

COVID-19 SURVEY REPORT-WEEKS FORTY-TWO, THREE, FOUR, FIVE

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 discussed patient volume (29.17%) mentioned that visit numbers continued to vacillate. Some respondents described visits rebounding after a significant drop during the pandemic's beginning, however, current circumstances translated into decreased visits.

March, April, and May 2020 with decrease in patient visit volume by more than 50%. Recovered over summer 2020 with catching up on well visits, etc. Now Jan 2021 with significant decrease in volume again due to a) patients not wanting to come into office due to Covid surge b) fewer winter illnesses so fewer visits for flu, strep, coughs, colds, etc. PPP loan stabilized finances in 2020 and I hope PPP2 loan will do the same for 2021.

FINANCIAL: Respondents who stated financial aspects directly (64.58%) discussed a variety of outcomes since the pandemic began, including: practice growth, neutral effects (or are striving toward neutral status), and negative consequences. Receiving PPP helped practices substantially and was mentioned as a contributing factor for positive movement; although, some practices indicated that they continued to experience hardship. In addition, respondents indicated that revenues would be lower in the upcoming months due to COVID-19 vaccination efforts. Lastly, respondents highlighted that an increased number of patients sought care having Medicaid or no insurance.

Revenue was down about 10-20% by the end of the year. Still not back to 100% in Jan 2021 and vaccine efforts are likely going to be another reason for decreased revenue (but we are happy to do it).

STAFFING: Respondents who mentioned staffing (31.25%) discussed that many of the tactics initially taken had been eased or reversed. Yet, many staffing changes persisted for saving costs (e.g., decreased hours, salary, and/or benefits) or bringing in additional money (e.g., worked extra shifts).

My employer offered me so little money at the end of my contract that I decided not to renew. There have been many cuts, first the 401K match was cut in half, then a 7% cut then a 20% cut and now asking for another one-third cut. No thank you. I will retire or work somewhere else.

TELEHEALTH: Respondents who mentioned telehealth (10.42%) stated that a significant portion of care was supplemented via telehealth and reimbursement levels had helped make ends meet; yet, they had concerns. Even though telehealth use had increased, revenues generated did not make up the difference with the loss of in-person care and if reimbursement levels changed, financial repercussions would result.

We are honestly doing ok financially right now as we are being reimbursed for telehealth visits but worry about what will happen when that stops.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Several factors need to be taken into account when projecting revenues. Primary care practices struggle to forecast patient volume, services offered, available staffing, receiving payment, increased expenses, among others, based on the ever-changing pandemic. The following quotes illustrate experiences of respondents.

- *Decreased appointments available and fewer patients coming in for preventive care services. We were unable to hire for midlevel position after someone retired, staff diverted to COVID response (giving vaccines, testing, tracing, etc.), administrative priorities shelved, and quality improvement activities stopped. More of our patients are relying upon social assistance to have enough food to eat.*
- *PPP money rescued our practice for the spring and summer, along with MDs working for no or reduced pay, and staff cutting hours to 60%. We were fine in the fall, but Dec was a huge decline, and we are doing only slightly better in Jan. We do not qualify for the current PPP program, and are worried about the next few months.*
- *Massive. The majority of my patients are now uninsured or on Medicare or Medicaid, so revenues are down dramatically, and all operational expenses are increased. I have not taken a salary for myself in ten months now and have picked up an additional moonlighting job to pay the bills. No relief from private landlord or vendors.*