



Are Oncologists & Haematologists ready to embrace the full digital shift?

Feeling the Pulse of COVID-19

Genactis.

SCOPE

In March 2020, we surveyed 250 physicians from our proprietary panel (PAG™) to collect their immediate thoughts on the impact COVID-19 was having on their practices and how they envisaged the future. At that time, the pandemic had clearly accelerated the shift to digital care, but what the research clearly revealed was the need for more personal interactions and the fear that this new era may prevent physicians to interact with a more human touch.

But how are we doing today?

Genactis launched a second wave, focusing on a specialty we know very well: haematologists and oncologists of our proprietary panel (Physician Advisory Group, PAG), with the objective of understanding how the increased digitalization generated by the COVID-19 crisis was actually lived by physicians in daily practice.

A short online survey was conducted in EU5 mid October 2020, prior to the fall lockdown, with 50 oncologists and haematologists in each of the top EU5 countries, as we fight Covid-19 resurgence?

COVID-19 has brought new virtual tools, transforming physicians' habits. Oncologists and haematologists, regardless of country or age, are still trying to adapt.

Virtual interactions bring convenience and simplicity, facilitate access to care, but have limitations

Technology knowhow is variable in Europe and may hinder acceptance to digital shift

Face-to-face interactions remain essential and will be key to ensure acceptance and successful implementation of digital health

In this changing world, where a lot of social interactions are increasingly happening online, telemedicine follows suit, Covid or no Covid... However, virtual interactions will not succeed alone: they need to be complemented by human interactions which will remain essential in providing context, empathy, knowledge sharing...

PHYSICIANS NOT QUITE READY TO FULLY ADOPT VIRTUAL PATIENT VISITS...

When asked about their overall thoughts regarding the shift to the digital world and specifically e-visits, a majority of respondents were not comfortable with the concept nor confident that a full digital shift would be beneficial.

Risk of misdiagnosis or mismanagement appeared to be a major concern: remote clinical evaluation is simply not possible (missing signs and symptoms could lead to making the wrong decision). And although it could ease some physician-patient interactions, e-medicine is not acceptable for first consultations, diagnosis, therapy initiation or treatment switch.

“Face-to-face visits create a bond with the patient, empathy allows for better communication and understanding of what is happening.” (Spain)

“Virtual means worsening of the doctor-patient relationship.” (Italy)

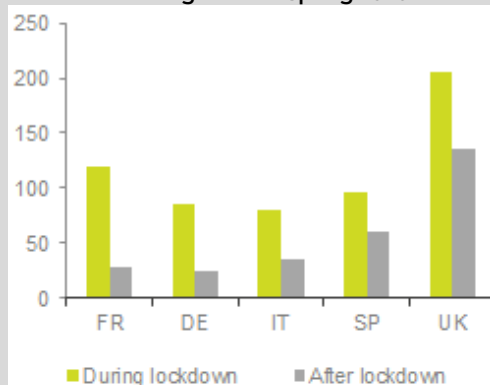
Lack of human touch and loss of empathy, were consistently reported as key concerns going virtual. In oncology-haematology, listening to patients is as important as the visit itself; virtual interactions may induce doubt, lack of confidence and feeling of loneliness for the patient.

In addition, access to technology varies across countries. Some hospitals are not properly equipped with webcams or sufficient bandwidth. Patients, especially elderly, are not especially tech savvy. In Spain, for instance, during lockdown, many remote visits were mostly conducted over the phone but not online.

“May be easier but implies having the right logistics to deliver more treatment at home, i.e. transferring responsibilities to primary care and requiring greater skills from home care nurses.” (France)

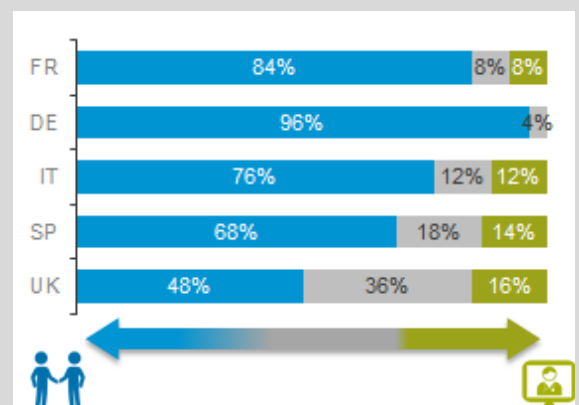
“There is no digital strategic plan yet! My hospital is not ready, computers are not up-to-date, we don't have webcams, internet is not working in some areas...” (Spain)

Chart 1: No. virtual / online patient visits during vs. after Spring 2020 lockdown



Sample Size = 250 haematologists and oncologists - N=50 per country

Chart 2: Preference between in-person vs. virtual



... BUT ACKNOWLEDGE THAT TELEHEALTH IS A REALITY

Virtual is convenient, although only a minority of the oncologists and haematologists surveyed actually developed on the positive points telehealth may provide: flexibility to manage patients according to urgency or health status, allowing physicians to stay connected with stable/remission patients, while leaving time to focus on more complex or demanding cases needing an in-person evaluation / check-up.

Remote visits, whether virtual or simply over the telephone are convenient for elderly patients or patients in distant locations, reducing waiting and travelling time.

By facilitating access to physicians, it may allow faster / early detection of an issue and therefore faster intervention. And of course, telemedicine is safer in pandemic periods.

The survey revealed that UK and German respondents are more ready to go digital than their other European colleagues

“Very good for NHS and for patients. It is convenient but we lose the patient-doctor relationship.” (UK)

“In the long term, digital patient visits can only be a complementary tool, and may have a positive influence on patient management. It cannot replace the personal contact though and the actual treatment process.” (Germany)

“In some cases, online visits offer a benefit for patients, the elderly or patients with physical difficulties, avoiding unnecessary trips. But in many other cases, it only means a loss of key information about the disease or its evolution!” (Spain)

“Patients need to be seen in-person, but there are many unnecessary visits that can be cut down.” (UK)

Opinion of telemedicine in Oncology / Haematology care (% of resp.)



Sample Size = 250 haematologists and oncologists - N=50 per country

VIRTUAL EVENTS BRING EASY CONNECTION BUT LIMIT SOCIALISATION

The primary and most frequently mentioned benefit that respondents perceive in virtual events is convenience and time / costs savings. Easy access to content and recordings, possibility to register to several events and for several doctors from the same hospital to attend the same event, were also recognized as benefits.

“Very convenient, no travelling and ability to view all sessions rather than having to select (if timing clashes). (UK)

“Virtual will be the future.” (Italy)

However, virtual conferences rate poorly in terms of their inability to provide opportunities to network, interact with experts, and exchange with peers.

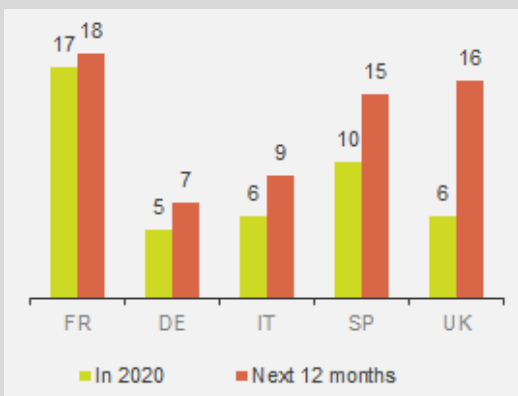
The virtual experience is then described as less interesting, less engaging and even boring, lacking social dimension. Many physicians also struggle to dedicate the time to attend a virtual event, while work and patient visits go on.

“I am missing the face-to-face meetings and the ability to network with colleagues in real time in a conference. The shift to digital, this year, has significantly impacted personal relationships. Also, talks and interactions are not the same. Digital shift is not the way forward for important national and international meetings for e.g. ASCO, ESMO etc. (UK)

“There are intangible learnings associated with coffee break discussions that are impossible in virtual congresses.” (Spain)

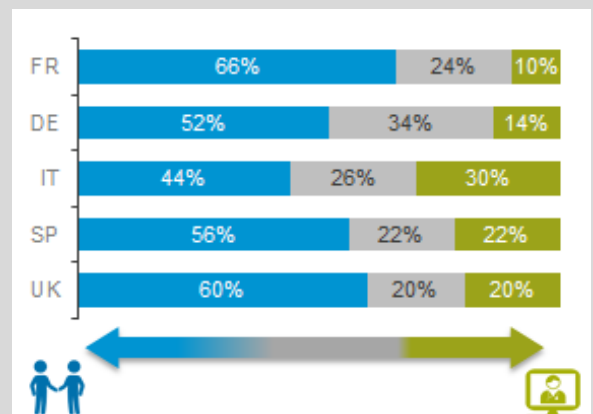
“Virtual events are very exhausting, technology costs a lot of nerves, the whole thing is no fun.” (Germany)

Chart 3: No. of virtual / online conferences attended in 2020 & anticipated



Sample Size = 250 haematologists and oncologists - N=50 per country

Chart 4: Preference between in-person vs. virtual



SALES REPS VISITS: PERSONAL AND RICH DISCUSSIONS OUTWEIGH CONVENIENCE AND FLEXIBILITY

In this future virtual world, Sales Reps visits are globally better accepted than any other virtual interaction. Once more, flexibility and convenience are appreciated: visits can be scheduled, depending on physicians' availability, potentially reducing the number of unprompted visits that tend to annoy physicians.

“It saves me a lot of time, I have the information at my disposal to consult in my own time.” (Spain)

However, face-to-face visits remain appreciated for the quality of the discussion and the insights gained from these exchanges. Today, and with the experience of the Spring 2020 lockdown, online visits are not satisfactory: Virtual meetings are said to be often limited to video clips of data, less educational and more commercial.

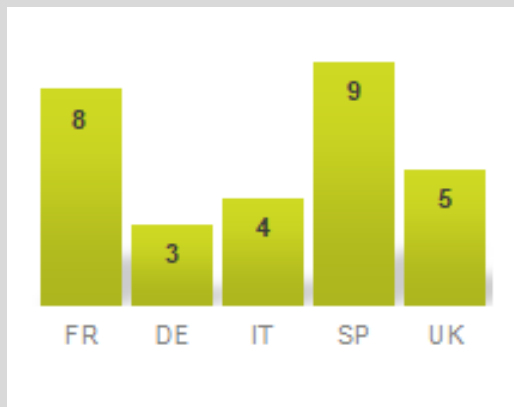
There is a clear disconnect between physicians' needs and what they have recently received.

“The visit in person allows you to convey your opinions and experiences about the drug in a more empathic way. Being online does not achieve the sale rep's purpose. (Italy)

“It is best to have in-person sales reps visits, a screen makes the relationship cold and distant.” (Spain)

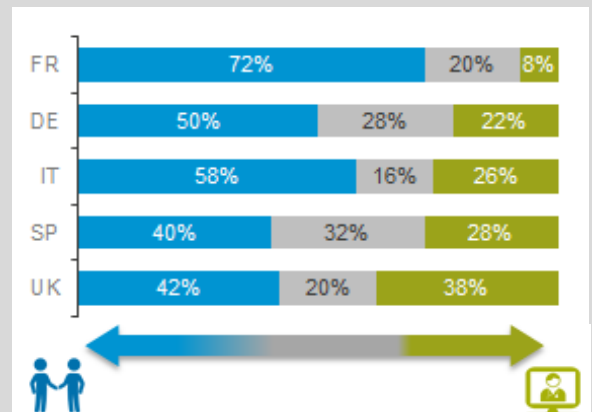
“It can only make sense in the case of real news from the company, especially on regulatory issues. Not just to remind the indications of a product. It can represent an overload of work for the doctor who is already overwhelmed with online events and videocalls.” (Italy)

Chart 4: No. of virtual / online sales rep visits received since post lockdown



Sample Size = 250 haematologists and oncologists - N=50 per country

Chart 5: Preference between in-person sales calls vs. virtual sales calls



THE FUTURE LIES IN A HYBRID MODEL

Developing e-visits under certain conditions

There are pros and cons to telemedicine and to a broader usage of virtual events. The future probably lies in a hybrid model, with British and German physicians the most ready to move forward.

It is well known that telemedicine has the potential to evolve after the pandemic, to alleviate overcrowded hospitals and facilitate access to everyone, even in remote locations. Virtual touchpoints will be used for routine follow-ups (e.g. lab results, questions on treatment, etc.), as well as ageing patients or those living in remote locations. However, in-person visits will remain unavoidable if and where clinical exams are required, and for diagnosis or treatment initiation.

In a changing world, healthcare systems are facing numerous challenges, including tech infrastructure upgrades and associated costs but also physicians and patients' reluctance / lack of knowledge and equipment.

Pharma companies have a role to play to accompany the shift and facilitate the transition:

- ▶ Supporting clinics / hospital solving technical issues;
- ▶ Training and supporting physicians to overcome their reluctance
- ▶ Addressing accessibility issues on the patients' side, organizing trainings
- ▶ Understanding the patient journey to define the typical e-consult and identify appropriate tools depending on the regions / settings.
- ▶ Segmenting the audience will be key, to define the optimal communication channel for each doctor,

The best of both worlds to interact with physicians

In a scenario of returning to a pre-pandemic situation, both virtual and face-to-face interactions will have a role to play. While digitization cannot be stopped, there is a risk of missing out on the human touch.

To overcome the lack of personal interactions highlighted by physicians in our survey, virtual events and Sales Reps visits need to be highly interactive and engage physicians almost as if they were face-to-face.

- Adding interactive activities (e.g. break-out rooms, personal chats, instant surveys, gamification, etc.)
- Making sure that conversations flow both ways (vs. static video detailing)
- Providing a social dimension – to break from the routine (e.g. entertainment)

ABOUT THE SURVEY

4 minutes online pulse questionnaire with 250 oncologists and haematologists, all of them actively practicing and registered in the Genactis' Physicians Advisory Group (Proprietary Panel, PAG™).

Data collected mid-October, 2020. Respondents were not incentivized for their participation. The study was conducted with a random unbiased sample of oncologists, haematologists and onco-haematologists. Results were analysed for individual countries with a minimum sample size of 50. No significant differences were observed by setting and by age range.

ABOUT GENACTIS

Genactis is a market research consultancy partnering with the world's leading pharmaceutical and biotech companies to help identify and power strategic decisions in the development and commercialisation of their products. With more than 20 years' experience in the field, we provide ad-hoc market research projects using our proprietary panel of HCPs (PAG™ Physicians Advisory Group).

ABOUT SYNAPTIQ HEALTH

A group of individual, best-in-class agencies and consultancies providing life science clients with integrated or standalone support services across the three key components critical to product success; INSIGHT, ENGAGEMENT and ACCESS.

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