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IQVIA

IMPACT OF COVID-19 ON
PATIENTS' BEHAVIOUR
TOWARDS ACCESSING
HEALTHCARE FACILITIES

A Patient Survey by IQVIA in collaboration with NATHEALTH

Date: April 30th, 2021

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Research Background and Sample Design

Project Background

- ❑ The outbreak of COVID-19 pandemic has led to major changes in patients' treatment plan due to restrictions in accessing healthcare facilities
- ❑ As accessibility to healthcare facilities for managing patient condition continues to be uncertain, it is important to understand patient readiness to return to their routine hospital visits and continue treatment
- ❑ To this effect, in Jan-Feb 2021, IQVIA conducted a survey
  - With 2134 patients with different treatment needs across Metro, Tier 1 and Tier 2 towns in India
- ❑ IQVIA reached out to patients to unearth their behaviors during lockdown and post lockdown period
  - To track changes in their behavior during COVID-19 (March–Dec 2020) scenario
  - To elucidate COVID-19 impact on patients' treatment plan and how it can be restored

Patient Categories

Category 1: Patients with planned elective surgery

1. **Cardiac surgery:** Planned PCI/CABG/Valve Replacement/Pacemaker Implant/Cardiac Ablations/Coronary stenting/PTCA
2. **Cancer surgery:** GI/Hepato-pancreato- biliary (HPB)/Head & Neck/Breast/Ovarian/Hysterectomy/Brain
3. **General surgery** Gall bladder/Appendix/Tonsil/ Duodenal Ulcers/Peptic Ulcers/Piles/Fistula/ Hernia/Gyn surgeries
4. **Orthopedic surgery:** Knee Replacement/Hip Replacement/Trauma/Spine Surgeries

Category 2: Patients who required IPD management

1. **Acute:** High fever/Typhoid/Dengue/Malaria/Urinary Tract infection/Respiratory Illness
2. **Chronic:** Renal procedure- Dialysis, Cancer maintenance therapy- Chemotherapy

Category 3: Patients requiring frequent doctor visits in hospital OPDs

1. **Cardiovascular disease:** Heart failure/Hypertension
2. **Diabetes:** Severe uncontrolled diabetes/ Diabetes + CKD
3. **Arthritis/Asthma**

Research Methodology and Sample Design

Methodology — *Survey was conducted in Jan-Feb 2021*

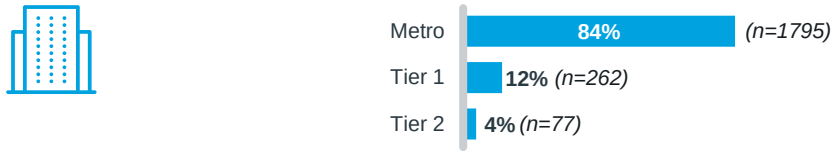
Quantitative Approach

*Patients were required to fill a **structured questionnaire on an online web portal** through shared link- a **30 min survey***

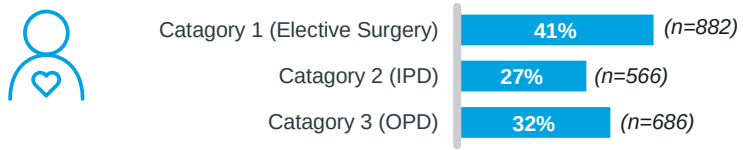
Sample design

By Hospital Type

By Town class



By Patient Category



Important to note

Patients (90%) who participated in survey were mostly from private corporate/large hospital

Patients (84%) who participated in survey were mostly from metro cities

Total patient sample for survey: 2134

Cities covered: Mumbai, Delhi, Bangalore, Kolkata, Chennai, Hyderabad, Ahmedabad, Pune, Lucknow, Ludhiana, Chandigarh, Coimbatore, Cochin, Nagpur, Nashik, Aurangabad, Mysore

Key Findings

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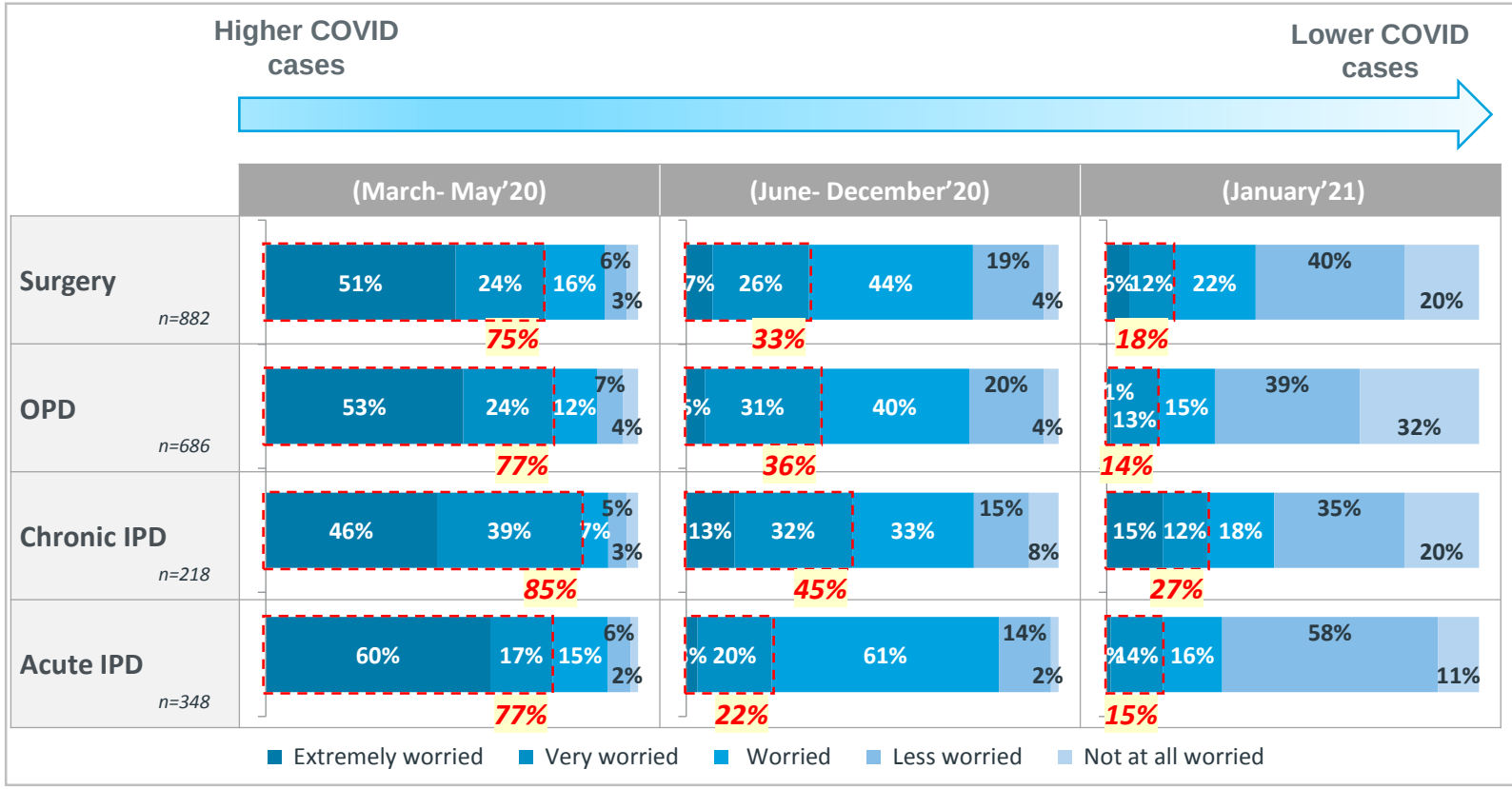
1. PATIENTS' **ANXIETY LEVELS**

Anxiety levels rise with increase in COVID cases

77% *Patients were very anxious & concerned to seek medical care in 2020; anxiety levels reduced only when COVID cases began to drop*

1. *Patients express high concern about their risk of COVID infection due to **overcrowding at hospitals & exposure to infected medical staff***
2. *With poor accessibility to healthcare facilities, patients believe that their **health condition worsened in 2020***

Anxiety levels fluctuate & are directionally driven by the COVID cases reported; When cases are high, most Non COVID patients are anxious to access facilities – higher number of Chronic IPD patients reel in this anxiety



Top concerns - Overall

n= 2134

- **Overcrowding** of hospitals
- Possibility of **medical staff being exposed to COVID-19**
- Worsening of the patient's previously stable condition due to **increased exposure**
- **Immunocompromised patients**, hence at high risk of contacting COVID-19 in hospital
- **Lack of** adequate/secure hospital **protocols**

Anxiety levels in Tier 2 cities was comparatively lower as compared to Metro and Tier 1 cities

Patients were comparatively less worried in seeking services from large hospitals than medium hospitals, due to more confidence in large hospitals towards adherence to protocols

Action areas:

Open communication channels for patients to report/ communicate this anxiety to doctors/hospitals, especially Chronic IPD patients

*Offer **counselling support services for these patients to instill confidence and share plan of return when they are comfortable to access facilities***

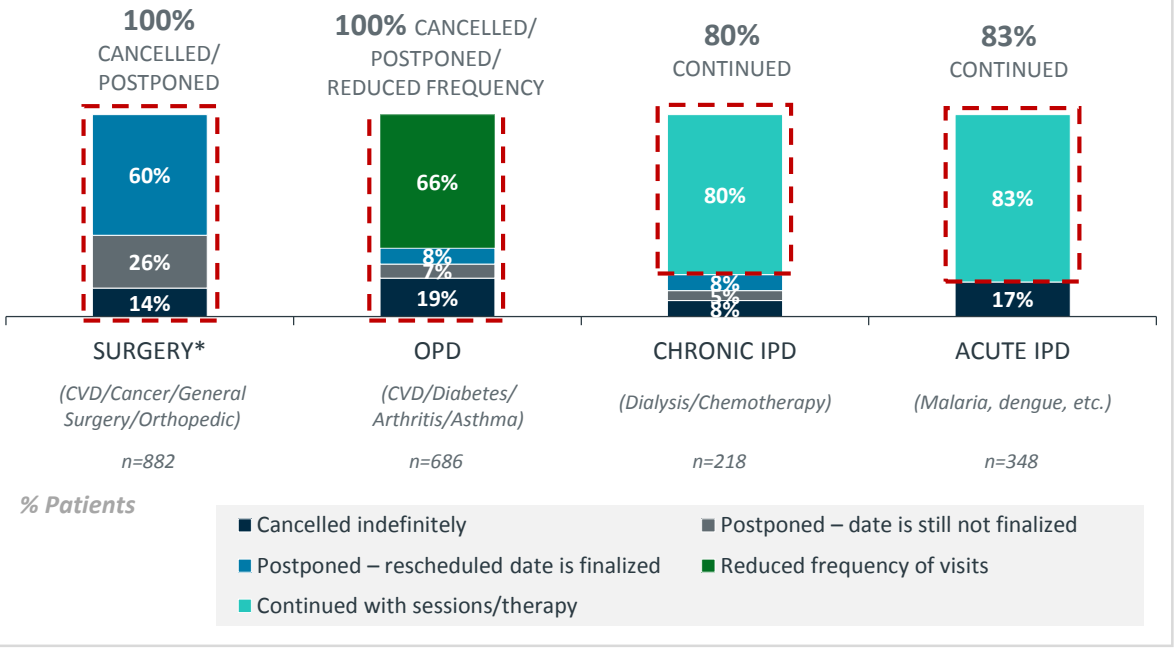
2. PATIENTS' **BEHAVIOUR TOWARDS ACCESSING HEALTHCARE FACILITIES**

Anxiety driven by surge in COVID cases highly impact patients' intent to continue with their treatment & access healthcare facilities

57% *patients cancelled/ postponed/ rescheduled their treatment plan in March–Dec 2020*

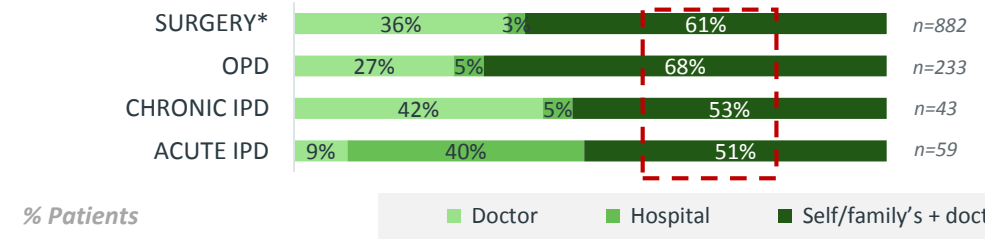
1. *Dominant negative impact was on **elective surgeries & OPD (reduced frequency)***
2. *Mostly, Chronic & Acute in-patient services continued since most of them had less choice to not continue/access treatment*
3. *Decisions to delay/cancel treatment plans were mostly driven by **patients/caregivers in consultation with their treating physician***

Elective surgeries & OPD patients cancelled/ rescheduled/ postponed their treatment plans with surge in COVID cases; With not much scope of cancelling/postponing of treatment, many IPD patients had to continue/access treatment



Patients	Treatment Decisions
SURGERY	60% of surgery patients rescheduled their surgeries from August 2020 onwards
IPD	Mostly dialysis patients cancelled/postponed their sessions in hospital
OPD	Higher number of diabetes and arthritis patients cancelled/rescheduled their OPD visit to hospital

Cancellations/postponing of plans mainly driven by patient/family in consultation with their treating physician…



*The need for conducting surgery in most of these patients was urgent but not life threatening

Action areas:

1. ***In IPD patients who continue to access facilities –***
   - i. *Extreme **safety measures support** at hospital sites/ specialized waiting areas*
   - ii. ***Clear site demarcation** for Non COVID & COVID patients*
   - iii. *Instill confidence to indicate their exposure to **COVID Safe Paramedical Staff***

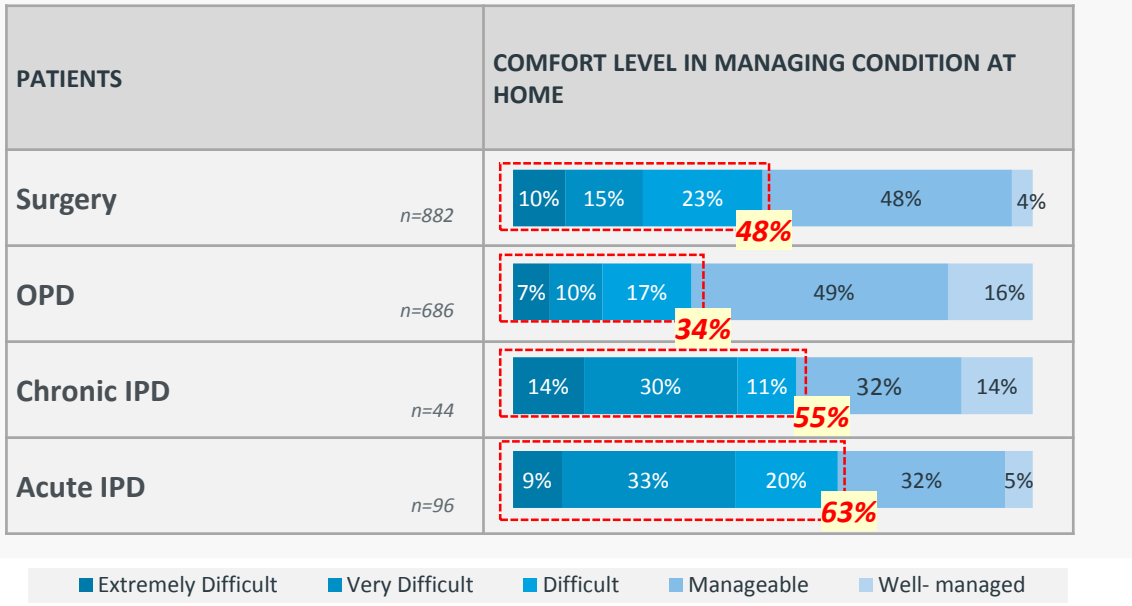
2. ***IPD, elective surgery, OPD patients who cancel accessing facilities –***
   - i. ***Maintain engagement of patients with their doctors** to ensure their return when cases subside*
   - ii. ***Extend connectivity by supporting through complementary home care facilities to patients***

Patients who cancelled/postponed their treatment have not been comfortable managing their condition at home; Most of them opined that their condition worsens during such times
Only 2% of these patients accessed professional home healthcare service in 2020

*Patients, mostly IPD categories, were **not too comfortable managing the condition** at home during the lockdown*

Management of the condition at home

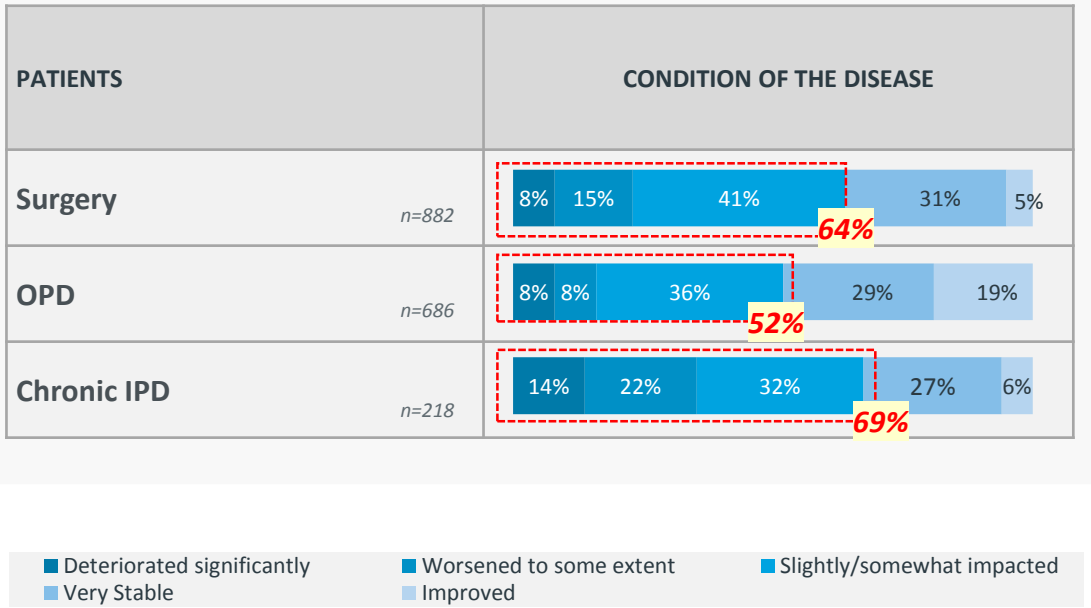
% Patients



*Many also perceived that **their condition had worsened during March-December'20** from how it was in Pre-COVID period*

Impact on the disease/condition

% Patients



Patients	*Key modalities adopted for management of condition at home included…*
Surgery	*Medical management through doctor consultation, Supportive home healthcare measures like physiotherapy, personnel/nursing support*
IPD	*Medical management through doctor consultation, Home healthcare treatment services like diagnostic support, IV infusions, medical devices*
OPD	*Medical management through teleconsultation*

Action areas:

In patients who cancel treatment plans–

*Crucial to engage with drop out patients and **drive awareness initiatives around available home healthcare support facilities which hospitals/ professional services** can provide/support with*

3. PATIENTS' **RESCHEDULING PLANS**

Patients would like to return to hospitals within 3-4 months of reported decrease/ control in COVID case load

Of the patients who cancelled/ delayed their treatment, ***82%*** *patients expected to reschedule it by June 2021 since cases seemed to be in control in Jan 2021*

1. *Patients seeking **IPD care for their chronic ailments** (chemotherapy and dialysis) are more inclined to return sooner to their hospital for treatment*
2. *In case of elective surgeries, **oncology and cardiac surgery patients** wish to reschedule their surgery sooner over general and orthopedic surgery patients*

With reported control/ decrease in case load, to be confident in accessing healthcare facilities, most patients would take around 3-4 months

Return to Normalcy Plan

% Patients

#	Patients		Mar'21 Immediately	Apr'21 1	May'21 2	Jun'21 3	Jul'21 4	Aug'21 5	Sep'21 6	Oct'21 7	Nov'21 8	Dec'21 9	Jan'22
1	Surgery	n=355	18%	24%	33%	75%		19%			5%		1%
2	OPD Visits	n=179	15%	32%	37%	84%		14%			2%		1%
3	Chronic IPD	n=27	35%	38%	14%	87%		7%			5%		0%
4	Acute IPD*	n=60	18%	23%	42%	83%		6%			3%		8%

**In case of Acute IPD, data indicates probable instances where these patients might need to avail healthcare services as needed*

Of the patients who cancelled/ postponed/rescheduled their treatment,

75% elective surgery patients were planning to reschedule surgery in the **next 3-4 months** (by June'21)

85% IPD/OPD patients were planning to resume hospital visits in **next 3-4 months** (by June'21)

In case of OPD, these are mostly patients with cardiac, respiratory illness

Higher number of patients in Tier 1 and 2 plan to reschedule their treatment sooner

Action areas:

Decrease the lag time between decrease in COVID case numbers and patients' comfort to return to facilities–

i. *Establish communication early with patients with a detailed plan of return to treatment*
ii. *Aim for sooner return by decreasing the lag time from 3-4 months to 1-2 months*

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Patients have high trust on their treating physicians to make informed decision on return; patient prioritization & hospital preparedness towards infection control are top measures to restore patient confidence

Chronic IPD patients showed highest confidence on their doctors *as compared to other patients – this can be connected to their ongoing visits and in-person interactions with the doctors*

Patient prioritization, hospital preparedness towards infection control & measure to curb crowding *are main measures expected to restore patient confidence on safety of accessing healthcare facilities*

Confidence level to return to normalcy- overall

% Patients

SERVICES	CONFIDENCE ON DOCTORS	CONFIDENCE ON HOSPITALS
SURGERY *n=882*	67%	58%
OPD *n=686*	72%	60%
CHRONIC IPD *n=218*	79%	70%
IPD ACUTE *n=348*	53%	50%

% indicates percent patients who have rated top 2 scores on a 10 point scale on confidence level

Top factors for increasing patients confidence - Overall

n=2134

- **Patient Prioritization** & Segmentation for : in-person and tele counselling consultation
- **Displaying hospital preparedness** towards strict infection control processes
- **No waiting period** by calling patients only on appointment basis
- Taking strict measures to **prevent crowding** of patients, and following **onsite social-distancing**
- Has **clear/separate sites** for COVID-19 & non COVID-19 patients

Confidence on healthcare systems is high among metro city patients as compared to patients in Tier 1 and Tier 2 cities

Patient's confidence level to access private large/corporate hospitals is high as compared to their confidence on accessing medium hospitals for treatment

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As COVID cases subside, patients who wish to reschedule their treatment plans prefer to access their original treatment facilities/doctors, and not switch to other hospitals

n= 622 patients

Of the patients who cancelled/postponed their treatment,

95% patients wish to continue with the same hospital

5% patients switched hospital due to:

- **Increased cost of treatment** in original hospital
- **Travel inconvenience**
- **Waiting period** to reschedule surgery/treatment in original hospital

Reasons for continuing with the SAME HOSPITAL

- **Trust, belief and high level of satisfaction** in existing hospital/doctors
- **Adequate/extended support services*** offered to manage patient condition
- **High confidence on safety measures** undertaken by existing hospital

Metro city patients → *Preferred, and plan to undertake treatment at **original (pre-COVID) hospital***

~5% Patients from Tier 1 or 2 travelled to metro city for treatment in pre-COVID – predominantly cancer and cardiac surgery patients

*2020: Few surgery patients **underwent surgery at hospital in their own city; Preferred private large/corporate hospital***

*2021: Plan to travel and undertake treatment at **original (pre-COVID) hospital as COVID cases drop & accessibility improves***

** Extended teleconsultation/emergency services provided to manage patient condition- especially during COVID 19*

Uptake of Teleconsultation increases with increase in COVID cases; However, patients prefer to return to in-person visits with doctors as COVID situation improves

n= 2134 patients

Although the number of teleconsultation rose rapidly during complete lockdown, it declined with lockdown slowly phasing out and rebound in person visits was observed

50% Patients engaged in TELE-CONSULTATION with their healthcare providers during complete lockdown phase

% patients	Mar – May	Jun – Dec	Jan Onwards
Virtual	*50%*	*24%*	*11%*
In-person	*25%*	*36%*	*49%*
Both	*13%*	*22%*	*20%*
No interaction	*12%*	*16%*	*20%*

Teleconsultation trend was higher in Metro & Tier 1 patients

Owing to less accessibility to healthcare facilities during COVID 19 PANDEMIC…

Teleconsultation witnessed an upsurge predominantly in Surgery and OPD patients

However, increasing number of patients are hoping to return to physical visits for consultation once hospital COVID load reduce, and accessibility to healthcare facilities improve

Likelihood to continue in future…

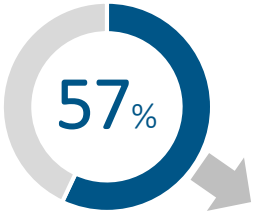
Of total patients who availed teleconsultation, **only 30% patients are willing to continue with teleconsultation in future (mainly for follow-ups);** while others still consider in person interactions to be important

Likelihood to continue with tele consultation is higher in patients from Metro and Tier 1 cities

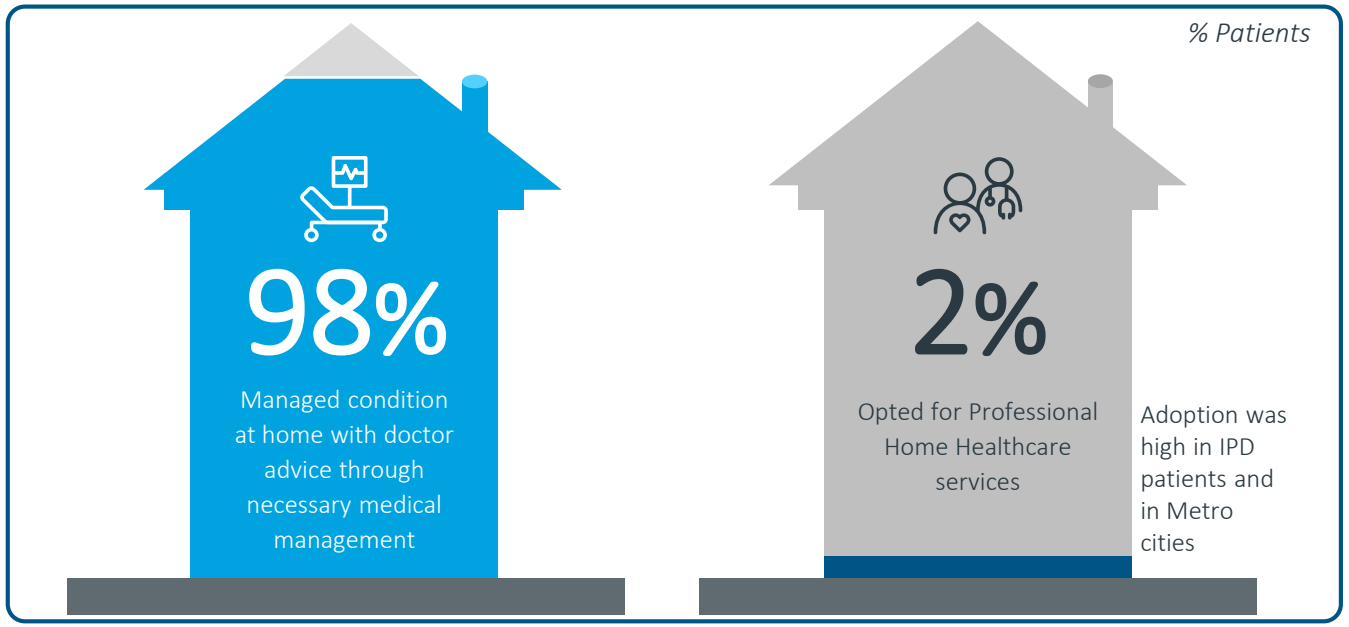
Only a few survey participants who cancelled/postponed their treatment plan, had accessed professional Home Healthcare services in 2020; Most patients continued with managing their condition at home with family support through doctor's guidance

n= 1221 patients

Key modalities adopted for management at home included



Of the 57% patients who had to cancel/postpone their treatment plan...



Key **HOME HEALTHCARE** services availed

- Diagnostic Support
- Personnel Support
- Treatment Administration
- Doctor Visits at Home

Likelihood to continue in future...

Of total patients who availed home healthcare services, **only 33% patients plan to continue with Home Healthcare service in future** when COVID situation improves and things go back to normal

Key Implications

Impact of COVID-19 on patients' behavior towards accessing healthcare facilities

		Market Trends	Key Implications
		57% patients had cancelled / postponed their treatment plans on account of ongoing pandemic	
DURING HIGH COVID CASES	1	**Chronic patients (Cancer, CKD, Diabetes etc.) seek IPD services/physical OPD consultation due to high severity of their medical condition**	**Specialized OPD infrastructure and patient friendly Teleconsultation platforms**
	2	**Home Healthcare services were opted by limited number of patients**	**Facilitate Home Healthcare service uptake**
UPON CONTROL OF COVID SITUATION IN COUNTRY	3	**82% patients** (of those who delayed treatment) **wished to reschedule their treatment plan within 3 months, once COVID situation is under control**	**Cut through the patient backlog!**
	4	**62% patients** (of those who delayed treatment) **believe that their health condition has been negatively impacted**	**Financial aid planning to support patients**
	5	**Patients will continue to access original (Pre-COVID) doctors & hospitals**	**Pivotal moment to rebuild patients' trust & confidence**

Impact of COVID-19 on patients' behavior towards accessing healthcare facilities

		Key Implications
DURING HIGH COVID CASES	Specialized OPD infrastructure	• **Zero contact consultations** and high-end quarantine space plan for high-risk patient groups • Differentiate and segment patient groups for tele consult vs. in-person appointments
	Home Healthcare Service Uptake	• Key adoption determinants: Doctor recommendation, patient awareness & satisfaction • **Standard service & quality protocols** to ensure consistency & credibility in service
UPON CONTROL OF COVID SITUATION IN COUNTRY	Cut through the patient backlog!	• Adoption of **data intelligence algorithm processes** to prioritize patient profiles • Use of interactive equipment (e.g. wearables) to enable **real-time data collection & patient tracking**
	Financial aid plannin to support patients	• Patients may forgo treatment due to increased cost concerns on account of worsened health outcomes • Support the socioeconomically compromised with **financial source planning / eligibility of government schemes or policies**
	Pivotal moment to rebuild patients' trust & confidence	• Leverage and build on long established trust and relationship among patients • **Communicate & reassure COVID-19 safety protocols** • Strong grievance redressal mechanism on the facility premises to ensure patient satisfaction

Implications due to difference in trajectory of pandemic in 2021 over 2020

Action points for healthcare providers to alleviate patient concerns, and gain patient confidence:

1	**Take forefront in conducting vaccination drives**	• Step up hospital infrastructure for vaccination • Reach out to patient pools, and triage patients for vaccination
2	**Extend support to health care facilities in extra-urban towns**	• Pandemic impact in 2021 has been across town class, and facilities in smaller towns are overwhelmed • Large hospitals in metro cities to support hospitals in smaller towns w.r.t infrastructure and specialty support
3	**Prioritize patient pools to triage patients for treatment**	• Impact seen across different patient profiles, as compared to wave 1 when more geriatric patients or patients with co-morbidities were severely affected • Hospitals to triage patients across age groups, and work on appropriate treatment plans

Thank you

PARTICIPATION CREDITS (HOSPITALS WHO PARTICIPATED IN SURVEY)

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