SAGE GROWTH PARTNERS

Exploring Physicians' Perspectives on How COVID-19 Changes Care

Survey finds significant differences across specialties, except in unanimous concern over telehealth-generated data and desire for fee-for-service reimbursement.

Topics include:

Patient Communication

Telehealth

Staffing and Operational Trends

Reimbursement Preferences

INTRODUCTION

Sage Growth Partners (SGP) in partnership with Black Book Research asked physicians how COVID-19 has changed the way they deliver care - specifically how they have incorporated telehealth into their practice.

In the second survey on this topic, conducted May 28 - June 3, we monitored changes over a one-month period and sought physicians' predictions for their practices post-COVID-19. Answers from 4,380 physicians across primary care, medical specialties, surgical specialties, and behavioral health showed that who is seeing COVID-19 patients, and both use of and satisfaction with telehealth varies greatly by specialty. Despite their differences, all specialties agreed on the challenges of telehealth-generated data management and use, worries about cybercrime and patient privacy, and the difficulties in seeing new patients via telehealth. It will be important to address these challenges - and quickly! - as almost every specialty expects to adopt more virtual care post-COVID-19 and over half of all physicians surveyed expect near pre-COVID-19 patient volume within 3-6 months. Of all topics covered, physicians across every specialty were most in agreement about their desire for more fee-for-service (FFS) reimbursement and upside-only risk contracts post-COVID-19.

INSIGHTS

1. **Whether a physician provides care to COVID-19 patients varies significantly by specialty. Regardless of specialty, physicians that are not already seeing COVID-19 patients are more willing to do so as time progresses.**

a. Primary care and medical specialties are seeing more COVID-19 patients now than they were earlier in the crisis, whereas surgical specialties – already far behind primary care and medical specialties – are seeing fewer COVID-19 patients as time progresses.

	% Seeing COVID-19 Patients	
Specialty	May 20	June 3
Primary Care	80%	85%
Medical Specialty	53%	78%
Surgical	25%	19%

b. While only 15% of primary care physicians are not already seeing COVID-19 patients, the majority of these PCPs are not willing to do so.

c. Medical specialties are most ready to see COVID-19 patients, with nearly two-thirds (65%) saying they were willing to do so if not already seeing COVID-19 patients.
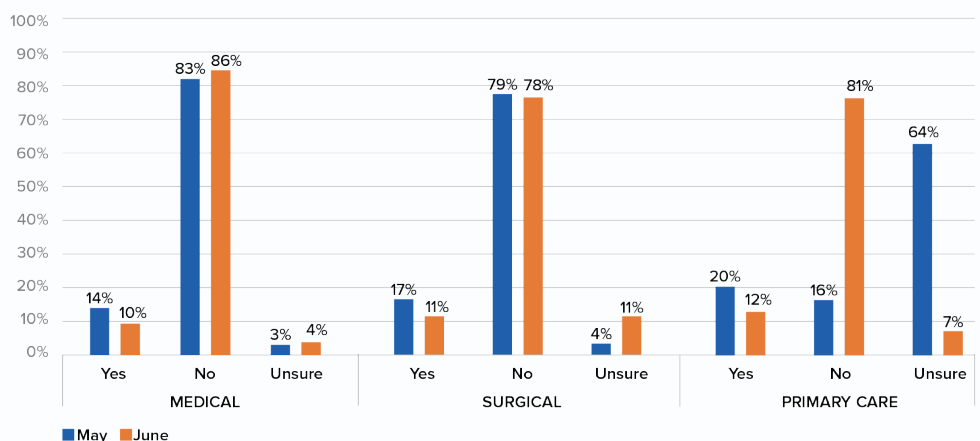
	% Willing to See COVID-19 Patients*	
Specialty	May 20	June 3
Medical Specialty	40%	65%
Surgical	48%	52%
Primary Care	20%	35%

*If not already seeing COVID-19 patients

2. Financial troubles are widespread, affecting all specialties, but physicians do not expect these troubles to have long-lasting impact.

a. By June, over half of physicians (55%) (excluding behavioral) had either been furloughed or taken pay cuts.

b. However, current economic concerns are not predicted to cause significant closures in the long-term. Across all specialties, only 10-12% of physicians plan on closing their offices for an extended period or even permanently.

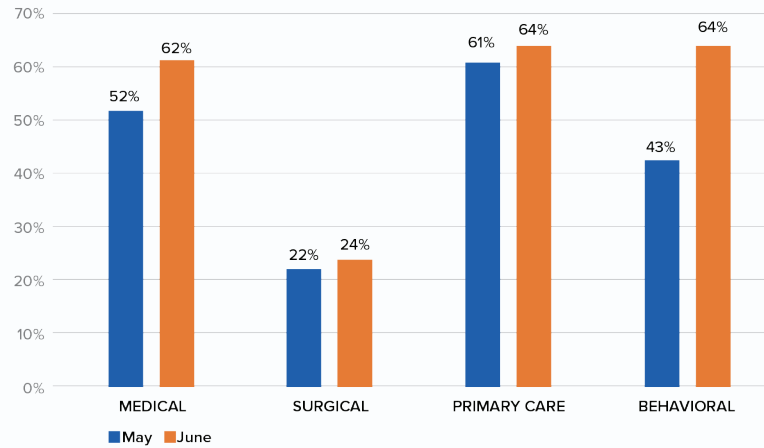**Do you plan on closing your office for an extended period or even permanently?**

c. Primary care physicians are much more certain in their outlook on office closures in June (7% Unsure) than they were in May (64% Unsure), signifying much less uncertainty in the effects of COVID-19 as time progresses.

3. Overall, COVID-19 has spurred a dramatic uptick in telehealth across all specialties, but how specialties operate using telehealth and physicians' satisfaction with telehealth differs – suggesting that there is not a one-size-fits-all solution. Interestingly, all specialties cite similar practice problems in telehealth-related data management and use.

a. All specialties are more likely to be treating patients through telehealth in June than in May, with the least increases in surgical and primary care and the most increases in behavioral health.
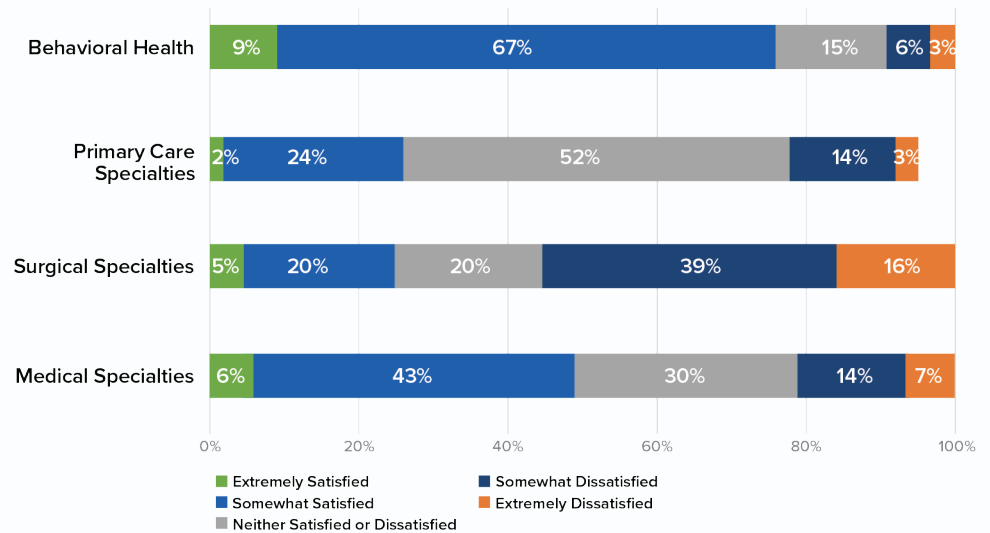
b. Almost two-thirds (62-64%) of primary care, behavioral health, and medical specialties are providing telehealth services, whereas only a quarter (24%) of surgical specialties are. This is unsurprising given the tactile nature of surgical services.

c. Over three-fourths (76%) of behavioral health specialties are satisfied with telehealth, followed by medical specialties, with nearly half expressing satisfaction (49%).

d. In sharp contrast, far more surgical specialties are "extremely dissatisfied" (16%) than "extremely satisfied" (5%), and primary care specialties are least likely to have a strong opinion about their satisfaction with telehealth (52% "neither satisfied nor dissatisfied").

Physicians treating patients through telehealth

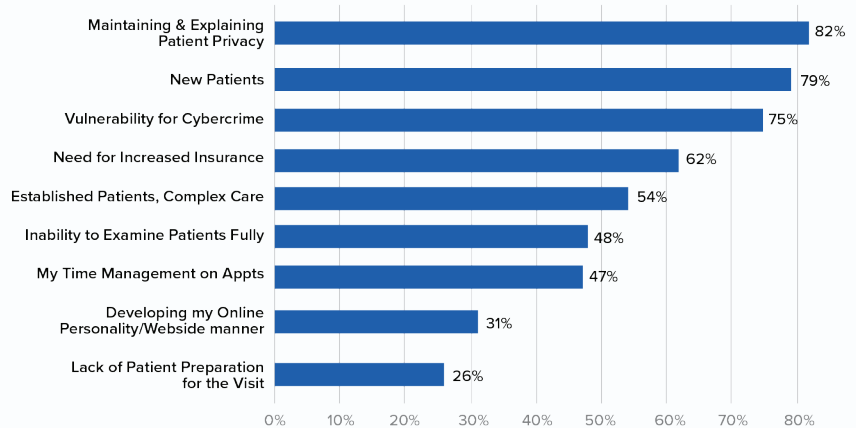**What is your level of satisfaction in providing care via a telehealth visit?**

e.　The top practice problems for all specialties are related to data interoperability and management, along with reimbursement:
#1 – Lack of integration/ interoperability
#2 – Lack of sufficient data for care continuity
#3 – Reimbursement/ Payment Parity
#4 – Multiple technologies creating too much useless data

f.　Other major challenges for all specialties include:
#1 – Maintaining and Explaining Patient Privacy
#2 – Seeing New Patients
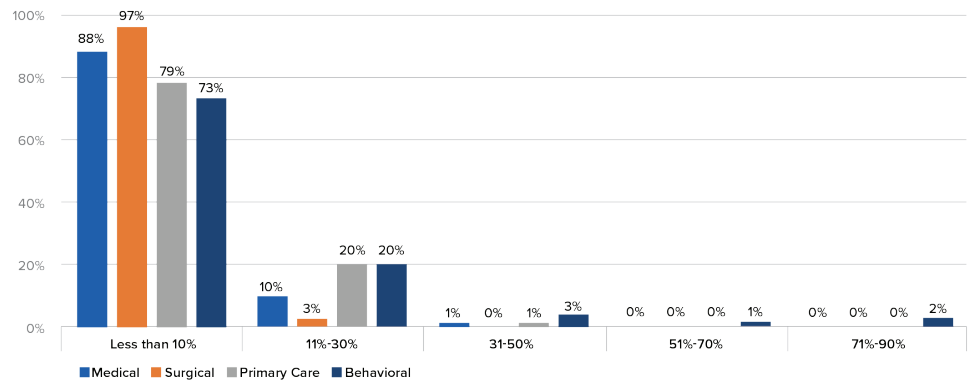#3 – Vulnerability for Cybercrime
#4 – Need for Increased Insurance

g.　However, the severity of these challenges varies by specialty and are described in greater detail in the section Telehealth Insights by Specialty.

h.　Across all specialties, established patients/ complex care posed the least challenges, suggesting that there may be characteristics of these cases well-suited to telehealth.

What are your biggest practice problems with Telehealth?

Problem	Medical	Surgical	Primary Care	Behavioral
Lack of Integration/ Interoperability	97%	98%	86%	92%
Lack of Sufficient Data for Care Continuity	96%	97%	70%	90%
Reimbursement/ Payment Parity	79%	94%	75%	62%
Multiple Technologies Creating too much useless data	78%	96%	87%	42%
Lack of Patient's Technical Experience	78%	85%	25%	21%
Misdiagnosis Concerns	26%	88%	45%	5%
Patient Unawareness of Telemedical services	10%	43%	40%	70%
Ethical Pitfalls	13%	14%	22%	49%

Total Physicians/Specialties: What are your biggest challenges to using telehealth in your practice?

Challenge	Percent
Maintaining & Explaining Patient Privacy	82%
New Patients	79%
Vulnerability for Cybercrime	75%
Need for Increased Insurance	62%
Established Patients, Complex Care	54%
Inability to Examine Patients Fully	48%
My Time Management on Appts	47%
Developing my Online Personality/Webside manner	31%
Lack of Patient Preparation for the Visit	26%

Future use of telehealth:

i. All specialties overwhelmingly believe that fewer than 10% of their visits will be conducted virtually over the next 12 months. However, there seems to be more opportunity in behavioral health and primary care than other specialties to see higher levels.

What percentage of all your visits do you expect to be virtual in the next 12 months?

Legend: Medical, Surgical, Primary Care, Behavioral

Data labels:
- Less than 10%: Medical 88%, Surgical 97%, Primary Care 79%, Behavioral 73%
- 11%-30%: Medical 10%, Surgical 3%, Primary Care 20%, Behavioral 20%
- 31-50%: Medical 1%, Surgical 0%, Primary Care 1%, Behavioral 3%
- 51%-70%: Medical 0%, Surgical 0%, Primary Care 0%, Behavioral 1%
- 71%-90%: Medical 0%, Surgical 0%, Primary Care 0%, Behavioral 2%
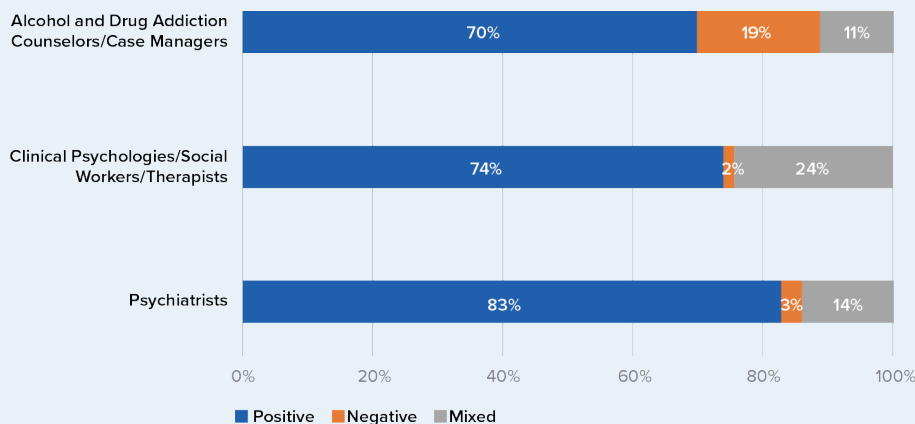
Telehealth Insights by Specialty

Behavioral Health has been most likely to embrace telehealth and is likely better suited to it than other specialties. More than any other specialty, behavioral health providers are concerned with their "webside" manner.

a. **Comfort level:** Behavioral health specialties have become more comfortable using telehealth technology over time (93% comfortable in June) and are much less overwhelmed by its surge as time has passed (from 68% overwhelmed in May to 19% overwhelmed in June).

b. **Challenges:**
    i.   Maintaining and explaining patient privacy (92%)
    ii. Vulnerability for cybercrime (90%)

iii. Seeing new patients (88%)
iv. Compared to all other specialties, behavioral health is much more concerned with developing a webside manner, but this concern has decreased over time, indicating that providers may be becoming more comfortable.

c. Within behavioral health, psychiatrists are most satisfied with telehealth and alcohol/drug addiction managers the least satisfied.

Behavioral health specialists user experience with telehealth

- Alcohol and Drug Addiction Counselors/Case Managers: Positive 70%, Negative 19%, Mixed 11%
- Clinical Psychologies/Social Workers/Therapists: Positive 74%, Negative 2%, Mixed 24%
- Psychiatrists: Positive 83%, Negative 3%, Mixed 14%

Legend: Positive, Negative, Mixed

Surgical Specialties have been the least likely to embrace telehealth and face unique challenges.

a. **Comfort level:** Surgical specialties are the least comfortable of all the specialties with using telehealth, though over half (58%) are still comfortable with it. Surgical specialties are much less overwhelmed by telehealth as time has passed (from 40% overwhelmed in May to 24% in June).

b. **Challenges:**
   i.   Inability to examine patients fully (92%)
   ii. Need for increased insurance (92%)
   iii. New patients (88%)

Primary Care Specialties

a. **Comfort level:** About half of primary care specialties are overwhelmed by telehealth and have not become less so over time.

b. **Challenges:**
   i.   Maintaining and explaining patient privacy (74%)
   ii. Vulnerability for cybercrime (70%)
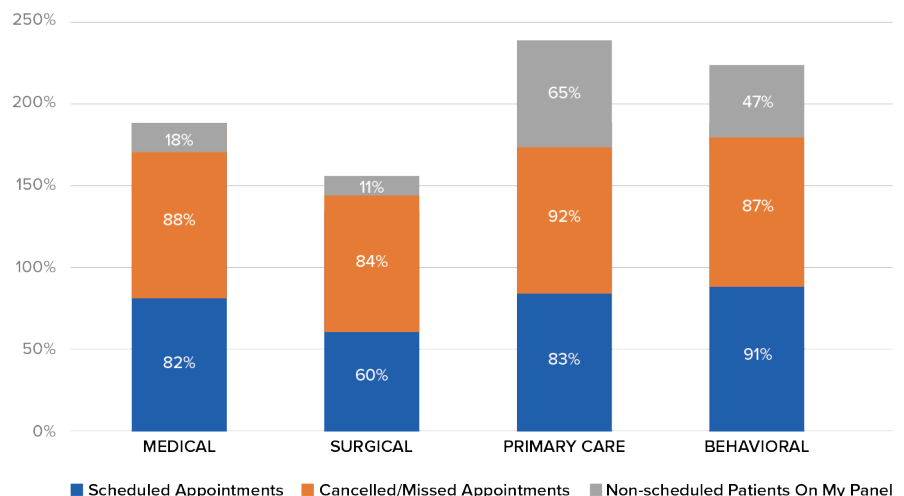   iii. Established patients and complex care (68%)

Medical Specialties

a. **Comfort level:** Medical specialties have become more comfortable using telehealth technology over time (90% comfortable in June) though are just as overwhelmed by the surge in telehealth as time has passed.

b. **Challenges:**
   i.   New Patients (90%)
   ii. Maintaining and explaining patient privacy (85%)
   iii. Vulnerability for cybercrime (77%)

4. All specialties were less likely to initiate outbound communications with non-scheduled patients, highlighting a concerning gap in patient outreach.

a. During one of the most extreme health crises in a lifetime, primary care physicians did not reach out to over one-third (35%) of their non-scheduled patients.

b. Despite not communicating with over one-third of non-scheduled patients, primary care physicians were the most communicative with non-scheduled patients of any specialty. A little over a half (53%) of behavioral health specialties did not reach out to non-scheduled patients and over 80% of medical specialties and surgical specialties failed to actively connect with non-scheduled patients.

During COVID-19 (Wave 1) I have conducted outbound communication to my patients (telephone, email, text, portal, etc.) for the following reasons.

	MEDICAL	SURGICAL	PRIMARY CARE	BEHAVIORAL
Non-scheduled Patients On My Panel	18%	11%	65%	47%
Cancelled/Missed Appointments	88%	84%	92%	87%
Scheduled Appointments	82%	60%	83%	91%

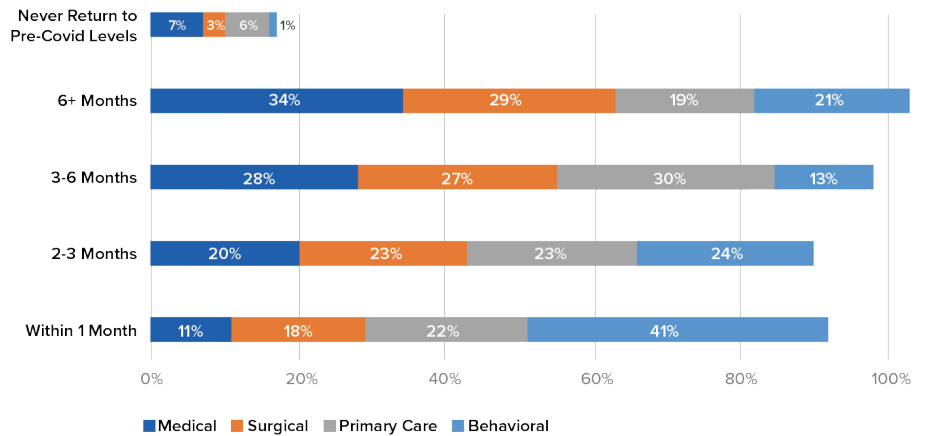■ Scheduled Appointments   ■ Cancelled/Missed Appointments   ■ Non-scheduled Patients On My Panel

c. Only if a patient was scheduled or required an appointment cancellation was it the norm for initiating outbound communications from physicians.

5. Post-COVID-19, while providers expect to reduce office hours and staffing, they generally expect to return to pre-COVID-19 patient volumes within 3 to 6 months, and – in some specialties – to adopt telehealth as an on-going alternative to in-office visits.

Patient Volumes

a. Almost half of behavioral specialties (40%) expect to return to pre-COVID-19 levels within a month and 78% within the next 3-6 months, only comparable to primary care which also expects to return to pre-COVID-19 levels (78%) within 3-6 months.
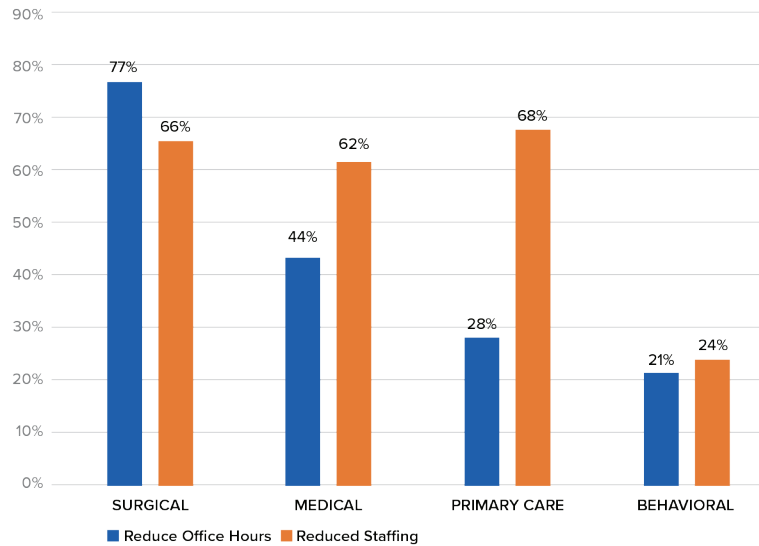
Office Hours and Staffing

a. All specialties expect to reduce office hours to an extent, with surgical specialties more unanimously doing so (77%).

b. Almost over half of all physicians expect to reduce staffing compared to pre-COVID-19 levels. Only behavioral specialties are less likely to reduce their pre-COVID-19 staffing models, with just under a quarter predicting that they will do so (24%).
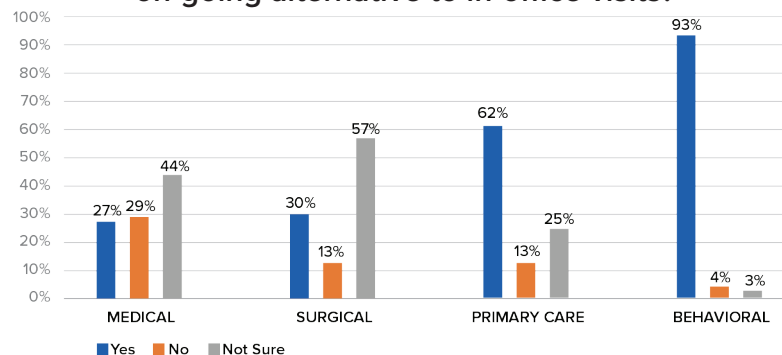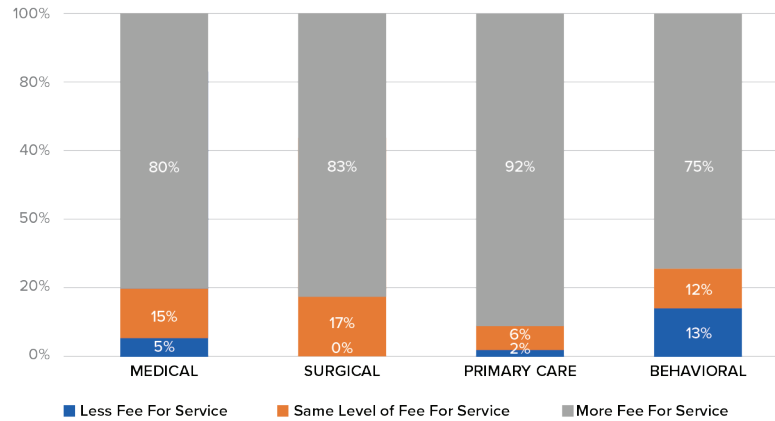
Virtual Care

a. The majority of behavioral (93%) and primary care (62%) providers expect to conduct more virtual care visits. In sharp contrast, only 30% of surgical specialties and only 27% of medical specialists expect to modestly adopt telehealth as a long-term alternative.

What is your expected timeline for patient volumes to return to pre-COVID-19 levels?

Percentage of Physicians who expect to reduce office hours and staffing

After the crisis ends (assuming you will be fairly reimbursed) do you expect to offer more telehealth visits as an on-going alternative to in-office visits?
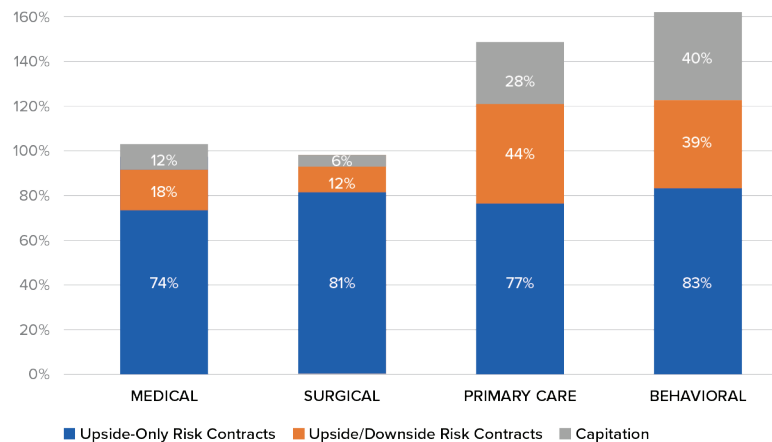
6. Physicians overwhelmingly call for more fee-for-service (FFS) reimbursement and upside-only risk contracts post-COVID-19.

Post-COVID-19 reimbursement preferences

	MEDICAL	SURGICAL	PRIMARY CARE	BEHAVIORAL
More Fee For Service	80%	83%	92%	75%
Same Level of Fee For Service	15%	17%	6%	12%
Less Fee For Service	5%	0%	2%	13%

■ Less Fee For Service   ■ Same Level of Fee For Service   ■ More Fee For Service

Post-COVID-19 contract preferences

	MEDICAL	SURGICAL	PRIMARY CARE	BEHAVIORAL
Capitation	12%	6%	28%	40%
Upside/Downside Risk Contracts	18%	12%	44%	39%
Upside-Only Risk Contracts	74%	81%	77%	83%

■ Upside-Only Risk Contracts   ■ Upside/Downside Risk Contracts   ■ Capitation

About Sage Growth Partners

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