

HEALTH AT HAND

UAE
TELEHEALTH
REPORT
Q1 2018



Introduction



Health at Hand's first United Arab Emirates (UAE) telehealth report outlines a clear appetite for the introduction of telehealth in the UAE, where patients are treated remotely via video consultation. The report identifies a well-defined core of early adopters who are willing to use app-based video consultation for common, minor non-emergency illnesses. According to the research, the majority of UAE consumers would consider using video consultation for their next doctor's visit. In line with the latest global reports indicating the mobile telehealth app market is worth over \$23 billion in 2017, there are tangible opportunities for growth in the implementation and adoption of connected health technologies in the UAE market. Consumers believe video consultation can be effective in delivering meaningful efficiencies such as reducing travel times and waiting times.

Health at Hand commissioned an independent market level survey using YouGov Mena's weekly online omnibus amongst 1000 adults, with the results weighted as a representative sample of the adult online population in the UAE.

In this report, we present our analysis and findings, exploring the factors that will drive use, looking at possible implications for the future of healthcare in the market.

Health at Hand aims to repeat and grow this study at regular intervals in order to gain a full picture of developing trends in the UAE and beyond.

1. Mobile health apps are forecast to generate global revenues of US\$23 billion in 2017 (Alqahtani & Atkins, 2017).
2. Future Health Index 2017

Key Learnings



- Patients will delay seeking medical advice for a health problem and will search for advice online or from a pharmacist.
- Patients with children are likely to use hospital emergency rooms for out of hours care
- Convenience is a key driver for the adoption of video consultation
- Patients see wider benefits of video consultation including choice, continuity of care and reduction in over-prescription and testing
- Patients do not believe that quality of care will be compromised by conducting a doctor's visit via video
- Patients will be more likely to use video consultation if it is offered as a benefit by their employer or if it is covered by their medical insurer
- Patients spend extended time waiting for and travelling to and from appointments, causing disruption to existing schedules

Current healthcare habits

TIME WASTED

63% of all respondents spend more than 45 minutes in travel time, parking and waiting time for each doctor's visit, with a third experiencing these problems very often or always. A quarter state they regularly have to rearrange or miss scheduled activities and events when they or a member of their family need to visit the doctor. Similar to other markets such as the US and the UK, travel time and disruption are current pain points. In US cities, a doctor's appointment takes an average of 121 minutes with only 20 minutes spent with the doctor and the remaining 101 minutes spent in time traveling to and from the clinic and time in the waiting room³.

Two thirds of respondents regularly experience extensive travel and wait times. Almost as many (66%) regularly have to rearrange their schedules for doctor's appointments.

3. Opportunity Costs of Ambulatory Medical Care in the United States - The American Journal of Managed Care, 2015

Time spent in travel and wait time for each visit



The majority of respondents experience disruption with only 37% stating they rarely or never spend over 45 minutes in travel and wait time

In major US Cities



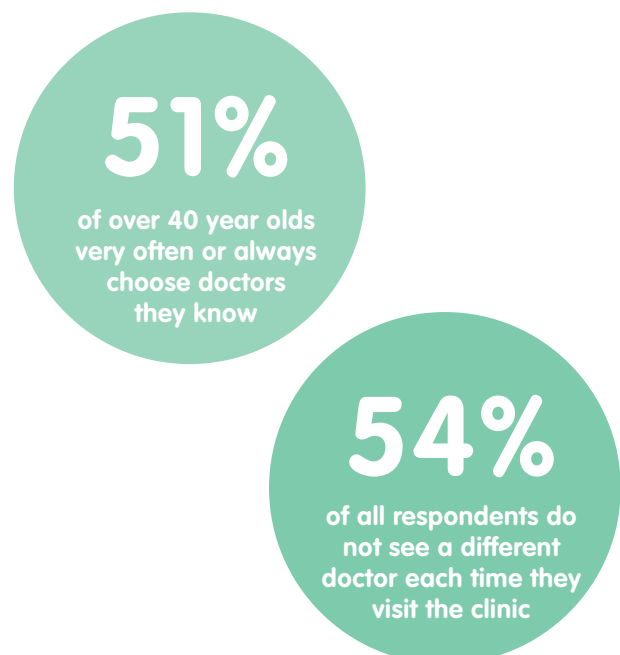
101 minutes are spent in travel and wait time for a 20 minute doctor's appointment

CHOICE

Nearly half the respondents will schedule appointments with doctors they know they can trust, even if it means they have to wait. This is particularly prevalent amongst older respondents with over half (51%) of over 40 year olds, stating they very often or always choose doctors they know. In addition, 54% of all respondents do not see a different doctor each time they visit the clinic, indicating they choose specific doctors, driving continuity of care. Two thirds of respondents will always or sometimes see a doctor of the same Nationality or who speaks the same language. Only one third would not consider Nationality or language when booking an appointment with a doctor. Emiratis and Expat Arabs are most likely to see a doctor who shares their language or Nationality, indicating the importance of Arabic speaking healthcare providers.

Trust, familiarity and shared language or Nationality are key drivers for selection, with respondents wanting to choose their doctor

Older respondents more likely to choose same doctor



Patients current behaviour when in need of care

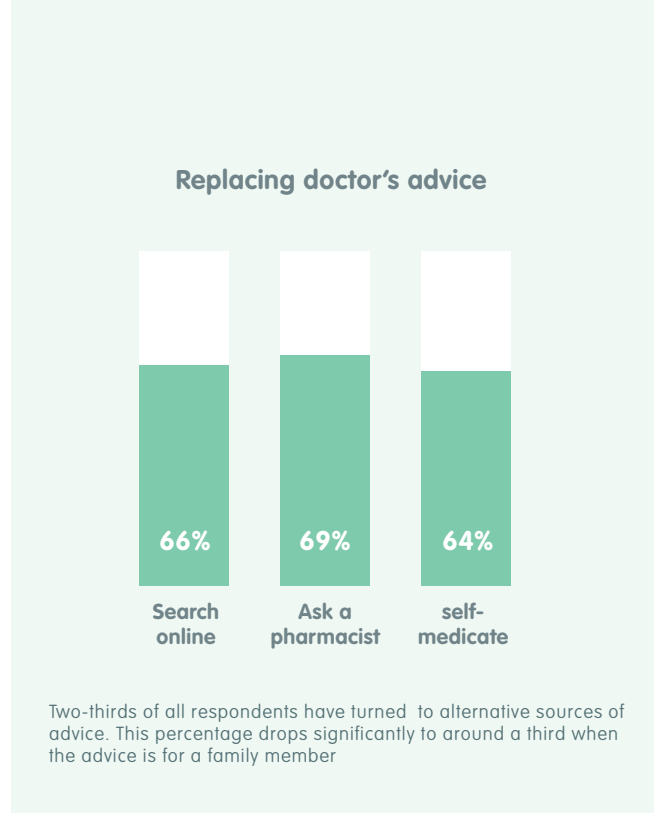
Patients turn to alternative out of clinic sources for medical advice: 66% of respondents searched online for symptoms and remedies, 69% asked a pharmacist for advice and 64% have self-medicated.

Respondents were asked: which of the following do you generally/usually do when you or a family member is unwell with a minor non-emergency condition (e.g. flu, sinusitis, rashes)? Half our respondents admitted they usually will search online for advice about their symptoms, looking for remedies and only 34% say they never do this. Younger patients are much more likely to turn to online search for advice than older patients. According to a Harvard Medical School-led report in the British Medical Journal⁴, the impact of searching for symptoms online can often lead to unnecessary anxiety for patients based on their inaccurate self-diagnosis.

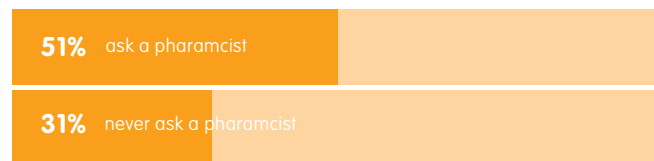
51% of respondents will usually ask a pharmacist for advice and only 31% will never do this, for themselves or for their family members. Emiratis, Expat Arabs and younger respondents are more likely to rely on the pharmacist on a regular basis. In general those who seek advice from pharmacists are more likely to ask for themselves rather than for their family members. 52% of respondents usually self-medicate when they are feeling unwell, only 36% never self-medicate. Self-medication can result in the inappropriate use of medicines such as cough suppressants and anti-diarrheal drugs. The UAE Ministry of Health and Prevention has now called for patients to avoid self-medicating with antibiotics, citing the World Health Organisation report on the increase in antibiotic-resistance.

Only 22% of respondents would visit the Emergency room for a minor non-emergency illness. 40% of respondents would do this for a family member. 43% of people with children would take their family members to the emergency room.

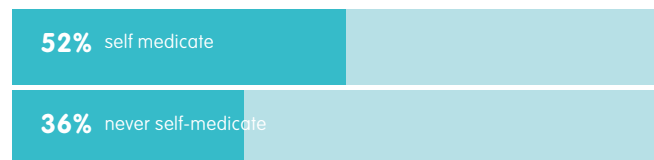
The majority of patients will usually seek alternative solutions for advice when they are feeling unwell themselves



Asking the pharmacist or self-medicating as a habit

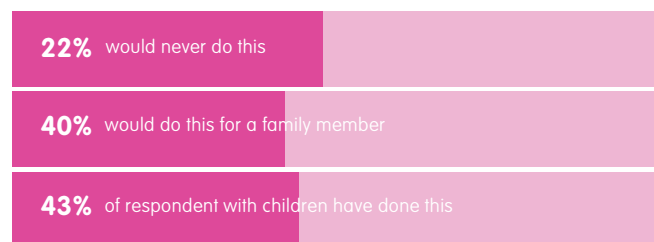


Over half usually ask pharmacist for themselves, and a third would never do this



Over half usually self-medicate for themselves, and over a third would never do this

Use of hospital emergency rooms for out of hours care



Over half (52%) have been to the emergency room for out of hours care for a minor non-emergency condition. The likelihood of doing this increases if the person is a parent

4. Evaluation of symptom checkers for self diagnosis and triage: audit study, Jeffrey A Linder et al., The BMJ, 2015

5. Over-the-counter-medicines, National Institute on Drug Abuse, updated Dec 2017 <https://www.drugabuse.gov/publications/drugfacts/over-counter-medicines>

PATIENTS WILL DELAY VISITING THE DOCTOR

Overall 69% of patients have at some point delayed visiting the doctor as they thought their minor illness would go away on its own. 55% of patients would do this on a regular basis

64% of women and 50% of men would delay going to the doctor if they thought the illness would go away on its own. At some point 52% of patients have delayed seeing the doctor due to being too busy. 55% of patients would do this regularly. Only 23% of patients would delay taking their family member to see a doctor.

While most minor illnesses will settle on their own with no long-term problems, delaying seeking medical advice can mean that serious complications are not dealt with in a timely fashion.

This can:

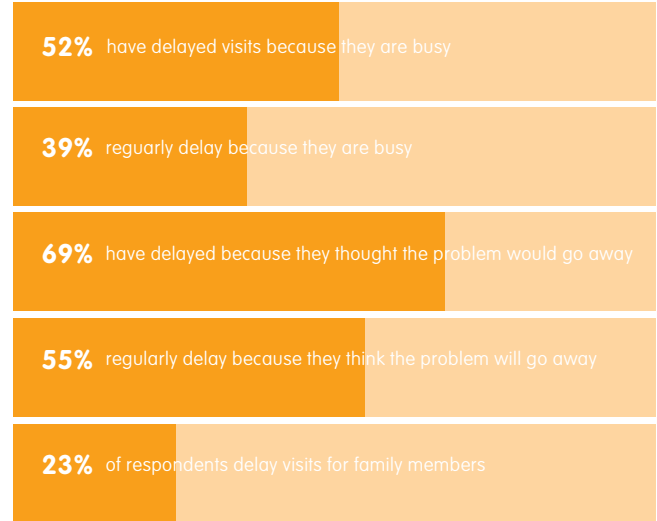
- Extend the time a patient is ill and out of work
- Can lead to recurrent issues in the future
- Can have a significant impact on someone's health

Early detection and timely treatment can ultimately save lives.



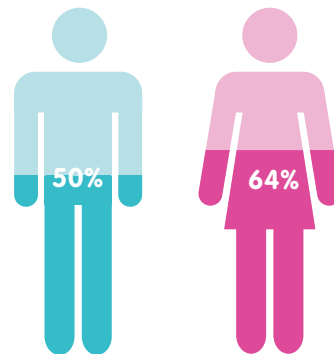
6 Why do People Avoid Medical Care? A Qualitative Study Using National Data, Journal of General Internal Medicine, Taber, J et al. 2015

Delaying doctor's visits

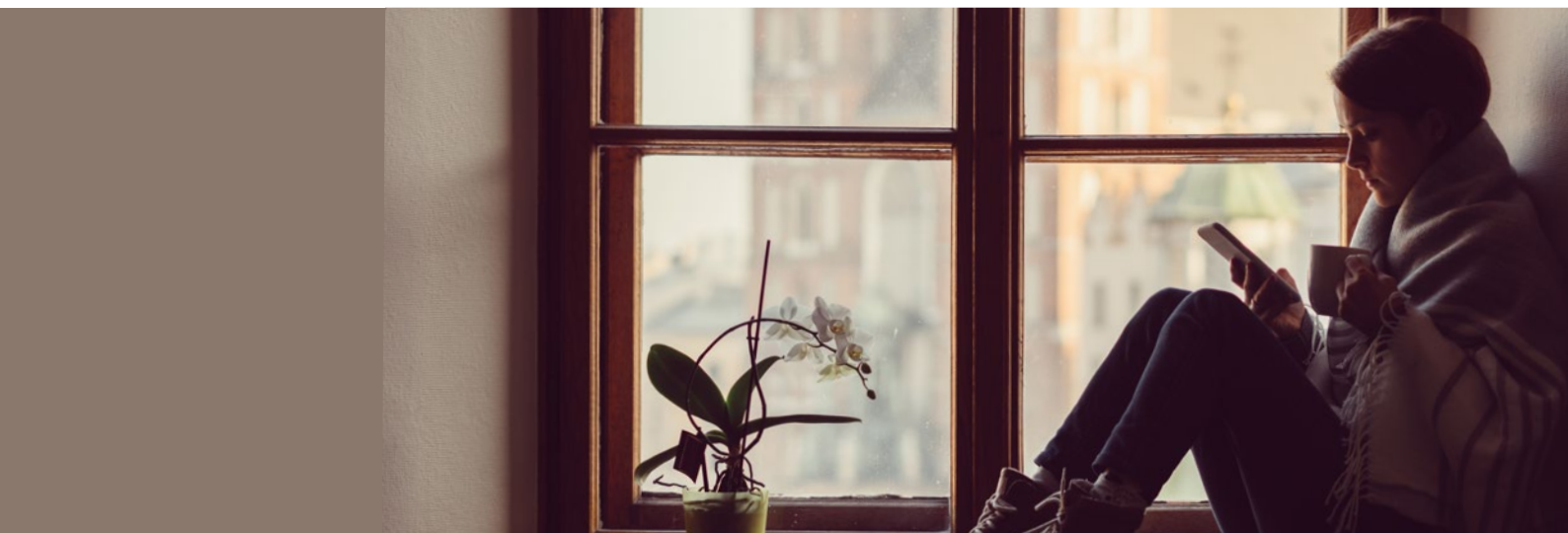


Over half the respondents have delayed visiting the doctor because they are too busy

Woman are more likely to delay seeing the doctor



64% of woman usually delay visiting the doctor for themselves, whereas 50% of men will delay because they think their illness might go away

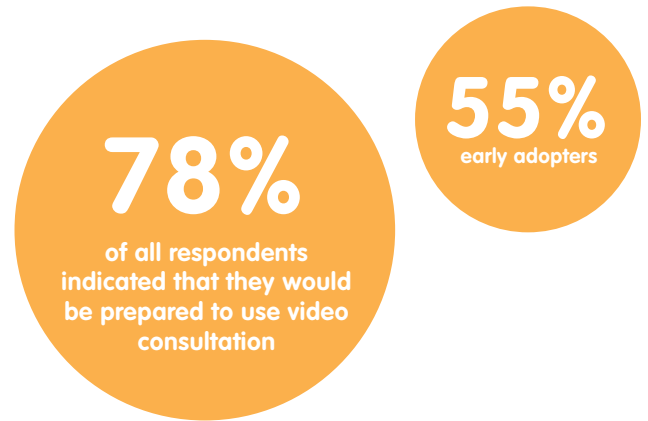


Patients are keen to adopt video consultation as a new emerging healthcare solution

Respondents were introduced to the concept of video consultation. 78% of all respondents indicated that they would be prepared to use video consultation. 55% of these patients consider themselves early adopters agreeing they “would be the first to try this service as soon as it is released in the market, or shortly after it is released in the market”. This clearly illustrates the appetite in the market for technology solutions: connected digital solutions and mobile apps have progressively transformed UAE services across delivery and logistics, ride hailing and travel, media and communication, payment and banking. **The presence of a technology solution is now expected in every aspect of our lives and healthcare is no different.**

The majority of patients would use a video consultation mobile app healthcare service for common problems such as flu

Early adopters



Of the 78% who said they would try the service, 35% would like to see other people use it first

WHO IS WILLING TO USE THIS SERVICE?

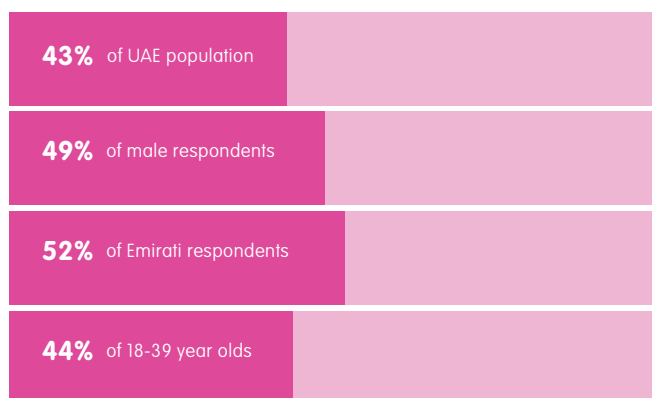
Younger male patients are probably more likely to be early adopters of video consultation with the Emirati population showing particularly strong willingness to use the service.

WHO WOULD USE IT?



Only 22% of the respondents stated they would not use video consultation and prefer in-person doctor visits

EARLY ADOPTERS



25% of the respondents indicated they would be the first to use the service and a further 18% stated they would use it after it was released in the market

WHAT IMPACT DO VARYING PAYMENT MODELS HAVE ON PATIENTS' WILLINGNESS TO ADOPT?

Patients were asked "how likely are you to have your next doctor's appointment via online video consultation on your mobile phone if you had to pay 100 AED for a 15-minute consultation". 44% stated they would not use the service, contrasting with only 22% who indicated previously that they would not be willing to use video consultation. This clearly points to price sensitivity and a lack of inclination to pay for a healthcare service of this kind. 31% said they would be likely to pay 100 AED. Asian respondents were the least likely to pay, Emiratis the most likely.

When asked about subscription models, 46% would be likely to sign up for an annual subscription of 250 AED for unlimited consultations for themselves and 49% would be likely to sign up for a family annual subscription of 400 AED with only 26% stating they would not subscribe.

Likelihood of use increases significantly when there is no personal expense. 58% would be likely to use the service if it was paid for by employers as a benefit with only 18% saying they would not use it. 65% would use it if it was covered fully by medical insurance and just 14% would not use it. This contrasts with the 22% who originally stated they would not be willing to use it, showing insurance coverage directly impacts willingness to adopt. This mirrors increasing telehealth adoption in the US that is driven by insurance coverage widening across the primary care market⁷.

Likelihood of use is driven by payment models with medical insurance coverage being the most likely driver of adoption.

7. Roon Roashan, IHS Markit, 2015

Willingness to use video consultation impacted by payment model



Video consultations offer clear patient benefits

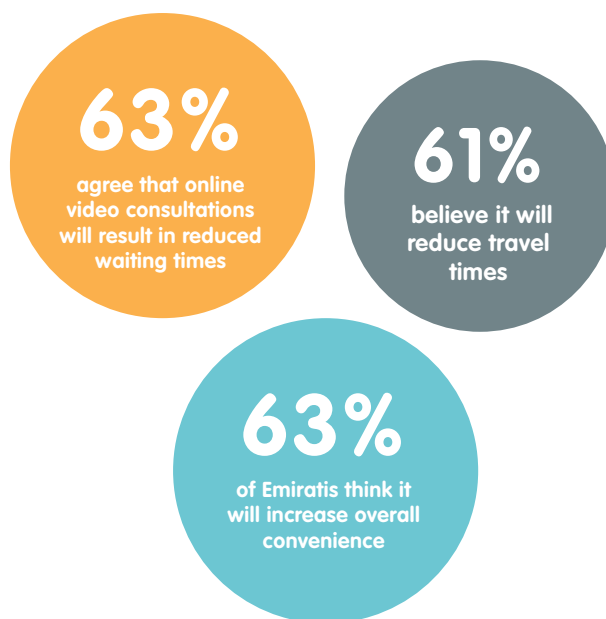
DRIVERS FOR USE

What is likely to drive consumer willingness to see a doctor via video consultation? The results overwhelmingly point towards a perception of increased convenience with a reduction in travel and waiting times.

The majority of respondents (63%) agree that online video consultations will result in reduced waiting times. 61% believe it will reduce travel times. Older people and people with children are most likely to see the benefits of reduced travel and waiting times. Over half respondents and 63% of Emiratis think it will increase overall convenience.

The majority of respondents believe video consultations will reduce travel and waiting times, increasing convenience.

Increased convenience and time saving are key



Two thirds agree video consultations will reduce waiting times, travel times and increase convenience

PERCEIVED BENEFITS

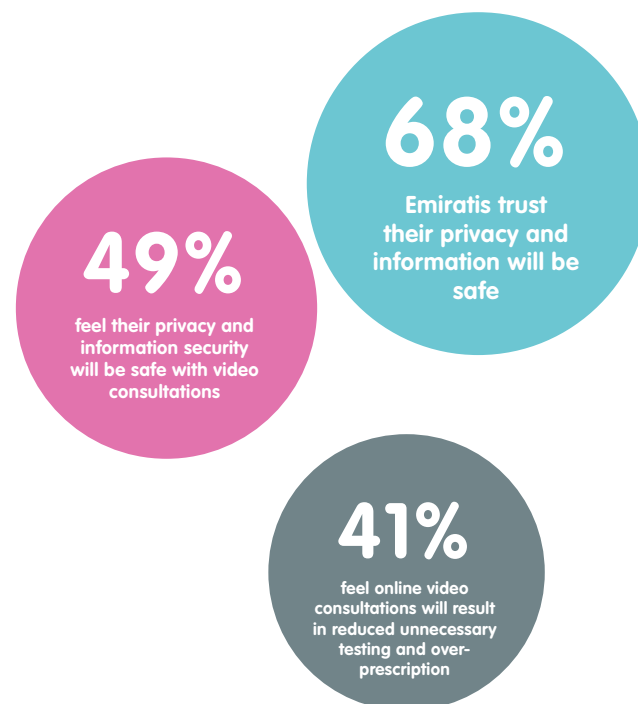
Half (49%) the respondents feel their privacy and information security will be safe with video consultations. Emiratis are the most likely to trust with 68% agreeing their privacy and information will be safe.

41% feel online video consultations will result in reduced unnecessary testing and over-prescription with respondent with children being the most positive in this area. This user sentiment echoes global studies that have found evidence for the over-prescription of medication such as antibiotics in unnecessary cases.

A third of respondents (30%) agree that they can trust the quality of care they will receive via video consultation compared with 23% who feel they can't trust the quality. Men are more likely than women to trust the quality care.

Data security, reduction in unnecessary testing and trusted quality of care are all perceived benefits.

Trustworthy and safe



Whilst 49% agreed their privacy and information security would be safe with video consultations, only 17% disagreed (35% neither agreed nor disagreed) indicating strong positive sentiment

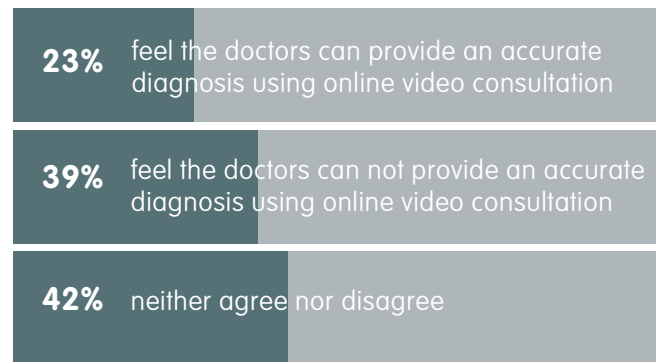
PERCEIVED DRAWBACK

When asked whether they feel the doctors can provide an accurate diagnosis using online video consultation, only 23% in total agreed, contrasting with 35% who disagreed. This reflects the adoption path in the US and UK market where the telehealth adoption curve has followed an education process with many patients initially sceptical about the lack of physical examination in video consultations⁹.

Perceived negatives surrounding the lack of physical examination are likely to be a barrier for adoption

9. Software Advice, 2017

Uncertainty about accuracy of diagnosis



With just under half (42%) indicating they don't know whether doctors can provide accurate diagnosis or not, there is more negative sentiment than positive

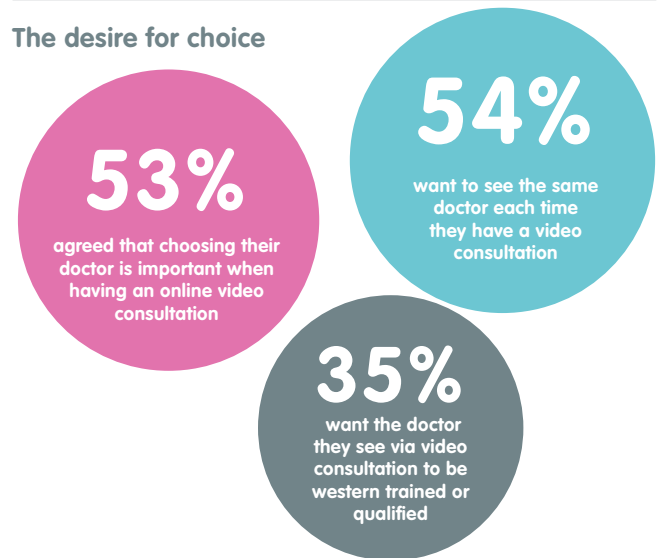
IMPORTANT ADOPTION FACTORS

Over half (53%) of respondents agreed that choosing their doctor (speciality, language, nationality etc.) is important when having an online video consultation. In addition, 54% want to see the same doctor each time they have a video consultation, retaining the continuity of care that they are used to in the current clinic visits.

Over a third of respondents want the doctor they see via video consultation to be western trained or qualified with only 20% actively disagreeing. Asian respondents are the least likely to require a western trained doctor.

Choice of doctor is a priority for patients

The desire for choice



Choosing doctors is important to over 40 year olds with 58% agreeing. However, the largest group (44%) of respondents do not show a preference for or against western trained doctors.





Who is likely to use a mobile app video consultation service?

**Aged
below
40**

Male

Emirati

**Has
children**

Conclusions

This survey points to a clear gap in the market for a video consultation service with patients ready to embrace new technology solutions for care for minor, non-emergency conditions. The introduction of video consultation in the UAE is in its nascence, and therefore concerns surrounding the accuracy of diagnosis are both understandable and expected. The great challenge for the wider telehealth market undoubtedly lies with educating patients in the strengths and capabilities of telehealth and technology enabled remote care solutions.

Our report highlights implications and opportunities for all stakeholders:

58%

of respondents would use video consultation if provided by their employer

FOR EMPLOYERS

58% of respondents would use video consultation if provided by their employer as a benefit indicating this has value in people's lives. Convenience, reduction in waiting and travel times are all recognised as key benefits. Patients will therefore have the opportunity to spend less time traveling and waiting to see a doctor, reducing the amount of time spent out of the office.

68%

of respondents will use video consultation if it is fully covered by their medical insurer

FOR INSURERS

68% of respondents will use video consultation if it is fully covered by their medical insurer. This positive sentiment amongst patients drives insurers to push telehealth into their plans, reducing costs and misuse whilst delivering higher patient satisfaction. Positive sentiment towards video consultation also means insurers are more likely to retain existing contracts and win new contracts.

78%

of patients would use video consultation, indicating patients are happy to move away from their existing habits

FOR HEALTH PROVIDERS

78% of patients would use video consultation, indicating patients are happy to move away from their existing habits. However, continuity of care is important with over half our respondents indicating they want to see the same doctor and choice is important. This calls for healthcare providers to use video consultation as a tool for patient retention, broadening their offer and keeping up with patient demand.

METHODOLOGY

YouGov Mena runs a weekly omnibus, interviewing a representative sample of the adult online population in UAE, using an online survey. Reaching over 1,000 respondents, Health at Hand entered a series of tailored questions which were answered between 27th November and 3rd December 2017. All data was cross tabulated with demographic data including gender, age, children, income, working status and location. The data was delivered in raw format and all analysis and reporting was performed in-house by Health at Hand.

REPORT OWNERSHIP

All content within this report is original and owned by Health at Hand, unless otherwise indicated and referenced. All conclusions and hypotheses drawn from the YouGov data are constructed and owned by Health at Hand.



Health at Hand

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