

POLL: PHYSICIANS AGREE *Long COVID* IS A PROBLEM BUT ARE UNPREPARED TO TREAT IT

MORE RESEARCH FUNDING AND MEDICAL TRAINING NEEDED

It's estimated that as many as [23 million Americans](#) have developed Long COVID symptoms. A new national poll shows that most physicians are concerned about the condition but feel unprepared to diagnose and treat it.

In a poll of 806 U.S. physicians, conducted in December 2022 by Morning Consult on behalf of the de Beaumont Foundation, more than three in four physicians (78%) said Long COVID is a problem. However, only 7 percent of physicians are "very confident" diagnosing Long COVID and only 4 percent said they are "very confident" treating the condition.

A companion poll of 2,210 U.S. adults was also conducted with many of the same questions. Following are the key findings of the polls.

IMPLICATIONS FOR POLICYMAKERS AND THE MEDICAL COMMUNITY

- Physicians need much more training in diagnosing and treating Long COVID.
- Funding research into Long COVID should be a national priority, and has the support of 82% of physicians and 76% of U.S. adults.
- More public education is needed to overcome misinformation and the stigma of Long COVID.

“Despite attempts by a small number of physicians to downplay the ongoing threat of COVID-19, these findings show that nearly all physicians recognize the threat of Long COVID, with only 2% saying it's not a problem at all. And physicians and other Americans agree that we need more funding for Long COVID research.”

—**Brian C. Castrucci, DrPH**
CEO and President, de Beaumont Foundation



WHAT IS LONG COVID?

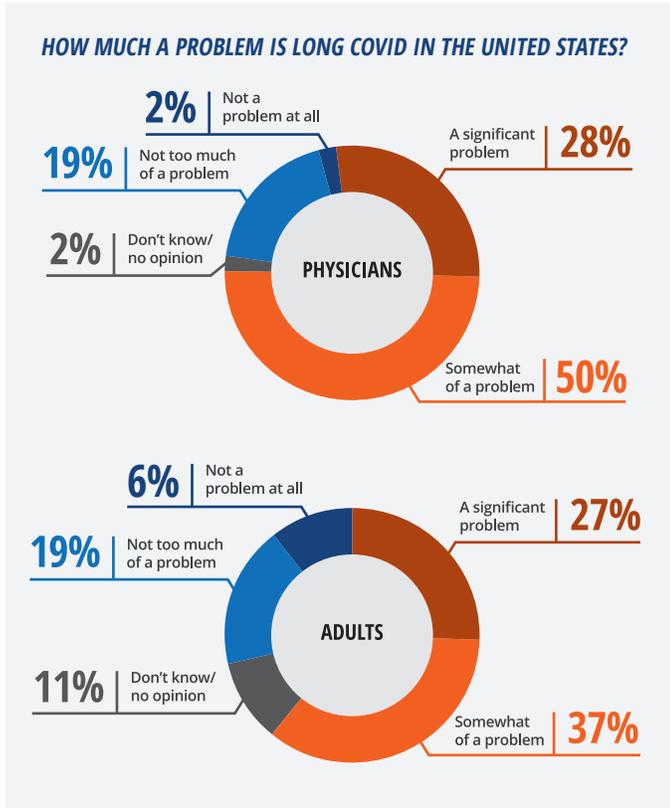
A person who continues to have COVID-19 symptoms at least 12 weeks after being infected is considered to have "Long COVID." The most common impacts include shortness of breath, physical exhaustion, and brain fog, but at least [203 symptoms](#) have been identified.

The Centers for Disease Control and Prevention [estimates](#) that one in five adults who have had a known case of COVID-19 has had Long COVID symptoms, and a detailed [review](#) of more than 54 studies in 22 countries estimated that 6.2% of people who had experienced symptomatic COVID-19 infections reported at least one of three Long COVID symptoms three months after infection.

A recent study estimated that Long COVID could cost the United States economy as much as \$3.7 trillion.

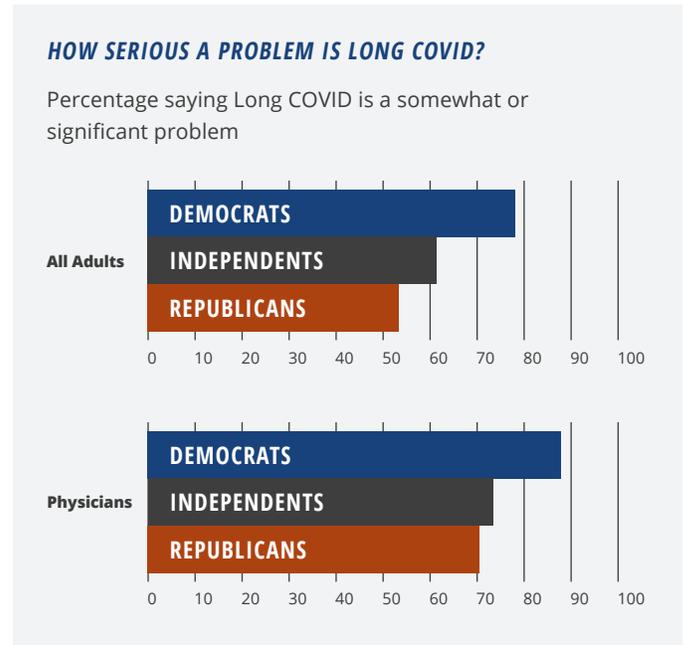
PHYSICIANS ARE MORE LIKELY THAN OTHER ADULTS TO BELIEVE THAT LONG COVID IS A PROBLEM.

Among physicians, 78% said Long COVID is somewhat of a problem or a significant problem. A large majority of the public (64%) agreed.



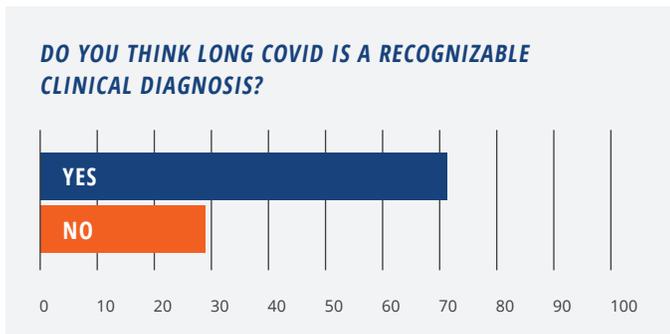
AMONG BOTH PHYSICIANS AND THE PUBLIC, DEMOCRATS WERE MORE LIKELY THAN INDEPENDENTS AND REPUBLICANS TO SAY LONG COVID IS A PROBLEM.

When respondents were asked how serious a problem Long COVID is, the percentage difference between Democrat and Republican physicians (10%) was smaller than the partisan gap among the public (17%). Seven in 10 physicians who identified as Republicans (70%) said Long COVID is a major problem, compared with just over half of all Republican adults (53%).



MOST DOCTORS AGREE THAT LONG COVID IS A RECOGNIZABLE CLINICAL DIAGNOSIS.

Despite skepticism and misinformation from some high-profile doctors and media personalities, physicians are largely united in their belief that Long COVID is a recognizable clinical diagnosis.



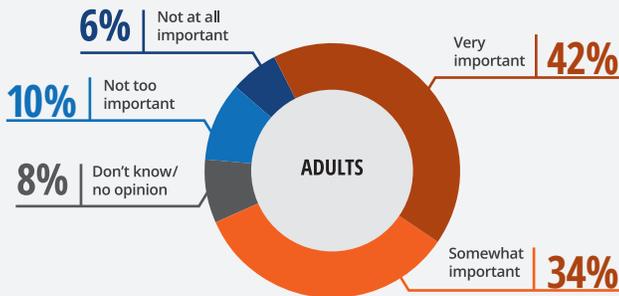
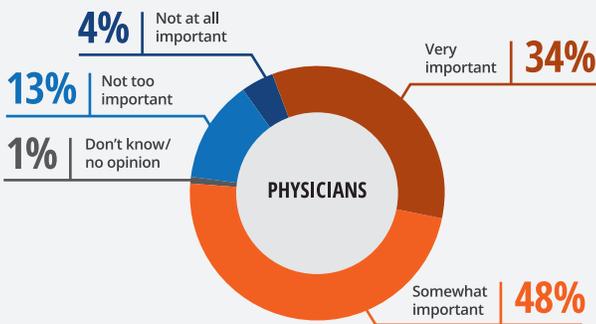
MOST PHYSICIANS AND THE PUBLIC THINK THE U.S. SHOULD INCREASE FUNDING FOR LONG COVID RESEARCH.

Eighty-two percent of physicians and 76% of the public said it's important for the U.S. to increase Long COVID research funding. Notably, support for Long COVID research crosses party lines, with 73% of Republican physicians saying more funding is needed, including 28% who said it's "very important." Among Democrat physicians, 92% said Long COVID research funding is important, including 41% of who said it's "very important."

Among the public, Democrats were most likely to say they support increased research funding (89%), with 56% saying it is "very important." That compares with 63% of Republicans who said it's important and 28% who said it's "very important."

Not surprisingly, the gap between Democrat and Republican physicians (19%) was smaller than the partisan gap among the public (26%).

HOW IMPORTANT IS IT FOR THE U.S. TO INCREASE RESEARCH FUNDING FOR LONG COVID?

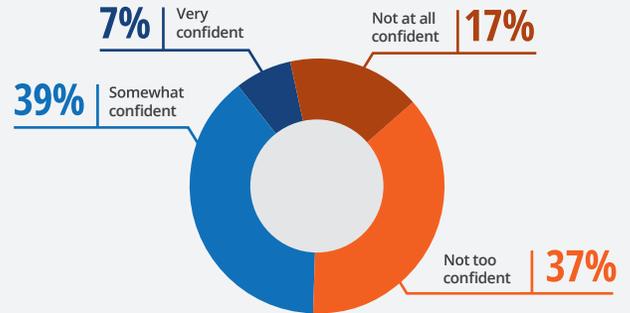


PHYSICIANS ARE NOT CONFIDENT IN THEIR ABILITY TO DIAGNOSE OR TREAT LONG COVID.

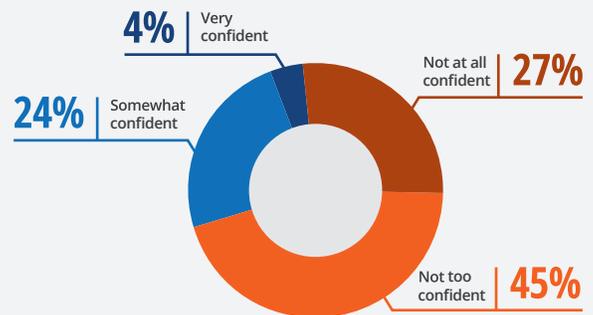
Only 46% of physicians said they are somewhat or very confident diagnosing patients with Long COVID. Even fewer – 28% – said they

are confident treating patients with Long COVID. More than half of physicians (52%) said they have treated patients with Long COVID, and they are more confident than physicians who have not treated patients with the condition. Of the physicians who have treated patients with Long COVID, 56% said they are confident in diagnosing the condition, and 42% said they are confident treating it.

HOW CONFIDENT ARE YOU DIAGNOSING PATIENTS WITH LONG COVID?



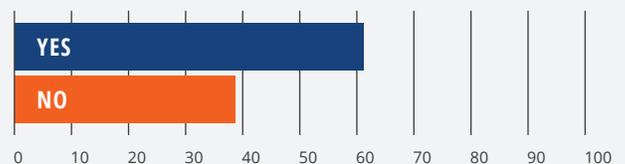
HOW CONFIDENT ARE YOU TREATING PATIENTS WITH LONG COVID?



MOST PHYSICIANS SAY THEY HAVE READ LONG COVID RESEARCH.

Primary care providers are more likely than other physicians to say they have read Long COVID research (67%), consider Long COVID a recognizable clinical diagnosis (78%), and have treated patients with Long COVID (63%).

HAVE YOU READ RESEARCH ON LONG COVID?



ACTION NEEDED

The Morning Consult poll findings demonstrate that physicians recognize the seriousness of the condition, but most say they are unprepared to diagnose and treat patients with Long COVID. The medical community, policymakers, and other leaders must take immediate steps to train physicians, educate the public, and invest in more research on Long COVID.

1. PROVIDE TRAINING FOR PHYSICIANS.

Physicians, especially primary care physicians, need training in how to identify and treat Long COVID symptoms. In its report "[Health+Long Covid](#)," the U.S. Department of Health and Human Services recommends engaging academic partners to launch an "expansive outreach campaign to train health care providers through in-person and virtual presentations on what Long COVID is, how to identify it, and suggested care pathways." HHS also calls for additional training on Long COVID and other infectious diseases in medical schools – including recommending "expanding course requirements to include 'narrative medicine,' an approach that widens the view of people with Long COVID beyond their medical histories."

2. INCREASE FEDERAL FUNDING FOR RESEARCH ON LONG COVID.

Policymakers should note the widespread, bipartisan support – among physicians and the public – for increasing funding for Long COVID research. More research is needed to build on programs like the National Institutes of Health's [RECOVER](#) initiative (Researching COVID to Enhance Recovery), which Congress is supporting at a funding level of more than \$1 billion over four years.

3. IMPROVE PUBLIC EDUCATION TO COUNTER SKEPTICISM, STIGMA, AND DISCRIMINATION.

Most people with Long COVID report that they have faced skepticism from employers, doctors, friends, and/or family members. In a [survey](#) of 1,100 people who had a diagnosis of Long COVID or have been told by their doctors that they have symptoms, nearly two in three (63%) said they had faced direct stigma and discrimination about their condition. Ninety-two percent agreed that "many people tend to think Long COVID isn't a real illness," and 78% agreed with the statement, "I worry that people may judge me negatively when they learn I have Long COVID." The study's lead author, Marija Pantelic, said, "We desperately need clear, consistent messaging that Long COVID is real and that it can happen to anyone. It's not a disease of the weak or the stressed-out."

METHODOLOGY

On behalf of the de Beaumont Foundation, Morning Consult conducted a national online poll Dec. 9-19, 2022, among a sample of 806 physicians. Survey results have a margin of error of +/-3%. Medical respondents were physicians who spend at least half their time performing direct patient care (time spent managing patients, including patient office visits, performing procedures, patient-related phone calls, follow-ups, etc.). The respondents included primary care providers, acute care physicians, urgent care physicians, hospital physicians, and other types of physician specialists.

A companion poll of the general population was conducted Dec. 10-14, 2022, among 2,210 adults. Results from this sample have a margin of error of +/- 2%. The data among adults was weighted to approximate a target sample of adults based on gender, age, race, educational attainment, and region.

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