Creative Research Designs Inc.

Changing Physician Practices and Relationship with Pharma two months into the COVID-19 Pandemic

Report issued May 15, 2020

Healthcare providers' needs have changed: Will you keep investing in the same channels?

Dealing with COVID-19 has profound impact on patient care. Healthcare providers had to adjust quickly, and fundamental, long-term changes to care delivery may follow.

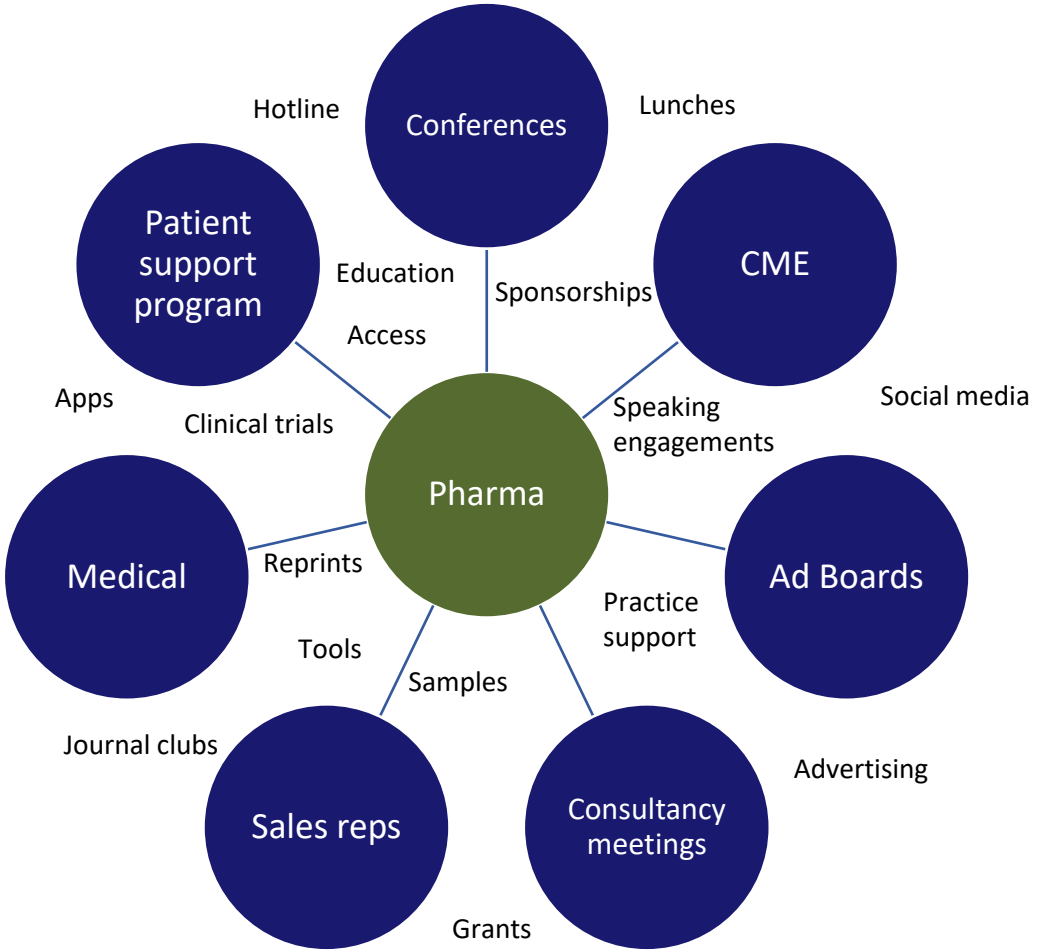
How do pharmaceutical companies deliver value in this environment?

What do healthcare providers need now?

What will they need and want next month, next year, and the year after?

We conducted a pilot study May 11-13 to get a sense of what the answers may be.

Online, off-line?
What is your mix? What is your strategy?



Who was interviewed?

Participants:

- *Specialty:* 4 neurologists, 1 medical oncologist, 1 hematologist-oncologist
- *Region:* 4 from Ontario, 1 from Alberta, 1 from British Columbia
- *Influence:* 2 opinion leaders in their field, 4 not opinion leaders
- *Time qualified in specialty:* 3 for <10 years, 1 for 10-20 years, 2 for >20 years
- *Gender:* 5 males, 1 female

30 min

A: Neurologist, ON (large city) – neuromusc.
M, <10 years in practice
Not opinion leader

B: Neurologist, ON (mid-sized town) – neuromusc.
M, >20 years in practice
Opinion leader

C: Neurologist, ON (large city) – dementia
F, <10 years in practice
Not opinion leader

D: Neurologist, AB (large city) - stroke
M, >20 years in practice
Not opinion leader

E: Medical oncologist, BC (large city)
M, >20 years in practice
Opinion leader

F: Hematologist-oncologist, ON (small town)
M, 10-20 years in practice
Not opinion leader

Patient Care Now: Switch to Telehealth

Some had already started rolling out virtual care prior to COVID-19, others had not

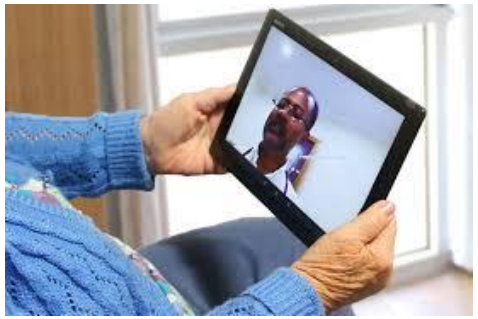
Virtual care is conducted mainly over the phone, with a smaller % of consults via video

Patients are triaged to determine who needs to come in (very few) and who can receive virtual consult or delayed care (most)

D: *They loved it. It's like a physician making a home visit.*

Patients love virtual care – much more convenient, saves time and money – and some specialists like it too, find it more efficient

Which tech platforms? Provinces and individual hospitals vary widely – from proprietary TeleHealth platforms (OTN) to a 'free-for-all' of Zoom, Facetime, etc.



Concerns:

Patient access to technology and comfort with technology is main concern (but can be overcome by having 3rd party present to help – family member, caregiver or PSW)

C: *My biggest challenge is that my patient population tends to be older. I have a neurodegenerative focus with a lot of geriatric patients. There can be barriers to access to technology…as well as comfort with technology.*

Some conditions are more difficult to assess remotely. Specialists feel that initial visit should be in person, but follow-ups can be virtual.

B: *There are some things you can do over the phone, but there is a lot that you can't…. Some specialties are less dependent on the physical exam…but for my own practice it is highly relevant.*

C: *Once you've established the initial relationship with the patient, I think the follow-up visit works much better in the virtual realm.*

Patient Care Now: In-person visits

COVID-19 protocols are in force in all hospitals. Patients are pre-screened by phone, when they enter the hospital and again when they enter the clinic / unit.

Specialists feel that coming into the clinic is safe for patients (and healthcare providers). Patients understand that wearing masks is necessary. Physical distancing can be more challenging to enforce.

One specialist expressed relief that hygiene standards that should actually be in effect all the time at the hospital (but were not always in the past) are now taken very seriously.

F: *Now it is more universal.*

B: *We would at a minimum be wearing a mask with a face shield and gown. And depending on the risk, we would also wear gloves and something to cover our hair. Patients usually wear a mask as well.*

E: *Patients are anxious.*

Many tests need to be done in-person and involve physical contact. Specialists see a huge backlog of rescheduled tests looming.

A: *We usually do 20-30 per week, now we do none, or 1-2.*

Delays in testing lead to delays in treatment.

B: *Unless I'm pretty sure over the phone that the diagnosis is correct, I'm not likely to start treatment.*

Patient Care in the Future: Predictions

B: *From the point of view of social distancing…we can't have waiting rooms full of people.*

None of the specialists interviewed see patient care going back to the way it was, mostly in-person. However, neither do they believe that patient care will stay the way it is now, 90% remote.

Specialists believe that a mixed model will prevail in the future, with a much larger remote component than before. Consensus is that new patient visits should be in-person, but follow-ups can be mostly remote. For chronic conditions, some in-person visits would be needed for proper assessment, but they could be cut by at least 50%.

For this to be successful, the following conditions need to be met:

- Patients need access to tech and increased comfort with tech – but physicians believe this will happen anyway as tech-savvy generations get older
- Fee codes for remote consultations need to be kept in place permanently, so far not clear what will happen after the pandemic
- Workflows will need to be re-thought so that testing, monitoring and consultations can be integrated into a seamless process that enables a mixed in-person/remote delivery…a huge challenge!

Thoughts about a future 'mixed model' of care:

D: *I would want to see a portion of it continue. Especially using a video technology where I can examine patients in the comfort of their own home.*

C: *Incorporating virtual care with in-person care would certainly be a more sustainable model. Once you've established the initial relationship with the patient, I think the follow-up visit works much better in the virtual realm.*

A: *We are not at the point yet where patients are ready to transition to a virtual medical model.*

E: *We are constantly chasing things – like a CT scan is not done, a surgery is not done yet, …which is extremely energy-draining*

What Future? Hospitals are currently in crisis-mode. One specialist stated that they have not started planning for the post-crisis 'new normal'. Others commented that virtual care models were already being tested, and now the process is just accelerated. Some lament that Canada's track record in e-health has not been great so far…

Patient Care and Pharma: A wish list

The most value that pharma provides to patients, according to specialists, is to help them get access to drugs. Particularly now that many may be losing their job and private health insurance benefits, physicians are looking to pharma to step up. Expanded compassionate access tops the physicians' wish list for pharma.

> ***B:*** *We're going to have less people with private insurance, who have lost their jobs during this. The biggest problem group of patients that I have are those that don't have adequate private insurance and that are not 65 and not covered under the provincial healthcare program. That's the group of patients that are having a hard time affording some of these treatments. Any help with that group of patients is much appreciated.*

The opportunity to participate in clinical trials is also viewed as very beneficial to patients. Specialists involved in clinical trials are hoping that pharma will find a way to continue trials while ensuring safety for participants and administrators. Creative solutions are called for to adjust protocols to incorporate remote monitoring and minimize physical contact yet maintain the scientific rigor of the trial.

Will printed education materials for patients be missed?

Specialists saw little value in them to begin with, so they were not concerned about a temporary interruption in the supply of printed materials. **They commented that online resources for patients are more valuable anyway, irrespective of the pandemic.** Many specialists provide their own educational materials to patients and do not rely on pharma. For GPs/FMs or for pharmacists, support in this respect may be more relevant.

Touchpoints with Pharma over the past two months

None of the specialists interviewed has seen sales reps in person over the past two months. There have been few phone/email communications by reps otherwise.

All report having received emails from all the pharma companies they deal with regarding COVID-19 and assuring them they can still be reached and are ready to assist. Somewhat tiresome since essentially all the emails said the same thing…

All have participated in one or more virtual events sponsored by pharma in the past two months – ad board or CME. Experiences have been largely positive. The platforms worked well for what they are designed to do, apart from a few technical difficulties. Specialists mostly can't remember which platforms were used specifically. All sessions were moderated. Some allowed discussion with mics unmuted. Some were webinar style with mics muted and questions submitted via chat box.

Two of the specialists attended a virtual medical conference so far. The experience was positive – was able to economize time and attend only sessions of interest. No interaction with pharma reported.

How Pharma will deliver value: Sales reps

The specialists we interviewed all reported relatively few rep visits (before COVID-19), from one every two months to 1-2 per week. They said that visits were booked ahead and lasted 15-30 minutes. Could be done virtually.

None spoke of drop-in visits, except for dropping off samples. **Samples are now more important than ever.** As some patients lose insurance coverage, samples can help bridge the gap until the person is employed again.

The Unspoken

Pleasant personal interactions

F: *It is a theoretical concern, but I don't think it is practically important.*

Probed about in-person visits by sales reps, with the potential for spreading disease from clinic to clinic, specialists felt this would not be an issue. It would be easy to ensure physical distancing with the rep and wear a mask.

Two different mindsets:

The rep as the conduit to other valuable pharma offerings:

- Speaking engagements
- Medical information
- CME
- Trial participation

Opinion leaders value sales reps less, could easily get info via email. Those who are on top of their fields are familiar with 'the latest' already.

The rep as value provider:

- Summarizes key new information after major conferences
- Delivers reprints
- Answers questions
- Highlights important news

Others value sales reps more. They appreciate the conversation. Sales reps help them stay on top of developments in their field easily and quickly.

How Pharma will deliver value: Ad Boards and CME

"It's a modest substitute"

While the educational content, 'the presentation' can be delivered virtually without problems, the discussion is much more challenging.

Specific issues:

- No true discussion, just comments to moderator and answers by presenter
- If mics activated: People speaking over each other, audio not optimal
- Cannot see body language to determine who wants to say something, who agrees/disagrees
- Discussion is lame, not lively

One of the reasons why specialists participate in ad boards or CME is personal interaction with peers. This is missing entirely.

Another reason why physicians attend is to discuss clinical experiences. Much less likely to discuss anything outside of approved use if on video.

E: *Ad boards live off this lively discussion, the controversy, different opinions. You want that 'heated debate', and that is very difficult to achieve in a virtual meeting."*

F: *Online is less personal. …there is the presentation, but there is also the informal part. After the presentation you look around and you talk about things you don't really want to talk about officially during the presentation.*

Others had no issues, and have found meetings informative and convenient

A: *It was very good. …I don't think I lost anything. …the only thing, to be perfectly honest, the lunches…*

The Upside:

No travel, no time wasted, no carbon emissions, ability to connect with colleagues across the country and across the world.

Platform challenges:

Works well with up to ten participants.

Being unable to contribute due to technical difficulties is frustrating.

People are not as committed to attending the event, can tune out if interest wanes or cancel last minute. Very frustrating for presenter.

How Pharma will deliver value: Medical conferences

"I have very little interest in attending a virtual conference"

For some specialists, attending conferences is all about the informal exchange with colleagues, spurring new ideas and collaborations.

Listening to the papers being presented is not the primary interest. It is more the discussion that ensues among experts afterwards.

They cannot imagine that this experience can be replicated on a virtual platform.

***E:** . These meetings live off this constant interaction, people meeting people, having discussions with the speakers etc.*

***A:** When there is a big meeting, most of the people are also just sitting in the room quietly. They're not talking.*

***B:** One of the main reasons why you go to conferences in addition to attending sessions: You want to interact with colleagues, the more informal side.*

"For me, this is wonderful"

For some specialists, attending large medical conferences is somewhat of a burden. They want to attend, but they cannot afford that much time away from their clinic and/or from their young family.

They are excited about the potential opportunity to benefit from multiple conferences with a reasonable investment of time and money.

They see the missing informal component as a disadvantage, but far outweighed by benefits of time and cost savings, and lower environmental impact.

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