

# How COVID-19 will permanently alter patient behavior

Accenture Patient Survey May 2020

How patient preferences have shifted towards virtual care during COVID-19

# About the Accenture COVID-19 Patient Survey

We set out to understand what changed for patient care during COVID-19, how patients felt about it, what they liked and what they want to continue in the future. Understanding how attitudes and behaviors of patients are shifting during this time will help life sciences companies invest in a future where the patient experience continues to be enhanced through virtual options for communication and treatment.

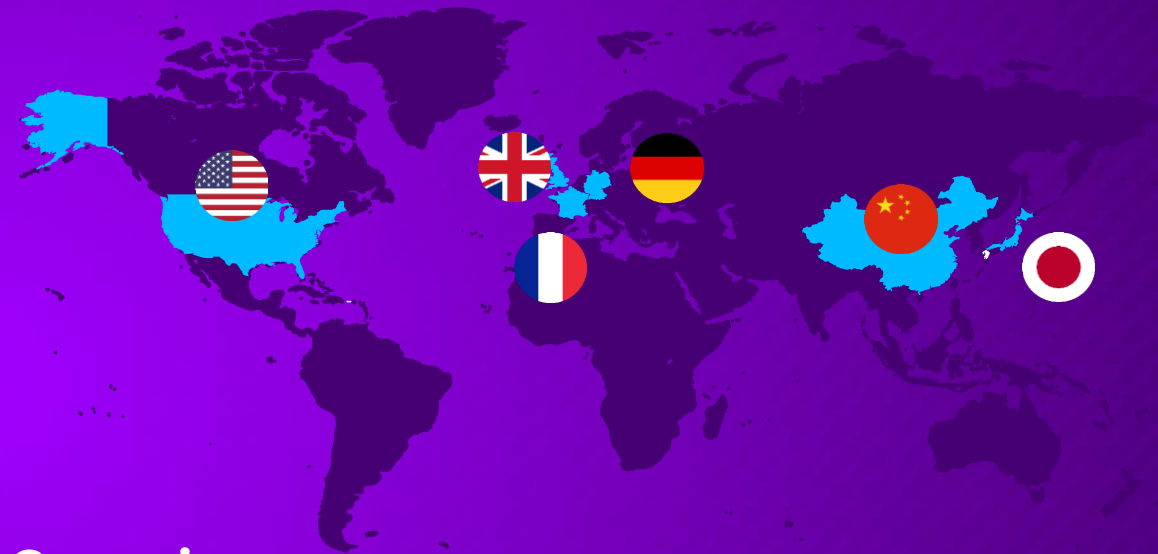
## Audience profile

Survey participants had to have been going to a health care facility for treatment or self-administering at home and have one of the following conditions:

**33%**  
Cardio-vascular

**33%**  
Immunology/  
Rheumatology

**33%**  
Oncology



## Countries

N = 2,700  
450 participants from each country:  
USA, UK, France, Germany, China & Japan.

The survey data was collected at a time when all participating countries were under some degree of government restrictions as a result of the global pandemic.

# COVID-19 changed the healthcare landscape

**Patients have embraced virtual care and communications at very high rates as a result of COVID-19.**

**Overall, their care experiences have been extremely positive, with 9 out of 10 saying their quality of care was as good or better than before.**

**Most patients want to continue to use virtual care and communications after the pandemic ends.**

**A new era of virtual care has begun and is here to stay.**

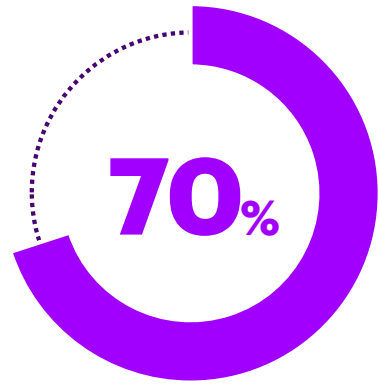




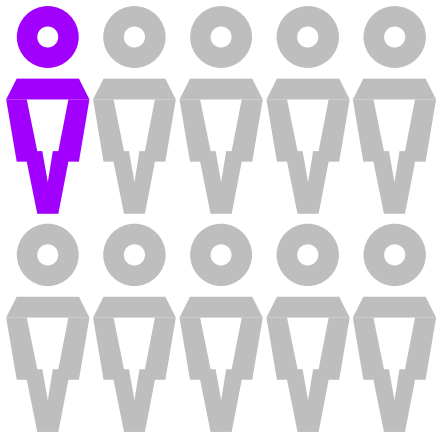
## Patients chose to defer and change their care

As restrictions came into effect, patients faced difficult choices about whether and how to continue their treatments. Many healthcare providers cancelled appointments, and transportation options were shut down. Patients were afraid to risk exposure to COVID-19 by going to their healthcare providers for regular treatment, and many deferred or even changed their treatments.

# Patients' healthcare was significantly disrupted

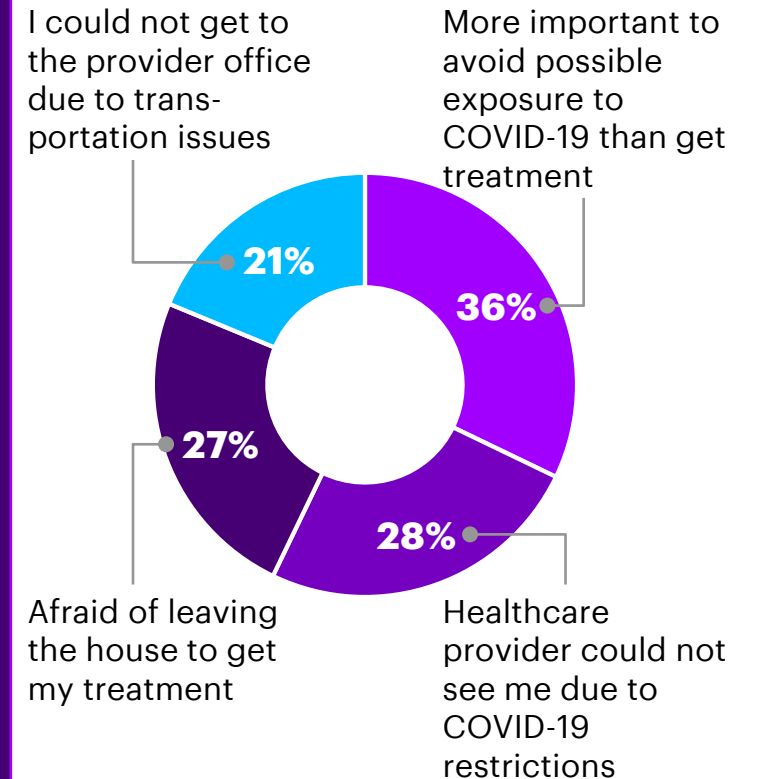


**70% of patients deferred or cancelled treatments** due to the COVID-19 pandemic. Limited access to healthcare providers and transportation challenges kept patients away, as well as concerns over exposure to the virus at healthcare facilities.



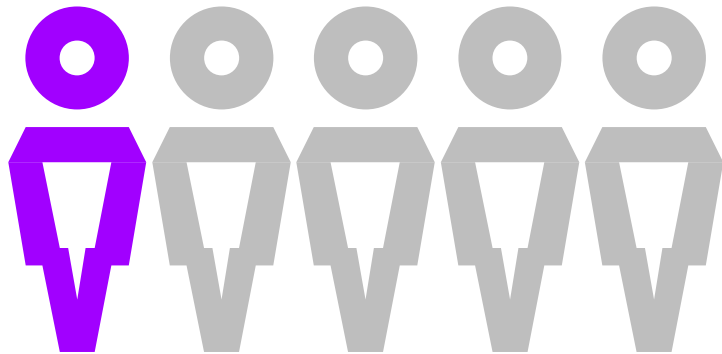
**1 in 10 cancelled all elements of their treatments.** However, fewer oncology patients cancelled all treatment (6%).

## Reasons that patients deferred or cancelled treatment

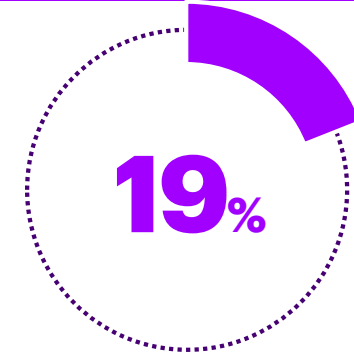


# Some even switched therapies

**1 out of 5** patients switched to a different therapy due to COVID-19, while nearly half considered making a change. Patients were concerned about how treatment might affect their risk of COVID-19, and about the method and timing required for specific treatments.



**19%** of cancer patients switched therapy



**23%** of immunology patients switched therapy



# Our survey revealed that patient behavior has been permanently altered

## Key Finding #1

**Patients embraced virtual care and want to continue it**

## Key Finding #2

**Patients felt care was as good or better**

## Key Finding #3

**Virtual care helped keep some clinical trials going**

# KEY FINDING #1



## Patients embraced virtual care and want to continue it

As patients avoided healthcare facilities, they learned to use new technologies to continue their care. Virtual tools became essential lifelines for communication and guidance for many patients now administering their own treatments at home. Many also started using medical devices and apps to help manage and monitor their conditions.

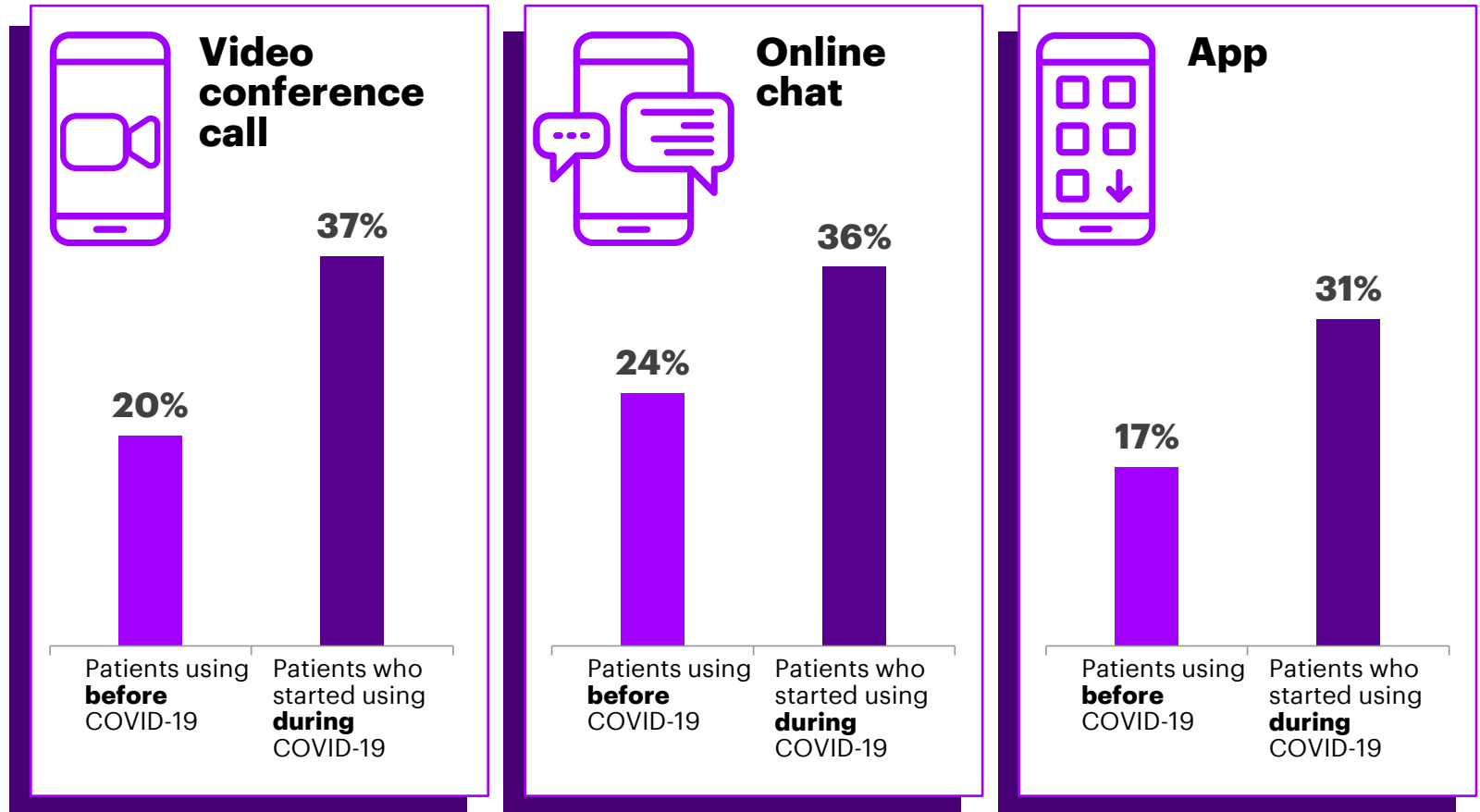
By using technology to support communication and care, healthcare providers were largely able to maintain or even improve on the patient experience. Patients appreciated the more personalized interactions, the faster response time, and the convenience of being able to manage and monitor their care from home.



# Making treatment work at home, with virtual support

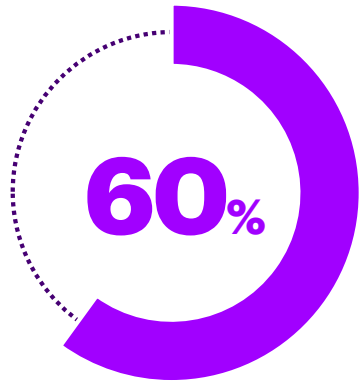
**Nearly 1/2** of all patients reported that they are now getting treatment at home instead of going to their healthcare provider's office.

Use of virtual tools increased across the board as patients who switched to at-home treatment during COVID-19 took more advantage of video conference calls, online chat, and apps.

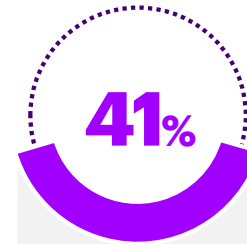


# Patients tried new technologies – and liked them

**Most patients reported a highly positive experience using new technologies for a variety of care support functions.**



**60%** felt that based on their experience during the pandemic, they **want to use technology more** for communicating with healthcare providers and managing their conditions.



**41%** of patients used video conferencing to communicate with their healthcare providers about treatment...



**63%**

rated their experience as very good or excellent

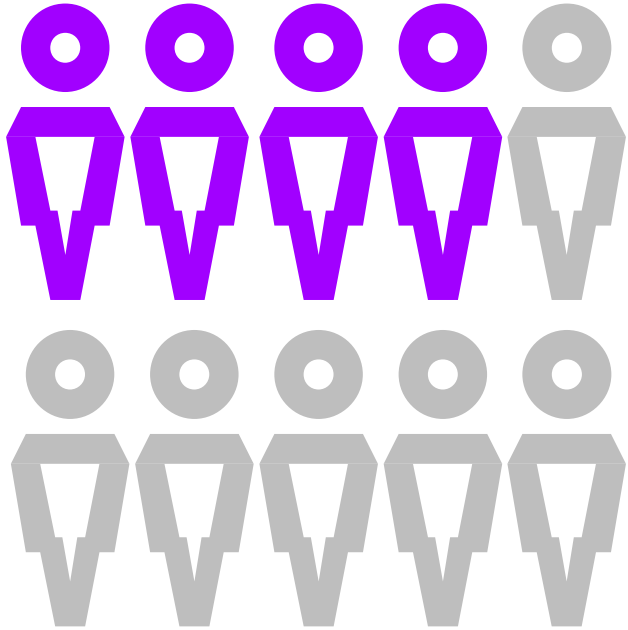


...of those using video conferencing, this was their first-time using it for their treatment.

**54%**

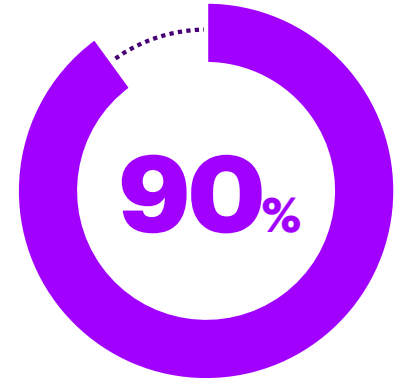
expect to use it more post-COVID-19 than they did previously

# Patients tried new devices and liked them

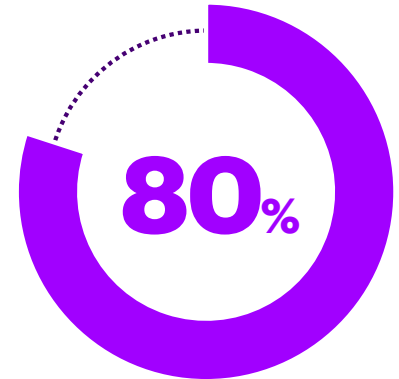


**4 in 10** patients (**44%**) started using new devices or apps during COVID-19 to help managing their conditions.

**More than 90%** of those using a new device or app rated the experience good or excellent and want to continue to use them.



Amongst those who were already using medical devices and apps at home, **80%** rated the experience of as good or excellent.



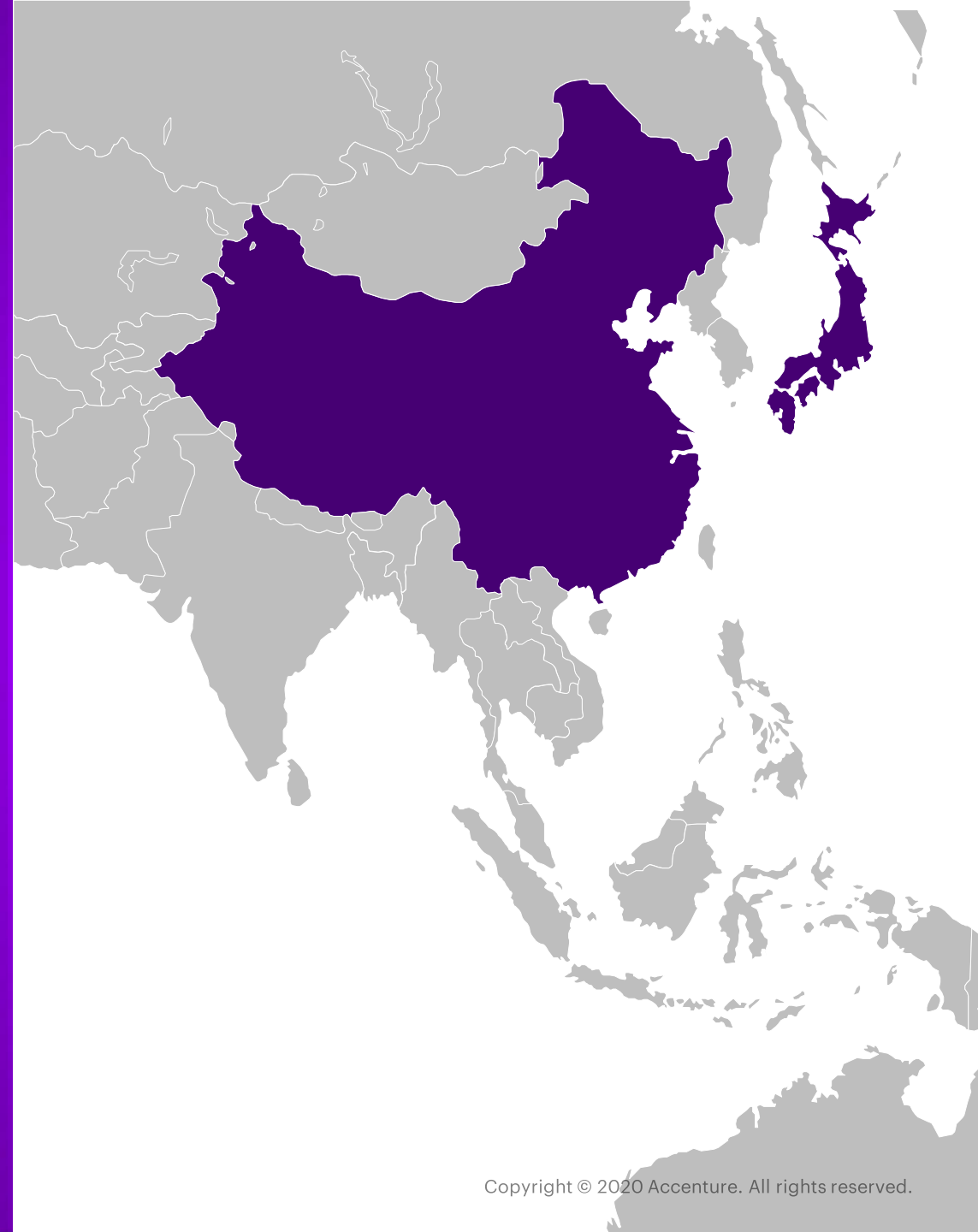
# More patients are using online chat and apps for care in China and Japan

The uptake of online tools is especially high in China, with **73%** of patients who began administering treatment at home due to COVID-19 getting support **through online chat** and **62% through video calls**. Patients in Japan and China are also more likely to use **apps** for support.

Online platforms in China such as Alibaba's Ali Health have attracted millions of new users in the past few months, offering free consultations and clinics as government restrictions on online medical services were relaxed.<sup>1</sup>

<sup>1</sup>Source: Economist – <https://www.economist.com/business/2020/03/05/millions-of-chinese-cooped-up-and-anxious-turn-to-online-doctors>

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## KEY FINDING #2

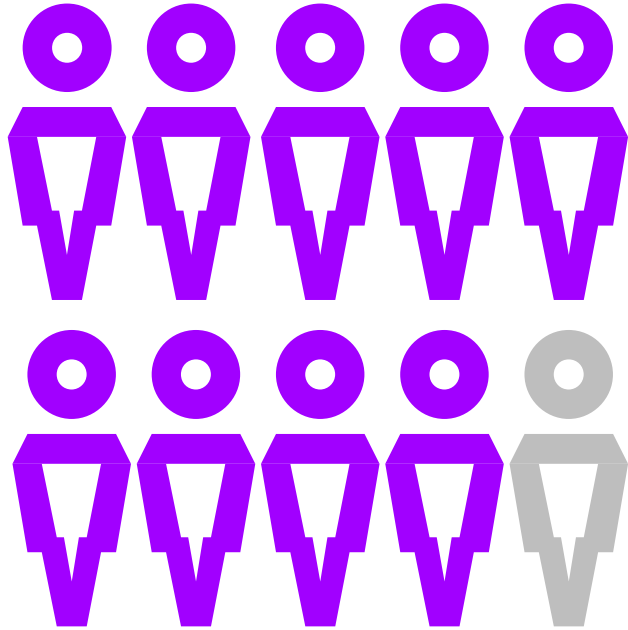


## Patients said care was as good or better

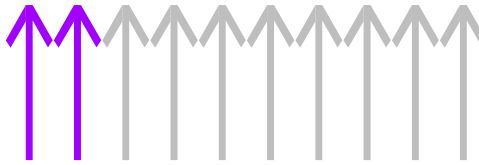
Along with the move to virtual forms of care and communication came a sense of greater satisfaction with the care provided. Many patients felt care was more personal, more convenient and more timely. Rather than having to commute to a doctor's office or treatment facility, care was now being administered at home – in a setting, time and place where many are most comfortable. A good many also said the information they received was better.

This improved sense of care created an increased trust in the healthcare ecosystem with all relevant players.

# Care was as good if not better



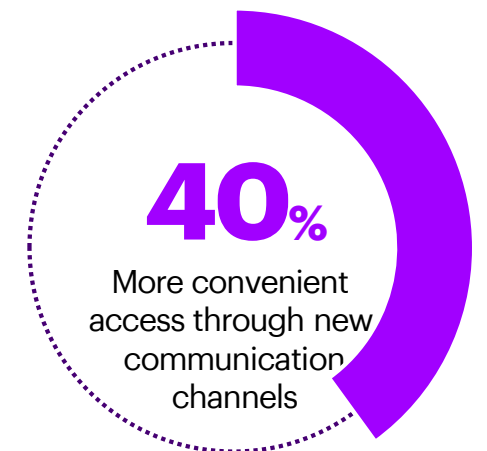
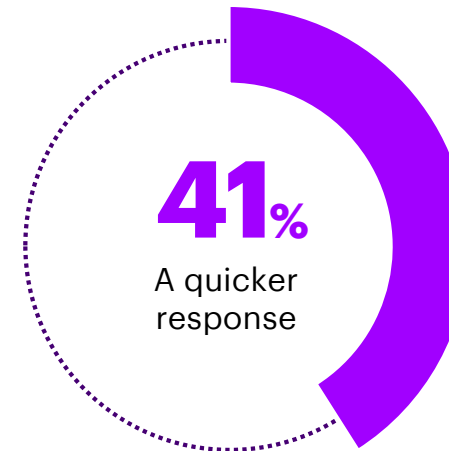
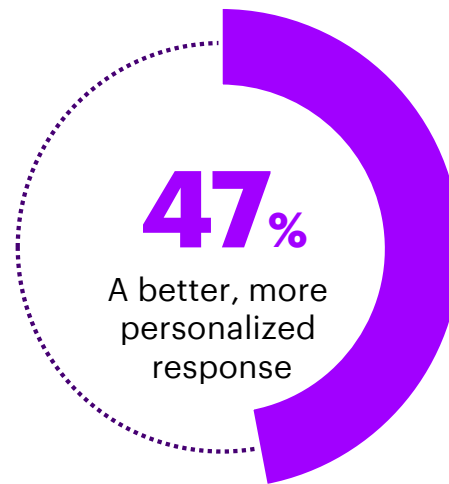
**9 out of 10** of all patients felt that the care they received from their healthcare provider **was as good or better than before COVID-19.**



**2 of 10** said the quality was better than before. In China, this rose to 46%. In the UK, it dropped to 11%.

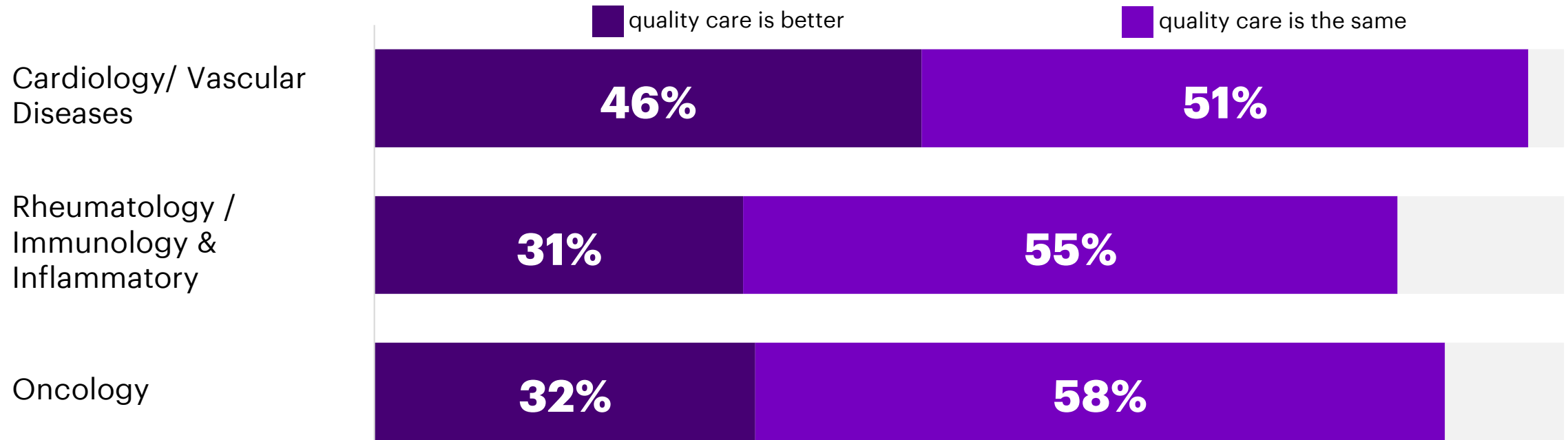
**These held true across therapeutic areas.**

## Reasons for improvement in care:



# An even higher percentage of patients who used videoconferencing for the first time said care was better

## First time using Video Conference



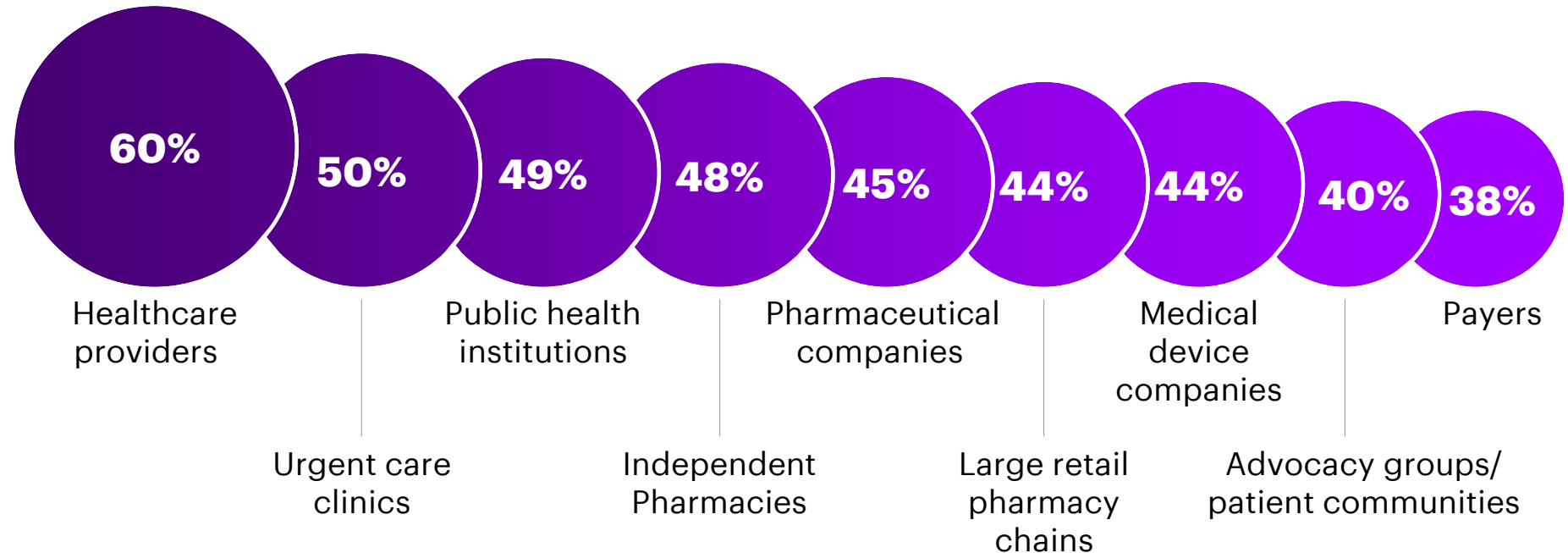
Single code question

Base: Total respondents (749), Cardiology/Vascular (250), Rheumatology (237), Oncology (262)

# Trust in the healthcare ecosystem increased

**Within the entire healthcare system, to what degree has your trust/belief in each of the following changed as a result of COVID-19?**

**% increase of trust/belief**





## KEY FINDING #3



## Virtual care helped keep some clinical trials going

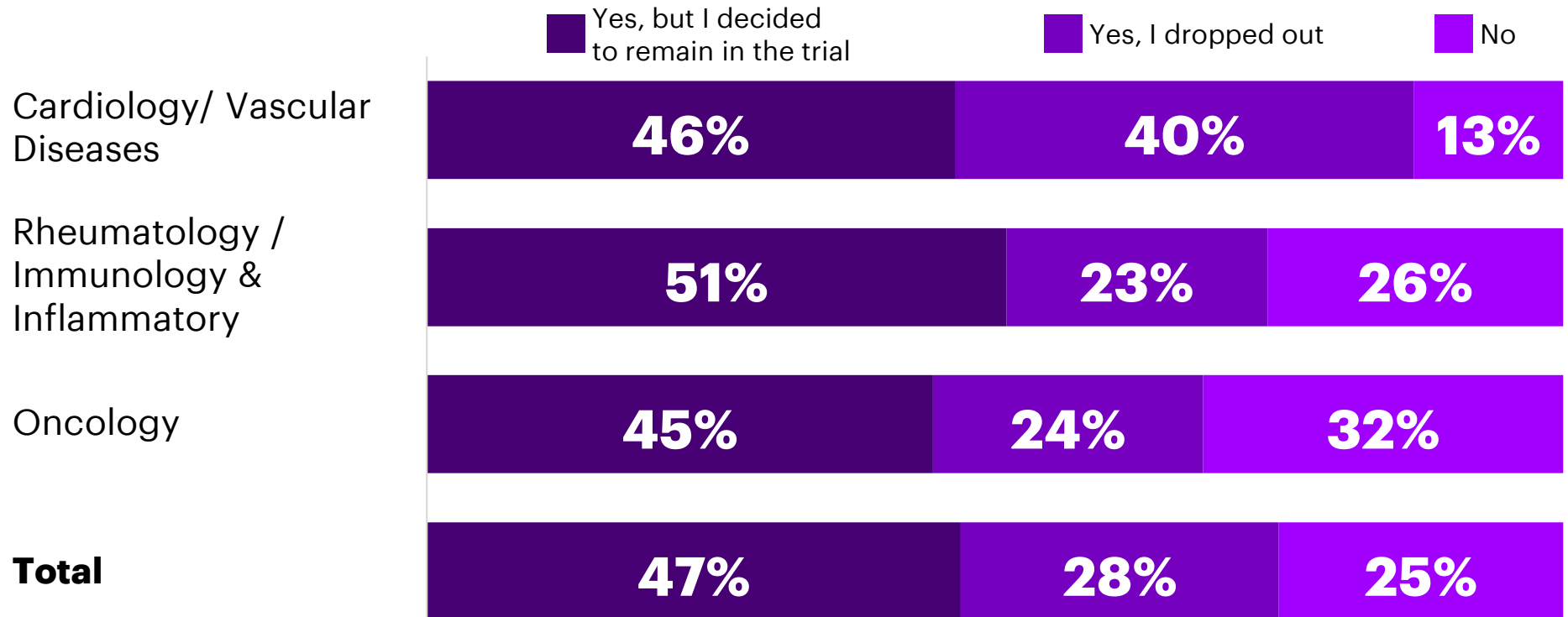
Clinical trials were disrupted by COVID-19. For trials that continued, the use of virtual care was critical for consultations, treatment, and monitoring, but was not as widely adopted in clinical trials as it was for the care that the patient population received from their regular healthcare providers.

Increasing virtual communication and treatment options offers multiple benefits for clinical trials, as **one third of all patients in trials** reported that even before COVID-19, they had difficulty making appointments or physically getting to clinics for treatment. Patients want more video conferencing and fewer clinic visits, which would make clinical trials more convenient and accessible.

# Patients seriously considered dropping out of their clinical trials

Patients in cardiology opted out of their clinical trials the most, oncology the least.

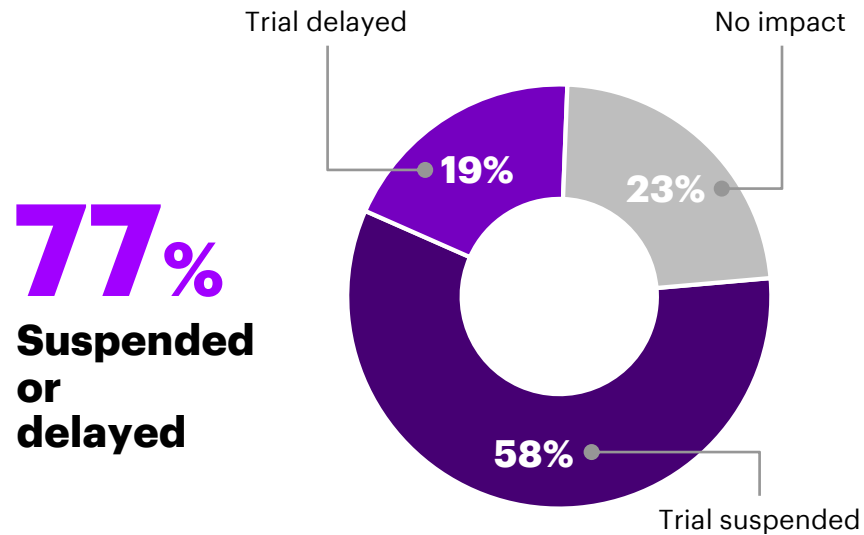
## Did you reconsider your participation in the clinical trial due to the COVID-19 pandemic?



# Many trials were suspended or delayed, but virtual helped those that continued

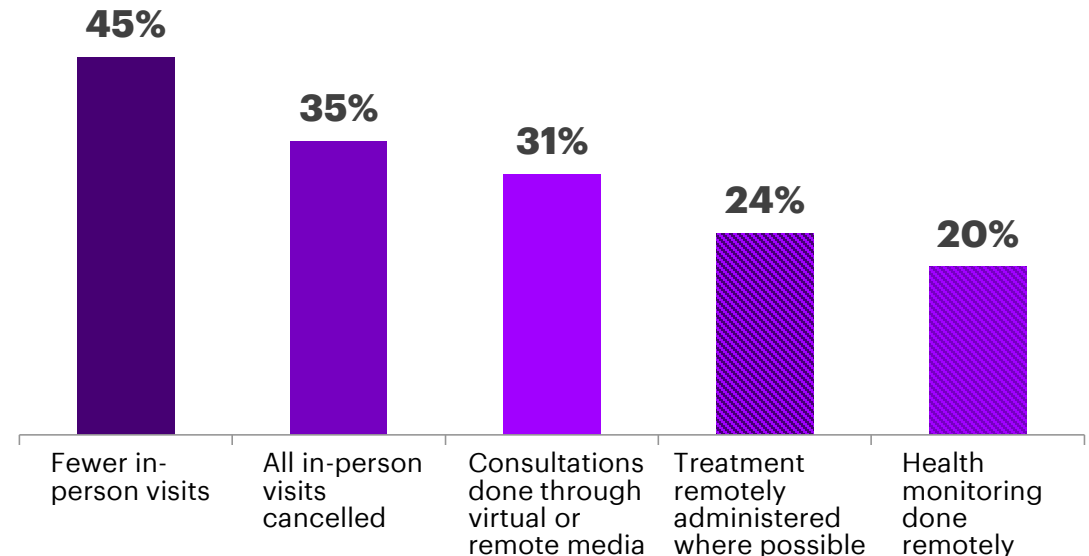
**61%** of patients who continued in their trials used virtual forms of communication.

**Most patients had their clinical trials suspended or delayed due to COVID-19.**



**Clinical trials that continued had to reduce or eliminate in-person visits.**

Virtual communication helped, but technology adoption was lower than what patients used for interactions with their regular healthcare providers.

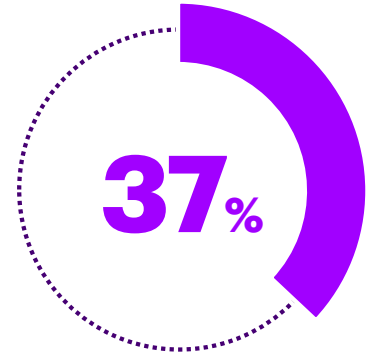


# Patients want more input into shaping clinical trial design

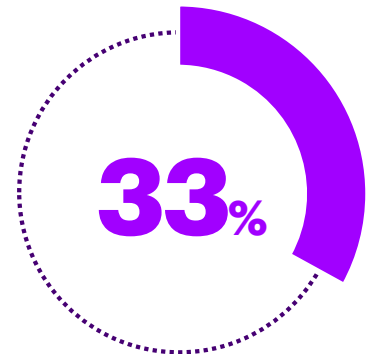
Using virtual technologies as a regular part of the clinical trial process would not only improve resilience to disruptions but would help to improve the patient experience. Patients in our survey asked to have more video conference calls and fewer in-clinic visits.

Patients are currently far from the center of the clinical trial design process. As decisions were being made on how to modify clinical trials due to COVID-19, **only 14% of patients in our survey were asked about what changes would work for them.** This held true across all therapeutic areas and geographies.

**More than 1 out of 3 patients want to see greater use of digital / video conferencing for clinical trials in future**



**1 out of 3 patients would prefer fewer in-clinic visits in the future**



# So what now?

## How to reimagine patient engagement

The COVID-19 crisis has significantly impacted the patient care paradigm, and the ripple effects have altered patient behaviors and expectations, requiring a significant change in how life sciences companies engage with and support patients.



# How to reimagine patient engagement



## **Commit**

Virtual care is here to stay. Patients have embraced new digital tools and expect to continue using them. Companies need to invest people, time and money now to build on this momentum to expand and enhance the tools and platforms they use to communicate with and provide care for patients, improving outcomes and resilience.



## **Engage**

New technology provides tools, but how you engage patients with those tools matters. Virtual tools should be a regular part of patient care and clinical trials and should be used to better understand patients and improve outcomes, with privacy protections in place. Learning from patient input and feedback can help companies to keep enhancing the patient experience.



## **Humanize**

Technologies are proliferating, but what works best for patients? Find ways to better reach individual patients where they are at. Be more relevant to their individual situations. 62% of patients said they are overwhelmed with information—most of which did not answer their questions. There is an opportunity to provide more targeted, relevant content to patients trying to understand their own personal health situation, risks and choices.

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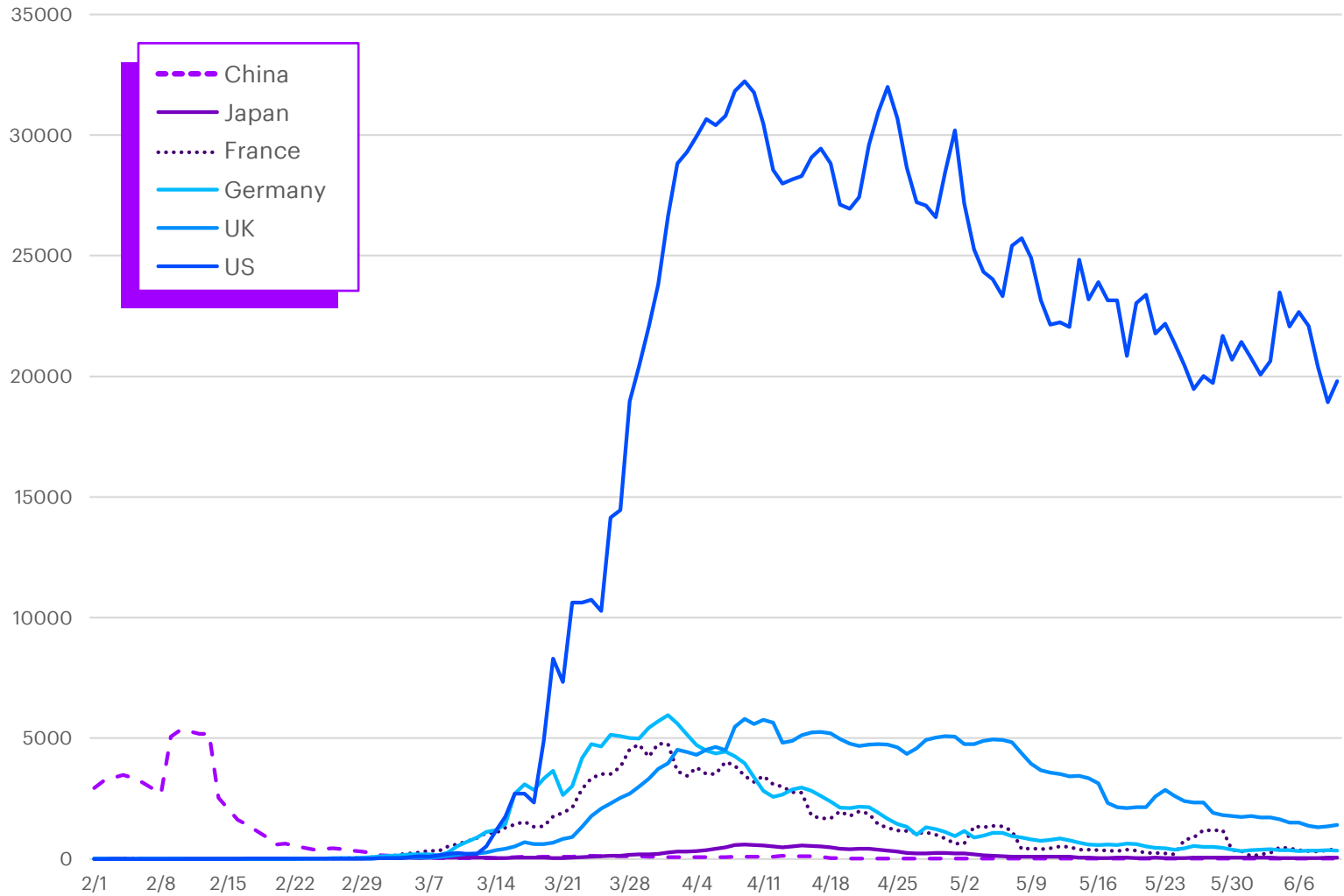
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# Appendix

# New Daily Cases February – May<sup>1</sup>



<sup>1</sup>Calculated five day rolling average

Most countries in this survey reached a peak in new confirmed cases of coronavirus during early April, while new cases in China peaked in February, according to official data. China had government restrictions in place earlier, while the other five countries put various lockdown requirements in place from between late February and mid-March.

Source: European Centre for Disease Prevention and Control/  
<https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide>