MINNESOTA PHYSICIANS RESPOND TO COVID-19

August 22, 2020
SURVEY OVERVIEW

BACKGROUND
Physicians and their practices are experiencing unprecedented pressure as they work to respond and adapt to the COVID-19 pandemic.

MMA Survey
To better understand the financial, care delivery, and personal effects of COVID-19 on physicians and medical practices, the Minnesota Medical Association (MMA) commissioned a survey that was sent to 11,781 physicians and 298 administrators.

SURVEY GOALS

ADVOCACY & LOBBYING
Demonstrate the need for financial or other assistance. Accurately represent physicians’ and practices’ experiences and their future needs.

DATA DEVELOPMENT
Reinforce the importance of safety and fact-based decisions. Promote MMA as reliable source of information for members, policymakers and the public.

MEMBERSHIP
Support members by understanding and communicating their needs. Attract new members by highlighting MMA as a valuable resource.
In order to assess the impact of COVID-19 on Minnesota physicians and their patients, the MMA designed a survey that captured the following:

1. Business and patient care impacts of COVID-19 on physicians and their patients
2. How physicians and physician organizations responded to new challenges posed by COVID-19
3. Remaining business and patient care challenges as the pandemic continues

**Important Minnesota-COVID Milestones**

<table>
<thead>
<tr>
<th>MARCH 6</th>
<th>MARCH 27</th>
<th>APRIL 3</th>
<th>MAY 17</th>
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<tbody>
<tr>
<td>CMS expands telehealth coverage</td>
<td>Stay at home order effective</td>
<td>Paycheck Protection Program (PPP) opens</td>
<td>Stay at home order expires</td>
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<tr>
<td>MARCH 6</td>
<td>MARCH 23</td>
<td>MAY 10</td>
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<tr>
<td>First COVID-19 case in Minnesota</td>
<td>Executive Order 20-09 (prohibiting non-essential/elective procedures and surgeries that utilize PPE or ventilators) effective</td>
<td>Executive Order 20-09 expires</td>
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1 See appendix page A-2 for more detail.
2 See appendix page A-26 for all Physician Survey questions and A-30 for all Organization Survey questions.
SURVEY RESPONDENTS

Data collected represent physicians from 40+ self-reported specialties and physician organizations of all sizes across Minnesota.¹

**PHYSICIAN RESPONDENT LOCATION**

- Rural 22%
- Twin Cities Suburbs 22%
- Large City/Twin Cities 56%

**RESPONSE**

- 641 physicians (5.4% of recipients)
- +/-4% margin of error at 95% confidence interval²

- 92 organization administrators (30.9% of recipients)

**ORGANIZATION TYPES**

- 28% Primary Care Practices
- 11% Multispecialty Practices
- 50% Non-Primary Care Single Specialty Practices
- 11% Health Systems

**AVG. ORGANIZATION SIZE**

- 32 Physicians
- 5 Locations

**SPECIALTIES (top 5 in bold)**

- Addiction Medicine
- Allergy
- Anesthesiology
- Brain Rehabilitation
- Cardiology
- Critical Care
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- Genetics
- Geriatrics
- Hematology
- Hospital Medicine
- Infectious Disease
- Internal Medicine
- Maternal Fetal Medicine
- Medical Physicist
- Neonatology
- Nephrology
- Neurology
- Obstetrics & Gynecology
- Occupational Medicine
- Oncology
- Ophthalmology/Optometry
- Orthopedic Surgery
- Osteopathic Manipulative Medicine
- Otolaryngology
- Pain Management
- Palliative Medicine
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Sports Medicine
- Surgery
- Urgent Care
- Urology
- Vascular Surgery
- Wound Care

¹ See appendix page A-3 for more detail.
² Margin of error calculated based on total population of 17,761 physicians, which is the number of physicians with active Minnesota licenses and whose primary business address is in Minnesota as published by the Minnesota Department of Health (Nov. 2019).
³ Unable to obtain confidence interval for data gathered in organization survey due to the lack of a verified data source of the number of physician organizations in Minnesota. However, the 30.9% response rate indicates strong confidence in the applicability of findings to most Minnesota physician organizations.
⁴ Minneapolis, St. Paul, Duluth, Rochester, St. Cloud, Mankato.
SECTION I

PATIENT CARE AND BUSINESS IMPACTS OF COVID-19 ON PHYSICIANS AND THEIR PATIENTS
OVER 50% OF PHYSICIANS REPORTED THEIR PATIENTS EXPERIENCED ADVERSE OUTCOMES OTHER THAN COVID-19 DUE TO CARE DELAYS

ADVERSE OUTCOME DETAIL
(shown as percent of respondents)

- Worsening health status: 33%
- Serious adverse outcome: 22%
- Delayed routine/preventive care: 19%
- Fear of seeking care: 17%
- Delayed surgery: 17%
- Delayed diagnosis: 14%
- Delayed critical care: 12%
- Unavailability of care: 11%
- Poor chronic illness control: 11%
- Non-preferred care setting: 9%
- Delayed elective care: 5%
- Death: 5%

Of the 53% of physicians who reported that their patients experienced adverse outcomes due to delays in care, over one third indicated that their patients’ health conditions worsened during the pandemic. Also of note, 17% said that their patients fear seeking care because of potential exposure to COVID-19.

1 Data collected by coding 237 narrative responses from the physician survey where physicians were asked to provide more detail about patient adverse outcomes caused by delays in care. Shown as percent of respondent narratives that contained the identified themes. Themes with less than 5% prevalence have been excluded.

2 Physicians were asked if their patients experienced adverse outcomes other than COVID-19 due to a lack of or delay in care associated with the pandemic. 53% answered “yes.”
Patients are afraid to come back for visits, testing, etc. I am concerned that people may not be getting the care they need. Also, there are patients on clinical trials that are hesitant to come back for visits, so this is impacting clinical research.

Several elderly patients have put off their patient appointments and had significant worsening of their pain issues. Also, many had injections for pain rescheduled and are having increased use of opioids due to worsening pain.

Delay in care, worsening of situation to the point optimum treatment is not possible.
ALL ORGANIZATIONS SAW DECREASES IN VOLUME AND REVENUE, BUT NON-PRIMARY CARE SINGLE SPECIALTY PRACTICES WERE HIT THE HARDEST

All organization types reported a median volume decrease of at least 46%, with non-primary care single specialty practices seeing a decrease over 75%. In general, revenue decreases were in line with volume decreases.

85% of administrators reported that the executive order that prohibited non-essential/elective procedures and surgeries that utilize PPE or ventilators had a negative financial effect on their organizations. Furthermore, 74% reported that volume increased after the executive order expired with a median increase of 28% between May 11 and June 16.²

1 The data collected on volume and revenue decreases closely ties to the time period that Executive Order 20-09 was in effect (March 23-May 10, 2020).

² See appendix page A-5.
WORKFORCE CHANGES IMPACTED BOTH PHYSICIANS AND NON-PHYSICIAN STAFF

91% of physicians reported that they experienced reductions in their cash compensation and/or benefits.

47% of physicians reported that they experienced reduced hours, furloughs/layoffs, terminations, and/or hiring freezes.

42% of organizations reported that they reduced cash compensation and/or benefits for non-physician staff.

96% of organizations reported that they implemented reduced hours, furloughs/layoffs, terminations, and/or hiring freezes for non-physician staff.

See appendix pages A-6 and A-7 for more detail.
SECTION II

HOW PHYSICIANS AND PHYSICIAN ORGANIZATIONS RESPONDED TO NEW CHALLENGES POSED BY COVID-19
TELEHEALTH UTILIZATION GREW IN RESPONSE TO COVID-19

PROPORTION OF PATIENT ENCOUNTERS CONDUCTED VIA TELEHEALTH

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>Since March 2020</th>
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<tbody>
<tr>
<td>E-Visits</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Phone Visits</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td>Video Visits</td>
<td>1%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Growth represents an \(833\%\) INCREASE

DEFINITIONS
E-Visit: Patient initiated encounter via patient portal
Phone Visit: Encounter conducted via telephone
Video Visit: Encounter conducted via real-time two-way interactive video

Data from organization survey. See appendix page A-9 for more detail.
PHYSICIANS REPORT THAT TELEHEALTH MEETS THEIR PATIENTS’ NEEDS

The majority of physicians indicate that their patients are satisfied with telehealth and that it meets their care needs.

PATIENT SATISFACTION WITH TELEHEALTH (AS REPORTED BY PHYSICIANS)¹

- Satisfied or Very Satisfied: 84%
- Neither Satisfied nor Dissatisfied: 11%
- Dissatisfied or Very Dissatisfied: 5%

TELEHEALTH MEETING CARE NEEDS (AS REPORTED BY PHYSICIANS)²

- Acceptably, well or very well: 83%
- Poorly or very poorly: 17%

In addition, more than 74% of physicians think it is important to retain telehealth visits (e-visits, video, and phone) as essential care delivery options.³

¹ Data was also obtained from administrators and was very similar to physician responses. More detail is available on appendix page A-10.
² Physicians were asked to report how well telehealth meets their patients’ care needs on a 5-point scale from very poorly to very well. For ease of interpretation, poorly and very poorly have been combined, and acceptably, well, and very well have been combined.
³ More detail is available on appendix page A-10.
SELECTED INSIGHTS REGARDING TELEHEALTH

Most of what we do is talk to people. Telehealth is a lot like doing house calls. I am a guest in their home, and the patient is much more comfortable. I hear the sounds of their life. Many of my elderly patients have difficulty leaving their homes. It is odd for us all not to be face to face, but it is fine. I think that many people are also learning that much of what they consider ‘urgent’ is not.

Telehealth has been very helpful for follow-up patients that otherwise do not feel comfortable coming into the clinic, due to concerns about COVID-19. With telehealth, more revenue has been generated compared to not having patients. From both health and business standpoints, telehealth has been very helpful.

I have found I am able to help with complex symptom management and decisional support very well via telemedicine with patients and families. I am able to now meet the needs of more patients and families in a given day as I don't have drive time and these visit can also be more spontaneous and real time given the ease of telemedicine.

Not all patients have access to computers. It does not allow for an appropriate examination. Patients still need lab work, and as long as they are coming in for that, they might as well also be seen so you get the benefit of the exam. Some patients will decide that since they are allowed to skip visits now, they do not need to come in even when clinic visits are allowed again.
PHYSICIANS REPORT THAT TELEHEALTH INFLUENCES WORK/LIFE BALANCE & EFFECTS OF BURNOUT

The perceived impact of telehealth on physicians’ work/life balance and effects of burnout is mixed and seems to vary by individual physician.

Increased use of telehealth has been great in some respects. But it also means that I cannot get away from work EVER. While the ability to do video visits has benefited work/life balance, the increased demands of responding to patient calls and Rx refills 24/7 has had an extremely detrimental effect, so that the net balance is for worsened work/life balance.

I love having the option for tele-appts. Has made my job more satisfying and flexible.

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1 More detail is available on appendix page A-10.
MOST PHYSICIAN ORGANIZATIONS REPORTED ACCESSING FINANCIAL ASSISTANCE

PERCENT OF PHYSICIAN ORGANIZATIONS THAT ACCESSED FINANCIAL ASSISTANCE BY SOURCE

Data show percent of administrator respondents who responded to question asking about utilized sources of support/funding. Respondents could choose multiple answers or “none.”

- PPP: 73%
- CARES Act/HHS Provider Relief Fund: 70%
- MN Dept. of Health Response Funding: 35%
- Advance Medicare Payments: 16%
- EIDL: 14%
- Private Loan or Grant: 11%
- None: 9%

The PPP and provider relief programs significantly helped our clinic to weather the storm of COVID. If there is a second wave, we would need similar programs to withstand the financial impact.

PPP loans have helped some with staff pay and other overhead costs, but do not help physician pay.

Very disappointed with MDH response for grant requests from large systems versus small independent practices. Extremely inequitable distribution of resources to organizations that we all know have been making huge profits for years at the expense of patients/insurers.

[The MMA should] advocate for financial relief for small and rural health systems, who seem to be getting left out of much of the current aid.

ACRONYMS
- CARES: Coronavirus Aid, Relief, and Economic Security
- EIDL: Economic Injury Disaster Loan
- PPP: Paycheck Protection Program
PHYSICIANS APPROVED OF MINNESOTA’S RESPONSE TO COVID-19

RATING OF MINNESOTA GOVERNMENT’S RESPONSE TO COVID-19
(shown as percent of respondents)

Data from physician survey.
Clamping down early in the course has undoubtedly saved lives and prevented our health care system from being overloaded, and it did allow us to bolster supplies.

Clear, concise, science-based decisions. Obvious understanding of seriousness of the situation and relying on surrounding experts to provide guidance on policy decisions.

Governor Walz used the talent and expertise available to him to make hard calls. He did not look at his election as a factor but the best interest of the state. Knowing the economic impact of the State is more dependent on the people than consumerism, he chose the people first over business interests.

Elective procedures and routine care should never have been curtailed. The leadership has been fear based, under the guise of ‘data’.... There has been little concern for patients deferring both routine and urgent care.
PHYSICIANS DISAPPROVED OF THE FEDERAL RESPONSE TO COVID-19

Data from physician survey.
Absolute catastrophe and hundreds of thousands will die as a result of failed leadership. We only need to look to other countries who are successfully navigating this to see what a failure our management has been. Denial of science. Failing to listen to experts in the field. It’s devastating!

Denial and magical thinking keep the response inadequate. We should have had thousands more tests and PPE supplies stockpiled and then distributed to the states as indicated. And pulling out of the only world health organization in the middle of a pandemic is completely irresponsible.

It is a public health issue, not a campaign. The government can choose to take action or not take action with what it believes is best for our country, but not respecting our public health physicians who offer their advice for the benefit of our citizens is demoralizing and unnecessary.

Responded quickly. The White House briefing calls I attended were excellent and provided the materials necessary for the states to make changes. CMS changes allowed for telehealth coverage. The financial package was more than generous for the unemployed.
SECTION III

REMAINING BUSINESS AND PATIENT CARE CHALLENGES AS THE PANDEMIC CONTINUES
BARRIERS TO BROADER VIDEO TELEHEALTH ADOPTION

Physicians identified uncertain payer reimbursement as the most significant barrier to broader video telehealth utilization. They also saw patient interest in video telehealth visits and access to necessary connectivity and technology resources as major challenges. More than 76% of administrators reported that reimbursement for telehealth from all payers is one of the keys to ensuring that telehealth services continue.¹

BARRIERS TO VIDEO TELEHEALTH ADOPTION AS REPORTED BY PHYSICIANS²

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncertain payer reimbursement</td>
<td>78%</td>
</tr>
<tr>
<td>Patient access to technology</td>
<td>73%</td>
</tr>
<tr>
<td>Patient comfort with technology</td>
<td>72%</td>
</tr>
<tr>
<td>Patient broadband access</td>
<td>69%</td>
</tr>
<tr>
<td>Patient interest &amp; awareness</td>
<td>53%</td>
</tr>
<tr>
<td>Costs to organization</td>
<td>48%</td>
</tr>
<tr>
<td>Telehealth platform</td>
<td>42%</td>
</tr>
<tr>
<td>EHR integration</td>
<td>38%</td>
</tr>
<tr>
<td>Clinician broadband access</td>
<td>19%</td>
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</tbody>
</table>

¹ More detail is available on appendix page A-12.
² Data show percent of physician respondents who reported each category as a moderate to very significant barrier to broader video telehealth adoption. More detail is available on appendix page A-13.
ADMINISTRATORS AND PHYSICIANS ARE CONCERNED ABOUT A SECOND WAVE OF COVID-19

Of the 191 narrative responses provided, more than a third of administrators and physicians noted the need for additional financial support should Minnesota experience a second wave of COVID-19. They also highlighted the need for more PPE, payment parity for in-person and telehealth services, and clear communication, policies, and plans from government and organization leaders.

What would ease concerns?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Percent of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Financial Support</td>
<td>36%</td>
</tr>
<tr>
<td>Sufficient PPE</td>
<td>21%</td>
</tr>
<tr>
<td>Effective Government Policies &amp; Leadership</td>
<td>17%</td>
</tr>
<tr>
<td>Effective Organizational Planning &amp; Leadership</td>
<td>17%</td>
</tr>
<tr>
<td>Payment Parity for In-Person &amp; Telehealth Services</td>
<td>12%</td>
</tr>
<tr>
<td>Increased Testing</td>
<td>12%</td>
</tr>
<tr>
<td>Sufficient Non-Physician Staff</td>
<td>8%</td>
</tr>
<tr>
<td>Protected Physician Compensation</td>
<td>8%</td>
</tr>
<tr>
<td>Dissemination of Evidence-Based Information</td>
<td>6%</td>
</tr>
<tr>
<td>Ability to Provide In-Person Care</td>
<td>5%</td>
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</table>

More detail is available on appendix page A-14.

1 Data collected by coding 191 narrative responses from the physician and organization surveys. Physicians and administrators who indicated that they are very concerned or extremely concerned were asked to provide more detail about what would help ease their concerns. Data show the percent of responses that contained reference to the identified themes. Themes with less than 5% prevalence have been excluded.
## COMPARED TO CURRENT LEVELS, PHYSICIAN ORGANIZATIONS ANTICIPATE VOLUME AND REVENUE WILL INCREASE IN THE NEXT 6 MONTHS

### ANTICIPATED 6-MONTH CHANGE IN VOLUME & REVENUE\(^1\)

<table>
<thead>
<tr>
<th>Medical Practice Type</th>
<th>Volume</th>
<th>Revenue</th>
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<tbody>
<tr>
<td>Primary Care Practices</td>
<td>![Volume Indicator]</td>
<td>![Revenue Indicator]</td>
</tr>
<tr>
<td>Non-Primary Care Single Specialty Practices</td>
<td>![Volume Indicator]</td>
<td>![Revenue Indicator]</td>
</tr>
<tr>
<td>Multispecialty Practices</td>
<td>![Volume Indicator]</td>
<td>![Revenue Indicator]</td>
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<tr>
<td>Health Systems</td>
<td>![Volume Indicator]</td>
<td>![Revenue Indicator]</td>
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</table>

All organizations are optimistic about volume and revenue increasing. Multispecialty practices and health systems expect to see the greatest increase in volume and revenue.

\(^1\) Respondents were asked to compare volume and revenue projections for the next 6 months to “today” (survey was open June 16–July 13) on a 5-point scale from significantly decrease to significantly increase. The average ratings are presented here. Respondents were also asked to compare 3-month projections, but the responses varied very little from the 6-month projections. Additional detail is available on appendix pages A15–A19.
EVEN THOUGH VOLUME & REVENUE ARE RECOVERING, PHYSICIAN ORGANIZATIONS DO NOT ANTICIPATE CASH FLOW RETURNING TO 2019 LEVELS

ANTICIPATED CASH FLOW FROM OPERATIONS\(^1\)  
(compared to same time in 2019)

<table>
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<tr>
<td>PRIMARY CARE PRACTICES</td>
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<tr>
<td>NON-PRIMARY CARE SINGLE SPECIALTY PRACTICES</td>
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<tr>
<td>MULTISPECIALTY PRACTICES</td>
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<tr>
<td>HEALTH SYSTEMS</td>
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All organization types anticipate that cash flow from operations will not return to 2019 levels by the end of 2020. However, multispecialty practices are the most optimistic about cash flow improvements and anticipate almost reaching 2019 levels by the end of the year.

Organizations are also considering making significant changes within the next 6 months such as reducing hours of operation, closing locations, reducing services, pursuing a change in ownership, and closing locations.\(^2\) These changes may be tied to the poor outlook on cash flow recovery.

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\(^1\) Respondents were asked to compare cash flow from operations for June – September 2020 and October – December 2020 to the same periods in 2019 on a 5-point scale from much worse to much better. The average ratings are presented here. More detail is available on appendix page A-20.

\(^2\) Respondents were asked to indicate changes their organizations were considering. The sample size for this question was too small to make definitive conclusions regarding the percent of organizations planning to make these changes. More detail is available on appendix page A-21.
More than 300 physicians and administrators provided narrative responses about other impacts of COVID-19. The most common theme among these responses was that the pandemic amplified stress and decreased morale.\(^1\)

- Mental health of staff was a concern. The fear and anxiety for some was very high, coupled with our reduced hours and not seeing their co-workers, was taxing on some.
- Everyone stressed and worried about patient health, exposures to our families, and personal safety.
- We are working hard for reduced pay. Morale is down. We are frustrated with the public ignoring safe practices.
- Looking ahead to significant ongoing pay cuts and decreased retirement contribution lasting at least a year is very stressful.
- High level of stress related to fear of being fired, fear of further salary reduction, stress of ancillary/support staff reductions, fear of the health care industry falling apart.
- Morale is the lowest that I've ever seen (34 years of practice).

\(^1\) Data collected by coding 324 narrative responses from the physician and organization surveys where respondents were asked to provide more detail on how the COVID-19 pandemic impacted them or their organization. 28% of these narratives contained themes of stress and/or burnout. See appendix page A-22 for more detail.
PHYSICIAN ORGANIZATIONS ARE OPERATING DIFFERENTLY GOING FORWARD

HOW ORGANIZATIONS WILL OPERATE DIFFERENTLY
(shown as percent of respondents)

- Increased Telehealth Use: 56%
- Improved Patient Safety/Infection Control: 18%
- More Operationally Efficient: 9%
- Care Delivery Innovation: 9%
- Physical Space Changes: 7%
- Increased Work from Home: 5%

1 Data collected by coding 309 narrative responses from the organization and physician surveys where respondents were asked to describe how their organization will operate differently going forward due to the COVID-19 pandemic. Themes with less than 5% prevalence have been excluded.
SELECTED INSIGHTS REGARDING ORGANIZATIONS OPERATING DIFFERENTLY

Daily huddles at the start of each day have been motivating and re-energizing. **Creativity and flexibility have kept us afloat.** Forced us to reevaluate our previous habits regarding necessity and frequency of follow up visits; other methods can be used such as smart phones, computers, etc. Patients seem less ‘needy’ than prior to the pandemic, stronger at self care. Staff morale must remain a priority.

On the positive, **this has forced us to become more efficient electronically**, reducing paper and eliminating a need for courier services. Telehealth can be very positive for the future, but it has initially brought a significant increase in staffing as we try to help patients understand how to use their mobile devices and Internet.

We plan to keep most of our staff at home. We are using virtual checkout and plan to continue. **We don't need all the space we currently have.**
RESPONDENTS IDENTIFIED HOW THE MMA CAN HELP

Over 400 physicians and administrators provided narrative responses with insights on how the MMA can help physicians, the practice of medicine, and patients.

**PHYSICIANS & THE PRACTICE OF MEDICINE IN MINNESOTA**

1. Advocate for continued reimbursement of telehealth
2. Provide evidence-based education to physicians & the public
3. Advocate for sufficient PPE
4. Advocate for financial support for physician organizations
5. Improve access to COVID-19 testing

**HEALTH OF MINNESOTANS**

1. Encourage evidence-based health practices
2. Improve insurance coverage & access to care
3. Improve access to COVID-19 testing
4. Advance health equity
5. Advocate for continued reimbursement of telehealth

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1 Data collected by coding 423 narrative responses where physicians were asked to provide the one or two most important things the MMA can do to help support physicians and the practice of medicine in Minnesota. The top five themes are ranked starting with the most prevalent. More detail is available on appendix page A-23.

2 Data collected by coding 401 narrative responses where physicians were asked to provide the one or two most important things the MMA can do to help support the health of Minnesotans. The top five themes are ranked starting with the most prevalent. More detail is available on appendix page A-23.
CONCLUDING REMARKS

COVID-19 has left an indelible mark on the Minnesota’s healthcare landscape. While physicians and their patients have been adversely affected, they have demonstrated tremendous resolve and adaptability in meeting the needs of the community. While innovations in care delivery and public support have been pivotal in stabilizing healthcare delivery in Minnesota, continued advocacy and support will be critical for preserving Minnesota’s ability to provide care as this pandemic persists.

“Care delivery is forever changed. We have to stick together to make meaningful changes and care for each other.”

- Physician Respondent
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</tbody>
</table>
ADDITIONAL BACKGROUND INFORMATION

• MMA engaged Innovo Advisors, LLC to help facilitate this survey initiative.
• An MMA project team was formed to provide day-to-day guidance and decision-making support.
• An Advisory Team was formed to provide critical input into the design of the survey. The MMA would like to acknowledge the following participants:
  – Kevin Boren, Essentia Health
  – David Carpenter, Minnesota Urology
  – Randy Farrow, Mankato Clinic
  – Bill Kenney, Dermatology Consultants
  – Scott Ketover, MD, MNGI Digestive Health
  – Brad Montgomery, Noran Neurological Clinic
  – Kevin Nelson, MD, Fairview Physician Associates
  – Randy Rice, MD, Gateway Clinic
  – Troy Simonson, Twin Cities Orthopedics
  – Nicole Vilendrer, Mayo Clinic
• A final report was issued to the MMA Board of Trustees on August 22, 2020
RESPONDENT DATA

**Practice Size**

- **Number of physicians**
  - Range: 1-1,000
  - Average: 31.7

- **Number of locations**
  - Range: 1-100
  - Average: 5.1

- **Number of non-physician FTEs**
  - Range: 0.4-26,000
  - Average: 527.25

---

**Respondents by Location**

**Physicians**

- **Large City**: 56%
- **Twin Cities Suburbs**: 22%
- **Rural**: 22%

**Administrators**

- **Large City**: 31%
- **Twin Cities Suburbs**: 44%
- **Rural**: 25%

---

**Population**

- **17,761 Minnesota Physicians**
  - Data gathered in the physician survey has a margin of error of +/- 4% at a 95% confidence interval.

- **>300 Minnesota Physician Organizations**
  - Number of physicians with active Minnesota licenses and whose primary business address is in Minnesota as published by the Minnesota Department of Health (Nov. 2019). Available at [https://www.health.state.mn.us/data/workforce/phy/docs/cbphys.pdf](https://www.health.state.mn.us/data/workforce/phy/docs/cbphys.pdf).

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1 Data from organization survey. Not all respondents provided all three data points.
2 Data from physician survey. Respondents were asked to indicate where they practice.
3 Data from organization survey. Respondents were asked to indicate the percent of their practices located in rural areas, the Twin Cities suburbs, or large cities. To calculate the overall distribution, the percentages provided by each respondent were multiplied by the number of locations to determine a weighted average.
4 Number of physicians with active Minnesota licenses and whose primary business address is in Minnesota as published by the Minnesota Department of Health (Nov. 2019). Available at [https://www.health.state.mn.us/data/workforce/phy/docs/cbphys.pdf](https://www.health.state.mn.us/data/workforce/phy/docs/cbphys.pdf).
5 Unable to obtain confidence interval for data gathered in organization survey due to the lack of a verified data source of the number of physician organizations in Minnesota. However, the 30.9% response rate indicates strong confidence in the applicability of findings to most Minnesota physician organizations.
SECTION I

BUSINESS AND PATIENT CARE IMPACTS OF COVID-19 ON PHYSICIANS AND THEIR PATIENTS
Executive Order 20-09 took effect on March 23, 2020 and ordered that all non-essential or elective surgeries and procedures, including non-emergent or elective dental care, that utilize PPE or ventilators be postponed indefinitely.

This Executive Order expired on May 10, 2020.

Note: All data from organization survey.

1 Respondents were asked to provide the percent increase or decrease as a follow-up question.
Physician respondents were asked to select all workforce reduction actions they experienced, and administrator respondents were asked to select all workforce reduction actions utilized by their organization. Please note that percentages will not add to 100% since respondents selected multiple options.

For ease of interpretation, only the summary data from the physician survey is presented in page 9. Data provided by administrators largely followed physicians’ responses.
Administrator respondents were asked to select all workforce changes utilized by their organization. Please note that percentages will not add to 100%, since respondents selected multiple options. For ease of interpretation, only the summary data is presented in page 9.
SECTION II

HOW PHYSICIANS AND PHYSICIAN ORGANIZATIONS RESPONDED TO NEW CHALLENGES POSED BY COVID-19
INCREASE IN PROPORTION OF PATIENT ENCOUNTERS CONDUCTED VIA TELEHEALTH

Administrator respondents selected pre-defined ranges for the percent of patient encounters conducted via each type of telehealth in 2019 and since March 2020. The data was coded to the midpoint of each range, and then the average was calculated for each type of telehealth visit. Respondents who did not provide all six data points and who provided responses that totaled more than 100% were excluded. The data presented on page 11 shows the average of all three types of telehealth visits added together.

Physician respondents selected pre-defined ranges for the percent of patient encounters conducted telehealth (in general) in 2019 and since March 2020. The data was coded to the midpoint of each range, and then the average was calculated. Respondents who did not provide both points were excluded. This data follows that reported by administrators.
Physicians were asked to rate each type of telehealth visit on a 5-point scale from not at all important to extremely important. For ease of interpretation, respondents who said somewhat, very, or extremely important have been combined, and those who said not at all or not very important have been combined.

Physicians were asked to report the effect of telehealth on their work/life balance and symptoms of burnout on a 5-point scale from not at all beneficial to extremely beneficial with the option to select no impact. For ease of interpretation on slide 12, respondents who said very or extremely important have been combined, and those who said not at all or not very important have been combined.

Physicians were asked to characterize patient satisfaction with telehealth services delivered they personally delivered. Administrators were asked to characterize patient satisfaction with their organization's telehealth services. Only physician data is presented on page 12 since data from administrator respondents is similar.
SECTION III

HOW PHYSICIANS AND PHYSICIAN ORGANIZATIONS RESPONDED TO NEW CHALLENGES POSED BY COVID-19
“Payment parity” means reimbursement equal to that for in-person services. Administrators were asked to rate the the importance of having each policy in place in order to continue offering telehealth services on a 5-point scale from not at all important to very important. For ease of interpretation, respondents who said not at all important, not very important, or neutral have been combined, and those who said somewhat or very important have been combined.
Physicians were asked to rate the degree of each barrier to their broader adoption of video telehealth visits on a 5-point scale from not a barrier to very significant barrier. Administrators were asked to rate the degree of each barrier to their organization’s broader adoption of video telehealth visits on the same 5-point scale. For ease of interpretation, respondents who said not or slight barrier have been combined, and those who said moderate, significant, and very significant barrier have been combined. Results were largely the same between both groups, so only physician data is presented in the report.
Physicians and administrators were asked to rate their concern regarding their organization’s ability to withstand a second wave of COVID-19 on a 5-point scale from not at all concerned to extremely concerned. For ease of interpretation, respondents who said not at all or not very concerned have been combined, and those who said somewhat, very, or extremely concerned have been combined. Data presented on page 22 shows the percentage of administrators and physicians who said they were somewhat, very, or extremely concerned about their organization’s ability to withstand a second wave of COVID-19.
Administrators were asked to estimate how patient encounters will change in the next 3 months from where they are “today” (survey was open June 16-July 13) on a 5-point scale from significantly decrease to significantly increase. For ease of interpretation, responses were coded numerically with 1 representing significantly decrease and 5 representing significantly increase. The average was then calculated to determine an overall volume projection score for each organization type. A score closer to 5 means organizations anticipate a more significant increase. Data was very close to 6-month estimates, so only 6-month data is presented in the report.

**Anticipated Volume Change Next 3 Months Compared to Current Levels (shown as percent of respondents)**

<table>
<thead>
<tr>
<th>Anticipated Volume Change</th>
<th>Primary Care</th>
<th>Non-Primary Care Single Specialty</th>
<th>Multispecialty</th>
<th>Health System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Significantly decrease</td>
<td>3%</td>
<td>13%</td>
<td>27%</td>
<td>13%</td>
</tr>
<tr>
<td>2 Somewhat decrease</td>
<td>13%</td>
<td>13%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>3 Stay the same</td>
<td>27%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>4 Somewhat increase</td>
<td>59%</td>
<td>60%</td>
<td>67%</td>
<td>88%</td>
</tr>
<tr>
<td>5 Significantly increase</td>
<td>14%</td>
<td>5%</td>
<td>13%</td>
<td>13%</td>
</tr>
</tbody>
</table>

**AVERAGE RESPONSE (as score)**

- Primary Care: 3.86
- Non-Primary Care Single Specialty: 3.59
- Multispecialty: 4.20
- Health System: 4.13
Administrators were asked to estimate how patient encounters will change in the next 6 months from where they are “today” (survey was open June 16-July 13) on a 5-point scale from significantly decrease to significantly increase. For ease of interpretation, responses were coded numerically with 1 representing significantly decrease and 5 representing significantly increase. The average was then calculated to determine an overall volume projection score for each organization type. A score closer to 5 means organizations anticipate a more significant increase. Data was very close to 3-month estimates, so only 6-month data is presented in the report.

### Anticipated Volume Change Next 6 Months Compared to Current Levels (shown as percent of respondents)

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Significantly decrease</th>
<th>Somewhat decrease</th>
<th>Stay the same</th>
<th>Somewhat increase</th>
<th>Significantly increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
<td>50%</td>
<td>42%</td>
</tr>
<tr>
<td>Non-Primary Care Single Specialty</td>
<td>11%</td>
<td>16%</td>
<td>10%</td>
<td>75%</td>
<td>37%</td>
</tr>
<tr>
<td>Single Specialty</td>
<td>10%</td>
<td>42%</td>
<td>40%</td>
<td>75%</td>
<td>50%</td>
</tr>
<tr>
<td>Multispecialty</td>
<td>10%</td>
<td>40%</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Health System</td>
<td>10%</td>
<td>40%</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Average Response (as score)

- Primary Care: 4.11
- Non-Primary Care Single Specialty: 3.66
- Multispecialty: 4.40
- Health System: 4.25
Administrators were asked to estimate how patient revenue will change in the next 3 months from where it is “today” (survey was open June 16–July 13) on a 5-point scale from significantly decrease to significantly increase. For ease of interpretation, responses were coded numerically with 1 representing significantly decrease and 5 representing significantly increase. The average was then calculated to determine an overall revenue projection score for each organization type. A score closer to 5 means organizations anticipate a more significant increase. Data was very close to 6-month estimates, so only 6-month data is presented in the report.

AVERAGE RESPONSE (as score)

- Primary Care: 3.57
- Non-Primary Care Single Specialty: 3.50
- Multispecialty: 4.00
- Health System: 4.25
Administrators were asked to estimate how patient revenue will change in the next 6 months from where it is “today” (survey was open June 16-July 13) on a 5-point scale from significantly decrease to significantly increase. For ease of interpretation, responses were coded numerically with 1 representing significantly decrease and 5 representing significantly increase. The average was then calculated to determine an overall revenue projection score for each organization type. A score closer to 5 means organizations anticipate a more significant increase. Data was very close to 3-month estimates, so only 6-month data is presented in the report.

**ANTICIPATED REVENUE CHANGE NEXT 6 MONTHS**

<table>
<thead>
<tr>
<th></th>
<th>AVERAGE RESPONSE (as score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>3.72</td>
</tr>
<tr>
<td>Non-Primary Care Single Specialty</td>
<td>3.61</td>
</tr>
<tr>
<td>Multispecialty</td>
<td>4.44</td>
</tr>
<tr>
<td>Health System</td>
<td>4.38</td>
</tr>
</tbody>
</table>
### SUMMARY – ANTICIPATED VOLUME & REVENUE CHANGES

<table>
<thead>
<tr>
<th></th>
<th>VOLUME</th>
<th>REVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CARE PRACTICES</td>
<td><img src="#" alt="Gauge" /> 3 Months</td>
<td><img src="#" alt="Gauge" /> 6 Months</td>
</tr>
<tr>
<td>NON-PRIMARY CARE SINGLE SPECIALTY PRACTICES</td>
<td><img src="#" alt="Gauge" /> 3 Months</td>
<td><img src="#" alt="Gauge" /> 6 Months</td>
</tr>
<tr>
<td>MULTISPECIALTY PRACTICES</td>
<td><img src="#" alt="Gauge" /> 3 Months</td>
<td><img src="#" alt="Gauge" /> 6 Months</td>
</tr>
<tr>
<td>HEALTH SYSTEMS</td>
<td><img src="#" alt="Gauge" /> 3 Months</td>
<td><img src="#" alt="Gauge" /> 6 Months</td>
</tr>
</tbody>
</table>

**VOLUME**
- 3 Months
- 6 Months

**REVENUE**
- 3 Months
- 6 Months

---

**KEY**
- Decrease
- Increase
- Same

Gauges represent average response (as a score). See previous slides for explanation of calculation.
Administrators were asked to estimate how cash flow from operations for June-September 2020 and for October-December 2020 will compare to the same periods in 2019 on a 5-point scale from much worse to much better. For ease of interpretation, responses were coded numerically with 1 representing much worse and 5 representing much better. The average was then calculated to determine an overall cash flow projection score for each organization type. A score closer to 5 means organizations anticipate that cash flow will be better than during the same period in 2019.

**ANTICIPATED CASH FLOW FROM OPERATIONS**

**Anticipated Cash Flow from Operations June-Sept. 2020**

- **Primary Care**: Much worse = 13%, Worse = 30%, Mostly the same = 41%, Better = 14%, Much better = 13%
- **Non-Primary Care Single Specialty**: Much worse = 75%, Worse = 70%, Mostly the same = 14%, Better = 16%, Much better = 13%
- **Multispecialty Health System**: Much worse = 10%, Worse = 20%, Mostly the same = 30%, Better = 40%, Much better = 50%

**Anticipated Cash Flow from Operations Oct.-Dec. 2020**

- **Primary Care**: Much worse = 13%, Worse = 43%, Mostly the same = 29%, Better = 29%, Much better = 4%
- **Non-Primary Care Single Specialty**: Much worse = 71%, Worse = 57%, Mostly the same = 29%, Better = 11%, Much better = 3%
- **Multispecialty Health System**: Much worse = 14%, Worse = 29%, Mostly the same = 29%, Better = 14%, Much better = 1%

**AVERAGE RESPONSE (as score)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>2.25</td>
<td>2.64</td>
</tr>
<tr>
<td>Non-Primary Care Single Specialty</td>
<td>2.11</td>
<td>2.41</td>
</tr>
<tr>
<td>Multispecialty</td>
<td>2.25</td>
<td>2.71</td>
</tr>
<tr>
<td>Health System</td>
<td>2.38</td>
<td>2.29</td>
</tr>
</tbody>
</table>
ANTICIPATED ORGANIZATIONAL CHANGES WITHIN NEXT 6 MONTHS

Administrators were asked to select all changes their organization anticipated making in the next 6 months. Percentages will not add to 100%, since respondents selected multiple answers. Please note that the sample size is too small to draw definitive conclusions about most physician organizations (30 respondents answered this question).
OTHER IMPACTS OF COVID-19 ON PHYSICIANS, ORGANIZATIONS, & STAFF

### Other Impacts of COVID-19

(Shown as percent of physician and administrator respondents)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout/Stress</td>
<td>27%</td>
</tr>
<tr>
<td>Financial Challenges</td>
<td>23%</td>
</tr>
<tr>
<td>Staff Layoffs, Furloughs, etc.</td>
<td>13%</td>
</tr>
<tr>
<td>Decreased Physician Compensation</td>
<td>7%</td>
</tr>
<tr>
<td>Delayed Patient Care</td>
<td>7%</td>
</tr>
<tr>
<td>Workflow Changes</td>
<td>5%</td>
</tr>
</tbody>
</table>

Data collected by coding 324 narrative responses from the organization and physician surveys where respondents were asked to describe any other impacts the COVID-19 pandemic has had on them and/or their organization. Themes with less than 5% prevalence have been excluded.

### SELECTED INSIGHTS

“Over half the staff is working from home. More than 2/3rd of my visits are virtual. We are rebuilding the whole delivery system of care. Revenues are down. Team resolve is high. Increase partnership with hospital and public health. New leaders emerging in our teams.”

“Our close-knit team is now 2/3 working from home. We can’t share our rhubarb dishes, celebrate milestones, or just interact socially in the halls. They have become 2-dimensional animated postage-stamps on my Zoom screen.”

“Loss of interactions among providers and staff with so many people working from home, increased workload for clinic staff because of furlough, increased stress of providers and staff in clinics who are treating COVID patients without adequate PPE.”

“Our whole infrastructure seems to have changed. Even more than before we seem as meat to be used.”

“Work is even more stressful. It takes longer to see and evaluate patients. We have already seen hours and compensation cuts and we are really frontline, in the Emergency Department. We never stopped seeing patients and never abdicated our responsibility.”
RESPONDENTS IDENTIFIED HOW THE MMA CAN HELP

Support Physicians & the Practice of Medicine in Minnesota
(shown as percent of physician respondents)

- Advocate for Continued Reimbursement for Telehealth: 29%
- Provide Evidence-Based Education to Physicians & Public: 24%
- Advocate for Sufficient PPE: 21%
- Advocate for Financial Support: 16%
- Improve Access to Testing: 7%
- Support Telehealth Adoption: 6%
- Support In-Person Care: 5%
- Advance Health Equity: 5%
- Maintain Physician Compensation: 5%

Data collected by coding 423 narrative responses where physicians were asked to provide the one or two most important things the MMA can do to help support physicians and the practice of medicine in Minnesota. Themes with less than 5% prevalence have been excluded.

Support the Health of Minnesotans
(shown as percent of physician respondents)

- Encourage Evidence-Based Health Practices: 56%
- Improve Insurance Coverage & Access to Care: 12%
- Improve Access to Testing: 9%
- Advance Health Equity: 5%
- Advocate for Continued Reimbursement for Telehealth: 5%

Data collected by coding 401 narrative responses where physicians were asked to provide the one or two most important things the MMA can do to help support the health of Minnesotans. Themes with less than 5% prevalence have been excluded.
COMPARATIVE DATA

A select number of similar studies from other states were reviewed\(^1\), and Minnesota’s results closely align in the following areas:

- Response rate
- Volume & revenue decreases
- Telehealth increases
- Financial assistance utilization

While general trends could be compared for a select number of categories, direct comparability is limited because survey questions were asked differently in each state’s survey.

\(^1\) Reviewed reports, press releases, and news articles from the following states: California, Indiana, Kentucky, New York, Pennsylvania, Texas, Washington, and Wyoming.
PHYSICIAN SURVEY QUESTIONS

1. Do you provide patient care?
   - Yes
   - No

2. What is your specialty?

3. Where do you primarily practice?
   - Large city/urban (Minneapolis, St. Paul, Duluth, Rochester, St. Cloud, Mankato)
   - Twin Cities suburbs
   - Rural

4. Please indicate the approximate percentage of patient encounters you personally conducted via telehealth for the following time periods (Answers: none, 1-25%, 26-50%, 51-75%, 76-100%)
   - 2019
   - Since March 2020
   - None

5. Please indicate how well telehealth is meeting your patients’ care needs.
   - Very poorly
   - Poorly
   - Acceptably
   - Well
   - Very well
   - Don’t know
   - Not applicable
6. Why did you answer the way you did regarding how telehealth is meeting your patients’ care needs? Please explain.

7. Post COVID-19, how important is it to you to retain the following types of telehealth as essential care delivery options? (Answers: Not at all important, Not very important, Somewhat important, Very important, Extremely important)
   - E-visits (patient-initiated communication via patient portal)
   - Real-time, two-way interactive video visits,
   - Telephone visits
   - other (please specify).

8. At this time, how much of a barrier are the following factors to your broader adoption of video telehealth visits? (Answers: not a barrier, slight barrier, moderate barrier, significant barrier, very significant barrier)
   - Reliable telehealth platform
   - Telehealth platform that is integrated with practice HER
   - Clinician broadband access
   - Patient broadband access
   - Patient access to necessary technology
   - Patient comfort using necessary technology
   - Patient interest and awareness
   - Uncertain future payment from insurers (public and/or private)
   - Costs to organization to offer and maintain, telehealth platform
   - Other (please specify)

9. How would you characterize patient satisfaction with telehealth services you personally deliver?
   - Very dissatisfied
   - Dissatisfied
   - Neither satisfied nor dissatisfied
   - Satisfied
   - Very satisfied
   - Don’t know
   - Not applicable
10. How would you characterize your use of telehealth on your work/life balance or symptoms of burnout?
- Not at all beneficial
- Not very beneficial
- No impact
- Very beneficial
- Extremely beneficial
- Not applicable

11. Have you personally experienced any of the following compensation, benefit, or work changes? Check all that apply.
- Temporary reduction in compensation
- Permanent reduction in compensation
- Reduced retirement contributions
- Reduced hours
- Reduced CME allocation
- Temporary furlough
- Termination
- None
- Other (please specify)

12. Other than COVID-19, have any of your patients experienced adverse health outcomes due to a lack of or delay in care associated with the pandemic?
- Yes
- No
  • If yes, please briefly describe/summarize.

13. How concerned are you about your organization’s ability to withstand a second wave of COVID-19 in 2020?
- Not at all concerned
- Not very concerned
- Somewhat concerned
- Very concerned
- Extremely concerned
14. What would help ease your concerns about your organization’s ability to withstand a second wave of COVID-19 in 2020?

15. How would you rate the response of the State of Minnesota’s leadership to the COVID-19 pandemic?
   - Very poor
   - Poor
   - Neutral
   - Good
   - Very good
   • Why?

16. How would you rate the response of the federal government’s leadership to the COVID-19 pandemic?
   - Very poor
   - Poor
   - Neutral
   - Good
   - Very Good
   • Why?

17. With respect to COVID-19, both in the short-term and in its aftermath, what are the 1 or 2 most important things you believe the MMA can do to support physicians and the practice of medicine in Minnesota?

18. With respect to COVID-19, both in the short-term and in its aftermath, what are the 1 or 2 most important things you believe the MMA can do to support the health of Minnesotans?

19. Please describe any other impacts the COVID-19 pandemic has had on you and/or your organization.

20. Please share any thoughts about how your organization will operate differently going forward due to the COVID-19 pandemic (i.e. changes in care delivery, lessons learned, or innovations).
ORGANIZATION SURVEY QUESTIONS

1. Which best describes your organization?
   - Primary care practice (Family Medicine, Internal Medicine, Pediatrics)
   - Non-primary care single specialty practice
   - Multispecialty practice
   - Hospital/integrated health system

2. For the period March 16-May 10, what was your organization’s approximate percent change in patient encounters (face-to-face and virtual) compared to the same period last year? Professional services only.
   - 1-10% decrease
   - 11-20% decrease
   - 21-30% decrease
   - 31-40% decrease
   - 41-50% decrease
   - 51-60% decrease
   - 61-70% decrease
   - 71-80% decrease
   - 81-90% decrease
   - 91-100% decrease
   - Patient encounters have increased or remained the same

3. How much have patient encounters increased? Please enter the percent increase as a whole number (no percent sign or decimal point). If encounters have remained the same, please enter 0. Professional services only.

4. Why have patient encounters increased or remained the same?

5. From May 11 (the day the executive order prohibiting elective procedures/surgeries expired) patient encounters have _____ compared to the Mary 16 – May 10 period. Professional services only.
   - Increased
   - Decreased
   - No change
   - Please specify the percent increase or decrease as a whole number (no percent sign or decimal point).
6. How do you anticipate the number of patient encounters will change in the next **three months** from where they are today? Professional services only.

- Significantly decrease
- Somewhat decrease
- Stay the same
- Somewhat increase
- Significantly increase
- Don’t know

7. How do you anticipate the number of patient encounters will change in the next **six months** from where they are today? Professional services only.

- Significantly decrease
- Somewhat decrease
- Stay the same
- Somewhat increase
- Significantly increase
- Don’t know

8. For the period March 16 - May 10, what was your organization’s approximate percent change in patient revenue compared to the same period last year? Professional services only.

- 1-10% decrease
- 11-20% decrease
- 21-30% decrease
- 31-40% decrease
- 41-50% decrease
- 51-60% decrease
- 61-70% decrease
- 71-80% decrease
- 81-90% decrease
- 91-100% decrease
- Patient revenue has increased or stayed the same

9. How much has patient revenue increased? Please enter the percent increase as a whole number (no percent sign or decimal point). If revenue has remained the same, please enter 0. Professional services only.

10. Why has patient revenue increased or remained the same?
11. How do you anticipate patient revenue will change in the next **three months** from where it is today? Professional services only.
   - Significantly decrease
   - Somewhat decrease
   - Stay the same
   - Somewhat increase
   - Significantly increase
   - Don’t know

12. How do you anticipate patient revenue will change in the next **six months** from where it is today? Professional services only.
   - Significantly decrease
   - Somewhat decrease
   - Stay the same
   - Somewhat increase
   - Significantly increase
   - Don’t know

13. How would you characterize the financial effect on your organization of Executive Order 20-09 (effective March 23- May 10, 2020) that prohibited non-essential/elective procedures and surgeries that utilize PPE or ventilators?
   - Very negative financial effect
   - Negative financial effect
   - Limited negative effect
   - No significant negative effect

14. For the period March 16 to May 31, how has your organization’s cash flow from operations (professional and all other services) changed compared to the same time period in 2019? Please exclude COVID-related grants and loans.
   - Increased
   - Decreased
   - Stayed the same
   - Please specify the estimated percent increase or decrease as a whole number (no percent sign or decimal point)
15. Please estimate how your organization’s cash flow from operations (professional and all other services) for **June-September 2020** will compare to the same period last year?
- Much worse
- Worse
- Mostly the same
- Better
- Much better
- Don’t know

16. Please estimate how your organization’s cash flow from operations (professional and all other services) for **October-December 2020** will compare to the same period last year?
- Much worse
- Worse
- Mostly the same
- Better
- Much better
- Don’t know

17. Did you receive financial support/funding from any of the following sources? Check all that apply.
- COVID-19 Economic Injury Disaster Loan (EIDL)
- COVID-19 Paycheck Protection Program Loan (PPP)
- MN Dept. of Health COVID-19 Response Funding (emergency funding or response grant)
- Accelerated or Advance Medicare Payments
- CARES Act/HHS Provider Relief Fund
- Private loan or grant
- None
- Other (please specify)
18. Within the next 6 months, do you anticipate making any of the following organization changes? Select all that apply.

- Close locations
- Reduce services
- Reduce hours of operations
- Other (please specify)

19. Please indicate the actions taken to date by your organization as a result of COVID-19 with respect to **physician** compensation, benefits, and staffing. Check all that apply

- Reduced hours
- Temporary reductions in compensation
- Permanent reductions in compensation
- Reduced retirement or other benefit contributions
- Other (please specify)

20. Please indicate the actions taken to date by your organization as a result of COVID-19 with respect to **non-physician staff**. Check all that apply

- Reduced hours
- Temporary reductions in compensation
- Permanent reductions in compensation
- Reduced retirement or other benefit contributions
- Other (please specify)

21. Please indicate the percent of patient encounters your organization conducted via the following types of telehealth for 2019 and since March 2020. Professional services only.

- E-visits (patient-initiated via patient portal)
- Real-time, 2-way interactive video visits
- Telephone visits
- Other (please specify)
22. To continue offering telehealth services, how important is it to your organization to have the following in place? (Answers: not at all important, not very important, neutral, somewhat important, very important).

- Parity in payment by MN commercial health plans for telehealth and in-person visits
- Parity in payment by Medicare for telehealth and in-person visits
- Parity in payment by ERISA (self-insured) health plans for telehealth and in-person visits
- Parity in payment for telehealth and telephone visits
- Expanded Medicare coverage for telehealth services
- Relaxed HIPAA security regulations with respect to allowable telehealth technologies
- Other (please specify)

23. At this time, how much of a barrier are the following factors to your organization’s broader adoption of video telehealth visits? (Answers: not a barrier, slight barrier, moderate barrier, significant barrier, very significant barrier).

- Reliable telehealth platform
- Telehealth platform that is integrated with practice HER
- Clinician broadband access
- Patient broadband access
- Patient access to necessary technology
- Patient comfort using necessary technology
- Patient interest and awareness
- Uncertain future payment from insurers (public and/or private)
- Costs to offer and maintain telehealth platform
- Other (please specify)
24. If payment parity for telehealth and in-person visits does **not** continue for all payers, please estimate how your organization’s use of telehealth will change.
   - Significantly decrease
   - Decrease
   - Stay the same
   - Increase
   - Significantly increase
   - Don’t know

25. How would you characterize patient satisfaction with your organization’s telehealth services?
   - Very satisfied
   - Satisfied
   - Neither satisfied nor dissatisfied
   - Dissatisfied
   - Very dissatisfied
   - Don’t know
   - Not applicable

26. How many physicians are currently employed by your organization in Minnesota? Please enter a whole number.

27. How many non-physician FTEs are currently employed by your organization in Minnesota? Decimals are accepted.

28. How many locations does your organization have in Minnesota? Please enter a whole number.

29. Where are your facilities located? Please enter a percenter as a whole number (no percent sign or decimal point) for each category (totaling 100).
   - Large city/urban (Minneapolis, St. Paul, Duluth, Rochester, St. Cloud, Mankato)
   - Twin Cities Suburbs
   - Rural
30. How concerned are you about your organization’s ability to withstand a second wave of COVID-19 in 2020?
   - Not at all concerned
   - Not very concerned
   - Somewhat concerned
   - Very concerned
   - Extremely concerned

31. What would help ease your concerns about your organization’s ability to withstand a second wave of COVID-19 in 2020?

32. Please describe any other impacts the COVID-19 pandemic has had on you and/or your organization.

33. Please share any thoughts about how your organization will operate differently going forward due to the COVID-19 pandemic (i.e. changes in care delivery, lessons learned, or innovations).