

**ESCRS Survey** on **COVID-19**

PRACTICE PATTERNS

of

**Ophthalmologists**

## A Message From Professor Rudy MMA Nuijts, ESCRS President



The ESCRS COVID-19 survey on the practice patterns of ophthalmologists conducted from April 5 to April 24, 2020 offers us some valuable insights into the issues that have been addressed by ophthalmologists since the outbreak of the pandemic. I would like to thank all of my colleagues who took the time to answer our survey during this very stressful time.

In the following pages, you can see the results of the survey, which will help the ESCRS and the wider ophthalmological community plan a way forward for our community as we do our best to return to the level of services we were able to provide to our patients before the outbreak of the pandemic.

There will surely be successes and failures along the way, but I am confident that the courage we have shown in fighting this terrible virus will help us to create a new dawn for ophthalmology.

**Prof. dr Rudy MMA Nuijts**  
ESCRS President

## Executive Summary

This survey demonstrates an interesting cross-section on the views of ophthalmologists on the COVID-19 pandemic.

While approximately 75% of the respondents were continuing to do less than 15% physical visits for consultations, there was variation in practice amongst countries, with ophthalmologists in Germany scaling down their in-person visits least compared with colleagues in other European nations. For infection prevention during physical visits, physical distancing and requesting patients to use hand disinfection and wear a surgical mask were the measures being used most often.

Variation in lockdown restrictions between countries was also seen in the responses to the questions about type of care being provided, percentage of physical consultations and percentage of surgeries being performed that showed patterns differing among ophthalmologists in different countries.

As an alternative to physical visits, telephone was the most common tool being used to communicate with patients; only about 15% of respondents were using video consultation.

Almost all of the respondents, around 90%, reported doing less than 15% of their usual surgical volume, including almost 60% who reported doing no surgeries. Approximately 10% of the respondents had been transferred to a COVID ward to provide patient care.

Overall, those ophthalmologists who responded to the survey appeared satisfied with the measures taken by their governments to control the COVID-19 pandemic. Here too, however, there were notable differences by country. Whereas in many countries more than 50% of respondents were satisfied with their government's actions, looking at the two most heavily affected countries, only about 10% of respondents in Spain were satisfied compared with approximately 40% of those in Italy.

Responses to the survey's questions about personal protection equipment (PPE) provide testimony to the dedication and initiative of the medical community. The limited availability

of basic resources such as masks, hydro-alcoholic solutions and gowns at the peak of the epidemic show that the virus took us by surprise and did not allow us to anticipate needs. Even if the reorganisation capacities of the health authorities varied from one country to another, however, the survey results indicate that the mobilisation of the medical profession was a common denominator across nations and had an undeniable role as the main actor in managing the crisis.

Less than 30% of the respondents were satisfied with access to COVID-19 testing for their employees, and this lack of satisfaction was consistent among ophthalmologists across countries. In addition, less than 50% of the respondents said they were satisfied with the personal protective equipment (PPE) provided by their clinic or hospital.

FFP2 masks were being used more heavily in Spain and Italy compared with other countries and satisfaction with PPE was less than 30% in both Spain and Italy.

Most members participating in the survey believed they would restart performing elective surgery in May or June. Their responses also indicated they would be changing their practice logistics in the future.

Asked about how the pandemic would change their future practice behaviour, nearly

half of responding ophthalmologists indicated they would incorporate phone and/or video consulting on a routine basis. Out of necessity, technology has been increasingly adopted for professional communications, but perhaps without due consideration to the downsides.

We are maintaining links through conference calls and a growing number of webinars, but these modern communication options may set aside data protection and bioethics.

We know, however, that in-person physician-patient communication is very important in all of medicine and that physical examination, including the use of multiple diagnostic devices, is critical for appropriate decision-making in ophthalmology. Furthermore, many of our patients may not have access to the technology that is needed for participating in a remote consultation. Time will tell whether ophthalmologists who turned to phone and video consulting during the pandemic because there was no other option will continue to use these methods when the pandemic is over.

Finally, and maybe surprisingly, there are a large number of ophthalmologists who say they do not plan any changes to their practice.

We cannot predict the future, but we would suggest that our future behaviour may change more substantially than our survey results suggest.



**Prof. dr Rudy MMA Nuijts**



**Prof. Béatrice Cochener-Lamard**



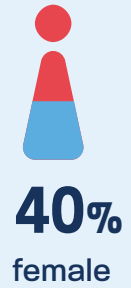
**Prof. Thomas Kohnen**



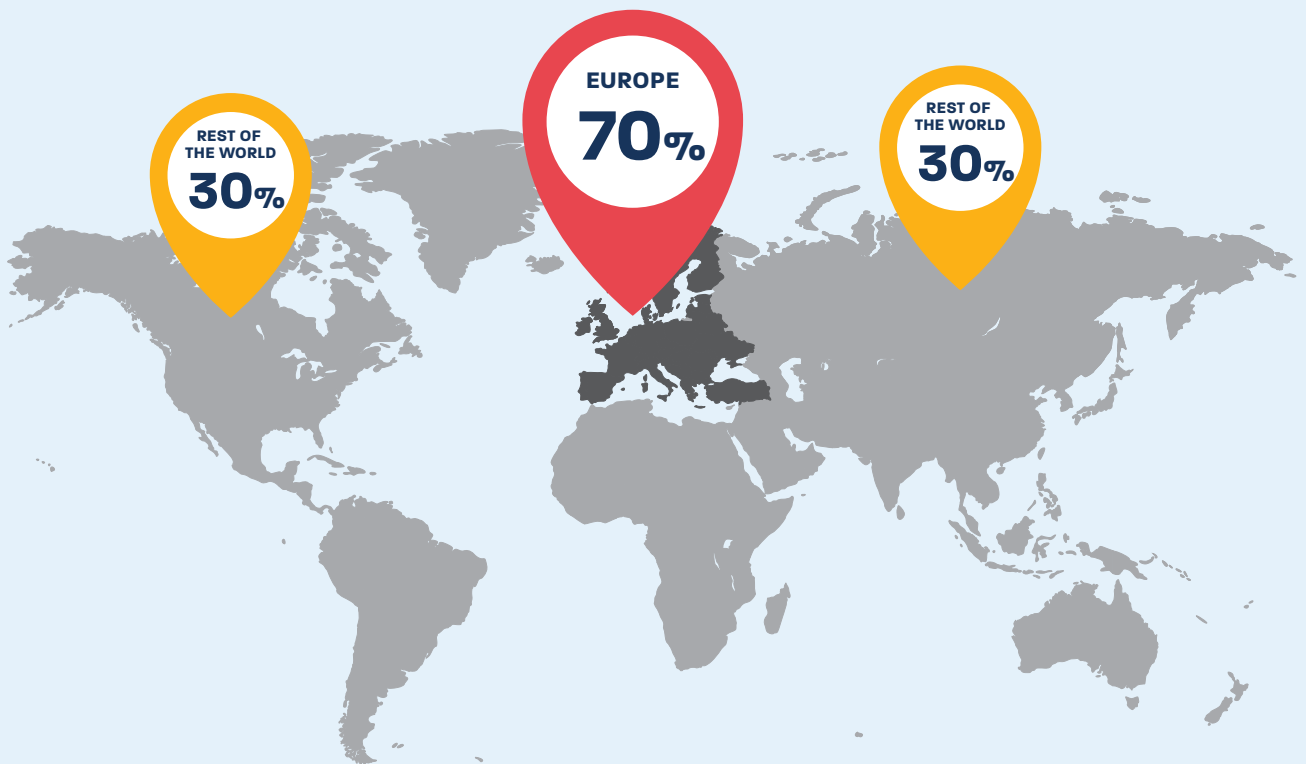
**Prof. Oliver Findl**



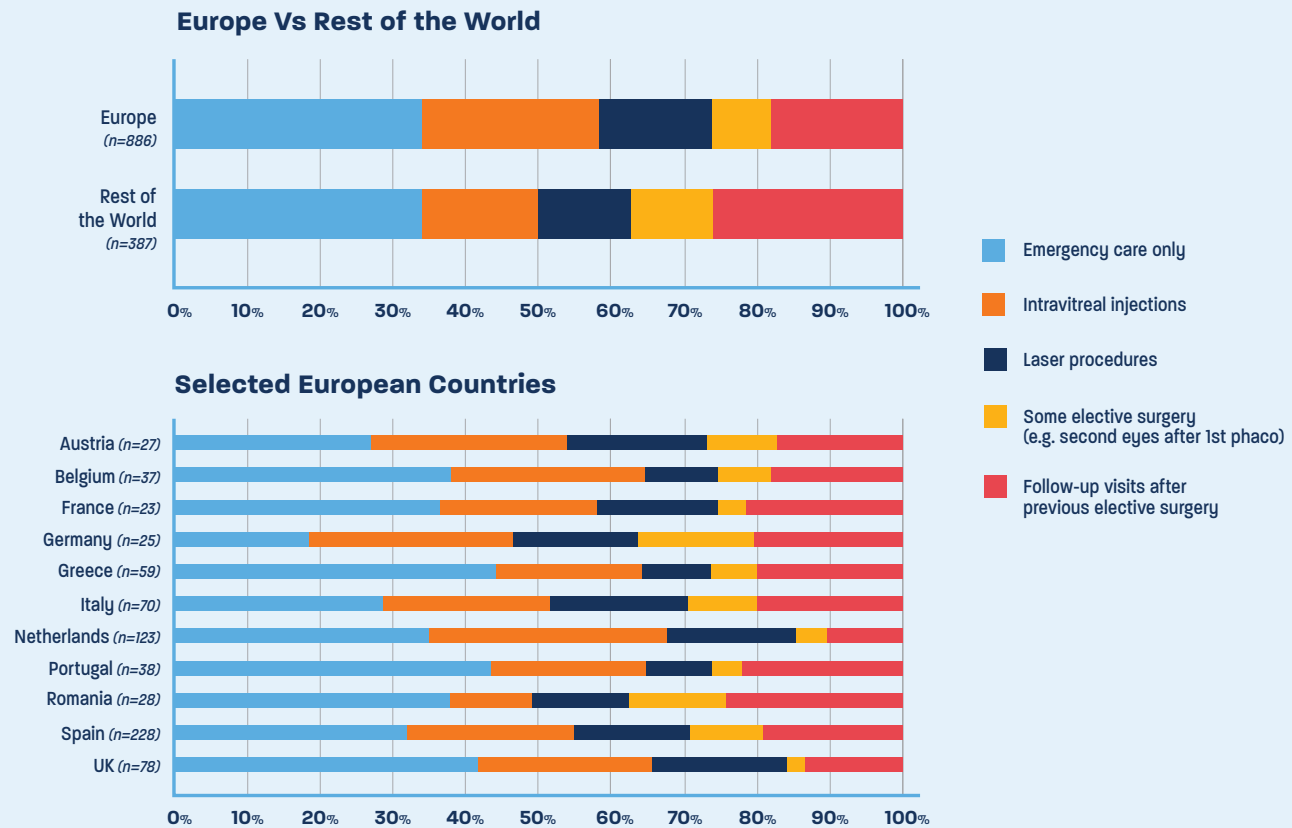
**1,376** total respondents



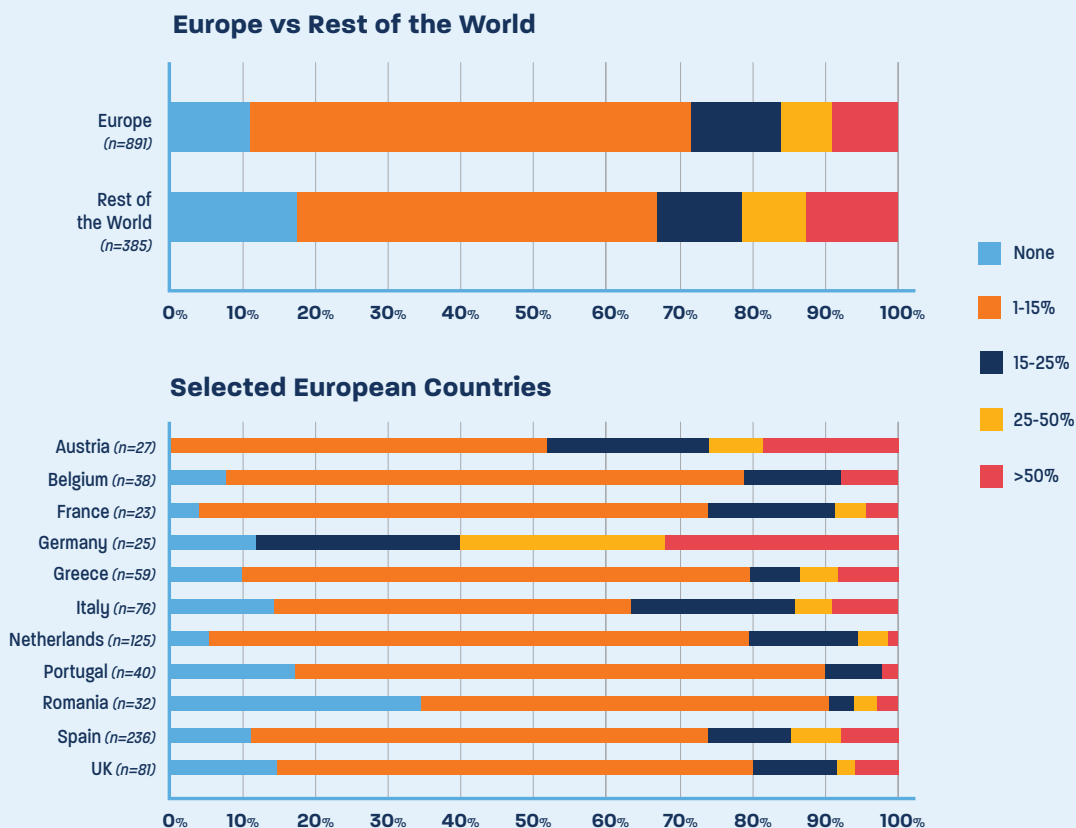
### Location of respondents



### Q.1 What type of care are you currently providing? *(multiple answers possible)*

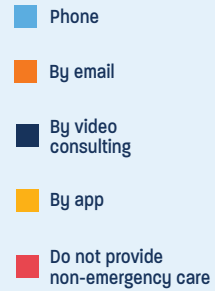
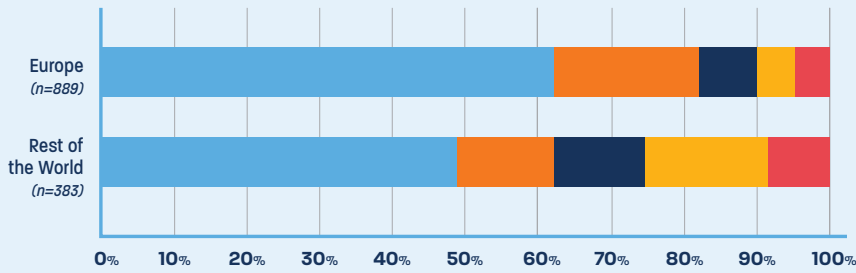


### Q.2 What percentage of consultations do you still see physically?

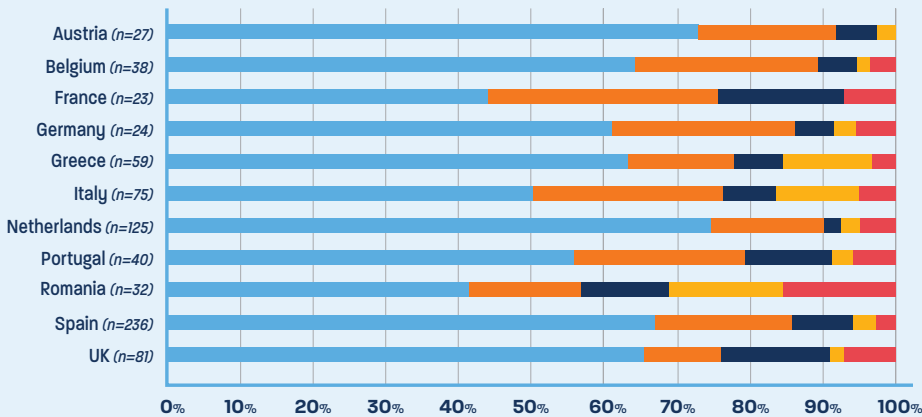


### Q.3 How do you contact non-physical patients? *(multiple answers possible)*

Europe vs Rest of the World

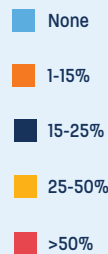
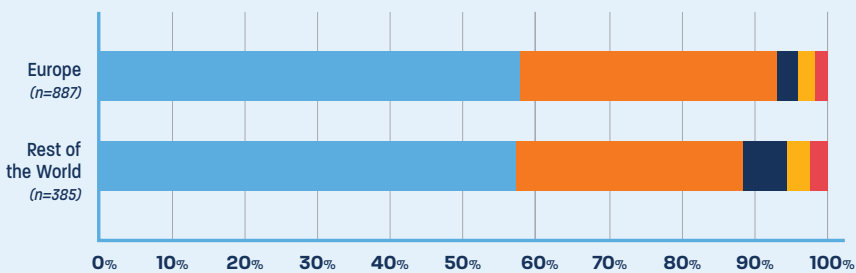


Selected European Countries

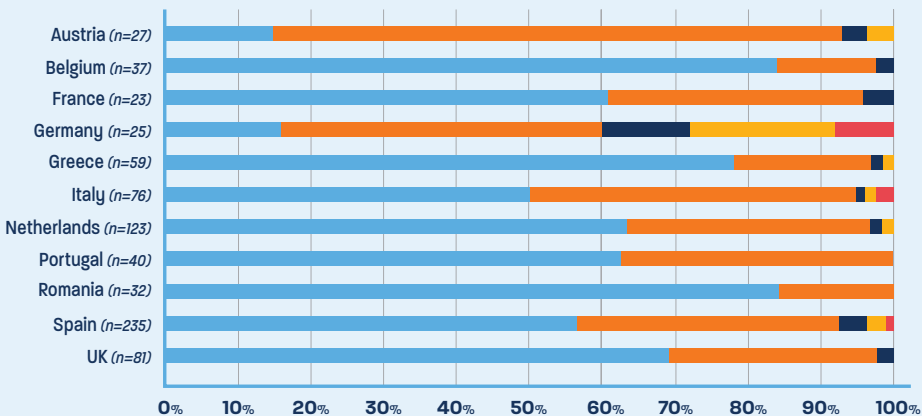


### Q.4 What percentage of surgeries do you still perform?

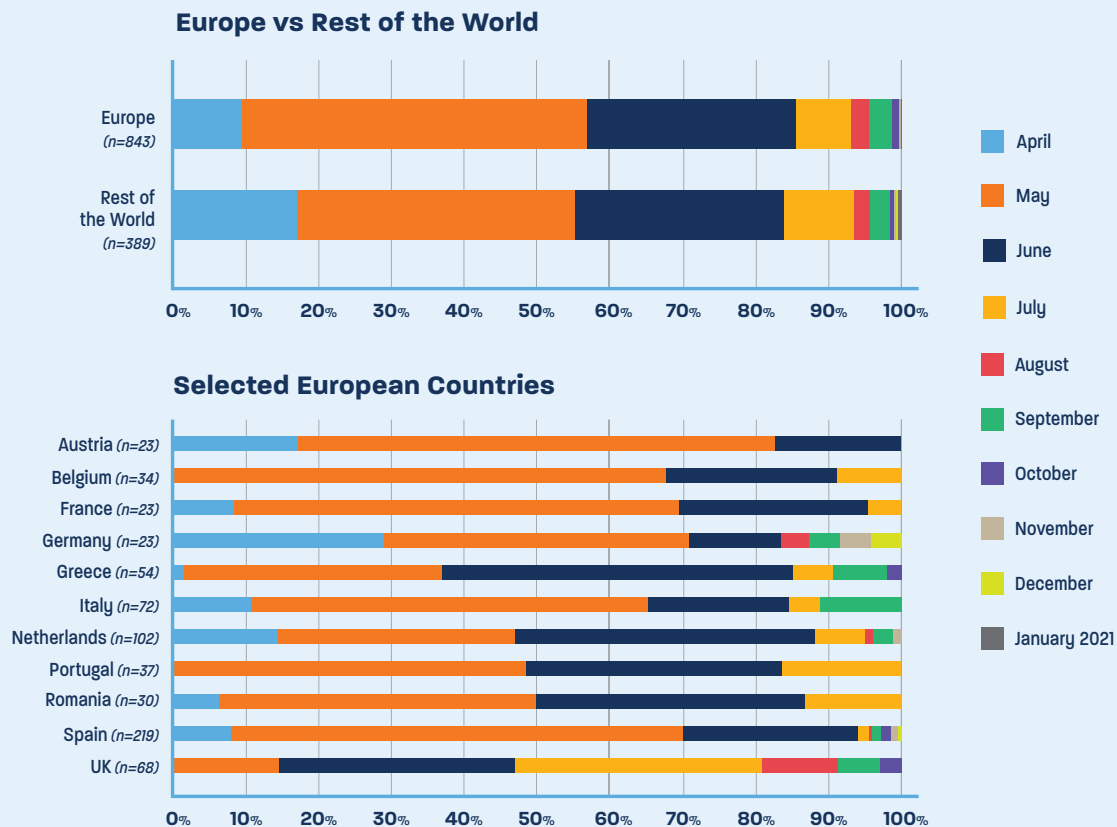
Europe vs Rest of the World



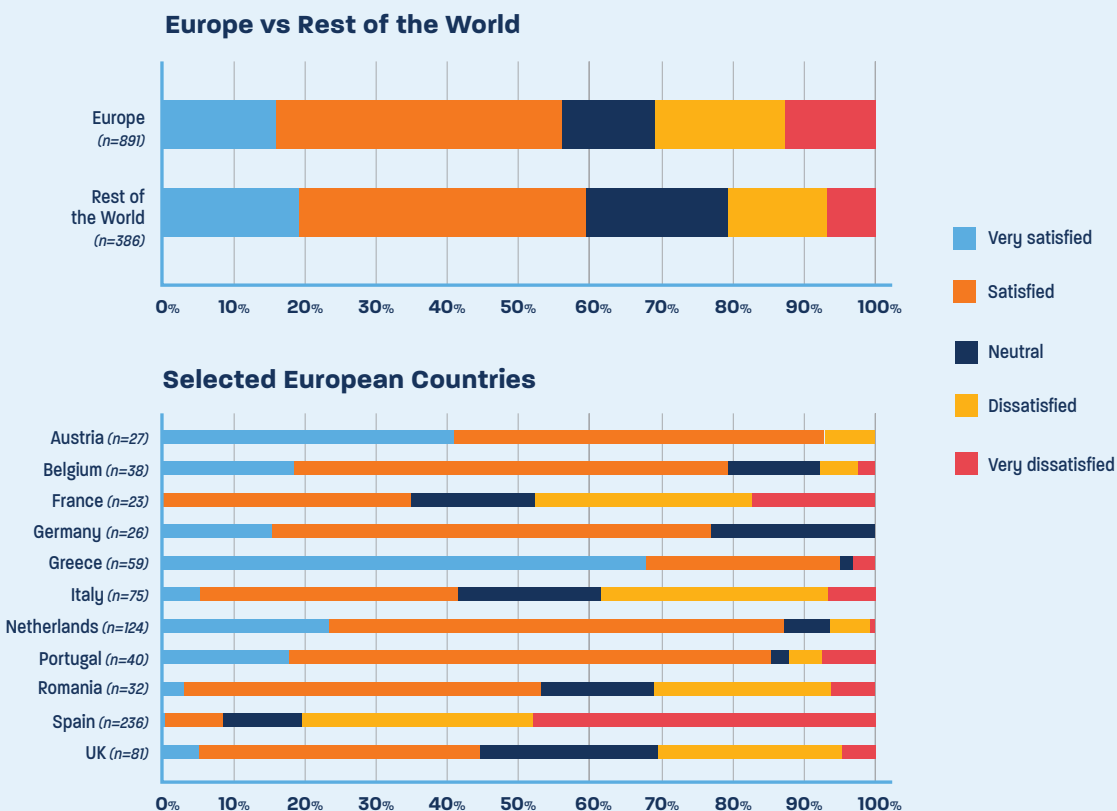
Selected European Countries



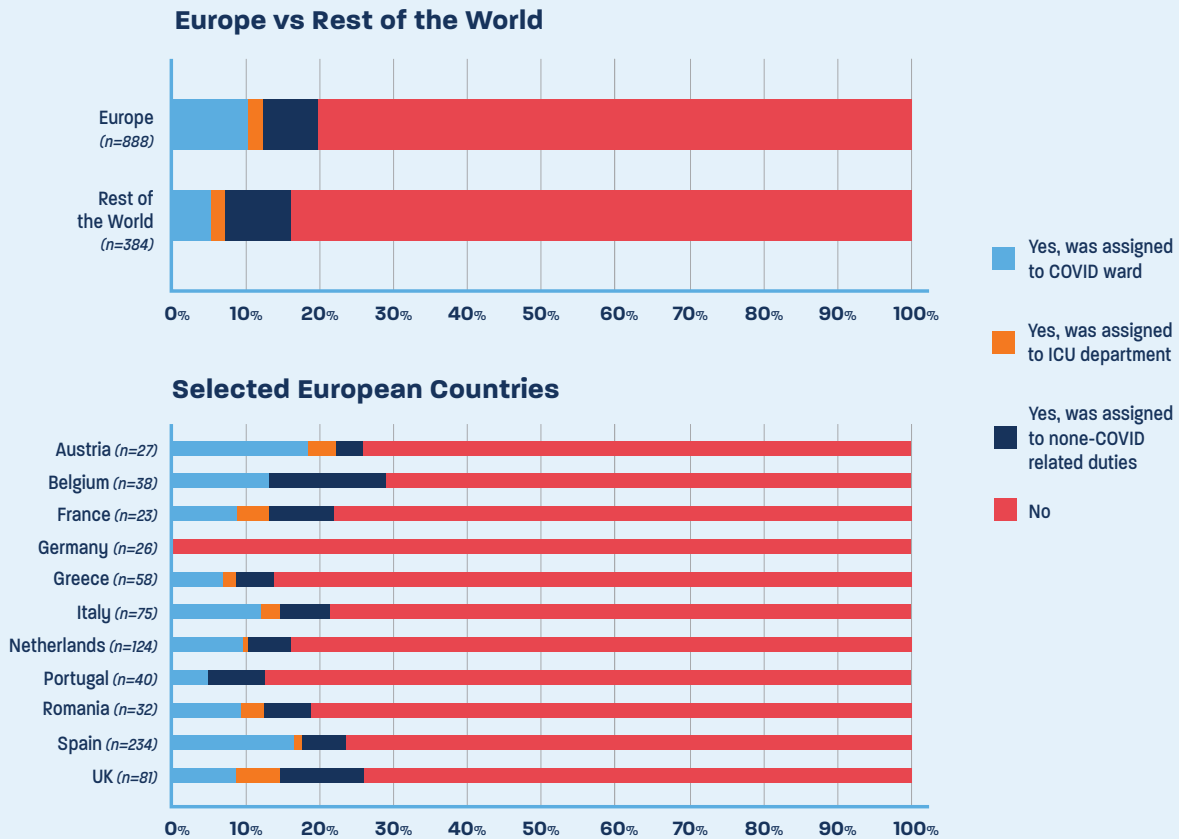
### Q.5 When do you expect to restart elective surgery again?



### Q.6 How satisfied are you with the measures taken by your government to control the COVID-19 pandemic?

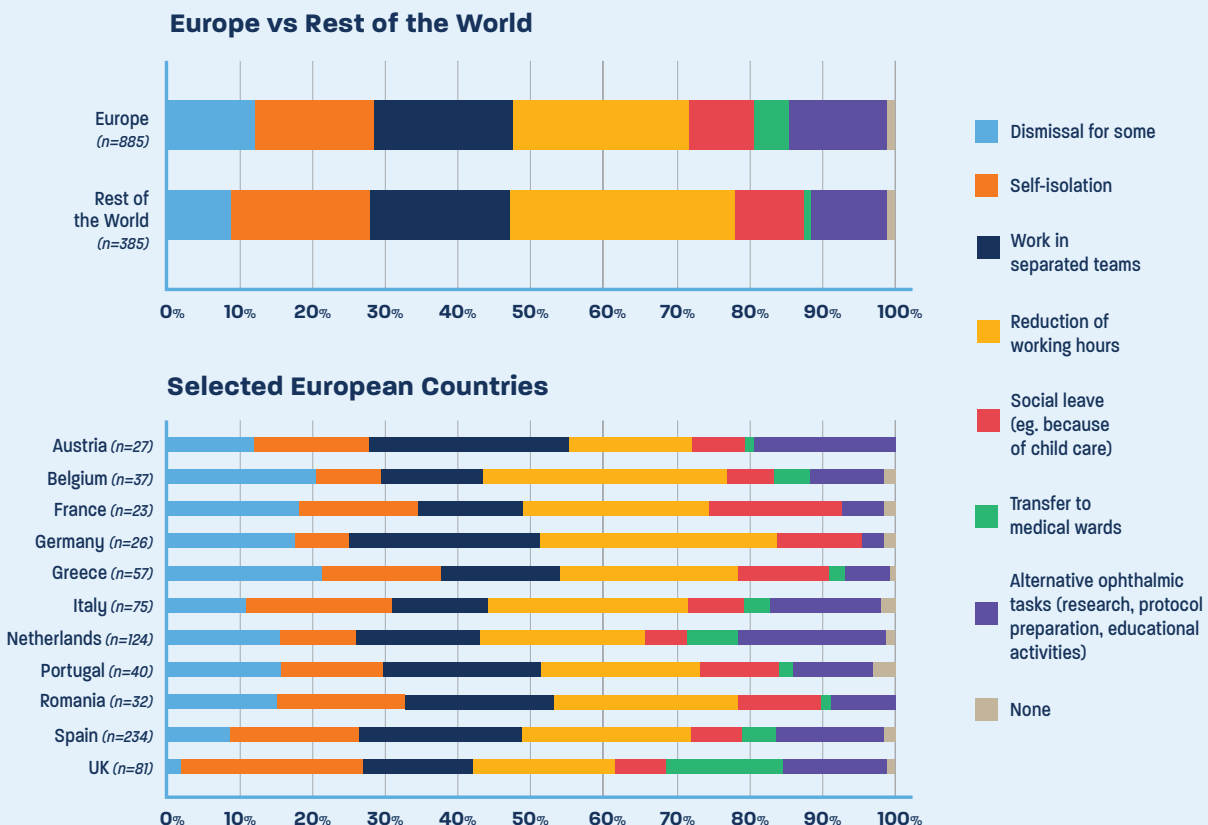


### Q.7 Have you been assigned to provide general medicine or critical care?



### Q.8 What measures have you taken to protect your staff?

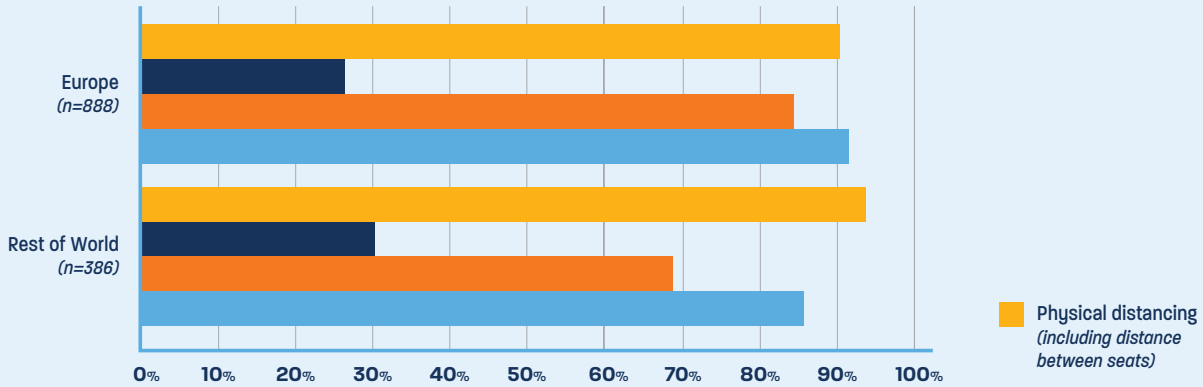
(multiple answers possible)



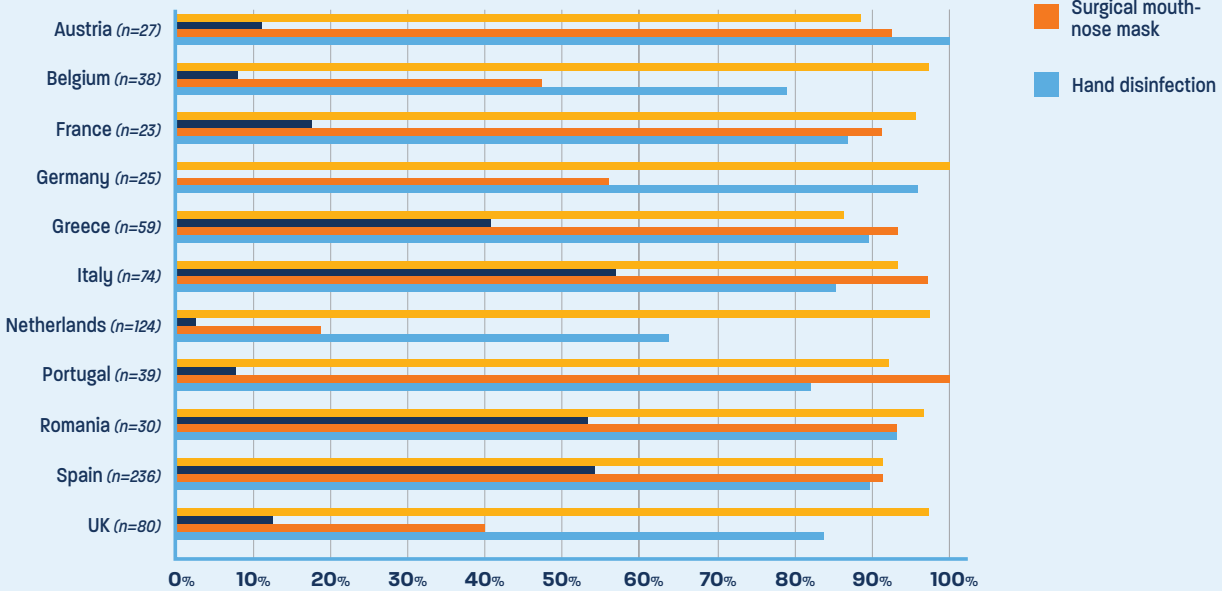
### Q.9 Which prevention measures are your patients requested to use?

(multiple answers possible)

Europe vs Rest of the World



Selected European Countries

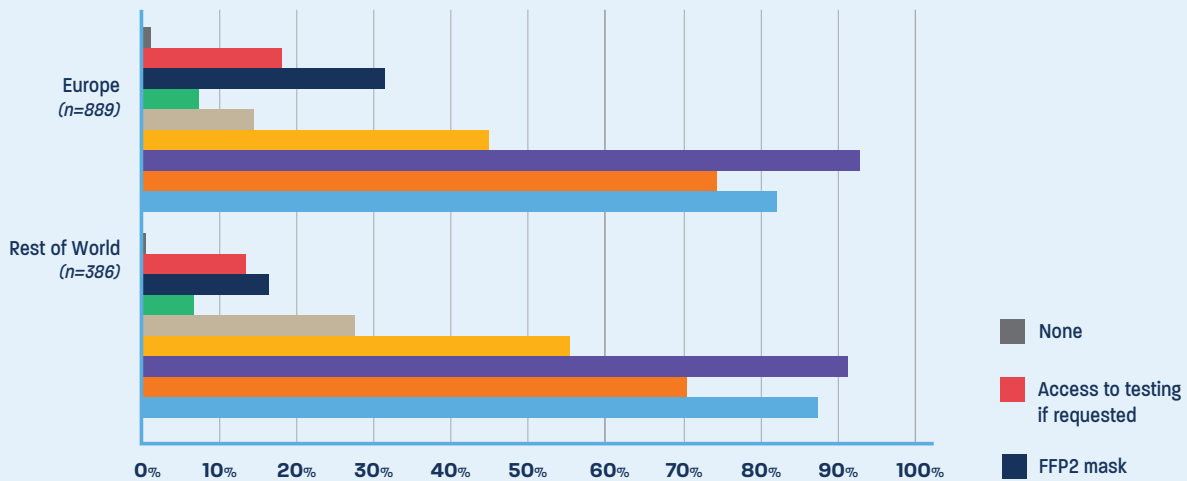




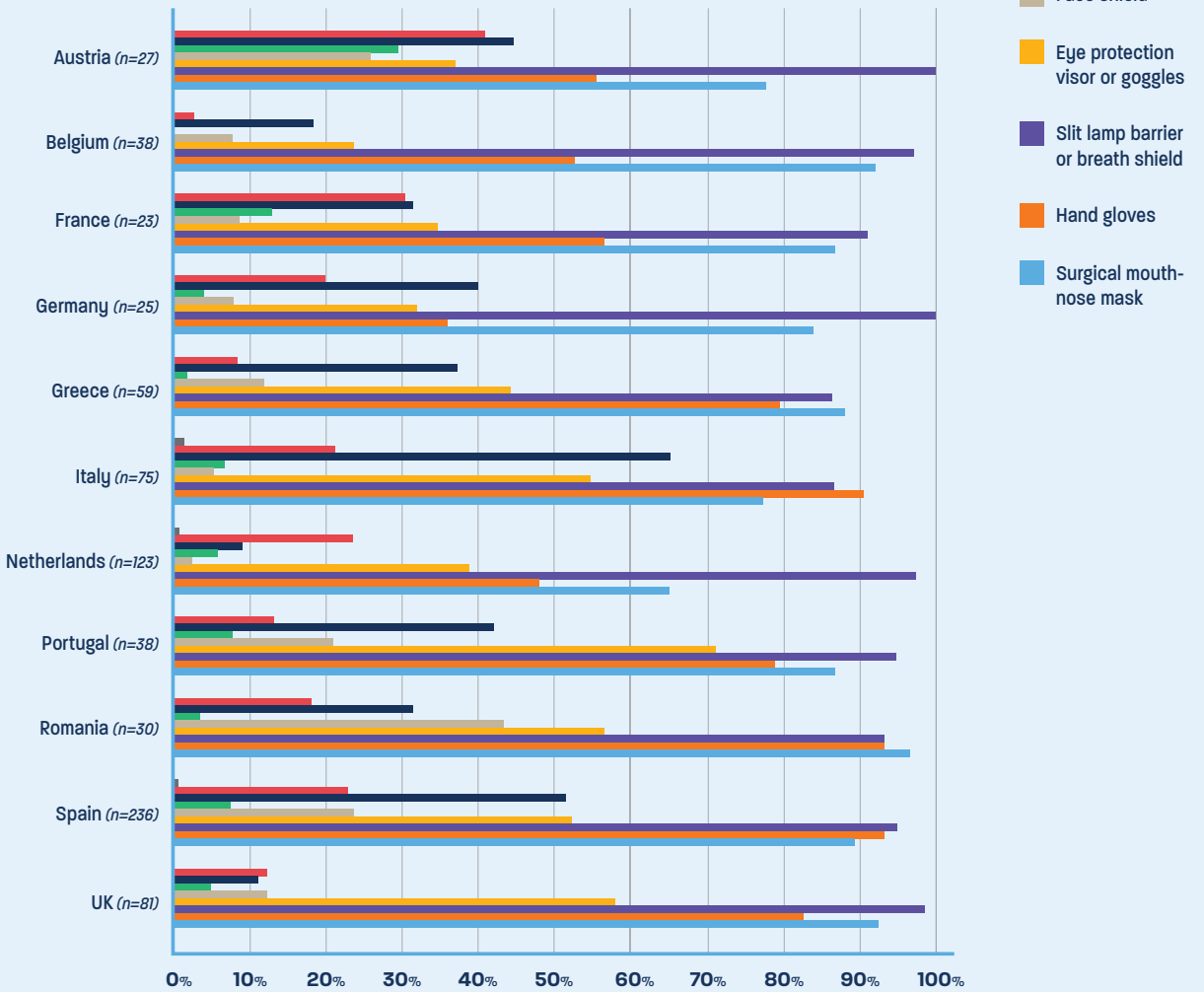
### Q.10 What personal protection equipment (PPE) are you using besides routine measures such as hand disinfection etc.?

(multiple answers possible)

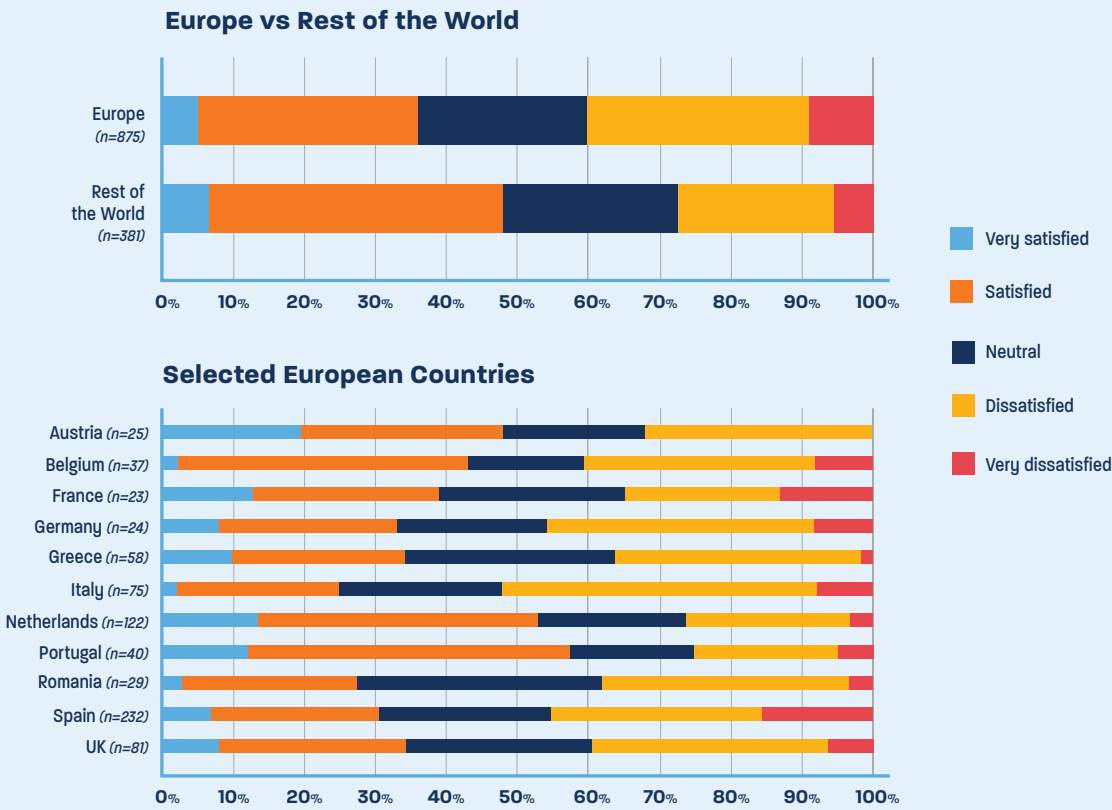
Europe vs Rest of the World



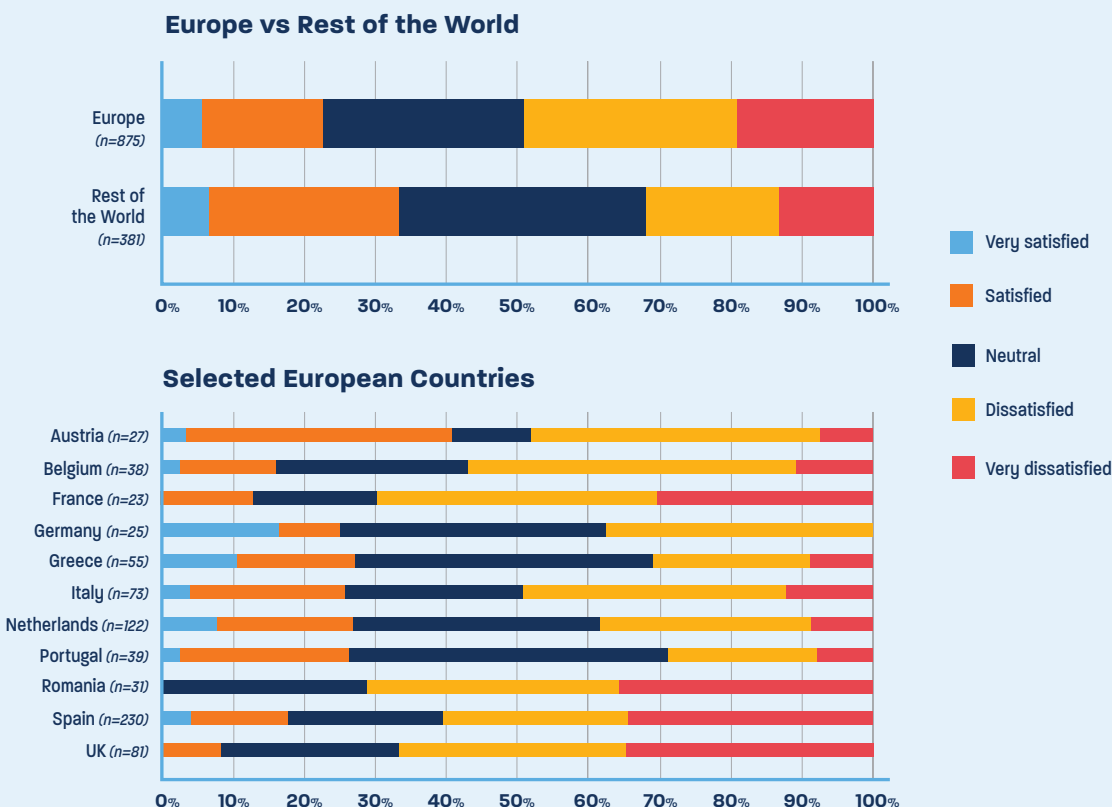
Selected European Countries



### Q.11 How satisfied are you with the availability of PPE as provided by your clinic or hospital?



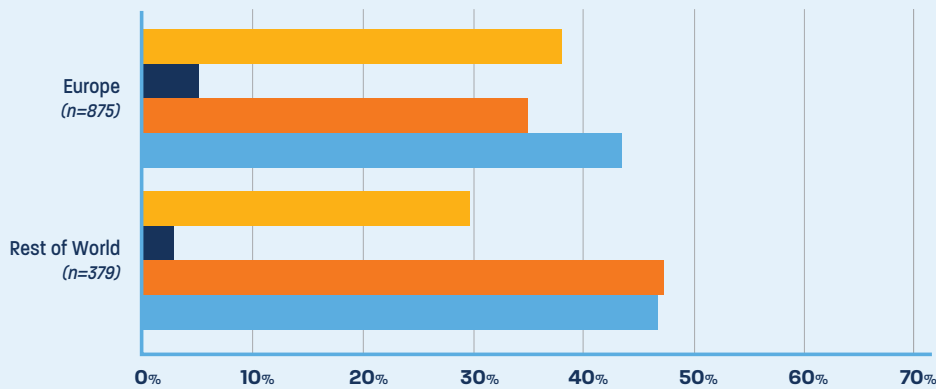
### Q.12 How satisfied are you with the access to testing for your employees?



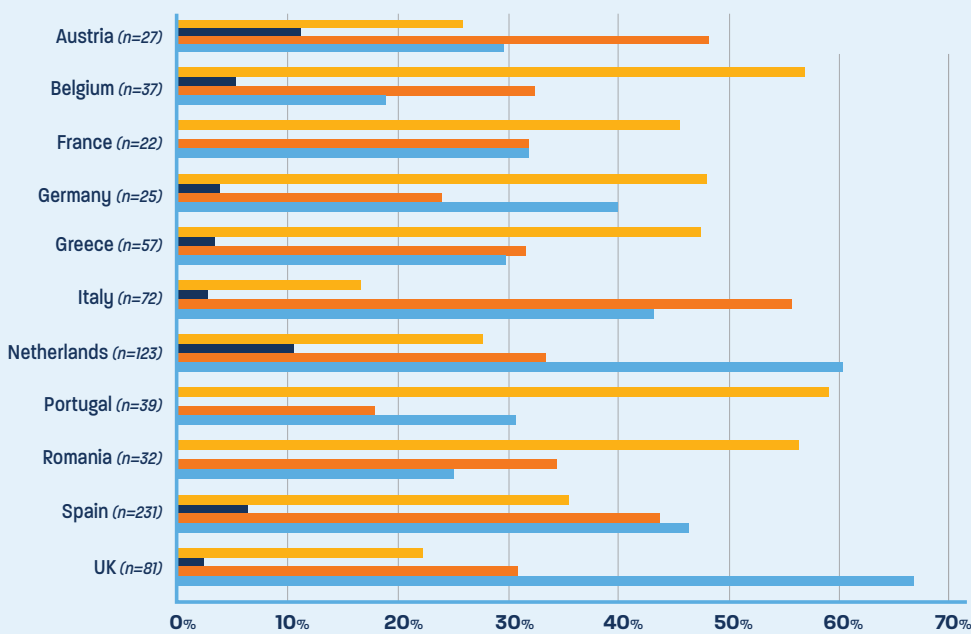
### Q.13 Will the COVID-19 pandemic change your future practice behaviour?

(multiple answers possible)

Europe vs Rest of the World

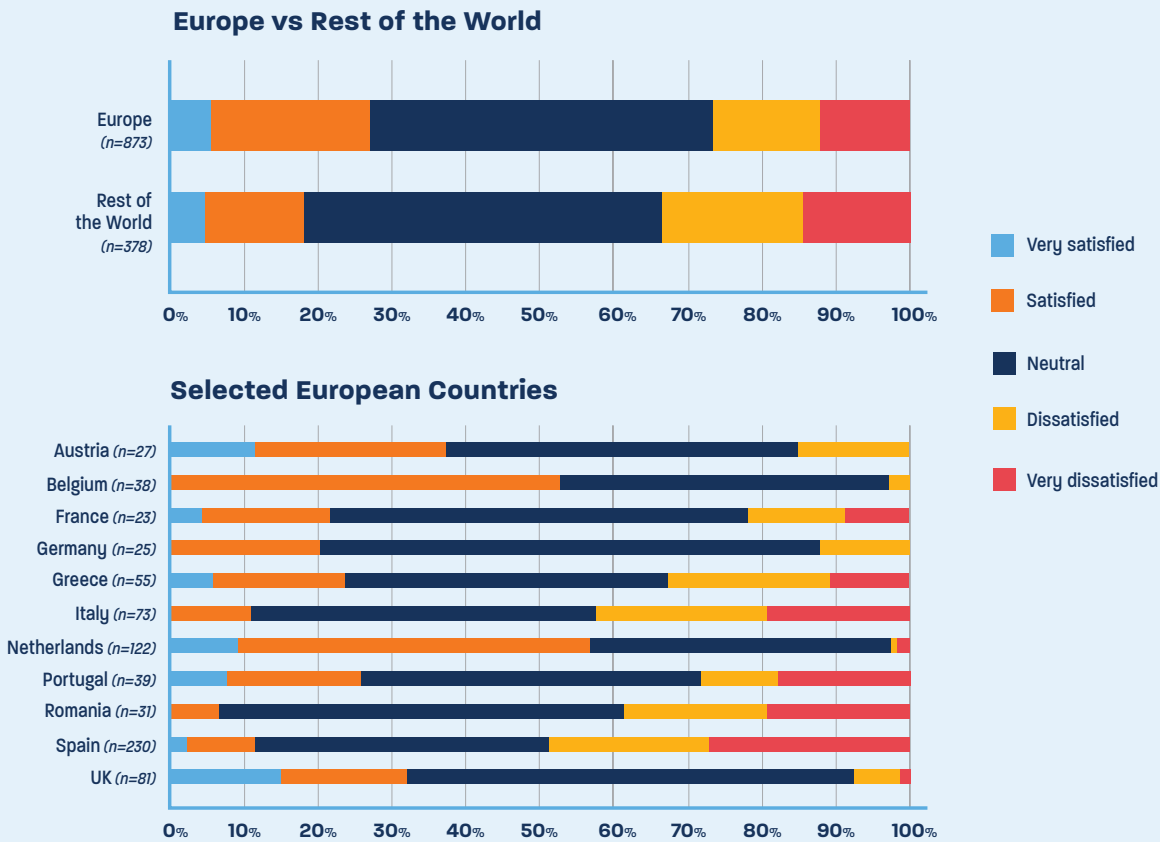


Selected European Countries



- No
- Yes, will adopt bilateral cataract surgery
- Yes, will decrease frequency of physical postoperative examination after surgery
- Yes, will incorporate phone/video consulting on a routine basis

### Q.14 How satisfied are you with the reimbursement strategy of your healthcare authorities/insurance companies in regard to teleconsultations?



### Q.15 Have you encountered ocular abnormalities in patients with COVID-19?

