Small community matters: Remote HCP engagement solved

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Key Takeaways

Access challenges persist: "One of the biggest challenges was giving efficient access to all who needed it," said Dr. Gafhoor, noting rural patients often wait 9-12 months for specialists.

Simple tech solutions work: "We use SMS with data to ensure we can get some sort of trigger," explained Donaldson, showing sophisticated technology isn't always necessary.

Decentralized trials improve representation: "The future of clinical trials and patient care is gonna lie in that decentralized mode," said Dr. Gafhoor.

Wearables enable early intervention: Fernandez shared how devices for sickle cell patients "avoided emergency room" visits by alerting physicians before episodes became severe.

Rural physicians need support: "We get increasingly large numbers of demand from physicians asking for support, information, samples," noted Donaldson.

Rural healthcare providers face unique challenges in delivering quality care to their patients, from limited access to specialists to geographical barriers. A panel of industry experts recently shared insights on how pharmaceutical companies and healthcare organizations can better support these underserved communities through technology and targeted engagement strategies.

The Rural Healthcare Challenge

Healthcare providers in rural settings face significant obstacles that impact patient care. Dr. Sana Gafhoor, formerly a clinician for nearly a decade before joining Pfizer, highlighted the stark reality: "One of the biggest challenges that we faced as a healthcare provider was being able to give efficient access to all the people that needed it."

In rural areas, patients often wait nine months to a year to see specialists for conditions like multiple sclerosis or migraine. This delay in care can significantly impact patient outcomes and quality of life.

Sandy Donaldson, CEO of Impiricus, shared concerning statistics: "17% of primary care roles are currently unfilled in rural Georgia. 24% of rural patients have no Wi-Fi or weak Wi-Fi compared with 7% in urban settings. And 39% of rural patients need to drive 20 miles to see a doctor compared to 9% in urban areas."

These challenges are compounded by the fact that pharmaceutical representatives are visiting rural primary care physicians less frequently. According to Donaldson, "It jumped from 2024 in terms of the number of months that there was a rep will see a primary care physician it went from 24% to 39%. So that gap is increasing."

Telehealth and Remote Monitoring

The COVID-19 pandemic accelerated telehealth adoption, creating new opportunities for rural healthcare. "What we saw was that if you're in a small emergency room that does not have a neurologist on staff or a stroke specialist and a patient comes in with specific symptoms, you're able to reach big tertiary centers," explained Dr. Gafhoor. "Telehealth has really changed the way that we practice medicine in the more recent years, especially in hospitals and clinics."

Remote monitoring technology is also showing promise. Julio Fernandez from Regeneron described how wearable devices have been used to help sickle cell patients: "Based on their heart rate, it would send out a monitor or an alert to the physician, letting them know that this patient's heart rate was increasing. What they correlated that increase in heart rate was to a sickle cell episode." This early warning system allowed physicians to intervene before patients required emergency care.

Decentralized Clinical Trials

Access to clinical trials has historically been limited for rural patients due to logistical challenges. Dr. Gafhoor explained how decentralized trials are changing this: "At Pfizer, the work that I do is really promoting the decentralized model of clinical trials. So being able to monitor patients remotely, continuously with health technologies, wearable sensors, we're trying to validate studies around remote blood draws or devices that can do remote blood draws."

This approach reduces the burden on patients who previously had to travel long distances, take time off work, and find transportation to participate in trials.

SMS and Digital Communication

Sometimes the most effective solutions are the simplest. Donaldson emphasized that SMS messaging can be particularly effective for reaching rural physicians: "We use SMS which is not new technology but using that with data to ensure that we can actually get some sort of trigger."

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Impiricus has built a network of 900,000 physicians who receive targeted SMS messages based on triggers like prescription data or diagnosis codes. This approach helps deliver timely information to healthcare providers who may not have regular access to pharmaceutical representatives.

Future Trends in Rural Healthcare

Looking ahead, the panel identified several trends that will shape rural healthcare delivery:

AI and Predictive Analytics

Dr. Gafhoor highlighted how AI and machine learning are enabling passive monitoring through consumer devices: "Dr. Herten's paper from Mount Sinai, which was recently published, was able to just detecting your heart rate and heart rate variability and some other physiologic metrics from like Apple Watch or Fitbit are able to predict IBD, which is ulcerative colitis, Crohn disease, predict relapses or fall flares of the disease 49 days before the patient actually experiences."

This shift toward preventative care could significantly improve outcomes for rural

patients by identifying potential issues before they require emergency intervention.

Improved Clinical Trial Recruitment

Fernandez noted that AI could help identify appropriate patients for clinical trials in rural communities: "It'll help us identify that patient population that will be indicative of in clinical trials that will be indicative of a real patient population. Because sometimes we tend to focus on the big academic centers that may have these patients that are there for their third or fourth line of therapy, but the patients are really seen in the community or in the rural areas."

Integration of Existing Technologies

Rather than developing entirely new solutions, Donaldson suggested better integration of existing technologies: "I don't think we need a lot more new technology. There's actually a lot of low hanging fruit that we can access with the existing technology we have today. But it's a question of interoperability and ensuring that the right data is integrated with it."

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