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## Study overview

### Objective

**Consumer research**
- Understand how and when health information sources are used
- Understand satisfaction or dissatisfaction with existing sources
- Identify any unmet needs

**Marketplace research**
- Understand degree of awareness of consumer needs and how “marketplace” is providing health information to patients
- Identify how each stakeholder is poised to act going forward

### Sample

**Consumer research**
- Low-income / Uninsured
- Non-English Speakers
- Caregivers

**Marketplace research**
- Providers
- Health Plans
- Other relevant stakeholders

### Approach

**Consumer research**
- 4,068 consumer survey responses across income status, insurance status and language
- Focus groups with 51 consumers in 5 sessions across 3 geographies
- 14 interviews/ethnographies
- Review of academic / “grey” literature

**Marketplace research**
- 97 interviews with marketplace decision-makers and influencers
- Review and synthesis of news articles, market research, etc.
Key consumer findings
The consumer research sought to answer four key questions

1. What are the **specific needs and frustrations** surrounding healthcare information for vulnerable consumers?

2. What are **key barriers** that prevent vulnerable patients from effectively receiving health information from providers?

3. How is healthcare information **most commonly accessed** by vulnerable consumers?

4. Who are the **most engaged users** of healthcare information?
1 Needs and frustrations of vulnerable consumers
Understanding healthcare is especially frustrating for lower income consumers

Key findings

Vulnerable patients experience a more frustrating health information landscape

- In general, lower-income respondents are less satisfied
- As a result, they tend to consult fewer resources and spend less time searching for health information

% Satisfied with information type (By income)

- Hospital costs before the visit
  - Under $50K: 45%
  - Over $50K: 56%
- Understanding medical billing
  - Under $50K: 48%
  - Over $50K: 59%
- Outpatient costs before the visit
  - Under $50K: 49%
  - Over $50K: 60%
- Cost of medications
  - Under $50K: 52%
  - Over $50K: 56%
- Details about outpatient clinics
  - Under $50K: 55%
  - Over $50K: 67%
Needs and frustrations of vulnerable consumers
It’s all about cost

Key findings

Information related to cost transparency is most in demand

- Vulnerable consumers, often lower-income and even more price sensitive, are most dissatisfied with cost information
- The top improvement priorities were related to cost and insurance
- Uninsured patients are more concerned with costs than Medicaid patients

Top information improvement priorities (By income)

<table>
<thead>
<tr>
<th>Category</th>
<th>Under $50K</th>
<th>Over $50K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance accepted by doctor</td>
<td>48%</td>
<td>43%</td>
</tr>
<tr>
<td>Doctor professional experience</td>
<td>45%</td>
<td>51%</td>
</tr>
<tr>
<td>Costs before the visit</td>
<td>44%</td>
<td>40%</td>
</tr>
<tr>
<td>Insurance coverage details</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>Cost of medication</td>
<td>32%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Key findings
Vulnerable patients reported that they felt disrespected by providers

- Vulnerable patients are three times more likely to feel disrespected
- Disrespected patients are twice as likely to not follow their treatment regimen
- Many low-income patients perform exhaustive searches for indicators that a doctor will be respectful
- Low-income patients discussed the importance of the physician’s photograph to gauge likelihood of being treated with respect

% Not taking medication and diabetics with HbA1c under 7 (By respect)

- Medication non-adherent: 13% Felt respected, 25% Did not feel respected
- HbA1c < 7 (diabetics only): 35% Felt respected, 26% Did not feel respected
Key findings

Spanish speakers often struggle with language barriers

• Spanish speakers reported the biggest barriers were related to understanding insurance, communicating with doctors and understanding billing
• Due to fear of prejudice, they are often reluctant to request Spanish resources even when available
• Spanish speakers often seek medical advice from friends and family

% Spanish speakers who felt language is a barrier

- Understanding medical billing: 49%
- Understanding insurance: 48%
- Communicating with doctors: 47%
- Reading printed materials from doctors: 45%
Key findings

Google is most frequently used to find health information

• All income groups reported going to Google as their starting source to answer health and healthcare questions

• However, lower-income patients often don’t know the precise search terms used to find relevant information

• Tools and resources with health information were invaluable – when lower-income patients found them

Focus group example

“For me – I know I can Google this. It will help me right now. So I just did that. I just did my Googles.”

— Washington DC Focus Group
Most common ways of accessing healthcare information
Mobile is king

**Key findings**

Mobile is the most common medium for information searches

- Consumers that are younger, lower-income or racial minorities use mobile phones for 90-95% of their internet use
- Sites sometimes do not render well on mobile devices, leading to bad user experiences
- When a website is not viewable or usable via a mobile device, consumers give up or call – they do not seek to use another device

**Focus group example**

**Moderator:** “What proportion of [your friends’ and family’s] online searches do you think are on a phone versus a computer, of any kind of internet use not just healthcare?”

**Participant 1:** “Like 90%.” [Laughter]

**Participant 2:** “I would say 95%.” [Laughter]

**Participant 1:** “Nobody uses their computer anymore.”

― Chicago Focus Group
Most common ways of accessing healthcare information
Listen to me, listen to my network

Key findings

Friends, family, and patient reviews prove to be highly influential

- Family and friends highly influence one’s choice of doctor
- Patient reviews are also highly influential – when patients are aware of them
  - For those that use patient reviews, 83% reported being influenced by them
  - Vulnerable patients expect that reviews are written by people like themselves and could be trusted
  - Reviews are used for choosing doctors rather than facilities

% Reporting source is important when choosing doctor (Top 4 sources)

- Referral by another provider: 79%
- Referral by friend or family: 76%
- Provider directory from insurer: 72%
- Patient reviews online: 71%
Most engaged users of health information
New portal? New health resource? Tell the caregivers

Key findings

Caregivers are the most active seekers of health information

- Caregivers are super-users of online resources / apps
- While they are adept at finding information for others, they have trouble finding information for themselves
  - Information on respite care and financial support are particularly difficult to locate

% Accessing resource to find information (By caregiver type)

- Search online
  - Not Caregiver: 68%
  - Specific website: 60%
  - Insurer’s website: 42%
  - Health App: 40%

- Care for Child: 74%
  - Specific website: 65%
  - Insurer’s website: 30%
  - Health App: 25%

- Care for Adult only: 83%
  - Specific website: 85%
  - Insurer’s website: 73%
  - Health App: 70%
Build respect while providing useful and accessible information

**Rebuild provider respect and trust**
- Treat consumers the same, regardless of coverage type
- Track respect measures and reinforce behaviors
- Hire from the community to build trust / connection

**Provide accessible and simple information**
- Ensure information is:
  - Easy to find
  - Mobile-friendly
  - Simple and clear
  - Various languages

**Prioritize cost transparency information**
- Communicate costs before visits
- Recommend tools when they are of the most use
- Ensure tools are intuitive and accessible
Outreach to the community while engaging caregivers more deeply

Outreach to the community
Capitalize on existing social networks via outreach campaigns (e.g. churches, schools and local grocers) over traditional institutional sources such as hospital or insurer channels

Engage caregivers more deeply
Engage caregivers by providing ratings, portals, apps and SMS tools and by connecting them to caregiver-specific resources (e.g. respite care, financial assistance)
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