



The Invisible Crisis: COVID-19 Disrupting Patient Care

Delayed Diagnoses, Canceled Treatments and Lowered Perceived Quality of Care

Executive Summary

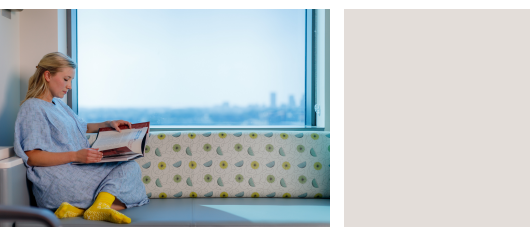
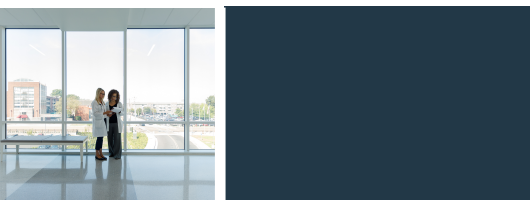
The COVID-19 pandemic has created a tectonic shift in the healthcare sector. Hospitals have been saturated with high case counts of COVID-19 patients who require an urgent and specific set of assessments, treatments and care strategies. Meanwhile, the rest of the healthcare system has been forced to either shift to remote alternatives or delay care altogether. The reduction in elective procedures is taking a massive toll on the financial health of many hospitals: U.S. hospitals are projected to lose a combined \$323 billion by the end of 2020 from deferred or canceled care¹, leading to negative operating margins for many hospital systems. The greatest disruption to healthcare, though, is felt by the patients who have faced delayed diagnoses, fewer treatment options and, in some cases, lower overall quality of care during the pandemic. Even after the pandemic is brought under control, the health and wellness consequences to patients will continue for years to come.

Key Findings

44% have rescheduled or canceled care

3 in 4 patients prefer in-person care over telemedicine

6 months Restoring patient confidence is key to accelerating their return to elective care by 6 months



Methods

We collected a pooled survey sample designed to capture both healthy respondents with low healthcare utilization and patients with chronic health issues. Respondents were a representative sample of the US population in terms of age, geography, and insurance coverage type. A total of 214 responses were obtained from members of patient advocacy groups comprised primarily of current and former cancer patients. These responses were supplemented with 342 additional responses from representative U.S. panels equally weighted with healthy and chronic participants.

Findings

The frequency and perceived quality of routine care has significantly declined during the COVID-19 pandemic. 44% of respondents have delayed at least one appointment; 32% respondents have rescheduled care and 23% have canceled care altogether. These delays have led to greater patient concern about their disease prognosis and their overall health and wellbeing. While about a third of respondents have opted for telemedicine to replace in-person

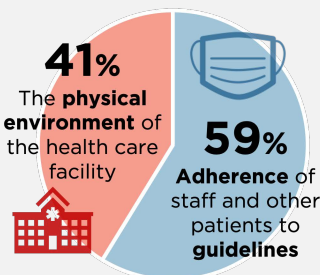
visits, patient sentiment indicates that it confers lower quality, privacy and personalization of care without gaining much benefit in terms of convenience, timeliness and cost; this suggests that telemedicine may serve as a stopgap measure during the pandemic but should not serve as a replacement for in-person care.

Ensuring a safe care environment is critical to rebuilding patient confidence and accelerating the return to routine and elective in-person care. Respondents place high importance on a variety of measures to mitigate disease transmission, including environmental monitoring, social distancing, mask policies and COVID testing. Meeting these expectations and communicating them to patients will be key to bringing patients back into healthcare environments.

Conclusions

For patients to feel comfortable returning to in-person care, healthcare providers need to address the highest patient priorities by implementing measures and modifying operational practices to restore confidence in clinical environments.

Which are patients more concerned about?



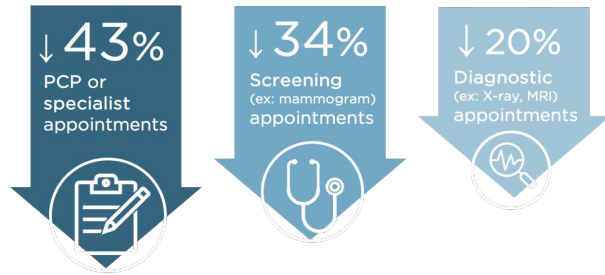
¹ American Hospital Association. "New AHA Report Finds Losses Deepen for Hospitals and Health Systems Due to COVID-19." June 30, 2020. Accessed Online September 14, 2020.

Disruption to Care

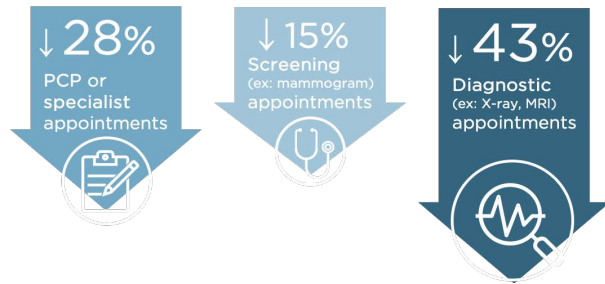
The COVID-19 pandemic has forced hospitals and clinics to change their care models to limit the amount of in-person interactions between patients and staff that could result in disease transmission. As a result, non-essential visits and procedures have been canceled, rescheduled, or shifted to remote settings.

44% of respondents in our survey have delayed at least one appointment; 32% reported having had to reschedule at least one appointment and 23% reported having had to cancel. Both healthy respondents and those with chronic conditions saw a similar reduction in utilization, although for healthy respondents it was primarily a reduction in primary care while for chronic patients the biggest reduction was in diagnostic imaging and lab appointments.

Healthy Patients



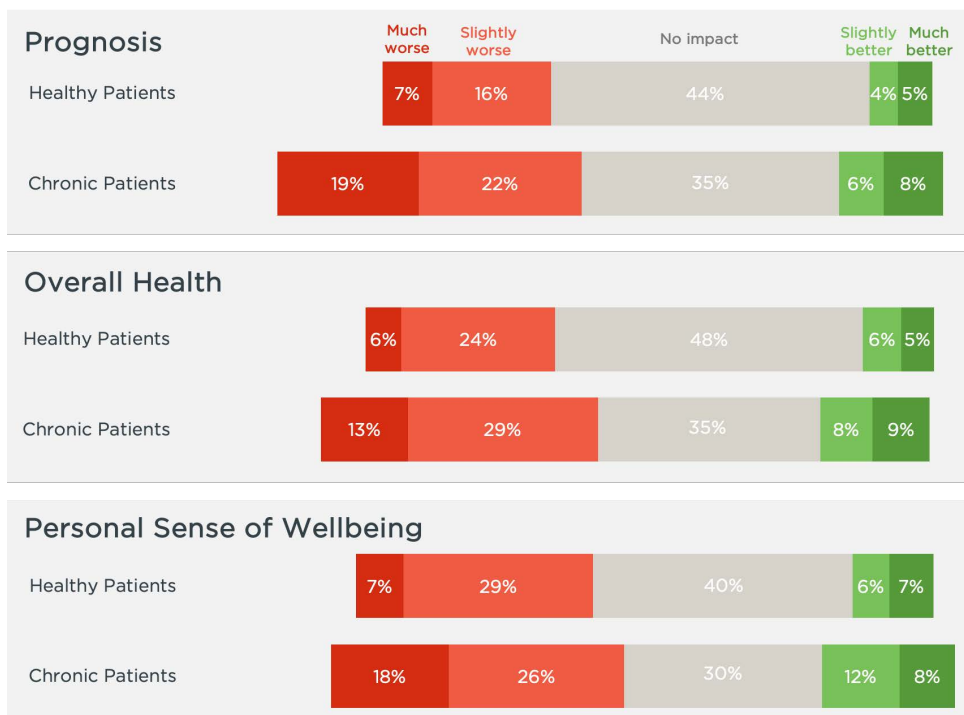
Chronic Patients



Question text: How frequently have you used the following health care services over the past six months? Please estimate the number of appointments in (1) Nov 2019 - Feb 2020 and (2) Mar 2020 - Jun 2020.

The disruption to care comes with a real cost to the wellbeing of patients. 29% of healthy respondents reported their overall health being slightly worse or much worse as a result of rescheduling care, and 36% reported that it has negatively affected their personal sense of wellbeing. Patients with active chronic conditions were more susceptible to disrupted care, with 42 and 44% of respondents reporting negative impacts to their overall health and personal sense of wellbeing, respectively. 41% of chronic patients also reported a worse prognosis for their disease due to changes to their care. When considering patients with active cancer diagnoses, the disruption is even more severe, with over half of respondents reporting that rescheduling care has negatively impacted their overall health (53%), sense of wellbeing (52%) and prognosis (50%).

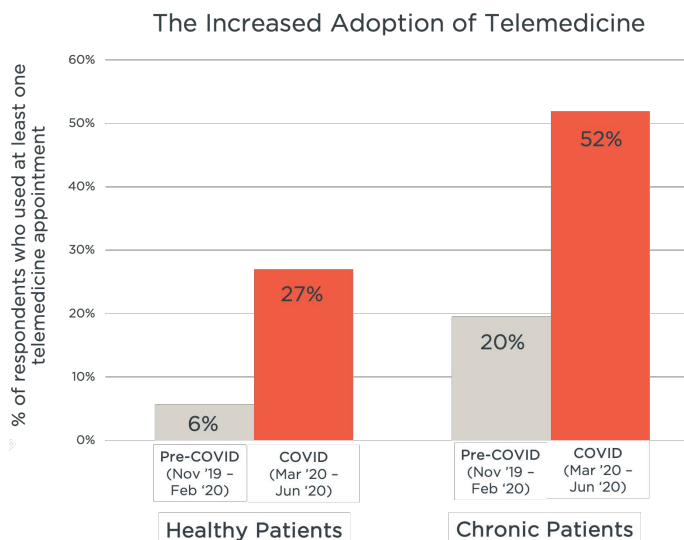
How has rescheduling care impacted your...



Question text: How has rescheduling or canceling care impacted your (1) Prognosis? (2) Overall health? (3) Personal sense of wellbeing? [1 - Much worse, 2 - Slightly worse, 3 - No impact, 4 - Slightly better, 5 - Much better. Values may not sum to 100% due to respondents who noted "Not applicable".

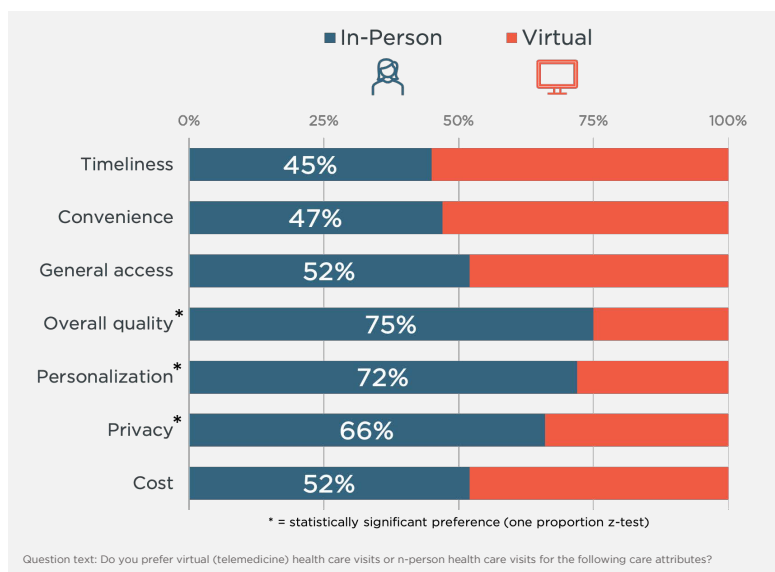
The Shift to Telemedicine

To compensate for the lack of in-person appointments, many patients have shifted to telemedicine. 32% of respondents, including 60% of cancer patients, had at least one in-person appointment replaced with telemedicine during the COVID-19 pandemic. A growing user base was observed amongst both patient groups: a 4-fold increase in virtual care users among healthy respondents and a 2-fold increase among the respondents with chronic health conditions. In terms of the number of appointments, healthy respondents reported a 6-fold increase in the use of telemedicine appointments, compared to a 2-fold increase among chronic patients who had a higher baseline utilization of telemedicine prior to the pandemic. Telemedicine primarily replaced primary care and specialist visits.



Question text: How frequently have you used the following health care services over the past six months? Please estimate the number of appointments in (1) Nov 2019 - Feb 2020 and (2) Mar 2020 - Jun 2020. - Telemedicine.

Despite its more frequent and widespread adoption, respondents had mixed opinions on telemedicine as a replacement for in-person care. While they reported marginal preference for telemedicine in terms of



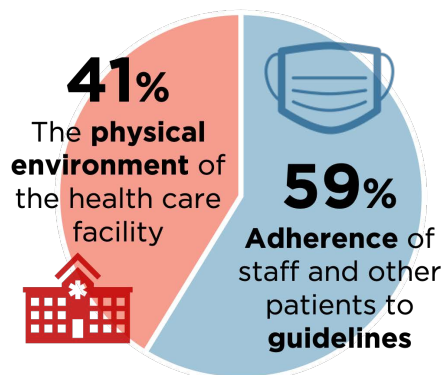
Question text: Do you prefer virtual (telemedicine) health care visits or n-person health care visits for the following care attributes?

convenience and timeliness, 3 out of 4 respondents found the overall quality of care to be better in-person. Respondents also typically preferred in-person visits for privacy and personalized care from a familiar physician. The costs were about equal for both types of treatment, suggesting that telemedicine compromises not just quality but the value of care. These findings suggest that telemedicine may be effective for certain types of appointments and a good alternative when in-person care is not possible. Following the pandemic, it should be used as a complimentary component of care rather than a replacement for in-person care.

Concerns with On-site Care

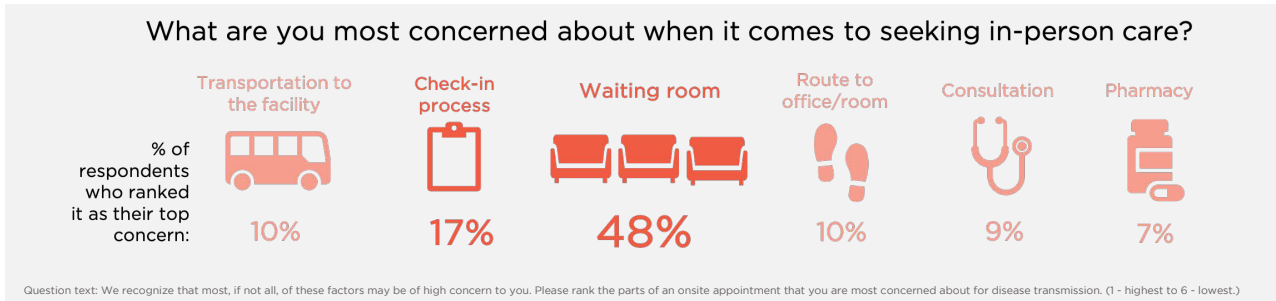
Although respondents preferred in-person care to telemedicine, they expressed concerns with visiting a hospital or clinic during the COVID-19 pandemic. 67% of respondents said that a healthy care environment is more important to them now than it was in January. Alongside local shelter-in-place restrictions and provider cancellations, 77% of respondents placed concerns about contracting or transmitting COVID-19 at the care site as one of their top three reasons for delaying care. Respondents were split on whether the physical environment of the healthcare facility or adherence to guidelines by staff and other patients posed a greater concern to them with regard to seeking on-site care.

Which are you more concerned about?



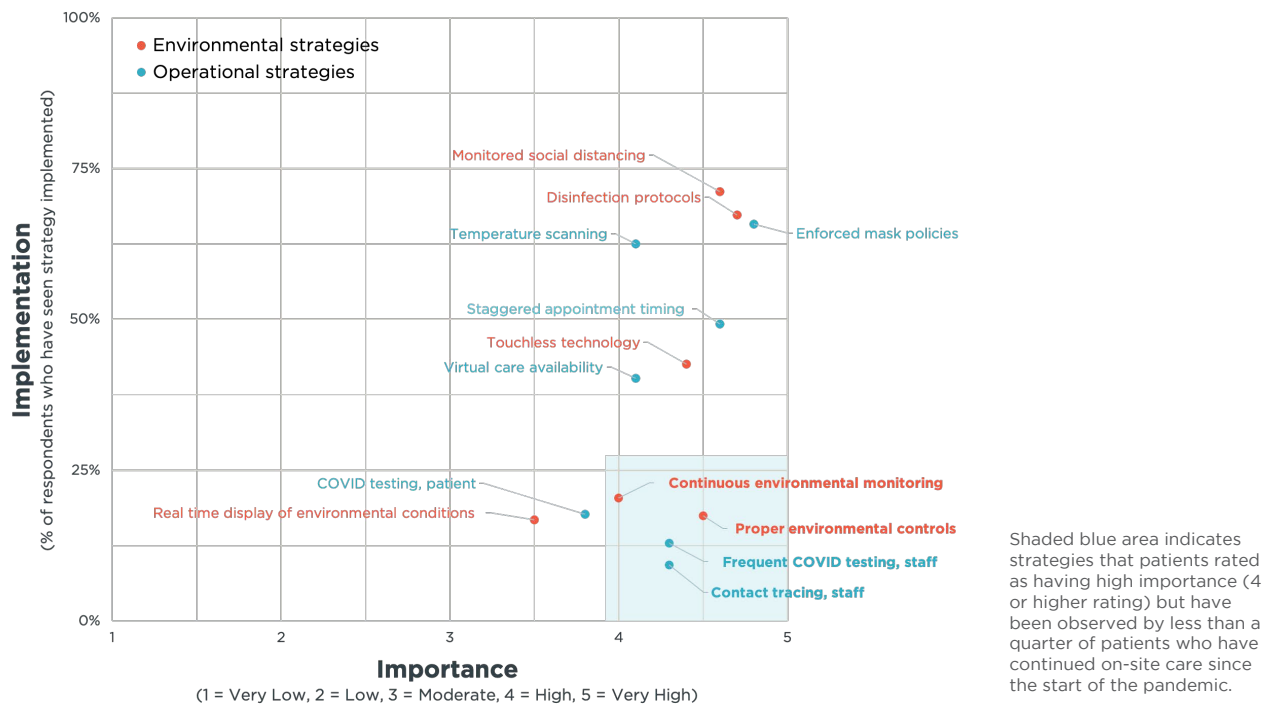
Question text: Which are you more concerned about when it comes to disease transmission?

Of the physical environments that patients encounter during a visit, the waiting room was ranked as the most concerning. Proximity to other patients appears to drive concern more so than interactions with other strangers at the pharmacy or in transit, or with providers during the check-in process or consultation.



The Path Forward

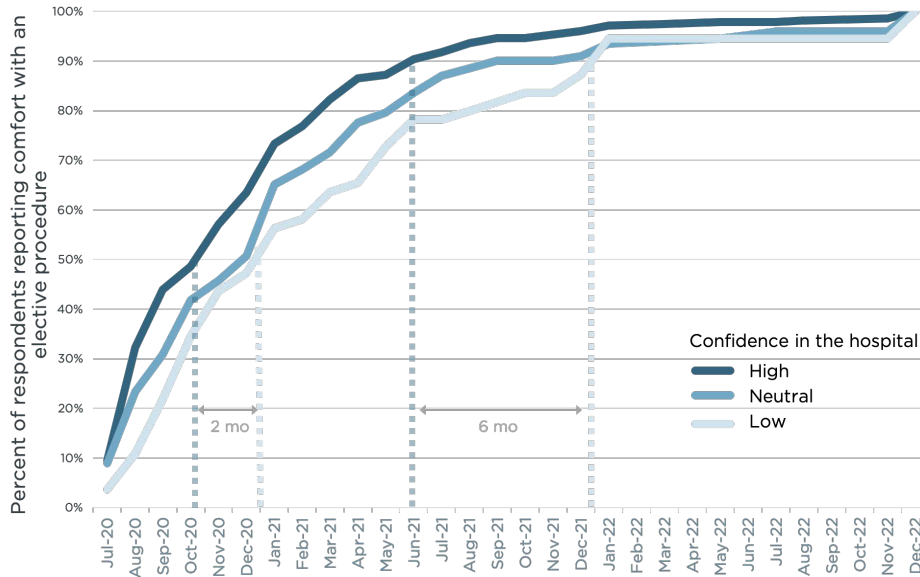
Because telemedicine is not a replacement to tradition in-person care, it is clear that restoring patient quality of care requires overcoming patient concerns with the clinical environment. A number of environmental and operational changes will help assuage patient concerns. Respondents ranked social distance monitoring and cleaning practices as the top environmental interventions and ranked mask policies, staggered appointment timing and COVID testing of staff as top operational practices. However, across the board, patients' observations of whether these strategies have actually been implemented lag behind the importance they place on them – suggesting a gap in the perceived safety of the care environment.



Question text: (Y-axis) You indicated that you went in for at least one appointment in Apr-Jun 2020. Which of the following strategies have you seen implemented when you visited the health care facility? (X-axis) Rate the importance of the following strategies or practices to you [1 - Very Low, 2 - Low, 3 - Moderate, 4 - High, 5 - Very High].

These concerns will hinder a return to the full healthcare services a provider offers. Less than 20% of respondents reported being comfortable with an in-person elective procedure by August of 2020 when the survey was conducted. The rate at which comfort increases depends on whether they are confident that the hospital or medical office would create a safe environment for patients; 90% of respondents who have high confidence in the hospital anticipate being comfortable returning for an elective procedure by June of 2021, while 90% of those with low confidence are not comfortable until 6 months later (December of 2021).

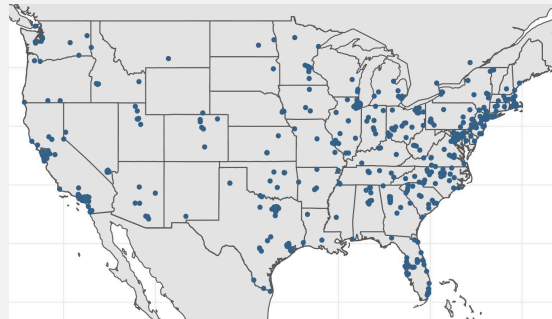
When would you feel comfortable going to a health care facility for an elective procedure?



Restoring patient confidence in the hospital is therefore critical to having patients return to care up to 6 months earlier – a return timeline with potentially significant implications on patient diagnoses, quality of care, and health and wellbeing. One way to restore patient confidence is to address the gap between the high importance they place on various measures and the low implementation rate they have observed for these strategies. Ensuring that implemented strategies are then effectively communicated to patients is also critical for restoring confidence that the facility is taking action to reduce the risk of disease transmission and create a safe care experience.

About the Survey

A national scale survey exploring how COVID-19 has impacted healthcare utilization and patient perceptions of the care environment was conducted between July 14, 2020 through September 1, 2020. A total of 556 respondents were surveyed anonymously via an online survey. 214 responses were collected from patient advocacy groups reached via email outreach, and 342 responses were collected from representative U.S. panels (Qualtrics Market Panel). Respondents were prompted with questions relating to the extent and impact of healthcare disruptions, their concerns with seeking on-site care, their preferences for virtual versus in-person care and their perceptions of environmental and operational strategies designed to reduce risk of disease transmission.



The responses reflected a widespread geographical distribution. The tables below present a breakdown of respondent demographics. Respondents were categorized into one of two patient groups based on their active medical conditions: 245 healthy respondents (those with no active diagnoses of a chronic condition) and 311 chronic respondents (those with at least one active diagnosis of a chronic condition).

Demographic	% of Respondents
Age	
20s - 30s	38%
40s - 50s	36%
60s - 70s	21%
Gender	
Female	65%
Male	34%
Non-binary/Prefer not to answer	2%
Race	
White	81%
Black	7%
Asian	4%
Other/Mixed/Prefer not answer	7%
Not Hispanic/Latino	90%
Hispanic/Latino	10%
Income	
< \$25K - \$49K	25%
\$50 - \$99K	24%
\$100 - \$149K	13%
≥ \$150K	13%
Prefer not to answer	25%
Health Insurance	
PPO	25%
HMO	15%
Medicare or Medicaid	39%
High deductible plan	7%
Fee for service	3%
Uninsured	10%

Active Underlying Condition	Number of Respondents
Respiratory	
Asthma	89
COPD	24
Chronic Bronchitis	24
Emphysema	8
Cystic Fibrosis	8
Other	10
Cardio-vascular	
Stroke	8
Hypertension	97
Other	17
Cancer	
Breast cancer	58
Cholangiocarcinoma/Bile duct cancer	15
Colorectal cancer	13
Lung cancer	5
Prostate cancer	6
Skin cancer	16
Other cancer	8
Other	
Diabetes	59
Digestive condition	28
Renal or hepatic condition	16
Autoimmune disease	37
Immunocompromised	20
Other rare disease	11

Conditions reported to the left were used to categorize respondents into two broad patient groups:

Healthy
No active underlying conditions
245 (44%)

Chronic
At least one active underlying condition
311 (56%)

About View

View is a technology company creating smart and connected buildings to improve people's health and wellness, while simultaneously reducing energy consumption. View is also the market leader in smart windows that let in natural light and views to improve patient outcomes and staff satisfaction. Every View installation includes a smart building platform that consists of power, network and communication infrastructure. For more information, please visit: www.view.com.



About The Cholangiocarcinoma Foundation



Founded in 2006, the Cholangiocarcinoma Foundation is a global 501(c)(3) non-profit organization whose mission it is to find a cure and improve the quality of life for those affected by cholangiocarcinoma through advocacy, education, collaboration and research. For more information, visit www.cholangiocarcinoma.org.

About The Male Breast Cancer Coalition



Founded in 2014, the Male Breast Cancer Coalition is a not-for-profit patient advocacy organization with the mission to bring everyone together to educate the world about breast cancer in men. For more information, visit www.malebreastcancercoalition.org.

About Colorectal Cancer Alliance



Colorectal Cancer Alliance is a national nonprofit committed to ending colorectal cancer. Working with our nation of allies, we diligently support the needs of patients and families, caregivers, and survivors; eagerly raise awareness of preventative screening; and continually strive to fund critical research. For more information, visit www.ccalliance.org.

About METAvivor



METAvivor Research and Support, Inc. is a non-profit organization that funds research to benefit people with stage IV metastatic breast cancer (MBC), and raise awareness, advocate for and provide information and support to people living with MBC. For more information, visit www.metavivor.org.

About Folia Health



Folia Health is a digital health company that believes patients and their families have the power to transform care. Folia provides a system to track symptoms, behaviors, treatments, and more, and use these observations to achieve the best care possible. For more information, visit www.foliahealth.com.

Questions about the survey?

Contact May Woo at may.woo@view.com