

CHRONIC CONDITIONS AND COVID-19: OBSERVIA COUNTS ON DIGITAL TO RETHINK ACCESS TO CARE

During the first wave of the Covid-19 pandemic, patients were the focus for health authorities and healthcare professionals. Authorities rapidly promoted continuity of care, with the *ARS d’Ile-de-France*, the greater Paris health authority, encouraging the region’s population to consult their doctor regarding any health problems, for monitoring of chronic pathologies, pregnancies, vaccinations and with any doubts or unusual symptoms ¹. Different health professionals became involved and responded to patients’ needs, reorganising their activities to optimise management of Covid-19 cases.

Nevertheless, **many patients with chronic conditions stopped seeking physical medical attention at the office and hospital levels, despite being the most at risk for complications.** Digital, and remote monitoring and teleconsultation in particular, quickly showed its full potential to counteract such behavior by providing a credible and efficient alternative for both patients and care providers.

Today, authorities and practitioners alike have learned from these pandemic events and are imagining solutions to continue improving patient care regardless of the health situation.

The impact of Covid-19 on chronic care: 1 in 2 French patients chose not to attend appointments.

This topic was considered by Professor Nicolas Danchin, cardiologist at the *Hôpital Européen Georges-Pompidou* in Paris, France, via a survey of his cardiologist colleagues. The survey clearly showed that practitioners saw consultations cease completely for more than one week, and their activity drop by more than 50% throughout the lockdown period from March to May 2020 in France. Patients, especially those suffering from chronic pathologies, exhibited new behavior during this first lockdown, particularly **difficulty keeping appointments** and continuing ongoing care.

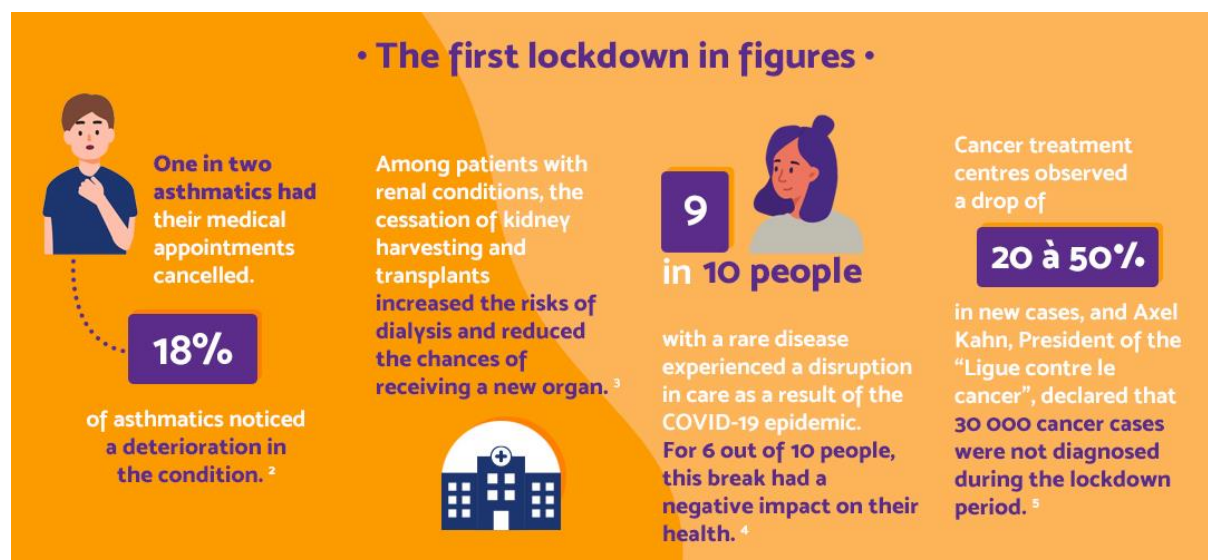
This observation prompted several patient organizations, including the *Fédération Française des Diabétiques* (French Diabetic Federation), to run a campaign in June 2020 called « *Revoir son médecin* » (“Going back to the doctor”) to encourage patients to resume their medical

¹ <https://www.iledefrance.ars.sante.fr/covid-19-continuite-des-soins-en-ville-gardez-le-contact-avec-vos-professionnels-de-sante>

consultations as soon as possible. Apart from **discontinuity of care** for existing patients, these delayed consultations can also mean late diagnoses, or even **missed** diagnoses in cases where the cancelled consultation is not rescheduled.

For these reasons, many health professionals spoke out during the second lockdown to alert the authorities and public opinion that the consequence of these missed appointments, lack of diagnoses and/or timely care will be an **explosion in complications**.

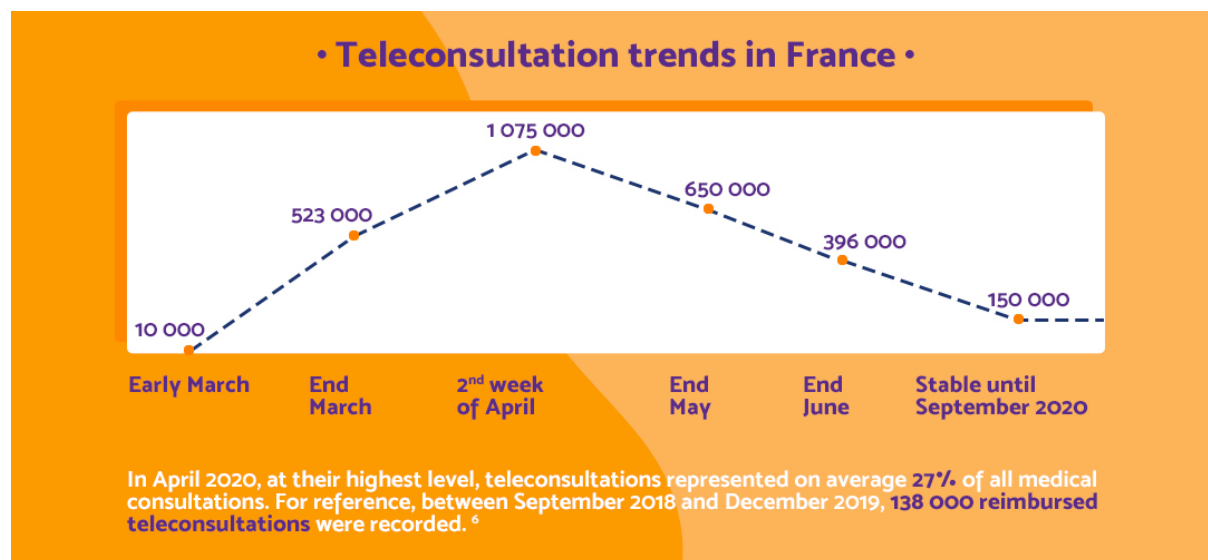
In fact, medico-surgical complications have already been observed in certain overweight or obese patients, and in those with diabetes, cardiac pathologies and cancer. One in two people cancelled a medical consultation during the first lockdown in France, and practitioners are warning about the dangers of these cancellations or delays in care, which have been ongoing since May 2020.



Telemedicine: an efficient alternative for ensuring continuity of care.

During a pandemic, it is essential that patients continue to manage their condition(s). This includes **self-monitoring**, symptom and treatment management, monitoring of established therapeutic objectives, uninterrupted basic treatment - based on medical advice, and maintenance of medical monitoring. These activities can be carried out with the support of telemedicine operators, who have organised themselves to be able to provide substantial solutions quickly.

The French government supported and promoted these activities with a series of regulatory measures to enable **teleconsultation** in certain exceptional circumstances and the use of **telecare**.



In this regard, it is important to note that during the lockdown, 24% of French patients with chronic conditions consulted their General Practitioner and 28% consulted their specialist via teleconsultation. These figures reflect **an established level of confidence with regard to teleconsultation** and the necessity to continue with this form of digital consultation! All things considered, **what patients lack the most, as Professor Danchin points out, is close contact with a health professional**. It can be extremely complicated to cope with a chronic condition on one's own, especially during the periods between appointments.

As a mean of maintaining contact with patients, in a health context that remains difficult, digital creates new perspectives with unprecedented scope. Once patients are familiar with the tool and convinced of its benefits, as is the case for teleconsultations, it is possible to imagine the introduction of **remote monitoring programs** with all the necessary customisation required for bespoke care of patients with chronic conditions.

These tools help improve patients' daily lives, providing close monitoring that is indispensable to **reduce the risk of complications**, as well as services that are complementary to the consultation so as to **provide improved support for patients** day to day. They also provide health professionals with the means to **optimise remote communication** with their patients, and facilitate dealing with possible complications. Regular, reassuring exchanges make patients feel better supported, and less alone and isolated when coping with their illness.

Digital: an indispensable tool for improving chronic patients' care journey.

The Covid-19 crisis has accelerated the health sector's digital transformation in an astonishing manner. An ongoing subject for more than twenty years, digital has experienced a new upsurge in the context of the health crisis.

Patients, professionals, and patient associations have, with one voice, emphasised the impact of discontinuity of medical care on the physical and emotional wellbeing of patients during the first lockdown. In this context, digital comes into its own, bridging the gaps in care, and offering a range of services to suit health professionals and chronic patients of all types.ⁱ

Some of these services, such as teleconsultations, were already in limited use before the pandemic, but have been increasingly integrated into the French system since March 2020. As for telecare, its introduction was accelerated with the arrival of Covid-19. Many other tools exist that can meet different requirements such as:

- Digital therapeutic education in a centre or at the patient's home.
- Symptom alert and monitoring systems (such as PRO - Patient Reported Outcomes) that provide daily proximity between the patient and the care provider. For example the virtual assistant MyAVA*, from the Spanish program HappyAir which supports people impacted by respiratory diseases.
- Also support platforms that help patients to become better informed about, and cope better with, their pathology (the well-known AbbvieCare personalised support services, or the HÉMaVie* platform, aimed at patients suffering from multiple myeloma).

Beyond pandemic situations, **these digital tools and services meet the growing needs of both patients and health professionals.** For this reason, they should be integrated on a more systematic basis in the patient's care journey, to ensure that they receive continuous support and monitoring.

The majority of health professionals, like Prof. Danchin, consider that digital platforms or systems intended for chronic patients are useful for providing comprehensive care without overwhelming hospitals, and in facilitating communications between local healthcare providers and hospitals. Doctors have new tools allowing them to closely monitor their patients, to access more data and the support required to detect emergencies and imbalances in their patients' pathologies. For the patient, the advantage of these systems lies in the

feelings of accompaniment and independence that they gain from them, and the support they receive, contributing to an improved quality of life.

The teams at Observia have been convinced for nearly 10 years that developments such as digital technologies, widespread use of smartphones, and progress in behavioral sciences and data analysis make it possible to meet the challenges of chronic patient care, bringing patients and care providers concrete, useful assistance with lasting, positive impact on their daily lives. Today Observia is creating a new generation of innovative tools. Use of its spur™ product enables a behavioral diagnosis to be performed which, along with the patient's medical and socio-demographic data, makes it possible to provide the service that will best engage them in terms of their health, and improve the quality of their support. This then makes it possible to use the communication channels that are the most likely to reach them (text messages, telephone...); but also to adjust the frequency and tone (encouraging, emphatic, directive...) of the message (reminder, support, information) that is sent, thanks to the intelligent engine d.tells™.

All of Observia's actions and research make it possible to offer new services to chronic patients, so that they can benefit from continuous, highly personalised care in line with their needs, even remotely. For health professionals, these are useful, well-adapted tools to help them achieve defined objectives with their patients, while saving precious time.

Today, the digital transformation of the health sector is under way and **the need for high performance digital services is irrefutable**. If a suitable answer is to be found in terms of organisation and capacity, the private actors of the health system must be involved in anticipating and managing health threats, and data must be shared with them. It is an essential link in optimising our health system. More than ever, Observia intends to continue to play a major role in this new era for the care journey.

References :

¹ <https://www.iledefrance.ars.sante.fr/covid-19-continuete-des-soins-en-ville-qardez-le-contact-avec-vos-professionnels-de-sante>

² Ifop for Sanofi Genzyme. (2020, 03 June). *Asthmatiques et Covid-19... un confinement à risque ?*. Sanofi. <https://www.sanofi.fr/-/media/Project/One-Sanofi-Web/Websites/Europe/Sanofi-FR/Newsroom/communiqués-et-dossiers-de-presse/2020/cp-asthme-severecovid-VF-2020-06-02.pdf>.

³ Yvanie Caillé, founder, Renaloo, a non profit kidney patients organization. Christian Baudelot, Professor Emeritus, sociologist, école



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Normale Supérieure, Centre Maurice Halbwachs, Paris, Alexandre Hertig, MD, PhD, transplant nephrologist, Sorbonne « COVID-19 and

chronic kidney disease: It is time to listen to patients' experiences », BMJ Opinion, 28 August 2020. <https://blogs.bmj.com/bmj/2020/08/28/covid-19-and-chronic-kidney-disease-it-is-time-to-listen-to-patients-experiences/>

4 Rare Barometer - A EURORDIS initiative. (2020, November). Covid-19 : quelles répercussions sur les personnes atteintes de maladie rare ?

EURORDIS-Maladies

rare

Europe.

http://download2.eurordis.org/rbv/covid19survey/covid_infographics_final_fr.pdf

5 Nous craignons 5 000 à 10 000 morts supplémentaires du cancer, Le Parisien – 3 June 2020.

* Programs developed in partnership with Observia