

COVID-19 SURVEY REPORT-WEEKS TWENTY-ONE AND TWENTY-TWO

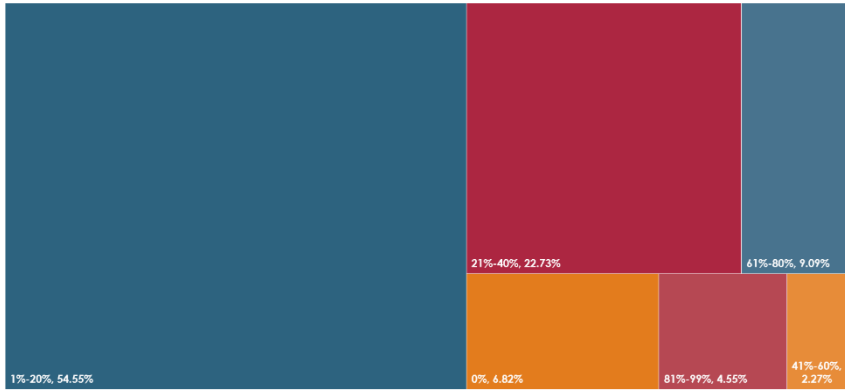
OBJECTIVE

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 August 21-24, 2020.

CURRENT AND FUTURE TELEHEALTH PRACTICES, PPE SUPPLIES, QUALITY OF LIFE MEASURE, TREATMENT PROVISION

Currently, what percent of your patient visits are using telehealth? (n = 44)



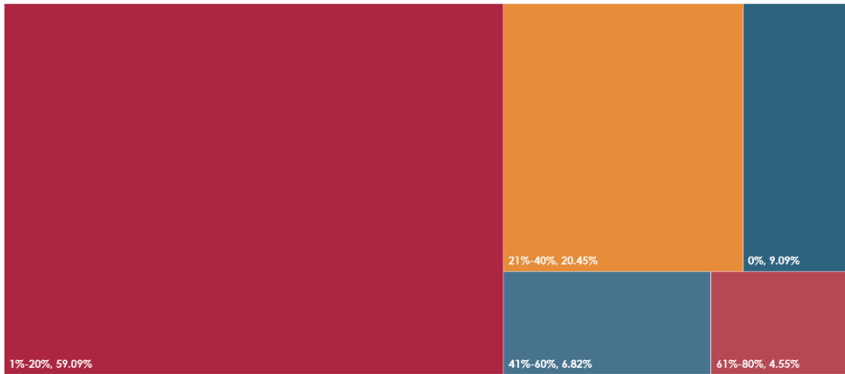
Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 44)

No: 9.09%

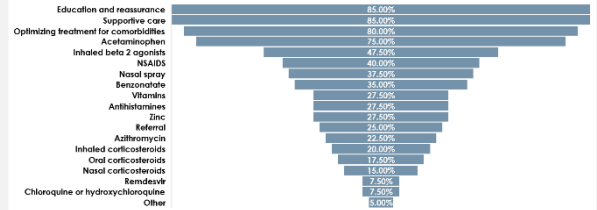


Yes: 90.94%

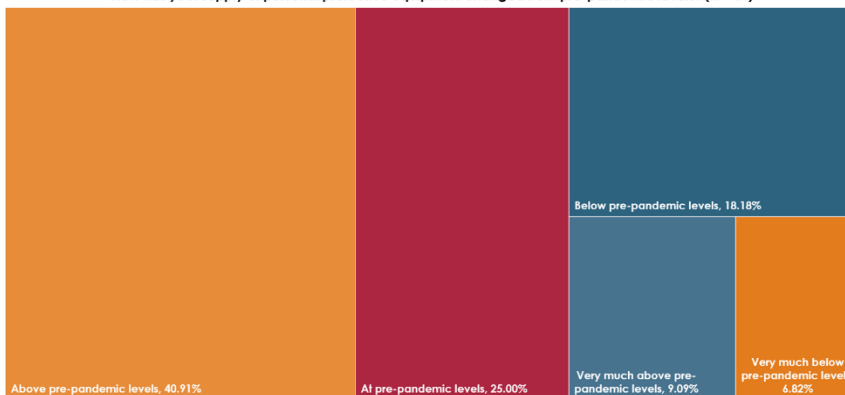
As restrictions are lifted and your practice adjusts to the new normal, what percent of your patient visits do you foresee using telehealth? (n = 44)



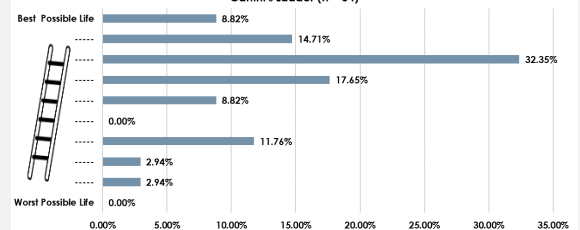
What treatments are you using? Select all that apply. (n = 40)



How has your supply of personal protective equipment changed from pre-pandemic levels? (n = 44)



Cantril's Ladder (n = 34)



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

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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: The majority of respondents who discussed patient volume (30.95%) indicated that they remain below pre-pandemic levels; although, numbers are improving. In addition, fewer appointments do not necessarily translate into less work.

Our patient volume is about 85% of pre-pandemic numbers, so our revenue is down. Supplies also cost more.

FINANCIAL STRAIN: Respondents mentioned direct financial aspects (76.92%) focusing on four areas: importance of receiving federal funds and the role those funds played in sustaining viability; continued financial recovery after experiencing great hardship during the first four months of the pandemic; implementation of safety standards and their associated costs; and, telehealth's role in helping close the gap of revenue received from decreased in-person patient visits.

In the first couple of months, [there was] significant drop in volume and thus revenue. However, we were able to get PPP and SBA loan to keep us going.

STAFFING: Respondents who commented on staffing (25.64%) touched on a variety of issues, including difficulty hiring new staff, reassigning to different responsibilities, increased workloads, quarantining, and continued furloughs and decreased salaries.

We need far more staff door screeners and front desk and more PPE and disinfection supplies - these cost more! Also, every time an employee has a sniffle or travels, they have to be quarantined. It's expensive and exhausting.

SAFETY: Respondents who mentioned implementing safety measures (10.26%) stated that they are taking steps to ensure patient and employee safety, but noted concerns about winter (current process is to see sick patients outside), cost implications (increased costs of supplies), or quarantining staff (creates burdens on remaining staff).

It was very hard and still continues to be hard. However, since June our clinic is almost back to normal, our biggest challenge is making sure that our staff and patients are safe. None of staff has gotten sick, and for the few patients that have contracted the virus, they have to call the office to info us and/or told to remain at home.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Primary care physicians are well-aware of COVID-19 risks to their patients and community. Precautions are being followed to keep everyone safe. However, additional safety measures come with added expense affecting organizations' bottom line. Not only will increased costs of PPE and cleaning supplies need to be considered in budget planning, but the shift of workflow, responsibilities, quarantining, among others will need to be considered as well. The following quote outlines some of the internal and cross-organizational issues associated with safety concerns and workloads.

Because staff are in quarantine or isolation from COVID we have had to bring back added staff from furlough to [name of organization] and there are added job roles in the steps to provide safety for patients and staff at the clinic. So, our revenues are down by 10% but our staff numbers are not. So, we are losing money. In addition, because our department of health is overwhelmed, they are delegating more public health work to the clinics which would require more staff to do. I reimbursed work to care for patients thus growing our debt.