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Consumer Choice Models: Empowering Members as Participants in Care

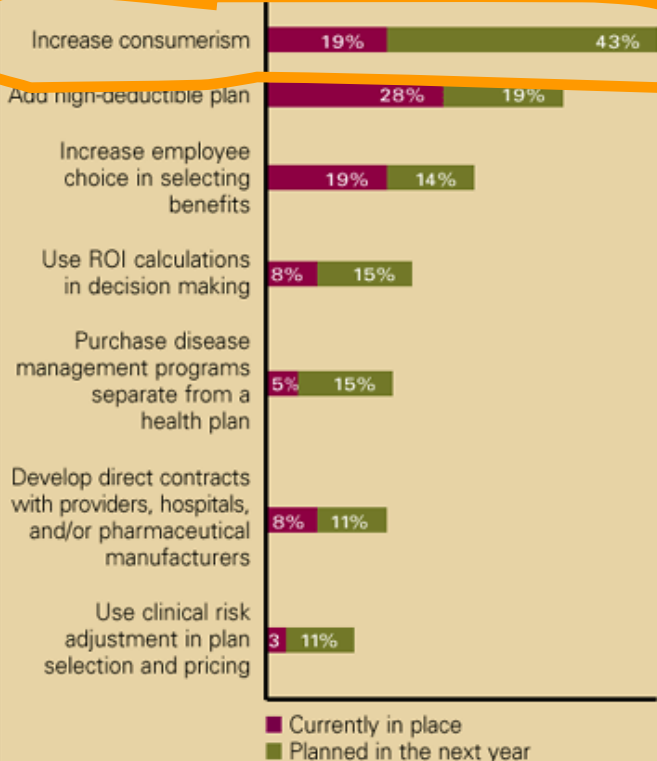
AAHP Managed Care Institute
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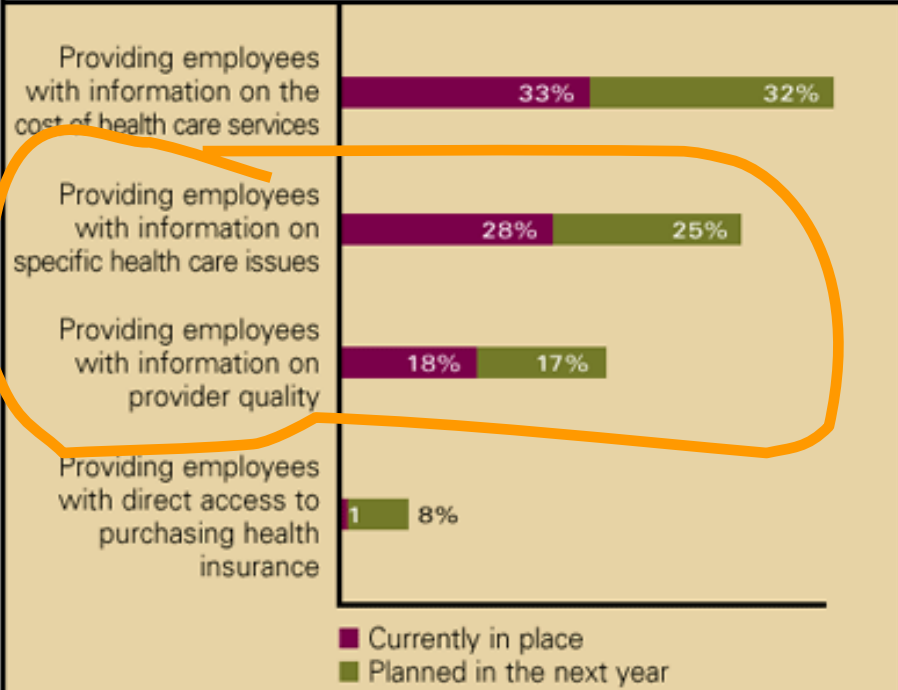
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Foundation for Accountability

Employer Intentions

The Leading Edge: Changes on the Horizon for Employers and Employees



Growth in Access to Health Care Information



Four dimensions of consumer-centered transformation:

- Health
- Health care
- Financing
- Citizenship

The *health* dimension:

- Features of a new model?
 - *High levels of awareness, self-efficacy*
 - *Health risk assessment → plan → tracking*
 - *Professional support for health maintenance*
 - *Coverage for self-management resources*
 - *Medication safety practices, adherence*

The *health care* dimension:

- Features of a new model?
 - *“Visit” not the central mode for care*
 - *Physician as information coach as well as technician*
 - *Team care*
 - *Supports, encourages patient autonomy, system navigation, informed choice*
 - *Not rewarded for doing more nor less than indicated*
 - *Medical education (GME, CME, nursing) patient-centered*
 - *Transparent performance*

The *financing* dimension:

- Features of a new model?
 - *Responsibility to achieve efficiencies, stewardship balanced between patient, purchaser, provider*
 - *Outcomes-based payment*
 - *Reward for behaviors that reduce collective risk*

The *citizenship* dimension:

- Features of a new model?
 - *Awareness of social insurance obligations*
 - *Understanding pooled vs. individual risk (what is individual responsible for?)*
 - *Health education curriculum, K-12*
 - *Information infrastructure and access*
 - *Economic burden balanced across jurisdictions*

General Electric Co. - Consumer Activation Strategy

To become better healthcare consumers, 'ees want:

- Credible, reliable, understandable and actionable expert information from recognized sources that will:
 - ▣ empower them to have a dialogue with their physicians
 - ▣ be available at time of diagnosis or treatment decision
 - ▣ help them choose a safe hospital
 - ▣ be delivered in a self-service way, by third-parties, but still have access to a person
- GE to act as an infomediary, giving them the knowledge to vote with their feet
- GE to remind them periodically about where they can find the information...but not bombard them with info overload

They don't want:

- Anyone (GE or Plan) to come between them and their physician
- GE or Plans to restrict access to hospitals...even if they're not safe

To create Active Consumers, we must demonstrate the benefit to the 'ee of having dialogues with physicians, of exploring and understanding treatment options, of relying on expert guidelines more than friends and family.

We also have to recognize that there are sub-segments within the Active group...and we need to understand what the differences are between them.

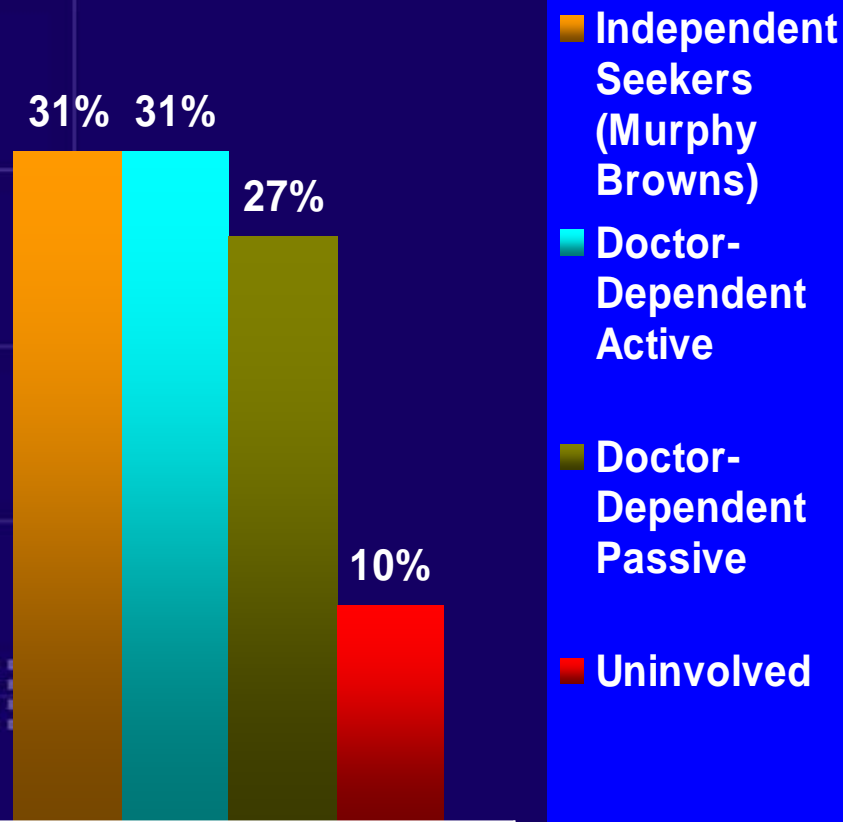
Challenges to informed consumerism

- Need for a *communications strategy*
- Psychology and decision-making style of audience(s)
- *Relevant* information infrastructure
 - Content
 - Timing
 - Medium
 - Trusted 'connector'

Segmenting the activated consumer audience: a 10-item scale

- It is important to me to be informed about health issues
- I actively try to prevent diseases and illnesses
- I leave it to my doctor to make the right decisions about my health.
- I need to know about health issues so I can keep myself and my family healthy.
- My doctor(s) and I work together to manage my health.
- Most health issues are too complex for me to understand.
- When I read or hear something that's relevant to my health care, I bring it up with my doctor.
- I rely on my doctor to tell me everything I need to know to manage my health.
- I have difficulty understanding a lot of the health information that I read.
- I try to understand my personal health risks.

Consumer Activation: GE Segmentation



- Believe it is important to be informed about health issues
- Have good relationships with their doctors
- Are more likely to be women, have a chronic condition

- Tend to feel overwhelmed by health information
- Work closely with their doctors
- Are more likely to be men, older, have a chronic condition

- Do not place high value on health or prevention
- Rely on their doctors to provide them with necessary info.
- Are more likely to be men

- Are not interested in health information
- Do not have a close relationship with their doctors
- Are more likely to be younger

Consumer Activation: GE Segmentation

When I read something relevant to my health care, I bring it up with my doctor

% of Doctor Dependent Actives who strongly agree

44%

% of Uninvolveds who strongly agree

2%

22% with a chronic condition vs. 12% without strongly agree they talk with their doctors about health information they read

Most health issues are too complex for me to understand

% of Doctor Dependent Passives who strongly agree

43%

% of Independent Seekers who strongly agree

0%

13% with a chronic condition vs. 8% without believe that health information is too complex

My doctor and I work together to manage my health

% of Doctor Dependent Actives who strongly agree

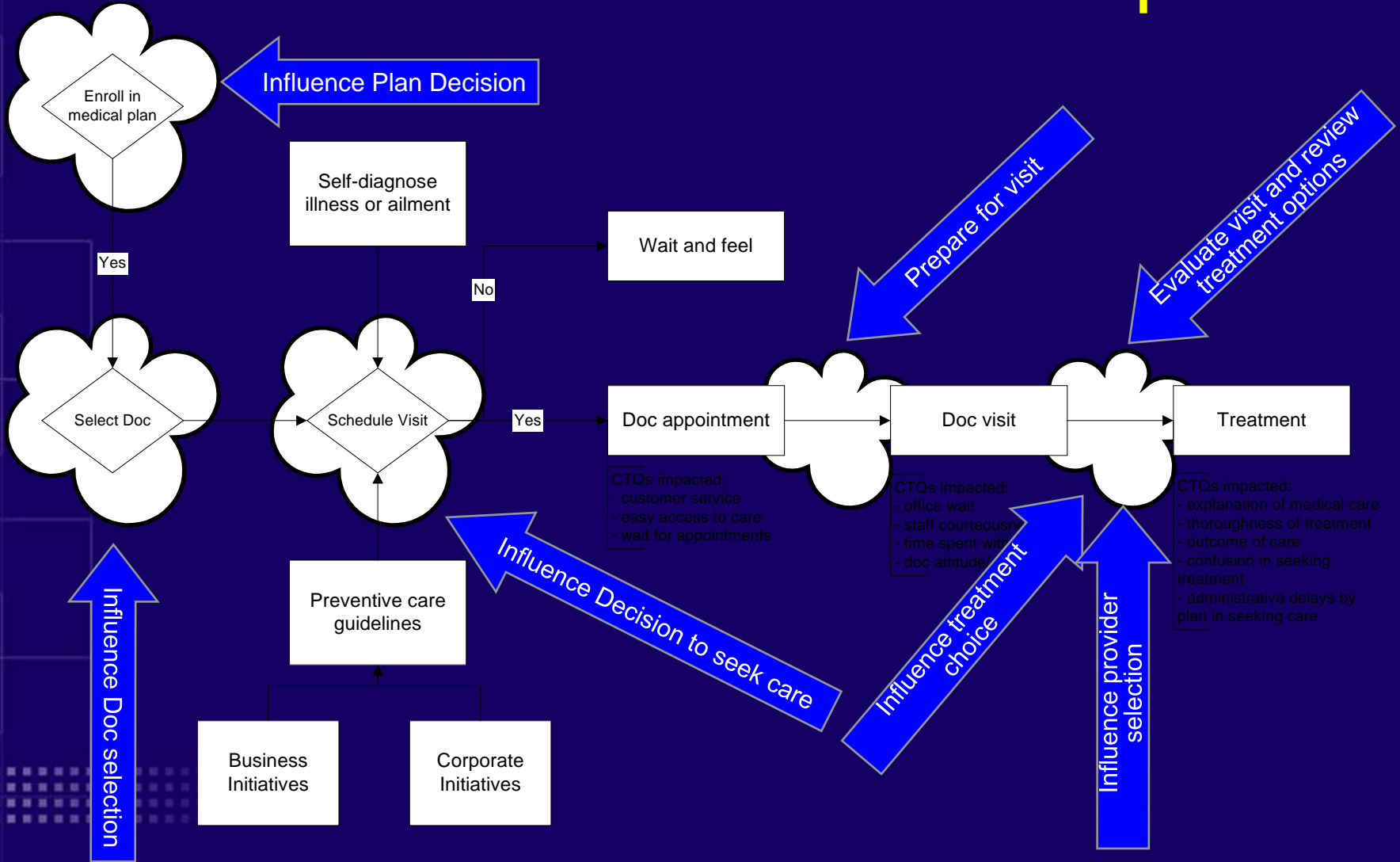
59%

% of Doctor Dependent Passives who strongly agree

3%

37% with a chronic condition vs. 21% without strongly agree they work with their doctors

What behaviors can we impact?



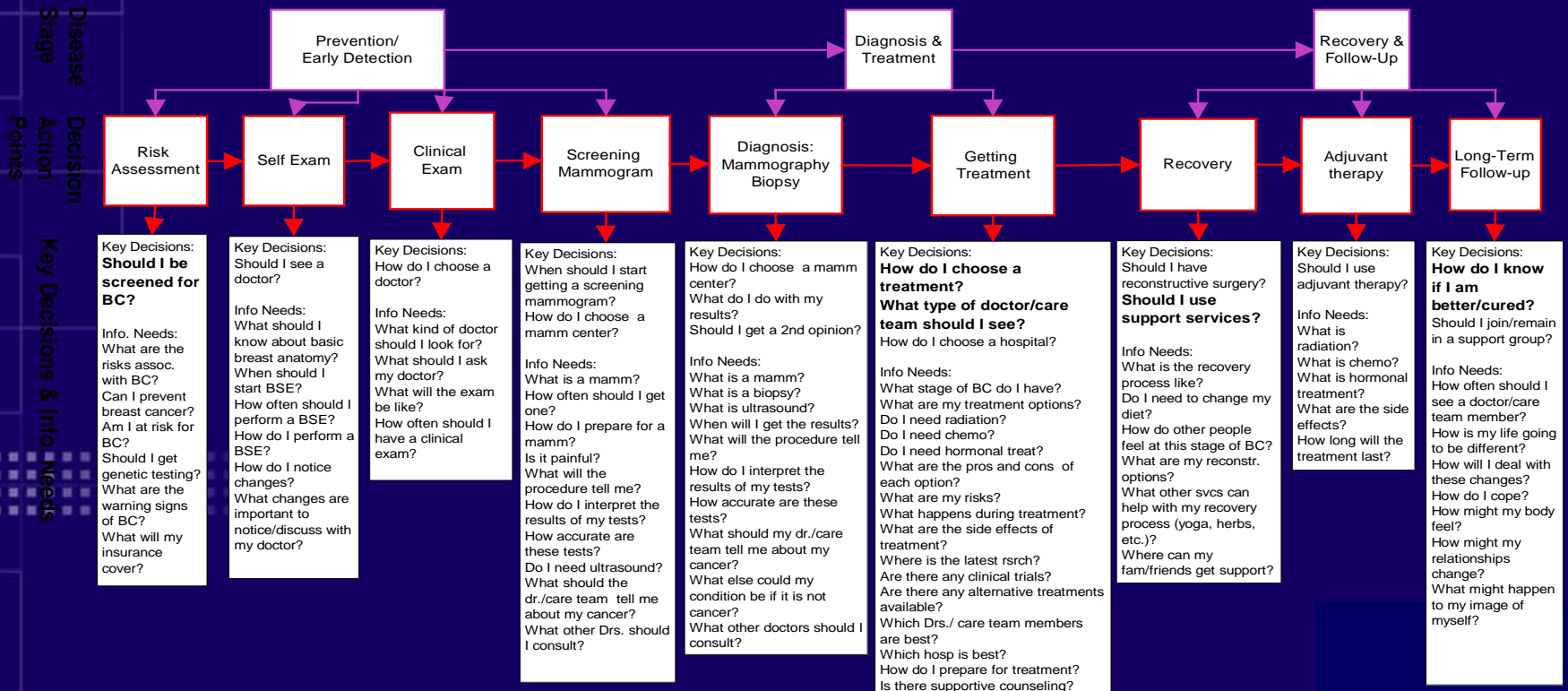
There are multiple points that we can impact....and that our employees would like us to help them with...providing them with the information that will empower them.

Breast Cancer Decision Map

**Breast Cancer:
Key Decisions and Information Needs at
Specific Decision Action Points**

Possible Connectors:
Nurse (company or office-based), Doctor (company or office-based), letter from healthcare plan, corporate intranet, union, peer/survivor, community groups, special interest groups, syndicated news.

Medium:
Verbal (phone/in person/education programs), Internet, e-mail, print, video/web cast



What do consumers want to know?

- How to choose:
 - “Good doctors are everywhere, bad doctors are everywhere; I need to find what’s right for me.”
 - “I think [knowing] results would really make a difference in helping select and then would also give the providers a message that folks are looking at their outcomes.”
- How they’ll be treated:
 - “The doctor listens to me, answers my questions, and gives me information about what he thinks is going on and what he proposes. Also asks if I have further questions or concerns.”
- What’s *supposed* to happen:
 - “I’d still want to know why isn’t that physician following it? If I had asthma and was considering going to this person, the questions I would ask to that physician are: ‘Why aren’t you following the best practices, and tell me why what you’re doing is acceptable.’”
- Why decisions get made:
 - “I don’t know how true it is, but there’s supposed to be something charged against the doctor’s account if he sends you to a specialist.”

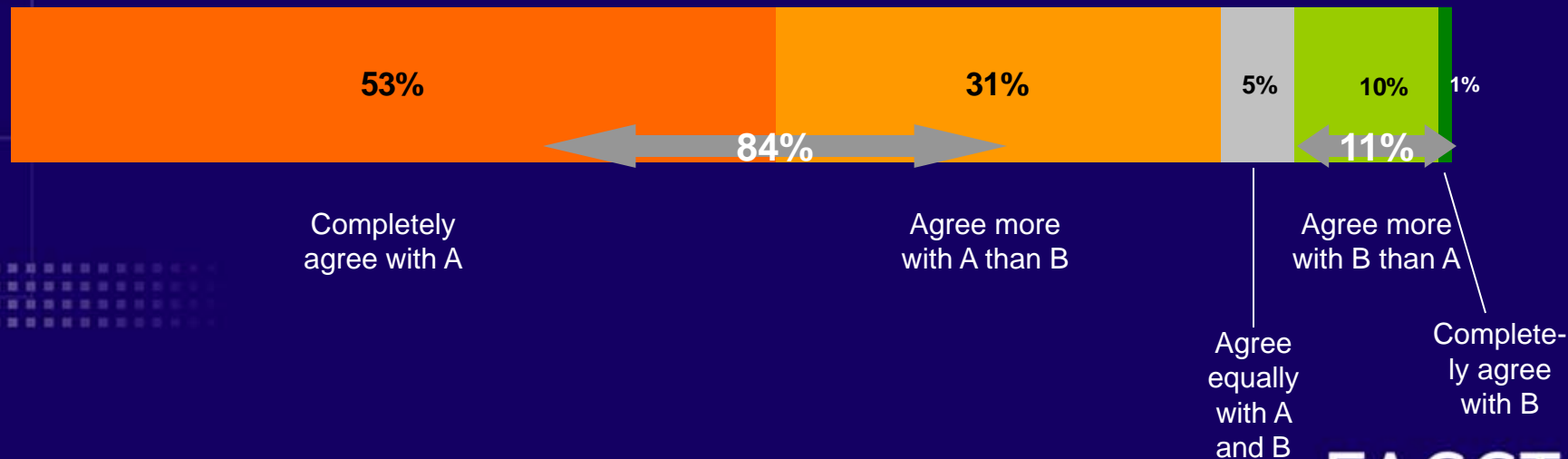
Reaction to Hospital Safety Information

A

If I knew that the hospital my physician wanted to send me to had a poor safety record for my specific condition, I would go to another, safer hospital even if it meant having another physician operate on me.

B

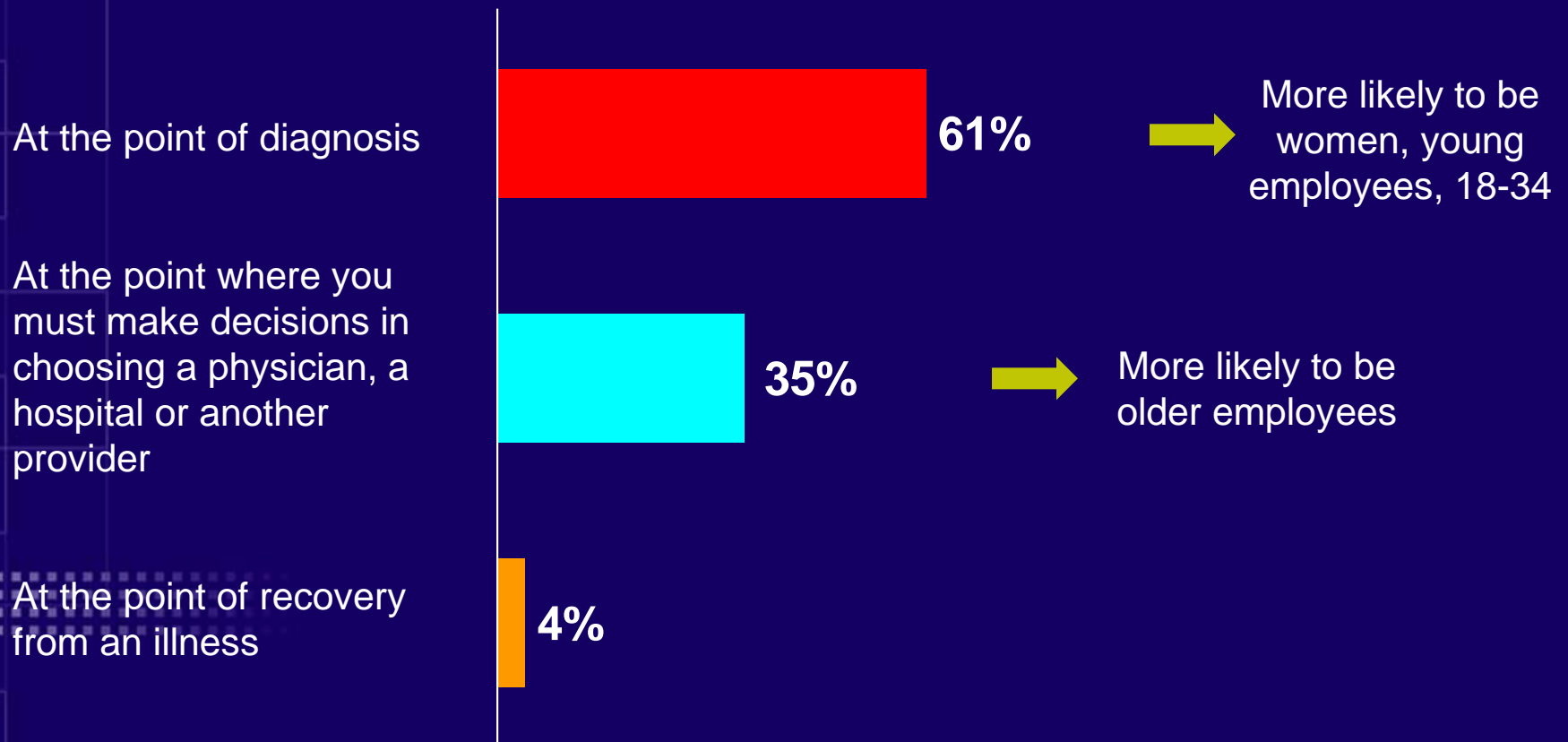
Irrespective of the rate of medical errors in a particular hospital, I would trust my physician to see me safely through my operation and the rest of my stay in the hospital and make sure that nothing happened to me.



Base=707 healthcare users

Trigger Points

If you or someone in your immediate household suffers from a chronic illness, is pregnant or recovering from an illness, at what point is healthcare advice, information and support most critical?



Base=707 healthcare users

Are you making an informed treatment decision?

Breast-conserving surgery vs. mastectomy for early stage breast cancer

| | <i>BCS Rate</i> | <i>Seen by Medical Oncologist</i> | <i>Never told about BCS</i> |
|----------------------|-----------------|-----------------------------------|-----------------------------|
| <i>Massachusetts</i> | 74% | 52% | 15% |
| <i>Minnesota</i> | 48% | 28% | 27% |

Which surgeon should you see?

- *New York state* lung cancer surgery:
 - Surgeon averages 5 cases/year or fewer: (292/373) **2.6% deaths**
 - Surgeon averages 45 cases/year or more: (9/373) **0.9% deaths**

Which hospital should you go to?

Number of lobe resections, New York & Brooklyn, 1999

| Hospital | No. of Cases | Hospital | No. of Cases |
|--|--------------|-------------------------------|--------------|
| BELLEVUE HOSPITAL CENTER-NEW YORK | 4 | METROPOLITAN HOSPITAL CENTER- | 3 |
| BETH ISRAEL MEDICAL CENTER-NEW YORK | 23 | MOUNT SINAI HOSPITAL-NEW | 45 |
| BETH ISRL MED CTR/KINGS HWY DIV-BROOKLYN | 2 | NEW YORK & PRESBYTERIAN | 69 |
| BROOKDALE HOSPITAL MEDICAL CTR- | 10 | NEW YORK & PRESBYTERIAN | 57 |
| BROOKLYN HOSPITAL/DOWNTOWN-BROOKLYN | 2 | NEW YORK DOWNTOWN HOSPITAL- | 7 |
| CABRINI MEDICAL CENTER-NEW YORK | 11 | NEW YORK METHODIST HOSPITAL- | 11 |
| CONEY ISLAND HOSPITAL-BROOKLYN | 7 | NORTH GENERAL HOSPITAL-NEW | 4 |
| INTERFAITH MED CTR/JEWISH HOSP-BROOKLYN | 1 | NY UNIVERSITY MEDICAL CENTER- | 50 |
| KINGS COUNTY HOSPITAL CENTER-BROOKLYN | 1 | ST LUKES ROOSEVELT/ROOSVLT | 9 |
| KINGSBROOK JEWISH MEDICAL CTR- | 1 | ST LUKES ROOSEVELT/ST LUKES | 6 |
| LENOX HILL HOSPITAL-NEW YORK | 22 | ST MARYS HOSPITAL-BROOKLYN | 2 |
| LONG ISLAND COLLEGE HOSPITAL-BROOKLYN | 8 | ST VINCENTS HOSPITAL & MED | 6 |
| LUTHERAN MEDICAL CENTER-BROOKLYN | 6 | UNIVERSITY HOSPITAL OF | 3 |
| MAIMONIDES MEDICAL CENTER-BROOKLYN | 10 | WOODHULL MEDICAL CENTER- | 2 |
| MEMORIAL HOSPITAL FOR CANCER-NEW YORK | 316 | WYCKOFF HEIGHTS MEDICAL CTR- | 2 |

Mortality for hospitals > 169 cases: 0.87%
< 37 cases: 3.05%

See www.healthcarechoices.org

Information Sources

On a ten point scale, how useful would you find it to receive such information from each of the following sources:

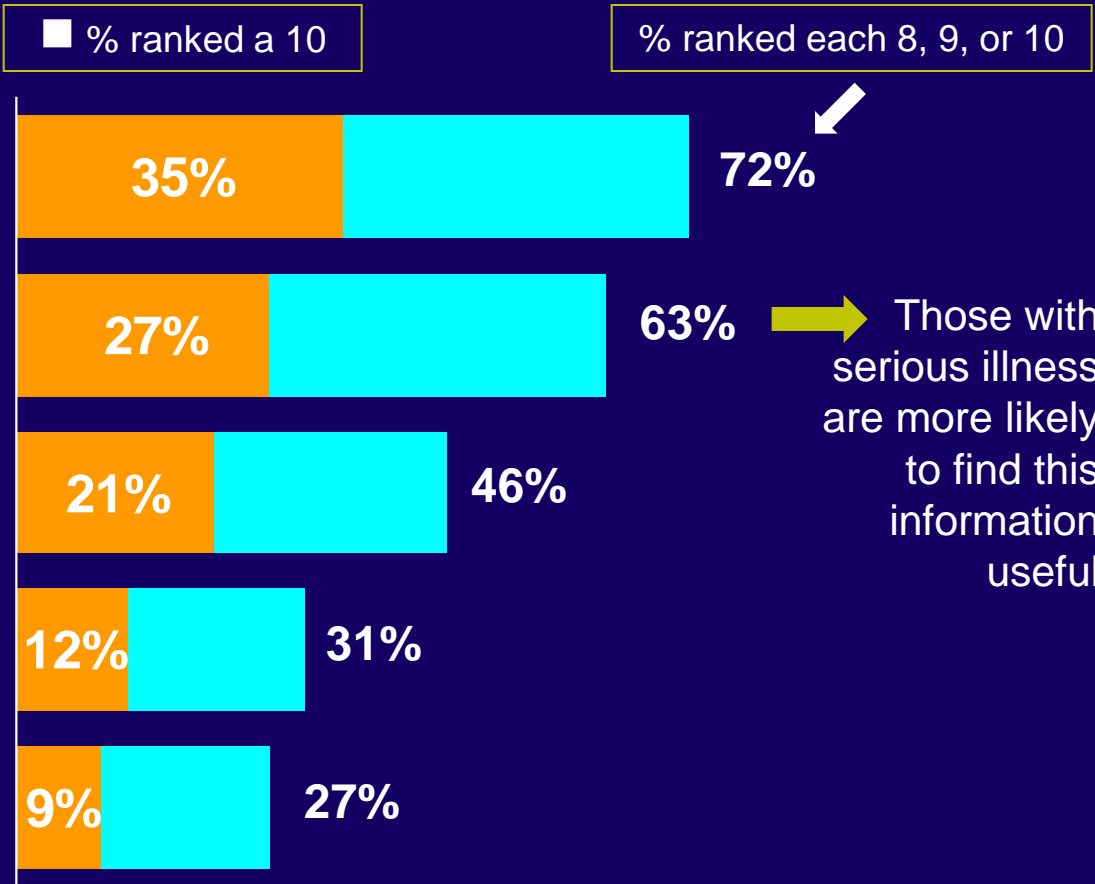
Renowned hospitals or care systems like the Mayo Clinic, Sloan Kettering

Disease advocacy groups like the American Diabetes Association

Government agencies like the National Institutes of Health

GE or a GE-affiliate

Health plans like United HealthCare, Blue Cross Blue Shield, Aetna, etc.



Those with serious illness are more likely to find this information useful

Base=707 healthcare users

Health Information Dissemination


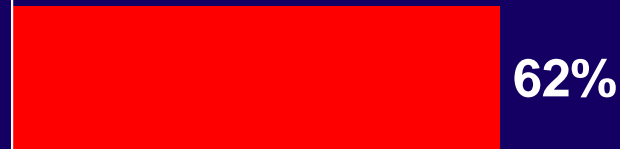
The following are some examples of healthcare related tools, information and resources that may be available to you. Please rank the types of information in order of preference.

Tools and information that you could **access on your own on the web or in print**

Information and advice that you could **access over the phone**, and speak with someone about a particular problem

Information and advice that you would **receive in person**, such as a support group or trainer

Percent who ranked each the MOST valuable

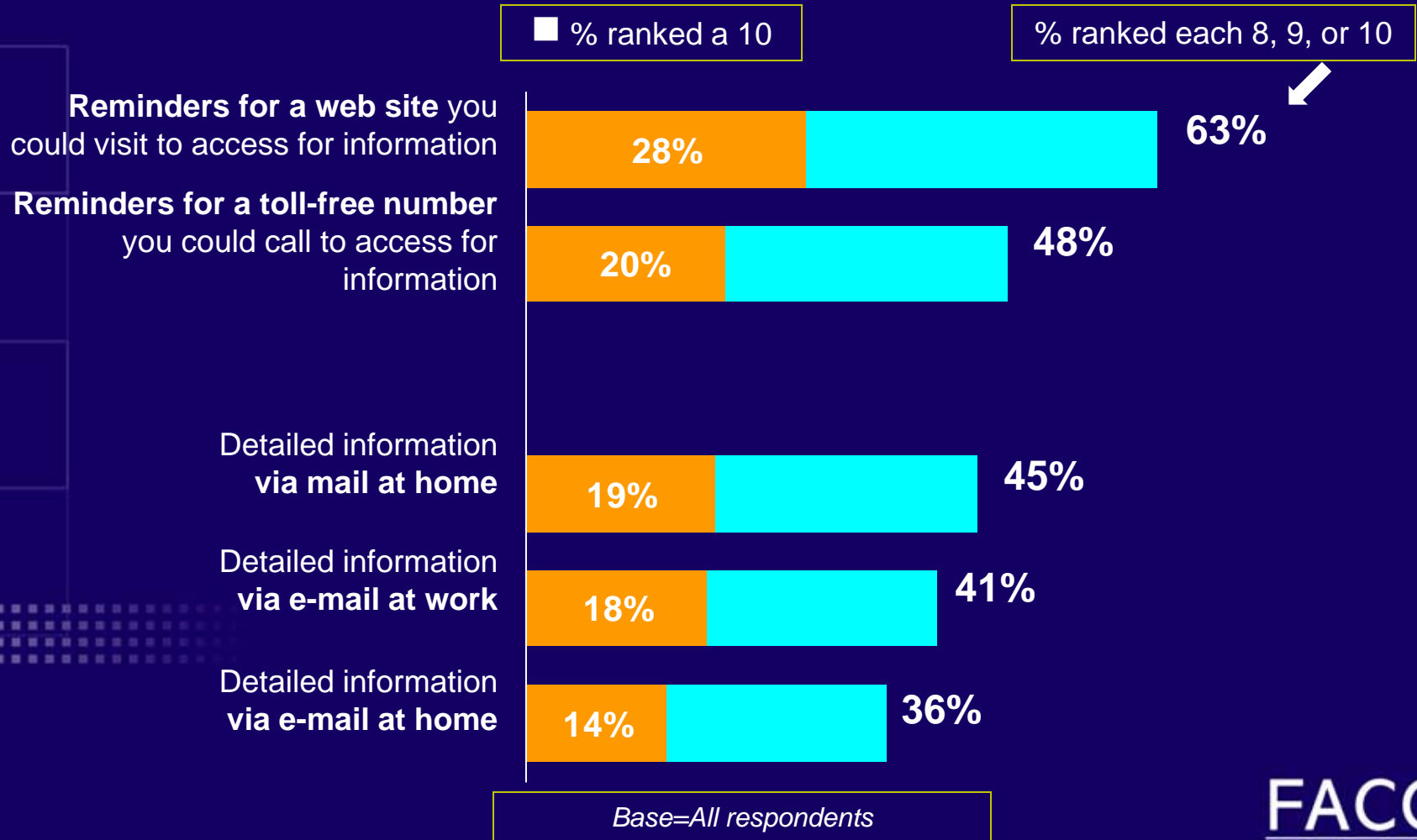


These employees also like to access information by email at work and home, and want reminders of web sites to access

Base=All respondents

Channels/Kinds of Information

On a ten point scale, how useful would you find it to terms of having easy access to healthcare information, how useful would you find it to periodically receive healthcare information by the following means:



Conclusions

- Consumer choice triggered by shift in financial responsibility, but success requires larger vision, infrastructure change
- Greater consumer role requires comprehensive information and communications strategy