

COVID-19 SURVEY REPORT-WEEKS FIFTY-FOUR, FIVE, SIX, SEVEN

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 (20.00%) described patient visits in one of two ways: practices seeing fewer patients as compared to pre-pandemic levels and practices seeing patients near or at pre-pandemic levels.

Still a decrease in number of patients coming to our clinic and many fewer ill children in our hospital.

Initially, our practice went to virtual appointments but quickly came back to in-person with fewer patient visits and providers. Now we are back up to speed. The financial impact was temporary.

FINANCIAL: Respondents who described financial aspects directly (60.00%) mentioned 1) experiencing an initial downturn and have since recovered, 2) receiving federal funding (e.g., Payment Protection Program) which helped stabilize the financial outlook for practices, 3) operating at a loss and trying to make up the difference, and 4) making less money due to fewer encounters.

Big hit to cash flow. Patients are paying later. Average billed amount per visit has gone down, and we did fewer wellness visits or procedures (which pay more).

Significant financial losses in April, May, June 2020, improved slowly over the rest of 2020, covered by the PPP loan.

Decreased income from procedures and delayed physical exams.

STAFFING: Respondents who discussed staffing (24.44%) stated that cost saving tactics such as furloughs and decreased pay were still being applied. Others indicated concerns regarding salary projections and high staff turnover.

I am employed by a large health care organization; however, we have struggled in purchasing adequate PPE. Our income is based on RVU Generation, so my income stayed the same from 2020 to 2021 as I had fewer RVUs. Fortunately, I did not decrease in income, but it was close (a matter of about 20 patients).

TELEHEALTH: Respondents who referenced telehealth (11.11%) described having relied heavily on telehealth and made the transition back to in-person appointments, figuring out how to best incorporate telehealth into workflow, and losing money as complex coding led to lower charges.

Still not back at 100% and trying to figure out how to get telehealth best integrated. Staff attrition is also very high.

I work for the biggest healthcare organization in [state name], but they would not provide N95 masks. I purchased all my N95 masks and face shields using my own financial resources. Televisits became phone visits when patients did not know how or they did not have internet connection and coding became more complicated and I ended up not being able to charge as much as in person visits.

AAFP NEXT STEPS, RECOMMENDED ACTION AND NOTABLE RESPONSE

Primary care practices continue to face difficult financial decisions that directly affect patient care, workflow, operations, among others. The following quotes illustrate how primary care clinicians have altered their course to best meet public health needs, while taking patient responsibilities, financial obligations, and clinician well-being into account.

We are at 80% capacity for patient visits. Employees' pay has continued even when they were off due to exposure. PPE costs have continued. We volunteered 3 nurses once a week since February at our mass vax site in our town. We paid their salaries. Now we are also vaccinating 100-200 a week in our clinic using the nurses that would have kept us up to speed on our Medicare patients who need Annual Wellness Visits, Transitional Care Management, and care management.

We have done ok up till now because copays and deductibles were waived for telemedicine visits. That is about to change, and we are pretty worried if the floor is going to drop out. I am losing several providers due to the pandemic stress and that will also adversely affect our bottom line.

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Initial decrease of revenues with recovery late 2020. Some federal support anticipated or in process. Initial reduction of salaries and production payments to physicians with reimbursement at end of 2020 as financial picture and practice levels better defined. Requirements to provide virtual and early AM and evening clinics as part of practice to qualify for full reimbursement.