

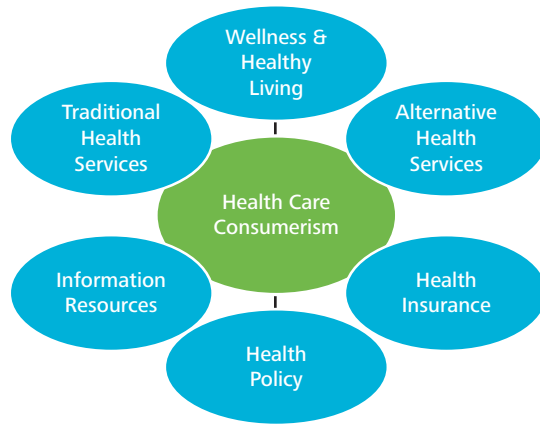
Health Care Consumerism: Opportunities and Challenges for Health Plans



The *2009 Survey of Health Care Consumers*, conducted by the Deloitte Center for Health Solutions, is Deloitte's second annual study of consumers' attitudes, behaviors and unmet needs. It offers health care industry leaders and policy makers a comprehensive view of the different ways that consumers approach health, health care, health insurance and health policy. The findings provide a timely look at how health care consumerism is evolving in America.

The study's framework reflects a broad-based view of consumerism in six zones (Figure 1):

Figure 1:
Zones of Health Care Consumer Activity



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1. Wellness and healthy living, including self-care and health management
2. Information sources helpful in consumer decision making
3. Traditional health services provided by medical professionals, hospitals and retail clinics, as well as prescription medications and medical devices
4. Alternative health services, sometimes referred to as complementary or holistic medicine
5. Insurance coverage and other financial considerations
6. Health policy, including perspectives regarding the health care system and health reform.

A nationally representative sample of 4,001 American adults, ages 18 and older, responded to an online survey between October 2-10, 2008. The sample was selected using a stratified random method, and all results are weighted to align with the U.S. census with respect to age, gender, race/ethnicity, and income. An additional 1,664 people were randomly selected and surveyed to achieve adequate sub-samples for comparisons among 10 states and 10 major metropolitan markets, as well as analysis of key insurance cohorts such as Medicaid. The questionnaire consisted of 95 questions, with 42 potential follow-up questions. English and Spanish versions were available.

Survey Highlights for Health Plans

The 2009 survey measured consumers' views and actions related to health, health care, health insurance and health policy, touching on many issues of importance to health plans. The results reveal that consumer behaviors, attitudes and needs are evolving; this offers health plans enormous opportunities – and challenges – in the years ahead.

Selected findings are described by zone, and are followed by a discussion of implications for health plans. (For the full report of U.S. findings and other information pertaining to the 2009 survey, please go to www.deloitte.com/us/2009consumersurvey.)

Zone #1: Wellness & Health Management

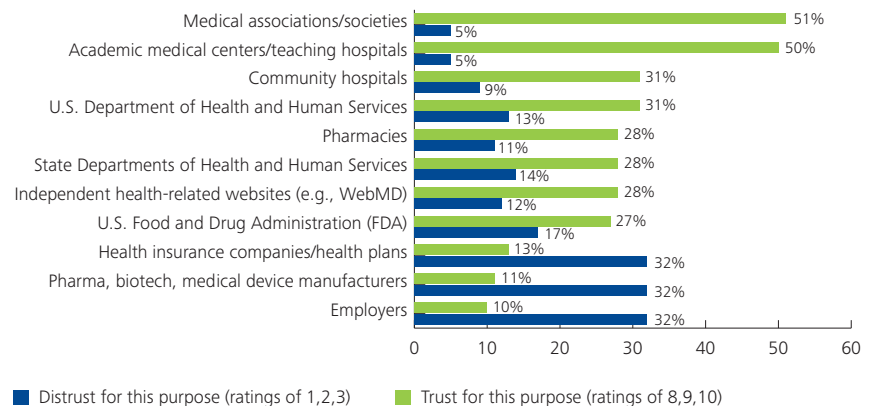
- Over half (54%) of U.S. consumers say they put effort into learning more about their personal health risks, but fewer than half are actively pursuing healthier behaviors: 44% are focusing on eating a healthy diet, 39% are putting effort into managing weight, 35% are exercising, and 19% are participating in a wellness or healthy living program.
- 2 in 3 smokers/tobacco users tried to quit smoking/ reduce their use of tobacco in the past year; nearly 2 in 5 alcohol users tried to reduce their consumption.
- 55% say they have been diagnosed with one or more chronic conditions; 1 in 4 has 3 or more conditions.
- 7 in 10 of those with chronic conditions say they follow their treatment regimen(s) closely, but adherence varies by age and insurance status; 3 in 5 say financial penalties such as higher insurance costs would increase their adherence.
- 32% of those with a chronic condition currently participate in a health/disease management program; 76% say they would participate in a health/disease management program if a financial incentive were offered.
- 68% would be interested in home/remote devices that could enhance their ability to monitor their own care, while 64% would be interested in home/remote devices that could prompt them to take certain actions to improve their health or treat a health problem.

Zone #2: Information Resources

- Nearly 6 in 10 consumers (57%) sought information online about treatment options or a particular treatment in the last year. (The rate was higher – 68% – among consumers with chronic conditions.)
- For information about the effectiveness and safety of treatment options (Figure 2), medical associations and academic medical centers are most trusted (50% trust these sources); health plans and manufacturers are least trusted (13% or less trust these sources).

Figure 2:

Trust in Sources of Information About the Effectiveness & Safety of Treatments

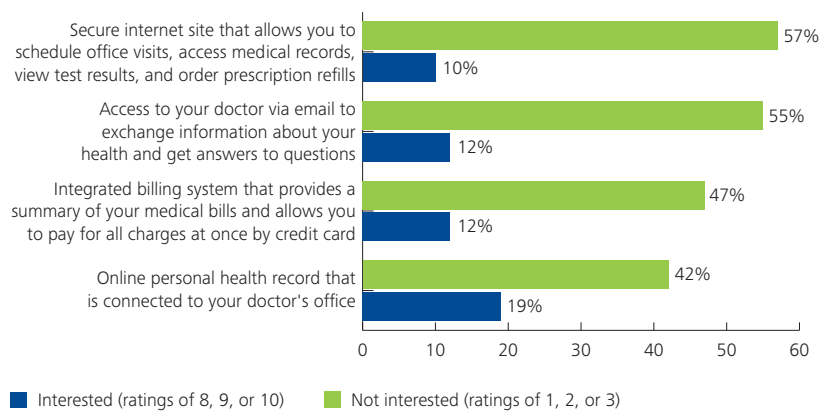


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- For information about treatment costs, consumers do not readily acknowledge a trusted source: academic medical centers and medical associations are viewed as the most trustworthy (37% and 35%, respectively), followed by community hospitals (31%) and health plans (29%); manufacturers (13%) and the FDA (19%) are trusted by the fewest consumers.
- 27% say they looked online for information about the quality of care provided by specific doctors and 13% say they looked online for cost information; 6 in 10 say they would use quality rankings and cost information to compare doctors and hospitals in their community.
- 9% report they maintain a personal health record in an electronic format using a computer program or website.

- Many express interest in using “secure” online tools to manage their interactions with medical professionals and health plans (Figure 3): 57% would like to use a secure Internet site that would enable them to access their medical records, schedule office visits, refill prescriptions and pay medical bills; 55% want to be able to communicate with their doctor via email to exchange health information and get answers to questions; and 42% want access to an online personal health record connected to their doctor’s office.

Figure 3:
Interest in online tools & services



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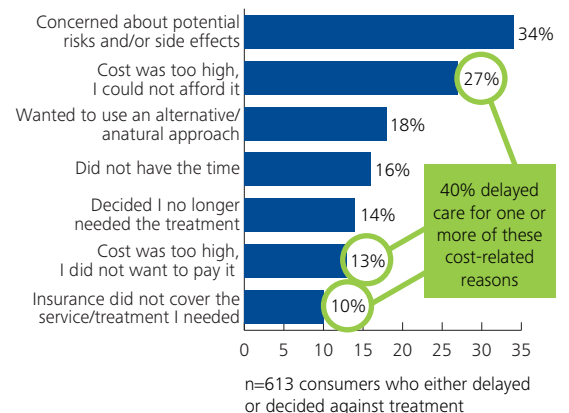
- Yet, concerns remain: 4 of 10 express concern about data privacy and security associated with the use of electronic medical records; 1 of 4 is unconcerned.
- 60% believe that the government should set standards for how medical information is collected, stored, exchanged and protected, while others view this as a role for health plans (21%) and employers (5%); 14% say no entity should set standards.

Zone #3: Traditional Health Services

- 8 in 10 consumers report having a primary care physician; 7 in 10 of these are satisfied with the care they receive (up from 66% in 2008).
- Among the 19% who do not currently have a primary care provider, 1 in 3 cite affordability and lack of insurance coverage as reasons.

- 16% switched physicians in the last year; 2 in 3 switched because they were dissatisfied with the care or service they received, while 1 in 4 switched due to costs, either because their insurance changed, they wanted to use a doctor who was covered by their insurance or because they wanted to find a doctor who charges lower fees.
- 24% decided not to see a doctor or get health care services when they were sick or injured; these decisions occurred most frequently among uninsured (36%) and Gen Y (37%) consumers; 38% of consumers who skipped care (70% of the uninsured) cite cost concerns as the reason they skipped.
- 15% say they delayed or decided against following a course of treatment recommended by their doctor (Figure 4); 40% delayed care for one or more cost-related reasons, while 34% were concerned about risks or side effects, 18% wanted to try an alternative, and 16% didn’t feel they had the time.

Figure 4:
Reasons consumers delayed care or decided not to follow recommended treatment the last 12 months

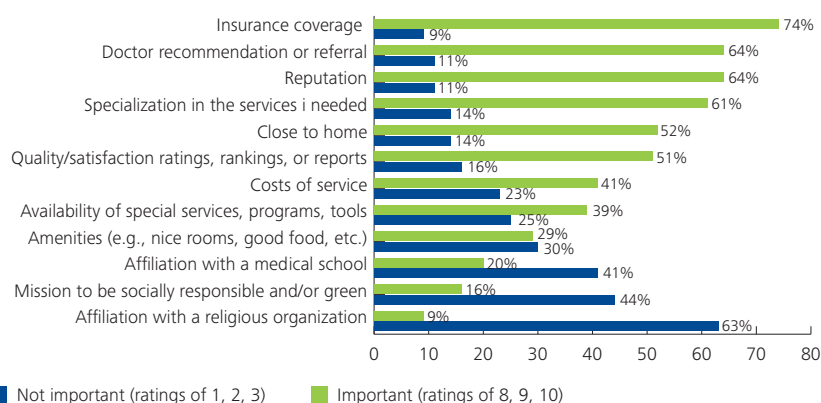


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- Satisfaction with hospital care overall is high (74%) and increased from 60% in 2008, although ER satisfaction (68%) lags; satisfaction varies widely by insurance source, ranging from a low of 57% among the uninsured to a high of 81% among Medicare enrollees and 82% among the military.

- 62% of consumers believe that hospitals vary with respect to quality, an increase from 55% in 2008.
- 2 in 5 outpatients, and 1 in 3 inpatients, say they checked to see if their insurance would cover the service and/or if the hospital accepted their insurance prior to their hospital visit.
- Top factors that consumers consider important to hospital choice (Figure 5) include insurance coverage (74%), doctor recommendation or referral (64%), hospital reputation (64%) and specialization in needed services (61%).
- 1% report traveling outside the U.S. for care; 1 in 10 (and nearly 2 in 10 of the uninsured) would consider it if they could save 50% or more.
- Use of prescription and over-the-counter supplements and therapeutics is high: only 1 of 7 is a non-user and more than half take one or more prescription medications.
- 7 in 10 say they almost always fill their prescriptions, but only 4 in 10 say they always take their medications as directed — compliance is higher among Medicare and consumers with chronic conditions, lower among Medicaid, the uninsured, and Gen Y.

Figure 5:
Factors important to hospital users in choosing hospital they used most recently



© 2009 Deloitte Development LLC. All rights reserved. n=2,076 who used a hospital in the last 24 months

- 13% of consumers say they used a retail clinic in the past 12 months (vs. 16% over a 24-month period in 2008); use is similar across insurance groups: 10% of Medicaid, 11% of Medicare and 13% of commercially insured adults report visiting a retail clinic; 28% report they would be likely to use a retail clinic if they could be seen immediately rather than wait up to a week to see a doctor in a doctor’s office, and 30% say they would be likely to use a retail clinic if it cost them 50% or less than seeing a doctor in a doctor’s office.
- 8% say they sought health care services outside their local community in the last 12 months; 43% say they would be likely to travel out of their local area to undergo a test, procedure or treatment if it would cost 50% or less than staying in their community.
- 30% of Rx users purchased medications online or by mail; 4 in 10 consumers say they would be likely to do so if they were to develop a condition that required regular medications (3 in 10 would not).
- 4% report buying medications from a source outside the U.S.; 20% say they would be likely to do so if they could save 50% or more (58% say they would not).
- 28% of prescription medication users asked their physician to prescribe a particular drug by name or brand.
- 6 in 10 prefer generics over branded drugs to save money, unless they believe a specific brand is more effective.
- Most consumers (81%) would consider switching from a physician-recommended Rx if a pharmacist indicated a cheaper drug might be available.

Zone #4: Alternative Health Services

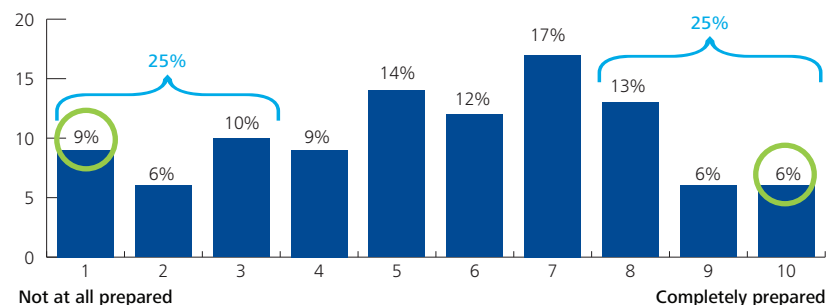
- 1 in 5 consumers used an alternative treatment approach or natural therapy to treat a health problem in the last year; 19% of those say their doctor does not know, and an additional 14% are not sure if their doctor knows that they are using an alternative to traditional medicine.
- 16% used an alternative treatment approach or natural therapy in addition to a prescription medication; 9% substituted an alternative or natural therapy for a prescription medication.
- 13% consulted an herbalist, homeopath, chiropractor or other alternative health practitioner.

Zone #5: Health Insurance

- Only 1 in 4 feel they are financially prepared to handle their family's future health care costs (Figure 6); confidence in financial preparation varies across cohorts, ranging from 6% among the uninsured to 48% among military, and from 18% of Gen X to 41% of seniors.

Figure 6:

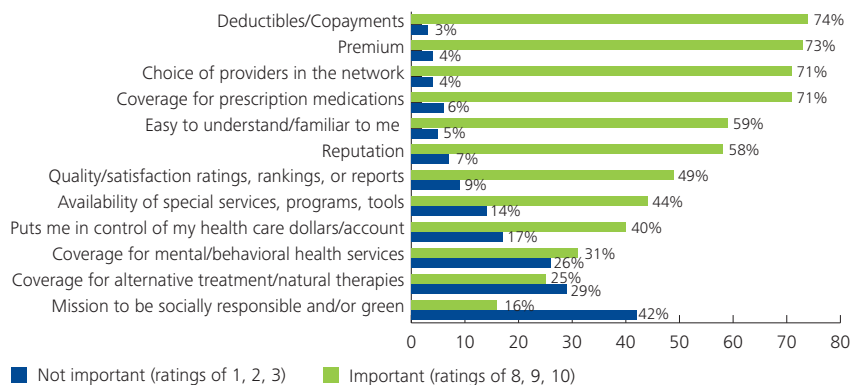
To what extent do you feel your household is financially prepared to handle future health care costs



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Figure 7:

Factors important to plan choice among consumers who had a choice



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n=1,921 who had a choice of companies/plans

- 51% consider themselves adequately insured and 39% feel that they are well-insured (90% in total).
- 53% are satisfied with their health plan – an increase from 44% in 2008; 46% say they would recommend their health plan to others.
- 65% of consumers believe that insurance companies vary with respect to the quality of coverage and service they provide (up from 53% in 2008).
- 4 in 10 insured consumers report they had no choice of health plans when they obtained their current coverage (only one plan was offered).
- Out-of-pocket costs, provider networks, and coverage for prescription medications top the list of factors important to plan choice (Figure 7).
- 4 in 10 say they would like to customize their insurance product by selecting benefits and features from a menu, knowing the cost would reflect what they choose.
- Customizable features that consumers consider most important include prescription coverage (81%), dental coverage (69%), waiver of referrals to specialists (67%) and pre-authorization (60%), and a wide provider network (60%).
- 17% of insured consumers say they switched insurance companies or plans in the past year (an increase from 13% in 2008); a desire for lower premiums and co-pays (29%) and job changes (25%) were major reasons for switching.
- If given the choice, 70% say they would choose an enhanced plan (wider network, coverage for traditional, alternative and dental services, access to secure information systems, and availability of wellness and health management programs); 22% would choose the comprehensive plan (coverage for all services within a local area and prescription drugs); 3% would choose the basic plan (coverage only for services in the case of a major accident or illness).
- 35% are willing to accept a smaller provider network for a reduced premium and lower co-payments; 28% are willing to accept a provider network that excludes their current primary care provider in exchange for lower out-of-pocket costs.
- Consumers have frequent interaction with their health plan, primarily seeking answers to questions and registering complaints about bills and services:
 - 25% looked or asked for information about coverage for a service, treatment, procedure, test or drug.

- 18% asked a question or expressed a complaint related to a claim or payment.
- 11% asked for advice about a health problem or health care need.
- 7% asked a question or expressed a complaint about care they or a family member had received.

- 27% say they would support the concept of establishing a “medical home” – assigning a primary care practitioner to coordinate care and referrals for an individual – but the majority of consumers oppose (38%) or express mixed feelings (35%) due to concerns about protecting personal choice and uncertainty about how the process would work.
- 25% favor increasing taxes to help cover the uninsured (43% oppose and 32% are lukewarm).

Zone #6: Health Policy

- Most consumers (73%) are confused about how the U.S. health care system works.
- Over half (52%) believe that 50% or more of the dollars spent on health care in the U.S. are wasted.
- Most believe that the system is performing poorly: 80% give it a grade of C (42%) or below (38% give it a D or F); only 20% give it an A or B.
- 2 in 3 consumers say health care will be important in the new administration.
- Consumers’ opinions regarding health reform vary widely:
 - 53% say they would like employers to be required to provide health insurance for employees (17% oppose), but only 37% favor a mandate requiring every American to obtain health insurance either through direct purchase or through an employer or government program.
 - 49% favor passing state laws to allow consumers to purchase medications directly from Canada (15% oppose).
 - 47% support allowing nurses to diagnose problems and administer care for uncomplicated conditions (21% oppose).
 - 40% favor establishing performance-based payment systems that pay doctors and hospitals based on clinical results and outcomes rather than number of patients served or services provided (21% oppose).
 - 4 in 10 favor increasing government funding and incentives to support adoption of electronic medical records by doctors, hospitals and health plans (21% oppose).
 - 1 in 3 favors a national program of financial incentives for doctors who follow scientifically proven approaches – 44% have mixed feelings, possibly reflecting a lack of understanding about what evidence-based medicine entails (23% oppose).

Key Considerations for Health Plans

Recognizing the evolving nature of consumerism in health care is becoming an increasingly important component of effective business strategies and health care reform. Findings from Deloitte's *2009 Survey of Health Care Consumers* offer insights that may be helpful to health plans as they seek to respond to the changing needs and preferences of their customer base. The findings raise several important questions for health plans:

- How should health plans develop benefits programs that balance enrollees' preferences for wide networks and customized features with their desire for lower premiums and out-of-pocket costs?
- Can health plans be consumers' trusted source of information to assist them in navigating the health system?
- Can health plans encourage healthy behaviors among enrollees as a means of reducing costs and improving population-based outcomes?
- How can health plans help members save money and receive better health care from providers?
- How can health plans differentiate themselves based on quality, cost and service?
- What is the optimal configuration of benefits that would satisfy the price-driven segments of the market and those who want basic coverage?
- How should health plans engage with employers to enhance employee wellness and healthy living?
- How should health plans assist individuals in making clinical decisions, selecting providers and practicing self-care?

Five key findings emerged from the overall study. Strategies for health plans to consider in responding to consumerism's opportunities and challenges follow each conclusion.

#1: Health care is a consumer market – consumers find ways to navigate the complexities of the U.S. system by comparing service, quality and costs.

For most consumers, the U.S. health care system is viewed as complicated and often frustrating. When making purchase decisions, most rely on perceptions of service, quality and costs based on their personal experiences with doctors, hospitals, insurance companies and others, although consumers' use of more objective information is on the rise. Consumers are increasingly aware of out-of-pocket costs and are sensitive to errors, poor service and lack of useful online tools that could help them navigate more effectively. As a result, they are receptive to innovations that offer greater value: better service, higher quality, lower costs.

Considerations for health plans include:

- Monitor and improve the organization's value proposition and brand – price, quality, service and member satisfaction offer opportunities for market differentiation and competitive positioning.
- Become a partner and "trusted source" of personalized, integrated information for enrollees.
- Help enrollees to better understand and navigate the health care system and to make better choices by providing online access to clear, concise and easy-to-understand information on:
 - Their plan, benefits & cost sharing.
 - How to access care and understand and manage payments, reimbursement, etc.
 - Cost and quality of care and services provided by individual physicians and hospitals (increase transparency through data integration/analytics).
 - Health conditions, treatment alternatives and best practices (potentially through partnerships/alliances with "trusted" sources).
- Incorporate direct-to-consumer marketing strategies to augment traditional channels.



#2: The health care market is not homogeneous: it is comprised of six unique segments.

Consumers interact with the health care system based on deeply held personal beliefs and attitudes that vary widely. Most adhere to a belief that traditional Western medicine is adequate and comprehensive; others seek non-conventional approaches that are thought to be more holistic. Some use the Internet religiously to compare and contrast treatment options, self-care options and health plan features; others appear to be off-line and disinterested. Some pursue healthy living; others are oblivious. Some are price-driven in purchasing health care goods and services; others care little about costs.

Currently, the consumer market is a complex mosaic of six distinct segments: 28% remain strong traditionalists (Content & Compliant), 44% are activists in different ways (Sick & Savvy, Online & Onboard, Shop & Save, and Out & About), and 28% are disengaged (Casual & Cautious). (Please refer to the complete U.S. report of findings for more information about the segments: www.deloitte.com/us/2009consumersurvey.)

Considerations for health plans include:

- Sharpen skills in recognizing, understanding, targeting and responding to the specific needs, interests and preferences of individual consumer segments.
- Pursue behavioral and attitudinal segmentation to enhance marketing strategies.
- Build capabilities around consumer segmentation, “mass customization” and serving a “retail” market, including:
 - Innovative, modular, flexible benefit and plan designs.
 - Actuarial capabilities required to price modular, one-off products and services.
 - Administrative capabilities to administer custom products.
 - New channels for targeted marketing and sales (including online self-service).

#3: Cost concerns are changing behaviors.

Consumers are generally satisfied with their doctors, hospitals and prescription medications, but cost concerns and poor service are forcing many to switch. Consumers cite costs as the reason for delayed or neglected care, choices of doctors and hospitals, and selections of insurance programs.

Across all generations and income groups, escalating health care costs are a concern driving many, even the well-insured, to fear the possibility that an accident or circumstance beyond their control might undermine their financial security. Fewer than 1 in 4 consumers feel prepared financially to handle their family’s future health care costs (only 6% feel completely prepared). Consumers understand that health care costs are increasing. They vary in their ability to deal with cost increases and, in some cases, believe it is beyond their control.

Considerations for health plans include:

- As noted earlier, monitor and improve the organization’s value proposition and brand – price, quality, service and member satisfaction are keys to market differentiation and competitive positioning.
- Focus on aggressive cost control and cost reduction (both administrative and clinical) to help moderate premium and overall system costs:
 - Increase transparencies around cost and quality for individual physicians, hospitals, treatments and pharmaceuticals – provide incentives for enrollees to pick high-quality, low-cost physicians and hospitals (value-based purchasing).
 - Partner with a “trusted” source(s) to deliver content around treatment alternatives or standards.
 - Consider developing a smaller, high-quality “preferred” network with lower co-pays for key types of services.
 - Cover use of retail clinics and medical tourism options (domestic and international).
 - Design incentive programs around wellness, healthy living and disease management (target highest cost areas).
 - Provide access to personal health records (PHRs).
- Continue refining tiered provider networks and prescription drug formularies to increase consumers’ price awareness and sensitivity.

#4: Consumers want holistic care and resources to pursue wellness and healthy living.

Consumers place high value on healthiness and want resources to assist them in changing their lifestyle. Healthiness is not a matter of education for consumers – it is about access to tools, programs and products that support improved lifestyles, assistance through effective coaching, and motivation with incentives. For some,

healthiness involves selecting doctors and health plans that feature alternative medicine that they associate with better care.

Considerations for health plans include:

- Promote awareness and use of existing wellness/healthy living programs with stronger marketing and education campaigns.
- Address unmet needs around alternative care, wellness and healthy living by developing or partnering to deliver non-traditional networks and services.
- Increase consumers' level of responsibility and accountability for their health status and adherence by offering information, tools, programs and incentives.
- Become a "partner" and collaborate with members who want to improve their health:
 - Develop and introduce benefit designs and wellness/healthy living programs that help enrollees improve their health.
 - Expand coverage to include products and services related to wellness and healthy living (e.g., home monitoring devices, nutritional consultations, alternative care, gym memberships, etc.).
 - Provide financial incentives for desired "healthy" behaviors (e.g., quitting smoking, exercising, losing weight, participating in health management or wellness programs, completion of health risk assessments, etc.).
 - Develop follow-up/outreach programs focused on supporting compliance.
 - Partner with external providers of online health-related tools to support self care and healthy living (e.g., weight watchers, myfooddiary.com, etc.).

#5: Consumers embrace innovations that enhance self-care, convenience, personalization and control of their personal health information.

Self-monitoring devices, e-visits with physicians, electronic health records, personalized physician referrals and customized insurance products are innovations that consumers support. They are willing to try new services, change providers and hospitals and use their money in different ways to obtain better value from the health care system. And they are highly receptive to technology-enabled care that eliminates redundant paperwork, replaces unnecessary tests and saves time and money.

Many health plans are already working toward providing easier, secure access to online tools and services such as electronic medical records, online appointment scheduling, email communication with physicians and computerized health assessment tools. Continued efforts to support the adoption and use of these among providers and plan members will help members make more informed health care decisions and manage their use of health care services more effectively and efficiently.

Considerations for health plans include:

- Improve access to integrated, customizable Internet tools to engage consumers effectively.
- Address privacy and security concerns related to electronic health records to help promote the use of online systems, better information flow and improved operations.
- Support consumers' self-care efforts with information, tools, programs and incentives.
- Develop benefits, programs and services designed to improve convenience and service:
 - Improve/expand coverage of remote monitoring devices, retail clinic visits, e-visits/online consultations with physicians, nurse advice lines, etc.
 - Expand networks to include retail clinics and medical tourism options (domestic and international).
 - Increase options for enrollee self service for health plan-related issues (online one-stop shop for claims review and bill pay, network information, online customer service, etc.).
 - Provide access to online PHRs directly or through partnerships; evaluate options to provide access to providers.



Conclusions

Consumerism is a meaningful trend, not an interesting fad. As consumers assume more personal responsibility for improving their health and covering their health care costs, and gain increased awareness of treatment options, provider quality levels and price differences, they will want to take even greater control of their health care decisions. Industry leaders who understand the implications, challenges and opportunities of consumerism will be better positioned for future impact and success.

The journey to a consumer-centric health care system will not be easy, and the specific and practical implications of consumerism may vary widely among health plans. Shifting from a complex, volume-driven, patient-oriented system will take time, action and investment. Likewise, consumers must continue to take on a new level of responsibility and accountability for their health, health care and health financing. Fortunately, the desire for change is there, and Deloitte's *2009 Survey of Health Care Consumers* provides a starting point for action.

Forward-thinking organizations already recognize the untapped opportunities that exist in a consumer-centric health care market and are responding by offering new approaches to care and financing, modifying incentives, and developing the products, information, online services and other tools needed to shift behaviors and attitudes. But a large gap remains between what is available and what consumers say they would use. The opportunity to fill this gap with new, innovative products and services is open to all.

How to Access the Complete Survey Results

Visit our web site to access the full report of U.S. findings and other information pertaining to the 2009 survey:
www.deloitte.com/us/2009consumersurvey.

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