

L.E.K. Consulting and GRG Health Survey

COVID-19 Impact on Asia-Pacific Hospitals

Edition 2 (May 11-22, 2020)

These materials are intended to supplement a discussion with L.E.K. Consulting. These perspectives will, therefore, only be meaningful to those in attendance. The contents of the materials are confidential and subject to obligations of non-disclosure. Your attention is drawn to the full disclaimer contained in this document.





Disclaimer

- This document is to provide information and is for illustration purposes only. Accordingly, it must be considered in the context and purpose for which it has been prepared and be kept confidential.
- It cannot be relied upon by any recipient. In accepting this document you agree that L.E.K. Consulting Pte Ltd and GRG Health and their affiliates, members, directors, officers, employees and agents (collectively "L.E.K." and "GRG" respectively) neither owe nor accept any duty or responsibility or liability to you or any third party, whether in contract, tort (including negligence), or breach of statutory duty or otherwise, howsoever arising, in connection with or arising from this presentation or the use you or any third party make of it.
- Neither L.E.K. nor GRG shall be liable to you or any third party in respect of any loss, damage or expense of whatsoever
 nature that is caused by your or any third party's reliance or for any use you or any third party may choose to make of the
 presentation, which you accept is at your or their own risk.
- This presentation is based on information available at the time this presentation was prepared and on certain assumptions, including, but not limited to, assumptions regarding future events, developments and uncertainties and contains "forward-looking statements" (statements that may include, without limitation, statements about projected market opportunities, strategies, competition, expected activities and expenditures, and at times may be identified by the use of words such as "may," "could," "should," "project," "believe," "anticipate," "expect," "plan," "estimate," "forecast," "potential," "intend," "continue" and variations of these words or comparable words).
- Neither L.E.K. nor GRG are able to predict future events, developments and uncertainties. Consequently, any of the forwardlooking statements contained in this presentation may prove to be incorrect or incomplete, and actual results could differ materially from those projected or estimated in this presentation. Neither L.E.K. nor GRG undertake any obligation to update any forward-looking statements for revisions or changes after the date of this presentation, and neither L.E.K. nor GRG make any representation or warranty that any of the projections or estimates in this presentation will be realized. Nothing contained herein is, or should be relied upon as, a promise or representation as to the future.



Executive summary: Key insights

Responses to elective/semi-elective procedures reveal the following insights:

- The top concerns for the majority of hospitals (~40%) have shifted toward ventilator supply and ICU/ER capacity as hospitalization rates have increased over the past two weeks; personal protective equipment (PPE) and medical supply availability are still top concerns for many facilities
- A majority of hospitals in China and Japan are ramping up elective/semi-elective procedure volumes gradually and getting closer to normal operations; meanwhile, elective procedures in other APAC countries are either delayed or conducted at significantly reduced volumes (40%–60% of pre-COVID-19 levels)
 - Hospitals in China, Japan and Australia expect to reach elective/semi-elective volumes equal to 60%-70% of pre-COVID-19 levels by the end of Q2 2020; meanwhile, hospitals in SEA and India expect to reach ~70% of pre-COVID-19 levels during Q4 2020
- In addition to government directives, reduction in COVID-19 infection rates and hospitalization rates, a majority of hospitals (60%-70%) indicate that protocols and tools for patient intake, PPE supplies, and addressing patients' comfort with hospital care are the most important factors in deciding when to restart elective/semi-elective procedures
 - However, only **25%-40%** of respondents indicate that their facilities are prepared when it comes to **having developed** protocols and tools for patient intake and ensuring adequate PPE supplies
- A majority of respondents (~60%) indicate that neurosurgery, cardiac/structural heart and spine elective procedures will be the highest priority for their facilities to restart
- The severity and urgency of elective/semi-elective procedures, procedure-specific medical supplies availability and hospital finances are the most important factors that hospitals take into account when deciding which surgery category to prioritize



Executive summary: Key insights

B Insights on COVID-19's impact on hospital inpatient capacity and post-COVID-19 planning:

- COVID-19's impact on inpatient capacity varies across the Asia-Pacific region
 - China hospitals' inpatient capacity has remained stable over the past two weeks, while hospitals' inpatient capacity in the Philippines, Indonesia and India continues to deteriorate with increasing infection rates
 - The inpatient capacity issue in Japan, Thailand and Australia is expected to ease gradually over the next two weeks as the number of new infection cases slow down
- As hospitals begin to think about and plan for post-COVID-19, preparing staff to return to normal shifts, securing adequate medical supplies and resuming elective procedures are top priority areas for hospitals in APAC
- In addition, hospitals expect to see several changes to their strategy and operations post-COVID-19, notably:
 - 70%-80% of hospitals expect to see significant investments in infection prevention and maintain PPE conservation practices
 - ~40% of hospitals expect to increase clinical staffing post-COVID-19
- Post-COVID-19, hospitals are looking to manufacturers to provide assistance in managing supply risk and take greater control over product delivery (e.g., direct distribution)



Executive summary: Key insights



- Medical reps' hospital access is significantly restricted during the COVID-19 crisis, and a significant proportion of HCPs (~40%) indicated that they did not engage with medical reps at all
 - **~40% of HCPs used digital/remote engagement tools** to engage with medical reps or to complement their in-person interactions
 - Most of the remote/digital users (80%-90%) are HCPs who have used the engagement tools moderately or extensively during their practice, and most of them expect to continue using remote/digital tools post-COVID-19
 - In terms of remote/digital engagement quality, HCPs indicated a higher satisfaction level with pharma companies than with medical device companies
- A majority of HCPs (40%-55%) indicate the lack of localized content (breadth and depth), poor platform design and insufficient update frequency as key barriers to increase remote/digital engagement tools usage

The L.E.K. and GRG survey on COVID-19 impact on Asia-Pacific hospitals is being administered biweekly to hospital administrators and clinicians

Demographics of Asia-Pacific hospitals COVID-19 survey

Percentage of respondents (N = 105)





Which of the following issues are of the highest level of concern to your hospital?

Ventilator supply and ICU and ER capacity issues became increasingly larger concerns over the past 2 weeks due to increasing hospitalization rates, while PPE and medical supply availability remain as top concerns among APAC hospitals



Note: *COVID-19 testing supplies was not included as an answer choice in Edition 1 survey (Apr 27-May 8)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)

© 2020 L.E.K. Consulting and GRG Health



Which describes your current volume of elective/semi-elective procedures?*

Volume of elective/semi-elective procedures compared to pre-COVID-19 level Percentage of respondents (N = 105)



- A majority of hospitals in China and Japan are ramping up the elective/semi-elective procedure volume and getting closer to normal operations
- In other APAC countries, most elective/semi-elective procedures are delayed or conducted at significantly reduced volumes (<50% of pre-COVID-19 volumes)

Note: *Elective/semi-elective procedures are medically necessary but do not need to be performed immediately (e.g., inguinal hernia surgery, colonoscopy, cataract surgery, mastectomy)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)

© 2020 L.E.K. Consulting and GRG Health



Not being conducted

When and at what percentage of pre-COVID-19 levels will your facility begin ramping up previously paused elective/semi-elective procedures?

Elective/semi-elective procedure volume ramp-up compared to pre-COVID-19 levels

Average percentage of pre-COVID procedure volumes



- Hospitals in China, Japan and Australia expect elective/semielective procedure volume to be at 60%-70% of pre-COVID-19 levels by the end of Q2 2020
- Meanwhile, hospitals in SEA and India are expecting a slower recovery timeline (around Q3-Q4 2020) to reach ~70% of pre-COVID-19 volumes



What key factors will guide your facility to resume elective procedures?

Hospitals are watching for government guidance and decline in COVID-19 infection rates in their state/city as signs that it may be appropriate to resume conducting elective procedures



Percentage of respondents (N = 105)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)



What key factors are important and how prepared is your organization for them as your facility seeks to resume elective/semi-elective procedures?



Established processes and tools for patient intake, PPE supplies, and addressing patients' comfort with hospital care are the most important factors in evaluating when to restart elective procedures; however, most hospitals indicate that they are relatively underprepared in these areas



Which elective/semi-elective procedural categories do you believe your facility will prioritize to restart first?

A

11

A majority of respondents (~60%) indicate that neurosurgery, cardiac/structural heart and spine elective/semi-elective procedures will be the highest priority for hospitals



Note: *General surgery (e.g., gallbladder/cholecystectomy, hernia), vascular procedures (e.g., stents, angioplasty), GI (e.g., colonoscopy), spine (e.g., spine hardware and implants)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)



What are the primary factor(s) that determine the relative priority of a given category of elective/semi-elective procedures for resumption post-COVID-19?

The severity and urgency of elective procedures, procedure-specific medical supplies availability and hospital finances are the most important factors in prioritizing the category of elective/semi-elective procedures for resumption

Primary factors for determining the relative priority of elective/semi-elective procedures Percentage of respondents (N = 53)







LEK

What is the impact of COVID-19 on your inpatient capacity?

In China and Japan, hospital inpatient capacity is minimally impacted as the number of new COVID-**19 infections remained low**

Percentage of respondents (N = 75)100 100 75 75 31% 11% 27% 50 50 Increasing impact 60% 25 25 53% 49% 30% 10% 7% 0 0 16% 21% 28% 3% 48% -25 -25 60% -1% 80% -50 -50 22% -75 -75 30% 13% -100 -100 2 weeks ago 2 weeks forward 2 weeks forward Now 2 weeks ago Now (4/27-5/8) (5/11-5/22) (5/25-6/5)(4/27-5/8) (5/11-5/22)(5/25-6/5)Extreme impact Significant impact No impact **Minimal impact** (at or over capacity (approaching capacity challenges (some activity but manageable) in key areas) in some areas such as the ICU)

Percentage of respondents (N = 30)

В





In other APAC countries, inpatient capacity is

significantly affected, particularly in Indonesia, India

and the Philippines, where infection rates are rising



Current impact of COVID-19 on inpatient capacity by country

100 33% 40% 75 53% 22% 50 27% 67% 60% 60% 60% Increasing impact 25 47% 47% 33% 0 31% 40% 40% 40% -25 -50 100% -75 -100 APAC China Japan Thailand Australia Philippines Indonesia India

- Hospitals in the Philippines, India and Indonesia report the highest impact of COVID-19 on inpatient capacity and expect the situation will remain the same or worsen over the next 2 weeks
- Meanwhile, inpatient capacity in China, Japan, Thailand and Australia is expected to improve as the number of new infection cases slow down

Extreme impact

B

(at or over capacity in key areas)

Significant impact

(approaching capacity challenges in some areas such as the ICU)

Minimal impact

(some activity but manageable)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)

Percentage of respondents (N = 105)



What are the top areas that your facility is most concerned with/planning for post-COVID-19?

В

Preparing staff to return to normal shifts, securing adequate medical supplies and preparing to resume elective procedures are top priority areas for hospitals as they plan for post-COVID-19



Percentage of respondents (N = 103)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)





What strategic and operational changes are expected in your hospital post-COVID-19?

В

Infection prevention, PPE conservation and clinical staffing levels are key post-COVID-19 priorities, whereas capital and operating expenses may see a transient impact due to the uncertainties from suspension of regular care delivery during COVID-19



Percentage of respondents (N = 105)

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)







How would you like to see manufacturers evolve how they deliver and contract their products with your organization post-COVID-19?

B Assistance with managing supply risk and greater control over product delivery are key hospital expectations for manufacturers post-COVID-19

Changes hospitals would like manufacturers to make Percentage of respondents (N = 158)



GRG HEALTH

LEK



How does the HCP engage with medical reps during the COVID-19 crisis?



HCP engagement model with medical reps during the COVID-19 crisis

Percentage of respondents (N = 47)



- Medical reps' hospital access is significantly restricted during COVID-19 crisis and ~40% of HCPs indicated that they did not engage with reps at all
- About 40% of HCPs used digital/remote engagement tools to engage with medical reps or to complement their in-person interactions

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)



To what extent do you use digital engagement tools during the COVID-19 crisis, how satisfied are you with the tools and how do you expect usage to change?



Percentage of respondents (N = 20*)



- ~60% of HCPs are not using remote/digital tools at all
- Most of the remote/digital tool users are HCPs with moderate or extensive usage in their daily practice, and the degree of remote/digital tools usage will continue post-COVID-19
- In terms of remote/digital engagement quality, HCPs indicated a higher satisfaction level with pharma companies than with medical device companies

Note: *Only includes respondents using remote/digital engagement tools

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)

© 2020 L.E.K. Consulting and GRG Health



C

Why do you think remote/digital engagement tools usage among HCPs will continue to be limited?

Apart from preference for F2F visits, most HCPs indicate the lack of localized content (breadth and depth), poor platform design and insufficient update frequency as key barriers to increase remote/digital engagement tools usage

100% 75% 50% 55% 25% 45% 45% 40% 40% 25% 15% 15% 0% The content on Preference for Remote/digital The content on The frequency Remote/digital Limited The content on remote/digital in-office sales platform is not remote/digital of content platform is not remote/digital interaction channel is not rep visits user-friendly channel is update on accessible from functionality channel is not tailored to local inadequate to remote/digital phone/laptop credible of the tools practice needs channel is meet my insufficient information needs

Percentage of respondents ($N = 20^*$)

(C)

Note: *Only includes respondents using remote/digital engagement tools

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020)





The L.E.K. and GRG survey on COVID-19 impact on Asia-Pacific hospitals authors



Fabio La Mola Partner, Global Healthcare Co-Head, APAC L.E.K. Southeast Asia



Helen Chen Greater China Managing Partner L.E.K. China



Stephen Sunderland Partner L.E.K. China



Ray Fujii Partner and Representative Director L.E.K. Japan



Patrick Branch Partner L.E.K. Japan



Yuta Inokuchi Partner L.E.K. Japan



Neale Jones Partner L.E.K. Australia



Stephanie Newey Partner L.E.K. Australia



Calvin Wijaya Senior Manager L.E.K. Southeast Asia



Rishabh Bhawsar Vice President, Strategic Opportunities, SEA GRG Health



Manan Sethi Partner & Associate Director GRG Health

APAC Hospital Survey Edition 2 (Week of May 11-22, 2020) © 2020 L.E.K. Consulting and GRG Health

