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2017 Consumer Healthcare Priorities Study: What Patients and Doctors Want from the Health Care System

Council of Accountable Physician Practices (CAPP)
Focus Group Research Results

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- Study Purpose 
- Methodology
- Results
- Conclusions & Recommendations

Builds on Previous CAPP Research

- In 2016, CAPP conducted a national survey of patients and doctors and found that most Americans are not receiving the kind of healthcare that many industry leaders believe delivers better patient outcomes at a lower cost.
- The 2016 study helped to identify the gaps between what experts believe patients should be getting from their healthcare and what they are actually receiving.
- But it did not address patient expectations and desires.

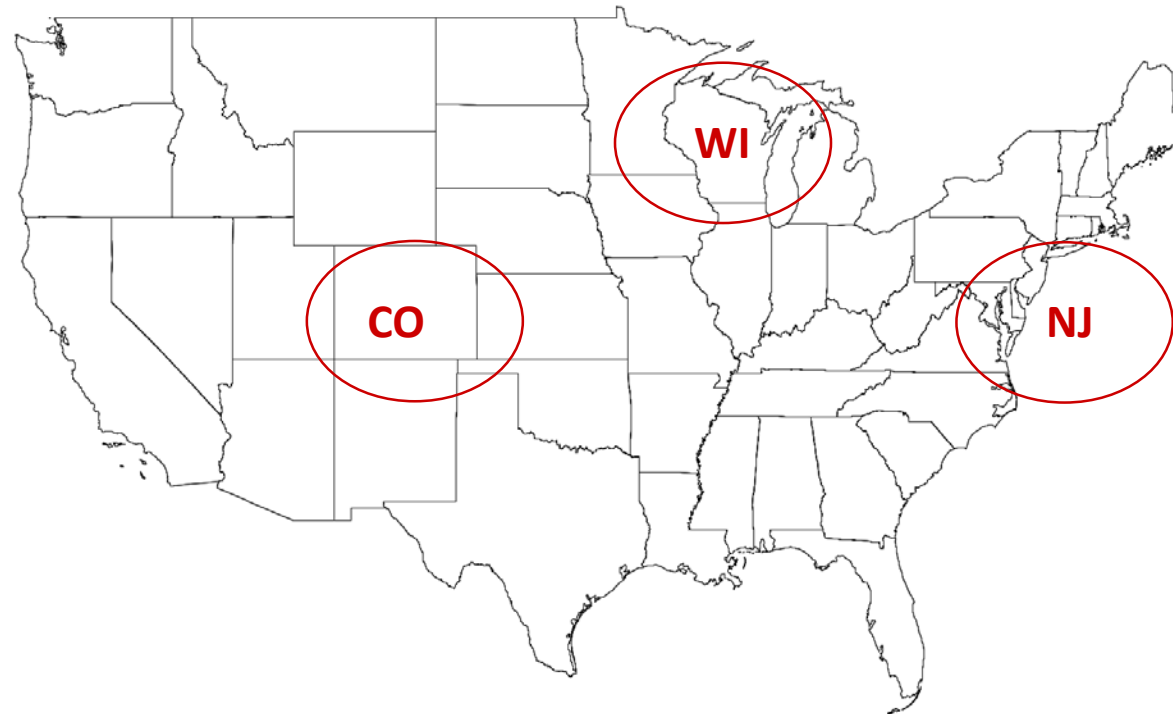
Purpose of the 2017 Study

- To understand what consumers want from their healthcare providers and to identify the attributes that matter most to them.
- To understand what physicians want for their patients, regardless of cost, and how those priorities compare to what consumers think they need.
- The focus of the study was on the quality and delivery of healthcare services, not cost or payment systems.

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Methodology

11 Focus Groups
Consumers and Primary Care Physicians



Methodology

	Millennials Generation X	Boomers	Medicare	Primary Physicians	Total
Arapahoe County, CO	1	1	1	NA	3
Burlington County, NJ	1	1	1	1	3
Milwaukee County, WI	1	1	1	1	3
Total	3	3	3	2	11

Methodology

- All participants had health insurance and reflected a variety of health insurance plans and providers
- Half were above median income and half below
- The study did not include Medicaid recipients
- All participants were English speakers
- Healthy individuals and those with chronic or complex medical conditions
- Parents and non-parents
- A total of 89 consumers and 18 physicians participated in the study

Ranking Methods

- Participants were each given set of 22 cards, each labeled with a different attribute, and asked to sort them in order of priority, with most important at the top of the stack.
- Attributes were later sorted into 7 clusters including the doctor-patient relationship, evidence-based medicine, coordinated care, prevention services, facilities, access, and technology.

Ranking Methods

- Conclusions about leading attributes were not based solely on the average ranking of the cluster and the number of participants who ranked each attribute very high or very low, but also how strongly participants felt about a feature and why.
- The ranking exercise was designed to enrich the discussion. Tallies from the ranking exercise are useful and accurate for understanding the views of study participants, but is not a statistical sample.

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- Results: Healthcare Priorities 
- Conclusions & Recommendations

Consumers: Attribute Clusters Ranked by Priority



Consumers: Tier 1 Priorities

Personal Doctor-Patient Relationship

- Single most important hallmark of quality care.
- The majority of consumers, regardless of age or health status, want a doctor who is experienced and knowledgeable, listens to their concerns, explains things clearly, and spends as much time as necessary.
- Most consumers who participated in the study ranked one or more of the physician relation attributes as one of their top six cards. Only two individuals ranked any of these attributes as their lowest priority (bottom three cards).
- On average, consumers ranked the doctor/patient cluster 5 from the list of 22 attributes including access, facilities, and technology.

Consumers: Tier 1 Priorities

Evidence-Based Medicine

- Consumers expect that their medical treatment will be based on evidence and shared-decision making.
- This cluster included the use of treatment based on proven methods, a doctor who stays up-to-date with the current research, and a doctor who considers the patient's treatment preferences.
- Consumers believe treatment based on proven methods and current research is even more important than a doctor's willingness to consider a patients' treatment preferences.
- Many consumers research their medical conditions online before visiting their doctor and expect their doctors to be familiar with the latest protocols.
- Majority of study participants did not associate evidence-based medicine with "one size fits all," impersonal care; a criticism raised in the 2007 focus groups.

Participant Quote

"My husband died from lung cancer. There were things that I would look up and call the doctor's office and they'd say, 'Oh sure, we can do that.' Why in the blue bloody blazes aren't you offering that? I want my doctors up to date on stuff."



Consumers: Tier 1 Priorities

Care Coordination

- Consumers believe coordinated care keeps them healthy.
- Half the consumers ranked one or more of these attributes as a high priority (first six cards).
- They expect medical teams to have their current and complete medical information, regardless of where a patient receives care.
- Other attributes included a primary care doctor who works with all specialists about the patient's care, and an office that follows up with patients.
- Coordination matters most to patients with chronic or complex medical conditions, including diabetes and cancer.
- The wording of one attribute was changed after the first 3 focus groups, which improved the ranking of care coordination. "Care manager" was replaced with "my doctor's office makes sure I'm getting better."

Participant Quote

"If you go to an office, you don't want to have to tell them everything... They should have records and a system where all your information is there and they don't have to ask you."



Participant Quote

"My mother had cancer. She had to see a number of doctors. They all should coordinate with each other [about] her care."



Consumers: Tier 2 Priorities

Facilities

- Consumers view medical facilities and equipment as ancillary features, valuable but secondary to the doctor, the course of treatment, and the coordination of care.
- Cleanliness of medical offices and the availability of the latest technology were the lowest ranked attributes.

Consumers: Tier 2 Priorities

Access

- Access was not ranked as a top priority because some attributes within this cluster were interpreted to mean patients would be redirected from their primary care doctor to other resources.
- Consumers want to easily get care and information when they need it, but they do not value a 24-hour nurse advice line or the ability to see another doctor who has their medical information.
- Evening and weekend hours and the 24-hour nurse advice line were among of the lowest ranking attributes across all clusters.
- Consumers were not asked about wait times to get an appointment with their regular doctor or wait times at their doctor's office, which may have ranked higher.

Consumers: Tier 2 Priorities

Access

- Seniors were the least likely to value additional hours since most are no longer working and they have flexible schedules.
- Access, including the nurse advice line, was a higher priority among Millennials and GenX participants who were more likely to have busy schedules and young children.
- Access may be more important to very low-income consumers who may not have jobs with flexible schedules and/or sick time benefits.

Consumers: Tier 3 Priorities

Technology

- Consumers do not place a premium on digital engagement.
- More participants placed technology attributes at the bottom of their stacks and expressed strong feelings about not needing the service.
- Some consumers were uncomfortable with digital platforms (more common among seniors).
- Others did not have enough interactions with the health system to make them useful (Millennials or young GenX participants, without children, who rarely visit the doctor and have no recurring prescriptions or labs).

Participant Quote

"[The website] is a valuable service and it's nice to have, but with my doctor's office, if I do a blood test and something is wrong, they're going to call me right away. I know I don't need to keep looking online."



Consumers: Tier 3 Priorities

Prevention Services

- Prevention was the lowest ranking cluster among the healthcare attributes tested.
- This cluster included the doctor providing tools and information to help the patient improve his or her health, reminders about preventative screening, and calls when patients fail to make follow-up appointments or fill a prescription.
- Many participants interpreted these services as impersonal and rote, whereby a healthcare system simply dictates protocols to its patients rather than engaging with them as partners in their own health.
- Many participants strongly disliked the feeling of being “managed.” Participants most often described reprimands about losing weight or being handed a brochure by a nurse.
- Boomers sensitive to suggestion of cognitive decline.

Participant Quote

"I'm a big girl...I put on my big girl pants and make my own appointment, and fill my prescription. I don't need a mother, that's [what] that reminds me of."



Physicians: Attribute Clusters Ranked by Priority



Physicians: Tier 1 Priorities

Doctor-Patient Relationship

- Doctors agree with their patients that the most important determinant of quality care is the doctor/patient relationship.
- Quality care included an experienced and knowledgeable physician who is willing to listen to his or her patients' concerns, can explain things clearly, and is able to spend as much time as necessary.
- Doctors felt strongly about the importance of spending time with their patients and many expressed frustration over the non-clinical aspects of their job that took time away from patient care, including insurance documentation and billing.
- Doctors in smaller practices were more likely to complain that they were overwhelmed by these requirements.

Physicians: Tier 1 Priorities

Evidence Based Medicine

- Doctors believe patients receive the best care when treatment is based on proven treatment methods, research, and shared decision making.
- Evidence-based medicine was the most highly ranked set of attributes after the doctor-patient relationship.

Physicians: Tier 1 Priorities

Coordinated Care

- **Physicians believe that communication between the primary care doctor, specialists, and other team members is critical for improving health outcomes.**
- Physicians working in accountable care-type organizations were the strongest advocates for coordinated care.
- Physicians in smaller systems were more likely to voice frustration regarding their inability to access complete information on their patients and to communicate with specialists from outside their practice.

Participant Quote

"We can have patients who are seen in an emergency department are brought back from their overdose...and then they are back at their primary care doctor receiving the same prescription that landed them in the hospital."



Physicians: Tier 2 Priorities

Preventative Services

- **Physicians place a much higher value on preventative medicine than do healthcare consumers.**
- Half of the doctors participating in the study ranked one or more of the prevention services attributes among their top six cards and gave the cluster an average ranking of ten out of 22.
- The most highly rated attribute in this cluster was the importance of providing patients with tools and information about how they can improve their health.
- Some doctors were cynical about how effective preventative programs were at helping patients change behavior.

Participant Quote

"You need to emphasize preventative care...[patients] need to be told the things they need to do."



Participant Quote

"[Screenings] prevent disease and promote health. The problem is how do we get people do them?"



Physicians: Tier 2 Priorities

Access

- While doctors believe patients should have access to care, they do not place a premium on the ability of patients to get care 24/7.
- The ability for patients to see another doctor was rated much higher than access to evening and weekend hours, a 24-hour advice line, and the ability to easily get care and information when they need it.
- **Access is viewed as a customer service issue by some doctors.** Some doctors were dismissive of the idea that the majority of patients need 24-hour access to care and information.

Physicians: Tier 3 Priorities

Facilities

- Doctors rated the quality of hospitals and facilities second to last in priorities.
- Physicians want and expect clean, well-maintained medical facilities with the latest technology, but believe those features are secondary to the “people” who are providing care.
- None of the attributes in this cluster, including the quality of affiliated hospitals and the cleanliness of medical offices, was ranked among the top three cards.

Physicians: Tier 3 Priorities

Technology

- None of the 18 doctors included in the study ranked any of the attributes in this area as a high priority. Most ranked at least one of these attributes as their lowest priority.
- Most doctors were unconvinced that the ability for patients to view test results online, make appointments, email a doctor, or submit a medical question online improves patient care.
- Some were concerned about liability and reimbursement for online consultations. Doctors in larger health systems did not share this concern.

Participant Quote

"I don't think that [technology] really translates into good medicine. The website where you can log on and email your doctor, the last thing I want is someone emailing me a question...That opens up physicians to a lot of liability."



Physicians: Tier 3 Priorities

Technology


- Doctors were far more skeptical than were consumers about the reliability of EMRs and their ability to facilitate care coordination.
- Many doctors view EMRs as a tool that is only as good as the data entered and the willingness of doctors to review and apply the information.
- Many doctors described EMR systems that track billing events and not care coordination.

Participant Quote

“Technology is good but it also comes [down] to garbage in, garbage out. If we don’t put information in, you’re not going to get anything magic from that.”

“You got more information ten years ago from a specialist who wrote a one-page letter that summarized everything as opposed to a 20-page regurgitation of every test they’ve had for the last ten years. You have no idea what happened, what the plan is.”



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Conclusions

- Healthcare consumers are becoming increasingly sophisticated in their understanding of healthcare delivery systems and the components of quality care.
- Findings suggest that consumers are increasingly looking beyond their doctor to evaluate the larger system of care.
- Although consumers continue to place a premium on the doctor-patient relationship, they also want and expect care coordination, EMRs, and evidence-based medicine.

Conclusions

- There continues to be a disconnect between how healthcare professionals define quality and what consumers believe they need from their providers.
- Doctors place much more value on preventative services than do consumers. While doctors discussed the importance of screenings and improved health habits, consumers reported that they felt “managed” and condescended to by the standard approaches.
- There is a divide between policy makers’ expectations of technology and the daily experiences of patients and their doctors.
- Many consumers do not use or value online tools and doctors raise important concerns about the limitations of EMRs, including platforms that are incompatible and systems that are designed to meet billing and documentation needs rather than care coordination.

Recommendations

- **In communicating the value of integrated care to consumers, emphasize those attributes most recognized by consumers as hallmarks of quality care; namely care coordination and evidence-based medicine.** Whenever possible, describe coordinated care and care management as supporting the doctor/patient relationship (consumers' number one priority) rather than replacing it.
- **Look for opportunities to promote preventative health programs that incorporate personal interactions.** Consumers recognize the importance of lifestyle changes but need support to develop healthier habits. The study found that patients want interactions with caring professionals and do not value general health tips or brochures.
- **Support public policy that aims to improve the use of EMRs for care coordination,** including policies that establish standards for data exchange across different systems, address payment incentives to foster coordination, and facilitate common expectations about how primary care and specialists will exchange information.

Recommendations

- **As a follow-up to the current research, consider holding a forum that includes patients, doctors, and health policy experts to discuss and possibly draft what they agree to be the ideal healthcare delivery system.** The current study was useful as a starting point for identifying patient and physician priorities but more work needs to be done to understand how these attributes translate into clinical practice and to resolve differing perspectives among health policy experts and consumers.



Thank you!

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