

THE PATIENT EXPERIENCE POST COVID-19

MAY 2020


COGNITANT
Whitepaper

EXECUTIVE SUMMARY

Healthcare services have been on a slow but steady course of transformation until now. The COVID-19 pandemic has exposed the fragility of our services and has accelerated radical change.

As we emerge from this global emergency, what will the next version of healthcare look like? Will we slide back to the “old normal” or will we find a “new normal” with innovative ways of managing health and illness?

Our overarching learning is that we need to continue down the path of introducing technology-enhanced health services which can help front line clinicians react quickly, adapt to future challenges and deliver care in better ways to revolutionise experiences for patients and the public.

In this paper, we benchmark the current patient experience and consider the prospects for change emerging from our learnings from the COVID-19 pandemic. We have also studied innovation and developments from across the world, with the notable shifts coming from the USA and China.

Clinicians, patients and industry leaders have provided insights from their experience of healthcare and their predictions for the short and long term. In exploring what the future may hold for the patient experience, is it important to look at what actions are both feasible and realistic with the resources and technology we have today.

With steady change and progression during the past 20 years, the COVID-19 pandemic has showed that we need more than evolution, we need radical transformation. With the help of industry leaders and patients, we have explored how healthcare might look in the future. We identify three vital areas of change, each of which will revolutionise the way that citizens manage their health and engage with healthcare services. Interestingly, although artificial intelligence will be a part of all of these areas, it's not necessarily the most important technological development.

OPEN STATEMENT

from Dr Tim Ringrose – CEO of Cognitant

“One of the biggest issues in healthcare today is overwhelming demand. Our services are being swamped by the rising tide of care needs, particularly to address the growing number of people with long-term conditions and an increasingly ageing population. Our existing systems struggle to keep up with capacity at the best of times, and when a crisis hits, as we are now painfully aware, we have little or no reserve capacity. We need to quickly find new models of care, and we need to empower each person to understand and manage their own health. We need to revolutionise the way we inform people about health, disease and treatment.”

The patient journey through a healthcare system is much more than an appointment at a health clinic or hospital; it's a long series of events and experiences, much of which is navigated without support and with access to little or no reliable information. Many patients describe their enormous frustration and anxiety as they try to understand a diagnosis, find out about what treatments are most appropriate and plan their lives and that of their loved ones. It's no wonder that searching for health information is one of the top uses of Google, but alongside the benefits of the internet there are also many dangers. Most of my fellow doctors say to patients, “whatever you do, don't look up your condition online – it will scare you.”

There's a clear need to streamline the patient journey through the healthcare system. The patient experience that exists today, both in the UK and globally, continues to make vast improvements across several areas. When we finally emerge from the onslaught of COVID-19, what we will find?"

“What will the new patient experience look like?”

CURRENT PATIENT EXPERIENCE

THE CONSULTATION

In the UK, as in many parts of the world, the first interaction we have with healthcare is in primary care, where our current expectation is to have a face-to-face appointment with a GP. The process of booking this appointment can be frustrating, time-consuming and antiquated; typically involving a telephone call to the practice at a specific time to book an appointment, which may then require waiting several weeks unless it can be justified as urgent.

The average GP appointment in the UK lasts less than 10 minutes. The limited amount of time to take a medical history (ask questions), consider the best plan of action, prescribe treatment and explain all this to a patient, is frustrating, insufficient and inefficient for both patient and doctor. It's no wonder that many doctors are stressed and experiencing burn-out, and that patients often leave consultations confused and unsure how to make best use of their prescribed treatments.

Initial appointments often require a sequence of further appointments for investigations and further consultations. All very time-consuming, and leading to delays in diagnosis and initiation of treatment.

If a patient is referred to a specialist, they may experience delay of weeks or months waiting for a face-to-face visit. While some conditions and situations do require that the doctor and patient meet in person for an examination or procedure, in many instances, a consultation could be performed remotely using relatively simple technology that other industries are already using routinely.

Online consulting services are now experiencing a dramatic increase in demand as a result of the pandemic.

Dr Murray Ellender, GP and CEO of eConsult describes the learnings from this:

"While COVID-19 is disastrous on numerous levels, we have also learned very quickly how to deal with a sudden pressure on the system, and we cannot revert to the old ways. We need a mindset where we go with change, adapt accordingly, evolve and never go back."

Dr Ellender believes that face-to-face consultations are not always needed or the best solution, and we have seen that other options, such as asynchronous, phone and video consultations as strong alternatives.

"These can also get the job done, while saving face-to-face clinician time for when it is most needed."

DOCTOR KNOWS BEST?

We hold doctors and healthcare professionals in high esteem and entrust them with decisions about our well-being that may well make the difference between life or death. In the past, most patients accepted the recommendations of their clinician without question, but in this age of enlightenment, most people want to know all the options, to verify information for themselves, and to make their own decisions based on this information.

More healthcare professionals are trying to implement "person-centred care" and "shared decision-making," but find many barriers to do this effectively. Even the most progressive and motivated clinician struggles to overcome two obstacles in particular:

TIME

The first of these obstacles is time. Short consultations leave little or no time to provide full explanations to patients about their condition or treatment. One might expect that, given these time constraints, patients would be given information, such as readable instructions of the treatments recommended or prescribed, to take away with them and read later. However, a recent study of UK GPs found that they provided information to patients in only 25% of consultations.¹ The prime reason that more information is not given to patients is that there is no easy system to do this in the limited time available.

Consultation times in specialist centres are longer, so there is more opportunity for patients to ask questions and understand the issues under consideration and the options available to them. However, the complex nature of many medical issues and the highly stressful circumstances often lead to patients returning home full of anxiety, confusion and uncertainty. Sometimes doctors resort to drawing sketches on scraps of paper to explain things such as physiology or a procedure. This is a good demonstration of ingenuity but a poor reflection of our current toolsets for health information.

HEALTH LITERACY

The second obstacle is health literacy. The basic level of health knowledge amongst the general population is low, and studies show that nearly half of the European population struggle to understand currently available health information.² Medical terminology can be confusing to many people (eg why do we use words such as 'relapse' and 'chronic'?) and an understanding of normal physiology is often needed before a medical condition can be understood. It has been well documented that much as 50% of drugs and treatments for long-term conditions are not used as advised by the prescriber, and that most of this is due to misunderstandings and confusion.³

1. PM Society. How doctors use health information in and after a consultation. Available at: pmsociety.org.uk/wp-content/uploads/2020/03/Factsheet-1-.pdf. Accessed April 2020
2. Rowlands G, Protheroe J et al. A mismatch between population health literacy and the complexity of health information: an observational study. *Br J Gen Pract* 2015;65(635):e379-86
3. World Health Organization. Adherence to long-term therapies: evidence for action. Available at: www.who.int/chp/knowledge/publications/adherence_full_report.pdf. Accessed April 2020

HEALTH DATA

Since GDPR regulations came into law in May 2018, we are constantly confronted by requests for consent to track information about our use of websites and mobile applications, and we “know our rights” about protecting our personal data. Yet most of us have no idea what information about our health is held by third parties such as the NHS or insurers. What’s more, if we need to consult with a healthcare service when away from home, our health records are generally inaccessible by other healthcare providers.

Our expectations have changed, and more people want to have ready access and ownership of their medical history and other data.

Breast cancer surgeon and patient Dr Liz O’Riordan commented:

“In the UK there is no system where patients can access all of their data, and where it can be easily shared between healthcare providers. I would like to see every patient have access to all of their data on their phone which can be shared with a health provider. This will create more ‘joined-up’ thinking across the whole of the UK. Any hospital or GP can access your notes without patients having to explain it all.”

The desire to have access to and control personal medical data is also demonstrated by the rise of wearable tech that is sweeping the world. Reports show that 80% of consumers are willing to wear fitness technology such as Fitbit and Apple watches to measure their daily exercise, heart rate, sleep patterns, and a growing list of other variables. This thirst for data and better understanding of personal health is only growing. Apple has launched the *Apple Heart Study* app and *Movement Disorder API* to help people identify atrial fibrillation and Parkinson’s disease, respectively. By 2023 more than 120 million US consumers will own and use some type of wearable healthtech. Add to this the growing number of people who are submitting samples to companies such as 23andme to “find out what their DNA says” and we have a vast amount of data that individuals want to utilise for the management of their health.

Data is at the centre of digital health, and with patients becoming more aware of the importance of their personal data, healthcare providers need to be in a position to easily share information between themselves and their patients.

COMMUNICATION

Many healthcare systems rely on paper-based communication for the majority of communication. This is not only expensive and time-consuming, it can lead to significant harm. As Dr O’Riordan puts it, “Misinformation and poor communications can put both doctors and patients at risk. Patients are put at risk from bad decision-making based on wrong information. Doctors are put at risk by thinking that a patient has given informed consent when they haven’t, how can you give consent when you don’t understand what you’re consenting to?”

The “Montgomery ruling” from 2015 supersedes the “Bolam test” and means that clinicians must find the time to explain the risks and benefits of a recommended course of action (and the other options).⁴ The ruling stated that “The doctor’s duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form.” For patients, it requires them to reflect on their treatment options before deciding what is best for them.

Failures in communication about an abnormal laboratory test or procedure can lead to devastating consequences, such as a missed or delayed diagnosis or worse, but can also lead to poor use of medication and lifestyle choices.

For example, people with asthma, of which there are over five million in the UK, often struggle to understand their condition and how to use their inhalers and other therapeutic options effectively. This leads to increased attendance at emergency departments, increased use of steroids and poor outcomes.⁵ Alarmingly, three people still die from an asthma attack every single day in the UK, which has deteriorated by 20% over the last 5 years. The majority of asthma-related hospital admissions and deaths are thought to be preventable.⁶

Poor communication in health doesn’t just affect us when we are ill, it also threatens us constantly. This is clearly demonstrated with the COVID-19 pandemic. The internet has exploded with opinions and theories about the virus: its origins, its spread, and the best way to prevent infection. Arguably, the only thing spreading faster than the virus itself is misinformation about it. Concerned about the serious consequences of this, the Department for Culture, Media & Sport (DCMS) and the NHS have both announced measures designed to combat mis-information about coronavirus.

It’s clear that there is a demand for more modern, digital communication, and the COVID-19 pandemic is accelerating this. The number of people using NHS 111 online per day skyrocketed by more than 5,000% during March 2020.⁷

We all need access to relevant and trustworthy information to help us stay healthy and manage our medical needs. It can make the difference between life and death.

4. The Supreme Court. Available at: www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf. Accessed April 2020

5. Melani AS, Bonavia MC et al. Inhaler mishandling remains common in real life and is associated with reduced disease control. *Respir Med* 2011;105(6):930-8

6. Stephenson P and Shields M. Asthma deaths: we need to identify risk factors early and construct at-risk asthma registers. *Prim Care Respir J* 2012;21:13-14

7. NHS Digital. Available at: digital.nhs.uk/. Accessed April 2020

INTERNATIONAL INSPIRATION

There are many learnings from other healthcare systems that have successfully introduced innovative methods to improve the patient experience. We see that it is less about knowing which nation offers the 'best' or 'perfect' patient experience and more about taking elements from each to examine how they cater to specific needs. Sometimes that inspiration comes from countries that have started from behind and have leapt forward to overtake more established healthcare systems.

Even before COVID-19, China was already making huge advancements in the health-tech space with online booking systems for hospital appointments, e-prescriptions and tele-consultations. Dr Ruby Wang, NHS doctor and Medical Advisor to Alibaba Group, commented "This has been driven by three main factors:

1. Technology is already highly woven into every aspect of daily life in China
2. There is a huge demand from China's large population for healthcare services
3. Chinese tech giants have poured vast amounts of investment into healthtech, with strong VC and government backing

Digital healthcare platforms, such as Ping An's *Good Doctor*, Tencent's *WeDoctor*, and Alibaba's *Alihealth*, are already providing services to over one billion people in China. They allow healthcare services and medical information to be delivered straight to the user, either through digital access to clinicians, or artificial-intelligence boosted medical management. Healthtech has even evolved into a new concept, the "Internet Hospital", which aims to act as a digital alternative to physical consultations altogether, and provide faster, more efficient and cost-effective services to the population.

While still currently limited by policies requiring an initial face-to-face consultation to ensure safety of care, the prospect of complete digital transformation in healthcare delivery is nevertheless an exciting one.

Dr. Ruby Wang, NHS doctor and Medical Advisor to Alibaba Group, commented:

"The interesting trend here is that most of these companies do not originate from a healthcare background (Alibaba, as the e-commerce giant, is China's answer to Amazon, and Tencent's WeChat is a messaging/social media platform) but all have all been keen to get a slice of the healthtech 'pie'."

These tech giants need to ensure that they work carefully with patients, clinicians and care providers in mind, and not just be attracted by the booming industry, in order to make meaningful impact in the healthcare space.

In the US, a hospital in Pittsburgh has streamlined the check-in process with biometric technology. Patients scan their index finger upon arrival and receive a personalised consumer experience with a faster check-in process. This prevents identity fraud and increases patient security. This simple change has been embraced by patients and personalises their treatment without the need to repeat information.

Speed is also a major factor. As we have seen with COVID-19, the demand for reliable and up-to-date information becomes a priority, and healthcare systems need to have appropriate methods and channels to disseminate official and verified information to large numbers of people quickly.

These innovations are not only putting personal health data in the hands of the general population, but are also providing more and more services for people to access from their smartphone to manage their health and their interactions with healthcare professionals and healthcare providers.

LOOKING TO THE FUTURE

THE INFORMED PATIENT

Ray Hammond – futurist

Patients are now in a position where they have more information at their disposal than ever before. Renowned futurist Ray Hammond describes the rise of the 'informed patient' and predicts this will continue as the popularity of healthtech accessories increases. "Patients have long looked for answers on their medical conditions before consulting a healthcare professional – previously discussing ailments within communities and then on a much bigger scale with the internet allowing for wider sharing and mixed medical advice." With the rise of health-tech for tracking health data has come an adoption of instant medical advice from medical consultation apps on smartphones, the popularity of which is also clearly evident.

Hammond predicts that this availability of data will blur the lines between doctors and patients. While this presents risks because of the nature of mis-information online, having this data to hand pre-appointment will free up medical professionals of basic body-monitoring history taking and repetitive treatment duties. However, Hammond enforces that there is no replacement for the relationships created between medic and patient – technology can only be a partial replacement.

"It is important that access to medical information is not confused or conflated with the all-important practical experience that doctors gain as they treat thousands of patients. However, technology can keep patients out of the doctors' surgery, which in itself is a good thing." Ray Hammond

THE INNOVATOR

Dr Murray Ellender, NHS GP and CEO of eConsult Health

"The COVID-19 outbreak has shown that digital health tools are effective, add value and actually enhance the continuity of care. While we have been steadily adopting digital health for years, this has accelerated during COVID-19. While some innovations were introduced as a necessity to combat COVID-19, they are proving to be very successful as permanent improvements to the way we approach care - as well as seen as positive steps by both clinicians and patients.

We have found that the simple stuff works best. There is actually no need for complex solutions involving large investments in hardware or software, and that using the tools that are readily available to everyone – the likes of messaging, email, calls and video - can be adapted in order to make vast improvements in healthcare as well.

During these tense few months, we have learned that the NHS still needs to invest in IT infrastructure. While this will not be as costly as in previous years, there still needs to be standards across the NHS that are recognised, resilient, agile and trustworthy. At the same time, we need to train clinicians to interact in new ways of working.

We need a mindset where we go with change, adapt accordingly, evolve and never go back. SMS, email, and excellent, rich video and augmented reality content, shared widely, will now be tools that will remain part of the new patient journey."

THE POLICY ADVISER

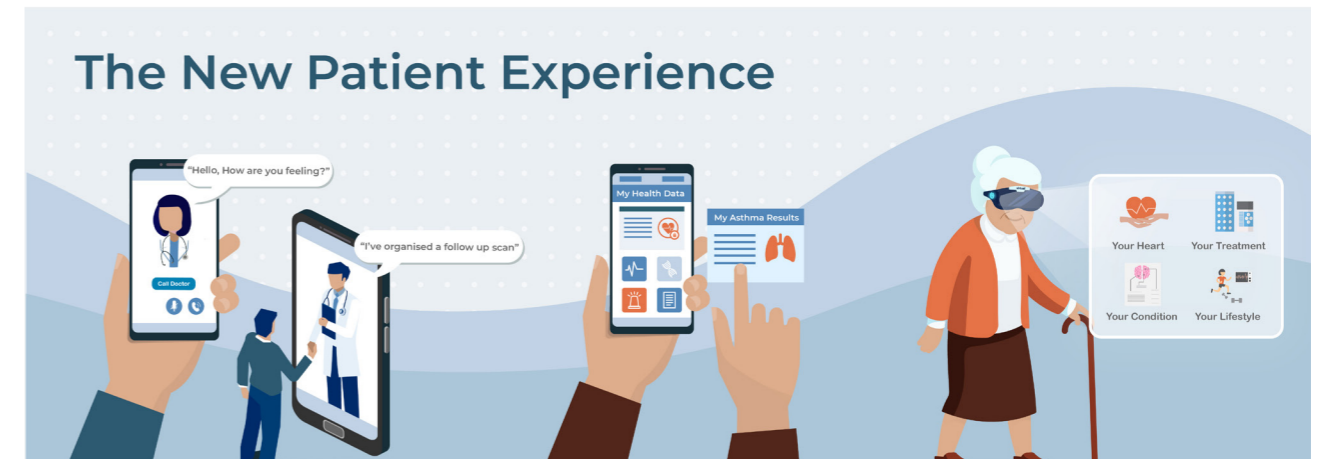
Dr Michelle Tempest, Partner at Candesic

"The silver lining of COVID-19 is that people should take more responsibility for their own care pathway going forward. I believe having access to healthcare from home, just like digital banking, will become a way of life. It is no longer a matter of if, but rather when and which country will lead on this.

While to date Israel has many amazing healthtech start-ups, Germany has a new Digital Care Act and Sweden already remunerates digital consultations, none of them have rolled out a complete digital healthcare service. The UK, if it acts now, has the potential to lead the world in digital healthcare. This is evidenced by the success of the NHS's primary care in quickly implementing digital services as a response to COVID-19, which now delivers 85% of consultations via digital telehealth, as well as the sharp increase in number of hospital out-patient appointments now being delivered online.

The time has come for both patients and clinicians to expect a joined-up digital NHS healthcare system. The technology is readily available and affordable, the clinical capability proven and now the barriers have been broken to move away from the traditional and into the digital.

It will not happen overnight considering the multi layers of interoperability, but in the meantime, we have much technology to embrace as well as an education programme for patients to take steps in understanding home-based treatment. This keeps the momentum from our COVID-19 learnings for both individual and the system."



CONCLUSIONS

The COVID-19 pandemic has brought into clear focus that our healthcare systems need to innovate and change significantly.

We should expect to see a dramatic shift in the way our healthcare services operate. Indeed we should demand it.

We see three main pillars for change that interconnect and deliver a wholesale transformation of patient experience.

1. Remote consultations with healthcare professionals will be the norm
2. People will demand access and control of their own health data and expect this data to drive personalised care
3. Patients will expect to be provided with comprehensive and clear information about their health, to empower them to make their own decisions about their health and treatment

The common thread for all of this is putting patients in the centre and in control of their data and their decisions.

By embracing new developments, the patient experience can change for the better whilst at the same time reducing the burden and strain on healthcare professionals. Of course, as reinforced by Ray Hammond, the role of a doctor-patient relationship will never be obsolete; but it can be renewed and revitalised with better use of technology.

Cognitant Group is an award-winning health technology company that delivers immersive health information via smartphones, tablets or VR headsets. This is more effective than traditional printed information and enables people to better understand their health, their medical conditions and their treatment. The company works in partnership with a wide range of healthcare organisations and companies.

Cognitant Group's platform, 'Healthinote' allows doctors, nurses and pharmacists to recommend information to patients as 'information prescriptions'. This easy to use system assists healthcare staff to make the most of their valuable consultation time and provides patients with confidence that they are viewing the most relevant information for their particular health needs.



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