

The 2020 Path to Better Health Study



Table of Contents:

Introduction	3
Converging forces provide opportunity to create lasting change	3
Accessibility and affordability	5
Meeting consumers where and when it matters most	5
Striving toward health care affordability and transparency	7
Mental health and community resources	8
The importance of mental health and well-being	8
Technology-enabled health care	11
A growing reliance on digital health options	11
Providers' use of digital tools	12
The role of predictive analytics	13
Whole body health goals	14
Setting health goals	14
Helping patients reach health goals	15
Supporting providers so they can support patients	16
Managing administrative burdens	16
Feeling the burn(out)	16
Public health issues	18
Managing chronic conditions	18
Helping to fight substance abuse	20
Conclusion	21
Methodology	22

Introduction

Converging forces provide opportunity to create lasting change

We are at a moment of acceleration and innovation in American health care. Consumer expectations for convenience, affordability and simplicity are converging with challenges and opportunities exposed by the COVID-19 pandemic, providing the chance to rapidly advance health care. This unprecedented moment gives us the opportunity to provide more localized, personal care; dramatically improve health care outcomes and costs; continue to address public health challenges related to longstanding racial disparities; and take advantage of the exploding use of telehealth and data analytics to improve access and convenience.

A transformed health care system beyond COVID-19 is long overdue. At CVS Health, we understand that our industry will not return to business as usual post COVID-19 – it can't. There's no doubt we're working differently. We've had to shatter old ways of doing things, think big and get comfortable bringing forward solutions that aren't perfect but answer the **immediate and unique needs** of our communities. From rapidly standing up COVID-19 testing locations across the U.S. to enabling safe access to medications via free delivery, CVS Health has met the challenges of 2020 with agility and responsiveness.

CVS Health has a broad presence in communities across the country, and we interact with one in three Americans every year.

When facing a community health crisis like the COVID-19 pandemic, CVS Health is uniquely positioned to understand where the needs are and how to address them. Specifically, we have focused on increasing access to:



Testing

Serving consumers, the business community, the elderly, universities and underserved populations disproportionately impacted by the virus.



Treatment

Waiving cost-sharing and co-pays for inpatient hospital admissions related to COVID-19.



Medicine

Waiving charges for home delivery of prescription medications, offering 90-day prescriptions, waiving early refill limits, and outreach by CVS Pharmacy to patients with medicines waiting at the pharmacy to promote delivery.



Mental and behavioral health services

Liberalizing policies around access to our Resources For Living benefit.



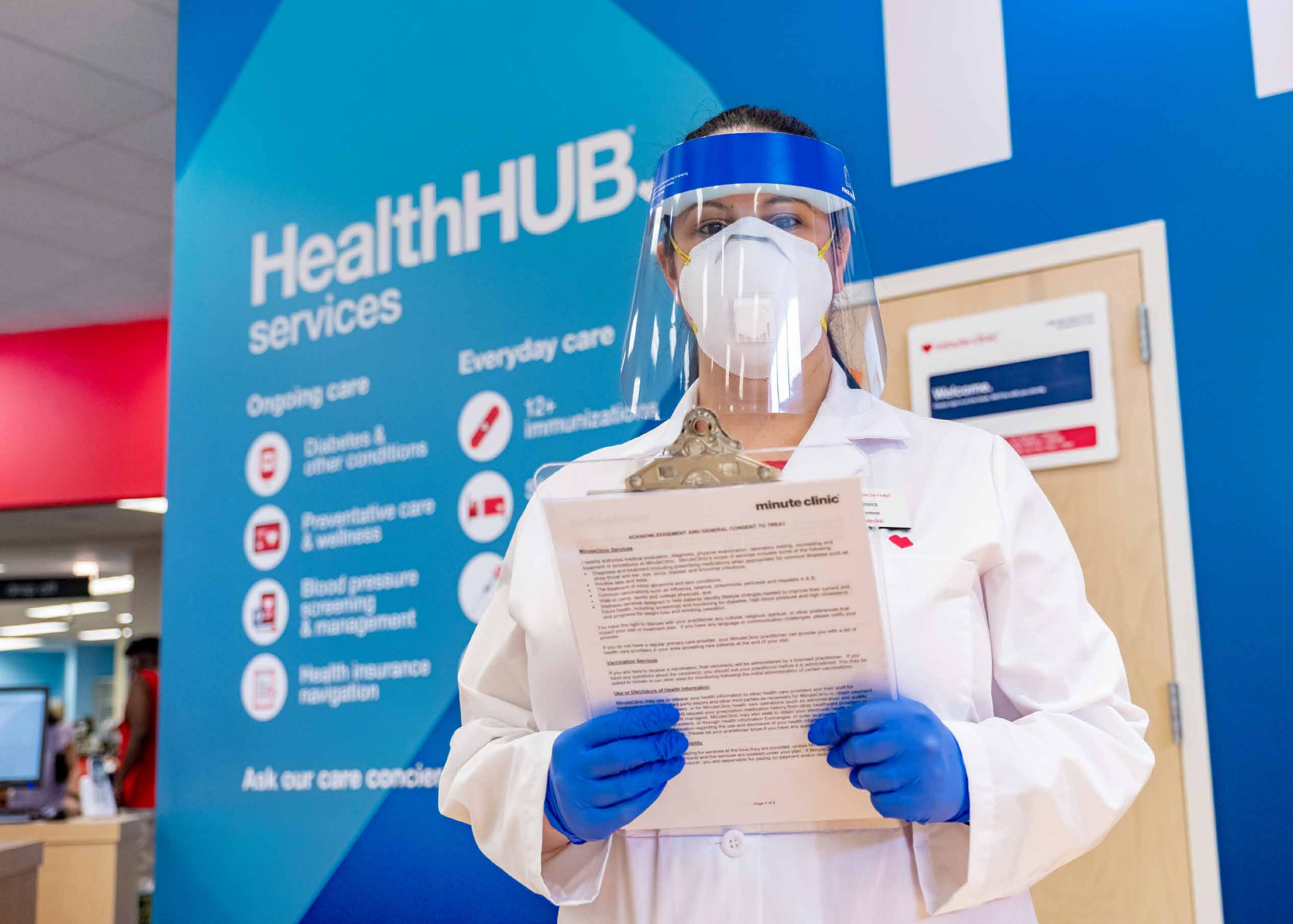
Virtual care

Waiving telemedicine fees, rapidly standing up new access points and encouraging patients to utilize this increasingly important resource.



Enhanced care management

Proactive outreach by Aetna and CVS Caremark's Accordant to members and patients most at risk for COVID-19 and dissemination of care packages to Aetna members who have been hospitalized with COVID-19.



Moving forward, we are continuing to build out our consumer-centric strategy, focusing on meeting the pressing health needs of Americans, simplifying the consumer health care journey, controlling costs and helping people achieve better health outcomes. And, through our approximately 9,900 locations, we are bringing solutions to people where they live, work, learn and play that help them meet their personal health goals.

Our 2020 Path to Better Health study was fielded in mid-March 2020, just as the effects of COVID-19 were beginning to be felt in the U.S. With a global pandemic as the backdrop, we asked consumers and providers their thoughts on the state of health care in the U.S. While certain attitudes may have shifted as a result of COVID-19, including those relating to telemedicine and mental health, the study revealed people are hungry for change.

Consumers are no longer just concerned with affordability and accessibility. They're paying closer attention to mental health and whole-body health goals and are turning to technology for support. By simplifying the way people engage in their own health, CVS Health can help lower costs and enable better outcomes. As an omnichannel health care company, we are uniquely equipped to deliver human-centered care—in store, in home and in hand.

Accessibility and affordability

Meeting consumers where and when it matters most

The COVID-19 pandemic underscored the importance of providing accessible care, not just in times of need, but always. Consumers agreed, with 92% indicating in our 2020 Path to Better Health Study that it was very/somewhat important that health care be convenient. Additionally, though insurance remains a top consideration when choosing where to receive care (69%), convenience followed closely behind (57%).

To meet consumers where they are on their health care journeys, we must first understand how they think about accessibility. Findings concluded that consumers are more likely to communicate with their health care professionals if they have walk-in office hours (49%, up from 46% in 2019) and weekend office hours (38%, up from 35% in 2019).

Interest in accessibility is pushing consumers to consider more avenues to access care. For example, while a majority (62%) of consumers still go to their primary care physician (PCP) to treat a minor illness or injury, nearly one-third of consumers (31%) are likely to visit a non-emergency walk-in clinic.

Expanding health care in the community

To build on our abilities to provide local health services and improve care coordination, we introduced the CVS HealthHUB® in 2019. With 1,500 locations expected to be open the end by 2021, CVS HealthHUB locations offer consumers an innovative, low-cost and coordinated health care experience that is accessible in-store and digitally. HealthHUB locations are designed to:

Solve the problem of chronic disease through consumer-centered care

Provide affordable access to health care that complements a doctor's care

Make health, wellness, and preventive care more convenient and transparent

Create a new community health experience

Augment the services of MinuteClinic®, which offers convenient access to treatment for 125 conditions

Providers say technology-enabled communication and flexible hours would help them better connect with their patients. Additionally, providers indicate the following resources would help support those connections.



40%

Telehealth

vs. 22% in 2019
and 16% in 2018



38%

Care coordinators

vs. 45% in 2019
and 31% in 2018



36%

Digital messaging

vs. 38% in 2019
and 18% in 2018



26%

**Later office hours
during the week**

vs. 31% in 2019
and 28% in 2018



24%

**Virtual office visits, such
as Skype or FaceTime**

vs. 23% in 2019
and 10% in 2018



23%

Walk-in office hours

vs. 36% in 2019
and 26% in 2018



19%

Weekend office hours

vs. 27% in 2019
and 24% in 2018



16%

Earlier office hours

vs. 24% in 2019
and 17% in 2018

Striving toward health care affordability and transparency

When it comes to cost of care, the three-pronged challenge of rising costs, systemic waste and lack of pricing transparency burdens consumers, payors, providers, and the system overall. In fact, 91% of consumers indicated that cost was somewhat or very important when it comes to their health, and 35% said it was an obstacle to staying healthy.

Unfortunately, the burden of cost prevents some people from receiving care altogether. Nearly half (49%) of consumers did not visit a doctor when they had a minor illness or injury due to cost. The percentage is even higher for consumers between 18–34 years old, 57% of whom said they had skipped an appointment due to cost. Alarming, 45% of consumers do not have a primary care physician due to care being “too expensive,” a figure which is up roughly 10 points since 2019. Though mental health is of critical concern, consumers indicated they were worried over the costs of receiving treatment (65%).

While cost is a top concern to consumers, it’s not often a topic of discussion between patients and health care providers, though responses seem to indicate that may be changing. One in five patients (20%) indicated their PCPs did not help them understand the cost of care (vs. 25% in 2019), and 66% said their PCP and other health care providers had not asked about the “affordability”

of health care and/or discussed resources to assist with these costs (up slightly from 64% in 2019). Interestingly, 69% of providers said that the cost of care has a high or moderate impact on their ability to effectively engage with patients.

Bringing down drug prices

The Path to Better Health Study found that consumers are particularly concerned with the cost of prescription medications, with 72% indicating this as a high/moderate concern.

As a pharmacy benefits manager, **CVS Caremark uses many tools** to bring down drug prices. For example, Caremark encourage the use of lower-cost, clinically appropriate generic alternatives. We provide point-of-sale rebates and zero-dollar copay drug list options to employers and other clients, helping to deliver savings directly to patients at the pharmacy counter. And our **real-time benefits technology** presents providers with up to five lower-cost, clinically appropriate alternatives for their patients.

Consumers also indicated they were concerned with the costs of:



71%

Out-of-network care



70%

Deductibles



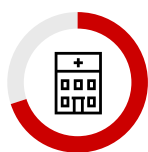
70%

Monthly costs/premiums



65%

Treatment for mental/behavioral health conditions



64%

Office visits and co-pays



59%

Bloodwork

Mental health and community resources

The importance of mental health and well-being

With nearly one in five U.S. adults 18 and older living with a mental illness (46.6 million in 2018), we are only beginning to address the needs of Americans dealing with this critical component of their overall health. The COVID-19 pandemic and resulting severe economic downturn has only exacerbated the need for mental health support in the U.S. Public health officials fear that we may experience a “Second Curve” of mental health issues as people try to manage the effects of a new normal that includes uncertainty around the future, continued social distancing, fear of infection, and economic fallout.

Though our health care system does not yet reflect the equal importance of physical and mental health, consumers are placing greater emphasis on their mental well-being. The Path to Better Health Study found that mental health is of critical concern among those aged 18–34 and 35–50, with the issue of social isolation being a top concern. Thirty percent (and 29% for U.S. adults aged 35–50) indicated they were not happy with their social connection, compared to 23% among those aged 51–64. Additionally, 44% of those aged 18–34 and 45% of those aged 35–50 indicated they no longer have a desire to be social, whereas 71% of those aged 51–64 were satisfied. Just over half (51% of those aged 18–34 said they did not know where to meet new people (only 30% of those 51–64 years old and 24% of 65+ indicated the same).

Offering support where needed

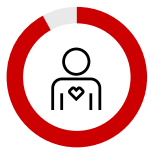
CVS Health has increased access to several no-cost mental health resources through targeted financial support, such as outpatient counseling for hospital-based employees in areas of the U.S. that have been highly impacted by COVID-19. Expanded offerings to employer programs include digital tools and services to support mental and emotional health, decrease feelings of anxiety, and support positive lifestyle changes. We've also made **Aetna's Resources for Living** program available to everyone, which includes phone support to help callers cope with the emotional impact of the pandemic (accessible by calling 1-833-327-AETNA or 1-833-327-2386).



The provider-consumer connection

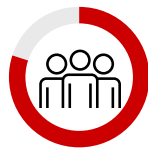
The majority of consumers (93%) said it is important for their doctor to be aware of their mental health and any treatment received (up from 90% in 2019 and 86% in 2018), and 76% of consumers said that their doctor is aware (up from 72% in 2019 and 74% in 2018).

Thirty-six percent of providers said all or most of their patients are facing significant challenges with mental health, including:



92%

Lack of interest in taking control of their own health



80%

Lack of family or emotional network



71%

Experience of loneliness/social connection



66%

Cognitive health

The good news is that providers are talking to their patients about their mental health concerns, as well as access to resources in their community.

A majority of providers report that they always, often or sometimes discuss mental health issues (83%, vs. 94% in 2019), a lack of family or emotional network (80%, vs. 83% in 2019), and a lack of access to community-based resources (76%, vs. 78% in 2019) with their patients.

For their patients 65 and older, providers remain concerned with their mental and cognitive health, but the numbers are improving (41%, vs. 44% in 2019 and 43%, vs. 48% in 2019 for mental health and cognitive health, respectively).

They also remain concerned about older patients:



31%

Social isolation
vs. 41% in 2019)



31%

Lack of an emotional support network
vs. 33% in 2019)

Access to community-based resources, such as counseling, plays an important role in addressing mental and physical health. However, providers are expressing the need for additional support for important community resources. This is particularly true for resources for mental health, which remains a top concern among providers when it comes to their patients' overall well-being. Only 25% of providers said they have very good or excellent access to mental health counselors, consistent with prior years.

Many health care providers indicated that they have just fair or poor access to community-based resources, but this access is improving:

Health coaches

59%

vs. 64% in 2019



Substance abuse counselors

56%

vs. 63% in 2019
and 64% in 2018



Mental health counselors

50%

vs. 55% in 2019
and 57% in 2018



Nutritionists

42%

vs. 48% in 2019
and 47% in 2018



Technology-enabled health care

A growing reliance on digital health options

The COVID-19 pandemic significantly accelerated the adoption of technology-enabled health care, increasing access to care for many Americans via telemedicine and other virtual care platforms. It is expected that the use of technology will continue to grow even as the pandemic abates, as consumers have adapted to and eagerly embraced new methods of accessing care. In the first half of 2020, telehealth is projected to experience a year-over-year increase of 64.3 percent.¹ Consumers are also turning to social media (34%) and online medical care booking services (48%) to locate providers.

Consumers value technology for its ability to boost communication with their providers. Forty-eight percent said they would be more likely to communicate with

health care professionals if they were able to do so through digital messaging (up from 41% in 2019 and 37% in 2018), via telehealth (32%, up from 18% in 2019 and 27% in 2018) and through virtual office visits such as Skype or FaceTime (29%, up from 20% in 2019, but down from 32% in 2018). Additionally, 44% said they would be interested in text message alerts from health care providers.

Despite growing interest in tech-enabled health solutions, data privacy remains a key concern, ranking higher than personalized care and convenience of a doctor's office. In fact, 91% indicated privacy and data security (89%) were top priorities.

¹ Telehealth—A Technology-Based Weapon in the War Against the Coronavirus, 2020, Frost & Sullivan

Fast facts:

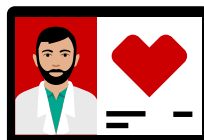
Interestingly, more women than men indicated they would explore telehealth:



35%
Women



27%
Men



Respondents said they would be very likely to receive care virtually from:

41%
PCP

35%
Nurse

Many consumers are open to receiving care virtually for:



40%
Mental and behavioral health



38%
Medication advice from a pharmacist

Using technology to support care

CVS Health employs a wide array of digital therapies and connected health services to help patients make behavioral changes, give providers real-time therapeutic insights, and provide insurers and employers with new tools to more effectively manage beneficiaries' health. For example, **through MinuteClinic video visits**, available in 44 states and Washington, D.C., we provide patients with access to 24/7 health care via their mobile device or computer. Providers treat a range of non-urgent illnesses and conditions through this convenient pathway, creating easier access to care when people need it. Also, CVS Specialty saw a 30% uptick in usage of secure messaging, a digital tool patients use to speak directly with nurses and pharmacists specially trained in treating rare diseases.



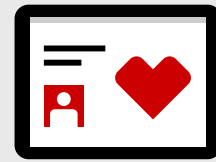
Providers' use of digital tools

Providers are increasingly turning to digital tools and technologies to care for and communicate with their patients. The future outlook for incorporating predictive analytics or artificial intelligence into provider practices also looks strong.

Telehealth is of particular interest, with 40% of providers saying it is very valuable for communicating with patients, up from 22% in the 2019 Path to Better Health Study. Pharmacists, nurse practitioners, physician assistants and registered nurses find telehealth and digital messaging of even greater value. Half (50%) report that telehealth is very valuable, while 43% said the same about digital messaging.

36%

About one-third said that digital messaging through email, text and patient portals are very valuable for successful interactions with their patients.



The role of predictive analytics

Predictive analytics are of growing interest to providers, with more than one-third (39%) indicating they already have or are very/somewhat likely to incorporate predictive analytics or artificial intelligence into their practices within the next several years.

Additionally, 31% of providers are somewhat likely to incorporate predictive analytics or artificial intelligence, suggesting that there is interest, but implementation is still down the road. Those with 450+ patients are more likely to say they already have or are very/somewhat

likely to incorporate predictive analytics or artificial intelligence into their practice (48%) compared to those with under 350 patients (37%).

Providers with 15 years or less experience are the most likely to say they already have or are very/somewhat likely to incorporate predictive analytics or artificial intelligence into their practice (50%) compared to 35% of those with more than 15 years of experience.

Deploying data and analytics to support the path to better health

Because each person's health care journey is unique, personalization is essential to help support and guide one's path to better health. At CVS Health, we are working to deliver a rich, seamless user experience that helps people make informed decisions about their health care, every day, not just when they are sick.

From billions of pharmacy claims processed annually to medical claims from Aetna and other health plans, we can engage more effectively with both patients and their employers or other benefit coverage sponsors. We protect, connect, organize and link data to health events and encounters that provide context. Finally, through analytics that employ deep clinical knowledge paired with the insights of artificial intelligence and machine learning, we can curate useful health recommendations and next best actions through Aetna Advice, as well as our CVS Caremark and retail and specialty pharmacy counseling programs.

For example, our Enterprise Insights team plays a key role in our COVID-19 testing strategy by providing insights about consumer sentiment regarding different types of testing site and gauging consumers' concerns and questions about flu vaccinations in a year when COVID-19 also has to be considered.



Another example is our Attain by AetnaSM app which uses the Apple Watch[®] to provide members with personalized goals, track their daily activity levels, recommend healthy actions and ultimately reward people for taking these actions to improve their well-being.

Whole body health goals

Setting health goals

When taking control of their well-being, consumers opt to set whole body health goals, particularly with long-term targets in mind. Health goals are largely motivated by the desire to improve their overall quality of life (94%) and live longer (88%).

Notably, not everyone is keeping tabs on their health goal progress, and several key barriers stand in the way of consumers fully realizing their best health.

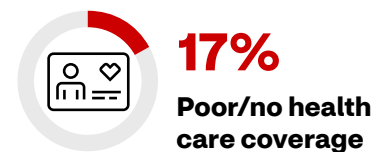
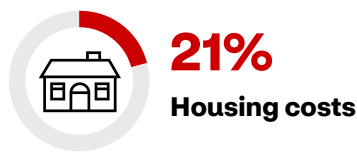
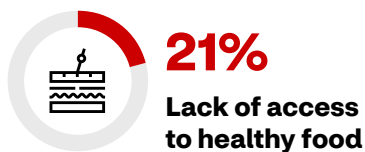
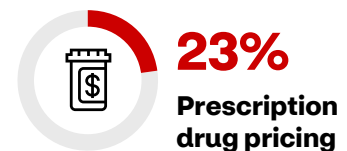
Furthermore, though consumers are setting health goals, they have not yet taken a significant role in their health. Two in five (41%) indicated they do not track personal health information, which is on par with the 2019 findings (40%).

Those aged 51–64 were less likely to track personal health, with 56% indicating that they do not do so. Just more than half (55%) of those aged 65+ also reported they did not track their personal health information.

Consumer health goals:



Consumers indicated the following as important health obstacles:



Helping patients reach health goals

Providers continue to play an active role in helping their patients reach their health goals, but they report that consumers are still facing challenges. To help their patients meet their health goals, 68% of providers recommend the use of an app and/or wearable or other technology to track progress on their health goals (compared to 65% in 2019). This aligns with consumer preferences, as 70% reported that being able to monitor their health using wearables was very/somewhat important to them. Additionally, 78% of providers always, often or sometimes recommend a mental health professional (compared to 93% in 2019 and 85% in 2018), while 76% always, often or sometimes recommend a nutritionist (compared to 85% in 2019 and 83% in 2018) to support health goals.

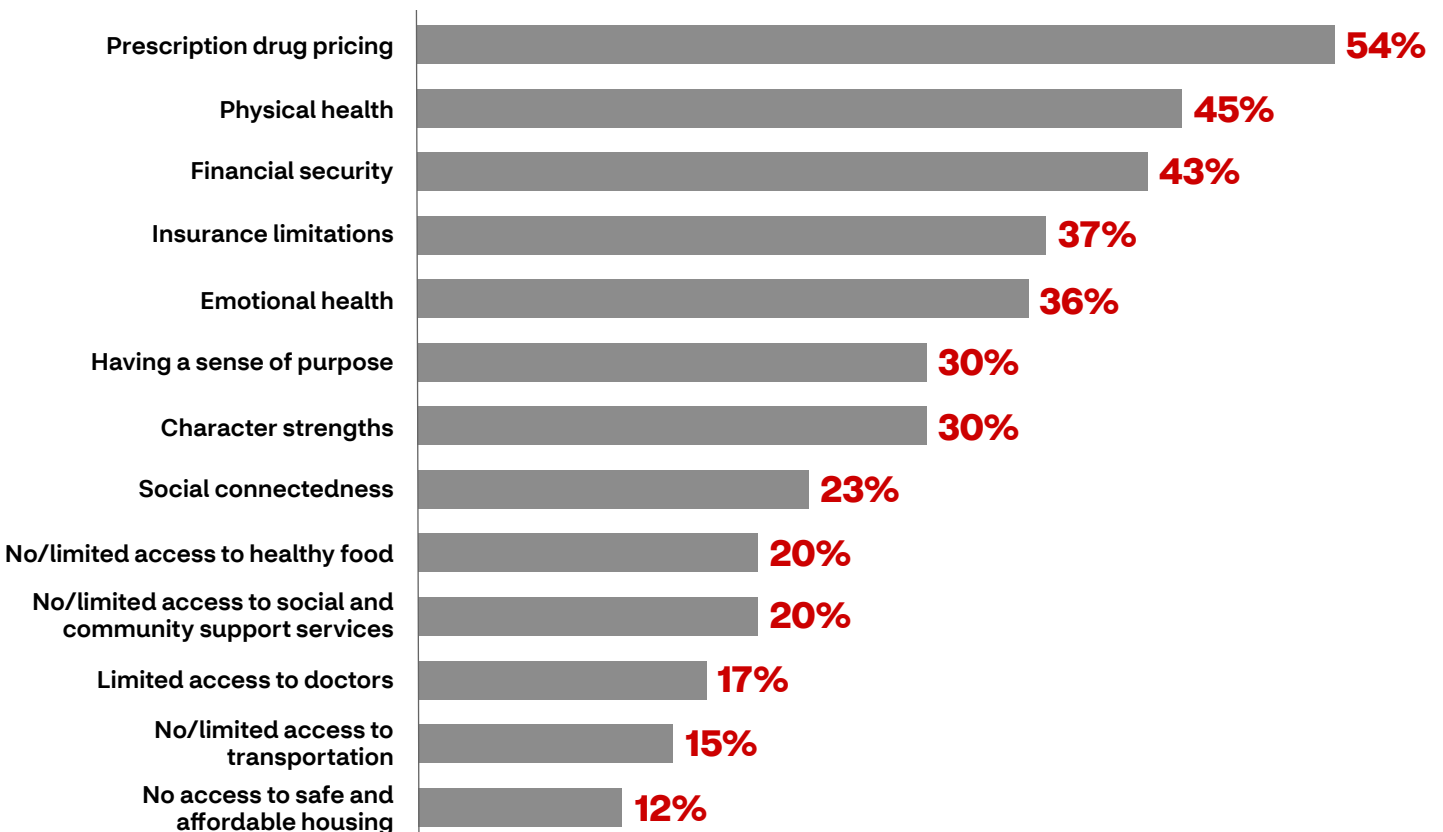
Ninety-one percent of consumers said it is very important for their providers to be aware of any health goals they may have, and 70% of people report that

their doctor is familiar with their health goals. Similarly, 69% rate their providers as excellent or very good at taking time to understand the many factors that contribute to their health.

Digital Tools for Better Employee Health

After analyzing pharmacy and medical claims to identify areas where targeted tools could make a difference in overall health, CVS Health now offers employers the option to add clinically-evaluated digital tools to benefits packages covering a range of health categories from better sleep and chronic condition management, to weight loss, stress reduction, caregiver support, and more.

When thinking about the overall wellbeing of patients, providers said all or most are facing significant challenges with the following:



Supporting providers so they can support patients

Managing administrative burdens

Although most providers (71%) feel they are able to spend adequate time with patients, there are barriers. In fact, 29% indicated they are not satisfied with the amount of time they're able to spend with patients. Why? Providers are feeling the burden of various administrative tasks.

Providers are paying close attention to how they engage with patients, indicating that time management is challenging. The study found that 83% of providers would like more time with patients to provide information and answer questions.

Feeling the burn(out)

Many providers say they are experiencing emotional, physical, and mental exhaustion at least some of the time. Given the severity of the COVID-19 pandemic, those feelings have likely worsened.

At the time the 2020 Path to Better Health Study was fielded, providers who were dissatisfied with the time spent with patients were more likely to feel "burned out" very frequently (17%) than those who were very satisfied with the time spent with patients (1%). Three-fourths (75%) of all providers said they feel burned out very frequently, frequently or sometimes.

As we've seen, providers believe administrative burdens are a barrier to spending time with patients, but these responsibilities also are one of the leading causes of burnout. About one-quarter (27%) said the main cause of burnout is time spent documenting care/electronic record systems, followed by administrative/management requirements/paperwork.

Other contributors to burnout include long hours at the office (12%), lack of time for personal activities/hobbies outside of medicine, including spending time with family (9%) and challenges of coordinating care on behalf of patients (8%).

The top barriers that prevent providers from spending more time with patients include:



43%

Time spent documenting care through electronic health record (EHR) systems

vs. 41% in 2019



39%

Growing administrative and management requirements, including paperwork

vs. 35% in 2019

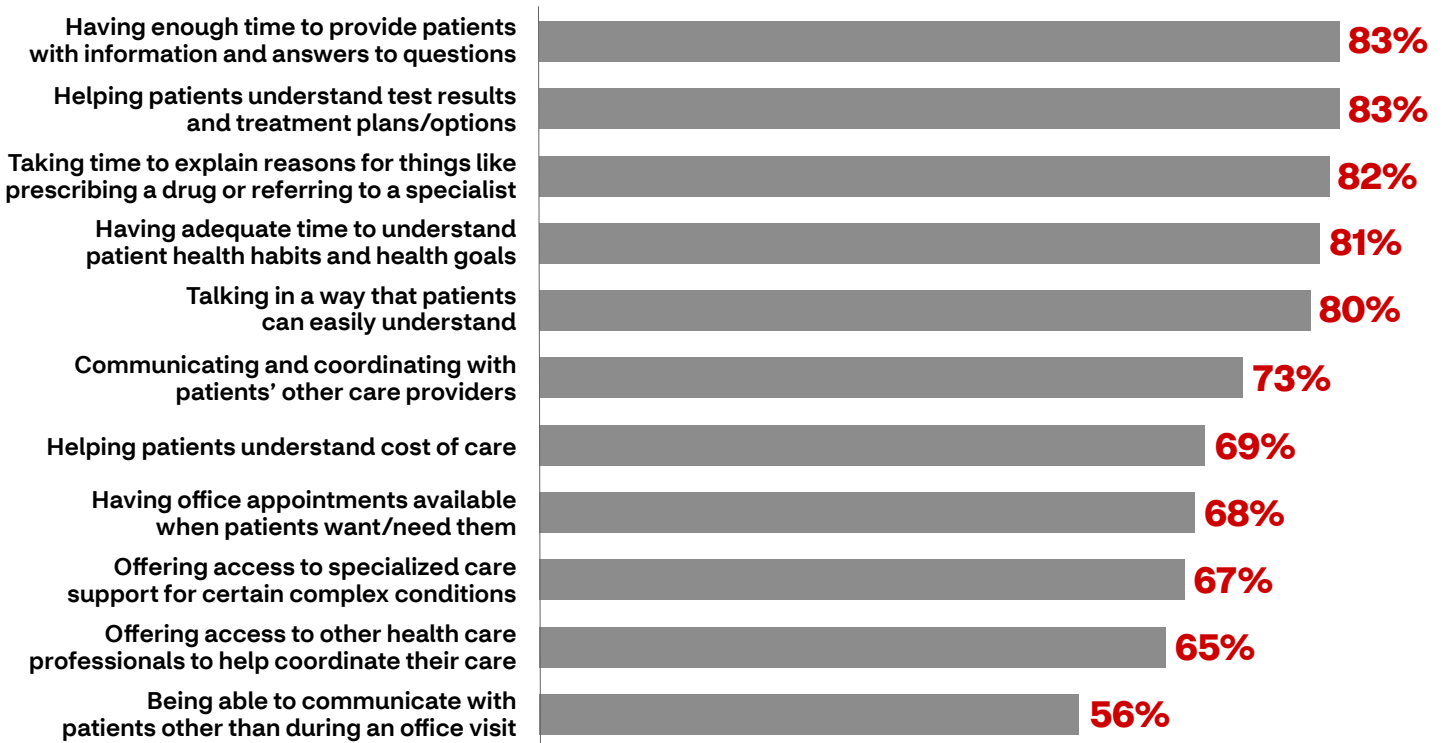


6%

Lack of financial resources

vs. 6% in 2019

Providers said the following have a high or moderate impact on their ability to effectively engage with patients:



According to the 2020 Path to Better Health study, providers are greatly concerned about a current, or looming, shortage of physicians in the U.S.:



75%

Three-quarters of providers have a high or moderate concern about a current, or looming, shortage of physicians in the U.S.

vs. 25% who have low/no concern.



46%

said the challenges associated with physician shortages within their practices are high/moderate.

Public health issues

Managing chronic conditions

Public health issues, such as the management of chronic conditions like diabetes and cardiovascular conditions, opioid misuse and addiction, and nicotine use through smoking and vaping take a long-term and devastating toll on individuals and families while also increasing health care cost burdens. Unfortunately, 2020 data revealed that consumers continue to struggle with these issues, particularly the management of chronic conditions.

Alarming, cost is a key barrier to chronic disease management. The survey found that 71% of consumers indicated they were greatly concerned with treating chronic illness due to cost. A majority (79%) of Hispanic people reported high/moderate concern while African Americans and Caucasians reported slightly less (72% and 70%, respectively).

Consumers indicated members of their households had the following chronic conditions:



41%

High blood pressure

vs. 40% in 2019



35%

Obesity

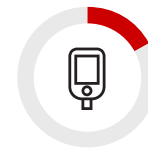
42% in 2019



28%

Mental illness

vs. 32% in 2019



17%

Diabetes

vs. 20% in 2019



14%

Chronic skin conditions

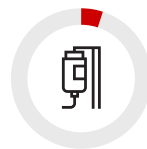
vs. 15% in 2019



13%

Heart disease

vs. 12% in 2019



5%

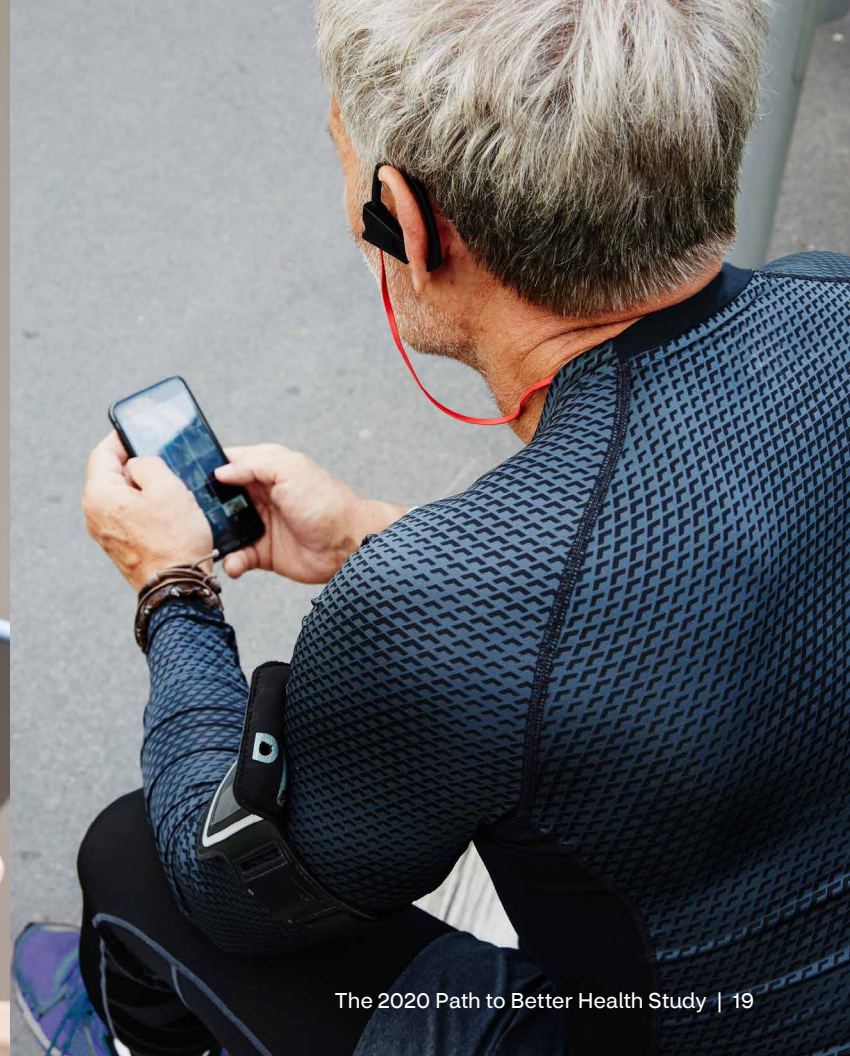
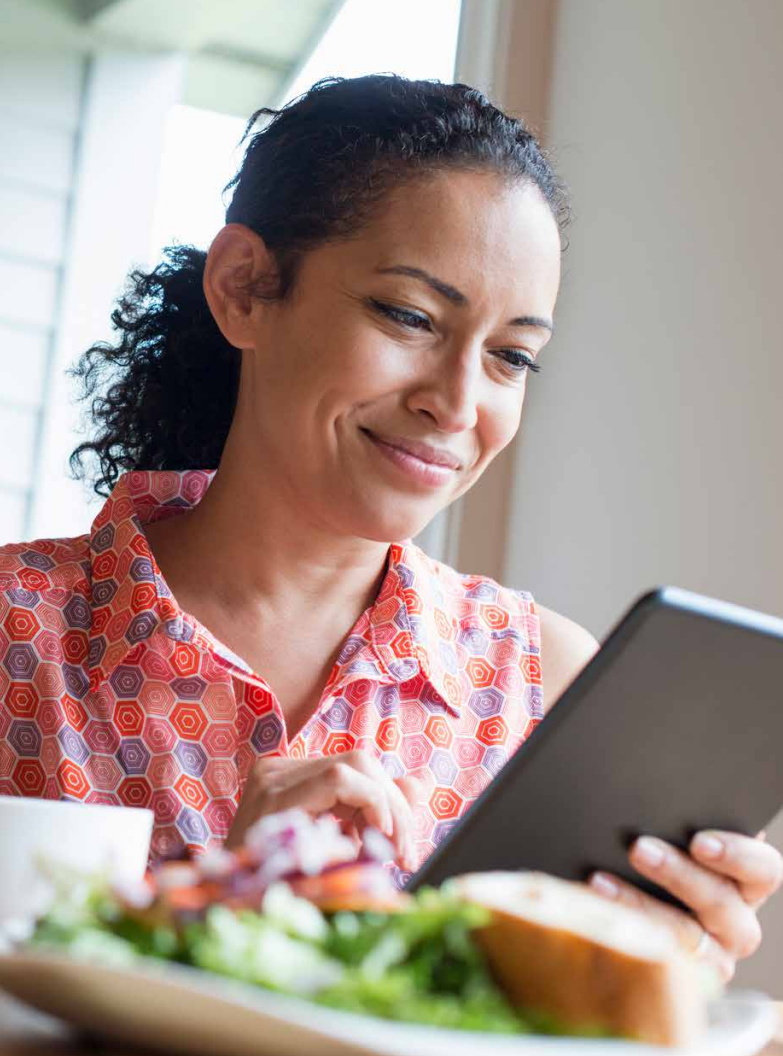
Chronic kidney disease

vs. 7% in 2019

Transforming chronic disease management

Through our approach to addressing chronic care, including **Transform Diabetes Care** and **Transform Oncology Care**, CVS Health is helping our patients and members manage chronic conditions more effectively while improving clinical outcomes and reducing hospitalizations, emergency care and overall costs in the process. Because each condition presents a unique set of challenges, and each patient responds differently, chronic care programs are condition-specific and focus on highly personalized interventions delivered in ways that work best for the individual—whether that's in-person, in our HealthHUB locations or via digital tools.

We are also working to fundamentally transform the treatment paradigm for the millions of patients with chronic kidney disease (CKD) and end-stage renal disease (ESRD) through our **CVS Kidney Care** business. This business puts people first — from finding those at risk early to offering care management, including education about treatment choices and home dialysis care.



Helping to fight substance abuse

While providers continue to see patients struggle with all kinds of substance abuse, prescribers reported moderate improvement. For example, more than half (54%) of providers said a high or moderate proportion

of their patients are facing challenges with nicotine use, down from 68% in 2019. Another 45% said the same for opioid use, down from 54% in 2019.

With respect to the misuse and abuse of opioids, 62% of providers said that reducing the inappropriate prescribing of opioids would have a high impact. Other high-impact potential solutions cited include:



45%

The increased use of pain treatment with opioid alternatives



42%

Monitoring for potential at-risk prescribing and alerting partnering providers—and their patients—accordingly



44%

Increased access to community-based treatment programs that provide personalized, ongoing support for patients who have recently overdosed



33%

Increased use of medications for treating opioid addiction

Smoking and vaping initiatives

Since our bold decision five years ago to eliminate tobacco products from CVS Health stores, the **Aetna Foundation** has pledged \$2 million to provide education to thousands of clinicians to prevent smoking and vaping. That pledge builds on CVS Health's **\$10 million commitment** made in June 2019 to combat youth cigarette smoking and vaping.



Being a force of change in response to prescription opioid misuse and abuse

CVS Health is focused on a variety of **impactful actions** to reduce opioid misuse and abuse, including prescription limits for certain patient populations, encouraging access to medication-assisted treatment, boosting provider education on appropriate prescribing, fighting opioid diversion through safe disposal programs, and increasing our public education efforts.



Conclusion

We have ambitious goals. That's because nothing short of grand ambitions will enable us to address the myriad health issues facing consumers, providers, and the health care system at large. As a nation, we cannot stand idly by and allow an overly complex, cost-prohibitive health care system restrict people from accessing the care they need. The risks are too grave.

We know that the majority of a person's health happens in between doctor visits. The COVID-19 pandemic has demonstrated that new methods of care delivery—such as telemedicine, in-home care, and critical medicines delivered right to your door—are effective and efficient. The pandemic has also demonstrated the strength of CVS Health's Enterprise strategy to be local, simplify and improve health care, and lead the change we want to see in public health and in our industry. If we are to achieve better health outcomes, we must focus on improving health through natural points of connection, using all the tools at our disposal.

As an Enterprise, we continue to stay flexible and respond to the needs of our consumers as they arise, while continuing to innovate for the future. Whether it's through expanding our analytics and care management capabilities to tailor care interventions for at-risk members or investing in digital, e-commerce and home delivery capabilities, we are joining people where they are in their personal health journeys.

The Path to Better Health Study provides an informative backdrop to those efforts, quantifying what both patients and providers need in terms of responsive, innovative, personalized and affordable health care.

The future of our health care system depends on this approach. By creating unmatched human connections and offering an integrated approach that is accessible, simple, engaging and affordable, CVS Health is transforming the health care experience.

Methodology

The Path to Better Health Study by CVS Health, first released in 2018 and called the Health Ambitions Study, was conducted in March 2020 and included two surveys fielded by Market Measurement, a national market research consulting firm. The consumer survey comprised 1,000 participants 18 and older, located throughout the U.S. It also oversampled 12 metropolitan statistical areas — Atlanta, Austin, Boston, Cleveland, Dallas, Houston, Los Angeles, New York City, Philadelphia, Providence, Hartford, San Francisco, Tampa and among two ethnic groups: African Americans and Hispanics. The survey of 400 providers focused on primary care physicians and specialists with at least two years' experience, as well as nurse practitioners, physician assistants and pharmacists.

