



shm<sup>®</sup>

Society of Hospital Medicine

# Hospital Medicine Groups Responding to the COVID-19 Pandemic

*An Addendum to the 2020 State  
of Hospital Medicine Report*



For more information about the COVID-19 Addendum or the 2020 *State of Hospital Medicine* Report, please contact SHM staff at [survey@hospitalmedicine.org](mailto:survey@hospitalmedicine.org).

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# Important Notices

## Sample Size and Methodology

The COVID-19 Addendum survey received responses from 224 Hospital Medicine Groups (HMGs). All survey questions were voluntary so the sample size for each individual question varies. 2020 *State of Hospital Medicine* Report respondents and the broader SHM membership were invited to submit responses on behalf of their HMG between September 3, 2020 and September 23, 2020.

## Limitations

Data in this report are based on voluntary survey responses and have not been independently validated. These data are not meant to set benchmarks or best practices for the field of hospital medicine; instead, the COVID-19 Addendum is a snapshot of what respondent HMGs have done in response to the COVID-19 pandemic. As the pandemic is on-going, we expect HMGs to continue making changes. Data tables and demographic breakdowns include responses with an extremely low sample size; we caution against making generalizations for the whole field of hospital medicine, particularly for elements with extremely low numbers of respondents.

## Confidentiality

Information provided by COVID-19 Addendum survey respondents is held strictly confidential and reported only in aggregate form. Only SHM staff see individual survey responses. Survey results are published only in summary form.



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# Executive Summary— Innovation, Flexibility, and Value

## Introduction

The onset of the severe acute respiratory syndrome coronavirus 2 (COVID-19) pandemic in early 2020 caused significant disruptions in the United States healthcare system. As communities across the country shut down in March and April to prevent spread and to preserve key healthcare resources, hospitalists stepped up to prepare their hospitals and communities for the trials ahead. The early days of the pandemic were frantic between the learning curve of how to manage a new disease and fears of inadequate supplies of personal protective equipment (PPE) to keep clinicians safe and to treat their patients.

Hospitalists stood and still stand at the center of the nation’s response to the COVID-19 pandemic, providing direct medical care for hospitalized COVID-19 patients and engaging with other essential specialties to rapidly adapt to the challenges of a novel infectious disease. In the face of both the unprecedented and the unknown, hospitalists and Hospital Medicine Groups (HMGs) acted swiftly and decisively. They implemented significant changes to their operations, devised new ways of providing care safely, and built plans within plans to address eventual community surges of COVID-19 cases.

Born as an innovative disruption to the healthcare system, hospital medicine has deep roots in change. This revolutionary spirit underpins the field’s response to COVID-19 and is highlighted in this Addendum to the 2020 *State of Hospital Medicine* Report. Hospitalists’ experience with COVID-19 is constantly evolving and, though these data are a snapshot of a mid-2020 moment in time, they clearly show ongoing change and how hospitalists are leading the way.

This Addendum to the 2020 *State of Hospital Medicine* Report looked at changes instituted by HMGs during the COVID-19 pandemic across five major dimensions:

- Staffing and Scheduling
- Financial
- Scope of Practice
- Operations
- Telehealth

A diverse sample of 224 HMGs responded to the survey between September 3–23, 2020, representing thousands of hospitalists. Like the 2020 *State of Hospital Medicine* Report, the

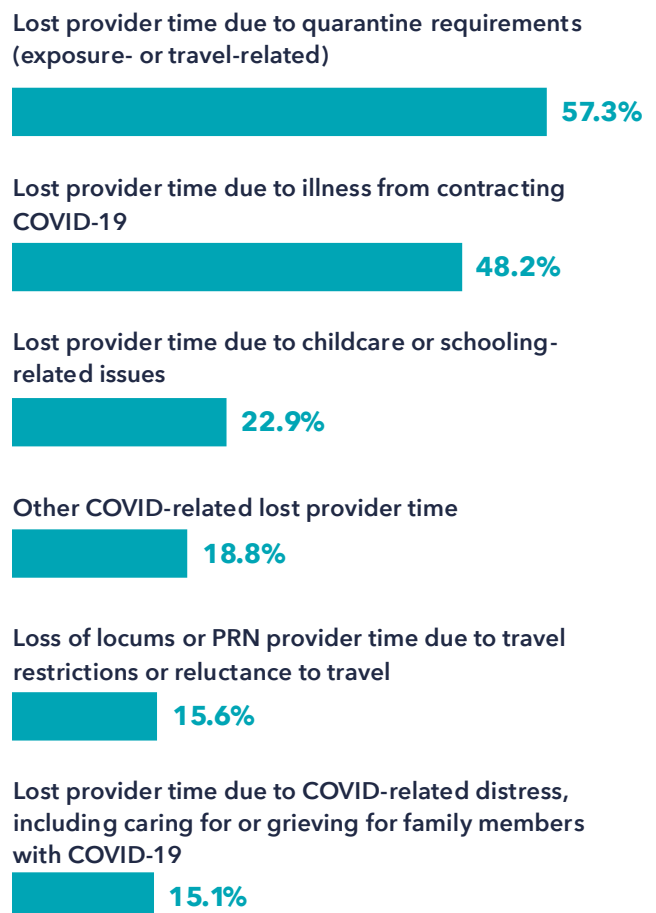
COVID-19 Addendum breaks down data into group demographics, including region, employment model, academic status, and group size. In addition, the Addendum explores the unique role of pediatric hospital medicine groups in responding to the pandemic. The full data set also includes a comparison between U.S. HMG response and a small sample of international HMGs.

## Disruptions for Hospitalists

Nearly all survey respondents reported disruption to their staffing as a result of the pandemic. Predominantly, HMGs indicated they lost provider time either because hospitalists contracted COVID-19 or because of state, local, or hospital system quarantine requirements related to potential exposure or out-of-state travel.

Figure 0.1

### Staffing Disruptions as a Result of COVID-19





The personal impact of the pandemic also affected HMG staffing, including managing COVID-related distress and various family issues such as childcare or schooling. One group also reported a physician death by suicide, highlighting the extreme circumstances hospitalists faced during the first few months on the front lines of the pandemic. HMGs needed to quickly find ways to support their hospitalists, mitigate threats to physical safety directly posed by COVID-19, and manage the unprecedented mental/emotional distress stemming from high patient death rates coupled with concern for colleagues, families, and personal health and wellbeing.

Emotional strain from the pandemic has been further aggravated by severe financial stress and financial instability. Patient volumes across the country plummeted as elective and non-emergent care was put on hold. This in turn directly affected hospitalists when many HMGs reduced provider compensation and/or available work shifts, and instituted hiring freezes.

### Hospitalists as Change Agents

In early 2020, hospitalists applied their expertise in managing hospital systems to a rapid response against the burgeoning pandemic. They shifted their focus to three interlocking themes:

- Caring for all patients who come through the hospital doors
- Keeping themselves and the rest of the healthcare team as safe as possible
- Learning how to treat a novel disease

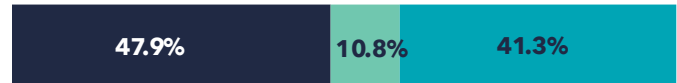
Two notable changes address workflow and management of patients. Hospitalists across the country instituted dedicated COVID and non-COVID teams and adjusted patient allocation and provider workflows to streamline care for COVID-19 patients. More than 70% of HMGs instituted both changes.

Management of hospitalists themselves also changed, with most HMGs adjusting their staffing and scheduling models. Some of the most common changes implemented included new or modified back-up/surge staffing plans, increased scheduling flexibility, and adjustments aimed at protecting high-risk hospitalists.

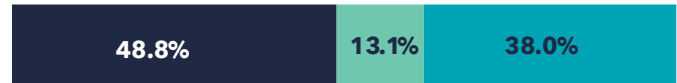
Figure 0.2

### Common Staffing Changes in HMGs during COVID-19

Increased scheduling flexibility, or changed scheduling model



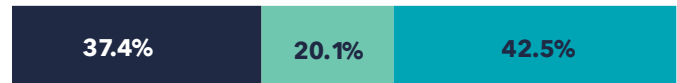
Instituted a back-up or surge staffing plan where none previously existed



Significantly modified an existing back-up or surge staffing plan



Increased flexibility for clinicians at high risk of contracting COVID-19 (e.g., >65 years old, pre-existing conditions, pregnant, etc.)



KEY

- █ Likely a temporary change
- █ Likely a permanent change
- █ We did not make this change

Hospitalists also saw changes in their day-to-day workflow, with more than 80 percent of HMGs reporting changed PPE protocols in response to nationwide shortages and a plurality of HMGs increasing their coverage for ICUs/critical care. In addition to staffing and operational changes, many HMGs saw decreased revenues and financial support from their hospitals or health systems, necessitating alterations that included reducing provider compensation, reducing shifts or hours, and introducing hiring freezes.

### Change with an Eye Toward Normalcy

In general, HMG leaders expect the changes they enacted to be temporary. Of the 33 dimensions examined, 31 showed higher rates of the change being “likely temporary” than “likely permanent.” This expectation makes sense given hopes that the pandemic will subside with widespread vaccination and novel therapeutics. Yet, some permanent changes will remain.

SHM’s 2020 State of Hospital Medicine Report, which reflects data collected in January and February 2020, contains the most robust data about how HMGs managed their groups immediately prior to the onset of the pandemic. Paired with the results of this COVID-19 Addendum, the State of Hospital Medicine Report will serve as a useful tool for groups to chart their paths back to normalcy.

## Leaning into the Necessity of Team-Based Care and Help from Pediatric Hospitalists

Hospital medicine prides itself as a specialty committed to team-based care and serving as the central hub for care coordination across other specialties in the hospital. This ethos permeated the “all-hands on deck” approach that HMGs took toward organizing care teams to meet the needs of their patients and community.

In many parts of the country, hospitalists looked to clinicians from other hospital service lines to cover shifts or provide other forms of clinical support. Others reassigned clinicians to different hospitals or other settings entirely according to need.

Across the country, pediatric HMGs played an important role directly caring for adult COVID-19 patients and serving as support systems for their adult-medicine hospitalist peers. Of the responding pediatric HMGs, more than 60 percent housed adult COVID-19 patients in pediatric units and almost 40 percent provided direct care for adult COVID-19 patients. While the pediatric response pool was small, the data show how pediatric hospitalists mobilized in new and unique ways to aid their adult hospitalist colleagues and to help their communities respond to the pandemic.

### Expanding Telehealth

Telehealth—specifically tele-hospitalist services—was already a staple in some HMGs and saw exponential growth during the first few months of the pandemic.

The Centers for Medicare & Medicaid Services (CMS), through its emergency authority granted by the declaration of a Public Health Emergency (PHE), instituted radical changes to its longstanding telehealth policies. CMS previously limited telehealth to specific settings, geographic locations, billable services, and devices. They lifted most restrictions for the duration of the PHE.<sup>1</sup> This flexibility enabled HMGs to create new or expand existing virtual and telemedicine programs and use telehealth in creative ways to care for patients and keep healthcare providers safe. More than a third of hospitalist groups started or plan to start a new telehealth program in response to COVID-19.

The most common use of newly created or existing telehealth services involves infection control and provider safety: to enable on-site clinicians to interact with patients virtually and minimize unnecessary in person interaction.

Figure 0.3

### How HMGs are Using Telehealth Technology

To enable on-site clinicians to assess and interact with patients without having to enter the patient room



To follow up with patients at home or in a post-acute facility after discharge



To provide or obtain nighttime coverage to/from a remote hospital location



To assess and care for patients at home, with the goal of preventing hospital admission



To assess patients arriving at the hospital facility, prior to admission/placement



To provide or obtain daytime coverage to/from a remote hospital location



To provide coverage for patients at our hospital(s) from home or a centralized telemedicine office



Other



### Footnote

<sup>1</sup>CMS used statutory authority afforded under the Department of Health and Human Services’ declaration of a Public Health Emergency (PHE) to create policy flexibilities in response to the COVID-19 pandemic. Two Interim Final Rules with Comment Period, published in the Federal Register on April 6, 2020 and May 8, 2020, contained significant regulatory changes for Medicare telehealth reimbursement.

## Other Changes to Respond to the Pandemic

In addition to the specific topics examined in the COVID-19 Addendum survey, we asked respondents to share via free-text what other changes groups have made or anticipate making in response to the pandemic. The diversity of open responses to this question reflects the creativity and innovation hospitalists displayed when confronted with the unknown. Some examples of these responses include:

- Integrating with competing hospital medicine groups to better serve the community
- Overhauling compensation plans, including adding the financial health of hospital system as a component of bonus
- Credentialing all hospitalists across all system hospitals to enable rapid redeployment

## Conclusion

Hospitalists responded to the COVID-19 pandemic head on. Despite being pushed to their limits, HMGs shine because of hallmarks of the hospital medicine specialty: collaborative expertise, innovation, and ability to drive systems change. Their value to the healthcare system, highlighted during the COVID-19 pandemic, cannot be overstated. HMGs pivoted rapidly to train and protect their staff, adapted to respond to new pressures, and continue to serve their communities in a time of unprecedented need.

Full results, including detailed demographic breakdowns, from the COVID-19 Addendum survey are available as part of the 2020 *State of Hospital Medicine* Report. For more information about the 2020 *State of Hospital Medicine Report* and to purchase, visit [www.hospitalmedicine.org/survey](http://www.hospitalmedicine.org/survey).



# Demographics of COVID-19 Addendum Respondents

The respondent pool for the COVID-19 Addendum was smaller than the 2020 *State of Hospital Medicine* Report, but shares many similarities in demographic breakdown of the respondents. In the following tables, we provide a comparison of demographics between the COVID-19 Addendum and the 2020 *SoHM* Report.

COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
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## Region

	COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
Total Count of Respondent HMGs	210	507
East	18.6%	17.6%
Midwest	21.4%	28.6%
South	36.2%	36.1%
West	21.0%	16.8%
International	2.9%	1.0%

## Employment Model

	COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
Total Count of Respondent HMGs	216	502
Hospital, health system, or integrated delivery system	52.3%	56.0%
Private local/regional hospitalist-only medical group	8.3%	3.4%
Multistate hospitalist management company	15.3%	18.9%
Private multispecialty or primary care medical group	4.6%	4.2%
University, medical school, or faculty practice plan	18.1%	16.1%
Other	1.4%	1.4%

## Patient Population

	COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
Total Count of Respondent HMGs	217	502
Adults Only	85.7%	75.4%
Children Only	6.0%	19.6%
Both Adults and Children	8.3%	4.6%

COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
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## Group Size

	COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
Total Count of Respondent HMGs	217	480
Less than 5 FTE Physicians	5.5%	16.3%
5 to 14 FTE Physicians	23.5%	38.5%
15 to 29 FTE Physicians	27.2%	22.7%
30 to 49 FTE Physicians	21.7%	11.3%
50 or more FTE Physicians	22.1%	11.3%

## Academic Status

	COVID-19 Addendum Respondents	2020 <i>SoHM</i> Respondents
Total Count of Respondent HMGs	217	476
Yes	43.8%	28.1%
No	56.2%	71.9%



**Note:** International responses were suppressed in overall and demographic breakdowns, except for Region. International responses were aggregated and compared against the aggregate U.S. response in a separate section of this databook.

# Staffing Disruptions

Table 1

## Staffing Disruptions as a Result of COVID-19

	Total Count of Groups	Lost provider time due to illness from contracting COVID-19	Lost provider time due to quarantine requirements (exposure- or travel-related)	Loss of locums or PRN provider time due to travel restrictions or reluctance to travel
Overall	218	48.2%	57.3%	15.6%
<b>Region</b>				
East	39	38.5%	56.4%	12.8%
Midwest	45	48.9%	62.2%	15.6%
South	76	55.3%	52.6%	21.1%
West	44	40.9%	59.1%	4.5%
<b>Patient Population</b>				
Adults Only	186	50.5%	57.5%	15.1%
Children Only	13	15.4%	53.8%	0.0%
Both Adults and Children	18	50.0%	55.6%	27.8%
<b>Academic Status</b>				
Yes	95	53.7%	70.5%	14.7%
No	122	44.3%	46.7%	15.6%
<b>Employment Model</b>				
Hospital, health system, or integrated delivery system	113	46.9%	60.2%	15.0%
Private local/regional hospitalist-only medical group	18	33.3%	27.8%	5.6%
Multistate hospitalist management company	33	54.5%	48.5%	30.3%
Private multispecialty or primary care medical group	10	30.0%	40.0%	10.0%
University, medical school, or faculty practice plan	39	56.4%	76.9%	10.3%
Other	3	66.7%	0.0%	0.0%
<b>Group Size</b>				
Less than 5 FTE Physicians	12	25.0%	8.3%	16.7%
5 to 14 FTE Physicians	51	31.4%	43.1%	13.7%
15 to 29 FTE Physicians	59	47.5%	62.7%	16.9%
30 to 49 FTE Physicians	47	46.8%	57.4%	6.4%
50 or more FTE Physicians	48	75.0%	77.1%	22.9%

See page 7 for footnote.

Table 1

## Staffing Disruptions as a Result of COVID-19 (continued)

	Lost provider time due to COVID-related distress, including caring for or grieving for family members with COVID-19	Lost provider time due to childcare or schooling-related issues	Other COVID-related lost provider time
Overall	15.1%	22.9%	18.8%
<b>Region</b>			
East	15.4%	25.6%	17.9%
Midwest	17.8%	24.4%	15.6%
South	17.1%	19.7%	15.8%
West	6.8%	27.3%	22.7%
<b>Patient Population</b>			
Adults Only	16.7%	19.9%	18.3%
Children Only	0.0%	30.8%	30.8%
Both Adults and Children	11.1%	44.4%	16.7%
<b>Academic Status</b>			
Yes	21.1%	36.8%	11.6%
No	10.7%	11.5%	24.6%
<b>Employment Model</b>			
Hospital, health system, or integrated delivery system	15.0%	23.9%	19.5%
Private local/regional hospitalist-only medical group	5.6%	11.1%	16.7%
Multistate hospitalist management company	18.2%	15.2%	24.2%
Private multispecialty or primary care medical group	10.0%	0.0%	40.0%
University, medical school, or faculty practice plan	20.5%	35.9%	10.3%
Other	0.0%	0.0%	0.0%
<b>Group Size</b>			
Less than 5 FTE Physicians	0.0%	8.3%	33.3%
5 to 14 FTE Physicians	7.8%	19.6%	27.5%
15 to 29 FTE Physicians	15.3%	13.6%	16.9%
30 to 49 FTE Physicians	17.0%	29.8%	17.0%
50 or more FTE Physicians	25.0%	33.3%	10.4%

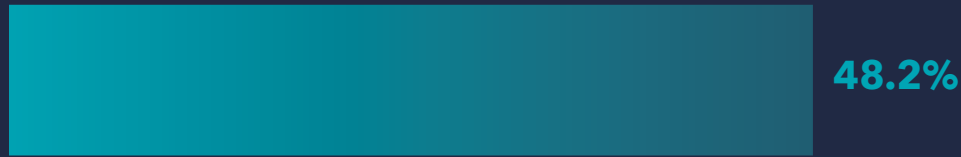
**Footnote**

Respondents were instructed to select all that apply, therefore percentages will not add up to 100%.



Figure 1  
Staffing Disruptions as a Result of COVID-19

Lost provider time due to illness from contracting COVID-19



Lost provider time due to quarantine requirements (exposure- or travel-related)



Loss of locums or PRN provider time due to travel restrictions or reluctance to travel



Lost provider time due to COVID-related distress, including caring for or grieving for family members with COVID-19



Lost provider time due to childcare or schooling-related issues



Other COVID-related lost provider time



# Staffing and Scheduling Adjustments

Table 2

## Staffing and Scheduling Adjustments

	Total Count of Groups	Created dedicated COVID and non-COVID teams			Implemented other changes in workflows and/or how work is allocated among providers		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	140	50.7%	20.0%	29.3%	63.7%	18.9%	17.5%
<b>Region</b>							
East	25	66.7%	10.3%	23.1%	84.6%	10.3%	5.1%
Midwest	28	47.7%	15.9%	36.4%	58.1%	23.3%	18.6%
South	50	48.6%	23.0%	28.4%	53.4%	23.3%	23.3%
West	28	47.7%	22.7%	29.5%	67.4%	14.0%	18.6%
<b>Patient Population</b>							
Adults Only	122	51.4%	21.3%	27.3%	65.7%	17.1%	17.1%
Children Only	9	30.8%	7.7%	61.5%	38.5%	30.8%	30.8%
Both Adults and Children	8	55.6%	16.7%	27.8%	58.8%	29.4%	11.8%
<b>Academic Status</b>							
Yes	60	66.0%	21.3%	12.8%	70.2%	22.3%	7.4%
No	79	38.3%	19.2%	42.5%	58.1%	16.2%	25.6%
<b>Employment Model</b>							
Hospital, health system, or integrated delivery system	73	49.1%	20.5%	30.4%	64.0%	22.5%	13.5%
Private local/regional hospitalist-only medical group	15	44.4%	16.7%	38.9%	61.1%	16.7%	22.2%
Multistate hospitalist management company	19	36.4%	21.2%	42.4%	53.1%	15.6%	31.3%
Private multispecialty or primary care medical group	6	44.4%	0.0%	55.6%	55.6%	11.1%	33.3%
University, medical school, or faculty practice plan	24	65.8%	26.3%	7.9%	70.3%	16.2%	13.5%
Other	2	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
<b>Group Size</b>							
Less than 5 FTE Physicians	7	33.3%	25.0%	41.7%	58.3%	16.7%	25.0%
5 to 14 FTE Physicians	33	42.0%	10.0%	48.0%	70.2%	14.9%	14.9%
15 to 29 FTE Physicians	40	52.5%	13.6%	33.9%	62.7%	20.3%	16.9%
30 to 49 FTE Physicians	35	65.2%	19.6%	15.2%	73.9%	10.9%	15.2%
50 or more FTE Physicians	24	46.8%	38.3%	14.9%	48.9%	29.8%	21.3%

Table 2

## Staffing and Scheduling Adjustments (continued)

	Increased scheduling flexibility, or changed scheduling model			Instituted a back-up or surge staffing plan where none previously existed			Significantly modified an existing back-up or surge staffing plan		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	47.9%	10.8%	41.3%	48.8%	13.1%	38.0%	37.4%	16.8%	45.8%
<b>Region</b>									
East	59.0%	5.1%	35.9%	53.8%	5.1%	41.0%	53.8%	12.8%	33.3%
Midwest	46.5%	11.6%	41.9%	56.8%	18.2%	25.0%	27.3%	18.2%	54.5%
South	39.2%	12.2%	48.6%	41.1%	15.1%	43.8%	37.8%	14.9%	47.3%
West	60.5%	9.3%	30.2%	51.2%	16.3%	32.6%	37.2%	20.9%	41.9%
<b>Patient Population</b>									
Adults Only	45.9%	10.5%	43.6%	48.6%	12.2%	39.2%	40.1%	15.9%	44.0%
Children Only	61.5%	15.4%	23.1%	23.1%	30.8%	46.2%	7.7%	23.1%	69.2%
Both Adults and Children	55.6%	11.1%	33.3%	72.2%	11.1%	16.7%	33.3%	16.7%	50.0%
<b>Academic Status</b>									
Yes	53.2%	9.6%	37.2%	52.1%	19.1%	28.7%	46.8%	23.4%	29.8%
No	43.2%	11.9%	44.9%	46.6%	8.5%	44.9%	30.3%	10.9%	58.8%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	45.5%	9.8%	44.6%	55.9%	10.8%	33.3%	39.3%	17.0%	43.8%
Private local/regional hospitalist-only medical group	44.4%	11.1%	44.4%	50.0%	5.6%	44.4%	11.1%	5.6%	83.3%
Multistate hospitalist management company	40.6%	18.8%	40.6%	36.4%	12.1%	51.5%	39.4%	6.1%	54.5%
Private multispecialty or primary care medical group	55.6%	11.1%	33.3%	44.4%	11.1%	44.4%	22.2%	22.2%	55.6%
University, medical school, or faculty practice plan	56.8%	8.1%	35.1%	40.5%	27.0%	32.4%	43.2%	29.7%	27.0%
Other	66.7%	0.0%	33.3%	33.3%	0.0%	66.7%	66.7%	0.0%	33.3%
<b>Group Size</b>									
Less than 5 FTE Physicians	33.3%	25.0%	41.7%	58.3%	8.3%	33.3%	33.3%	0.0%	66.7%
5 to 14 FTE Physicians	52.1%	8.3%	39.6%	50.0%	10.4%	39.6%	32.7%	10.2%	57.1%
15 to 29 FTE Physicians	47.5%	6.8%	45.8%	47.5%	13.6%	39.0%	32.2%	20.3%	47.5%
30 to 49 FTE Physicians	47.8%	15.2%	37.0%	43.5%	8.7%	47.8%	58.7%	10.9%	30.4%
50 or more FTE Physicians	46.8%	10.6%	42.6%	53.2%	21.3%	25.5%	29.8%	27.7%	42.6%



Table 2

## Staffing and Scheduling Adjustments (continued)

	Added or increased sick leave or paid time off			Increased flexibility for clinicians at high risk of contracting COVID-19 (e.g., >65 years old, pre-existing conditions, pregnant, etc.)			Utilized clinicians from other service lines to cover shifts or provide other clinical support		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	12.7%	1.4%	85.9%	37.4%	20.1%	42.5%	38.7%	0.9%	60.4%
<b>Region</b>									
East	13.2%	0.0%	86.8%	41.0%	15.4%	43.6%	56.4%	0.0%	43.6%
Midwest	13.6%	4.5%	81.8%	54.5%	13.6%	31.8%	40.9%	0.0%	59.1%
South	12.2%	0.0%	87.8%	25.7%	23.0%	51.4%	33.3%	2.8%	63.9%
West	14.0%	2.3%	83.7%	39.5%	25.6%	34.9%	32.6%	0.0%	67.4%
<b>Patient Population</b>									
Adults Only	13.2%	0.5%	86.3%	36.8%	22.5%	40.7%	39.8%	1.1%	59.1%
Children Only	0.0%	0.0%	100.0%	46.2%	7.7%	46.2%	7.7%	0.0%	92.3%
Both Adults and Children	17.6%	11.8%	70.6%	33.3%	5.6%	61.1%	52.9%	0.0%	47.1%
<b>Academic Status</b>									
Yes	9.7%	2.2%	88.2%	35.1%	24.5%	40.4%	47.8%	0.0%	52.2%
No	15.1%	0.8%	84.0%	38.7%	16.8%	44.5%	31.9%	1.7%	66.4%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	11.7%	1.8%	86.5%	41.1%	19.6%	39.3%	36.9%	1.8%	61.3%
Private local/regional hospitalist-only medical group	11.1%	5.6%	83.3%	27.8%	16.7%	55.6%	22.2%	0.0%	77.8%
Multistate hospitalist management company	21.2%	0.0%	78.8%	30.3%	12.1%	57.6%	30.3%	0.0%	69.7%
Private multispecialty or primary care medical group	11.1%	0.0%	88.9%	33.3%	11.1%	55.6%	22.2%	0.0%	77.8%
University, medical school, or faculty practice plan	8.1%	0.0%	91.9%	35.1%	35.1%	29.7%	61.1%	0.0%	38.9%
Other	0.0%	0.0%	100.0%	33.3%	0.0%	66.7%	66.7%	0.0%	33.3%
<b>Group Size</b>									
Less than 5 FTE Physicians	8.3%	0.0%	91.7%	16.7%	8.3%	75.0%	41.7%	0.0%	58.3%
5 to 14 FTE Physicians	12.5%	2.1%	85.4%	28.6%	16.3%	55.1%	32.7%	2.0%	65.3%
15 to 29 FTE Physicians	13.6%	0.0%	86.4%	42.4%	13.6%	44.1%	34.5%	1.7%	63.8%
30 to 49 FTE Physicians	8.7%	0.0%	91.3%	39.1%	30.4%	30.4%	41.3%	0.0%	58.7%
50 or more FTE Physicians	17.0%	4.3%	78.7%	42.6%	25.5%	31.9%	47.8%	0.0%	52.2%

Table 2

## Staffing and Scheduling Adjustments (continued)

	Expanded NP and/or PA scope of practice or level of independence			Required clinicians to work extra shifts due to high patient volumes and/or complexity, or due to COVID-related staffing disruptions			Reduced number of hours or shifts clinicians work to a level below their contracted level due to low patient volumes		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	15.4%	6.5%	78.0%	33.6%	4.2%	62.1%	33.6%	4.7%	61.7%
<b>Region</b>									
East	20.5%	7.7%	71.8%	38.5%	0.0%	61.5%	28.2%	5.1%	66.7%
Midwest	13.6%	6.8%	79.5%	31.8%	0.0%	68.2%	25.0%	9.1%	65.9%
South	17.6%	9.5%	73.0%	31.1%	9.5%	59.5%	43.2%	5.4%	51.4%
West	9.3%	0.0%	90.7%	27.9%	4.7%	67.4%	25.6%	0.0%	74.4%
<b>Patient Population</b>									
Adults Only	14.3%	7.7%	78.0%	31.9%	4.9%	63.2%	31.3%	4.4%	64.3%
Children Only	0.0%	0.0%	100.0%	23.1%	0.0%	76.9%	46.2%	7.7%	46.2%
Both Adults and Children	38.9%	0.0%	61.1%	55.6%	0.0%	44.4%	44.4%	5.6%	50.0%
<b>Academic Status</b>									
Yes	19.1%	6.4%	74.5%	37.2%	5.3%	57.4%	27.7%	3.2%	69.1%
No	12.6%	6.7%	80.7%	30.3%	3.4%	66.4%	37.8%	5.9%	56.3%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	14.3%	8.9%	76.8%	31.3%	5.4%	63.4%	32.1%	3.6%	64.3%
Private local/regional hospitalist-only medical group	16.7%	5.6%	77.8%	33.3%	0.0%	66.7%	22.2%	11.1%	66.7%
Multistate hospitalist management company	15.2%	6.1%	78.8%	30.3%	9.1%	60.6%	63.6%	12.1%	24.2%
Private multispecialty or primary care medical group	0.0%	0.0%	100.0%	11.1%	0.0%	88.9%	33.3%	0.0%	66.7%
University, medical school, or faculty practice plan	21.6%	2.7%	75.7%	45.9%	0.0%	54.1%	16.2%	0.0%	83.8%
Other	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%
<b>Group Size</b>									
Less than 5 FTE Physicians	16.7%	0.0%	83.3%	25.0%	8.3%	66.7%	8.3%	16.7%	75.0%
5 to 14 FTE Physicians	10.2%	4.1%	85.7%	30.6%	4.1%	65.3%	38.8%	6.1%	55.1%
15 to 29 FTE Physicians	16.9%	11.9%	71.2%	42.4%	5.1%	52.5%	35.6%	3.4%	61.0%
30 to 49 FTE Physicians	13.0%	4.3%	82.6%	28.3%	4.3%	67.4%	34.8%	2.2%	63.0%
50 or more FTE Physicians	21.3%	6.4%	72.3%	31.9%	2.1%	66.0%	29.8%	4.3%	66.0%

Table 2

## Staffing and Scheduling Adjustments (continued)

	Reduced or eliminated use of locums or PRN clinicians due to low volumes			Changed skill mix (mix of physicians/NPs/PAs/hospitalist nurses, etc.)			Assigned clinicians to work at different-than-typical facilities in order to meet staffing needs		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
<b>Overall</b>	26.6%	13.6%	59.8%	11.7%	5.1%	83.2%	21.6%	3.8%	74.6%
<b>Region</b>									
East	20.5%	12.8%	66.7%	17.9%	2.6%	79.5%	36.8%	0.0%	63.2%
Midwest	20.5%	18.2%	61.4%	9.1%	4.5%	86.4%	25.0%	9.1%	65.9%
South	29.7%	14.9%	55.4%	10.8%	9.5%	79.7%	18.9%	4.1%	77.0%
West	30.2%	7.0%	62.8%	9.3%	0.0%	90.7%	14.0%	0.0%	86.0%
<b>Patient Population</b>									
Adults Only	25.3%	12.1%	62.6%	12.1%	5.5%	82.4%	18.8%	3.9%	77.3%
Children Only	23.1%	15.4%	61.5%	0.0%	0.0%	100.0%	46.2%	0.0%	53.8%
Both Adults and Children	38.9%	27.8%	33.3%	16.7%	5.6%	77.8%	33.3%	5.6%	61.1%
<b>Academic Status</b>									
Yes	24.5%	7.4%	68.1%	16.0%	4.3%	79.8%	34.4%	3.2%	62.4%
No	27.7%	18.5%	53.8%	8.4%	5.9%	85.7%	11.8%	4.2%	84.0%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	34.8%	12.5%	52.7%	9.8%	7.1%	83.0%	23.2%	4.5%	72.3%
Private local/regional hospitalist-only medical group	5.6%	11.1%	83.3%	11.1%	0.0%	88.9%	11.1%	0.0%	88.9%
Multistate hospitalist management company	30.3%	30.3%	39.4%	12.1%	9.1%	78.8%	15.2%	6.1%	78.8%
Private multispecialty or primary care medical group	11.1%	22.2%	66.7%	11.1%	0.0%	88.9%	11.1%	0.0%	88.9%
University, medical school, or faculty practice plan	13.5%	2.7%	83.8%	18.9%	0.0%	81.1%	33.3%	2.8%	63.9%
Other	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
<b>Group Size</b>									
Less than 5 FTE Physicians	16.7%	16.7%	66.7%	16.7%	0.0%	83.3%	25.0%	0.0%	75.0%
5 to 14 FTE Physicians	20.4%	14.3%	65.3%	10.2%	2.0%	87.8%	14.6%	0.0%	85.4%
15 to 29 FTE Physicians	25.4%	11.9%	62.7%	11.9%	11.9%	76.3%	13.6%	1.7%	84.7%
30 to 49 FTE Physicians	30.4%	10.9%	58.7%	10.9%	2.2%	87.0%	34.8%	4.3%	60.9%
50 or more FTE Physicians	31.9%	17.0%	51.1%	12.8%	4.3%	83.0%	25.5%	10.6%	63.8%



Table 2

## Staffing and Scheduling Adjustments (continued)

	Other staffing or scheduling changes		
	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	22.1%	2.1%	75.9%
<b>Region</b>			
East	34.6%	0.0%	65.4%
Midwest	10.3%	0.0%	89.7%
South	20.8%	3.8%	75.5%
West	25.0%	3.6%	71.4%
<b>Patient Population</b>			
Adults Only	22.4%	2.4%	75.2%
Children Only	33.3%	0.0%	66.7%
Both Adults and Children	10.0%	0.0%	90.0%
<b>Academic Status</b>			
Yes	24.2%	3.2%	72.6%
No	20.7%	1.2%	78.0%
<b>Employment Model</b>			
Hospital, health system, or integrated delivery system	27.6%	2.6%	69.7%
Private local/regional hospitalist-only medical group	13.3%	0.0%	86.7%
Multistate hospitalist management company	20.0%	5.0%	75.0%
Private multispecialty or primary care medical group	0.0%	0.0%	100.0%
University, medical school, or faculty practice plan	16.0%	0.0%	84.0%
Other	50.0%	0.0%	50.0%
<b>Group Size</b>			
Less than 5 FTE Physicians	14.3%	0.0%	85.7%
5 to 14 FTE Physicians	21.6%	0.0%	78.4%
15 to 29 FTE Physicians	19.5%	0.0%	80.5%
30 to 49 FTE Physicians	37.1%	2.9%	60.0%
50 or more FTE Physicians	8.3%	8.3%	83.3%

Figure 2

## Staffing and Scheduling Adjustments Made by HMGs during COVID-19

Implemented other changes in workflows and/or how work is allocated among providers



Created dedicated COVID and non-COVID teams



Instituted a back-up or surge staffing plan where none previously existed



Increased scheduling flexibility, or changed scheduling model



Utilized clinicians from other service lines to cover shifts or provide other clinical support



Increased flexibility for clinicians at high risk of contracting COVID-19 (e.g., >65 years old, pre-existing conditions, pregnant, etc.)



Significantly modified an existing back-up or surge staffing plan



Reduced number of hours or shifts clinicians work to a level below their contracted level due to low patient volumes



Required clinicians to work extra shifts due to high patient volumes and/or complexity, or due to COVID-related staffing disruptions



Reduced or eliminated use of locums or PRN clinicians due to low volumes



Other staffing or scheduling changes



Assigned clinicians to work at different-than-typical facilities in order to meet staffing needs



Expanded NP and/or PA scope of practice or level of independence



Added or increased sick leave or paid time off



Changed skill mix (mix of physicians/NPs/PAs/hospitalist nurses, etc.)



KEY

**Likely Permanent**

Likely Temporary

# Financial Adjustments

Table 3

## Financial Adjustments

	Total Count of Groups	Received reduced financial support from hospital(s) or other customers			Reduced administrative/ support staffing levels or other operations resources		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
<b>Overall</b>	121	25.6%	6.5%	67.9%	30.8%	11.7%	57.5%
<b>Region</b>							
East	21	15.4%	7.7%	76.9%	30.8%	12.8%	56.4%
Midwest	23	36.4%	4.5%	59.1%	29.5%	22.7%	47.7%
South	44	23.0%	5.4%	71.6%	35.1%	6.8%	58.1%
West	25	27.3%	9.1%	63.6%	16.3%	11.6%	72.1%
<b>Patient Population</b>							
Adults Only	105	23.5%	4.4%	72.1%	30.2%	10.4%	59.3%
Children Only	6	46.2%	0.0%	53.8%	38.5%	23.1%	38.5%
Both Adults and Children	10	33.3%	27.8%	38.9%	27.8%	16.7%	55.6%
<b>Academic Status</b>							
Yes	56	26.6%	8.5%	64.9%	37.2%	11.7%	51.1%
No	65	25.0%	4.2%	70.8%	25.2%	11.8%	63.0%
<b>Employment Model</b>							
Hospital, health system, or integrated delivery system	59	26.8%	8.0%	65.2%	25.9%	17.0%	57.1%
Private local/regional hospitalist-only medical group	12	27.8%	5.6%	66.7%	11.1%	11.1%	77.8%
Multistate hospitalist management company	20	18.2%	3.0%	78.8%	39.4%	3.0%	57.6%
Private multispecialty or primary care medical group	6	66.7%	0.0%	33.3%	55.6%	11.1%	33.3%
University, medical school, or faculty practice plan	22	18.4%	5.3%	76.3%	37.8%	5.4%	56.8%
Other	2	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%
<b>Group Size</b>							
Less than 5 FTE Physicians	9	8.3%	8.3%	83.3%	16.7%	8.3%	75.0%
5 to 14 FTE Physicians	28	20.0%	2.0%	78.0%	30.6%	16.3%	53.1%
15 to 29 FTE Physicians	36	27.1%	5.1%	67.8%	27.1%	11.9%	61.0%
30 to 49 FTE Physicians	27	34.8%	4.3%	60.9%	34.8%	8.7%	56.5%
50 or more FTE Physicians	21	25.5%	12.8%	61.7%	34.0%	10.6%	55.3%

Table 3

## Financial Adjustments (continued)

	Reduced provider compensation by cutting work hours or shifts			Reduced provider compensation by reducing pay levels, eliminating or delaying bonuses, or similar financial measures			Instituted hazard pay for clinicians caring for COVID patients		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
<b>Overall</b>	31.8%	3.7%	64.5%	33.5%	8.5%	58.0%	9.8%	0.9%	89.3%
<b>Region</b>									
East	30.8%	0.0%	69.2%	41.0%	5.1%	53.8%	20.5%	0.0%	79.5%
Midwest	29.5%	6.8%	63.6%	44.2%	9.3%	46.5%	15.9%	2.3%	81.8%
South	36.5%	5.4%	58.1%	27.4%	11.0%	61.6%	5.4%	1.4%	93.2%
West	23.3%	2.3%	74.4%	25.6%	7.0%	67.4%	4.7%	0.0%	95.3%
<b>Patient Population</b>									
Adults Only	30.8%	2.7%	66.5%	31.7%	6.7%	61.7%	10.4%	0.5%	89.0%
Children Only	38.5%	7.7%	53.8%	69.2%	7.7%	23.1%	7.7%	0.0%	92.3%
Both Adults and Children	33.3%	11.1%	55.6%	22.2%	27.8%	50.0%	5.6%	5.6%	88.9%
<b>Academic Status</b>									
Yes	20.2%	4.3%	75.5%	40.4%	9.6%	50.0%	16.0%	2.1%	81.9%
No	40.3%	3.4%	56.3%	27.4%	7.7%	65.0%	5.0%	0.0%	95.0%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	29.5%	5.4%	65.2%	34.2%	8.1%	57.7%	10.7%	0.9%	88.4%
Private local/regional hospitalist-only medical group	16.7%	5.6%	77.8%	0.0%	11.8%	88.2%	0.0%	0.0%	100.0%
Multistate hospitalist management company	72.7%	3.0%	24.2%	28.1%	15.6%	56.3%	6.1%	3.0%	90.9%
Private multispecialty or primary care medical group	33.3%	0.0%	66.7%	44.4%	11.1%	44.4%	0.0%	0.0%	100.0%
University, medical school, or faculty practice plan	10.8%	0.0%	89.2%	50.0%	2.6%	47.4%	13.5%	0.0%	86.5%
Other	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	33.3%	0.0%	66.7%
<b>Group Size</b>									
Less than 5 FTE Physicians	0.0%	16.7%	83.3%	33.3%	8.3%	58.3%	0.0%	0.0%	100.0%
5 to 14 FTE Physicians	44.9%	0.0%	55.1%	32.0%	12.0%	56.0%	8.2%	0.0%	91.8%
15 to 29 FTE Physicians	40.7%	3.4%	55.9%	31.0%	6.9%	62.1%	15.3%	1.7%	83.1%
30 to 49 FTE Physicians	17.4%	2.2%	80.4%	35.6%	4.4%	60.0%	8.7%	0.0%	91.3%
50 or more FTE Physicians	27.7%	6.4%	66.0%	34.8%	10.9%	54.3%	8.5%	2.1%	89.4%

Table 3

## Financial Adjustments (continued)

	Furloughed (temporary) or laid off (permanent) clinicians			Instituted hiring freeze on open or approved clinician positions			Other financial adjustments		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
<b>Overall</b>	13.1%	2.8%	84.1%	39.4%	6.1%	54.5%	22.8%	2.4%	74.8%
<b>Region</b>									
East	15.4%	5.1%	79.5%	57.9%	10.5%	31.6%	23.8%	0.0%	76.2%
Midwest	6.8%	4.5%	88.6%	29.5%	6.8%	63.6%	25.0%	0.0%	75.0%
South	17.6%	2.7%	79.7%	37.8%	4.1%	58.1%	18.2%	0.0%	81.8%
West	7.0%	0.0%	93.0%	41.9%	4.7%	53.5%	23.1%	11.5%	65.4%
<b>Patient Population</b>									
Adults Only	13.2%	1.6%	85.2%	40.1%	5.5%	54.4%	23.4%	1.9%	74.8%
Children Only	15.4%	7.7%	76.9%	41.7%	8.3%	50.0%	16.7%	0.0%	83.3%
Both Adults and Children	5.6%	11.1%	83.3%	27.8%	11.1%	61.1%	20.0%	10.0%	70.0%
<b>Academic Status</b>									
Yes	12.8%	5.3%	81.9%	47.3%	8.6%	44.1%	32.1%	0.0%	67.9%
No	12.6%	0.8%	86.6%	32.8%	4.2%	63.0%	14.9%	4.5%	80.6%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	13.4%	5.4%	81.3%	40.5%	6.3%	53.2%	21.7%	3.3%	75.0%
Private local/regional hospitalist-only medical group	5.6%	0.0%	94.4%	5.6%	5.6%	88.9%	15.4%	0.0%	84.6%
Multistate hospitalist management company	18.2%	0.0%	81.8%	39.4%	6.1%	54.5%	20.0%	5.0%	75.0%
Private multispecialty or primary care medical group	22.2%	0.0%	77.8%	22.2%	11.1%	66.7%	16.7%	0.0%	83.3%
University, medical school, or faculty practice plan	8.1%	0.0%	91.9%	51.4%	5.4%	43.2%	36.4%	0.0%	63.6%
Other	0.0%	0.0%	100.0%	66.7%	0.0%	33.3%	0.0%	0.0%	100.0%
<b>Group Size</b>									
Less than 5 FTE Physicians	8.3%	0.0%	91.7%	16.7%	0.0%	83.3%	11.1%	11.1%	77.8%
5 to 14 FTE Physicians	18.4%	0.0%	81.6%	37.5%	6.3%	56.3%	21.4%	0.0%	78.6%
15 to 29 FTE Physicians	13.6%	0.0%	86.4%	39.0%	8.5%	52.5%	29.7%	0.0%	70.3%
30 to 49 FTE Physicians	10.9%	10.9%	78.3%	47.8%	4.3%	47.8%	25.0%	3.6%	71.4%
50 or more FTE Physicians	8.5%	2.1%	89.4%	38.3%	6.4%	55.3%	14.3%	4.8%	81.0%



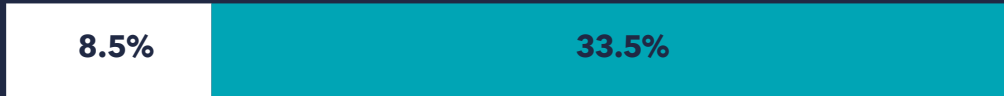
Figure 3

### Financial Adjustments Made by HMGs during COVID-19

Instituted hiring freeze on open or approved clinician positions



Reduced provider compensation by reducing pay levels, eliminating or delaying bonuses, or similar



Reduced provider compensation by cutting work hours or shifts



Reduced administrative/support staffing levels or other operations resources



Received reduced financial support from hospital(s) or other customers



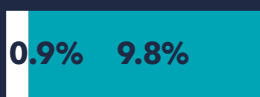
Other financial adjustments



Furloughed (temporary) or laid off (permanent) clinicians



Instituted hazard pay for clinicians caring for COVID patients



KEY **Likely Permanent** **Likely Temporary**

# Scope of Practice Adjustments

Table 4

## Scope of Practice Adjustments

	Total Count of Groups	Started providing, or increased provision of, ICU/critical care			Expanded scope of practice (e.g., co-management activities) outside of the ICU to support clinicians in other specialties		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	98	30.2%	7.0%	62.8%	25.2%	4.2%	70.6%
<b>Region</b>							
East	16	33.3%	5.1%	61.5%	38.5%	0.0%	61.5%
Midwest	20	29.5%	11.4%	59.1%	27.3%	6.8%	65.9%
South	37	27.0%	10.8%	62.2%	23.0%	6.8%	70.3%
West	20	29.5%	0.0%	70.5%	16.3%	2.3%	81.4%
<b>Patient Population</b>							
Adults Only	84	31.1%	7.7%	61.2%	23.6%	4.4%	72.0%
Children Only	7	7.7%	0.0%	92.3%	30.8%	0.0%	69.2%
Both Adults and Children	7	38.9%	5.6%	55.6%	38.9%	5.6%	55.6%
<b>Academic Status</b>							
Yes	44	31.9%	8.5%	59.6%	34.0%	5.3%	60.6%
No	54	29.2%	5.8%	65.0%	18.5%	3.4%	78.2%
<b>Employment Model</b>							
Hospital, health system, or integrated delivery system	47	31.3%	6.3%	62.5%	25.0%	4.5%	70.5%
Private local/regional hospitalist-only medical group	9	27.8%	11.1%	61.1%	22.2%	5.6%	72.2%
Multistate hospitalist management company	20	30.3%	15.2%	54.5%	21.2%	6.1%	72.7%
Private multispecialty or primary care medical group	4	22.2%	0.0%	77.8%	11.1%	11.1%	77.8%
University, medical school, or faculty practice plan	17	28.9%	2.6%	68.4%	29.7%	0.0%	70.3%
Other	1	33.3%	0.0%	66.7%	66.7%	0.0%	33.3%
<b>Group Size</b>							
Less than 5 FTE Physicians	6	41.7%	8.3%	50.0%	58.3%	0.0%	41.7%
5 to 14 FTE Physicians	26	20.0%	6.0%	74.0%	16.3%	4.1%	79.6%
15 to 29 FTE Physicians	29	25.4%	10.2%	64.4%	18.6%	6.8%	74.6%
30 to 49 FTE Physicians	20	47.8%	2.2%	50.0%	30.4%	0.0%	69.6%
50 or more FTE Physicians	17	27.7%	8.5%	63.8%	29.8%	6.4%	63.8%

Table 4

## Scope of Practice Adjustments (continued)

	Reduced scope of practice (e.g., co-management activities) due to clinicians in other specialties losing patient volume and not requiring hospitalist services			Expanded provision of bedside procedures			Other Scope of Practice Adjustment		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	14.5%	2.3%	83.2%	6.6%	5.2%	88.3%	3.0%	1.0%	96.0%
<b>Region</b>									
East	12.8%	2.6%	84.6%	7.7%	2.6%	89.7%	12.5%	0.0%	87.5%
Midwest	20.5%	2.3%	77.3%	4.5%	6.8%	88.6%	0.0%	0.0%	100.0%
South	9.5%	2.7%	87.8%	8.1%	5.4%	86.5%	2.7%	2.7%	94.6%
West	18.6%	2.3%	79.1%	2.3%	4.7%	93.0%	0.0%	0.0%	100.0%
<b>Patient Population</b>									
Adults Only	14.8%	2.2%	83.0%	6.6%	5.5%	87.8%	1.2%	1.2%	97.6%
Children Only	7.7%	7.7%	84.6%	0.0%	0.0%	100.0%	28.6%	0.0%	71.4%
Both Adults and Children	16.7%	0.0%	83.3%	11.1%	5.6%	83.3%	0.0%	0.0%	100.0%
<b>Academic Status</b>									
Yes	17.0%	5.3%	77.7%	8.5%	6.4%	85.1%	6.8%	2.3%	90.9%
No	12.6%	0.0%	87.4%	5.1%	4.2%	90.7%	0.0%	0.0%	100.0%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	11.6%	0.9%	87.5%	7.1%	6.3%	86.6%	6.4%	0.0%	93.6%
Private local/regional hospitalist-only medical group	11.1%	0.0%	88.9%	16.7%	0.0%	83.3%	0.0%	0.0%	100.0%
Multistate hospitalist management company	12.1%	6.1%	81.8%	0.0%	3.1%	96.9%	0.0%	4.8%	95.2%
Private multispecialty or primary care medical group	11.1%	0.0%	88.9%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
University, medical school, or faculty practice plan	27.0%	5.4%	67.6%	8.1%	8.1%	83.8%	0.0%	0.0%	100.0%
Other	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
<b>Group Size</b>									
Less than 5 FTE Physicians	8.3%	0.0%	91.7%	16.7%	0.0%	83.3%	0.0%	0.0%	100.0%
5 to 14 FTE Physicians	12.2%	2.0%	85.7%	8.3%	4.2%	87.5%	7.4%	0.0%	92.6%
15 to 29 FTE Physicians	10.2%	5.1%	84.7%	8.5%	5.1%	86.4%	0.0%	3.4%	96.6%
30 to 49 FTE Physicians	15.2%	2.2%	82.6%	2.2%	2.2%	95.7%	0.0%	0.0%	100.0%
50 or more FTE Physicians	23.4%	0.0%	76.6%	4.3%	10.6%	85.1%	5.9%	0.0%	94.1%

Figure 4

Scope of Practice Adjustments Made by HMGs during COVID-19

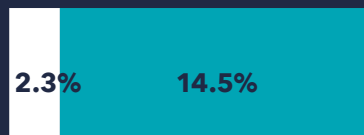
Started providing, or increased provision of, ICU/critical care



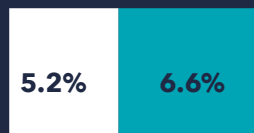
Expanded scope of practice (e.g., co-management activities) outside of the ICU to support clinicians in other specialties



Reduced scope of practice (e.g., co-management activities) due to clinicians in other specialties losing patient volume and not requiring hospitalist services



Expanded provision of bedside procedures



Other Scope of Practice Adjustment



KEY    Likely Permanent    Likely Temporary

# Operational Adjustments

Table 5

## Operational Adjustments

	Total Count of Groups	Instituted changes in how/when personal protective equipment (PPE) is used due to inadequate PPE supply			Implemented or expanded telemedicine or other use of technology		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
<b>Overall</b>	113	56.7%	25.1%	18.1%	26.3%	46.9%	26.8%
<b>Region</b>							
East	18	59.0%	30.8%	10.3%	35.9%	43.6%	20.5%
Midwest	22	59.1%	15.9%	25.0%	29.5%	56.8%	13.6%
South	44	58.1%	21.6%	20.3%	24.3%	45.9%	29.7%
West	22	50.0%	31.8%	18.2%	18.6%	44.2%	37.2%
<b>Patient Population</b>							
Adults Only	100	53.6%	26.8%	19.7%	28.2%	44.8%	27.1%
Children Only	5	76.9%	7.7%	15.4%	7.7%	53.8%	38.5%
Both Adults and Children	8	77.8%	22.2%	0.0%	22.2%	61.1%	16.7%
<b>Academic Status</b>							
Yes	49	57.4%	25.5%	17.0%	27.7%	48.9%	23.4%
No	64	56.7%	25.0%	18.3%	25.4%	44.9%	29.7%
<b>Employment Model</b>							
Hospital, health system, or integrated delivery system	53	65.2%	21.4%	13.4%	30.6%	50.5%	18.9%
Private local/regional hospitalist-only medical group	12	38.9%	44.4%	16.7%	27.8%	44.4%	27.8%
Multistate hospitalist management company	21	42.4%	39.4%	18.2%	18.2%	33.3%	48.5%
Private multispecialty or primary care medical group	5	55.6%	11.1%	33.3%	22.2%	33.3%	44.4%
University, medical school, or faculty practice plan	20	55.3%	18.4%	26.3%	21.6%	51.4%	27.0%
Other	2	66.7%	0.0%	33.3%	33.3%	33.3%	33.3%
<b>Group Size</b>							
Less than 5 FTE Physicians	7	66.7%	16.7%	16.7%	16.7%	33.3%	50.0%
5 to 14 FTE Physicians	27	56.0%	28.0%	16.0%	22.4%	40.8%	36.7%
15 to 29 FTE Physicians	36	55.9%	27.1%	16.9%	23.7%	47.5%	28.8%
30 to 49 FTE Physicians	23	65.2%	21.7%	13.0%	28.3%	50.0%	21.7%
50 or more FTE Physicians	20	48.9%	25.5%	25.5%	34.8%	52.2%	13.0%



Table 5

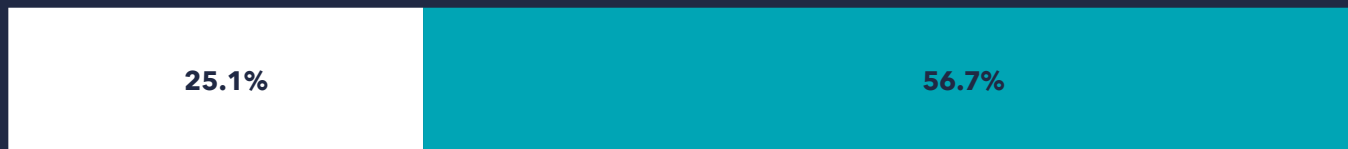
## Operational Adjustments (continued)

	Instituted changes in clinical documentation (e.g., increased use of templates, scribes, or other efficiency tools for documentation)			Organize or subsidize new childcare/schooling options for providers with children to allow them to fulfill clinical obligations			Other operational changes		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
Overall	15.4%	13.6%	71.0%	21.1%	5.2%	73.7%	2.7%	4.4%	92.9%
<b>Region</b>									
East	15.4%	10.3%	74.4%	23.7%	7.9%	68.4%	5.6%	0.0%	94.4%
Midwest	20.5%	13.6%	65.9%	22.7%	2.3%	75.0%	0.0%	0.0%	100.0%
South	16.2%	13.5%	70.3%	14.9%	4.1%	81.1%	0.0%	9.1%	90.9%
West	9.3%	18.6%	72.1%	23.3%	9.3%	67.4%	9.1%	4.5%	86.4%
<b>Patient Population</b>									
Adults Only	15.9%	14.3%	69.8%	21.0%	5.5%	73.5%	3.0%	5.0%	92.0%
Children Only	0.0%	0.0%	100.0%	7.7%	0.0%	92.3%	0.0%	0.0%	100.0%
Both Adults and Children	22.2%	11.1%	66.7%	27.8%	5.6%	66.7%	0.0%	0.0%	100.0%
<b>Academic Status</b>									
Yes	22.3%	18.1%	59.6%	22.6%	10.8%	66.7%	4.1%	6.1%	89.8%
No	10.1%	9.2%	80.7%	19.3%	0.8%	79.8%	1.6%	3.1%	95.3%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	16.1%	11.6%	72.3%	25.0%	3.6%	71.4%	1.9%	5.7%	92.5%
Private local/regional hospitalist-only medical group	11.1%	16.7%	72.2%	0.0%	0.0%	100.0%	8.3%	0.0%	91.7%
Multistate hospitalist management company	9.1%	15.2%	75.8%	3.0%	3.0%	93.9%	0.0%	4.8%	95.2%
Private multispecialty or primary care medical group	11.1%	0.0%	88.9%	25.0%	0.0%	75.0%	0.0%	0.0%	100.0%
University, medical school, or faculty practice plan	18.9%	18.9%	62.2%	29.7%	16.2%	54.1%	5.0%	5.0%	90.0%
Other	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%	0.0%	0.0%	100.0%
<b>Group Size</b>									
Less than 5 FTE Physicians	8.3%	25.0%	66.7%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
5 to 14 FTE Physicians	12.2%	6.1%	81.6%	16.3%	8.2%	75.5%	0.0%	7.4%	92.6%
15 to 29 FTE Physicians	15.3%	16.9%	67.8%	22.0%	3.4%	74.6%	2.8%	2.8%	94.4%
30 to 49 FTE Physicians	10.9%	10.9%	78.3%	19.6%	4.3%	76.1%	8.7%	8.7%	82.6%
50 or more FTE Physicians	25.5%	14.9%	59.6%	29.8%	6.4%	63.8%	0.0%	0.0%	100.0%

Figure 5

## Operational Adjustments Made by HMGs during COVID-19

Instituted changes in how/when personal protective equipment (PPE) is used due to inadequate PPE supply



Implemented or expanded telemedicine or other use of technology



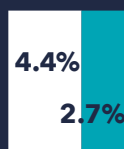
Organize or subsidize new childcare/schooling options for providers with children to allow them to fulfill clinical obligations



Instituted changes in clinical documentation (e.g., increased use of templates, scribes or other efficiency tools for documentation)



Other operational changes



KEY Likely Permanent Likely Temporary

# Telehealth

Table 6a

## How HMG Changed Its Approach to Telehealth

	Total Count of Groups	We started or have plans to start providing tele-hospitalist services in response to COVID-19.	We had an existing tele-hospitalist service prior to COVID-19 and have or plan to expand it in response to COVID-19.	We have an existing tele-hospitalist service, but have not expanded it in response to COVID-19.	We have never provided any tele-hospitalist services in the past, and have not instituted any new ones in response to COVID-19.
<b>Overall</b>	211	34.6%	10.4%	6.6%	48.3%
<b>Region</b>					
East	39	25.6%	0.0%	2.6%	71.8%
Midwest	43	37.2%	20.9%	11.6%	30.2%
South	73	38.4%	13.7%	6.8%	41.1%
West	42	33.3%	4.8%	7.1%	54.8%
<b>Patient Population</b>					
Adults Only	179	35.2%	9.5%	5.6%	49.7%
Children Only	13	23.1%	7.7%	15.4%	53.8%
Both Adults and Children	18	33.3%	22.2%	11.1%	33.3%
<b>Academic Status</b>					
Yes	92	39.1%	12.0%	4.3%	44.6%
No	118	30.5%	9.3%	8.5%	51.7%
<b>Employment Model</b>					
Hospital, health system, or integrated delivery system	110	37.3%	13.6%	8.2%	40.9%
Private local/regional hospitalist-only medical group	18	33.3%	5.6%	0.0%	61.1%
Multistate hospitalist management company	33	30.3%	12.1%	6.1%	51.5%
Private multispecialty or primary care medical group	8	25.0%	0.0%	12.5%	62.5%
University, medical school, or faculty practice plan	38	34.2%	5.3%	5.3%	55.3%
Other	2	0.0%	0.0%	0.0%	100.0%
<b>Group Size</b>					
Less than 5 FTE Physicians	12	8.3%	0.0%	8.3%	83.3%
5 to 14 FTE Physicians	48	18.8%	6.3%	6.3%	68.8%
15 to 29 FTE Physicians	57	33.3%	12.3%	7.0%	47.4%
30 to 49 FTE Physicians	46	47.8%	4.3%	6.5%	41.3%
50 or more FTE Physicians	47	44.7%	21.3%	6.4%	27.7%

Figure 6a

### Changes to HMG's Approach to Telehealth

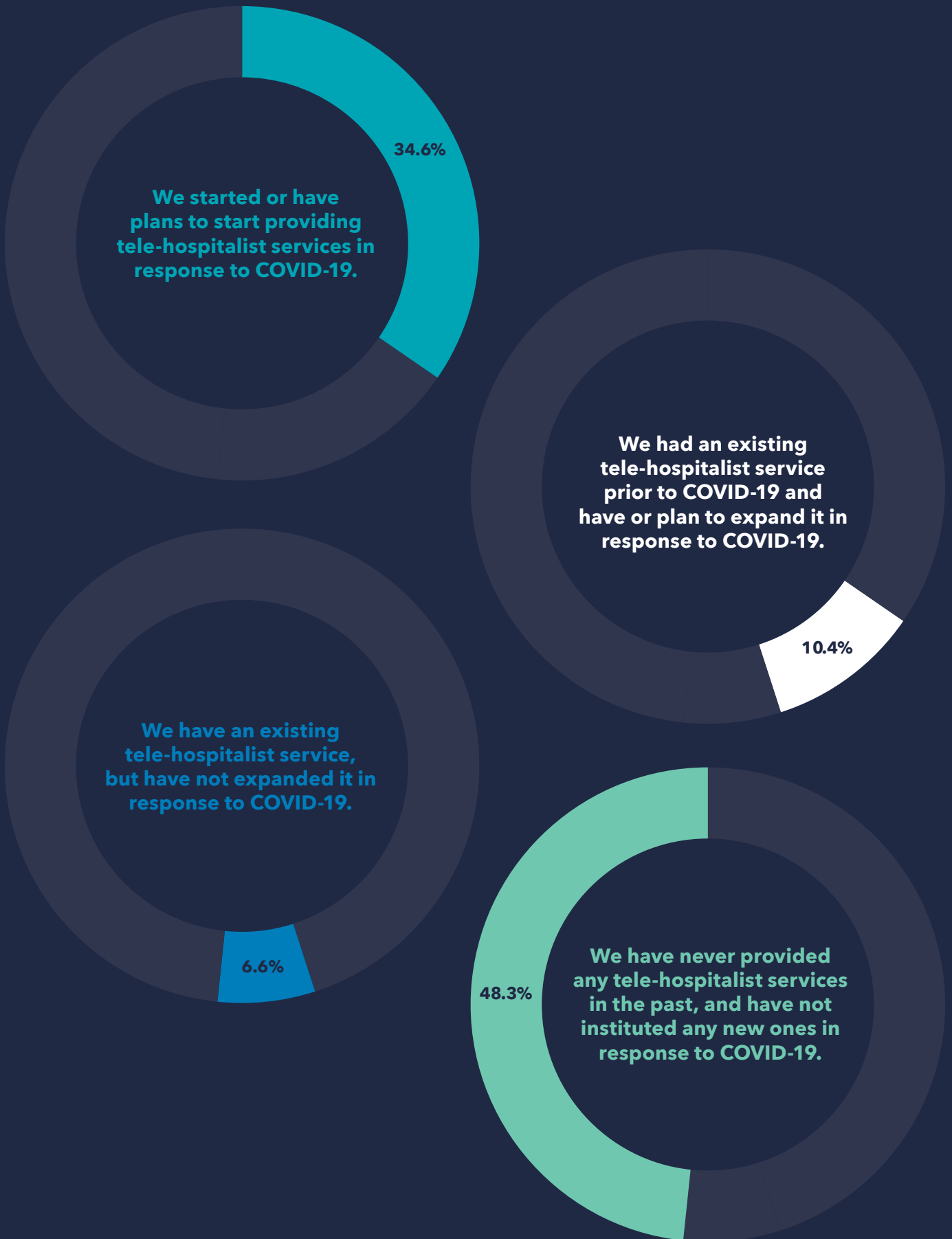


Table 6b

## Uses of Telehealth During the Pandemic

	Total Count of Groups	To assess and care for patients at home, with the goal of preventing hospital admission	To assess patients arriving at the hospital facility, prior to admission/ placement	To provide or obtain daytime coverage to/from a remote hospital location	To provide or obtain nighttime coverage to/from a remote hospital location
Overall	116	16.4%	16.4%	16.4%	17.2%
<b>Region</b>					
East	11	27.3%	9.1%	9.1%	27.3%
Midwest	32	18.8%	25.0%	34.4%	28.1%
South	46	17.4%	8.7%	15.2%	15.2%
West	21	4.8%	23.8%	0.0%	4.8%
<b>Patient Population</b>					
Adults Only	97	15.5%	16.5%	15.5%	16.5%
Children Only	6	0.0%	16.7%	33.3%	16.7%
Both Adults and Children	12	33.3%	16.7%	16.7%	25.0%
<b>Academic Status</b>					
Yes	54	27.8%	25.9%	18.5%	20.4%
No	61	6.6%	8.2%	14.8%	14.8%
<b>Employment Model</b>					
Hospital, health system, or integrated delivery system	68	16.2%	14.7%	17.6%	19.1%
Private local/regional hospitalist-only medical group	7	42.9%	42.9%	14.3%	0.0%
Multistate hospitalist management company	16	0.0%	6.3%	6.3%	12.5%
Private multispecialty or primary care medical group	5	0.0%	20.0%	20.0%	20.0%
University, medical school, or faculty practice plan	18	27.8%	22.2%	22.2%	22.2%
Other	1	0.0%	0.0%	0.0%	0.0%
<b>Group Size</b>					
Less than 5 FTE Physicians	2	0.0%	0.0%	0.0%	0.0%
5 to 14 FTE Physicians	18	11.1%	22.2%	33.3%	22.2%
15 to 29 FTE Physicians	32	9.4%	21.9%	3.1%	6.3%
30 to 49 FTE Physicians	28	25.0%	7.1%	10.7%	14.3%
50 or more FTE Physicians	35	20.0%	17.1%	25.7%	28.6%

See page 29 for footnote.



Table 6b

## Uses of Telehealth During the Pandemic (continued)

	To provide coverage for patients at our hospital(s) from home or a centralized telemedicine office	To enable on-site clinicians to assess and interact with patients without having to enter the patient room	To follow up with patients at home or in a post-acute facility after discharge	Other
Overall	14.7%	62.9%	25.0%	7.8%
<b>Region</b>				
East	9.1%	63.6%	36.4%	0.0%
Midwest	12.5%	71.9%	15.6%	6.3%
South	19.6%	54.3%	28.3%	10.9%
West	9.5%	71.4%	19.0%	4.8%
<b>Patient Population</b>				
Adults Only	16.5%	62.9%	22.7%	8.2%
Children Only	0.0%	50.0%	50.0%	16.7%
Both Adults and Children	0.0%	66.7%	25.0%	0.0%
<b>Academic Status</b>				
Yes	20.4%	68.5%	27.8%	7.4%
No	8.2%	57.4%	21.3%	8.2%
<b>Employment Model</b>				
Hospital, health system, or integrated delivery system	16.2%	66.2%	22.1%	4.4%
Private local/regional hospitalist-only medical group	0.0%	85.7%	28.6%	14.3%
Multistate hospitalist management company	12.5%	50.0%	18.8%	12.5%
Private multispecialty or primary care medical group	0.0%	40.0%	0.0%	20.0%
University, medical school, or faculty practice plan	16.7%	61.1%	44.4%	11.1%
Other	0.0%	0.0%	0.0%	0.0%
<b>Group Size</b>				
Less than 5 FTE Physicians	0.0%	50.0%	0.0%	0.0%
5 to 14 FTE Physicians	16.7%	55.6%	22.2%	11.1%
15 to 29 FTE Physicians	12.5%	62.5%	15.6%	12.5%
30 to 49 FTE Physicians	7.1%	57.1%	25.0%	7.1%
50 or more FTE Physicians	20.0%	71.4%	34.3%	2.9%

**Footnote**

Respondents were instructed to select all that apply, therefore percentages will not add up to 100%.

Figure 6b

## How HMGs are Using Telehealth Technology

To assess and care for patients at home, with the goal of preventing hospital admission

16.4%

To assess patients arriving at the hospital facility, prior to admission/placement

16.4%

To provide or obtain daytime coverage to/from a remote hospital location

16.4%

To provide or obtain nighttime coverage to/from a remote hospital location

17.2%

To provide coverage for patients at our hospital(s) from home or a centralized telemedicine office

14.7%

To enable on-site clinicians to assess and interact with patients without having to enter the patient room

62.9%

To follow up with patients at home or in a post-acute facility after discharge

25.0%

Other

7.8%

# Pediatric and Adult/Pediatric HMGs

## Experience of HMGs that Serve Pediatric Patients and HMGs that Serve Both Adult and Pediatric Patients

	Table P1 Did your institution house adult COVID-19 patients in pediatric units?			Table P2 Did pediatric hospitalists provide care for adult COVID-19 patients?			Table P3 Did the HMG experience pediatric units closing in response to COVID-19?		
	Total Count of Groups	Yes	No	Total Count of Groups	Yes	No	Total Count of Groups	Yes	No
<b>Overall</b>	30	50.0%	50.0%	30	20.0%	80.0%	30	33.3%	66.7%
<b>Patient Population</b>									
Children Only	13	61.5%	38.5%	13	38.5%	61.5%	13	38.5%	61.5%
Both Adults and Children	17	41.2%	58.8%	17	5.9%	94.1%	17	29.4%	70.6%
<b>Region</b>									
East	6	50.0%	50.0%	6	50.0%	50.0%	6	83.3%	16.7%
Midwest	11	54.5%	45.5%	11	18.2%	81.8%	11	36.4%	63.6%
South	7	42.9%	57.1%	7	0.0%	100.0%	7	14.3%	85.7%
West	5	60.0%	40.0%	5	20.0%	80.0%	5	0.0%	100.0%
<b>Academic Status</b>									
Yes	18	44.4%	55.6%	18	27.8%	72.2%	18	50.0%	50.0%
No	12	58.3%	41.7%	12	8.3%	91.7%	12	8.3%	91.7%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	21	52.4%	47.6%	21	23.8%	76.2%	21	28.6%	71.4%
Private local/regional hospitalist-only medical group	2	50.0%	50.0%	2	0.0%	100.0%	2	50.0%	50.0%
Private multispecialty or primary care medical group	2	50.0%	50.0%	2	0.0%	100.0%	2	50.0%	50.0%
University, medical school, or faculty practice plan	5	40.0%	60.0%	5	20.0%	80.0%	5	40.0%	60.0%

Experience of HMGs that Serve Pediatric Patients and HMGs that Serve Both Adult and Pediatric Patients (continued)

	Table P4 Does your HMG anticipate that closed units will reopen after the pandemic?						Table P5 Has the closure of pediatric units resulted in HMG dissolution or contract termination?		
	Total Count of Groups	Definitely yes	Probably yes	Might or might not	Probably not	Definitely not	Total Count of Groups	Yes	No
Overall	10	50.0%	20.0%	10.0%	10.0%	10.0%	10	0.0%	100.0%
<b>Patient Population</b>									
Children Only	5	40.0%	20.0%	20.0%	0.0%	20.0%	5	0.0%	100.0%
Both Adults and Children	5	60.0%	20.0%	0.0%	20.0%	0.0%	5	0.0%	100.0%
<b>Region</b>									
East	5	60.0%	20.0%	0.0%	20.0%	0.0%	5	0.0%	100.0%
Midwest	4	25.0%	25.0%	25.0%	0.0%	25.0%	4	0.0%	100.0%
South	1	100.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%
West	0	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0%	0.0%
<b>Academic Status</b>									
Yes	9	44.4%	22.2%	11.1%	11.1%	11.1%	9	0.0%	100.0%
No	1	100.0%	0.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%
<b>Employment Model</b>									
Hospital, health system, or integrated delivery system	6	50.0%	0.0%	16.7%	16.7%	16.7%	6	0.0%	100.0%
Private local/regional hospitalist-only medical group	1	0.0%	100.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%
Private multispecialty or primary care medical group	1	0.0%	100.0%	0.0%	0.0%	0.0%	1	0.0%	100.0%
University, medical school, or faculty practice plan	2	100.0%	0.0%	0.0%	0.0%	0.0%	2	0.0%	100.0%



**Note:** All of these tables contain information from HMGs that serve pediatric patients and HMGs that serve both adult and pediatric patients. Since most of the data in the pediatric HMG tables have an extremely small sample size, we caution against making broad generalizations from the data.

# International Comparison

## Comparison of U.S. to International HMG Experiences

Six HMGs outside of the U.S. responded to the COVID-19 Addendum. These groups were predominantly from Canada, with one group located in the Middle East. While this is an extremely small sample size, we included the topline results as an interesting comparison of the changes enacted by HMGs within the U.S. with those outside of the country. Because of the small sample size, we caution against making broad generalizations about the experience of international HMGs.

Table I1

### Staffing Disruptions as a Result of COVID-19

	Total Count of Groups	Lost provider time due to illness from contracting COVID-19	Lost provider time due to quarantine requirements (exposure- or travel-related)	Loss of locums or PRN provider time due to travel restrictions or reluctance to travel	Lost provider time due to COVID-related distress, including caring for or grieving for family members with COVID-19	Lost provider time due to childcare or schooling-related issues	Other COVID-related lost provider time
U.S. Overall	218	48.2%	57.3%	15.6%	15.1%	22.9%	18.8%
International	6	16.7%	66.7%	0.0%	33.3%	50.0%	33.3%

Table I2

### Staffing and Scheduling Adjustments

	Total Count of Groups	Created dedicated COVID and non-COVID teams			Implemented other changes in workflows and/or how work is allocated among providers			Increased scheduling flexibility, or changed scheduling model		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	140	50.7%	20.0%	29.3%	63.7%	18.9%	17.5%	47.9%	10.8%	41.3%
International	6	83.3%	16.7%	0.0%	50.0%	50.0%	0.0%	50.0%	33.3%	16.7%

	Instituted a back-up or surge staffing plan where none previously existed			Significantly modified an existing back-up or surge staffing plan			Added or increased sick leave or paid time off		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	48.8%	13.1%	38.0%	37.4%	16.8%	45.8%	12.7%	1.4%	85.9%
International	66.7%	33.3%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	100.0%

	Increased flexibility for clinicians at high risk of contracting COVID-19 (e.g., >65 years old, pre-existing conditions, pregnant, etc.)			Utilized clinicians from other service lines to cover shifts or provide other clinical support			Expanded NP and/or PA scope of practice or level of independence		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	37.4%	20.1%	42.5%	38.7%	0.9%	60.4%	15.4%	6.5%	78.0%
International	50.0%	33.3%	16.7%	16.7%	0.0%	83.3%	16.7%	0.0%	83.3%



Table 12

Staffing and Scheduling Adjustments (continued)

	Required clinicians to work extra shifts due to high patient volumes and/or complexity, or due to COVID-related staffing disruptions			Reduced number of hours or shifts clinicians work to a level below their contracted level due to low patient volumes			Reduced or eliminated use of locums or PRN clinicians due to low volumes		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	33.6%	4.2%	62.1%	33.6%	4.7%	61.7%	26.6%	13.6%	59.8%
International	50.0%	16.7%	33.3%	33.3%	0.0%	66.7%	0.0%	0.0%	100.0%

	Changed skill mix (mix of physicians/NPs/PAs/hospitalist nurses, etc.)			Assigned clinicians to work at different-than-typical facilities in order to meet staffing needs			Other staffing or scheduling changes		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	11.7%	5.1%	83.2%	21.6%	3.8%	74.6%	22.1%	2.1%	75.9%
International	0.0%	0.0%	100.0%	33.3%	0.0%	66.7%	16.7%	0.0%	83.3%

Table 13

Financial Adjustments

	Total Count of Groups	Received reduced financial support from hospital(s) or other customers			Reduced administrative/support staffing levels or other operations resources		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	121	25.6%	6.5%	67.9%	30.8%	11.7%	57.5%
International	5	16.7%	0.0%	83.3%	33.3%	0.0%	66.7%

	Reduced provider compensation by cutting work hours or shifts			Reduced provider compensation by reducing pay levels, eliminating or delaying bonuses, or similar financial measures			Instituted hazard pay for clinicians caring for COVID patients		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	31.8%	3.7%	64.5%	33.5%	8.5%	58.0%	9.8%	0.9%	89.3%
International	33.3%	0.0%	66.7%	50.0%	0.0%	50.0%	0.0%	16.7%	83.3%

	Furloughed (temporary) or laid off (permanent) clinicians			Instituted hiring freeze on open or approved clinician positions			Other financial adjustments		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	13.1%	2.8%	84.1%	39.4%	6.1%	54.5%	22.8%	2.4%	74.8%
International	0.0%	0.0%	100.0%	16.7%	0.0%	83.3%	0.0%	0.0%	100.0%

Table 14

Scope of Practice Adjustments

	Total Count of Groups	Started providing, or increased provision of, ICU/critical care			Expanded scope of practice (e.g., co-management activities) outside of the ICU to support clinicians in other specialties		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	98	30.2%	7.0%	62.8%	25.2%	4.2%	70.6%
International	4	33.3%	0.0%	66.7%	66.7%	16.7%	16.7%

	Reduced scope of practice (e.g., co-management activities) due to clinicians in other specialties losing patient volume and not requiring hospitalist services			Expanded provision of bedside procedures			Other		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	14.5%	2.3%	83.2%	6.6%	5.2%	88.3%	3.0%	1.0%	96.0%
International	0.0%	0.0%	100.0%	16.7%	16.7%	66.7%	0.0%	0.0%	100.0%

Table 15

Operational Adjustments

	Total Count of Groups	Instituted changes in how/when personal protective equipment (PPE) is used due to inadequate PPE supply			Implemented or expanded telemedicine or other use of technology		
		Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	113	56.7%	25.1%	18.1%	26.3%	46.9%	26.8%
International	6	0.0%	50.0%	50.0%	33.3%	33.3%	33.3%

	Instituted changes in clinical documentation (e.g., increased use of templates, scribes, or other efficiency tools for documentation)			Organize or subsidize new childcare/schooling options for providers with children to allow them to fulfill clinical obligations			Other operational changes		
	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change	Likely a temporary change	Likely a permanent change	We did not make this change
U.S. Overall	15.4%	13.6%	71.0%	21.1%	5.2%	73.7%	2.7%	4.4%	92.9%
International	16.7%	33.3%	50.0%	16.7%	0.0%	83.3%	16.7%	0.0%	83.3%

Table 16a

## How HMG Changed Its Approach to Telehealth

	Total Count of Groups	We started or have plans to start providing tele-hospitalist services in response to COVID-19.	We had an existing tele-hospitalist service prior to COVID-19 and have or plan to expand it in response to COVID-19.	We have an existing tele-hospitalist service, but have not expanded it in response to COVID-19.	We have never provided any tele-hospitalist services in the past, and have not instituted any new ones in response to COVID-19.
U.S. Overall	211	34.6%	10.4%	6.6%	48.3%
International	6	0.0%	16.7%	0.0%	83.3%

Table 16b

## Uses of Telehealth During the Pandemic

Omitted due to insufficient data.

# Hospital Medicine Groups Responding to the COVID-19 Pandemic

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