

Topline

KFF National Physician Survey on Reproductive Health:
COVID-19 Supplement (July - September 2020)

KFF

KFF 2020 National Physician Survey on Reproductive Health

METHODOLOGY

Summary

The 2020 KFF National Physician Survey on Reproductive Health obtained responses from a nationally representative sample of OBGYNs practicing in the United States who provide sexual and reproductive health care to patients in office-based settings. The survey was designed and analyzed by researchers at KFF (the Kaiser Family Foundation). An independent research company, SSRS, carried out the fieldwork and collaborated on questionnaire design, pretesting, sample design, and weighting. KFF paid for all costs associated with the survey. Survey responses were collected via paper and online questionnaires from March 18 and September 1, 2020, from a random sample of 1,210 OBGYNs. All OBGYNs included in the sample were sent an invitation letter encouraging them to participate as well as an incentive, described below. The initial sample release in March 2020 corresponded with the emergence of the COVID-19 pandemic. As such, after the initial sample release, additional questions were added related to how the COVID-19 pandemic impacted providers. Among the 1,210 OBGYNs, 855 OBGYNs completed the additional questions related to COVID-19. The samples were weighted to match known demographics. Taking into account the design effect, the margin of sampling error for the total sample is +/-4 percentage points at the 95% confidence level. The margin of error for the sample who completed the COVID-19 supplemental section +/-6 percentage points. All statistical significance testing was set at $p < 0.05$.

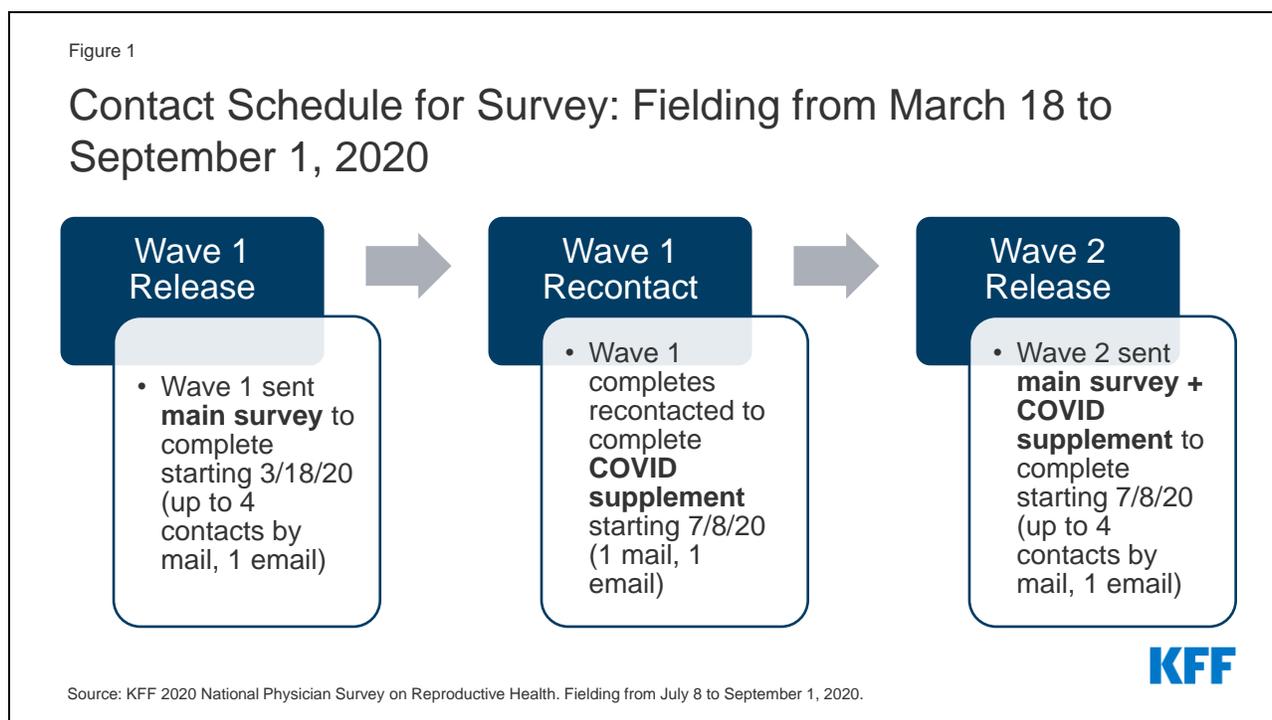
Sample Design

The sample of OBGYNs was procured from IQVIA via their OneKey Database. The OneKey database integrates provider information from various sources (e.g., IMS Health, SK&A, and Healthcare Data Solutions) and is continually updated through telephone and desktop research. The IQVIA OBGYN population universe is about 46,815 and a sample of 6,288 records were selected for this study. Using the survey questionnaire, the sample was then further screened to include only those who are board certified, spend at least 60% of their time providing direct patient care, and provide sexual and reproductive health care to at least 10% of their patients in an office-based setting.

A two-wave sample release design was used for this study to enable adjustments to the sample release and improve representativeness as a result of non-response. In Wave 1, the sample included an oversample of OBGYNs who work in rural areas, work in a public setting and those that had 25% or more of their patients covered by Medicaid, in order to obtain a reliable sample of these key groups of interest. ZIP code of the office, profit status of the facility and median income of the practice location were used as proxies to target these groups respectively. After the initial sample release, SSRS reviewed the productivity of the sample to model the second release. The number of OBGYNs working in a public setting was lower than anticipated, therefore Wave 2 again included an oversample of OBGYNs in public practice.

Contact Design

In an effort to maximize the survey completion rate, OBGYNs were contacted by multiple modes (mail, email) and offered the opportunity to complete the questionnaire either on paper or online. Those who completed the paper survey mailed back their responses using a prepaid reply envelope. OBGYNs were sent an up-front cash \$2 bill incentive as well as an incentive check for \$75 in the first two mailings to encourage respondents to complete the survey. Respondents received up to five communications for the main survey, four postal mailings and one email. The Wave 1 release corresponded with the emergence of the COVID-19 pandemic. As such, after the initial sample release, additional questions were added related to how the COVID-19 pandemic impacted providers. Wave 1 completers were recontacted and asked to complete these questions, with up to two additional communications, one postal and one email. The Wave 2 release was sent the main survey as well as the COVID-19 questions to complete **(Figure 1)**.



Response Rate

The response rate for the OBGYNs was 22.1% and was calculated using AAPOR's RR3 (53% completes by web, 47% by mail).

Weighting

The sample was weighted in stages. The first stage of the weighting was the application of a base weight to account for the disproportionately-stratified samples and response rates across sample strata. In the second stage of weighting, the OBGYN sample was post-stratified to match the IQVIA frame on key variables. In the final stage, self-reported sample demographics were matched to population parameters from the AMA database. Qualified respondents' weights were then rebalanced to the total complete sample size. Because a selection of questions about COVID-19 were added to the survey after the first wave of sample had been released, a second weight was calculated based on respondents who received the supplement and was used for analyses of those questions.

Analysis

A series of data quality checks were run, including removing duplicate cases (n = 32). We compared survey responses by key physician and practice demographics. Gender, age and race were determined by physician self-report. Practice type was determined by physician self-report; those who indicated they work in private practice or a health maintenance organization were classified as "private," while those who indicated they work in a community health center, a family planning clinic or a government operated health department were classified as "public." Practice size was determined by the number of full-time equivalent (FTE) physicians or advance practice clinicians (small ≤ 3, medium 4-10, large >10). Urbanicity and region were determined by the ZIP code of the practice, using U.S. census definitions and breaks.

Demographics of Respondents for COVID-19-Supplement

Demographics of Survey Respondents for COVID-19 Supplement		
Characteristic		Weighted n (%)
Overall OBGYNs		855 (100%)
Gender	Female	552 (65%)
	Male	294 (34%)
Age	<45	312 (37%)
	45-54	214 (26%)
	55-64	174 (21%)
	65+	136 (16%)
Race	White	587 (69%)
	Black	84 (10%)
	Asian	115 (13%)
	Other	67 (8%)
Practice type	Public	133 (16%)
	Private	704 (82%)
Practice size	Large (>10 FTE)	176 (21%)
	Medium (4-10 FTE)	423 (49%)
	Small (≤ 3 FTE)	241 (28%)
Urbanicity	Urban	488 (57%)
	Suburban	166 (19%)
	Rural	136 (16%)
Region	West	199 (23%)
	Northeast	168 (20%)
	Midwest	178 (21%)
	South	305 (36%)

A small percentage of respondents left demographic questions blank or their responses were unspecified, including n= 8 (1%) for gender, 18 (2%) for age, 3 (<1%) for race, 18 (2%) for practice type, 15 (2%) for practice size, 65 (8%) for urbanicity and 5 (1%) for region.

QUESTIONS 1 TO 38 HELD FOR FUTURE RELEASE

SECTION H: EFFECTS OF COVID-19

The COVID-19 public health emergency in the U.S. has had a profound impact on us all. We particularly are interested in how the COVID-19 pandemic has impacted the way you provide care, and the way your practice has adapted to these changes.

Questions 39-52 were asked of a subset of respondents included in a second sample release (July 8 to September 1, 2020). (N=855)

- 39.** Thinking about telehealth visits (e.g. virtual visits conducted via video or phone), what percentage of your practice visits were via telehealth:
(Your best estimate is fine.)

	Before the start of the COVID-19 emergency in the U.S. (March 1, 2020)	In June 2020
0%	86	14
1-10%	10	39
11-20%	1	19
21-30%	*	12
31-40%	-	2
41-50%	1	3
51-60%	*	3
61-70%	-	1
71-80%	-	4
81-90%	*	1
91-100%	*	*
*Blank	1	1

If your practice is currently seeing telehealth patients (N=697):

- 40.** Which of the following challenges, if any, have you experienced in using telehealth in your practice:
(Select all that apply.)

	Percent
Lack of training on how to use telehealth effectively	26
Lack of guidance on telehealth best practices	29
Limitations in conducting a physical exam via telehealth	76
Inability to conduct diagnostic testing via telehealth	51
High financial costs associated with establishing a telehealth program	6
Some of my patients have trouble using telehealth	63
None of these	8
*Blank	1

- 41.** Compared to before the coronavirus started spreading widely in the U.S. in March, is the current number of patient visits at your practice in June 2020 (including telehealth and in person):

A lot more	Somewhat more	About the same	Somewhat less	A lot less	*Blank
2	8	35	37	17	*

If your practice is seeing fewer patient visits (N=477):

42. Which of the following do you think is the **primary** driver of the decline in patient volume at your practice:

State restrictions on health care services	Practice specific limitations (e.g. policies to limit number of patients, limited PPE, inability to transition to telehealth, etc.)	Fewer patients seeking care	*Multiple-response	*Blank
7	37	45	11	*

43. Please indicate if, and how, you are currently providing the following services during the COVID-19 emergency: (Select all that apply.)

	Providing this service in-person	Providing this service via telehealth	Not currently providing this service	*Blank
LARC placement	92	N/A	5	2
IUD removal	95	2 (i.e., instructing patients on IUD self-removal)	2	2
Contraceptive injections	93	3 (i.e., instructing patients on SQ self-injection)	3	2
Prescription of hormonal contraceptive pills	75	51	*	2
STI testing for symptomatic patients	94	9	1	1

44. After the resolution of the COVID-19 emergency, on average, how much would you need to be reimbursed compared to in-person care to offer telehealth care?

The same as in-person care	75-99%	50-74%	Less than 50%	Will not offer telehealth	*Blank
52	28	9	2	7	1

45. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **contraceptive care** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
23	41	25	11	1

46. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **prenatal care** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
29	37	20	12	1

47. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **follow-up for an abnormal pap smear** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
20	40	29	9	1

48. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **STI treatment** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Blank
30	38	22	9	1

49. As a result of the COVID-19 emergency, how worried, if at all, are you that patients who experience delays in **obtaining an abortion** will face negative health consequences?

Very worried	Somewhat worried	A little worried	Not at all worried	*Multiple-response	*Blank
37	27	16	18	*	2

50. How has the COVID-19 emergency affected your ability to address your patients' **reproductive preventive care needs** (e.g. STI screening, cervical cancer screening)?

Easier to address	No change	Somewhat more difficult to address	Much more difficult to address	Nearly impossible to address	*Blank
1	28	55	15	1	1

51. How has the COVID-19 emergency affected your ability to address your patients' **chronic gynecological conditions** (e.g. fibroids, menopause, endometriosis)?

Easier to address	No change	Somewhat more difficult to address	Much more difficult to address	Nearly impossible to address	*Blank
*	21	61	14	1	1

52. Which of the following, if any, has your practice experienced because of the impact of COVID-19?
(Select all that apply.)

	Percent
Closed the practice temporarily	13
Closed the practice permanently	1
Merged with another practice	3
Reduced operating hours	56
Furloughed or laid off non-clinical staff	37
Furloughed or laid off clinicians	16
Reduced pay for non-clinical staff	17
Reduced pay for clinicians	39
None of these	19
*Blank	*

QUESTIONS 53 TO 62 HELD FOR FUTURE RELEASE



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KFF (Kaiser Family Foundation) is a nonprofit organization
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