



RESTORING PATIENTS' CONFIDENCE IN ELECTIVE HEALTH CARE

By Jonathan Scott, Ania Labno, Brian Rappl, Josh Kellar, and Barry Rosenberg

AS STATES BEGIN TO relax COVID-19 restrictions on health care services, providers of all types are gearing up to reopen. But most don't know how patients view the reopening of health care services. Are they willing to come back yet? And if they are, under what conditions?

To better understand consumer sentiment in the US toward rescheduling their elective medical care, Boston Consulting Group recently surveyed about 7,000 patients across the country (for more on the methodology see the sidebar, "About Our Survey"). There is definitely some good news in the results. A large majority of patients who postponed elective treatment expect to reschedule within six months. But providers will need to do a better job of communicating with these patients about the issues that matter most to them and leveraging their new embrace of virtual and remote care options. Providers should pay special attention to consumer views on inpatient care and surgery.

Patients Will Return over Time

While consumer demand for elective health care services will not bounce back to pre-COVID-19 levels right away, most patients are likely to return fairly soon provided that the virus is managed effectively after the initial peak. Overall, about 80% of survey respondents said they expect to reschedule delayed care within six months and an additional 13% indicated they might. But only approximately 40% are likely to reschedule in the near term—within three months—an important consideration given that about 75% of providers have 60 days or less of cash on hand.

Looking more closely at consumer preferences for health care services, demand is the strongest for office visits, with 84% of patients saying they would reschedule and 11% indicating they might. Of those who plan to reschedule, 47% said they would do so within three months and 90% within six months. The weakest demand is for inpatient care. Only 60% said they would definitely reschedule, with 26%

ABOUT OUR SURVEY

The survey included approximately 7,000 patients across the US from April 23 through May 5, 2020, with an oversampling in New York, Illinois, and Utah; we chose these as archetypes of states in different phases of the COVID-19 response. The patients surveyed include a variety of demographics, insurance

types, and treatment types. The treatment types comprise primary care (such as PCPs, dentists), specialists, diagnostics (including imaging, lab tests, screening tests), surgical procedures (both inpatient and outpatient), as well as ongoing treatments (chemotherapy, for example).

saying maybe. Of those who plan to reschedule, only 30% said they would do so within three months and 80% within six months. (See Exhibit 1.)

Providers Must Address Patient Concerns

Our survey also asked consumers under what conditions they would reschedule care, because we wanted to learn if providers could influence and improve these conditions in order to accelerate the recovery. The responses reveal a number of important factors relevant to all sites of care. Some issues are clearly out of providers' control. For example, government guidance regarding stay-at-home orders and physical distancing will play a key role in assuaging fears about when to seek elective care. Providers cannot control these factors but should be prepared to move quickly as the restrictions are eased.

But the good news is that providers can influence up to about 50% of the conditions affecting a patient's willingness to reschedule. (See Exhibit 2.) Addressing concerns such as "provider is willing to see me," "procedures are clear to me," and "location is certified free of COVID-19" is within the control of health care providers. They need to communicate a clear plan and timeline for rescheduling care and should assure patients that testing protocols and procedures for care—as well as the safety of facilities and staff—meet or exceed expectations. This proactive communication could help health systems avoid losing elective work or having patients turn to more communicative competitors.

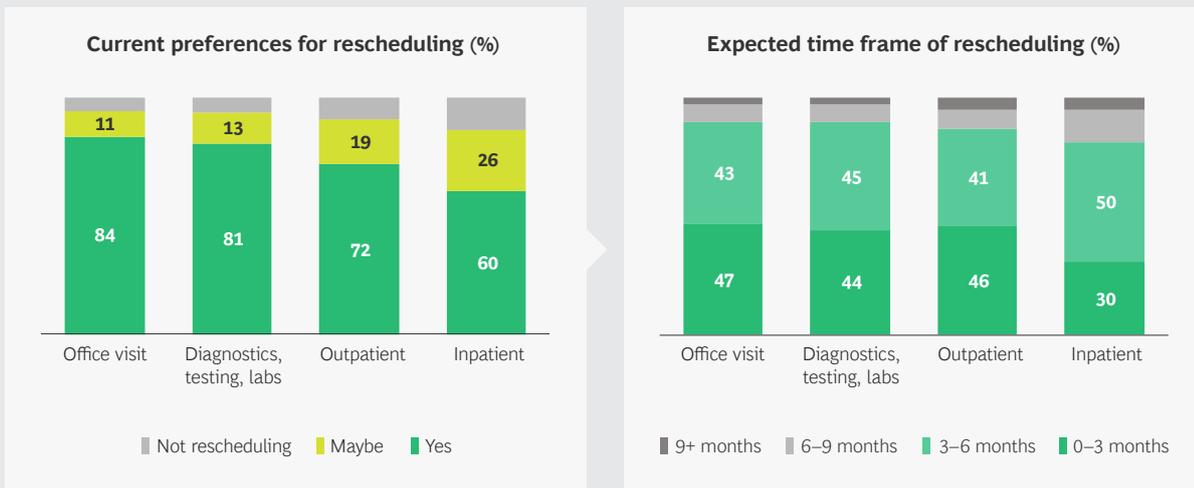
The right communications might even nudge patients who said they would not reschedule to do so eventually. Like others, these consumers reported that not having a rescheduling timeline is a major factor in their decision not to reschedule. Their comfort regarding the situation is also a key determinant. Patients need to feel that the worst of COVID-19 has passed and that they are emotionally ready to reschedule. Here, providers have an opportunity to influence patient perception by offering accurate and appropriate communication about the level of risk for their care and precautions that offices are taking to prevent the spread of COVID-19 in the clinic. But it's important to note that when we specifically asked those who don't plan to reschedule about their reasons, more than half said that for various reasons they no longer want to pursue treatment.

Delving a little deeper, our survey also asked what specific actions health care providers could take to make consumers feel more comfortable about scheduling elective care. (See Exhibit 3.) Their responses suggest that providers should provide clarity on COVID-19-testing protocols, offer a clear timeline for rescheduling, ensure that sanitation and physical-distancing practices meet expectations, and assure patients that caregivers have access to personal protective equipment (PPE).

Providers Should Mitigate Anxieties About Inpatient Procedures

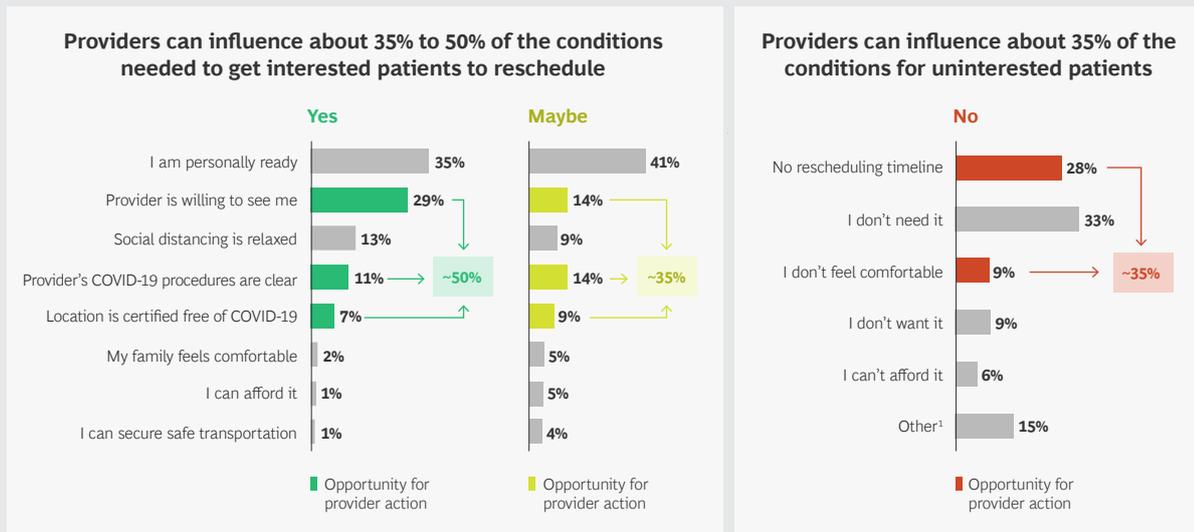
As noted, the biggest potential drop-off for rescheduling involves inpatient care. But

EXHIBIT 1 | A Majority of Patients Expect to Reschedule Elective Care Within Six Months



Sources: BCG Patient Sentiment Survey; BCG analysis.

EXHIBIT 2 | Providers Can Influence the Factors Needed to Get Patients to Reschedule



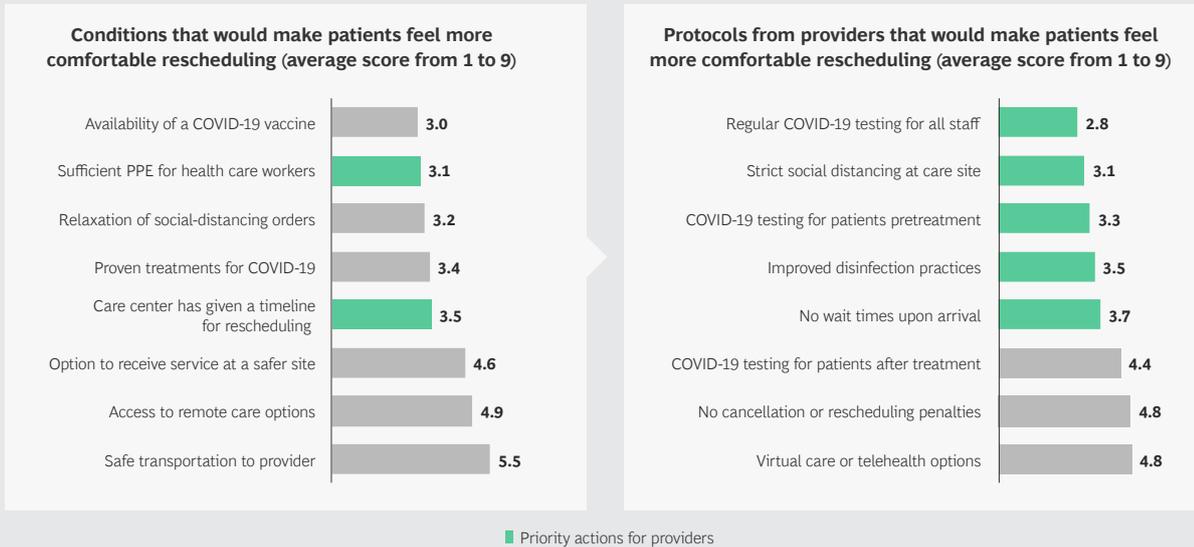
Sources: BCG Patient Sentiment Survey; BCG analysis.

¹Miscellaneous self-reported responses that don't fall into any other category.

according to our survey, providers can take steps to allay consumers' concerns. The most effective is to offer nonhospital options for inpatient procedures. We found that 25% of patients originally scheduled for the hospital would prefer to attend a nonhospital location such as an ambulatory center or a clinic during the crisis. This is true across different geographic areas that we sampled, regardless of the intensity of the COVID-19 crisis in those regions.

This finding has major implications for how to reopen services effectively. For example, health systems that originally intended to treat outpatient surgical patients (those having surgical procedures that do not require an overnight stay) in hospital facilities should consider moving those cases to ambulatory surgical centers or other nonhospital sites whenever feasible and clinically appropriate. The shift from higher levels of care (such as hospitals) to lower levels of care (such as physi-

EXHIBIT 3 | Provider Protocols for Testing, Cleaning, and PPE Increase Patient Comfort Levels



Sources: BCG Patient Sentiment Survey; BCG analysis.

cian offices) has been underway for many years, and our survey findings suggest this trend will accelerate.

The Adoption of Virtual Care Creates Opportunities

According to the survey, consumers who adopt remote and virtual care options during the COVID-19 crisis will likely continue to use these options to a much greater degree even after the pandemic, reflecting the rapid development of a new care landscape. Video and phone consultations, in particular, have seen the biggest boost in use, up 21% and 25%, respectively. Moreover, consumers expect their usage will continue to rise after the crisis, up 23% and 21%, respectively, possibly dramatically increasing telehealth adoption. (See Exhibit 4.) Respondents indicated that the key determinant of whether they will continue using telehealth is whether they have a good experience.

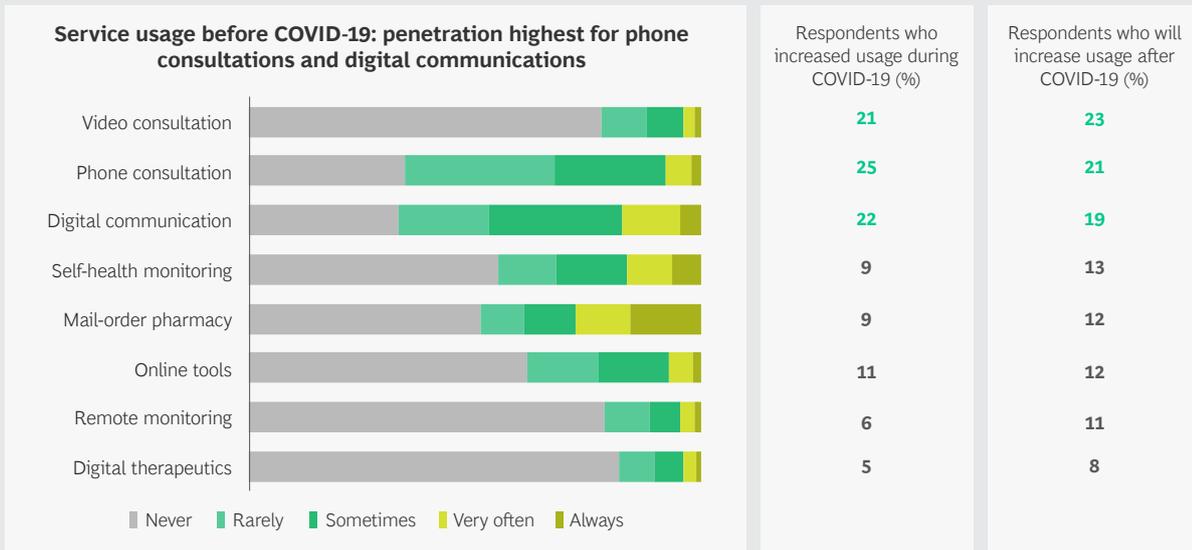
This change raises many strategic and operational questions as well as opportunities for the specialties and types of care most suitable to “going virtual,” including components of primary care, urgent care, and behavioral health. We

anticipate that providers who have already invested in remote, digital, and virtual channels will have a significant first-mover advantage.

Interestingly, among the various care sites, hospital emergency departments (EDs) have seen the biggest shift from in-person to remote care. That makes sense given that most COVID-19 patients enter the health care system through the ED, and non-COVID-19 patients are, understandably, inclined to stay away. But the extent of the change has been striking. In the survey, 64% of the respondents who had sought medical care by telephone or video said they had considered going to the ED instead.

Fear of COVID-19 is obviously a big factor in this shift, but the magnitude of the change also implies that a meaningful percentage of ED patients in the past did not actually need that level of care. This presents a significant opportunity for integrated risk-bearing health systems, payers, and providers of non-ED-based urgent as well as primary care to enhance their remote offerings and move care away from hospitals. Done right, this should also reduce the total cost of care across the health system.

EXHIBIT 4 | Patients Are Gravitating Toward Video, Phone, and Digital Communications



Sources: BCG Patient Sentiment Survey; BCG analysis.

ENORMOUS UNCERTAINTY REMAINS about what the near-term health care environment will look like and how health care will evolve once the pandemic passes. But our survey shows that some of the contours of this new landscape are coming into focus. With prompt action, including the use of new virtual care tools, providers

can help ensure that consumer demand bounces back in sufficient volume to meet their supply.

If you would like to discuss the survey or request further analysis of the data, please contact one of the authors.

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