

Survey on COVID-19 and impact on F2F methodologies



 **tab**
HEALTHCARE RESEARCH

In order to evaluate to what extent HCPs' interest and potential involvement in F2F MR may be affected by the current situation, we decided to ask our collaborators about their feelings and opinions

After the 1st survey (n=514), in which we confirmed that HCPs are much interested in continuing their participation in MR despite the critical situation, now with the 2nd survey (n=383) we wanted to find out **the impact of COVID-19 on F2F methodologies.**

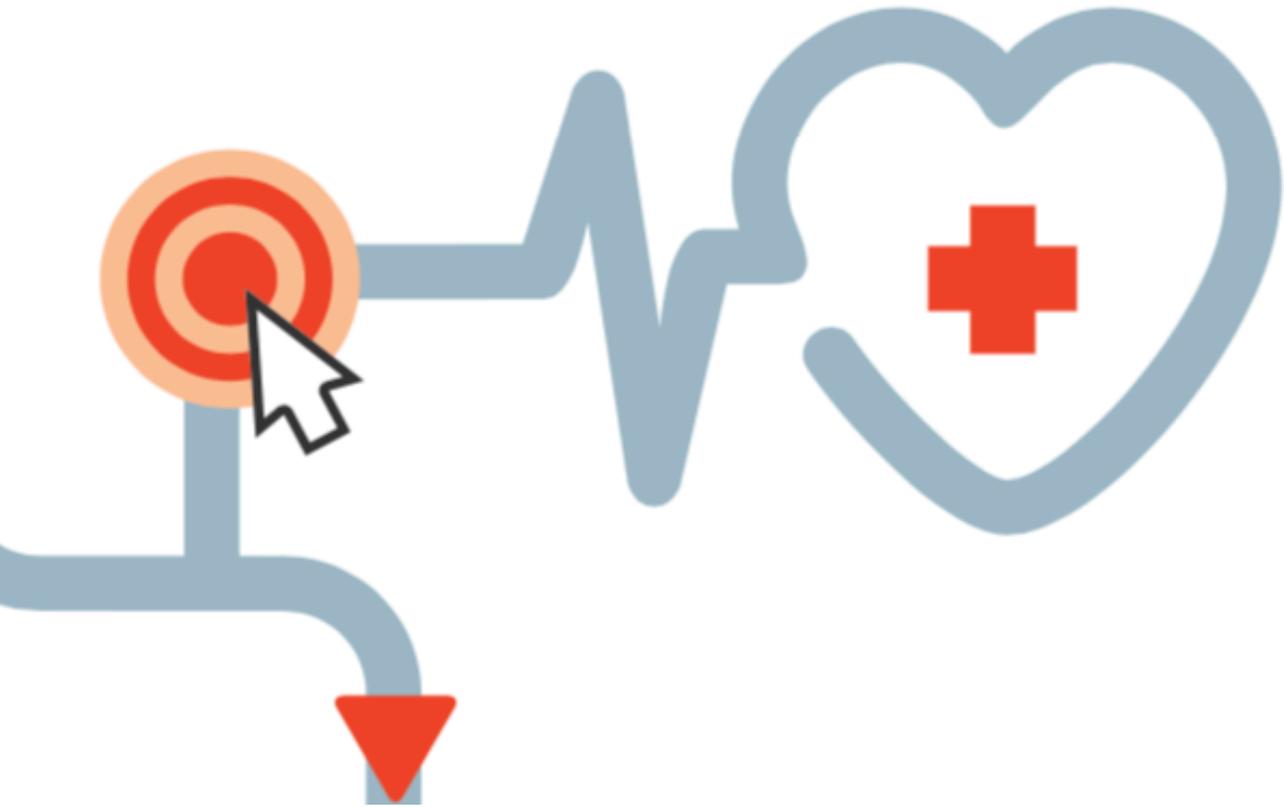
Since the healthcare crisis started, we've been able to conclude two things. On the one hand, **HCPs want to keep participating in MR**, as we observed in the 1st survey and as experience has shown us. On the other, in most cases, **studies are being conducted successfully** without having to increase timings or incentives notably.

However, for us as specialists in qualitative methodologies, **the key questions** now are:

- *What is the future of F2F methodologies?*
- *When will they be resumed?*
- *During the period of time when we will have to coexist with COVID-19, are HCPs willing to participate in F2F studies?*

Today, the priority is to minimise risk activities, but it's also important to resume and normalise previous activities. In this context, now that we are building "the new normality" it's important to start **thinking of how F2F research will be set up in the future.**

Now that we are starting with the de-escalation and easing lockdown restrictions, we wanted to listen to our HCPs to understand their views and offer accurate advice on the situation in Spain.



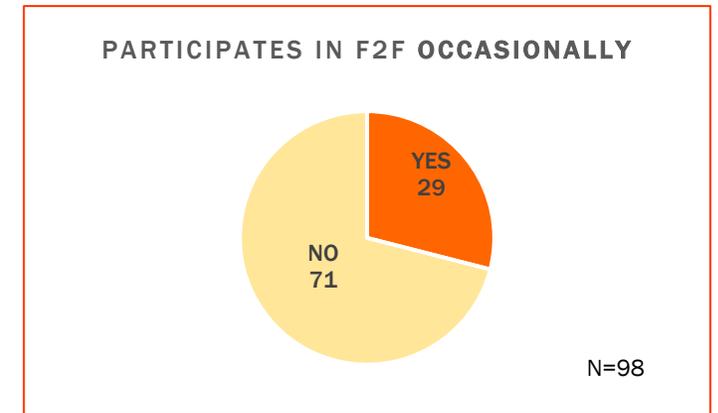
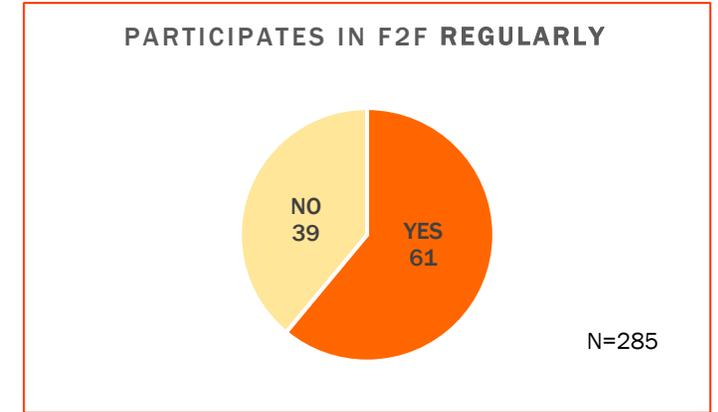
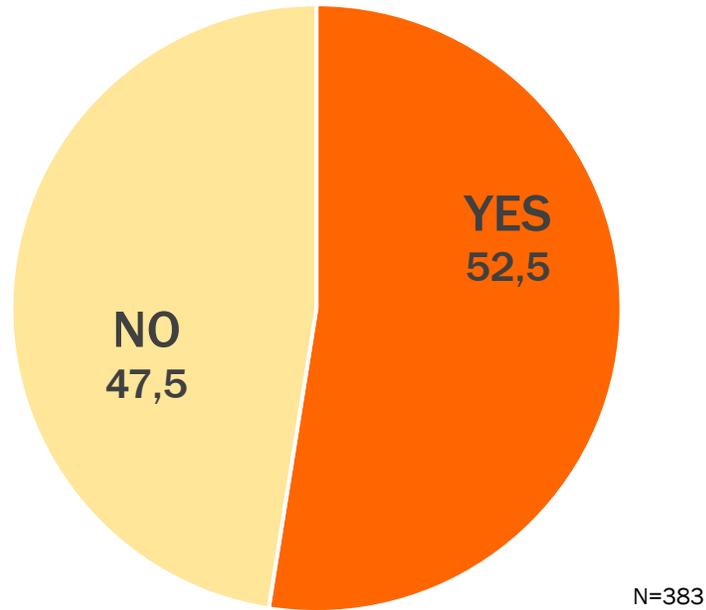
Results of the 2nd survey

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?*

We are now in a scenario of great uncertainty, which translates into a division among HCPs regarding how suitable it will be to do F2F research in 2020

DO YOU THINK F2F RESEARCH SHOULD BE CONDUCTED IN 2020?



61% of HCPs who regularly participate in F2F studies are in favour of resuming their collaboration in 2020, while only 29% of those who participate occasionally are.

The great majority of those who are in favour of continuing with F2F studies demand a number of basic and essential requirements to guarantee safety

We must comply with protection measures strictly and offer safety guarantees to our participants.

- ✓ Broad facilities with proper ventilation.
- ✓ Preferably only individual IDIs. In case of FGs, only with a reduced number of respondents.
- ✓ Keep a minimum distance of 2 metres.
- ✓ Use masks and gloves.
- ✓ Ensure disinfection measures of the facility.
- ✓ Have sanitiser gels available.

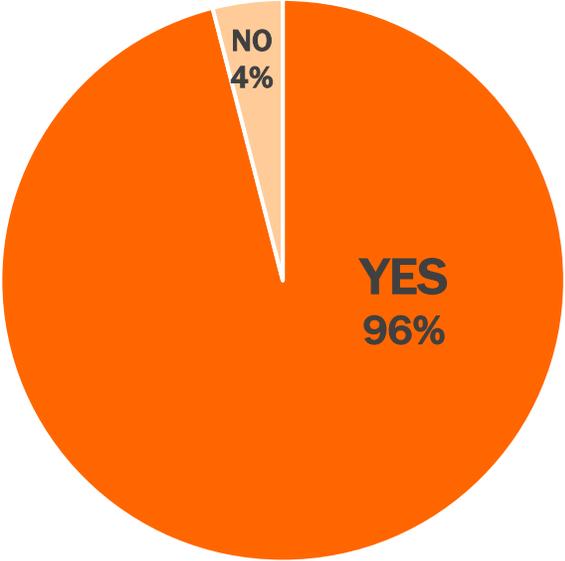
"I don't see any problems, as we need to go back to normality, as long as the proper protection measures are implemented: use of masks, safety distance..."

"With the advised measures of physical distance and no contact, it should be possible to resume this activity"

"F2F studies will be possible, but we will need to implement so many measures that maybe it won't be worth it... masks, distance, washing hands when going in and going out..."

Although in the short term there is a division on how suitable it is to conduct F2F studies, “in the future” the great majority of our collaborators want to keep participating in F2F methodologies, either individually or as a group

INTEREST IN PARTICIPATING IN IDIS IN THE FUTURE?

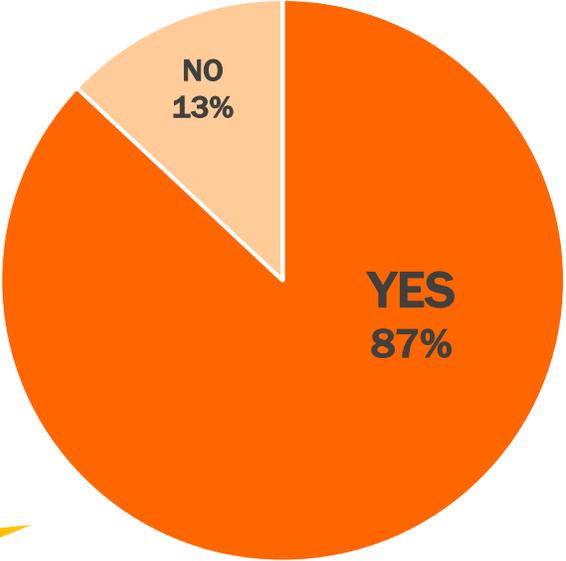


“Just like we travel to our work in primary healthcare centres and hospitals, I don’t see any reason why we shouldn’t do other types of professional activities in the coming months”

“We can’t stop research, it’s what gives us the information to keep working and improve our care”

“Obviously, groups should be more reduced or the rooms should be bigger, but I insist that we have to resume our previous life. Group interviews are very enriching...”

INTEREST IN PARTICIPATING IN FGS IN THE FUTURE?

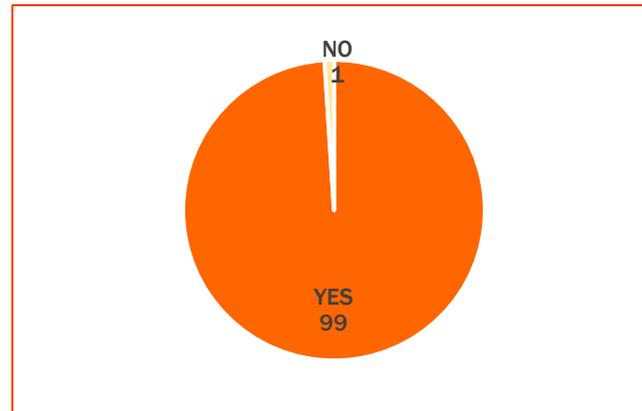


Even if the interest in participating in FGs is slightly lower, it seems that in the long run collaborators are motivated to continue their participation in this kind of research.

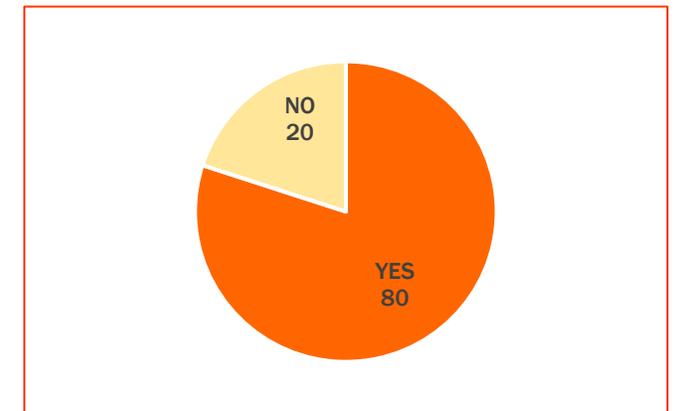
Participants more used to F2F methodologies are more willing to resume this activity in the future

Interest in participating in F2F **IDIs** in the future

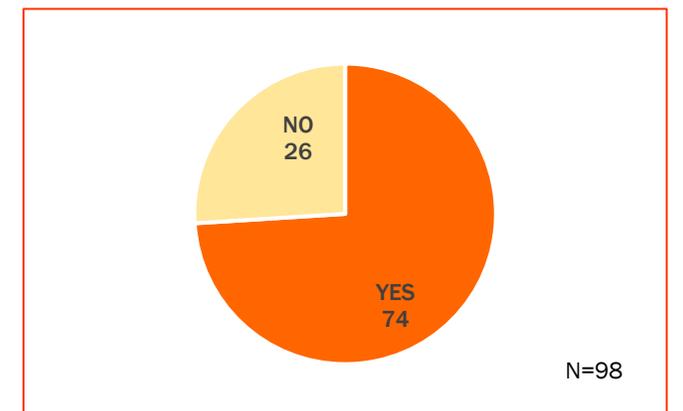
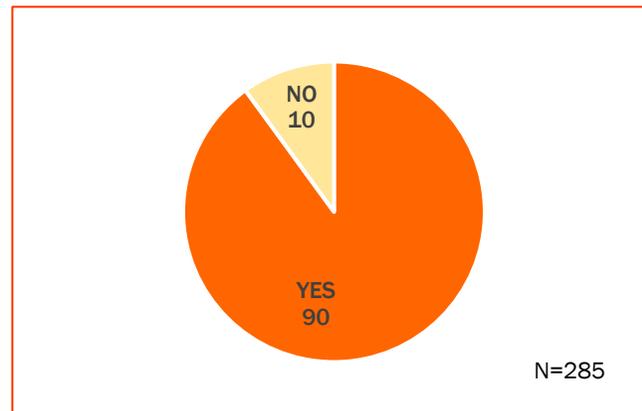
PARTICIPATES REGULARLY



PARTICIPATES OCCASIONALLY



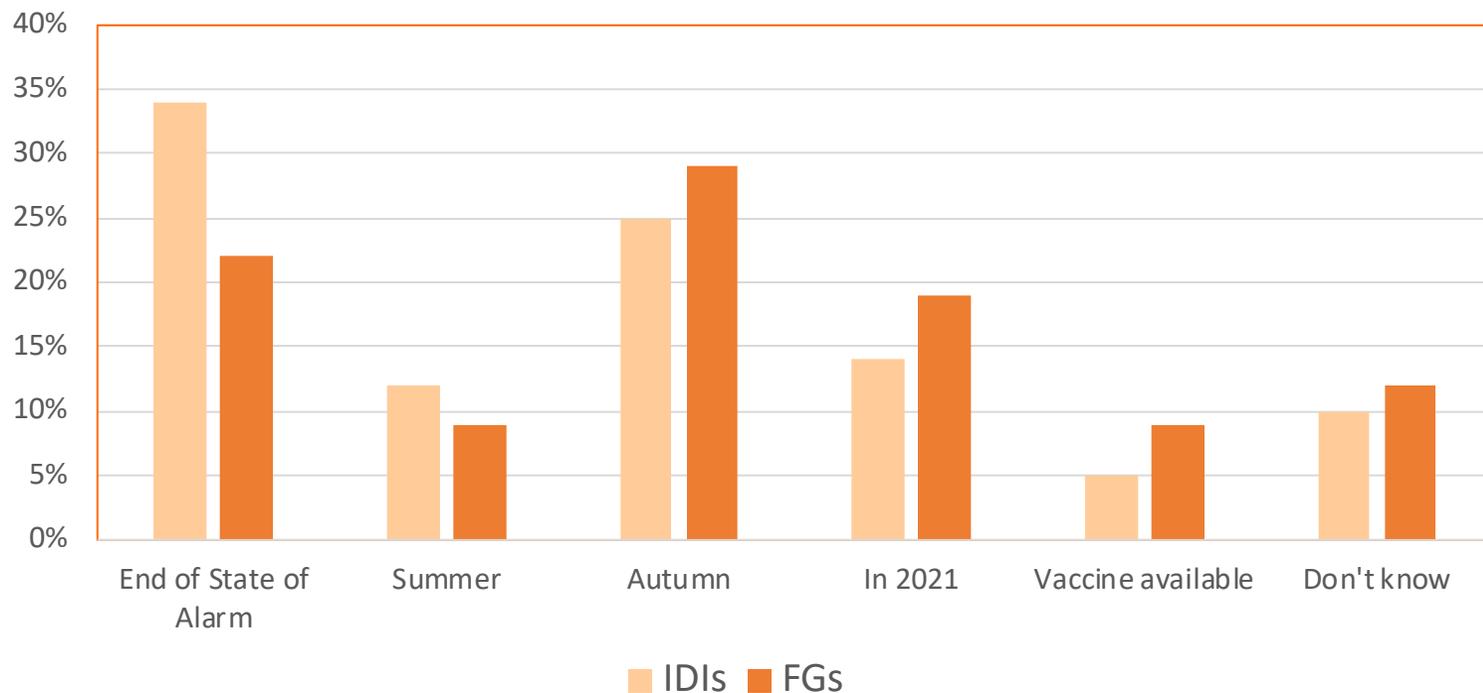
Interest in participating in F2F **FGs** in the future



A significant proportion of occasional collaborators don't show any interest in participating in F2F studies in the future. In fact, many of them indicate that the current situation is a great opportunity to develop telematic MR.

There is a lot of uncertainty on when we will be able to resume F2F MR activities. Two different groups are clearly observed: HCPs who are more willing to going back to normality as soon as possible vs. those who consider that this kind of activity should be postponed until the situation is completely under control

When will it be suitable to participate in F2F studies?
In IDIs and in FGs?



“We need to resume normality asap, and if we take the necessary safety measures conducting F2F studies shouldn't be a problem...”

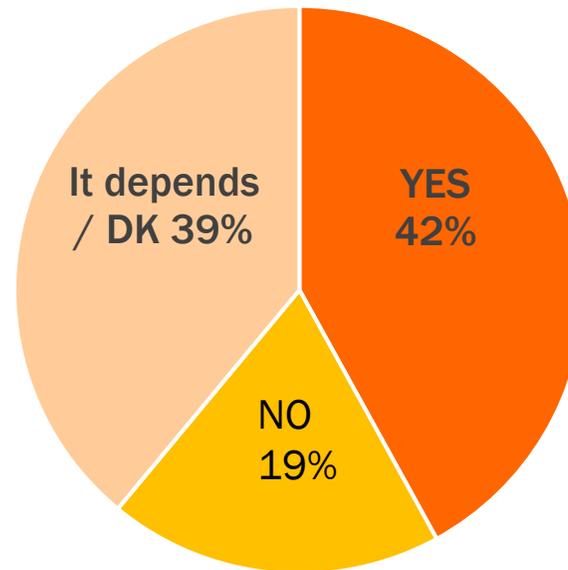
“We don't know anything about the natural course of the disease yet... Until we do, we can't guarantee protection from contagion, so it would be wise to postpone any non-essential F2F activity...”

“An interview between two people with certain protection measures will probably be done soon. However, gathering 5 or 6 people in a closed space for 2 hours will need to wait until the situation improves...”

Although there is no clarity on when it will be appropriate to resume F2F methodologies, **it seems that participants feel more comfortable with individual interactions (IDIs) and prefer to postpone group methodologies (FGs) until the situation is more under control.**

For weeks there's been a complete alteration of normal workload (cancellation of visits, suspension of treatment programmes and surgeries) and a large volume of patients has not been visited. How the NHS will reorganise after the COVID-19 peak is not clear yet, nor is the impact it will have on HCPs

WHEN YOUR PRACTICE GOES BACK TO NORMAL, WILL IT INVOLVE EXCESS WORKLOAD?



Although an important proportion states that they don't know the impact it will have on their practice, they envisage a situation of higher professional workload in the coming months.

The great majority of HCPs expect the COVID-19 crisis to have a big impact on the organisation of their practice, both in the short and long term. The need to avoid personal contact and the large number of patients waiting to be visited will push for a quicker deployment of telemedicine

It will involve excess workload (42%)

- ✓ **Massive workload of cancelled patients** that will need to be rescheduled.
- ✓ Remarkable increase of **waiting lists** that will result in even **more pressure on patient care**.
- ✓ “Lost time will need to be recovered”, which will involve **increased working hours** of HCPs: extra hours, double shifts, etc.
- ✓ **Hiring more HCPs is not expected.**

“There will be excess workload by 50%, we will need to double shifts, do visits mornings and afternoons... And there is no clarity on when we will be able to go on vacation”

We don't know what will happen (39%)

- ✓ No-one knows how the pandemic will **evolve** and its impact on the NHS.
- ✓ Uncertainty around the NHS organisation, because the COVID-19 crisis will lead to **major changes** in the way patients are managed that are **yet to be defined and decided**.
- ✓ A **major impact on private practices** is expected because of the resulting economic crisis.

“It's the first time we have this kind of situation and we don't know what will happen in the future”

“This is an unknown situation and we don't know how the pandemic will evolve... It's clear, though, that we will need to reorganise our department to manage the patients that we haven't been visiting during this time”

There won't be more workload (19%)

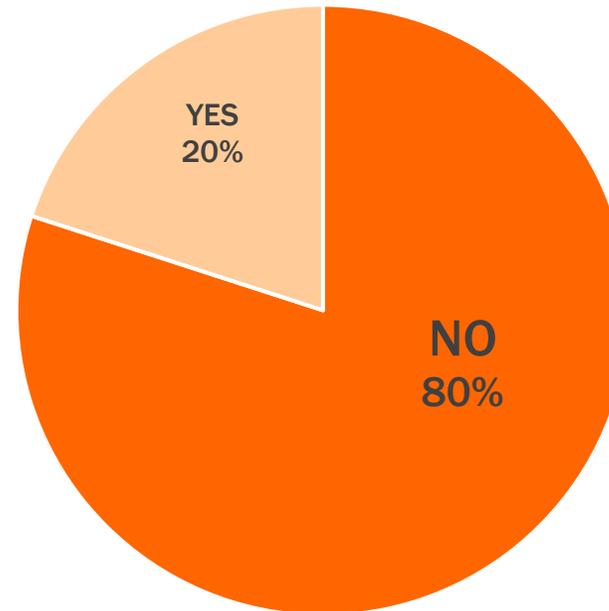
- ✓ **Specialists in the front-line** of COVID-19 management are having the excess workload now, during the pandemic's peak.
- ✓ In all specialties, the journey to **telemedicine** has started and will be strengthened in the coming months, which will make patient care more efficient.
- ✓ Due to the fear of contagion, **patients will avoid going to the doctor / hospital** in situations that are not severe.
- ✓ The **working hours** are still the **same** as before the virus by contract.

“I'm an ICU specialist. Our pressure is now and it will be lower and lower in the future, I'm sure”

“Phone management will prevent patients from falling behind.”

Despite having excess workload, most HCPs state that they will keep interested and available to participate in MR

WILL THIS EXCESS WORKLOAD LEAD TO YOUR PARTICIPATING IN MR LESS OFTEN? (N=311)



80% of HCPs are interested in continuing collaborating in MR regardless of the impact of COVID-19 on their work. 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).

Most collaborators show high interest and motivation to keep participating in MR as often and as intensely as before COVID-19. However, we need to think of how we can favour the participation of the 20% who feel more overwhelmed by the situation

Will keep participating as usual (80%)

- ✓ Despite their increased workload, HCPs have **defined working schedules** that cannot be extended indefinitely (it's just an option in critical times).
- ✓ MR studies are done **outside their working hours**, so they should be able to participate in spite of excess workload.
- ✓ Several participants state that **digital methodologies offer them more chances to participate**.
- ✓ They are motivated to participate because:
 - ✓ Of the economic compensation.
 - ✓ They like keeping in touch with the industry and learning new developments.
 - ✓ They feel it's an amusing diversion.

Will participate less often (20%)

- ✓ They state they will have to spend more time working due to excess workload, which will lead to **less time available to participate** in MR.
- ✓ Besides, the situation will cause them more stress and tiredness, so they'll prefer to **spend their spare time resting**.
- ✓ Also, some HCPs state that the situation of healthcare crisis makes them focus on **really important matters**, and MR is not considered an essential activity.

"I work from 8 to 3, after 3 I do what I like. MR is good to disconnect and complement our income"

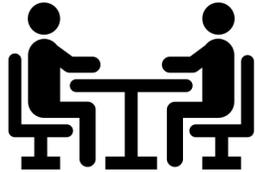
"I've always had excess workload and I've always participated, especially because these activities are relevant to scientific progress"

"My availability for market research is inversely proportional to my workload..."

"To participate in MR I need some mental peace, and it's very difficult to achieve it when I have excess workload and so much pressure"

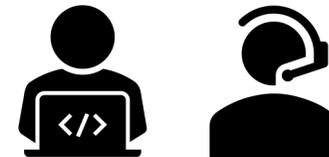
3 profiles are detected, with some overlapping between them

OPTIMISTIC. They trust F2F MR activities will go back to normal soon.



DIGITAL. The current situation is an opportunity to consolidate telematic qualitative MR.

HESITANT. They feel a big uncertainty regarding the future and believe F2F methodologies are an unnecessary risk that should be avoided.



Optimistic Profile: F2F MR activity will be gradually resumed in the coming months



They trust that things will gradually go back to normal and show favourable to participate in F2F studies, just like in any other activity they were doing previously.

- They consider it's important to **learn to live with the virus** and in a lockdown in the long term.
- Once the lockdown is over we will need to **get used to** reactivating previous activities within the "**new normality**".
- They argue that if **proper measures** are taken, doing F2F MR should not pose any risk.
- However, they still feel **individual methodologies** are more feasible than group ones, as they would mean increasing the number of people.
- Some HCPs in this profile appreciate **interaction in person**, because it offers more nuances and richness.
- Within this group, two attitudes can be differentiated: those who are more **daring** and think that in the first phase of the de-escalation F2F activities will be resumed (they are a minority,) and those who are more **cautious** and consider that we will need to wait for a few months to understand the evolution of the pandemic and gradually resume our activities.

"We hope the situation will improve in the coming months, and as long as we can keep the distance and the meetings are with few people we could do it... We won't be in a lockdown forever"

"There is no reason to think that an individual interview will lead to risk of contagion if proper measures are applied"

"Regardless of the growing value to online communications, face-to-face contact allows a broader communication, both verbal and non-verbal, that helps enrich the exchange in a group. When the lockdown is gradually eased I don't think it will be a problem to have F2F meetings"

"HCPs who have already recovered from the virus won't have any problem to participate. And the rest, I don't think they will, as long as the proper safety measures are followed"

Hesitant Profile: In a situation of such uncertainty it's better to avoid any unnecessary social contact to minimise the chances of spreading the virus



They see a lot of uncertainty in the future. They consider that it's not possible to predict how the pandemic will evolve in the coming months and, until the situation is not controlled or until there is a vaccine available, it's better to be cautious with activities that can pose a risk.

- There is still **lack of knowledge** on the number of people infected, the group immunity is still low, and we ignore how the virus will evolve during the seasons.
- They consider that once the lockdown is finally over, people won't go back to their normal activities because there will be a **lot of fear of contagion**.
- They also argue that, in order to beat the virus, we have to **minimise mobility** and all **non-essential activities as much as possible**.
- Therefore, a big **reduction of social activity** is expected, and in this context **F2F MR** is considered a **non-essential** activity that does not justify the **risk** it could pose.
- Besides, **HCPs have a high risk of infection and contagion**, so some of them feel they have the responsibility to minimise their contact with other people.
- A few of them even argue that there will need to be an **immunologic passport** for HCPs and moderators before being able to have contact until there is a vaccine available.

"Some experts are already warning about a potential resurgence of the virus in autumn-winter, with more cases. We hope to be ready and not have a high incidence or such severe cases. But even so, until we have a vaccine that ensures protection to the whole population I think it's wise to minimise contacts as much as possible"

"Until we can guarantee protection from contagion, either through a vaccine or through the known immunological status of participants, I think the most sensible thing is not to do F2F studies"

"Given the large amount of infected HCPs, we can't run any risks"

"At this time, it's difficult to determine when we will be able to do focus groups and get professionals together to do studies. Meetings and conferences have already been cancelled this 2020, so I don't think F2F studies will be possible"

Digital Profile: The current risk of contagion is an opportunity to consolidate telematic qualitative MR



They consider that the current technology allows to conduct any kind of research telematically. The use of new technologies brings the advantage of minimising the risk of contagion, but it also offers greater flexibility and convenience to participate in MR.

- They focus their discourse not on the current difficulties but on the opportunity they offer to carry out an **innovative transformation** on MR participation.
- The great majority show favourable to strengthening telematic participation because of COVID-19's **current situation of risk**, but many of them also consider that a step forward needs to be taken in terms of innovation beyond the virus.
- In fact, this opportunity given by COVID-19 **is not just for MR**, but it's also for other areas of their own practice (telemedicine).
- The **advantages** telematic research brings to MR are: time saving, travel saving, flexibility. But beyond these advantages, they consider that doing F2F market research does not provide any added value.
- **Videoconferencing** is mentioned as a great opportunity beyond WATIs, and they are open to and familiar with it.

“With the technology available currently there isn't much of a difference between a F2F study and a telematic one. Even if there wasn't any COVID-19 risk, the telematic collaboration brings a lot of advantages, like time and travel saving. And in the current situation, it minimises the risk of contagion, too”

“We don't know how the virus will behave in the long term. In the meantime, with the current technologies, there is no need to do F2F studies”

“COVID-19 is a highly contagious disease, and we need to make every effort to stop its spreading. Today there are enough technical resources to do telematic market research”

“With the current resources and virtual platforms (Teams, Zoom, etc), we can do “face-to-face” studies with the moderator and even with more participants via videoconference. It's not necessary to wait for the situation to go back to normal”

Conclusions and recommendations

- There is a **very high interest in continuing the participation in MR**, but it's necessary to evaluate the best way of doing it in this new context.
- As of now, there is no clarity on **when we will be able to resume the F2F activity**. Although there are some HCPs who believe that we will be able to do it soon, the reality is that a big proportion prefers to avoid this methodology until the course of COVID-19 is better known or until contagions are more controlled.
- Therefore, it seems that we have the **opportunity to boost digital research**, as HCPs show very favourable to them and, in fact, most of them already have experience. In line with this, all the experiences of Virtual CL days that we've had so far have been a complete success, with great commitment and with good command of technology and videoconferencing tools shown by HCPs.
- It's clear that in this new situation we have to be **especially sensitive, flexible and patient**, particularly with those HCPs that are having excess workload or are struggling with new technologies.
- We believe that for now **F2F research should be done only when strictly necessary and when justified**, and it will be very important to convey to HCPs the value of their participation.

Ask our team for advice. We are in touch with our HCPs on a daily basis and can give you accurate advice on how to make your projects a success!

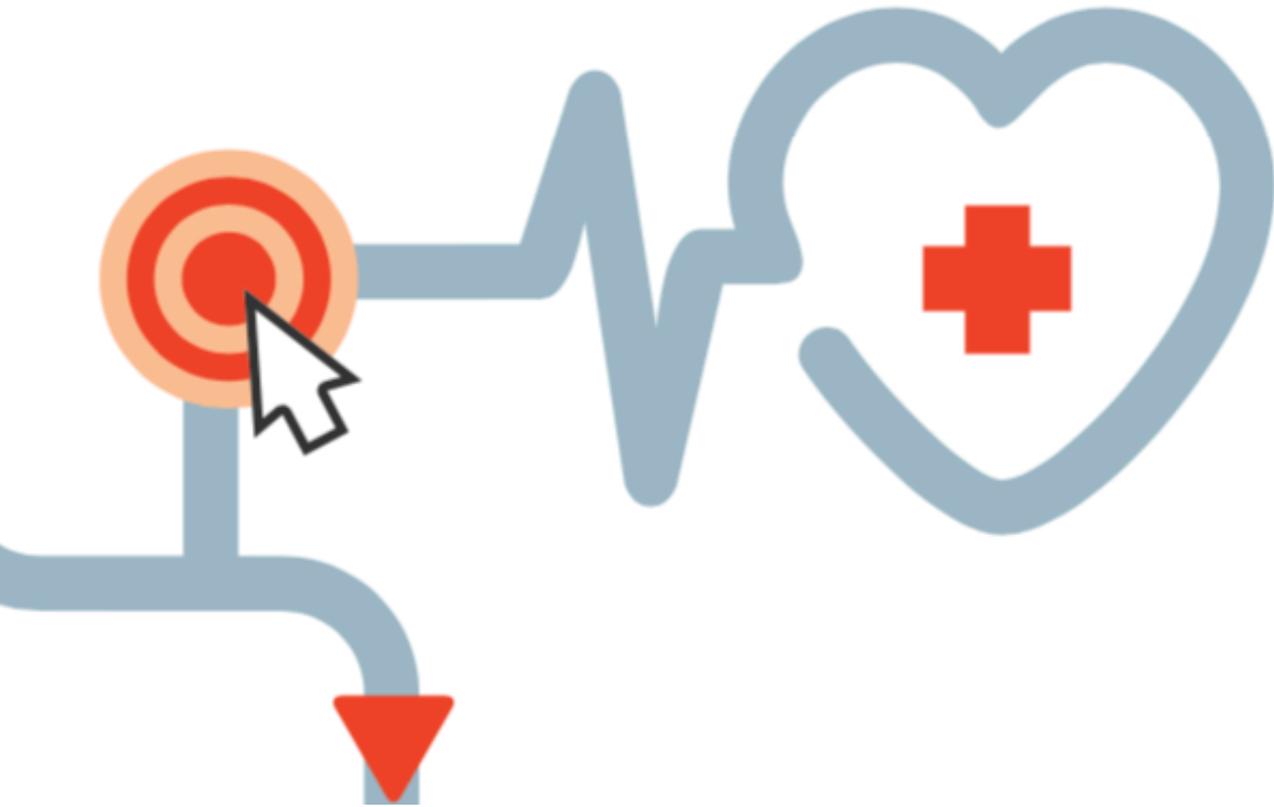
Appendix: 2nd survey methodology

We invited all HCPs who answered the first survey (n=514).

- We had **selected HCPs who participated in MR in the last 6 months.**
- We had **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 383 responses: a response rate of 74,5%.

- The **survey was conducted on w/c April 27st.**
- It was launched 5 weeks after the lockdown started, when the NHS was still under great stress and there was a lot of uncertainty on the evolution of the situation.
- We just launched the survey once so that we didn't overwhelm professionals with non-important emails.



We'll be ready to help you design the best approach for your project in Spain!

