



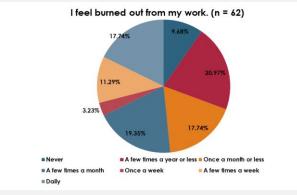
COVID-19 SURVEY REPORT-WEEKS FIFTY, ONE, TWO, THREE

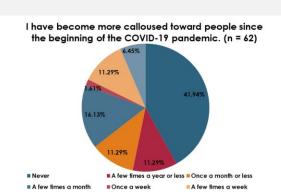
OBJECTIVE

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

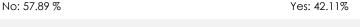
Members of the AAFP National Research Network, as well as audiences from the Robert Graham Center, are invited to participate in this survey. Beginning on September 4th, 2020, this survey was sent every four weeks. This brief report includes the highlights from the survey that was open March 26 - March 29, 2021.

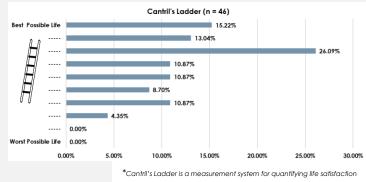
BURNOUT, VACCINATIONS, SYMPTOMS, QUALITY OF LIFE MEASURE AND TREATMENT PROVISION

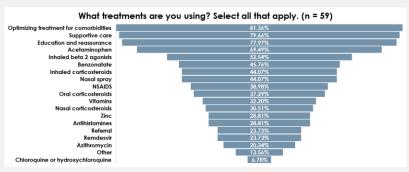


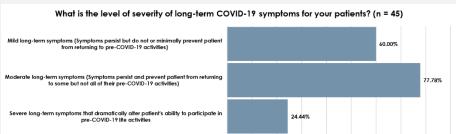


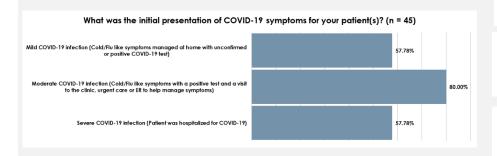
Does your organization/institution have a program to address burnout?











Are you offering treatment (including OTC treatment, prescription medications, supportive care) to patients with suspected COVID-19 or COVID-19 type symptoms? (n = 64)

No: 7.81 % Yes: 92.19%

Are you seeing patients who are experiencing longterm COVID-19 symptoms (long-haulers)? (n = 63)

Yes: 71.43% No: 28.57%

Have you been immunized with the COVID-19 vaccine? (n = 62)

No: 4.84% Yes: 95.16%

Have you administered the COVID-19 vaccine to patients? (n = 62)

No: 41.94% Yes: 58.06%





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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 (31.15%) indicated that volumes were overall lower than pre-pandemic times, with 57.89% of respondents currently reporting that their practices experienced decreased visits compared to 21.05% of respondents reporting increased visits. The cause of patient visit decline was attributed to a variety of factors, such as patient hesitancy, a rise of COVID-19 in certain areas, patients not able to pay, and more Medicaid and un-insured patients.

Less visits. Patients still hesitant to come in. Fewer people are sick (colds, GI, flu, etc.), so fewer visits needed. Some recent concerns about less health insurance and loss of a job are now starting to creep up.

FINANCIAL: Respondents who commented on financial aspects directly (72.13%), focused on the big picture from the past year. While some indicated that the pandemic had a positive or neutral effect on their business (25.00%), others described their financial situation as moderately or severely affected (43.18%).

Moderate impact: 1. Private and public payers decreased reimbursement for services and did not have timely payments. Not all payers covered COVID diagnosis and we had to manipulate dx codes. Shame on them. 2. Local FQHC closed to COVID, so we had to start seeing more Medicaid and non-insured from the community. Shame on them.

STAFFING: Respondents who mentioned staffing (27.87%) stated three main points. First, staffing concerns have subsided due to CARES Act and SBA, since federal funding has made it possible to rehire furloughed staff and restore salaries. Second, burnout has become more prominent among staff and clinicians which is hurting practices' ability to meet bottom lines. Third, respondents were split regarding salaries; some had decreased due to decreased revenue, while others instituted pay raises citing efforts to keep staff.

I have now lost three full time providers from burnout due to the stress of COVID. The financial impact of that is immeasurable.

TELEHEALTH: Respondents who discussed telehealth (13.11%) described that telehealth was a significant part of their practice and reimbursement levels have kept their business afloat, yet some commented that they had difficulty billing for telehealth encounters. Even though telehealth provided a needed service, the results were decreased revenues due to patients not utilizing services like vaccines, labs, RN visits, etc.

About half of encounters had to be virtual in the past three months and most could not be billed properly because patients have poor internet access 90% audio only.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

After a year, respondents continued to cite impacts the pandemic has had on their practices. Even though dynamics have changed over the past 12 months, uncertainty has remained for many. The quotes below show a variety of struggles that respondents and their practices faced at this moment, highlighting areas of persistent stress.

- I am the director of a residency medical clinic. We have lost about 60% of our non-provider staff secondary to multiple factors including low census staffing in our institution, the need to stay home to school children, overwork and burnout, and low salary compared to competitive institutions. We have reduced our encounter numbers by about 30% currently, (was up to about 50% last year), but are doing more televisits so revenue is down significantly overall.
- I am production based so my salary is tied to RVU's fortunately I am part of a large health system that continued our pay through the worst months of the pandemic. In the end of 2020, it was being determined what our 2021 income would be, and I just barely skimmed by with only a few RVU's keeping me in a range of having the same income and not a drop in my income to 2021. This was very stressful, and I purposely avoid taking vacation so I could accrue as many RVUs as possible.
- Still much lower volume of patients being seen in our clinic and much lower volume of inpatient pediatric patients as well. I was recently threatened by my supervisor that I would be fired if I don't increase those volumes.