



WAVE 5

InCrowd Novel Coronavirus (COVID-19) Frontline Treating Physician Tracking Report

Monthly analysis of frontline treating physician data

June 10, 2020

Methodology

METHOD 10-Minute MicroSurvey via InCrowd

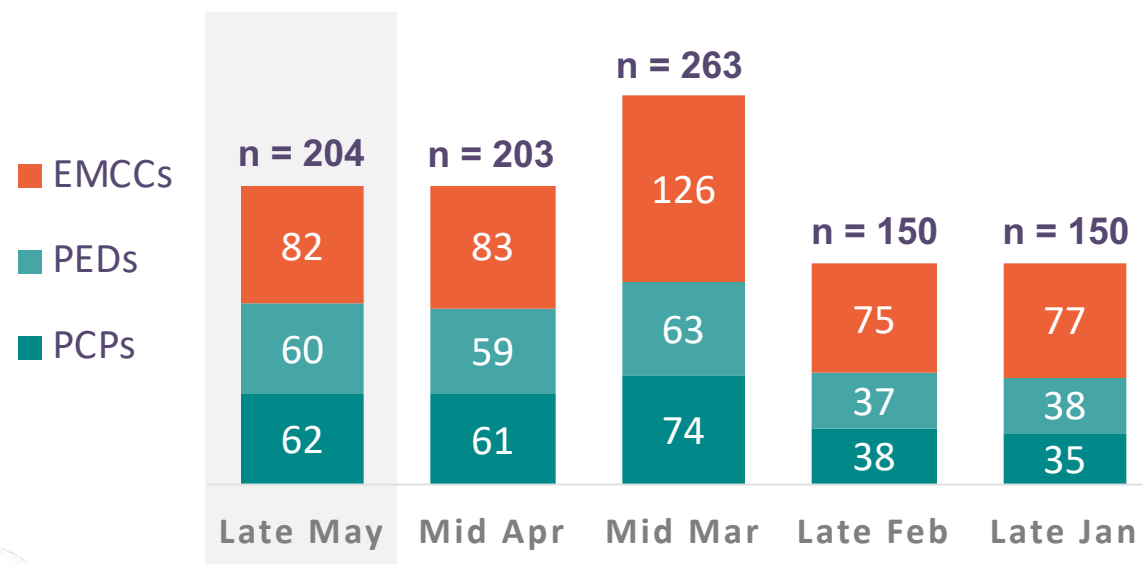
FIELDING PERIOD **This wave:** May 29-31
Previous Waves: Apr. 14-15, Mar. 19-20, Feb. 26-27, Jan. 31-Feb. 4

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 continues to rise significantly**, with 91% of frontline physicians now reporting access to testing kits. Among them, 8% write-in that their facilities are providing universal testing.
- **Case Loads—Overall percentages of patients with COVID-19 have stabilized** at 41%, with the actual number of average cases per physician down from 23 to 16.
- **Physician Concerns—Physician stressors including personal safety, safety of family members, and job security are all down substantially.** Personal and family safety concerns have both dropped more than 20% points since April.
- **Improved outcomes—A third of physicians share that utilization of a variety of ventilation strategies has improved patient outcomes.** Forty-three percent of physicians agree that their facilities have gotten better at treating COVID-19 and adopting new strategies like these, and that this has begun to drop mortality rates within their COVID-19 units.
- **Facility preparedness—Since April, perceptions of facility preparedness have jumped significantly** across nearly all markers (staffing, supplies, etc.), with over half now reporting that their facilities are strongly equipped for a second wave of COVID-19.
- **“Return-to-normal” estimates—despite notable clinical improvements in the last month, estimates for how long the disruption will last has more than doubled.** Physicians on average believe that social distancing and other preventions will continue to be restricted until August 2021, approximately when the development of a vaccine is anticipated. In addition, far fewer physicians than last month strongly believe that the US has the ability to flatten the curve, dipping below one quarter.



Access to Testing

Access to testing has continued to rise steadily month-by-month, with access to testing kits in May reaching 91%, up from 82% in April.

Q1a

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

KEY



I have access to testing kits

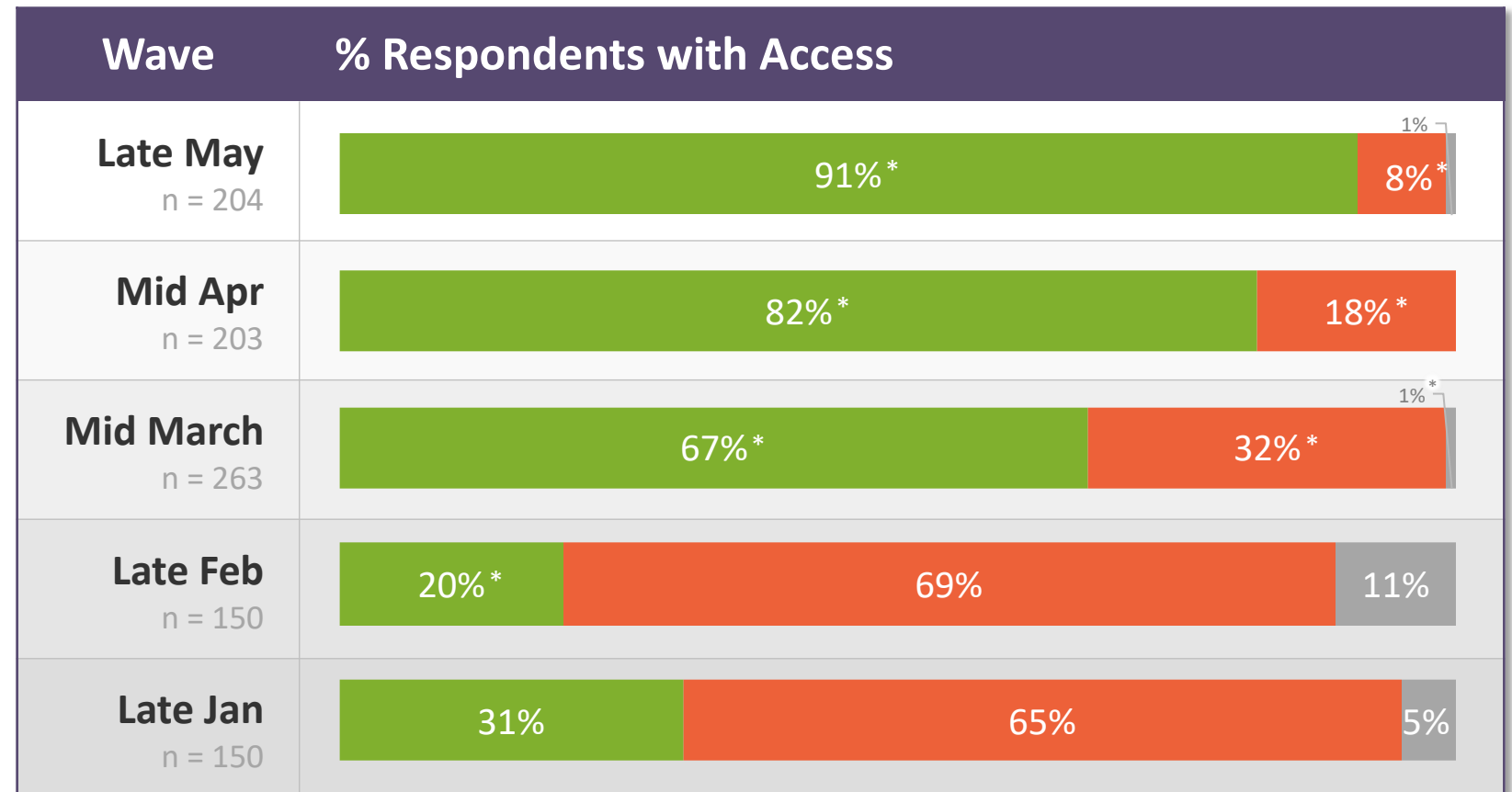


I do not have access to testing kits



I don't know

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



Patient Criteria for Testing

Sixty-five percent of physicians report that patients can be tested if they are symptomatic, have been exposed (19%), or have been admitted (16%), with 8% noting their facilities are giving tests to anyone who asks.

Q1b

please describe what criteria, if any, a patient needs to meet to qualify for testing.

Late May Only

Responses Unaided	% Mentioning
Symptomatic	65%
General Flu	42%
Fever	38%
Myalgia (Muscle Pain, Aches)	3%
General Upper Respiratory Infection (URI)	41%
Cough	26%
Dyspnea (SoB), hypoxia, or chest pain	21%
Anosmia (loss of taste and smell)	5%
Soar throat	2%
Runny nose	2%
Abnormal chest x-ray	1%
General GI	10%
Diarrhea	5%
Nausea / Vomiting	2%
Abdominal Pain	1%
Other	5%
Fatigue	2%
Headache	2%
Rash	1%

Cont.	% Mentioning
Contact history/primary exposure	19%
Admitted to hospital or pre-procedural	16%
Universal/No criteria	8%
At physician discretion	6%
Comorbidities	4%
Travel history	2%
Meets CDC guidelines	2%
Communally living (e.g., nursing homes, jails, homeless shelters, psychiatric facilities)	2%
Essential worker/returning to work	2%
Living with high risk family member	1%
Healthcare worker	1%



Facility's Recommendation of a Protocol

The amount of facilities recommending protocols has gone down to 91%, since peaking at 98% in April.

Q2a

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

KEY

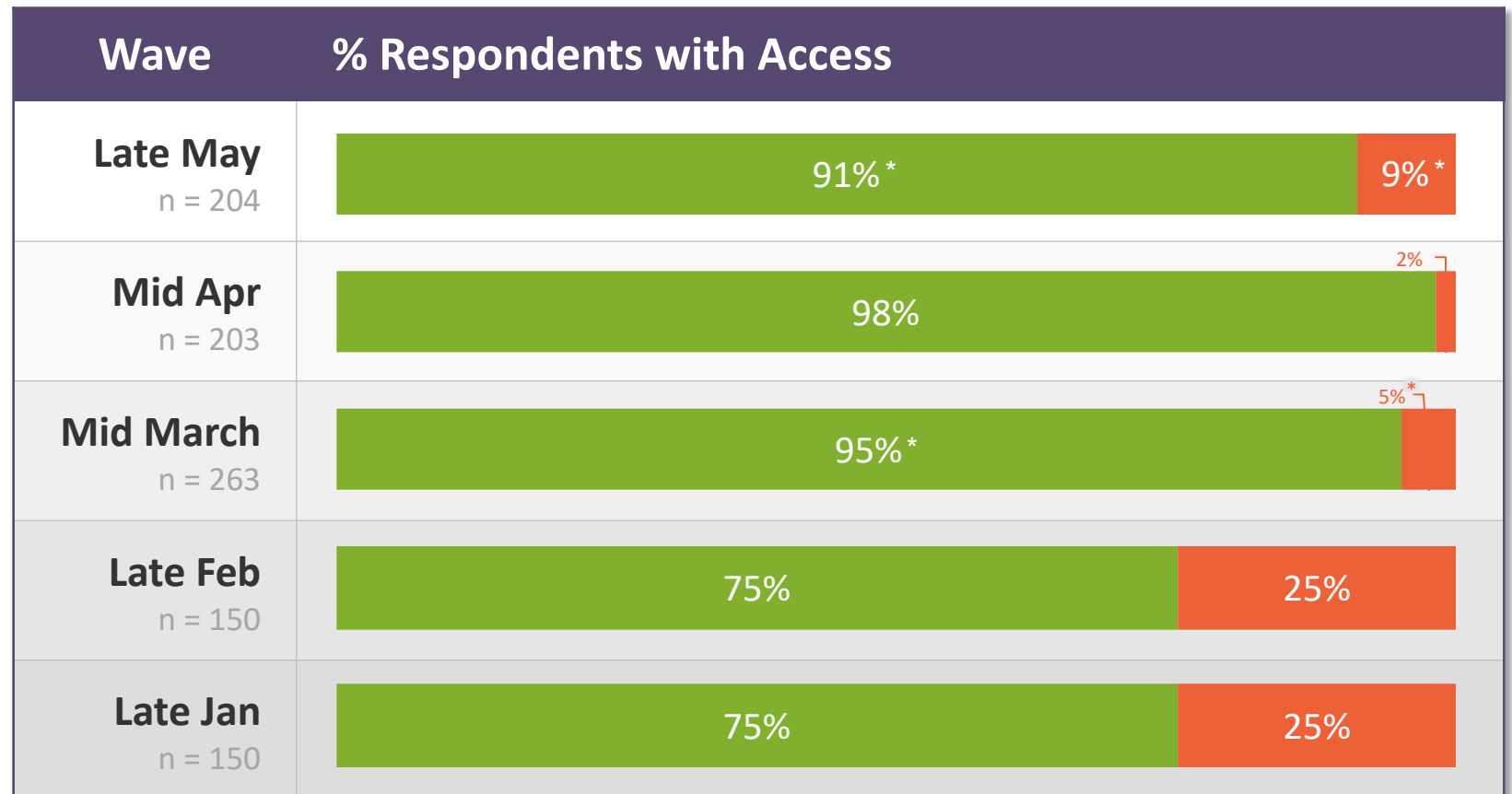


My facility **has recommended** a protocol



My facility **has not recommended** a protocol

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



Facility's Recommended Protocols

The most common facility protocols are isolating COVID-19 patients in a private room (26%) and requiring PPE for staff and patients (22%)—both of these protocols have increased by 10% since April.

Q2b

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

Responses Unaided	Late May n=204	Mid Apr n=203	Mid Mar n=263
Isolation in private area, COVID unit, or negative pressure room	26%	16%	9%
PPE for staff and patients	22%	12%	14%
14-day home quarantine for discharged patients	9%	11%	26%
Imaging and lab testing for inflammatory markers (e.g., chest x-rays, testing for D-dimer, CRP, LDH)	7%	-	-
Drive-through/outdoor testing	6%	9%	6%
Use of questionnaire/detailed screening	6%	6%	20%
Telemedicine/virtual visits/phone triage	4%	11%	22%
Refer out to testing site or hospital	4%	9%	10%
Adherence to CDC or state guidelines	4%	8%	9%
Admission based on oxygen requirement (SpO2) and distress	3%	-	-
Test for Flu, RSV, Strep, etc. before testing for COVID-19	0%	6%	18%




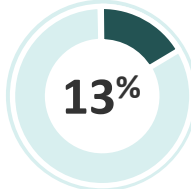
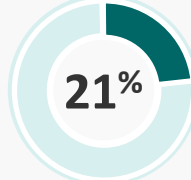
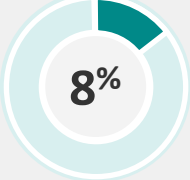
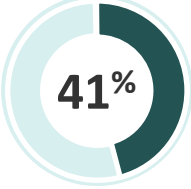
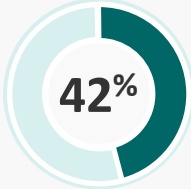
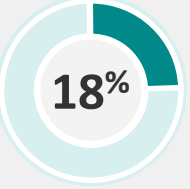


Patients with Confirmed or Suspected Infections

Percentage of total patients with flu-like symptoms who are believed to have COVID-19 has stabilized at 41%, with the average number cases down from 23 to 16.

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	Late May n = 204	Mid Apr n = 203	Mid Mar n = 263
Average # of Suspected Infected Patients	 16	 23	 10
Average % of Total Patients	 13%	 21%	 8%
Average % of Patients with Flu-Like Symptoms	 41%	 42%	 18%



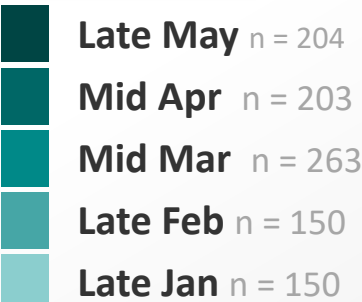
Patient Behaviors

Since last month, patient concerns about COVID-19 and routine appointment cancellations have decreased significantly, with only half now cancelling, and nearly half also adopting telehealth visits.

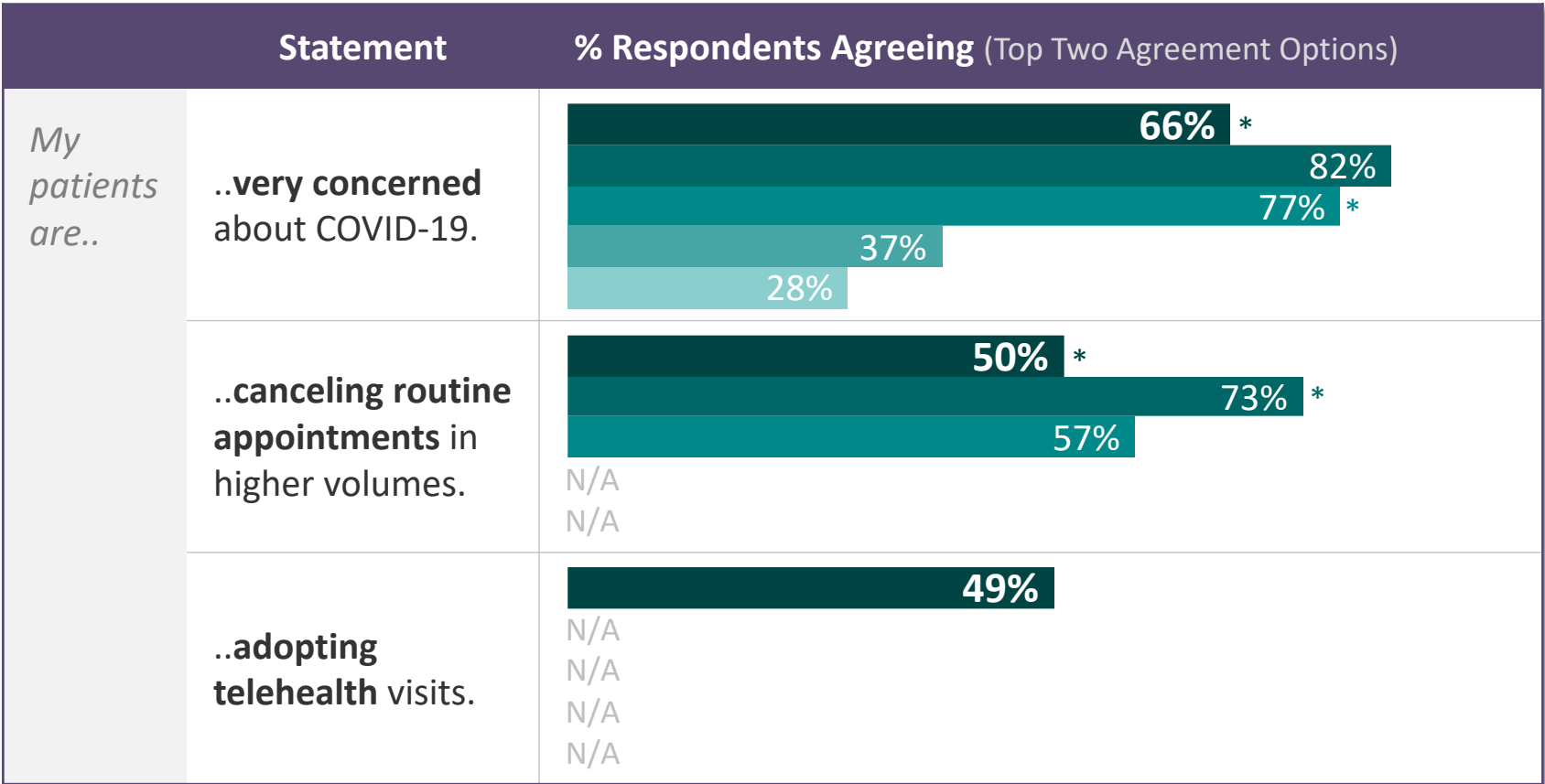
Q3/Q16a

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.



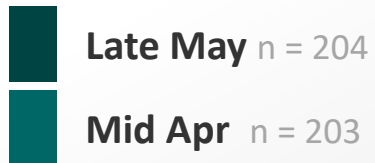
Treatment Considerations Across Patients (1/2)

Since April, prescribing of Remdesivir has jumped to 32% after gaining approval in early May. Antibiotics and hydroxychloroquine prescribing have both dropped significantly.

Q11

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

KEY



Treatment	Average % of Patients Prescribed
Acetaminophen	77% 82%
Bronchodilators	42% 40%
Ibuprofen	37% * 20%
Remdesivir	32% * 16%
Antibiotics (e.g. azithromycin, etc.)	28% * 41%
Plasma (from recovered patients)	28% 21%
Antivirals	16% 10%
High-doses of Steroids	14% 7%

Treatments <i>Cont.</i>	Average % of Patients Prescribed
Hydroxychloroquine	7% * 21%
Herbal remedies	7% 4%
Anti-HIV Drugs	5% 4%
Interferon-Beta	5% 2%
Flu treatments (e.g. Tamiflu, Xofluza)	4% 4%
Chloroquine	3% 9%
Other	5% 7%

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



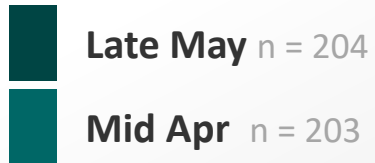
Treatments Across Patients (2/2)

A very small group of respondents write-in that they are also prescribing vitamins (like Vitamin D and Zinc), anti-coagulants, or other novel treatments.

Q11

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

KEY



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

Write-Ins for Other

Treatments	# Mentioning	
	Late May	Mid Apr
Vitamin D	4	2
Anti-coagulant (Lovenox, tPAs)	3	1
Zinc	2	5
anti-IL-6 (Tocilizumab)	2	2
Aspirin	2	0
Famotidine (Pepcid)	2	0
Ivermectin (Anti-parasite)	1	1
Lasix (diuretic)	1	0

Treatments <i>Cont.</i>	Average % of Patients Prescribed
Hydroxychloroquine	7% * 21%
Herbal remedies	7% 4%
Anti-HIV Drugs	5% 4%
Interferon-Beta	5% 2%
Flu treatments (e.g. Tamiflu, Xofluza)	4% 4%
Chloroquine	3% 9%
Other	5% 7%



Strategies for Improving COVID-19 Outcomes (1/2)

Thirty-two percent write-in that using strategies to improve breathing and blood oxygen levels (i.e., avoiding or prolonging ventilation or putting a patient in the prone position), have improved patient outcomes.

Q5b

What have you learned that has improved the outcomes of COVID-19 patients?

Late May Only

Responses Unaided	% Mentioning
Ventilation strategies (e.g., avoiding ventilation or intubation, proning, using high flow nasal cannula)	32%
Proper testing and early detection	16%
Treating with drugs or plasma	15%
Treating with respiratory supportive care early	13%
Universal droplet precautions (e.g., distancing, masks, sanitizing, hand washing, and PPE)	10%
Strict isolation / home quarantine	9%
Outpatient management and monitoring	6%



Strategies for Improving COVID-19 Outcomes (2/2)

Frontline physicians share learnings they have acquired to improve patient outcomes, which include frequent at-home monitoring, improved testing and identification of high-risk patients, and use of supportive care and medication.

Q5b

What have you learned that has improved the outcomes of COVID-19 patients?

Late May Only

“

*“The **majority of patients do not require invasive ventilation** and are easily managed with supplemental O₂ in an isolation setting. For those who do need ventilation, proning, team approach to airway management, selective management of borderline hypoxia before intubation, and safe discharge all help.”*

— ER and Critical Care Physician, IL, age 64

“

*“Daily video visits (sometimes twice daily) with discharged patients has been **critical to identify early those patients that need to be re-evaluated and treated** in the hospital setting.”*

— Primary Care Physician, CA, age 51

“

*“Testing, testing, testing. We’ve found that **most of our patient population are asymptomatic when they test positive** for COVID, so testing more people and doing appropriate contact tracing helps with preventing the spread of the disease.”*

— Pediatrician, TX, age 36

“

*“**Supportive care has improved,** convalescent plasma seems to be a good option, antivirals represent viable options as well. I’ve seen also steroids and anticoagulants used early in hospitalized patients with growing success”*

— Pediatrician, CA, age 45



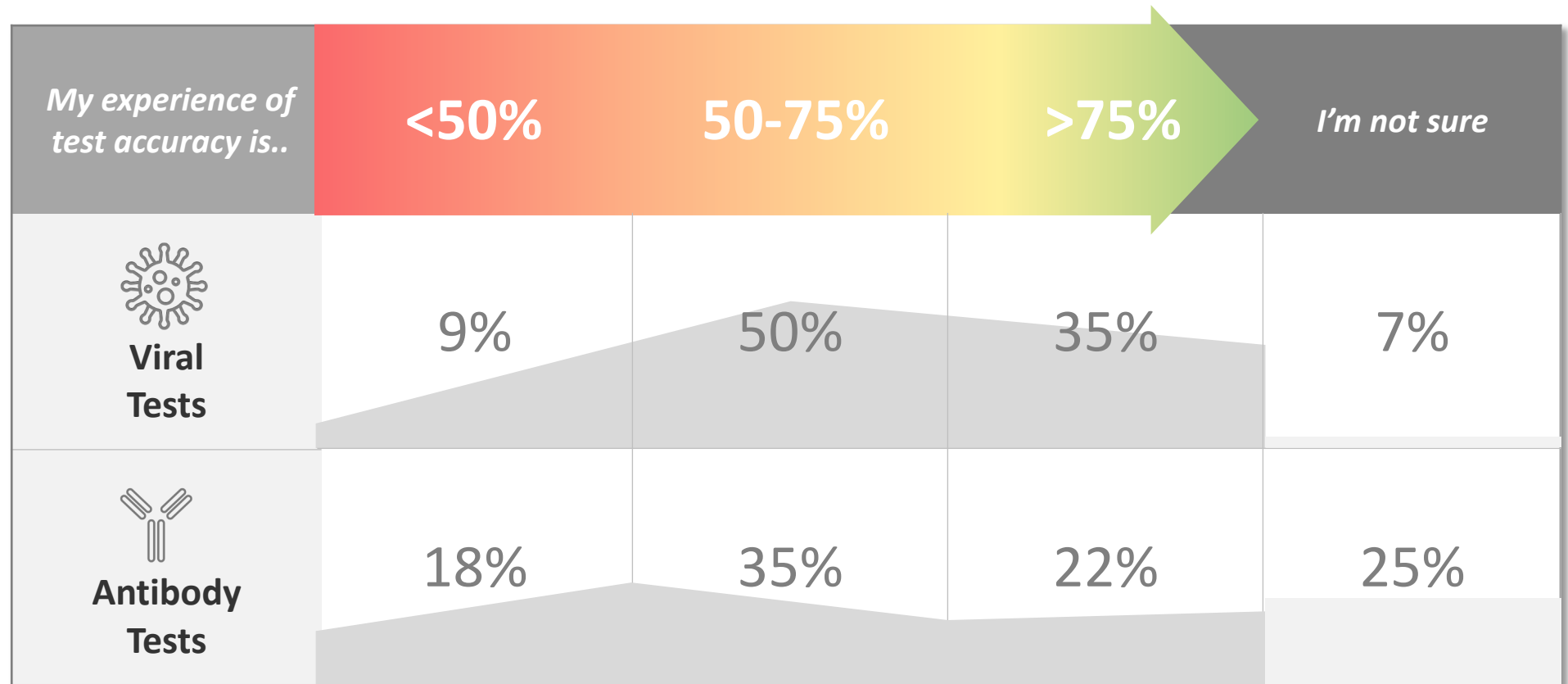
Experience with Test Accuracy (1/2)

Although respondents are split on the accuracy of both viral and antibody tests, the largest proportion find that tests are around 50%-75% accurate in their experience.

Q17a

Please check the appropriate responses regarding your experience with testing for COVID-19.

Late May Only




Experience with Test Accuracy (2/2)

Many physicians write-in that they frequently see patients test negative who have no other reasonable explanations for their symptoms other than COVID, or that they sometimes have to test a patient repeatedly before getting a positive result.

Q17b

Please provide additional context regarding your experience with testing for COVID-19.

Late May Only

My experience of test accuracy is..	<50%	50-75%	>75%	I'm not sure
 Viral Tests	<p>"Many COVID patients repeatedly test negative yet have all the contact history and clinical findings suggestive of the disease."</p> <p>— EMCC MD, VA, age 51</p>	<p>"I've had patients test negative several times before testing positive. Unsure if the negatives were false or the positives were false."</p> <p>— Pediatrician, TX, age 40</p>	<p>"It seems that we are getting fewer false negatives as times go by. I don't know whether this is due to new kits, more experienced lab personnel and healthcare workers collecting swabs, or a change in prevalence of disease in the community."</p> <p>— EMCC MD, AZ, age 46</p>	<p>"I don't think anyone can be fully sure given that companies have been able skirt providing this information due to emergency acts."</p> <p>— EMCC MD, NH, age 36</p>



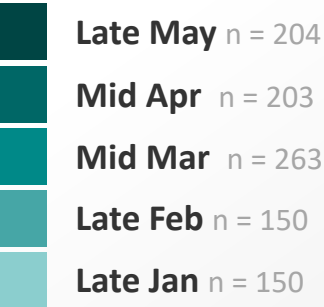
Strength of Precautions Across Institutional Levels

Perceptions of precautions taken by the international and US/local governments are all down since April. Most significant drop from last wave was in confidence of local government, down 12% points, and only 19% find that the US is taking appropriate action.

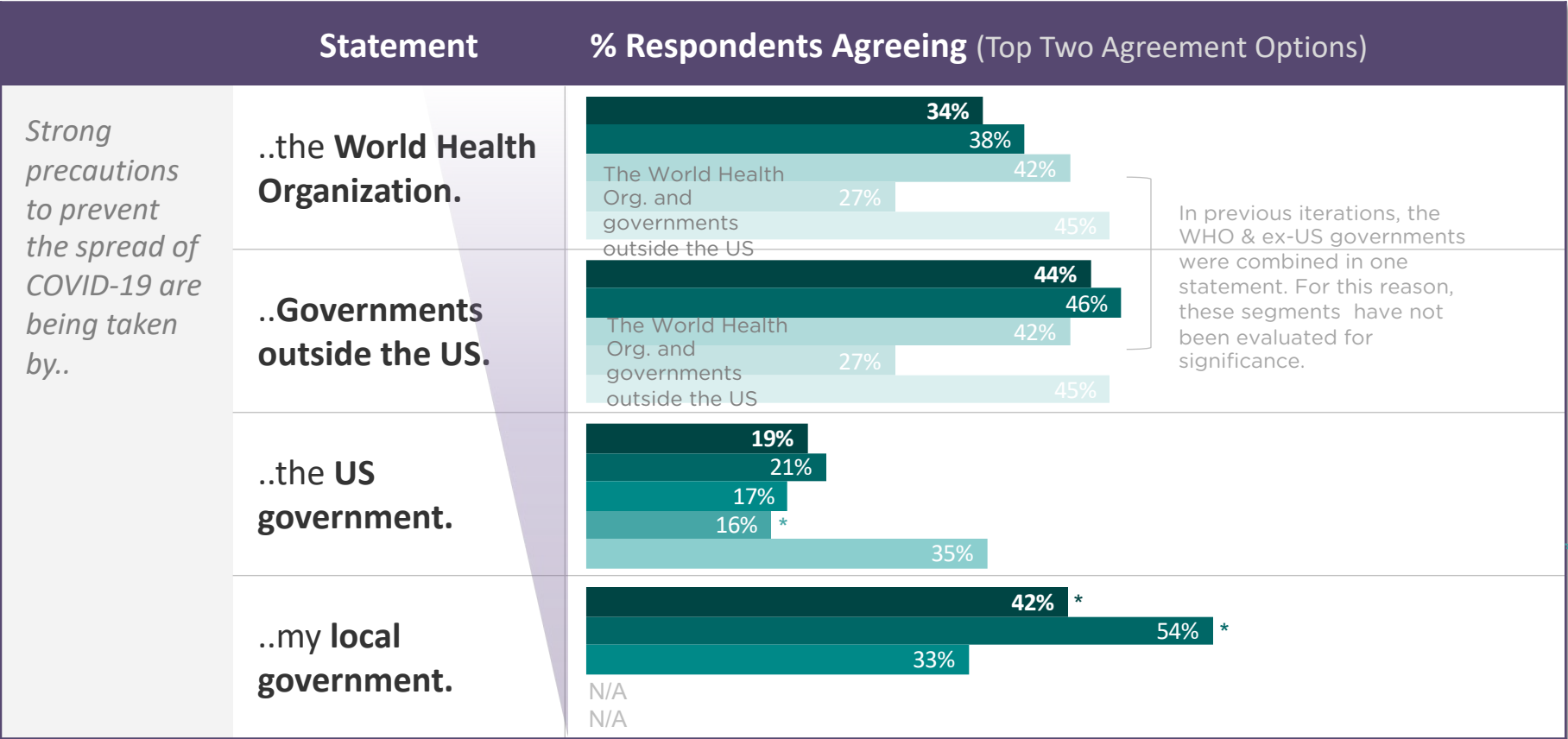
Q3

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.



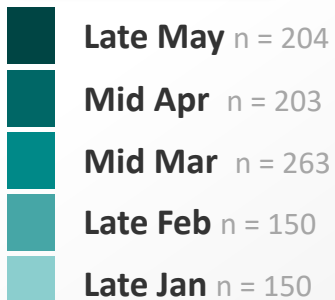
Facility Preparedness

Since last month, perceptions of facility preparedness have jumped significantly across nearly all markers, with over half now reporting that their facilities are strongly equipped for a second wave of COVID-19.

Q3/Q5a/Q16a

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)	
My treating facilitiesare prepared to treat people with COVID-19.	<div><div>64%</div><div>59% *</div><div>24%</div><div>23% *</div><div>38%</div></div>	
	.. can test all patients who need to be tested for COVID-19.	<div><div>60%</div><div>N/A</div><div>N/A</div><div>N/A</div><div>N/A</div></div>	
	..are prepared for a second outbreak of COVID-19 later in the year.	<div><div>52% *</div><div>28%</div><div>N/A</div><div>N/A</div><div>N/A</div></div>	
	..are staffed adequately to treat the influx of patients anticipated in the next 30 days.	<div><div>51% *</div><div>37% *</div><div>16%</div><div>N/A</div><div>N/A</div></div>	
	..are stocked with necessary supplies to treat the influx of patients anticipated in the next 30 days.	<div><div>48% *</div><div>31% *</div><div>9%</div><div>N/A</div><div>N/A</div></div>	
	..are prepared to conduct contact tracing to ensure we can manage COVID-19 outbreaks.	<div><div>22%</div><div>N/A</div><div>N/A</div><div>N/A</div><div>N/A</div></div>	



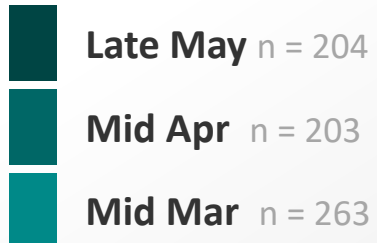
Positive Observations and Opinions

Despite increasing levels of preparedness and other positive observations, fewer frontline physicians have confidence that the US can ‘flatten the curve’ as compared to April, with only 24% now reporting strong confidence and 44% reporting some-level of confidence.

Q5a/Q16a

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 have the necessary protective equipment I need to stay healthy .	<table><tr><td>Late May</td><td>48% *</td></tr><tr><td>Mid Apr</td><td>35%</td></tr><tr><td>Mid Mar</td><td>13%</td></tr></table>	Late May	48% *	Mid Apr	35%	Mid Mar	13%
Late May	48% *						
Mid Apr	35%						
Mid Mar	13%						
My treating facilities have gotten better at treating COVID-19 patients and as a result, our facilities' mortality rates have gone down .	<table><tr><td>Late May</td><td>43%</td></tr><tr><td>Mid Apr</td><td>N/A</td></tr><tr><td>Mid Mar</td><td>N/A</td></tr></table>	Late May	43%	Mid Apr	N/A	Mid Mar	N/A
Late May	43%						
Mid Apr	N/A						
Mid Mar	N/A						
Personally, I am in favor of beginning the process to open up businesses and the economy in my state.	<table><tr><td>Late May</td><td>35%</td></tr><tr><td>Mid Apr</td><td>N/A</td></tr><tr><td>Mid Mar</td><td>N/A</td></tr></table>	Late May	35%	Mid Apr	N/A	Mid Mar	N/A
Late May	35%						
Mid Apr	N/A						
Mid Mar	N/A						
I have confidence that the US can ‘flatten the curve’ of cases with the actions underway.	<table><tr><td>Late May</td><td>24%</td></tr><tr><td>Mid Apr</td><td>30% *</td></tr><tr><td>Mid Mar</td><td>12%</td></tr></table>	Late May	24%	Mid Apr	30% *	Mid Mar	12%
Late May	24%						
Mid Apr	30% *						
Mid Mar	12%						



Cautious Outlooks and Negative Observations

Two-thirds believe that when re-opening occurs, everyone will need to take universal precautions until there is a vaccine. Nearly a quarter report that they have already seen upticks in cases at their facilities since restrictions have eased in the past few weeks.

Q5a/Q16a

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

Late May Only

Statement	% Respondents Agreeing (Top Two Agreement Options)
I believe that when businesses open again, social distancing, mask-wearing, limited capacity in establishments, and improved hygiene will be our normal way of life until there is a vaccine .	67%
Due to the lack of reliability in testing, I assume every patient presenting with COVID-related symptoms is a COVID-19 case .	64%
Since the easing of shelter-in-place restrictions in my state there has been an uptick in COVID-19 cases at my facility.	24%
COVID-19 has made it more difficult for me to prescribe medications for my patients.	13%







Estimated Timespan of Disruptions

Estimates for pandemic timelines have more than doubled since April projections, with physicians on average now expecting that life will not return to the way it was pre-COVID-19 until the summer of 2021, possibly embracing the reality and need for social distancing on some level to persist until a vaccine.

Q13a

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)?

	Predictions from Late May <small>n = 204</small>	Predictions from Mid Apr <small>n = 203</small>
Mean Estimates	 61 Weeks (14 months)	 27 Weeks (6 months)
Median Estimates	 52 Weeks (1 Year)	 16 Weeks (4 months)



Reasons for Time Estimate (1/2)

Forty-three percent have based their timeline forecasts on the estimate that it will take over a year for the development and dissemination of a vaccine.

Q13b

Why do you think it will take X amount of time for things return to normal?

Responses <small>Unaided</small>		% Mentioning
<i>Things will not return to normal until..</i>	..a vaccine is developed and disseminated	43%
	..we build up herd immunity	10%
	..the end of 2021 cold weather/flu season	10%
	..the curve is flattened/numbers decline	9%
	..after the second or third spike (from premature re-openings and lack of compliance)	8%
	..at all - changes will be long-lasting or permanent (i.e., "new normal")	5%
	..fear generated from government and media subsidies	5%
	..safe and effective treatment(s) are developed	4%
	..enough data is available to effectively strategize	2%



Reasons for Time Estimate (2/2)

In order for things to return to normal, most frontline physicians find that we will need to either develop a vaccine or acquire herd immunity, or at least have studied sufficient data to understand the virus more fully.

Q13b

Why do you think it will take X amount of time for things return to normal?

“

*“Realistically things will not return to normal **until an effective vaccine is available.** My concern is that with rushed development and clinical trials that a COVID vaccine may only be partially effective.”*

— ER and Critical Care Physician, MN, age 32

“

*“We need **at least one whole year of data** to understand the true prevalence of the disease, asymptomatic carrier rate, mortality rate, how the virus behaves during different seasons, etc. The virus won't go away, but we may have enough data **to strategize effectively.**”*

— Primary Care Physician, MD, age 30

“

*“We **need to see how responsible people will be with wearing masks and distancing** once things are open. I'm hoping the curve can drop. I fear a second surge, but the numbers seem decent currently.”*

— ER and Critical Care Physician, CA, age 38

“

*“Kids will be back in school in the Fall. Elections are coming up. **There is no correct time to lift the restrictions as the virus will not suddenly disappear,** but most likely slowly phase down. Civil unrest may force things to move faster.”*

— Primary Care Physician, IN, age 53



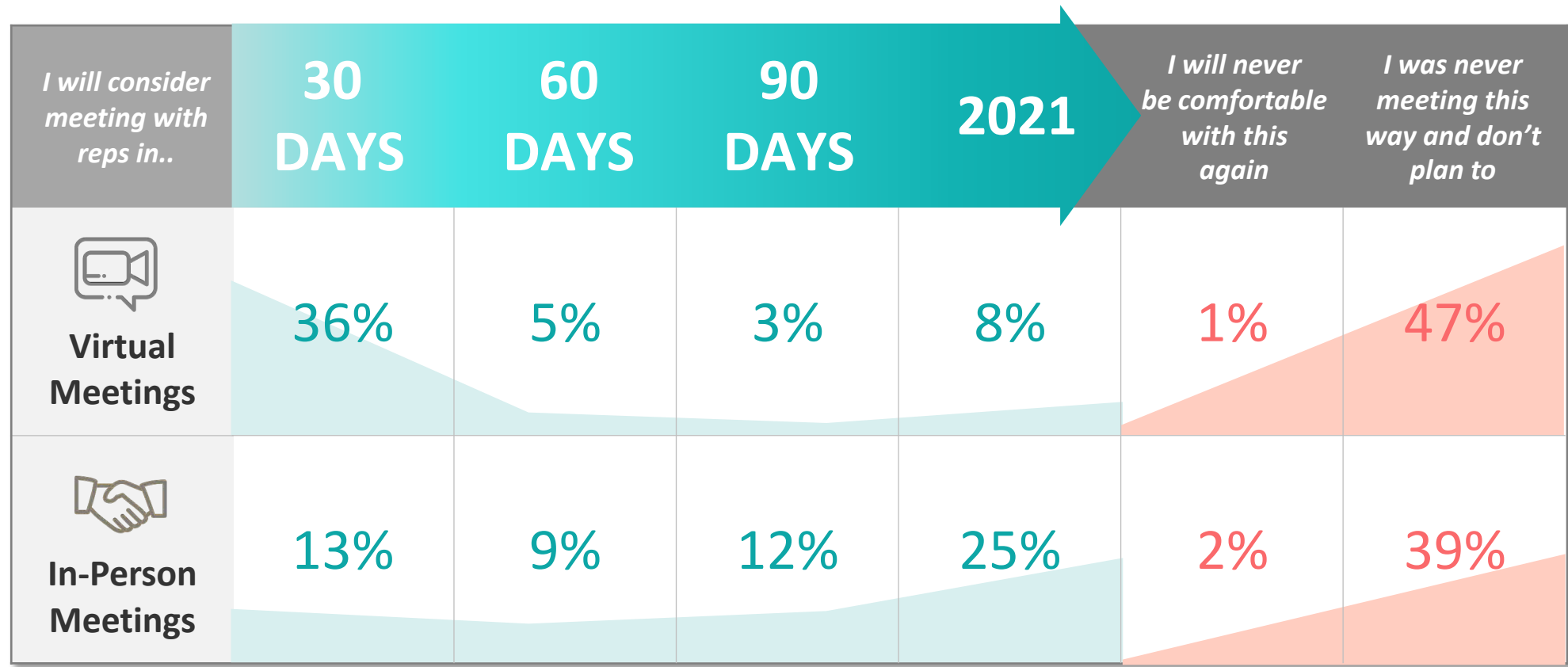
Engaging with Pharma Reps (1/2)

While 36% are considering virtual meetings with pharma reps in the next few weeks, only 34% are willing to take a meeting in-person before 2021.

Q15a

Please check the appropriate responses for when you're considering meeting again with pharma reps virtually and in-person.

Late May Only



Engaging with Pharma Reps (2/2)

Most frontline physicians find that in-person meetings with pharma reps are currently non-essential and do not confer enough benefit to justify endangering their patients and staff.

Q15b

Please explain why you feel the way you do about in-person visits.

Late May Only

<i>I will consider meeting with reps in..</i>	30 DAYS	60 DAYS	90 DAYS	2021	<i>I will never be comfortable with this again</i>	<i>I was never meeting this way and don't plan to</i>
 <p>In-Person Meetings</p>	<p><i>"With self monitoring of symptoms and masks it would be acceptable to return to a more normal setting."</i></p> <p>— Pediatrician, WV, age 37</p>	<p><i>"First there needs to be proper protocols in place for meetings and PPE available."</i></p> <p>— EMCC MD, IL, age 49</p>	<p><i>"I expect more information will be known and more antibody test results available. Infection rate should be a lot less."</i></p> <p>— PCP, IN, age 53</p>	<p><i>"It's unnecessary to bring someone into the hospital, especially when they're going from facility to facility – I'm concerned for vector."</i></p> <p>— EMCC MD, OH, age 38</p>	<p><i>"No benefits to in-person. They disrupt my schedule and it's rude to make a patient wait longer to listen to what is (no matter how it's spun) advertising."</i></p> <p>— EMCC MD, OH, age 38</p>	<p><i>"Takes up too much time, and there's too much bias and conflict of interest."</i></p> <p>— PCP, MD, age 47</p>



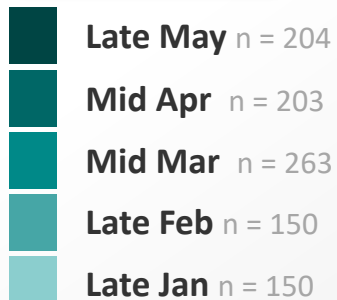
Physician Concerns

Physician concerns for personal and familial safety have both dropped significantly since April. Job security concerns have also dropped, however not as substantially.

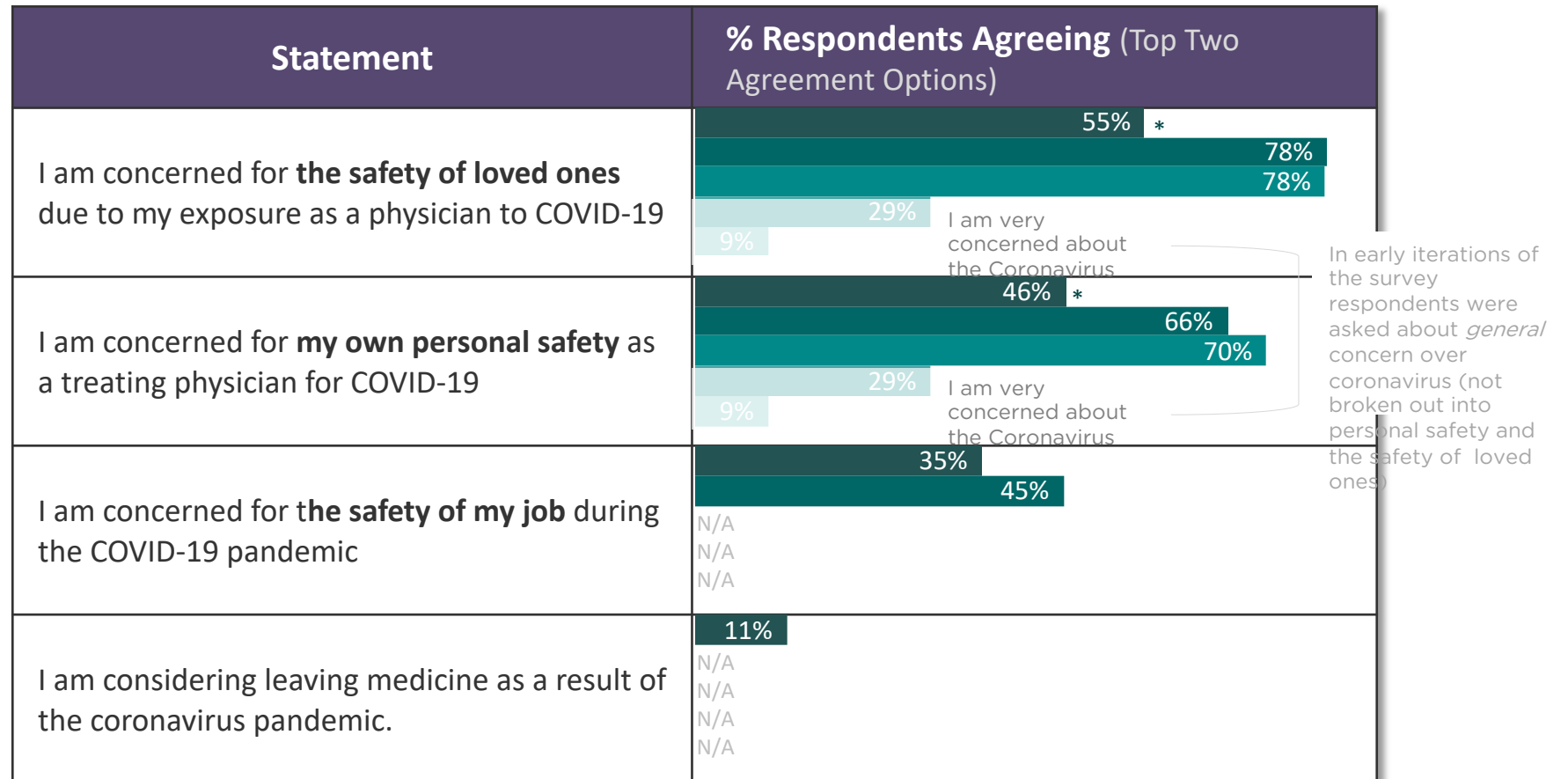
Q3/Q5a

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.



Actions Taken to Keep Family Healthy (1/2)

A majority of frontline physicians keep their families safe by using a scrupulous approach to showering and washing/decontaminating their clothing after their shifts end.

Q16b

Please briefly explain the steps you take to keep your family/loved ones safe from exposure to COVID-19.

Late May Only

Responses <small>Unaided</small>	% Mentioning
Washing and showering at work or immediately after shifts	55%
Changing at work, washing clothes immediately, or not bringing work clothes and/or shoes into home	36%
Wearing full PPE with patients and in public	25%
Social distancing and stay-at-home	22%
Total or partial isolation from family and avoiding family visits	20%
Decontamination and sanitization	12%
Monitoring my health/testing and temp checks	7%



Actions Taken to Keep Family Healthy (2/2)

Some frontline physicians detail the isolation and distance from their families that they practice in order to keep them safe.

Q16b

Please briefly explain the steps you take to keep your family/loved ones safe from exposure to COVID-19.

Late May Only

“

“I sleep away from family when I work. I change clothes and shower in the hospital before I come home. I store my work clothes outside of the house at least 3 days before washing.”

— ER and Critical Care Physician, MD, age 40

“

“If I’m feeling sick I self isolate until I am certain it is just allergies or GERD. I have not seen aunts, uncles, cousins, parents as I am the one most likely to contract and then to pass along pre-symptomatic.”

— ER and Critical Care Physician, AZ, age 36

“

“I have lived apart from my family for 5 months with the exception of coming home just a few times. I have not kissed my kids or husband in these months.”

— ER and Critical Care Physician, GA, age 42

“

“My daughter is immunosuppressed so we sent her to live with a host family so she would not be exposed if I came down with it from a patient at work, which I did. It was heartbreaking to be separated, but that decision probably saved her life.”

— Primary Care Physician, FL, age 50



Impact on Physician Health and Wellness

One-in-five frontline physicians shares that his or her mental health has seriously suffered due to the pandemic. One-in-ten also reports that his or her physical health has also seriously declined.

Q5a/Q16a

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

Late May Only

Statement	% Respondents Agreeing (Top Two Agreement Options)
My mental health has seriously suffered due to COVID-19.	20%
I am drinking more alcohol as a way to manage COVID-19-related stress.	15%
I do not live with my family (or certain family members) for fear of giving them COVID-19.	15%
My overall health has seriously suffered due to fighting COVID-19.	11%



Job Security Observations

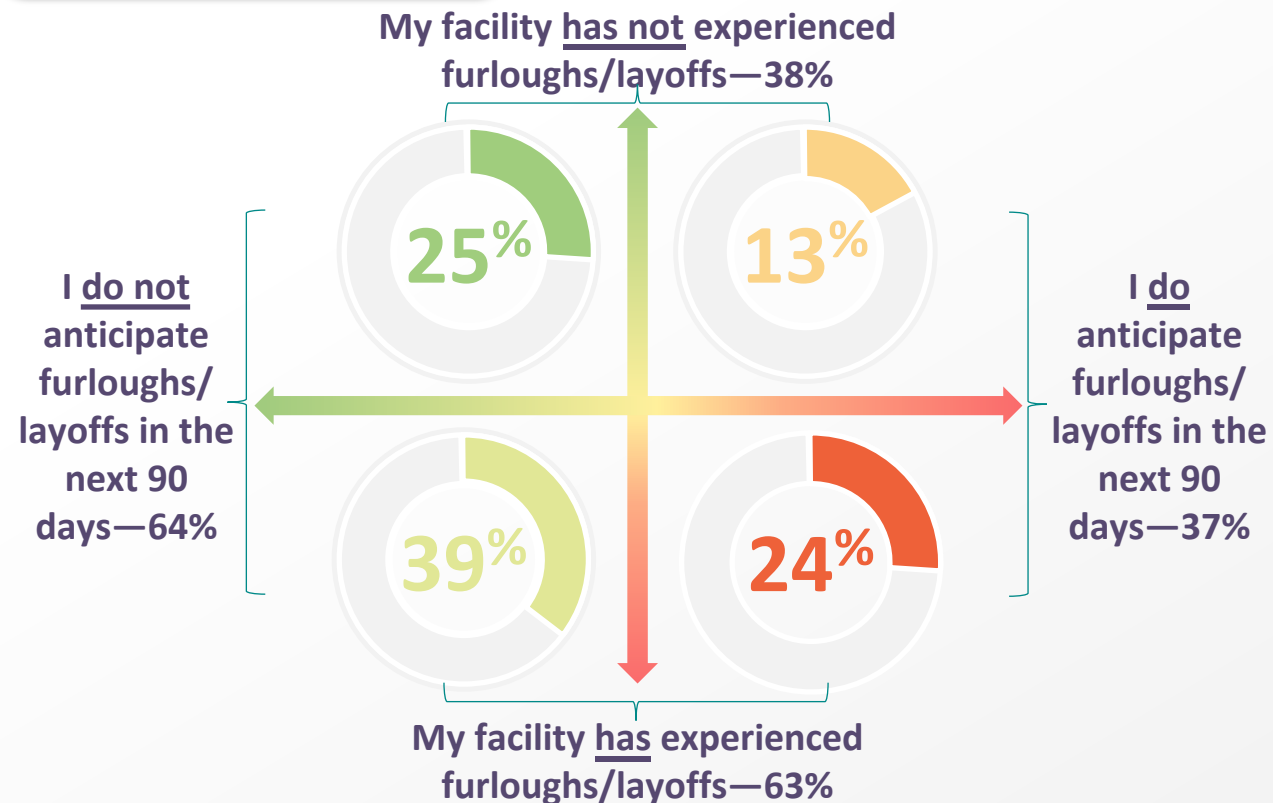
Although 63% of frontline physicians report that they have experienced furloughs/layoffs in their facilities, the majority (64%) do not anticipate furloughs/layoffs in the next 90 days.

Q18a

Have there been layoffs/furloughs at your place of work?

Late May Only

Furloughs/Layoffs



Job Security Concerns (1/3)

Seventeen percent of frontline physicians relay concerns over salary cuts or profit loss if they are in private practice.

Q18b

What concerns do you have regarding the job security of your position at this time?

Late May Only

Responses <small>Unaided</small>	% Mentioning
Salary cuts or loss of revenue for private practices	17%
Layoffs and furloughs	14%
Decreased hours and shifts	10%
Decreases in patient volumes	9%
Loss of insurance or RVUs/reimbursements	3%
Loss of benefits (e.g., PTO, bonuses, 401k match)	1%
Facility closures	1%
Loss of schedule flexibility/increased hours	1%
Finding supplemental income or new job	1%
Telehealth insufficient substitute	1%



Job Security Concerns (2/3)

Some physicians share that they have lost salary, regardless of whether or not their hours or shifts have been cut.

Q18b

What concerns do you have regarding the job security of your position at this time?

Late May Only

“

*“I have had all hours at one facility cut, which is very concerning for future income. **I’m not sure if the hours or pay will ever come back.** I’m worried that CMGs will use this opportunity to permanently reduce our pay.”*

— ER and Critical Care Physician,
VA, age 35

“

*“I am very concerned. **In the time of a health pandemic, who thought a medical professional let alone a physician would lose their job?** All the while the administrators continue to receive their bonuses.”*

— Primary Care Physician,
WI, age 45

“

*“I am frontline so less worried about layoffs, but **have taken a pay cut even in the setting of increased work hours.** I worry for colleagues. This is a good example of why we should run medicine like a business. We now have lack of access for people with diseases other than COVID.”*

— ER and Critical Care Physician,
AZ, age 46



Job Security Concerns (3/3)

Some respondents share bleak perspectives on their current financial circumstances, with facilities losing necessary funding to support their staff, and private practices no longer able to make ends meet.

Q18b

What concerns do you have regarding the job security of your position at this time?

Late May Only

“

*“My practice is headed for insolvency. **Pediatricians did not receive provider relief funds** since we are not enrolled in Medicare. It’s awful.”*

— Pediatrician,
NC, age 48

“

*“**I work for the state and the state is broke.** Plus the price they are paying for PPE has gone up tremendously and they have people at home on payroll who are not working, and they are not doing any surgeries and elective procedures.”*

— ER and Critical Care Physician,
NY, age 52

“

*“I am one of the urgent care physicians and do the COVID screening/organization as well as work in the respiratory clinic. **Even so our jobs have been cut back initially to 1/3 volume and time** because of the decrease in access, family practice physicians doing more telehealth, etc.”*

— Primary Care Physician,
OR, age 54





For more information:

Meghan Oates-Zalesky
InCrowd, SVP of Marketing
meghan.oates@incrowdnow.com

Mary Kae Marinac
InCrowd PR Representative
mk@mkmarinac.com