IMPACT OF COVID-19 ON PATIENTS’ BEHAVIOUR TOWARDS ACCESSING HEALTHCARE FACILITIES

A Patient Survey by IQVIA in collaboration with NATHEALTH

Date: April 30th, 2021
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Research Background and Sample Design
The outbreak of COVID-19 pandemic has led to major changes in patients' treatment plan due to restrictions in accessing healthcare facilities. As accessibility to healthcare facilities for managing patient condition continues to be uncertain, it is important to understand patient readiness to return to their routine hospital visits and continue treatment.

To this effect, in Jan-Feb 2021, IQVIA conducted a survey:
- With 2134 patients with different treatment needs across Metro, Tier 1 and Tier 2 towns in India
- IQVIA reached out to patients to unearth their behaviors during lockdown and post lockdown period
- To track changes in their behavior during COVID-19 (March–Dec 2020) scenario
- To elucidate COVID-19 impact on patients’ treatment plan and how it can be restored

### Project Background

**1. Cardiac surgery:** Planned PCI/CABG/Valve Replacement/Pacemaker Implant/Cardiac Ablations/Coronary stenting/PTCA

**2. Cancer surgery:** GI/Hepato-pancreato-biliary (HPB)/Head & Neck/Breast/Ovarian/Hysterectomy/Brain

**3. General surgery** Gall bladder/Appendix/Tonsil/ Duodenal Ulcers/Peptic Ulcers/Piles/Fistula/ Hernia/Gyn surgeries

**4. Orthopedic surgery:** Knee Replacement/ Hip Replacement/Trauma/Spine Surgeries

### Patient Categories

#### Category 1: Patients with planned elective surgery

1. **Cardiac surgery:** Planned PCI/CABG/Valve Replacement/Pacemaker Implant/Cardiac Ablations/Coronary stenting/PTCA
2. **Cancer surgery:** GI/Hepato-pancreato-biliary (HPB)/Head & Neck/Breast/Ovarian/Hysterectomy/Brain
3. **General surgery** Gall bladder/Appendix/Tonsil/ Duodenal Ulcers/Peptic Ulcers/Piles/Fistula/ Hernia/Gyn surgeries
4. **Orthopedic surgery:** Knee Replacement/ Hip Replacement/Trauma/Spine Surgeries

#### Category 2: Patients who required IPD management

1. **Acute:** High fever/Typhoid/Dengue/Malaria/Urinary Tract infection/Respiratory Illness
2. **Chronic:** Renal procedure- Dialysis, Cancer maintenance therapy- Chemotherapy

#### Category 3: Patients requiring frequent doctor visits in hospital OPDs

1. **Cardiovascular disease:** Heart failure/Hypertension
2. **Diabetes:** Severe uncontrolled diabetes/ Diabetes + CKD
3. **Arthritis/Asthma**
Research Methodology and Sample Design

Quantitative Approach
Patients were required to fill a structured questionnaire on an online web portal through shared link - a 30 min survey

Survey was conducted in Jan-Feb 2021

Methodology

Sample design

By Hospital Type
- Private Corporate/Large Hospital: 90% (n=1905)
- Private Medium Hospital: 10% (n=229)

By Town class
- Metro: 84% (n=1795)
- Tier 1: 12% (n=262)
- Tier 2: 4% (n=77)

By Patient Category
- Category 1 (Elective Surgery): 41% (n=862)
- Category 2 (IPD): 27% (n=566)
- Category 3 (OPD): 32% (n=686)

Important to note

- Patients (90%) who participated in survey were mostly from private corporate/large hospital
- Patients (84%) who participated in survey were mostly from metro cities

Total patient sample for survey: 2134

Cities covered: Mumbai, Delhi, Bangalore, Kolkata, Chennai, Hyderabad, Ahmedabad, Pune, Lucknow, Ludhiana, Chandigarh, Coimbatore, Cochin, Nagpur, Nashik, Aurangabad, Mysore
Key Findings
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COVID-19 Impact on Patients

1. Patients’ anxiety levels

2. Patients’ behavior towards accessing healthcare facilities

3. Patients’ rescheduling plans

4. Restoring patients’ confidence

5. Changing trends & preferences
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COVID-19 Impact on Patients

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1. PATIENTS’ ANXIETY LEVELS

Anxiety levels rise with increase in COVID cases

77% Patients were very anxious & concerned to seek medical care in 2020; anxiety levels reduced only when COVID cases began to drop

1. Patients express high concern about their risk of COVID infection due to overcrowding at hospitals & exposure to infected medical staff

2. With poor accessibility to healthcare facilities, patients believe that their health condition worsened in 2020
Anxiety levels fluctuate & are directionally driven by the COVID cases reported; When cases are high, most Non COVID patients are anxious to access facilities – higher number of Chronic IPD patients reel in this anxiety

### Top concerns - Overall

<table>
<thead>
<tr>
<th>Overcrowding of hospitals</th>
<th>Possibility of medical staff being exposed to COVID-19</th>
<th>Worsening of the patient’s previously stable condition due to increased exposure</th>
<th>Immunocompromised patients, hence at high risk of contacting COVID-19 in hospital</th>
<th>Lack of adequate/secure hospital protocols</th>
</tr>
</thead>
</table>

### Action areas:

Open communication channels for patients to report/communicate this anxiety to doctors/hospitals, especially Chronic IPD patients

Offer counselling support services for these patients to instill confidence and share plan of return when they are comfortable to access facilities.
Anxiety driven by surge in COVID cases highly impact patients’ intent to continue with their treatment & access healthcare facilities

57% patients cancelled/postponed/rescheduled their treatment plan in March–Dec 2020

1. Dominant negative impact was on elective surgeries & OPD (reduced frequency)

2. Mostly, Chronic & Acute in-patient services continued since most of them had less choice to not continue/access treatment

3. Decisions to delay/cancel treatment plans were mostly driven by patients/caregivers in consultation with their treating physician
Elective surgeries & OPD patients cancelled/rescheduled/postponed their treatment plans with surge in COVID cases; With not much scope of cancelling/postponing of treatment, many IPD patients had to continue/access treatment

<table>
<thead>
<tr>
<th>Patients</th>
<th>Treatment Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUGGERY</td>
<td>60% of surgery patients rescheduled their surgeries from August 2020 onwards</td>
</tr>
<tr>
<td>IPD</td>
<td>Mostly dialysis patients cancelled/postponed their sessions in hospital</td>
</tr>
<tr>
<td>OPD</td>
<td>Higher number of diabetes and arthritis patients cancelled/rescheduled their OPD visit to hospital</td>
</tr>
</tbody>
</table>

Cancellations/postponing of plans mainly driven by patient/family in consultation with their treating physician...

- **SURGERY**
  - 36% cancelled indefinitely
  - 1% postponed – date is still not finalized
  - 63% continued

- **OPD**
  - 27% cancelled indefinitely
  - 5% postponed – date is still not finalized
  - 68% continued

- **CHRONIC IPD**
  - 42% cancelled indefinitely
  - 5% postponed – date is still not finalized
  - 53% continued

- **ACUTE IPD**
  - 9% cancelled indefinitely
  - 40% postponed – date is still not finalized
  - 51% continued

*The need for conducting surgery in most of these patients was urgent but not life threatening*

**Action areas:**

1. In **IPD patients who continue to access facilities** –
   i. **Extreme safety measures support** at hospital sites/specialized waiting areas
   ii. **Clear site demarcation** for Non COVID & COVID patients
   iii. **Instill confidence** to indicate their exposure to COVID Safe Paramedical Staff

2. **IPD, elective surgery, OPD patients who cancel accessing facilities** –
   i. **Maintain engagement of patients with their doctors** to ensure their return when cases subside
   ii. **Extend connectivity by supporting through complementary home care facilities to patients**
Patients who cancelled/postponed their treatment have not been comfortable managing their condition at home; Most of them opined that their condition worsens during such times. Only 2% of these patients accessed professional home healthcare service in 2020.

Patients, mostly IPD categories, were not too comfortable managing the condition at home during the lockdown. Many also perceived that their condition had worsened during March-December’20 from how it was in Pre-COVID period.

### Management of the condition at home

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>COMFORT LEVEL IN MANAGING CONDITION AT HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>10% 15% 23% 48% 4%</td>
</tr>
<tr>
<td>OPD</td>
<td>7% 10% 17% 49% 16%</td>
</tr>
<tr>
<td>Chronic IPD</td>
<td>14% 30% 11% 32% 14%</td>
</tr>
<tr>
<td>Acute IPD</td>
<td>9% 33% 20% 32% 5%</td>
</tr>
</tbody>
</table>

- Extremely Difficult
- Very Difficult
- Difficult
- Manageable
- Well-managed

### Impact on the disease/condition

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>CONDITION OF THE DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>8% 15% 41% 64% 31% 5%</td>
</tr>
<tr>
<td>OPD</td>
<td>8% 8% 36% 52% 29% 19%</td>
</tr>
<tr>
<td>Chronic IPD</td>
<td>14% 22% 32% 27% 6%</td>
</tr>
</tbody>
</table>

- Deteriorated significantly
- Worsened to some extent
- Slightly/somewhat impacted
- Very Stable
- Improved

**Patients**

- **Key modalities adopted for management of condition at home included...**
  - **Surgery:** Medical management through doctor consultation, Supportive home healthcare measures like physiotherapy, personnel/nursing support
  - **IPD:** Medical management through doctor consultation, Home healthcare treatment services like diagnostic support, IV infusions, medical devices
  - **OPD:** Medical management through teleconsultation

**Action areas:**

In patients who cancel treatment plans – Crucial to engage with drop out patients and drive awareness initiatives around available home healthcare support facilities which hospitals/professional services can provide/support with...
Patients would like to return to hospitals within 3-4 months of reported decrease/control in COVID case load.

Of the patients who cancelled/delayed their treatment, **82%** patients expected to reschedule it by June 2021 since cases seemed to be in control in Jan 2021.

**3. PATIENTS’ RESCHEDULING PLANS**

1. Patients seeking **IPD care for their chronic ailments** (chemotherapy and dialysis) are more inclined to return sooner to their hospital for treatment.

2. In case of elective surgeries, **oncology and cardiac surgery patients** wish to reschedule their surgery sooner over general and orthopedic surgery patients.
With reported control/decrease in case load, to be confident in accessing healthcare facilities, most patients would take around 3-4 months.

Return to Normalcy Plan

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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surgery</td>
<td>n=355</td>
<td>18%</td>
<td>24%</td>
<td>33%</td>
<td>75%</td>
<td>19%</td>
<td>5%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>OPD Visits</td>
<td>n=179</td>
<td>15%</td>
<td>32%</td>
<td>37%</td>
<td>84%</td>
<td>14%</td>
<td>2%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Chronic IPD</td>
<td>n=27</td>
<td>35%</td>
<td>38%</td>
<td>14%</td>
<td>87%</td>
<td>7%</td>
<td>5%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Acute IPD*</td>
<td>n=60</td>
<td>18%</td>
<td>23%</td>
<td>42%</td>
<td>83%</td>
<td>6%</td>
<td>3%</td>
<td>8%</td>
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</tbody>
</table>

*In case of Acute IPD, data indicates probable instances where these patients might need to avail healthcare services as needed.

Of the patients who cancelled/postponed/rescheduled their treatment:
- 75% elective surgery patients were planning to reschedule surgery in the next 3-4 months (by June’21)
- 85% IPD/OPD patients were planning to resume hospital visits in next 3-4 months (by June’21)

Higher number of patients in Tier 1 and 2 plan to reschedule their treatment sooner

Action areas:
- Decrease the lag time between decrease in COVID case numbers and patients’ comfort to return to facilities—
  1. Establish communication early with patients with a detailed plan of return to treatment
  2. Aim for sooner return by decreasing the lag time from 3-4 months to 1-2 months
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Patients have high trust on their treating physicians to make informed decision on return; patient prioritization & hospital preparedness towards infection control are top measures to restore patient confidence

**Chronic IPD patients showed highest confidence on their doctors as compared to other patients – this can be connected to their ongoing visits and in-person interactions with the doctors**

**Patient prioritization, hospital preparedness towards infection control & measure to curb crowding are main measures expected to restore patient confidence on safety of accessing healthcare facilities**

**Confidence level to return to normalcy - overall**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>CONFIDENCE ON DOCTORS</th>
<th>CONFIDENCE ON HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURGERY</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>OPD</td>
<td>72%</td>
<td>60%</td>
</tr>
<tr>
<td>CHRONIC IPD</td>
<td>79%</td>
<td>70%</td>
</tr>
<tr>
<td>IPD ACUTE</td>
<td>53%</td>
<td>50%</td>
</tr>
</tbody>
</table>

% indicates percent patients who have rated top 2 scores on a 10 point scale on confidence level

**Top factors for increasing patients confidence - Overall**

- **Patient Prioritization** & Segmentation for: in-person and tele counselling consultation
- **Displaying hospital preparedness** towards strict infection control processes
- **No waiting period** by calling patients only on appointment basis
- **Taking strict measures to prevent crowding** of patients, and following onsite social-distancing
- **Has clear/separate sites** for COVID-19 & non COVID-19 patients

**Confidence on healthcare systems is high among metro city patients as compared to patients in Tier 1 and Tier 2 cities**

**Patient’s confidence level to access private large/corporate hospitals is high as compared to their confidence on accessing medium hospitals for treatment**
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As COVID cases subside, patients who wish to reschedule their treatment plans prefer to access their original treatment facilities/doctors, and not switch to other hospitals.

Of the patients who cancelled/postponed their treatment, 95% wish to continue with the same hospital.

5% patients switched hospital due to:
- Increased cost of treatment in original hospital
- Travel inconvenience
- Waiting period to reschedule surgery/treatment in original hospital

Reasons for continuing with the SAME HOSPITAL:
- Trust, belief and high level of satisfaction in existing hospital/doctors
- Adequate/extended support services* offered to manage patient condition
- High confidence on safety measures undertaken by existing hospital

Metro city patients:
- Preferred, and plan to undertake treatment at original (pre-COVID) hospital
- ~5% Patients from Tier 1 or 2 travelled to metro city for treatment in pre-COVID – predominantly cancer and cardiac surgery patients

* Extended teleconsultation/emergency services provided to manage patient condition- especially during COVID 19

n= 622 patients
Uptake of Teleconsultation increases with increase in COVID cases; However, patients prefer to return to in-person visits with doctors as COVID situation improves

Although the number of teleconsultation rose rapidly during complete lockdown, it declined with lockdown slowly phasing out and rebound in person visits was observed.

50% Patients engaged in TELE-CONSULTATION with their healthcare providers during complete lockdown phase

<table>
<thead>
<tr>
<th>% patients</th>
<th>Mar – May</th>
<th>Jun – Dec</th>
<th>Jan Onwards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual</td>
<td>50%</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>In-person</td>
<td>25%</td>
<td>36%</td>
<td>49%</td>
</tr>
<tr>
<td>Both</td>
<td>13%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>No interaction</td>
<td>12%</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Owing to less accessibility to healthcare facilities during COVID 19 PANDEMIC...

Teleconsultation witnessed an upsurge predominantly in Surgery and OPD patients

However, increasing number of patients are hoping to return to physical visits for consultation once hospital COVID load reduce, and accessibility to healthcare facilities improve

Likelihood to continue in future...

Of total patients who availed teleconsultation, only 30% patients are willing to continue with teleconsultation in future (mainly for follow-ups); while others still consider in person interactions to be important

Teleconsultation trend was higher in Metro & Tier 1 patients

Likelihood to continue with tele consultation is higher in patients from Metro and Tier 1 cities
Only a few survey participants who cancelled/postponed their treatment plan, had accessed professional Home Healthcare services in 2020; Most patients continued with managing their condition at home with family support through doctor’s guidance.

Key modalities adopted for management at home included:

- Of the 57% patients who had to cancel/postpone their treatment plan...
- Managed condition at home with doctor advice through necessary medical management: 98%
- Opted for Professional Home Healthcare services: 2%

Adoption was high in IPD patients and in Metro cities.

Likelihood to continue in future...

Of total patients who availed home healthcare services, only 33% patients plan to continue with Home Healthcare service in future when COVID situation improves and things go back to normal.
Key Implications
## Impact of COVID-19 on patients’ behavior towards accessing healthcare facilities

<table>
<thead>
<tr>
<th>Market Trends</th>
<th>Key Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chronic patients (Cancer, CKD, Diabetes etc.) seek IPD services/physical OPD consultation due to high severity of their medical condition</td>
</tr>
<tr>
<td>2</td>
<td>Home Healthcare services were opted by limited number of patients</td>
</tr>
<tr>
<td>3</td>
<td>82% patients (of those who delayed treatment) wished to reschedule their treatment plan within 3 months, once COVID situation is under control</td>
</tr>
<tr>
<td>4</td>
<td>62% patients (of those who delayed treatment) believe that their health condition has been negatively impacted</td>
</tr>
<tr>
<td>5</td>
<td>Patients will continue to access original (Pre-COVID) doctors &amp; hospitals</td>
</tr>
</tbody>
</table>

57% patients had cancelled / postponed their treatment plans on account of ongoing pandemic.

**DURING HIGH COVID CASES**

**UPON CONTROL OF COVID SITUATION IN COUNTRY**
# Impact of COVID-19 on patients’ behavior towards accessing healthcare facilities

## Key Implications

### During High COVID Cases

- **Specialized OPD infrastructure**
  - Zero contact consultations and high-end quarantine space plan for high-risk patient groups
  - Differentiate and segment patient groups for tele consult vs. in-person appointments

### Home Healthcare Service Uptake

- Key adoption determinants: Doctor recommendation, patient awareness & satisfaction
- Standard service & quality protocols to ensure consistency & credibility in service

### Cut through the patient backlog!

- Adoption of data intelligence algorithm processes to prioritize patient profiles
- Use of interactive equipment (e.g. wearables) to enable real-time data collection & patient tracking

### Financial aid planning to support patients

- Patients may forgo treatment due to increased cost concerns on account of worsened health outcomes
- Support the socioeconomically compromised with financial source planning / eligibility of government schemes or policies

### Upon Control of COVID Situation in Country

- Leverage and build on long established trust and relationship among patients
- Communicate & reassure COVID-19 safety protocols
- Strong grievance redressal mechanism on the facility premises to ensure patient satisfaction

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DURING HIGH COVID CASES

<table>
<thead>
<tr>
<th>Specialized OPD infrastructure</th>
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<tbody>
<tr>
<td>Zero contact consultations and high-end quarantine space plan for high-risk patient groups</td>
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HOME HEALTHCARE SERVICE UPTAKE

| Key adoption determinants: Doctor recommendation, patient awareness & satisfaction |
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CUT THROUGH THE PATIENT BACKLOG!

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FINANCIAL AID PLANNING TO SUPPORT PATIENTS

| Patients may forgo treatment due to increased cost concerns on account of worsened health outcomes |
| Support the socioeconomically compromised with financial source planning / eligibility of government schemes or policies |

PIVOTAL MOMENT TO REBUILD PATIENTS’ TRUST & CONFIDENCE

| Leverage and build on long established trust and relationship among patients |
| Communicate & reassure COVID-19 safety protocols |
| Strong grievance redressal mechanism on the facility premises to ensure patient satisfaction |
## Implications due to difference in trajectory of pandemic in 2021 over 2020

### Action points for healthcare providers to alleviate patient concerns, and gain patient confidence:

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Take forefront in conducting vaccination drives</td>
</tr>
<tr>
<td></td>
<td>• Step up hospital infrastructure for vaccination</td>
</tr>
<tr>
<td></td>
<td>• Reach out to patient pools, and triage patients for vaccination</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Extend support to health care facilities in extra-urban towns</td>
</tr>
<tr>
<td></td>
<td>• Pandemic impact in 2021 has been across town class, and facilities in smaller towns are overwhelmed</td>
</tr>
<tr>
<td></td>
<td>• Large hospitals in metro cities to support hospitals in smaller towns w.r.t infrastructure and specialty support</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Prioritize patient pools to triage patients for treatment</td>
</tr>
<tr>
<td></td>
<td>• Impact seen across different patient profiles, as compared to wave 1 when more geriatric patients or patients with co-morbidities were severely affected</td>
</tr>
<tr>
<td></td>
<td>• Hospitals to triage patients across age groups, and work on appropriate treatment plans</td>
</tr>
</tbody>
</table>
Thank you
PARTICIPATION CREDITS (HOSPITALS WHO PARTICIPATED IN SURVEY)

P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

Apollo HOSPITALS

Fortis HOSPITAL

Regency HEALTH

Neotia Healthcare Centre

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