



# PUBLIC OPINION STRATEGIES

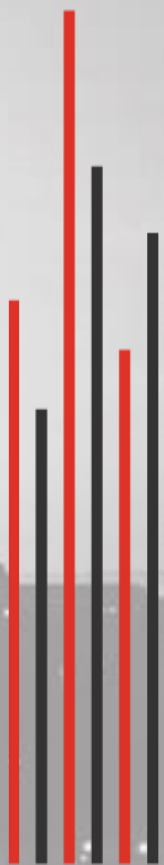
turning questions into answers

## COVID-19: Provider Trends

July, 2020

PREPARED BY:

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# Summary

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It would be an understatement to say the outbreak of COVID-19 across the U.S. has had an enormous impact on the health care system and health care providers. In conducting our own client research and tracking a significant amount of publicly available public opinion data over the last four months, we have tracked attitudes on a few trends specific to health care providers. Some are short-term trends and some are long-term trends, but in the following pages are five trends we have tracked public attitudes on we believe are worth sharing with our health care clients.

This is certainly not an exhaustive list and there are other trends that could/will have impact to health care providers that are worth tracking, including:

- The impact COVID-19 could have on [accelerating](#) the already [downward trend](#) of U.S. birthrates (and the resulting impact on 2020/2021 hospital revenues + the impact on the U.S. workforce decades from now).
- The impact COVID-19 could have on the growth in remote health care workers, as noted by [several](#) prominent health care executives and health system [leaders](#).
- The impact COVID-19 could have on personal engagement on health and wellness. Early on we saw signs the pandemic was having an adverse impact on personal health (e.g., increased alcohol consumption, poor diet, etc.), but now we are seeing some [reversal](#). And our country has likely never been this focused on personal health and preventive health measures. Will it last?



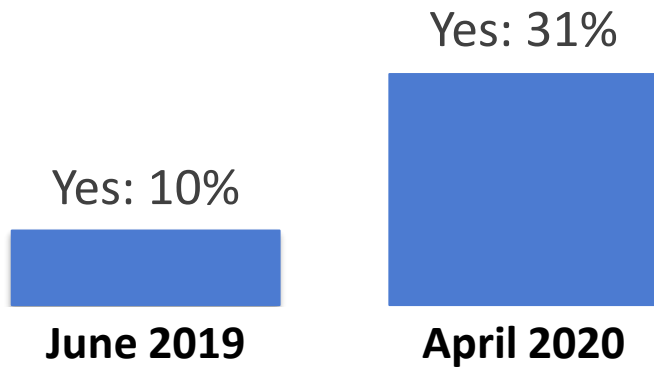
# Telehealth Is Here To Stay (To What Extent Remains To Be Seen)

*“The horse is out of the barn. Everybody has to do it. That has changed dramatically. There is no going back.”*

*-Steven Corwin, M.D., President & CEO, NewYork-Presbyterian*

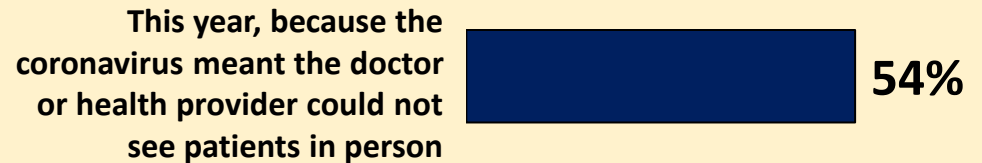
# COVID-19 has forced a rapid adoption of telehealth – and consumers who have used telehealth LOVE it.

## Telehealth Utilization



Which of the following best describes the first time you used Telehealth to receive care from a doctor or other health care provider?

(Among Those Who Have Used Telehealth – April 2020)



Thinking only about the last time you used Telehealth, how satisfied were you with the care you received...

**92%**  
Satisfied

# In Their Words: Even those who have not used Telehealth recognize the role it will have going forward.

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*How do you think health care might change in the future because of the coronavirus?*

*I can envision a future in which we have more access to contact-less medical advice, like through telemedicine. I think that's a great thing. – **Male, 33, Overland Park, KS***

*I think technology will play a big part in the future now that more doctors have moved to virtual appointments. – **Female, 37, Tampa, FL***

*Care providers have been purely now virtual vs. in-person, which can be good and bad. I think the increase in online availability is a good thing, but there is still a need for in-person checkups to discuss privately with the doctor and share concerning health topics. – **Male, 27, Houston, TX***

*COVID-19 has made me be more reluctant to get medical care. I do not want to increase my risk of exposure to the virus, and I think if I go to places with a lot of germs and a lot of people with illness I increase my risk of infection – **Female, 43, St. Paul, Minnesota***

*Like everything else, there is more remote interaction replacing face-to-face meetings. As we get better interacting remotely in the healthcare space, I can see how future healthcare would also head in that direction. Doesn't fit all instances, but certainly can replace many (e.g. follow-up appointments). – **Male, 51, Newark, NJ***

*I think in the future that telemedicine will grow in usage, which could be a good change. – **Female, 55, Atlanta, GA***

*I think the virus is going to have a very positive impact on the healthcare system. For one it will be more prepared for future pandemics, but more importantly it will finally spur the growth of e-health. This will benefit Americans by making healthcare easier to attain and cheaper. – **Male, 33, Minneapolis, MN***

# The Biggest Difference Now? Providers Have Embraced It.

## Among Physicians...

...In 2015:

**80%**

Higher Quality Of Care  
Likely When Patient Sees  
Physician In Person

**92%**

Of MDs Said Patients  
Preferred To See  
Physician In Person

**48%**

Of MDs Said Telehealth Was  
Not A Good Use Of Time

...In 2020:

**57%**

Have a More Favorable  
Impression of Telehealth

**64%**

More Comfortable  
Using Telehealth

**61%**

Expect to use Telehealth  
More Post-COVID

*"I think that ever since there was the capability to do video visits, there have been many of us that have been puzzled on the slow uptake of video visits"*

*– Sarah Krevans, President & CEO, Sutter Health*

*"The breakthrough here has been the providers like to do it."*

*– Randy Oostra, DM., President & CEO, ProMedica*

*"We have an MA, who calls the patient a day before to make sure that the technical capability of the patient allows for the video or telephone visit. So they do work ahead of time so the provider can move through their list of visits, without technical things getting in the way of taking care of patients."*

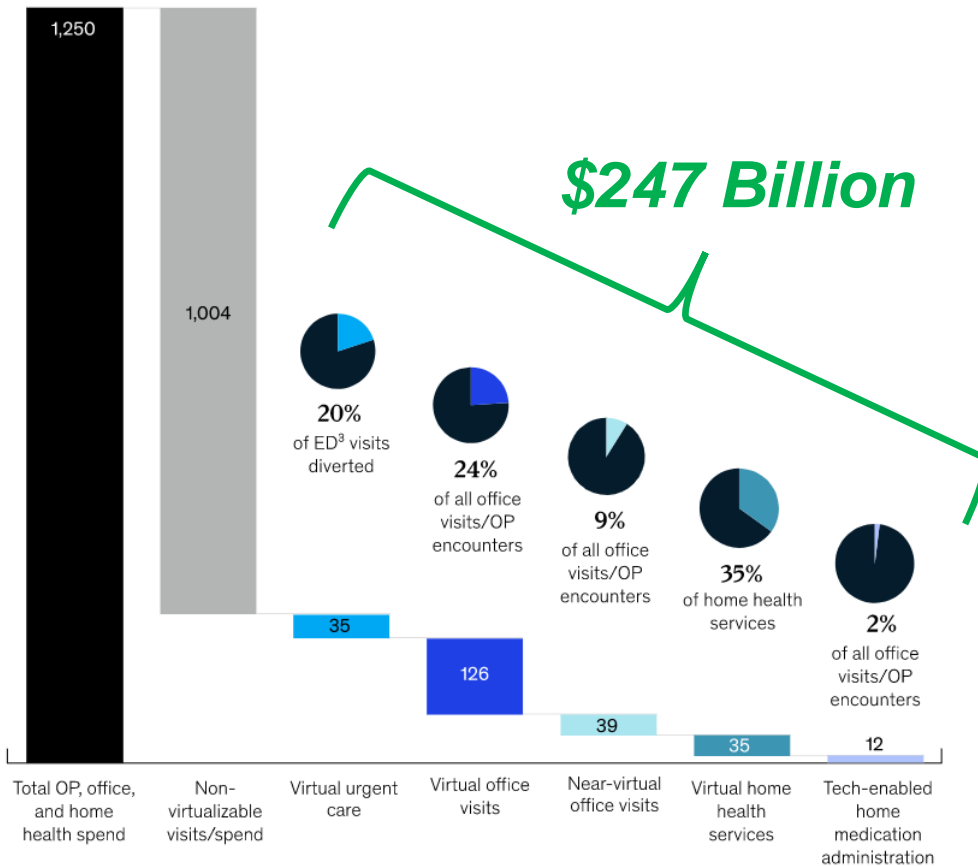
*– Joanne Conroy, M.D., President & CEO,  
Dartmouth-Hitchcock Health*

Providers (and the federal government) have *exponentially* expanded their capacity to deliver virtual care.

Organization	Pre-COVID-19 Telehealth Daily Visits*	COVID-19 Telehealth Daily Visits*
Bon Secours Mercy Health	<25	9,000
Cleveland Clinic	100	6,667
Centers For Medicare & Medicaid Services	1,714	142,000
Dartmouth-Hitchcock Health	<1	2,000
Inova	100-150	3,000
Johns Hopkins	5	2,860
Massachusetts General/Brigham	50	8,333
MedStar Health	1-2	4,000
Norton Healthcare	8	600
ProMedica	30	700
Providence St. Joseph Health	192	10,000
Sutter Health	50	6,000

# Telehealth is here to stay.

**Current OP<sup>1</sup> and office visits that can be virtually enabled**  
 Commercial, Medicare, and Medicaid 2020 estimated,<sup>2</sup> billions of dollars



*“The way we look at it is between 30% and 50% of the care, particularly for some specialties, will continue to be done through virtual settings and will be a great thing for our consumers and a great thing for our physicians.”*

*-Tim Pehrson, President & CEO, INTEGRIS*

*“It’s been a significant explosion. And my hope is that we never go back.”*

*– Stephen Jones, M.D., President & CEO, Inova*

*“I think our patients have always had the muscle to do telehealth, they’ve just never had to flex it. And COVID made them flex it and made them actually say, hey, I’ve got this I can do it.”*

*-Russell Cox, President & CEO, Norton Healthcare*

*“And so we’ve got 900 providers now that have all been trained, and the office staff and we’re actually encouraging folks, especially for routine follow-ups, things like that telemedicine is going to be huge.”*

*– Stephen Markovich, M.D., President & CEO, OhioHealth*



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## Consumer Attitudes Suggest Growth In Other Forms Of Care Delivery

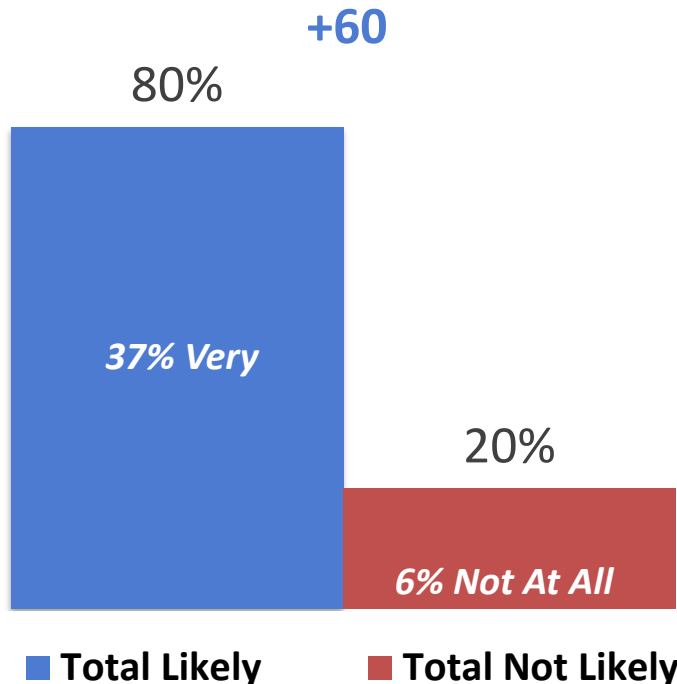
*“We have a system that makes no sense. We take the sickest, most frail, most vulnerable patients, people who should not be collecting and gathering in one place and we put them all together in one place. We make them travel through a lot of barriers. Getting to a physician’s office is not particularly easy for a lot of the most frail and vulnerable patients. They may have mobility impairments; they may need transportation. All of this for, in most cases, a 5-10 minute interaction with a clinician.”*

*-Sachin Jain, M.D., CEO, SCAN Group & Health Plan; Former CEO,  
CareMore Health & Aspire Health*

# A strong majority of Americans express interest in home care models.

There is a relatively new form of medical care called "home recovery care" or "hospital at home," where doctors and other medical providers provide hospital-level care in your home for a lot of medical conditions, like Congestive Heart Failure, COPD, pneumonia, and more. This means that you do not have to be admitted to the hospital to be treated for certain conditions, but can recover in the comfort of home with nurses and doctors either visiting you in person or through telehealth.

Now, thinking about yourself... If this kind of care was covered by your insurance, how likely would you be to use it?



Home Health Care News

JAMA  
The Journal of the American Medical Association

**Humana Execs Call for New Global Payment System to Unlock Home-Based Care**

May 21, 2020

HEALTHCARE DIVE

**Intermountain to provide acute-level care in patient homes**

June 5, 2020

Modern Healthcare

**Mayo Clinic to launch national hospital-at-home model**

June 25, 2020

Forbes

**With \$136 Million In Fresh Funding, DispatchHealth Aims To Bring Back House Calls**

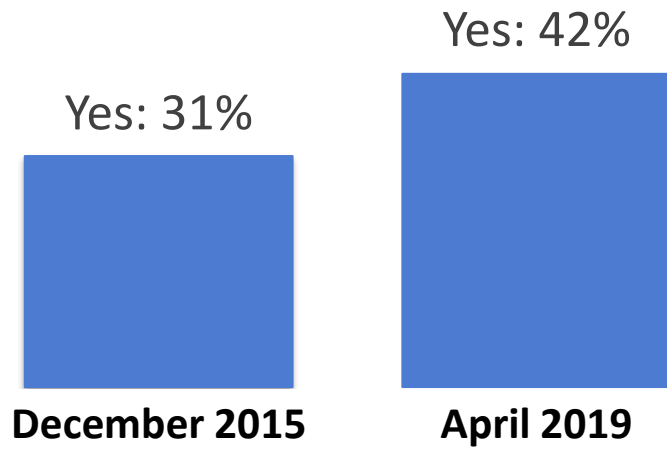
June 24, 2020

*"We'll always rely on our acute care backbone in this country. But I think more and more coming out of COVID, We're going to see this whole home care model get developed more and more."*

– Randy Oostra, DM., President & CEO, ProMedica

# Large (and well-capitalized) companies with national footprints continue to expand their retail medicine presence.

Over the past year, have you, yourself, or a member of your immediate family, received medical care from a clinic inside of a retail store such as CVS, Walgreens, Target or Wal-Mart?



**Forbes**  
**CVS Health Hub Openings On Track Despite Pandemic**  
May 7, 2020

**Forbes**  
**Walmart Opening More Healthcare 'Super Centers'**  
June 17, 2020

**THE WALL STREET JOURNAL.**  
**Walgreens to Open Doctors' Offices at Its U.S. Stores**  
Retailer to invest \$1 billion in VillageMD to add physician offices, seeking to expand its health-care services  
July 8, 2020



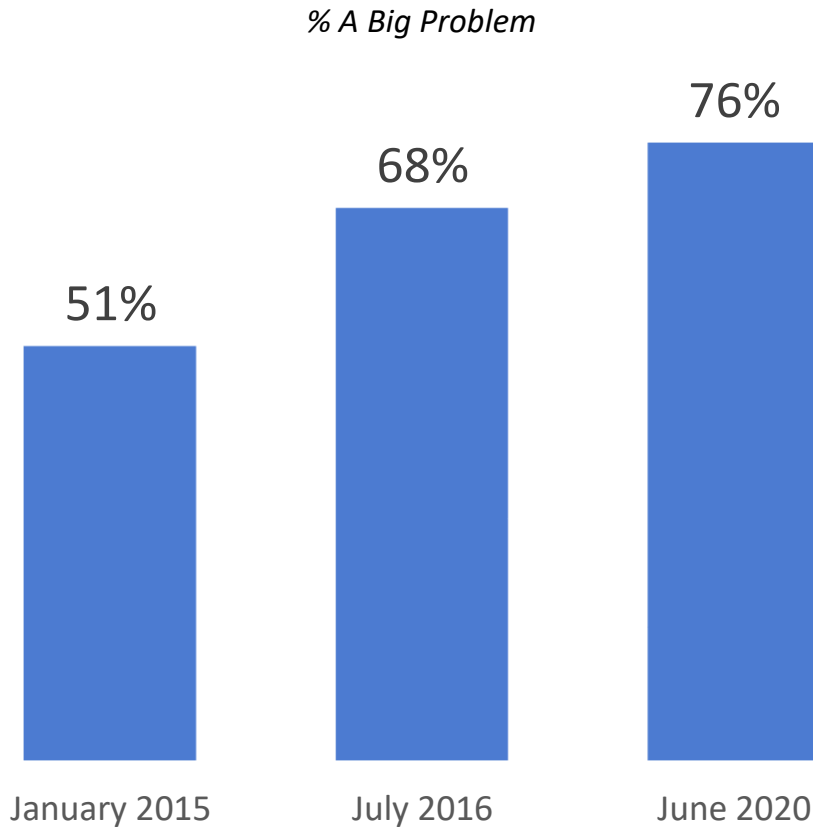
# We Will See An Elevated Focus On Health Disparities

*“Health is not just about what happens in the hospital. Health is where you live, learn, work, play and pray—and whether you have a home, a job and the community support systems you need along with access to equitable healthcare.”*

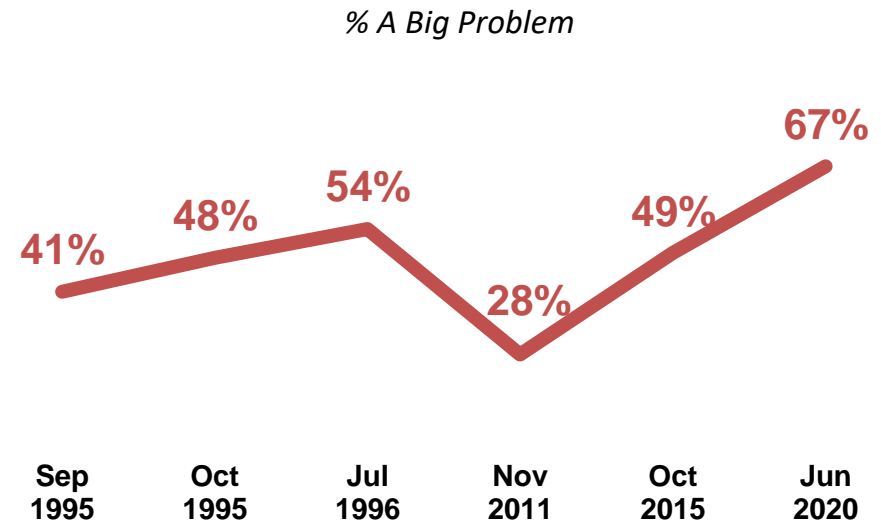
*-Lloyd Dean, CEO, CommonSpirit Health*

# There has been a sharp uptick in the number of Americans who believe racism & racial discrimination are significant problems.

Do you think that racial and ethnic discrimination in the United States is a problem or not a problem?

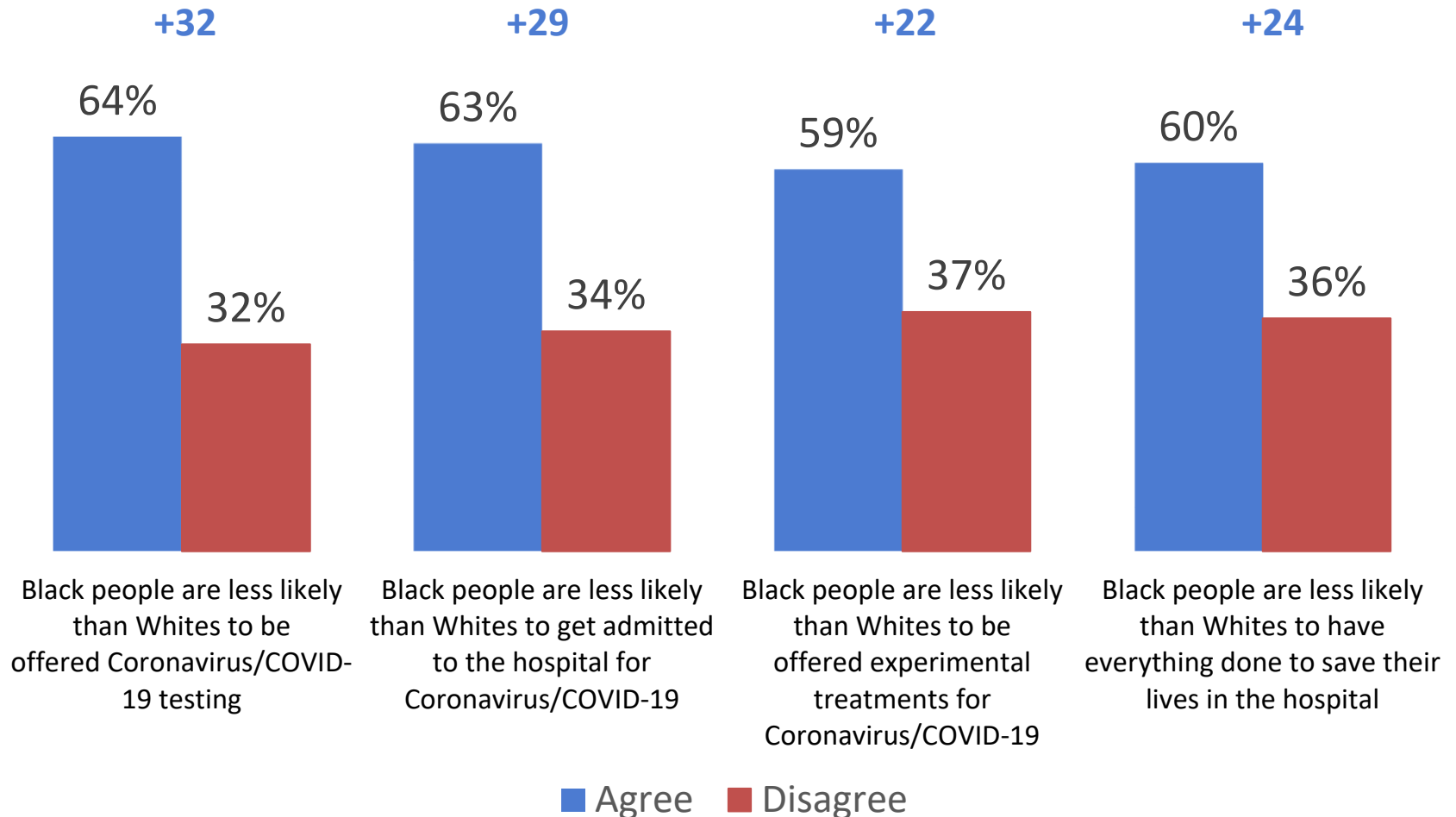


How big a problem is racism in our society today? Is it a big problem, somewhat of a problem, a small problem, or not a problem at all?



# A majority of Black Americans believe that Black COVID-19 patients are at a medical disadvantage to white COVID-19 patients.

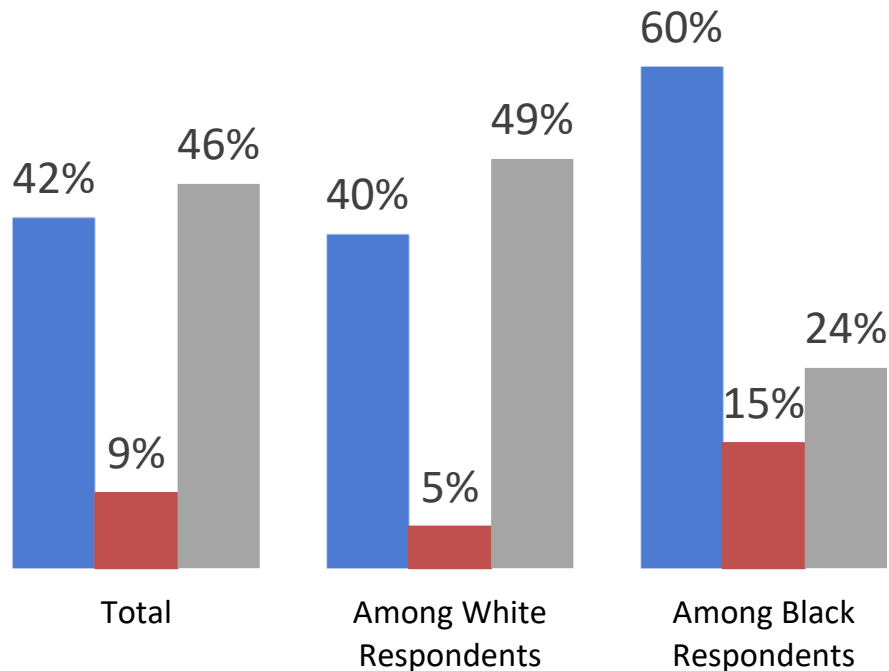
For each of the following statements, indicate whether you agree or disagree...



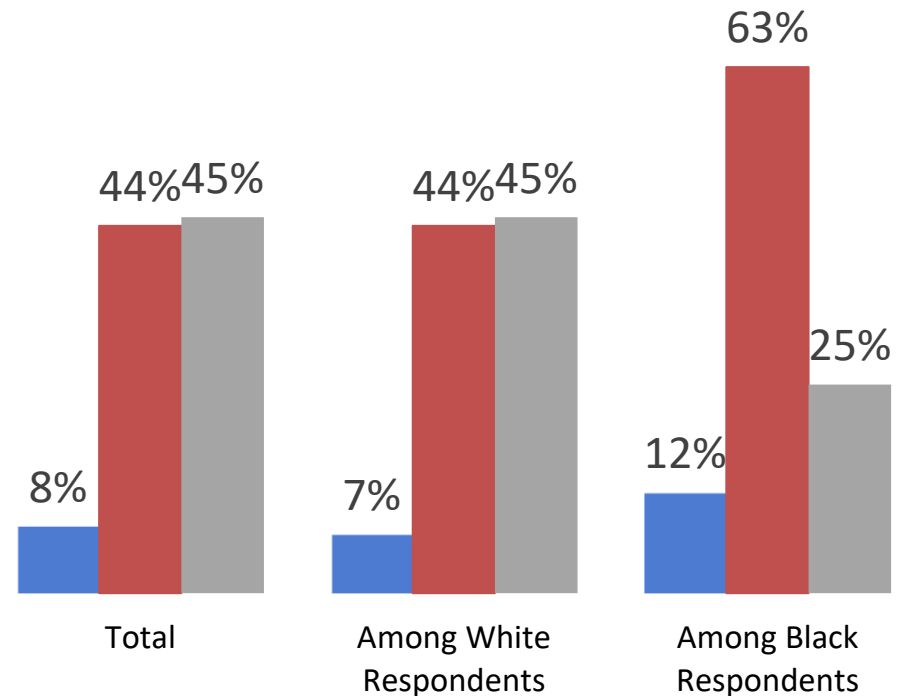
# When it comes to health care, a large number of Americans believe there are racial disparities.

Compared to White Americans, do you think Black Americans are (more likely) or (less likely) to (INSERT ITEM), or is there no difference?

Receive Poor Quality Health Care



Be Able To Access The Health Care They Need



More Likely

Less Likely

No Difference

In terms of different policies to promote equality, ensuring health equity receives the strongest support.

29%

of Americans support federal reparations

47%

of Americans believe police need major reforms and restructuring

69%

Of Americans believe the criminal justice system needs a complete overhaul or major changes

71%

Of Americans believe it should be a top/high priority that the U.S. ensures health equity for every American

*"This pandemic has taught us many things. And one of the things that is taught us is that the inequities that we knew existed are real. COVID has shined a light on them, made them more visible to us, and I think we have a moral imperative at this point to address those."*

*--Janice Nevin, M.D., MPH, President & CEO, Christiana Care Health System*



# There will be a significant increase in efforts to address health disparities and the social determinants of health.

- Social services are becoming health care services. An individual's mental and social well-being have always been key components of total health. However, the infrastructure responsible for social and mental health has long been fragmented and not fully integrated with hospitals, physicians, and other traditional health care providers.
- Pre-COVID, this landscape was already beginning to shift in meaningful ways:
  - Health plans and government payers (e.g., North Carolina) were beginning to explore and implement ways to directly pay community-based organizations and other social service providers
  - In the 2020 Physician Fee Schedule Final Rule, Medicare established a new Part B benefit for services provided to patients with an opioid addiction, in addition to creating a new bundled payment for patients addicted to opioids

**UnitedHealthcare and the AMA are developing new billing codes for social determinants of health**

**CNN**  
**House Democrats aim to tackle racial health disparities linked to disproportionate Covid-19 deaths**

**Modern Healthcare**  
**36 Chicago-area hospitals name racism a 'public health crisis'**

*"The healthcare system will need to address some of these issues, whether it's health disparities, social justice issues, etc. We exist for the public benefit."*

*--Steven Corwin, M.D., President & CEO, NewYork-Presbyterian*



**Administrator Seema Verma** ✓  
@SeemaCMS

CMS is announcing several actions based on newly released Medicare claims data that shows that seniors & those w/ chronic health conditions are at the highest risk for #COVID19 & confirms disparities in health outcomes for racial & ethnic minority groups & low-income populations.



**Administrator Seema Verma** ✓  
@SeemaCMS

The #Medicare claims data confirms long understood & stubbornly persistent disparities in health outcomes for racial & ethnic minority groups, & calls for focused attention across the healthcare system. 2/9  
[cms.gov/newsroom/press...](https://www.cms.gov/newsroom/press-releases)

4:36 PM · Jun 22, 2020 · [Twitter Web App](#)



**Administrator Seema Verma** ✓  
@SeemaCMS

It is clear that our fee-for-service system is insufficient for the most vulnerable Americans because it limits reimbursement to what goes on inside a doctor's office. The transition to a value-based system has never been so urgent. 4/9 [cms.gov/newsroom/press...](https://www.cms.gov/newsroom/press-releases)

4:45 PM · Jun 22, 2020 · [Twitter Web App](#)

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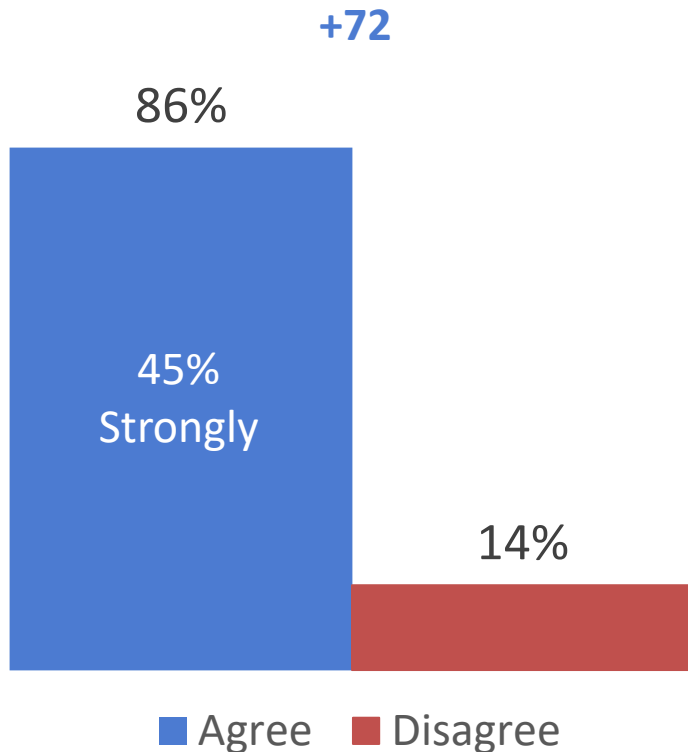
## “Pandemic Ready” Will Drive Operational Changes

*“We have become too reliant on a global supply chain that was not sufficient to meet the demands of a global pandemic. We are going to have to find cost effective ways to produce more that is in our control.”*

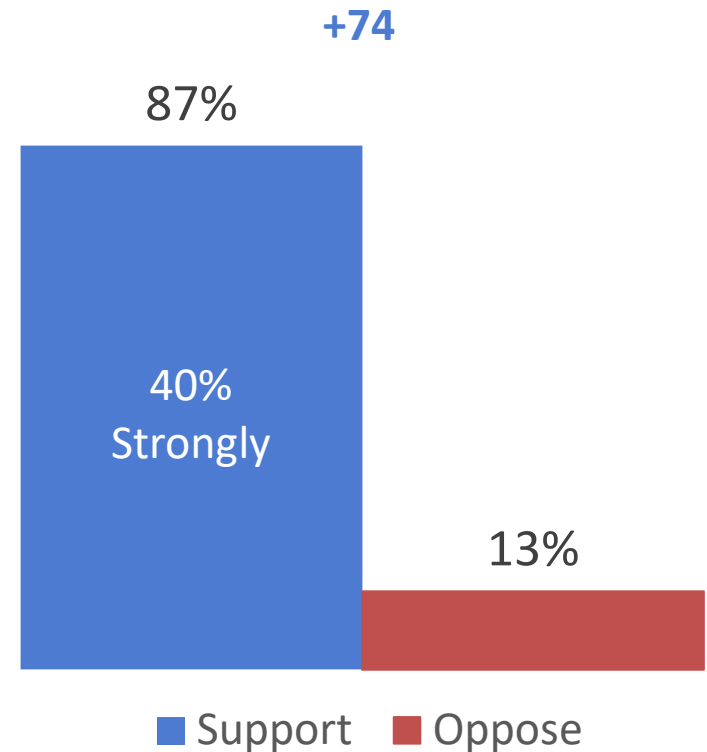
*-Wright Lassiter III, President & CEO, Henry Ford Health System*

# A majority of Americans agree that the U.S. relies too heavily on foreign countries for our supply chain.

Do you agree or disagree with the following statements?  
The U.S. relies too heavily on foreign countries for our supply chains, products, and goods



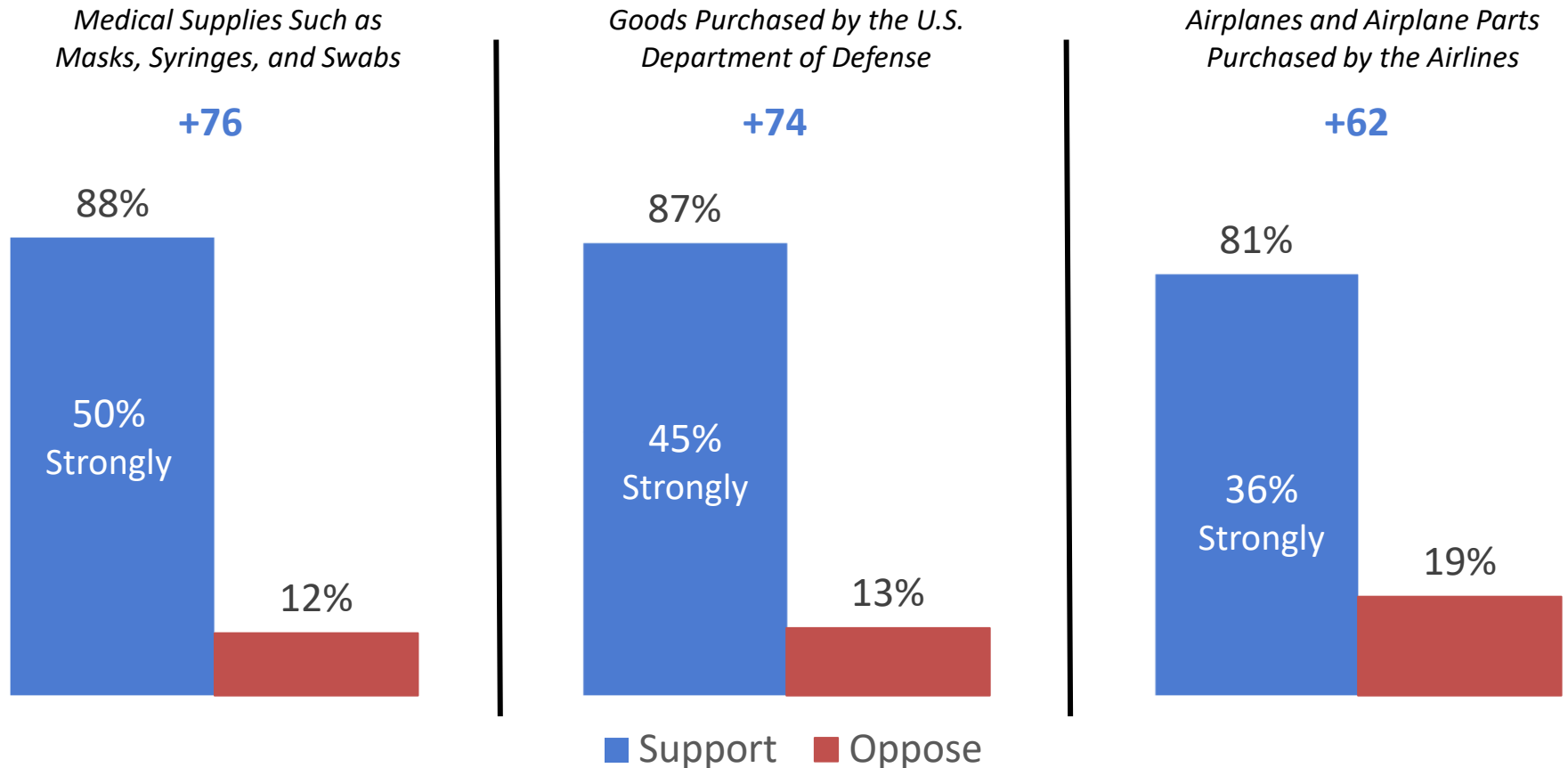
Some people have suggested that there should be legislation that would designate certain products, such as medical equipment, medical supplies and critical pharmaceuticals as “critical health supplies” and that federal, state and local governments and U.S. companies only be allowed to purchase these products from manufacturers that are BASED IN COUNTRIES THAT ARE U.S. ALLIES. Would you support or oppose this legislation?



# And a majority of Americans are in favor of taking steps to limit the exposure of the U.S. supply chain.

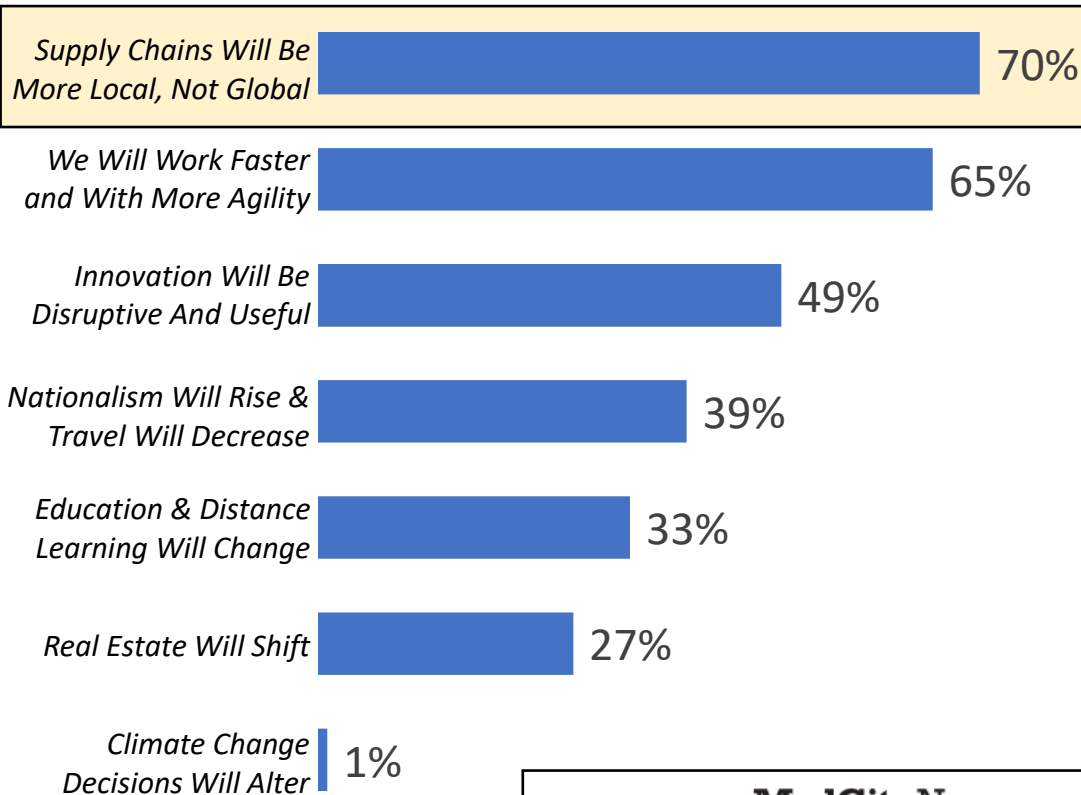
*Some people have suggested Congress pass legislation that would require certain products be manufactured in the U.S. to prevent supply shortages, even if those products are more expensive.*

*For each of the following industries, please indicate whether you support or oppose such legislation.*



# Business executives (and health system leaders) anticipate a change in the supply chain.

How will the pandemic market crisis create a lasting impact on the U.S. economy? (Select Three)



**MedCity News**  
To combat equipment shortage, health systems buy a stake in Texas mask manufacturer

*"I think you're going to see collaboratives come together to build more of our own supply chain capabilities in the US."*

*-Warner Thomas, President & CEO, Ochsner Health*

*"One issue that I think is going to be significant going forward that we haven't paid much attention to is the healthcare supply chain...I think there has to be more sources."*

*-Susan Bailey, M.D., President, American Medical Association*

*"I think we've learned about when you have a sole producer in the market or one country dominating the manufacturer of a good bet is a common good, you run into trouble."*

*-Redonda Miller, M.D., President, The Johns Hopkins Hospital*

# At the outset, Americans were overwhelmingly concerned about infection risks in medical settings and about hospital supplies...

84%

of Americans expressed concern with being exposed to coronavirus at a doctor's office or hospital

*(March 28-April 2)*

78%

of Americans expressed concern their local hospital would run out of necessary equipment like beds or ventilators

*(March 25-20)*

64%

of Americans were very/moderately worried about the availability of hospital supplies/services

*(April 6-12)*

63%

of Americans believed hospitals did **not** have what they needed to fight to COVID-19 crisis

*(April 14-16)*

...which is likely why we saw such a significant drop in engagement with the health care system.

*During The First 10 Weeks Of  
The COVID-19 Pandemic*

42%

Decline in ED utilization

March 2020

23%

Decline in patients seeking  
care for heart attack

86% - 94%

Decline in appointments for screenings  
for cervix, colon and breast cancers

20%

Decline in patients seeking  
care for stroke

*"Perhaps what the best thing that will come out of this is that as we need to scale up or scale down our degree of specificity to be able to enact that kind of scaling, to the need of the day without over scaling one way or the other, I think will be much more specific."*

*– Chris Howard, President & CEO,  
Sharp HealthCare*

*"A lot of people are really focused on physical safety (of hospitals), but there's so much psychological and emotional safety baked into it."*

*-Sonal Singh, CEO, Spatio Metrics*





# Providers Are Positioned To Lead On Vaccine Education

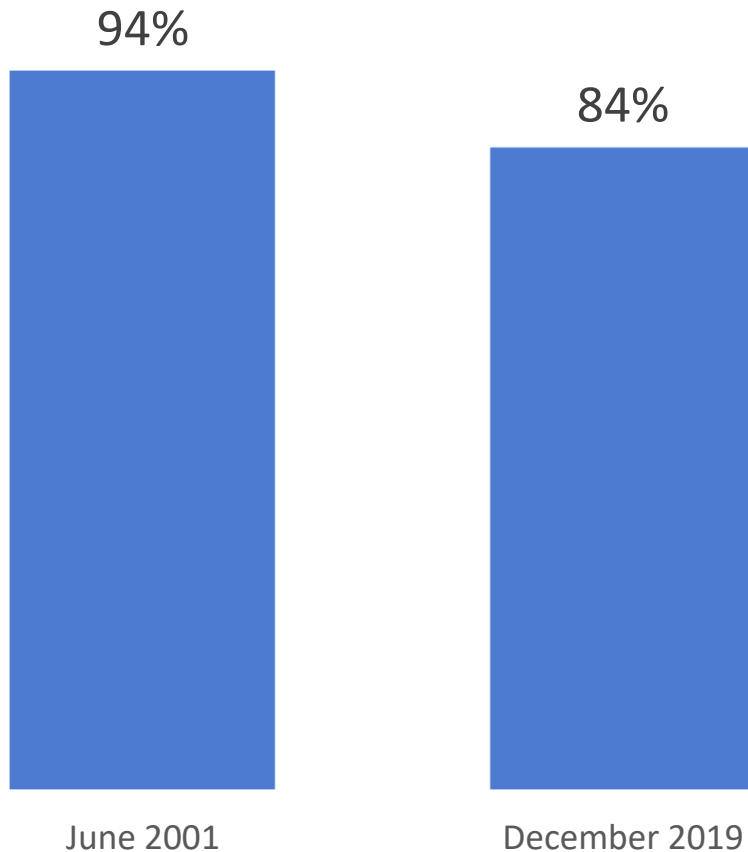
*“In addition to the work we have to do on science, we'll have to put an equal effort forward on education to the public on vaccinations and this vaccine. We have had conversations with governments, even working with the distribution systems to make this a seamless process to that end consumer so that they have confidence, so that they have safety information and data that makes them trust it.”*

*-Alex Gorsky, Chairman & CEO, Johnson & Johnson*

# Before the COVID-19 pandemic, we were seeing a decline in attitudes about the importance of vaccines.

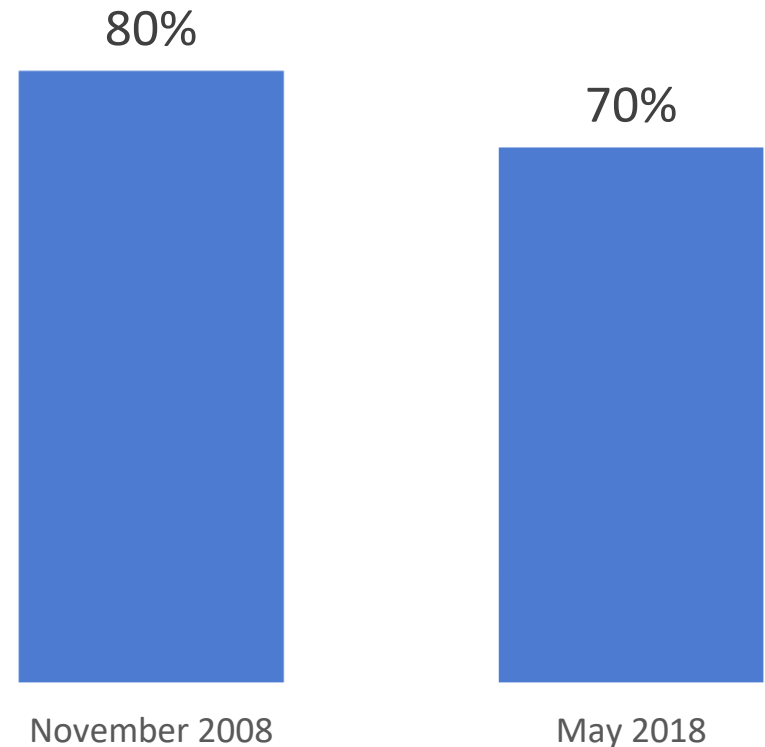
*How important is it that parents get their children vaccinated?*

*(% Extremely/Very Important)*



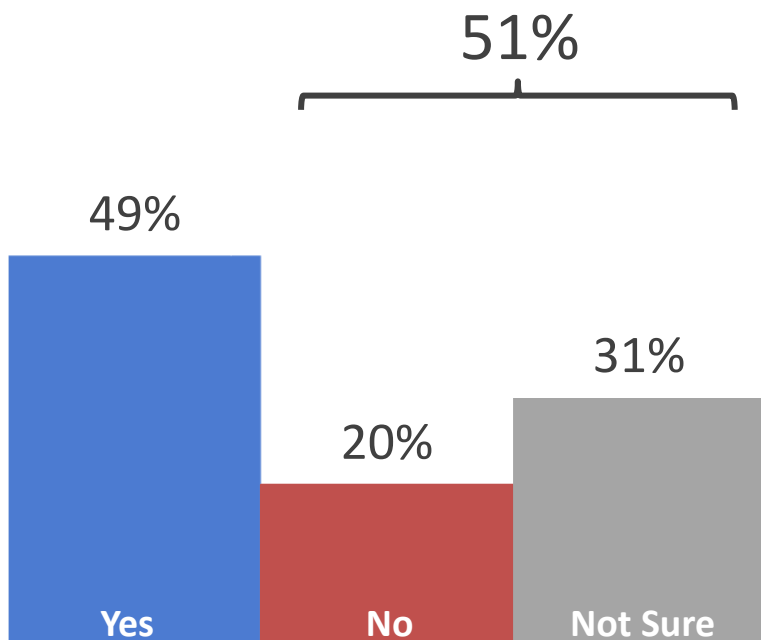
*Thinking about the common vaccines available today such as polio, tetanus, measles, and flu, how important do you believe vaccines are to the health of our society today?*

*% Very Important*

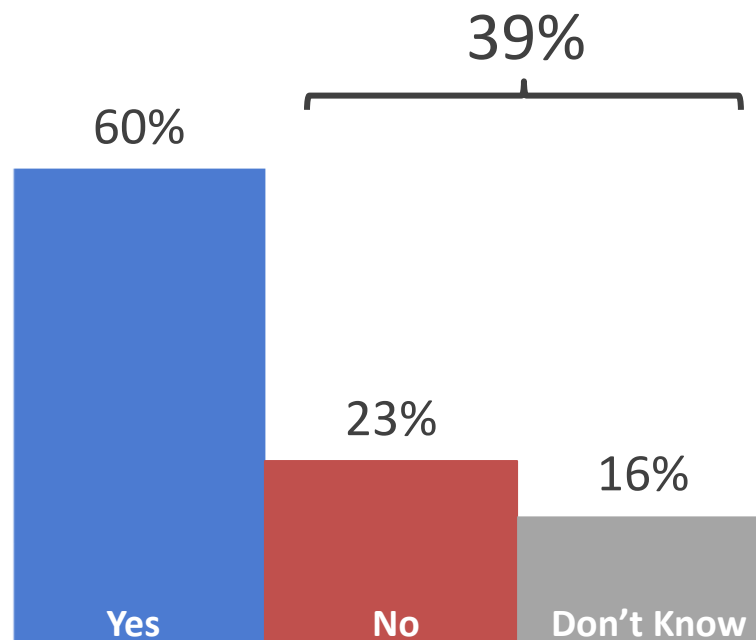


# A large number Americans are unwilling or uncertain to get an (eventual) COVID-19 vaccine.

*If a vaccine against the coronavirus becomes available, do you plan to get vaccinated, or not?*



*Do you plan to get a vaccine shot against coronavirus when a vaccine becomes available, or not?*

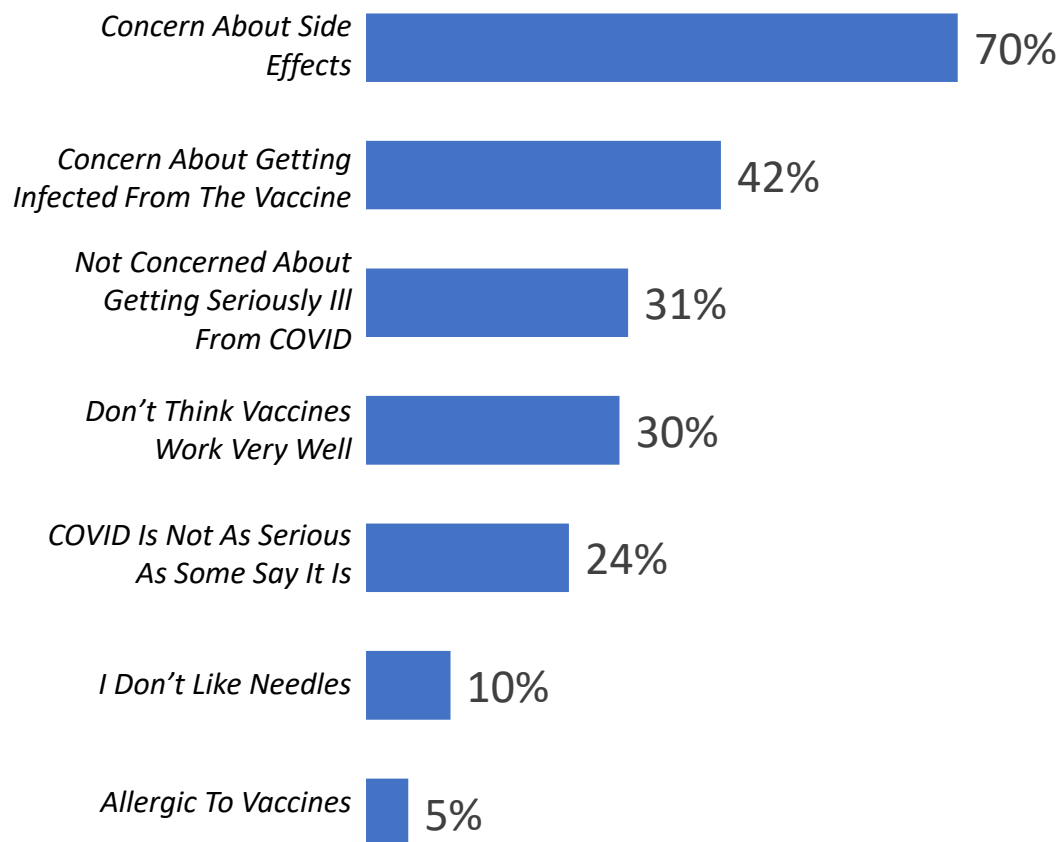


There are notable differences in COVID-19 vaccine attitudes between key subgroups. The top concern expressed by those unwilling is over potential side effects.

*If a vaccine against the coronavirus becomes available, do you plan to get vaccinated, or not?*

	Yes	No	Not Sure
<b>Total</b>	<b>49%</b>	<b>20%</b>	<b>31%</b>
<b>Men</b>	<b>65%</b>	<b>15%</b>	<b>20%</b>
<b>Women</b>	<b>49%</b>	<b>17%</b>	<b>34%</b>
<b>18-39</b>	<b>40%</b>	<b>24%</b>	<b>35%</b>
<b>40-59</b>	<b>44%</b>	<b>19%</b>	<b>36%</b>
<b>60+</b>	<b>67%</b>	<b>12%</b>	<b>21%</b>
<b>White</b>	<b>56%</b>	<b>16%</b>	<b>27%</b>
<b>Black</b>	<b>25%</b>	<b>40%</b>	<b>32%</b>
<b>Hispanic</b>	<b>37%</b>	<b>23%</b>	<b>37%</b>
<b>Democrat</b>	<b>62%</b>	<b>14%</b>	<b>23%</b>
<b>Republican</b>	<b>43%</b>	<b>26%</b>	<b>30%</b>

*Which of the following are reasons you would not get a coronavirus vaccine? (Select All That Apply)*



As we have seen throughout the COVID-19 outbreak (and before), Americans have enormous trust in health care providers, suggesting an opportunity for them to help build support for taking the vaccine.

*How trustworthy do you think each of the following sources are to provide accurate information regarding the coronavirus outbreak?*

	<b>% Trustworthy</b>
Doctors & Nurses	<b>86%</b>
Scientists	<b>78%</b>
Local County Agencies / Health Departments	<b>75%</b>
Medical Journals	<b>75%</b>
Friends and Family	<b>74%</b>
CDC	<b>73%</b>
My Local Government	<b>67%</b>
My Governor	<b>63%</b>
International Health Organizations (e.g., WHO)	<b>62%</b>
Local Media	<b>59%</b>
Government PSA's / Websites	<b>58%</b>
National Media	<b>52%</b>
The White House / President	<b>49%</b>
My Employer	<b>47%</b>
Social Media	<b>36%</b>

*“We have a lot of work to do because there is a general anti-science, anti-authority, anti-vaccine feeling among some people in this country, an alarmingly large percentage of people”*

*-Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases*

# Trends: Key Questions

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## 1) Telehealth Is Here To Stay.

- **Key Question:** Utilization rates will clearly not stay where they were in April/May, but even a reversion to 10-15% would represent a massive uptick from pre-COVID-19 levels. Will the post-COVID-19 reimbursement rates be attractive enough for providers to maintain the investments they have made?

## 2) Consumer Attitudes Suggest Growth In Other Forms Of Care Delivery.

- **Key Questions:** Can providers deliver home health in a cost-efficient way? The threat of the retail “disruptor” has been around for nearly a decade. What is different now?

## 3) We Will See An Elevated Focus On Health Disparities.

- **Key Question:** COVID-19 + the recent demonstrations around racial/social injustice have brought the health care system into the discussion around disparities. Providers are already acting to address disparities. Where is the line between provider responsibility and responsibility of federal/state/local governments and public health programs?

## 4) “Pandemic Ready” Will Drive Operational Changes.

- **Key Question:** Many providers have demonstrated an ability to scale up and down quickly (or have learned the lessons from those who have done so). What does “pandemic-ready” in the future look like? What new regulatory requirements around capacity or supply chain will providers be required to follow?

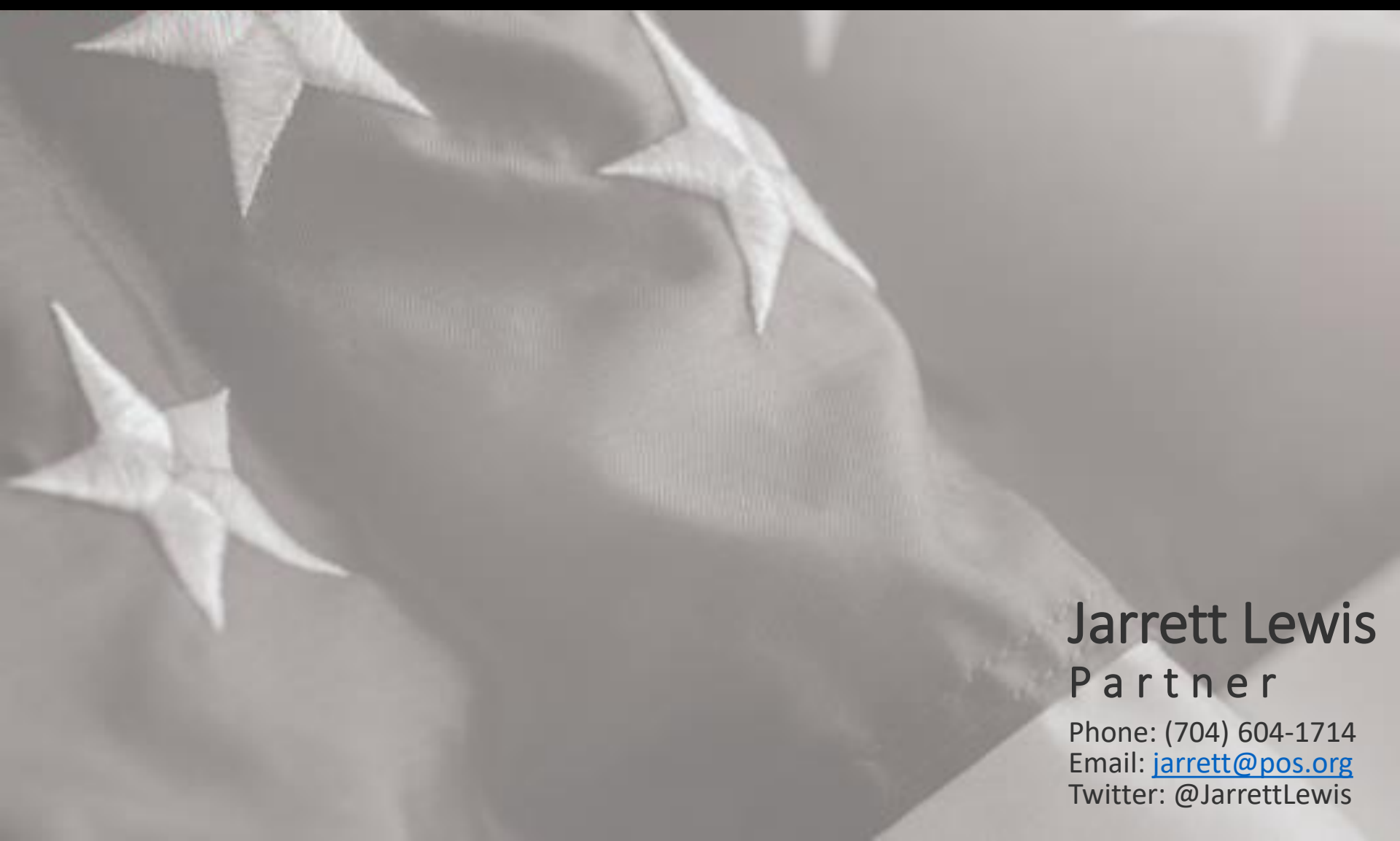
## 5) Providers Are Positioned To Lead On Vaccine Education.

- **Key Question:** While it seems highly likely the pharmaceutical industry will develop a vaccine in record-shattering time (highlighting the innovation of the U.S. health care system), there is little doubt that a number of Americans will have concern with taking the vaccine(s). How can providers lead on educating their constituencies about the importance of taking a vaccine when one is available?



# PUBLIC OPINION STRATEGIES

turning questions into answers



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