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2008 Survey of Health Care Consumers

Executive Summary

Produced by
the Deloitte Center for Health Solutions



Audit • Tax • Consulting • Financial Advisory.

Foreword

In recent years, the role that consumers play in the U.S. health care system has become a prominent theme as employer- and government-sponsored insurance programs promote consumerism and policymakers focus attention on healthier lifestyles and more prudent use of the system.

This research study by the Deloitte Center for Health Solutions, part of Deloitte LLP, provides an important and timely perspective on health care consumerism. It features a comprehensive assessment of consumers' behaviors, attitudes and unmet needs related to health, health care and health insurance. It also points to six discrete segments of the overall consumer market, providing a profile of their key characteristics and differences.

The conceptual framework upon which this research is built reflects what we consider to be the five major domains of health care consumer activity: use of traditional health services from medical professionals and hospitals, use of alternative and non-conventional approaches to care, self-directed care, information seeking and financing.

We believe that consumers will play a significant and increasingly important role in the U.S. health care system's efforts to improve quality, reduce errors, increase access to services, reduce unnecessary costs, and promote laws and campaigns that address its issues and challenges.

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Introduction

Health Care Consumerism: The Conceptual Framework for this Study

In recent months, many U.S. health care reform proposals have focused on increasing consumer responsibility for clinical and financial decisions related to health care for themselves and their family members. The purpose of this study by Deloitte¹ was to assess the behaviors, attitudes and unmet needs of adult consumers to provide health care industry leaders and policymakers with a comprehensive perspective on the current state of health care consumerism.

The study was designed to address five distinct zones of consumer activity, with the understanding that consumers have different approaches, attitudes and preferences related to each (Figure 1). Across these zones, the survey included a broad range of questions related to health, health care and health insurance. To optimize objectivity, the questionnaire first inquired about consumers' behaviors, then asked about their attitudes and unmet needs (Figure 2).

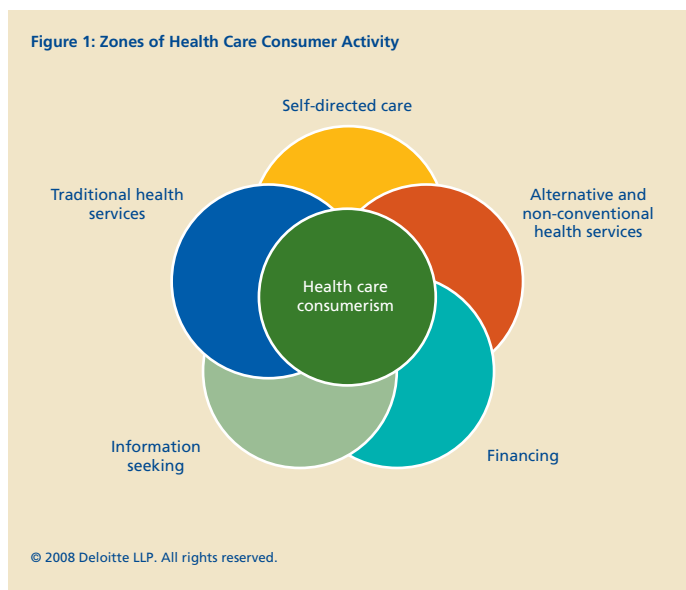


Figure 2: Examples of Behaviors, Attitudes and Needs by Zone of Activity

Zone	Behaviors	Attitudes	Unmet Needs
Traditional health services	Use of physicians Use of hospitals Use of prescription drugs Use of devices and implants	Attitudes and satisfaction related to traditional health services	Desire for services, programs, and tools provided by physicians, hospitals and allied health professionals in traditional settings
Alternative and non-conventional health services	Use of alternative providers Use of natural remedies Use of services in non-conventional settings	Attitudes related to alternative treatment approaches, therapies and practitioners used instead of or in addition to conventional services	Desire for services provided by alternative practitioners and in non-conventional settings
Self-directed care	Self-initiative in interactions with doctors Adherence to prescription drugs Use of self-monitoring devices Use of self-care tools, programs and aids	Attitudes related to decision-making, adherence to treatment recommendations, and use of self-care solutions such as wellness programs and self-monitoring devices	Desire for services, programs, and tools to support better self-care and more informed decision-making
Information seeking	Use of information resources to assist in clinical decisions Use of information resources to compare quality and price Use of information resources to select insurance	Attitudes related to the importance and usefulness of information used in making decisions about self-care, treatment, health services, and insurance	Desire for information resources and online tools to assist in decision-making about self-care, treatment, health services, and insurance
Financing	Enrollment in health insurance programs and plans Use of health plan customer service resources	Attitudes and satisfaction related to insurance programs and plans Understanding of insurance coverage Opinions about financial security related to future health care expenses	Desire for insurance programs that accommodate personalization Desire for assistance in selecting insurance products, health services and treatment options

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Each zone of activity represents a distinct set of behaviors and attitudes that reflect the opportunities and experiences consumers have in seeking health care services from providers, choosing specific treatments and selecting insurance programs. Combined, they present a holistic view of health care consumerism that facilitates an understanding of potential inconsistencies between actions and opinions, preferences for services not perceived to be readily available, and perspectives on the importance of price, quality and service to consumers' purchasing decisions.

Survey Methodology

A nationally representative sample of 3,031 adults ages 18 years and older was surveyed between September 10 and 23, 2007, using a web-based questionnaire. The results were weighted to assure proportional representation similar to the U.S. Census across all major demographic groups (Figure 3). The sample size allows for estimation with a 1.8% margin of error at the .95 confidence level.

Using factor analysis to examine the relationships and variation among 173 variables reflecting salient behaviors and attitudes, the population was segmented into six discrete segments of the U.S. consumer market – each with unique behavioral and attitudinal characteristics.

Figure 3: Comparison of the Survey Sample to the U.S. Census

	Unweighted Survey Data	U.S. Census (2006)	Weighted Survey Data
18 to 29	18.30%	22.20%	22.40%
30 to 49	44.30%	38.30%	38.70%
50 to 64	22.20%	23.10%	23.10%
65 or older	15.20%	16.50%	15.70%
Male	44.50%	48.60%	48.30%
Female	55.50%	51.40%	51.70%
Midwest	23.00%	22.90%	22.60%
Northeast	18.90%	19.00%	18.90%
South	35.80%	35.60%	36.20%
West	22.30%	22.50%	22.40%
Hispanic	9.40%	13.00%	12.60%
Black/African American	8.10%	11.80%	11.70%
Asian	2.20%	4.80%	2.50%
Caucasian/White	83.60%	76.20%	77.90%
Amer. Indian or Alaskan Native	0.30%	1.40%	0.40%
Native Hawaiian /Pacific Islander	0.30%	0.20%	0.30%
Other	3.00%	5.70%	4.20%
Under \$30,000	23.50%	24.90%	24.70%
\$30,000 to \$49,999	23.90%	19.10%	19.40%
\$50,000 to \$99,999	37.10%	33.10%	33.90%
\$100,000 to \$149,999	11.00%	13.00%	21.90%
\$150,000 to \$199,999	3.10%	4.40%	included in 100+
\$200,000 or more	1.40%	4.30%	included in 100+

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Key Findings

Overview of the Health Care Consumer Market

Consumers use the U.S. health care system frequently

(Figure 4). Consumers' experiences with doctors, hospitals, health plans, prescription drugs and other health care services form the basis for their attitudes and beliefs about how the system performs and which areas might need to be improved.

Figure 4: Selected Behaviors in the Five Zones of Health Care Consumer Activity*

Traditional Health Services	Self-Directed Care	Alternative/Non-Conventional Health Services	Information Seeking	Financing
<ul style="list-style-type: none"> • 82% currently have a PCP • 60% currently use prescription drugs • 15% had a hospital stay • 21% switched treatments or prescriptions • 18% switched doctors 	<ul style="list-style-type: none"> • 14% delayed a recommended treatment • 13% decided not to pursue a course of care altogether • 30% questioned their physician about a treatment recommendation • 38% expressed a brand preference for a medication to their physician • 65% say they adhere to Rx recommendations 	<ul style="list-style-type: none"> • 20% used an alternative approach to treatment • 12% consulted an alternative provider • 9% substituted an alternative therapy for a prescription medication • 21% purchased medications through mail order or online • 16% used a retail clinic • 3% traveled outside the U.S. for care 	<ul style="list-style-type: none"> • To compare quality, 26% used a health plan web site, 11% used a hospital site, and 9% used a physician site • To compare prices, 22% used a health plan web site, 6% used a hospital site, and 5% used a physician site • For health information, 30% used a physician web site, 22% used a plan site, and 14% used a hospital site • Consumers use online resources and pharmacists for information about new prescriptions 	<ul style="list-style-type: none"> • 88% currently have health insurance of some kind • 3% have a high deductible plan/consumer-directed plan • 19% called their plan to inquire or complain about care

*Reported behaviors occurred in the past 24 months unless noted as current

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- 82% of consumers report having a primary care physician (PCP), and 92% of these consumers say they had visited their PCP at least once in the last 12 months. 15% of consumers report having had an overnight stay at a hospital in that same period. 60% currently take medications. 88% report having some form of health insurance, either directly or through their spouse or partner (insurance types included medical coverage through Medicare, Medicaid, and various commercial plans such as preferred provider organizations, health maintenance organizations, and traditional fee-for-service plans, as well as specialty coverage for dental, eye, and long-term care and unspecified supplemental coverage).
- Significant percentages of consumers modified a treatment recommendation, used alternative and non-conventional modes of care, and sought information to assist in decision-making in the last 24 months.

It is important to consider these behaviors in light of the various circumstances in which consumers typically have an opportunity to engage directly in decision-making. Physicians are often chosen based on recommendations from friends and family more than on price or quality information, which is usually limited. Hospital choice usually reflects the physician's preference, not the consumer's. Medications are "prescribed" by physicians, so consumers typically have little influence over which alternatives are considered. Insurance programs are frequently offered through employers or the government, with limited consumer choice. Therefore, it is notable that considerable percentages of consumers are engaging in behaviors that reflect direct consumer decision-making.

Consumers’ attitudes are derived from personal experiences rather than a “studied” view of the system, and vary widely as a result (Figure 5). Personal characteristics such as health status, along with underlying beliefs and values such as one’s predisposition toward traditional or alternative approaches to care, are also major determinants of attitudes.

Figure 5: Selected Attitudes in the Five Zones of Health Care Consumer Activity

Traditional Health Services	Self-Directed Care	Alternative/Non-Conventional Health Services	Information Seeking	Financing
<ul style="list-style-type: none"> Satisfaction with doctors, hospitals and plans is relatively high Quality differences are perceived – perception of physician differences is highest 3 out of 4 want physicians to provide online services to get test results, schedule appointments, exchange e-mail, access medical records (1 out of 4 say they would pay more) 	<ul style="list-style-type: none"> 88% are interested in using in-home monitoring devices that could reduce doctor visits and allow them to be more active in their care 2 in 3 are interested in participating in a wellness program to improve their health and/or save money (1 in 4 say they would pay more) 	<ul style="list-style-type: none"> 19% prefer natural remedies 40% are open to using an alternative treatment approach 32% might use an alternative therapy as a substitute for a prescription drug 44% say they are comfortable with the accuracy, safety, and quality of care offered in a retail clinic 39% say they would consider having an elective procedure in a foreign country 	<ul style="list-style-type: none"> Internet is the most useful source of information to all – sites providing more functionality are frequently used Consumers like resolving questions about medicines, facilities and health plans using information from “their” doctors, hospitals and plan 	<ul style="list-style-type: none"> Only 52% say they understand their health insurance coverage Only 7% say they are financially prepared for future health care needs 78% want to customize their insurance Rx coverage, out-of-pocket costs, and reputation of network providers are key purchase factors when comparing plan benefits 84% would choose a generic over a brand name drug

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Given the variation in consumers’ behaviors and attitudes, the health care consumer market is clearly not homogeneous:

It is composed of six segments, each distinguished by a unique set of behaviors and attitudes (Figure 6).

Figure 6: Profile of the Six Health Care Consumer Segments

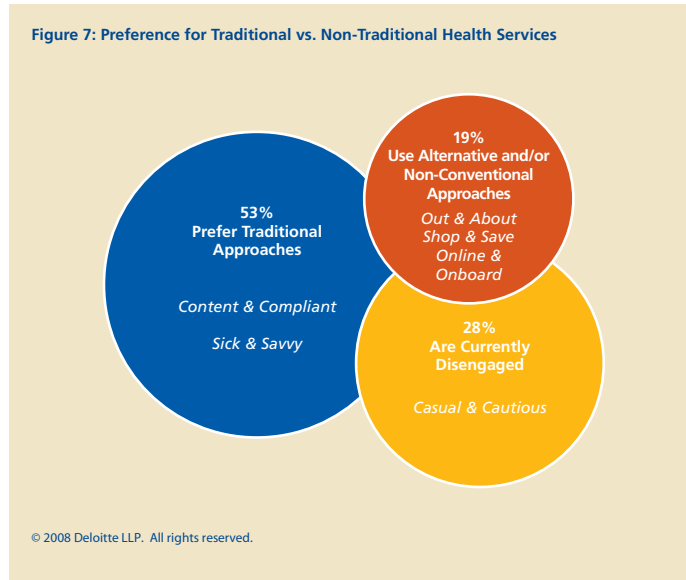
Factor	Content & Compliant	Sick & Savvy	Online & Onboard	Shop & Save	Out & About	Casual & Cautious
Segment size	29%	24%	8%	2%	9%	28%
System use	Medium	Highest	High	Medium	Medium	Lowest
Preferences regarding care	Traditional	Traditional	Traditional, but open to non-conventional settings	Traditional, but open to alternative and non-conventional settings	Alternative approaches and non-conventional settings	Disengaged, but currently leans toward traditional
Dependence on providers	Accepts what doctor recommends	Takes charge of own care	Leans toward relying on self	Leans toward allowing doctor to make decisions	Makes own decisions/independent	Leans toward relying on self
Compliance with treatment	Most compliant	Compliant	Compliant	Less compliant	Least compliant	Less compliant
Satisfaction with providers and plans	Most satisfied	Satisfied	Satisfied	Less satisfied	Least satisfied	Less satisfied
Other important distinctions	Less likely to seek information; less likely to use value-added services; least interested in shopping for and customizing insurance	Seeks information; sensitive to quality; uses some value-added services; wants to shop for and customize insurance	Seeks information; uses online tools the most; sensitive to quality; maximizes use of value-added services	Makes changes to insurance; price-sensitive; uses value-added services; most likely to travel for care	Seeks information; sensitive to quality; uses some value-added services; wants to shop for and customize insurance	Price-sensitive; unprepared financially for future needs; less likely to seek information; less likely to use value-added services

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The six segments differ along several dimensions: key differentiators include the degree to which consumers prefer or use traditional services versus alternative and non-conventional services; the extent to which they are inclined toward self-dependent decision-making versus doctor-dependent decision-making; and the level at which they seek information via online tools and use various value-added services. The segments were not determined based on demographics, but important demographic differences are noted below.

- The **Content & Compliant** segment (29%) includes consumers who tend to prefer traditional approaches to care and accept what doctors recommend. Consumers in this segment, on average, are more compliant and satisfied than others. Content & Compliant consumers are less likely to seek information or use value-added services offered by doctors, hospitals and health plans. They are least interested in shopping for and customizing their insurance. 26% of the Content & Compliant consumers report annual household income of \$100,000 or higher, compared to 22% or less in the other segments.
- The **Sick & Savvy** segment (24%) includes the highest percentage of consumers who report having one or more chronic conditions (52%). This segment uses the health care system more than other segments. Similar to the Content & Compliant, the Sick & Savvy prefer traditional approaches to care. However, Sick & Savvy consumers take greater charge of their own care, preferring to rely on themselves more than their doctors when making care-related decisions. They are more sensitive to quality differences among providers than the Content & Compliant, and also seek information, use value-added services, and want to shop for and customize their insurance to a greater extent. Also similar to the Content & Compliant, Sick & Savvy consumers adhere to treatment decisions once they are made and are generally satisfied with the care they receive. These two segments are somewhat older than the other segments, with mean ages of 48 years (Content & Compliant) and 49 years (Sick & Savvy). They also include the highest proportions of Caucasians among all the segments (81% of the Content & Compliant, 85% of the Sick & Savvy). Gender is a key difference: The Sick & Savvy include a higher percentage of women (61%) than the Content & Compliant (48%).
- The **Online & Onboard** (8%) segment includes high users of the system who prefer traditional approaches but who are also receptive to care provided in non-conventional settings. Consumers in this group lean toward relying more on themselves than their doctors in making decisions and use online tools and value-added services more than any other segment. Online & Onboard consumers seek information and are sensitive to quality differences. They tend to be compliant with treatment decisions and satisfied with their care. The Online & Onboard segment includes a high percentage of consumers who report having one or more chronic conditions (47%), but does not stand out with respect to any of the key demographic characteristics: Mean age is 45 years, 53% are women, 92% are insured, 69% are Caucasian, and 19% report annual household income of \$100,000 or higher.
- **Shop & Save** consumers (2%) are prone to switching doctors, treatments and health plans, and make changes to their insurance far more than others. This group is more sensitive to the prices of health care services than others. Consumers in this segment tend to prefer doctors who use traditional approaches and lean toward allowing doctors to make decisions for them. However, Shop & Save consumers are open to alternative approaches and non-conventional settings and are much more likely than others to purchase prescription drugs through mail order or online sources, use a retail clinic, and travel outside their community and the U.S. for care. They take advantage of value-added services offered by doctors, hospitals and health plans, but tend to be less satisfied and less compliant than others. This segment has the lowest average age (38 years) and includes the largest proportion of men (64%) and lowest proportion of Caucasians (62%).
- The **Out & About** segment (9%) uses alternative approaches to treatment, consults alternative health care practitioners, and substitutes alternative or natural therapies for prescription medications more than the other segments. Consumers in this group are independent, generally preferring to make their own decisions. They tend to be sensitive to quality, seek information, use some value-added services and want to shop for and customize their insurance. The Out & About segment is the least compliant and least satisfied of all the segments. Gender is its most notable demographic distinction: 64% of Out & About consumers are women. This segment is similar to other segments with respect to age (mean of 43 years), race (70% Caucasian), income (18% report annual household income of \$100,000 or higher) and health status (43% have one or more chronic conditions).
- The **Casual & Cautious** segment (28%) is the healthiest segment, with only 19% having one or more chronic conditions, and nearly the youngest segment, with a mean age of 40 years (the Shop & Save segment is slightly younger, with a mean age of 38 years). This group is also the least-insured group – only 80% report having insurance compared to 89% or more in each of the other segments. This group uses the system and seeks information less than others; it appears to be waiting for the need to arise. The Casual & Cautious are sensitive to the price of health services more than all other segments except Shop & Save. More than all other segments, the Casual & Cautious feel less prepared financially to deal with their future health care needs and fewer say they understand their insurance. These consumers currently lean toward preferring traditional approaches, but are inclined to rely somewhat more on themselves than doctors when making decisions. They also generally report being less compliant and satisfied than others. In addition to being relatively healthy and young, just over 55% of Casual & Cautious consumers are men, nearly 75% are Caucasian, and 21% report having an annual household income of \$100,000 or more.

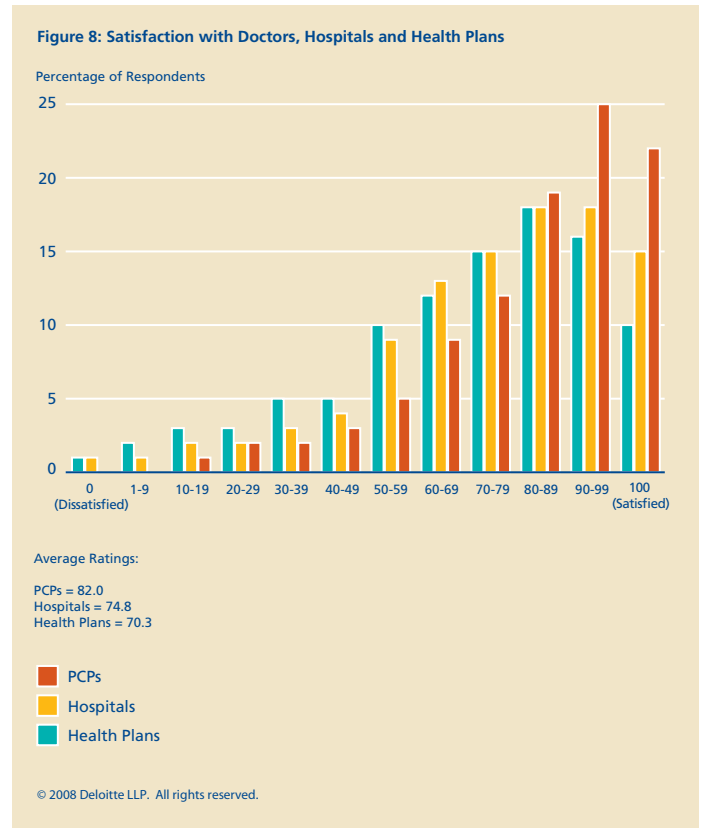
Preference for traditional versus non-traditional health services is an important dimension of difference among the segments (Figure 7).



- Two segments (Content & Compliant and Sick & Savvy), representing 53% of U.S. consumers, lean toward the status quo, generally preferring traditional approaches. Half of this more traditional group, however, is taking advantage of opportunities to become better informed, more engaged consumers. The Sick & Savvy segment (24% of the U.S. population) actively seeks information, is sensitive to quality differences among providers, and wants to shop for and customize their insurance.
- Three segments (Online & Onboard, Shop & Save and Out & About) include the 19% of U.S. consumers who are inclined in various ways to take advantage of innovative, non-conventional and alternative approaches.
- The sixth segment (Casual & Cautious), representing the remaining 28% of U.S. consumers, is currently disengaged from the system, using health care services infrequently.

Overall, consumers are generally satisfied with the doctors, hospitals and health plans they use.

- On a scale from 0 (completely dissatisfied) to 100 (completely satisfied), average satisfaction ratings are 82 for primary care physicians, 75 for hospitals and 70 for health plans (Figure 8).



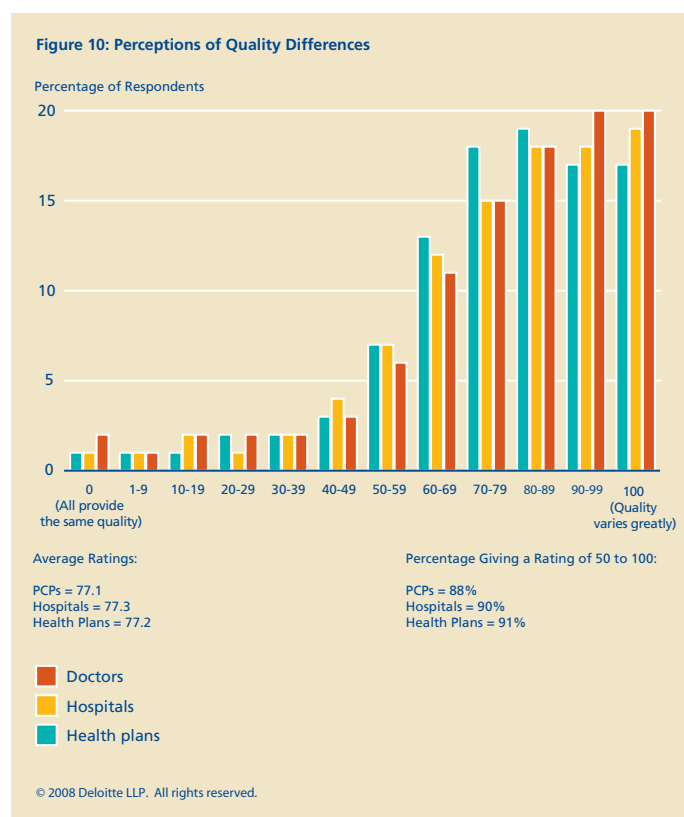
- Consumers across all segments generally believe that doctors, hospitals and plans do relatively well in providing services. (The survey question referred specifically to the consumer's satisfaction with his/her primary care physician, not the specialist(s) he/she may see, so ratings of other types of physicians might be different.)
- Average satisfaction with doctors is highest among the Content & Compliant (mean = 89), Sick & Savvy (mean = 85) and Online & Onboard (mean = 82) segments.
- Satisfaction with doctors was somewhat lower among the Casual & Cautious (mean = 75), Out & About (mean = 71) and Shop & Save (mean = 69) segments.

Physicians are viewed as the trusted source for clinical information about health conditions and treatments, while health plans are viewed as credible sources for non-clinical information.

- Physicians hold an edge in “trust” for health-related information (Figure 9). Consumers in all segments trust doctors more than hospitals, plans, government, online web sites and other sources of information about best treatments. However, the large gaps that exist between the percentages of consumers who have used various information sources and the percentages who are interested in doing so suggest that doctors and hospitals do an inadequate job of providing useful information about treatment options and self-care tools.

Consumers believe that quality differences are important considerations when comparing doctors, hospitals and health plans, and they perceive modest differences today.

- While quality can assume different meanings in the context of doctors, hospitals and health plans, it is consumers’ perception and level of concern with quality – however they define it – that is important to assess in the context of consumerism. The survey data suggest that consumers do perceive differences in quality among doctors, hospitals and health plans (Figure 10). 88% of consumers believe quality of care varies among doctors, 90% believe quality of care varies among hospitals, and 91% believe quality of coverage and service varies among insurance companies.



- Health plans are viewed as credible sources for non-clinical information. More consumers have sought price and quality information from health plans than from doctors or hospitals. However, the percentages that have done so (26% for quality information, 22% for price) are low, and interest in using quality or price information is high for all three entities, suggesting that the opportunity to fill the information gap is open to health plans, hospitals and doctors.
- Online & Onboard, Sick & Savvy, and Out & About consumers are the heaviest users of Internet-based tools for decision support, while Content & Compliant consumers are least inclined.

- Consumer interest in using quality information provided by health plans, doctors and hospitals is moderately strong for all three sources (7.0, 6.6, and 6.5, respectively, on a 10-point scale).
- When forced to indicate whether quality or cost would drive their selection of a doctor to treat a serious condition requiring specialized medical care, consumers generally lean more toward choosing the best doctor they can find, even at higher cost, than choosing the doctor who would cost them less. At the two extremes, sizable percentages are driven strongly by quality (24%) versus cost (13%).
- Few consumers have used hospital or doctor web sites to find information about quality (11% and 9%, respectively) or price (6% or 5%, respectively), but 2 out of 3 consumers are interested in doing so. 26% of consumers have used a health plan web site to look up information about the quality of care provided by doctors or hospitals.

- 23% of consumers have compared doctors' qualifications before choosing one (45% are likely to do so in the future), and 16% of consumers have compared hospitals before choosing one (47% are likely to do so in the future).
- Use of web-based tools to compare doctors and hospitals is a strong theme across all but two segments (Content & Compliant and Casual & Cautious), and especially for the Shop & Save and Online & Onboard segments. While both price and quality are of some importance to all, price is a critical differentiator for the Shop & Save segment; quality is more important to the Sick & Savvy and Out & About segments. Online & Onboard consumers seem to pay equal attention to both price and quality.

Behaviors, Attitudes and Unmet Needs Related to Traditional Health Services, Non-Traditional Health Services and Self-Directed Care

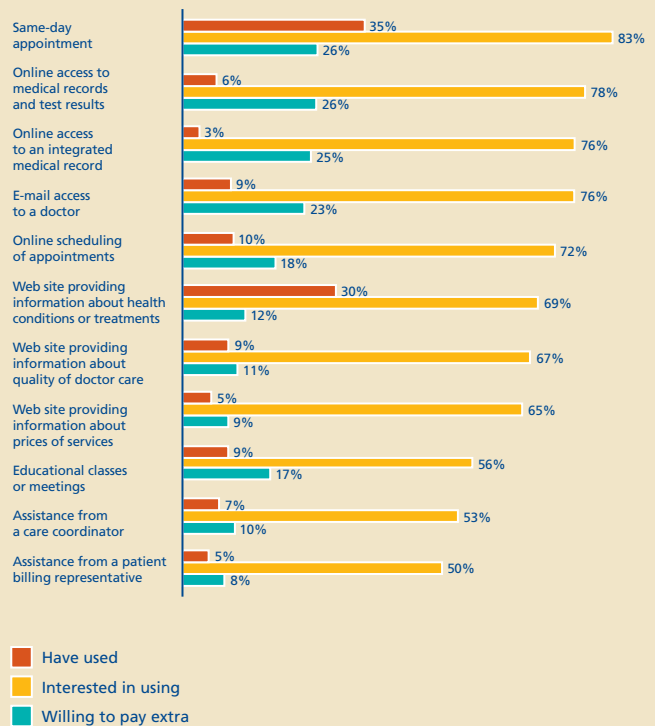
Most consumers are satisfied with their doctors and hospitals but want better service and improved value.

- On a scale from 0 (completely dissatisfied) to 100 (completely satisfied), average satisfaction ratings are 82 for primary care physicians, 75 for hospitals and 70 for health plans.
- When asked what improvements they would most like to see in their experiences with their primary care physician, 31% of respondents note a desire for service improvements including more time with the doctor, shorter waiting times, faster appointments and faster answering of the telephone.
- From hospitals, consumers are looking for service improvements – especially more time and attention from staff – in addition to better amenities and shorter waiting times.
- The Content & Compliant and Sick & Savvy segments are generally satisfied with the care they receive from traditional providers; however, the Sick & Savvy tend to search for alternatives and express dissatisfaction more readily than the Content & Compliant.

A significant gap exists between the service consumers expect and what they receive from their physicians.

- In general, consumers want access to more information, are looking for better service, and believe their physicians should make better use of information technologies.
- Expanded use of Internet-based tools and communication between physicians and patients is strongly desired (Figure 11). Nearly 80% of consumers are interested in gaining access through their doctor to an integrated medical record that combines information about all of their test results, doctor visits and hospital stays. 3 out of 4 consumers want physicians to provide online services to schedule appointments, exchange e-mail, get test results and access medical records (1 in 4 say they would pay more for these services). For the Online & Onboard segment in particular and, to a great extent, also the Out & About and Sick & Savvy segments, a physician's use of web-based tools for appointment scheduling, access to medical records, lab reporting and e-mail communication with patients is a major differentiator. A growing number of consumers appear to be aware of distinctions between practices that use electronic medical records and those that do not.

Figure 11: Interest in Online Tools and Other Services Provided by Doctors



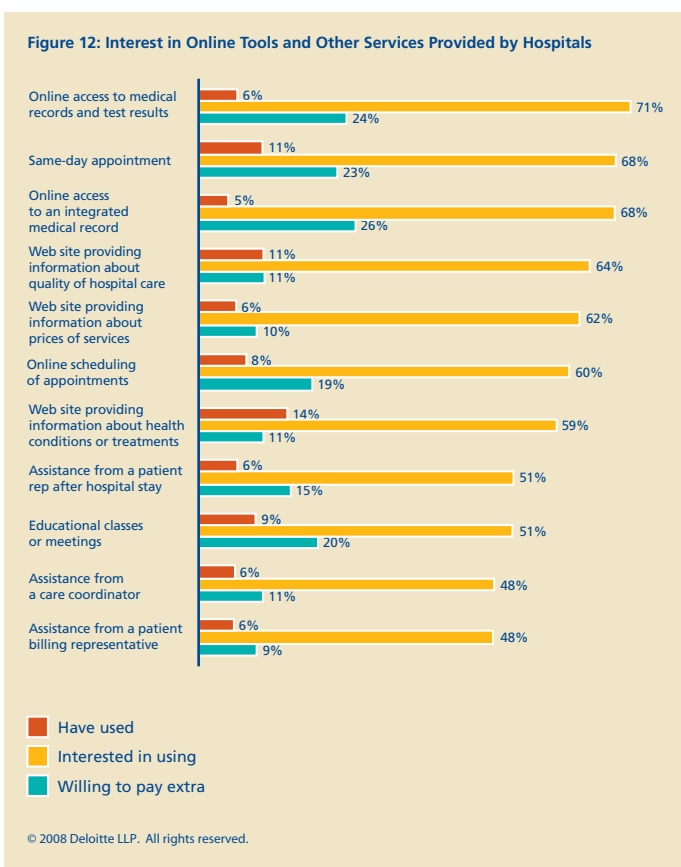
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- 2 out of 3 consumers are interested in using their doctor's web site to get information about health conditions or treatments, quality of care or service prices.
- 56% of consumers are interested in educational classes or meetings sponsored by their doctor's office to help them with a health problem, treatment approach or recovery process.
- 83% of consumers are interested in same-day appointments.
- 50% or more of consumers report interest in receiving assistance from a care coordinator or patient billing representative assigned to them by their doctor's office.

Consumers believe that hospitals are an important community resource and see distinctions in care quality when comparing them.

- Similar to physicians, consumers express strong desire for hospital services that assist consumers in choosing physicians, making treatment decisions and managing personal health information.
- 90% of consumers believe that care quality varies among hospitals, with nearly 2 in 5 indicating they perceive wide variation. Just 16% of consumers have compared hospitals before choosing one, but 47% say they are likely to do so in the future. To date, few consumers have used hospital web sites to look for information about the quality of care provided by the hospital (11%) or the prices of services provided by the hospital (6%), but 2 out of 3 consumers are interested in doing so.

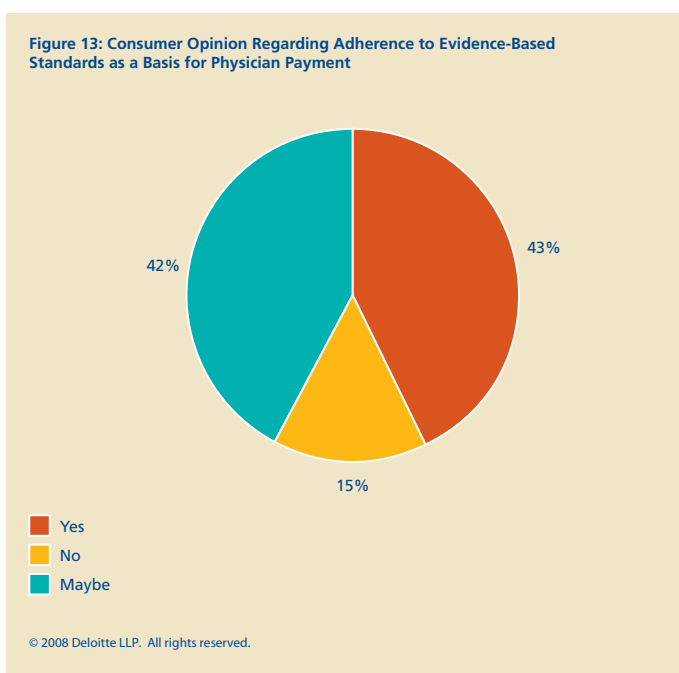
- Consumers desire greater online access to information through hospitals (Figure 12). Over 70% want their hospital to provide online access to an integrated medical record that combines information about all of their test results, doctor visits and hospital stays (1 in 4 are willing to pay extra for this access). Consumers are interested in using hospital web sites to look up information about the quality of hospital care (64%), the prices of hospital services (62%) and health conditions and treatments (59%).



- Seeking convenience, 68% of consumers are interested in same-day hospital appointments and 60% are interested in online appointment scheduling.
- Over half of consumers would be interested in receiving assistance after a hospital stay from a patient representative assigned to help them coordinate care with other organizations and care givers, while just under half would be interested in receiving assistance from a hospital care coordinator to help with treatment decisions and appointment scheduling. Assistance from a patient representative assigned to help in understanding service charges and deal with hospital bills is of interest to 48%.

Consumers are receptive to programs that reward physicians for better performance.

- Consumers support the concept of physician pay-for-performance (Figure 13). 84% or more of every segment favor or might support a national program that provides incentives for doctors to adhere to evidence-based practices. Support is especially strong among consumers in the Online & Onboard and Shop & Save segments. Support is somewhat stronger among men than women, and among Hispanics compared to non-Hispanics, but otherwise, opinions do not vary significantly by age, race, health status or insurance status.



1 in 5 consumers chose not to follow a physician's recommendation, in some cases choosing an alternative based on their personal preferences or study of treatment options.

- 14% have delayed a course of treatment recommended by a doctor (33% might do so in the future).
- 13% have decided not to follow a course of treatment recommended by a doctor (32% might do so in the future).
- While 20% of consumers still strongly prefer to have their doctor make treatment decisions for them, 17% strongly prefer to make treatment decisions themselves (63% are in the middle).
- 30% have questioned their physician about a recommended course of treatment, either asking about a specific treatment they have learned about from another source or asking about alternatives to the treatment the doctor recommended (45% are likely to do so in the future).
- While less than 20% of consumers have sought a second opinion, 52% say they might do so in the future.

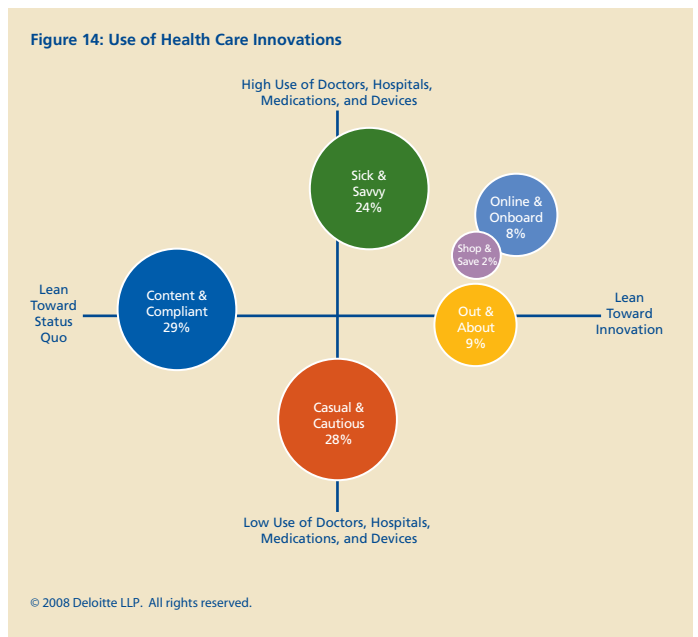
Many consumers use alternative services and therapies and express strong preferences over traditional approaches.

- 20% of consumers report treating a health problem with an alternative approach to traditional medicine, such as acupuncture, chiropractic, homeopathic, naturopathic, bio-electric therapies, etc. Twice that many (40%) are open to doing so in the future.
- 12% have consulted an alternative health care practitioner, and 38% might do so in the future.
- 9% have substituted an alternative or natural therapy for a prescription medication, and 32% might do so in the future.
- While 68% prefer to choose doctors with an orientation toward traditional or conventional medicine, 32% prefer to choose doctors with an orientation toward holistic or alternative treatments (7% strongly prefer such doctors).
- The Out & About segment is distinguished by its comparatively high use of alternative approaches (49%), practitioners (37%), and therapies (36%), and relatively strong preference for doctors with an orientation toward holistic or alternative treatments (23% strongly prefer, and an additional 49% prefer such doctors). The Shop & Save segment also reports high use of alternative approaches (44%), practitioners (35%), and therapies (35%), but prefers to choose doctors with a traditional orientation (71%) versus doctors with an alternative orientation (29%). Half of two other segments (Sick & Savvy and Online & Onboard) and one-third of two others (Casual & Cautious and Content & Compliant) say they are open to using alternative approaches and practitioners in the future.

Consumers are receptive to innovations such as retail clinics, online medication ordering, customized insurance programs, in-home monitoring, medical tourism and computerized personal health records.

- 16% of consumers have used a walk-in clinic located in a pharmacy, shopping center, store, or other retail setting, and 34% say they might do so in the future. 44% of consumers say they would be comfortable with the accuracy, safety and quality of care offered in a retail clinic that is staffed by a nurse practitioner. Slightly more (45%) say they would be comfortable if the nurse practitioner uses a computer-based system that enables him/her to access electronic patient records, check for drug and allergy interactions, confirm treatment recommendations, etc. Nearly half (48%) of consumers say they would be comfortable if the nurse practitioner is affiliated with a local doctor's office.
- 21% have purchased prescription medications through mail order or online sources, and 37% might do so in the future.
- 13% currently use a monitoring device, but 88% say they would be interested in using a self-monitoring device at home if they were to develop a condition that required regular monitoring (33% say they are extremely interested).

- 78% of consumers express a preference for customizing their insurance product by selecting the benefits and features they value and, in doing so, increasing or decreasing the overall cost of their coverage. Only 22% prefer selecting from a few pre-packaged products with defined benefits and features.
- While only 25% of consumers report maintaining a personal health record of any kind, including paper-, computer-, or web-based files, nearly half (46%) say they would be interested in using a software program or web site to create a personal health record.
- For 19% of the consumer population – the Shop & Save, Online & Onboard, and Out & About segments – use of health care innovations is especially high (Figure 14). These innovations appear to be accepted without concern. Sizable percentages of the other segments, especially the Sick & Savvy, but also the Casual & Cautious and Content & Compliant, indicate interest in using these innovations in the future.



Medicare enrollees are receptive to innovations.

- 93% of Medicare enrollees are interested in using a self-monitoring device at home if they have or were to develop a health condition that requires regular monitoring.
- 36% of Medicare enrollees indicate they are open to using a retail clinic (11% have done so already).
- 1 in 3 Medicare enrollees have ordered prescription medications online or through mail order sources.

Consumers want programs and tools to help them improve their health.

- Nearly 2 out of 3 consumers are interested in participating in wellness programs that are designed to help them improve their health (1 in 4 consumers are willing to pay extra for a wellness program).
- 61% of consumers want tools that would provide personalized recommendations to improve their health, and 55% of consumers are interested in tools that would help them assess, monitor or manage their health (12% would pay extra for these tools).
- 56% of consumers are interested in attending educational classes or meetings that address a health problem, treatment or recovery (17% would pay extra for these).
- 53% of consumers are interested in using a health/lifestyle coach (20% would pay extra for this).
- While there is strong interest in getting assistance with maintaining a healthy lifestyle, only 17% report participating in a wellness program in the last 24 months and even fewer (less than 1 in 10) have used the other services and tools noted above. The gap between preference and actual use appears to be wide.

Consumers want care management programs and services that help them facilitate chronic care management and assist in decision-making with their physicians.

- 56% of consumers are interested in special programs to manage their own health condition (19% would pay extra for these), and 47% are interested in special programs to help manage the health of an aging family member (14% would pay extra for these).
- 53% of consumers are interested in receiving assistance from a care coordinator to help them with treatment decisions and appointment scheduling (10% would pay extra for this).
- 55% of consumers are interested in tools such as computerized decision-making programs to help them decide among treatment options (10% would pay extra for these tools).
- 50% of consumers are interested in receiving assistance from an assigned patient representative who would help them understand service charges and deal with bills (8% would pay extra for this).

Consumers want convenience and may be willing to pay for it.

- 83% of consumers are interested in access to same-day appointments, and 26% are willing to pay extra for that access.
- 65% of consumers are interested in a nurse call line, and 18% are willing to pay extra for the service.
- 16% of consumers have used a walk-in clinic located in a pharmacy, shopping center, store or other retail setting, and 34% say they might do so in the future.

Consumers are willing to travel for care, either to a hospital they perceive to be of higher quality or to save money for an elective procedure.

- Nearly 1 in 5 consumers have chosen to go to a hospital other than the one nearest to their home (nearly 2 in 5 anticipate doing so in the future).
- Almost 90% would consider leaving their community or local area to get care or treatment for a condition if they knew the outcomes were better and the costs were no higher.
- 3% report having traveled outside the U.S. to consult with a doctor or to receive treatment, and 27% said they might do so in the future.
- Nearly 40% would consider having an elective procedure performed in a foreign country if they could save 50% or more and be assured that the quality was equal to or better than what they can have in the U.S.
- Shop & Save and Out & About consumers are more inclined toward medical tourism than other segments.

Behaviors, Attitudes and Unmet Needs Related to Medications, Medical Devices and Alternative Therapeutic Interventions

60% of consumers (adults) currently use one or more prescription drugs and frequently change prescriptions.

- 20% use four or more prescription drugs and 2% reported using more than 10.
- 35% of consumers expect to switch treatments or prescription medications in the future (21% have done so in the last 24 months).
- 20% of the population (or 34% of those taking medications) order his/her medications online or through mail order sources.

Adhering to their prescription medication regimen is a challenge for many consumers.

- 65% of consumers say they fill almost all of their prescriptions.
- 83% say they almost always take their prescription medications as directed.

Consumers have concerns about the safety and effectiveness of prescription medications.

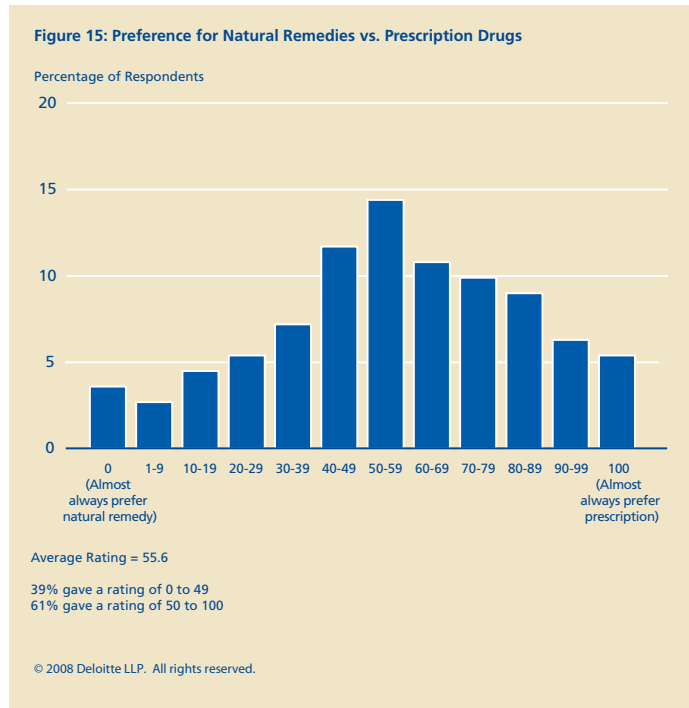
- Only 61% of consumers rate the safety and effectiveness of prescription medications at the higher end of the confidence scale (giving each a rating of 70 or higher on the 0 to 100 scale).
- 33% of consumers have asked a pharmacist for his/her opinion about a medication prescribed by a doctor (38% might do so in the future).

Consumers are comfortable with generic drugs.

- 84% of consumers say they would be more likely to choose a generic equivalent than a brand name drug if given the choice.

A substantial number of consumers prefer alternatives to traditional pharmaceuticals.

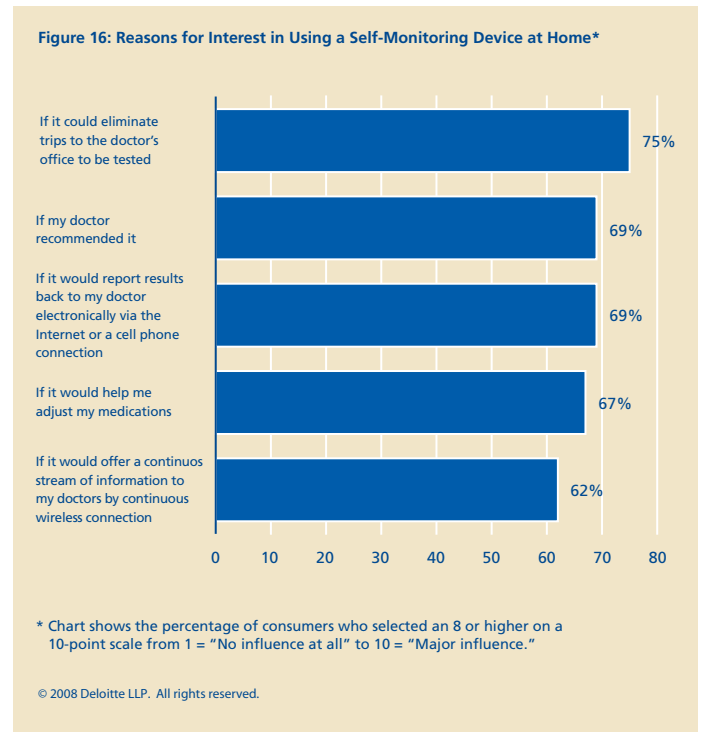
- While consumers generally prefer prescription medications, 2 out of 5 consumers lean toward preferring natural remedies (Figure 15).



- 32% of consumers say they are inclined to substitute an alternative or natural therapy for a prescribed medication in the future. 9% of consumers have done so recently.
- Currently, only 14% of consumers have heard of biologic drugs, defined in the survey as drugs that use human cells to create the drug instead of chemicals (as in traditional pharmaceutical drugs). Consumers do not express a clear preference between the two drug types.
- Segments most inclined toward natural remedies and biologics are the Out & About and Casual & Cautious segments and, to some extent, the Sick & Savvy segment. The preference for natural remedies correlates with lower confidence ratings for prescription medication safety and effectiveness among the Out & About and Casual & Cautious consumers. For the Out & About and Sick & Savvy segments, the preference also may be linked to their comparatively higher use of online web sites and search engines as sources for information about medications.

Consumers are highly receptive to devices and self-monitoring systems that permit them to monitor their own health condition and care at home.

- 13% indicate prior use of one or more medical devices for monitoring a condition for themselves or a family member.
- 7% of consumers report expressing a preference to their physician about a specific branded device.
- 88% of consumers say they would be interested in using a self-monitoring device at home if they were to develop a health condition that required regular monitoring. 33% said they were extremely interested.
- Reasons for consumers' interest include the elimination of trips to the doctor's office (75%), the convenience of reporting results to the doctor electronically (69%) and the ability of the device to help in adjusting their medications (67%) (Figure 16).



Health-related web sites are trusted sources for information about medications and devices.

- When prescribed a new medication, 1 out of 3 consumers have used a health-related web site or search engine to look for information about the medication, while nearly that many (32%) have consulted a pharmacist either in person, by phone or through e-mail. 1 out of 4 consumers report consulting a doctor either in person, by phone or through e-mail before taking the new medication.
- Consumers also report consulting friends or relatives (22%), health plan web sites (11%), government web sites (9%), medical journals or books (8%) and news sources (6%) for information about a medication that has been newly prescribed for them.
- The most common sources of information regarding devices or implants are doctors (22%) and health-related web sites or search engines (22%), followed by friends or relatives (12%), health plan web sites (9%), pharmacists (8%) and government web sites (8%).

Direct-to-consumer (DTC) advertising for medications and devices impacts consumer brand preferences and prompts many to express a brand preference to their physician.

- 38% of consumers have asked a doctor to prescribe a particular drug by name or brand or asked whether it would be a better choice than the one he/she prescribed. Over half (51%) of these consumers report that advertising on TV, in print, or on the Internet played a role in their mentioning the drug to their doctor.
- 7% of consumers have asked a doctor to prescribe a specific device or implant by name or brand or asked whether it would be a better choice than the one he/she prescribed. Nearly half (47%) of these consumers report that advertising on TV, in print, or on the Internet played a role in their mentioning the device or implant to their doctor.

Behaviors, Attitudes and Unmet Needs Related to Health Insurance (Commercial, Medicare and Medicaid)

Use of health insurance programs is high.

- 88% of consumers report having some kind of insurance (insurance types included medical coverage through Medicare, Medicaid, and various commercial plans such as preferred provider organizations, health maintenance organizations, and traditional fee-for-service plans, as well as specialty coverage for dental, eye, and long-term care and unspecified supplemental coverage).
- The likelihood of having insurance rises with age. The proportion of consumers who have insurance ranges from 84% of Gen Y consumers to 94% of seniors.²



- Insurance status does not vary by gender (89% of men and 87% of women report having insurance), but does vary by race and ethnicity. 90% of Caucasians, 89% of Asian Americans, 83% of Hispanics, and 78% of African Americans report having insurance.
- The types of insurance consumers report having vary: 47% say they are enrolled in a preferred provider organization (PPO), 29% say they are enrolled in a health maintenance organization (HMO), 6% say they are enrolled in a traditional indemnity or fee-for-service plan, 4% say they are enrolled in a point-of-service (POS) plan and 3% say they are enrolled in a high-deductible or consumer-directed plan.
- 11% of consumers report having a health savings account (HSA), health care reimbursement account (HRA), or flexible spending account (FSA). Casual & Cautious consumers are least likely (8%) and Sick & Savvy consumers are most likely (13%) to report having one of these types of accounts. Boomers (16%) and Gen X consumers (12%) are more likely to have a health-related account than Gen Y consumers (8%) and seniors (4%).

² The generations were defined as follows: Gen Y includes consumers born between 1982 and 1989 (18 to 25 years at the time of the survey); Gen X includes consumers born between 1965 and 1981 (26 to 42 years); Boomers include consumers born between 1946 and 1964 (43 to 61 years); and seniors include consumers born in 1945 or earlier (62 and older).

12% say they do not own health insurance of any kind.

- 26% of the uninsured in this study are under the age of 30, while 68% are between the ages of 30 and 64. 6% of the 65+ population reports being uninsured. Viewed another way, 17% of Gen Y, 15% of Gen X, 12% of Boomers and 6% of seniors report being uninsured.
- 56% of the uninsured are women and 44% are men.
- The uninsured cohort includes disproportionately high percentages of African Americans (22% of African Americans report being uninsured compared to 11% of Asians and 10% of Caucasians). Hispanics are also more likely to report being uninsured (17%) than non-Hispanics (12%).
- The likelihood of being uninsured declines as income rises. Consumers in the lower-income categories are more likely to report being uninsured than consumers in higher-income categories.
- More of the uninsured have chosen not to see a doctor when they were sick or hurt (53%) than the insured (46%). Proportionally fewer of the uninsured (28%) versus the insured (37%) report currently undergoing treatment or participating in a program to help them manage a chronic condition. 21% of the uninsured versus 16% of the insured believe their overall health is below average for people in their age group. Statistically similar percentages of the uninsured (24%) and insured (21%) believe the effort they make to maintain or improve their general health is below average.
- Casual & Cautious consumers are the least likely to have insurance. More than 20% of this segment reports being uninsured, while just 8 to 11% of the other segments report being uninsured. The Casual & Cautious segment (28% of all consumers) is a relatively young segment of consumers who generally are not heavy users of the system. This is in contrast to the Sick & Savvy segment (24% of all consumers, 92% of which report being insured), who are generally older consumers and who report the highest use of physician and hospital services.
- 63% of consumers say they would (29%) or might (34%) favor increasing taxes to help provide coverage for those who do not currently have it.
- 66% are supportive (36%) or might be supportive (30%) of state mandates requiring individuals to have health insurance.

The attitudes and preferences of the uninsured mirror those of the insured. Affordability is an issue, but both perceive quality differences, want more information and are looking for access to online tools.

- Both the uninsured and insured perceive quality differences among doctors, hospitals, and health plans, but ratings of the variation were higher on the 0 to 100 point scale among the insured compared to the uninsured (e.g., average rating of 78 for doctor variation among the insured vs. average rating of 72 for doctor variation among the uninsured).

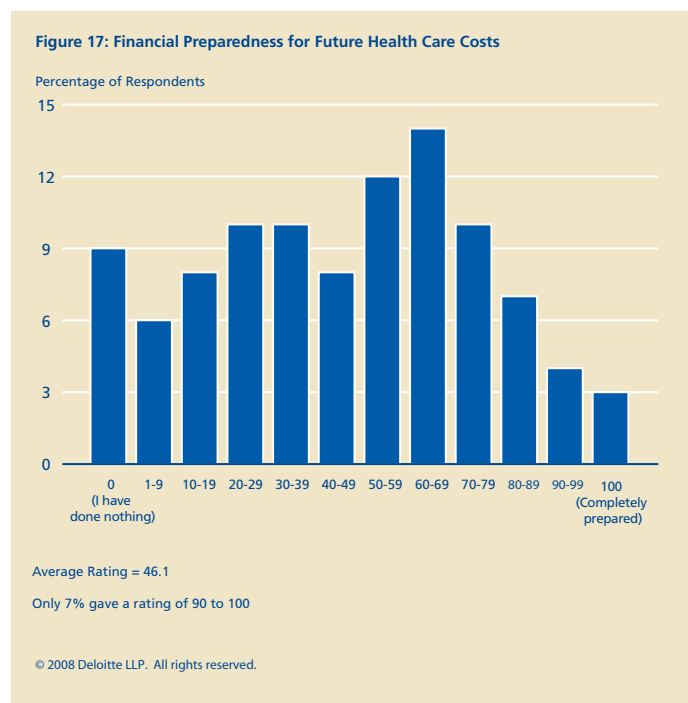
- Interest in using web sites providing information about care quality and information about health conditions and treatments is similarly high among the uninsured and insured, while interest in web sites providing information about service prices is higher among the uninsured compared to the insured.
- Interest in online appointment scheduling, e-mail access, and online access to medical records and test results is equally high in the uninsured and insured groups.
- When choosing among doctors, the uninsured are more inclined to choose the doctor who costs less, while the insured are more inclined to choose the best doctor they can find, even at a significantly higher out-of-pocket cost.
- Consumers in both the insured and uninsured cohorts would generally be more likely to choose a doctor with a traditional orientation than a doctor with an orientation toward holistic or alternative treatments. Similar percentages of both groups have used an alternative approach to treat a health problem and consulted an alternative health care practitioner. More of the uninsured (13%) than the insured (8%) have substituted an alternative or natural therapy for a prescription medication.
- Fewer of the uninsured have traveled outside their community for care compared to the insured (8% vs. 12%, respectively), but slightly more of the uninsured have traveled outside the U.S. for care (5% vs. 3%, respectively). Similar percentages have used a retail clinic (17% of the uninsured and 16% of the insured report doing so).

Insured consumers, including those covered by Medicare, are generally satisfied with their health plan.

- On a scale from 0 (completely dissatisfied) to 100 (completely satisfied), health plans received an average satisfaction rating of 70 among all consumers and 77 among Medicare enrollees.
- Content & Compliant, Sick & Savvy and Online & Onboard consumers express higher satisfaction with their health plans compared to Shop & Save, Out & About and Casual & Cautious consumers.
- Medicare enrollees (12% of the overall sample) are disproportionately represented in the Content & Compliant and Sick & Savvy segments (39% of Medicare enrollees are Content & Compliant, while 31% of Medicare enrollees are Sick & Savvy). In addition to generally being more satisfied with their health plans than others, Medicare enrollees also tend to be more satisfied with their doctors and hospitals, more likely to choose doctors with a traditional orientation, and less inclined to prefer to make decisions for themselves. Medicare enrollees consult web-based sources for information about hospitals, doctors, health problems and treatment options somewhat less, and appear less sensitive to pricing for physician and hospital services than commercially insured consumers.

Only 7% of consumers say they are financially prepared for their future health care needs. By contrast, 93% say they are insecure about their ability to pay for their future health care needs.

- Only 7% of consumers say they are completely or nearly completely prepared financially for their future health care needs (Figure 17).



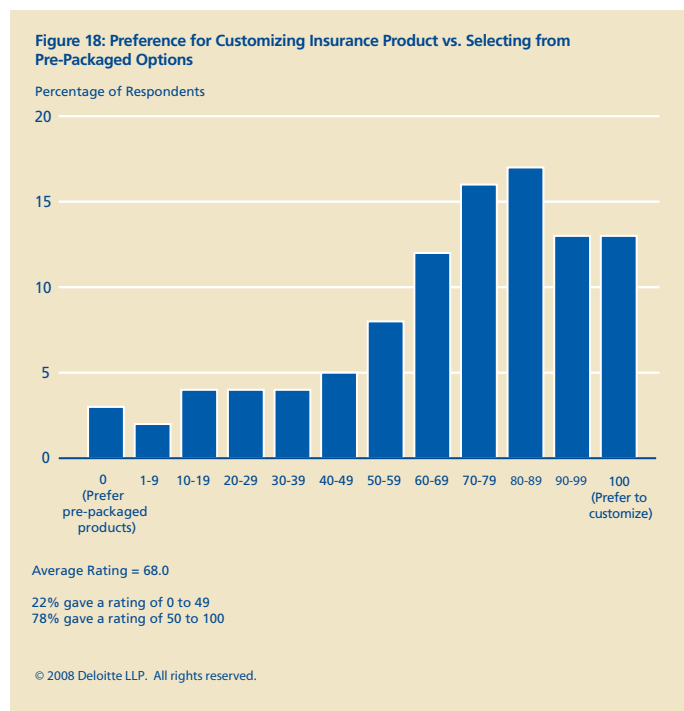
- Medicare enrollees generally feel more financially prepared than the commercially insured, who in turn feel more financially prepared than Medicaid enrollees. Financial security increases with age, with seniors feeling more prepared than Boomers, who feel more prepared than Gen X and Gen Y. Caucasians and Asians report feeling more prepared than African Americans and others, but there is no difference between Hispanic and non-Hispanic consumers and no difference between men and women. As would be expected, financial security is higher in the higher-income categories.
- Casual & Cautious consumers, as well as Out & About consumers, feel the least prepared to handle their future health care costs, giving average ratings of 38 and 39, respectively, on the 100-point scale. Shop & Save consumers feel the most prepared of all the segments, but their average rating is only 54. Average ratings for the other segments (Sick & Savvy, Content & Compliant, and Online & Onboard) hover around the mid-point, at 51.

52% of consumers with insurance say they understand their insurance coverage, but less than 1 in 10 consumers are confident they understand their coverage well.

- Only 52% say they understand their primary insurance coverage. Only 8% indicate they feel certain they understand everything they need to know.
- Medicare enrollees are more likely to say they understand their insurance compared to those with commercial insurance and Medicaid enrollees. Average levels of understanding increase with age, starting low among Gen Y consumers (55 on the 100-point scale) and rising to 73 among seniors.
- Understanding is lowest among Casual & Cautious consumers (the youngest segment) and highest among Content & Compliant and Sick & Savvy consumers (the older segments).

Consumers want to customize their health plan. Gen Y, Gen X, and Boomers are especially interested in policies that are customized to their needs.

- 78% of consumers express a preference for customizing their insurance product by selecting the benefits and features they value and, in doing so, increasing or decreasing the overall cost of their coverage (Figure 18). Only 22% prefer selecting from a few pre-packaged products with defined benefits and features.



- The desire to customize is high among consumers in all of the insurance groups (commercial, Medicare and Medicaid). Seniors are somewhat less inclined to want to customize their insurance than younger generations, and women are somewhat more interested in customizing their insurance than men. The preference to customize does not vary by race, ethnicity or income.
- The Out & About and Sick & Savvy segments are most interested in customizing their insurance, with average ratings of 75 and 73, respectively, on the 100-point scale. Consumers in all other segments express a preference for customization, as well, with average ratings of 68 (Online & Onboard and Shop & Save) and 65 (Casual & Cautious and Content & Compliant).

Consumers are split on their preferences for sponsorship of their health insurance. The younger generations are happy to get their insurance through an employer, while Medicare enrollees and other seniors are interested in shopping for it on their own.

- When given the choice between getting insurance through an employer or shopping for it on their own, 54% of consumers indicate they would prefer to get it through an employer, while 46% say they would prefer to shop for it on their own if the cost would be the same.
- The younger generations (Gen Y and Gen X) are inclined to prefer employer-sponsored plans, as are Boomers, while seniors indicate a preference for shopping for insurance on their own.
- Content & Compliant consumers are the least inclined to want to shop for insurance on their own, while Out & About consumers express the greatest preference to do so.
- Nearly 1 in 4 consumers say they might change jobs to get better health insurance (4% said they have done this recently).
- Nearly 1 in 5 consumers say they anticipate turning down a job offer from another employer to be able to keep their current health insurance (3% say they have done this recently).

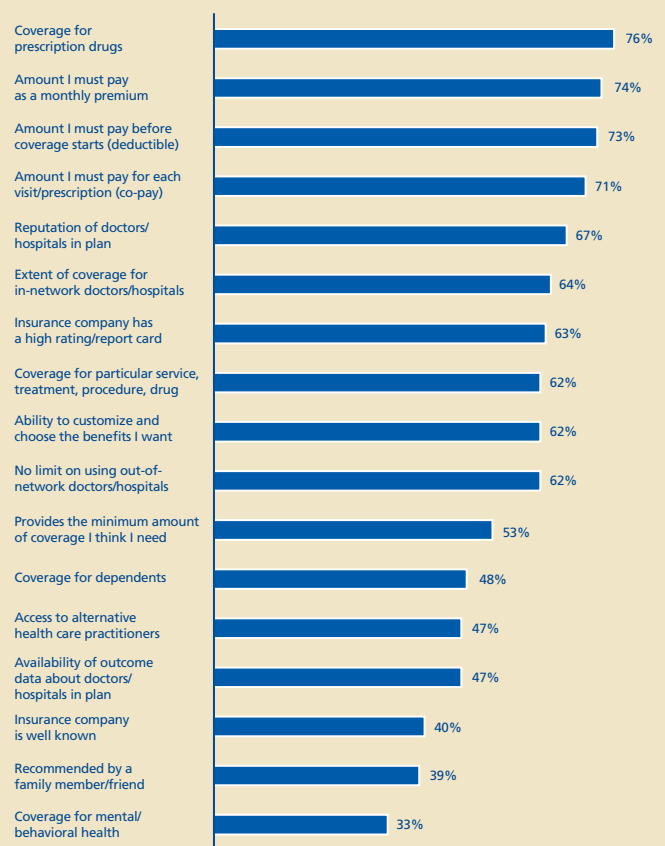
30% of consumers anticipate switching insurance companies or health plans in the future. Even higher percentages anticipate switching physicians and medications.

- While only 6% of consumers report having recently switched either to a different insurance company or different health plan, 30% say they might do so in the future. The Shop & Save segment is especially prone to switching: 75% switched to a different insurance company and 83% switched to a different plan offered by the same insurance company within the last 24 months. Far lower percentages of the other segments (in the range of 3 to 10%) report doing so.
- 41% of consumers anticipate switching doctors sometime in the future (18% have done so in the last 24 months).
- 35% of consumers expect to switch treatments or prescription medications in the future (21% have done so in the last 24 months).
- Shop & Save and Out & About consumers are more inclined to switch doctors, treatments or prescription medications than other segments, followed by Sick & Savvy and Online & Onboard consumers. For instance, 49% of Shop & Save, 37% of Out & About, 26% of Sick & Savvy, and 24% of Online & Onboard report switching doctors within the last 24 months. In contrast, only 11% of the Casual & Cautious group and 8% of the Content & Compliant group report doing so.

Key factors that consumers use to compare health plans include prescription drug coverage, out-of-pocket costs and the inclusion of providers in the plan's network. Deductibles are a key differentiator; however, consumers consider deductibles along with total premium and out-of-pocket costs in assessing the cost of their insurance program.

- 3 out of 4 consumers say coverage for prescription drugs would influence their choice of a health plan (Figure 19).

Figure 19: Influence of Plan Features on Choice of Plan*



*Chart shows the percentage of consumers who selected an 8 or higher on a 10-point scale from 1 = "no influence at all" to 10 = "major influence."

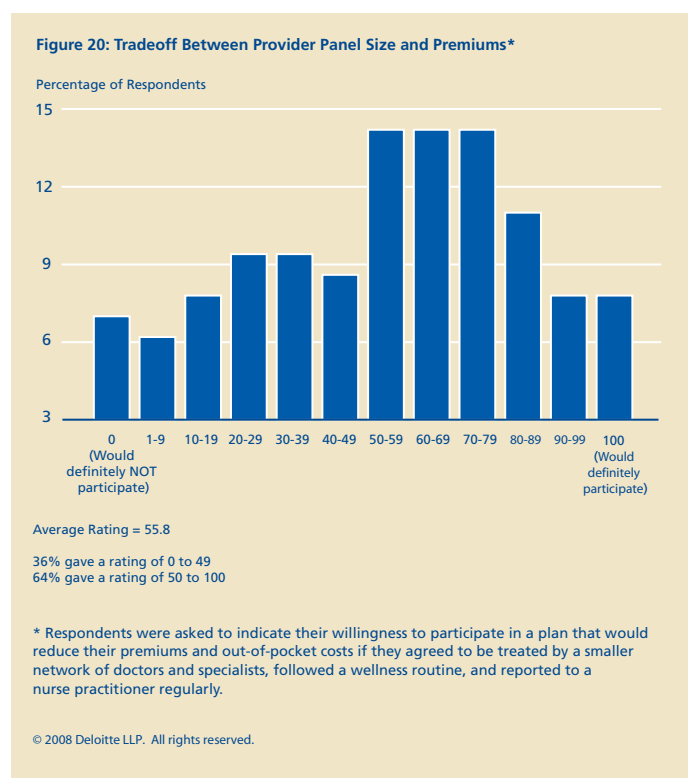
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- Nearly that many say that the amounts they must pay in premiums, deductibles and co-pays are factors that influence their plan choice.
- Reputation of the providers included in the plan's network is an important consideration for 2 out of 3 consumers, while coverage for specific services and providers, along with ratings of the insurance company, are important to almost as many.
- 62% of consumers indicate that the ability to customize and choose the benefits they want would influence their choice of a health plan.

- If given the choice, nearly 60% of consumers say they would be more likely to choose the low-deductible option with relatively lower co-pays and a high premium, while over 40% say they would be more likely to choose the high-deductible option with relatively higher co-pays and a lower premium.

Many consumers will accept a smaller provider network for a reduced premium.

- 64% of consumers indicate they would be willing to participate in a plan that would reduce their out-of-pocket costs and premiums if they agreed to be treated by a smaller network of doctors and specialists; to follow a routine that might involve diet, exercise and taking all medications as directed; and to report to a nurse practitioner regularly (Figure 20).

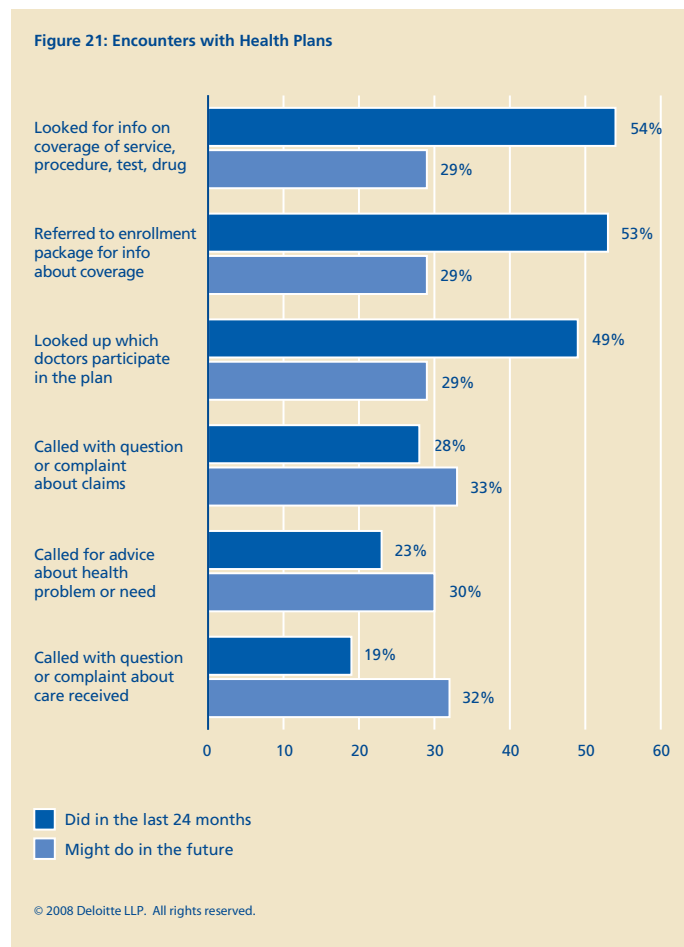


Health plan web sites are a critical source of information for enrollees. Most want their plan’s web site to expand its web offering to provide more information about provider quality and pricing, treatment options and claims status.

- Nearly 3 out of 4 consumers are interested in accessing quality or price information from their health plan, whether it is through a web site or other means (12% of consumers are willing to pay for access to these types of information).
- 2 out of 3 consumers are interested in accessing online health education and reference materials from their health plan (fewer than 1 in 10 say they would pay more for the access).
- 2 out of 3 consumers are also interested in online claims management (1 in 10 say they are willing to pay extra for this service).

Insured consumers want plans to address their questions and concerns about coverage, claims and health care experiences. Many also seek advice from their plan about health problems and needs.

- Nearly half of consumers have sought information from their plan about coverage for particular providers (Figure 21).



- 28% have called their plan with a question or complaint related to claims, and 19% have called their plan with a question or complaint related to the health care they or a family member had received. 1 out of 3 consumers anticipate calling their plan for these reasons in the future.
- Nearly 1 in 4 consumers have called their health plan to seek advice about a health problem or health care need (30% anticipate doing so in the future).

Consumers are interested in health plan-sponsored wellness programs, especially those that are tied to reduced premiums.

- 17% of consumers report participating in a wellness program offered by their employer, insurance company or health plan in the last 24 months.
- 83% express interest in participating in a wellness program offered by their employer, insurance company or health plan that would entitle them to reduced premiums or lower co-pays.
- 65% of consumers say they are interested in participating in a wellness program sponsored by their insurance company or health plan, and 26% are willing to pay extra for the opportunity.
- 61% of consumers want tools that would provide personalized recommendations to improve their health and 55% of consumers are interested in tools that would help them assess, monitor or manage their health (12% would pay extra for these tools).
- 53% of consumers are interested in using a health/lifestyle coach (5% would pay extra for this).
- 1 in 2 consumers report taking preventive measures such as exercising and eating a healthier diet to reduce their need for health care, and 1 in 3 report doing so to lower the cost of health care for themselves or their family.

Consumers use health plan web sites for information about prices and coverage of doctors, hospitals and medications. They are interested in accessing additional information about the quality of these services. However, for clinical information, consumers turn to providers and online health sites more than health plans.

- Consumer interest in using price information provided by health plans, doctors and hospitals is moderately strong. Health plans are viewed as the “logical” place for pricing information; physicians and hospitals the place for “clinical” information.
- 23% of consumers have called their insurance provider or health plan to ask for advice about a health problem or health care need, and 30% say they might do so in the future.
- Only 17% of consumers view their health plans as trustworthy sources of information about the best treatments for certain conditions, compared to 31% viewing online health sites, 40% viewing hospitals, and 63% viewing doctors as trustworthy sources.

Looking to government to help address concerns about receiving and paying for high-quality health care, consumers consider health care to be a major factor in the 2008 Presidential campaign.

- 79% of consumers say health care issues are likely to influence their vote in the 2008 Presidential election.
- 46% say that health care issues will be among the top three issues affecting their vote.

Conclusions

The 2008 Survey of Health Care Consumers provides a comprehensive assessment of consumer behaviors, attitudes and unmet needs related to health, health care and health insurance.

These findings add insight to the public discussion about health care consumerism, a trend that has significant implications for providers, health plans, life science companies, policy makers and employers. In our view, there are four key themes that reflect the depth, salience and relevance of these findings:

- **Health care is a consumer market.** Health care providers might be inclined to think of consumers as “patients” – passive, somewhat inactive, dependent on doctors to make decisions for them, and often non-adherent to treatment recommendations. That perspective is short-sighted. This study’s findings point to clear signals that consumerism is a significant trend that all industry stakeholders must consider. Many consumers already are activists in decisions about their care – they use substitutes for traditional health services, search for price and quality comparisons and switch doctors, hospitals and plans. Many more are eager to become activists – they want greater access to information, online tools and services that would enable them to actively manage their care. The distinction between a patient orientation and consumer orientation is, therefore, important to recognize (Figure 22). Moving to a consumer orientation means viewing physicians as coaches rather than decision-makers, enabling consumers to consider all available options, shifting more responsibility for adherence and outcomes to consumers, and expecting consumers to be fully aware of and accountable for spending.

Figure 22: Patient Orientation vs. Consumer Orientation

Patient-centric Model	Consumer-centric Model
Physicians as decision-makers	Physicians as coaches
Patients consider only the diagnostic and therapeutic options that are recommended to them	Consumers consider all available options
Patients bear little responsibility for adherence and outcomes	Consumers bear greater responsibility for adherence and outcomes
Patients have limited financial accountability	Consumers have full accountability for costs

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- **The consumer market is not homogeneous: It is a complex and demanding market comprised of six unique segments.** The U.S. health care market has six distinct segments, each characterized by a unique set of attitudes and behaviors. These segments navigate the health system very differently, reflecting different levels of interest in and comfort with innovative approaches. The degree to which price matters in making purchasing decisions is relevant, as is service and quality, but in varying degrees and in varied forms across each segment. Each segment wants greater personalization of services and programs, but each defines key features differently. All are looking for better service – they want high-touch service from their doctors, hospitals, and health plans as well as tools to assist them in decision-making. However, the segments vary on the types of tools and service “pressure points” they are most interested in.
- **Consumers want to make their own decisions and they want tools to help them do this. The source for these tools is up for grabs.** Consumers want doctors, hospitals and health plans to provide better information specific to their needs. They want to learn more about health problems and treatment options, and they want to compare providers based on price and quality. They have an insatiable appetite for information, and they are looking for a source that provides what they need in a useful and timely manner. For most of this information, they believe that Internet-based tools are an important resource: for the vast majority of consumers, including seniors, online information searching is already a routine part of their lives. However, the gap between what consumers want and the tools currently available from doctors, hospitals and health plans is wide. Consumers are looking primarily to doctors and hospitals, but also to plans, to provide tools to help them make clinical decisions. By contrast, they are looking largely to plans for tools to help them compare prices and manage claims, but they also are interested in accessing price information directly from doctors and hospitals. Consumers are seeking a trusted source that can provide both sets of tools in a personalized format. The race to provide those tools is “up for grabs” – doctors, hospitals and health plans are all viewed as potential sources.
- **Consumers are embracing innovations that are “disruptive” to stakeholders who provide traditional health services and health plans.** The majority of consumers see a need for better value, better service, increased transparency and personalization of services from doctors, hospitals and health plans. They are receptive to innovations in how services are delivered and paid for. Nearly half say they are comfortable with non-traditional therapies and are embracing alternative medicine in large numbers. The vast majority want to customize their insurance with unique coverage and pricing features. Consumers want better service, better value and increased options, and some are willing to pay more. They want changes in the health system – innovations that improve its performance and accommodate consumer needs and wants. Many of these innovations pose serious threats to the status quo.



Implications

The transition from a patient orientation to a consumer orientation has far-reaching implications for all stakeholders in the U.S. health care system. The convergence of price, service delivery and quality lends itself to value-based purchasing programs where consumers make decisions for themselves and their family members with a clear view about all three factors in advance of the transaction.

This study undermines some myths about the consumer's role in health care. The most prominent of these are:

Myth	Reality
Consumers believe that the majority of doctors, hospitals and health plans are essentially alike and that care and service quality doesn't vary considerably.	Consumers see distinctions in quality: They are paying attention to differences and want more information to make comparisons.
Consumers are generally comfortable with the traditional clinical approach to care in the U.S. health system: Allopathic medicine is widely accepted and trusted by consumers.	A substantial number of consumers are increasingly drawn to non-allopathic (holistic, natural) approaches to care and to interventions that are less "chemically" based (biologics). Integration of non-allopathic and allopathic medicine is sought.
Consumers trust their doctor to make decisions for them.	The majority of consumers want to share decision-making with their doctor; only 20% are content to let their doctor control those decisions unilaterally.
Consumers pay little attention to prices for health care services.	Consumers are paying attention to prices for their prescriptions, office visits, hospital services and insurance premiums. They want tools to help them know in advance what those costs will be.
Consumers with health insurance think they're covered and don't worry about health costs.	Fewer than 10% of consumers feel secure about their ability to handle their future health care costs.
Consumers are not paying attention to health care in the 2008 Presidential campaign.	Consumers believe health care is a key political issue and many will vote based on health care issues alone.
The attitudes and expectations of the uninsured vary dramatically from the insured.	Both the uninsured and insured desire improved service, greater access to clinical information and tools to compare costs and quality, and performance-based payments to providers.
Medicare enrollees are content and compliant: They don't shop for services, they don't use the Internet and they depend on doctors to make decisions for them.	Nearly half of Medicare enrollees are self-directed activists in their care, seeking information about health concerns, treatment options, quality and price; they are prone to engage in shared decision-making with their doctors.
Consumers believe the government should pay for the uninsured.	Nearly 30% would be in favor of increasing taxes to help provide coverage for the uninsured; another third are not sure; only 37% oppose.
Consumers prefer to stay close to home for their doctor and hospital services.	Consumers will travel across state lines or country borders to save money or get better quality: They recognize that close at home may not mean "best at home."
Consumers are afraid to use the Internet for clinical transactions in health care, fearing loss of privacy and security.	Consumers are comfortable using the Internet to exchange clinical information with their doctor, especially if it results in better coordination of care and improved service. (They believe their doctors should make greater use of the Internet to provide access to medical records, test results and other types of information.)

For key stakeholders in the health care system – doctors, hospitals, health plans, employers, pharmaceutical companies, biotechnology companies, health care information technology companies, policymakers and elected officials – these are compelling findings. They suggest that stakeholders should re-formulate business strategies to focus on improved value, improved service, consumer-oriented tools, enhanced innovation, behavioral and attitudinal segmentation of marketing strategies, and collaboration with entities previously thought to be outside the traditional system of care. Each stakeholder's application of these findings will vary: The certainty is that strategies and implementation will change, as a result.

Health care consumers want improved service, personalized programs, predictable costs and demonstrated results. They embrace innovation and technology-enabled solutions and are acting on their beliefs and desires in significant numbers. They are neither "patients" nor patient. They are consumers and they expect to be heard.

Contributors

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