

COVID-19 SURVEY REPORT-WEEKS TWENTY-FIVE, TWENTY-SIX, TWENTY-SEVEN AND TWENTY-EIGHT

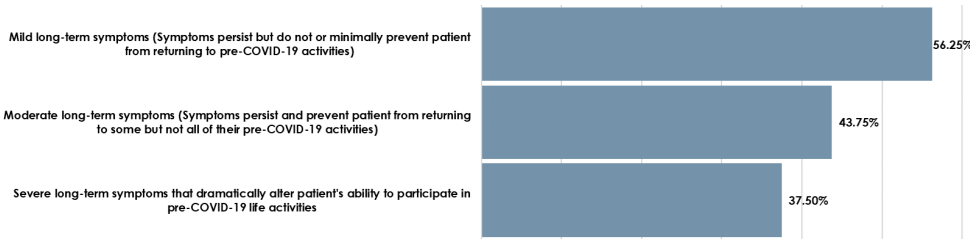
OBJECTIVE

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 September 4th, 2020, this survey was sent every four weeks. This brief report includes the highlights from the survey that was open October 2-5, 2020.

LONG-TERM SYMPTOMS, INFLUENZA, QUALITY OF LIFE MEASURE AND TREATMENT PROVISION

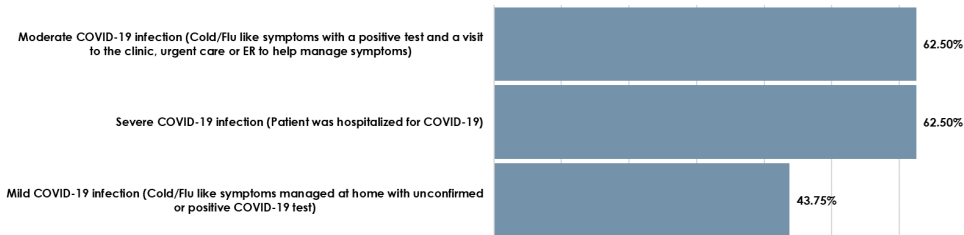
What is the level of severity of long-term COVID-19 symptoms for your patients? (n = 16)



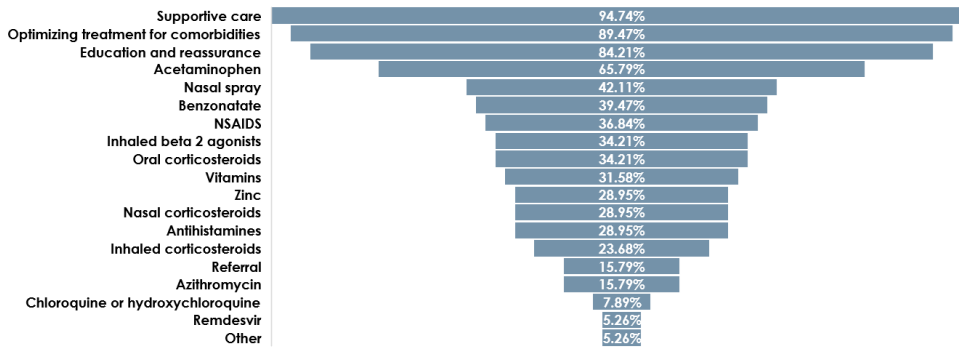
Are you seeing patients who are experiencing long-term COVID-19 symptoms (long-haulers)? (n = 40)

No: 40.00% Yes: 60.00%

What was the initial presentation of COVID-19 symptoms for your patient(s)? (n = 16)



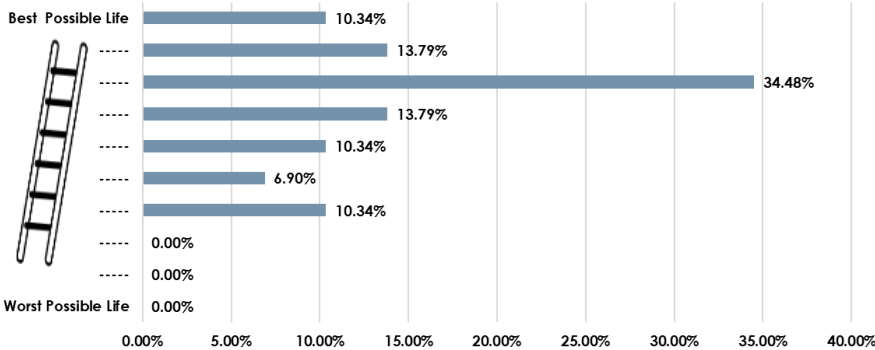
What treatments are you using? Select all that apply. (n = 38)



Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 41)

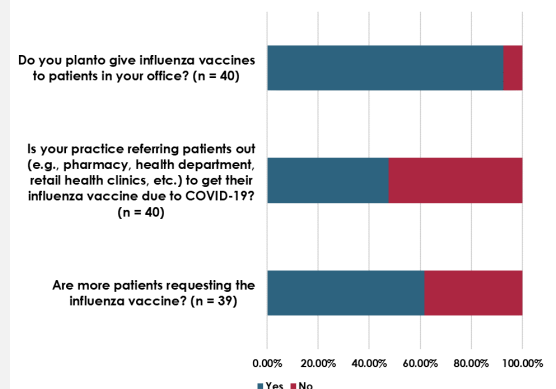
No: 4.88% Yes: 95.12%

Cantril's Ladder (n = 29)



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

For the 2020-2021 influenza season, ...



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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: Of the respondents who mentioned patient volume (44.74%), the majority (52.94%) stated patient visits were markedly lower than pre-COVID-19 levels, while others reported patient visits had rebounded or were in the process of rebounding (29.21%) to pre-COVID-19 levels.

Staff furloughed for several months. Numbers of visits way down. Still not having the number of visits needed daily to be profitable.

FINANCIALS: Respondents who discussed financial aspects (76.32%) reported different states of recovery, including those who continue to suffer financially, those who are in the process of returning to normal, and those who had recovered to pre-pandemic levels. A portion of those respondents (10.34%) discussed federal funds which provided immediate financial relief; however, they were concerned about future waves.

Initially it was scary, lost a lot of money. We are now holding our own financially, but only because most insurances are currently not applying deductibles to televisits and we are able to see physicals again. If there is another surge and/or the deductibles are reapplied, we expect to be strapped again.

STAFFING: Respondents who mentioned staffing (28.95%) indicated that furloughs, layoffs, decreased salaries, and decreased benefits were some of the tactics used to save costs.

Significant loss of income. Patient visits down as low as 30% of normal during the worst months. Still down 20-30% now. Had to cut staff hours.

TELEHEALTH: Respondents who mentioned telehealth (13.16%) discussed telehealth payments being at parity with in-person visits. However, some claimed to be underpaid or unsure of payments, particularly focusing on discrepancies between video and telephone visits.

Our practice is part of hospital and other clinics so we all had different levels of loss, but a solid 25% revenue lost in less appointments and still waiting on what will get paid for telephone versus video.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Administrative burdens exacerbate existing pressures on primary care physicians and practices, where understaffed and overworked care teams shift through onerous tasks, contributing to burn out. The following quote demonstrates the additional work to be accomplished on a day-to-day basis.

The expenses are still as high, the days are filled with filling out forms, insurance middlemen wanting charts copies, prescription refill requests, drug pre-authorizations, disability summaries, oh, and a few patients come in.