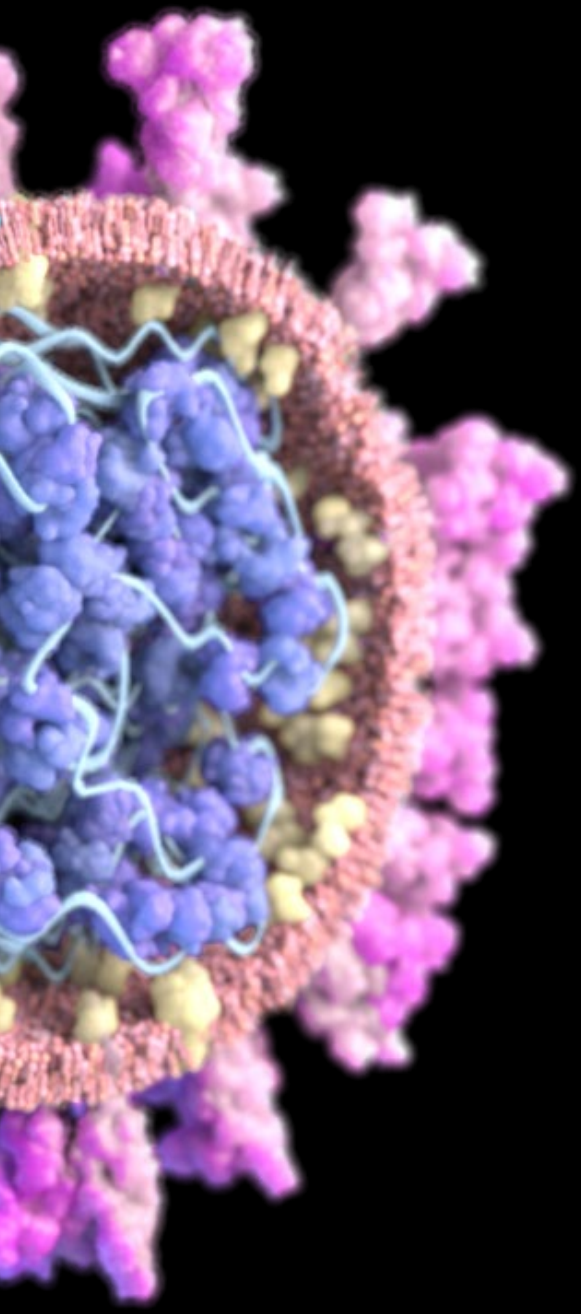
LIFE (SCIENCES) AFTER COVID-19

A New Essential Model

Authored by
Laura Morrison, SVP, Brand Strategy

klick HEALTH



The piece you're about to read is from Klick Health's Life (Sciences) After COVID-19 series, a collection of expert perspectives designed to inform and inspire the life sciences community for the coming changes and opportunities we anticipate as a result of this global health crisis.

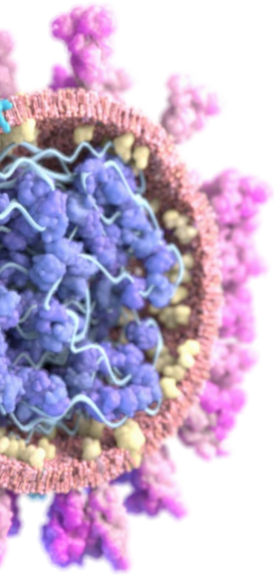
We invite you to engage with a multitude of these viewpoints by seeking out other pieces from this series, including *Changing Contexts Changes Habits* and *The Doctor Will Zoom You Now* at **covid19.klick.com**.

THE INSIGHT

In the past few months, a plethora of new words, phrases, and concepts have slid into our national vocabulary. "Shelter at home," "social distancing," "frontline workers," and "re-opening strategies" have become common expressions at virtual happy hours. Personally, I've even talked about epidemiology models with my parents. No doubt, many of these phrases will become relics—language that when heard decades later will elicit this surreal moment in time. Others, like "essential healthcare workers," "essential services," and "essential businesses" may connote a more permanent shift in society's collective consciousness.

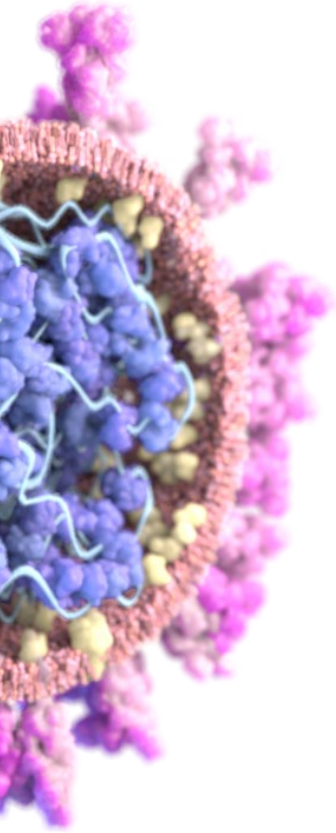
For most, COVID-19 has been an all-too-powerful architect, drastically changing the shape of our days. This loss of control has wreaked havoc on our psyches and many are taking this slow-down to take stock of what's essential in their lives.

What is essential quite clearly differs from person to person. Risk is a counterbalance by which we determine the essential. When risk is low, many "essentials" can find their way into your life. When it is high, the filter becomes a lot more sensitive. But risk, while enumerated, is also interpreted and therefore becomes a slippery and subjective concept.



When considering what is essential to you, your family, and your livelihood, it turns out that we all have to do our own math.

The concepts of "essential" and "non-essential" in healthcare are like shifting sand in today's pandemic. The Centers for Disease Control and Prevention (CDC) has issued a framework for provision of non-COVID-19 care.[1] In this framework, they have put forth guidance based on likelihood of patient harm then stratified by degree of community transmission. Pediatric vaccines, changes in symptoms for chronic conditions, and most elective surgeries and procedures fall lower on the list. Those with underlying risk factors will have their care prioritized, and the CDC is recommending telemedicine wherever feasible, but just a few weeks ago, weren't all those items considered essential?



The New York Times reports that visits to emergency rooms in the U.S. were down by 42% in April and 26% in the last week in May. That means incredible numbers of people are going without vital care—and some may be making the dire choice to die at home with family rather than risk dying alone in a hospital.

- **If what's considered essential in healthcare is shifting under our feet, how do we change the way we educate and communicate?**
- **Healthcare decision makers are determining what is considered essential and non-essential. How will that impact our future behaviors as life science leaders?**
- **When we change the definition of "essential" in healthcare, will there be lasting repercussions? What "new essentials" will have staying power?**
- **How can we move to an essential model of healthcare that is more just and unbiased—considering racial, socioeconomic, and geographic factors?**

THE EVIDENCE

Regardless of how it looks in your particular locale, it is clear that as a society we are reevaluating what "essential" means.

Consider the sea of change that has occurred. We have whittled our lives down to the three bottom rungs of Maslow's hierarchy of needs because we are focused on the essentials and quickly abandoning the non-essentials. We are taking care of our person—with renewed interest in food, exercise, health, and safety.

Self-Care:
We're thinking about how to stay healthy. We're working out at home to boost our immune systems.[2] There's been a run on *Peloton* bikes. We're tending to our mental health. We have the time to be more mindful and companies like *Headspace* are supporting us with free content.

We're not, however, seeing doctors in person with the frequency we were. Fear of the virus means many are going without care. People with chronic, asymptomatic conditions like diabetes and heart disease may be the most at risk of worsening without care, or, worse still, sufferers may fall out of the habit of treating these conditions without any reinforcement (positive or negative) to do so.

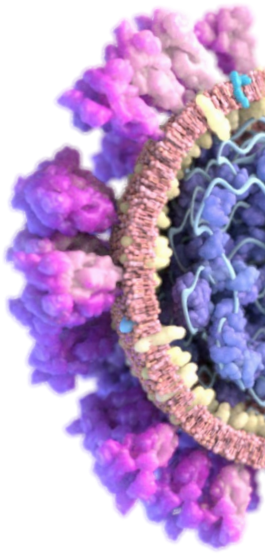
A choice is being made for us with regard to essential healthcare. Hospitals have put a months-long pause on elective procedures.

But here's the catch: elective procedures may also be medically necessary. And who is deciding what is essential versus non-essential? In the past, health was health and we took care of all of it as best we could.

Biopsies are being canceled, chemotherapy is being postponed, hip replacement surgeries are being put off—but at what cost? We risk missing cancers, not catching them at optimal times, and not treating the slow-growing varieties to ensure the best health outcomes. When we start to devalue certain aspects of care, people will fall through the ever-widening cracks in an already fractured system and perhaps lose trust and abandon the system altogether.

Elsewhere, people are making their own medical decisions; those that they deem essential. For example, some patients on biologic treatments, a known immunosuppressant, have made the choice to stop necessary treatment to preserve immunity and boost their chances of fighting COVID-19 without consulting a doctor.

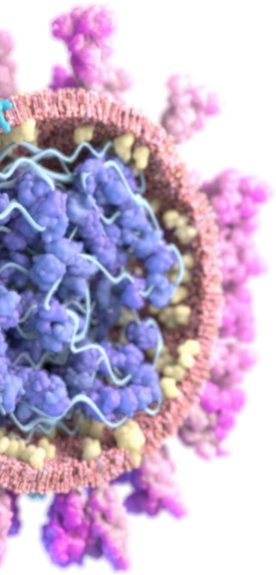
Shifting Expenditures:
Uncertainty or loss of employment, which often includes loss of insurance, is driving many to tighten their spending habits, or actively begin saving more. Physicians are reporting loss of business and revenue because patients are choosing what is and what is not essential in the realm of health at this time. For many, this is because they aren't covered or can't afford it. We've slashed our spending in the majority of retail categories, but we're spending more on groceries and at-home entertainment.[3]



We're not sure if we can trust known supply chains. Those who barely know their way around a kitchen are trying their hand at baking brioche. "Victory gardens" are sprouting.[4] This signals a renewed interest in basic life skills to ensure self-reliance when even the grocery store feels risky. We're being more thoughtful with our spending, but the power of collectivism is growing.

It's counterintuitive, but we're not spending in the healthcare system like we were.

- Loss of employment usually means loss of insurance. Without income or coverage, the choice to go to the doctor or get treatment must be made with extreme consideration for financial well-being.
- Medications are being rationed, halved, or stopped altogether. An initial 90-day and 120-day stockup occurred for some prescriptions, but overall there has been a refill dropoff.
- Without elective procedures, hospitals and healthcare systems are losing revenue.[5] In the midst of a medical crisis, hospitals may lay off workers, file for bankruptcy, and be less equipped to serve those who have been waiting for care for many months.



Connection:
Overnight, we went from millions of possible connection points a day to nearly zero. The web-conferencing platform Zoom had 10 million meeting participants in December, 2019 and 300 million in April, 2020.[6] No, having a great Zoom call isn't the same as lingering over a coffee to catch up, but people instantaneously gravitated to it as a safe and convenient new way to connect. We're seeing evidence of people reaching out to those they usually see, as well as less likely connections. Old college buddies... an aunt in a distant state...All of the sudden there is time and technology to enable these more distant connections and we've realized we're hungry for it. Human connection is essential and actually plays a well-known role in physical and emotional health, and it's also proving quite practical.

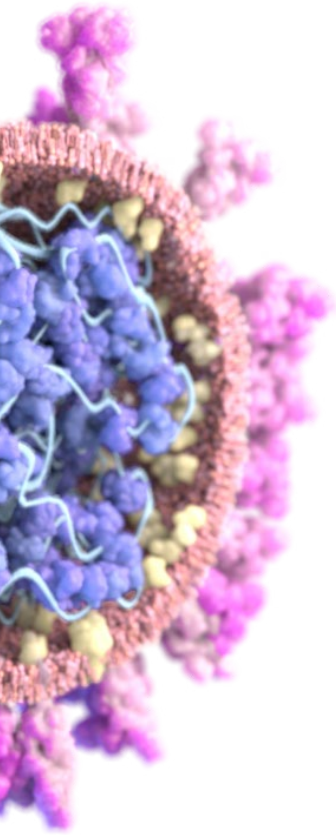
Telemedicine has been the subject of many pandemic healthcare articles in our industry. Non-urgent healthcare visits via telemedicine have shown how quickly we can accelerate technology and adapt. But the numbers of telemedicine visits are not equivalent to normal healthcare utilization. Telemedicine is also a highly mediated experience. Is it easier to share personal details over the phone or FaceTime, or does it make it even more difficult? Do we feel connected to our telehealth providers, especially if they are new to us? Will the lack of authentic technology mean that this is not, in fact, a lasting substitution for in-person visits and continuity of connection and care?

THE POSSIBLE FUTURES

One future scenario that's not too hard to imagine is that a new essential model emerges. In that model, the pace of life may never return to the pre-COVID-19 levels. People will carefully re-examine what to reintroduce into their lives and when. There will be more austerity and less appetite for the frivolous and wasteful measures. Topics like health and even climate change will be better understood and received by the general public. Perhaps we'll see the pendulum swing back to choiceful, more highly appreciated social interaction. Perhaps we'll work to correct for the injustices that exist in the current model.

In this model, we must ask, "How are we caring for our carers? How can we help with the inevitable burnout and post-traumatic stress disorder our healthcare workers are experiencing?" We're posting rainbows and signs expressing our thanks now, but we'll need to invest more to make sure our healthcare infrastructure and our irreplaceable healthcare workers are and stay healthy.

Health is a human right, but it's hard to sustain without equivalent standards of healthcare. In the new essential model, will we begin to recognize and correct for the enormous health disparities that exist in our country?



Racial disparities are not new to healthcare, but will the alarmingly high toll of COVID-19 amongst minority communities spark the type of unrest that drives change. Systemic racism is at the heart of both the disproportionate rates of COVID-19 in African American communities as well as the police brutality currently being protested nationwide. It's time to grapple with the inequity that has been the backdrop to all of U.S. history. #BlackLivesMatter is a human rights issue and an equally important topic for life sciences professionals to internalize as it is for law enforcement.[7]

How is the cost of healthcare affected in a new essential model? Given the state of the healthcare system alongside the massive economic downturn will patients continue to deprioritize non-life threatening diseases for economic reasons? Will healthcare systems begin to stratify conditions that require in-person care versus those that are fine for virtual interventions? Will triage guidelines continue for health and economic reasons? How can we ensure that quality care is available to all, including marginalized citizens?

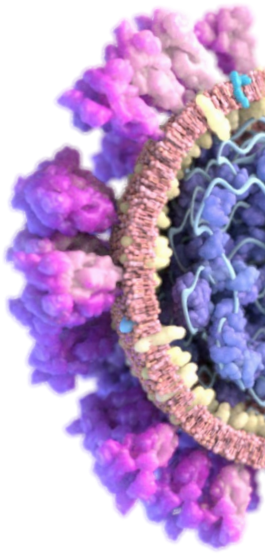
Will the new essential model continue to reward the surge in partnership and inventiveness in life sciences? We've seen unprecedented levels of scientific sharing during this time. In the future, this may mean greater collaboration towards common goals. How can we continue to foster that collaboration for the better of society?

Making the case for a new "essential" model...

The new essential model is streamlined, simplified, but above all, it is more human. We've let colleagues into our homes, virtually. We now know each others' children and pets by name. It will be hard to return to a neatly compartmentalized work environment, and more than that, it's unlikely that we will. As much as we may crave it, there is no "off switch" or "return from Oz." What we are far more likely to see is a new normal, or as it's been called, a "never normal" for a period of years.[8]

In this simplified model, "essential" healthcare will continue to be prioritized. We will continue to balance population health with personal health. As a result, a host of non-essential healthcare will lead to further pent-up demand for intervention, treatment—and outcomes, especially for those on the fringes of the healthcare system, will suffer.

We will likely see a surge of new guidelines to help us navigate the unchartered territory. As life sciences professionals, we'll need to help healthcare providers, patients, and loved ones keep up with the changing world and changed expectations. We can pressure test new guidelines to hold us to democratized standards, especially for those marginalized today so we can determine the best means of reinstating non-essential care.



Interconnectedness is irrefutable; we win together. Connection is what has helped us come through this challenging time. Connection will be our glue in the future as well. The life sciences can be a fundamental ingredient in the glue. Scientific advancements and the dedication and sacrifice of healthcare professionals have given us nearly every "victory" we can claim in this battle. Scientists and doctors will continue to collaborate across borders and the world will benefit.

Finally, kindness, empathy, and mindfulness are returning to the forefront. Because human suffering has been laid bare on a global scale, we will start to measure our success as humanity—by not only how we care for our health, but also for our kindness quotient. As prominent community leaders, those in the life sciences can continue to drive unity in this environment by helping people rally around shared experiences.

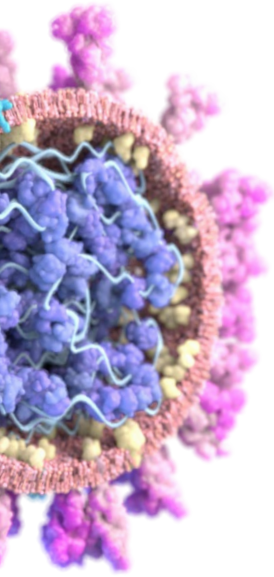
Making the case against a new "essential" model...

Perhaps the cognitive dissonance will be too great to allow us to overhaul our lives permanently and so dramatically. In the case where we don't achieve a new essential model, healthcare costs will continue to rise, economic insecurity will drive further distance between marginalized people and healthcare, and, perhaps we will turn to a more insular approach to the life sciences.

America seems split on what is more essential—the health of its economy or its health. Of course, it's not that simple. Without widespread, effective failsafes in place for financial or physical wellness, many must prioritize work because it means economic security, insurance coverage, and the ability to pay for healthcare costs. Physical safety can mean an economic risk, especially for lower income workers in the healthcare space—often people of color with more complex healthcare burdens. In this model, we may not have the resources necessary to democratize healthcare nor care for our carers. We'll focus instead on economic security and put health further at risk. If this is the case, how can life sciences professionals extend support?

Tension points exist along our tenuous connectedness. Although science should be a universal language, we see debates forming on deeply entrenched partisan lines.

The definition of essential felt for a moment as though it would come from a unified human place, but it has defaulted to habitual lines of thinking. We see a "vaccine war" brewing between the U.S. and China because immunity will mean greater economic security and prosperity. The turn toward a more insular approach to science will limit our ability to progress and will widen the gulf between those who have access to life-saving therapies and those who do not. In this case, what steps can those in life sciences take to bridge the divide?

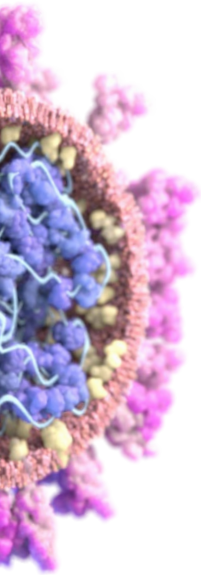


THE ACTION PLAN FOR LIFE SCIENCES LEADERS

A reexamination of what is essential may lead us to some fundamentally new questions.

1. **How do we harness health as the newly prioritized currency?**
   We now understand staying healthy is essential. Consumer brands have been edging toward the health arena for years, and now they will want to establish a real role in health. Life sciences brands, on the other hand, are already best poised to offer new depths of meaning and experience to their customers. Who better to tell beautiful, touching human stories centered around the most vital aspect of life? And who better to action meaningful healthcare change?

2. **How can we support consumers in their desire to de-risk?**
   It may take months or years to return to the open interactions and free-wheeling consumer behaviors we used to have, if we ever do. Ongoing trepidation will continue to influence choice and risk-averse behaviors are certainly justifiable. We crave predictability and the known. Surprises will be unwelcome. Healthcare organizations must be as transparent as possible.



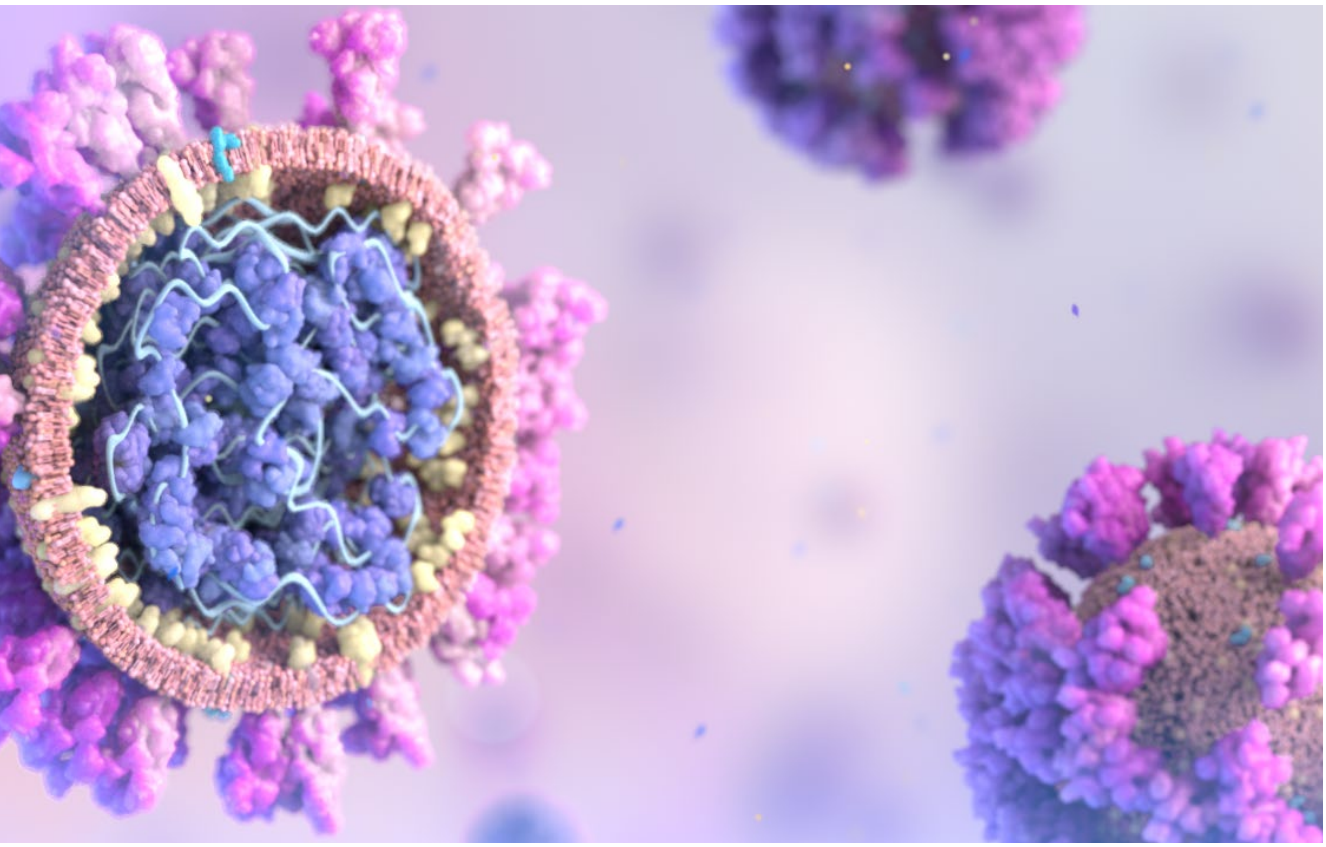
When there are risks, arm your customers to make calculated decisions—regardless of whether they help sell your product or benefit your bottom line—then help them face those risks head-on.

3. **Can we make up for lost time?**
How do we start to do "catch up" for people who have put treatments on hiatus? Life sciences professionals can partner with associations to plan for an accelerated care model for those who went on "pandemic drug holidays" and for diseases overlooked during this time. And if the pandemic continues for an extended period of time? Life sciences professionals should be on the cutting edge planning for remote chronic care management and should help patients feel empowered to take action on healthcare decisions that are appropriate for them, even if they have been deemed "non-essential."

4. **Can we help further the notion that Us = Them?**
The least we can do is leave crisis mode with a better understanding of our fundamental interconnectedness. But we will need to carefully navigate a return to connection. Regardless of the future state, brands that can help us restore and repair networks and communities will thrive.

5. **On a similar note, can we engage on a deeper level?**
There's too much content. We're all fatigued. For health marketers, consider how to help your sales force meet customers in their reality even more sensitively than you did pre-pandemic. Additionally, consider all the marketing materials you are inclined to produce. Will they foster a better connection and a truer understanding? Make that the litmus for development.

6. **How do we demonstrate a lived and shared value set?**
Consumers consciously or subconsciously think about what brands stand for as they assess their choices. We've all had to actively wrestle with our belief system over the past few months. Asking questions like what will we sacrifice? Where will we splurge? Businesses that can adapt to changing sentiment, double down on their values, offer access and support in ways that recognize the disparities in our world, and strive to make the world a better place—rather than just state intent—will gain trust and the holy grail of marketing: advocates.



References:

1. https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html
2. https://www.statista.com/statistics/1105623/coronavirus-expected-changes-to-consumer-spending-by-product-category-us/
3. https://www.businessofapps.com/data/zoom-statistics/
4. https://www.nytimes.com/2020/03/25/dining/victory-gardens-coronavirus.html
5. https://www.norwalkhospital.org/newsroom/article-listing/adults-exercise-and-covid19
6. https://www.cnbc.com/2020/05/05/hospitals-losing-millions-of-dollars-per-day-in-covid-19-pandemic.html
7. https://www.vox.com/science-and-health/2020/6/1/21276828/pandemic-protests-police-public-health-black-lives-matter
8. https://www.forbes.com/sites/pauljankowski/2020/04/28/post-covid-19-planning-do-we-really-want-to-return-to-normal/#4a6de6181688

We hope you've found this piece from our Life (Sciences) After COVID-19 series valuable and engaging. For more content like this, download our other published perspectives at **covid19.klick.com** and sign-up to receive future insights as soon as they become available.

Laura Morrison

Senior Vice President, Brand Strategy

Laura brings with her 15 years in the healthcare communications industry. She is driven by unearthing customer insights, creative problem-solving, defining brand positioning, identities, and storytelling.

Laura has helped generate powerful and inspiring strategy for global and domestic brands and portfolios in the healthcare space, building brands across numerous therapeutic areas from pre-launch through to loss of exclusivity. She has worked to help strategically position portfolios in diabetes, dermatology, gastroenterology, immunology, and infectious disease, to name a few. Additionally, she has contributed to the primary research and analysis for the global, proprietary study that unveiled a number of unspoken customer attitudes and behaviors driving doctors decision making in today's complex health climate.

Laura has won numerous awards including Healthcare Business Women's Association HBA 2015 Rising Star as well as a Clio Silver and Clio Bronze. She is based in New Jersey where she lives with her husband and children.

While change can create challenges, it also opens the door to new opportunities. Join us as we explore the many imaginable paths to post-pandemic growth. We welcome you to start a dialogue with the author of this piece:

Laura Morrison
lmorrison@klick.com