



INFObrief

Deloitte 2012 Survey of U.S. Health Care Consumers

Consumers' utilization of the health care system

Highlights: Satisfied with care, but thirsty for information

Most consumers have primary care providers, most people use them, and most people are satisfied with the medical services they provide. What they would like from doctors and hospitals is transparency about care quality and fees.

In 2012, most consumers (84 percent) said they consider themselves to be in good health but more than half (52 percent) say they have been diagnosed with one or more chronic conditions. Half (51 percent) currently take prescription medications. Nearly 8 in 10 consumers report having a primary care provider (PCP) and three in four consumers say they sought medical care from a doctor during the last 12 months. More than 4 in 10 consumers say they received care in a hospital in the last year. Consumer use of emergency care is on the rise – 13 percent went to an emergency room in 2009 and 19 percent did so in 2012.

Satisfaction with primary care providers is consistently high and has increased steadily since 2008. Many consumers are satisfied with their hospital care: 65 percent of those who had used any type of hospital service in the past year including inpatient, outpatient, or emergency room services say they were satisfied with the care received. When people expressed dissatisfaction with hospital care, the reasons they cited were related to cost, customer-service, and the style or manner of service delivery.

Background

This *INFOBrief* presents key findings about consumers' utilization of the U.S. health care system – in particular, their use of primary care and hospital services and consumers' interest in and views of system of care innovations – from the *Deloitte 2012 Survey of U.S. Health Care Consumers*. *INFOBriefs* also are available on the topics of consumers and health information technology; life sciences products and innovations; and consumers and health plans. For the full report: *2012 Survey of Health Care Consumers in the United States, 2012 Consumer Study Infographic, Five-Year Look Back, INFOBrief* source questions and other *INFOBrief* reports, visit www.deloitte.com/us/consumerstudies.



Consumers want transparency regarding fees and quality. Three out of four consumers believe providers should publish quality of care information on the Internet; two out of three believe that hospitals should publish their prices on the Internet. Younger age groups are particularly active in seeking online quality and price information.

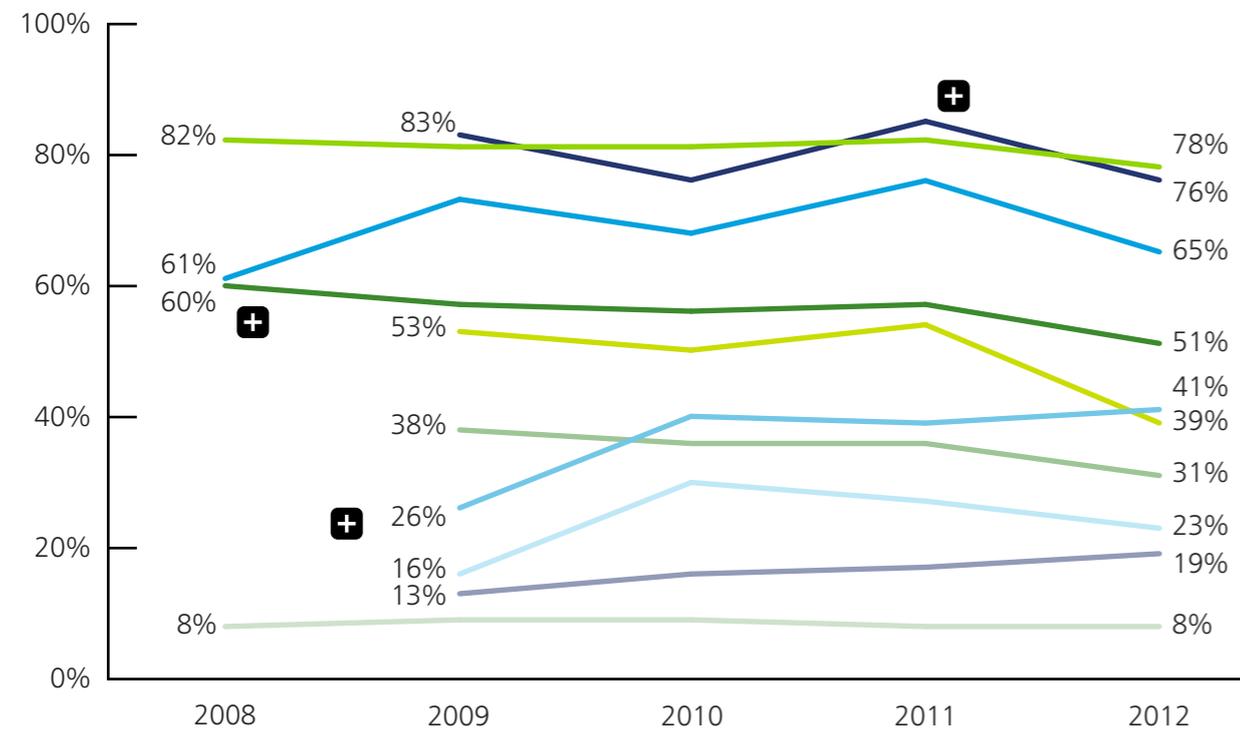
Alternative avenues of non-urgent care, such as retail clinics, pharmacies, and shopping malls, appeal to consumers who were surveyed – particularly if they could obtain care there more cheaply and quickly. Many are open to using non-physician providers, such as nurse practitioners or physician assistants, as their primary care providers or as an option if a doctor is not available.



Key Findings:

Use of the health care system

Figure 1: Health care use 2008 to 2012¹



Data are rounded
Percentage responding "Yes"

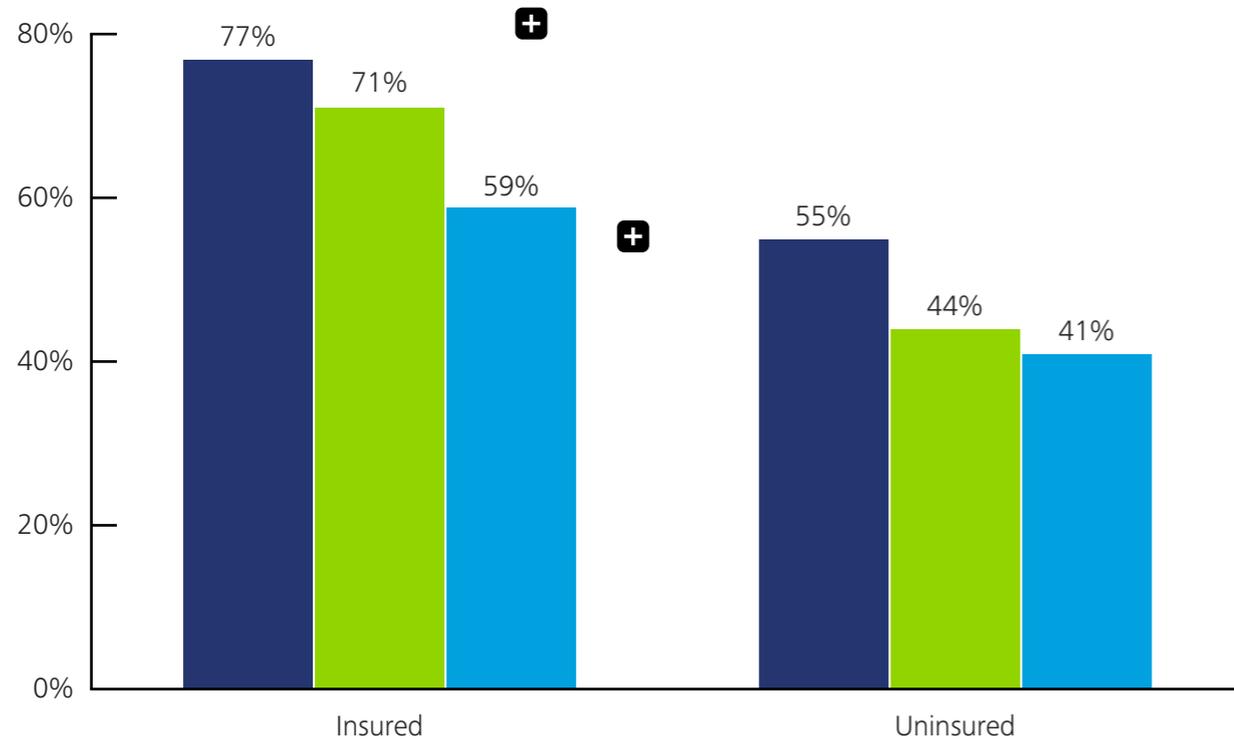
* Hospital service figures for 2008 and 2009 are 1 year estimates calculated as half the reported 24-month rates

- Doctor visit (any purpose)
- Have primary care provider
- Doctor visit for well/check up
- Prescription medications
- Doctor visit for illness/injury
- Over-the-counter medications
- Hospital care (all types) *
- Outpatient care *
- Emergency care *
- Inpatient care *

Hospital care

Use of emergency care is rising, while satisfaction with outpatient, inpatient, and emergency hospital care is decreasing. Quality and customer service issues are driving these attitudes more than cost.

Figure 2: Hospital experience satisfaction²



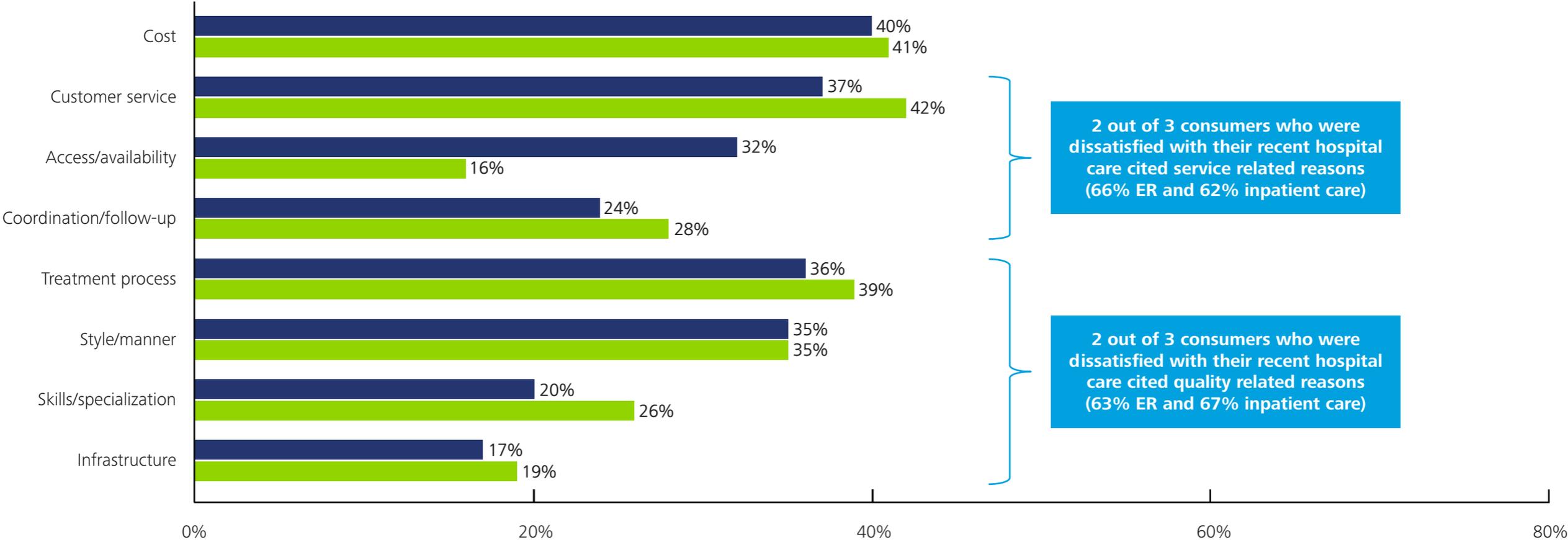
Rating of 8, 9, or 10 on a 10-point scale where 10 is "Completely satisfied"

- Satisfied with outpatient hospital care (% of those who received)
- Satisfied with inpatient hospital care (% of those who received)
- Satisfied with emergency (ER) hospital care (% of those who received)

Hospital care

Use of emergency care is rising, while satisfaction with outpatient, inpatient, and emergency hospital care is decreasing. Quality and customer service issues are driving these attitudes more than cost.

Figure 3: Dissatisfaction with recent hospital care³ +



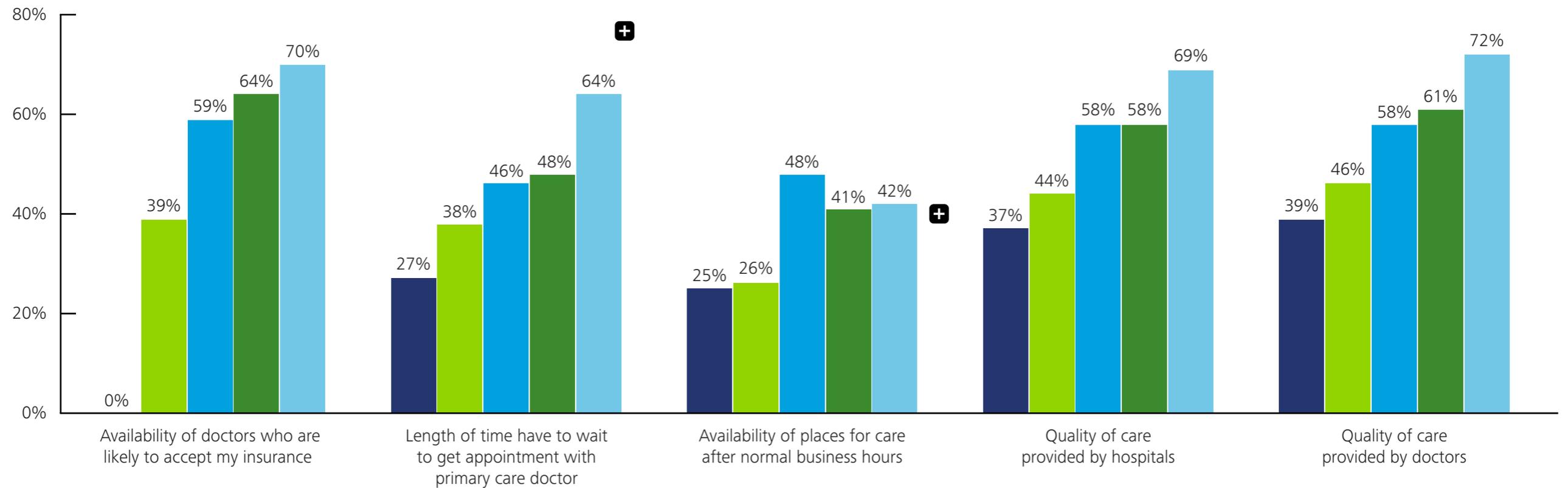
Data are rounded
Of those who were dissatisfied with their hospital care experience

- Emergency Care
- Inpatient Care

Primary care

A growing number of consumers are using nurse practitioners (NPs) or physician assistants (PAs) for primary care. Those who switch care providers do so for service, quality, or cost reasons. One in four Medicare enrollees – and one in three consumers with commercial coverage – experience issues with access. For the uninsured, access is a substantially greater problem.

Figure 4: Perceived availability of primary care, by insurance source⁴ +



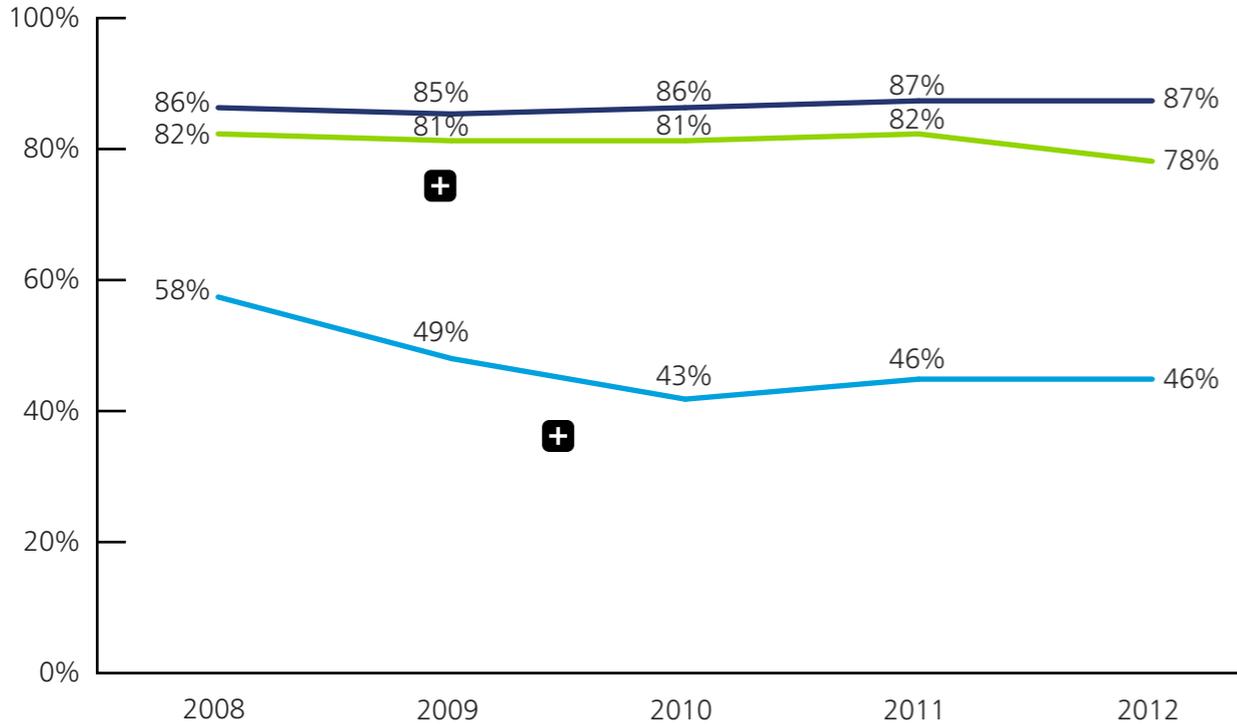
Data are rounded
Rating of 8, 9, or 19 on a 10-point scale where 10 is "completely adequate"

- Uninsured
- Medicaid
- Direct purchase
- Employer-sponsored
- Medicare

Primary care

A growing number of consumers are using nurse practitioners (NPs) or physician assistants (PAs) for primary care. Those who switch care providers do so for service, quality, or cost reasons. One in four Medicare enrollees – and one in three consumers with commercial coverage – experience issues with access. For the uninsured, access is a substantially greater problem.

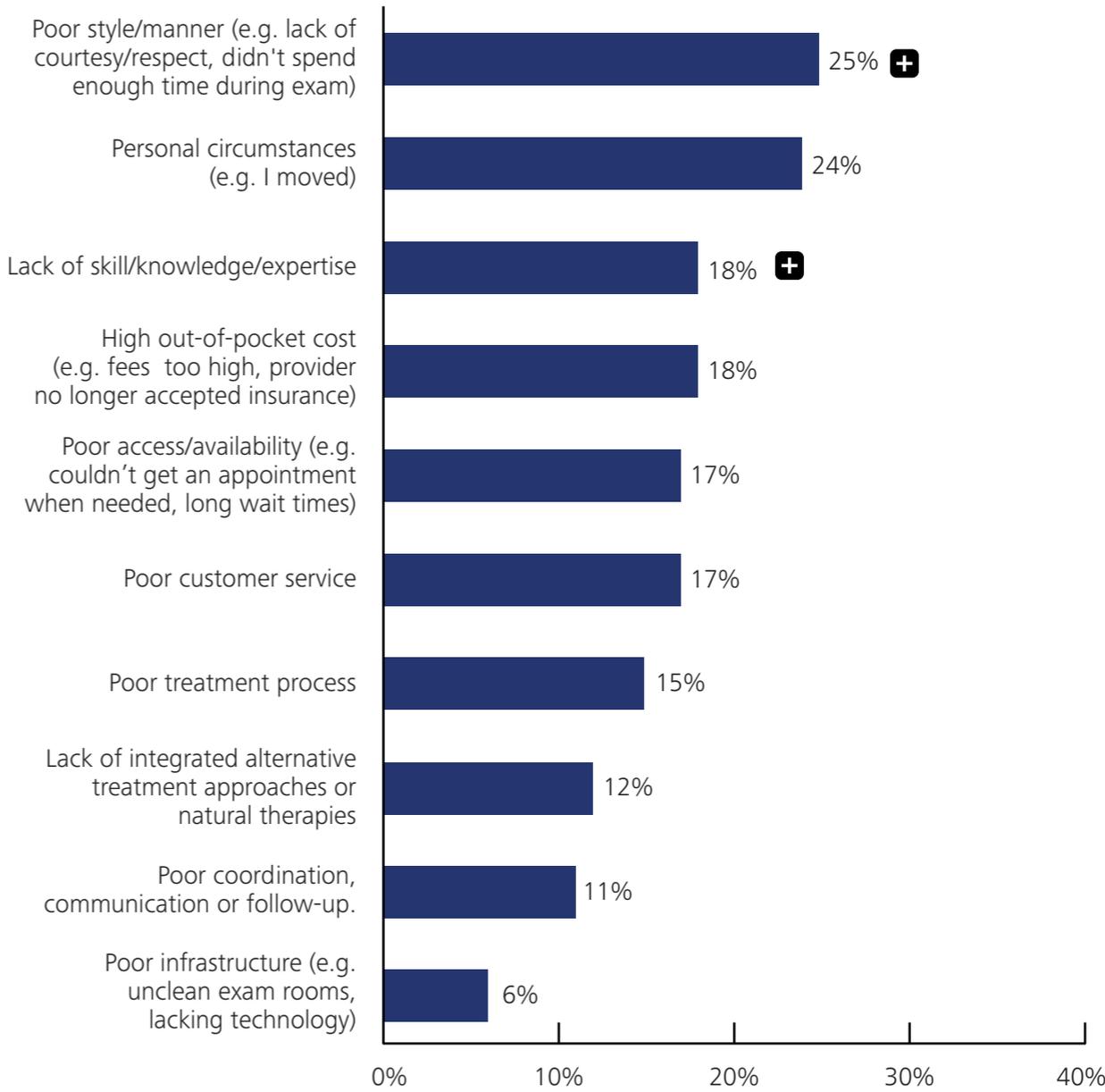
Figure 5: Primary care providers, 2008-2012⁵



Data are rounded

- Insured
- Total
- Uninsured

Figure 6: Switching primary care provider⁶ +

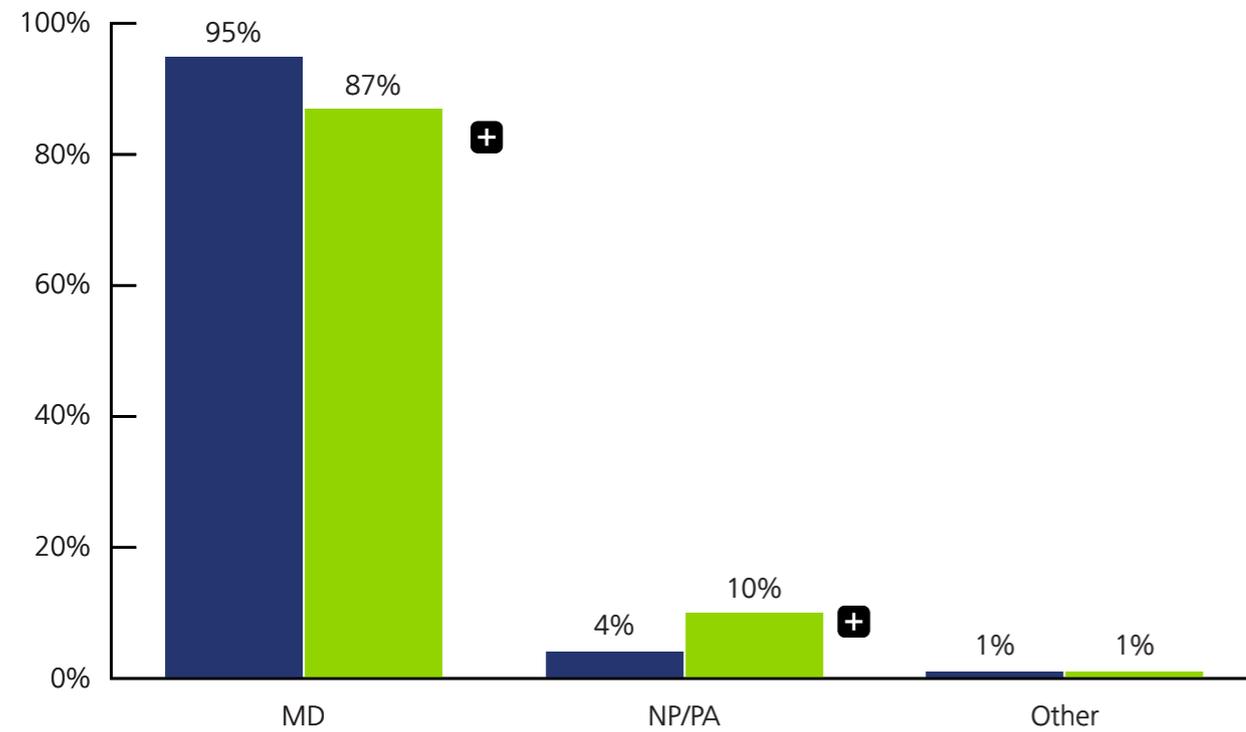


Data are rounded
Those who switched doctors/medical professionals in the past year

Primary care

A growing number of consumers are using nurse practitioners (NPs) or physician assistants (PAs) for primary care. Those who switch care providers do so for service, quality, or cost reasons. One in four Medicare enrollees – and one in three consumers with commercial coverage – experience issues with access. For the uninsured, access is a substantially greater problem.

Figure 7: Type of provider, among consumers who have a PCP⁷



Data are rounded

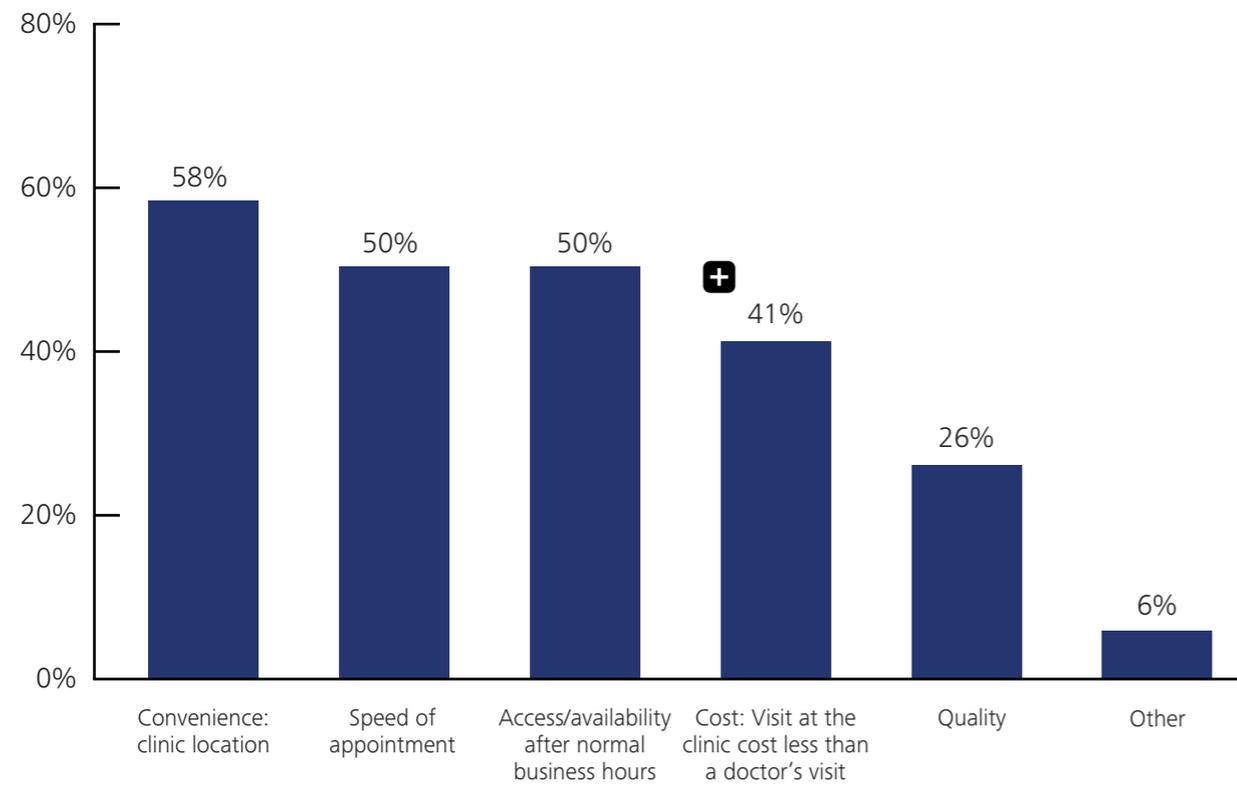
■ 2008

■ 2012

Retail clinics

Consumers are receptive to using retail clinics for minor medical problems. Why? Value, convenience, and access.

Figure 8: Reasons for using retail clinics⁸ + + +



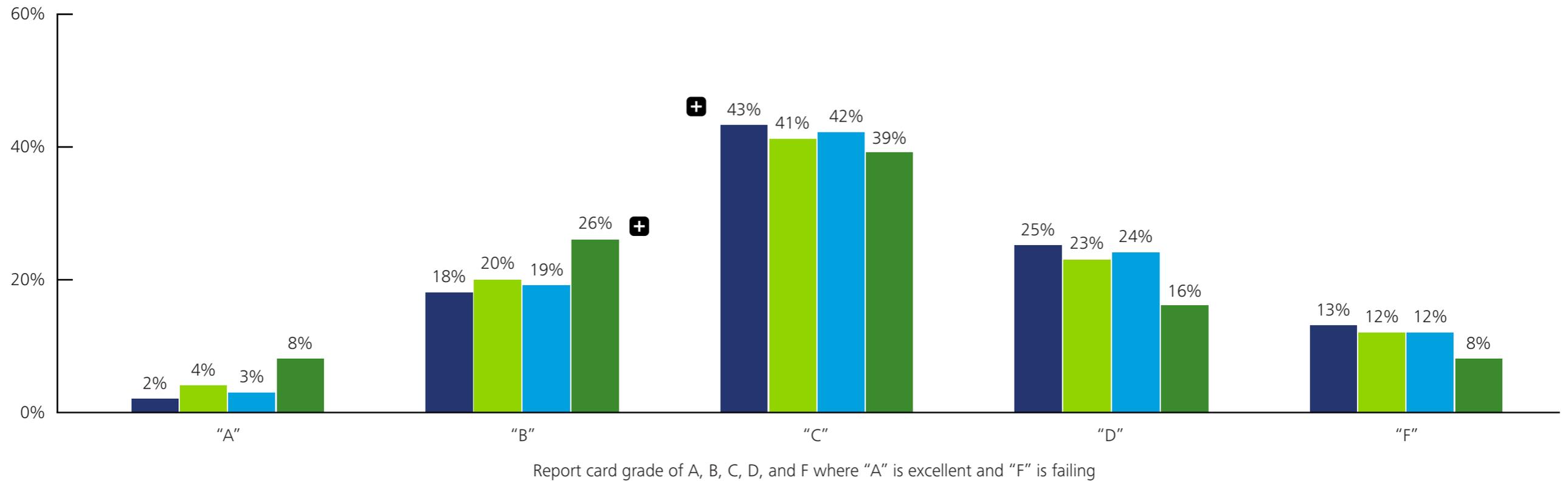
Data are rounded

■ Reasons for use of retail clinic for self and/or family (those who used in past year)

Views on health care system performance

Consumers views are mixed on the performance of the health system but hold its clinical capabilities in higher regard.

Figure 9: System report card, 2009 to 2012⁹



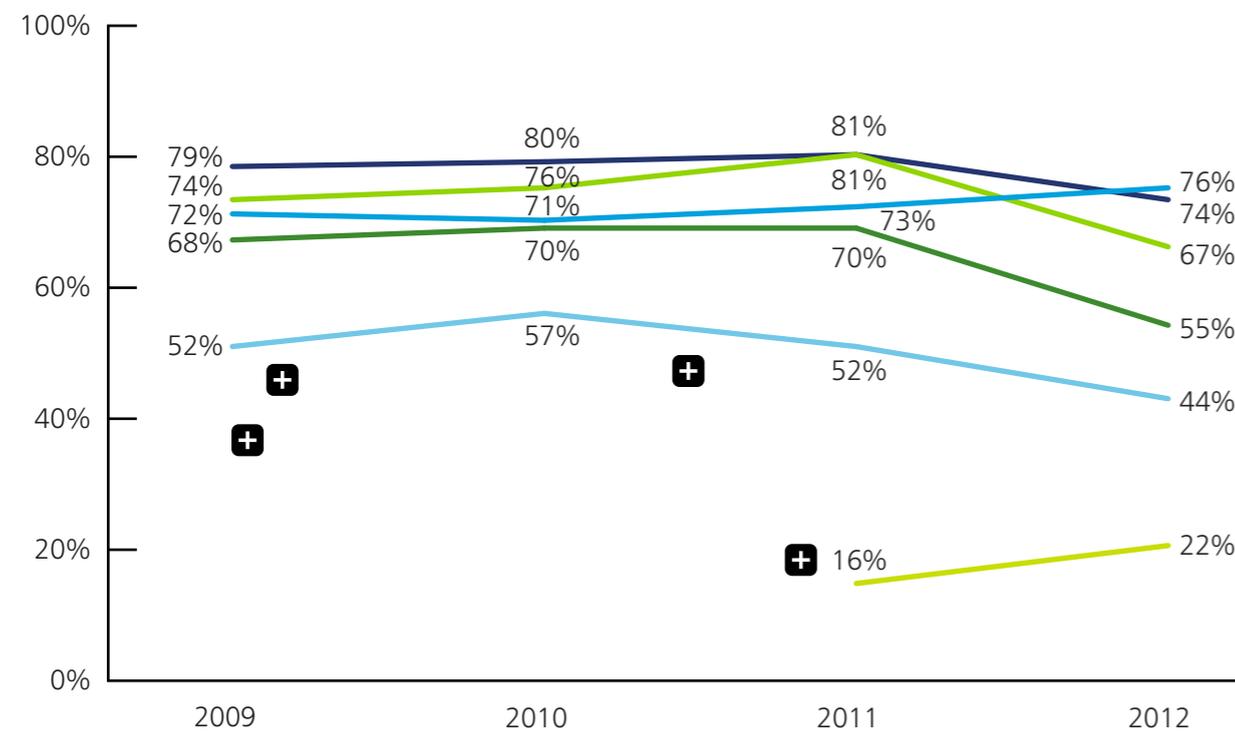
Data are rounded
In 2012, 3% say 'don't know/uncertain' (not shown)

- 2009
- 2010
- 2011
- 2012

Views on health care system performance

Consumers views are mixed on the performance of the health system but hold its clinical capabilities in higher regard.

Figure 10: Satisfaction with health care providers, products, services, or care settings¹⁰



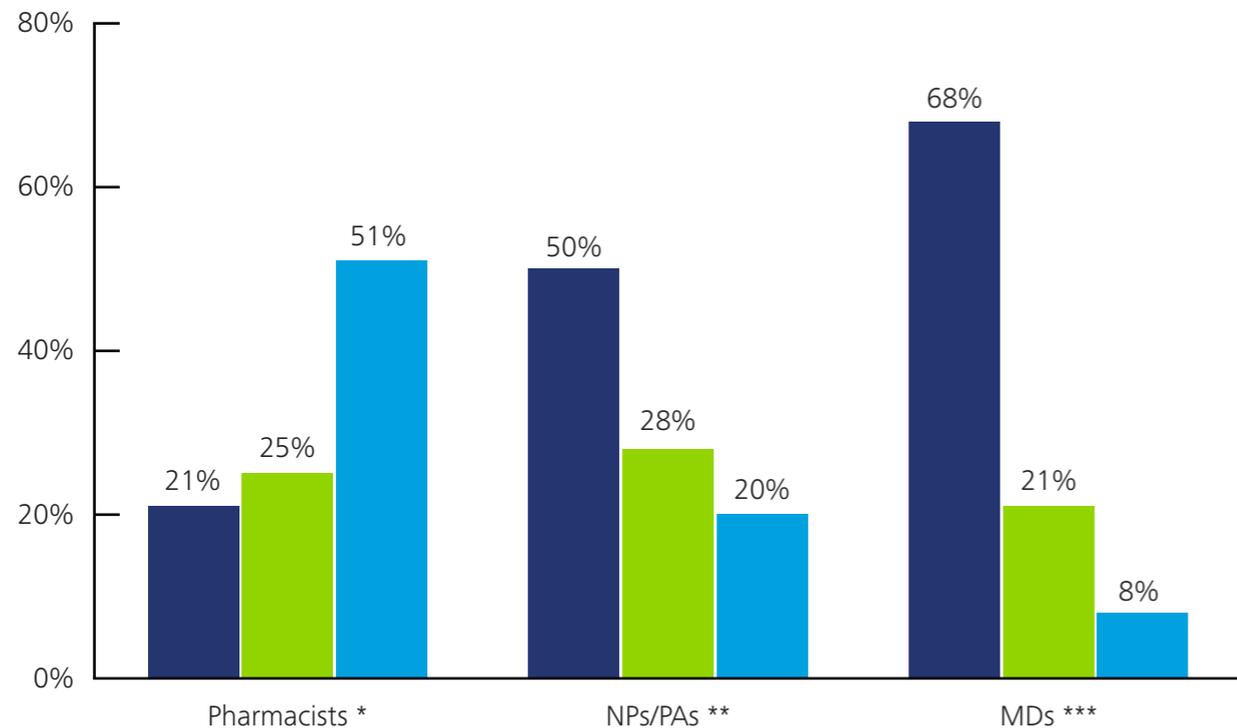
Rating of 8, 9, or 10 on a 10-point scale where 10 is "completely satisfied"

- Satisfied with outpatient hospital care (% of users)
- Satisfied with inpatient hospital care (% of users)
- Satisfied with primary care provider (% of those with a PCP)
- Satisfied with emergency hospital care (% of users)
- Satisfied with health plan (% of insured)
- Satisfied with overall system performance

System of care innovations

Consumers are open to using non-MD providers for primary care. Many of them say using NPs and PAs more than MDs can increase the overall value they receive for the money spent on health care system as a whole.

Figure 11: Use of non-MDs for primary care¹¹ + + + +



Data are rounded

* A pharmacist could provide many of the same services that a primary care provider (e.g., doctor, nurse practitioner, or physician assistant) offers.

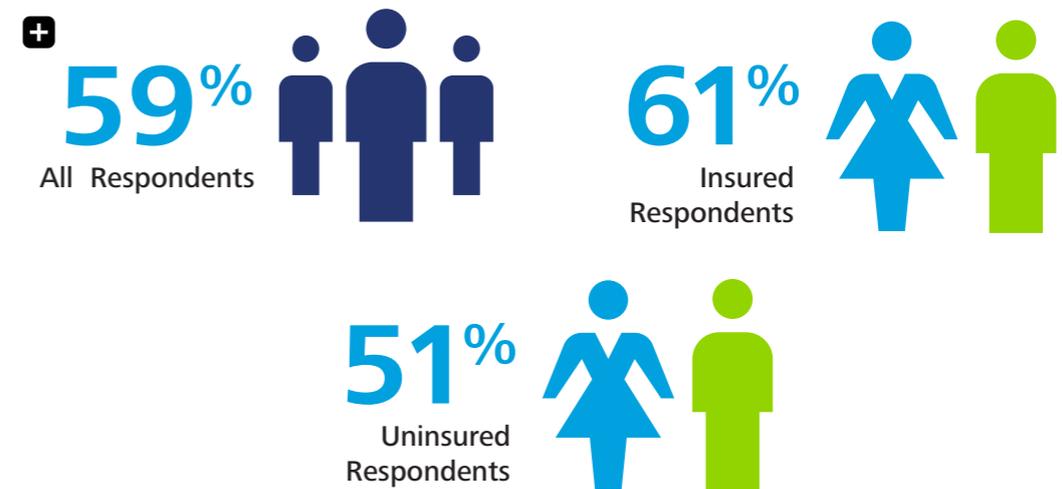
** A nurse practitioner or physician assistant can provide primary care that is comparable in quality to the care provided by a primary care doctor.

*** Primary care doctors should be paid more than nurse practitioners or physician assistants because they have more training and expertise.

- Strongly agree or agree
- Neutral
- Strongly disagree or disagree

Figure 12: Reward for preventive activities¹²

“People who deliberately try to improve their health or show measurable improvement should pay less for health insurance than people who do not”



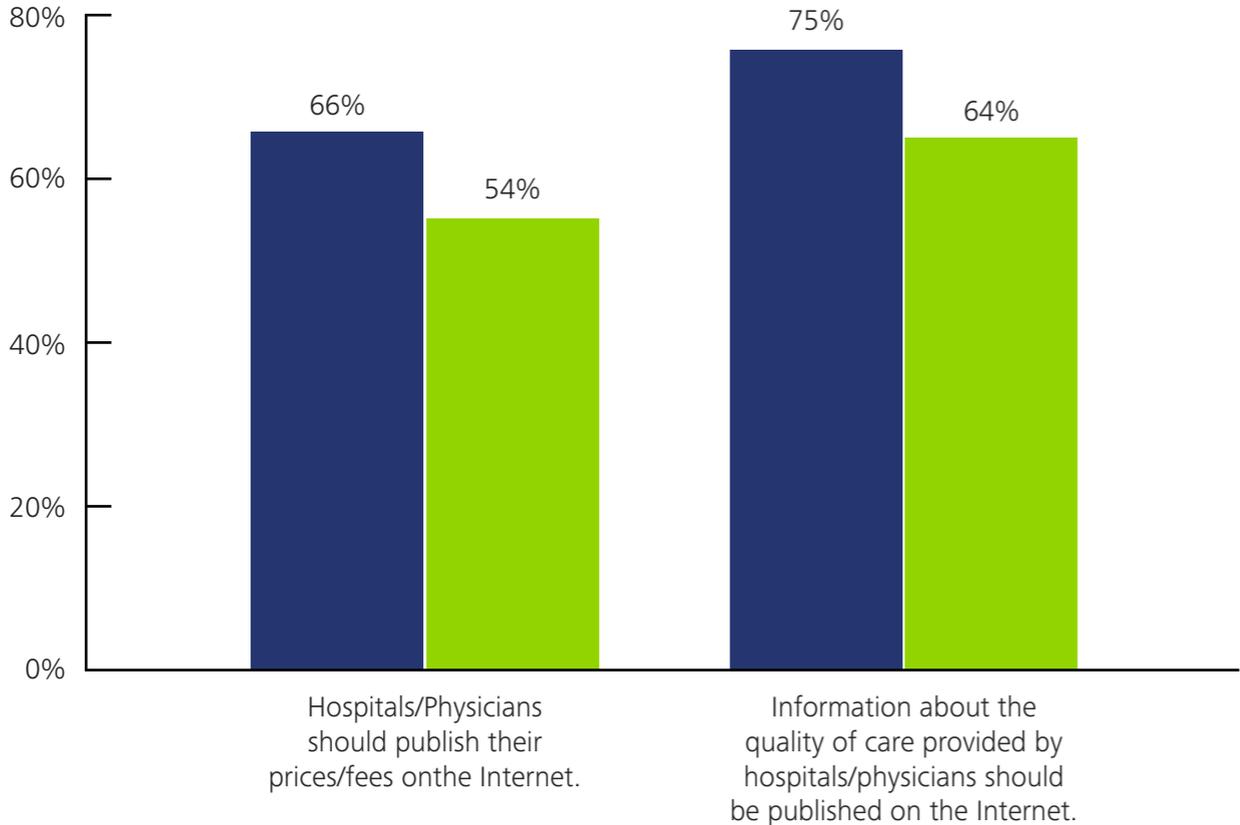
Data are rounded

Response of “Strongly Agree” or “Agree”

System of care innovations

Consumers are open to using non-MD providers for primary care. Many of them say using NPs and PAs more than MDs can increase the overall value they receive for the money spent on health care system as a whole.

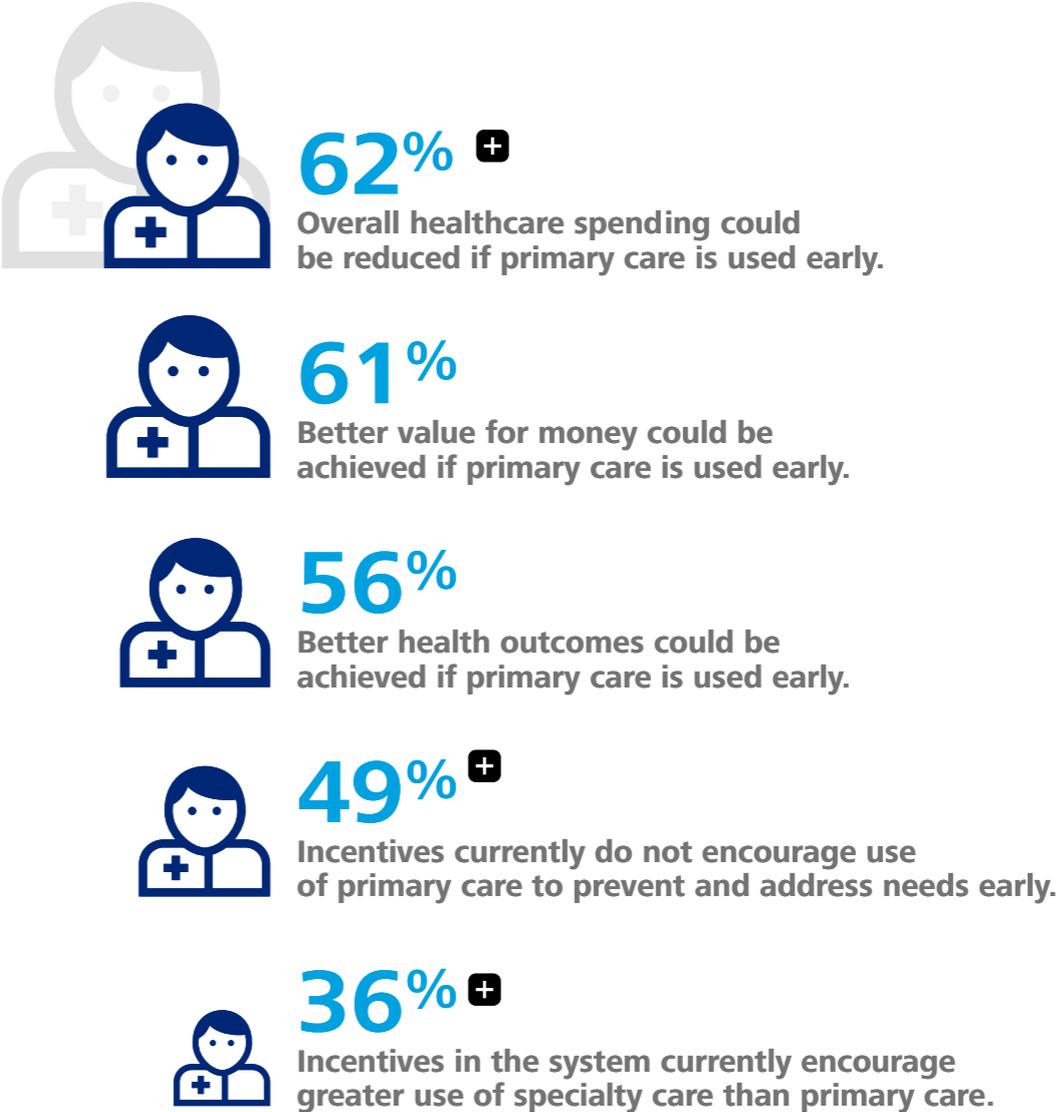
Figure 13: Transparency of hospital and physician pricing and quality¹³



Data are rounded
"Strongly agree" and "agree"

■ Hospitals
■ Physicians

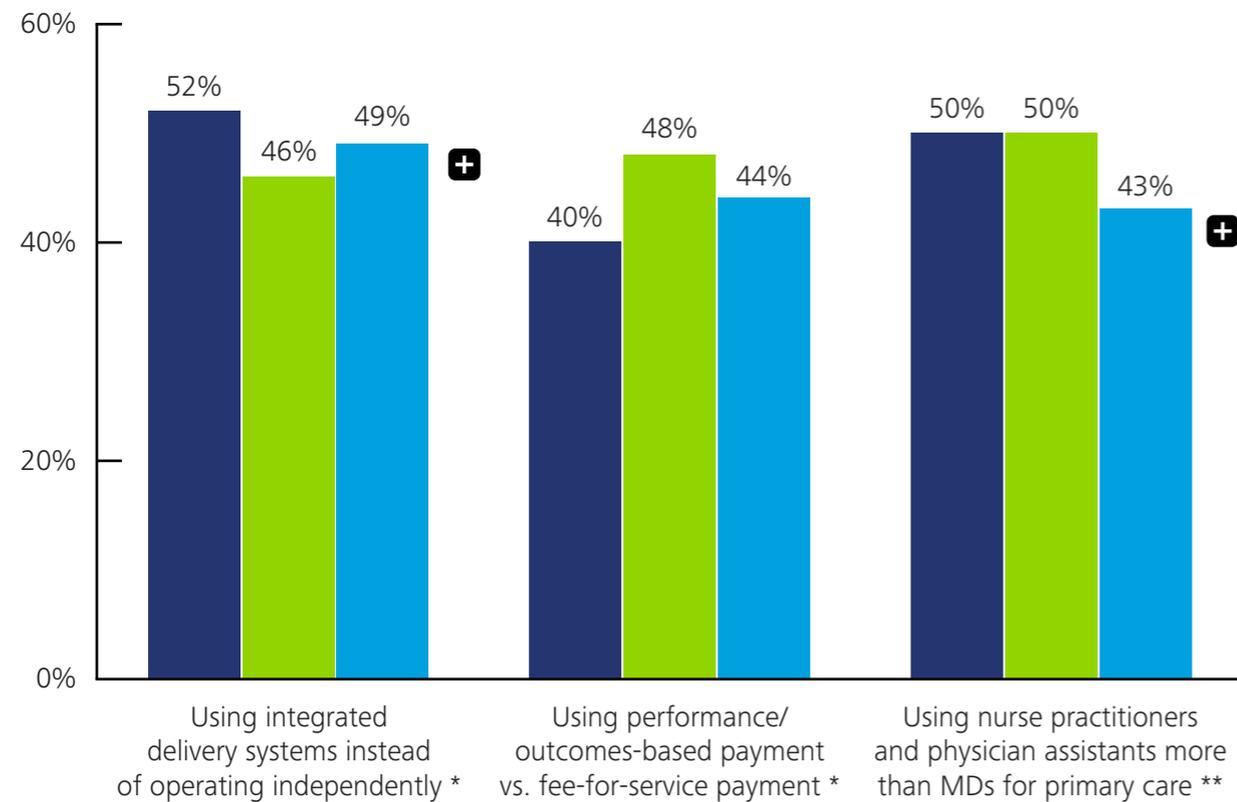
Figure 14: Value of primary care¹⁴



System of care innovations

Consumers are open to using non-MD providers for primary care. Many of them say using NPs and PAs more than MDs can increase the overall value they receive for the money spent on health care system as a whole.

Figure 15: Views on system changes¹⁵



Data are rounded

* Response of "Strongly Agree" or "Agree"

** Response of "...believes has the greatest potential to..."

- Could reduce overall spending
- Could achieve comparable/better quality or outcomes
- Could achieve increased value

Stakeholder considerations

Consumers are eager for meaningful and satisfying health care experiences. Consumers are satisfied with their primary care providers. They're mostly satisfied with outpatient and inpatient hospital services, although this appears to be decreasing over time. And they feel a growing dissatisfaction with the emergency room – which may be a reflection of increased ER use and a corresponding increase in waiting times and frustration. Nevertheless, the pattern is surprising. Satisfaction with individual elements of the health care system appears to be dropping, while a slight uptick is evident in satisfaction with the system overall.

Understanding health care consumer satisfaction is important. The way that consumers view the system directly affects the way they use providers and seek care. System-level performance improvement initiatives such as evidence-based care and efficient delivery and administration of care are not on consumers' radar – except in the sense that they would like the health care system to offer better value for money spent, improved quality, and better access. Consumers would like quality of care ratings and price transparency to be readily available online.

The consumer's experience is personal. People don't want to wait for care. They want a good experience with their provider – and an affordable one. Consumers are increasingly willing to use other avenues for care if they more convenient or faster, and consumers are open to new service delivery models such as the use of non-MD professionals for primary care and retail clinics.

Stakeholder considerations

Among important considerations:

- 1.** Convenience and satisfaction drive the consumer experience. Optimal consumer experiences will help drive and consolidate patient loyalty. Four pressure points are shaping the current provider landscape: operating margins, clinical transformation, consumer expectations, and market rationalization. Likely outcomes include acceleration of consolidation, unprecedented alignment of hospitals, physicians and allied health, and substantial disruption in the delivery system. Health care providers confront a raft of opportunities and challenges – consumer-oriented service strategies to position to drive patient loyalty and create an optimal consumer experience are of essence.
- 2.** Capitalize on consumer interest in new and non-traditional delivery channels and service models – particularly in primary care. High-quality care, convenience, ready access, and affordability all work to consolidate consumer interest and potentially, ongoing loyalty. New service delivery models draw upon a different mix of provider and organizational skills and competencies which have implications for staff recruitment and ongoing training as well as for organization's product and service mix.
- 3.** An engaged health care consumer is central to successful strategies to re-focus the current health care system. "Carrots and sticks" to motivate and incentivize consumers to manage their own health will be necessary and organizations such as providers, health plans, and bio-pharma will need to devise and implement effective consumer engagement strategies. Specifically, tools and systems to encourage consumer engagement, patient self-management, and patient activation, and facilitate personal responsibility for managing health. In particular, devising strategies to take advantage of new technologies such as distance medicine and telemedicine, self-care, bio-monitoring, and e-visits that reduce demand for in-person visits to physicians, allied health clinics, and other ambulatory facilities.

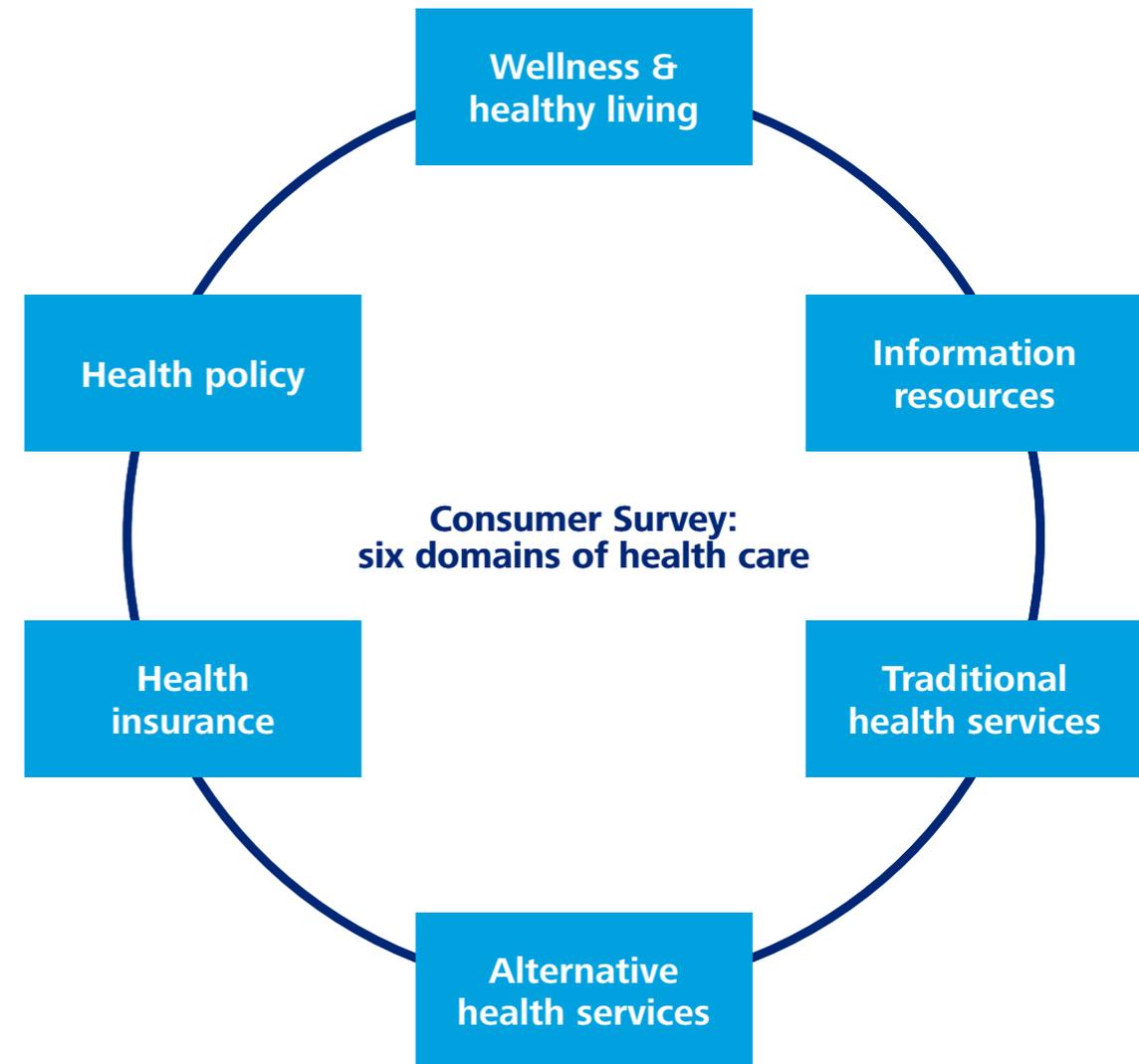


About this research

Since 2008, the Deloitte Center for Health Solutions has annually polled a nationally representative sample of the U.S. adult population (up to 4,000 U.S. consumers) about their experiences and attitudes related to six domains. These online surveys have queried adults in varied health status, income, and insurance cohorts to gauge the degree to which individuals are engaging with the health care system as “patients” or “consumers.”

In 2012, a nationally representative sample of 4,012 U.S. adults, aged 18 and older, was surveyed in February, using a web-based questionnaire. The sampling frame was based upon quotas reflective of the 2010 U.S. Census to ensure proportional representation of the nation’s adult population with respect to age, gender, race/ethnicity, income, geography, insurance status (insured or uninsured), and primary insurance source (employer, direct purchase, Medicare, Medicaid, and other).* This marks a change from 2008-2011, when fewer quotas were used and supplemented by cell weighting to achieve a representative sample. In those earlier years, the survey results were weighted with respect to basic demographics (age, gender, race/ethnicity, and income), but not additional variables such as insurance status and source. To achieve even closer sample alignment with insurance status and source distributions in the U.S. population, a more extensive set of quotas was used in 2012 and additional weighting was not necessary to achieve a representative sample. Differences reported in insurance status and source between 2008-2011 and 2012 are due largely to this adjustment in sampling.

* Source: Quotas for insurance status and insurance source distributions were based on KCMU/Urban Institute analysis of the 2011 ASEC Supplement to the CPS, presented in slides published by the Kaiser Family Foundation (<http://slides.kff.org>).



The margin of error is +/- 1.6% at the .95 confidence level. The survey consisted of 65 questions addressing specific behaviors and attitudes, with 39 potential follow-up questions and an additional 20 questions asking about demographic and health-related characteristics. English and Spanish versions were available. Participants were asked about behaviors before attitudes within each topic area to reduce response bias.

Contacts

Paul H. Keckley, PhD
Executive Director
Deloitte Center for Health Solutions
Deloitte LLP
pkeckley@deloitte.com

Sheryl Coughlin, PhD, MHA
Head of Research
Deloitte Center for Health Solutions
Deloitte LLP
scoughlin@deloitte.com

Contact Information

Deloitte Center for Health Solutions
1001 G Street N.W.
Suite 1200
Washington, DC 20001
Phone 202-220-2177
Fax 202-220-2178
Email healthsolutions@deloitte.com
Web www.deloitte.com/centerforhealthsolutions
Follow @DeloitteHealth at www.twitter.com

Acknowledgements

We would also like to thank Laura Eselius, Leslie Korenda, Elizabeth Stanley, Jennifer Bohn, Katrina Drake Hudson, Claire Boozer, and the many others who contributed to the preparation of this report.

Deloitte Center for Health Solutions

This publication contains general information only and Deloitte is not, by means of this publication, rendering accounting, business, financial, investment, legal, tax, or other professional advice or services. This publication is not a substitute for such professional advice or services, nor should it be used as a basis for any decision or action that may affect your business. Before making any decision or taking any action that may affect your business, you should consult a qualified professional advisor.

Deloitte shall not be responsible for any loss sustained by any person who relies on this publication.

About Deloitte

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee, and its network of member firms, each of which is a legally separate and independent entity. Please see www.deloitte.com/about for a detailed description of the legal structure of Deloitte Touche Tohmatsu Limited and its member firms. Please see www.deloitte.com/us/about for a detailed description of the legal structure of Deloitte LLP and its subsidiaries. Certain services may not be available to attest clients under the rules and regulations of public accounting.

About the Center

The Deloitte Center for Health Solutions (DCHS) is the health services research arm of Deloitte LLP. Our goal is to inform all stakeholders in the health care system about emerging trends, challenges and opportunities using rigorous research. Through our research, roundtables and other forms of engagement, we seek to be a trusted source for relevant, timely and reliable insights.

To learn more about the DCHS, its research projects and events, please visit: www.deloitte.com/centerforhealthsolutions.

Copyright © 2012 Deloitte Development LLC. All rights reserved.

Member of Deloitte Touche Tohmatsu Limited