THE TIME IS NOW

Telehealth and the rise of virtual care

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IPSOS VIEWS

GAME CHANGERS

The benefits of virtual care (the ways healthcare providers remotely interact with their patients) were already recognised in under-resourced healthcare systems across the world prior to the COVID-19 pandemic. Roll-out in most countries remained limited as best practice processes, workflow models, and funding models were being developed. Now, the pandemic has propelled virtual care into the mainstream, to be experienced by many more people in a much shorter timeframe than expected, but will this permanently shift the culture towards remote healthcare?

There are numerous benefits of virtual care to meet demand for healthcare globally. Convenience of care, increased access, improved worker productivity from not having to take time off to travel to appointments, decreased costs, and clinician time savings to name a few.[1]

Pre-COVID-19, virtual care was being rolled out in a limited capacity with the expectation that more understanding was needed as to how to deliver 'best practice'. Some services were gaining traction, such as Amwell and Teladoc Health in the US and the UK's GP at hand platforms. However, there was still apprehension with telehealth as to which platforms to use, when to use, and how to use. More support and guidance was needed.

The Ipsos Digital Doctor 2020 Survey tracks primary care physicians' adoption and perceptions of technology solutions in healthcare across 21 countries globally.[2] The latest results show small incremental changes in adoption of technological solutions in healthcare between 2017 and 2019, highlighting (pre-COVID-19) the lack of comfort with tech solutions and little incentive to adopt it in many countries.

WHAT IS TELEHEALTH?

Telehealth includes a broad range of technologies and services to provide patient care and improve the healthcare delivery system as a whole. Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

THE RISE OF VIRTUAL CONSULTATIONS

Right now, physicians are being forced to look for different care options, such as virtual care, to better protect their patients, the general population, and themselves. Recently, the Ipsos Medical Crowdsourcing COVID-19 report[3] provided some insight into how physicians are managing this move to virtual care during the crisis: they are apprehensive, but it is regarded as the most sensible option.[4]

> "Now I urge people to use common sense and to know the limitations of this tool (telehealth). But at the same time getting a little reimbursement for our work that we normally do for free on the phone it is not a bad idea, I hope that all payers will pay attention to this."
>
> *Physician, US, May 2020*

> "I'm trying to avoid unnecessary face-to-face with patients and redirect most of my patients to virtual visits. The situation is very frustrating to me as a physician."
>
> *Physician, France, March 2020*

This attitude is supported by other data from Ipsos' Digital Doctor 2020 survey. At the time of conducting the survey (majority of fieldwork was conducted just prior to COVID-19 pandemic), approximately one in four (27%) of the doctors surveyed from 21 countries stated they 'are currently using' telehealth. One in two (50%) stated they had never used this option (albeit with country differences; China highest use 66% vs. Japan 3%).[5]

Of the lapsed/non-users, over a third of doctors (38%) reported expecting to use telehealth more in the next 12 months. Based on these numbers, in the next version of Ipsos' Digital Doctor, we would expect to see a continued gradual increase in usage, but with COVID-19, this will undoubtedly accelerate. The question is, will any change during the crisis be sustained in the longer term?

According to other research (Ipsos' COVID-19 surveillance report) with 311 practitioners across eight specialties in the US, as doctors use telehealth services more, high levels of interest from patients – and desire to repeat usage – shows that **this could become a watershed moment for remote healthcare.** Prior to COVID-19, only 10% of healthcare providers had seen patients via telemedicine. Now, approximately 70% of providers (in some therapy areas) report taking telemedicine visits due to the pandemic.[6]

VIRTUAL CARE – HOW GOVERNMENTS AND HEALTH BODIES ARE MAKING IT A REALITY

Looking to the US, the urgency to provide healthcare to all American citizens during the crisis has seen the federal government rolling back regulations on remote consultations, such as co-pay, state licence limitations, and allowing use of readily available platforms (including FaceTime and Skype) to make it easier for patients to get access to their physicians.

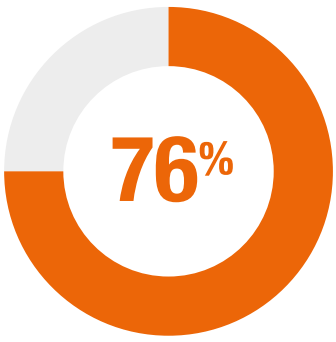
The Food and Drug Administration (FDA) is also lifting regulation on medical devices, including remote monitoring tools, to help facilitate virtual care. The government agency has been working to facilitate the development and availability of medical products and equipment for use by patients, physicians, and healthcare systems, including diagnostic tests and other medical devices supporting the prevention and management of the disease.

In the UK, NHSEI (NHS England and NHS Improvement) had already been encouraging the use of digital technology in general practice through two policies: GP Access Fund and special online consultations funding. As a result, online consultation systems were being established. An evaluation of GP at hand - a primary care practice that incorporated a 'digital-first' service model into an existing practice in 2017 - found that the users of the service gave very positive feedback about the access it offered to clinical expertise.[7]

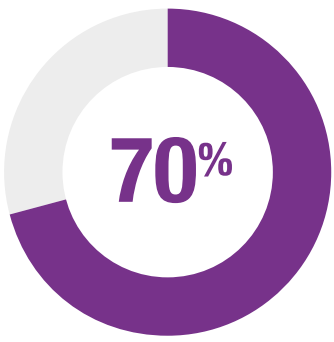
These measures will expose considerably more doctors and patients to virtual care options. Although these changes and measures will last until the pandemic is considered over, more and more patients and doctors will have access to and experience of these virtual methods. A recent Ipsos study focusing on the impact of COVID-19 on Healthcare Professionals (HCPs) shows that over 70% of HCPs in the survey, across the EU, express strong agreement that they are conducting more telephone/online consultations since the outbreak of COVID-19.[8] This has the potential to change their attitudes and behaviours towards longer-term adoption of virtual care.

Supporting this change is feedback from physicians on the GMED (A global medical forum of doctors who share information in a closed community) medical crowdsourcing community. They do not feel this shift toward virtual care is just a temporary one, with 76% saying they believe they will do more virtual visits in the future, after the pandemic.[9]

Figure 1 HCPs are reporting an increase in telephone/online consultations



76% of physicians say they will do more virtual visits after the pandemic



Over 70% of HCPs in the EU report say they are doing more telephone/ consultations during COVID-19

Source: Ipsos COVID-19 HCP Impact Study April 2020/ GMED/Ipsos Medical Crowdsourcing COVID-19 report

VIRTUAL CARE – CHANGING THE WAY PHYSICIANS AND PATIENTS RELATE

Important macro changes are taking place in society which were evolving before COVID-19 and are likely to continue beyond the crisis. Ipsos' Global Trends Survey 2020 highlights the ubiquitous role of technology and the huge impact it's had on our behaviours, supported by our acceptance that technological advancement and the loss of some privacy is inevitable in comparison with what technology can provide us.[10]

According to the Global Trends Survey, more than one in two globally are now online, and the other half is following fast. To be precise, around 726 million people joined the web in the last three years.

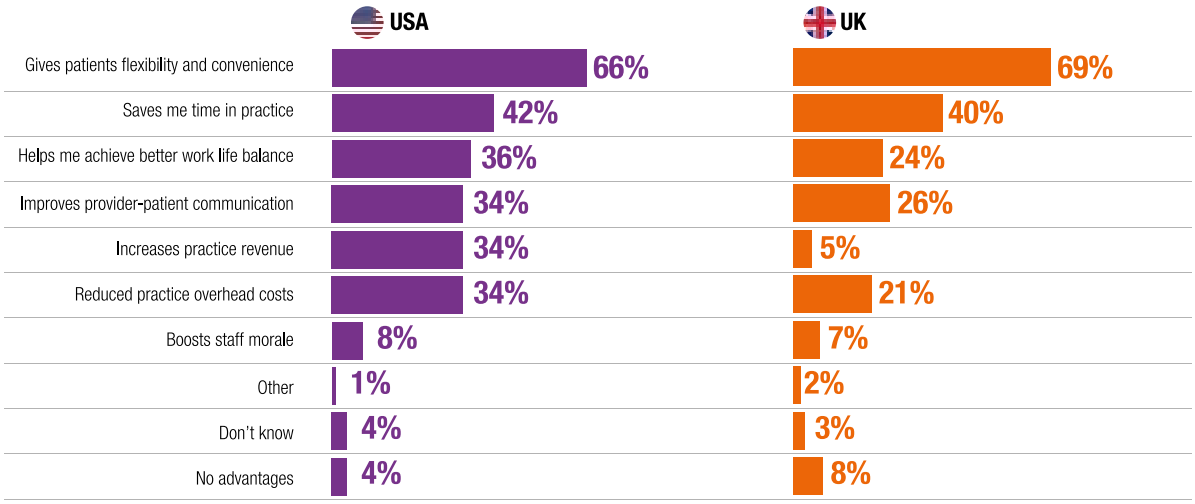
There is now an even greater desire for transparency; more than eight in 10 think companies should give more detail upfront about the data that is collected by their websites. Despite this growing concern and desire for clarity, people are becoming increasingly comfortable with data sharing. Nearly half of us will happily give our information away in return for personalised services and products – up seven percentage points since 2013.

This tension has been more pronounced in the past three years and is in part – perhaps unsurprisingly – driven by younger generations. More than half of Millennials and Gen Z are happy to trade data for personalisation – most likely because they are more exposed to the benefits: curated Spotify playlists, ASOS recommendations, and TikTok's algorithmically produced 'For You' videos. However, willing ignorance and apathy are also on the rise. Most of us now think that losing privacy due to technology is an inevitable part of the future (a rise of six percentage points vs 2016) and while the proportion of us who think that people worry too much about online privacy is up 11 points.[11]

These changes are as relevant to healthcare as they are to online shopping, taxi services, and socialising. For example, the convenience factor for patients that comes from not having to go to a GP practice or hospital is a specific healthcare trend that stems from the wider macro change of ubiquitous technology.

We can see from the Digital Doctor Survey 2020, the benefits for patients are well recognised by doctors plus the time saving and cost benefits to themselves and the

Figure 2 Digital Doctor 2020: Advantages of practicing medicine virtually



Source: Ipsos Digital Doctor survey
Question: What are or could be the advantages, if any, to practicing medicine virtually via livehealth solutions from your perspective?
Base: Respondents who are currently using telehealth solutions USA (n=200) / UK (n=100)

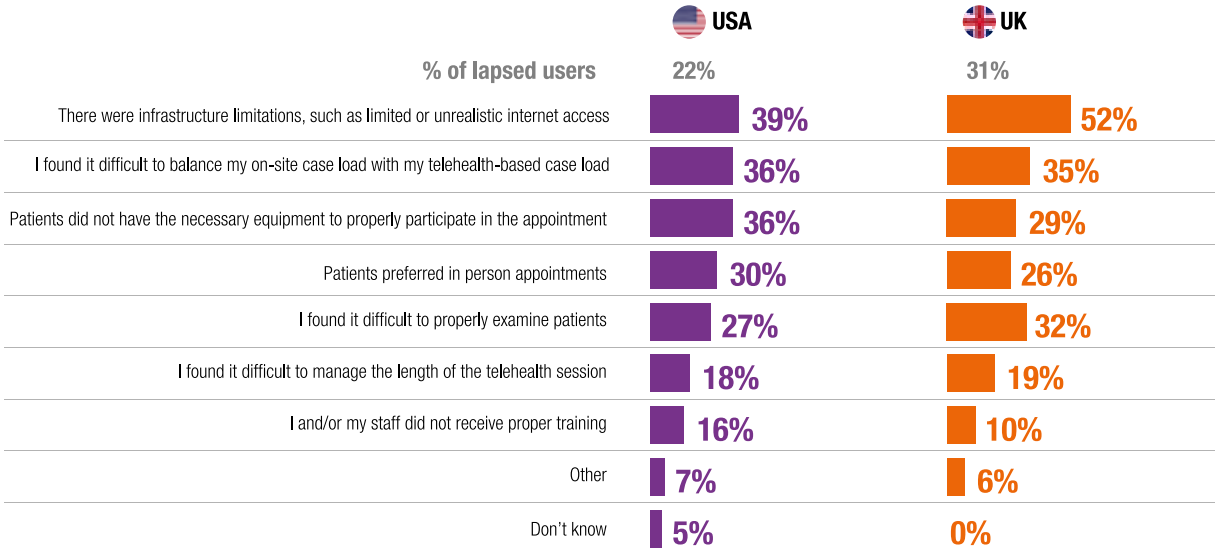
widerhealthcare system. Remote monitoring is widely accepted as an important way of managing chronic conditions, such as diabetes, cardiovascular disease, obesity, and respiratory disease.

Doctors' apprehension towards virtual care stems from the basic medical need to always provide safe and effective care for patients. Concerns about technology failure, lack of adequate internet access, inability to properly examine patients, and lack of training are potential challenges that could impact providing optimal care for patients. These issues do not go away with COVID-19, but systems will be comprehensively tested as doctors and patients are 'forced' into virtual consultations. The result may be that some perceived problems can be more easily overcome than initially feared.

Pre-COVID-19, the medical community was building knowledge on which situations were best to use virtual care and when it was not appropriate to use. With the fluidity and flexibility required in healthcare during this pandemic, these 'less appropriate' situations may arise. For example, when physical examination is ideal, when the patient has complex clinical needs, or when the patient is confused, anxious, or having trouble with technology. However, **these experiences, although not ideal, can feed into future workflow, processes, and training models and better prepare us for optimal virtual care when we emerge the other side of the crisis.**

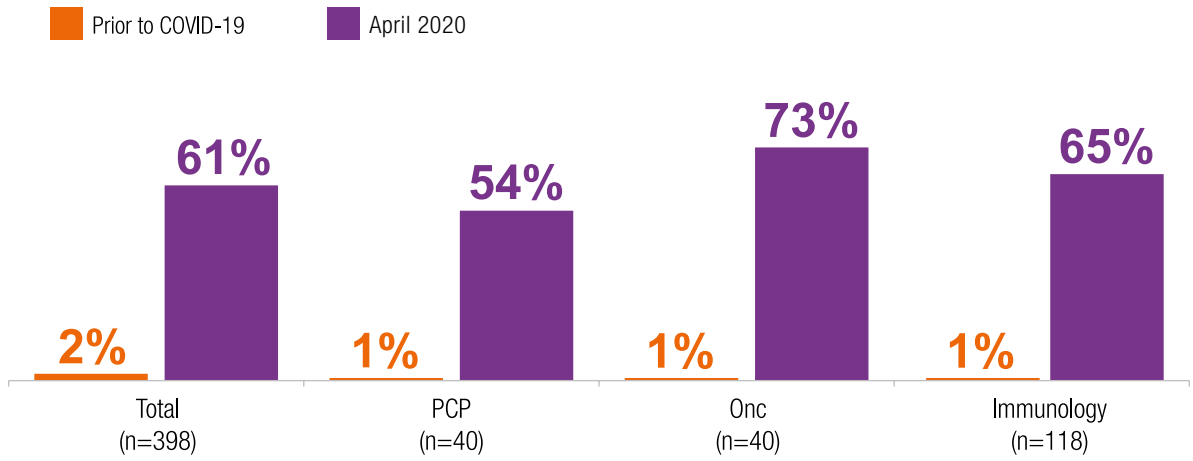
The latest Ipsos COVID-19 surveillance data from the US highlights that virtual consultations are being mostly conducted with patients who are currently known to doctors (i.e. not new patients) and whose conditions are stable (two-thirds of telemedicine visits are with current, stable patients).[12] This infers that the doctors are more comfortable in using a non-face-to-face approach to support ongoing management of a pre-existing condition and less need for physical examinations. The US data also shows that almost half of telemedicine patient appointments are rated at least as effective as in-person appointments, alluding perhaps to the previous concern of a decrease in quality of care not being borne out, as long as it's conducted in the right situations.

Figure 2 Digital Doctor 2020: Reasons for stopping practicing medicine via telehealth



Source: Ipsos Digital Doctor survey
Question: Q13a. In relation to patient care, are you currently or have you in the past practised medicine virtually via telehealth solutions (i.e. delivering care directly to patients via telehealth solutions such as apps, skype, etc.), or not? Q13c. You said that you are not currently practicing medicine virtually via telehealth solutions but that you have done so in the past. For which of the following reasons, if any, did you stop practicing medicine via telehealth?
Base: All respondents (n=200) / Respondents who use telehealth solutions but not anymore. USA (n=44) / UK (n=31)

Figure 3 Proportion of patient appointments conducted via telemedicine



Source: Ipsos Digital Doctor Survey
Question: Before and after COVID-19, what proportion of your patient appointments were conducted via telemedicine? By telemedicine, we mean a virtual appointment taken over the phone, videoconference, or some other technology platform
Base: 398 interviews with US HCPs from April 15 to April 21, 2020

COVID-19 – THE TIME IS NOW

Until a few months ago, established behaviour was to book an appointment for a face-to-face visit with a doctor. For many, it was difficult to understand how else it could work when the 'physical assessment' aspect of medicine is so important. With COVID-19, if you're a patient and you go to a GP's office or you're a doctor and you see patients face-to-face, there's a high risk of infection. Suddenly the relative advantage of virtual consultations has changed dramatically.

Even with some restrictions lifted, life has not reverted back to how it was before. Ipsos polling at the end of June found no change in the number of people (34%) in the UK saying they are uncomfortable going to see their GP for issues unrelated to coronavirus compared to mid-May, despite the number of cases falling.[13] This anxiety is likely to bring about an increased desire for alternative healthcare options, i.e. remote, digital options.

Aspects such as high-quality video, in-home testing, and personal health data will propel the efficiency and effectiveness of virtual care even further. With the roll-out of 5G to enable real-time, high-quality video, and increased availability of connected health and digital therapeutic devices, more informed virtual consultations can take place.

The current pandemic will also increase our access to and experience of in-home testing. Few will have had firsthand experience of using a testing kit at home, but more will self-test at home for coronavirus. We can expect that trust in in-home testing will rise post the pandemic and it will become a more acceptable activity as part of remote consultations and ongoing care management.

The barriers perceived by physicians not so long ago have been lowered in this time of crisis. Lack of training and lack of government policy/guidelines, important factors in the roll-out of any new services or workflow, have already been superseded by the need to implement virtual care quickly. This 'on the job' training and 'emergency bills' will be a first step in gaining valuable experience and a more in-depth understanding of the value of the service.

WHAT IS THE PANDEMIC TEACHING US ABOUT VIRTUAL CARE CAPABILITIES?

Challenges such as lack of technological infrastructure and internet capabilities, reimbursement issues and how to manage face-to-face versus virtual workload remain an issue which will have to be worked around in the current crisis. In the longer term, the experiences gained from COVID-19 lockdown could mean more rapid development of optimal virtual care services across primary and secondary care.

"TECHNOLOGY MATTERS"

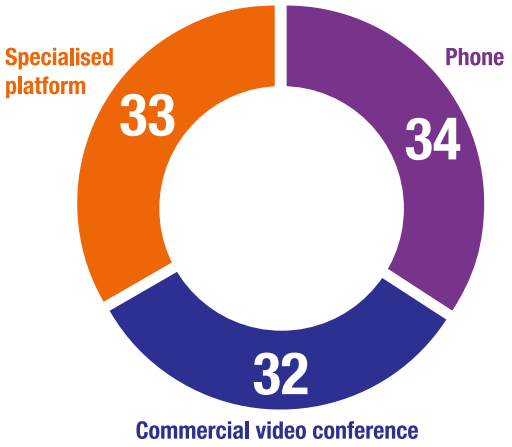
Technology platforms remain a key challenge which has the potential to derail the acceptance of virtual care if not considered a top priority. Recent data from the Ipsos COVID-19 surveillance study shows that during the pandemic, telemedicine technology is equally distributed across phone, commercial video conference software, and specialized platforms. However, clinicians and healthcare bodies are warning against the rapid uptake of 'lite versions of technology' (as we are seeing offered during the COVID-19 crisis). There is a need to build sensible commercial models with reputable companies for long-term partnership.

"NOT FOR EVERY TYPE OF PATIENT"

It will still be the case that virtual care is not right for all patients or in all situations, as cited by the recent BMJ editorial on use of video consultations.[14] However, using it as triage for patients who may have been exposed to the virus is a good place to start. Better protocols and guidance for when and how to use will come.

In a recent feature by The Health Foundation, it was noted that 'the [virtual care] initiative tends to work better in the context of a quality improvement mindset'. Rather than saying 'we're going to implement the technology', you say 'we're going to improve the service and the way we improve the service is by using the technology'.[15] It is important that the multiple benefits of virtual care should not be overlooked by the need to implement the service quickly, due to necessity, and then post-crisis, drift back to more familiar ways of providing care.

Figure 4 How telemedicine has been delivered since COVID-19 (%)



Source: Ipsos analysis

"CONNECTIVITY IS KEY"

A really important issue is that the connection must be dependable, otherwise people lose confidence and trust. Effective telemedicine requires a network that can support real-time, high-quality video without slowing down the facility's network. The roll-out of 5G networks will be a major step in delivering telehealth and improved access to care and quality of care.

Even though we may think of virtual consultations as a 'live' discussion with a doctor, another way is to have asynchronous consultations, which can further support limited resource. This means that a doctor can organise his/her time around immediate clinical demands and respond to a patient's need for care at another time after reviewing the information submitted by the patient (e.g. test results, health data, photographs, etc.). Certainly, during the current crisis, when doctors' availability is even more limited, this approach could meet many needs.

Research shows us that if the technical connection is high quality, clinicians and patients tend to communicate by video in much the same way as an in-person consultation[16].

OUR VIEW ON THE POST-PANDEMIC SCENARIO

The impetus for virtual care already existed before the COVID-19 pandemic. Implementation in many countries (China being an exception) was gradual due to lack of infrastructure, lack of coherent policies and funding models, lack of training, lack of understanding of benefits, and ultimately no major incentive to change. We believe COVID-19 will catalyse true healthcare reform through government, policy, and reimbursement, which will enable telehealth to become a mainstream feature of medical practice and allow connected health and digital therapeutics to rise in importance, understanding, and acceptance.

We will see an acceleration in long-term technology adoption of virtual care systems, and doctors more comfortably working through infrastructure issues and other barriers. This will be supported by the changing dynamics of society, where virtual care aligns well with global macro changes and the ubiquitous role of technology, resulting in acceptable long-term change towards a more virtual care system.

OUR VIEW OF THE FUTURE OF TELEMEDICINE

The dramatic change in the uptake of telemedicine in the past few months and accelerated learning across the healthcare industry means things are continually evolving at a rapid pace.

We see the future as one of blended care pathways (a mix of digital and face-to-face) supported by four key pillars for sustainable and widespread uptake of virtual care.

1 **A blended approach:** developing digital care pathways for specific disease areas/conditions; digital where it works, in person where needed, individual / mixed pathways for complex patients with comorbid conditions with the emphasis - at least in the medium term - being on prevention, education, triage, and testing

2 **Digital platforms**: high-quality, regulated, validated platforms will be the backbone for effective virtual care

3 **Training:** System developers/healthcare providers to provide healthcare professionals training on remote consultation systems with regular, up-to-date guidance on tools, services and developments, defining algorithms for patient consultations to increase confidence in offering quality care

4 **Incorporate remote monitoring/self-testing advances:** ensuring that remote testing and monitoring goes hand-in-hand with the evolution of virtual care where clinicians and patients feel comfortable sharing and using health data from remote devices, health apps and home-testing kits via high-quality, regulated digital platforms with assurances on data privacy. Initially the focus can be where clinicians already understand the benefit, such as chronic and widescale conditions including diabetes, cardiovascular, asthma, obesity, and mental health.

REFERENCES

1. https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0268
2. Digital Doctor 2020: Perspectives on digital & connected health
3. https://www.ipsos.com/sites/default/files/ct/publication/documents/2020-07/understanding-physician-needs-during-covid-19-july-8-ipsos.pdf
4. G-MED Global Physician Online Community 2020
5. Ipsos Digital Doctor Survey 2020: Adoption in China is driven by government buy-in, size of country/rural population and shortage of doctors
6. Ipsos COVID Surveillance Report US April 2020
7. https://www.hammersmithfulhamccg.nhs.uk/media/156123/Evaluation-of-Babylon-GP-at-Hand-Final-Report.pdf
8. Ipsos COVID-19 HCP Impact Study April 2020
9. GMED/Ipsos Medical Crowdsourcing COVID-19 report
10. Ipsos Global Trends Survey 2020
11. Ipsos Global Trends Survey 2020
12. Ipsos COVID Surveillance Report US 2020
13. https://www.ipsos.com/ipsos-mori/en-uk/how-comfortable-are-britons-returning-normal-coronavirus-concern-rises-again
14. BMJ Editorial – Video Consultations for COVID-19 March 2020
15. Professor Greenhalgh, Professor of Primary Care Health Sciences at Oxford University
16. Physical examinations via video for patients with heart failure: qualitative study using conversation analysis. J Med Internet Res2020;22:e16694. doi:10.2196/16694. pmid:32130133

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