

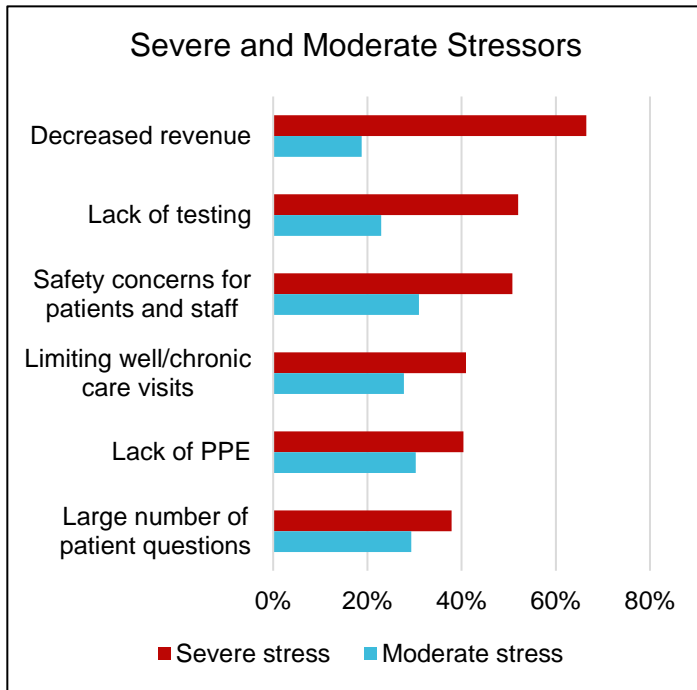


COVID-19 Impact on Primary Care in NYC

Wave 2 fielded April 24-May 7, 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 199 respondents.

76% of respondents were severely impacted by COVID-19



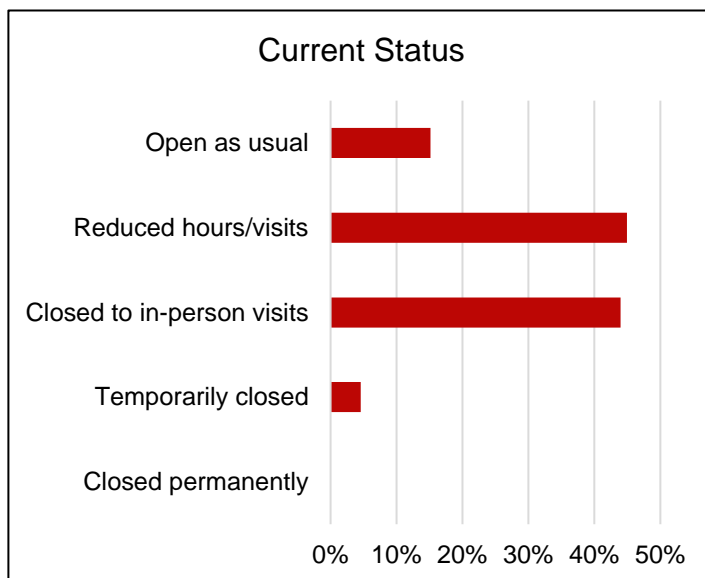
Top Stressors

Decreased revenue/visits: “We do not know if the loan will be sufficient to cover the losses of low patient volume during the last 8 weeks.” (Queens)
 “Unable to meet the practice expenditures and not getting financial support from banks and Federal government.” (Bronx)
 “Visits are down 95%. I cannot survive another 2 months of this. Then I will either close or retire.” (Brooklyn)

Lack of PPE: “Will like to know how our practice can get PPEs.” (Bronx)

Lack of testing: “Lack of testing for patients who are possibly infected with COVID-19 is a big concern.” (Brooklyn)
 “Lack of antibody testing and the inability to get unemployment insurance as a self-employed doctor. There are no guidelines in NY yet for self-employed people.” (Manhattan)

Only 15% have maintained practice as usual

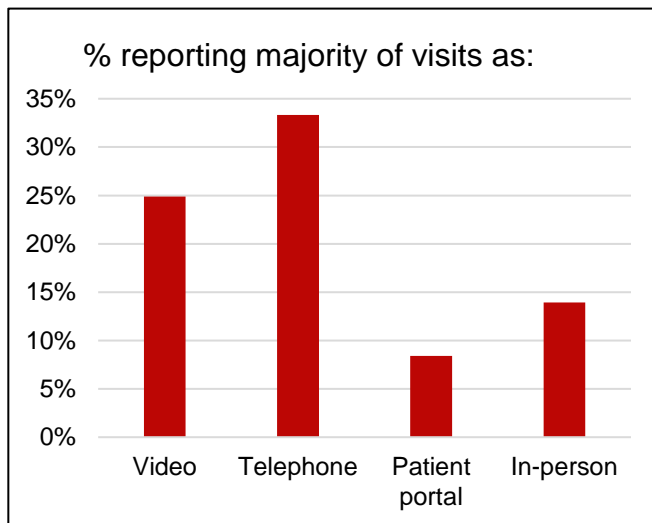


Reasons for Changed Care Delivery

Lack of PPE and staff: “I won’t have adequate PPE in the office when I re-open to see patients. The staff is also very fearful of coming back to work due to the increased risk of contracting the virus in the office.” (Bronx)
 “We can’t afford to pay the high prices of PPE and hazard pay for our staff. Please make it possible for PCPs to have access to PPE at a lower cost.” (Manhattan)

Lack of Revenue: “Reduced visits lead to reduced income. Clerical issues now done by physicians.” (Brooklyn)
 “Financial downturn – we may have to close because no on-time loans and no support from insurance companies.” (Manhattan)

About 60% are conducting telehealth visits but face barriers



Main Barriers to Telehealth

Not possible to deliver care: “I treat with hands-on osteopathy, so a video visit is irrelevant.” (Queens)

Perceptions about lower quality of care: “Patients will not receive the care that they need with tele visits.” (Bronx)

Patients uncomfortable with video technology: “Older patients have difficulty with the video link.” (Bronx)

Reimbursement concerns: “Very poor payments from Medicaid – way below cost.” (Queens)

Challenges of Shifting to Telehealth for Small Practices

“Underserved area, difficult to have tele-visits.” (Brooklyn)

“We don’t have money to install a telehealth system.” (Brooklyn)

“Insurance companies are not paying for telehealth visits.” (Queens)

“These visits are more stressful and less satisfying.” (Queens)

“I am more stressed out doing telehealth, as we spend time to fix the internet, video, and voice. Calling [patients about these] issues, so it’s more time-consuming.” (Queens)

Most expect to be reimbursed for telehealth but 1/4 are unsure

