



Health Care Consumer Trends

About the authors: Leslie Read and Shane Giuliani lead Deloitte's Customer Transformation in Health Care practice. Leslie, a Principal at Deloitte Consulting LLP, focuses on helping health care organizations become more consumer-centric and drive consumer engagement in health. Co-author Shane Giuliani focuses on customer strategy, corporate strategy, and innovation within the health care industry. In this edition, Leslie and Shane share insights on how consumer needs have shifted as a result of the COVID-19 pandemic based on discussions held with health system Chief Strategy Officers (CSOs) and recent primary research.

Shifts in health care consumer attitudes and behaviors, accelerated by the COVID-19 pandemic, have dramatically changed the care delivery landscape over the past few months. These changes include both a [drastic shift to virtual visits](#), increased consumer desire to have more control and

ownership (especially of their health care data), and novel approaches to both in-person and virtual care delivery. Recognizing these shifts, CSOs are starting to look forward and identify ways to extend the momentum and continue to deliver holistic and patient-centric care in the long-run.

Deloitte's [recent consumer research](#) as well as inputs from several health care CSOs indicate COVID-19 has catalyzed a **substantial shift in consumers' attitudes toward their health** – specifically, their preferences for where and how they receive care.

Virtual health (VH), which was already on the rise prior to COVID-19, has seen a spike in adoption since stay-at-home orders began in mid-March. **Lack of alternative care modalities was one driver of consumers' and providers' swift adoption**, but the ability to see one's own doctor (as opposed to a third-party telehealth provider) may have been another. This is reinforced by Deloitte research that cites the importance of the doctor / patient relationship and **consumers' strong preference for engaging with their own doctor**.

CSOs also noted that consumers continue to avoid hospital care due to fears of COVID-19 exposure. **For nearly all types of health care needs, consumers say they would prefer using VH resources over visiting a hospital for the rest of 2020¹**. This has prompted some hospital systems to find creative ways to provide care both virtually and in-person. One system has used new templating techniques that allows them to organize VH visits so multiple family members are seen by the same physician in back-to-back visits, limiting technical issues and wait times. Another has implemented "drive-thru" immunization tents outside the hospital so patients can receive vaccines (care that cannot be done virtually) in a safer and more efficient manner.

Virtual visits have been a preferred care solution by many in the current environment. However, as we move away

from rapid adoption and "forced" use, CSOs are already thinking about the long-term implications of VH and new use cases.

Currently, VH is primarily used for one-time visits (such as physicals or acute care), **but what if the future of virtual care could accommodate a broader spectrum of care needs?** One CSO posed the question – 'why not surgery?' In the future, it may be possible to shepherd a patient into the surgical room with far fewer in-person visits. Not only would this limit patients' exposure to hazards within hospitals, but it would also reduce the time and inconvenience related to surgical care. This is just one potential extension of the newfound comfort both patients and physicians have found with receiving and providing care virtually.

Although it does have many advantages, **CSOs have also cited challenges they are seeing with the virtual care model**. The first challenge is technological "kinks" such as internet strength, device availability, and technology fluency. Another more pronounced challenge is the gap in overall care that virtual visits can create. Gaps known to date are primarily administrative components that easily fall into place during an in-person visit such as e-check-ins and co-pay management. Currently, these elements do not have a natural home in a virtual visit and represent potential barriers to widespread adoption of the virtual care model.

Virtual health, despite the current challenges, is here to stay. CSOs estimate that **roughly 40% of visits will be virtual in the medium to longer term (versus the 10% pre-COVID), as VH capabilities become more established**. Not only does it enable more convenient care for both patients and providers, it is also an **opportunity for health systems to meet patient care needs more holistically**.

As VH capabilities become more established, so too should capabilities that empower consumers to own their data, so it can port across the health care ecosystem. And they're open to having health care organizations play a role in this: 70% of consumers indicated they would be **comfortable with their health plan helping to collect and organize their health information**, so it's all in one place for their easy access; that figure is 75% for health care providers providing the same service².

Our research finds that **trust between the patient and the provider matters more than ever**, indicating that the evolution of virtual care must have trust as its foundation – not just through privacy and security, but also through empathy and knowledge of the consumer's needs. Health systems can use this as a guiding principle as they develop their strategies for care delivery models, experience design, and interoperability initiatives during and after COVID-19.

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¹**Source:** Deloitte Human Experience and Uncertainty Survey (May 2020, n=2,000)

Question: 1. Do you anticipate having any of the following health care needs before the end of 2020, either for you or for someone who depends on you for their health care needs? 2. For the following procedure, how would you prefer to receive this care?

²**Source:** Deloitte Study of Health Care Consumer Response to COVID-19 (April/May 2020, n=1,510)

Question: How comfortable would you be with the following types of organizations helping to collect and organize your health care information? (n=1,510)

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