

Insights Into the Attitudes and Comfort Levels of Healthcare Professionals With Live Meetings and Education in the Pandemic Age

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Like it or not, the reality is that the pandemic has significantly reduced the opportunity for personal engagement with healthcare professionals (HCPs). The previous standard — face-to-face interactions with industry (medical science liaisons [MSLs] or sales professionals [SPs]), or through peer-led education — has been impacted given restrictions implemented by city, state and federal authorities to minimize risk associated with COVID-19; limitations imposed by employers and/or institutions; and HCPs' own assessment of risk to themselves and their patients. As a result, many HCPs have limited attendance at live meetings and reduced interacting with colleagues in face-to-face settings. This is seen across every therapeutic category.

To what extent has **lack of travel** impacted learning about **new medical information**?

(n=378)



All companies have had to pivot to accommodate changes in practice due to the challenges securing live meetings with clinicians. Industry has had to adapt, with some companies relying more heavily on MSL-led engagements while other companies have reduced their sales force. Yet even face-to-face MSL-led interactions have slowed compared with the past, and MSLs must be creative in the way they maintain or build thought leader relationships. Compounded with this, clinicians have less time to devote to learning new information because of the demands related to busy practices, academic responsibilities or family. Many institutions have required clinicians to see more patients, further limiting the available time spent learning about new drugs or devices. Although many practices have reopened, stricter measures have been integrated to enhance safety to limit potential contagion, and the same practices that once welcomed industry interactions now restrict or discourage them altogether, opting for no meetings or digital interactions via Zoom or Teams communication platforms.

As companies have shifted away from live interactions in the office or at medical congresses, digital education has proved to be advantageous by reaching a broader audience. Thus, medical communication companies have been partly able to fill this void by creating and disseminating quality education and resources through well-recognized channels.

Healio Strategic Solutions created and distributed a survey to the global Healio audience of HCPs in mid-November 2021 to understand the level of comfort of HCPs have with live interactions to facilitate education in the pandemic era. The survey remained open for approximately 3 weeks, closing in early December 2021. A total of 401 U.S. HCPs completed the survey, including physicians, residents, nurse practitioners and physician assistants across 23 therapeutic areas.

Behavior changes of HCPs

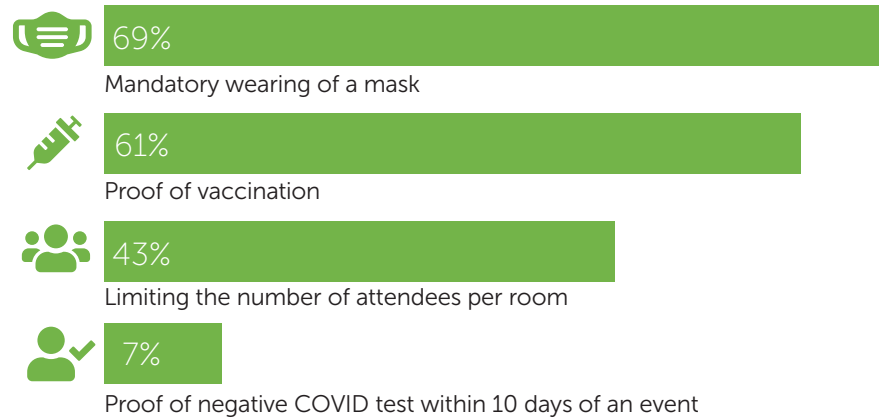
Results showed many HCPs limited live interactions with industry. Of those surveyed, 43% noted that before the COVID-19 pandemic, they had frequent engagement with industry, including both MSLs and SPs. Twenty-six percent reported having no engagement with field medical or sales, 20% engaged with SPs only and 13% engaged with MSLs only. When asked whether their behavior patterns accessing online education had changed from the height of the pandemic when travel was severely impacted to now, 43% of respondents said they accessed online education the same as before, 14% access it more and 3% access it less. As the pandemic has evolved, the majority of respondents (60%) reported feeling somewhat to very comfortable meeting industry (either MSLs or SPs) in live settings and taking safety precautions when traveling to meetings, whereas 29% were somewhat to very uncomfortable meeting with industry, with or without safety precautions. When questioned whether they are now more selective in attending live meetings including interactions with industry or attending live medical meetings, 70% noted they discriminated more compared with 30% who responded they do not. The HCPs submitted a diverse mix of responses to this question, from “not attending live meetings” to suggesting the attendees must be fully vaccinated with a booster and wear a mask, and meeting size be limited with social distancing maintained. Other respondents noted they were happy to attend live meetings that did not require participants to wear a mask.

More than half of the HCPs surveyed (53%) reported their office, clinic or practice had current rules that prevented or limited in-person meetings, compared with 34% who reported their practice settings did not have these rules. Additionally, 10% of respondents were not certain if their center had a policy. Probing further, the HCPs were asked to select the top two precautionary measures that would make them feel safer and more confident that health cautions have been considered for them to

60%

of respondents reported feeling **somewhat to very comfortable meeting industry** in live settings as the pandemic has evolved.
(n=375)

attend a live meeting or participate in face-to-face interaction. A majority of respondents selected mandatory wearing of a mask and proof of vaccination:



Additionally, 19% opted to provide their own response to this question, demonstrating a wide range of opinions. Some HCPs specified measures such as onsite temperature checks, distancing and adequate venue ventilation; other HCPs noted restrictions were unnecessary and that they prefer to make decisions for themselves without a mandate.

Telehealth

The pandemic not only reduced face-to-face interactions with industry or peers, but it also decreased in-person engagement with patients. One of the earliest effects of the pandemic was a shift to telehealth for clinical management and patient care, although at that time use of telehealth was limited because of state policies and barriers limiting widespread adoption including information security, patient privacy, licensing, insurance reimbursement and liability.¹ The added time spent using telehealth translated into increased time in front of a computer. Early in the pandemic, one survey noted that telehealth visits (telemedicine and telephone) represented 26% of prepandemic levels.²

As early as May 2020, Healio Strategic Solutions launched a survey about HCPs’ adaptation to telehealth. Of the 1,291 respondents, 91% reported their use of telehealth increased since the pandemic, with 46% noting they were using telehealth in more than 51% of their patient population.³

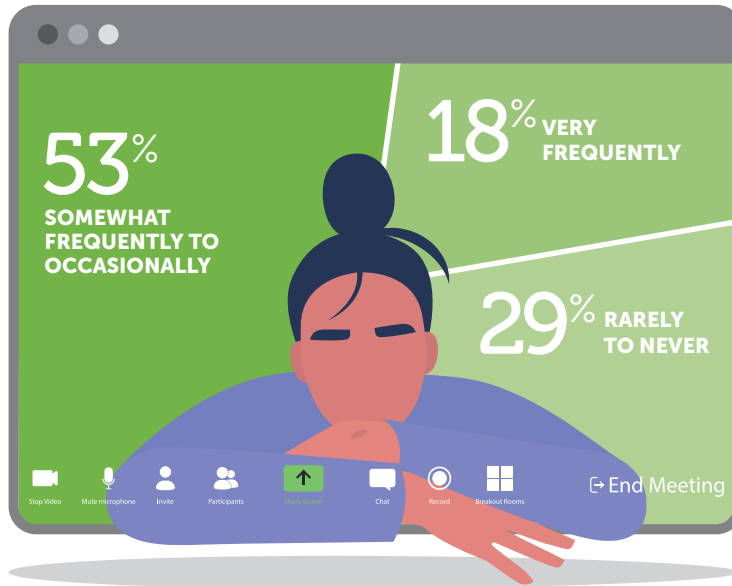
Many of the previous concerns regarding telehealth have been resolved in the digital/teleconferencing era, yet while professionals have adapted to virtual communication, the flip side has resulted in “Zoom fatigue.” Also called virtual fatigue, Zoom fatigue is essentially burnout at the end of the day characterized by mental and physical exhaustion, forgetfulness or difficulty concentrating,

frustration or irritability at coworkers and/or family. In the present survey, HCPs were asked to describe how often they experience Zoom fatigue.

Currently, most medical congresses have resumed holding live meetings, albeit with registration numbers down about 20%. To accommodate non-traveling HCPs, many congresses have added hybrid programs that

Self-described frequency of experiencing **Zoom Fatigue**

(n=377)



incorporate live streamed, prerecorded and Zoomed content. Most hospital grand rounds programs have continued the virtual format, and many clinical practices have continued to offer telehealth visits as an alternative to face-to-face meetings. MSLS and SPs continue to find securing live meetings challenging and, in some cases, track digital programs to understand the sphere of influence a thought leader has in digital education and social media. As the environment continues to change and people want to

resume their lives, including traveling and learning, innovation will present new opportunities for education. We look forward to the next frontier.

References

1. Centers for Disease Control and Prevention. Telehealth and telemedicine: a research anthology of law and policy resources. Accessed January 28, 2022. <https://www.cdc.gov/phlp/publications/topic/anthologies/anthologies-telehealth.html>
2. Joyce AA, Conger A, McCormick ZL, et al. Changes in interventional pain physician decision making, practice patterns, and mental health during the early phase of the SARS-COV-2 global pandemic. *Pain Med.* 2020;21(12):3585-3595. <https://doi.org/10.1093/pm/pnaa294>
3. Stevens A. Telehealth in the age of COVID-19 and beyond: clinical information needs of health care providers. Healio Strategic Solutions White Paper, 2020.

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