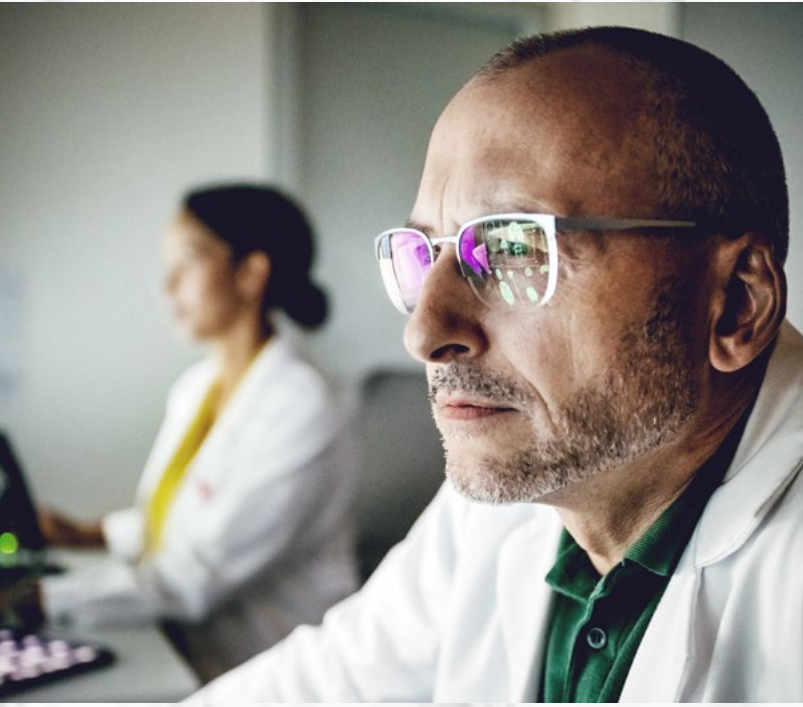# 2024 ZS Future of Health Report

Our 6-country survey reveals what people want from healthcare

By Bill Coyle, Brian Chapman, Peter Manoogian, Judith Kulich, Ahmed Albaiti, Maria Whitman and Joe Stevens

Impact where it matters.®

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Since 2021, ZS has surveyed healthcare consumers and healthcare providers about their view of the future of health. Although every encounter an individual has with the healthcare system is shaped by variables including their income, gender, age, where they live, ethnic background and their own health history, we've uncovered a shared desire for change in how healthcare is delivered that transcends borders and demographics.

This year's ZS Future of Health Survey examined the attitudes and perceptions of a balanced sample of 9,500 adult healthcare consumers and 1,359 healthcare providers from the U.S., U.K., Germany, Sweden, Japan and China. This group included 1,055 primary care providers (PCPs) and 304 specialists. We also added neurologists to our U.S. healthcare provider sample, which included PCPs, oncologists and cardiologists. And we expanded our scope to ask people whether they are currently experiencing a range of targeted conditions, including diabetes, obesity, cancer and cardiovascular disease, among others.

New topics in 2024

Health equity, AI and digital connected health

No conversation about the state of healthcare in 2024 would be complete without a discussion about AI and health equity, both of which are top of mind for all healthcare organizations, including pharmaceutical companies, medtech companies and health plans. This year, we wanted to gauge respondents' awareness, trust and comfort with AI, find out who's struggling to access healthcare services and why, and examine whether we've made any gains in the adoption of connected health tools.

How do we achieve the healthcare system of the future?

Over the last three years, we've learned what respondents want from the healthcare system of the future—where they prefer to receive care, the role they want technology to play and the partnerships they want with their providers. We've identified gaps in every country where people still feel disconnected and left behind due to high costs, long waits and overburdened, undersupported healthcare providers. But we also see opportunities for stakeholders across the healthcare ecosystem to collaborate on solutions and close some of these gaps. Let's build the healthcare system that people want by making healthcare more accessible, equitable, affordable, connected and human centered.

Observations

from today's
healthcare landscape

The healthcare system of the future must be accessible, affordable and equitable

In all the markets we surveyed, attitudes around accessibility, cost and fairness play a huge role in shaping views about the healthcare system. When asked what they want from future healthcare encounters, individual respondents say they want more convenience and less bureaucracy. In markets such as the U.S. and Germany they want a greater sense of partnership with their healthcare providers. They want better preventive care that is easy for anyone to access, greater coordination of care, transparent billing processes, easier appointment scheduling and seamless access to their medical records and histories. But no market in our survey delivers on this wish list consistently.

Where healthcare is happening

While most people prefer to receive care in a doctor's office, it appears this model isn't working for everyone. The healthcare system, for many today, looks more like a trip to the local drug store or urgent care center. In the U.K., access (as defined by navigating the system, knowing where to go to get care and waiting times) is the biggest barrier to high-quality medical care, and in Germany, cost and access are primary barriers. Individual respondents in both countries said pharmacies were their second-most preferred place to receive care. In the U.S., 38% of people listed urgent care as a first or second choice, while 18% chose the pharmacy as their first or second choice.

Trade-offs in every system

None of the healthcare systems within the countries we surveyed has the formula for fixing what's ailing healthcare. The U.S., with its mix of private and state funding, hasn't gotten it right, nor have countries with predominantly government-sponsored programs. Each system requires trade-offs for those who use it. For example, in countries where healthcare cost wasn't a major concern, such as in the U.K., access to healthcare was an issue. And in countries where healthcare cost was the top concern, access was less of a challenge for those who can afford it. In both scenarios, many individuals aren't getting the healthcare they want and need.

"The complexity and inefficiency of the current healthcare system frustrates me. The complicated administrative processes, varying insurance requirements and fragmented electronic medical records often lead to miscommunication and delays in patient care."

– A German PCP

A need for equity

Every country except Germany and Japan showed an increase year over year in the number of individual respondents who agreed that "the healthcare system is not working fairly for everyone" compared with last year. And every country except Sweden showed an increase in the number of individuals who said, "I feel like the healthcare system doesn't care about people like me." This sense of alienation from the system and the very real barriers to care come with a cost. Three-quarters of individuals in every country except Japan said people will put off care because the process of getting it is so frustrating.

Healthcare provider sentiments largely aligned with the general population, with nine out of 10 U.S. and Swedish physicians saying they believe healthcare is getting too expensive. Like respondents in the general population, healthcare providers are concerned. Three-quarters of provider respondents in the U.S., U.K., Sweden and Japan agreed that disparities are worsening across the board.

Current states of health

While most people continue to believe that their current health is good to fair, we saw notable declines this year among those who feel they are in excellent or good health in the U.S., U.K. and China. Unsurprisingly, across markets, people with higher incomes reported better health, as did those with more education in the U.S., U.K., Japan and, to some extent, China.

Interest in prevention

Mental health was a bright spot this year, as we saw an increase in the number of individuals in the U.S. and Germany who said they were more motivated to put effort into caring for their mental health. In another indication that people are being proactive about their long-term health, more than 50% of individual respondents in the U.S., U.K. and China said connected health could help them prevent illness and maintain better health by allowing them to monitor their health data proactively. Both healthcare providers and individuals are aligned on the importance of preventive care, with both groups rating it as being highly important in improving the healthcare experience.

Improving preventive care is still a priority for all
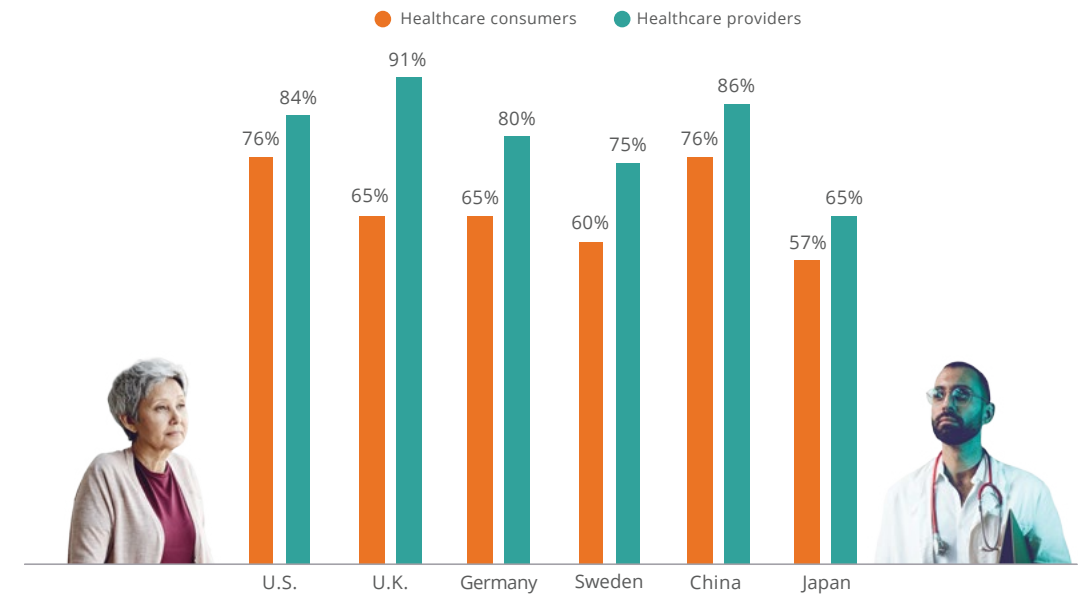
Source: ZS Future of Health Survey

Q. "Please read each of the following and rate how important they are in terms of improving the overall healthcare experience." Base: 9,500 healthcare consumers and 1,055 PCPs; U.S.=4,000; 552. China=2,000; 101. U.K.=1,000; 100. Germany=1,000; 101. Japan=1,000; 101. Sweden=500; 100.

Few are getting what they need from healthcare

Across all countries and all respondents, healthcare access and quality are falling short of consumer and provider expectations. We see this in the poor marks respondents gave their overall health, their difficulties getting appointments, their time to diagnosis and the unaffordability of the care they do receive. Their sentiment matches these experiences, as we see dissatisfaction in how they feel after seeing a healthcare provider, their agreement with statements that the system isn't "working fairly for everyone" and "the healthcare system doesn't care about people like me." A notable exception, however, are older individuals. In every country except Japan, respondents who were baby boomers or older were generally more satisfied with their healthcare than younger people. They were less likely to agree with the statement "the healthcare system doesn't care about people like me."

Avoiding care due to friction and inconvenience

High percentages of respondents, both individuals and healthcare providers, agree that healthcare is becoming more inaccessible and disparities are worsening over time. What's more, around one in four or more respondents, across countries, said they avoid care due to hassles. This grim assessment was confirmed by the challenges we observed related to access to care. Younger individuals in all markets are more likely to avoid care due to hassle or cost, and in the U.S., Hispanic and Black individuals are more likely to avoid care due to hassle, cost and a fear of unexpected healthcare bills. People living in urban areas in the U.S. tend to only seek care when they're sick, citing cost and inconvenience, and unsurprisingly, people with lower incomes avoid care due to costs. In the U.S., Black and Hispanic individuals are more than twice as likely to endure travel times of 60 minutes or more to receive primary care.

"It takes a lot of time to get a treatment and they do not know the cause. And then I have to visit about seven doctors to get the best and right healthcare."

– A Swedish individual

Alternative sites of care

U.S. individuals who prefer alternative sites of care (urgent care centers, emergency rooms and pharmacies) or telehealth over traditional sites of care (doctor's offices, hospitals and outpatient health centers) are more likely to be younger and to say the healthcare system doesn't care about people like them. This finding suggests that in the healthcare system of the future, these channels may be an effective way to engage with groups who do not feel well-served by the traditional healthcare system and may be more motivated to go elsewhere for care.

Retailers such as Costco, Walmart and Amazon are already responding to this trend by taking steps to expand their healthcare offerings. Our finding that 66% of U.S. respondents trust retailers such as Walmart and CVS to act in their best interest when it comes to health—at higher rates than they trust pharmaceutical companies, health insurance companies and medical device manufacturers—helps explain why retailers have been so successful.

US consumers trust retailers to act in their best health interests more than healthcare companies

Retailers (Walmart, CVS, etc.)	66%
Medical device manufacturers	56%
Health insurance companies	54%
Pharma companies	51%
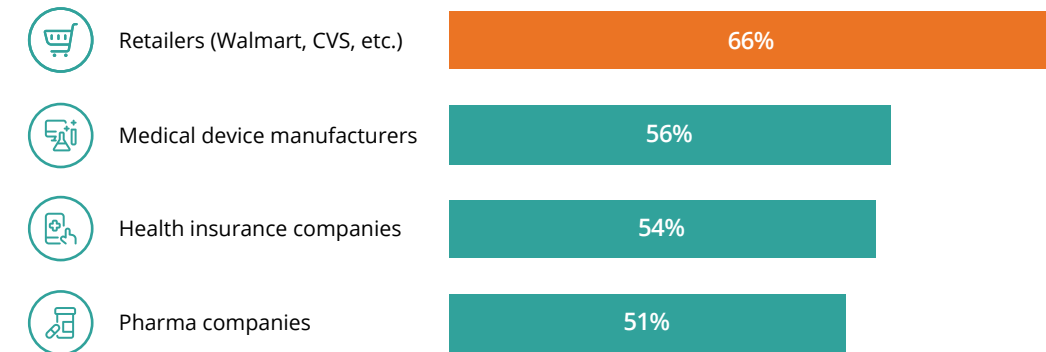
Source: ZS Future of Health Survey

Q. Adult public: "How much do you trust each of the following people or stakeholders to act in your best interests when it comes to your health?" Base: 4,000 adults; U.S.=4,000.

Individuals need partnerships with their providers

The days of individuals being passengers in their own healthcare are over. Consumerism is changing how people interact with the healthcare system and shifting how and where care is delivered. Individuals are actively owning their healthcare journeys, but they still want and need their healthcare providers to be "partners," a relationship defined by our survey as one in which patients and physicians develop treatment plans together. Across markets, however, the number of respondents who want a partnership exceeds the number of those who actually have one.

"There are too few specialists here. It is hardly possible to get appointments without a long waiting time. I had to go to the next town to be treated."

– A German individual

Addressing the mismatch in perceptions

But healthcare providers still need to build more bridges with their patients to overcome the gaps between patient and provider perceptions about their interactions. Most PCPs continue to believe that patients feel positive about their experiences with the healthcare system when fewer than half of patients share this belief. And significant majorities of PCPs in the U.S., U.K., Germany and Sweden believe their patients rely heavily on them. PCPs in Japan, and to a lesser extent in China, are less likely than PCPs in other markets to believe their patients rely on them for help with things like managing chronic conditions, interpreting test results and offering advice.

Consumer attitudes about healthy lifestyles and their desire for better preventive health could be an opportunity for healthcare providers to become the partner their patients are seeking. In every country we studied, individuals said "lifestyle choices," which include drinking, smoking and exercising, are top factors influencing their health—more than other variables like genetics, age, income, insurance coverage or race and ethnicity. However, in the U.S., U.K. and China, individuals who see lifestyle choices as highly influential put less effort into taking healthy actions compared to those who don't. This suggests many individuals could use a trusted coach or partner to empower them to make changes that will positively affect their health.

More consumers want partnerships with providers than have them

● Want a partnership   ● Currently have one

	Want a partnership	Currently have one
U.S.	49%	40%
U.K.	35%	21%
Germany	53%	44%
Sweden	34%	23%
China	40%	26%
Japan	17%	9%

Source: ZS Future of Health Survey

Q. Adult public: "Which of the following most closely describes how you currently manage your health?"
Base: 9,500 adults; U.S.=4,000; U.K.=1,000; China=2,000; Japan=1,000; Germany=1,000; Sweden=500.

Who wants a partnership?

The ideal patient and healthcare provider relationship differs by country. Most individuals in the U.S. and Germany want to partner with their healthcare provider, while individuals in the U.K., Sweden and China are split between preferring a partnership or a dynamic in which the healthcare provider takes the lead and the patient defers to their recommendations. Japan is the only market we surveyed where individuals prefer that their healthcare provider takes the lead.
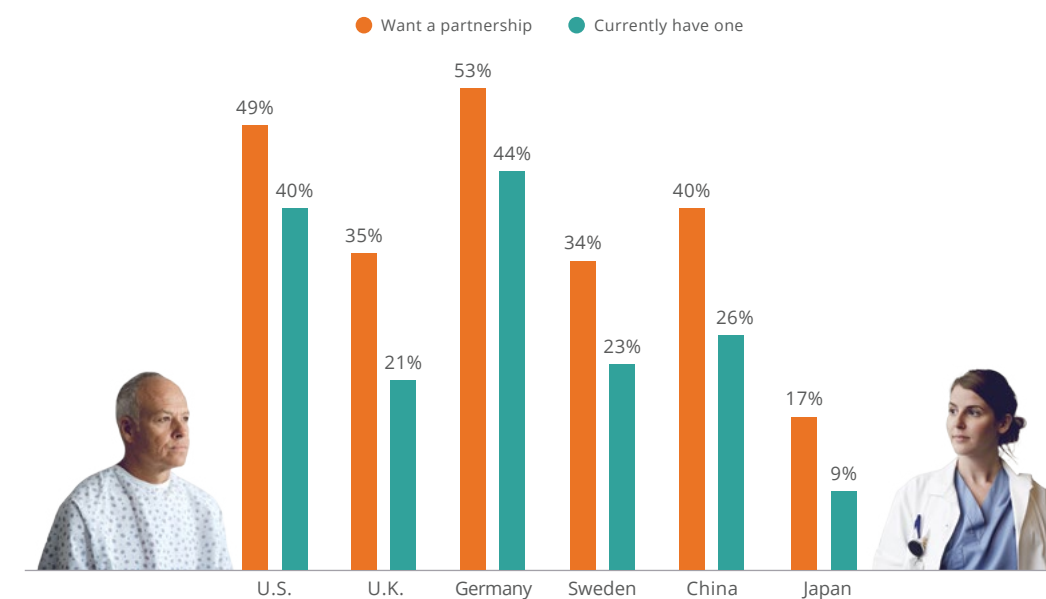
The bond between providers and patients is an important one. We found those who are happier with their healthcare—or those who believe the system cares about people like them—are more likely to perceive their healthcare providers as partners, which suggests partnership is needed to create a positive and engaging healthcare experience. We also found that individuals with chronic conditions, such as obesity and cardiovascular conditions, want a stronger level of partnership. In the U.S., 46% of individuals with obesity currently have a partnership, while 56% of them want one in the future. For individuals with cardiovascular conditions in the U.S., 52% said they have a partnership with their doctor, while 61% of them want this in the future.

The healthcare system of the future must learn from the experiences of those who use it the most

In our survey, some of the keenest healthcare insights came from individuals with chronic conditions, including autoimmune disease, cancer, cardiovascular disease, respiratory disease or obesity. While the individuals with chronic conditions shared similar responses with those who didn't have them—both see cost and difficulty navigating the system as significant barriers, for example—they had markedly different perceptions of the healthcare system. Their perspectives on doctor-patient relationships, patient portal and AI adoption, barriers to care and their emotional responses to the healthcare system differed in significant ways from those without these conditions.

"It took about two years to get a diagnosis for Parkinson's and, even now, getting prescribed medication takes forever. I rarely get face-to-face appointments and rarely talk to the same doctor each time."

— An individual in the U.K.

Chronic conditions and mixed experiences

Individuals in the U.S. with chronic conditions were more likely to have mixed emotions about their healthcare interactions, including feeling more "cared for" and "grateful," but also more "overwhelmed" and "alone" than individuals without a chronic condition. These individuals were also much more likely to have a PCP or practitioner of some sort whom they consider to be "their doctor," which could mean that type of a relationship is an influential one when it comes to feeling cared for with a chronic condition. Individuals with chronic conditions were more likely to feel negatively about the healthcare system in general, especially if they have conditions that trigger biases, such as obesity, substance abuse disorders or neuro and psych conditions. Unsurprisingly, this group is more likely to prefer in-person care over telehealth, perhaps due to the severity of their condition.

People with cancer and cardiovascular disease, however, tend to have more positive emotions toward the system, particularly in the U.S. and Japan. It's hard to know exactly what accounts for the positive emotional response, but the immediacy of treatment that follows a diagnosis, timely treatment by a specialist and less pushback from payers on treatments could be a factor.

Despite the generally more positive patient perceptions that people with cancer and cardiovascular disease hold, healthcare providers are still out of step with patient perceptions. For example, 64% of oncologists think their patients feel cared for after a visit,

while 46% of cancer patients report this. This is in line with the trend among healthcare providers in general to overestimate how positive their patients feel about interactions. Individuals tend to be a lot more frustrated than their doctors believe, especially those with cardiovascular conditions. We found that only 1% of U.S. cardiologists say their patients feel frustrated after an interaction, whereas 22% reported feeling this way. On a more positive note, we found 21% of U.S. oncologists think their patients are overwhelmed, but only 11% of U.S. cancer patients feel this way.

Healthcare consumers aren't having the experiences their physicians think they are
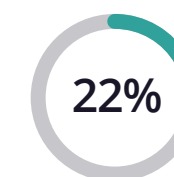

2x PCPs are twice as likely to say their patients feel "cared for" or "grateful" than their patients actually feel.

Cardiology care in the US highlights the patient experience gap
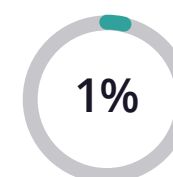
1% Of U.S. cardiologists think their patients feel frustrated after an interaction

22% Of U.S. cardiology patients feel frustrated after an interaction

Source: ZS Future of Health Survey

Q. Adult public: "Please take a moment to think about your recent healthcare interactions. Overall, how does interacting with the current healthcare system make you feel? Select all that apply." Base: 9,500 adults; U.S.=4,000; U.K.=1,000; China=2,000; Japan=1,000; Germany=1,000; Sweden=500.

Q. Physicians: "Please take a moment to think about your recent patient interactions. Overall, how do you think your patients feel after seeing you? Select all that apply." Base: 1,055 PCPs; U.S.=552. U.K.=100; Germany=101; Sweden=100; China=101; Japan=101. 304 specialists; cardiologists=103; oncologists=101; neurologists=100.

Solutions:

Bridging the healthcare gaps

The problems facing every healthcare system in our survey—and beyond—are many. But that doesn't mean healthcare's biggest players can't be part of a solution. Medtech companies, pharma companies, health plans and provider networks can make incremental improvements wherever they operate. Here are some starting points.

No one group alone can build the healthcare system of the future

If there's one certainty in our findings this year, it's that the problems that pervade every market we studied are too broad and varied to be solved by any single healthcare stakeholder alone—there is no panacea or right way to fix everything. Solving healthcare's thorniest challenges, from healthcare access to health equity, will require cooperation from all corners of the healthcare system, as well as governments, according to healthcare providers and individual respondents.

Who is responsible for equitable care?

At least 76% of individuals in the U.S., U.K., Sweden, Germany and Japan agreed with the notion that the government should shift funding toward preventing diseases to reduce health disparities. And when it comes to improving health through connected care, in all markets, both individuals and healthcare providers consider multiple stakeholders responsible for creating a more connected healthcare system. In the U.K, however, PCPs are more likely to say it's the government's job to create a more connected healthcare system.

Yet when we reviewed recent healthcare reforms in the markets covered within our survey, such as the U.K.'s Health and Care Act of 2022 and the Inflation Reduction Act in the U.S., we found little, in many markets to address the specific problems identified by respondents, such as long travel times to visit PCPs and specialists, an overall lack of trust in the healthcare system and not enough focus on long-term health.

"It's not fair that people have to choose between their health and financial stability. It's important for government and healthcare providers to work together to find a solution that makes healthcare affordable and accessible for everyone."

– An individual in the U.S.

Health equity partnerships as a starting point

We believe health equity partnerships—collaborative alliances between organizations focused on addressing the root causes of health disparities for underserved populations—are more likely to have an impact at the local and regional level. Under such partnerships, ecosystem players such as pharma companies, medtech companies, health plans and provider organizations typically cooperate with community-based organizations, nongovernmental organizations (NGOs), patient advocacy groups, government agencies, tech and digital health companies, among others, to solve very targeted, specific problems.

For example, a payer that wants to reduce atrial-fibrillation-related cardiac events among Black men in the Washington, D.C., metro area may partner with local community centers to help identify their target population and then work with Uber Health to ensure prospective patients have readily available transportation to local cardiology clinics for screenings. While health equity partnerships can start narrow in scope and scale, successful ones can be replicated, repeated and scaled across other regions and markets.

Even organizations with perfectly aligned missions and goals can struggle, so potential partners need to clearly define and then refine the problem they're looking to solve, conduct a thorough landscape assessment to identify the best possible partners for a given intervention, and work closely with their legal teams to navigate any stumbling blocks like HIPAA, antikickback laws or other compliance concerns.

The role of payers as partners

Payers have generally been ahead of the curve in health equity partnerships, tackling issues like food insecurity, housing and the digital divide. For instance, CareSource, a nonprofit health plan, launched a partnership with Easterseals Crossroads aimed at recycling computers to help members get online access to healthcare. Other payers have been testing "food as medicine" programs in conjunction with the food delivery company Instacart, which launched Instacart Health in 2022 and has since

partnered with Medi-Cal, Kaiser Permanente and other organizations. But creating awareness for these programs can be tough. There are numerous programs for people who are dual eligibles for Medicare and Medicaid, but fewer mechanisms for making these individuals aware that they can benefit from them. Payers can change this by working with the physicians who are best equipped to identify patients in need of services or by looking for ways to create alerts in the medical records of qualifying patients.

## The role of provider organizations

Provider organizations are responsible for some of the most innovative health equity programs. Their deep understanding of the communities they operate in gives them a local advantage and makes them attractive partners for health plans, pharma and other types of organizations. Take the efforts of the University of Pittsburgh Medical Center (UPMC). UPMC has partnered with community nonprofits to create food pantries and food delivery services for locals struggling with food insecurity, and it's taken steps to bridge the digital divide. Through a partnership with a digital health company called Fabric Health, UPMC helped bring Wi-Fi access to designated laundromats in underserved areas to help people navigate the online process of accessing preventive care services, applying for Medicaid and other insurance programs, as well as SNAP benefits.

The role of pharma as partners

Pharma-driven health equity partnerships give pharma another way to drive outcomes. Some prominent pharma partnerships include Merck for Mothers. For this initiative, Merck partnered with 165 organizations including governments, NGOs, patient groups, professional associations, entrepreneurs, U.N. agencies, research institutions and other pharma companies to address health disparities and other factors related to maternal health. Similarly, Genentech's partnership with the Memphis Breast Cancer Consortium is focused on increasing breast cancer screening among Black women in Memphis, where Black women are twice as likely to die from the disease as white women.

Healthcare consumers believe governments should invest in preventive care to reduce health disparities
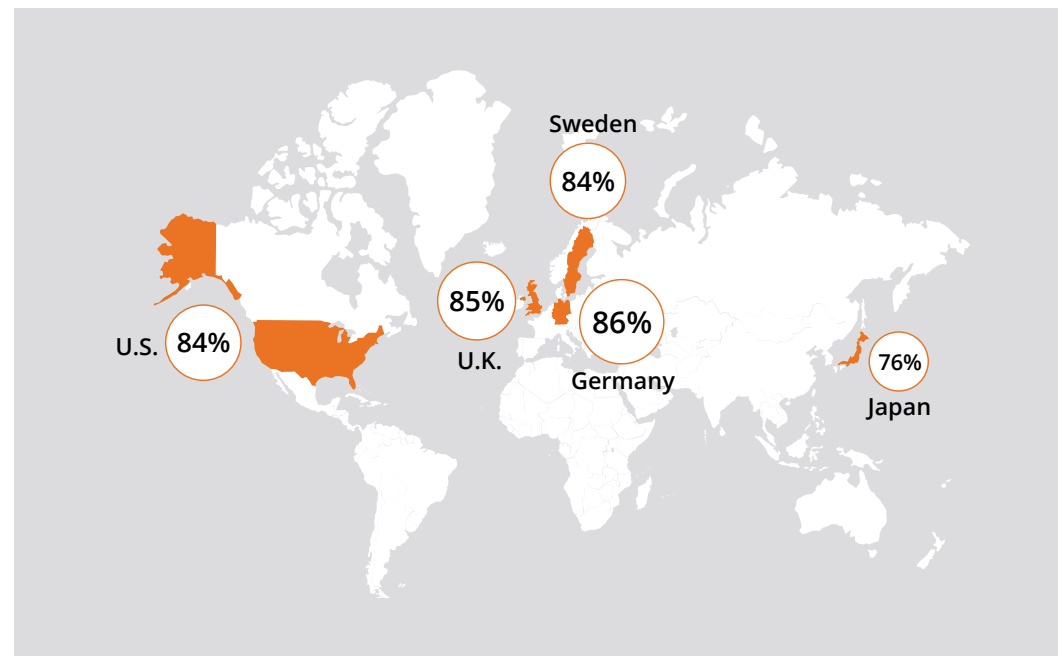
Source: ZS Future of Health Survey

Q. Adult public: "How much do you agree or disagree with each of the following statements?"
Base: 7,500 adults; U.S.=4,000; U.K.=1,000; Germany=1,000; Japan=1,000; Sweden=500.

To encourage physician confidence in AI, focus on trust, transparency and results

The twin pressures of a rapidly aging society and rampant healthcare worker shortages present enormous challenges for healthcare systems around the world. While respondents didn't cite those two issues explicitly in our survey, long waits for appointments, lack of clear communication, higher healthcare costs and poor coordination of care are downstream effects likely to worsen if these challenges aren't solved.

AI is a tool that could help alleviate the stress on the system by taking on tasks that reduce administrative burden, hasten the pace of diagnoses, automate billing and coding, triage patients and countless other use cases. Recent advances in generative AI suggest that while AI won't replace healthcare providers, healthcare providers who use AI may eventually replace those who don't.

Confidence in AI requires trust

But AI can only do so much if individuals and healthcare providers don't trust it. And as our survey found, many don't. With the exception of China where acceptance of AI tends to be higher, a majority of consumers in all countries surveyed say they distrust AI. Yet we also found that familiarity encourages acceptance—for example, 58% of individual respondents in the U.S. who are familiar with AI believe it can be effective in healthcare, compared to 18% of those who aren't familiar with it.

The surest bet to helping individuals become more comfortable with AI in their healthcare is improving confidence in AI among healthcare providers, as they are the most trusted members of the system. Individual respondents in the U.S., U.K. and Germany are more likely to trust their doctor being aided by AI than AI itself, while individual respondents in Sweden, Japan and China are equally likely to trust their doctor being aided by AI than AI itself. We found that healthcare provider perceptions of the use of AI in healthcare differ by market and specialty. U.S. PCPs and neurologists are less likely to trust AI or think it'll improve healthcare than U.S. oncologists or cardiologists. A majority of healthcare providers in Sweden, Japan and China trust AI, but this is less true for healthcare providers in the U.S., U.K. and Germany. And while more than 50% of PCPs in Sweden, Germany, Japan and China think AI will be very or fairly effective in improving healthcare, only 32% of PCPs in the U.S. and the U.K. agree.

Building trust in AI with transparency

Healthcare providers are understandably concerned about AI's safety and accuracy—the media is rife with reports about algorithms that perpetuate racial bias or fail to detect sepsis accurately, for example. Large language models, such as those underpinning ChatGPT and other tools, have a well-documented tendency to hallucinate by providing inaccurate or misleading answers. Healthcare providers in the U.S. are also rightfully skeptical about the effectiveness of the Food and Drug Administration's process for vetting and reviewing devices, tools and programs that use AI. But there are three things, in ZS's view, that developers of AI tools can focus on to earn physician trust. They are to rely on:

1. **Usable, representative data.** Bad data begets bad algorithms, which means usable, representative data is essential to creating dependable tools. Federated learning can be used to train analytical models to solve biased data sets and alleviate privacy issues, however, and data consortia can eliminate variations in data security, patient privacy and interoperability.

2. **Trustworthy design.** AI must be deployed:

   - Responsibly, with an emphasis on eliminating algorithmic bias

   - Transparently, by clearly calling out what it can and cannot do

   - Competently, such that its benefits outweigh the risks of occasional misses, like ordering superfluous lab work

3. Seamless, scalable application. To be accepted by providers, AI tools need to integrate seamlessly into workflows doctors are already using—by making the tasks humans are already doing easier or less cumbersome.

Developers should also design AI to the most stringent guidelines possible, which currently are outlined in the European Union's AI Act. Designing AI around the highest guidelines will help ensure that AI solutions are transparent and will deliver the kind of consistent, safe results essential to gaining healthcare provider trust.

Top 3 areas where PCPs believe AI will play the largest role in delivering quality healthcare

U.S.	1. Optimizing time required for administrative tasks
	2. Supporting improved patient education
	3. Accelerating diagnosis
U.K.	1. Supporting improved patient education
	2. Optimizing time required for administrative tasks
	3. Increasing diagnostic accuracy
Germany	1. Accelerating diagnosis
	2. Increasing diagnostic accuracy
	3. Optimizing time required for administrative tasks
Sweden	1. Increasing diagnostic accuracy
	2. Optimizing time required for administrative tasks
	3. Assessing patient disease risk and suggesting preventive interventions
China	1. Optimizing time required for administrative tasks*
	2. Assessing patient disease risk and suggesting preventive interventions*
	3. Saving costs for healthcare providers
Japan	1. Increasing diagnostic accuracy
	2. Accelerating diagnosis
	3. Saving costs for healthcare providers

*China's top and second benefit tied with the same number of responses

Source: ZS Future of Health Survey

Q. PCPs: "From the following, please select the top three areas where you think artificial intelligence (AI) will have the largest role in delivering quality healthcare to your patients. Please select your top three." Base: 1,055 PCPs; U.S.=552. U.K.=100; Germany=101; Sweden=100; China=101; Japan=101.

Large-scale, chronic health crises could be the adoption moment for digital health

Despite their interest in connected health, there are still significant barriers preventing healthcare providers and individuals from fully adopting it in a way that can truly transform healthcare. Our survey defined connected health as sharing health records and histories across doctors, using connected health devices such as health tracking apps or fitness apps, using services such as telehealth or using an online patient portal. This year, we only saw modest improvements in connected health use among consumers in some markets, including the U.S., Germany and Japan. The same was true for providers. While there was slight improvement among healthcare provider use in the U.K. and Sweden, overall uptake is still low due to factors such as low reimbursement, difficulty getting patient consent and data overwhelm. Given these findings, which members of the healthcare ecosystem are best positioned to find success in bringing digital health tools to market? A couple therapy areas provide some hints.

What's slowing adoption of connected health?

In addition to the low uptake, individuals and healthcare providers disagreed about just who's reluctant to adopt connected health. A majority of healthcare providers in all markets except Sweden say patients are reluctant to adopt connected health. But according to our survey, consumers say a top barrier to using these digital tools is limited access, which implies healthcare providers could be overestimating their patients' reluctance.

Who are the connected health superusers?

When we looked at the individuals that we defined in our survey as connected health superusers—or those who frequently use connected health apps, patient portals and telehealth—we identified two groups that are highly receptive to digital connected health experiences: Consumers who report putting more effort into caring for their mental health and consumers who classified themselves as obese. Individuals with obesity were more likely to see the benefits of connected health than other consumers in the general population. And in the U.S., they were 1.4 times as likely to be superusers of connected health than the general population.

Mental health care and obesity are two therapy areas that could present the adoption moment for digital health. In our survey, individual respondents who reported they were obese tended to be younger, and younger respondents tend to be more accepting of digital solutions, which could be driving these trends. People who are proactive about their mental health and those with obesity appear to be open to innovative digital solutions because of characteristics they have in common, such as:

- Obesity and mental health conditions can both be **treated almost entirely virtually.** While someone taking a GLP-1 for weight management may need occasional

bloodwork or diagnostics for other conditions, prescribers of these therapies largely don't need face-to-face visits to provide refills or support.

- Long-term management of mental health conditions and obesity are **expensive for the patient**, especially anyone who's taking a GLP-1 for obesity and lacks insurance coverage for it.

- The safest and most common pharmaceutical treatments for obesity and mental health are infinitely more effective when **accompanied by lifestyle changes and cognitive behavioral therapy.**

Who will build these digital health tools?

Consumers who use telehealth to manage mental health conditions have many apps and platforms available to them, such as Talkspace and BetterHelp, as well as alternatives to live therapists such as Woebot, an AI-powered mental health chatbot trained in cognitive behavioral therapy. While there are plenty of companies selling digital weight management solutions that include a GLP-1 plus coaching, there's a need for digital solutions that wire together disconnected players to support patients on a weight management journey that's likely to last a lifetime.

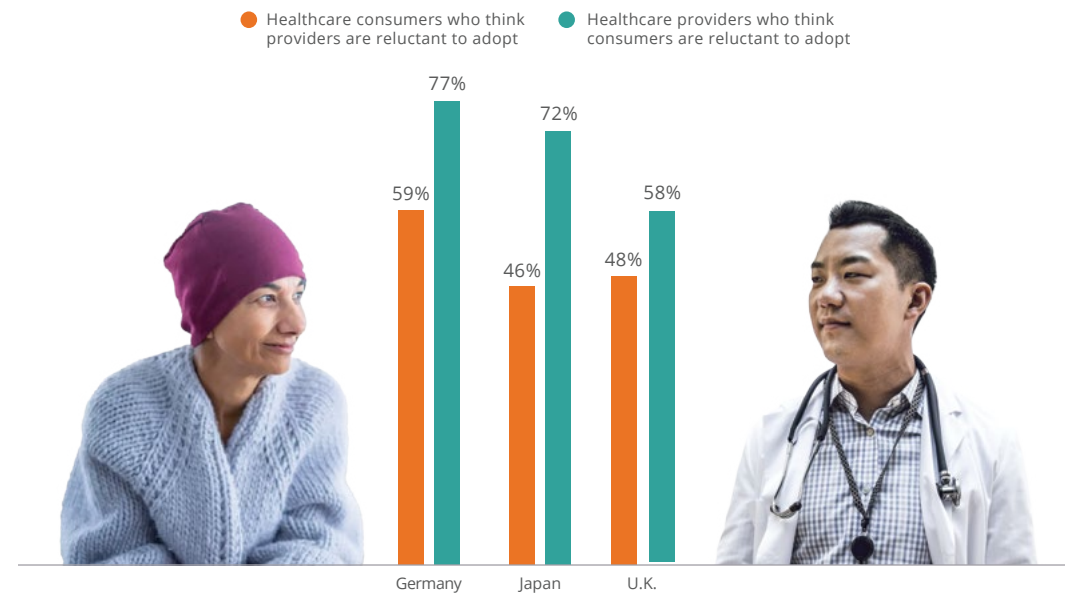## Potential digital partners for pharma

Viable solutions could come from pharma, where companies have a vested interest in supporting patients on their therapies. Pharma currently has the resources, in terms of capital and a treatment that works at scale, to build a digital ecosystem that provides comprehensive weight management services. A platform could connect users to healthcare providers with expertise around diet, exercise and the lifestyle and behavior modifications that are usually required to sustain long-term weight loss. It could resemble Eisai's platform for people with mild cognitive impairment, which offers an on-ramp to treatments, like Leqembi or others, and support to stay on it. Eisai's platform, which seeks to enable early diagnosis and facilitate communication between people with dementia and their doctors and caregivers, will require collaboration across healthcare stakeholders to succeed.

Tech companies like Amazon and Apple are potential partners for pharma, given their broad healthcare reach and success creating consumer-friendly apps and devices. Consumer weight-loss brands, such as Noom and WeightWatchers, both of which have subscription models that now offer access to GLP-1s, are obvious collaborators.

Health plans, many of which are already grappling with the high costs of GLP-1s, could well have a role to play in building a digital ecosystem. Companies such as Omada Health and Noom's new venture, Noom Med, are helping health plans defray the costs of GLP-1s by offering digital coaching and support services for people taking GLP-1s for weight loss. As providers and health plans increasingly recognize obesity as a chronic disease in need of a medicalized approach to treatment, there will be more opportunities for providers, health plans, medtech and pharma to cooperate on solutions.

Healthcare providers and consumers perceive each other as reluctant to adopt connected health tools

● Healthcare consumers who think providers are reluctant to adopt   ● Healthcare providers who think consumers are reluctant to adopt

Germany: 59%, 77%
Japan: 46%, 72%
U.K.: 48%, 58%

Source: ZS Future of Health Survey

Q. "To what extent do you agree or disagree that each of the following are potential barriers to connected health adoption?" Base: Germany=1,000 adults; 101 PCPs; Japan=1,000 adults; 101 PCPs; U.K.=1,000 adults; 100 PCPs.

Building the healthcare system of the future together

Healthcare systems around the world are undergoing a dramatic transformation, driven by consumer demands, technological advancements and a pressing need to take action to fight health equity disparities. To build the future healthcare system that delivers what people want and need, stakeholders from provider organizations, medtech, pharma and health plans must work together to bridge healthcare's most persistent gaps. This includes fostering partnerships, promoting AI adoption with transparency and trust, and investing in digital health tools to combat large-scale chronic health crises. If they take action now, we can create a more equitable, accessible and patient-centered healthcare system for all. 🔥

About the survey

This survey was conducted online by The Harris Poll on behalf of ZS from August 7 to September 3, 2023. It represents a balanced sample of 9,500 adult (individuals aged 18 and up) healthcare consumers and 1,055 PCPs from the U.S., U.K., Germany, Sweden, Japan and China. It also includes 304 specialists from the U.S. Healthcare provider participants were licensed medical doctors with specialties in family, general, internal medicine, cardiology, oncology and neurology.

About ZS

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