

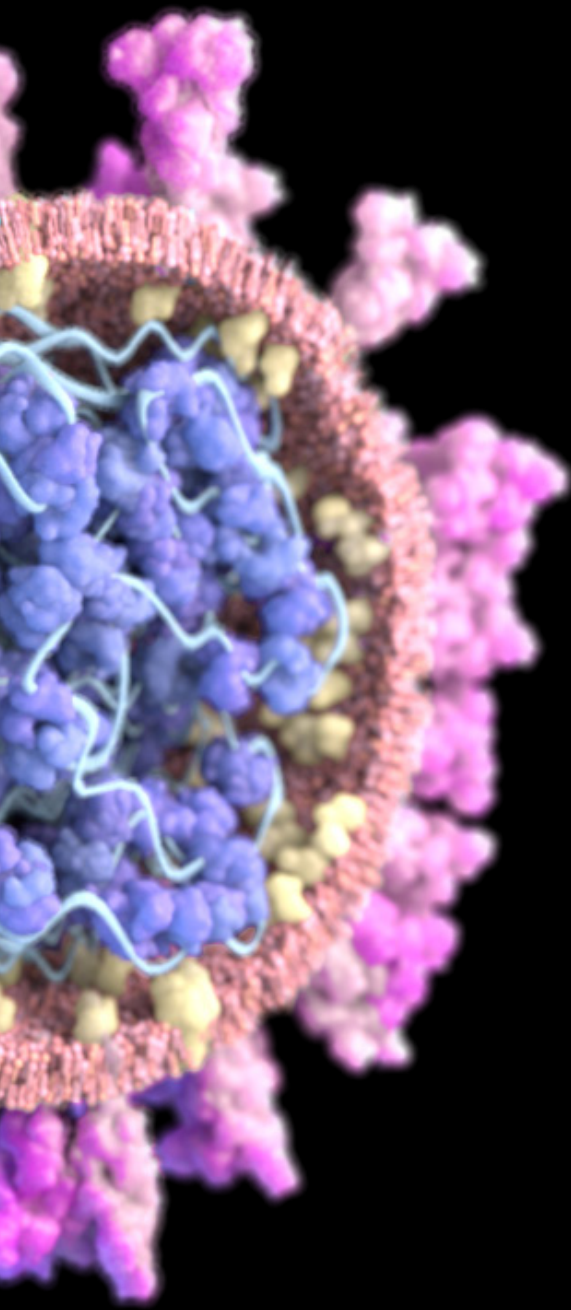
**LIFE  
(SCIENCES)  
AFTER  
COVID-19**



**Sometimes It's What You Can't See**

**Authored by  
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**The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series,** a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *Changing Contexts Changes Habits* and *The Value of Patient-Generated Health Data in a Post-Pandemic World* at **[covid19.klick.com](https://covid19.klick.com)**.

# THE INSIGHT

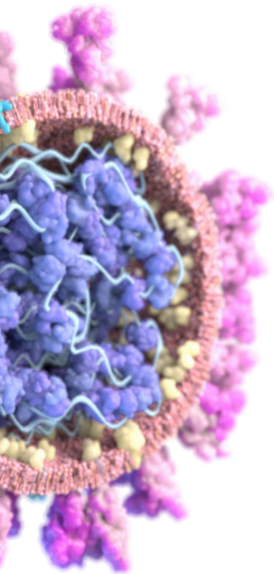
COVID-19 undermines almost anything that is shared or connected and it is raising significant questions about the significance of space in our lives. The overall threat to our health and the invisibility of that threat has introduced risk where once there was none or little perceived. We are more conscious of whom we interact with and much more choiceful about the kinds of spaces with which we interact. Our trust in public and shared spaces are overtly and consciously questioned. We need different emotional reassurances to feel safe and foster reassurance as we consider where, when, and how we will re-engage.

The heightened awareness of our personal space also creates questions about how and when to interact with objects and environments and we are actively looking for different reassurances. We are more discerning and distrustful of whom and what enters the spaces around us and we have to make purposeful decisions as to how space is used and who has moved through it. Our homes are not just homes but shelter. They are safe spaces where all dimensions of daily life—work, care, exercise, socializing, educating—is or was happening almost exclusively. We individually and collectively are setting new boundaries both within and outside of the home as a part of our drive to be safe.

As spacing guidelines were put in place in grocery stores and drive-through testing was introduced to keep COVID-19 from spreading in traditional waiting rooms, the role of these measures were simultaneously functional and emotional. The solutions were equally solving to protect from infection and give reassurances of protection.

Historical precedents say healthcare cannot escape the pressures of evolving public thinking towards space as a result of pandemics, but also that healthcare can be a driver of those changes. Widespread concern for our health creates new feelings and behaviors around space and how we interact with it. For life sciences leaders, examining ecosystems through the lens of space may open new thinking about everything from business models to how we communicate and create new kinds of customer experiences that meet both functional and emotional needs.


- **How can we continue to meet the information and support-based needs through these new orientations to space?**
- **How can or should we adapt if some shared spaces, such as waiting rooms, become obsolete or significantly changed?**
- **How can we incorporate the shifting emotional needs (i.e. reducing fear and emphasizing safety and protection) into our solutions to make them more aligned to evolving needs and expectations?**



# THE EVIDENCE

Emotion and space are inherently intertwined, as humans have an innate awareness and drive to be in places with certain qualities, with safety among the most important. Academic disciplines, such as proxemics (the study of the human use of space), and emotional geography look at how we interpret and value our sense of personal space and the kinds of impact this has in retail, healthcare, and other social contexts, even including virtual reality. The proxemics forced on us by this pandemic is changing the way we interact and how we feel about the spaces with which we do, or want to, interact with.

In healthcare, historic pandemics give us examples of how our need for safety drives change. A bubonic plague outbreak began in China in 1855 created social and cultural pressures that redesigned drainpipes, door thresholds, and building foundations in an effort to keep rats away.

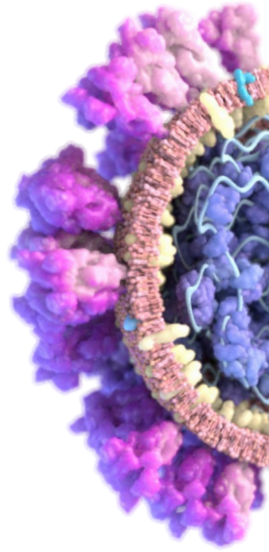


**Our fear in this pandemic is created by invisible, unpredictable, and some might even say, sneaky opponents.**

Tuberculosis also exerted pressures that some have credited with fostering the smooth, clean, modern aesthetic where everything can be wiped down and may have even driven the invention of the reclining chair.<sup>1</sup> Some have asserted that form has always followed fear of infection, just as much as function.

Our fear in this pandemic is created by invisible, unpredictable, and some might even say, sneaky opponents. Plexiglass, Zoom, and the ubiquitous transition to digital were our immediate responses. Plexiglass is helping us create either actual or perceived barriers while simultaneously allowing for interaction and connection. Zoom (and other web-conferencing platforms) allowed us to maintain face-to-face contact where none was possible and we are pushing to maintain almost all other forms of communication through digital channels. But now we're contemplating how to go further: what needs to be reduced, rethought, reconfigured, reimagined? And maybe, what needs to be visible that we once wished not to see?

Prior to COVID-19, we sought to minimize our awareness of cleaning and sanitizing. We wanted it out of sight. Now we want to see it, to know that it has happened. We need to be reassured visually that activities are happening to keep us safe. Hilton recently announced a partnership with Lysol and they are tackling this issue with initiatives that have people visibly wiping down surfaces in public areas of the hotel and looking for other ways of showing cleaning efforts while maintaining privacy and high levels of service.



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Many are speculating that work will stay highly integrated into the home environment as companies explore the necessities of who needs to be in the office or if open-concept offices or co-working facilities are even viable as return-to-work situations are contemplated. Dave Gilboa, co-founder and co-CEO of Warby Parker was recently quoted in *Fast Company* on this very issue:

**“We think the perception of safety is going to be a key differentiator in terms of where people want to work. Companies that take workplace safety seriously will be able to use that as a competitive advantage to attract and retain talent.”**

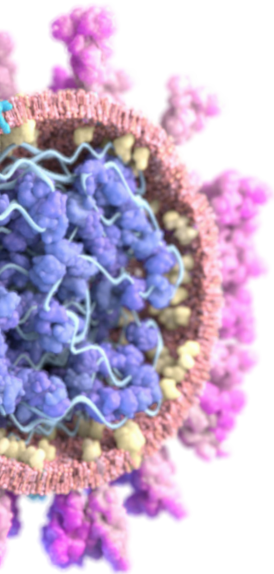
When children in Denmark went back to school as shelter at home started to loosen, there were many questions about what would need to be done and parents expressed doubt and distrust. Classrooms needed reconfigured, lectures moved outside, entrance and exit routines changed and yet the goals of the school were to remain the same. They sought to maintain the experience of time with friends, education, and playtime without the physical connection. The shifts in the space allowed for the varied experiences of school while sending the right emotional cues to parents and children.

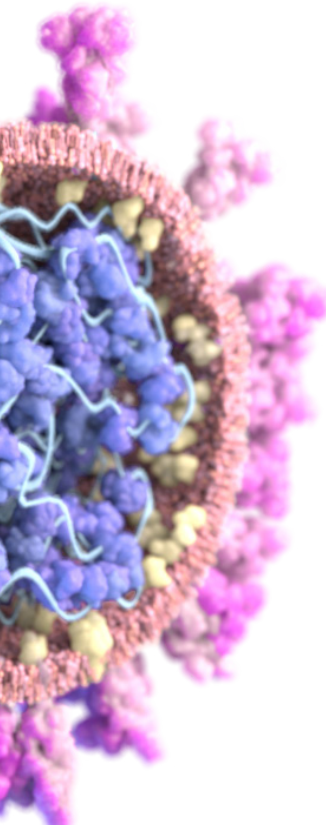


Airlines are widely rethinking what to do with their cabin spaces and the role of the middle seat. Some postulate plexiglass between seats is needed and others predict middle seats will not be sold, which also introduces revenue pressures.

Retail stores and restaurants are contemplating shopping by appointment and control of foot traffic within their spaces that can be checked online. But how does that detract from the experience and ambiance of a night out with the hum of voices and the feeling of others around you? How do we protect the feeling and enjoyment of dining out in a space that feels empty?

Healthcare and life sciences are contemplating the same far-reaching questions. Digital transformation, like most other industries, intensified. In life sciences, the rapid acceleration of the adoption of digital was fueled by reimbursement changes and access needs.





Telehealth is also disrupting the familiar routines of ongoing management in chronic care. Telehealth has people engaging with physicians at unprecedented rates in their home and seems likely to continue post-pandemic, meaning there will be increased healthcare presence in the home. For chronic care patients, this requires negotiations of privacy and what they wish to share with friends and family. Clinical trials are questioning what can now be done at home and how endpoints may be affected if those transitions are made. E-detailing is another area where quick transitions to digital were seen in efforts to secure discussions, relationships, and needed information sharing. Medical and life sciences conferences are also exploring digital solutions that allow for virtual learning and interaction but no certain answers have been put forward.

Further, individuals are reported as staying away from hospitals and urgent care centers and managing their chronic illnesses at home out of fear of exposure and a lack of guidance on what they should be doing. There is also early evidence to suggest that physicians are preferring modes of administration that protect the patient from needing to enter hospitals or infusion centers, such as orals or subcutaneous injections. This suggests the need for healthcare providers (HCPs) to keep patients away from risky spaces as an emerging driver of treatment choice. Waiting rooms are (and will continue to be) openly questioned and may become obsolete. What happens to the brochures? What happens to the educational videos that are found in physicians' offices? Will you be asked to wait in your car and be paged to come in when the physician can see you? Will the familiar routines of ongoing management be completely rethought?



# THE POSSIBLE FUTURES

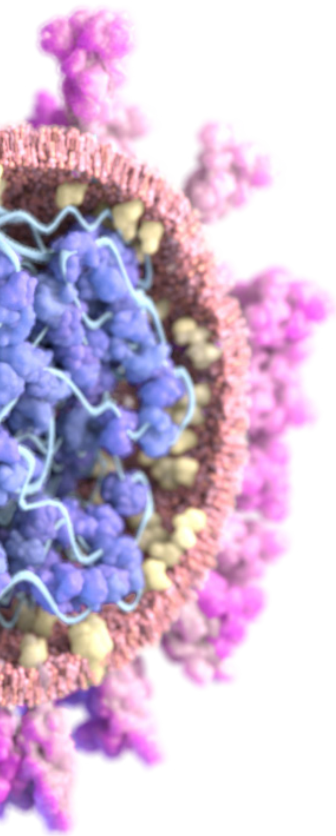
As COVID-19 subsides, we are unsure of the realities that will lie before us, but we have the opportunity to think about how our ecosystems and environments might or might not evolve to continue to add functional value and meet new emotional needs. And how the seeds of what exists today may be embraced or reconsidered.

## **Making the case that changes in perceptions of space are here to stay and will continue to evolve...**

Consider the new realities of shared space being emotionally and functionally suspect. If we assert that needs will not revert to pre-COVID-19 orientations, then there will be much to reconsider around our interactions with space. We will need to reconsider our assumptions and knowledge of familiar pathways to consider new paths, environments, and points of interaction in healthcare. It feels entirely plausible that HCPs and patients will be more proactively asking themselves what truly needs to happen in person versus remotely.

It may be that the needs for safety and protection will escalate regarding what is considered viable or desirable in the home, especially for chronically ill patients who learned through this pandemic that they are at elevated risk from COVID-19. What was once considered too risky might be considered safe and vice versa.

Familiar rhythms of disease management could be interrupted to introduce more frequent or less frequent check-ins on different aspects of chronic care and in potentially different spaces. When we consider the routine questions that are asked in most monitoring of chronically ill patients with diabetes, high blood pressure etc., when will physicians or patients want them to happen during an in-person visit? How does a visit need to change in how and where it is conducted? Because we see signs of these questions happening, it feels reasonable that the adoption of telehealth will deepen the uptake of health-related technologies in the home. Visits about data gathering or routine monitoring may be conducted from within the home using technologies that allow for sharing of blood pressure, heart rate, and the gathering of urine or other samples. Perhaps only when procedures or unfamiliar symptoms are reported, or potential complications are detected there would be a push to have in-person visits or initiate home-care visits. And those in-person visits may be under pressure to happen without waiting rooms and in scheduled appointments that are tightly controlled.

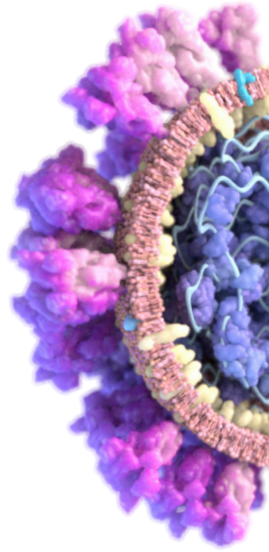


But there are other areas of consideration and opportunity spotting. Other shared spaces, such as physician examination rooms, might rely even more on disposable or single-use items, or perhaps refuse to 'hand-out' anything, such as pamphlets, samples, starter kits, etc. They might greatly limit any personal presence in the office and ask people to wait in their cars or elsewhere and put systems in place to help manage, monitor and communicate patient flow in the day. Hospitals could also follow with re-envisioning their processes for entrance, potentially creating deeper stratifications of patients and their incoming risk profiles.

## Making the case for temporary change in perceptions of space...

Infection is not a new enemy and many efforts in healthcare and life sciences are already in place to keep it at bay. So it could be that these shifts in perception are only temporary and will not need to be permanently entertained as a 'fact' of the new landscape. We could anticipate a quick fading of the risks, fears, and lessons of social distancing. But it does seem probable that some transitions will be retained. Continued adoption of digital platforms seems probable given transitions to telehealth were underway and being debated prior to the arrival of COVID-19. Physicians are showing signs of preferring certain kinds of conversations to remain online and some specialties may realize they have more flexibility or even reliability in engaging with patients from their homes. If we do just slowly return to pre-COVID-19, it could also be that even the step-down from where we are currently will create some shifts for more disruptive companies to fill.

There were already emerging business models focused on prevention where offices don't have waiting rooms and to which schedules are strictly adhered. These were designed to address anticipated experiences, such as long wait times and rushed visits for both patient and physician. Physicians also need reassurances of safety in these changing environments and will have altered needs on schedules, supplies, and services.

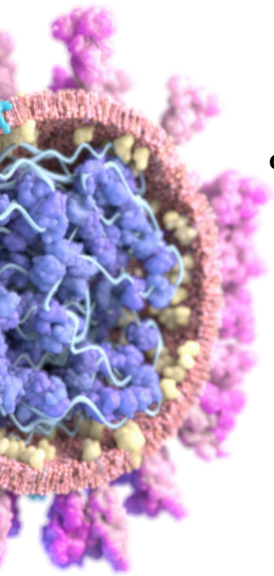


# THE ACTION PLAN FOR LIFE SCIENCES LEADERS

As we think about our immediate needs and plan for the future of our space and interactions within them, there are many ways to consider supporting ourselves, HCPs and patients. Change is challenging and if we listen and observe closely, there will be meaningful problems to solve.

## 1. Plan to actively rethink any live points of contact with your customers:

- a. Be committed to staying in touch with the ways different spaces are being reacted to by your customers to see if environments do change due to the pressures of COVID-19.
- b. Consider the possibility of new spaces being created and what needs might emerge in these spaces.
- c. Consider re-evaluating your customer journeys and adding in the layer of space and context so you keep up with shifts.
  - Evaluate how you have added value in these spaces in the past and what you might need to do to evolve them.
  - Reconsider moments of meaning and perhaps their prioritization.



Imagine what is required if purely digital efforts need to be relied upon for support and how digital spaces can meet both functional and emotional needs.

**2. Consider context as a powerful driver of designing solutions mindful of the context of home, especially in chronic care:**

- a. Be mindful of the shifting context of home and the ways home is changing with both work and care being more integrated there—perhaps even permanently.
  - Consider self-ethnography to dig deeply into what it is like to be a patient or caregiver living with and managing their condition in the home or into interactions with digital solutions to identify opportunities to entrench new branded and unbranded communication or training, support, and education needs.
- b. Think about partnerships with diagnostic or lifestyle support companies that can help keep patients on top of their own health and create more seamless interactions with telehealth or their healthcare provider.
- c. Consider how symptom tracking may be a critical component of home care and how detection of disease may become as important as management of disease.

Driving awareness of conditions or symptoms might be determined through in-home technologies as much as in-person diagnostics.

- d. Consider what kinds of ‘toolkits’ can be provided to help patients navigate care in the home. How to stow, organize, or set up a care-hub in their homes and what that might need to be included to help track symptoms and interface with electronic health records etc.
- e. Consider the context of home and needs for privacy in what is designed to help track symptoms or administer treatment.
- f. Consider changing consumption of information and how live streaming, video, text, and even phone might emerge as preferred modes of communication.

**3. Consider how you address the emotional needs within the space:**

- a. Offering emotional reassurance and actively considering safety and protection for both HCP and patients.
- b. Consider the emotional impact of giving cues that indicate sterile, clean and unopened. Ask yourself what needs to be visible that perhaps hasn’t been historically.
- c. Reflect on the significance of different modes of administration and how they might be an asset for adherence and ease of adoption.

#### 4. Put yourself at the forefront of designing for the future:

- a. Leverage design thinking process to help both anticipate but also pinpoint meaningful problems to solve.
- b. Consider how internal teams might benefit from drawing upon different expertise from fields like anthropology, behavioral science and futurists in thinking through various scenarios and solving for solutions.
- c. Give teams more permission to spend time ideating and thinking through various scenarios and metrics to get adaptive approaches in place that can change as COVID-19 changes our orientations to space.

#### References:

1. Med Hist. 2005 Oct 1; 49(4): 463–488.

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We hope you've found this piece from our Life (Sciences) After COVID-19 series valuable and engaging. For more content like this, download our other published perspectives at **covid19.klick.com** and sign-up to receive future insights as soon as they become available.





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Amy is an anthropologist who is passionate about the intersection of biology and culture and adores cross-functional thinking. She has more than 15 years of healthcare experience harnessing the power of customer insights to build brands and drive human-centered innovation in devices, clinical trial design and communications.

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*Amy has worked in over 40 different therapeutic areas and has always drawn inspiration from the lives of the people who are affected by illness.*

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While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

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