

COVID-19: New Patient Expectations

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Part 3 of 3-part series exploring the relationship between and among healthcare workers, society, patients, and the impact of COVID-19 on the delivery of healthcare services. Visit the Resources section at www.MedicalTourismTraining.com to access Parts 1 and 2.

COVID-19 has impacted the delivery of healthcare services around the world. What has happened to patients' expectations as a result of the pandemic? What do healthcare providers need to do to restructure healthcare services to meet and exceed these new expectations?

The "New Normal"

Dr. Donald Berwick's JAMA article, "Choices for the New Normal"ⁱ offers six characteristics that define the changes in the delivery of healthcare services in this time of COVID-19:

- Virtual Care
- Speed of learning
- The Value of Standards
- Protecting the Workforce
- Preparedness for Threats
- Inequity

A seventh factor – sustainability – is added to these six points. Each of these factors is changing patients' expectations about their experiences interacting with healthcare providers.

Virtual Care – Remote and Touchless

Much has been written in a short time about the explosive demand in telehealth/telemedicine virtual solutions which, prior to COVID-19, had met with slow uptake in most of the world. Insurance companies and third-party payers did not want to reimburse for virtual consultations. Licensing and regulatory bodies were bottlenecks for doctors to get licensed to offer virtual services in other jurisdictions. During the pandemic, regulatory waivers were given out like candy on Halloween to make virtual care easy to access. Now there is no putting the candy back in the wrapper. Telemedicine is here to stay.



Doctors and patients have discovered the virtues of virtual care. Pre-COVID-19, Geisinger Health System averaged 40 telehealth visits per day; now the number is between 4,000 to 5,000 per day.ⁱⁱ Patients and providers love the convenience and time saving factors. People do not have to make appointments and travel to see providers, potentially exposing themselves to the virus. Triage is able to take place more rapidly and, hopefully, more effectively.

Hospitals, clinics, and other healthcare service providers need to move beyond telehealth visits to expand touchless technology into the consumer/patient experience. People want to book appointments online. Waiting rooms are a thing of the past – individuals enter the place of service when the provider

is ready to see them. Payment will be made either online in advance or with touchless, tap and go payment at the point of service. Hand sanitizers will be pedal operated or touchless. All providers will be wearing some type of personal protective equipment appropriate to the services being delivered for the foreseeable future or at least until a vaccine is developed and widely available.

Virtual, fast, safe, convenient, and touchless define new patient expectations that hospitals and clinics must be prepared to deliver as part of an excellent patient experience.

Speed of Learning



People expect a quick vaccine or medicine to prevent or treat COVID-19. After a few months of lockdown, people are impatient to “return to normal” as the virus continues to spread around the globe. The re-imposition of lockdowns and other restrictions will not be welcomed, and further lack of compliance with restrictions may result.

Messages from the media, politicians, and others suggest there is a quick route to a vaccine while scientists are sounding a note of caution about the timeframe needed to produce a safe and effective vaccine. Failing to manage expectations may lead to problems down the road including continued spread of the virus, protests, violence, and civil unrest.

Providers are certainly learning and adapting quickly. Patients are enjoying the benefits, as telehealth and telemedicine deliver faster access, convenience, and, sometimes, cost savings. The acceptance of telemedicine has skyrocketed. This has happened very fast, and there is no turning back the clock for patients.

These examples and others that are emerging from the pandemic demonstrate that medicine can and should do things faster, better, and less expensively than before. Patients now expect it.

The Value of Standards

Only a few short months ago, many people had never heard of or understood the role of the World Health Organization, the Centers for Disease Control and Prevention, or the Johns Hopkins Bloomberg School of Public Health. Now these and other organizations are relied upon to provide guidance, standards, and protocols for almost every aspect of the treatment of SARS-CoV-2.



Because of the media coverage of the pandemic, people now know far more and expect that healthcare providers will manage the diagnosis and treatment of the disease according to uniform, established best practices. For example, patients expect to see healthcare professionals at hospitals dressed in personal protective equipment (PPE) and may not accept anything less.

Prior to the pandemic, health insurance and travel assurance companies were looking to accreditation programs to ensure consistency of protocols to better predict outcomes. COVID-19 is demonstrating the value of standards. This trend will surely continue as COVID-19 continues to circle the globe.

Patients demand conditions that are safe, hygienic, and as free from risk as possible. A recent survey of consumers in the beauty and wellness sectors identified what is most important to them. “Rigorous sanitation guidelines” was identified as the most important factor in consumer confidence.ⁱⁱⁱ By analogy, it is safe to assume that patients will settle demand high standards and nothing less, now and in the future.

According to consumers, the most important change a business can make is to follow rigorous cleaning guidelines



mindbody

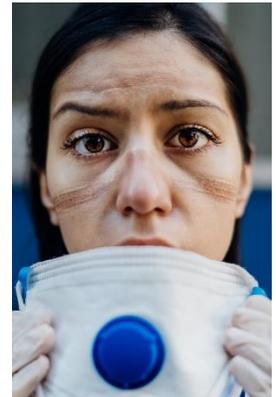
Percentage saying it's important

Protecting the Workforce

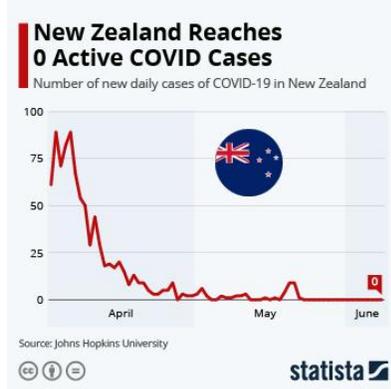
Ensuring the health and safety of healthcare workers is a top priority for employers. The pandemic has exposed many failures by healthcare systems around the world to provide safe work environments. The prominent example is the lack of PPEs, exposing employees to disease and death on the job. This topic is covered in more detail in the first two parts of this series.^{iv}

Effective management, standardized systems and policies, resources (including mental health services), security, and clear communications by healthcare leaders about protecting healthcare workers are essential. Without healthcare professionals with a secure workplace, and appropriate tools to do their jobs effectively, patients are more likely to receive inappropriate care and a poorer patient experience.

Failure to protect the healthcare workforce will have long-term consequences by discouraging people from pursuing careers in healthcare. Healthcare professionals are already leaving their jobs.^v Time will tell what the impact on the patient-provider relationship will be. It seems clear that patients expect healthcare workers to be safe in order for patients to feel safe.



Preparing for Threats



Globally, hospitals are required to have crisis management plans in place to maintain licensure. Clinics do not have this same requirement. While the possibility of a pandemic has been discussed in the public health sector for decades, with few exceptions, governments and providers were unprepared for the magnitude of this crisis.

Patient trust and confidence are essential. How well this crisis was handled will impact consumer decisions in the future in terms of expectations, need for improvement, ability to meet medical needs, and other critical factors that build trust and confidence in the providers' abilities to deliver needed services.

Reputations and the brands of providers and destinations have been damaged (Italy, United States) as a result of the pandemic while others have been enhanced (New Zealand, Germany). Health travelers will remember the good and bad headlines about destinations and providers. Their decisions will be influenced accordingly about where to seek wellness, health, and medical treatment, in part based on how well-prepared providers and destinations were for this crisis.

Patients expect providers to be prepared for any circumstances affecting the care they receive. If your organization and/or location performed poorly, reputation and brand rebuilding is needed to convince patients of an excellent patient experience.

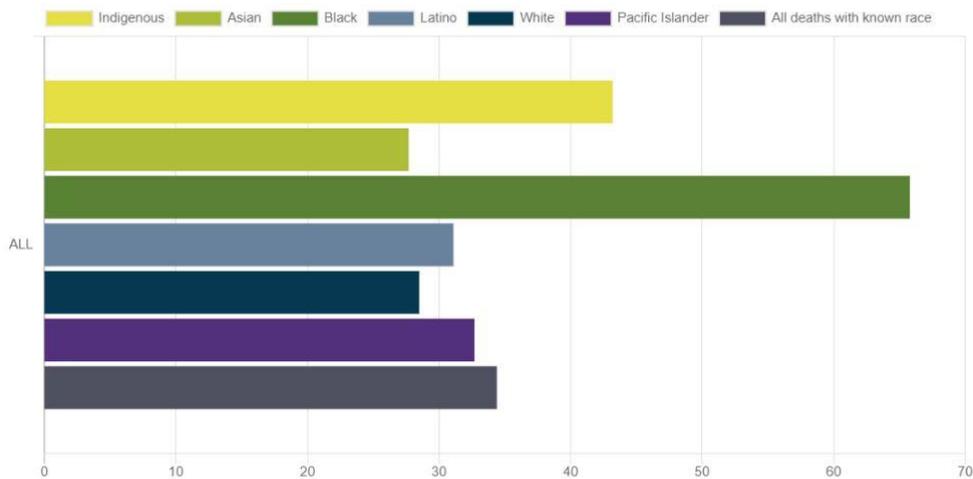
Inequality

The toll of the pandemic has been uneven, with some segments of the populations hit harder than others. At the same time, the death of George Floyd has reverberated around the world and touched off protests in support of Black Lives Matter.

According to the United Nations High Commissioner for Human Rights' Michele Bachelet, people of color are disproportionately impacted by COVID-19. "For example, in Brazil's São Paulo state, people of colour are 62 per cent more likely to die from COVID-19 than their white counterparts. Higher mortality rates have also been reported in the Seine Saint-Denis department in France, home to many minorities....data from the United States shows that the COVID-19 death rate for African Americans is more than double that of other racial groups. The situation is practically mirrored in England and Wales, where the death rate for black, Pakistani and Bangladeshi people is nearly double that of white people, even when class and some health factors are taken into account."^{vi}

COVID death by race per 100,000 people in the United States paint a disturbing picture.^{vii}

COVID-19 DEATHS PER 100,000 PEOPLE OF EACH GROUP, THROUGH JUNE 23, 2020



**Includes all available data from Washington, D.C., and the 50 states. Users are cautioned that the Indigenous rate is calculated from just 26 states reporting Indigenous deaths, and the Pacific Islander rate from just 14 states reporting such deaths. States employ varying collection methods regarding ethnicity data. Denominator is built from data aggregated from each state, aligned with their method.*

Everyone must have access to healthcare services that are affordable and available. People of color, ethnic minorities, and other groups who are underserved by local healthcare systems lose confidence in those services, causing people to completely forego or delay seeking medical attention. Overuse or inappropriate use of emergency room services, sicker patients, and other negative impacts are felt by individuals and society as a whole.

Inequalities in the delivery of healthcare services not only impose hardships on groups denied the same access as others but also impose costs on society as a whole that should be corrected to strive for access, affordability, and appropriate care for all individuals.

Sustainability

Pandemic lockdowns have shown the world that nature will heal itself when humans change their behavior. The skies are clear again in Tehran, Beijing, and other cities which were formerly the most polluted in the world.^{viii} Wildlife is returning to places previously abandoned because they were too crowded or polluted. People are enjoying time in nature or quiet city streets.

Will people be content to resume prior behaviors that have clearly damaged the environment?



The answer to this question depends in part upon whom you ask. A group of Millennials traveling for wellness services will most likely be more concerned about sustainability issues than parents seeking complex medical care for a child. While organizations may be motivated to engage in sustainability efforts to meet or exceed patient expectations, the results of such programs can deliver additional bonuses.

Sustainability programs benefit individual organizations, staff, and patients. Temos International Healthcare Accreditation offers ISQua/IEEA accredited sustainability standards focused on seven points^{ix}: Engaged leadership; reduced carbon footprints; safer chemicals; smarter purchasing including buying from local sources; healthy food for patients, staff, and visitors; corporate social responsibility; and effective communication.

Clients report numerous benefits from these accreditation standards such as: reduced expenses; stronger relationships with local partners; compliments about food options, and overall appreciation about caring for the environment. Marketing campaigns about these benefits resonate throughout the organization with staff, patients, and the broader community.

Long before COVID-19 arrived, sustainability initiatives were delivering results for organizations among staff, patients, visitors, as well as the bottom line. An unexpected aspect of COVID-19 is the benefit to the environment, demonstrating that new behaviors by individuals, communities and society can measurably and sustainably preserve the environment.

Smart providers and governments will look at ways to promote their services and destinations while doing good things for the environment. Employees like it and patients like it. Sustainability delivers a better patient experience.

Summary

COVID-19 has changed patient expectations, as well as healthcare itself. The “new normal” in healthcare requires governments, hospitals, clinics, and other service providers to rethink the way the patient journey and patient experience. Patients are now looking for virtual clinical and nonclinical services, faster learning implemented quickly and safely, high standards of care based on international and national best practices, strong measures to protect healthcare workers, preparedness to face COVID-19 and other threats measures to redress inequality, and environmental sustainability.

Are you ready to deliver patient experiences to meet these new expectations?

About the Author:

A pioneer in health travel as President & Founder of [Medical Tourism Training](#), Elizabeth Ziemba delivers consulting, training, and assessment services for clients in the wellness, health, medical, and hospitality sectors with innovative, practical, evidence-based solutions for business and economic growth. [Ms. Ziemba](#) helps clients build strong organizations at the cross-roads of health & hospitality to compete locally and globally.

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ⁱ JAMA. Published online May 4, 2020. doi:10.1001/jama.2020.6949

ⁱⁱ <https://hbr.org/2020/06/how-one-health-system-is-transforming-in-response-to-covid-19>, accessed 23 June 2020

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- iv <https://www.medicaltourismtraining.com/medical-tourism-articles/covid-19-the-impact-on-healthcare-workers-and-patients/> and <https://www.medicaltourismtraining.com/medical-tourism-articles/covid-19-healthcare-workers-heroes-or-villains/>
- v <https://www.nbcnews.com/news/us-news/why-some-nurses-have-quit-during-coronavirus-pandemic-n1201796>, accessed 1 July 2020
<https://www.nursingtimes.net/news/mental-health/danger-of-nurses-quitting-after-covid-19-if-mental-health-overlooked-24-04-2020/>, accessed 1 July 2020
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- vi <https://news.un.org/en/story/2020/06/1065272>, accessed 23 June 2020
- vii <https://www.apmresearchlab.org/covid/deaths-by-race>, accessed 26 June 2020
- viii <https://www.iqair.com/world-air-quality-ranking>, accessed 26 June 2020
- ix The author is a representative for Temos and has first-hand knowledge of the company's standards.