Redesigning the health ecosystem for the consumer

The health industry is undergoing a redesign of the health ecosystem for the consumer, taking lessons from approaches that were fire-tested over the past year during the COVID-19 pandemic. Changes in consumer behavior—some in play even before the pandemic hit but certainly accelerated by it and likely here to stay—are fueling much of this redesign. HRI mined its proprietary survey data to uncover insights about how and why specific groups of consumers used health services during the pandemic—from mental health and telehealth to in-home care and other nontraditional care sites—and their willingness to use them again. Even attitudes about how clinical research is conducted are changing, HRI found. A health industry that closely monitors these consumer signals and designs accordingly will likely emerge more consumer-centric as the pandemic wanes.
Consumers have grown bullish about receiving more of their care at home.

The “house call” of the past is taking on new life as consumers get more familiar with receiving their care outside of the traditional doctor’s office during the pandemic. While still an emerging trend—just 4% of consumers responding to an HRI survey in 2020 indicated that they had had a doctor, nurse or other clinician visit their home to provide care—consumer interest has been piqued. More than three-quarters of consumers said they are willing to get in-home care for anything ranging from a well visit to chronic disease management (see figure).

At-home care may also help ease certain patients back into the health system after having deferred care during the pandemic. Thirteen percent of consumers said that being able to receive care in their homes, including virtual and in-home options, would make them feel most comfortable about scheduling care they had put off.

Implications

According to HRI’s “Top Health Industry Issues of 2021” report, hospitals and health systems that have mostly recovered from the severe drop in volume due to the pandemic had invested before the crisis in areas such as hospital-at-home services.

Healthcare providers and health plans should evaluate their in-home care strategies and identify opportunities to reach more consumers or deliver care in a more cost-effective way.

Many consumers may want reassurance from their doctor before they completely embrace at-home care. More than two-thirds (69%) of consumers said it was important to them to have the recommendation of a doctor before using an alternative care setting.

Employers may also consider more in-home options outside of virtual visits post-pandemic to reduce absenteeism and increase productivity while workers telecommute.
Providers and consumers may be misaligned on how telehealth should be used.

With many consumers having been introduced to virtual health visits during the pandemic, they are becoming increasingly willing to receive virtual care for a variety of services. An overwhelming majority (88%) of consumers who have had a virtual visit would be willing to have one in the future, according to an HRI consumer survey. More than half (53%) who have not had a virtual visit would be willing to try one.

However, an HRI analysis found that provider executives and consumers are misaligned on certain services they think should be conducted virtually.

For example, 37% of consumers responding to the HRI survey said they would be willing to use virtual visits for ongoing treatment of a condition, such as a chronic disease, while only 17% of provider leaders surveyed by HRI said that virtual visits are effective for ongoing health management. This may mean a missed opportunity to serve consumers with chronic or complex chronic disease, especially those whose conditions may have worsened because of deferred care during the pandemic.

And while most providers told HRI that they are using virtual visits for follow-up appointments, 34% of consumers said they would like to use them for an initial visit to assess a new health issue. Nearly one-fifth (16%) said they would use virtual health for an emergency situation.

Consumers and provider executives are aligned, however, when it comes to mental telehealth, a promising sign considering that 32% of consumers told HRI that they have experienced anxiety or depression as a result of the pandemic.

Implications

Provider executives are most likely to offer virtual visits for mental health, family medicine, OB/GYN and pediatrics, according to the HRI survey.

In 2021, health plans and health systems must determine which types of virtual visits make the most sense and for whom. They should consider consumer preferences and willingness among specific groups by age, race, insurance type and health status. Patient education will be important for managing expectations.

Consumer and provider executive attitudes about virtual visits

<table>
<thead>
<tr>
<th>Consumers willing to receive service virtually</th>
<th>What provider executives think</th>
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<tr>
<td>34% Initial assessment of condition</td>
<td>&lt; 10% believe virtual visits have been most effective for this service</td>
</tr>
<tr>
<td>37% Ongoing treatment of condition</td>
<td>&lt; 17% believe virtual visits have been most effective for this service</td>
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<tr>
<td>16% Emergency attention</td>
<td>&lt; 14% are offering virtually in 2021</td>
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<td>17% Mental/behavioral health</td>
<td>&lt; 29% are offering virtually in 2021</td>
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</tbody>
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Sources: PwC Health Research Institute consumer survey, September 2020. Based on a sample of 2,511 consumers. Q: For which services would you consider using video virtual care services in the future instead of an in-person visit?

PwC Health Research Institute executive survey, August-September 2020. Based on a sample of 153 provider executives.
New care settings get a lift from COVID-19. Will they become the new norm post-pandemic?

The share of Americans using health settings outside of the traditional doctor’s office increased during the pandemic. According to the consumer survey conducted by HRI in September 2020, the share of consumers reporting that they had used virtual visits doubled by September compared with before the pandemic. The share reporting they had used a retail clinic increased by 40%, and the share reporting they have gone to an urgent care center grew by nearly one-fifth (18%) over that period (see figure). Most (at least 75%) said they would use these sites again.

Who are these new users? The profile varied depending on the site. For example, men were much more likely than women to choose retail clinics and urgent care centers, as were younger groups. Consumers age 65 and older and those with complex chronic disease accounted for the largest share of virtual visit users; 92% of those 65 and older reported using them for the first time.

Implications

As consumers become more comfortable seeking care beyond traditional settings, the health system as a whole must prevent these care channels from becoming another set of disconnected options for consumers already grappling with fragmented choices for care. Care coordinators could be essential, HRI found. Half (51%) of consumers surveyed by HRI said they wanted a care coordinator or navigator to help orchestrate virtual and in-person care; 68% of provider executives said they plan to use more of them in 2021.

HRI research has found that employers and payers are nudging people toward lower-cost sites of care. Payers are designing plans to encourage members to choose free-standing facilities and in-home care, rather than more expensive sites. How those benefits are designed and how employees perceive the costs will shape the effectiveness of site-of-care strategies.

Source: PwC Health Research Institute consumer survey, September 2020. Based on a sample of 2,511 consumers.
Want to get vaccines in arms? Consider race and age for ‘last-mile’ distribution.

As the funnel of prioritized individuals widens for a COVID-19 vaccine, consumer preferences could become a major factor to help ensure vaccine uptake and minimize concerns over vaccine hesitancy or pandemic fatigue.

Nearly two-thirds (62%) of consumers surveyed by HRI in September 2020 said they would get a COVID-19 vaccine within the first year it was available. Of them, while almost half (46%) said they preferred receiving the vaccine at their doctor’s office, a sizable share (43%) said they would prefer to receive it in a nontraditional health setting, such as a retail clinic or urgent care center.

Preferences for the site of vaccination differed based on age and race. White consumers were twice as likely to prefer vaccination at a doctor’s office than Black and Latinx consumers (52% versus 27% and 28%, respectively). Nonwhite consumers preferred vaccination at nontraditional settings over a doctor’s office (see figure).

Preferences also varied across age groups. Older consumers were more likely to prefer vaccination at a doctor’s office, with over half of consumers over 45 preferring that location. Younger consumers were more open to nontraditional settings; over half of consumers under 45 preferred those locations.

Implications

Whether for the next pandemic or across the medical products supply chain, the industry needs an end-to-end view in a supply-constrained world that includes the “last mile” to the consumer.

As healthcare organizations make decisions about vaccine distribution, they may consider a variety of sites to ensure access and equity across a diverse set of populations.

Investment in advanced analytics and consumer segmentation could allow manufacturers to better deliver on the promise of the right treatment to the right patient at the right time and in the lowest-cost appropriate setting.

Source: PwC Health Research Institute consumer survey, September 2020. Based on a sample of 1,568 consumers who indicated they would get a COVID-19 vaccine within one year of approval.
18- to 24-year-olds have been most affected by the mental health impacts of COVID-19. Here’s where they are turning for help.

Already a crisis before the pandemic hit, the deteriorating state of mental health in America was fueled by the pandemic. Nearly one-third (32%) of consumers responding to the September 2020 HRI survey said they had experienced anxiety or depression as a result of COVID-19. Americans between the ages of 18 and 24 were hit hardest at 47%, HRI found. More than half (54%) of this age group said they had sought care for anxiety and depression induced by COVID-19.

About two-thirds (62%) of 18- to 24-year-olds responding to a separate HRI survey said they had sought mental health services in the past five years, higher than any other age group. One-quarter of them accessed these services for the first time during the pandemic.

How did they access the mental health system? Most frequently through their primary care doctor, but they were also more likely than any other group to choose mental telehealth as their first point of access. Notably, consumers between 18 and 24 were three times as likely to use emerging virtual mental health tools, like emotional support apps and online support groups, than the average consumer with mental health needs (see figure).

Implications

Virtual mental health management might offer an opportunity to better serve a nation already struggling with a mental health crisis before the pandemic hit. The September HRI survey found that consumers with mental health conditions were twice as willing to use mental telehealth than all consumers (32% vs. 17%). Provider executives surveyed by HRI in the fall identified mental health and psychiatry as the top focus for telehealth investment.

Mental health utilization is expected to be an inflator of medical cost trend in 2021 but may lead to savings in overall health costs in the long term. Employers should consider offering new mental telehealth services or promoting those they already provide. Of employed consumers surveyed by HRI in September 2020, only 8% said their employers offered new mental health benefits during the pandemic.

Source: PwC Health Research Institute consumer survey, April/May 2020. Based on a sample of 301 18 to 24 year olds.
The pandemic fire-tested new strategies for clinical trials. Will moving trials out of the hospital help boost enrollment?

Decentralizing trials—the exercise of moving them out of the hospital setting—may help boost enrollment, according to HRI research. The ability to conduct elements of clinical trials virtually or closer to home was attractive to most consumers, an HRI survey found. When consumers were asked which factors would make them more likely to take part, the ability to participate from home using telehealth was most influential in increasing the likelihood of participating. Sixty-two percent of consumers said the ability to do so would make them more likely to participate, followed by local travel to the clinical trial site (46%).

Running studies in unconventional locations closer to where patients live may serve to boost enrollment. HRI’s survey found that as options for participating in clinical trials move closer to the home, consumers are more willing to say they’d participate. This was true across races; almost half (47%) of Black, 56% of Latinx, and 66% of white consumers responding to HRI’s survey said they would be willing to participate in a trial from home.

Pharmaceutical and life sciences executives also believe that conducting elements of clinical trials virtually may improve the diversity of enrollment, according to a September 2020 survey by HRI. Eighty-seven percent of executives believe this could improve racial diversity, and 74% believe this could improve gender diversity.

Implications

Travel is a known deterrent to clinical trial participation. Exploring options to decrease commutes is one key to boosting clinical trial participation, HRI found.

During the pandemic, the FDA worked with pharmaceutical companies to diversify clinical trial participation to include individuals most likely to be impacted by COVID-19’s adverse effects. Under the Biden administration, the FDA is expected to continue to advocate for clinical trial diversity.

As clinical trials move closer to home, consumers – across races – are more willing to say they’d participate if they could...

Percentage of respondents indicating they would be more likely to participate
About this research

This HRI survey insight is based on three online consumer surveys and one health executive phone survey conducted by HRI in 2020. The online consumer surveys represented a cross section of the population in terms of race, age, gender, income and geography. The April survey included a sample of 10,003 US adults, the May survey included a sample of 2,501 US adults and the September survey included a sample of 2,511 US adults. The US health executive survey, conducted in August and September, was based on a sample of 153 provider executives, 124 pharmaceutical and life sciences executives and 128 health plan executives. The surveys collected data on consumer and executive perspectives about the healthcare landscape before and during the COVID-19 pandemic, and their views about its post-pandemic future.

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