

2020 SURVEY OF

AMERICA'S PHYSICIANS

COVID-19 Impact Edition

A Survey Examining How COVID-19 is Affecting and is Perceived by the Nation's Physicians

PART ONE OF THREE: COVID-19's Impact on Physicians' Practices and Their Patients

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PART ONE OF THREE: COVID-19's Impact on Physicians' Practices and Their Patients

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INTRODUCTION: A NEW CHAPTER

The coronavirus pandemic of 2020 is writing a new, harrowing chapter in the history of health care in America. By extension, it is changing the story of America's physicians, which The Physicians Foundation has been chronicling through national surveys since 2008.

These comprehensive surveys, sent every two years to the great majority of the nation's physicians, have provided a "state of the union" of the medical profession, revealing everything from physician practice patterns, to physician career plans, morale levels and more. Conducted on behalf of The Physicians Foundation by Merritt Hawkins, the biennial *Survey of America's Physicians: Practice Plans and Perspectives*, has been referenced by policymakers, academics and media members nationwide for its insights into the concerns and practice characteristics of today's physicians.

This year, however, the focus of the survey has changed.

As a result of COVID-19 and the profound disruption it has caused, The Physicians Foundation redirected the focus of the survey exclusively to the pandemic. Trends and topics typically addressed by the survey, including physician work hours, use of electronic health records (EHR), valued-based compensation and others, are not addressed in this special edition. The Physicians Foundation will continue to examine these and related issues in future surveys.

A SURVEY IN THREE PARTS

Physicians face significant time constraints under the best of circumstances. As they deal with the current pandemic, they may have even less time to devote to completing surveys.

Therefore, rather than conducting one extensive survey, The Physicians Foundation determined to conduct the 2020 survey in three smaller parts. Each part is designed for rapid completion in respect of physicians' limited time, and each will focus on a different aspect of COVID-19's impact on physicians, as follows:

Part One: The Impact of COVID-19 on Physicians' Practices and Their Patients

Part Two: The Impact of COVID-19 on Physician Wellbeing

Part Three: The Impact of COVID-19 on the Health Care System

Because COVID-19 has created a highly fluid environment in which circumstances are continually changing, the three-part survey format also was selected to ensure data relevance.

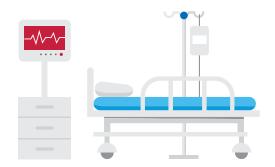
We believe the surveys will be of interest to health care professionals, policymakers, academics, media members and to anyone concerned by how the current pandemic is affecting today's physicians. We encourage all of those who have a stake in the medical profession and in health care delivery to reference the surveys and comment on their findings.

KEY FINDINGS:

Part One of The Physicians Foundation's Survey of America's Physicians: COVID-19 *Impact Edition* focuses on how the coronavirus has affected physicians' practices and their patients. The survey was conducted from July 15 - 26, 2020. Data is based on 3,513 responses. Complete methodology available on page 16. Key findings of the survey include:



- Nearly 50 percent of physicians believe the coronavirus pandemic will not be under control until sometime after June 1, 2021.
- 86 percent of physicians believe the pandemic will not be under control until after January 1, 2021.



 Close to three quarters (72 percent) of physicians indicated that COVID-19 will have serious consequences for patient health in their communities because many patients delayed getting care they needed during the pandemic.

• A primary cause of harm to patients presented by COVID-19, cited by 76 percent of physicians, is employment changes that may result in patients losing health insurance.



- The majority of physicians (59 percent) believe opening businesses, schools and public places presents a greater health risk to patients than prolonging social isolation.
- 88 percent of physicians believe a potential spike in COVID-19 cases poses the risk of moderate to great harm to patients.



- 8 percent of physicians have closed their practices as a result of COVID-19.
- 43 percent of physicians have reduced staff due to COVID-19.
- 72 percent of physicians have experienced a reduction in income due to COVID-19. Of these, 55 percent have experienced income losses of 26 percent or more.

- 37 percent of physicians saw volume decreases in their practices of 25 percent or less.
- By contrast, 41 percent saw volume decreases of 26 percent or more, which may be difficult or impossible for most physician practices to sustain for more than a few months.



 Of those physicians who applied for Paycheck Protection Program support,
 75 percent indicated they received the support and it was sufficient for them to stay open.



- 12 percent of physicians have switched to a primarily telemedicine practice as a result of COVID-19. In 2018, only 6,000 physicians were in a primarily telemedicine practice, according to data from The Physicians Foundation.
- 52 percent of physicians plan to increase use of telemedicine in their practices.



- The majority of physicians (72 percent) believe the widespread use of telemedicine will not continue unless reimbursement rates for telemedicine visits remain comparable to in-person visits.
- The great majority of physicians (96 percent) will not leave medicine due to COVID-19 health risks.



- The majority of physicians (59 percent) agreed that COVID-19 will lead to a reduction in the number of independent physician practices in their communities.
- One-half (50 percent) said that hospitals will exert stronger influence over the organization and delivery of health care as a result of the pandemic.

PART ONE: QUESTIONS ASKED AND RESPONSES RECEIVED

Part One of The Physicians Foundation's Survey of America's Physicians: COVID-19 Impact Edition focuses on how the coronavirus has impacted physicians' practices and their patients. Key findings of the survey include:

1. Over the last four months have you done or experienced any of the following as a result of COVID-19? Check all that apply.

	2020
Closed my practice	8%
Reduced staff	43%
Increased staff	3%
Experienced a reduction in income	72%
Moved to a new employment situation or practice	6%
Moved from a direct patient care role to a non-patient care role	5%
Switched to a primarily telemedicine position	12%
Moved from a permanent practice to locum tenens	2%

The coronavirus pandemic has dealt a crippling blow to the nation's economy, including the normally thriving health care sector. Health care spending in the U.S. declined by 18% in the first quarter of 2020, the steepest decline since 1959, according to the U.S. Chamber of Commerce (Historic financial decline hits doctors, dentists and hospitals. Washington Post. May 4, 2020). Hospitals lost more than \$200 billion in that time, while in April more than 1.4 million health care workers lost their jobs, the U.S. Department of Labor reports (Healthcare loses 1.4 million jobs in April as unemployment hits 14.7%. Modern Healthcare. May 8, 2020).

Physicians also have felt the economic effects of the pandemic. Almost three out of four (72 percent) of those surveyed said they have seen a reduction in income as a result of COVID-19.

16,000 Closed Practices

Of particular concern from a public health perspective, eight percent of physicians surveyed indicated that they have closed their practices as a result of the pandemic. There are more than 200,000 medical practices in the U.S., according to data from market research firm SK&A. The closure of eight percent of them would entail the potential loss of more than 16,000 medical practices. (This is an approximate number, as each of the physicians who indicated they closed their practice may not represent a single practice – some may belong to the same practice. In addition, the survey is subject to a 1.86 percent margin of error rate, as is indicated in the Margin of Error Statement on page 17).

In its July 2020 report, The Complexities of Physician Supply and Demand: Projections From 2018 – 2033, the Association of American Medical Colleges (AAMC) projected a shortage of up to 139,000 physicians by the year 2033. This is an increase from the AAMC's 2019 report, which projected a shortage of up to 121,900 physicians by 2032.

Given a looming physician shortage, this is an inopportune time for physicians to be closing their practices. COVID-19 is likely to exacerbate physician shortages in the long-term. More primary care physicians will be needed to test for the virus, treat those who have it and coordinate the care of those whose health has been affected by it. Additional primary care physicians also will be needed to provide preventive and other care to the backlog of patients who skipped care during the pandemic. More specialists also will be needed, to treat the various body parts and systems negatively affected by COVID-19.

Of those physicians who indicated they have closed their practices, the majority (78 percent) are surgical, diagnostic, internal medicine or other specialists, while 22 percent are in primary care.

In addition, five percent of physicians surveyed indicated they have moved from a direct patient care role to a non-patient care role as a result of COVID-19, a trend likely to further reduce total physician full-time-equivalents (FTEs) and contribute to the physician shortage.

The Further Erosion of Private Practice

Part One of the survey indicates that COVID-19 is having a particularly damaging effect on private medical practices.

Of those physicians who have closed their practices, the majority (76 percent) are private practice owners or partners, while 24 percent are employed by a hospital or medical group. The number of private practice physicians in the U.S. has been declining for years. According to data from the American Medical Association (AMA), 72 percent of physicians owned their own practices in 1988, a number that declined to 57 percent in 1994 and to 46 percent in 2018.

COVID-19 has imposed severe economic strains on many private practices that may not be as equipped to sustain them as are hospital systems, academic medical centers and large, multi-facility

medical groups. On top of the many administrative, reimbursement and compliance challenges private practice physicians face, the pandemic may represent "a bridge too far" for many, contributing to the decline of this traditional practice style.

What effect this trend is having on quality of care is an open question, but The Physicians Foundation data suggest it is limiting access to physicians. According to The Physicians Foundation's 2018 Survey of America's Physicians, employed physicians see 12% fewer patients on average than private practice owners. Given the relatively high productivity of private practitioners, the decline of the private practice model is likely to contribute to the physician shortage and make patient access to physicians more difficult.

Derailing the Employment Train

The health care sector of the economy has been a jobs creating machine in recent years, accounting for one in seven new jobs in 2018, according to the Bureau of Labor Statistics. In the same year, 11 percent of all U.S. jobs were in the health care. In 2017, health care surpassed retail as the nation's number one employment sector (*Healthcare just* became U.S.'s largest employer. The Atlantic. January 9, 2018).

Physicians are prime job creators within this sector. Each office-based physician supports an average of 17 jobs and generates an average of \$3 million in economic activity, according to the January 2019 AMA study The National Economic Impact of Physicians.

Part One of the survey indicates the extent to which the coronavirus pandemic has affected employment in physician offices. Of those physicians surveyed, 43 percent indicated they have decreased staff as a result of COVID-19.

Citing data from the Department of Labor, a June 2, 2020 article in the Washington Post reported that 243,000 employees of physician offices had been laid off in April of this year (COVID-19 is causing hospital layoffs and furloughs. Washington Post. June 2, 2020).

Given their importance as jobs generators, how quickly physician practices recover from the economic impact of COVID-19 and begin hiring again will significantly contribute to how guickly employment overall recovers.

100,000 Telemedicine Physicians

Twelve percent of physicians surveyed indicated they have moved to a primarily telemedicine practice as a result of COVID-19. According to the AMA Physician Master File, there are approximately 840,000 physicians in active, full-time patient care positions in the U.S. Twelve percent of this number represents a potential 100,000 physicians who currently are seeing patients mostly through telemedicine. This represents a sea change in how physicians deliver care.

In 2018, The Physicians Foundation's Survey of America's Physicians indicated only 18 percent of physicians (approximately 150,000) practiced some form of telemedicine. Of these, only four percent (approximately 6,000), indicated they saw the majority of their patients through telemedicine. Part One of this survey suggests the number of physicians seeing patients primarily through telemedicine now is more than 15 times greater than it was just two years ago.

Whether physicians can sustain primarily telemedicine practices is discussed later in this report.

2. If you have experienced a reduction in income in the last four months, by what percent has it been reduced?

	2020
1 – 10%	13%
11 – 25%	32%
26 – 50%	31%
51 – 75%	14%
76 –100%	10%

The negative financial impact of COVID-19 on many physicians has been substantial. The majority of those who saw an income reduction (55 percent) saw their incomes decrease by 26 percent or more. About one quarter (24 percent) experienced at least a 51 percent income reduction over the previous four months.

The ban on elective procedures has had a negative effect on the incomes of specialists, as has a general reluctance of patients to seek specialty care during the pandemic. Income reductions at this level are likely to prove unsustainable and could lead to further physician practice closures or retirements. The exit of physician specialists from the workforce would be no less inopportune than the exit of primary care physicians.

In the report referenced above, the AAMC projected a shortage of up to 55,200 primary care physicians by 2033, but an even greater shortage of up to 83,800 specialists. The shortage of specialists is being driven primarily by the aging of the population and the need older patients have for physicians who treat ailing hearts, lungs, bones and other organs, as well as mental health conditions.

3. Within the next 12 months, will you initiate or experience any of the following changes to your medical practice as a result of COVID-19? Check all that apply.

	2020
Close my practice	4%
Reduce staff	18%
Increase staff	6%
Experience a reduction in income	55%
Increase use of telemedicine in my practice	52%
Move to a new employment situation/practice	10%
Move from a direct patient care role to a non-patient care role	3%
Move from a permanent practice to locum tenens	3%
Switch to a primarily telemedicine position	4%

In addition to the eight percent of physicians who indicated they had closed their practices within the previous four months, four percent of physicians surveyed said they plan to close their practices within the next 12 months. This represents a potential 8,000 additional practice closures, a development that would further inhibit access to physicians.

Eighteen percent of physicians indicated they plan to reduce staff in the next 12 months, which would lead to further job losses. However, six percent indicated they would add staff, implying that some physicians anticipate an increase in patient volumes and/or work levels in the next year.

Physician Workforce Volatility

Part One of the survey suggests that COVID-19 will create volatility in the physician workforce. Ten percent of physicians surveyed said they will move to a new employment situation or practice within the next 12 months, while three percent plan to opt out of direct patient care roles and another three percent plan to switch from a permanent practice to locum tenens work.

The survey therefore suggests that 16 percent of the physician workforce, or approximately 134,000 physicians, may change their practice patterns in such a way as to at least temporarily disrupt continuity of patient care, by changing practices, by no longer treating patients or by working temporary (locum tenens) assignments. Even if only half this many physicians act on these plans, physician group practices and hospitals that employ physicians will experience considerable disruption among their medical staffs.

Physicians Moving to Telemedicine

As was indicated above, 12 percent of physicians surveyed said they moved to a primarily telemedicine practice in the last four months in response to COVID-19. The majority (52 percent) indicated they plan to increase use of telemedicine in their practice in the next 12 months, while four percent said they plan to switch to a primarily telemedicine practice.

Forty-six percent of those who plan to increase their use of telemedicine are in primary care, while 54 percent are specialists. While transitioning to a primarily telemedicine practice may not be an option for some specialists, particularly surgeons, the survey indicates that many specialists will nevertheless increase their use of this delivery model.

4. If you expect a reduction in income in the next 12 months, by what percent do you anticipate it being reduced?

	2020
1 – 10%	18%
11 – 25%	43%
26 – 50%	27%
51 – 75%	8%
76 – 100%	4%

The majority of physicians surveyed (55 percent) indicated they anticipate a reduction of income in the next 12 months, though a substantial minority (45 percent) do not, suggesting that at least some physicians expect patient volumes and/or work levels to stabilize in the next year.

Of those who do expect an income reduction, the majority (61 percent) expect a reduction of 25 percent or less, while 39 percent expect a reduction of 26 percent or more. Specialists are slightly more likely to project losses at this level than are primary care physicians. Such losses would be unsustainable for most physician practices in the long-term.



5. Consider your practice volume in January 2020 in work RVUs or number of patients seen. By what percent is your volume up or down now compared to then?

	2020
Up 1 – 25%	10%
Up 26 – 50%	8%
Up 51 – 75%	3%
Up 76 – 100%	<1%
Down 1 – 25%	37%
Down 26 – 50%	28%
Down 51 – 75%	8%
Down 76 – 100%	5%

Volume in physician practices typically is measured by how many patients physicians see or how many Relative Value Units (RVUs) they generate. RVUs track physician work levels on a sliding scale - a routine visit by a patient for a cold may be measured as one RVU whereas a complex surgery may be measured at a higher number. Most physicians have at least some of their compensation tied to volume (often as measured in RVUs), while those who are private practice owners may have all of their compensation tied to volume.

A minority of physicians surveyed (18 percent) indicated volumes in their practices increased in the months after January 2020, when COVID-19 began to emerge, and it is likely these higher volumes were at least partly a result of treating or testing patients for the virus.

However, the majority (82 percent) indicated volumes in their practices decreased relative to before January 2020. More than one-third of physicians (37 percent) saw volume decreases of 25 percent or less, which in some practices can be sustainable, at least in the short-term. By contrast, 41 percent saw volume decreases of 26 percent or more, which may be difficult or impossible for most physician practices to sustain for more than a few months.

Economic Impact of Physician Practice Volumes

Volume in physician practices affects physician income but also reverberates throughout the health care system. Only about 20 percent of the health care dollar is paid to physicians, according to the Centers for Disease Control and Prevention (https://www.cms.gov/Research-Statistics-Dataand-Systems/Statistics-Trends-and-Reports/ NationalHealthExpendData/downloads/highlights. pdf). However, by admitting patients to hospitals, by ordering tests, performing procedures, writing prescriptions and directing treatment plans, physicians determine how much of the remaining 80 percent of the health care dollar is spent.

According to the AMA study The National Economic Impact of Physicians, physicians generate \$3 trillion in economic activity yearly. Merritt Hawkins' 2019 Physician Inpatient/Outpatient Revenue Survey indicates that physicians generate an annual average of \$2.4 million in net revenue on behalf of their affiliated hospitals.

When physician practice volumes decrease, a key driver of the economy stalls, a fact the coronavirus epidemic has made clear.

6. Please check all of the following that apply:

	2020
My practice did not apply for Paycheck Payment Program (PPP) support	37%
My practice did apply for PPP support but did not receive it	5%
My practice received PPP support and it is enough to stay open	32%
My practice received PPP support but it is not enough to stay open	6%
My practice received PPP support but will still have to reduce staff	12%
My practice took out an EIDL/SBA loan	8%
My practice renegotiated contracts/ asked for lease abatements/spoke with vendors about their costs	15%

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, which became effective March 27, 2020, provided more than \$2 trillion in economic stimulus and is the largest economic stimulus package in U.S. history. The CARES Act created the Paycheck Protection Program (PPP), which provides small businesses with loans to pay up to eight weeks of payroll costs, including employee benefits. Funds also can be used by small businesses to pay for mortgage interest, rent and utilities. The loans are forgivable if employees are retained for a requisite time and other conditions met. Approximately \$350 billion in loans were made available through PPP, which was increased to \$669 billion by subsequent legislation.

PPP Successful in Keeping Open **Physician Practices**

More than one-third of physicians surveyed (37 percent) said their practice did not apply for PPP support. Of those who said their practice did

apply, 11 percent indicated they did not receive the requested funds. An additional 14 percent of those who applied for PPP support received it, but indicated the funds were not sufficient to keep their practices open.

However, the majority (75 percent) of those who said their practices applied for PPP support received it and indicated the support was sufficient for their practices to remain open.

By this measure, PPP can be considered generally successful as a means for supporting and keeping open physician practices during the pandemic.

An additional eight percent of physicians indicated they applied for an Economic Injury Disaster Loan (EIDL)/Small Business Administration loan, while 15 percent said they renegotiated reimbursement contracts, asked for a lease abatement or spoke with vendors about reducing their costs.

7. Please check all that apply:

	2020
Due to Covid-19 health risks I will not be returning to my practice	4%
I will continue to practice but with serious concerns about my health due to COVID-19	28%
I will continue to practice but with moderate concerns about my health due to COVID-19	47%
I will continue to practice with few concerns about my health due to Covid-19	21%
Due to Covid-19 health risks, at least one member of my staff will not be returning	19%

A small minority of physicians surveyed (four percent) indicated that they will not return to their practices due to COVID-19 health risks. However, the great majority (96 percent) indicated that risks from COVID-19 will not cause them to discontinue medical practice.

Nevertheless, the loss of four percent of physicians would be significant, amounting to more than 33,000 physicians. Data from The Physicians Foundation's 2018 Survey of America's Physicians show that physicians see an average of approximately 20 patients per day. Depending on number of days worked, physicians may average 3,000 patient encounters a year. Should 10,000 physicians leave medicine due to COVID-19 health risks, a potential 30 million annual patient encounters would have to be absorbed by physicians remaining in the workforce.

Physicians Will Continue to Practice, **Despite Risks**

More than one-quarter of physicians surveyed (28%) said they will continue to practice medicine but with serious concerns about their health due to COVID-19, with female physicians somewhat more likely to have serious concerns about health risks of the virus than males.

The majority of physicians surveyed (68 percent) said they will continue to practice with moderate or few concerns about their health risks caused by COVID-19.

While only four percent of physicians said they will not return to their practices due to COVID-19 health risks, 19 percent indicated at least one staff member will not return.

8. In what ways will COVID-19 have long lasting effects on how health care is organized and delivered in your community? Please check all that apply.

	2020
There will be significantly fewer independent physician practices after the pandemic ends	59%
Hospitals will exert stronger influence over the organization and delivery of healthcare	50%
There will be a rise in more serious health conditions because patients delayed getting care due to the lockdown	72%
Use of telehealth will become much more widespread	85%
COVID-19 will have no long-lasting effects on my community	6%

There is general consensus among physicians that COVID-19 will accelerate the use of telemedicine

in their communities. Eighty-five percent indicated that use of telemedicine will become much more wide spread as a result of the pandemic.

Close to three-quarters (72 percent) indicated that COVID-19 will have serious consequences for patient health in their communities, not necessarily due to the virus itself but because many patients delayed getting care they needed during the pandemic.

The majority of physicians (59 percent) agreed that COVID-19 will lead to a reduction in the number of independent physician practices in their communities, while one-half (50 percent) said that hospitals will exert stronger influence over the organization and delivery of health care as a result of the pandemic. For many years there has been a fluctuating balance of power between physicians and hospitals, which often have competing agendas and conflicting perspectives on how care should be delivered. By reducing the number of smaller physician practices, COVID-19 is likely to shift the balance further in the direction of hospitals.

9. Rank harm to patients of the following

	Great Harm Moderate Har		n No Harm		
	1	2	3	4	5
Current risk of contracting COVID-19	22%	23%	39%	15%	1%
Potential spike in COVID-19 cases	34%	30%	24%	10%	2%
A ban on elective procedures due to COVID-19	18%	27%	37%	16%	2%
Patient reluctance to seek medical care due to COVID-19 risk	34%	33%	14%	7%	12%
Loss of health insurance because of employment changes Caused by COVID-19	47%	28%	16%	6%	3%
Closure of physician practices due to COVID-19	37%	28%	23%	10%	2%

The majority of physicians (84 percent) indicated that the current risk of contracting COVID-19 presents moderate to great harm to patients, while only 16 percent said it presents little to no harm. A greater number (88 percent) said a potential spike in COVID-19 cases presents moderate to great harm to patients.

COVID-19 and Social Determinants of Health

Physicians also see a potential harm to patients caused by the indirect effects of the virus. Ninetyone percent of those surveyed indicated that loss of health insurance because of employment changes caused by COVID-19 presents moderate to serious harm to patients. Over 36 million people have applied for unemployment benefits over the previous three months, and many of these have lost their employer sponsored health insurance. Their health will likely be compromised by diabetes, heart disease, mental health problems and other conditions made worse by the struggle to afford food and rent – whether or not they contracted COVID-19.

Prior to the pandemic, a variety of social determinants already were having a profound impact on the health of Americans. Factors such as access to healthy foods, exercise spaces, safe housing and jobs drive 70 percent of healthcare outcomes, according to a study published in the May 19, 2019 edition of the Journal of the American Board of Family Physicians. For this reason, it has been observed that a person's zip code is likely to have a greater impact on health than their genetic code.

The impact on patient health of their location and environment has been reinforced by the

pandemic. Only five of Louisiana's 64 parishes accounted for 56 percent of the state's COVID-19 deaths and 78 percent of its housing evictions, as of June 19, 2020, according to the Louisiana Department of Health. Nationally, COVID-19 death rates are consistently higher among low-income communities and people of color.

Social determinants are likely to have an escalating, negative impact on health the longer the pandemic continues.

10. Which presents the greatest risk to patients?

	2020
A. Prolonging social isolation, with the lost income, joblessness, poor health and deaths due to the resulting economic downturn	41%
B. Opening businesses, schools and public places, with the resulting spike in COVID-19 cases, hospitalizations, deaths and a potential second shutdown	59%

When presented with the alternative between prolonging social isolation and opening up public places, the majority of physicians (59 percent) indicated that opening up presents the greater risk to patients. Prolonging social isolation is likely to exacerbate those social determinants referenced above, such as lack of nutrition, adequate housing, and others that have a detrimental impact on health.

While social isolation and its resulting health consequences present great risk to patients, most physicians surveyed indicated that reducing or eliminating social isolation presents an even areater risk.

11. When do you believe the coronavirus pandemic will be under control in the U.S. and risk of contracting COVID-19 will be minimal?

	2020
Before September 1, 2020	2%
After September 1, 2020 and before January 1, 2021	8%
After January 1, 2021 and before June 1, 2021	37%
After June 1, 2021	49%
Never	4%

Few physicians (10 percent) believe the coronavirus pandemic will be under control in the U.S. before the end of 2020. More than one-third (37 percent) project it will be under control sometime before June 1, 2021. About one-half (49 percent) do not see the virus being checked until after June 1 of 2021, while four percent do not believe the virus will ever be under control.

Male physicians are somewhat more likely to believe the pandemic will be under control before June 1, 2021 than are female physicians.

Should the pandemic last well into next year, the trends cited in this survey, such as reductions in physician incomes and volumes, practice closures, and the direct and indirect health risks presented by COVID-19 can be expected to continue.

12. Please indicate whether you agree or disagree with the following:

	Strongly agree		Neither agree nor disagree Strong		gly disagree	
	1	2	3	4	5	
The widespread use of telemedicine will not continue unless reimbursement for telemedicine and in-person services is comparable	44%	28%	14%	8%	6%	
The widespread use of telemedicine will not continue if administrative burdens are put back in place	46%	30%	14%	6%	4%	
Physicians should work to ensure telemedicine remains widely available to patients	48%	25%	15%	6%	6%	
Moving forward, telemedicine will be essential to providing patient care	41%	27%	17%	8%	7%	

On March 6, 2020, the Centers for Medicare and Medicaid Services (CMS) reduced reimbursement restrictions pertaining to telemedicine services, allowing payment for telemedicine provided to Medicare beneficiaries beyond rural areas and expanding sites of service, including to patient homes. The federal government also relaxed HIPAA regulations in regard to telemedicine to expand the use of telemedicine and to allow physicians to eliminate or reduce co-pays to lower cost barriers.

To further expand the use of telemedicine, on April 1, 2020, CMS announced the addition of more than 80 new telemedicine services to the list of services covered by Medicare during the coronavirus pandemic, and reiterated that all connected health services would be reimbursed at the same rate as in-person services.

Permanent Change to Telemedicine Policy Needed

Sixty-eight percent of physicians surveyed strongly agree that telehealth will be essential to providing patient care.

However, responses to this question also indicate that the widespread use of telemedicine will not continue unless current CMS policies remain in place. Seventy-two percent of physicians strongly agree that widespread use of telemedicine will not continue unless pay for telemedicine and in-person services is comparable. Seventy-six percent strongly agree that the widespread use of telemedicine will not continue if administrative burdens are put back in place. The majority (73 percent) strongly agree that physicians should work to ensure telemedicine remains widely available to patients.

CONCLUSION

Part One of The Physicians Foundation's Survey of America's Physicians: COVID-19 Impact Edition underscores the pervasive negative effect the coronavirus pandemic has had on physician practices. Eight percent of physicians reported their practices had closed due to COVID-19, totaling an estimated 16,000 practices nationwide. The virus has been particularly damaging to private physician practices. Physician practice closures caused by the virus come at a particularly inopportune time as the shortage of physicians is projected to increase.

Due to the virus, some physicians will change their practice settings, opt out of patient care roles, work on a temporary basis or elect not to return to medicine, causing volatility in the physician workforce and contributing to physician shortages. However, the great majority of physicians will not leave

medicine as a result of COVID-19 health risks, but may be more likely to leave for economic reasons.

Many practices have reduced their staffs, contributing to widespread unemployment nationally. Volumes are down in the majority of physician practices, creating a ripple effect throughout the healthcare sector of the economy which is largely drive by physician-related activities.

The survey suggests that the Paycheck Protection Program (PPP) has been generally beneficial for physicians, with the majority of physicians who received PPP support indicating it allowed their practices to stay open.

The majority of physicians see a risk of moderate to great harm to patients of a potential spike in COVID-19 cases, while the majority also see the

opening of businesses, schools and public places as a bigger risk to patients than continuing policies of isolation. Physicians identify loss of health insurance due to employment changes caused by the virus as a significant risk to patients. Unemployment exposes additional people to lack of access to healthy food, safe housing and other social determinants that contribute to poor health. The majority of physicians (86 percent) do not believe the virus will be under control until after January 1, 2021.

The number of physicians who now see patients primarily through telemedicine has grown exponentially due to COVID-19, with an estimated 100,000 physicians now seeing the majority of their patients in this manner. However, the majority of physicians agree that revised telemedicine reimbursement and administrative policies must stay in place for widespread use of telemedicine to continue.

METHODOLOGY

Part One of the survey was sent by email to a list of physicians derived from an American Medical Association/Physician Master File approved vendor, and to physicians in Merritt Hawkins' proprietary data base. The survey was sent from July 15 to July 26, 2020. It was received by more than 500,000 physicians nationwide. Data is based on 3,513 responses.

Responses by Physician Type

PRACTICE	2020	GENDER	2020	
Primary Care	61%	Male	57%	
Specialty	39%	Female	40%	
		Other/Prefer not to answer	3%	

Thirty-nine percent of physicians who responded to the survey practice primary care, defined in this survey as family medicine, general internal medicine or pediatrics, while the remaining 61 percent practice one of various surgical, internal medicine, diagnostic or other specialties. Approximately 34 percent of all physicians practice primary care, according to the AMA's Physician Master File, indicating primary care physicians are marginally overrepresented in the survey.

Fifty-seven percent of physicians who responded to the survey are male, 40 percent are female and three percent indicated they preferred to not designate a gender. Approximately 36 percent of all practicing physicians in the U.S. are female, indicating females are marginally overrepresented in the survey.

What is your practice status?

	2020
Employed by a hospital or hospital-owned medical group	30%
Employed by a physician-own medical group	16%
Practice owner or partner	42%
Other	12%

Forty-two percent of physicians who responded to the survey are private practice owners, while the remaining 58 percent are employed by a hospital, a hospital owned medical group, a physicianowned medical group or are in some other status. Physician practice status varies by source; however, 2018 AMA data indicate that 46 percent of physicians are in private practice.

MARGIN OF ERROR ASSESSMENT

Below is an excerpt from the survey Sample Error Analysis Report on Margin of Error (MOE) statement provided to The Physicians Foundation/ Merritt Hawkins by experts in survey research and methodology at the University of Tennessee:

"...the overall margin of error for the entire survey is $(\mu \pm 1.86\%)$, indicating only a small sampling error for a survey of this type. The brevity of the survey seems to have contributed to a nice sample size and high completion rate, with very few questions omitted by the respondents.

Given these parameters, this survey sub-segment can be seen as unusually "accurate" - there is

roughly a 1 in 54 chance that a random physician not selected to participate in the survey would give responses that fall more than two standard deviations outside the normal distribution. However, it should also be noted that the error rate fluctuates somewhat for a few individual questions and response items, and thus a bit more care should be exercised in interpreting the results of these indicators. For a few items, the MOE is slightly greater than 2%, but this error rate is generally seen as quite acceptable by consumers of information. As a result, the results are useful for making executive inferences and decisions with the standard caveats about survey research applied (non-response, social desirability bias, etc.)."

ABOUT THE PHYSICIANS FOUNDATION

The Physicians Foundation is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. As the health care system in America continues to evolve, The Physicians Foundation is steadfast in its determination to strengthen the physician-patient relationship and assist physicians in sustaining their medical practices in today's practice environment. It pursues its mission through a variety of activities including grant-making, research, white papers and policy studies. Since 2005, the Foundation has awarded numerous multi-year grants totaling more than \$50 million. In addition, the Foundation focuses on the following core areas: physician leadership, physician wellness, physician practice trends, social determinants of health and the impact of health care reform on physicians and patients.

For more information, visit www.physiciansfoundation.org

Signatory Medical Societies of The Physicians Foundation include:

- Alaska State Medical Association
- California Medical Association
- Connecticut State Medical Society
- Denton County Medical Society (Texas)
- El Paso County Medical Society (Colorado)
- Florida Medical Association
- Hawaii Medical Association
- Louisiana State Medical Society
- Medical Association of Georgia
- Medical Society of New Jersey
- Medical Society of the State of New York
- Nebraska Medical Association
- New Hampshire Medical Society

- North Carolina Medical Society
- Northern Virginia Medical Societies
- South Carolina Medical Association
- Tennessee Medical Association
- Texas Medical Association
- Vermont Medical Society
- Washington State Medical Association

Among other research endeavors, The Physicians Foundation conducts a national Survey of America's Physicians. First conducted in 2008, the survey also was conducted in 2012, 2014, 2016 and 2018 and now is conducted on a biennial basis.

ABOUT MERRITT HAWKINS

Merritt Hawkins is the largest physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AMN), the leader in innovative healthcare workforce solutions. Founded in 1987, Merritt Hawkins has consulted with thousands of health care organizations nationwide on physician staffing and related issues.

Merritt Hawkins continuously produces data and analyses that are widely referenced throughout the healthcare industry. Notable Merritt Hawkins' surveys include its annual Review of Physician and Advanced Practitioner Recruiting Incentives; Survey of Final-Year Medical Residents; Survey of Physician Inpatient/Outpatient Revenue; and Survey of Physician Appointment Wait Times.

In addition to internal research, Merritt Hawkins conducts research for third parties and has completed seven previous projects on behalf of The Physicians Foundation, including *The Physicians'* Perspective, A Survey of Medical Practice in 2008; In Their Own Words, 12,000 Physicians Reveal Their Thoughts on Medical Practice in America; Health Reform and the Decline of Physicians Private Practice, a white paper featuring the 2010 survey Physicians and Health Reform; the 2012, 2014 2106, and 2018 Surveys of America's Physicians; Practice Patterns and Perspectives.

Additional information about Merritt Hawkins and AMN Healthcare can be accessed at at www.merritthawkins.com and at www.amnhealthcare.com.

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