

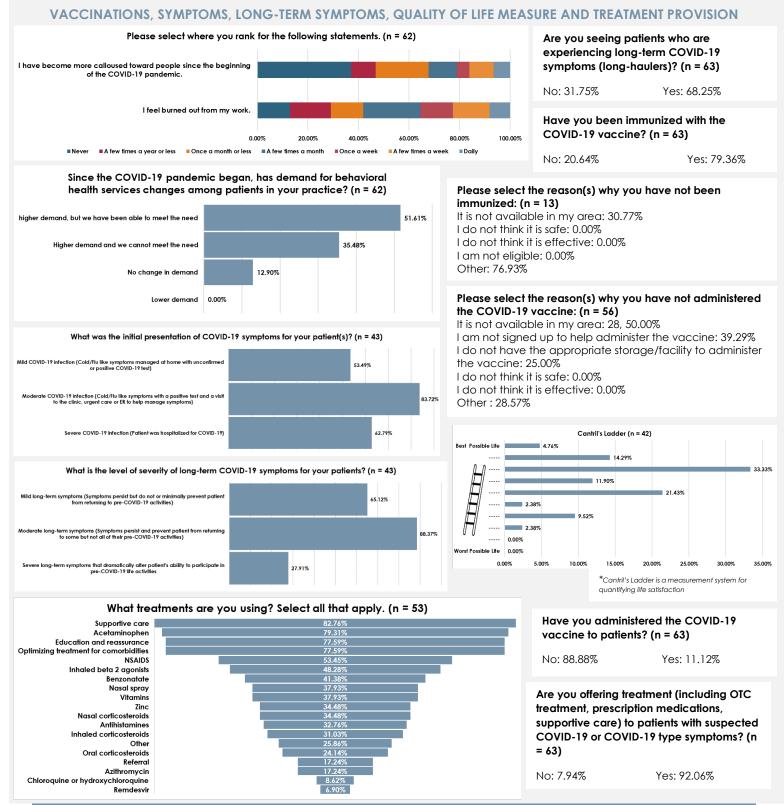


COVID-19 SURVEY REPORT-WEEKS THIRTY-EIGHT, NINE, FORTY, FORTY-ONE

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 January 1-4, 2021.







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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 (32.20%) stated that patient visits continued to vacillate, COVID-19 infections among clinicians and staff affected the number of patients seen, and COVID-19 protective measures prevented some clinicians from seeing their typical daily patient load.

There is now much more COVID in our area than even two months ago. Office visits are dropping precipitously. December was a financial disaster for our practice. I fear January.

FINANCIALS: Respondents who directly discussed financial aspects (71.19%) focused on the importance of federal funding, ongoing volume fluctuations, increased overhead, and recovering revenues.

Decreased revenues from procedures and well visits. Some well visits were coming back but then the second wave hit, and we went back to 30% in person.

STAFFING: Respondents who mentioned staffing matters (28.81%) described how their organization had been affected by the pandemic, including: tactical measures sought to save on costs (implemented furloughs, decreased salaries, cut staff, etc.), clinician shortages due to COVID-19 diagnoses, residency programs threatened or dismantled, staff redirected to work on COVID-19 response, and the importance of PPP funds for staff support.

We have to reduce the patient care volume due to diversion of clinical staff to COVID vaccine and response efforts. We see about 50% fewer patients due to COVID response. I am also working more in the hospital due to surge in COVID in patient cases.

TELEHEALTH: Respondents who discussed telehealth (8.47%) commented on the positives of easing regulations, the uncertainty regarding reimbursement for telephone visits, and using telehealth in an attempt to close the gap with lost in-person visit revenue.

For my practice the impact has been minimal because of the relaxed telemed options.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Expenses continue to rise due to implementation of extra safety precautions for many primary care practices and clinicians. In addition, clinical staffing shortages prevent some organizations to provide necessary care as well as the need to bring in vital revenue. The following quotes depict the financial strain that respondents experience.

- Overhead is so much higher--we have to hire screeners at the front door, people to disinfect and sanitize, staff have to be spaced so we had to create new work spaces, staff who are out more often due to symptoms/possible exposures/hard to hire in a doctors' office etc. It has been very stressful.
- The financial impact has been tremendous. We lost a provider, our visits are down and expenses are up (PPE, outfitting office with a buzzer system, negative pressure room and putting up plexiglass).
- Numbers were down 03/20 to 06/20. They came back after that but now they will be down again for January because I have COVID now.