revenues of 30-60%. Decrease in chronic care visits of 40%. Increase in telehealth utilization going from 5% to 35% in two months. Staff furloughs of 25% of the staff for 30-90 days.