Welcome to

Better Together: High Tech and High Touch

Consumer Healthcare Survey Results

Press Conference

November 4, 2015

The Center for Total Health, Washington, D.C.

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Presented by
The Council of Accountable Physician Practices

Event Partners

The Council of Accountable Physician Practices (CAPP), an affiliate of the American Medical Group Foundation, is a coalition of visionary medical group and health system leaders. We believe that physicians working together, backed by integrated services, systems, data and technology, can best shape and guide the way care is delivered so that the welfare of the patient is always the primary focus.

Founded in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell, the **Bipartisan Policy Center (BPC)** is a non-profit organization that drives principled solutions through rigorous analysis, reasoned negotiation and respectful dialogue. With projects in multiple issue areas, BPC combines politically-balanced policymaking with strong, proactive advocacy and outreach.

Why This Study?

- The post-ACA environment- from coverage to care delivery re-design
- Technological innovations, promise of the Triple Aim, and rapid development of healthcare technology
- Consumer attitudes on technology:
  - Disproportionate to their actual value and usage?
  - What do consumers really think about technologically-enabled care?
  - What do they really have access to?

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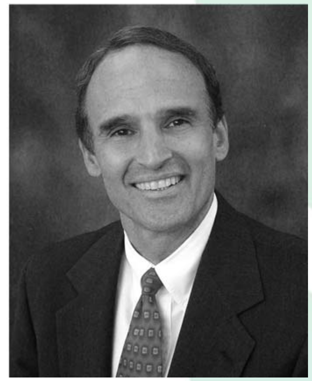
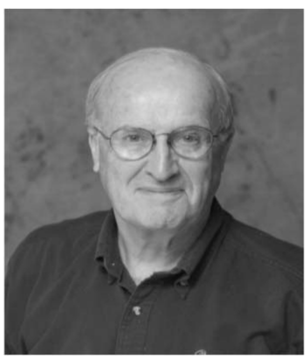
Presenters

Jennifer Colamonico, vice president of Healthcare Insights for Nielsen.



Dr. Robert Pearl, chair of CAPP and CEO of The Permanente Medical Group and the Mid-Atlantic Permanente Medical Group.



Humphrey Taylor, Chairman Emeritus, The Harris Poll.

Janet Marchibroda, director of the Bipartisan Policy Center's Health Innovation Initiative.

Later Today

Better Together: High Tech and High Touch—Patient-Physician Relationships in the New Millennium

www.bettertogetherhealth.org

Andy Slavitt: Acting Director, Centers for Medicare & Medicaid Services

Robert Pearl, MD: Chair, CAPP; Executive Director and CEO, The Permanente Medical Group

William Conway, MD: CEO, Henry Ford Medical Group

David Goldhill: Author, *Catastrophic Care*, President and CEO, GSN

Steven Green, MD: Chief Medical Officer, Sharp Rees-Stealy Medical Group

Brian Rank, MD: Co-Executive Medical Director, HealthPartners

Moderator: Janet Marchibroda; Director, BPC's Health Innovation Initiative

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Felipe's Story

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STRATEGIC HEALTH PERSPECTIVES

Consumer and Physician Insights

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Methodology

These data were collected in partnership with Nielsen's annual Strategic Health Perspectives program that seeks to understand key trends and attitudes among US consumers in relation to the health care environment and policy offerings.

- AMGA-CAPP partnered with SHP to include several proprietary questions, and to use a subset of SHP findings in this release.

Nielsen conducted an online quantitative survey of US consumers between June 29-July 13, 2015. We surveyed 5,014 US residents over the age of 18. Figures for age, sex, race/ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population.

- Propensity score weighting was used to adjust for respondents' propensity to be online. Average length of interview was 25 minutes.

Nielsen also conducted an online, quantitative survey of US physicians between June 3-23, 2015. We surveyed 626 US physicians across specialties and primary care. Figures for years in practice, sex, and region were weighted where necessary to bring them into line with their actual proportions in the physician population.

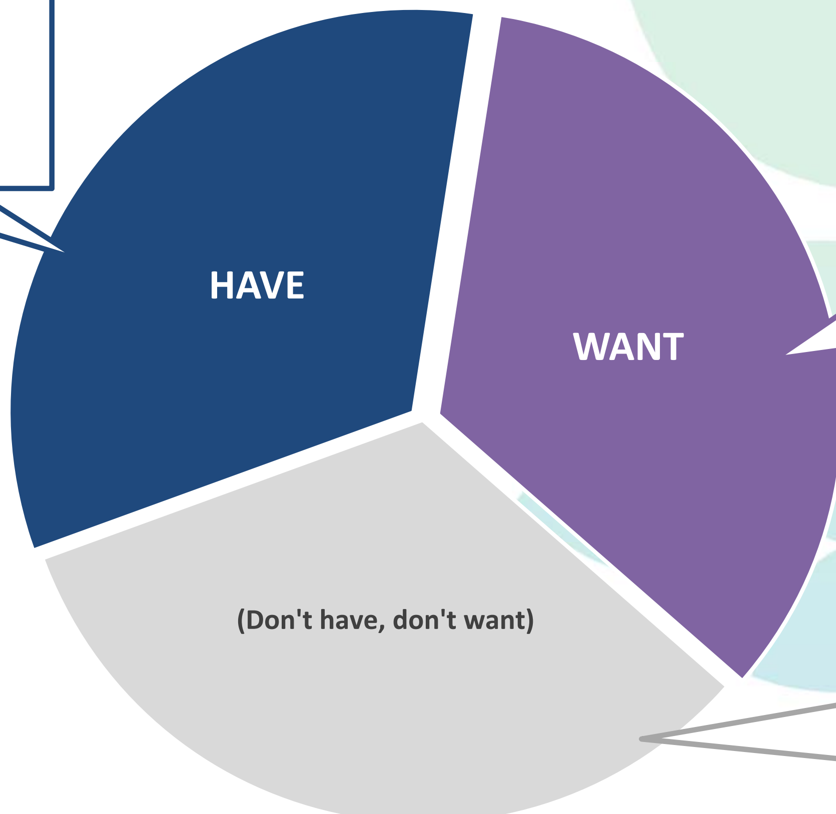
- Average length of interview was 39 minutes.

Statistical significance is shown in superscript notation at the 95% confidence level and is tested against prior years and across subgroups.

- All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, the words "margin of error" are avoided as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal. Because the sample is based on those who agreed to participate in the online panel, no estimates of theoretical sampling error can be calculated.

Considerations: Consumers' Experiences, Aspirations for Technology

(1) All consumers were asked "Do you have access to the following…"



(2) Those who said no/don't have access, were asked about interest:

These consumers replied extremely or very interested.

These consumers replied somewhat, not very or not at all interested.

How Are Americans Using Technology for Their Medical Care? Key Insights

While consumer access is low, interest is not.

- Most Americans don't benefit from even rudimentary "virtual" interactions with their healthcare providers
- Adoption by physicians and healthcare delivery systems is also slow, suggesting financial and cultural obstacles
- Consumers' interest in these tools that would facilitate convenience and access to care is increasing
- A small but significant set of consumers don't have technologies but are very interested in them – suggesting a significant opportunity to improve the care experience

EXPERIENCE

Access and Technologically-enabled Care

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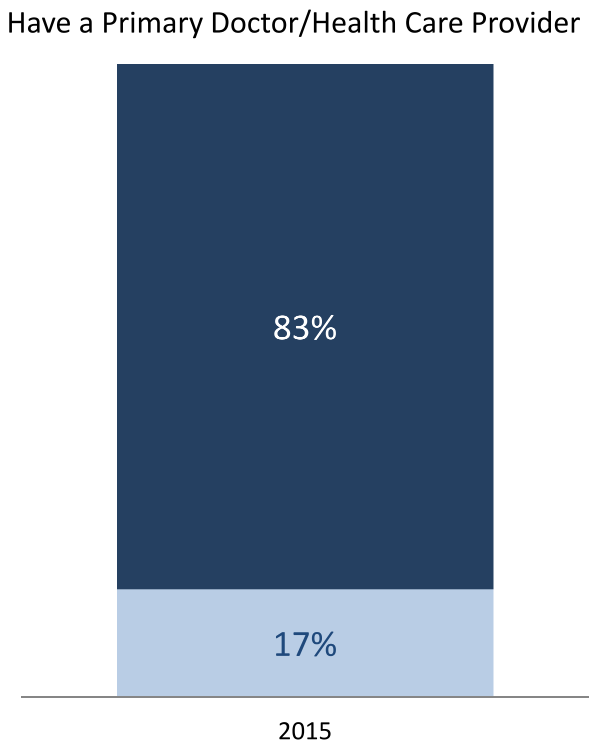
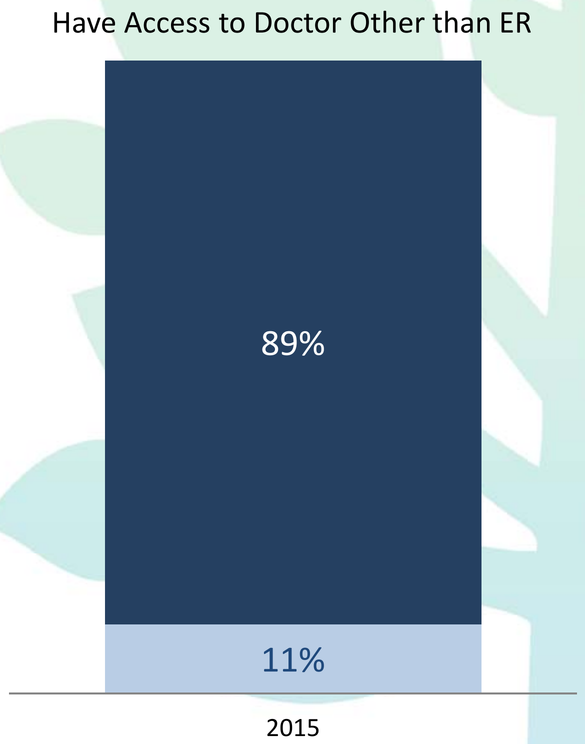
The Majority of Consumers Have a Primary Doctor

Slightly more feel they have access to a doctor other than an ER visit.





Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2013 n=2501, 2014 n=2501, 2015-B n=5014)
Source: Q9. Other than going to the emergency room, do you feel that you have access to a doctor for medical care when you need it?
Q10 Do you have a primary doctor or a health care provider from whom you receive the majority of your care

All Forms of Provider Interaction Low; Tech-enabled Communications Increasing Slowly

Access to Interactions with Primary Doctor

	HAVE	Change since 2014
Phone call appointment reminders	49%	
A portal to log on and see your information	28%	+13
Online appointment scheduling	21%	+6
Postal mail appointment reminders	10%	
Email appointment reminders	20%	+8
Email correspondence about your health	15%	+4
Communication via online messaging platform	15%	+5
Text appointment reminders	9%	
Other type of correspondence or interaction	3%	

Significant change since 2014 at 95% confidence interval

Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2012 n=2000, 2013 n=2501, 2014 n=2501, 2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Few Consumers Have Expanded Access to Medical Care

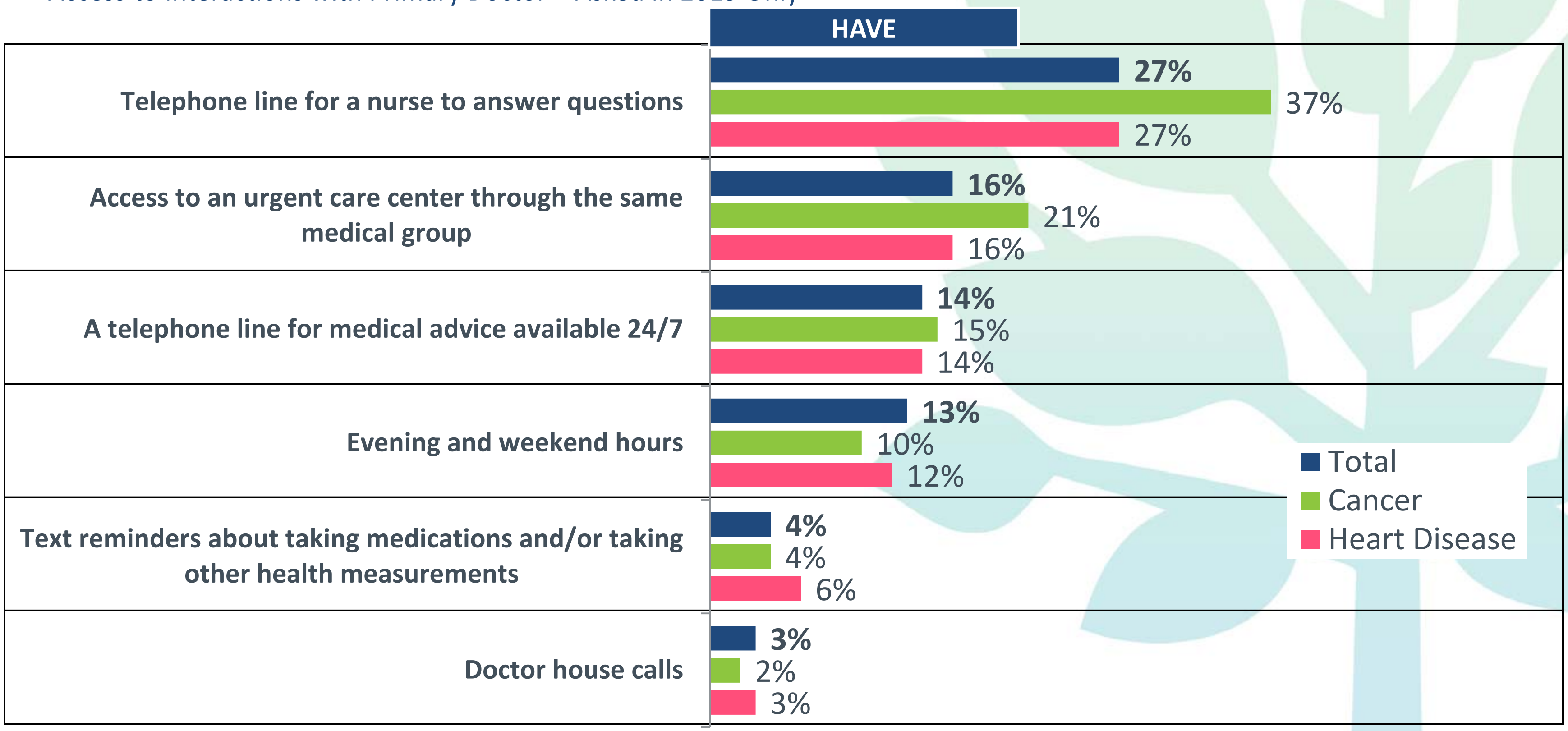
Access to Interactions with Primary Doctor (New 2015)

	HAVE
Telephone line for a nurse to answer questions	**27%**
Access to an urgent care center through the same medical group	**16%**
A telephone line for medical advice available 24/7	**14%**
Evening and weekend hours	**13%**
Doctor house calls	**3%**

Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Patients With Significant Disease Burden Don't Have Better Access Either

Access to Interactions with Primary Doctor – Asked in 2015 Only



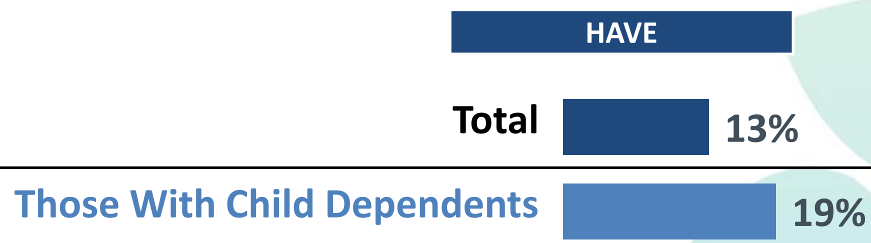
Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Cancer patients (n=359), Heart Disease patients (n=185)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Those With Child Dependents Have Limited Access Too

Awareness of having evening/weekend hours directionally higher among those caring for children

Access to Interactions with Primary Doctor (New 2015)

Evening and Weekend Hours

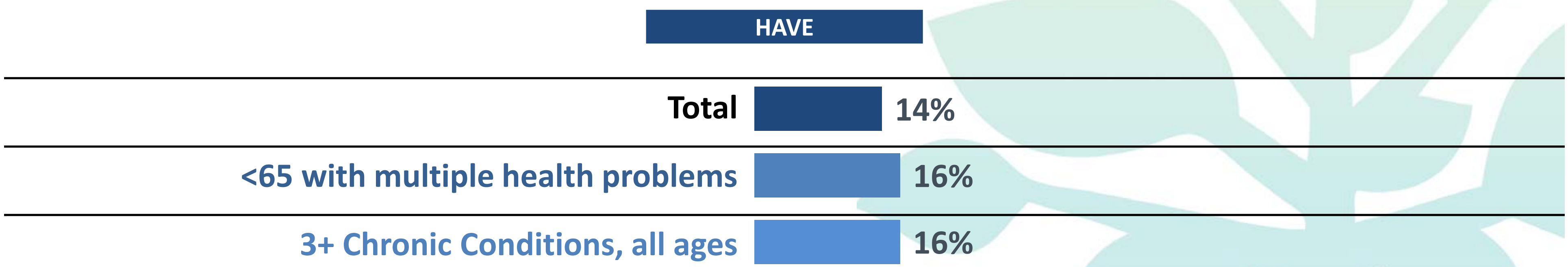


Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), US Adults with child dependents (n=1090)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Basic Telephone Advice Still Unavailable for Most

Access to Interactions with Primary Doctor (New 2015)

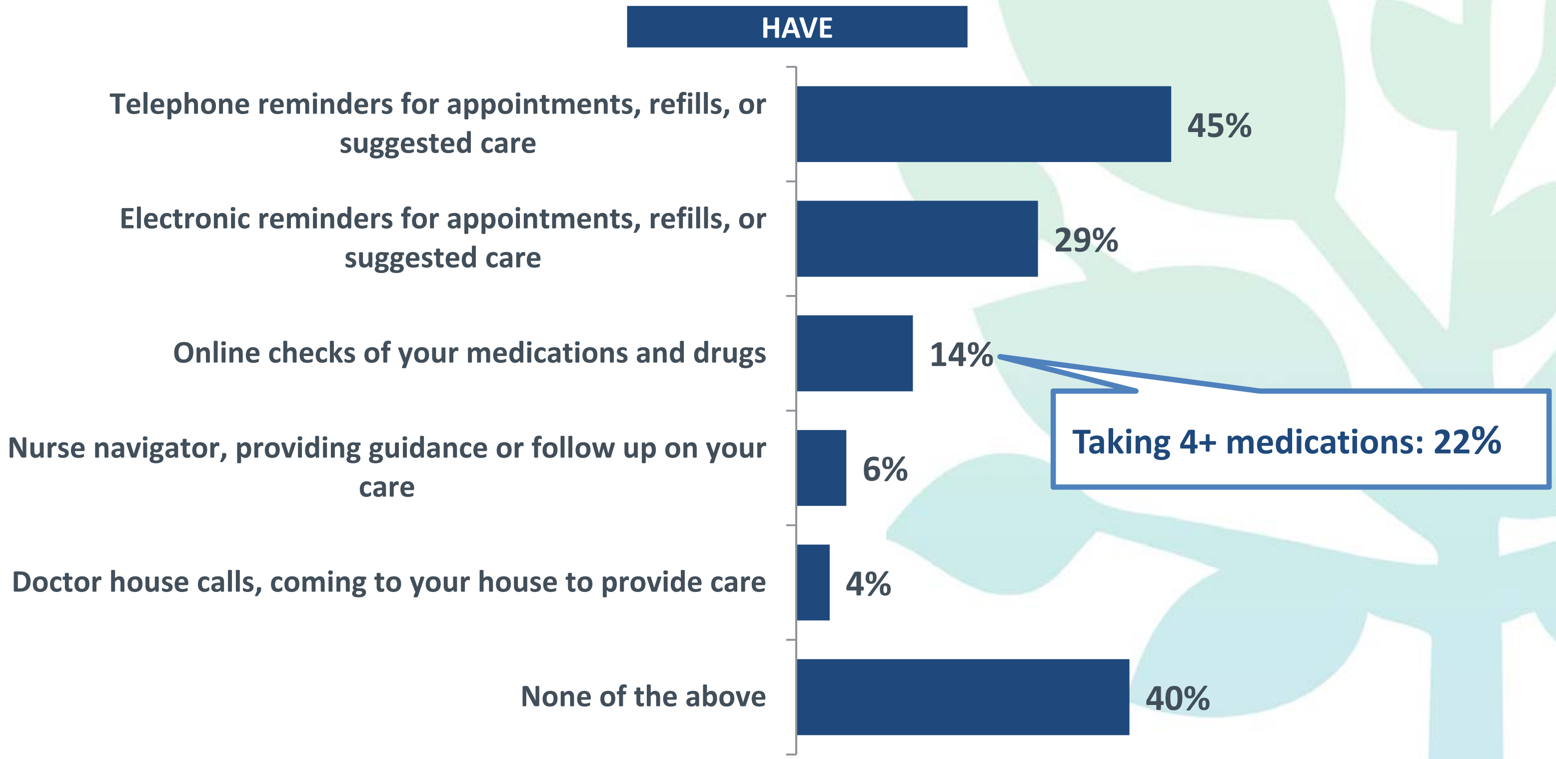
A telephone line for medical advice available 24/7



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), <Age 65 Multiple Health Problems (n=1630), 3+ Chronic conditions (n=2053)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Just Three in Ten Getting Electronic Reminders

Few have even rudimentary ways to interact with their health care providers

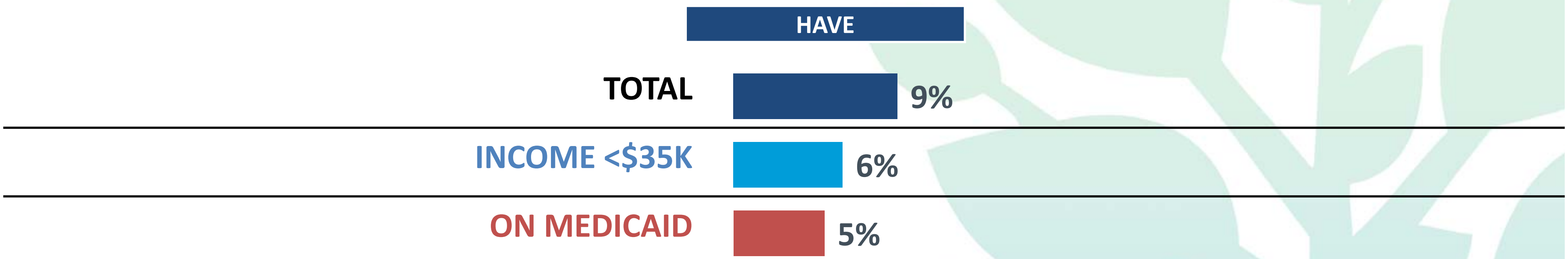


Prepared by Nielsen's Strategic Health Perspectives
Base: All qualified respondents, Taking 4+ medications (n=1264)
Source: **Q194** Have you used or experienced any of the following programs or services in the past 12 months? These could have been from a medical office, pharmacy or insurance company.

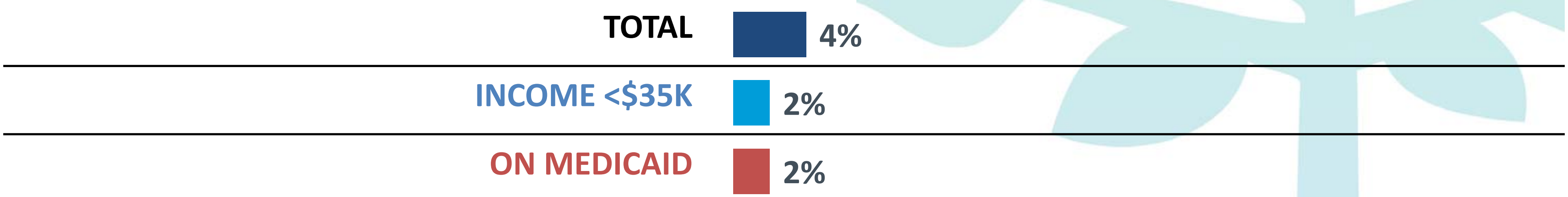
Despite Known Prevalence of Mobile-only Low-income Households, Few Report Having Access to Text-based Services

Access to Interactions with Primary Doctor (New 2015)

Text Appointment Reminders



Text Reminders About Taking Medications and/or Other Health Measurements

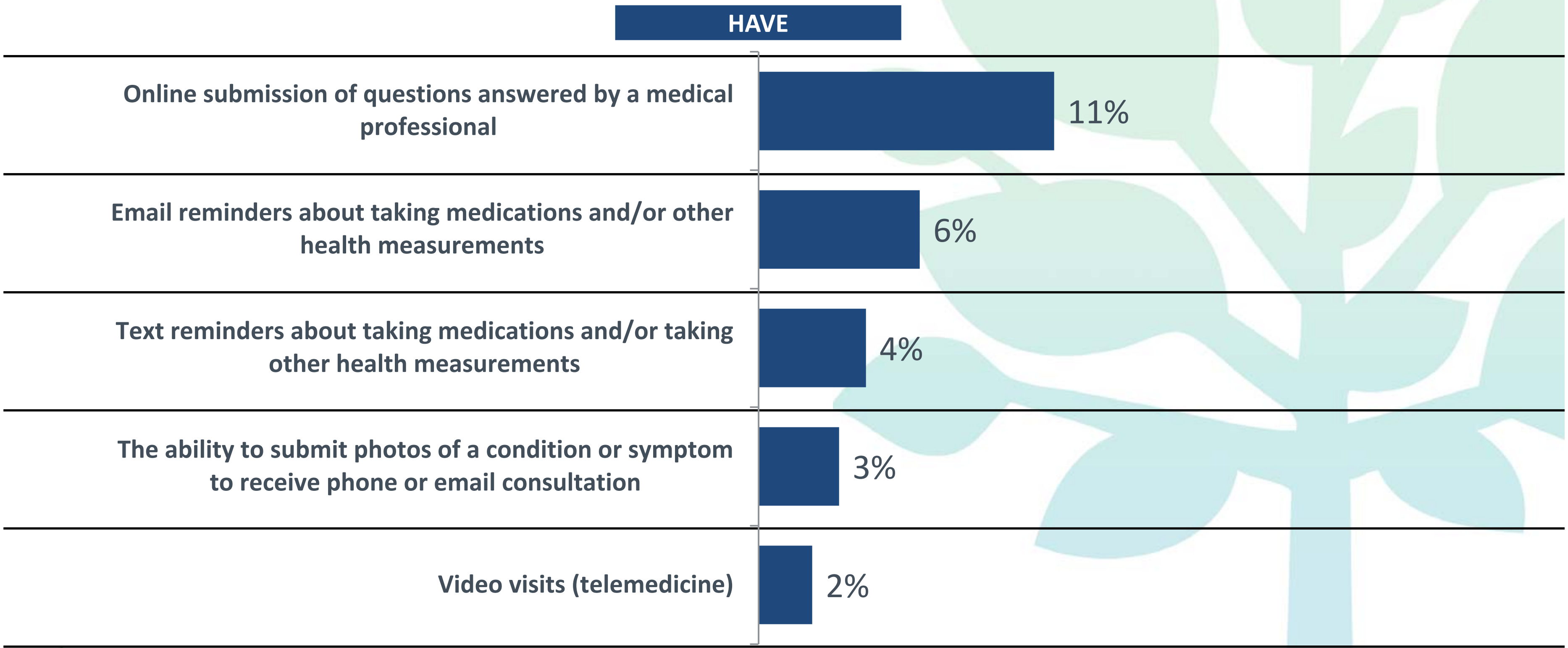


Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Income <$35K (n=1426), Medicaid (n=559)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Very Few Adults Report Access to Telemedicine

Most new technology is not yet available

Access to Interactions with Primary Doctor (New 2015)



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

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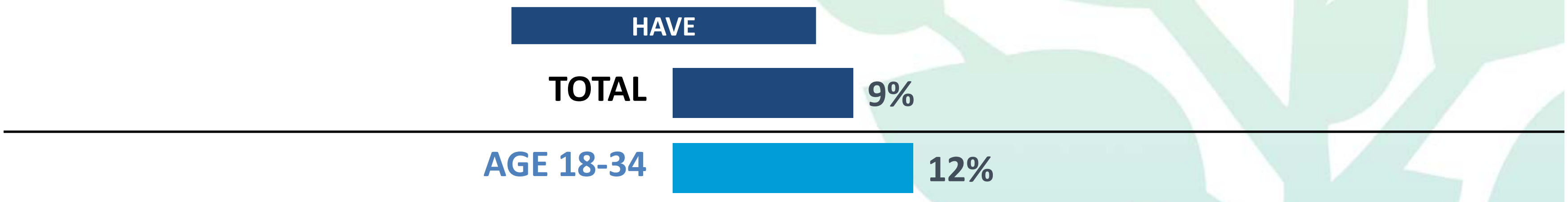
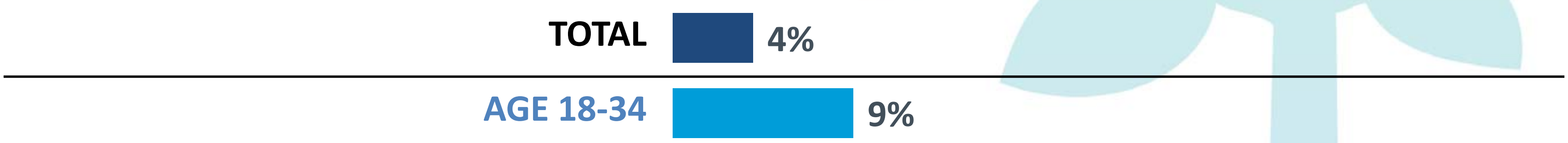
Awareness of Access to Text-based Services Higher Among Young Adults, But Still Relatively Low

Access to Interactions with Primary Doctor (New 2015)

Text Appointment Reminders



Text Reminders About Taking Medications and/or Other Health Measurements



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Adults 18-34 (n=1383)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

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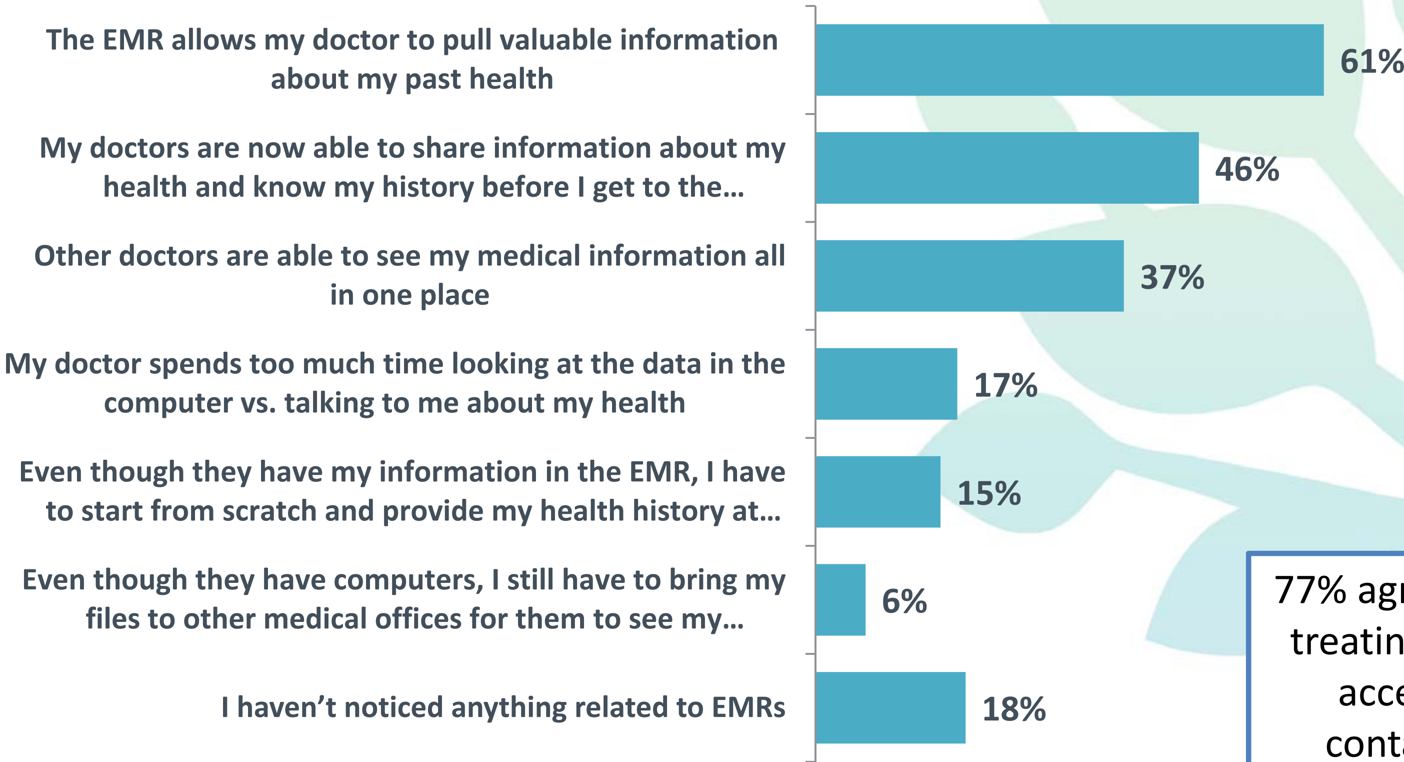
Electronic Medical Records: Experiences Generally Positive

Many consumers report EMRs allow for sharing of information and past history

Impact of EMR on Consumer Healthcare Experience*



77% agree "All physicians treating me should have access to information contained in my EMR"

Prepared by Nielsen's Strategic Health Perspectives
Base: 2015 –B US Employed Adults Whose Doctors Have EMR (n=1990)
Source: **Q210** How has the EMR impacted your healthcare experience?

ASPIRATIONS

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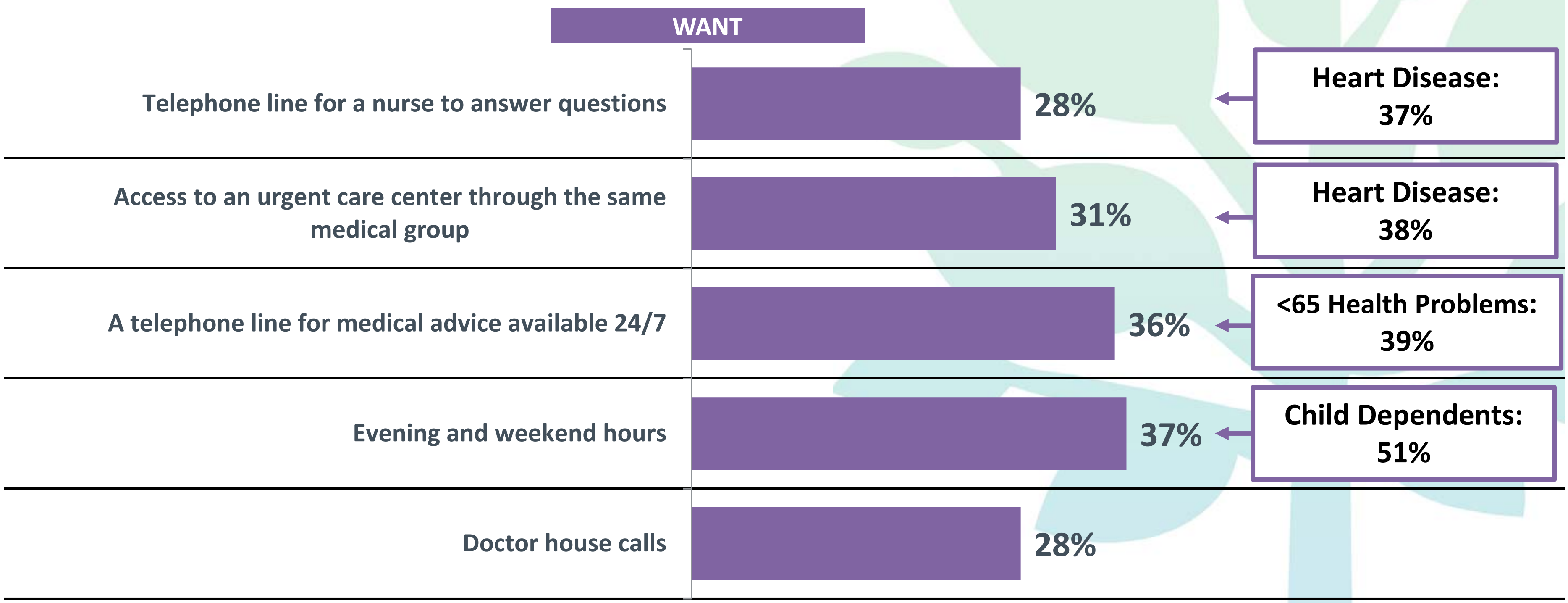
Higher Interest in 24/7 Advice and Evening/Weekend Hours

Levels of interest higher among more likely users

Interested in Interactions with Primary Doctor And Don't Have Now (New 2015)



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Despite Increasing Access to Online Portals and Email, There Is Still an Unmet Need

Access to, and Interest in, Interactions with Primary Doctor And Don't Have Now

	HAVE	WANT
Phone call appointment reminders	49%	18%
A portal to log on and see your information	28%	34%
Online appointment scheduling	21%	36%
Email appointment reminders	20%	14%
Communication via online messaging platform	15%	28%
Email correspondence about your health	15%	25%
Postal mail appointment reminders	10%	29%
Text appointment reminders	9%	28%

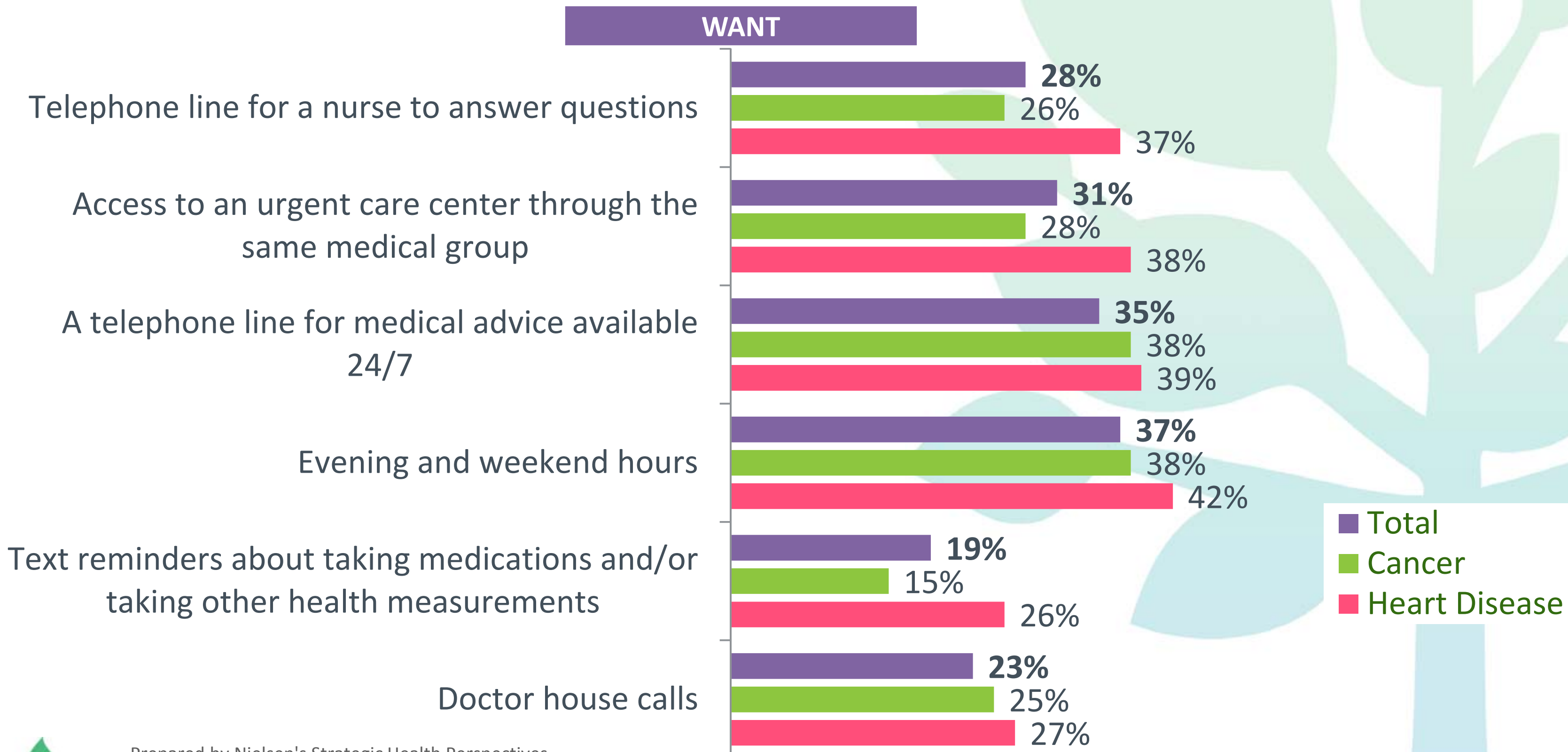
Age 18-34: 44%

Significant at 95% confidence interval

Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2012 n=2000, 2013 n=2501, 2014 n=2501, 2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Interest Among Significant Disease Groups Doesn't Vary Much from General Population

Interest in Interactions with Primary Doctor And Don't Have Now (New 2015)



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Cancer patients (n=359), Heart Disease patients (n=185)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

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Interest in Evening/Weekend Hours Higher Among Those With Child Dependents

Access to Interactions with Primary Doctor (New 2015)

Evening and Weekend Hours

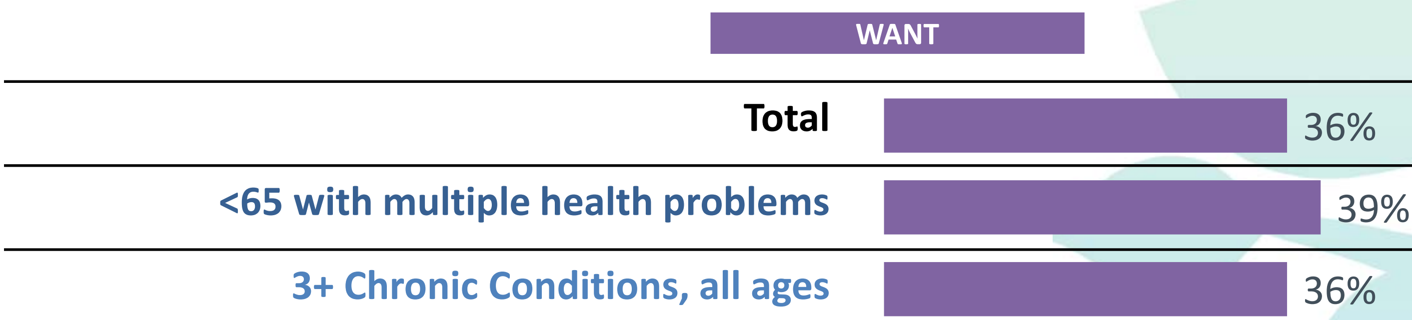
Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), US Adults with child dependents (n=1090)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

One in Three Adults Enthusiastic About 24/7 Telephone Advice Line

Levels of interest and utilization consistent regardless of health status

Access to Interactions with Primary Doctor (New 2015)

A telephone line for medical advice available 24/7



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), <Age 65 Multiple Health Problems (n=1630), 3+ Chronic conditions (n=2053)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

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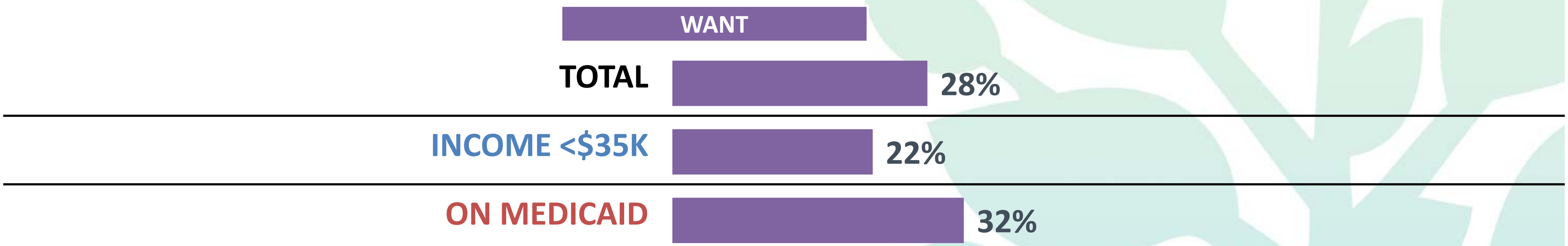
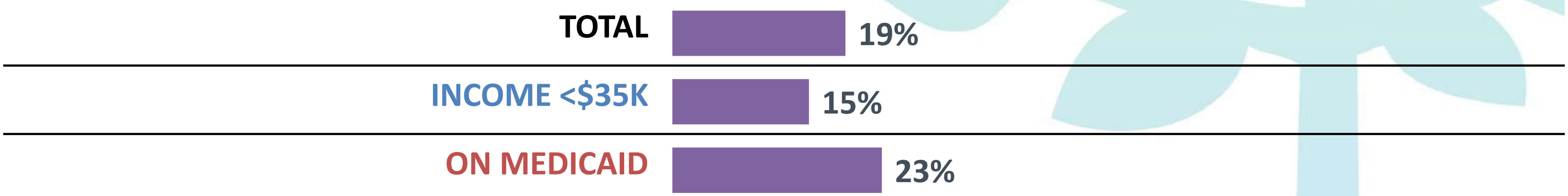
Opportunities Exist to Deliver Better Care to Low-income Consumers

Access to Interactions with Primary Doctor (New 2015)

Text Appointment Reminders



Text Reminders About Taking Medications and/or Other Health Measurements



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Income <$35K (n=1426), Medicaid (n=559)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

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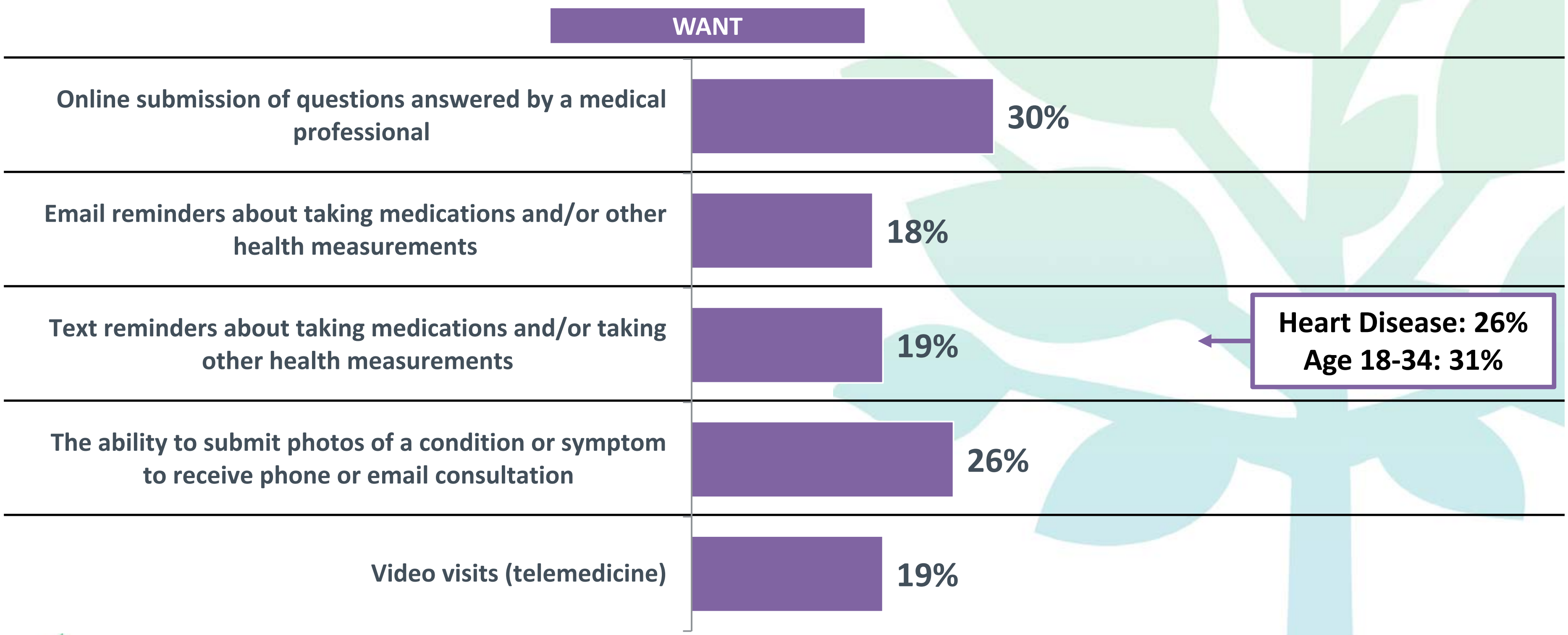
Higher Interest in Submitting Questions, Photos Online to Get Medical Advice

Access to Interactions with Primary Doctor (New 2015)



Prepared for: Council on Accountable Physician Practices (CAPP)
Base: All US Adults (2015-B n=5014)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Younger Audiences Are Likely to Have Higher Tech Expectations as They Age

Access to Interactions with Primary Doctor (New 2015)

Text Appointment Reminders

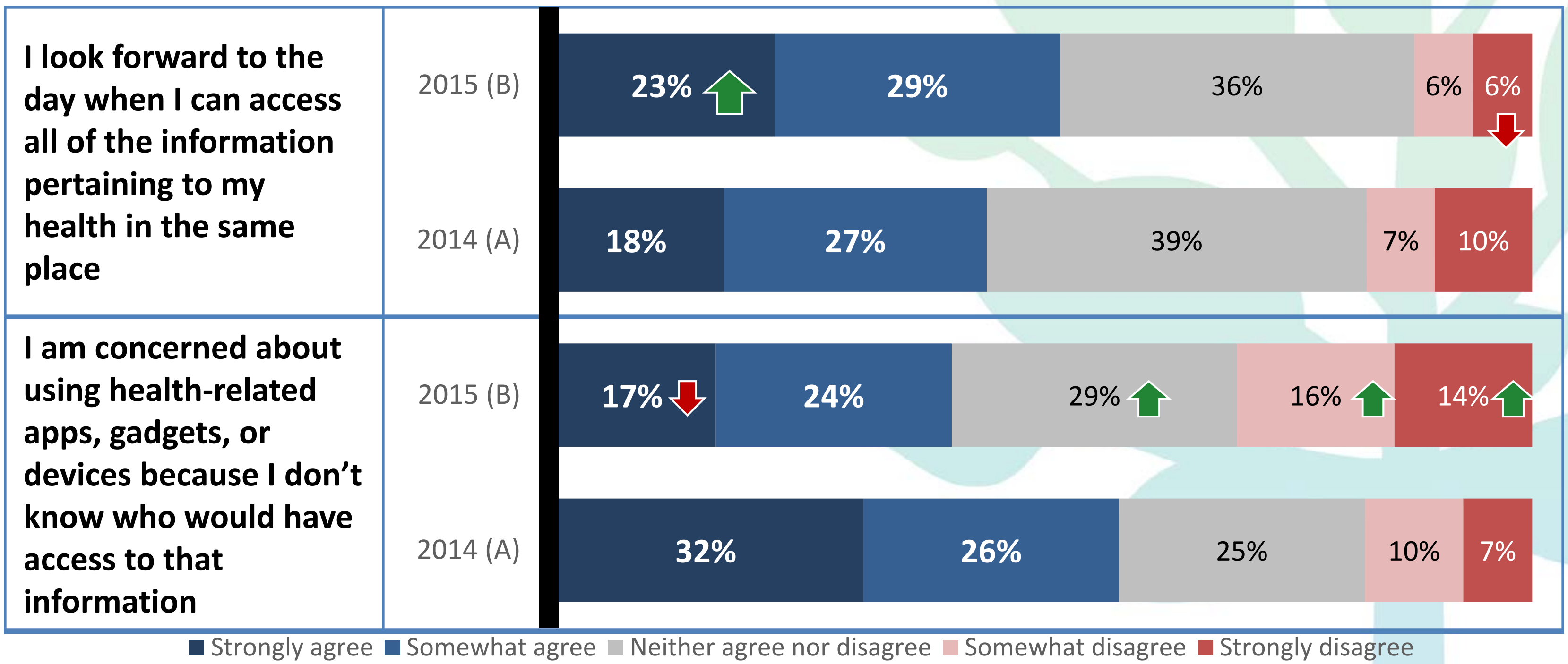
Text Reminders About Taking Medications and/or Other Health Measurements

Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2015-B n=5014), Adults 18-34 (n=1383)
Source: **Q215** Do you have access to the following types of interactions with your primary doctor?

Many Look Forward to Universal Access to Information

However, some are still concerned about who has access to health information

Level of Agreement with Technology Statements



Prepared by Nielsen's Strategic Health Perspectives
Base: All US Adults (2014 n=2501, 2015-B n=5014)
Source: **Q195** Please indicate your level of agreement with the following statements:

Significant at 95% confidence interval

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PHYSICIAN ATTITUDES AND PERCEPTIONS

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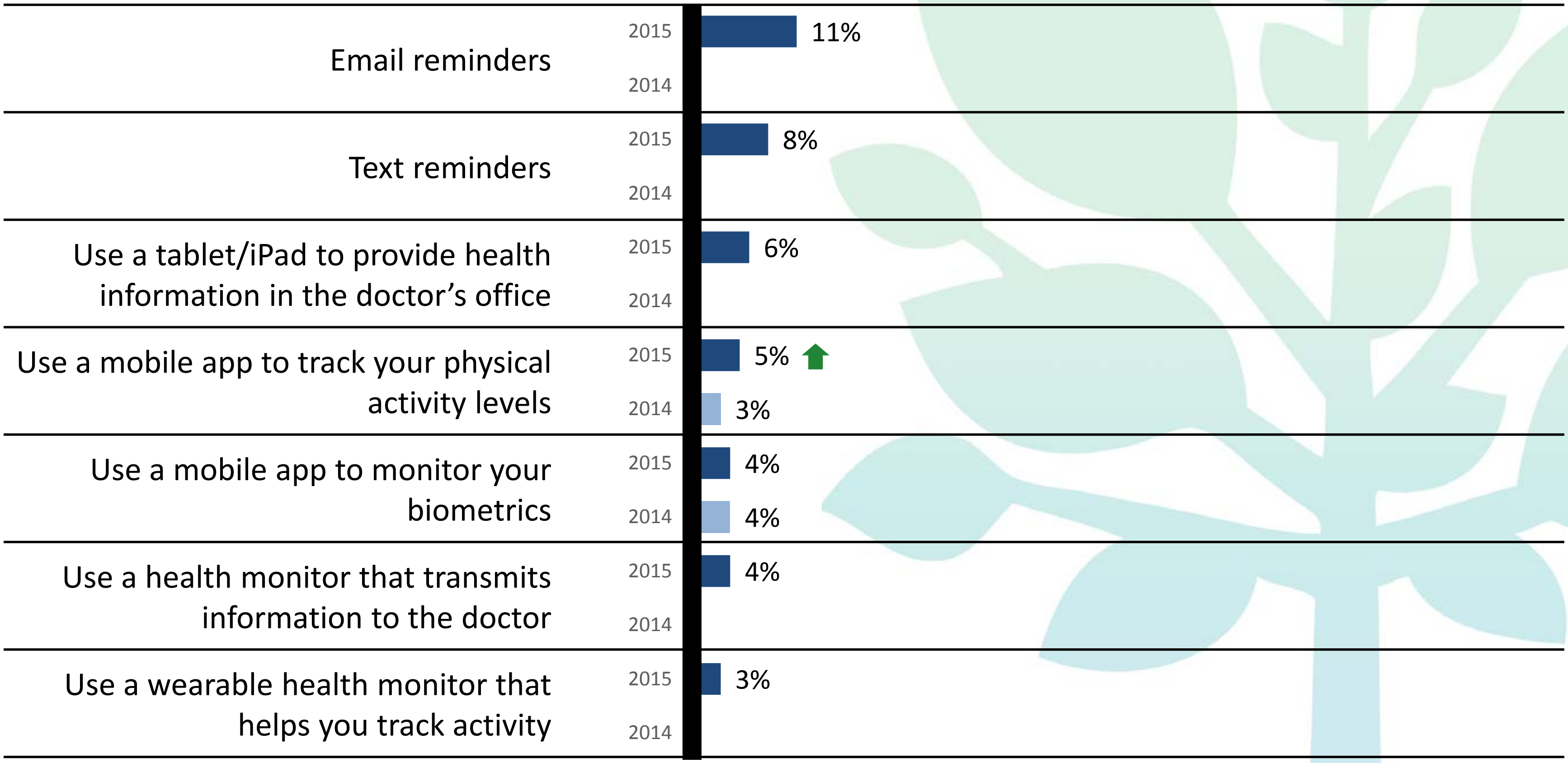
PCPs Not Often Recommending Tech Solutions

Primary Care Provider Utilizations/Recommendations for **Use of Technology**



Prepared by Nielsen's Strategic Health Perspectives for use by Council on Accountable Physician Practices (CAPP)
Base: All US Adults (2014 n=2501, 2015-B n=5014)
Source: **Q235** Has your primary care provider used or recommended any of the following to you?*

Significant at 95% confidence interval

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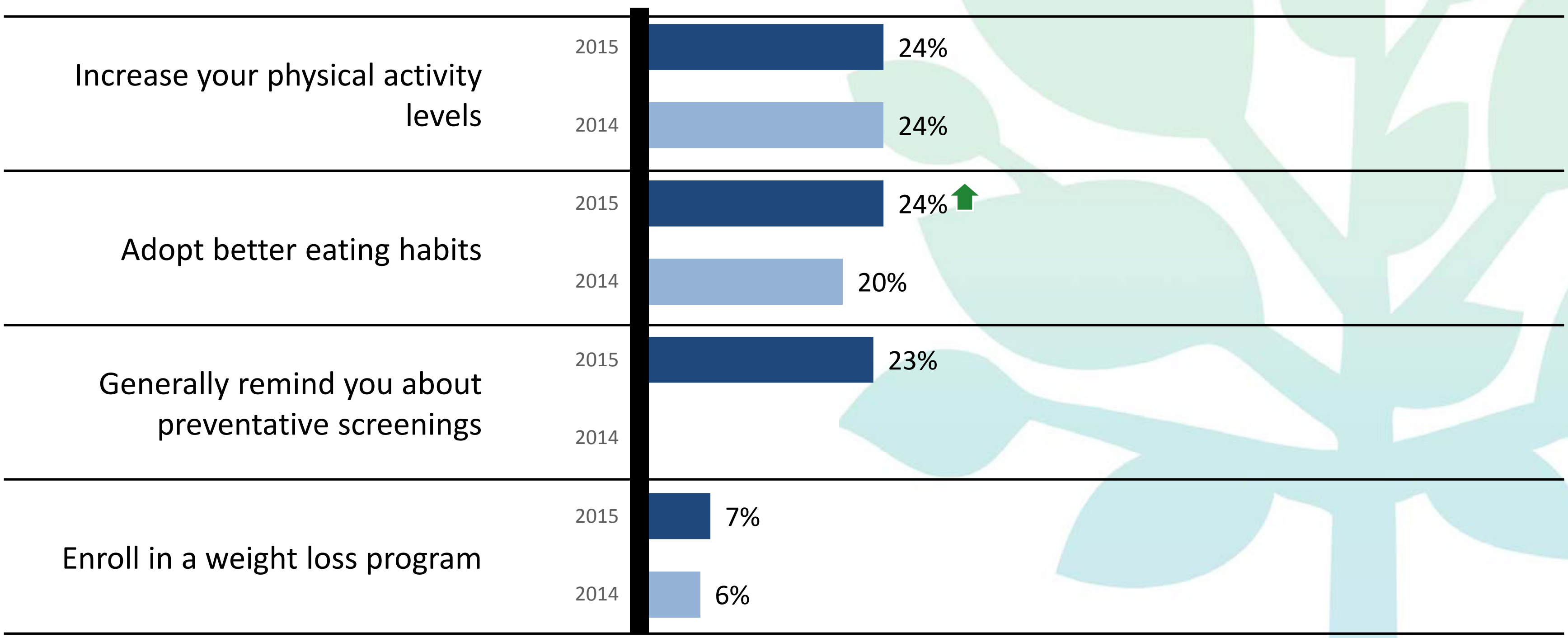
Not Many PCPs Recommending Weight Loss Programs

Primary Care Provider Utilizations/Recommendations **for General Wellness**



Prepared by Nielsen's Strategic Health Perspectives for use by Council on Accountable Physician Practices (CAPP)
Base: All US Adults (2014 n=2501, 2015-B n=5014)
Source: **Q235** Has your primary care provider used or recommended any of the following to you?

Significant at 95% confidence interval

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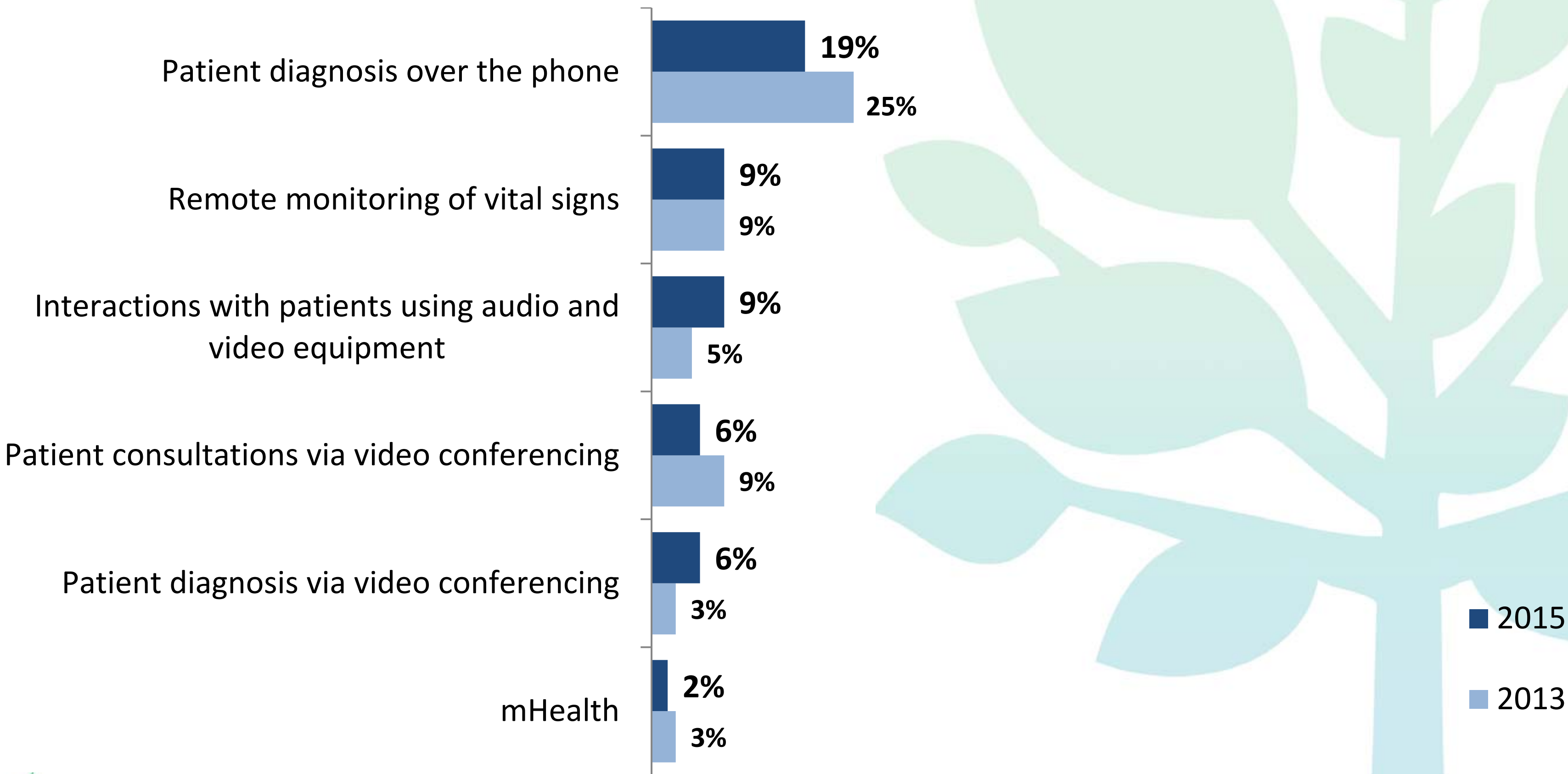
Physicians Themselves Cite Low Use of Telemedicine

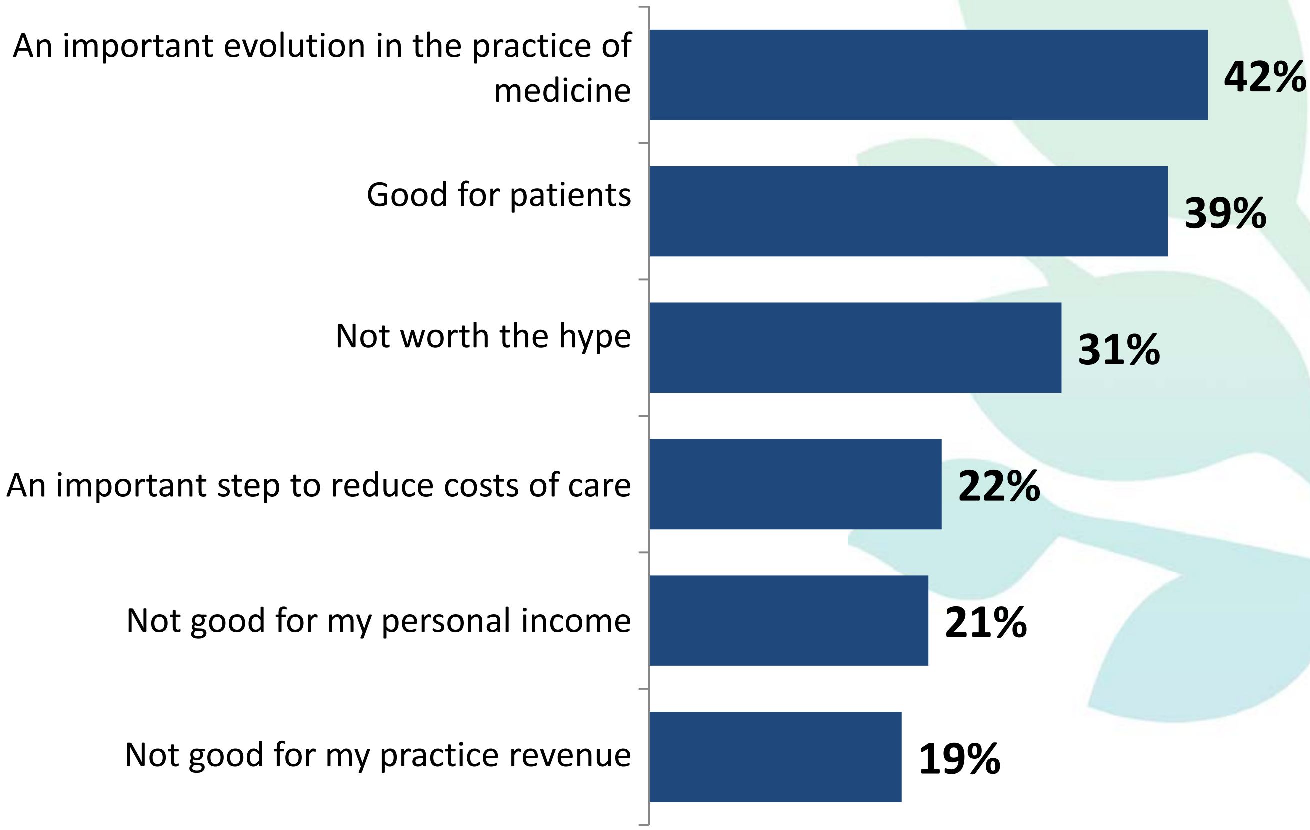
Use of Telemedicine Components – Past 12 Months (% Have Used)



Prepared by Nielsen's Strategic Health Perspectives for use by Council on Accountable Physician Practices (CAPP)
Base: All Physicians (2015: n=626; 2014: n=600; 2013: n=600)
Q1000A: Have you used any of the aspects of telemedicine in the past 12 months? Please select all that apply.

Physicians Skeptical of Telemedicine

Physician Opinion of Telemedicine Use*



Prepared by Nielsen's Strategic Health Perspectives for use by Council on Accountable Physician Practices (CAPP)
Base: All 2015 Physicians (n=626)
Q1001: Which of the following best describes your opinion about the use of telemedicine?

Conclusions

- Most Americans do not have access to digital tools or expanded access to care
- Many probably aren't aware of these tools and their value
- Different patients = different needs
- Physicians' skepticism of telemedicine and infrequent use of technology are barriers to broader adoption

Why Is This Important to All of Us?

- Digital tools improve access, patient satisfaction, care coordination--may help reduce healthcare costs
- About 20 % of U.S. GDP spent on healthcare costs; concerns about uneven quality and waste continue
- Improving quality, cost, and patient experience are significant priorities shared by public and private-sector leaders alike
- Challenges with more widespread adoption: regulatory barriers; current payment systems that reward volume vs. outcomes and value; and lack of awareness of and, in some cases, comfort with these tools, among clinicians and consumers
- Americans increasingly use electronic tools in nearly every other aspect of their lives; it's time to bring the U.S. health care system into the 21st century

What Should Be Done?

- Patients and purchasers should work to increase demand
- Changes to care delivery structure, reimbursement, culture needed
  - Horizontal and vertical integration key
  - Move towards outcomes-based payment
- Physician leadership and engagement essential; leverage existing patient-physician relationships
- Policymakers should encourage appropriate expansion in coordinated, accountable settings; use the CAPP groups as models