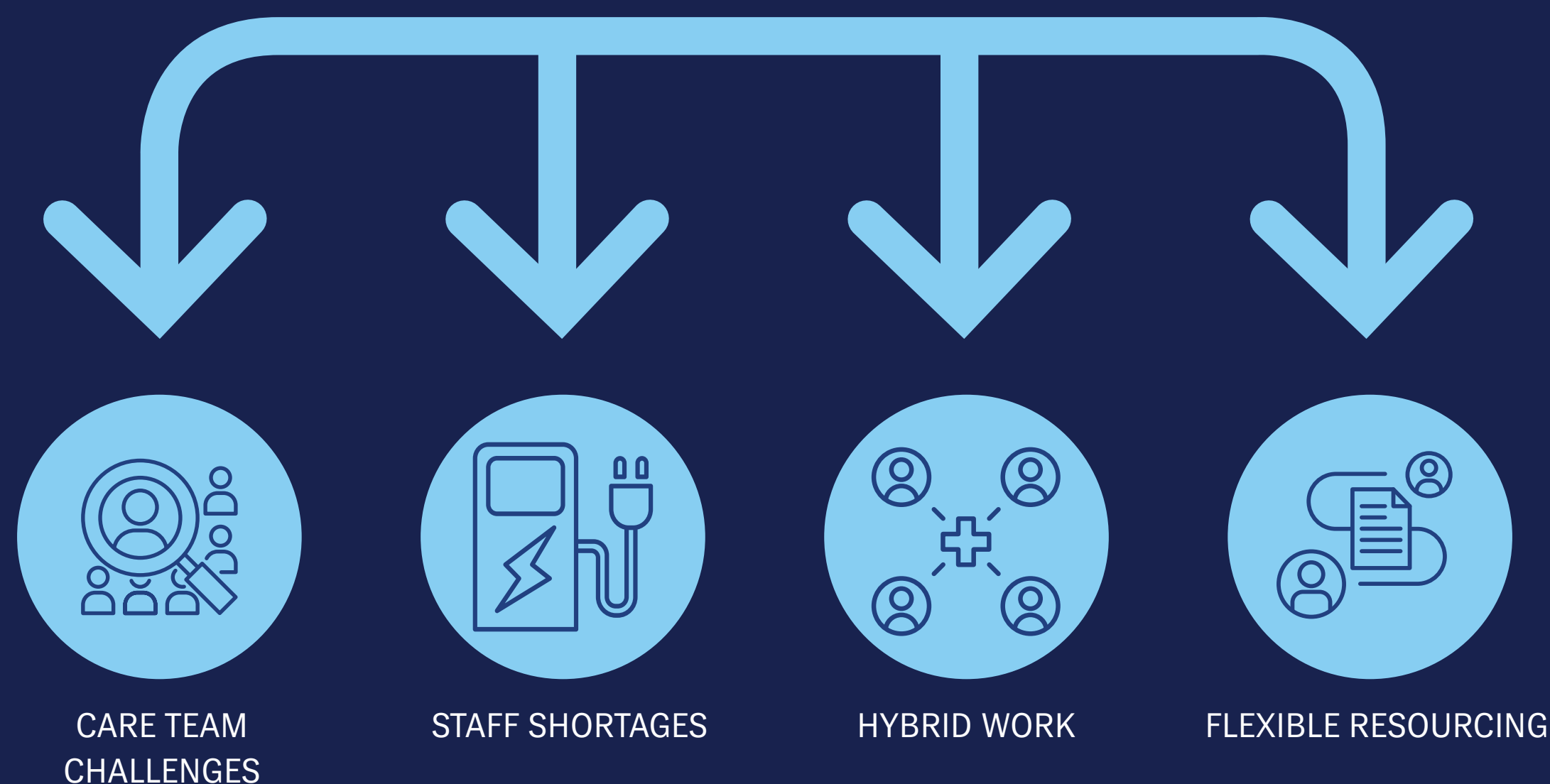




# HEALTHCARE TRENDS REPORT ▶

## THEME 1

# STAFFING, CAPACITY, AND BURNOUT



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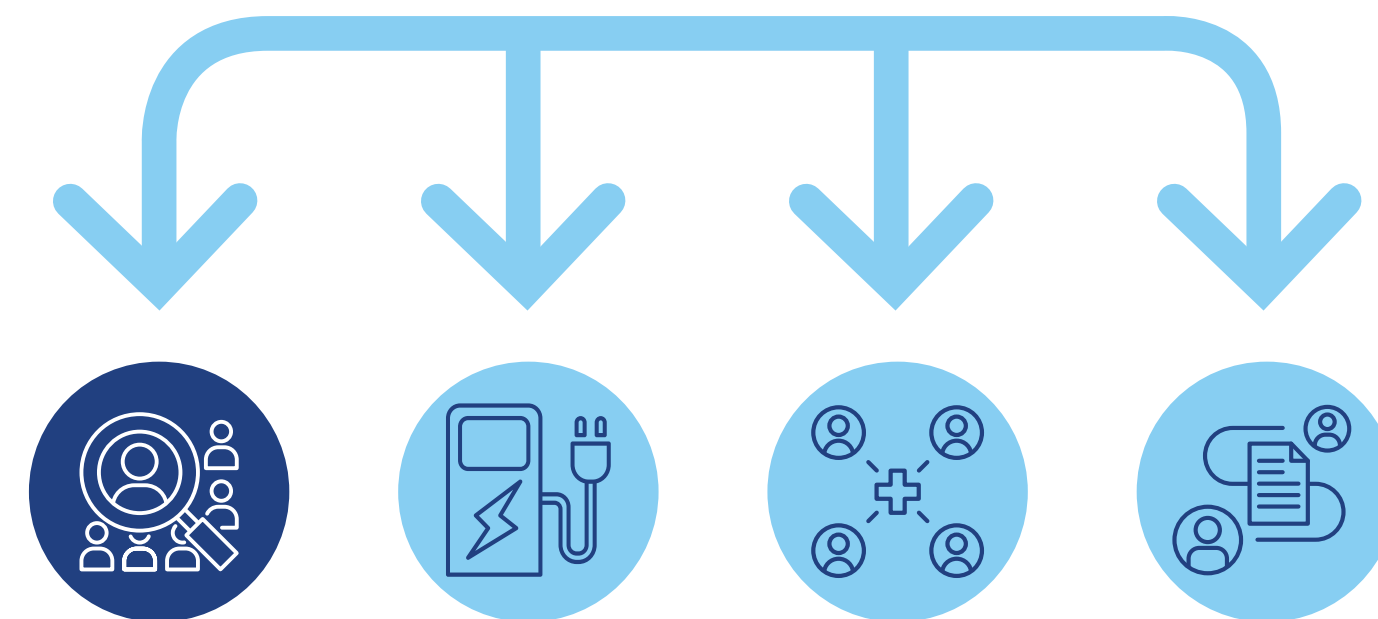




## THEME 1

# STAFFING, CAPACITY, AND BURNOUT—CARE TEAM CHALLENGES

- Care teams are experiencing burnout, high turnover rates, and overall poor staff retention
- One survey found **90% of hospital-based nurses** are considering leaving the profession in the next year
- In an effort to combat burnout, health systems and providers are using a variety of tools to support staff resilience and mental health



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THEME 1

# STAFFING, CAPACITY, AND BURNOUT—CARE TEAM CHALLENGES

- Care teams are experiencing burnout, high turnover rates, and overall poor staff retention

**Reference:** Nursing in crisis: How Staffing Shortages and Burnout are Impacting Frontline Nurses and the Quality of Patient Care. Hospital IQ. <https://info.hospiq.com/nursing-in-crisis/>. Accessed August 18, 2022.

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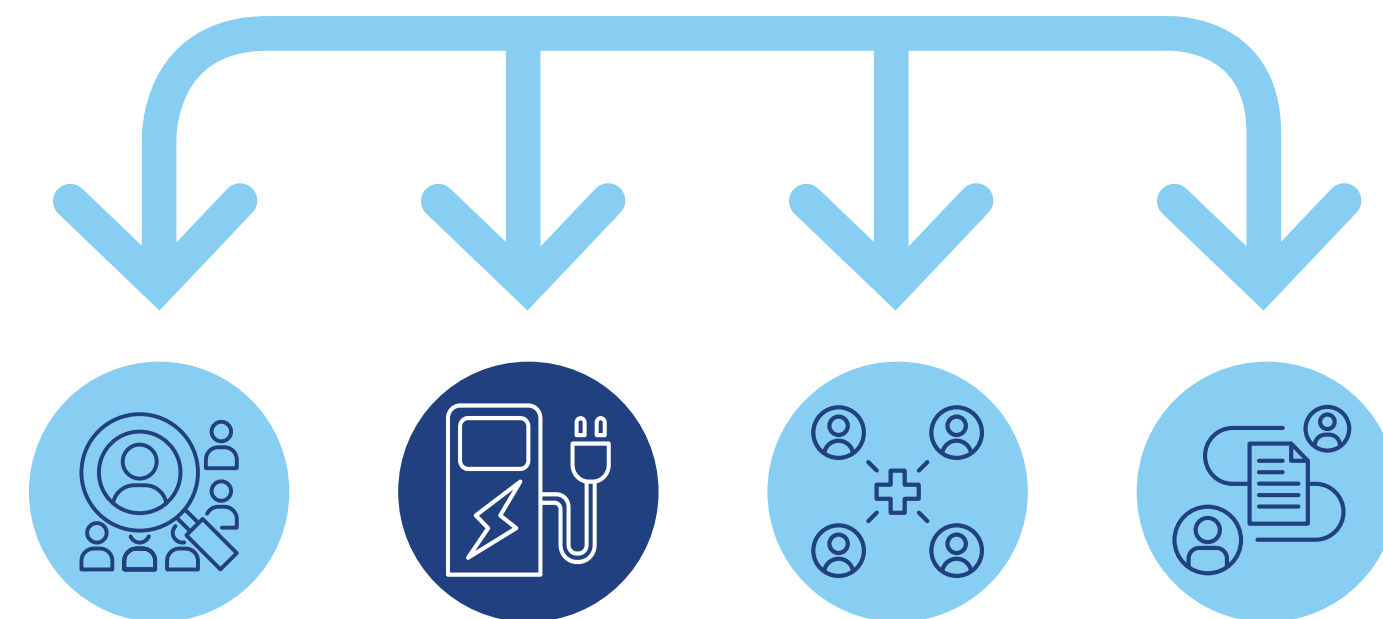


## THEME 1

# STAFFING, CAPACITY, AND BURNOUT—STAFF SHORTAGES

Because of staff shortages, **over a third of providers** saw:

- Patients returning for post-discharge secondary care
- Increased medication errors
- Patients walking out of the ER because of wait times



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## THEME 1 STAFFING, CAPACITY, AND BURNOUT—STAFF SHORTAGES

Because of staff shortages, **over a third of providers** saw:

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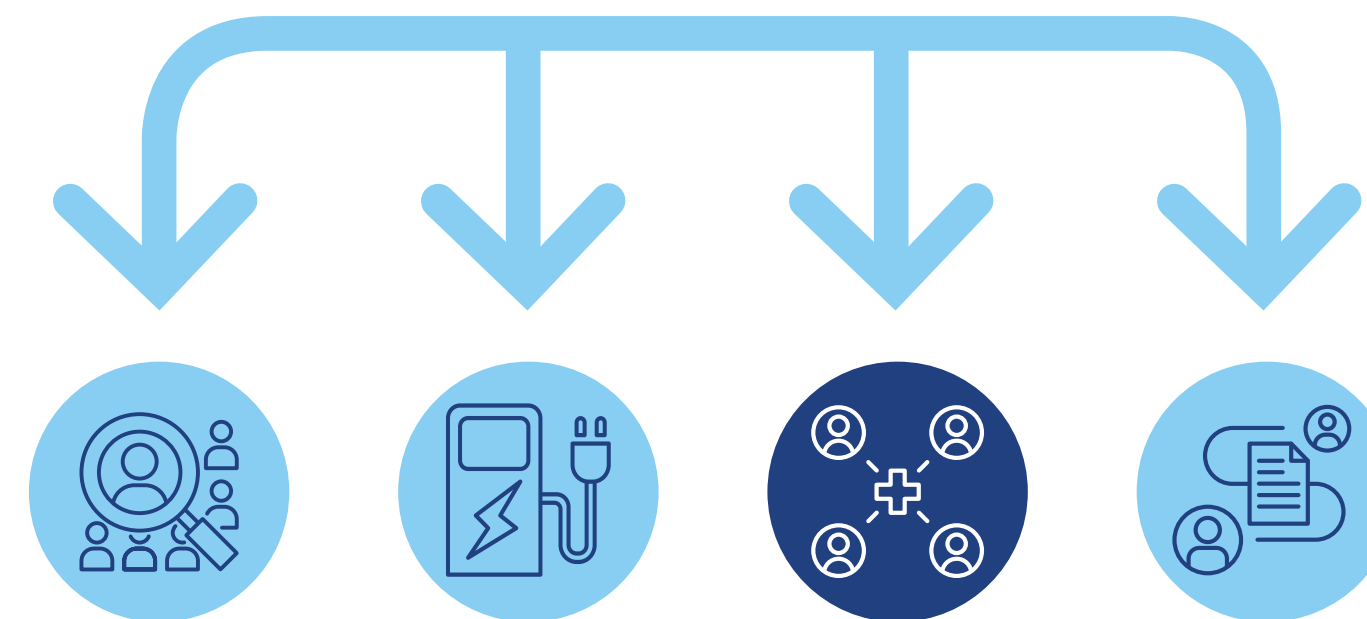




## THEME 1

# STAFFING, CAPACITY, AND BURNOUT—HYBRID WORK

- Physician burnout is top of mind for health system executives but may be improving slightly thanks to more digital care and hybrid work arrangements
- Health systems have found that **most providers prefer a hybrid work arrangement**, and health systems have begun to give HCPs more autonomy in setting department work standards



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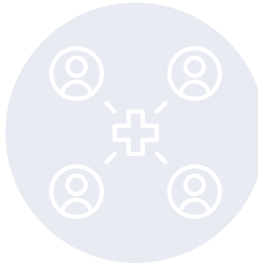


THEME 1  
STAFFING, CAPACITY, AND BURNOUT—HYBRID WORK

- Provider burnout is top of mind for health system executives but may be improving slightly thanks to more digital care and hybrid work

**Reference:** Health System CSO, COO, & RCEO Meeting Roundup: Key Discussion Points From the August 2021 in-Person Meeting in Washington, DC for Chief Strategy Officers, Chief Operating Officers, and Regional CEOs. Arlington, VA: The Academy. August 2021.

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REFERENCE



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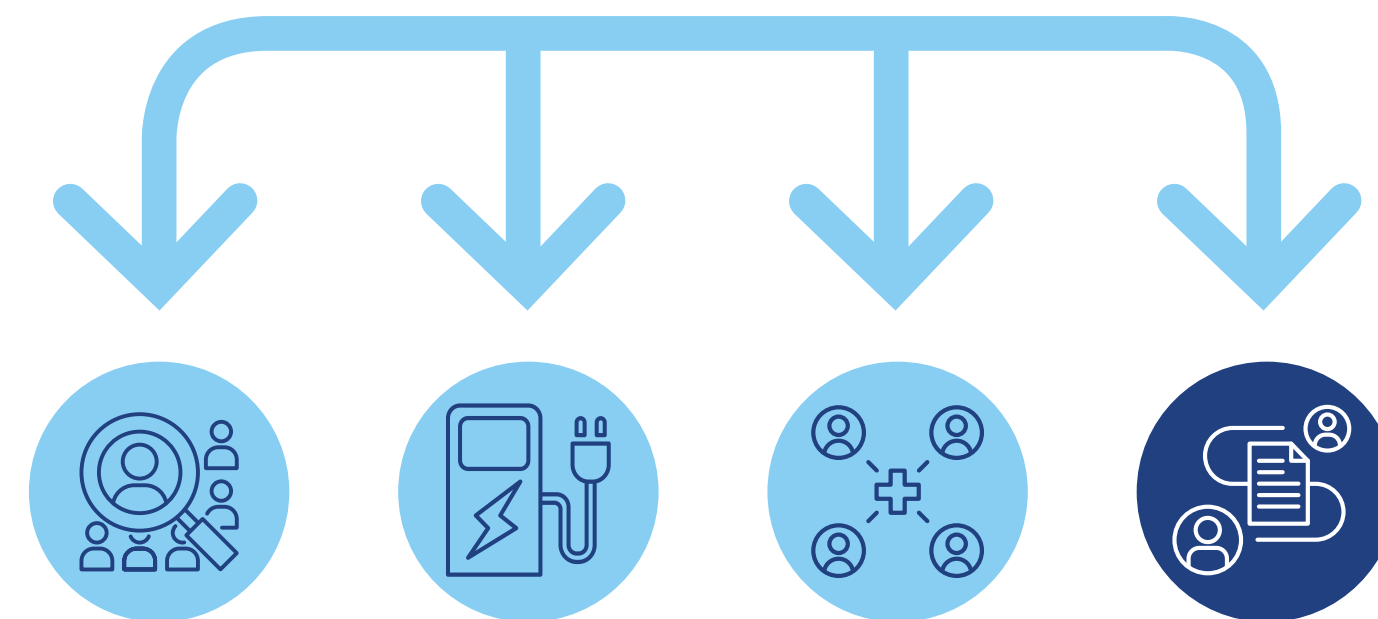




## THEME 1

# STAFFING, CAPACITY, AND BURNOUT—FLEXIBLE RESOURCING

- Some analysts predict that by 2040, most care will be delivered at home, in outpatient settings, or virtually
- Successful supply chains are becoming a **key differentiator and require new strategies** including including increased storage as well as self-distribution, deeper supplier relationships, and back-up suppliers
- The ability to flex staff, supplies, and patients across sites of care will continue to be required



REFERENCE



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## THEME 1 STAFFING, CAPACITY, AND BURNOUT—FLEXIBLE RESOURCING

- Some analysts predict that by 2040, most care will be delivered at home, in outpatient settings, or virtually

**Reference:** Martin G. Top 10 Emerging Trends in Health Care for 2021: The New Normal. AHA Trustee Services. <https://trustees.aha.org/top-10-emerging-trends-health-care-2021-new-normal>. Accessed August 18, 2022.

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THEME 1

**STAFFING, CAPACITY, AND BURNOUT**

Genentech has an educational program that features a module on burnout. Additionally, below is a summary of the patient support services Genentech provides.

**GENENTECH PATIENT SUPPORT SERVICES:**

- Genentech's primary focus has been on developing breakthrough medicines for serious illnesses and on helping the people who need these medicines get them

**PEOPLE WHO TAKE OUR MEDICINES HAVE SEVERAL PROGRAMS AVAILABLE FOR THEM:**

- For people who need help understanding health insurance coverage and costs related to Genentech medicines: *Genentech Access Solutions*
- For people who do not have health insurance coverage or who have concerns about the cost of their Genentech medicine and meet eligibility criteria: *Genentech Patient Foundation*
- For people who have health insurance and can't afford their Genentech medicine: *Affordability Options*
- For people who want information and resources about a diagnosis and treatment with a Genentech medicine: *Genentech Patient Education and Treatment Resources*



**TALK TO YOUR GENENTECH REPRESENTATIVE FOR MORE INFORMATION**



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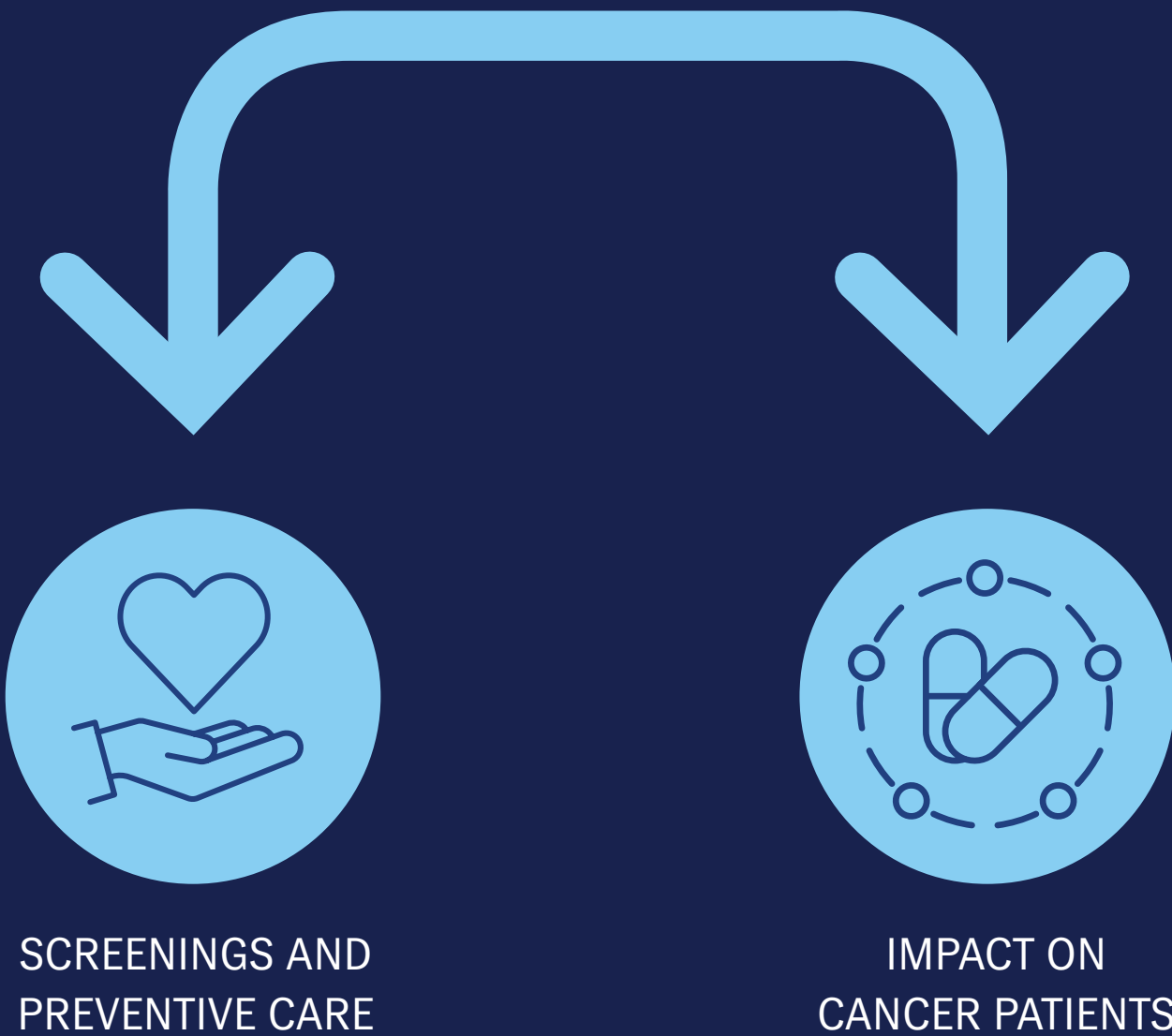
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THEME 2

DELAYS IN CARE



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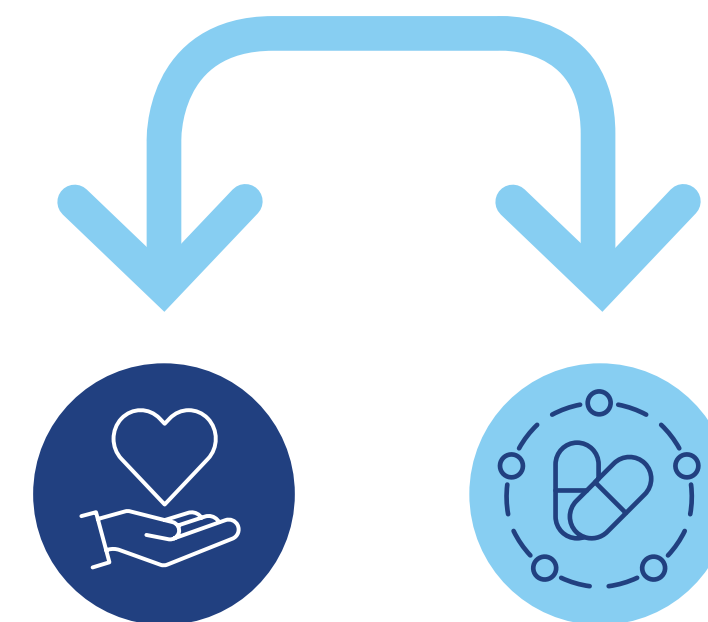




## THEME 2

# DELAYS IN CARE—SCREENINGS AND PREVENTIVE CARE

- Routine cancer screenings **dropped dramatically during the pandemic**, leaving an 11% to 23% deficit in key tests (pap smears, colonoscopies, mammograms, etc)
- Preventive care was particularly affected by the pandemic. One survey found that **13% of patients are unsure when to resume care** and over **4% said they won't return at all**



REFERENCES

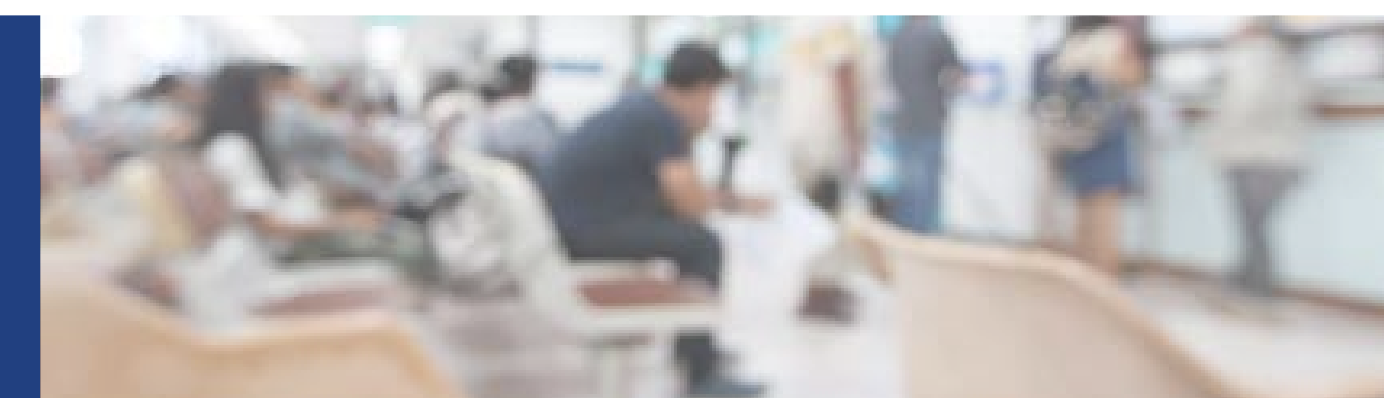


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## THEME 2

# DELAYS IN CARE—SCREENINGS AND PREVENTIVE CARE

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**References:** **1.** The use of medicines in the U.S.: spending and usage trends and outlook to 2025. IQVIA Institute. <https://www.iqvia.com/insights/the-iqvia-institute/reports/the-use-of-medicines-in-the-us>. Published May 27, 2021. Accessed August 18, 2022. **2.** NRC Health 2022 healthcare consumer trends report. NRC Health. <https://nrchealth.com/resource/2022-nrc-health-healthcare-consumer-trends-report/>. Published January 19, 2022. Accessed August 18, 2022.

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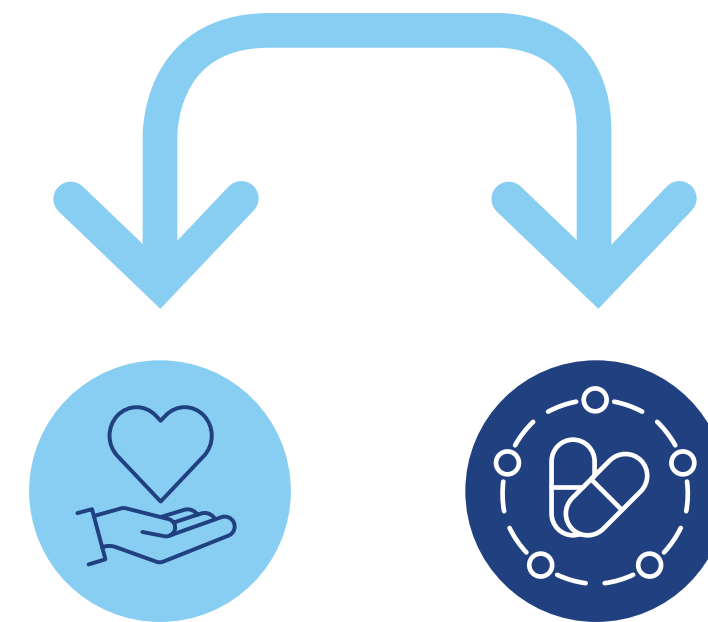


## THEME 2

# DELAYS IN CARE—IMPACT ON CANCER PATIENTS

- **64% to 87%** of cancer patients in a recent survey reported delays in their planned surgery during the height of the pandemic
- Because of delayed cancer diagnoses during the pandemic, there is expected to be an **increase in advanced cancer diagnoses** and deaths, including an expected 2,500 additional breast cancer and 5,000 additional colorectal cancer deaths over the next decade in the U.S. population
- Nearly all cancer researchers were impacted by the pandemic, with **99% reporting** interruptions in their research and/or clinical practice\*

\*AACR survey n=66



REFERENCES

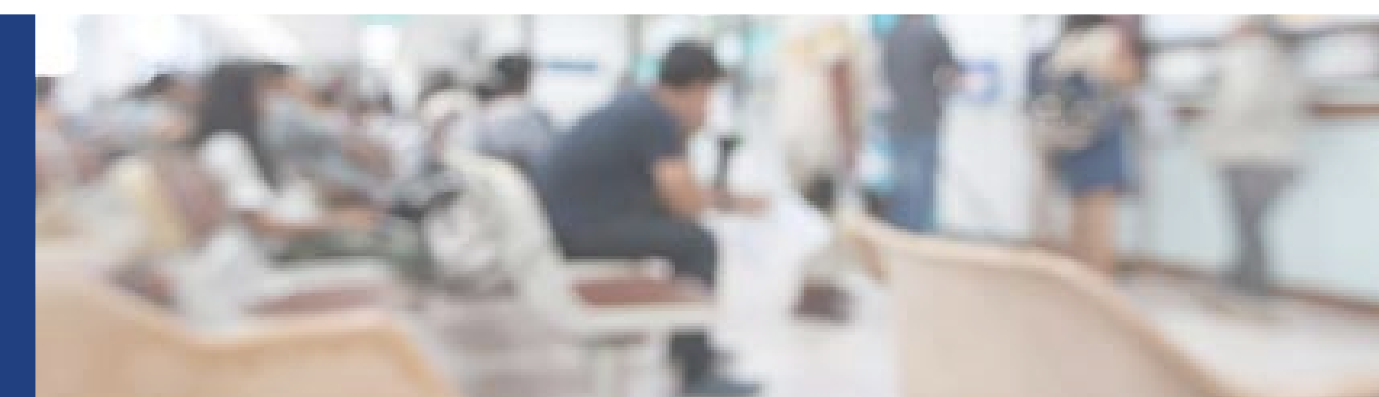


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THEME 2

DELAYS IN CARE—IMPACT ON CANCER PATIENTS

• 64% to 87% of cancer patients in a recent survey reported delays in their planned surgery during the height of the pandemic

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**References:** **1.** 2022 Cancer Market Trends. Advisory Board. <https://www.advisory.com/topics/market-trends/2022/03/cancer-market-trends>. Published April 2022. Accessed August 18, 2022.  
**2.** AACR Report on the Impact of COVID-19 on Cancer Research and Patient Care. American Association for Cancer Research. <https://www.AACR.org/COVIDReport>. Published February 9, 2022. Accessed August 18, 2022.

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THEME 2

**DELAYS IN CARE**

Genentech is committed to supporting awareness and education around early detection and screening. Genentech has helped to build the following awareness and educational campaigns:

- Screen Your Lungs
- What's Your Reason for a Mammogram?
- Love Letters
- Diabetic Eye Screening Education
- Love Your Colon
- Care Manager Multiple Sclerosis (MS) Program
- Cancer Screen Week
- Stroke Awareness

TO LEARN MORE, PLEASE VISIT

**GENENTECH-PRO.COM**



TALK TO YOUR GENENTECH REPRESENTATIVE FOR MORE INFORMATION

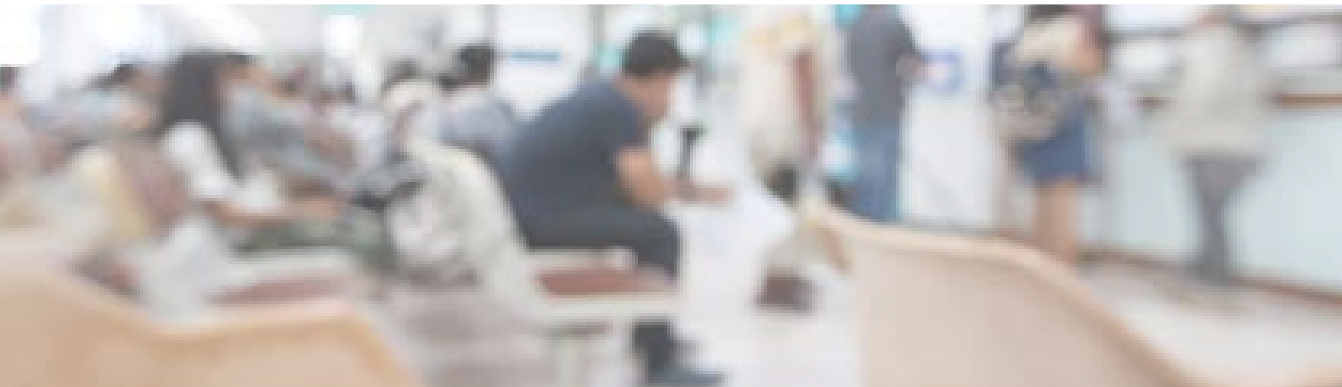


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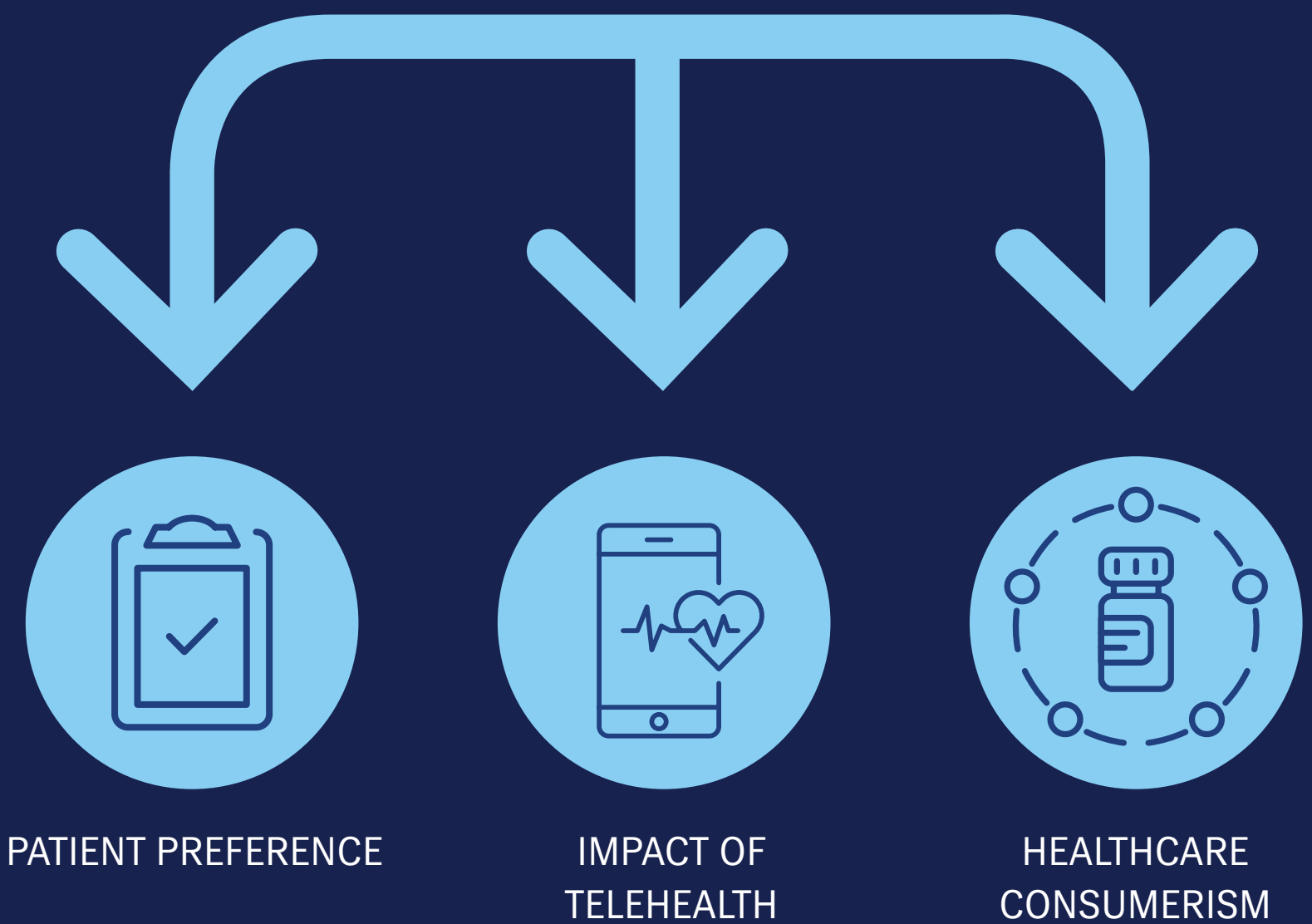
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DIGITAL CARE DELIVERY



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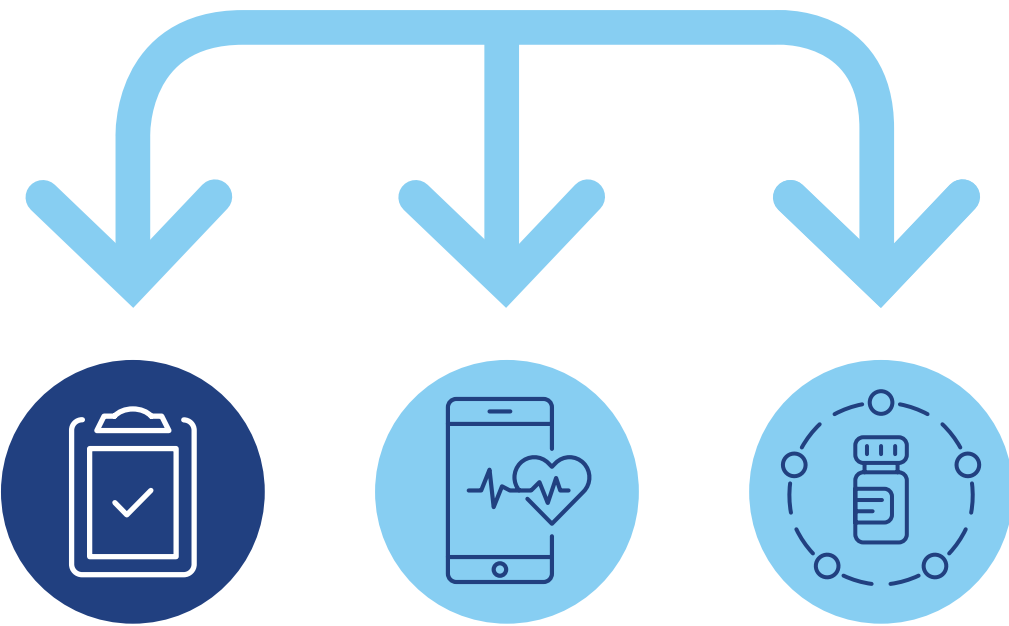




### THEME 3

## DIGITAL CARE DELIVERY—PATIENT PREFERENCE

- A recent survey found that **93% of patients want digital options** like online scheduling and tech-based payment tools—this trend accelerated during the pandemic and drove increased engagement
- Remote patient monitoring is expected to reach **30 million patients in 2024**, a 28% increase from 2020 levels



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### THEME 3

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**References:** **1.** 6 reasons why self-service is key to improving the patient experience. Becker's Hospital Review. <https://www.beckershospitalreview.com/6-reasons-why-self-service-is-key-to-improving-the-patient-experience.html>. Updated April 4, 2022. Accessed August 18, 2022.

**2.** 2022 Environmental Scan. American Hospital Association. <https://www.aha.org/environmentalscan>. Published December 2021. Accessed August 18, 2022

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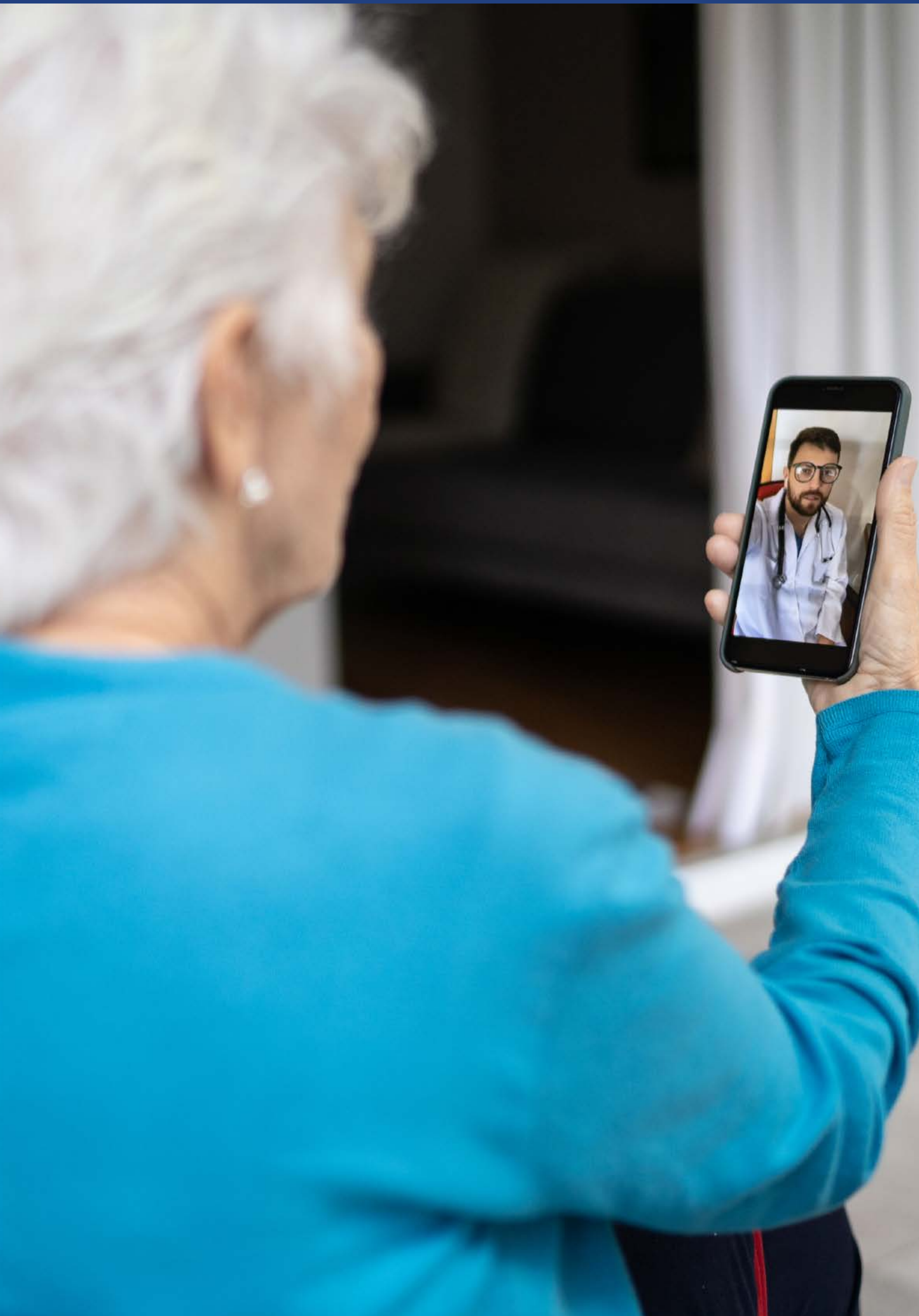
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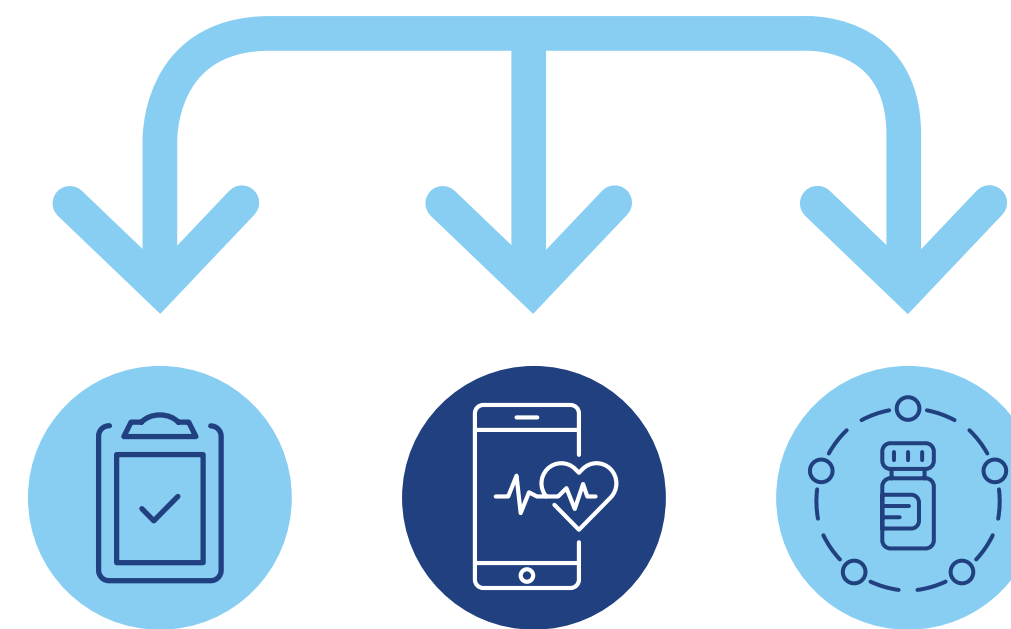




### THEME 3

## DIGITAL CARE DELIVERY—IMPACT OF TELEHEALTH

- A 2020 study found that telehealth visits have a **no-show rate of just 7.5%**, which is **1/4** of the average in-office no-show rate prior to the pandemic
- While patients want the convenience and ease of digital interactions, personalized care is still vital. According to a 2020 survey, an **“ideal” care experience requires a personal touch**, whether virtually or in person



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### THEME 3

## DIGITAL CARE DELIVERY—IMPACT OF TELEHEALTH

- A 2020 study found that telehealth visits have a **no-show rate of** **15.7%** compared to **10.5%** for in-person visits.

**References:** **1.** Rubenfire A. The key to reducing no-shows: empower your patients. Becker's Hospital Review. <https://www.beckershospitalreview.com/strategy/the-key-to-reducing-no-shows-empower-your-patients.html>. Updated December 8, 2021. Accessed August 18, 2022. **2.** Martin G. Top 10 Emerging Trends in Health Care for 2021: The New Normal. AHA Trustee Services. <https://trustees.aha.org/top-10-emerging-trends-health-care-2021-new-normal>. Accessed August 18, 2022.

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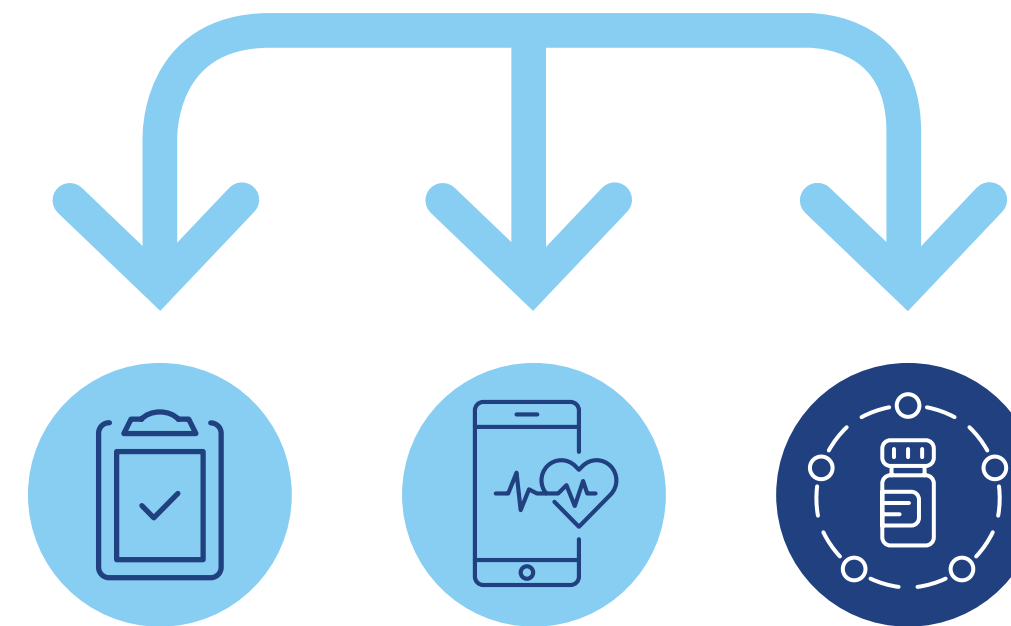




### THEME 3

## DIGITAL CARE DELIVERY—HEALTHCARE CONSUMERISM

- A UnitedHealthcare survey found that **37% of respondents** (and **50% of millennials**) said that they **use the Internet or mobile apps to comparison shop for health care services**—a 257% increase over 2012



REFERENCE



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THEME 3  
DIGITAL CARE DELIVERY—HEALTHCARE CONSUMERISM

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**Reference:** Future scan: Health Care Trends and Implications: 2021-2026. Society for Health Care Strategy and Market Development. <https://www.shsmd.org/resources/display/futurescan-2021>. 2021. Accessed August 18, 2022

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THEME 3  
**DIGITAL CARE DELIVERY**

Genentech understands the ever-evolving digital care delivery landscape and has created educational resources and programs to support the impact this shift is having on patients.



TALK TO YOUR GENENTECH REPRESENTATIVE FOR MORE INFORMATION



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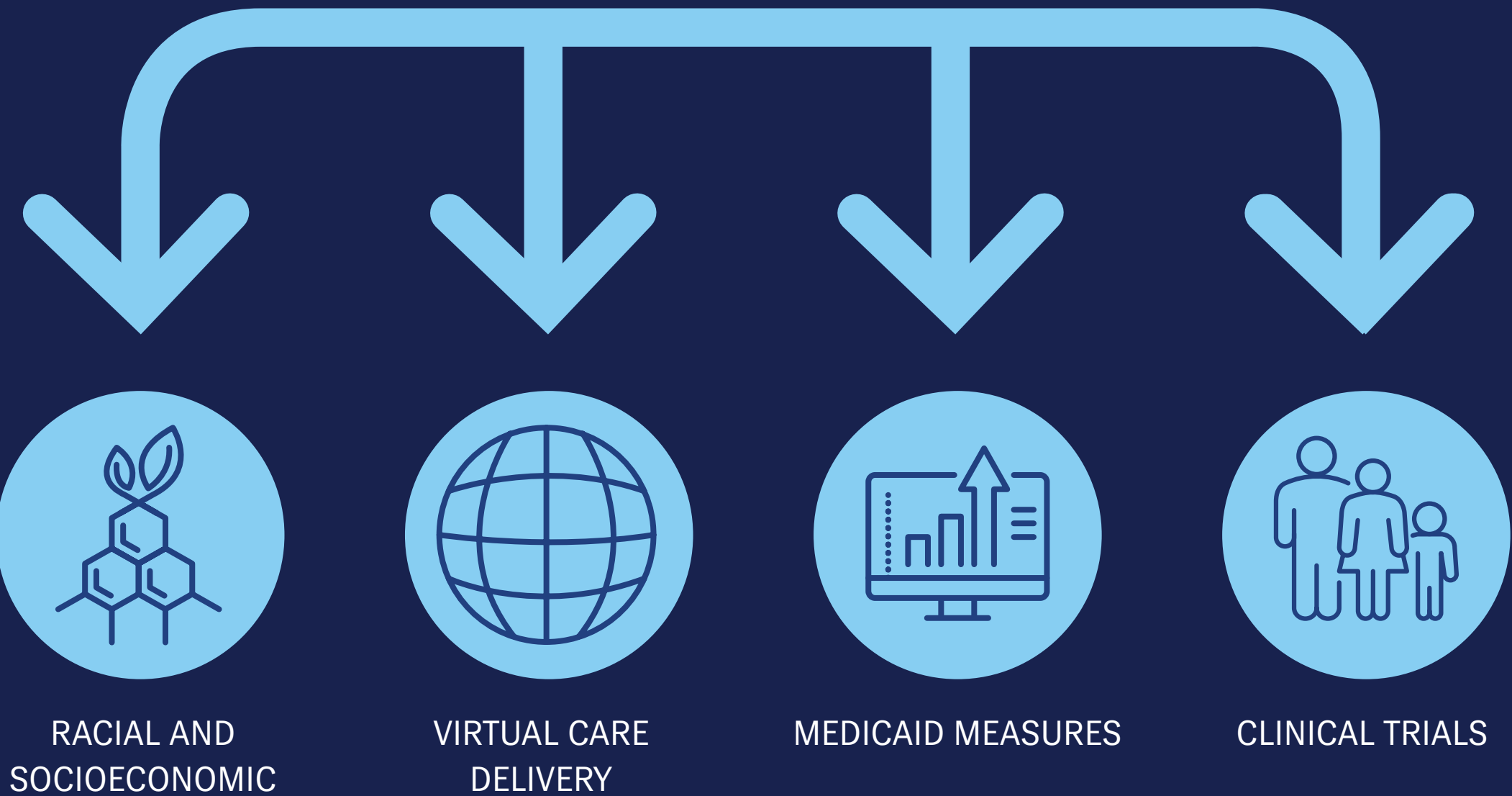
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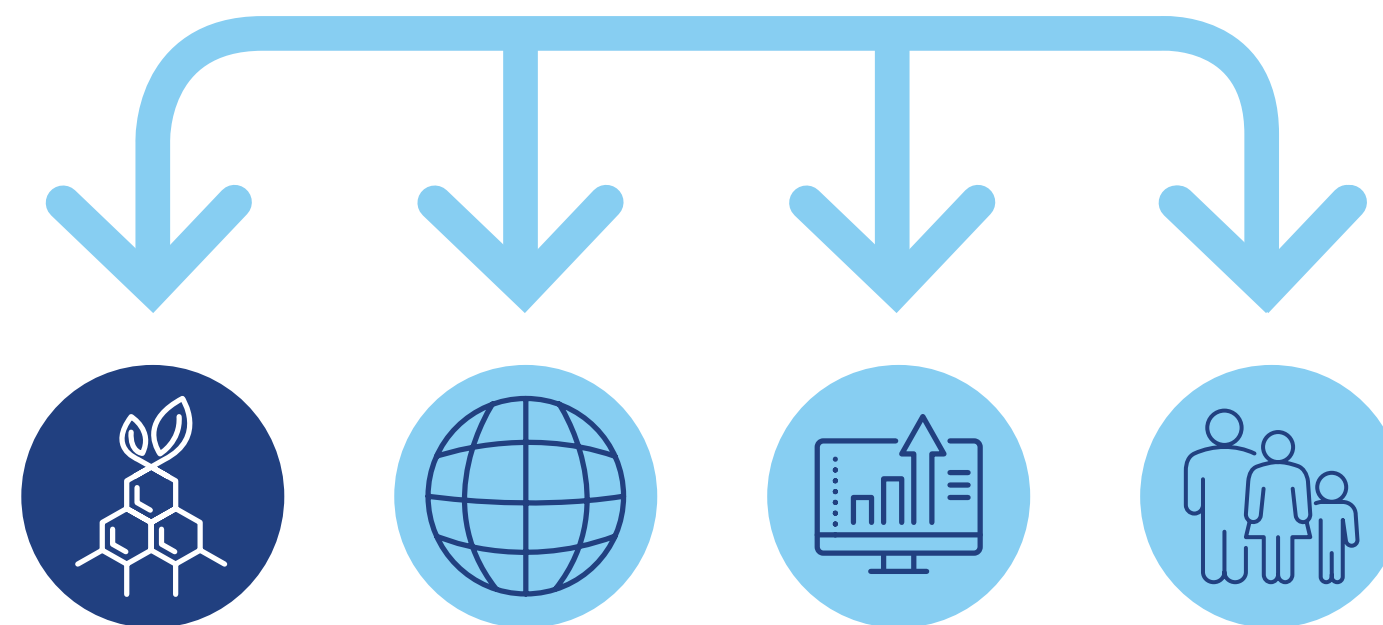




## THEME 4

# HEALTH INEQUITIES AND SDOH—RACIAL AND SOCIOECONOMIC

- Gaps in the provision of healthcare continue to be evident in disadvantaged socioeconomic and racial groups. 28% of rural Americans live in a county without a health clinic
- During the pandemic, **24% of rural households were unable to get medical care** for a serious problem when they needed it. **29% of Black and 21% of Hispanic adults** report being unable to afford quality care if needed, as compared to 16% of white adults



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## THEME 4 HEALTH INEQUITIES AND SDOH—RACIAL AND SOCIOECONOMIC

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**Reference:** 2022 Environmental Scan. American Hospital Association. <https://www.aha.org/environmentalscan>. Published December 2021. Accessed August 18, 2022.

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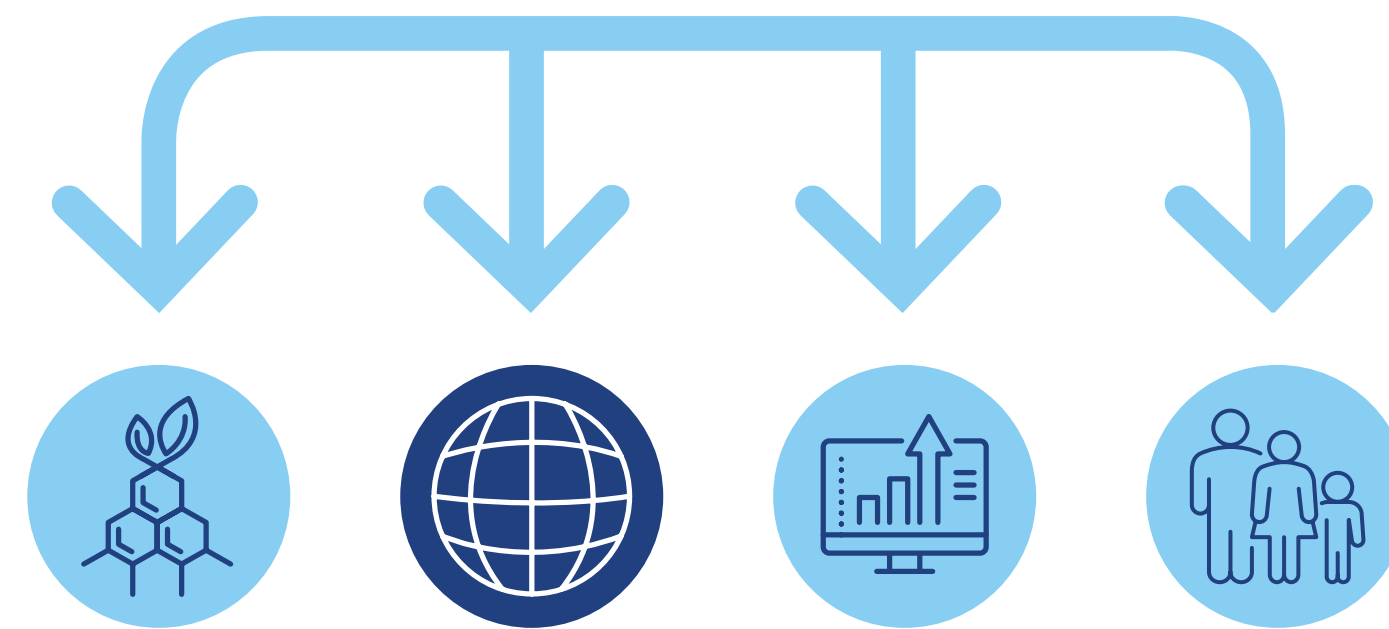






## THEME 4 HEALTH INEQUITIES AND SDOH—VIRTUAL CARE DELIVERY

- Thanks to advances in information technology, **the health ecosystem is becoming increasingly interconnected**, with stakeholders sharing and comparing evidence to improve patient outcomes
- With increases in telehealth and virtual visits, access to broadband has become a new SDOH. However, **many communities lack the fast internet service necessary** for remote monitoring



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## THEME 4

# HEALTH INEQUITIES AND SDOH—VIRTUAL CARE DELIVERY

• Thanks to advances in information technology, the health

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**References:** **1.** Improving decision-making through connected intelligence: leveraging new capabilities to help life sciences companies advance healthcare. IQVIA. <https://www.iqvia.com/insights/the-iqvia-institute/reports/improving-decision-making-through-connected-intelligence>. Published February 28, 2022. Accessed August 18, 2022. **2.** Future scan: health care trends and implications: 2021-2026. Society for Health Care Strategy and Market Development. <https://www.shsmd.org/resources/display/futurescan-2021>. 2021 Accessed August 18, 2022.

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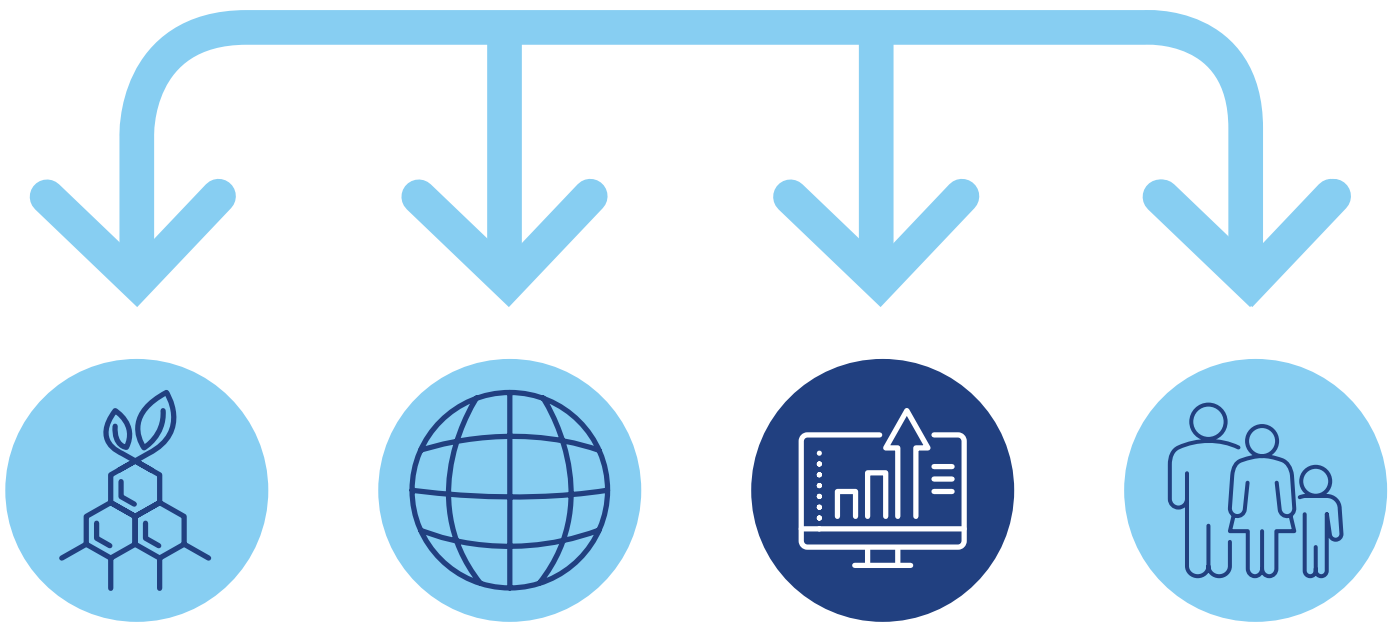






THEME 4  
HEALTH INEQUITIES AND SDOH—MEDICAID MEASURES

- A growing number of states are **requiring managed Medicaid plans** to implement measures focused on health equity and SDOH



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## THEME 4 HEALTH INEQUITIES AND SDOH—MEDICAID MEASURES

- A growing number of states are **requiring managed Medicaid plans** to implement measures focused on health equity and SDOH

**Reference:** 16 things CEOs Need to Know in 2022. Advisory Board. <https://www.advisory.com/topics/market-trends/2021/12/16-things-ceos-need-to-know-in-2022>. Published December 7, 2021. Accessed August 18, 2022.

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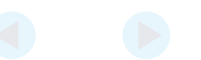


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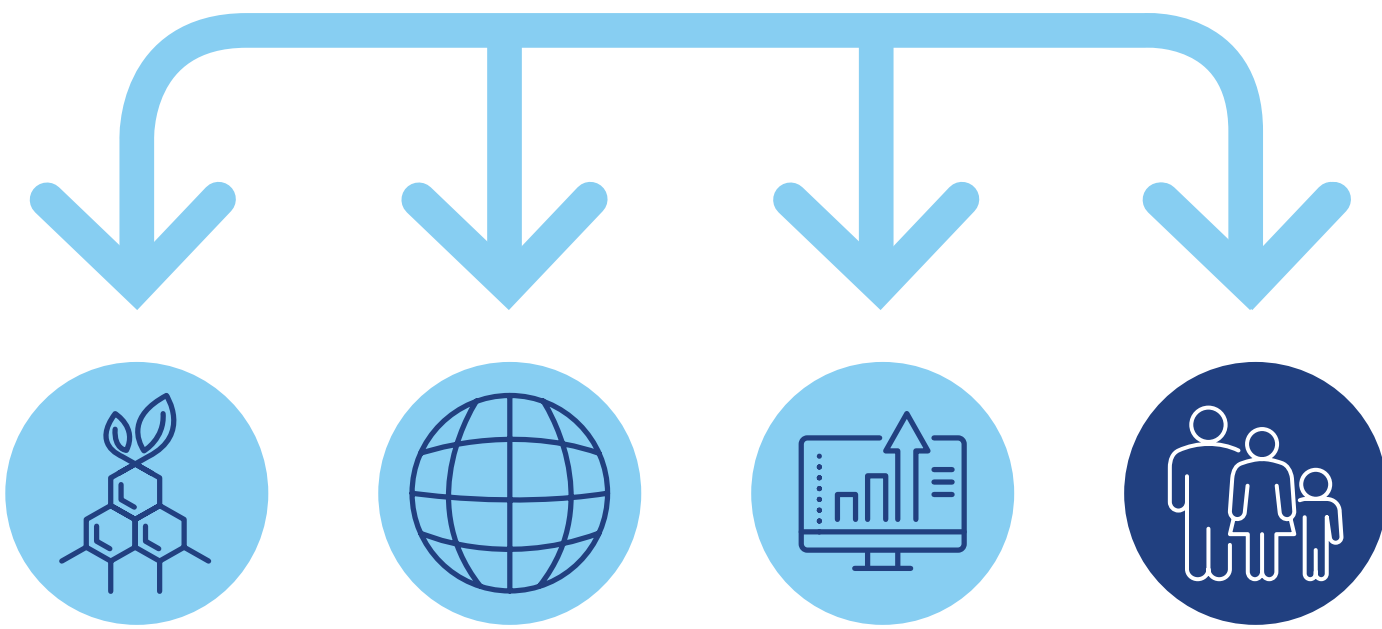






## THEME 4 HEALTH INEQUITIES AND SDOH—CLINICAL TRIALS

- The pandemic shifted clinical trials to be **more consumer-focused**, with electronic consent for trial participants, shipment of experimental therapy directly to patients, and regulatory changes to help increase participation and minimize testing time for anticancer therapeutics
- The pandemic changed how often patients visit clinical sites: with **remote and hybrid approaches growing** and new technological tools being developed to take in and use new patient data sources



REFERENCES



THEME 1  
STAFFING, CAPACITY,  
AND BURNOUT

THEME 2  
DELAYS IN CARE

THEME 3  
DIGITAL CARE  
DELIVERY

THEME 4  
HEALTH INEQUITIES AND SOCIAL  
DETERMINANTS OF HEALTH (SDOH)





THEME 4  
HEALTH INEQUITIES AND SDOH—CLINICAL TRIALS

- The pandemic shifted clinical trials to be **more consumer-focused**,

X

**References: 1.** AACR report on the impact of COVID-19 on Cancer Research and Patient Care. American Association for Cancer Research. <https://www.AACR.org/COVIDReport>. Published February 9, 2022. Accessed August 18, 2022. **2.** Improving Decision-Making Through Connected Intelligence: Leveraging New Capabilities to Help Live Sciences Companies Advance Healthcare. IQVIA. <https://www.iqvia.com/insights/the-iqvia-institute/reports/improving-decision-making-through-connected-intelligence>. Published February 28, 2022. Accessed August 18, 2022.

REFERENCES



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**THEME 4**  
**HEALTH INEQUITIES AND SDOH**

In the increasingly diverse world around us, the time is now for research and clinical development to ensure greater inclusion of patients across racial and ethnic groups in support of optimizing health outcomes for all patients worldwide.

Because disease outcomes and drug responses can vary across populations, research must include patients who are racially, ethnically, and gender representative of those who experience disease. We are deeply committed to addressing barriers to clinical trial participation, diversifying genetic data for scientific discovery, and increasing access to innovative diagnostic and therapeutic solutions by advancing inclusive research.

We are proud to offer educational resources to drive awareness of disparities and engage vulnerable populations.



**TALK TO YOUR GENENTECH REPRESENTATIVE FOR MORE INFORMATION**



**THEME 1**  
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AND BURNOUT**

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**DELAYS IN CARE**

**THEME 3**  
**DIGITAL CARE  
DELIVERY**

**THEME 4**  
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