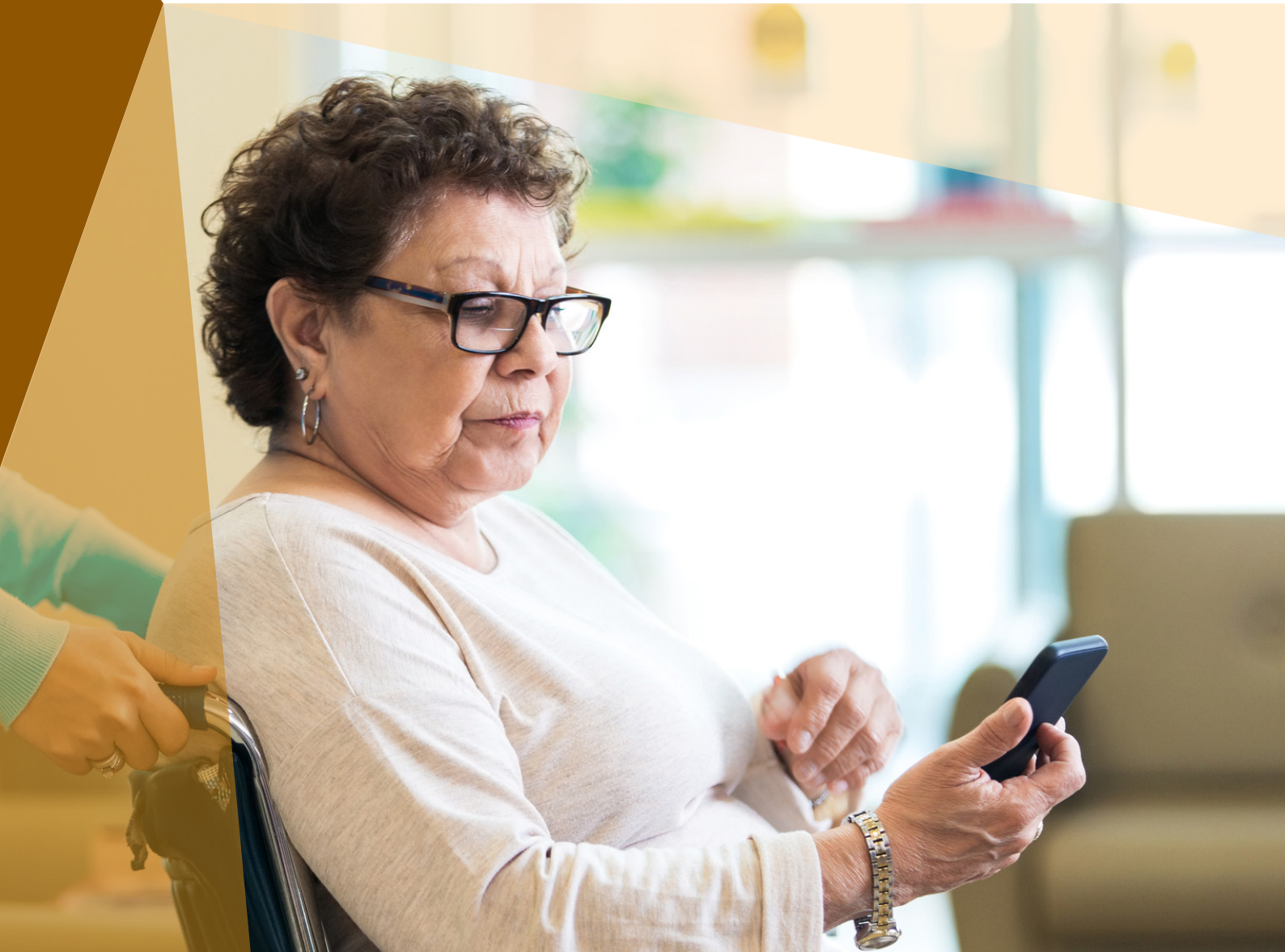


RIGHT PLACE, RIGHT TIME

MARKETPLACE RESPONSES TO THE HEALTH INFORMATION
NEEDS OF VULNERABLE CONSUMERS



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Healthcare information has played and will continue to play a pivotal role in the health marketplace. Consumer responsibility is increasing; and with more providers and health plans adjusting to the value-based care environment – where consumer engagement is central to success – the provision of accessible and transparent information is becoming increasingly important.

While the market has responded to these trends through the proliferation of healthcare information resources, there is incomplete understanding as to whether these resources are actually responsive to consumers' interests. Additionally, there is reason to believe that these resources have not adequately addressed the needs of more vulnerable consumer groups, including lower-income consumers, Medicaid beneficiaries, the uninsured, caregivers, and Spanish speakers. Furthermore, as our country's healthcare system enters into a period of uncertainty and change, empowering consumers, particularly vulnerable consumers, with up-to-date and accessible information will be more important than ever.

To further understand the delivery, accessibility, and relevancy of healthcare information, Oliver Wyman and [Altarum Institute](#), with support from the [Robert Wood Johnson Foundation](#), have recently completed a [major, multi-disciplinary study](#) of the consumer health-information space. The study consisted of a consumer research component to understand vulnerable individuals' healthcare information needs and a marketplace research component to assess how market stakeholders are addressing those needs.

With the study complete, Oliver Wyman shared findings with a number of previously interviewed market stakeholders spanning health plans, providers, government entities, employers, and technology entities. This paper provides a brief summary of the earlier research findings and explores how the study's findings have impacted the way these stakeholders are thinking about serving vulnerable consumers with better information.



THE CONSUMER RESEARCH: VULNERABLE CONSUMERS AND HEALTH INFORMATION

To investigate unmet healthcare information needs of vulnerable populations, Altarum Institute gathered consumer perspectives from approximately 4,000 survey responses, focus groups with about 50 consumers, and 10 consumer ethnographies. Survey respondents mirrored the national US population and spanned income status, insurance status, and languages spoken, enabling us to compare differences across groups.

[Read the full report and detailed consumer insights here.](#)

In brief, the findings include:

SPECIFIC NEEDS AND FRUSTRATIONS OF VULNERABLE CONSUMERS

- In general, lower-income consumers were less satisfied with existing healthcare resources and spent less time searching for health information
- Lower-income consumers are the most dissatisfied with healthcare cost information, with the uninsured being the most concerned with costs

KEY BARRIERS THAT PREVENT VULNERABLE CONSUMERS FROM EFFECTIVELY RECEIVING INFORMATION

- Vulnerable consumers are three times more likely to feel disrespected by physicians/providers; those that feel disrespected are twice as likely to not follow their treatment regimen
- Many low-income consumers perform extensive searches for indicators that a physician will be respectful, often using the physician's photograph as a proxy
- Spanish speakers often struggle with language barriers when it comes to understanding insurance and communicating with doctors; they often do not request language resources even when available due to fear of prejudice against immigrants

MOST COMMON WAYS HEALTHCARE INFORMATION IS ACCESSED

- All income groups reported going to Google as their starting source to answer health and healthcare questions; however, lower-income consumers often don't know the precise search terms used to find relevant information
- Social media ranked last in terms of sources consulted, after healthcare apps and insurers
- Vulnerable consumers use mobile phones for 90–95% of their internet use, and, subsequently to access health information
- Friends, family, and patient reviews are highly influential – especially when it comes to the choice of a doctor

MOST ENGAGED USERS OF HEALTHCARE INFORMATION

- Caregivers are super-users of online resources and apps; however, they often struggle to find information for themselves on respite care and financial assistance



THE MARKETPLACE RESEARCH: AWARENESS OF CONSUMER NEEDS AND ACTIONS TAKEN

In addition to our consumer research, Oliver Wyman conducted interviews with approximately 100 marketplace stakeholders, including providers, health plans, health information companies, employers, government agencies, financial investors, and other social and charitable organizations. In our interviews, we sought to understand the marketplace's awareness of consumer needs, the current state of health information provision, and barriers that stakeholders faced to improving healthcare information for vulnerable consumers.

[Read the full report and detailed marketplace perspectives here.](#)

A brief summary of our findings is provided below:

LEVEL OF AWARENESS OF CONSUMER NEEDS AND ACTIONS TAKEN BY THE MARKETPLACE

- Marketplace stakeholders know that health information needs to be more accessible, understandable, and actionable for all consumers
- However, less than half are taking any action at all, with most investing in publicizing information through traditional channels, offering different languages, and making information mobile friendly
- The marketplace believed that those responsible for "paying the bill", typically health plans and providers, are expected to lead improvement

KEY BARRIERS TO IMPROVING HEALTH INFORMATION TO VULNERABLE CONSUMERS

- The most commonly stated barrier to investing in health information was the lack of a clear ROI
 - Other barriers included regulatory hurdles, lack of cross marketplace data sharing and the ongoing challenge of consumer engagement
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REACTIONS TO FINDINGS FROM THE MARKETPLACE

Understanding that the marketplace faces competing priorities and barriers to improving health information, we sought to understand what the impact of our research findings might be on the industry. Oliver Wyman shared findings with four health plans, four providers, three employers, two technology entities, and one government entity. Specifically, we chose to engage a variety of organizations, some that had taken innovative approaches to improving healthcare information for vulnerable consumers and others that have not taken much action, similar to most of the marketplace.

In the sections below, we review which findings surprised stakeholders, identify potential recommendations for the sector in light of these findings, and discuss what additional insights stakeholders are seeking to allow them to better serve their vulnerable consumers.

WHICH FINDINGS WERE THE MOST SURPRISING AND HAD THE GREATEST IMPACT ON STAKEHOLDERS?

Overall, we found that most of the consumer research findings validated the leaders' perceptions of the marketplace. The more-innovative stakeholders were grateful for evidence that they could use to sustain momentum for their existing information initiatives. They also believed that the large fact base generated from the study may serve to activate others in the industry to adopt similar initiatives. These "validation" findings included, among others, the dissatisfaction with patient-cost information and the need for plainly worded resources in various languages and the importance of having mobile-friendly resources.

For example, a strategy and operations manager of a FQHC system commented: "Our model, from written resources to doctor interactions, is geared to make information accessible and understandable for these consumers. This evidence is important not only for us to continue doing this, but to validate the FQHC model and our best practices for other parts of the industry."

At the same time, however, a number of insights from the consumer research surprised stakeholders and shifted the way they thought about serving their vulnerable consumers. In some cases, these findings even prompted leaders to identify tangible action steps they could take, either by adjusting current initiatives or by considering the launch of new initiatives.

KEY FINDING #1: PATIENTS FEEL DISRESPECTED BY PROVIDERS AND, IN TURN, ARE LESS LIKELY TO FOLLOW THEIR TREATMENT REGIMEN.

All stakeholders were aware that vulnerable consumers are more likely to feel disrespected by providers; and multiple provider leaders admitted that Medicaid and uninsured patients were sometimes discriminated against by their physicians. Yet stakeholders were surprised that such a large portion of vulnerable consumers (nearly 40 percent of lower-income patients in poorer health) felt disrespected.



MARKETPLACE TIPS:

Pairing physicians with non-clinician patient -experience coaches can help physicians overcome their unintentional prejudice.

As part of a patient-experience improvement strategy, one health system has paired physicians that received poor patient-experience scores with non-clinician coaches. The non-clinician coaches shadow these physicians and provide feedback on how the physician can improve bedside manner to build greater trust. The program has been a success for many physicians, who are often times not aware of either their own prejudice or how their words and body language may unintentionally impact patients.



Educating employees to demand respect from providers leads to empowered consumers.

One large retailer recognized the importance of preparing their employees for a provider environment that may not always treat them with respect. They have held sessions for their employees on how they should expect to be treated by physicians, how to ask questions, and how to advocate on behalf of themselves to receive the best care.

The particular reasons that patients felt disrespected, from the lack of eye-contact to dismissed patient concerns, provided helpful tips for how to improve bedside manner. The chief medical officer of a Managed Medicaid plan reflected on how to translate those insights this way: “Physicians need to be trained, not just educated. How can we educate someone to look their patient in the eye?”

Lastly, the high correlation between those who felt disrespected and those who were medication non-adherent was particularly fascinating to provider, health plan, and employer leaders alike. The senior medical director of a health system felt spurred into action stating, “The connection with adherence is something that I want to integrate into our provider training. This could be a good angle to work with physicians because so many are frustrated with adherence.” In addition, the finding also prompted health plans to identify opportunities to ensure their members are treated with respect by designing the appropriate cultural incentives and rewards for providers.

KEY FINDING #2: A PHYSICIAN’S PICTURE IS WORTH A THOUSAND WORDS.

Another surprising insight was how important a physician’s photograph is to lower-income consumers’ decision process. Specifically, when choosing a provider, consumers looked for signs such as a smile that suggested the doctor would be warm and friendly. Providers and health plans found this finding both interesting and actionable, with many suggesting that they could be more intentional about the provider photos they upload. One health plan executive reflected, “We should tell all our docs to smile when they retake their photos. They may need two separate photos – one for their professional organizations and one to be more welcoming to patients.”



MARKETPLACE TIP:

Consolidating English and Spanish resources in the same location can eliminate non-English speakers' anxiety about requesting materials in their native language.

One fast food chain with a significant Spanish-speaking employee base recently made efforts to redesign their annual benefit enrollment materials. Not only did they translate previously complex benefit and enrollment information into plain language and Spanish, but they offered both the English and Spanish versions in the same document. "What we've found is that just that extra step to click on another link or request the translated version can be the difference between the employees actually reading the document," commented their benefits manager.

KEY FINDING #3: IMMIGRANTS MAY BE RELUCTANT TO REQUEST TRANSLATED RESOURCES, DUE TO FEAR OF PREJUDICE.

One finding that stood out to all stakeholders was the need to provide more resources in consumers' native language. Of particular note, the study found that Spanish-speaking immigrants often did not often request resources, even when they were available, for fear of prejudice against immigrants like themselves. The co-founder of a care management platform for lower-income consumers commented, "We've definitely heard this. Some of the undocumented day laborers we serve told us they fear labeling themselves, as they've heard instances of peers being reported to Immigration and Customs Enforcement after registering themselves at a hospital."

While all the health plans and providers had Spanish-language resources, they did not have protocol as to how to proactively offer these resources or eliminate the need for these to be requested in the first place. Both health plans and providers realized that specific cultural sensitivity training and protocol would need to be adjusted to truly make these language resources more accessible.



MARKETPLACE TIP:

Health assessment kiosks at retail stores can educate consumers in trusted settings.

Walmart, InComm, and Pursuant Health recently launched health risk assessment kiosks at select Walmart locations. When consumers take a health risk assessment at these kiosks, they receive a rewards card that could be spent on healthy items in-store. The program gathers key consumer data for health plans, but also helps to educate consumers on how they could better manage their conditions. The program has had success in large part because of how it has engaged consumers in their day-to-day environments, rather than through less-trusted traditional insurer channels.

KEY FINDING #4: WHILE FRIENDS, FAMILY, AND GOOGLE ARE COMMONLY USED HEALTHCARE INFORMATION SOURCES, SOCIAL MEDIA IS THE LEAST USED.

Given the increased attention that consumer-facing industries are dedicating to their social media strategies, all stakeholders we spoke to were surprised to hear that social media was the least consulted source for health and healthcare information – even after advertisements and healthcare apps. This finding caused health plan and provider leaders to ponder whether or not their marketing departments needed to rebalance their efforts away from social media and towards more commonly consulted sources.

In addition, while stakeholders knew that consumers often start their health and healthcare information searches on Google, they were less aware of the fact that lower-income consumers struggle to find useful information because they are less likely to know precise search terms. For one interviewee, the finding caused them to consider how they might help their members find online resources more easily. The Executive Vice President of one health plan stated, “I think we can definitely link our members to useful resources that may be difficult to find by putting them on our sites or other communication channels. However, I’m not sure we can do anything about helping them be better Google navigators since information online, especially regarding Medicaid, can be so complex and inaccurate.”

Lastly, the dependence on friends and family – even for deciding on treatments and managing health – prompted health plans and employers to think about how they could better engage in community outreach and education, in churches, grocery stores, and neighborhoods, for example. However, they struggled to identify cost-effective and systematic ways of doing this.

CONSIDERATIONS FOR THE MARKET, BASED ON INSIGHTS FROM STAKEHOLDER DISCUSSIONS

Build provider trust and respect: Invest in training and shadow programs to improve physician bedside manner, using treatment regimen adherence as an angle to achieve physician buy-in. Ensure providers smile in their photos, as appearance is often a proxy for warmth.

Provide information in the most accessible manner: Ensure that information is easy to find, mobile-friendly and written at a fourth grade reading level. Proactively offer translated resources (such as Spanish or Chinese) rather than force consumers to request them.

Focus on community outreach and optimizing online resources: Rather than focusing on social media as a channel to deliver healthcare information, capitalize on existing social networks by outreaching in community settings (churches, markets and schools) and by making online resources easily searchable on Google.

Prioritize greater cost transparency: Communicate insurance coverage and costs before they are incurred by incorporating costs into shared treatment decision-making and through cost transparency tools. Ensure tools are accessible and intuitive, limiting complicated customization options and avoiding large price ranges.

WHAT DO MARKETPLACE LEADERS WANT TO KNOW MORE ABOUT?

While the research findings sparked ideas for how the marketplace could better address consumer needs, leaders wanted additional guidance to inform the tactical design of their solutions. The head of population health for a large retail employer summarized: “This study is great because for the first time, we’re seeing the entire story and all these insights together. Now we’ll need to figure out how to translate this to change the totality of our approach.”

These additional questions include, among others:

How to outreach effectively in the community: Both health plans and providers agreed that a community-oriented strategy was required to better reach groups that are highly distrustful of healthcare institutions and that heavily rely on friends and family for information. However, leaders struggled to identify cost effective models to outreach in the community. In addition, they wanted additional detail on how they could systematically partner with community spaces (including churches, grocery stores, retail stores).

How to optimize online resources: As health plans and providers optimize their online and search-term marketing strategy, they are interested in understanding what types of search terms vulnerable consumers use to find information. Additionally, technology vendors expressed an interest in understanding technical limits and optimal specifications – for example, whether data-rich web-content was a barrier for users of mobile devices.

How to build effective cost transparency tools: All stakeholders recognize that meaningful cost information remains the greatest gap for consumers. While there has been a proliferation of cost transparency tools, the marketplace has struggled to make these tools useful and accessible, in large part due to industry-wide data-sharing and technology constraints. Those investing in R&D on this front (namely, technology companies) are not the ones that are in possession of the data in a real-time fashion such that they can innovate appropriately. For health plans (who possess the data), launching tools is not typically part of their core competency. In-depth case studies on how others in the marketplace have been able to improve cost transparency for consumers in the midst of these constraints will be useful to help stakeholders better address this consumer gap.

WHAT SHOULD WE EXPECT LOOKING FORWARD?

Based on fruitful discussions in response to our research findings, we have reason to believe that our research will play an important role in shaping and catalyzing activity in the market – especially amongst those who have a more explicit focus on serving vulnerable consumers.

Many leaders saw the findings as crucial proof points that justify existing initiatives, and so that may spark activity for others in the industry. Additionally, a number of research findings stood out to stakeholders and prompted them to identify actionable next steps. These findings centered in large part on a simple truth: vulnerable consumers experience healthcare differently – whether it is feeling disrespected by doctors, difficulty finding sources of information, or fearing stigmatization for being immigrants. As a result, market stakeholders acknowledged that a more tailored and culturally sensitive approach to delivering information is necessary to make their resources truly accessible and understandable.

Looking forward, we are encouraged by both the innovation that some market stakeholders are dedicating toward serving vulnerable consumers and their willingness to course-correct based on the insights from our study. As their solutions continue to mature, it is our hope that the broader industry will also adopt these solutions – not just to help vulnerable consumers make decisions in accordance with their own goals and needs, but ultimately to improve their health.

ABOUT OLIVER WYMAN

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Oliver Wyman's Health & Life Sciences practice serves clients in the pharmaceutical, biotechnology, medical devices, provider, and payer sectors with strategic, operational, and organizational advice. Deep healthcare knowledge and capabilities allow the practice to deliver fact-based solutions. Oliver Wyman launched the Health Innovation Center (OWHIC) in 2011 dedicated to promoting positive change in healthcare. OWHIC champions innovation by disseminating proven innovations; envisioning market-based solutions to today's and tomorrow's challenges; and establishing a cross-industry community of thought-leaders to share and shape ideas.

For the latest on the business of transforming healthcare, visit health.oliverwyman.com. Follow Oliver Wyman on Twitter @OliverWyman.

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Altarum Institute is a nonprofit health system research and consulting organization. Altarum Institute integrates objective research and client-centered consulting skills to deliver comprehensive systems-based solutions that improve health and health care.

For more information, visit www.altarum.org or on Twitter @Altarum.

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