

Spotlight

COVID Disruption Solidifies Telehealth

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In our last article, “Embracing Change During COVID-19 Disruption”, we examined how social distancing and the pandemic lockdown disrupted our engagement with customers, as we moved overnight from an in-person world to a remote one. One of the most impactful changes in healthcare: the ultra-rapid and widespread adoption of telehealth.

Much has been said about increased telehealth use over the last 2 years. It was on an upward trajectory prior to COVID – with roughly one quarter of physicians conducting telehealth visits and remote monitoring in 2019 –almost twice as much as in 2016¹. In 2020, that number appears to have doubled again with almost half of physicians (48%) stating they now treat patients through telehealth appointments².

In an effort to uncover unmet consumer needs in this space, we surveyed 281 patients and caregivers in the US to understand how they use telehealth, what they think of it, and how they expect it to change their future approach to healthcare (October 26-November 9, 2020).

The Power of Convenience

Over half of consumer respondents indicated they use telehealth, with almost



30%

of consumers used telehealth for the first time during COVID

Telehealth users tend to see their doctor more often and live further away from their doctor’s office (Figures 1 and 2).

Figure 1

Frequency of doctor visits among telehealth users vs. non-users: % seeing doctor at least once every 3 months

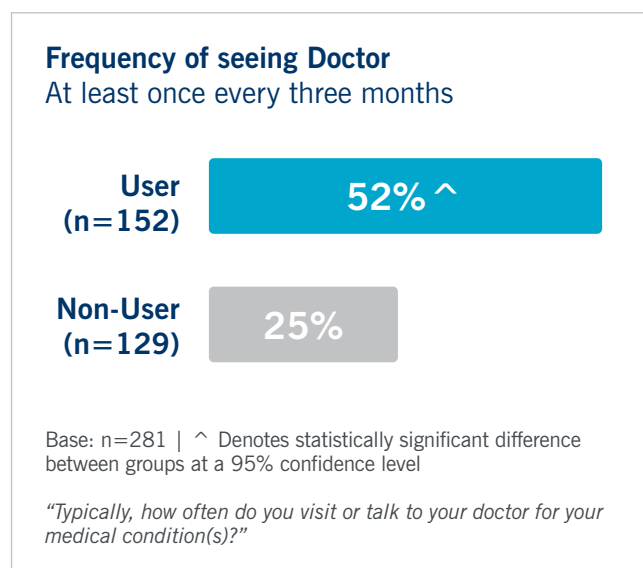
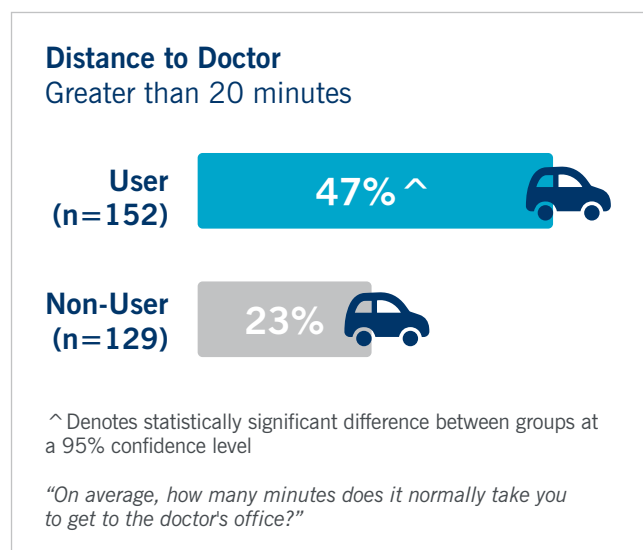


Figure 2

Distance to doctor among telehealth users vs. non-users: % living more than 20 minutes away from doctor



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It's not surprising then that users cite convenience and saving travel time as the top advantages of telehealth appointments (Figure 3).

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“What I like most about telehealth is the easiness and stress-free convenience it offers.”

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“Not having to go and wait in the doctor's office for hours (and I do mean hours). It's way more convenient to deal with the doctor over the phone, and it takes considerably less time.”

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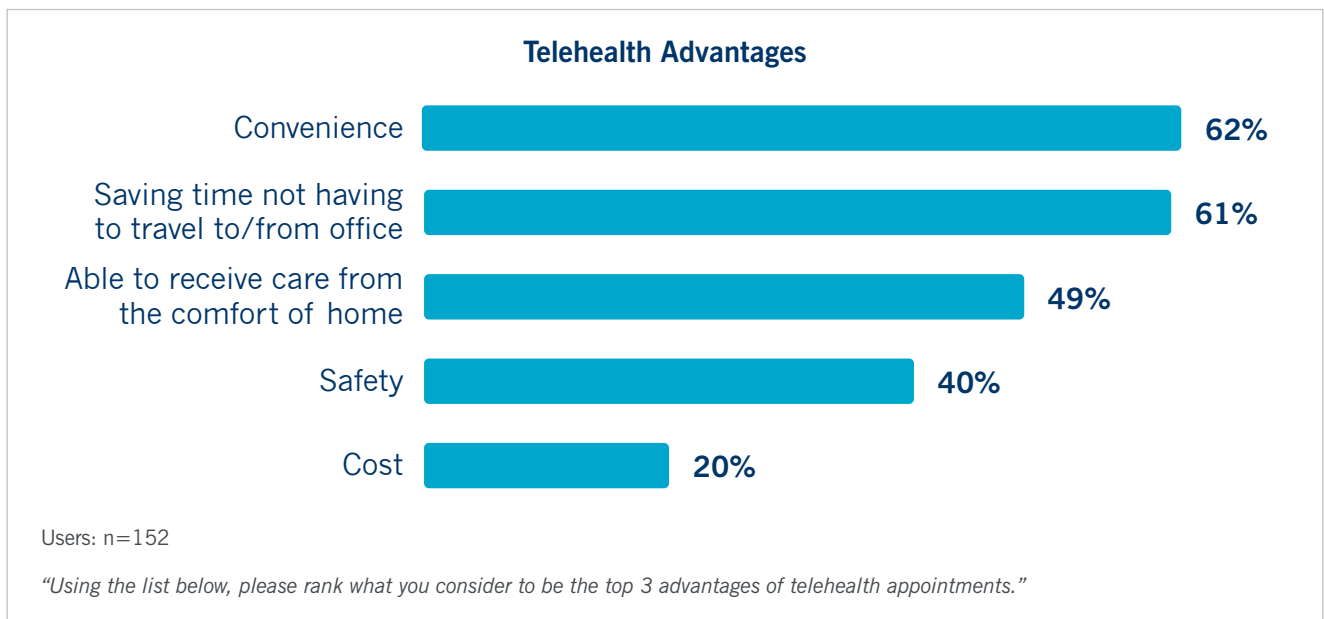
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“The biggest advantage was the convenience. I am in a wheelchair, so getting to the doctor's office can sometimes be a challenge.”

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Figure 3

Top Five Telehealth Advantages (% telehealth users ranking each in their top 3 choices)

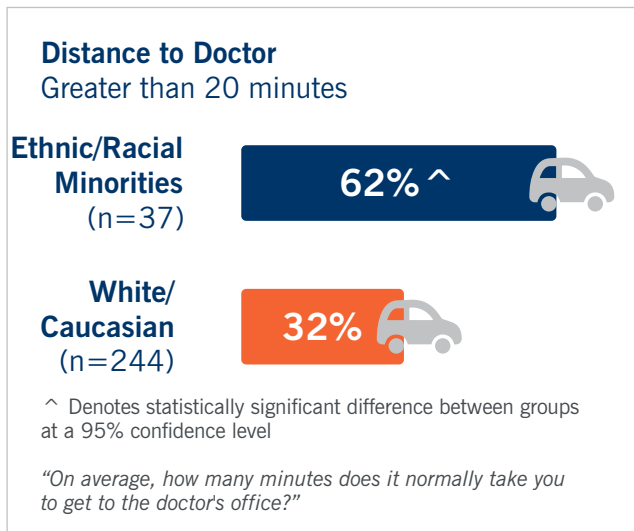


Interestingly, our research suggests higher usage among less-represented ethnicities, with 73% of Black, Hispanic and other minorities using telehealth vs. 51% of Caucasian consumers (Figure 4). While the ethnic/racial minorities base is small (N=37), we believe this disparity may correlate to distance to the doctor, with minorities tending to live further away than Caucasians (62% of minorities in our survey live more than 20 minutes from their doctor, compared with 32% of Caucasians).



Figure 4

Differences between ethnicities in travel time to doctor



Another possible connection is that while most users normally drove themselves to their doctor in pre-COVID times, racial and ethnic minorities more likely relied on public transportation or another means, making telehealth convenience more attractive among these latter groups.

Limitations of Telehealth

Convenience cannot overcome certain perceived barriers, however. For users and non-users alike, the greatest telehealth disadvantage is its inability to perform detailed examinations, resulting in consumer concern about receiving inferior care compared to in-person visits (Figure 5). Many survey respondents feel telehealth serves its purpose only up to a point and agree more in-depth appointments are less effective over the phone or computer.

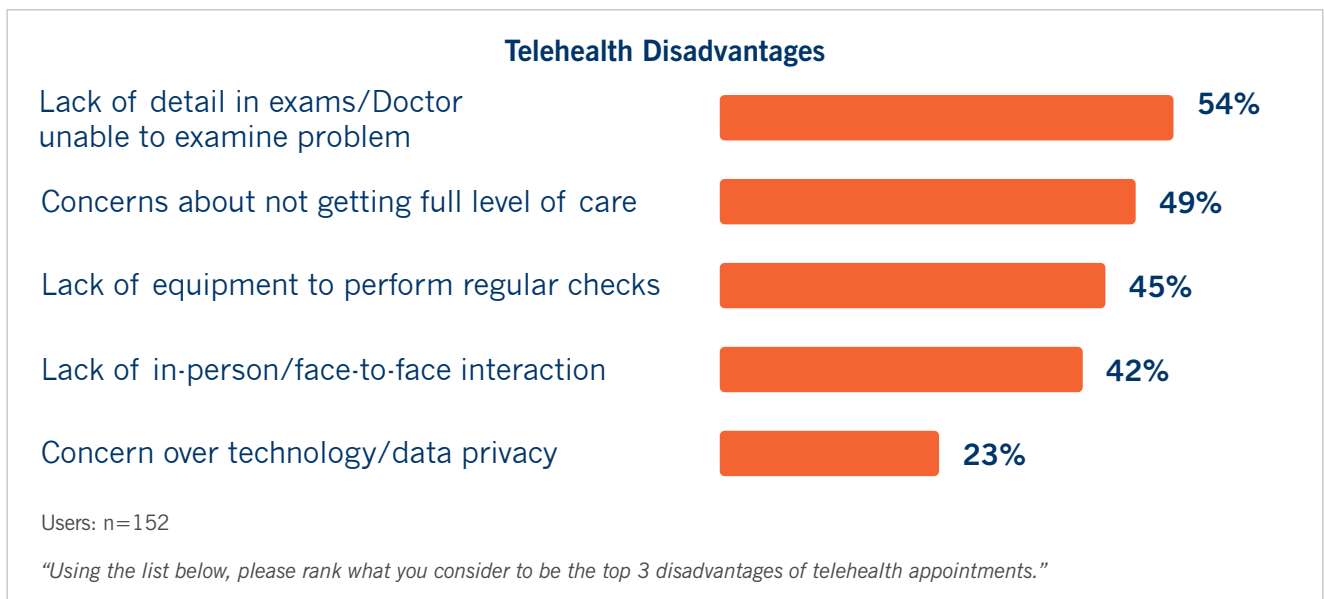


"Having a broad range of things to check, such as weight, blood pressure, A1C, etc. These can't be performed over the internet."

"I worry that my doctor might miss something because things are not as clear as they are in person."

Figure 5

Top Five Telehealth Disadvantages (% telehealth users ranking each in their top 3 choices)



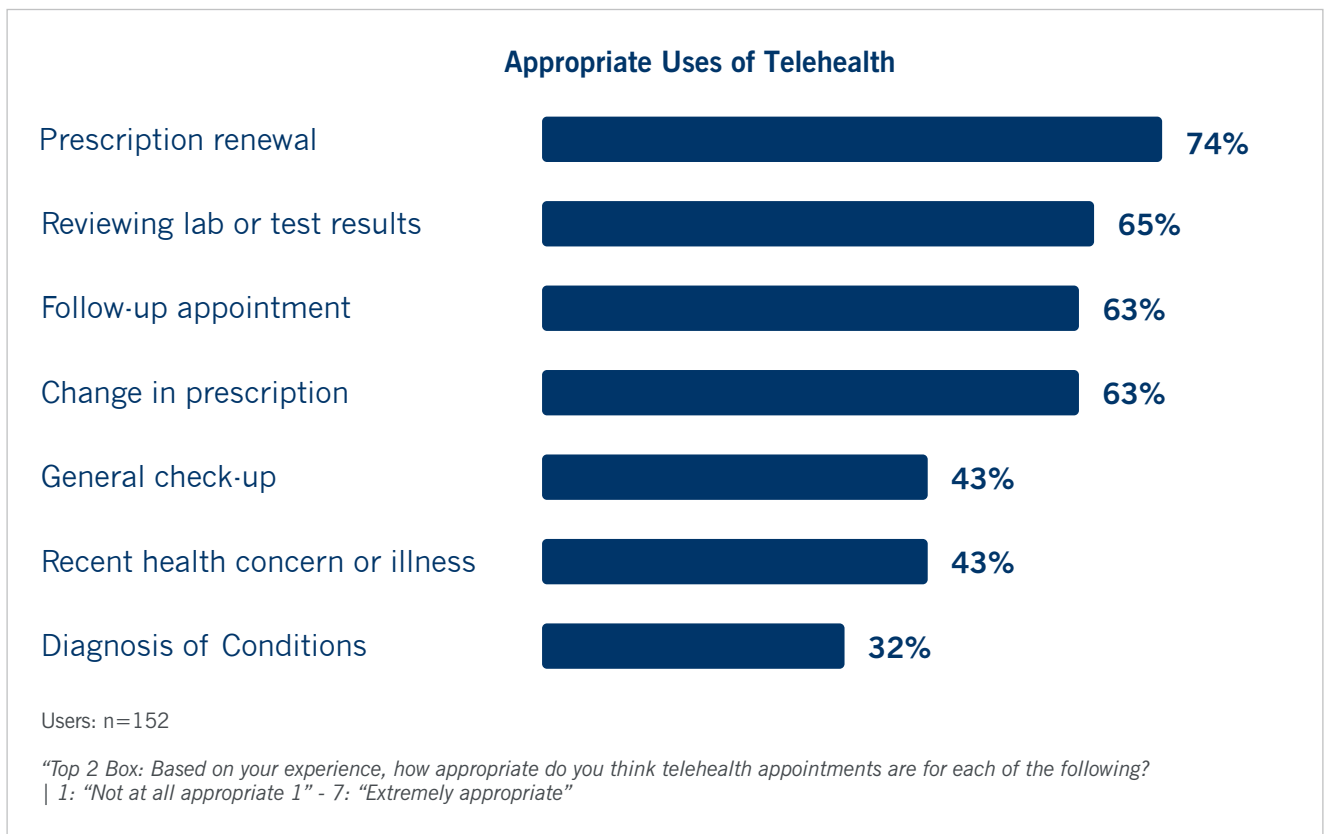


Appropriate Uses of Telehealth

Not surprisingly, consumers consider telehealth more appropriate for routine visits, such as prescription renewals/changes, test results or follow-ups vs. check-ups, recent health issues, or diagnosis (Figure 6). This aligns reasonably well with what Adelphi observes in other HCP primary research, with the exception that HCPs tend to reserve medication switches for in-person visits.

Figure 6

Based on your experience, how appropriate do you think telehealth appointments are for each of the following? (Scale 1-7, from 1 =not at all appropriate to 7 =extremely appropriate)



The nature of specific appointments impacts who uses telehealth today. Users are 25% more likely to have issues not tending to require face-to-face interactions or testing/monitoring as compared to conditions such as diabetes and cancer that require more “hands-on” monitoring (e.g., blood chemistry, glucose levels, visual evaluation and diagnostics such as MRIs).

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Potential Technology Barriers

Consumers raise concerns about the technology needed for telehealth, and it's not only about comfort using platforms such as Zoom or FaceTime. They worry about having appropriate access to the tools themselves. Non-users in our study are more likely to believe they would have to buy additional equipment (scale, heartrate monitor, thermometer) in order to fully participate in a telehealth call. More widespread use of telehealth could be prompted via education about what is truly required for a successful telehealth visit, and even providing basic at-home monitoring or diagnostic tools for chronic conditions. Telehealth users also express concerns about internet bandwidth hampering appointment quality.



“Sometimes video quality is not clear as far as diagnosing like a skin condition or a rash. Sometimes it can be hard for the doctor just to actually see through the video, so it needs to be done in person.”



While telehealth shows much promise, for it to successfully serve the broader community, steps will be required to ensure better access and support – especially in underserved communities. According to Healthlaw.org, broadband (high speed internet) must be available and affordable to every individual, including low-income households and those in rural areas who may lack access to broadband that enables telehealth utilization³. Creating widespread access will likely boost usage even further among these groups.



*“Right now, **technology** is still not mature. Frequent outages occurred and twice my tele-visit was cancelled due to technical issues on my provider's side.”*

Better Outcomes Through Telehealth?

While telehealth usage today is fostered by its convenience and safety in a pandemic world, the pharma industry should be eager to expand telehealth usage, even post-COVID. The convenience of telehealth may prompt earlier medical consultations when new symptoms manifest, enabling earlier diagnosis of new conditions. Another beneficial outcome of telehealth may be greater consumer willingness to keep routine monitoring appointments, resulting in earlier discussions of side effects and management strategies, detection of changes in vitals leading to in-person evaluations, and earlier medication switches and/or complication detections. Telehealth can improve compliance and real-world outcomes for medications as well, creating opportunities for manufacturers to see better efficacy, and possibly create stronger value propositions with payers.

Telehealth is here to stay, but what will it look like post-pandemic?

Consumers appreciate telehealth, especially for routine care where they can save time and gas money with a virtual visit. And they especially value the convenience; increasing ease of use is important to maintain quality of the telehealth experience and expand the pool of users, and the ways in which telehealth is used. Even when pandemic restrictions subside and technologies continue to improve, we're likely to see more growth in the sector.

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Organic growth is expected as telehealth is in the early adoption phase, and as such, consumers and doctors alike are putting a virtual toe in the water, using it primarily for medication checks and verbal monitoring of ongoing conditions not requiring more intensive scrutiny.



“I think it's much more convenient – no interaction with people, no driving, no parking, no walking in. It just seems to be safer, to be smarter, to do telehealth when possible. I just like the convenience of online everything. Doctors, shopping, scheduling an appointment for car maintenance... I just think this is the way to go anytime it's possible, to just not have to go into a physical office.”



What can pharma do to expand telehealth usage?

Manufacturers can further telehealth growth by removing barriers to usage: providing tools for more meaningful and comprehensive virtual visits, providing education and assistance for perhaps reluctant consumers who can benefit from telehealth, and, to the extent possible, reducing technological barriers.

Manufacturers may want to accelerate the development of at-home tools and programs to make monitoring/routine telehealth visits more valuable and easier for both consumers and HCPs.

Onboarding kits distributed with new medication starts containing easy-to-use testing/monitoring devices (e.g., pulse oximeters, blood pressure equipment), digital apps connected to medication devices or even simple urine test strips can all prompt consumer engagement and increase the quantity and quality of clinical data available to the HCP during the virtual visit.

We anticipate that increased use of at-home diagnostics and testing can favor a scenario where such data can be evaluated by non-physician HCPs and flagged for in-person visits if abnormal signals are detected. Analogs to Cologuard's at-home cancer screening kit providing convenience, time savings and privacy, are likely to thrive in this new telehealth world. This evolution will impact how pharma companies support their customers. And it could accelerate entry of non-traditional competitors familiar with the speed and agility required to succeed in a digital marketplace.

We've seen that consumers who tend to see their doctor frequently and who live further away are more likely to take advantage of the convenience of telehealth suggests that consumer outreach efforts can be tailored (using geotargeting and strategic placement) to populations of interest, providing information about the benefits of telehealth, address any concerns, and help onboard these consumers. This can be of particular benefit to consumers with chronic conditions requiring frequent office visits.

There may be other benefits to the consumer—more consistent usage of telehealth can promote earlier symptom detection, increasing the chance for successful early intervention. And telehealth can be cheaper than traveling to the doctor's office.

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While bandwidth issues are a real constraint on successful telehealth adoption, manufacturers who are committed to reaping the benefits of telehealth (better adherence/compliance, earlier detection and intervention, more touchpoints between HCPs and consumers) may want to consider investing in ways to lift this constraint, perhaps via a consortium initiative to provide funds and tech solutions to underserved communities.

As technology and in-home diagnostic and monitoring services continue to gain access and acceptance, we see a possible scenario where routine telehealth visits become the responsibility of other healthcare workers, such as NPs, PAs, or specially trained medical technicians. This shift may allow doctors to focus on more challenging appointments where they believe they have the most medical impact (e.g., diagnosis, medication switches). This could potentially expand other HCP roles to be more challenging and rewarding, enabling practice and career growth.

COVID disruption has tipped the balance towards telehealth—once consumers experienced its convenience, there's no going back. Manufacturers can benefit by helping to make the virtual visit not only more convenient, but a more consistent, accurate and inclusive tool that can yield in earlier detection, stronger compliance and better patient outcomes.

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