

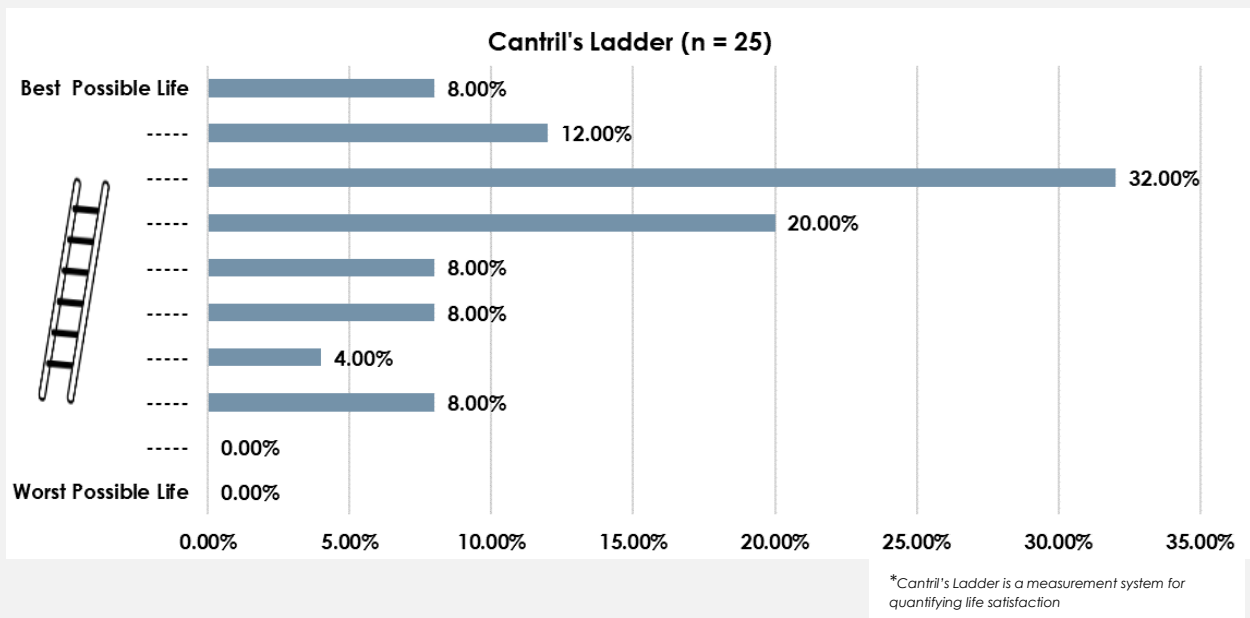
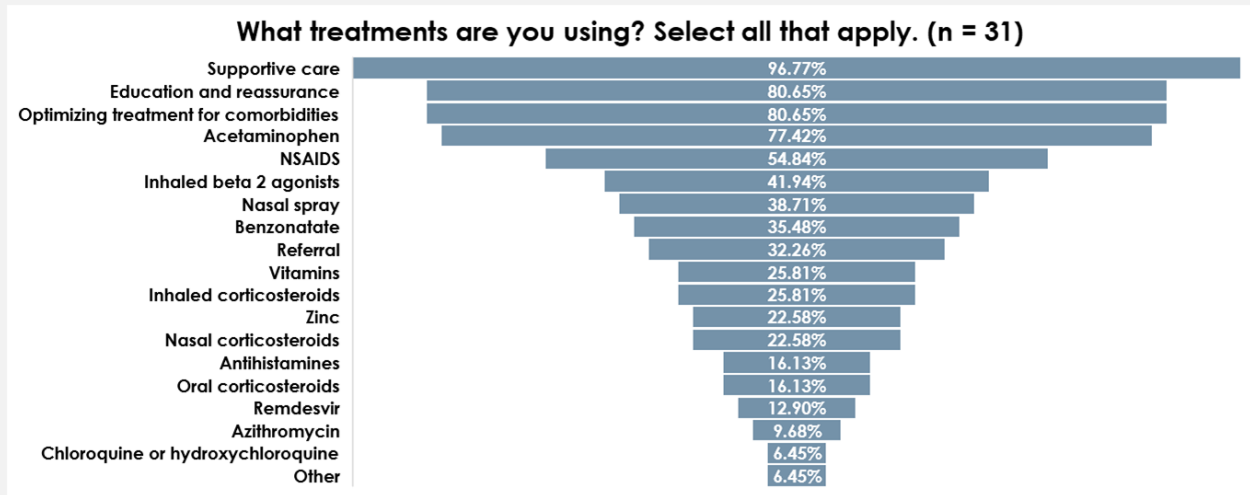
COVID-19 SURVEY REPORT-WEEKS TWENTY-THREE AND TWENTY-FOUR

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 September 4-7, 2020.

QUALITY OF LIFE MEASURE AND TREATMENT PROVISION



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: 6.06%



Yes: 93.94%

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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 commented on patient volume (34.48%) stated that volumes returned to pre-COVID levels or are rebounding from drastic reductions seen in March, April, and May. Those with lower volumes specified that fewer patient visits do not indicate less work.

Decreased patient volume, however, the patients that are seen are much more complex. They have not been managing their chronic conditions because they don't have enough income. We are busier, not getting reimbursed, and unable to fully help our patients.

FINANCIAL STRAIN: Respondents who discussed financial aspects (68.97%) focused on two areas: federal funding received to cover financial losses and keeping businesses operational due to lower revenues, decreased patient visits, and increased costs.

Still about 10-15% behind in revenue for the year. Things are better but we'll likely not catch up by the end of the year given our projections. Spending on PPE/other equipment hasn't helped. Like everyone else - nervous about the fall.

STAFFING: Respondents who mentioned staffing (24.14%) stated that staffing changes affected operations and income, such as fewer providers seeing patients in clinic. In addition, some participants described ways to cut costs, including decreased salaries, furloughs of employees, and encouragement of early retirement.

Continue to see lower income due to reduced schedules in clinic and hospital elective procedures. Emergency center use is higher than last month. Hospital admissions for COVID are stable despite increases in community diagnosed cases.

TELEHEALTH: Respondents who commented on telehealth (10.34%) stated that telehealth reimbursement at parity has been vital to business and believed that if this changes, financial hardship will result.

Healthcare system has taken a hit of many tens of millions of dollars in revenue loss and increased costs. Within primary care, we have done okay by pivoting to telehealth initially and then re-opening some clinic visits for patients with no risk factors. Currently, we are at our usual volume of visits, with 20-25% telehealth and the rest in clinic. Of the telehealth, approximately 20% are telephone and rest tele-video. As long as telehealth reimbursement equity exists, our primary care offices are okay financially.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Primary care physicians and practices continue to adapt to the ever-changing COVID-19 environment. Below depicts the ongoing struggle of one primary care physician in his quest to stay open and provide needed care to patients.

We're hosed, but so are most of my patients, so I keep on trying to find ways to not close our doors. I haven't taken any salary since March, and have picked up locums shifts on the side to pay the rent and keep the employee who holds us all together. More and more of my direct-pay patients are laid off and can't afford to pay, and I can't make that into a death sentence.