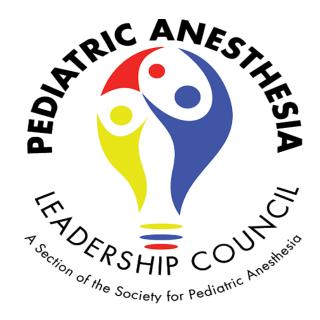


PALC COVID-19 Survey

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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











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

<u>Financial impact</u> 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



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



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



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%



<10%

Well-Being Impact:

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

Development of new resources to assure well-being:

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%
Will honor scheduled Summer vacations:	84%



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



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.