



# InCrowd Novel Coronavirus (COVID-19) Frontline Treating Physician Tracking Report – Wave 4

Monthly analysis of frontline treating physician data

April 21, 2020

# Methodology

METHOD 10-Minute MicroSurvey via InCrowd

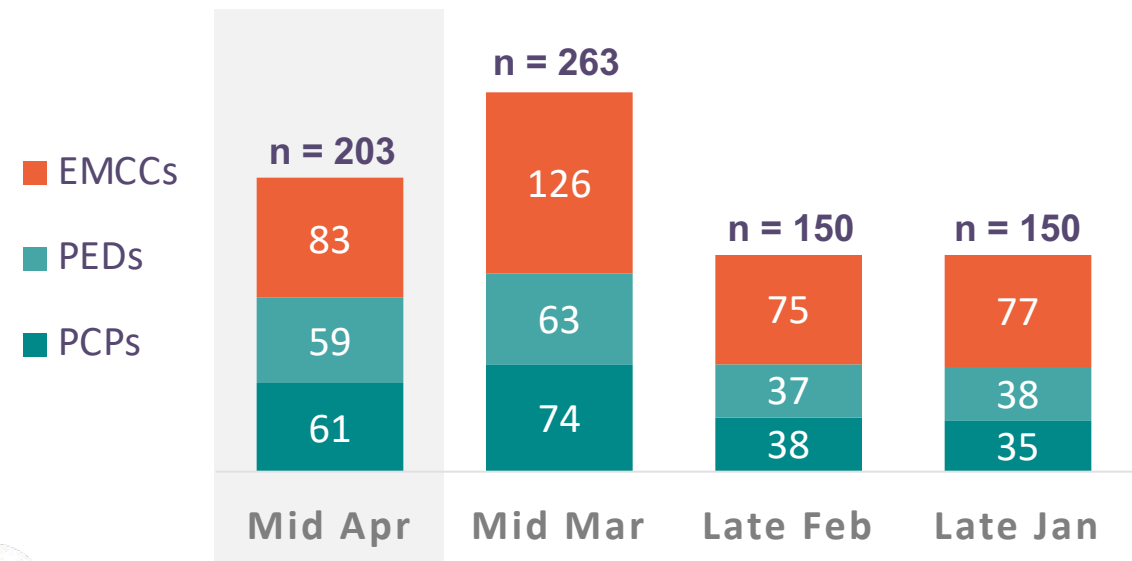
FIELDING PERIOD **This wave:** Apr. 14-15  
**Previous Waves:** Mar. 19-20, Feb. 26-27, Jan. 31-Feb. 4

CROWDS US Primary Care Physicians (**PCPs**), Pediatricians (**PEDs**), and Emergency Medicine or Critical Care Physicians (**EMCCs**)

SCREENING CRITERIA Physicians have or are currently treating 20 or more patients with flu like symptoms

With the recent outbreak of the novel coronavirus (COVID-19), InCrowd wanted to understand and track **frontline physicians** to learn about their **perceptions on the spread of the virus, strategies for managing the outbreak, and predictions for their lives moving forward.**

## N-SIZES & SPECIALTY BREAKDOWN



# Executive Summary

- **Testing Availability—Access to testing has jumped significantly since last month**, up 22%. Eighty-two percent of respondents now indicate access to kits, and only 10% indicate test scarcity when prompted for resource shortages.
- **Patient Concerns—Patient concerns are high** with 82% of Frontline Treating Physicians reporting high levels of patient stress.
- **Physician Safety—Physician sentiments on personal safety have stabilized, however security concerns remain high.** Sixty-six percent report fearing for their own safety, and seventy-eight percent fear for the safety of loved ones. **Frontline Treating Physicians report concern over job security, with 45%** believing their jobs are in danger.
- **Institutional Support—Perceptions on public and private initiatives for managing the outbreak have significantly increased.** Fifty percent have already witnessed the positive benefits of private and public collaboration, up from twenty-one percent in March. Furthermore, belief that the US can ‘flatten the curve’ has also more than doubled since last month, reaching 30%.
- **Post-COVID Considerations—Frontline Treating Physicians anticipate that COVID-19 disruptions will last until October.** Many physicians see an embrace of telehealth post-pandemic with 77% of Frontline Treating Physicians anticipating its continued use when possible in the future, and 50% believe they will continue efforts to limit exposure within their facilities for patients and healthcare professionals.



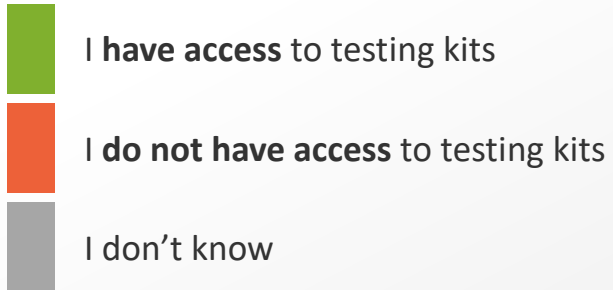
# Access to Testing

Access to testing has jumped significantly since last month, from 67% to 82% (a 22% increase).

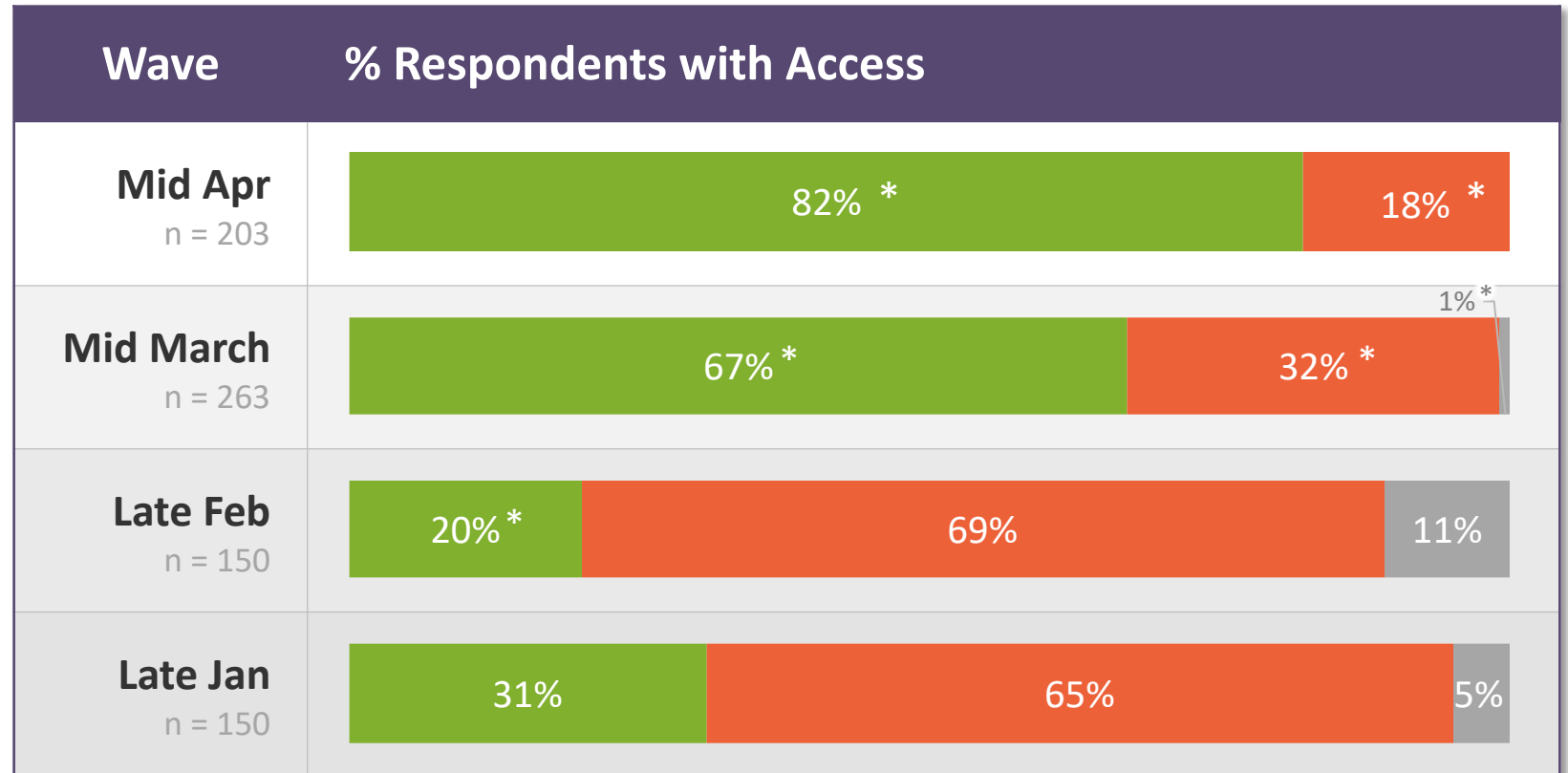
## Q1

Do you have access to the COVID-19 test kit for your patients with symptoms?

## KEY



\* Difference from the previous wave is statistically significant at the 95% confidence interval.






# Facility's Recommendation of a Protocol

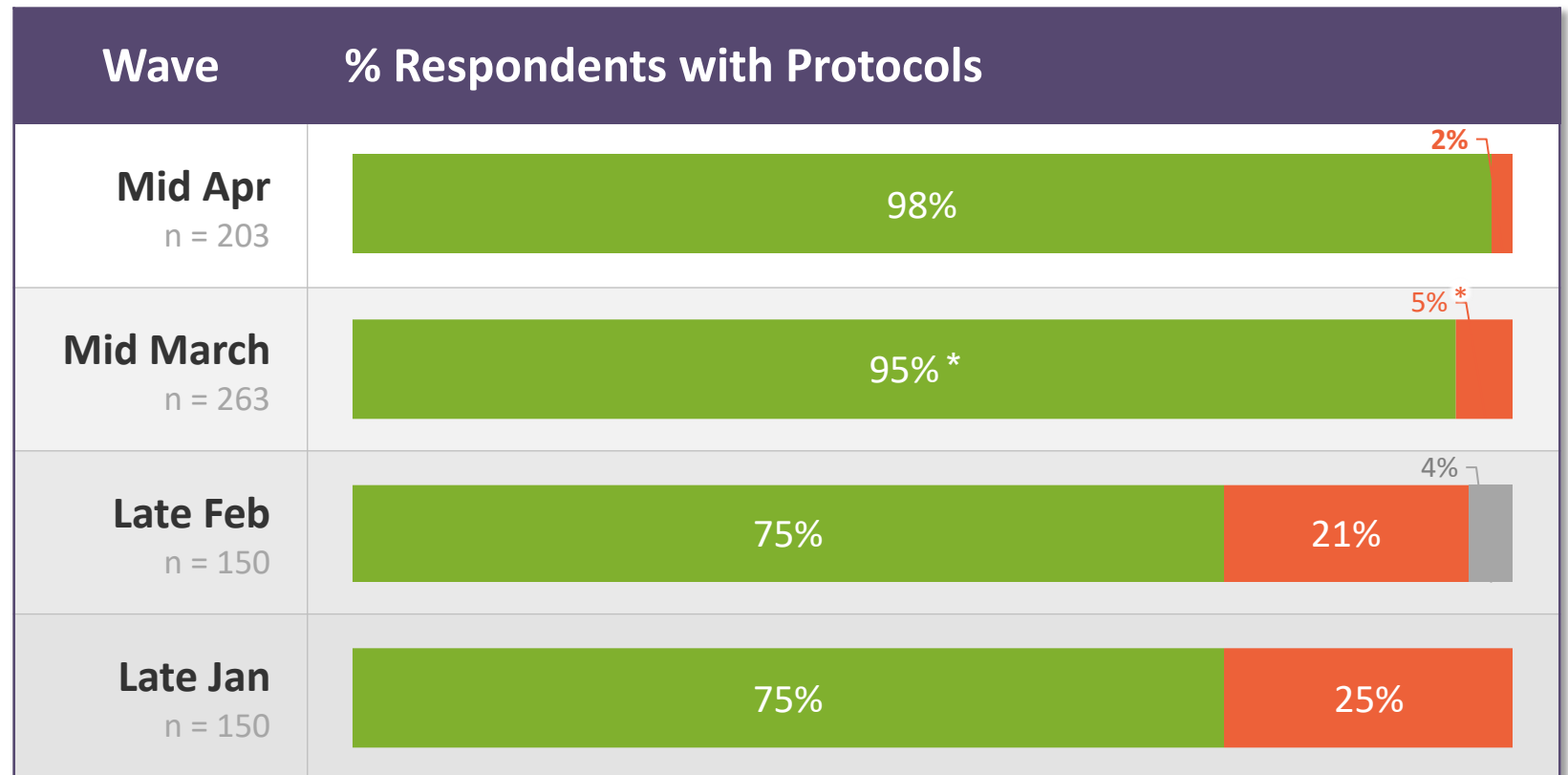
Nearly all facilities (98%) now recommend a protocol for treating suspected COVID-19 patients.

## Q2a

Has your clinic or hospital recommended a protocol for patients that could potentially have COVID-19?

## KEY

-  My facility **has recommended** a protocol
-  My facility **has not recommended** a protocol
-  I don't know



\* Difference from the previous wave is statistically significant at the 95% confidence interval.



# Facility's Recommended Protocols

The most common facility protocols are providing testing only for patients who require admitting (21%) and isolating COVID-19 patients in a private room (16%).

## Q2b

If your clinic or hospital recommended a protocol for patients that could potentially have COVID-19, please describe the protocol.

Responses (Unaided)	Mid Apr n=203	Mid Mar n=263
Testing for admitted patients only (no outpatient testing)	21%	-
Isolation in private area, COVID unit, or negative pressure room	16%	9%
Testing for those with comorbidities or are elderly	13%	15%
All staff wear full PPE around suspected patients	12%	14%
14-day home quarantine for discharged patients	11%*	26%
Telemedicine / virtual visits / phone triage	11%*	22%
Test those with travel / exposure history	11%	15%
Refer out to testing site or hospital	9%	10%
Drive-through / outdoor testing	9%	6%
Testing for anyone symptomatic	9%	-
Adherence to CDC & state guidelines	8%	9%
Testing for healthcare providers or essential workers	7%	-
Use of questionnaire / detailed screening for symptoms	6%*	20%
Test for Flu, RSV, Strep, etc. before testing for COVID-19	6%*	18%

\* Difference from the previous wave is statistically significant at the 95% confidence interval.



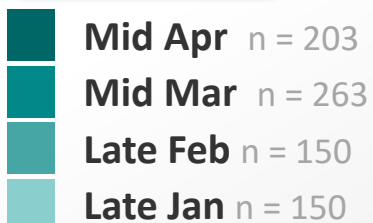
# Patient Behaviors

Since last month, there has been a significant increase in cancelled routine appointments and a significant decrease in 'worried-well' patients going to treating facilities, indicating that those that are healthy are avoiding facilities at much higher rates.

## Q3 / Q5a

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

## KEY



\* Difference from the previous wave is statistically significant at the 95% confidence interval.

Statement		% Respondents Agreeing (Top Two Agreement Options)
<i>My patients are..</i>	.. <b>very concerned</b> about COVID-19.	<p>82% 77% * 37% 28%</p>
	.. <b>canceling routine appointments</b> in higher volumes.	<p>73% * 57% N/A N/A</p>
<i>My treating facilities are..</i>	..getting an <b>influx of patients</b> who do need specific <b>treatment for COVID-19.</b>	<p>28% 22% N/A N/A</p>
	..getting an <b>influx of 'worried well' patients</b> who do not need to be there.	<p>24% * 50% N/A N/A</p>





# Facility Preparedness

Since last month, perceptions of preparedness have substantially increased, with more than twice that of last month believing that their facilities are adequately 1) prepared 2) staffed 3) stocked with treatments, and 4) supplied with PPE. Despite this increase, most of these numbers are still well below 50%.

## Q3 / Q5a

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

## KEY



\* Difference from the previous wave is statistically significant at the 95% confidence interval.

Statement		% Respondents Agreeing (Top Two Agreement Options)
<i>My treating facilities are..</i>	..prepared to treat people with COVID-19.	<p>59% * 24% 23% * 38%</p>
	..collaborating with other local facilities to ensure we can manage the anticipated patient influx.	<p>50% * 29%</p> <p>N/A N/A</p>
	..staffed adequately to treat the influx of patients anticipated in the next 30 days.	<p>37% * 16%</p> <p>N/A N/A</p>
	..stocked with necessary supplies to treat the influx of patients anticipated in the next 30 days.	<p>31% * 9%</p> <p>N/A N/A</p>
	..supplying me with the necessary protective equipment I need to stay healthy.	<p>35% * 13%</p> <p>N/A N/A</p>
	.. prepared for a second outbreak of COVID-19 later in the year.	<p>28%</p> <p>N/A N/A N/A</p>





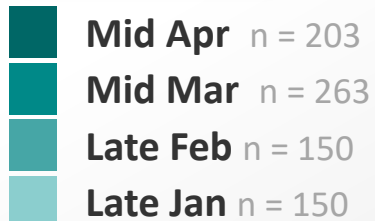
# Strength of Precautions Across Institutional Levels

While perceptions of precautions taken by the WHO, international governments, and the US government have remained relatively consistent with previous months, there has been a significant increase in positive perceptions of measures taken by local governments.

## Q3 / Q5a

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

## KEY



\* Difference from the previous wave is statistically significant at the 95% confidence interval.

Statement		% Respondents Agreeing (Top Two Agreement Options)	
<i>Strong precautions to prevent the spread of COVID-19 are being taken by..</i>	<b>..the World Health Organization.</b>	38%	42%
		The World Health Org. and governments outside the US 27%	45%
	<b>..Governments outside the US.</b>	46%	42%
		The World Health Org. and governments outside the US 27%	45%
	<b>..the US government.</b>	21%	17%
		16% *	35%
	<b>..my local government.</b>	54% *	33%
		N/A	N/A

In previous iterations, the WHO & ex-US governments were combined in one statement. For this reason, these segments have not been evaluated for significance.



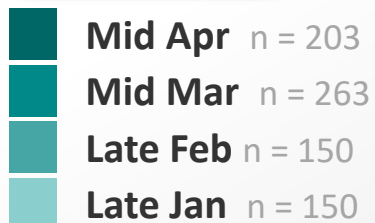
# Physician Concerns

Physician concern for personal and familial safety remains high but stabilized. Though not as high, job security concerns loom, with 45% indicate fearing for the loss of their jobs.

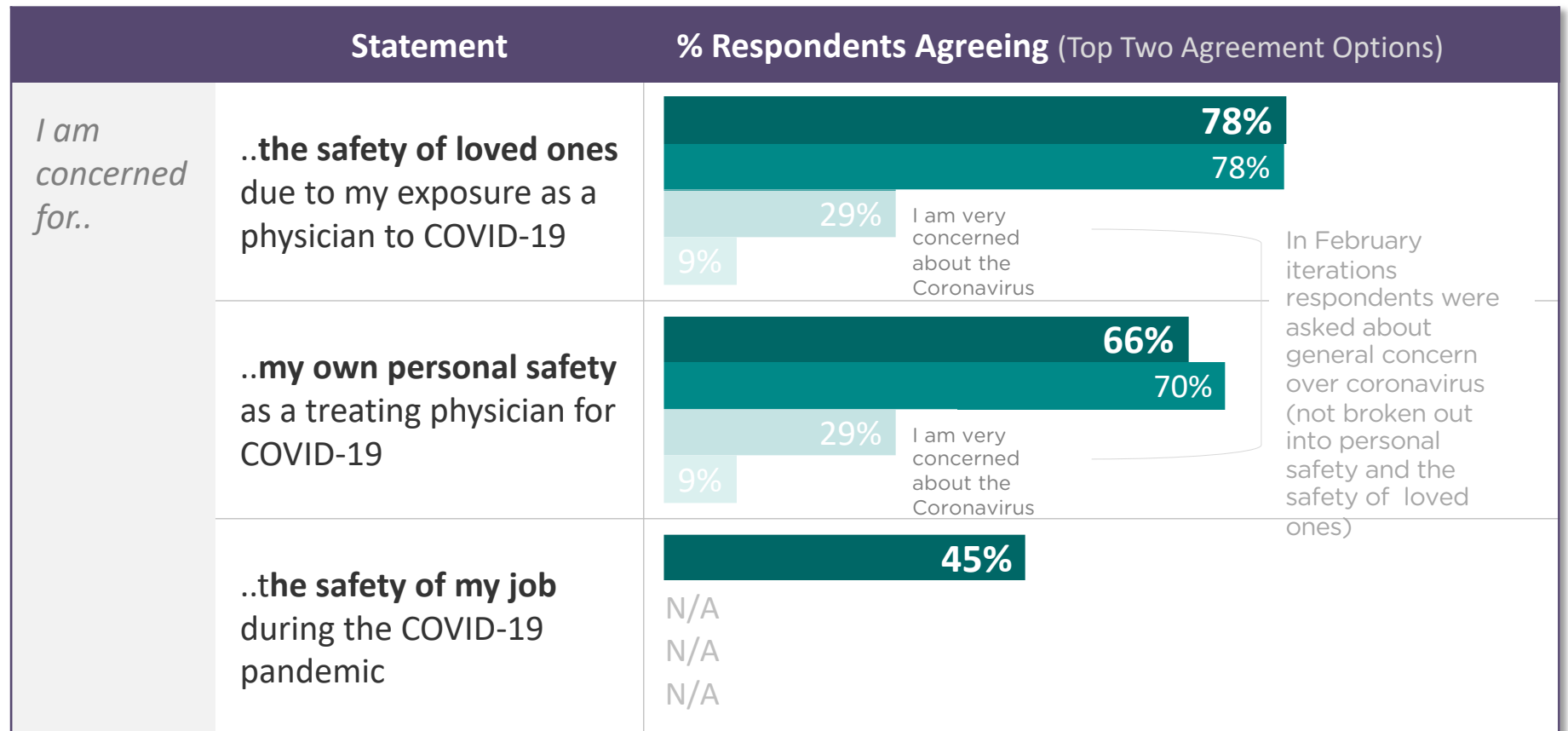
## Q3 / Q5a

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

## KEY



\* Differences between waves are not statistically significant at the 95% confidence interval.



# Policy & Societal Impact

There has been a significant jump in the perceptions of outcomes from COVID-19 initiatives, with more than twice as many respondents as those in March strongly agreeing that 1) they are seeing positive effects of public / private synergy and 2) they believe the US can 'flatten the curve'.

## Q3 / Q5a

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

## KEY

Mid Apr n = 203

Mid Mar n = 263

Statement	% Respondents Agreeing (Top Two Agreement Options)
The <b>current advising of social distancing and avoiding gatherings</b> of more than 10 individuals <b>is justified</b> given the current risk.	<p>88% 86%</p>
I can see signs already of the <b>positive effects of public and private sector working together</b> to combat COVID-19 outbreak.	<p>50% * 21%</p>
I have confidence that the <b>US can 'flatten the curve'</b> of cases with the actions underway.	<p>30% * 12%</p>

\* Difference from the previous wave is statistically significant at the 95% confidence interval.



# Facility Resource Limitations (1/2)

Resource shortages remain high, with 61% writing about a lack of PPE, especially N95 masks and gowns.

## Q5b

If your treating facilities have resource limitations or challenges, please share them.

\* Differences between waves are not statistically significant at the 95% confidence interval.

## Note

Responses are listed based upon frequency of occurrence.

Responses (Unaided)	Mid Apr n=203	Mid Mar n=263
PPE	61%	52%
N95 Masks	23%	25%
Gowns	12%	8%
Shields / Hoods / PAPR	5%	3%
Gloves	1%	2%
Surgical Masks	1%	-
Testing kits	10%	18%
Staff	5%	9%
Ventilators	4%	10%
Finances / Salaries	3%	-
ICU Beds	2%	7%
Negative pressure rooms	2%	6%
Sedatives, paralytic meds	2%	-



## Facility Resource Limitations (2/2)

Respondents report stressors involving health, job security, and increased responsibility at work as a result of resource, staff, and funding shortages.

### Q5b

If your treating facilities have resource limitations or challenges, please share them.

“

*We have a severe PPE shortage and are reusing all of our PPE. We have **even had to purchase our own appropriate PPE** from a go fund me page we set up. And this is in one of the largest hospital chains in the country.*

— ER and Critical Care Physician, CA

“

*We are a small FQC, and **our funds are diminishing and we are concerned about the job safety** for our employees. Providers are working hard to get some telephone encounters to keep the health center functioning.*

— Pediatrician, CA

“

*We've been **cutting back on staff due to overall revenue reductions**, but have increased acuity and complexity which requires more staffing. This puts even more of a burden on those of us still here.*

— ER and Critical Care Physician, TN

“

***Health providers are not receiving tests** due to a fact that there is a shortage, and also concerns that if we put everyone who asymptomatic in quarantine, we wouldn't have enough providers. I worry that perhaps most of us are asymptomatic carriers, putting patients and our families at risk.*

— Primary Care Physician, CA



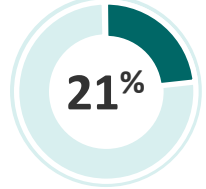
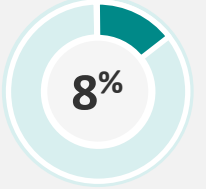

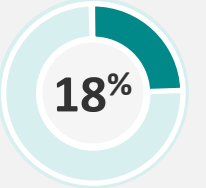


# Patients with Confirmed or Suspected Infections

Percentages of overall patients with confirmed or suspected cases have more than doubled since March, from 8% to 21%.

## Q4a

Understanding diagnostic testing is limited, how many of the unique patients you have personally treated in the past two weeks, do you strongly suspect or know have COVID-19?

Segments	Mid Apr n = 203	Mid Mar n = 263
Average # of Suspected Infected Patients	 <b>23</b>	 <b>10</b>
Average % of Total Patients	 <b>21%</b>	 <b>8%</b>
Average % of All Patients with Flu-Like Symptoms	 <b>42%</b>	 <b>18%</b>



# Suspected Cases by State

Unsurprisingly, physicians across the country report a marked increase in the percent of their patients likely to have COVID-19, especially in northeastern states.

## Q4b

If you have seen any cases, in which state have you seen them?

States	Mid Apr		Mid Mar	
	n	% of Total Pts	n	% of Total Pts
NY	20	52%	17	12%
MA	3	38%	5	11%
MD	7	34%	8	10%
MI	5	32%	10	10%
WA	8	28%	4	7%
IL	12	27%	17	6%
NJ	4	25%	10	12%
LA	2	22%	1	25%
FL	13	21%	20	5%
NC	7	21%	13	5%
CO	1	20%	4	7%
AZ	1	20%	3	4%
TN	5	20%	5	3%
PA	5	19%	12	6%
CA	20	19%	22	11%
GA	10	19%	11	13%
WI	1	18%	6	4%
IN	11	17%	9	4%
VA	6	16%	9	7%
OH	10	13%	11	5%
OK	2	13%	1	2%
AK	1	13%	1	0%

States, cont.	Mid Apr		Mid Mar	
	n	% of Total Pts	n	% of Total Pts
TX	18	12%	25	8%
NV	2	11%	2	5%
CT	4	10%	3	4%
MN	1	10%	4	13%
SC	2	10%	4	6%
UT	1	10%	0	NA
MO	2	8%	4	6%
KY	3	5%	2	0%
AL	3	4%	2	1%
IA	2	3%	1	0%
OR	1	2%	4	7%
AR	1	2%	2	4%
MS	3	2%	0	NA
ID	1	2%	0	NA
NH	1	0%	1	2%
HI	1	0%	2	0%
WV	3	0%	0	NA
RI	0	NA	1	20%
DC	0	NA	2	4%
DE	0	NA	1	3%
SD	0	NA	2	3%
NM	0	NA	2	3%





# Current Facility Strategies

Most strategies for facility and patient management during the pandemic have remained as pervasive as last month, however with increases in testing strategies.

## Q7a

Please select all of the strategies your treating facilities are currently doing to help manage COVID-19 impact.

## KEY

Mid Apr n = 203

Mid Mar n = 263

Facility Strategies	% Selecting
Triaging, postponing, or canceling routine appts	83% 79%
Postponing elective surgeries	81% 76%
Front-of-facility triage	69% 62%
Phone triage	66% 71%
Working with private labs for test results	56% 51%
One-swab testing	54%* 41%
Drive-through testing	51%* 35%
Collaborative bed sourcing with local care facilities	30% 22%
Out-of-facility clinics	27% 23%
Enlisting retired specialists to support pt demand	15% 8%

## Mid Apr Only

Facility Strategies <i>Cont.</i>	% Selecting
Telehealth	87%
Limiting exposure within facilities	79%
COVID-only zones/ facilities	72%
Layering surgical or cloth masks over N95 masks to extend its life	57%
Other care areas become ICUs	42%
Beds in non-hospital locations (i.e. hotels, conf. halls, external trailers)	33%
One-time doctor contact in the ER	26%
Rolling IV extensions out of room to support equip. away from pts	23%
CPAP machines to support breathing	20%
Using one ventilator for two people	3%

\* Difference from the previous wave is statistically significant at the 95% confidence interval.



# Continued Facility Strategies Post-Pandemic (1/2)

Among currently employed strategies, those most likely to remain in place post-pandemic are the use of telehealth (77%), exposure-limiting practices within facilities (50%), and phone triaging (48%).

**Q7b**

Mid Apr Only

Please select all of the strategies your treating facilities plan to continue to do to better manage patient care after the COVID-19 pandemic is over

## KEY

**Plan to continue**  
employing strategy

**Currently employing**  
strategy (Q7A)

Facility Strategies	% Selecting
Telehealth	77% 87%
Limiting exposure within facilities	50% 79%
Phone triage	48% 66%
COVID-only zones/ facilities	42% 72%
Working with private labs for test results	38% 56%
One-swab testing	33% 54%
Front-of-facility triage	30% 69%
Drive-through testing	27% 51%
Triaging, postponing, or canceling routine appts	24% 83%
Layering surgical or cloth masks over N95 masks to extend its life	24% 57%

Facility Strategies <i>Cont.</i>	% Selecting
Postponing elective surgeries	22% 81%
Collaborative bed sourcing with local care facilities	19% 30%
CPAP machines to support breathing	18% 20%
Out-of-facility clinics	17% 27%
One-time doctor contact in the ER	17% 26%
Other care areas become ICUs	14% 42%
Beds in non-hospital locations (i.e., hotels, conf. halls, external trailers)	12% 33%
Rolling IV extensions out of room to support equip. away from pts	9% 23%
Enlisting retired specialists to support patient demand	4% 3%
Using one ventilator for two people	2% 3%



## Continued Facility Strategies Post-Pandemic (2/2)

Physicians stress maintaining exposure-limiting practices after the pandemic dies down in order to avoid a second spike.

### Q7b

Please select all of the strategies your treating facilities plan to continue to do to better manage patient care after the COVID-19 pandemic is over

“

*Its important that we continue to **limit exposures while providing preventive care in order to avoid a second spike in COVID-19** and keep other preventable infectious diseases from re-emerging.*

— Pediatrician, FL

“

*There will likely **continue to be asymptomatic cases and we will have to act as though every patient contact is positive.** So we will continue to protect staff with PPE.*

— Pediatrician, CA

“

*Telehealth and phone triage can definitely cut down on number of visits and time taken to complete a visit, meet the health care requirements of patients, improve satisfaction as well as **keep their safety as the top priority.***

— Pediatrician, SC

“

*Telehealth was already planned but implementation happened faster than typical. Families love it and many cases are amenable to video visits. **Use will continue to grow if reimbursement remains adequate.***

— Pediatrician, NC



## Ideas for Action Across Authorities (1/2)

Since last month, more respondents indicate the need for continued PSAs on limiting spread so that social distancing initiatives don't begin to dwindle. Respondents also indicate the need for widespread antibody testing so that those with immunity can return to the workforce.

### Q8

Please share any ideas you have for actions state and local authorities could take that could help stem the impact of the COVID-19 public health crisis.

Responses (Unaided)	Mid Apr n=203	Mid Mar n=263
Rapid, widespread testing availability	<b>35%*</b>	45%
Maintain / intensify restrictions and shelter-in-place	<b>21%</b>	21%
Increase PPE Availability	<b>18%*</b>	39%
PSAs on infection control (e.g., social distancing)	<b>18%</b>	15%
Antibody testing for return to workforce	<b>14%</b>	-
Production of more ventilators	<b>5%</b>	14%
Physician protection and salary support	<b>3%</b>	-
Rigorous contact tracing	<b>3%</b>	-
Improve patient coverage	<b>2%</b>	-

\* Difference from the previous wave is statistically significant at the 95% confidence interval.



## Ideas for Action Across Authorities (2/2)

Physicians implore that those in positions of authority maintain strict, scientifically-based messaging and restrictions so that a premature opening can be avoided.

Q8

Please share any ideas you have for actions state and local authorities could take that could help stem the impact of the COVID-19 public health crisis.

“

*Testing, testing, testing. We need a widely available rapid test to test anyone with even slight symptoms, followed by rigorous contact tracing for positives. **We cannot reopen without extensive testing.***

— Pediatrician, OH

“

*Physicians should be able to openly and freely discuss what has succeeded or failed in their treatment strategies - this should be put out in general media, not confined to doctor social media sites. **The public should be educated by physicians and epidemiologists, not politicians,** in order to get an evidence-based, scientific, solution to re-opening cities/states and further preventive strategies that are needed.*

— Primary Care Physician, CA

“

***Continued, broad and properly enforced stay at home and social distancing measures MUST remain in place to keep citizens and healthcare workers safe,** and the latter alive and in adequate supply. Premature reopening would pose a grave, avoidable and possible catastrophic loss of progress and human life in addition to other social and economic cost.*

— ER and Critical Care Physician, FL

“

***Attention to improving the broken healthcare system with focus on patient care** without hindrance of profiteers and malpractice lawyers. Support for healthcare workers and their families who have also had to sacrifice for this - hazard pay, loan forgiveness, etc.*

— ER and Critical Care Physician, MD



# Treatments Across Patients (1/2)

Most prescribed COVID-19 treatments include acetaminophen (82%), antibiotics (41%), and bronchodilators (40%).

## Q11

Mid Apr Only

For what percentage of your COVID-19 patient population would you prescribe each of the following treatments? If other, please specify.

## Note

InCrowd does not indicate the safety or efficacy of these compounds in treating patients with COVID-19.

Treatment	Average % of Patients Prescribed
Acetaminophen	82%
Antibiotics (e.g. azithromycin, etc.)	41%
Bronchodilators	40%
Hydroxychloroquine	21%
Plasma (from recovered patients)	21%
Ibuprofen	20%
Remdesivir	16%
Antivirals	10%

Treatments <i>Cont.</i>	Average % of Patients Prescribed
Chloroquine	9%
Steroids (High Dose)	7%
Flu treatments (e.g. Tamiflu, Xofluza)	4%
Herbal remedies	4%
Anti-HIV Drugs	4%
Interferon-Beta	2%
Other	7%



# Treatments Across Patients (2/2)

A handful of respondents write that they are also prescribing vitamins (like Vitamin C and Zinc) or other novel treatments.

## Q11

Mid Apr Only








For what percentage of your COVID-19 patient population would you prescribe each of the following treatments? If other, please specify.

## Note

InCrowd does not indicate the safety or efficacy of these compounds in treating patients with COVID-19.

## Write-Ins for Other

Treatments	# Mentioning
<b>Vitamins</b>	<b>7</b>
<i>Vitamin C</i>	5
<i>Zinc</i>	5
<i>Vitamin D</i>	2
<i>Quercetin</i>	1
<b>Tocilizumab</b> (Experimental / RCT)	<b>2</b>
<b>Sarilumab</b> (Experimental / RCT)	<b>1</b>
<b>Leronlimab</b> (Experimental / RCT)	<b>1</b>
<b>Monteclusat</b> (Anti-inflammatory)	<b>1</b>
<b>Ivermectin</b> (Anti-parasite)	<b>1</b>
<b>Atorvastatin</b> (cholesterol)	<b>1</b>
<b>Zofran</b> (Anti-nausea)	<b>1</b>
<b>Lovenox</b> (Anti-coagulant)	<b>1</b>

Treatments <i>Cont.</i>	Average % of Patients Prescribed
<b>Chloroquine</b>	 9%
<b>Steroids</b> (High Dose)	 7%
<b>Flu treatments</b> (e.g. Tamiflu, Xofluza)	 4%
<b>Herbal remedies</b>	 4%
<b>Anti-HIV Drugs</b>	 4%
<b>Interferon-Beta</b>	 2%
<b>Other</b>	 7%





# Estimated Timespan of Disruptions

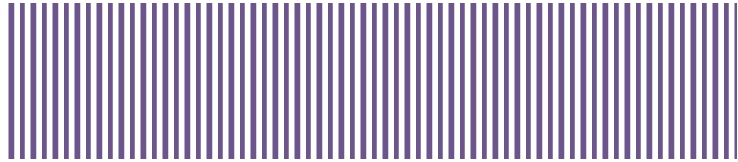
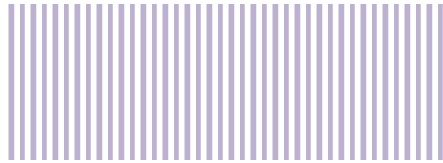
On average, respondents don't expect things to return to normal for another six and a half months (around mid-October).

**Q13**

Mid Apr Only

How long (in weeks) do you expect before things return to normal (when social distancing practices have ended, businesses have reopened, and public human interaction is considered safe again)?

## Estimated Time Until Things Return to Normal n=203

<b>Mean Estimate</b>		<b>27 Weeks</b> 6.25 Months
<b>Median Estimate</b>		<b>16 Weeks</b> 3.7 Months



# Post-COVID Changes to Personal Life (1/2)

In their personal lives, physicians expect to increase hand hygiene (18%) and continue social distancing (13%) after the pandemic subsides.

**Q14a**

Mid Apr Only

What's the single most significant change you will make in your personal life after the coronavirus subsides?

Responses (Unaided)	% Mentioning
More hygiene and hand washing	18%
Spend more time with family and friends	15%
Avoid groups and social distance	13%
Avoid hand shaking and hugging	9%
Spend less / save more	9%
Showering or sanitizing immediately after work	8%
Keep PPE and emergency supplies at home	6%
Commit to a healthier lifestyle (vitamins, exercise, etc.)	5%
Go out more, travel more, or visit family	5%
spend more time at home and do less activities	5%
Work less	2%
Limit travel	2%



## Post-COVID Changes to Personal Life (2/2)

Many respondents indicate that common practices today that slow the spread of COVID-19 will infiltrate their everyday lives once the pandemic slows.

### Q14

What's the single most significant change you will make in your personal life after the coronavirus subsides?

“

***Social distancing is likely going to subtly influence our choices** about activities, especially when my kids are involved.*

— ER and Critical Care Physician, OH

“

*Intensify focus on health, wellness, fitness, dieting fortifying finances to **stay physically and financially healthy to safeguard against this** and other evolving threats.*

— ER and Critical Care Physician, FL

“

*Being **more mindful about the possible fomites that might come home with me** from the hospital. Decontaminate every time I come home with a shower.*

— ER and Critical Care Physician, WA

“

***Avoid unnecessary contacts** and increase personal hygiene, including conscious effort to not touch my face frequently.*

— ER and Critical Care Physician, NY



## Post-COVID Changes to Professional Life (1/2)

After the COVID-19 crisis, physicians write that they expect to wear increased PPE around patients (29%) and use telehealth (19%). Eight percent also indicate plans to leave their job, cut back on hours, or retire.

**Q14b**

Mid Apr Only

What's the single most significant change you will make in your professional life after the coronavirus subsides?

Responses (Unaided)	% Mentioning
Wear PPE around patients	29%
Increase telehealth and phone triage	19%
Leave job, cut back on hours, or retire	8%
Better sanitizing and hygiene	6%
Implement contact precautions and avoid handshakes	6%
Join initiatives that advocate and educate	4%
Look for additional revenue streams	3%
Store back up supplies, especially N95 masks	2%
Reduce patient volume in office (e.g. shorter wait times)	1%



## Post-COVID Changes to Professional Life (2/2)

Physicians express that small measures, like hand washing practices, will carry over to post-COVID working life. Some however mention larger shifts, such as system leadership changes.

### Q14

What's the single most significant change you will make in your professional life after the coronavirus subsides?

“

***More telemedicine, and I will begin charging** for these services that I have previously done for free for decades.*

— Primary Care Physician, NY

“

***Better hand hygiene** including not shaking hands and not touching patients without gloves. Always wearing masks around patients with respiratory infections.*

— ER and Critical Care Physician, NY

“

***Insist on better hospital and employer protection** and safeguards for if and when this should happen again.*

— ER and Critical Care Physician, FL

“

*Join movements to **make sure that doctors take back control of the healthcare system** and decision-making away from administrators.*

— Primary Care Physician, WV

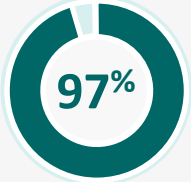



# Reasons for Continued Opinion Sharing via Surveys (1/2)

Similar to last month, nearly all (97%) wish to continue sharing feedback via microsurveys during the COVID-19 crisis, citing that they want to help (41%) and believe the information they have to be impactful during this time (14%).

## Q9

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? If so, why?

		Mid Apr n=203	Mid Mar n=263
<b>I wish to continue sharing my opinion</b>			
<b>Reasoning (Unaided)</b>	I want to help	<b>41%</b>	52%
	Important information with meaningful impact	<b>14%</b>	25%
	I want to provide a voice for physicians	<b>8%</b>	18%
	I have the time	<b>8%</b>	11%
	Collaborative / Idea sharing	<b>6%</b>	9%
	I enjoy giving my opinion	<b>6%</b>	8%
	Easy money / my finances are less secure	<b>7%</b>	5%
	Good distraction / takes mind off stress	<b>1%</b>	-



## Reasons for Continued Opinion Sharing via Surveys (2/2)

Many physicians feel responsible for speaking out and sharing their experiences for both the safety of themselves and their patients.

Q9

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? If so, why?

“

*This is the largest scale and most devastating healthcare crisis we have ever faced, and **healthcare workers have never been put in the face of so much risk and so much harm and with so little protection or support.***

— ER and Critical Care Physician,  
FL

“

*I appreciate the chance to give my opinion. It's important to gather information from a medical perspective of how all this impacts the health team and our patients. Along with my hospital-based colleagues, I would appreciate continuing to give my outpatient-based facility opinion, **especially working in an underserved and at-risk community.***

— Primary Care Physician, CA

“

*Appreciate this opportunity for short surveys that could have a meaningful impact others. **I cannot physically be in a hot zone such as NYC right now, and this is a way that I can contribute.***

— ER and Critical Care Physician,  
OH







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