Insight Driven Health
Building Trust Using Patient Engagement and the Wisdom of the Crowd

Majority of US consumers believe health plan transparency information is biased.

Consumers are unlikely to consult their health plan as a primary source of information for healthcare decision-making, according to the Accenture 2013 Healthcare Transparency Survey. Why? Consumers perceive medical information shared by health plans to be biased and hard to apply to their situation (see Figure 1).

Figure 1. Top consumer concerns with health plan information when researching treatments.

- 69% Believe information sources are steering them in a preferred direction
- 59% Believe medical information is not objective
- 65% Say it's difficult to apply information to their own situation

Source: Accenture 2013 Healthcare Transparency Survey
Accenture conducted a survey of 2,003 US consumers to explore perceptions of what they need, expect and get from a health insurer across four primary areas of the healthcare decision-making continuum: researching symptoms, finding a doctor, seeking medical information and estimating costs.

According to the research, health plans are not the most frequently selected source that consumers consult for help with key healthcare decisions including: researching symptoms (ranking 5 out of 5), finding a doctor (ranking 2 out of 4), accessing medical information (ranking 3 out of 5) and estimating medical costs (ranking 5 out of 6).

The good news is that health plans have the power to shift consumer perceptions by giving them what they want.

Unbiased before accurate information. Lack of bias is very important to consumers. According to the survey, even consumers who trust their health plan for symptom information may not go there for help. In fact, consumers would consult Internet searches (e.g., Google) significantly more than health plans (87 percent versus 67 percent), despite the fact that Internet searches are considered inaccurate by five times as many consumers.

Patient experience information over quality information. Consumers surveyed are more than three times more likely to say that reviews from other patients are a key factor in their decision-making versus quality ratings from a health plan (34 percent compared to 9 percent). On a positive note, health plans are the go-to source for patient reviews, far surpassing other websites that feature doctor ratings.

Quality of life information over medical information. The survey also indicated that once the course of treatment is decided, consumers turn to their health plan to help them understand what will be required for their recovery (83 percent), how much time they will need to take off work (66 percent) and how the procedure will benefit them in the long term (40 percent).

At a time when the health insurance industry is shifting to a more consumer-directed marketplace, health plans can shape market-differentiating transparency strategies that will help them to acquire and retain new members by meeting the new and evolving needs of consumers.

Who do consumers rely on when it comes to making healthcare decisions?

The Accenture 2013 Healthcare Transparency Survey showed that consumer needs, expectations and relative trust levels vary based on where the consumer is in the decision-making process.

Researching symptoms. Consumers rank their health plan as one of the last sources they would consult to research information about a specific ailment, symptom or medicine (see Figure 2).
Finding a doctor. Consumers consult a health plan when finding or qualifying a primary care physician and/or specialist, yet they prefer to get advice from a medical professional (59 percent).

Accessing medical information. Health plans ranked third in order of sources a consumer would trust when researching medical information. Almost all consumers (97 percent) view medical professionals as a trustworthy source for seeking medical information and potential alternatives. Eighty-nine percent trust health websites (e.g., WebMD), 81 percent trust health plans and 80 percent trust family and friends.

Estimating costs. Although one might expect consumers to turn to their health insurer for cost-saving information, health plans ranked below a number of other sources. In fact, when researching costs for a treatment, consumers are most likely to consider money-saving advice on healthcare costs from a doctor (95 percent). Other sources consulted include a local pharmacy (86 percent), a hospital (84 percent), family and friends (81 percent), and health plans (80 percent).

Going beyond cost and quality
The survey shows that consumers seek information on the experiential aspects of healthcare. To deliver on these consumer needs, health plans should expand patient review capabilities, make it easier for consumers to access and act on information, and deliver information through trusted channels.

Start from your position of strength: patient reviews
In the case of doctor selection, consumers who look at patient reviews are more than two times more likely to use their health plans’ website over other sources (see Figure 3.). Health plans are consulted more often than other sources for patient reviews, such as Doctors Review and ZocDoc, and health plans beat out consumer-oriented sites, such as Yelp and Angie’s List. Strength in this area provides a solid foundation on which to grow.

But not every healthcare consumer wants the same thing, so health plans must embrace the differences among consumers. For example, consumers 18-34 years old are almost twice as likely to use online reviews of physicians than those over age 45. Lower income individuals are twice as likely to view speaking with a representative from their health insurance company as important when searching for a new physician. There is no one-size-fits-all approach, so health plans must understand who their customers are and adjust their transparency offerings to meet the needs of their membership.
Focus on engagement and ease: behavior design

The more consumers access and act on health plan information, the more they will come to trust it as a source of information. This requires a focus on elements of behavior design.

Psychologist Dr. B.J. Fogg has developed the Fogg Behavior Model (FBM), which suggests that three elements must converge at the same moment for a behavior to occur. These elements are: motivation, ability and trigger. When a behavior does not occur, at least one of those three elements is missing. Using the FBM as a guide, health plans can identify what prevents members from engaging in targeted behaviors.

For example, consumer engagement company Change Healthcare is using personalized alerts (or “triggers”) to influence transparency behavior. Change Healthcare has persuaded 60 percent of its members that receive a proactive alert to login and take action. Members are six times more likely to shop for care after a proactive outreach.

Make use of care managers and social collaboration: trusted sources

Consumers don’t want to make healthcare decisions alone—they want an advisor. And the advisors they trust the most are specialists and primary care providers; however, doctors don’t have the time or the capabilities to offer advice, such as providing cost-saving guidance. Health plans can help bridge this gap.

Health plans can make better use of other trusted sources that are gaining in consumer acceptance, such as trained care managers who are familiar with the consumer’s needs and preferences, or someone facing a similar health issue. According to the Accenture 2014 Patient Experience and Accountable Care Study, 61 percent of consumers would trust a trained care manager familiar with needs and preferences and 57 percent would consult someone facing a similar health issue. Consumers’ trust levels with these sources are just below medical specialists (77 percent) and one’s current primary care provider (76 percent).

Health plans should consider how to better train and equip care managers to play a more prominent advisory role. The advisory experience should help to simplify healthcare decision-making for consumers. For instance, Highmark Blue Cross Blue Shield offers a telephone-based support service that provides members 24/7 access to talk with a care advocate to find a doctor, schedule an appointment with a provider, transfer medical records and receive other services.

Health plans can also facilitate social collaboration to provide members access to someone facing a similar health issue. For example, UK-based Big White Wall helps individuals work through mental health challenges by anonymously connecting them through a social platform to others facing a similar issue. Also available to users are support communities, clinical tests and tracking tools, and live care professionals through video conferencing. Ninety-five percent of Big White Wall users feel better as a result of using the platform.

Transparency as a marketplace differentiator

A significant amount of money is being invested to address transparency, and some companies see transparency as a way to disrupt the healthcare industry. These investments are showing promise as transparency-focused companies have realized a compounded annual growth rate of 103 percent from 2008 to 2013.

For transparency to be a marketplace differentiator and disruptor for health plans, they should allow consumer needs and preferences to be a driving force behind transparency strategies as plans determine the right path to transforming the way members access and use care.
About the research
The Accenture 2013 Healthcare Transparency Survey aimed to understand the sources of information consumers seek during their medical decision-making process, how consumers perceive these sources and the impact these sources have on purchasing decisions. Accenture surveyed 2,003 respondents from across the United States and across the spectrum of insurance companies. The survey was conducted in October 2013.

About Accenture
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