

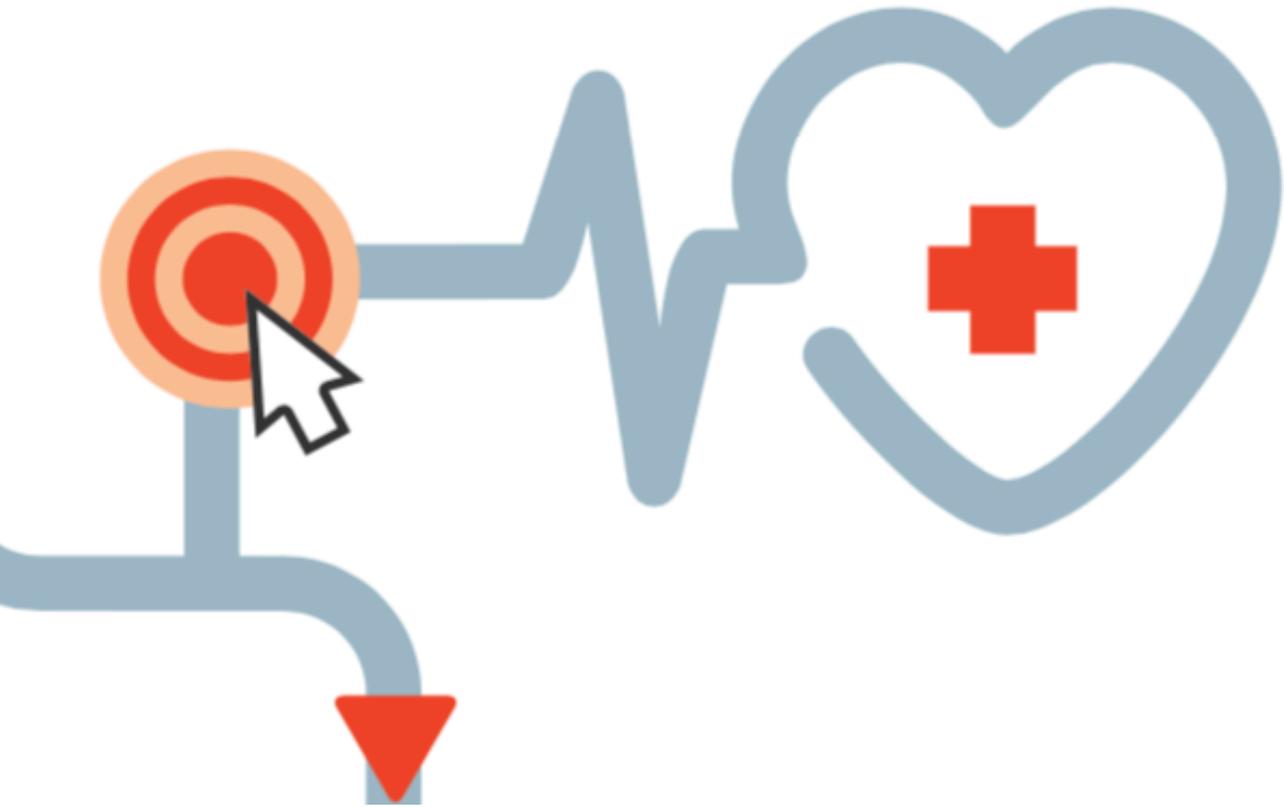


In order to evaluate to what extent HCPs' interest and potential involvement in MR may be affected by the current situation, we decided to ask our collaborators about their feelings and opinions

**1<sup>st</sup> survey lunched on 27<sup>th</sup> March.** The main goal was to evaluate **the immediate impact COVID-19 is having on their willingness and availability to participate in MR, as well as to evaluate how appropriate it is for the industry to conduct MR.**

It's clear that the National Healthcare System has suffered a big blow that has resulted in a re-organization of healthcare resources to manage COVID-19 patients. On the one hand, we have HCPs directly managing COVID-19 patients who have excess workload and are working in highly stressful conditions because of a lack of resources. The most affected are: pulmonology, ICU, ER, IM, ID, lab staff and radiodiagnosis, including physicians and nurses. On the other, we have professionals who have had their non-urgent activity interrupted due to the cancellation of face-to-face interactions in order to minimise contagions and unnecessary risk situations.

- Despite this situation, **81% of our collaborators consider that it's appropriate for the industry to continue with MR activity.**
- Besides, over **80% of them are highly interested in being invited to our research projects.** It's all about wanting to keep a certain sense of normality in their lives and also, it seems that many of them have more time available due to the lockdown.
- It's clear that HCPs don't want MR to be interrupted, but it's definitely necessary **to make the most of digital resources to overcome the limitation of personal contact.**
- Last but not least, we need **to be extremely flexible and respectful with the critical situation HCPs are in** to favour their participation in our projects.

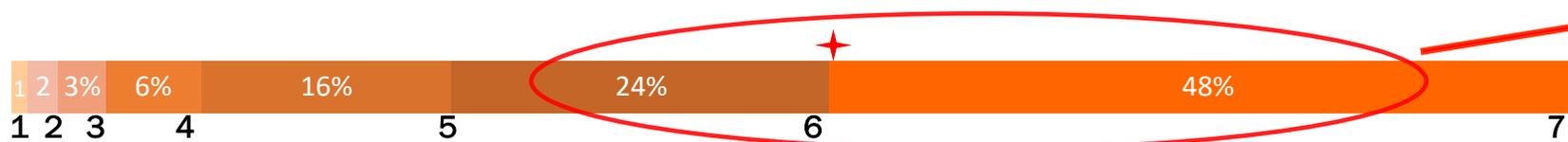


# Results of the 1st survey

What is happening now... Since the State of Emergency started...

# Big impact on the medical practice of all specialties due to the high number of COVID-19 cases and the super quick re-organisation the National Healthcare System has had to apply

## TO WHAT EXTENT IS YOUR SPECIALTY AFFECTED? (1-7 SCALE)



Average: 6.03 (1-7)

The great majority 72% consider themselves much affected  
All pulmonologists, ICU specialists and anaesthetists score a 7.

### Cancellation and suspension of the regular practice to avoid contagions:

- Cancellation of the face-to-face activity except in case of emergencies.
- Conduction of telematic visits.
- Cancellation of hospital treatments and suspension of programmed tests.
- Cancellation of surgeries and closing down of ORs.
- Reduction of hospitalisations as much as possible.

### Restructuring of services to face to lack of resources:

- Some specialists have stopped managing their patients to focus on COVID-19 ones.
- Hospital resources are dedicated to managing COVID-19 patients (hospital beds, ORs, ICUs...)
- Primary care centres have been reorganised to have specific centres to manage COVID-19 patients.
- Lack of Personal Protective Equipment that is necessary to protect HCPs.
- Lack of material resources to treat patients (UCI beds, ventilators, etc.).

### High level of stress and emotional impact

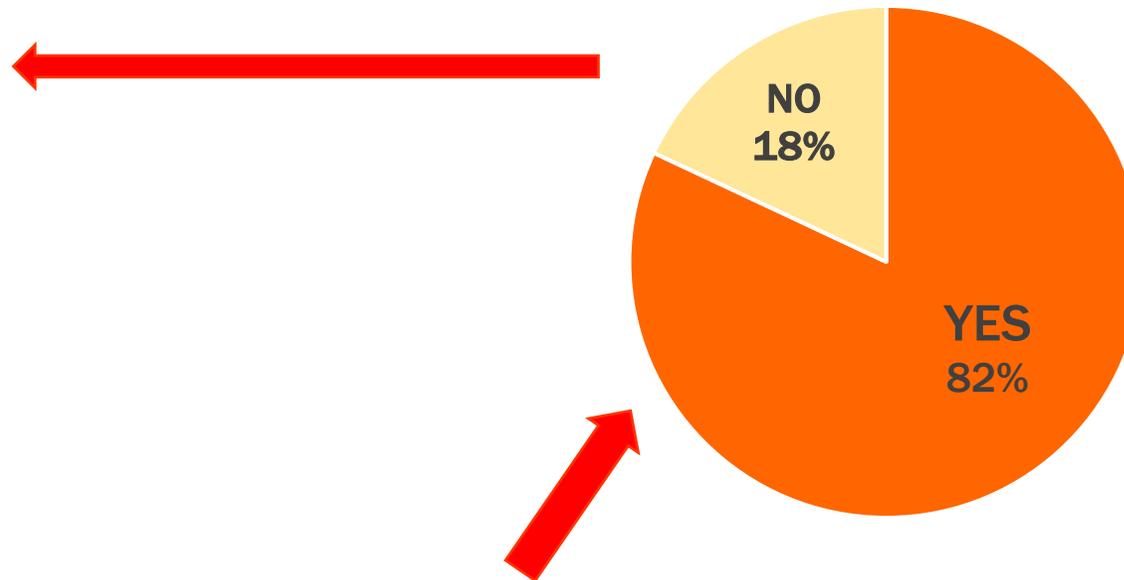
- Working conditions that involve high risk of contagion.
- The specialists managing COVID-19 patients have excess workload and do very long working hours.
- Alteration of their normal routine and sensation of having abandoned their pool of patients.
- Many HCPs are on a sick leave because of COVID-19 contagion.
- High emotional burden and stress among specialists, because they don't have enough resources and feel overwhelmed by the situation.

**HCPs believe that pharmaceutical companies have to continue conducting MR.  
Despite the serious situation they are living, MR is perceived as appropriate and necessary**

**18% state that pharmaceutical companies should not continue with their MR activity. However, a great majority (81%) indicate that they want to be invited in upcoming MR studies.**

As confirmed by the question on the following page, there is no rejection on continuing MR. There is just the request that **studies are adjusted to the new circumstances** (telematic) and that their conditions are **more flexible and adapted to the HCPs' context.**

**DO YOU BELIEVE PHARMACEUTICAL COMPANIES SHOULD CONTINUE CONDUCTING MR?**



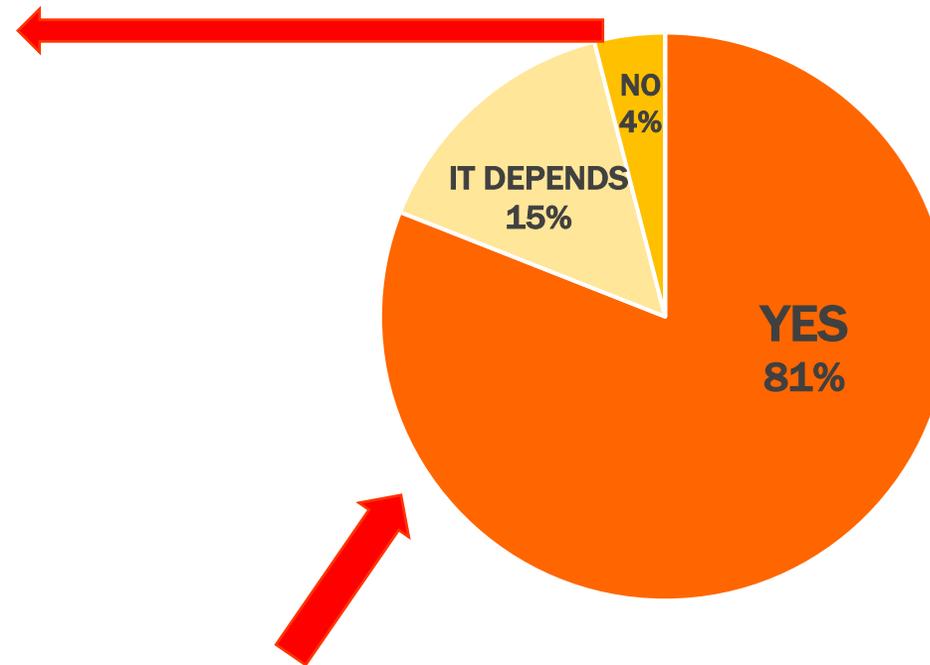
**The great majority, even those specialists that are most affected by COVID-19, consider that continuing with MR is legitimate and desirable.** Therefore, MR is not expected to have any negative impact on the image of pharmaceutical companies.

## The great majority want to keep participating in MR, but some adjustments need to be made on how to conduct them to favour their participation and to match the HCPs' new reality

Only 4% (19) prefer NOT to be invited to participate.

- The reasons are mainly: “we are overwhelmed both physical and mentally, I don't have the ability nor the state of mind to do so, I can't concentrate, I have too much workload”.
- However, they are from different specialties, like Primary Care, Endocrinology, Nurses, Rheumatology, Gynaecology, Urology, Dermatology.
- That is, it's not based on the saturation of certain specialties (pulmonology, ICU, IM or ER) but on the specific situation of certain people both at the personal and work level and their emotional state.

DO YOU CONSIDER IT APPROPRIATE TO BE INVITED TO PARTICIPATE IN MR?



**81% of HCPs are interested in continuing collaborating in MR.** Even the specialties with more workload and emotional burden caused by the COVID-19 crisis still show a very high interest (in line with the rest of the sample). However, recruiting off our database means higher difficulties in accessing these specialties and lower availability.

## HCPs have a number of **suggestions to encourage their participation in MR** and adjust the study design to the new circumstances:

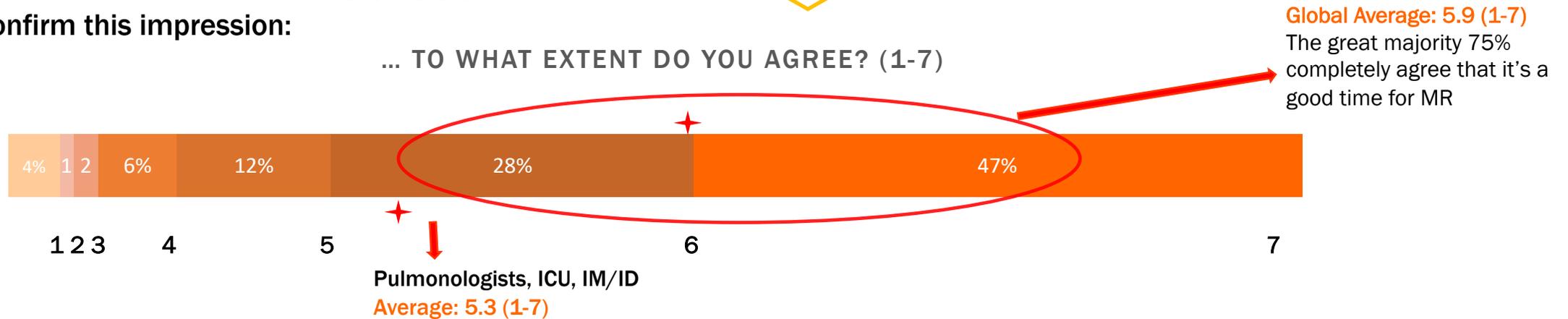
- **Avoid face-to-face methodologies** to minimise the risk of unnecessary contact.
- Encourage **online methodologies and digital resources**.
- **Flexibility with project completion timings** and accept that they may be less accessible when trying to be contacted.
- **More flexibility** with study requirements (too long pre-tasks, long interviews +60 min...).
- **Increase the incentive** to compensate the effort in a situation of physical and emotional tiredness.
- In relation to the screening criteria, patient follow-up studies and treatment data collection, it's worth highlighting that **many treatments are not being prescribed as normally (especially hospital treatments)**.

**It's necessary to be very flexible to adapt to the working and personal situation of HCPs and show as much empathy and respect as possible.**

# The current situation is giving the opportunity to some HCPs to have more time to participate in MR, especially among those specialties not directly working with COVID-19 patients

Since the start of the lockdown, many HCPs we interviewed encouraged us to continue with research projects, because they now have more time, and for them it's a chance to escape from the current situation... We were able to confirm this impression:

Some HCPs stated that due to the lockdown they now **have more time** when they are not working. Our interviews allow them to **talk about a subject other than COVID-19** and therefore, they **think it's a good idea to participate in our research projects**. To what extent do you agree?



Pulmonologists, ICU specialists, IM specialists and ID specialists show a significantly lower level of agreement which means that even if willing to participate they are less available. This is key to bear in mind when planning research projects including these specialists and nurses.

Let's read some of their comments... They seem quite happy to make their voice heard!

Impact on their practice...



*"We only visit patients with an urgent condition. Most patients are managed over the phone." (Derm)*

*"There are no specialties now, we are all Covid-19 physicians." (GI)*

*"We have incredibly high workload. We spend long ours at the hospital, we do double shifts and work on weekends..." (IM)*

*"Visits are reduced and follow-ups are cancelled. Hospital management is dedicated to administering chemo only." (Onc)*

*"All non-urgent programmed activity has been suspended. When the state of emergency is over we will have hundreds of patients to visit." (Ophth)*

Interest in participating in MR...



*"Participating in a study helps us think of something other than Covid-19, and that is relaxing..." (Card)*

*"I have plenty of time because of the lockdown and can participate in MR without any problems. But some are really saturated..." (neph)*

*"Now more than ever new technologies allow us to participate in studies from home, and most HCPs have plenty of time available due to the lockdown." (neuro)*

*"You can count on me. I'm interested in continuing collaborating and now I have more time." (hem)*

*"I'm happy to collaborate. I've had to close down my private practice, so extra money will be more than welcome." (onc)*

## Some suggestions from HCPs... 😊

### The importance of staying home...

*"If studies are over the phone or online, I don't have any problem to participate, because I'm taking the necessary protective measures."*  
(nurse)

*"I can do online studies, but I would not do face-to-face interviews now. We are overwhelmed and very tired both emotionally and physically."*  
(rheum)

*"Studies must be online or over the phone for as long as the lockdown is in place."* (GP)

### ...of being flexible...

*"We are overwhelmed with work and with constant changes of schedule. It's difficult to commit."*  
(derm)

*"We can do telematic studies, but confirming schedules is difficult, because we do 12h shifts for several days on a row."* (paed)

*"These days schedules are less stable and there may be lots of last-minute changes. You have to be flexible now"* (preventive)

### ... of making things easy...

*"I can continue collaborating in studies that are not very long or complicated, because we have too much work and we need to rest."*  
(ID)

*"We can provide insight and opinions, but the patient numbers or the drugs prescribed are not to be taken at face value, because this is not a normal situation."* (neuro)

*"Since I have to be available 24/7 to cover sick leaves, and the situation at the centre is stressful, I like participating in studies"* (endo)

### ...of being sensitive!

*"The specialties affected are ID, IM, ER, ICU, pulm, radiology and lab... With us it may be a bit more difficult, but in the end we will find the time..."* (pulm)

*"It's important to offer a higher economic compensation in a time of excess workload and stress for doctors."* (IM)

*"It depends on the day, on some days I have a lot of work and on some others I rest and can collaborate. But it's complicated because we are all under the weather."* (hem)

**HCPs are doing a great job for the community,  
and we have to be very respectful and empathic with their situation!**

## Appendix: 1st survey methodology

We invited a total of 1000 specialists that we selected from our database collaborators.

- We **selected HCPs who participated in MR in the last 6 months,**
- We **invited professionals from all medical specialties, pharmacists, nurses and payors,** including both those that are more frequently included in MR as well as those that are less frequently included.

In a week, we had received a total of 514 responses: a response rate of 51.4%.

- The survey was conducted between March 27<sup>th</sup> and April 7<sup>th</sup>, a time of maximum stress on the Spanish healthcare system and of a lot of uncertainty on the evolution of the situation.
- The response rate by specialty is variable, but it's very important to note that **there isn't a lower participation among those specialists that are most affected by the current situation (pulms, ICU, IM, ID or ER).**
- We just launched the survey once so that we didn't overwhelm professionals with non-important emails.



Coming soon...

# Results of the 2nd survey

What physicians think will happen in the future...

*When will we be able to go back to normal with **face-to-face research**? Once the lockdown is over, will specialists have to do the suspended visits with patients at once? What will the impact of this be on MR?*