

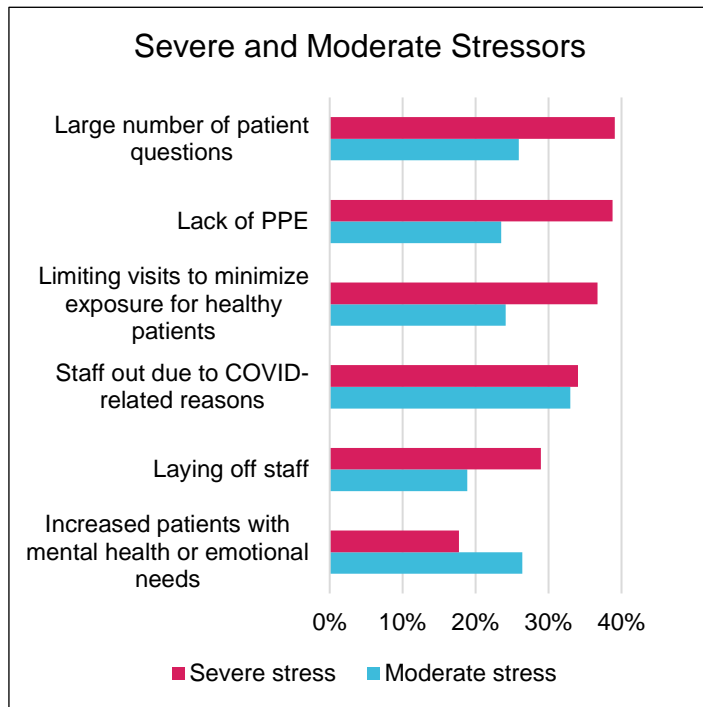


COVID-19 Impact on Primary Care in NYC

Wave 1 fielded April 10-23, 2020

New York University launched a survey of NYC primary care practices to assess needs and responses to the COVID-19 pandemic. This report highlights key findings from 491 respondents.

82% of respondents were severely impacted by COVID-19



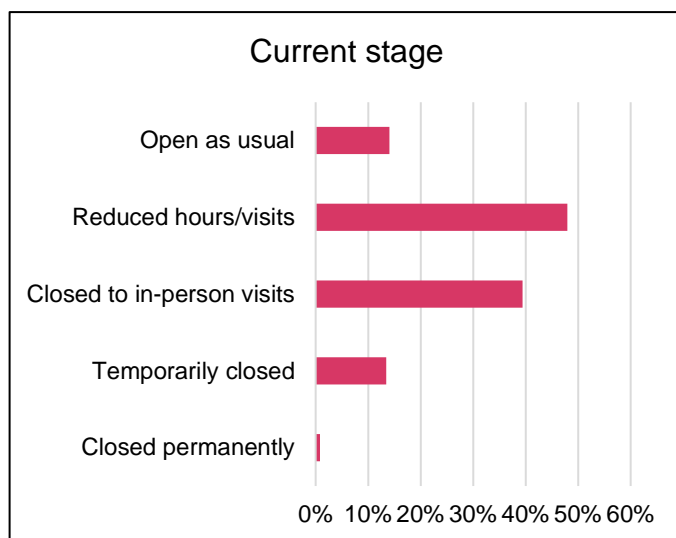
Top Stressors

Large number of patient questions: "Telephone encounters has risen dramatically. Parents are calling for concerns over their children and even more over their own health." (Bronx)

Lack of PPE: "I know several PCPs who were not adequately protected and got ill, including myself. I have been unable to obtain PPE. I had to buy some on eBay and lost money in a scam." (Brooklyn)
 "The PPE we attained was donated by patients. We cannot buy PPE. All the PPE in our office is reused." (Staten Island)

Limiting visits: "We are unable to see other patients who are not sick, unable to provide vaccines, and it has become difficult to draw blood. Patients are spaced out, so few patients are seen." (Manhattan)
 "The bulk of my work is prevention. That must be postponed for now." (Manhattan)

Only 14% have maintained practice as usual



Reasons for Change in Care Delivery

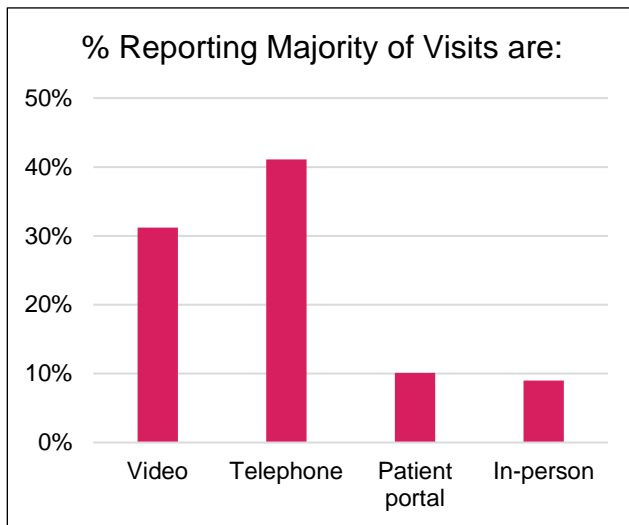
Lack of PPE: "This requires an adequate supply of PPE. I have no way of obtaining that." (Queens)

Insufficient staff: "My medical assistant is recovering from COVID, and she is still quarantined. My receptionist is not willing to come back because she is afraid." (Manhattan)

Lack of revenue: "We got passed over for the PPP loan. We can't pay the bills." (Manhattan)
 "I fear that, due to decreased reimbursement in part due to decreased visits, my office will have to close." (Queens)

Lack of space for social distancing: "Waiting rooms are dangerous now." (Queens)

Over 70% are conducting telehealth visits but face barriers



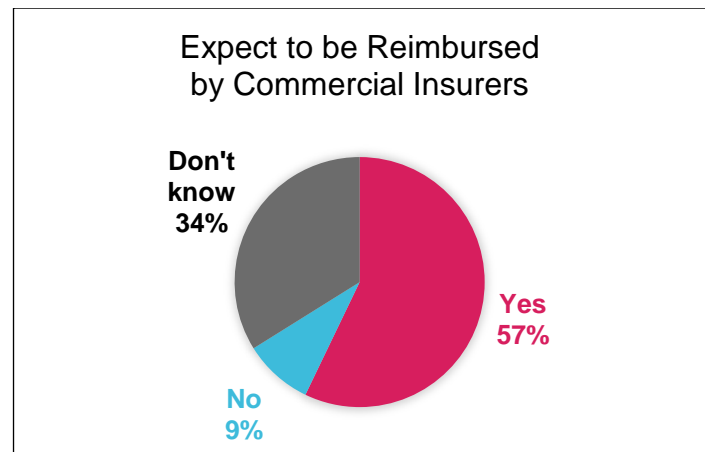
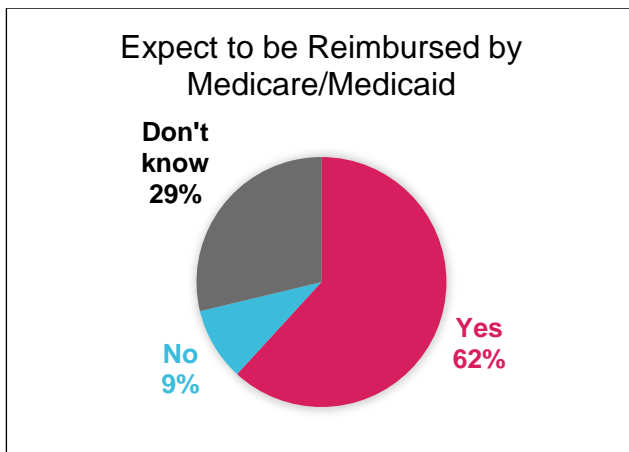
Main Barriers to Telehealth

Patients have unreliable Internet or device: “Patients who are very low income and who have poor internet access cannot do video visits.” (Manhattan)

Quality of patient care is inferior: “Telehealth is great for some things, but you just can’t do it all. Sooner or later, you have to actually examine the patient.” (Manhattan)
 “I have challenges with how to diagnose and treat asthma over the phone or video.” (Manhattan)

Patients uncomfortable with video technology: “Many of my patients are older, and most do not speak English which makes telehealth hard.” (Queens)

Most expect to be reimbursed for telehealth but 1/3 are unsure



Other quotes from the field

“We’re a small office and are working by ourselves and are figuring things out as we go. We are still continuing to care for our patients. We’re on our own.” (Brooklyn)

“Internists have closed their offices in the neighborhood. I have to treat their patients sick with coronavirus. People are scared, and ERs are busy. They cannot find their doctors. They are desperate for help. I cannot close my doors.” (Brooklyn)

“How will we socially-distance the patients once we are open again?” (Manhattan)

“We’re expecting that patients might still want to be tested for COVID-19. Also, they would like to know if they were a carrier of the virus. How do we approach those patients regarding this?” (Queens)