

ITALIAN COVID-19 SITUATION WHAT IT MEANS FOR HEALTHCARE SYSTEM & MARKET RESEARCH (at 23/03/2020)

Dear colleague,

Italy's response to the sudden spread of the Covid-19 epidemic is immediate and incisive.

The government has set three priority objectives in tackling an epidemic crisis: protecting the health of citizens, supporting the productive system and safeguarding the workforce.

In fact, there is unanimous opinion that the governments' response must be directed towards stopping the exponential growth of contagion and preventing the temporary fall in the product from having permanent effects, overwhelming productive activities and dispersing human capital. The key to the success of this strategy is the voluntary quarantine of the Italian population until April 3rd and to ensure as much as possible the continuity of work through Smart Working.

WHAT DOES ITALIAN COVID-19 SITUATION MEANS FOR HEALTHCARE SYSTEM?

Currently in accordance with government guidelines to contain the spread of the epidemic, Face to Face scientific medical information has been banned (as well as all congressional activities and residential events) and there is an explosion of multichannel digital activities (Mailing, Phone Rep, Rep detailing, Webinar, distance learning, etc...).

With a few exceptions, such as an increase in sales of Cold&Flu products, some categories of supplements or hygiene products, the sales performance of the products follows the trends of its specific market, but in the future there could be an estimated increase in sales of the entire pharmaceutical sector of around 2.2% higher than forecast at the beginning of the year (MediPragma 19/03/2020 estimates).

80% of non-urgent visits have been postponed or carried out online using tools such as WhatsApp or other tools provided by the hospital and almost all prescriptions are dispensed online with the release of a code for the collection of the drug in the pharmacy or delivery of the same at home in 50% of cases (service currently available for all elderly or chronically ill patients).

Currently, the number of prescriptive switches has almost completely disappeared with a renewal or confirmation of the therapeutic treatment already set and the development of the new prescriptions follows the trend in market share gained. (Source: instant CAWI MediPragma_3Week March 2020 with 264 HCP).

In general, we are witnessing two different events:

- ✦ Physicians (pulmonologists, intensive care unit... etc.) overburdened with work shifts even very heavy and stressful;
- ✦ Doctors such as Diabetologists, Haematologists, Cardiologists, Dermatologists, Gynaecologists, Ophthalmologists, (etc...) even if not directly involved with problems or patients related to COVID-19, see their workload reduced due to the net reduction of outpatient visits with an increase in the use of tele-assistance that is not directly proportional to the workload they were previously carrying;

Currently, the main needs encountered by Italian doctors concern: protective supports in 90% of cases (masks, gloves, etc. ...), training to manage the long-distance relationship with their patients and how Covid-19 can impact on other diseases (e.g. drug interactions, etc. ...), information and organizational guidelines and governance of their outpatient activities and for those who are involved in the front line



(Intensivologists, pulmonologists, etc. ...) also psychological support and physical well-being. (Source: instant CAWI MediPragma_3Week March 2020 with 264 HCP).

WHEN WILL THE CORONAVIRUS OUTBREAK PEAK?

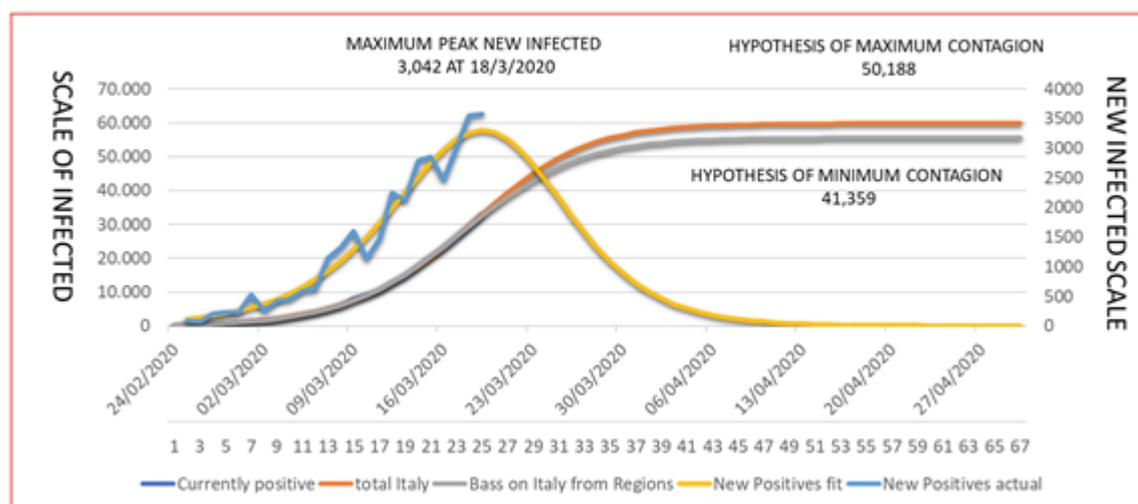
At the end of the planned 14-day lockdown, transmission should be interrupted and, since the 14-day incubation period is 14 days, all new daily infected should be pre-lockdown contagions. Unfortunately it was a quarantine, partial at the beginning, distributed over time and the absolute blockage of mobility was not applied. In addition, many people did not immediately understand that this is the only way to fight the virus.

The 21st of March it was very critical because the number of infected and hospitalizations will continue to increase freely in the coming days and the 5000 national beds in intensive care is near the exhausted.

In addition, 8.3% of healthcare workers are already positive for Coronavirus. After March 25, if the country has complied with the provisions, we should see a decrease in the number of infected and the curve slow down growth, although the South could see an increase in the number of infected, a consequence of the flows from the North. So, if everyone continues to be diligent the peak could be reached by mid-April. In addition, within two weeks the queues of the flu epidemic will also run out and everything will be clearer.

Forecasts of infection trends in Italy are as follows:

**Forecast COVID-19 infected cases excluding healed and deceased.
Historical data at 17/3/2020 source Civil Protection**



Elaborated by Dr. Bruno Sfogliarini

The Department of Civil Protection has provided a real time update of the situation in Italy, link: [COVI-19 Italia-Monitoraggio della situazione](#)

The Coronavirus epidemic will eventually dissolve. Once the storm has passed, what will happen to the current medical-patient communication and working model? In this context we have tried to answer the same questions posed by the original article but in a completely Italian-key and more specifically from the perspective of the doctor and pharmaceutical companies. Currently in Italy we can foresee two scenarios:

- 1- The emergency lasts until the end of May and the return to normal will take another 2 months, and potentially the promotional activities of the pharmaceutical companies will start again between June and July (optimistic scenario) or in September (more pessimistic scenario). The distribution chain will not be affected by the current emergency.



2- The emergency lasts until the end of July, the return to normality will take another 3 or 4 months and promotional activities will start again in November.

WE HAVE PUBLISHED MORE INFORMATION ABOUT POSSIBLE FUTURE SCENARIOS IN QUIRKS MAGAZINE, AT THE FOLLOWING LINK YOU CAN FIND MORE DETAILS:

[HOW WILL PHYSICIANS' BEHAVIORS CHANGE AFTER COVID-19 IN ITALY? Editor's note: Lucio Corsaro is general manager at market research firm MediPragma, Italy](#)

WHAT DOES ITALIAN COVID-19 SITUATION MEAN FOR MARKET RESEARCH?

- ✦ Even if we are in emergency situation, **MEDIPRAGMA** is able to conduct both qualitative and quantitative research with HCP, patient and other stakeholder;
- ✦ **MEDIPRAGMA** is able to conduct all market research using online tools InterVu, Microsoft Teams, Adobe Connect, WebEx, etc.. and also thought our platform **MEDIPRAGMA** SkyMeeting; for different methodologies including Webbased-TDIs, Online Focus Groups, Delphi Online, Netnographic research, etc.;
- ✦ Time of recruiting could have an effect of about one week more respect the usual activity;
- ✦ Incentive cost could be increase of about 30% respect usual activity due to the poor respondent's time (*medical Profile*);
- ✦ Not all HCP, patient and stakeholder are self-confident with digital technology so before the interview needs of a technological assessment with an effect of cost for project management of about 15%;

Although the current situation calls for greater commitment and cost impact, we are committed to keeping our costs unchanged to ensure business continuity with all our customers.

For further information about Italian healthcare situation or inquires please contact medipragmaint@medipragma.com

Regards,

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