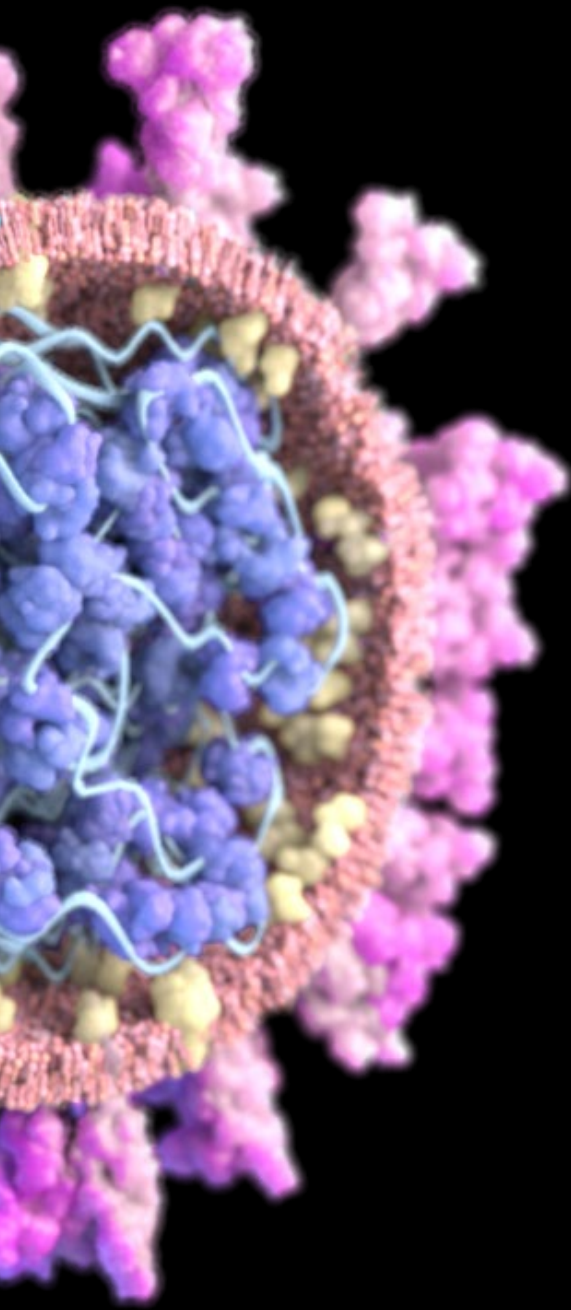LIFE
(SCIENCES)
AFTER
COVID-19

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HEALTH

**Maintaining the Sacred Doctor-Patient Relationship
Through Pandemic-Accelerated Technology Adoption**

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 *Reimagining Creative Uses for Underutilized Resources* and *The Value of Patient-Generated Health Data in a Post-Pandemic World* at **covid19.klick.com**.

THE
INSIGHT

In the business world, we say happy employees make customers happy. In medicine, it is no different, happy doctors make patients happy, which results in better outcomes. What makes doctors happy? At the core of medicine, it is the doctor-patient relationship. Most physicians today will share that the reason they chose to practice medicine was to help people and build relationships with their patients over time. Based on the conversations we had with physicians for this piece, it was clear that these valued relationships with their patients remain a key driver of their satisfaction today. Although medicine has grown dramatically in its scientific and technological advancements, few would disagree that at the heart of medicine lies the human interaction between doctor and patient.

The relationship between doctors and their patients has received philosophical, sociological, and literary attention since the days of Hippocrates. But over time, the additive, effect of change, such as the introduction of health maintenance organizations, electronic health records (EHRs) and other technologies, as well as fragmented care and the rise of the informed patient, has chipped away at the physician-patient relationship.
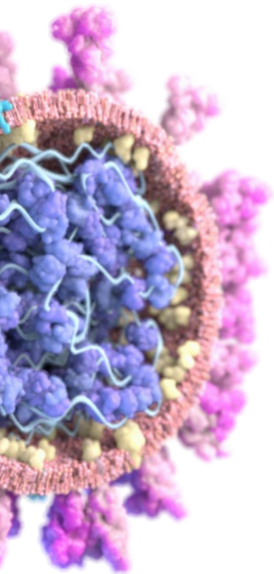
Many of these changes have been outside of physicians' control and in most cases, their opinions on how to best incorporate these changes were not sought.

Can COVID-19's acceleration of the adoption of telemedicine serve as a tipping point to revisit improving physician satisfaction and give them a seat at the decision-making table, bringing more humanity back to medicine?

How can life sciences leaders play a role in increasing physician satisfaction and avoid doing anything that could be perceived as further degrading the doctor-patient relationship?

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THE
EVIDENCE

The COVID-19 pandemic has created massive changes to how healthcare is accessed and delivered in order to keep people safe and prevent hospitals from being overwhelmed. It is well documented how telemedicine has been adopted almost overnight due to the loosening of policies, regulations, and changes in reimbursement. When we spoke to physicians who aren't working on the frontlines, telemedicine was described by all as the biggest change they have experienced during the pandemic.

> **We don't want to repeat the poor design and implementation of EHR systems that resulted in physicians spending more time on administration, less time with patients, and decreased overall satisfaction levels.**
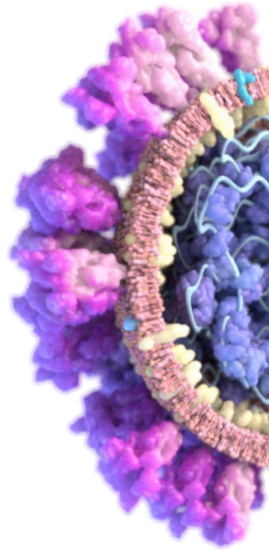
What we uncovered through our interviews[1] was that they are not concerned that new technologies like telehealth are being incorporated into their practices. But, they want to ensure that the creativity, empathy, and trust required to deliver care is not lost.

They know that what won't ever change is that coping with an illness is difficult and emotional, and requires trust and a relationship built over time to provide the best care.

What struck us as we listened to the physicians speak is that we have the opportunity with every change in how care is delivered to work more closely with physicians to ensure that it doesn't negatively impact the doctor-patient relationship and their level of satisfaction. We don't want to repeat the poor design and implementation of EHR systems that resulted in physicians spending more time on administration, less time with patients, and decreased overall satisfaction levels.

Changing health professionals' behavior can be challenging, particularly if it involves changing existing, routinised ways of providing care developed through training, experience, and further reinforced through daily repetition.[2]

Shifting to telemedicine has been a completely new experience for many physicians whether they wanted to use it or not. Currently, most physicians are just trying to replace what they have done in person into the virtual setting with mixed success.

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In these early days, the physicians we spoke to were questioning whether they could be as effective in a virtual visit as they are face-to-face in the following areas:

- Ability to build and maintain bonds with their patients

- Bringing a level of uncertainty into clinical decision making

- Impact on patients' understanding, engagement, and adherence

1. Ability to build and maintain bonds with their patients

Trust is at the core of the doctor-patient relationship and it is not something that forms from a single interaction, but is built over time with repeated interactions. Trust has been shown to have a positive impact on patients such as patients' adherence to medication, patient satisfaction, and it is a better indicator of follow up treatment.[3]

Physicians historically have learned how to bond with their patients and create trust during their face-to-face interactions. Some of the physicians we spoke to are questioning whether they can create the same bond and trust in their relationships virtually. All agreed that they would not be able to build the same kind of bond with a new patient via telemedicine.

> **"**I have built trust over time and my patients know I have their backs and will fight for them when needed. I don't think I could build that same trust with a new patient if we are only talking virtually.**"**
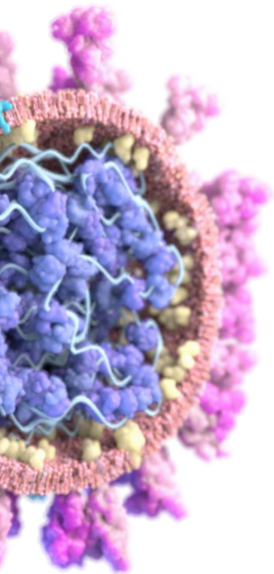> —**Primary care physician**

> **"**I realized through this exposure to telemedicine that I prefer the personal side of practicing medicine the most, the connection I have with my patients. I would hate being on a virtual call all the time.**"**
> —**Endocrinologist**

> **"**I think the connection is not the same, something is lost. I find it harder to provide reassurance on the phone, it doesn't feel as natural or meaningful compared to when I put my hand on a patient's shoulder. It's like dating online versus dating in person.**"**
> —**Cardiologist**

2. Bringing a level of uncertainty into clinical decision making

A large percentage of the messages we convey to others is through non-verbal means. Messages are conveyed through the way we look, our body language, our tone of voice, etc. This is one of the reasons why a jury must hear the witnesses and defendants in person for serious crimes; these non-verbal cues can also help them assess whether the testimony is authentic or not.

Similarly, the doctor and patient also assess each other for authenticity. How a patient explains what is wrong and being able to interpret the words, cues, and context are skills that help physicians develop clinical judgment.

> **How a patient explains what is wrong and being able to interpret the words, cues, and context are skills that help physicians develop clinical judgment.**

Some of the physicians we spoke with questioned whether virtual interactions can provide them with all the inputs they get in-person with the same accuracy.

"With telemedicine I have to rely on the questions I ask patients about their symptoms. I have to rely on their history more because I can't examine their joints physically. Makes me feel anxious like I am missing something. I learn a lot through the physical examination."
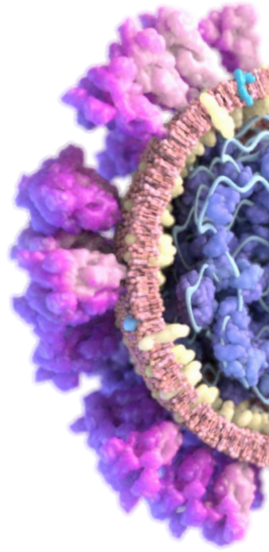—**Rheumatologist**

"For endocrine problems, other than diabetes, you have to look for clues, in person, in the physical exam to see what direction you want to head in to properly diagnose someone. Cameras aren't enough. It is the feeling part that helps the most."
—**Endocrinologist**

"The upside is that you now get to see the patient in their own context which can provide new insight in how to help them manage."
—**Primary care physician**

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3. Impact on patients understanding, engagement and adherence

Physicians that we spoke with felt that for acute, less complex issues, patients were engaged virtually and would likely manage well. But they raised some concerns about patients with chronic conditions as to whether they are as engaged virtually as when they are in-person.

"My first choice is seeing patients in the office. I always draw on paper when I am describing things so they can visualize it and take it with them. It helps them understand and they can refer back to it.**"**
—**Cardiologist**

"I feel like some of my patients don't take a virtual visit as seriously. I have one patient who never misses an in-person appointment and he keeps on missing virtual ones. He said, 'Sorry I was playing with my granddaughter and forgot about the call.'**"**
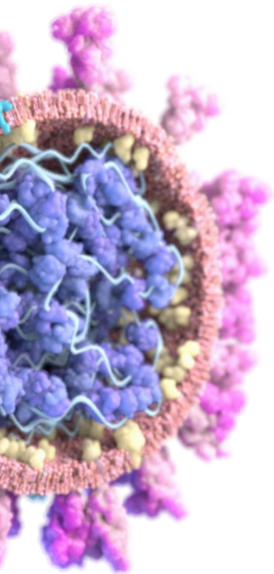 —**Primary care physician**

"Most of my older patients aren't technically savvy, so we can only speak by phone and they can be a bit more distracted. I know I am missing a lot in those interactions when I can't see the person.**"**
 —**Primary care physician**

"If you have patients you know, then you can put each visit into context of their long-term health plan. If you constantly have one-offs for telemedicine, that is fine for in-the-moment needs but not for long-term health management.**"**
 —**Primary care physician**

OPTIMIZING
CARE MODELS

Many realize that telemedicine will continue to advance and eventually patients will likely have access to in-home monitoring devices, which will make telemedicine even more effective. But all agree that they will have to assess when they need to see a patient in-person versus virtually and how best to optimize care so that it strengthens the doctor-patient relationship.

"Maybe we shouldn't be saying "see you in a year for your next annual" now that I can continue to build the relationship between annual visits because we can check in virtually more often.**"**
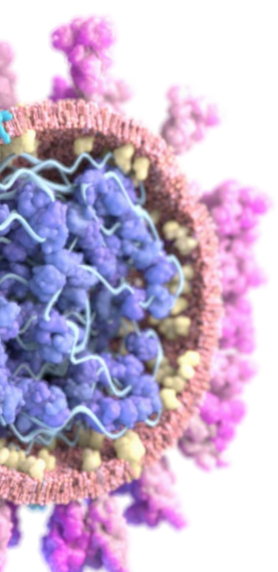—**Primary care physician**

"We need to figure out how to best implement telemedicine into our workflow so that it doesn't create more work for us. We need a virtual nurse visit that could take all the information before we see the patient much like we do in person so we can just focus on the patient when we are together.**"**
—**Cardiologist**

"I have realized that for many follow-up appointments it is better to do it virtually instead of making the patient travel to the office, miss work, sit in the waiting room. I know they would appreciate that.**"**
—**Endocrinologist**

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THE POSSIBLE FUTURES

What fundamentals need to be put in place to ensure that the development and implementation of any new technology keeps the doctor-patient relationship and physician satisfaction top of mind?

Telemedicine is a unique case where the urgency of the COVID-19 situation accelerated its adoption. We have a unique situation where all physicians used the technology whether they were tech-savvy or not. This has created an enormous pool of insight on their experience that should be collected and leveraged to determine how to overcome any issues that may impact the doctor-patient relationship and physician satisfaction levels.

Could this create a template to think about the physicians' needs for all future technology development and implementation?

> **"Usability is about people and how they understand and use things, not about the technology."**
>
> – Steve Krug, author of *'Don't Make Me Think: A Common Sense Approach to Web Usability'*

The case for putting the patient-physician relationship and physician satisfaction at the center...

The physician's role in the healthcare system will likely be different in the future. Artificial intelligence (AI), virtual and augmented reality, 3D printing, robotics, and affordable genome sequencing will all change how medicine will be delivered.
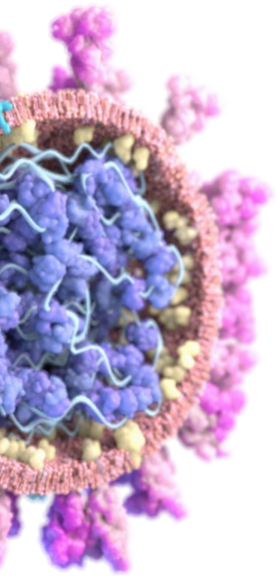
In addition to technological and scientific advancements, models of care will also change. We can imagine a future dominated by team-based care where all healthcare practitioners work at the top of their license and the patient will feel surrounded by a team that is working together to improve their health outcomes and knows everything about their health. Technology will need to play a key role in providing the tools, data, and infrastructure that will enable coordinated patient-centered care. The user experience, integration into workflows, and the human side of care will be contemplated from the beginning and incorporated into the design of the technology. Today, the technology is often developed first and expected to be implemented seamlessly, which has not usually been the case.

We imagine a future where technology and new models of care strengthen the physician-patient relationship rather than detract from it, improving both patient and physician satisfaction levels.

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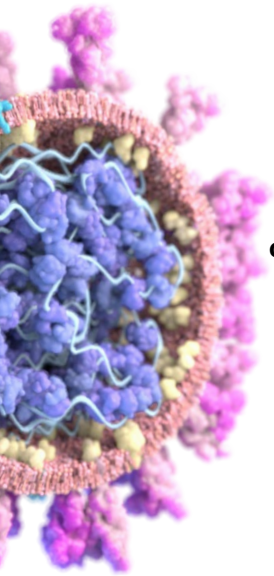## The case against putting the doctor-patient relationship and physician satisfaction at the center...

As technology advancements and value-based care continue to be adopted, physicians may feel less valued when their choices become dictated by AI-driven algorithms versus their clinical judgment. It may become a model where mid-level practitioners play a larger role in primary care and specialists are predominantly used for their expertise versus their relationship-building skills. In this future, administrators will continue to dominate healthcare choices and the technologies that will be used. Although some of these decisions will help to advance medicine and provide more precision-based care, what will be lost is the humanity and human side of medicine that creates the trust and relationships that both patients and physicians value most when someone's health is compromised.

THE ACTION PLAN

FOR LIFE SCIENCES LEADERS

1. **Improve physician satisfaction when new technologies or care models are adopted**

   a. For each new technology that is introduced in the practice setting, try to empathize with physicians and what they feel may be may be compromised or improved in how they deliver care. Think about how your brand can help to emphasize the positive and help to solve what is perceived to be compromised.

   b. What role can you play in improving the user experience? For example, partnering with a healthcare team to customize a technology interface that will improve interactions between providers and patients.

   c. Life sciences leaders will need to assess over time how much consistency there is across physician types in their adoption of new technologies across specific use cases. This will help to determine the impact on diagnosis, treatment choices, and outcomes.

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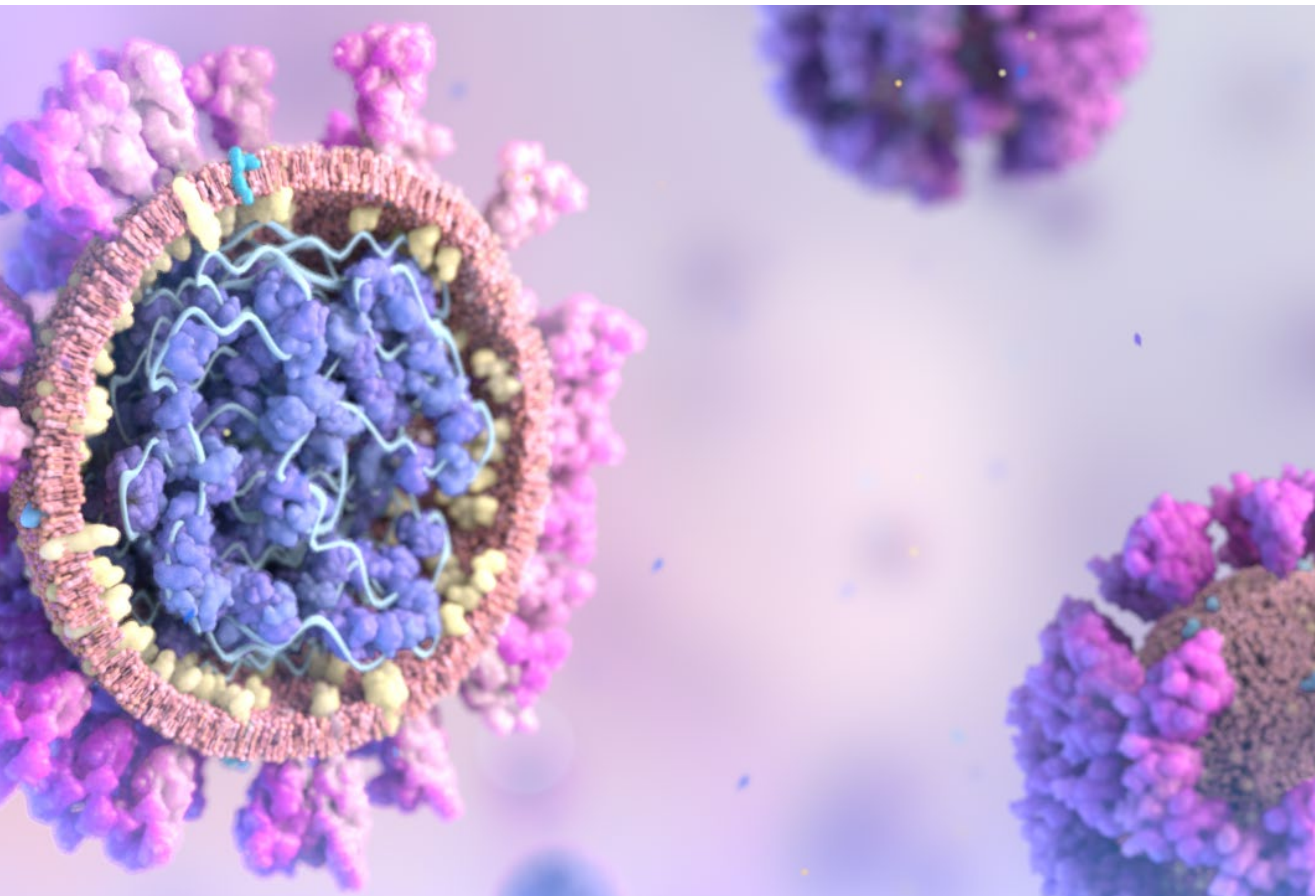2. **Bolster the sacred physician-patient relationship**

   a. Knowing the importance of the doctor-patient relationship, think about how you can strengthen that relationship before, during, and after each healthcare interaction, whether it be virtual, face-to-face, or asynchronous. For example, what feedback loops can you enable for the patient and physician to follow-up with each other post-interaction to ask questions, monitor progress, etc.

   b. Consider looking at all of your marketing and communication activities through the lens of bolstering the physician-patient relationship to see what might be missing or what could be emphasized. Does the story you tell patients and the story you tell physicians bring them closer together or push them further apart?

3. **Help to generate trust**

   a. Trust has been highlighted as an important element to build between the patient and physician to create relationships and improve outcomes. How can you help generate trust between the patient and physician? Consider helping to build physicians' reputations in your therapeutic areas or creating tools that engender trust between patient and physician (for example, helping physicians to know that a patient is being compliant or giving patients the latest evidence that builds confidence in their physician's treatment choice).

4. **Give physicians a voice**

   a. How can life sciences leaders elevate the physicians' voice and role in how technology gets designed and implemented? Should life sciences leaders come together as one to take on this cause to ensure that physicians have a seat at the decision-making table?

   b. How can you give physicians a bigger voice in the decisions that you make for your brands, clinical trials, and more, where their input could make a difference?

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References:

1. Note that the conversations that we had with physicians were qualitative in nature with a relatively small sample size. The quotes provided in this piece are from the physicians that we spoke to in May 2020.

2. Sebastian Potthoff, Othman Rasul, Falko F. Sniehotta, Marta Marques, Fiona Beyer, Richard Thomson, Leah Avery & Justin Presseau (2019) The relationship between habit and healthcare professional behaviour in clinical practice: a systematic review and meta-analysis, Health Psychology Review, 13:1, 73-90, DOI: 10.1080/17437199.2018.1547119

3. Chandra S, Mohammadnezhad M, Ward P (2018) Trust and Communication in a Doctor-Patient Relationship: A Literature Review. J Healthc Commun 3:36. DOI: 10.4172/2472-1654.100146

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.

Leslie Jamison
Executive Vice President, Corporate Ventures

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As the Executive Vice President of Corporate Ventures, Leslie leverages her expertise in business, marketing, science, and human insights to identify and de-risk venture opportunities and grow them into successful businesses within life sciences that improve the lives of patients.

Previously, Leslie built and led the Brand Strategy team at Klick Health, drawing upon a 25-year proven track record in building successful brands that create meaningful connections with customers. As part of her mandate, she established a center of excellence in brand development that helped fuel the agency's hypergrowth.

Prior to joining Klick, she served as the Managing Director & Partner of an independent insights-driven brand consultancy. There, she created strategic offerings to enable healthcare clients to build their brands and drove business development that resulted in year-over-year revenue growth. Leslie also played a key role at a Fortune 500 company where she developed the value proposition and client acquisition strategy that resulted in both a new revenue stream for the company and a new standard for the sector.

She has an MBA from IMD in Lausanne, Switzerland and a Bachelor of Science degree in Chemical Engineering from Queen's University. In 2019, she was recognized with a PM360 ELITE Award for strategic excellence in the life sciences industry.

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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