

Trust, technology  
and education:  
the way forward  
for providers amid  
COVID-19

EY-Parthenon Consumer Health  
Survey 2020

**EY**

Building a better  
working world



## Introduction

The incredibly fluid dynamics of the COVID-19 pandemic have scrambled the ways in which patients interact with providers and how providers can fulfill patient needs. In good times, hospitals and doctors' offices are places where patients begin to heal – yet today, they can be seen as potential hot spots for the virus to spread. As a result, non-urgent care is being delayed, with dramatic implications for the bottom line of many health care providers and their workforces, who are feeling the strain more than ever, and may result in pent-up demand and untreated medical matters over the long term.

Against this backdrop, the EY-Parthenon Consumer Health Survey collects trends and insights revealed from 1,400 consumers across US population representative age groups throughout the patient journey: gathering information about COVID-19, recognizing they have health care concerns that may require care, accessing care and finally completing follow-up treatment, as relevant. Along the way, they shared not just their feelings and expectations about the current moment – for instance, what would allay their fears about returning to facilities – but also their attitudes for the future of care, including the likelihood to use telehealth in different modalities and settings.

The results show that more people intend to take wellness into their own hands: a greater desire to self-manage their care, coupled with growing tech savviness, particularly among the population over age 65. This is an inflection point and opportunity for providers, who are trusted more than any other source of information about the pandemic, and can instill behaviors to benefit both patients and themselves.



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**Demographics**

To reveal the insights in the EY-Parthenon Consumer Health Survey, we gathered responses from 1,402 health care consumers ages 18 to over 85 in June 2020, representing different education levels, household social statuses, employment experiences and geographic regions within the US.

# Key findings

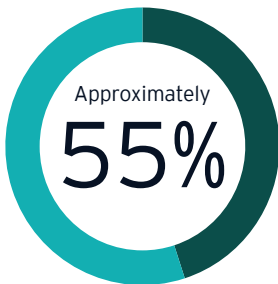
Our survey respondents largely said that the COVID-19 pandemic has most meaningfully affected their thinking within three key phases of the overall six-phase patient journey.

## Overview of patient journey



## COVID-19 greatest impact on patient journey

### 3 Decision to seek care



of people have avoided or delayed care during the COVID-19 pandemic, most commonly in family medicine located at a doctor's office



of people who delayed care plan to seek care post-pandemic

Approximately

**50-60%**

of people are not adjusting spend on health care visits and medication, respectively; Medicaid patients are most likely to adjust spend

### 4 Decision of where to seek care



of people have used telehealth before the COVID-19 pandemic



of people have used telehealth during it the pandemic

During the pandemic, patients are reluctant to go to their primary care doctor, but are **expected to return** following the pandemic

People's **top concerns** with the emergency room are

- ▶ Overcrowding/long wait time
- ▶ Contracting the COVID-19 virus from other patients

### 5 Care delivery experience

Telehealth is used more by younger, higher income profiles; however, there is a **high rate of adoption of telehealth by older, lower income profiles**

People are more likely to prefer **telehealth** over in-person visits for **virtual waiting rooms, follow-up appointments and urgent matters**

People are **most interested** in telehealth options for **allergy and audiology health conditions**, and are less interested in telehealth options for dermatology

## COVID-19 preparedness and treatments: use trust to educate patients

In an unfortunately politicized environment, a variety of sources of COVID-19 news can create mixed messages for health care consumers, whether they rely on traditional media outlets, social media, or even the federal government instead of state and local governments. Our research shows that local and national news organizations are the leading sources of information, with state governments rounding out the top three. And respondents living in urban areas feel more informed than their counterparts in suburban or rural areas.

Yet when it comes to trust – a precious commodity in a divisive time – consumers tend to hold their primary care physicians and hospitals/health systems in the highest regard, along with the federal Centers for Disease Control and Prevention (CDC). This credibility gives providers a unique opportunity and platform to build greater connections with their patients and positively influence their behaviors.

Figure 1:

### Sources of information and trustworthiness

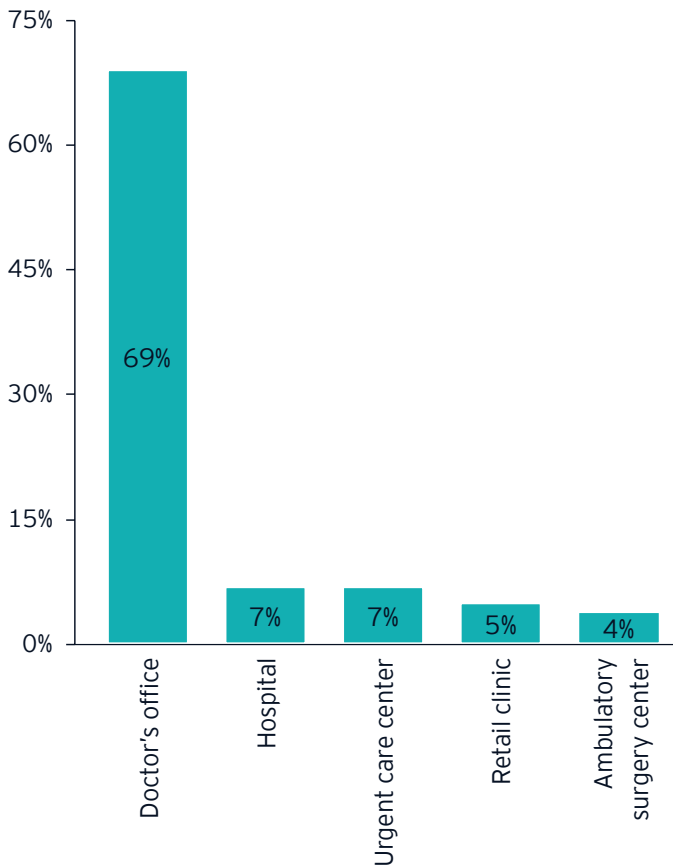


Note: Excluded sources with scores less than 3%  
 Source: EY-Parthenon Consumer Healthcare Survey (n=1,402)

Those who are ages 18 to 55 exhibit lower rates of trust overall than those who are over 55, but both groups express higher levels of trust for specialists, primary care physicians and the CDC. The more senior age group is also more likely to trust local and national news outlets. And what they're hearing is making 55% of them avoid or delay health care to the extent that they are able.

Of those 55%, the highest percentage (12%) say they are avoiding or delaying the family medicine specialty, followed by care from allergists, dermatologists and audiologists. And 5% say they are even pausing their appointments with cardiologists. Almost 70% of this care would have taken place in a doctor's office, rather than a hospital or urgent care clinic.

Figure 2:  
Location of delayed care



Source: EY-Parthenon Consumer Healthcare Survey (n=1,402)



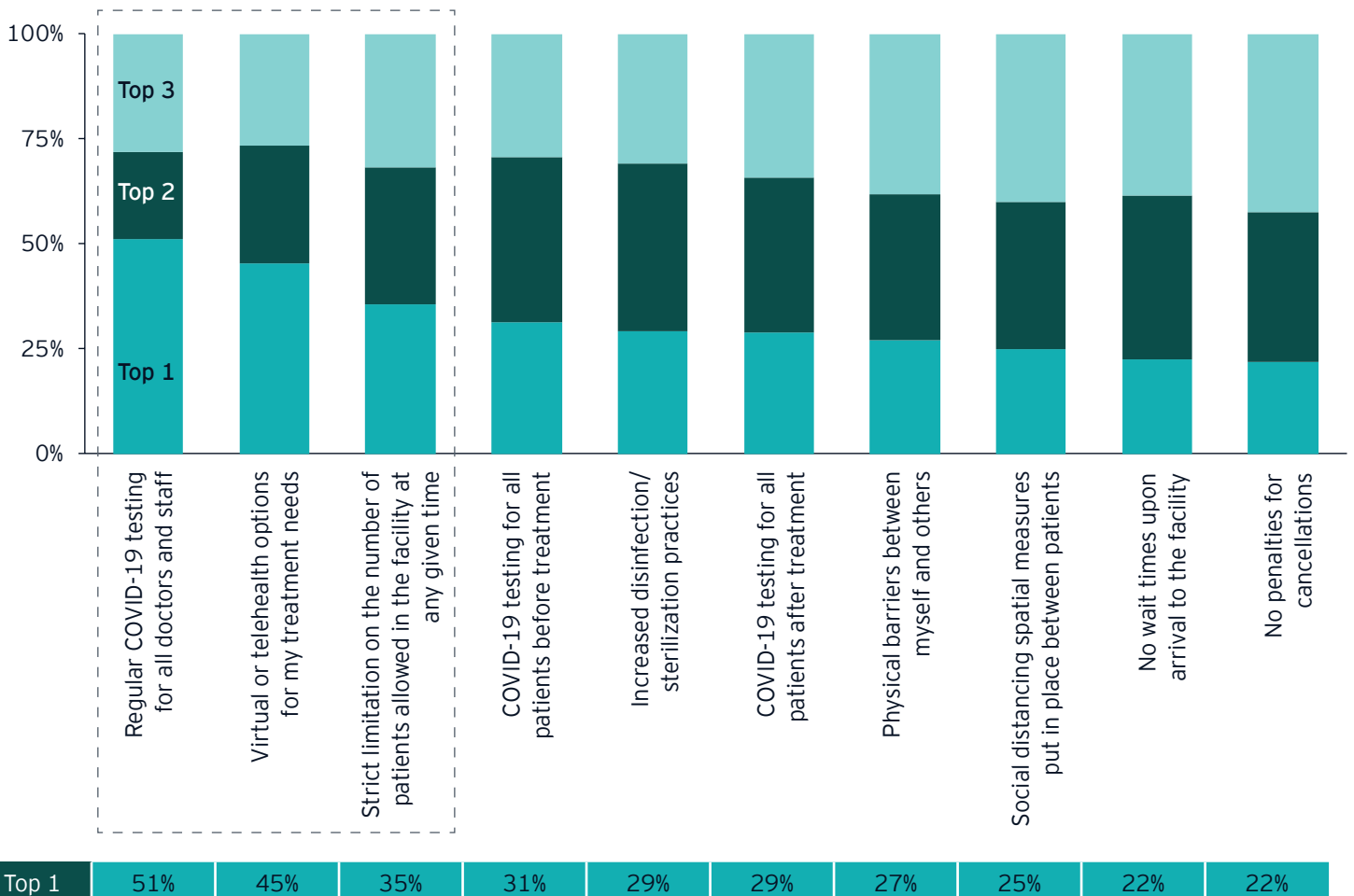
What would convince these consumers to return sooner rather than later, with questions surrounding just when exactly the pandemic will end? Presented with 10 options, they saw the most reassurance in regular COVID-19 testing for all doctors and staff, as well as virtual or telehealth options for their treatment needs. They also wanted the number of patients allowed in a facility to be strictly limited at any given time for enforced social distancing.

Our results clearly show that those most vulnerable and facing economic challenges are going to be hit the hardest as a result of COVID-19, in significant numbers. About 30% of

respondents intend to change how much they spend on health care visits or have done so already, and 25% told us the same in terms of spending on medications. These patients are more likely to be covered by Medicaid or, to a lesser degree, have no coverage at all or pay out of pocket. By contrast, about half of patients are not adjusting their spending on health care visits, while about 60% feel the same about their spending on medication. Typically, those who are insured by Medicare, Tri-Care or have employer-sponsored coverage are more likely to have this spending outlook.

Figure 3:

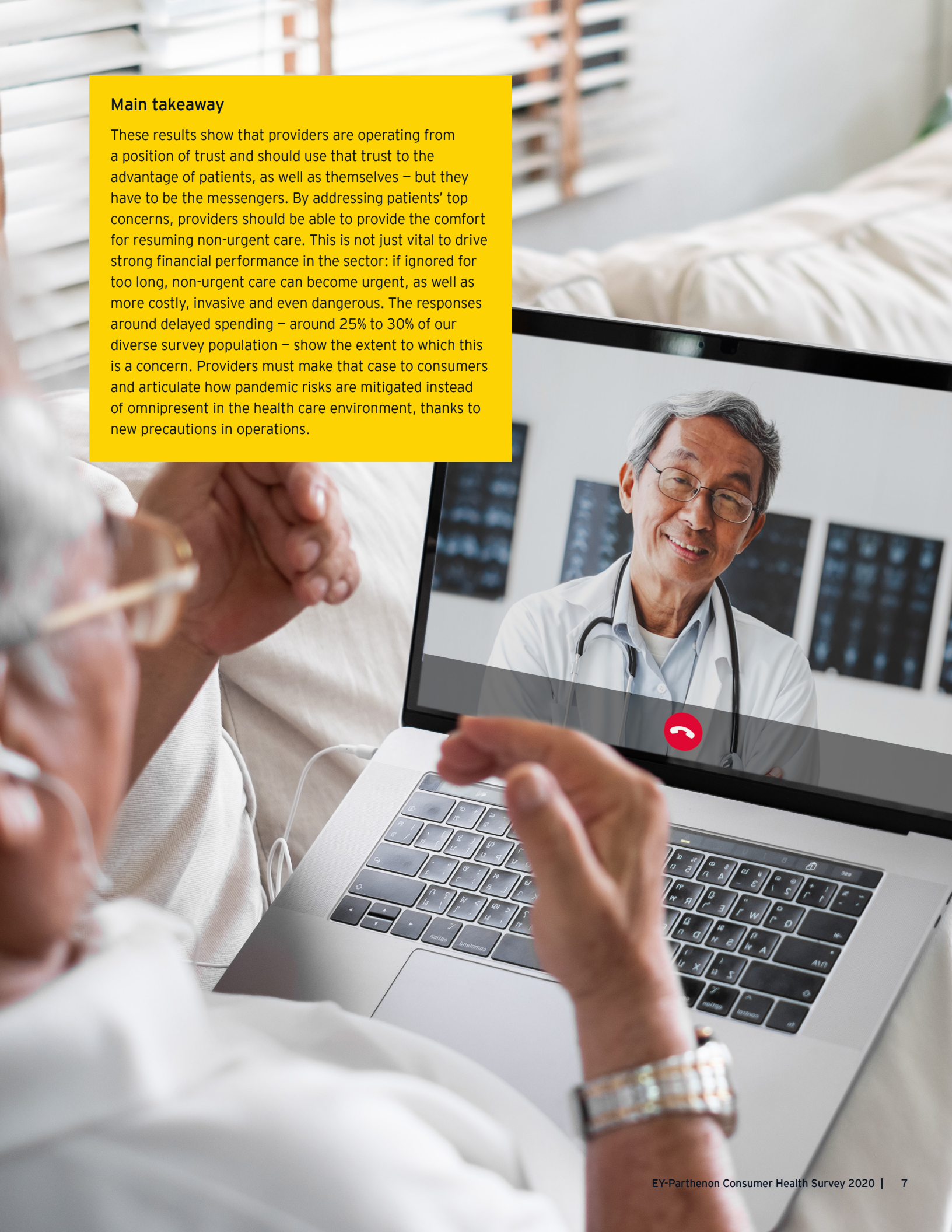
### Top most comfortable precautions or options





## Main takeaway

These results show that providers are operating from a position of trust and should use that trust to the advantage of patients, as well as themselves – but they have to be the messengers. By addressing patients' top concerns, providers should be able to provide the comfort for resuming non-urgent care. This is not just vital to drive strong financial performance in the sector: if ignored for too long, non-urgent care can become urgent, as well as more costly, invasive and even dangerous. The responses around delayed spending – around 25% to 30% of our diverse survey population – show the extent to which this is a concern. Providers must make that case to consumers and articulate how pandemic risks are mitigated instead of omnipresent in the health care environment, thanks to new precautions in operations.



## Providers' choices: accommodate a more hands-on patient population

The good news is that almost 90% of patients plan to seek care that they have been delaying once the pandemic becomes less severe, signaling that a return to normal is strongly desired. Yet providers must understand that these consumers will have fundamentally different mindsets.

The older the respondent, the more likely they say they will take a more active role in their overall wellness after the pandemic. More than two-thirds of consumers who are aged 65 and over say they are extremely or very likely to do so. This desire is less prevalent among younger groups – about half of those aged 26 to 35, for instance.

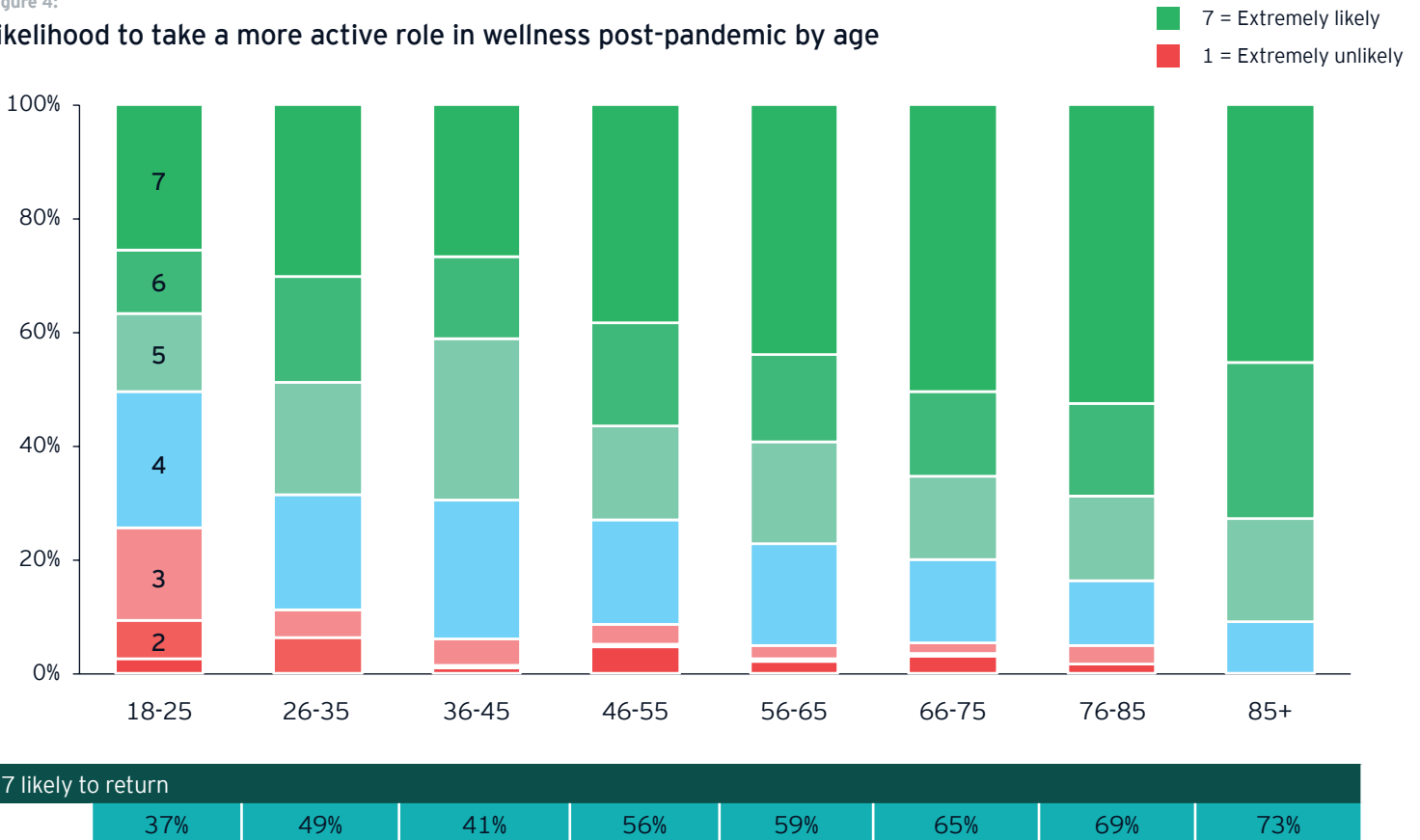
Comparing their attitudes about care today, and what they are expecting to do after the pandemic, shows how consumers are

forced to consider new factors and rebalance their priorities, taking a deeper look at the benefits weighed against more complex downside risks. In essence, the COVID-19 pandemic has put risk in the forefront of health care consumers' minds, creating a new calculus around how best to manage their health.

For example, amid the crisis, just 32% of patients say they are extremely or very likely to go to their primary care doctor – but that percentage rises to 50% when the pandemic eases. A similar but less pronounced dynamic exists for hospitals, urgent care centers and ambulatory surgery centers (ASCs) as well. However, patients signal that their interest is the same now as it will be after the pandemic for telehealth appointments (which by definition reduce risk) and emergency rooms (when delaying or avoiding care shouldn't be an option).

Figure 4:

### Likelihood to take a more active role in wellness post-pandemic by age



Source: EY-Parthenon Consumer Healthcare Survey (n=1,402)

### Main takeaway

Patients have been forced to understand their health status and risks differently than before the pandemic – today, it's not merely about how to get better, but what tradeoffs they will need to make along the way. They are inherently focused more on managing their own health. It will no longer be enough to tell patients, "You do this, then you do that." This change is occurring alongside changing payment models, centered on improved health outcomes as opposed to fee-for-service, and the evolution of delivery models, enabled by technology. That leads us to an enormous shift reflected in our data: attitudes toward telehealth.



## Delivery experiences: enable telehealth and the next generation of care

The promise of telehealth has been talked about for a long time, yet the levels of patient adoption have remained modest, and the solutions – such as patient portals with the ability to message physician assistants – have not achieved widespread adoption. The pandemic has rapidly transformed consumers’ interest in this technology and their willingness to use it across a variety of existing and new modalities.

Before the COVID-19 pandemic, 1 in 20 patients who are 55 and over with household income under \$100,000 told us that they had used telehealth options before. Now, that rate – for a group that constitutes a significant share of patient populations – has surged to 1 in 4. That’s the most pronounced rise among age groups, but the survey shows overall increases across ages and income levels.

Figure 5

Telehealth usage before by age and income

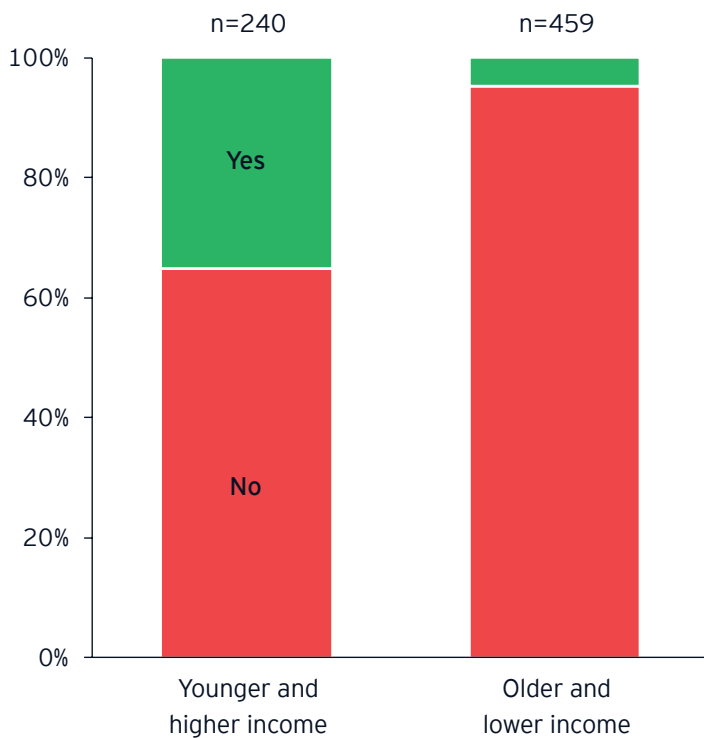
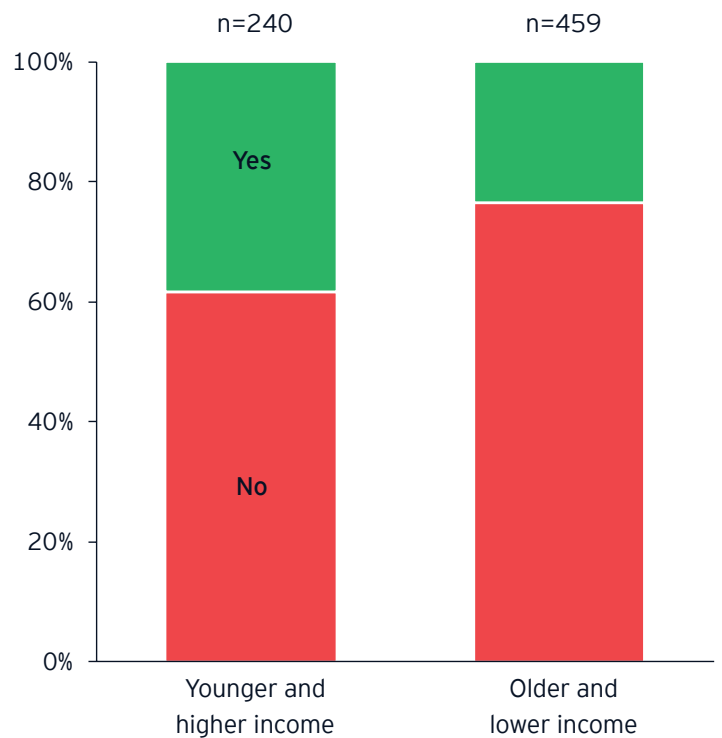


Figure 6

Telehealth usage during by age and income



Source: EY-Parthenon Consumer Healthcare Survey (n=1,402)

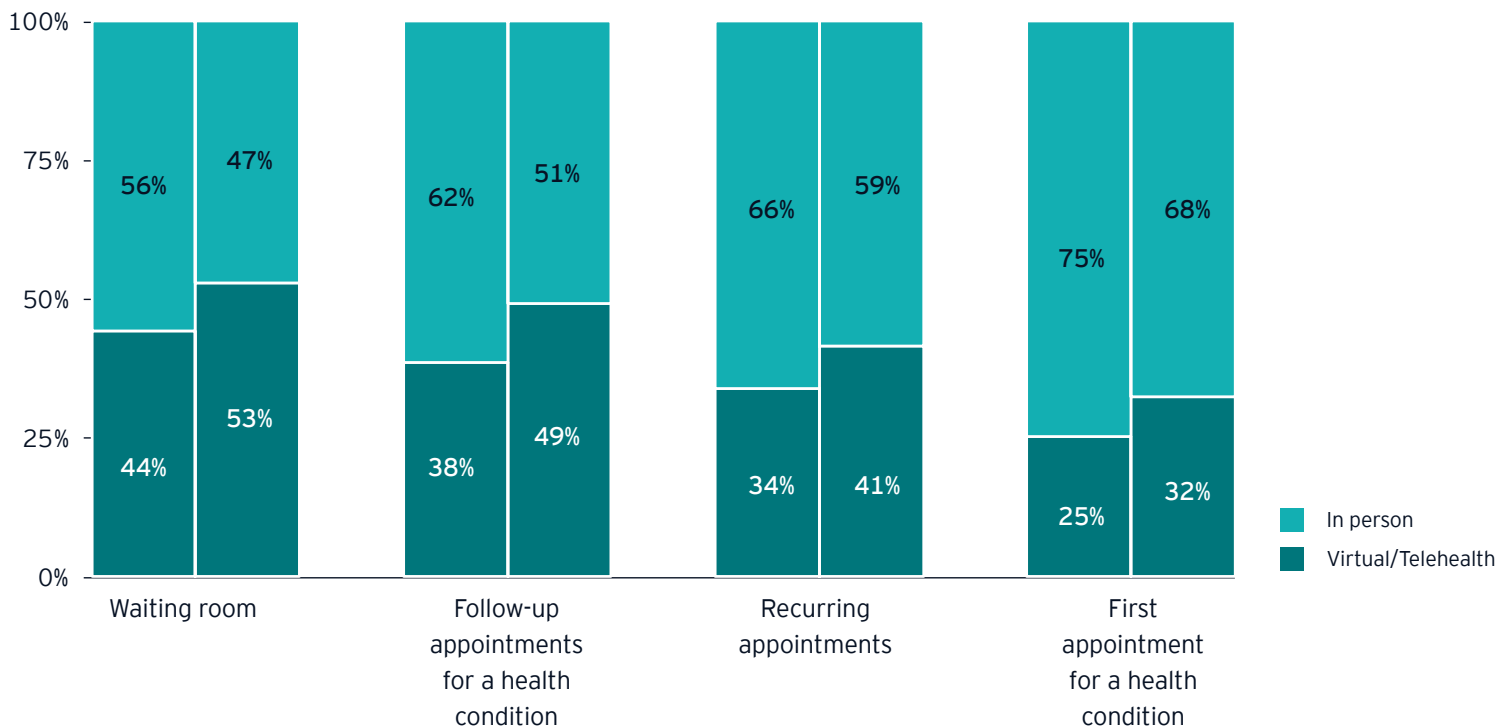
Less than 20% of patients had used telehealth services prior to the current crisis, and when they did, it was a basic appointment performed over the telephone. Today, that rate has climbed to 30% of patients, and an appointment over videoconferencing has become more prevalent than one that occurs with just audio.

A separate EY survey of 401 physicians, also performed in June 2020, affirms that extent to which telehealth has made a leap forward. Before the pandemic, 80% of physicians did not utilize telehealth in patient interactions – yet now, 95% say that they have increased their usage of virtual technology, and 58% of those report a usage increase of 50%. And over 80% of physician respondents anticipate that their usage of telehealth will continue to increase.

Patient preferences are making a distinct shift to telehealth across four main use cases – for waiting rooms, first-time and follow-up appointments for a health condition, and recurring appointments – with interest growing significantly not just now but after the pandemic eases as well. This is particularly true for eliminating or reducing the time spent in waiting rooms – for instance, either staying at home or in a car until the practitioner is definitively available. This aligns with consumer desires to minimize the number of people in an office at a given time amid pandemic conditions. Similarly, more patients will prefer telehealth for follow-up and recurring appointments.

Figure 7

### Preference for in-person vs. telehealth during and after the COVID-19 pandemic



Source: EY-Parthenon Consumer Healthcare Survey (n=1402)

Almost 90% of patients are interested in telehealth options for urgent care. A third say they are extremely or very likely to use telehealth now in such a circumstance, and that rate jumps to 59% for the post-COVID-19 world. These patients see telehealth as a way to triage their potential medical issue over the phone or get a virtual consultation before arriving at an ER or other in-person care delivery site. (By contrast, the desire for telehealth for a non-urgent matter is less pronounced and driven more by convenience.)

Out of the top six specialties that patients are currently delaying because of pandemic concerns, interest in receiving treatment via telehealth is most popular for allergy and audiology care, with the least interest in dermatology. Outside those specialties, consumers are also very interested in telehealth for pulmonary medicine (which they are less likely to delay). Radiology and ophthalmology/optometry do not generate much enthusiasm in terms of telehealth.

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90%

**of patients are interested  
in telehealth options for  
urgent care**

#### Key takeaway

Telehealth's moment has arrived. Providers should pursue a self-assessment to see how they compare to the best and most affordable, value-driven models in the market. They should make sure that their options are easy to use and seamless for patients to interface with – sometimes that can be as simple as being able to connect through a smartphone. And there's a degree of variability in telehealth needs by specialty, in addition to the different patient attitudes and expectations described above.

Providers need to think through how telehealth is used across its different use cases. Patients are concerned about the ER environment now, so they want to use telehealth as a way to triage over the phone, with the problem investigated virtually up front – it's cementing their comfort, not replacing an in-person visit. However, for recurring appointments and follow-ups, in-person visits are effectively replaced. The implications will also change the presence of workers in your offices and care centers, as some will be needed for in-person care and others will be interfacing with patients who are still off-site.

As mentioned earlier in this report, educating patients is also vital. They need to know about the options and what is suitable for each specialty, and when. These efforts will enable good behaviors during the pandemic, like reducing the number of people in doctors' offices and hospitals at one time and making every minute count, through something as basic as virtual waiting rooms. After the pandemic (and during), telehealth presents greater opportunities for practitioners to drive more compliance with treatment plans, gaining an overall net benefit in treatment efficacy and reducing potential costs of care along the way.

## Conclusion

Patient trust forged in health care providers relationships and delivery center reputations presents providers with an opportunity to shape how health care should be performed in a post-COVID-19 era. In the short term, providers have the ability to make patients feel safer and cater to their needs through telehealth and fulfill their requirements around in-person visits to regain much-needed revenue from non-urgent care. In the longer term, patients will be more focused on the potential

risks and tradeoffs as much as the benefits from their care, and forward-thinking providers can align their delivery and payment models around those changing dynamics. The pandemic has perhaps been the most disruptive event to our health care system in our lifetimes, but through trust, technology and education, you can turn challenges into advantages – for you and your patients.

## About EY Health

COVID-19 is putting an unprecedented strain on the US health sector to rapidly perform, transform and respond all at the same time. As the US works to stabilize its economy, health care organizations are navigating a myriad of compounding issues while fast-tracking digital innovation – which comes with both opportunities and threats.

EY Health brings together a worldwide network of more than 4,000 sector-focused assurance, consulting, strategy, tax and transaction professionals with a range of health care and business backgrounds, helping you respond to volatility, build organizational resilience, and reimagine short- and long-term support of communities in this new era.

As health systems focus on sustainability and value, we help them balance three fundamental imperatives: expanding access, improving quality and managing costs. We're equipped to help clients strategize around the use of disruptive technologies – cloud, mobile, social media, analytics and automation – to better connect health organizations, their networks and patients; improve operations and quality; reduce risk; curtail costs and generate insights that drive better care.

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