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Medical Practice Changes Made During COVID-19 Pandemic Are Here to Stay

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COVID-19 Topics

In sharing their views on what the practice of medicine will look like post-pandemic, a majority of doctors say they will increase their use of personal protective equipment (PPE) and their use of telehealth technology.

In a recent survey conducted by The Doctors Company:

Compared to how you practiced medicine before the COVID-19 pandemic, what changes are you expecting to make after the pandemic?

Item	Increased	No Change	Decreased	N/A
Use of PPE	72%	20%	4%	4%
Telehealth usage	59%	24%	4%	13%
Remote patient monitoring	29%	38%	3%	30%
Work hours	19%	56%	23%	2%
In-office patient capacity for the near future	16%	41%	36%	7%
Employment of advanced practice providers (NPs, PAs, etc.)	10%	55%	3%	32%

n=652

For medical and dental offices, the pandemic accelerated the future. Not only will masks and other PPE become the norm, but in shared comments, doctors say they will continue to:

- Maintain social distancing.
- Limit the number of patients seen at any one time.
- Control the flow of patients and office access.
- Do more pre-screening before a patient visit.

- Maintain increased surface disinfection during the day and after seeing each patient.
- Perform better hand hygiene.
- Practice telemedicine (depending on the specialty) when it's determined a face-to-face visit isn't required.

Here is a sample of some of the over 300 comments that the survey elicited:

- “The COVID pandemic was a tragedy for me since I lost my healthy appearing son to COVID-19 despite excellent care in a large university medical center. I plan to rededicate myself to excellence in the care of patients more than ever after the pandemic. PPE and sensible distancing/hygiene habits will also mean more than they previously did.”
- “We will continue to use PPE regularly. Looking back, we should have been wearing masks and requiring patients wear masks for any sick visits. We have increased telehealth for some routine (i.e., '6-month lab review') appointments where it is mostly going over lab results to monitor for chronic conditions and medications. We encourage patients to have a weight and blood pressure available for us, but not all do. We do fear missing the collection of vitals, which can often indicate other problems (sudden, unintentional weight loss, asymptomatic high blood pressure etc.)”
- “There will be increased patient separation, no use of waiting room, and shorter time with patient in the room chatting. This worries me for bonding. There will be shorter postop visits with less touching or hands on gestures: same worry.” When the pandemic was declared in early March, “patients were required to wear masks. I had four liters of hand sanitizer on site. Face shields, N-95 masks, regular surgical masks, were also in my storage cabinets. Patients were distanced six feet apart, etc. You see, I knew that sooner or later we were going to confront a highly contagious, air-borne, potentially fatal zoonotic virus, and I was determined to be prepared....We should have learned these lessons from the Zika, Ebola, SARS, MERS, and H1.”

These responses from our March 2021 survey of our members, our endorsed medical society partners, and other medical societies show us that the “new normal” is now possible to see. Healthcare professionals have heightened awareness of the need to protect themselves, staff, and patients from highly contagious and deadly diseases, and will do so by increasing their use of PPE and telemedicine when appropriate. We heard from a variety of specialists, with the largest number of responses coming from family practice physicians and psychiatrists. As the nation’s largest physician-owned medical malpractice insurer, we are proud to share these insights from doctors nationwide as part of our mission to advance the practice of good medicine during the pandemic and beyond.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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