



SPA Virtual Town Hall | COVID-19: Unmasking the Pandemic

PALC COVID-19 Survey

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Survey # 3 conducted May 1-15

59 Respondents (Private, Academic, International)

- 1. Financial implications**
- 2. Impact on clinical and lab research**
- 3. Management of return to full schedules & clinical surge**
- 4. Well-being observations**





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The context of COVID-19:

Disease burden has risen:

500,000 new cases and 20,000 deaths

Cumulative 32 pediatric and 600 HCW fatalities

134,000 physician jobs lost

Financial impact on the health system:

Estimated \$50 billion health system losses per month

Dramatic impact on rural clinic and hospitals & ASCs

Children's health issues surfacing:

MIS-C

**Significant decline in routine pediatric visits
and immunizations**



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Financial Impact:

A majority expect reductions in bonuses (55%) and/or base salary (29%)

37% anticipate income loss exceeding 15-20%

No terminations/furloughs for physicians, but 11% report CRNA furloughs

Planned new hires were saved

A large majority report their health system losses > \$10 million

Rejections of submitted bills rare

**A financial “return to normal” will be driven by clinical volume and
influenced by payor mix changes**

**Specifically due to the pandemic, 30% of physician colleagues are
considering early retirement or reducing to part time employment**



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Impact on research:

Clinical studies:

- Reduced follow up and enrollment due to travel restrictions (78%)**
- Faculty pulled away from research to cover clinical care (24%)**
- Loss of research assistant support (30%)**

Lab/bench research:

- Reduced lab function for 75%**
- All lab functions closed for 51%**
- Testing reagents pulled for COVID-19 testing**
- Loss of personnel to manage lab animals**
- Medical student Summer research programs suspended**
- Graduate student funding preserved**



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Strategies to accommodate clinical “surge”:

Elective cases returned in May:	69%
Perceived adequate pre-procedure testing to safely resume elective schedule:	75%
Inadequate PPE:	69%
Extended weekday hours:	76%
Saturday elective schedule:	73%
No plans to expand access:	20%
Compensation for additional work:	
No additional pay:	36%
Variable or unknown:	48%



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Well-Being Impact:

In general, directors observed increased stress amongst colleagues, but less so among trainees....

Identified stressors:

Inadequate PPE to protect self	69%
Job insecurity/income loss	65%
Increased case acuity	58%
Disconnect from peers	50%
Negative impact on career development	29%

Developed a strategy to preserve research, administrative or educational time during the “surge”:	20%
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Will honor scheduled Summer vacations:	84%
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Development of new resources to assure well-being:	<10%
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Well-Being Impact:

Loss of a colleague due to COVID-19 related
death, illness or stress-related disability: 20%

Death or disability of a family member: 18%

Processes **rarely** developed or implemented:

- COVID-specific “second-victim” team

- COVID-expert consultation readily available

- Debriefing following care of COVID patients

- Mechanisms to protect non-clinical time

Programs developed to reduce professional isolation:

- Buddy systems & virtual social gatherings

- Well-being resources to assure adequate “time off the clock”

- Suspension of promotion expectations



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Takeaways:

The impact is widespread, but the severity highly regional

The economic impact will be great, and will not be short term

A significant percentage of us will experience income loss

While testing has improved, adequacy of PPE remains a problem

Pre-procedure testing is very institutionally determined

Nearly **one in five** are considering early retirement

Nearly **one in five** has experienced a colleague (20%) or
a family member (20%) stricken by COVID-19

Only a small minority of departments have developed new wellness
and support programs to mitigate the impact.

This data is 6 weeks old. An eternity.