

COVID-19 SURVEY REPORT-WEEKS TWENTY-NINE, THIRTY, THIRTY-ONE AND THIRTY-TWO

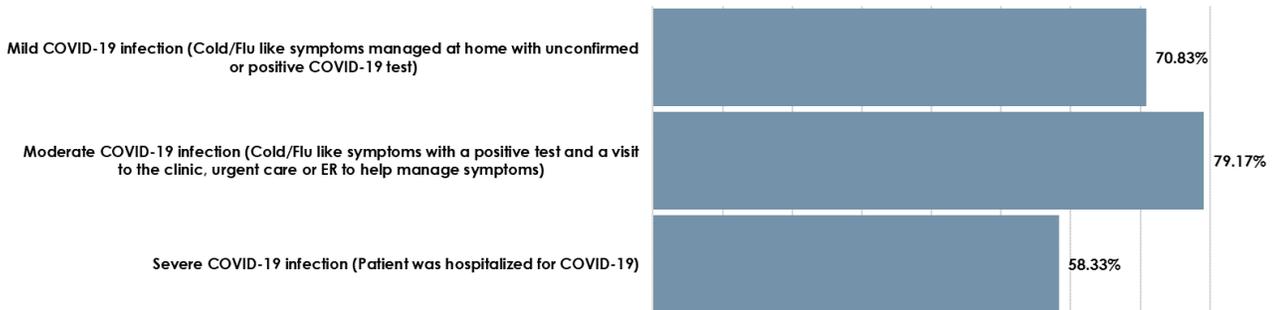
OBJECTIVE

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

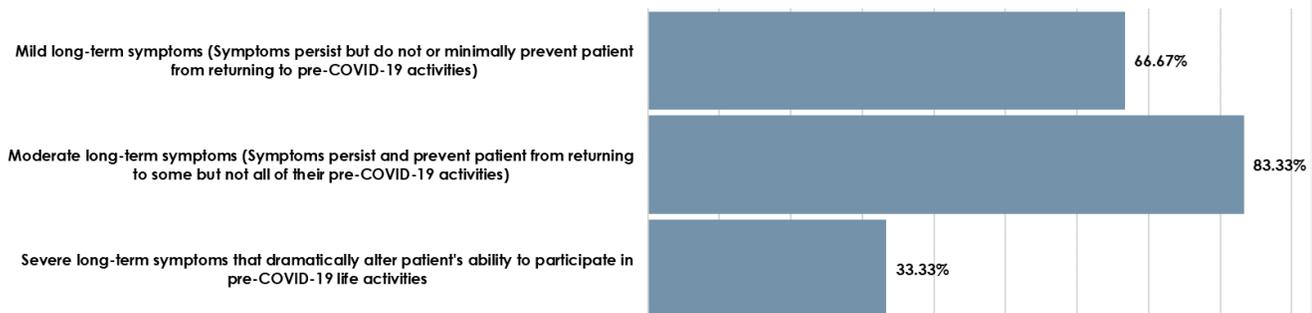
Members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. Beginning on September 4th, 2020, this survey was sent every four weeks. This brief report includes the highlights from the survey that was open October 30th – November 3rd, 2020.

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

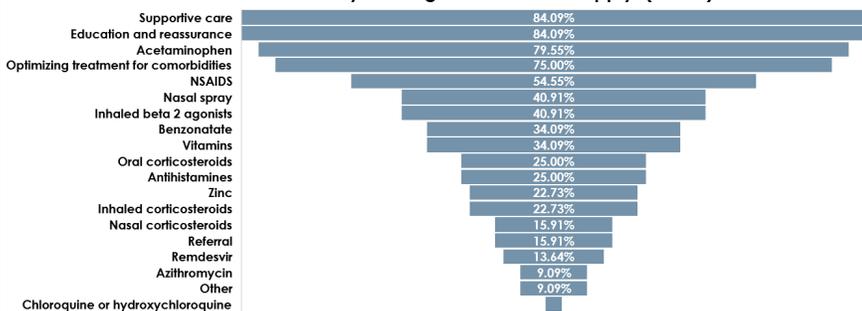
What was the initial presentation of COVID-19 symptoms for your patient(s)? (n = 24)



What is the level of severity of long-term COVID-19 symptoms for your patients? (n = 24)



What treatments are you using? Select all that apply. (n = 44)



Are you seeing patients who are experiencing long-term COVID-19 symptoms (long-haulers)? (n = 47)

No: 48.84%

Yes: 51.06%

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

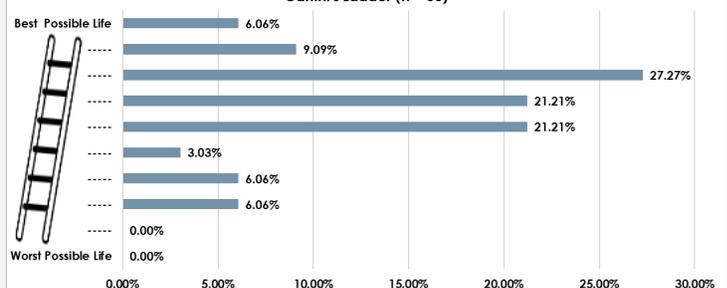
Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 47)

No: 6.38%



Yes: 93.62%

Cantril's Ladder (n = 33)



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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 described patient visits (34.04%) as either continued low volume, rebounding, or restored to pre-COVID-19 levels.

Continued decrease in outpatient visits. Hospitalizations slightly lower. Elective surgeries are back to pre-pandemic levels.

FINANCIALS: Respondents who discussed financial matters (53.19%) touched on a variety of topics, including the extent affected currently (none, mild, moderate, severe), the positive role federal funds have in their organizations' financial outlook, and supporting staff with limited resources.

We are at about 85% normal collections and production; however, November looks to be a bit less.

STAFFING: Respondents who commented on staffing (34.04%) discussed tactics used to cut costs, e.g., decreased salaries, decreased benefits, hiring freezes, and furloughs, as well as the need to augment staff numbers for patient care.

We have staff shortages because many are in quarantine, caring for kids or family in quarantine, and we have staff in new roles like screening and temp taking at the door which removes them from direct clinical care. And our Dept of Health is requesting we donate more staff for testing sites.

TELEHEALTH: Respondents who mentioned telehealth (10.64%) referenced reimbursement concerns, virtual visits not offsetting the gap of low in-person volume, and platforms not working as planned.

On quick look, no impact. But our billing department has found inconsistent reimbursement by insurers for same level of service for virtual visits. And we learned that one insurer is reimbursing phone visits at a flat rate of \$30. With our volume, who knows how much we've actually short changed?

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Supporting and advocating for independent primary care physicians are an absolute necessity at this time as some are being pushed to the brink of closing. The pandemic is taking not only a financial, but also a mental toll on those who provide direct clinical care. The following quote depicts one primary care physician's experience.

Solo independent primary care doc here. Huge losses. Kinda plateaued by now at a little less than half of pre-pandemic revenues. The indirect impact is that I'm so exhausted and demoralized that it's much, much harder and slower to put into place the latest new strategies and pivots to try to keep my practice and my patients alive. I don't know how to account for a dollar value on that, but it's massive.