

# Voices from the Front Line



Published April 2, 2020

# PHYSICIAN PERSPECTIVES

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## REDUCTION OF NON-ESSENTIAL INTERACTIONS

*“Right now, we are trying to keep people alive. Our main focus is on the coronavirus patients”*

The primary focus of our healthcare system has shifted quickly to emergency and acute care.

Hospitals and private offices have dramatically reduced outpatient visits and elective in-patient procedures, e.g. surgery, to free up capacity and reduce the spread of infection. Physicians are asking patients who can wait for care to do so and are continuing maintenance treatments for established patients. The effects of the pandemic reach well beyond front-line workers: staff shifting to working remotely, labs and imaging centers reducing operations, elimination of face-to-face visits with sales reps.

Clinics that continue to operate adopt stringent sterilization, screening procedures and stagger appointments to reduce the risk of transmission.

## DIGITALLY BRIDGING THE GAP IN PATIENT CARE

*“We’re changing the model. I don’t need to examine every patient”*

As providers seek a balance between the need for social distancing and the needs of their patients, government and insurance payers have reduced barriers for telemedicine. Patients now can attend scheduled appointments using one of the myriad of approved video platforms, including Zoom and Google Hangouts. Telemedicine has been particularly helpful for patients with limited mobility, e.g. amyotrophic lateral sclerosis (ALS), and is even being explored for use in clinical trials. Providers also are relying more heavily on e-scripts and 90-day prescriptions to ensure patients have uninterrupted access to their medication

*“My hospital already had gone to electronic for all meds”*

However, digital solutions are not without challenges. While some smaller practices are nimble enough to pivot quickly, many clinics and hospitals were not prepared for this enormous demand. The loss of revenue normally brought in through performing procedures is only partially offset through reimbursements for virtual appointments (often billed at similar levels as an in-office visit).

## TRANSFORMATION OF THE HEALTHCARE MODEL

*“Emails? I’m getting flooded, literally”*

Digital technology and telehealth usage will continue to increase across healthcare systems, allowing healthcare providers to remotely care for more patients and free up time for new patients and research. While some providers miss the social aspect of rep visits, they recognize that digital communications and specialized medical science liaisons can deliver most of the necessary information. Once this crisis is over, pharmaceutical companies are expected to transition to a greater reliance on digital-based marketing communications.

## A STRESSFUL TIME FOR FRONT-LINE PROVIDERS

*“When it first started, I expected to shut down. Now everyone is anxious. We have to keep perspective because patients need us. We’re all in this together”*

Healthcare providers at all levels are feeling pressure over the current situation. Front-line workers are overwhelmed by the influx of COVID-19 patients and concern for their own safety. Hospitals in infection ‘hot spots’ are reassigning non-medicine specialists (including residents) to take care of non-COVID patients.

*“We are all on our own because the hospital is overwhelmed”*

## RESEARCH METHODOLOGY

Direct telephone interviews with physicians across the US: California, Connecticut, Florida, New York, Minnesota, Ohio

**DISCLAIMER:** Please check with city and state public health departments to coordinate local response; call your doctor if symptoms appear.