



THE ONGOING IMPACT OF COVID-19 AND WHAT IT MEANS FOR HEALTHCARE

STATE OF HEALTHCARE

ENSURING ACCESS TO CARE AND COVID-PREVENTION EDUCATION CAN HELP STOP THE SPREAD, PARTICULARLY AMONG MORE-SEVERELY IMPACTED MINORITY COMMUNITIES.



MOST AMERICANS FEEL THEY HAVE EASY ACCESS TO MEDICAL CARE, THOUGH THIS DIFFERS BY PROXIMITY TO A CITY-CENTER. ONLY HALF OF AMERICANS FEEL THAT COVID-19 TESTING IS READILY AVAILABLE.

% AGREE WITH STATEMENT

Source: Burke COVID-19 June R&D, sample sizes: June n=750, Rural n=133, Suburban n=393, Urban n=224

Q: Please rate how much you agree or disagree with the following statements.

	TOTAL	RURAL	SUBURBAN	URBAN
Medical facilities are easily accessible where I live	76%	67%	81% RU	72%
Coronavirus (COVID-19) testing is readily available in my community	52%	46%	54%	51%

MOST AMERICANS AGREE THAT MINORITY COMMUNITIES HAVE BEEN MORE IMPACTED BY COVID-19 THAN OTHERS; MINORITY GROUPS THEMSELVES FEEL THIS TO BE TRUE EVEN MORE SO.

PERCEPTIONS OF MINORITY COMMUNITIES' COVID-19 IMPACT RELATIVE TO NON-MINORITY COMMUNITIES

Source: Burke COVID-19 June R&D, sample sizes: June n=750, Hispanic n=200, African American n= 200, Caucasian n=714

Q: How have minority communities been impacted by the coronavirus (COVID-19) relative to other communities in the United States?

	TOTAL	HISPANIC	AFRICAN AMERICAN	CAUCASIAN NON-HISPANIC
More severely	64%	70%	79% C	63%
The same	30%	22%	14%	30% HA
Less severely	7%	9%	7%	7%

Statistically Different at 95% confidence level: R/S/U, H/A/C

COVID-19 underscores the health equity gap existing in American today: More severe impact of COVID-19 among minority communities is likely driven in part by access to care and in part by access to education about COVID-19 best practices. Minority Americans are both *less* likely to feel that medical facilities are accessible (73% Minority vs. 76% Caucasian Non-Hispanic) and that members of their community have adequate knowledge about how to prevent the spread of the virus (51% Minority vs. 57% Caucasian Non-Hispanic).

USE OF TELEHEALTH IS UP NEARLY THREE-FOLD SINCE FEBRUARY, WITH HEALTHCARE PROVIDERS NOW PLAYING THE MOST PROMINENT ROLE IN ITS ADOPTION.

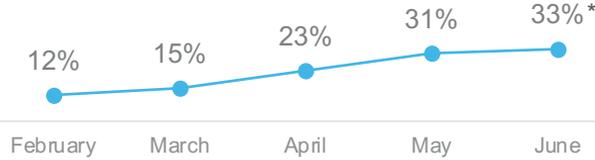
While telehealth use is up across the board, those who could most benefit from adoption during COVID-19 – namely, older individuals and those with pre-existing conditions, whose risk for contracting the virus is higher – are *less* likely to receive virtual care than their younger, less vulnerable counterparts.

While virtual visits could play a key role in reducing risk of contracting the virus in a healthcare setting among the nation's most at-risk individuals, there is still some opportunity to encourage adoption among these groups, and both health insurance companies and especially doctors play a leading role in this effort.

That said, minority groups, especially African Americans, are more likely to take advantage of telehealth. This presents an opportunity for virtual care to aid in closing the health equity gap that exists between ethnic minorities and Caucasian Americans.

% EVER USING TELEHEALTH

Burke Omnibus, sample sizes: approximately 600 interviews collected each month
 Q: Have you ever used telemedicine, a digital clinic or a virtual healthcare visit in order to receive care for your health and well-being?



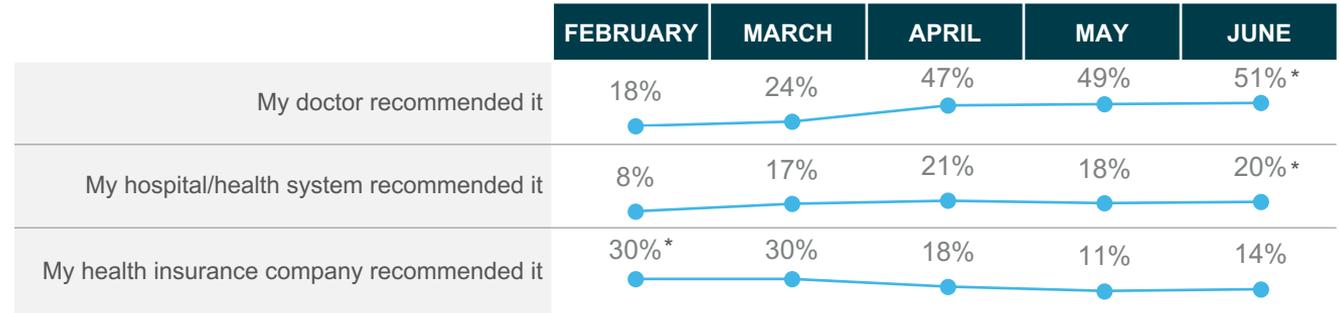
THOSE WHO HAVE USED TELEHEALTH ARE...

- 1.3X more likely to have no pre-existing condition
- 1.3X more likely to be under the age of 55
 - 1.6X more likely to be 18-24 specifically
- 1.1X more likely to be a minority
 - 1.3X more likely to be African American specifically

THE PRIMARY INFLUENCE IN TELEHEALTH ADOPTION HAS SHIFTED FROM PAYERS TO PROVIDERS.

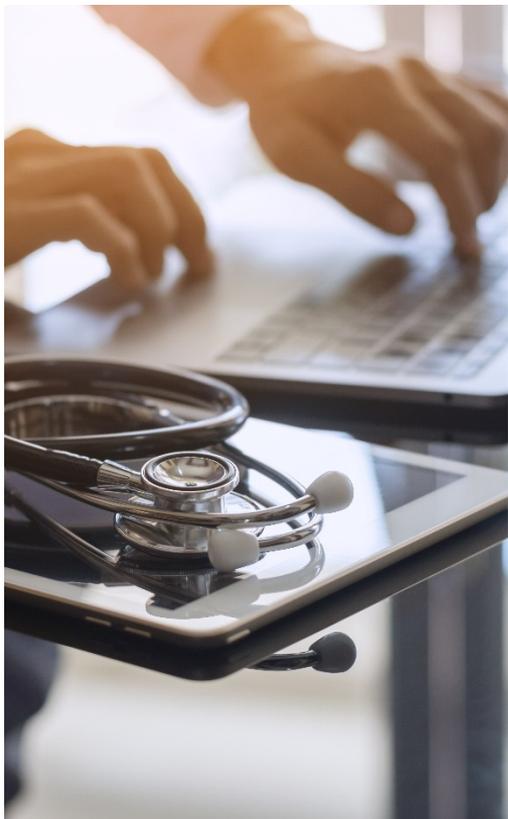
% CITING AS INFLUENCE FOR USING TELEHEALTH, AMONG THOSE USING

Source: Burke June Omnibus, sample sizes: February n=71, March n=92, April n=139, May n=187, June n=198
 Q: What influenced you to use a telemedicine/digital clinic/virtual healthcare service?



Statistically Different at 95% confidence level: * June vs. March

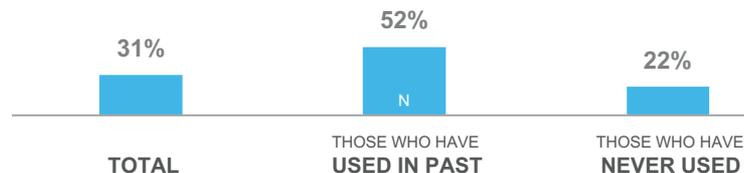
SOLID FUTURE CONSIDERATION AMONG THOSE USING IN THE PAST SUGGESTS A POSITIVE EXPERIENCE IN TELEHEALTH SERVICES RECEIVED TO-DATE.



In June, about **a third would consider telehealth in the future**, with consideration about twice as high for those who have used in the past than for those who have not.

FUTURE CONSIDERATION OF TELEHEALTH (% RATED 9-10 ON 10-PT SCALE)

Source: Burke June Omnibus, sample sizes: June n=601, Used in Past n=198, Never Used n=403
Q: How willing are you to use telemedicine/digital clinic/virtual healthcare services in the future?



CONSIDERATION BY PHYSICIAN TYPE – MOST-OFTEN CONSIDERED PHYSICIAN TYPES (% SELECTED YES)

Source: Burke COVID-19 June R&D, sample size: June n=209, Used in Past n=69, Never Used n=140

Q: Would you be willing to use telemedicine/digital clinic/virtual healthcare services from each of the following physician types in the future if you needed their services?

	TOTAL	USED IN PAST	NEVER USED
Primary Care Physician	69%	82% N	64%
Psychiatrist/Psychologist	57%	63%	54%
Dermatologist	44%	51%	41%
Infectious Disease Physician	39%	42%	37%
Pediatrician	36%	41%	34%
Gastroenterologist	35%	46% N	31%
OB/GYN (Females Only)	35%	47% N	30%
Endocrinologist	35%	43% N	31%
Cardiologist	32%	41% N	28%
Neurologist	32%	40%	28%
ENT	31%	36%	29%

Statistically Different at 95% confidence level: U/N

Those who have used telehealth in the past are notably more likely to consider using virtual services offered by a primary care physician in the future suggesting, that experience during the pandemic has legitimized the virtual format for primary care longer term. Women who have used telehealth are also notably more likely to consider future use of virtual care for an OB/GYN visit.

USE OF VIRTUAL VISITS FOR *BEHAVIORAL* HEALTH IS LESS PREVALENT AMONG THE GENERAL POPULATION, THOUGH COVID-19 HAS DRIVEN ADOPTION AMONG THOSE WHO HAVE SOUGHT IN-PERSON CARE IN THE PAST.

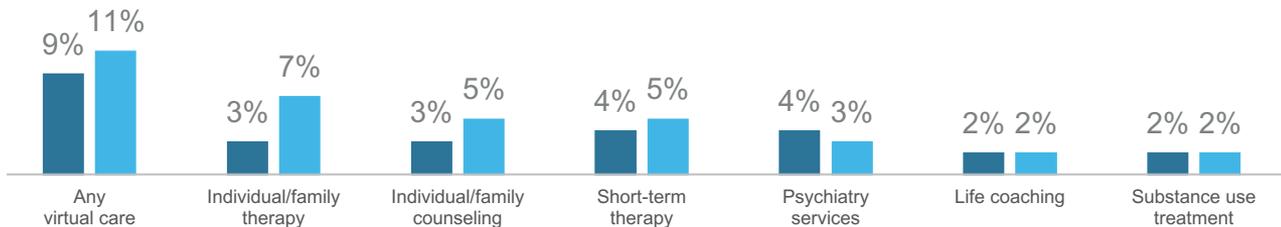


% USING VIRTUAL BEHAVIORAL HEALTH SERVICES BEFORE AND DURING THE PANDEMIC

Source: Burke COVID-19 June R&D, sample size: June n=398

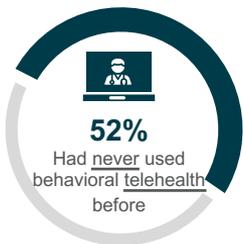
Q: For each item below, please state if you have used it in the past, used it during the coronavirus (COVID-19) pandemic and/or plan to use it in the future. Please select all that apply.

■ % used it before COVID ■ % used it during COVID



MANY OF THOSE SEEKING VIRTUAL SUPPORT WERE NEW TO VIRTUAL BUT NOT TO BEHAVIORAL HEALTH. AMONG THOSE USING BEHAVIORAL TELEHEALTH DURING THE PANDEMIC...

Source: Burke COVID-19 June R&D, sample size: June n=33



Half of virtual behavioral health usage during the pandemic comes from those who had **previously never interacted** with a behavioral health professional **in a virtual setting**, but nearly two-thirds come from those who **had previously interacted** with a behavioral health professional **in an office setting**.

IN MANY CASES, BEHAVIORAL TELEHEALTH IS A SUPPLEMENT, NOT REPLACEMENT, TO IN-PERSON SUPPORT SERVICES, AND THIS IS LIKELY TO REMAIN TRUE TO SOME EXTENT EVEN POST-PANDEMIC.

PANDEMIC USE

AMONG THOSE USING ANY BEHAVIORAL HEALTH SERVICES DURING THE PANDEMIC ...

Source: Burke COVID-19 June R&D, sample size: June n=40

Q: For each item below, please state if you have used it in the past, used it during the coronavirus (COVID-19) pandemic and/or plan to use it in the future.



FUTURE USE

AMONG THOSE USING ANY BEHAVIORAL HEALTH SERVICES DURING THE PANDEMIC ...



The majority of those seeking behavioral health services during the pandemic have leveraged a combination of in-person and virtual services, though with a slight bent toward virtual. Accounting for the fact that a third (36%) of those using behavioral health now do not plan to continue using the service post-pandemic, the combination use of in-person and virtual behavioral health is likely to continue among those who do choose to continue care. While the pandemic has served as a catalyst for use of behavioral telehealth, virtual care is likely here to stay.

ABOUT ONE-IN-FOUR HAVE PUT OFF PROCEDURES DUE TO COVID-19. AS THEY GAIN POPULARITY, AMBULATORY SURGERY CENTERS OFFER A SOLUTION FOR DELAYED CARE, ESPECIALLY FOR THOSE MOST AT RISK.



ABOUT A FOURTH OF AMERICANS HAVE POSTPONED A PROCEDURE AS A RESULT OF COVID. IN A FEW CASES, EVEN URGENT PROCEDURES HAVE BEEN POSTPONED.

Source: Burke June Omnibus, sample sizes: June n=601, Postponed Procedure n=140

Q: Have you or anybody in your household postponed an elective health procedure due to COVID-19?

**% POSTPONING
ELECTIVE PROCEDURE**



AMONG THOSE POSTPONING, PROCEDURE WAS...

Source: Burke June Omnibus, sample size: n=140

Q: How would you describe this elective procedure?



There is an opportunity for ambulatory surgery centers to serve as a safer alternative to in-hospital procedures when Americans may otherwise delay care for fear of contracting COVID-19 in a hospital setting. Still, there may be some uncertainty around the benefits of ASCs, as many Americans are neutral on whether they would be more agreeable to having a procedure done at a surgery center.

Americans most at risk of contracting COVID-19, however, seem more confident in the value ASCs offer, as those in COVID hotspots as well as African Americans – more often impacted by COVID-19 – are a bit more agreeable to surgery centers.

SOME – BUT NOT MANY – AMERICANS SEE AMBULATORY SURGERY CENTERS AS A SAFER ALTERNATIVE TO IN-HOSPITAL PROCEDURES, ESPECIALLY GROUPS MORE LIKELY TO BE IMPACTED BY THE VIRUS.

% AGREE WOULD BE MORE LIKELY TO HAVE OUTPATIENT SURGERY IF AT AMBULATORY SURGERY CENTER

Source: Burke COVID-19 June R&D, sample sizes: June n=298, Hotspot n=145, Non-Hotspot n=153, Hispanic n=73, African American n=92, Caucasian n=284

Q: Now please assume that you are in need of outpatient surgery. How much do you agree or disagree you would be more likely to have the surgery if moved to an ambulatory surgery center?

	TOTAL	COVID HOTSPOT	NON-HOTSPOT	HISPANIC	AFRICAN AMERICAN	CAUCASIAN
Somewhat to definitely agree	12%	17%	8%	15%	18%	12%
Neither agree nor disagree	42%	40%	43%	37%	29%	43%
Somewhat to definitely disagree	46%	43%	49%	48%	52%	46%

Shading indicates notable directional differences between subgroups

AS OF JUNE, ABOUT THREE-IN-FOUR CONSUMERS HAVE OBTAINED THEIR SCRIPTS AT AN IN-PERSON RETAIL LOCATION DURING THE PANDEMIC, ON PAR WITH PRE-COVID LEVELS.



PURCHASE OF RX BY CHANNEL AMONG THOSE WITH A RECURRING PRESCRIPTION

Source: Burke COVID-19 June R&D, sample size: June n=190

Q: Prior to the start of COVID-19, how did you receive your recurring prescription medications? During COVID-19, how have you received your recurring prescription medications? Select all that apply.

	DURING COVID	PRE-COVID	Δ DURING COVID VS. PRE-COVID
 In-Person Retail	74%	77%	-3
 Retail Delivery	6%	5%	+1
 Mail Order	22%	23%	-1

Δ DURING COVID VS. PRE-COVID

Source: Burke COVID-19 June R&D, sample sizes: Early Opener n=51, Limited Opener n=85, Late Opener n=53

	EARLY OPENER	LIMITED OPENER	LATE OPENER
 In-Person Retail	0	-5	-5
 Retail Delivery	+2	0	+4
 Mail Order	0	-3	+2

Shading indicates notable directional differences during COVID vs. pre-COVID

Those in states still closed through June are more likely to have leveraged no-touch methods of obtaining their Rx, especially delivery from a retailer compared to pre-pandemic. More limited change among those in already re-opened states suggests that changes in obtaining Rx seen early in the pandemic may have been short-lived, hence limited changes in retail vs. mail order at the broader level.

KEY TAKE-AWAYS AND OPPORTUNITIES

TAKE-AWAY

01.

Final decisions have not yet been made globally, but assuming reimbursement levels hold, telehealth is here to stay as an additional form of communication and care between patients and Providers.

02.

Behavioral Health visits should continue to be conducted in-person whenever possible, as opposed to utilization of a virtual visit.

03.

Encourage increased utilization of Ambulatory Surgery Centers for appropriate procedures.

04.

Changes in how one acquires their prescriptions is most likely short-lived.

OPPORTUNITY



- For Primary Care Physicians specifically, telehealth offers a convenient mechanism to treat many (but perhaps not all) types of patients.
- For Insurers, this allows for the continuation of care among high-risk patients in a safe, socially distanced environment.



- For Providers, focus on seeing as many BH patients in person as possible. Face-to-face interaction is preferred for many, and Providers and will appreciate being able to return to this format.
- For Insurers, structure reimbursement such that BH patients are encouraged to continue with their care in person where feasible.



- Both Providers and Insurers can focus on the safety, ease, and convenience of having a procedure performed at a cost-effective ASC.
- In general, continue to stress the importance of getting these necessary procedures completed for better patient care and lower costs for all.



- Behavioral patterns of how one acquires prescriptions are fairly consistent. Rather than try to change consumer behavior in this regard, both Providers and Insurers should continue to focus on ensuring their patients and members experience error-free service levels, regardless of how they acquire their prescriptions.