



# InCrowd Novel Coronavirus (COVID-19) Non-Frontline Specialist Tracking Report – Wave 1

Impressions and insights from non-frontline specialists across the country

April 14, 2020

# Methodology

METHOD 6-Minute MicroSurvey via InCrowd

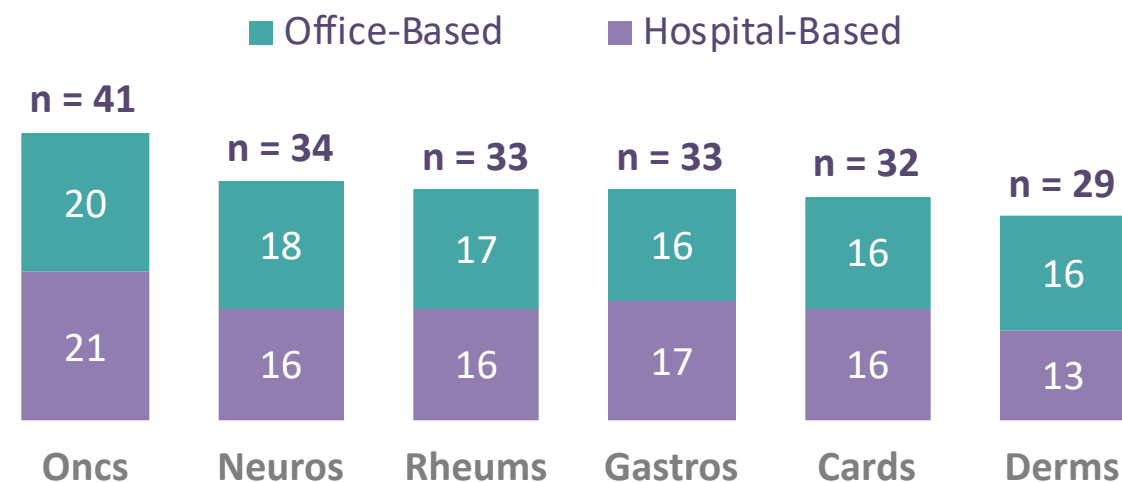
FIELDING PERIOD April 6-7, 2020

CROWDS Oncologists, Neurologists, Rheumatologists, Cardiologists Gastroenterologists, Dermatologists

n-Sizes **202 Total Physicians**  
99 Hospital-Based  
103 Office-Based

With the recent outbreak of the novel coronavirus (COVID-19), InCrowd wanted to understand and track **non-frontline treating specialists** to learn about their **perceptions on the spread of the virus, strategies for managing the outbreak, staying engaged with patients, and predictions for their patients and practices moving forward.**

## N-SIZES & SPECIALTY BREAKDOWN



# Executive Summary

- **Specialists are skeptical about ‘flattening the curve’ in the coming days**, with only a quarter strongly believing that Americans will do so. This number is much lower in specialists who work in hospitals (17%) as compared to those in offices (33%), indicating a more pessimistic outlook from physicians closer to the frontline. However, on the encouraging side, 50% overall believe it is more likely, than not, to flatten.
  - **Specialists report a high level of concern over personal health and safety** with a majority worrying about their exposure (63%) or the exposure they impart on loved ones (71%).
  - **Job security is also a notable concern in office-based specialists**, with 28% fearing for the stability of their jobs or practices, as compared to 15% of those working in hospitals.
- **The pandemic has likely led to rapid advancements in the adoption of telemedicine**, with over half reporting that they will continue use long after social distancing measures have cooled off. Ninety-two percent of specialists report using telemedicine during this time, with 43% also indicating that they have become increasingly comfortable with switching over to online appointments.
- **A large majority of specialists report triaging, postponing, or canceling routine or non-essential appointments** (82%), and 73% are having patients cancel appointments themselves. Despite the disruptions, only twenty percent find that this has interfered with patient prescribing—a small, yet notable, proportion considering that many of these patients require life-saving treatments.



Continued —→

# Executive Summary

- **Cleaning, disinfecting, and avoiding physical contact are tactics being used at hospitals and physician practices to avoid spread.** Currently, 69% routinely disinfect their waiting rooms, 61% display signage for hygiene best practices, 60% provide sanitization dispensers, and 60% limit physical contact. Though only 18% mention that they expect meticulous cleaning practices to last beyond the pandemic.
- **Specialists share several positive observations throughout this crisis,** with a focus on the public's outpouring of appreciation and support for healthcare workers. Several mention that their teams have been more cohesive and dedicated than before, and the public has similarly come together to help one another.
- **A majority find that private companies filling the healthcare supply gap has been an overwhelmingly positive benefit** (i.e., New England Patriots getting masks for frontline treating healthcare professionals in Boston and New York City). A quarter, however, find that this speaks to the lack of preparedness at federal and state levels.
- **Specialists are willing to participate in market research during the pandemic with 99.5% reporting they would like to continue receiving microsurveys.** They note an openness to a variety of types of market research, with 97% preferring 'short, online surveys' and 79% preferring 'short, remote, in-depth interviews'.
  - Respondents also share a tolerance for longer form market research tools, which may be the result of more time and flexibility with 37% sharing that they have more of both due to the pandemic. A further 7% report that their hours have been reduced and market research is an alternate source of income.



# Practice Strategies for COVID-19 Management

Nearly all specialists have migrated to telehealth (92%), and a large majority have also been cancelling non-essential appointments (82%) and using phone triage (73%) to minimize exposure.

## Q1a

Please select all of the strategies your practice is currently doing to help manage the COVID-19 impact.

## KEY



Many using

Few using

COVID-19 Strategies Aided / Provided	Total n = 202	Hospital n = 99	Office n = 103
<b>Virtual visits / telemedicine</b>	92%	93%	90%
Triaging, postponing, or canceling <b>non-essential appointments</b>	82%	82%	83%
<b>Phone triage</b>	73%	76%	71%
Routinely disinfect <b>waiting room</b>	69%	60%*	79%*
<b>Door signage</b> for symptomatic patients to call before entering	64%	59%	69%
<b>Signage for patients</b> on social distancing and hygiene practices	61%	59%	63%
More <b>hand sanitizer dispensers</b> in the office	60%	54%	67%
Patient intake process limiting <b>physical contact</b>	60%	57%	63%
Limited <b>waiting room chairs</b> and 6 feet+ spacing between chairs	53%	52%	54%
Infection control and emergency <b>preparedness plan</b>	52%	63%*	42%*
Removing <b>magazines</b> or <b>toys</b> from waiting room	39%	35%	43%
Dedicated <b>exam room</b> for patients being assessed for COVID-19	31%	38%*	23%*
Dedicated <b>handwashing bathroom</b> for patients	19%	17%	21%
Reconfigure <b>doors</b> to avoid the need for touching doorknobs	14%	16%	12%
Excess of <b>pens</b> intended for patients to keep	13%	15%	12%

\* Difference between groups is statistically significant at the 95% confidence interval.



## Other Innovative Strategies (1/2)

When prompted for novel strategies for managing COVID-19, specialists mention telehealth (22%), personal protective equipment (PPE) distribution (13%), limiting non-essential visits (13%), and limiting personnel and visitors (13%).

### Q1b

Please share any other innovative approaches that you've observed while dealing with this crisis.

### KEY

Many mentioning

Few mentioning

COVID-19 Strategies Unaided / Open-End	Total n = 202
Telehealth and virtual visits	22%
Wearing and distributing PPE and sanitizer to staff and patients	13%
Limiting nonessential visits and postponing procedures	13%
Limiting volume of personnel within the facility and prohibiting visitors	13%
Outdoor screening and temperature checks at the door	9%
Interfacility communication, check-ins, and planning	3%
Separate designated spaces for COVID-19 patients	1%
Providing patient education and online resources	1%



## Other Innovative Strategies (2/2)

Respondents share many unique approaches they've been taking to minimize exposure, like using Facetime / Skype, rotating staff, and screening or limiting all incoming personnel.

### Q1b

Please share any other innovative approaches that you've observed while dealing with this crisis.

“

*Much greater **use of iPhone Facetime and Skype for telemedicine visits**, and use of phone calls for semi-routine questions and problems.*

— Office-Based  
Rheumatologist

“

***Only the patient can come inside.** Family members can wait outside, and patients are told to sit and wait in their cars until their turn comes up.*

— Office-Based  
Oncologist

“

***We have created a two team system in the office** - one team works in the office so if someone gets sick the other team can come in and continue to see patients.*

— Office-Based  
Rheumatologist

“

***All employees and patients are now getting screened** with questions and temperature checks upon entering hospital.*

— Hospital-Based  
Rheumatologist



## Positive and Uplifting Observations (1/2)

Specialists note several uplifting outcomes of the COVID-19 crisis, like an outpouring of support for healthcare workers, patients doing what they can to minimize spread, and healthcare teams finding cohesion and purpose.

### Q2

Please share any positive impact that you've observed as a caregiver or citizen in those trying to manage this crisis.

### KEY

Many mentioning

Few mentioning

Positive Impacts <small>Unaided / Open-End</small>	Total <small>n = 202</small>
Support and appreciation for healthcare workers	17%
Taking social distancing seriously	15%
Team cohesion and dedication of staff	15%
Communities coming together and helping one another	15%
Success of virtual and telehealth adoption	14%
Spread of public health awareness and information	7%
Improved hygiene	6%
Focused time on family and health	2%



## Positive and Uplifting Observations (2/2)

Many positive observations are focused around community support and patients and healthcare workers coming together to help one another.

Q2

Please share any positive impact that you've observed as a caregiver or citizen in those trying to manage this crisis.

“

*There is a lot of **support in the community for healthcare professionals**, and homemade signs are now lining side walks or across from hospital saying thank you.*

— Hospital-Based  
Gastroenterologist

“

*There's a lot of **solidarity and compassion among healthcare teams**, who are working with coronavirus-exposed patients regardless of risk to their own health.*

— Office-Based  
Gastroenterologist

“

*I've been impressed by the **willingness of almost every patient to** participate in telehealth, changed schedules, etc., for everyone's protection.*

— Office-Based  
Oncologist

“

***Better understanding has developed** amongst providers about triaging and managing cases with less resources. Public awareness has developed on airborne and contact transmission.*

— Hospital-Based  
Neurologist



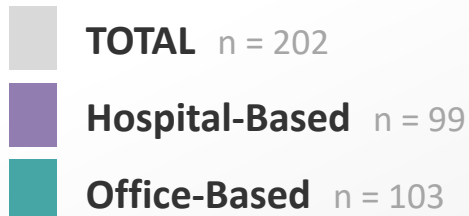
# Impressions of Management Strategies

Specialists indicate a growing comfort with telemedicine (43%), with 52% planning to continue usage post-crisis. Only 17% of hospital specialists strongly believe in the US's ability to 'flatten the curve', half that of office-based specialists (33%). However, a further 26% have some confidence in the US's ability to do so.

## Q3

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

## KEY



Agreement Percentages Reflect Top Two Agreement Choices

Statement	% Respondents Agreeing (T2B)
My increased use of technology to engage with patients is likely to continue long after this crisis is over.	<div><div>52%</div><div>54%</div><div>50%</div></div>
Due to the widespread increase in telemedicine, I am more comfortable treating my patients online.	<div><div>43%</div><div>37%</div><div>49%</div></div>
I am willing to do medical work outside of my normal specialty to support patient overruns due to COVID-19.	<div><div>32%</div><div>34%</div><div>29%</div></div>
I have confidence that the US can 'flatten the curve' of cases with the actions underway.	<div><div>25%</div><div>17% *</div><div>33% *</div></div>

\* Difference between groups is statistically significant at the 95% confidence interval.



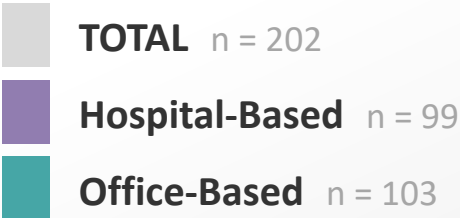
# Concerns During COVID-19

A majority report concern over the health and safety of themselves (63%) and loved ones (71%), and nearly a quarter (22%) also report stress over job security.

## Q3

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

## KEY



Agreement Percentages Reflect Top Two Agreement Choices

Statement	% Respondents Agreeing (T2B)
I am concerned for the safety of my loved ones due to my exposure as a treating physician during the COVID-19 pandemic.	<div><div>71%</div><div>70%</div><div>73%</div></div>
I am concerned for my own personal safety as a treating physician during the COVID-19 pandemic.	<div><div>63%</div><div>58%</div><div>69%</div></div>
I am concerned that I will be laid-off (or my practice will go under) due to the COVID-19 pandemic.	<div><div>22%</div><div>15%</div><div>28%</div></div>

\* Difference between groups is statistically significant at the 95% confidence interval.






# Concerns During COVID-19

Three-quarters of specialists report high levels of concern in patients (75%), as well as patients cancelling routine appointments (73%). Twenty percent also report difficulty prescribing medications to their patients.

### Q3

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

### KEY

-  **TOTAL** n = 202
-  **Hospital-Based** n = 99
-  **Office-Based** n = 103

Agreement Percentages Reflect Top Two Agreement Choices

Statement	% Respondents Agreeing (T2B)
My patients are very concerned about COVID-19.	<div><div>75%</div><div>74%</div><div>77%</div></div>
My patients have been canceling routine appointments in higher volumes.	<div><div>73%</div><div>65% *</div><div>81% *</div></div>
COVID-19 has made it more difficult for me to prescribe medications for my patients.	<div><div>20%</div><div>18%</div><div>21%</div></div>

\* Difference between groups is statistically significant at the 95% confidence interval.



## Practices to be Maintained Post-Crisis (1/2)

After the pandemic slows, 42% of specialists write that they plan to continue using telemedicine when appropriate, while some plan on continuing with meticulous handwashing and hygiene (18%).

### Q4

When this pandemic slows and social distancing guidelines become relaxed, please describe any new processes or practices, if any, that you anticipate your practice will implement when you start to see patients in person again?

### KEY



Many mentioning

Few mentioning

Continued Practices <small>Unaided / Open-End</small>	Total <small>n = 202</small>
Use of telemedicine	42%
Better handwashing, cleaning, and sanitizing	18%
Screening patients before visits	9%
Continued social distancing practices	8%
Rigorous use of PPE	5%
No hand shaking and limited physical contact	4%
Limiting patient volume and traffic in facilities and waiting rooms	4%
Public awareness and community preparedness	1%



## Practices to be Maintained Post-Crisis (2/2)

Specialists report that they will still seek to limit exposure after stay-at-home guidelines are relaxed, mainly through the use of telemedicine, limiting patients in waiting rooms, and screening before visits.

### Q4

When this pandemic slows and social distancing guidelines become relaxed, please describe any new processes or practices, if any, that you anticipate your practice will implement when you start to see patients in person again?

“

*I think **telemedicine will continue to be a part of routine care**, which I think is a good thing. Patients don't have to take time off work and doctors can work from home certain days.*

— Hospital-Based Dermatologist

“

***Less overbooking so that the waiting room will be less crowded.** Wider spacing in the waiting room between chairs, and more disinfecting the rooms.*

— Hospital-Based Cardiologist

“

***Will screen people for fever / URI before visits** – there's no reason as a neurologist for me to see non-urgent clinic patients who are also sick with an infectious disease.*

— Hospital-Based Neurologist

“

*I think overall the effects of **hand washing, limited contact, and social distancing** will continue to echo in medical practices for a while.*

— Office-Based Dermatologist



## Funding for Resources (1/3)

Seventy-one percent are enthusiastic about private companies pitching in to provide supplies during the crisis, with many expressing a sentiment that we should all be doing what we can to help.

### Q5

How do you feel about private companies filling the healthcare supply gap during the COVID-19 crisis, for example, the New England Patriots getting masks for frontline treating healthcare professionals in Boston and New York City?

Positive

71%

Ambivalent

16%

Negative

10%

### Verbatims

***"Any help is greatly appreciated."** We are all in this together and must recognize our common humanity and must care for one another.* – Office-Based Gastroenterologist

***"I think those that are blessed with resources should do whatever they can to help others. It's their duty. The patriots owner can afford one season of lost revenue and to donate a million bucks."***

– Office-Based Oncologist

***"It is a great idea. Everyone should be working towards the common goal and make enough PPE. After this pandemic we should bring back manufacturing to America so we don't have to depend on other countries."*** – Office-Based Rheumatologist



## Funding for Resources (2/3)

Sixteen percent of respondents feel mixed about private contributions, with a majority of them appreciating the gestures but believing them to be unsustainable and representative of underlying federal and state issues.

### Q5

How do you feel about private companies filling the healthcare supply gap during the COVID-19 crisis, for example, the New England Patriots getting masks for frontline treating healthcare professionals in Boston and New York City?

#### Positive

71%

#### Ambivalent

16%

#### Negative

10%

#### Verbatims

*"The sentiment is nice, but **I wonder about the quality and appropriateness of equipment.** It's also not a sustainable long-term solution."* – Hospital-Based Cardiologist

*"It's a **symptom of underlying under preparedness** by government and hospitals. I appreciate that private companies are helping but a number are also exploiting the opportunity."*

– Hospital-Based Cardiologist

*"**This should be a national agenda,** but we will take any help we can. I don't like the idea of competing with ourselves, this should be a unitary purchasing process."* – Office-Based Rheumatologist



## Funding for Resources (3/3)

Ten percent of respondents find that relying on the private sector right now is shameful and cannot be depended upon when lives are at stake.

### Q5

How do you feel about private companies filling the healthcare supply gap during the COVID-19 crisis, for example, the New England Patriots getting masks for frontline treating healthcare professionals in Boston and New York City?

#### Positive

71%

#### Ambivalent

16%

#### Negative

10%

#### Verbatims

*"I think our country needs to come together. Unfortunately the dysfunctional status of our health care system and political leaders is apparent and with **both systems highly unprepared for the challenge we are facing now**. Our health care system and political system both need major overhaul when this is done. I fear that things will just go back to how they were with minimal actual changes."*

– Hospital-Based Oncologist

*"**Ridiculous** that this is not coming from the federal government."* – Office-Based Dermatologist

*"I think it's **sad that it has to be that way**, but all help is appreciated."* – Office-Based Oncologist



# Willingness to Participate in Research Medium

Specialists' willingness to participate in research is correlated with how short surveys / interviews are, with a preference for online surveys as compared to telephone or in-person interviews.

## Q6

During this disruptive time, in which of the following types of research are you willing to participate? Please check all that apply.

## KEY

Many willing to participate



Online



Telephone

Few willing to participate



In-Person

Survey Type Aided/ Provided	Medium	Length Minutes	Total n = 202	Hospital n = 99	Office n = 103
Short online surveys		5-15	97%	97%	97%
Short remote in-depth interviews	OR	15-30	79%	78%	80%
Longform online survey		30-60	74%	64%*	83%*
Longform remote in-depth interviews	OR	30-60	69%	62%*	76%*
Online discussions (Focus group, community, message board, etc.)		-	65%	65%	66%
In-person in-depth interviews		-	19%	15%	23%
In-person focus groups		-	12%	10%	15%

\* Difference between groups is statistically significant at the 95% confidence interval.



# Reasons for Continued Opinion Sharing via Surveys

Nearly all specialists want to continue participating in microsurveys, with 37% writing that they have excess time at the moment for ancillary activities.

Q8

Do you wish to continue to share your opinions via microsurveys during this time when healthcare professionals are in higher than normal demand due to COVID-19?

KEY



**I wish to continue** sharing my opinion



**I do not wish to continue** sharing my opinion

99.5%

**Reasons for Participating** Unaided/ Open-End **Total** n = 202

I have time / flexibility / I'm at my computer due to telehealth	37%
I want to contribute / our insights are valuable	22%
Alternative source of income / Work hours have been reduced	7%
They're short / easy	6%
I enjoy sharing my opinion	4%
It's a diversion / distraction from the crisis	3%
Want to advocate for policy change	2%



## Suggestions for Easier Opinion Sharing (1/2)

Specialists write that short, focused surveys using online platforms make it easiest for them to share their insights.

### Q9

While the healthcare system is under strain, how can we make it easier for you to share your critical opinion when it is vital to the global dialogue on COVID-19?

### KEY

Many mentioning

Few mentioning

Suggestions Unaided/ Open-End	Total n = 202
No change / continue sending microsurveys	34%
Keep it as short and focused	19%
Online surveys / email communication	17%
Phone or video interviews	5%
Share results / ensure my voice is heard	4%
Mobile friendly / notification or text message communication	4%
Increase honoraria during this time	4%
Increase flexibility around timing	4%
Engage using online forums or social media groups	3%
Multiple choice only / fewer open-ends	3%



## Suggestions for Easier Opinion Sharing (2/2)

Several specialists also mention that since speaking out publicly puts them at risk, anonymous research helps to give them a voice that can be heard by lawmakers and the general public.

Q9

While the healthcare system is under strain, how can we make it easier for you to share your critical opinion when it is vital to the global dialogue on COVID-19?

“

***Share opinions publicly** but anonymously since we are still under threat of termination for sharing concerns publicly.*

— Hospital-Based  
Gastroenterologist

“

*All of us have concerns and **giving us a way to speak to the media** about the concerns may be helpful. Doctors need to stand together and form a union and some assistance with that would be amazing.*

— Office-Based  
Neurologist

“

*I think making a **easy way like a forum to write about our experiences**. In addition having an incentive to read posts and post would be nice.*

— Office-Based  
Oncologist

“

***Access to wide audiences** (i.e. media, social media) to engage public on concerns and issues.*

— Hospital-Based  
Gastroenterologist





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