

INFObrief

Deloitte 2012 Survey of U.S. Health Care Consumers INFOBrief: Information technology, social media and online resources for health care – a slow climb.

Highlights: Use growing faster than trust

Medical consumers rely more and more on a variety of information channels and resources. The array of online sites, social media, and personal research tools is growing, and so is the volume of information these channels have to deliver. Yet at the same time, consumers haven't turned away from traditional sources of medical information such as physician groups and professional communities. They may be using online, user-generated content more, but that doesn't mean they've placed their complete trust in it yet.

Today, few consumers use social networking capabilities for traditional health care purposes. Instead, these tools fill an informational need. They offer a conduit to others who can discuss personal experiences and first-hand learning. There are generational patterns evident in consumers' use of social media and online resources for health care purposes. However, while younger consumers show a clear preference for online resources, there is no absolute divide. Older people are turning to these resources as well.

Background

This *INFOBrief* presents key findings about consumers' views on and use of information technology, social media, and online resources for health care from the *Deloitte 2012 Survey of U.S. Health Care Consumers*. *INFOBriefs* also are available on the topics of consumers' utilization of health care services; life sciences products and innovations; and consumers and health plans. An additional report is available on health care consumer segments. For the full report *2012 Survey of Health Care Consumers in the United States, Five year look back*, *INFObrief* source questions and other *INFObrief* reports, visit www.deloitte.com/us/consumerstudies



Despite widespread ownership of technology devices, consumers use health information technology (HIT) less often than they use online resources for other purposes. But this is beginning to change. Younger generations (particularly Millennials, born between 1982 and 1994), are far more interested in using tools such as health care apps: for example, one in three Millennials express this interest, compared to one in ten Seniors (those born between 1900 and 1945). Seniors say they would much prefer to receive reminders and communications from their doctors by phone or by mail. Younger people prefer text messages and emails.

These generational differences are the foundation for critical insights: the younger, healthy generations are the most interested and open to using technology but have the least need to do so. However, these groups will use health care more and more with the passage of time, either for themselves or in their capacity as family caregivers. Members of this group already expect smart-tools, ready access, and immediacy in other areas of their lives. As health care becomes more important to them, they will bring the same demand to the way providers and insurers use health care information and communications.

Online information is ubiquitous. Consumers have high expectations for mobile utility based on the way they handle banking, shopping, and travel. It is only natural that consumer expectations for an online health care presence are rising. The gap in consumers' use of online resources for health care compared with use in other sectors presents an opportunity for innovation and service. The way stakeholders respond will have a profound effect on the way that U.S. health care is delivered and the value it achieves.

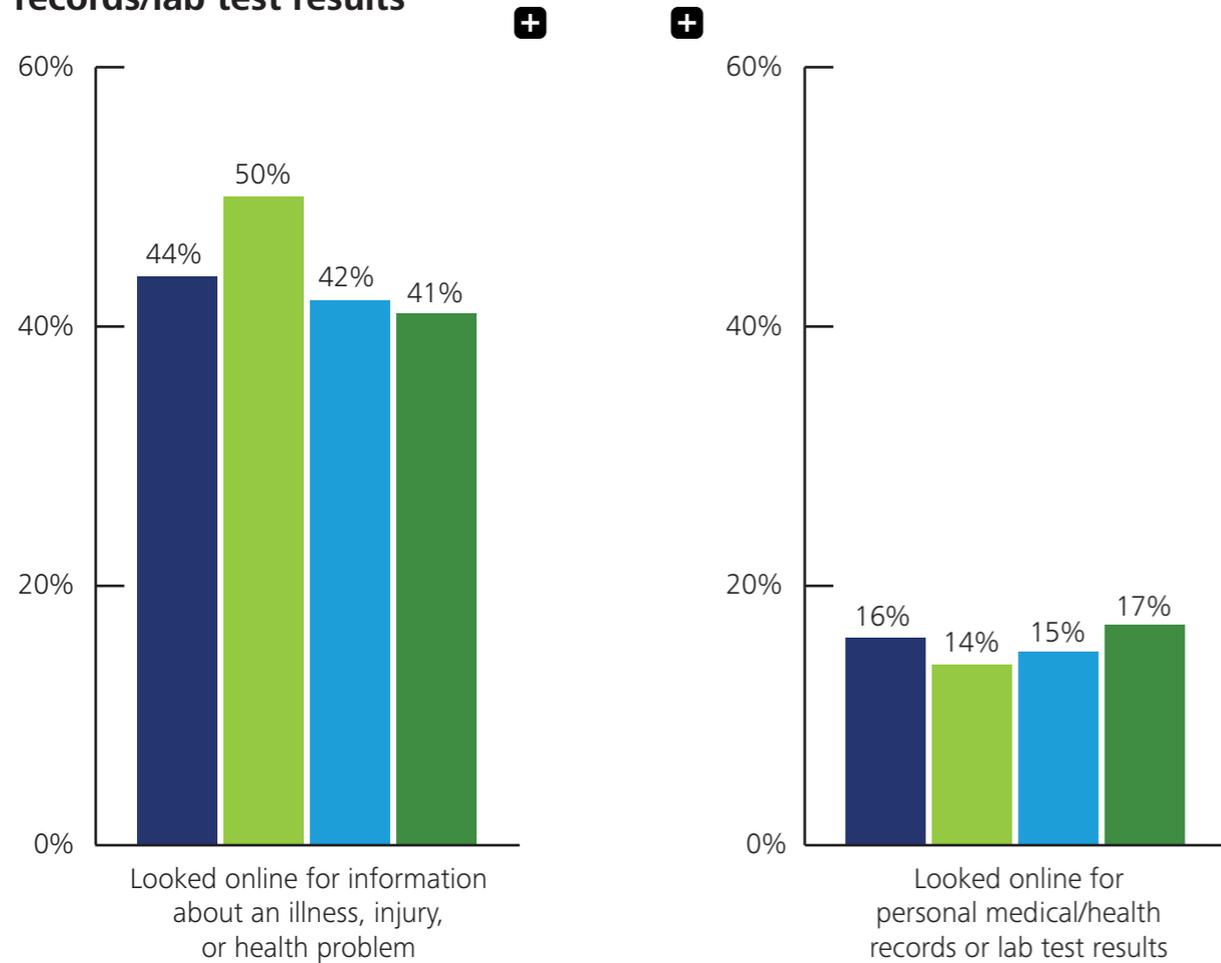


Key Findings:

Online resources

Across all age groups, close to half of consumers look online for health information. Among older consumers, two out of five turn to the internet.

Figure 1: Online general health information, personal health records/lab test results¹



Data are rounded
Percentage who had done so in the past year

- Millennials (1982-1994)
- Gen X (1965-1981)
- Boomers (1946-1964)
- Seniors (1900-1945)

Trusted sources of health care information

Online resources may be growing in volume, but trust is a different matter. Consumers still have more confidence in traditional medical resources such as physicians and hospitals.

Figure 2: Trusted third-party sources for effective and safe treatment information²



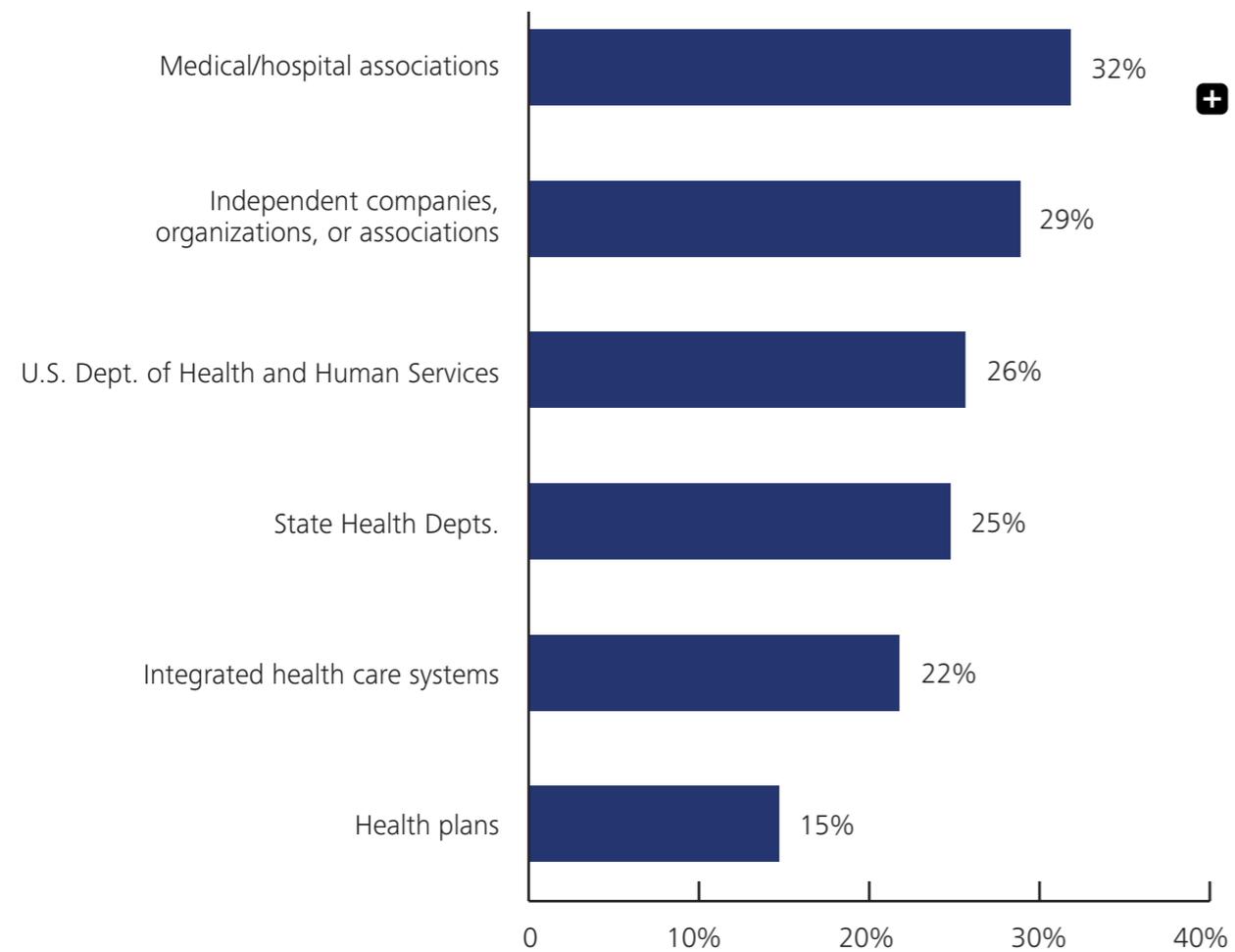
Trust in sources to provide reliable information on most effective and safe treatment(s) for a certain health condition	2009	2010	2011	2012
Physician group/medical practice	n/a	n/a	n/a	44%
Academic medical centers/teaching hospitals	50%	41%	47%	38%
Medical associations/societies	51%	45%	45%	37%
Community hospitals	31%	28%	32%	30%
Pharmacies	28%	27%	30%	27%
U.S. Department of Health and Human Services (HHS)	31%	25%	30%	26%
Independent health-related websites	28%	22%	27%	24%
U.S. Food and Drug Administration (FDA)	27%	23%	28%	22%
State Departments of Health and Human Services	28%	23%	27%	22%
Health insurance companies/health plans	13%	10%	14%	14%
Internet search engines/general reference sites	n/a	n/a	n/a	14%
Pharmaceutical, biotech, or medical device/product manufacturers	11%	9%	10%	12%
Employers (e.g., health benefits office, human resources office)	10%	9%	12%	12%
Blogs or websites that address specific health issues or connect people with similar health conditions	n/a	n/a	n/a	11%
Social networking sites	n/a	n/a	n/a	5%

n/a = "not asked"; sorted in descending order for 2012 only. Rating of 8, 9, or 10 on a 10-point scale where 10 is "completely trust"

Trusted sources of health care information

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Figure 3: Trusted sources for doctor and hospital information (quality and/or cost)³

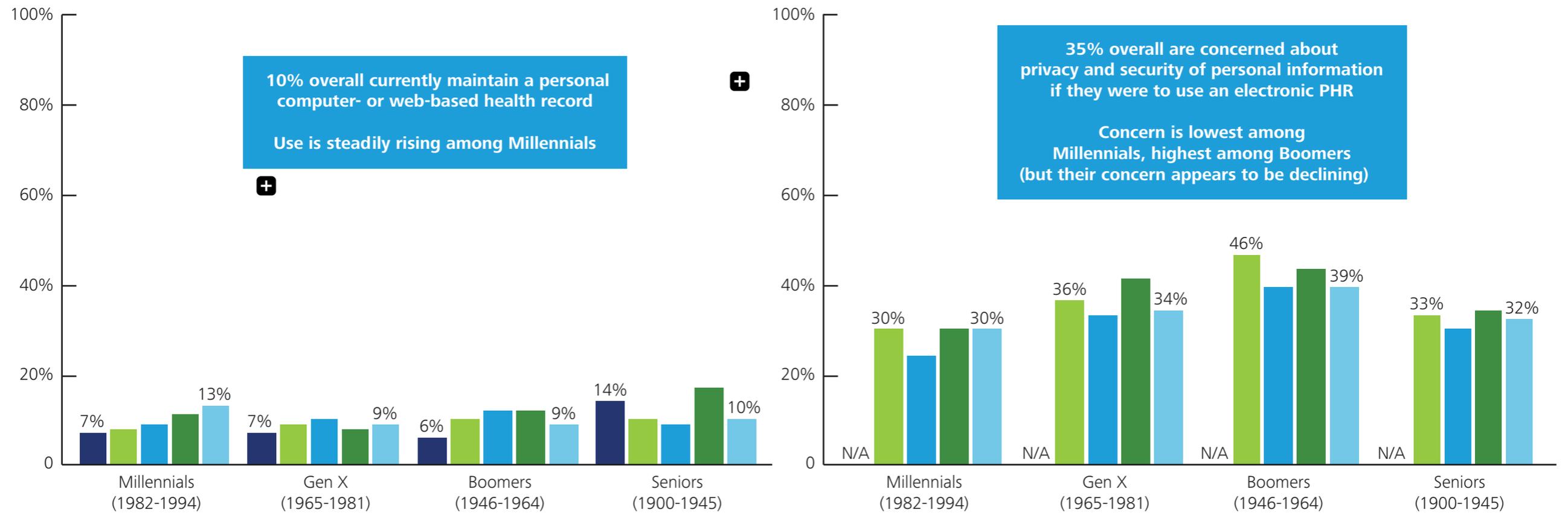


Data are rounded
Rating of 8, 9 or 10 on a 10-point scale
where 10 is "completely trust"

Privacy and security of personal information

In every age group, paper-based health records remain more prevalent than electronic records. People are concerned about the privacy and security of electronic medical information, but that concern is declining.

Figure 4: Personal health records (PHR) and privacy and security of personal information^{4,5} +



Data are rounded

NOTE: Question about concern was not asked in 2008

- 2008
- 2009
- 2010
- 2011
- 2012

Information and communication channels

What kind of online information holds consumer appeal? Websites and tools that offer price, quality, and effectiveness ratings. Consumers are looking online for doctors' and hospitals' quality of care ratings and published prices.

Figure 5: Interest in using health website offerings⁶

Tool telling how much a health plan would pay for certain treatments or services before use	53%
Quality rankings, satisfaction ratings, and patient reviews for specific doctors and hospitals	52%
Effectiveness ratings, safety information, and user reviews for specific health care products, medications, and medical devices	49%
Pricing tool that could help to compare and negotiate health care prices with specific doctors and hospitals	44%

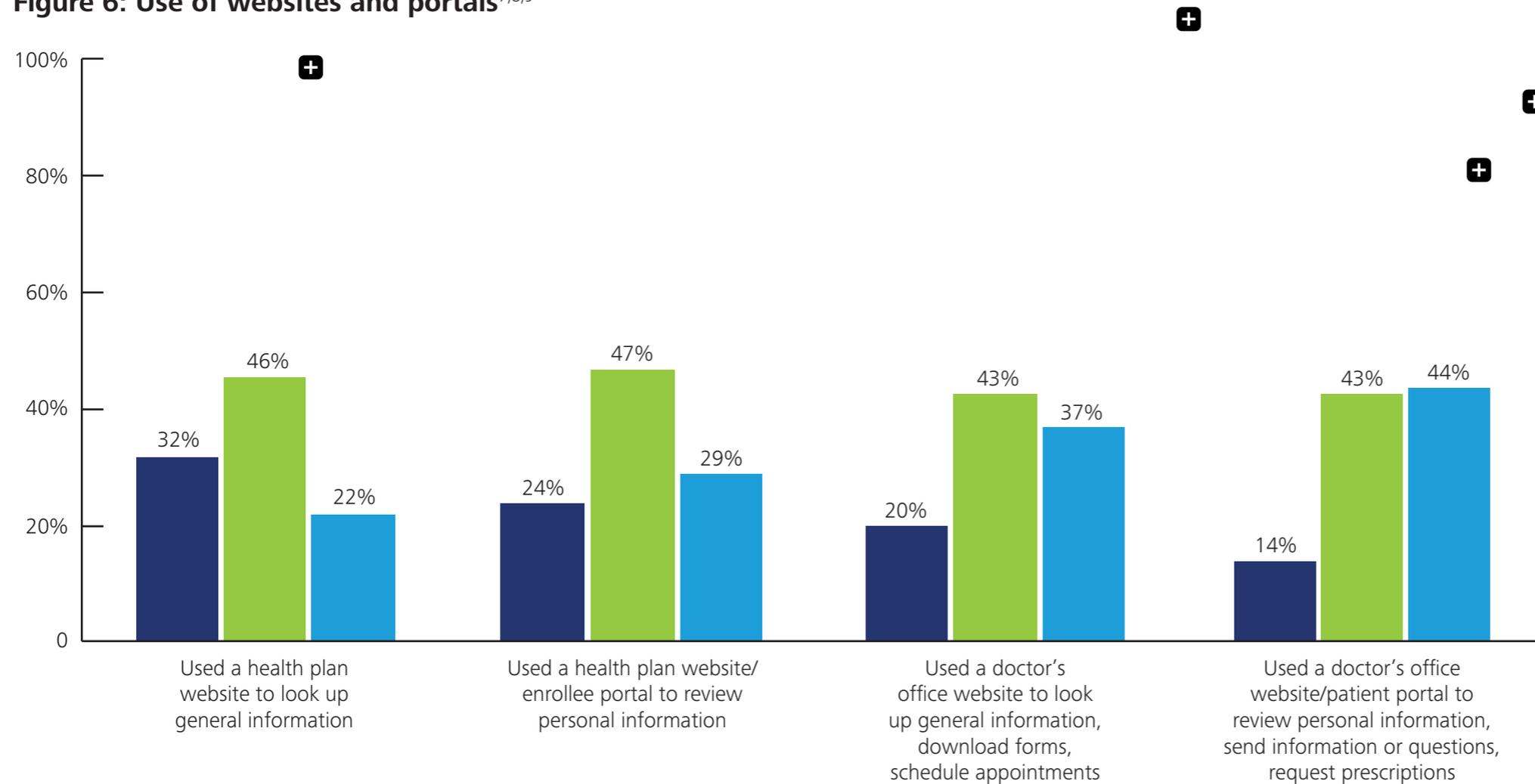
Rating of 8, 9, or 10 on a 10-point scale where 10 is "extremely likely"



Information and communication channels

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Figure 6: Use of websites and portals^{7,8,9}



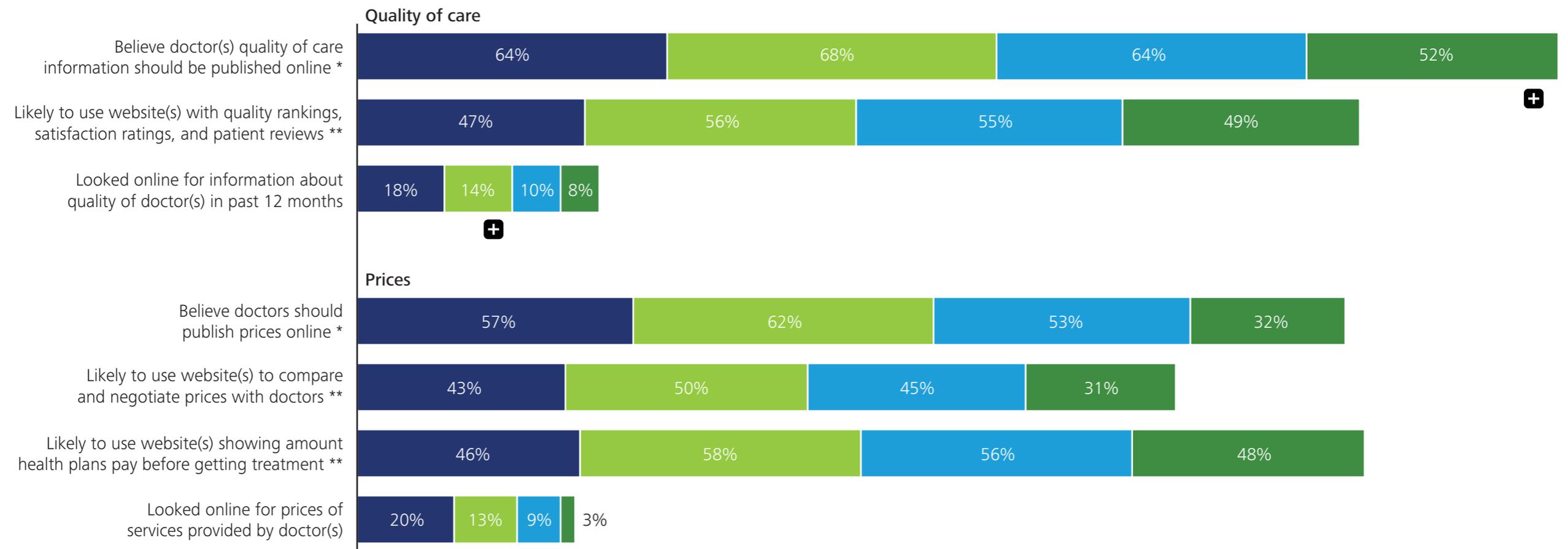
Data are rounded
Rating of 8, 9 or 10 on a 10-point scale

- Have access and used
- Have access but did not use
- Do not have access

Information and communication channels

What kind of online information holds consumer appeal? Websites and tools that offer price, quality, and effectiveness ratings. Consumers are looking online for doctors' and hospitals' quality of care ratings and published prices.

Figure 7: Online resources for information on doctors' quality of care and prices¹⁰



Data are rounded

* Percentage who "Strongly agree" or "Agree"

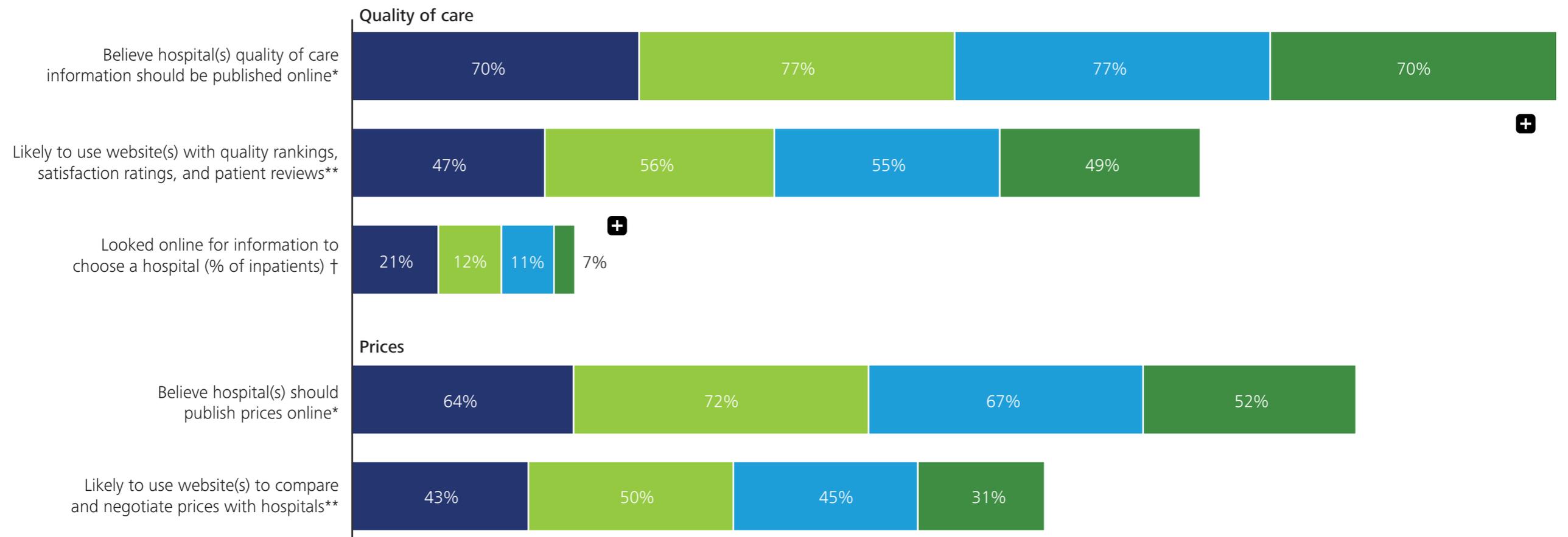
** Rating of 8, 9, 10 on a 10-point scale where 10 is "Extremely likely"

- Millennials (1982-1994)
- Gen X (1965-1981)
- Boomers (1946-1964)
- Seniors (1900-1945)

Information and communication channels

What kind of online information holds consumer appeal? Websites and tools that offer price, quality, and effectiveness ratings. Consumers are looking online for doctors' and hospitals' quality of care ratings and published prices.

Figure 8: Online resources for information on hospitals' quality of care and prices¹¹



Data are rounded

* Percentage who "Strongly agree" or "Agree"

** Rating of 8, 9, 10 on a 10-point scale where 10 is "Extremely likely"

† Those consumers that stayed overnight in a hospital as a patient in the last 12 months, n = 413.

■ Millennials (1982-1994)

■ Gen X (1965-1981)

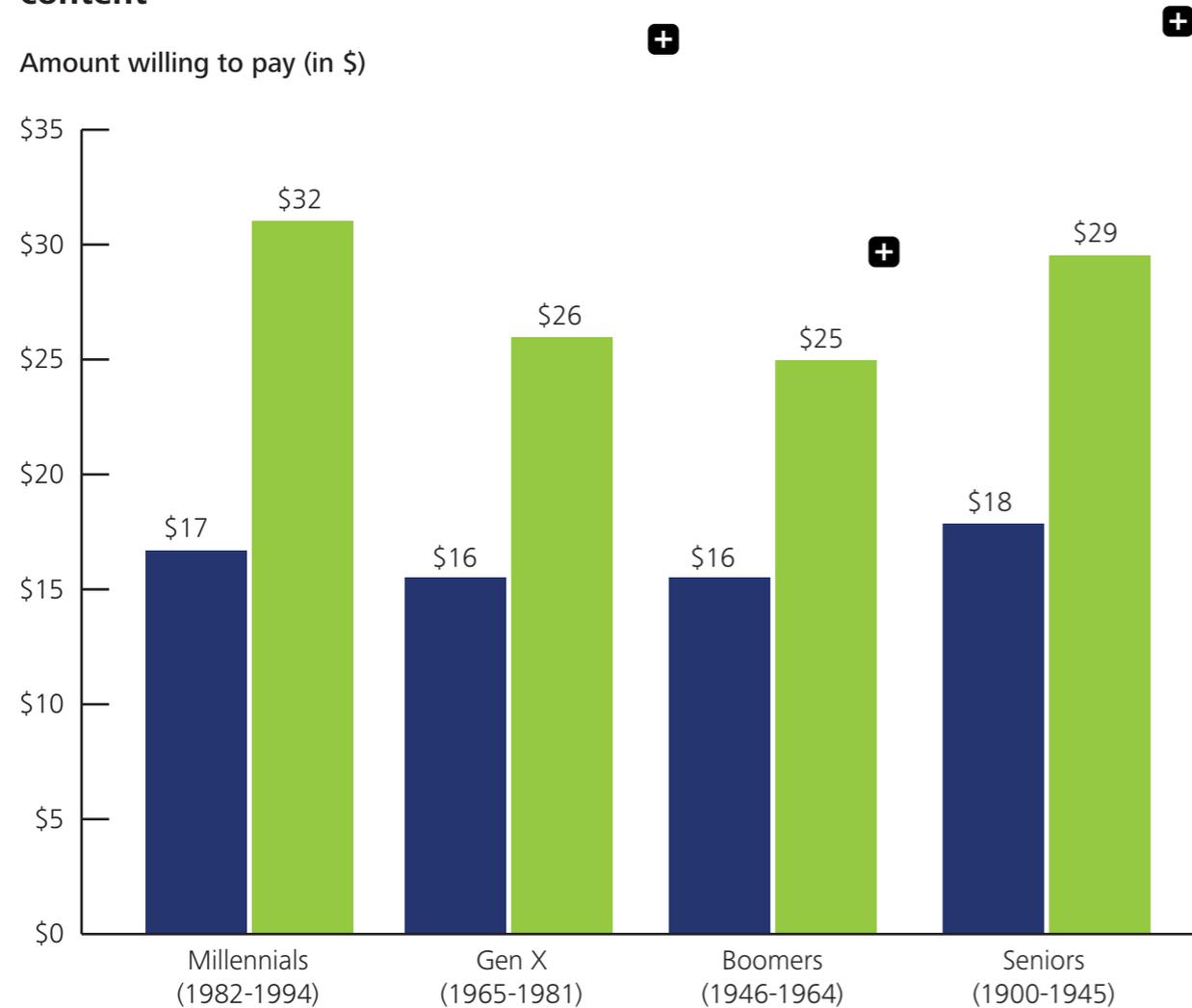
■ Boomers (1946-1964)

■ Seniors (1900-1945)

Information and communication channels

What kind of online information holds consumer appeal? Websites and tools that offer price, quality, and effectiveness ratings. Consumers are looking online for doctors' and hospitals' quality of care ratings and published prices.

Figure 9: Subscription services – consumer reviews and user-generated content¹²



Data are rounded
Rating of 8, 9, or 10 on a 10-point scale where 10 is "Completely willing"

- Willingness to pay for 24-hour access per tool
- Willingness to pay for one year subscription per tool

Communication channels and strategies

Research is one thing. Direct communication with a provider is another. Younger consumers prefer electronic contact, while older consumers prefer phone or traditional mail.

Figure 10: Consumers who use technology devices heavily and constantly¹³



Desktop/laptop



Cell/mobile phone



Smart phone



Tablet computer



	Desktop/laptop	Cell/mobile phone	Smart phone	Tablet computer
Millennials 1982-1994	74%	49%	45%	19%
Gen X 1965-1981	79%	43%	43%	18%
Boomers 1946-1964	77%	36%	21%	11%
Seniors 1900-1945	68%	27%	10%	7%

Rating of 8, 9, or 10 on a 10-point scale where 10 is "use this technology heavily/constantly"

Communication channels and strategies

Research is one thing. Direct communication with a provider is another. Younger consumers prefer electronic contact, while older consumers prefer phone or traditional mail.

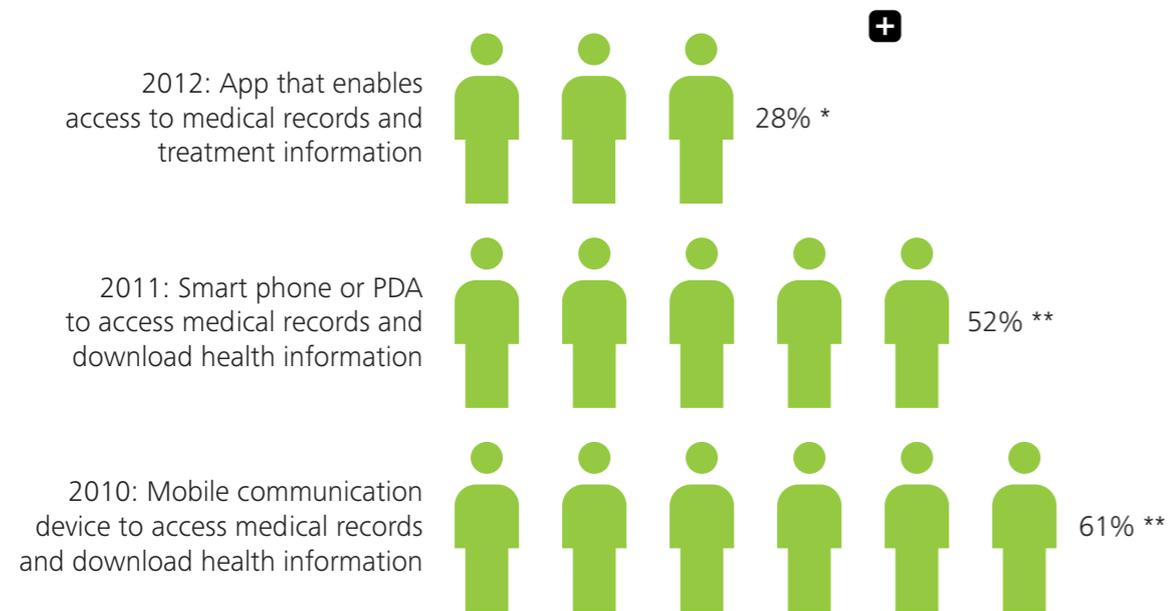
Figure 11: Preferred communication channels¹⁴

		Total Respondents	Millennials (1982-1994)	Gen X (1965-1981)	Boomers (1946-1964)	Seniors (1900-1945)
	Email alerts	43%	41%	45%	44%	43%
	Personal phone calls	34%	31%	33%	34%	39%
	Letters or postcards through regular mail	31%	27%	30%	34%	34%
	Text messages	23%	31%	28%	18%	10%
	Paper copy of personal health action plan and/or follow-up instructions after visit	43%	36%	42%	45%	51%
	Link to website to download personal health action plan and/or follow-up instructions after visit	42%	38%	46%	43%	39%

Emergent technologies

Younger generations are more willing to embrace new technologies and advanced treatment tools, but cost and security concerns stand in the way of even deeper adoption.

Figure 12: Interest in using technologies that support health^{15,16,17}



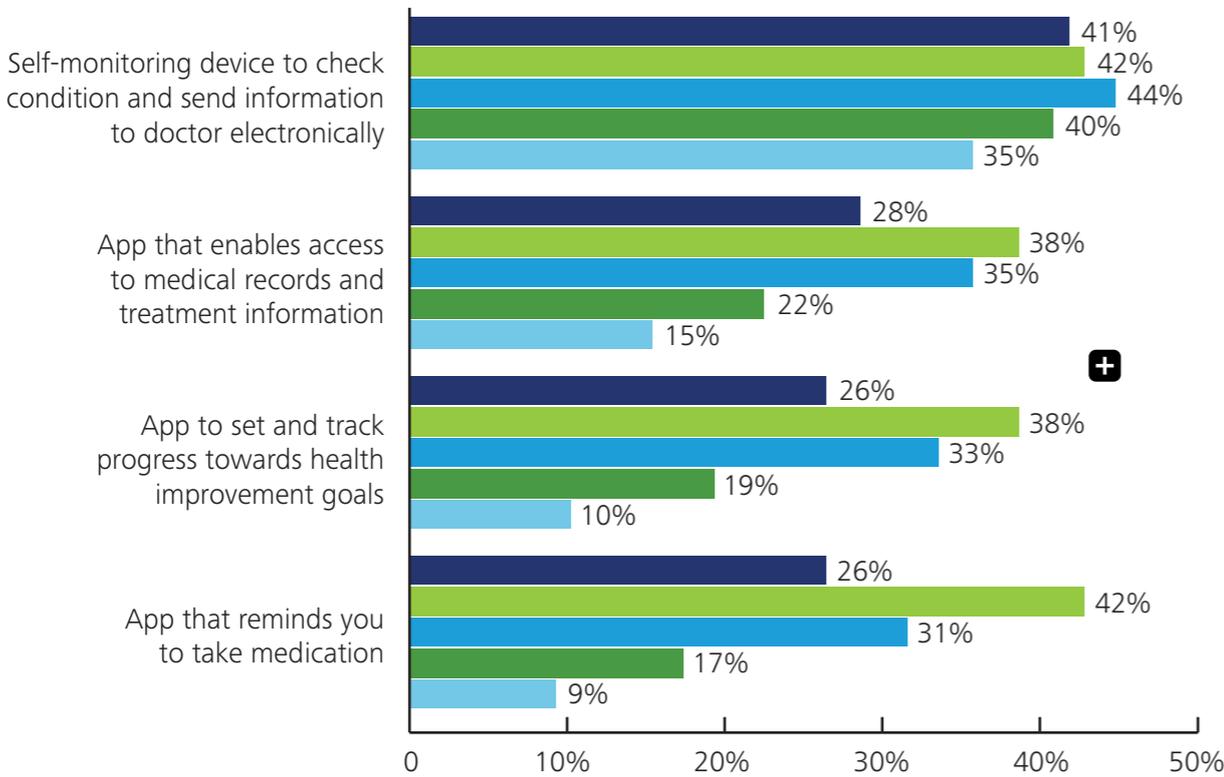
* Responses of 8, 9, 10 on a 10-point scale where 10 is "extremely interested". Includes 1 percent who currently use such an app.

** Responses of "very" and "somewhat" likely.

Emergent technologies

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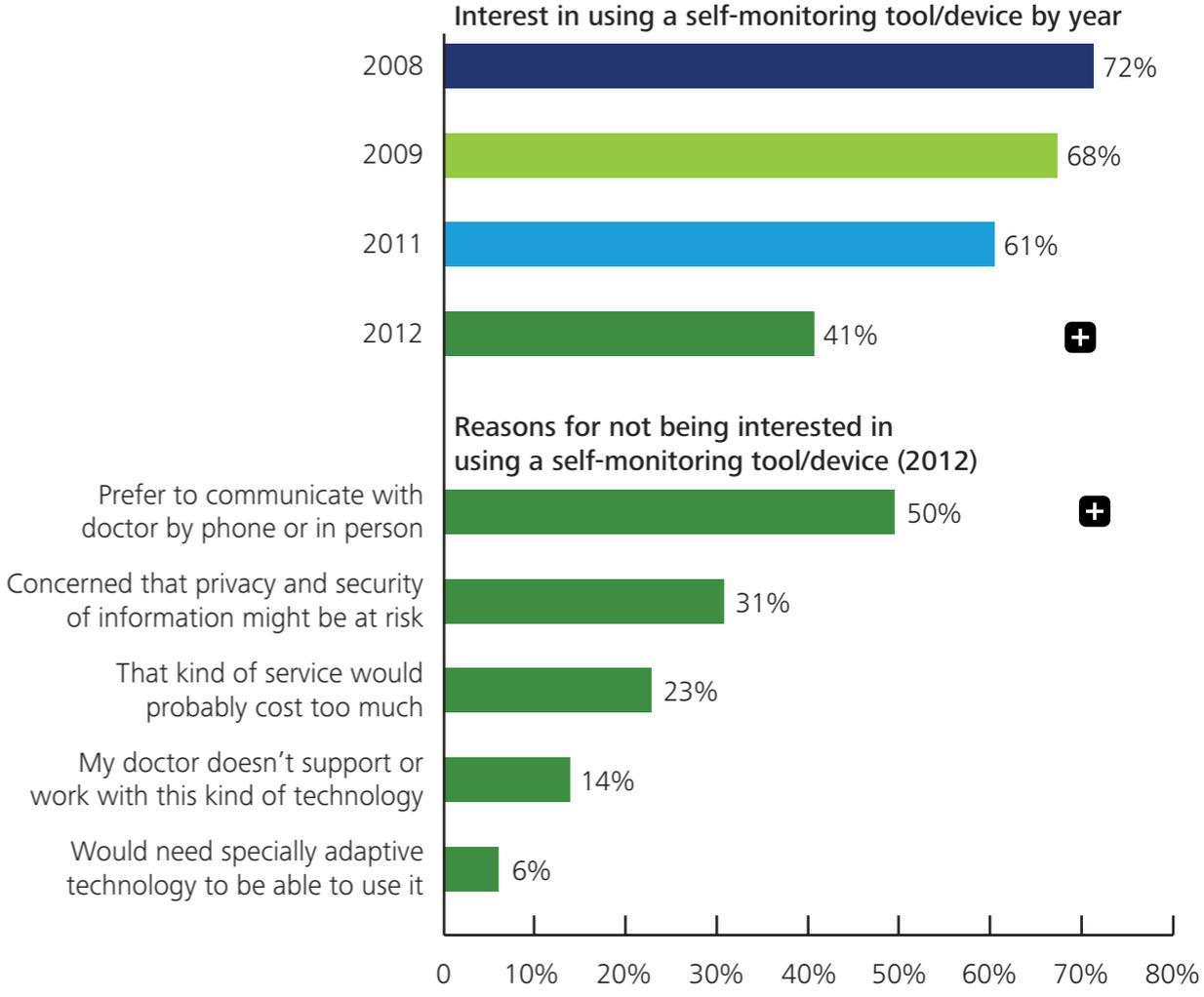
Figure 13: Interest in devices to communicate with physician and apps to help monitor health¹⁵



Data are rounded
Rating of 8, 9, or 10 on a 10-point scale where 10 is "extremely interested"

- Total Respondents
- Millennials (1982-1994)
- Gen X (1965-1981)
- Boomers (1946-1964)
- Seniors (1900-1945)

Figure 14: Interest in monitoring devices^{15,18-21}

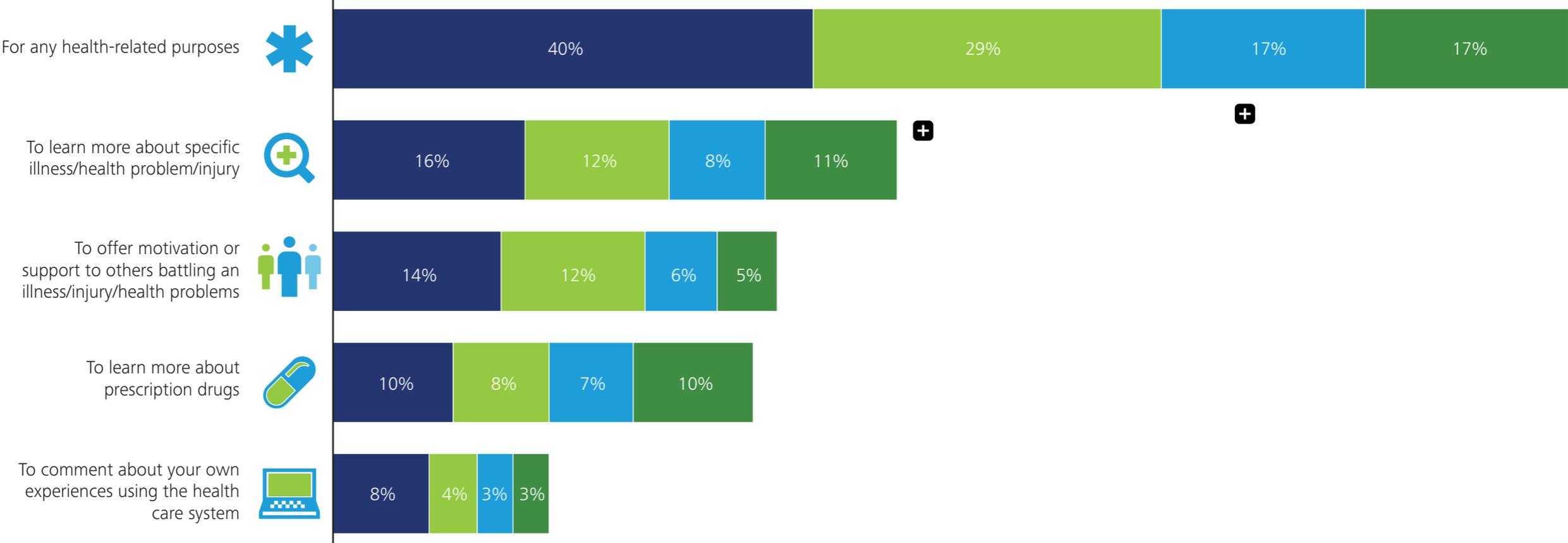


Data are rounded
Rating of 8, 9 or 10 on a 10-point scale where 10 is "extremely interested" (not asked in 2010).

Social media

The younger a consumer is, the more likely he or she is to use social media for health purposes. But people in all age groups are wary of information without verification.

Figure 15: Generational differences in their use of social media for health care purposes²²



Data are rounded

- Millennials (1982-1994)
- Gen X (1965-1981)
- Boomers (1946-1964)
- Seniors (1900-1945)

Social media

The younger a consumer is, the more likely he or she is to use social media for health purposes. But people in all age groups are wary of information without verification.

Figure 16: Social media tool to share health goals and progress with friends/family²²



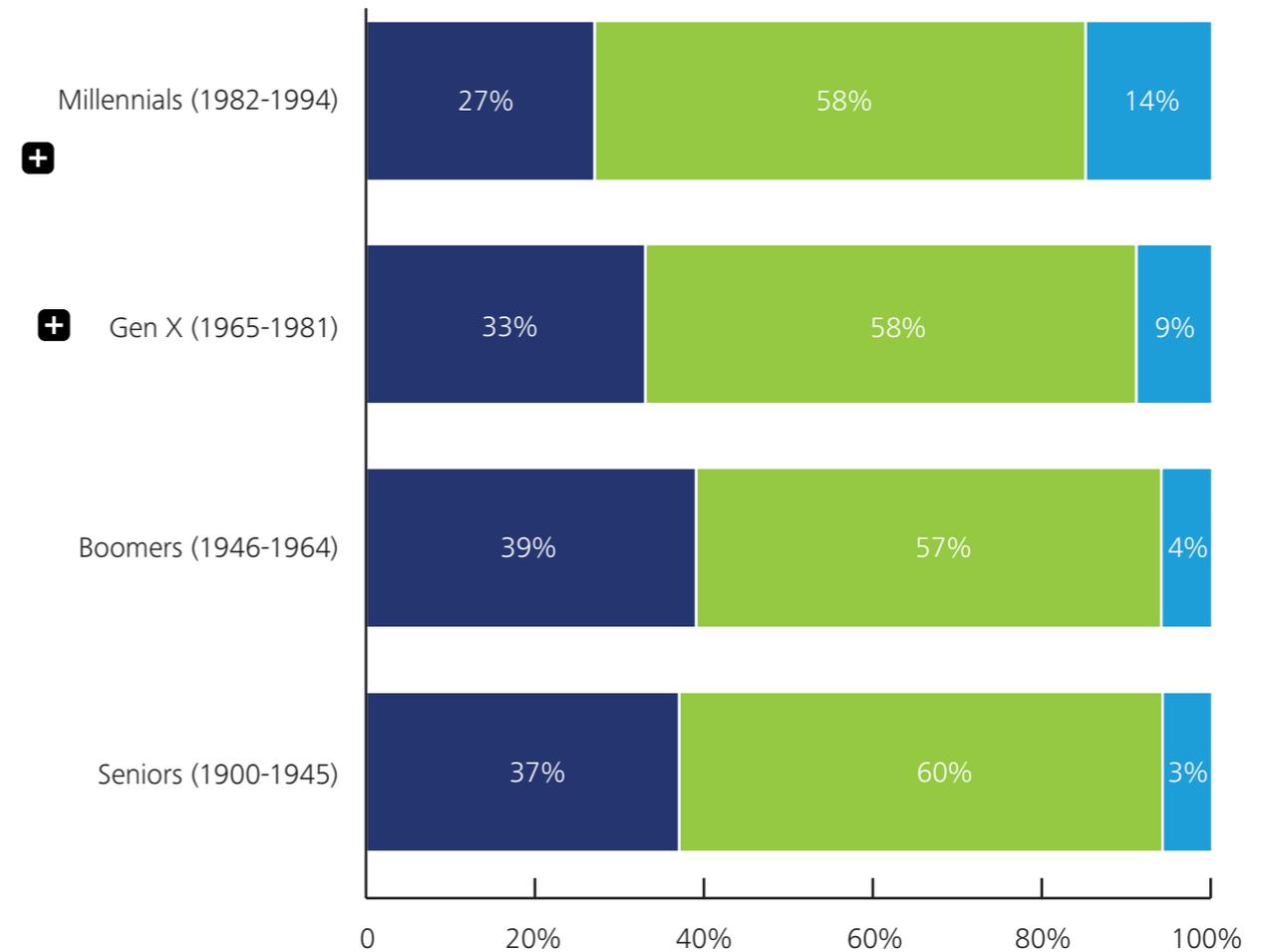
Interested in using social media for sharing health goals and progress (rating of 6-10 on a 10-point scale)

- 40% of Millennials (1982-1994)
- 27% of Gen X (1965-1981)
- 14% of Baby Boomers (1946-1964)
- 8% of Seniors (1900-1945)

Currently use social media for sharing health goals and progress

- 2% of Millennials
- 1% of Gen X
- 1% of Baby Boomers
- 0% of Seniors

Figure 17: Credibility of health information provided by social media²³



Data are rounded

- Not credible/untrustworthy
- Dubious/needs to be cross-checked with other sources
- Highly credible/trustworthy

Stakeholder considerations

The base of “e-health consumers” is growing in size, commitment, and power. Consumers are turning to online resources for health care and treatment information, but not as much as they do when interacting with other industries.¹ Health care consumers rely on many different channels and resources for information and support: many use online resources, a small group uses social media, but for the time being, many still rely upon traditional medical resources such as physician groups and professional communities.

There are important differences among the generational cohorts in the use of online health care resources and technologically enabled care. Many Seniors say they are light users of online resources and technologies, but they do use these tools. Younger consumers’ reliance upon online information and information technology is perhaps more critical – because they are moving toward life stages in which they will either need more care themselves or begin to provide more care for children and older family members.

The health care industry is rapidly developing its online presence – offering an increasing variety of digital content and an expanding range of devices and channels through which consumers can find and use information. As consumers move into a fragmented marketplace with numerous opportunities, resources, and information streams multi-channel strategies will be necessary. Different generational age groups show media preferences and different utilization behaviors and health care organizations will need to target services and channels to take these differences into account.

Emerging media formats – technologies, tools, and apps – offer consumers, particularly younger ones, considerable opportunities to use online resources and social media for motivation and health goal tracking, wellness, information gathering, support, and encouragement.

Health care is refocusing itself as a service-oriented industry. HIT has the potential to be a game-changing disruptive innovation that doesn’t merely follow this evolution, but drives it. For this to happen, the tools will have to move providers and consumers to an entirely different way of communicating and managing health.

¹ In the Deloitte 2011 Survey of Health Care Consumers in the U.S., nearly all (96%) consumers surveyed reported using the Internet in the past year – to purchase merchandise (90%), conduct personal banking (84%), or reserve an airline ticket (65%), but only 43% had looked online for information about treatment options (lower than the 55% in 2010 and 57% in 2009). Question not asked in 2012.

Stakeholder considerations

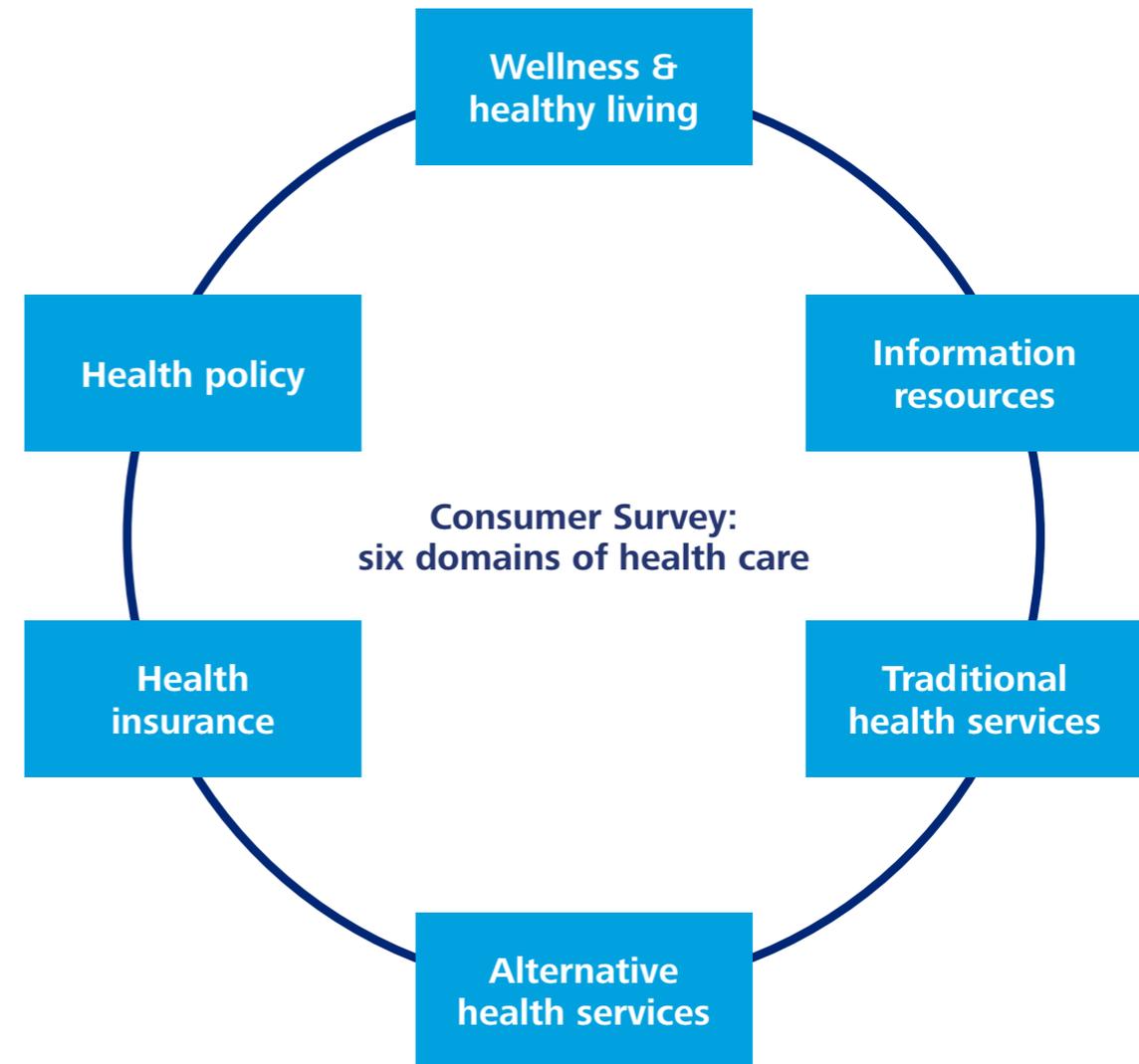
Among important considerations:

- 1.** Capturing and retaining patient or consumer-loyalty is paramount. As consumers seek sources of credible, impartial, and reliable information to assist them in researching health care options and formulating decisions, health plans may seek opportunities to position themselves as a “trusted-resource” for consumers via methods such as associating health plan information with third-party certification or gaining support from independent organizations. Moreover, health plans will need to develop user-friendly, online tools and sites that provide advice and information for consumers to help them navigate the system and better manage and coordinate health. For example, consumers will look for tools to help them “shop” for, compare, and select health plans efficiently and effectively.
- 2.** Many opportunities exist for health care providers to move into the online, social media, and mobile health space. In doing so, however, they need to maintain focus on security, privacy, and risk management. Transformational business models are imperative for providers as they move to solutions that re-envision service delivery models through apps, mobile solutions and customized health tools and devices. Apps that assist consumers with care processes and health monitoring – for example, appointment scheduling, health alerts, medication reminders, treatment information, and two-way communications between consumers and their health care practitioners – will further empower individuals to manage their own health. Patient loyalty can be further developed and supported through balanced, relevant conversations with consumers. Provider driven social media for person-to-person exchanges is likely to grow rapidly (through online message boards, blogs, and other means) once consumers gain confidence regarding information accuracy and reliability and resolve concerns over privacy and security of personal information.
- 3.** As government entities work to influence or change the way consumers interact with and use the health care system, they should consider how best to harness the explosion of mobile devices, social media, and smart apps, and data resources such as provider quality ratings. Also for consideration: how to balance consumer safeguards with the rapid development and deployment cycles of health app developers. Will market forces suffice? Or is regulation required? If so, which government entity is sufficiently nimble to manage this process?

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 provide 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.



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.

* 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>).

Contacts

Harry Greenspun, MD
Senior Advisor
Health Care Transformation & Technology
Deloitte Center for Health Solutions
Deloitte LLP
hgreenspun@deloitte.com

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

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

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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
Toll free 888-233-6169
Email healthsolutions@deloitte.com
Web www.deloitte.com/centerforhealthsolutions
Follow @DeloitteHealth at www.twitter.com

Deloitte Center for Health Solutions

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