

COVID-19 SURVEY REPORT-WEEKS THIRTY-THREE, FOUR, FIVE, SIX, SEVEN

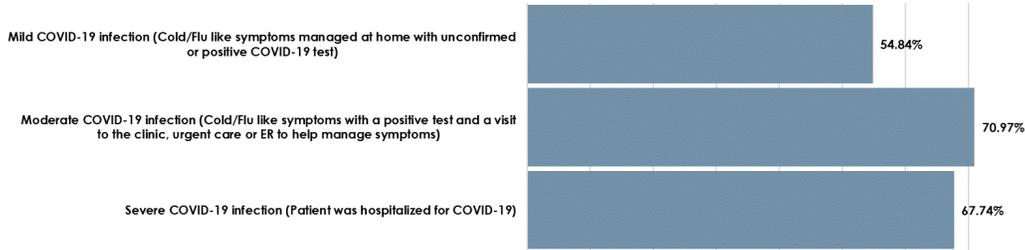
OBJECTIVE

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 December 4-7, 2020.

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

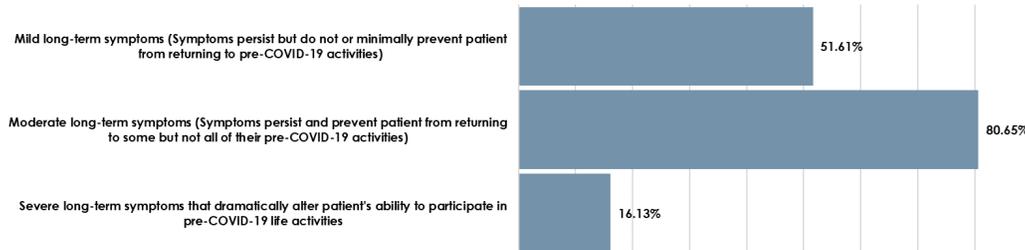
What was the initial presentation of COVID-19 symptoms for your patient(s)? (n = 31)



Are you seeing patients who are experiencing long-term COVID-19 symptoms (long-haulers)? (n = 56)

No: 44.64% Yes: 55.36%

What is the level of severity of long-term COVID-19 symptoms for your patients? (n = 31)

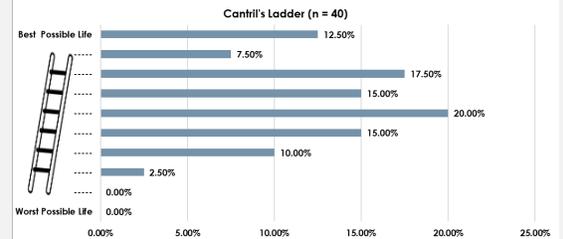
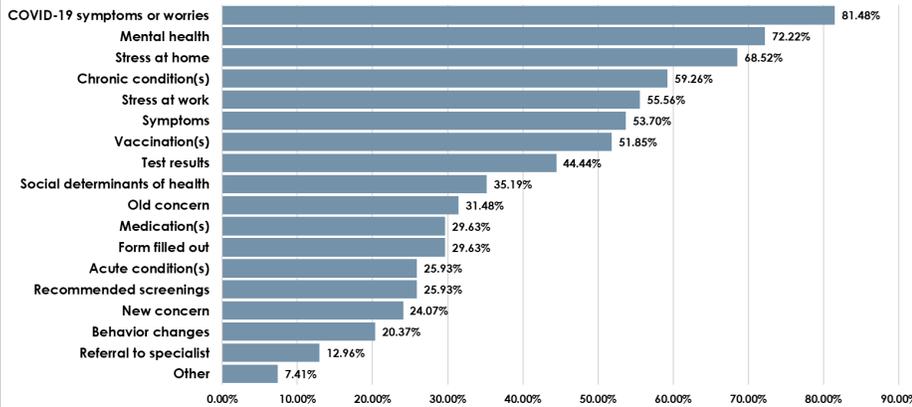


Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 57)

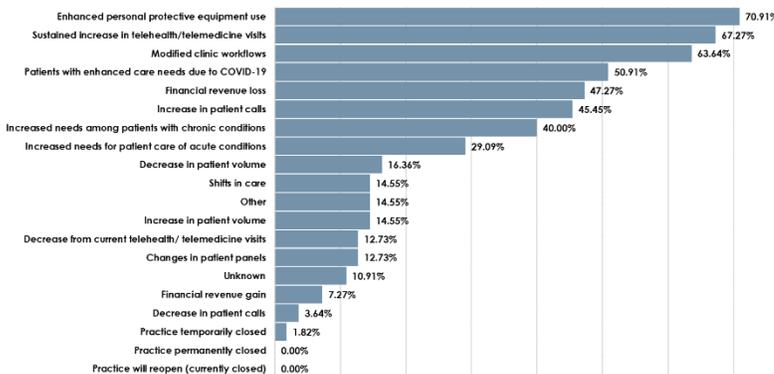
No: 5.26% Yes: 94.74%

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

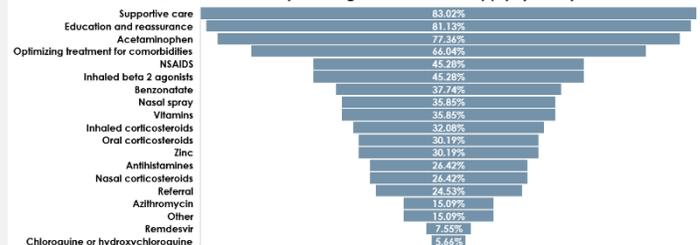
What are the primary concerns you are hearing from your patients? (n = 51)



What do you expect will be the long-term impacts of COVID-19 on your practice? (n = 55)



What treatments are you using? Select all that apply. (n = 53)



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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 mentioned patient volume (40.38%) stated that as COVID-19 cases increased, in-person visits decreased due to: patients were afraid to come in to receive care, patients felt that they needed to delay nonurgent care, or the practice did not have an adequate number of well staff.

Multiple staff members out sick; decrease patient volume and still paying salaries for everyone.

FINANCIALS: Respondents who commented directly on financial aspects (65.38%) discussed receiving federal funding as imperative for keeping businesses afloat and functional; yet, they were concerned about future stability. In addition, some mentioned that patient volumes were still low, thus, affecting overall revenue.

Lower in person visits and no procedures mean about 25% lower revenue.

STAFFING: Respondents who mentioned staffing concerns (36.54%) commented on cost saving tactics (e.g., decreased salaries and decreased hours) and staffing shortages due to COVID-19 related absences and the difficulty of meeting patient care needs.

We are now experiencing a decrease in charges because of COVID related staff absences and patient reluctance to come to the office for visits. Virtual visits are increasing with the accompanying dismal reimbursement. December may be a grim month financially.

TELEHEALTH: Respondents who discussed telehealth (13.46%) stated three main items:

- continued use of telehealth, especially as COVID-19 cases increases,
- decreased revenue due to lower reimbursement and fewer visits coded at a level 4 or level 5, and,
- the need to improve upon telehealth capabilities and how to better implement for an easy user experience.

Patients are hesitant to travel in the town for fear of contagion so visits are down [and] telemedicine lacks reliable platforms to accept self-provided vitals that our compliance department tells us we CANNOT include in note. Some seniors are incapable of establishing video and overwhelming of acceptable platform. In our case, Doxy.me keeps patients from visual reinforcement. Seniors are not as easy to accept video screen, like the youngsters who have grown up with the flatscreen games.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

As COVID-19 cases surge across the US, many primary care physicians struggle to stay financially solvent while they continue to serve their patients. The following quote depicts one primary care physician's financial experience and demonstrates how a multitude of factors affect a business's bottom line.

Serious drop in cash flow, due to a) patient reluctance to schedule b) patient reluctance to schedule wellness visits, which pay more c) increased percentage of level 3 and decreased percentage of level 4 and 5 visits via telehealth d) increased difficulty in collecting copay/coinsurance/outstanding balance when patients are rarely in clinic in person. Increased costs for some basic supplies.