

HEALTHCARE PROFESSIONALS' EXPERIENCES OF VIRTUAL CONGRESS

Global HCP insights surrounding their virtual congress attendance.

SUMMARY REPORT OF INITIAL FINDINGS - SEPTEMBER 2020



Ashfield Meetings & Events



IPCAA

International Pharmaceutical
Congress Advisory Association

Initial findings – executive summary

Since March 2020 many medical associations / societies and professional congress organisers (PCOs) have been forced to either cancel or postpone their meetings programmes and flagship congresses due to the international outbreak of COVID-19. However, a significant number of organisations took the bold decision to go 100% virtual; many having only a few weeks to pivot to a fully online format.

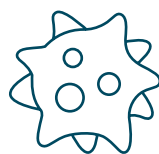


300+
HCPs



6
countries

The International Pharmaceutical Congress Advisory Association (IPCAA) and global healthcare meetings specialist, Ashfield Meetings & Events (part of UDG Healthcare PLC) have combined their respective resources and areas of expertise to conduct an initial online survey of 300+ healthcare professionals (HCPs) from 6 countries (US and EU) to help understand what component parts of a congress have made the positive and potentially enduring transition to virtual.



14
therapy areas

As the life sciences industry and medical associations prepare for a world in which virtual attendance is likely to continue to be part of the 'new normal', this study's primary objective was to assess the end-to-end virtual congress experience through the lens of a healthcare professional.

This subsequent summary of the findings is a first step towards identifying some key areas of focus for medical associations, the healthcare industry and all healthcare congress stakeholders to enhance the virtual experience.

A second, follow up study will be published in early 2021, to compare and contrast these initial insights: to reflect on how virtual congress experiences are evolving and how best they should continue to adapt in order to offer a richer, more impactful and ultimately educational environment for HCPs.

Overall impressions

Virtual Converts?

Firstly, there is still an apparent and significant bias towards the physical. When asked their preferred method of attendance, **48% of the surveyed HCPs stated they would prefer to attend face-to-face** versus 12% indicating they would prefer to attend solely virtually. However, **38% of the HCPs are of the view that their congress attendance patterns will move towards an equal balance of physical and virtual.**

This is further endorsed by an overwhelming 92% of HCPs who would now consider attending a congress virtually which they would not have chosen to attend in person in the past.

48%

Prefer to attend
face-to-face

12%

Prefer to attend
solely virtually

38%

Equal balance of
physical and virtual

92%

Would now consider
attending virtually

Previously, there may have been a perceived reluctance to offer virtual attendance at the expense of the physical, however **the scene has now been set to provide HCPs a wider choice.**

So, what are the driving factors for embracing virtual? Knowing the challenges HCPs face when committing to attend a congress, the convenience of accessing content from home is deemed to be the most useful aspect (55% indicating this), as is the option to view recorded sessions (45%) at a time that best suits the individual.

The detailed findings of this research point to the value of offering attendees a choice, leading to the view that **congresses would benefit from being a hybrid event of both the physical and the virtual form.** This choice of experience – be that physical or virtual – should cater to and accommodate the personal preferences and the demands of healthcare professionals.

55%

HCPs agree the
convenience of accessing
content from home is the
most useful aspect.



45%

HCPs like the option
to view recorded
sessions at a time that
best suits them.



Still valued by HCPs.

Despite the seismic shift in how a congress is delivered, the way content is consumed and how HCPs interact and engage, a notable positive is the fact that the healthcare professionals' perceived value of the medical congress has not been negatively impacted by recent events and can only be enhanced by offering a wider choice in access.

Many inferences can be drawn as to the reasons behind this positivity; the convenience of not having to travel, the relatively minimal expense, and how the virtual solution opens to a much wider demographic of HCPs.

Yet while HCPs overtly suggest value in attending virtually, it is coupled with an expectation of a much-reduced cost, with 64% of respondents indicating that virtual registration fees should be no more than \$120. An interesting juxtaposition for associations and PCOs to consider when balancing the value of medical education content versus cost.



A significant increase in registrants and attendance

The American Society of Clinical Oncology (ASCO) announced record breaking attendance at ASCO20 Virtual; over 42,700 attendees from 138 countries. The American Physical Society (APS), witnessed a four-fold increase in the number of registrations, and the European Hematology Association (EHA) which typically attracts in the region of 12,000 face-to-face attendees, issued over 26,000 access codes for virtual attendance.

ASCO20 Virtual

42,700 attendees

138 countries

EHA

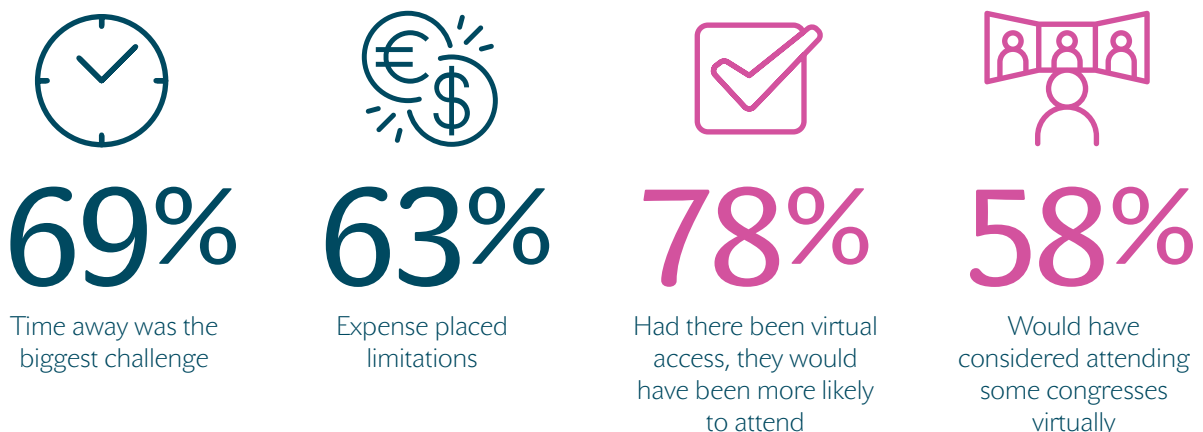
12,000 physical attendees

26,000 access codes issued



In 2019, Ashfield Meetings & Events published a white paper, **The Science of Healthcare Congresses**¹. This study found that the biggest single barrier to physical congress attendance for HCPs was *managing workload whilst away from the office*. 69% of these HCPs who had attended fewer than four congresses over a 24-month period indicated that the time away was their greatest challenge, with 63% of the view that the overall expense also placed limitations on their congress attendance.

Interestingly, 78% of the physicians surveyed in 2019 were of the view that, had there been virtual access, they would be more likely to attend. Of those HCPs who had attended more than 4 congresses over that 24-month period, 58% said that they would have considered attending some of these congresses virtually, had the opportunity been available.



In 2020, when asked, 45% of the HCPs surveyed indicated that they had registered **because** of the switch to virtual. This statistic, combined with the 2019 findings, clearly demonstrates the inherent desire for virtual, with COVID-19 restrictions accelerating an already evolving HCP attendance format.

In addition, given the rapid pivot to virtual, many associations also offered substantially reduced, if not free, online access. It is not a significant leap, therefore, to suggest that the affordability of virtual attendance has also positively impacted attendance numbers.

Ease of accessibility and technology

The inflated attendance numbers are evidence that virtual congresses cater to a substantially broader audience; they accommodate the preferences of a wider cross section of HCPs.

Despite the almost instant flip to virtual:

11%

experienced technical challenges when accessing virtual environments

6%

felt that there was insufficient instruction / troubleshooting help

This could, and indeed should, be viewed as a success story for associations. With little time to prepare for the switch, **systems and processes were broadly perceived to be robust and allowed for seamless participation.**

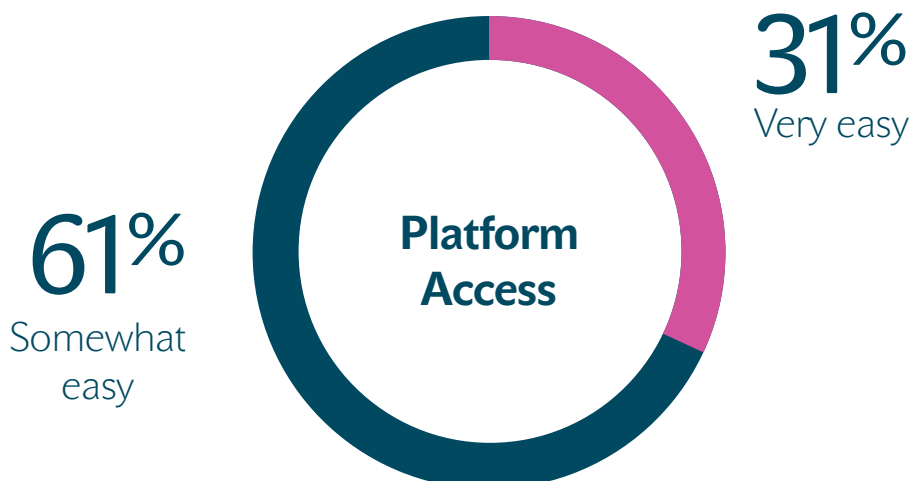
62%

found the quality and viewing / streaming experience across all the virtual presentations to be of a high quality

30%

the quality varied from session to session

Having accessed the platform, 31% viewed it very easy to identify content and activities that were specific to their personal areas of interest, with 61% finding it somewhat easy.

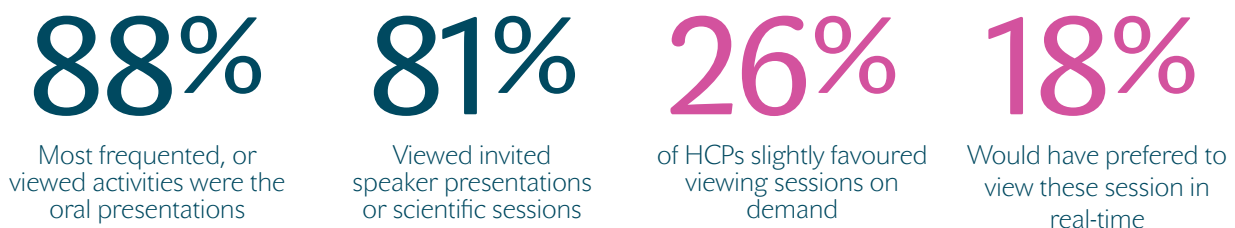


These findings point towards not only an improving know-how of the majority of today's tech-savvy HCPs, but they also highlight the opportunity to expand on these digital capabilities to offer a much more personalised experience. A tailored, 'Amazon / Netflix recommends' type approach to content is familiar territory to the 21st Century consumer. **HCP experiences could be maximised from the outset by providing relevant content, recommended sessions, peer connections and industry contacts – all based on personal specific information captured at the point of registration and at data points throughout the virtual experience.**

The virtual experiences

A well-recognised motivating factor for congress attendance in person was having 'protected time' which allows HCPs to be free of distraction and focussed on their own personal medical education¹. That safeguarded period is all but eliminated once in a home or professional environment, so it is perhaps not unexpected that overall, **less time was spent engaging in virtual activities** than if they had attended in person. Furthermore, the necessary shift to virtual was as swift as it was unexpected, resulting in a predictably tentative approach by HCPs as they navigated their way around 'the new normal.' Therefore, quality over quantity prevailed in terms of activities for the majority of respondents.

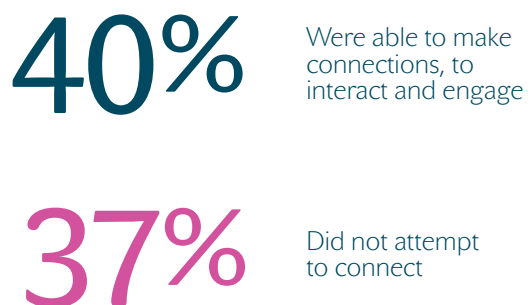
The most frequented, or viewed were the oral presentations, attracting 88% of HCPs, with invited speaker presentations or scientific sessions being viewed by 81%. Viewing these sessions on-demand was slightly favoured by 26% of HCPs, versus 18% whose preference would have been to view these sessions in real-time. However, **the overwhelming preference once again is to have the choice; a combination of viewing on-demand or live.**



From an experiential perspective, these activities offer stark similarities whether they are in person or online. Presentations are typically one-directional; a speaker presenting to the audience and, as is the norm in the digital age, engagement is filtered through keypad / application-based tools. Therefore, from a content consumption point of view, little is gained or lost by attending in person or virtually.

However, **the main challenge for presentation sessions is the apparent lack of human interaction;** with colleagues (55% of respondents mentioned this) and presenters (46%) plus the number of outside distractions (32%).

The same can also be said for networking or human engagement opportunities, with a modest 25% of HCPs engaging in some of the online networking activities. Of these 25% of responders, (n=75), 40% were able to make connections, to interact and engage with international medical experts and peers. However, a comparative number - 37% - did not attempt to connect.

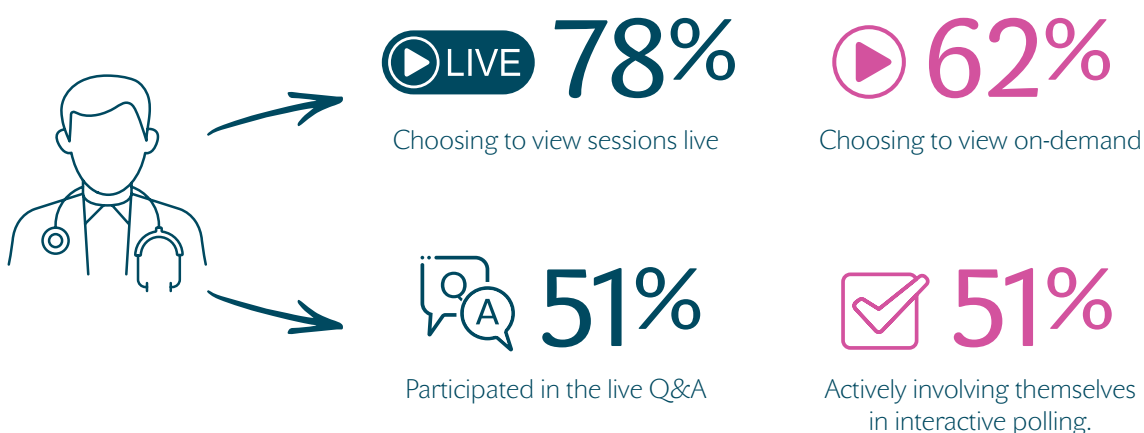


Industry symposia and other sessions

45% of physicians attended virtual industry symposia, 44% viewed meet the expert sessions, whilst 41% viewed the online posters. Accessing poster content was generally seen to be straight forward, with 85% of HCPs deeming it to be extremely easy (20%) or somewhat easy (65%).

Industry symposia was largely viewed in real-time, with 78% of HCPs choosing to view sessions live and 62% taking the opportunity to view on-demand.

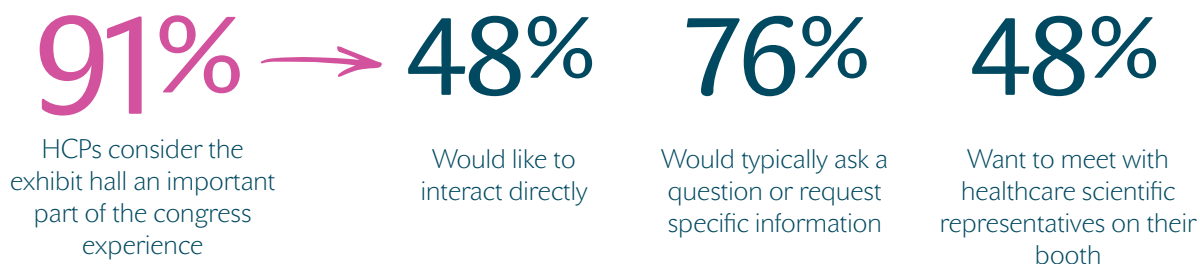
Engagement levels appear to be effective, with 51% of HCPs that citing they had participated in the live Q&A and the same number, 51%, actively involving themselves in interactive polling.



A reasonable proportion of attendees (34%) took the opportunity to connect with symposia presenters, however, almost a quarter (24%), stated that they did not have the option to do so. When asked what HCPs most liked about the virtual symposia format, good speakers surpassed the convenience factor as the most prominent benefit.

The online exhibit hall

In a real-world, live environment, the exhibit hall is considered an important part of the congress experience by 91% of HCPs, 48% of whom would like to interact directly with healthcare companies and invite personal introductions with Medical Science Liaisons (MSLs). 76% of HCPs would typically ask a question or request specific information from a healthcare company, with 48% attending a congress at least in part, to meet with healthcare scientific representatives on their booth¹.





However, in a virtual setting, significantly fewer HCPs engaged with the exhibition hall – 20% attending a commercial virtual booth and 18% a medical booth.

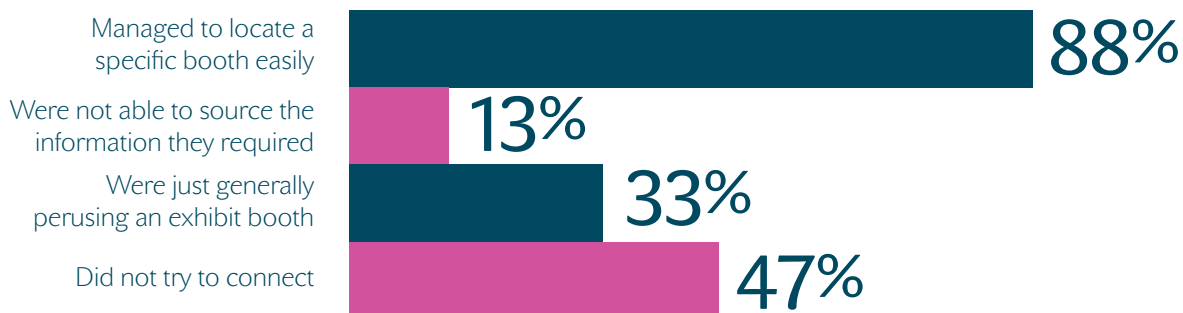
20%

visited a commercial virtual booth

18%

visited a medical virtual booth

HCPs who visited either commercial or medical exhibit booths (n=75) managed to locate a specific booth with relative ease (88% locating it easily), yet 13% of visitors were not able to source the information they required – although a much higher proportion of responders (33%) were just generally perusing an exhibit booth, not looking for anything specific. In addition, 47% of physicians did not try to connect with a company representative, despite the apparent desire to do so in a live environment according to 2019's research.



These figures for virtual exhibition booths will read as disappointing news for industry. Yet it should not be forgotten that in the live setting, the exhibit hall is a common meeting place, offers high level of interaction and is ranked as the most effective element of a congress for networking by HCPs. It is also the most effective platform for industry to engage and make connections directly with HCPs who are proactively seeking out conversation, and vice versa¹.

Taking this influential role of the exhibit hall into account, these initial findings suggest that strategies around effective communications planning will be just one element to help drive a higher virtual attendance. Companies and PCOs will need to give a reason for HCPs to engage with industry via virtual booths.

And, while the quality of data for industry will inevitably be enhanced thanks to the accuracies of HCPs' digital footprint, **it will also be incumbent on associations to afford industry creative licence to deliver impactful exhibit spaces**, while actively promoting access to industry. Engaging and progressive virtual booth design with intuitive navigations based on user experience and informative content will be the other essential component. Only then will virtual exhibitions add real value to both HCP and healthcare companies.

Virtual limitations

'Broadening a network' and 'to meet colleagues and peers' is viewed by 73% of HCPs to be a primary reason to attend a medical congress¹. **It is, therefore, perhaps unavoidable that this significant part of the live congress experience is lost for a number of HCPs when switching to virtual.**

60% of HCPs felt that the personal / human touch was missing from their virtual congress experience, with 35% stating that networking interactions were missed. This lack of a 'human touch' is magnified by component parts of the congress, with a failure or inability to interact with poster presenters featuring prominently (80% of HCPs said that they *did not have access or try to connect with poster authors*). 55% said that *the ability to interact with colleagues to discuss presentations* was something that was lacking, and 46% missed the ability to interact in person with presenters.

60%

of HCPs felt that the personal / human touch was missing from their virtual congress experience, with 35% stating that networking interactions were missed.

80%

They did not have access or try to connect with poster authors

55%

Ability to interact with colleagues to discuss presentations was something that was lacking

46%

Missed the ability to interact in person with presenters.

This absence of the personal touch is evidently missed according to this first survey. **Despite the positive aspects of attending a virtual congress, 30% of HCPs felt no connection between themselves and their peer group and just as significantly, 32% left the event with no sense of connection to industry.**

Whilst approximately 1 in 3 HCPs feeling a disconnect is a concern, similarly, 48% and 50% of HCPs felt somewhat of a connection to each respectively. This feeling of being 'somewhat connected' would suggest that feeling **a sense of connection in a virtual setting is achievable but a work in progress.**

Technology should be an enabler to connectivity and with connectivity comes great opportunity. The **IT infrastructure, adopted by associations, could, through smart and focussed data collection, create more personalised experiences**, based on digital preferences and footprints. The harvesting of such data then allows for targeted content, focussed introductions and the creation of broader, more relevant peer or industry networks.

The opportunity has presented itself for associations and industry to align on how best to deliver a virtual congress experience that benefits all stakeholders involved.

The role of the HCP

Despite the more obvious virtual limitations, **these first findings could support the argument that HCPs themselves have a significant part to play in this perceived lack of interaction.** Few HCPs (25%) attempted to participate in online networking activities, and while 40% of these (n=75) were able to make connections, a comparable number (37%) did not attempt to connect. Similarly, as previously revealed, 47% of those visiting virtual booths chose not to interact with industry.

25%

Attempted to participate in online networking activities,

40%

Were able to make connections

37%

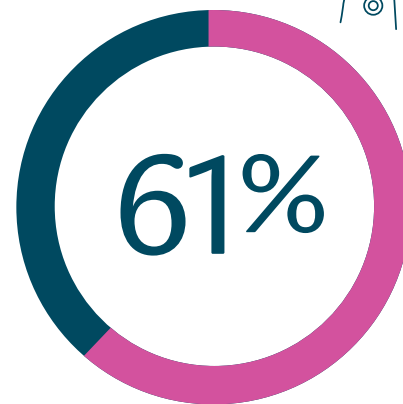
Did not attempt to connect

47%

Of those visiting virtual booths chose not to interact with industry

There are a number of conclusions that can be extrapolated from these findings. **61% of HCPs proactively chose not to network, but those that did, spent less time doing so.** This could mean that:

- HCPs did not want to network, which would be a significant shift in primary motivation for attending a physical congress¹
- The online tools provided were ineffective – based on feedback from a low number of responders (n=30), this would be a reasonable deduction
- Industry failed – or had limited opportunities through associations – to reach attendees through their various communications strategies
- Many congresses had a limited time to switch to a virtual format, and therefore focused on the ‘essential’ activities (as they perceived them).



HCPs proactively chose not to network, but those that did, spent less time doing so.

Human interaction and the personal touch cannot be replicated through a virtual platform to the same effect. It's human nature to meet, interact and engage – socialising is part of what makes us human and **those chance encounters onsite with peers or shared experiences are somewhat lost in a virtual setting.** However, HCPs are citing this as an important element of the attendee experience that will need to be addressed. While HCPs are likely to become more progressive and pragmatic in their approach to online interactions, associations and industry will be required to deliver dynamic, engaging and user-friendly techniques to re-connect in a virtual world.

Initial review

Fundamentally, a scientific congress has a primary purpose of disseminating scientific content to healthcare professionals. It is about providing an educational environment and platform to articulate the latest in medical science; arming HCPs with critical information, data and scientific understanding that allows them to make informed decisions about patient care. But congresses are also, by design, a vehicle for medical exchange – be that between scientific experts, Key Opinion Leaders and HCPs, or HCPs to industry and vice versa.

The objective of this first phase research was clear and unambiguous; to assess the end-to-end virtual congress experience from the perspective of the healthcare professional – identifying which elements of a traditional, in-person, congress can be, or have been, successfully replicated in a virtual setting. Phase Two of this study will aim to consolidate opinion, draw more focussed conclusions on the high value elements of a virtual congress, based on HCPs' expanded experiences, as virtual further embeds itself as a premium channel for their medical education.

When considering the almost instantaneous switch to virtual and the limited time to fine-tune technology platforms, there have been numerous positives, and the findings overall indicate that there is an expressed demand for a virtual choice. This channel opens scientific content and medical education to a much wider audience (remember, almost half registered to attend **because** of the virtual option), and the HCPs' initial experiences have been, broadly speaking, positive – averaging a positive 7 out of 10 rating.

With 38% of HCPs stating that, moving forward, they would attend congresses both virtually and in-person in equal measure, and 92% indicating that they would now consider attending a congress virtually which they would not have previously attended in person, the value appears to be in offering attendees an option – that hybrid solution.

These early indicator insights will start to help medical societies, PCOs and industry shape virtual congresses in offering rich, impactful, memorable experiences that complement the live, face-to-face events the majority of HCPs still hope will return in the near future. This approach will maximise a wider HCP audience's knowledge and understanding of the latest scientific developments, ultimately helping to improve patients' lives.

92%
would attend congresses both virtually and in-person in equal measure

Research conducted by Ashfield Research & Insights



References:

¹ Ashfield Meetings & Events, 'The Science of Healthcare Congresses', 2019