



2011 Survey of Health Care Consumers in the United States *Key Findings, Strategic Implications*



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Foreword



Since 2008, the Deloitte Center for Health Solutions has surveyed U.S. adults to gauge opinions and expectations about our health care system. During this period, the economy tumbled and health care reform became a dominant political theme.

One might assume that consumer understanding of our system would be better informed as a result of these events; however, our surveys suggest otherwise. Consumers remain largely confused about the system although nonetheless highly opinionated about their interactions with doctors, hospitals, health insurers, and in their views of prescription drugs. As a result, it is our conclusion that consumers judge the U.S. health care system based on prior personal experience rather than a systemic view, perhaps due to its magnitude and complexity. Understandably, appreciation of such things as innovations that improve system effectiveness or reduce inefficiency are outside of a consumer's regular experience of the health care system. This perpetuates the industry's view that it serves "patients," not "consumers."

Is the U.S. health care system capable of transitioning from a patient orientation to a consumer-driven system of care? Should its transformation bet on consumerism as a key driver? If yes, what levers are necessary to motivate increased consumer engagement in care and spending decisions? These questions frame the basis for this survey. Notably, this year we surveyed consumers in the U.S. and 11 other countries to determine differences in expectations irrespective of health care system structure or ownership. Summarily, across the dozen countries, expectations are met only modestly and unmet needs are similar.

As we review these findings, it is important to reflect that in the world's developed health care systems, including the United States', consumers' opinions are based on personal use rather than a studied assessment of strengths and weaknesses. Experiences drive expectations and, for most, those experiences are a combination of good and bad.

A handwritten signature in black ink that reads "Paul H. Keckley". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Paul H. Keckley, PhD
Executive Director
Deloitte Center for Health Solutions
Washington, D.C.

Introduction

Health care consumerism: Conceptual framework for this study

Conducted annually since 2008, Deloitte's longitudinal study of health care consumers seeks to provide a comprehensive view of health care consumerism, a view that goes beyond the conventional boundaries of what health and health care are commonly thought to encompass. In addition to the traditional services that doctors and hospitals provide, the study's framework takes into account the expanding spectrum of treatment alternatives, delivery settings, information sources, and programs that are coming into existence to promote wellness and self-care, address health needs, and finance health care.

Now in its fourth year, the 2011 survey continues to build on previous years' surveys by exploring consumers' behaviors, attitudes, and unmet needs in six areas (Figure 1):

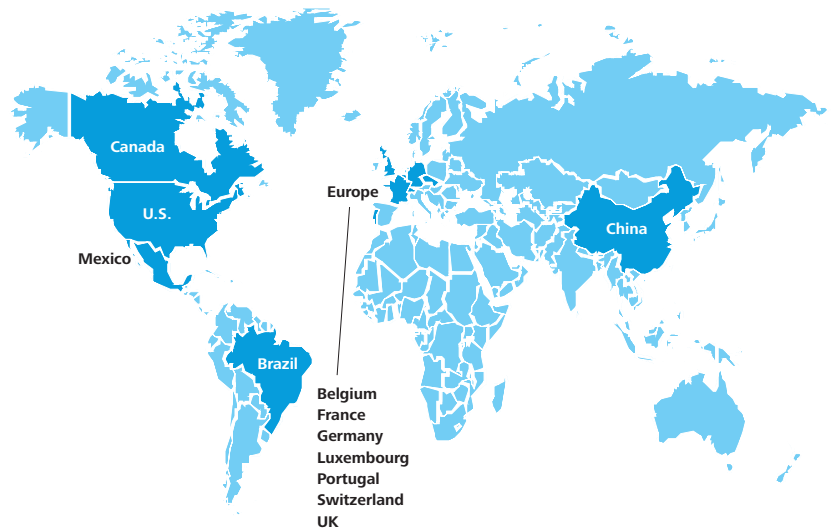
- Wellness and healthy living
- Information resources
- Traditional health services
- Alternative health services
- Health insurance
- Health policy

Figure 1: Zones of health care consumer activity



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Figure 2: 2011 surveyed countries



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In addition to surveying health care consumers in the United States, this year Deloitte surveyed consumers in Belgium, Brazil, Canada, China, France, Germany, Luxembourg, Mexico, Portugal, Switzerland, and the United Kingdom (Figure 2). Results from the U.S. survey are highlighted in this summary. A global report, which contrasts findings from all 12 countries, and separate country reports, can be found at www.deloitte.com/us/2011consumerism.

Survey methodology

A nationally representative sample of 4,000 U.S. adults, aged 18 and older, was surveyed in April 2011 using a web-based questionnaire. The results were weighted to ensure proportional representation to the nation's population with respect to age, gender, income, race/ethnicity, and geography. The margin of error is +/- 1.6% at the .95 confidence level.

The survey consisted of 84 questions, with 33 potential follow-up questions. English and Spanish versions were available. Participants were asked about behaviors before attitudes within each topic area to reduce response bias.

In this report, comparisons are made to results from Deloitte's previous health care consumer surveys (2008, 2009, and 2010); however, differences in question wording and response scales arising from efforts to improve and develop the survey instrument may preclude direct comparison in some cases. Questions will be repeated periodically in the survey series and new questions will continue to be introduced to keep pace with consumerism in health care as it evolves.

Brief background: The U.S. health care system

Nearly 60 percent of individuals in the U.S. receive health care coverage through private, employer-based health insurance. Individuals who do not receive coverage through an employer may purchase a health plan directly from a private insurance company or may qualify for one of several government-funded plans. Medicaid, a government-run low-income health care program, is administered through the states, so income thresholds vary around the country. The Children's Health Insurance Program (CHIP) covers many low-income children who do not qualify for Medicaid. The military health program TRICARE serves current and retired military personnel at very low cost. Almost all citizens over age 65 are covered under Medicare, a public entitlement program with limited beneficiary contributions. As the United States' population ages, Medicare will likely see an estimated 76 million new beneficiaries over the next decade. The number of Americans under age 65 without health insurance rose to 50.7 million in 2009, or about 16.7 percent.¹

Physicians are paid directly by a patient or by a patient's health plan per service rendered. Hospitals are reimbursed for inpatient care using a payment system based on diagnostic related groups (DRGs), which classifies cases based on clinical and resource utilization similarities. Health plans often have a "network" of hospitals and physicians with lower negotiated payment rates, and encourage patients to seek care from providers in the network by charging additional fees or not reimbursing out-of-network visits. All hospitals are required to provide care to anyone who arrives in the emergency room regardless of citizenship, insurance status, or ability to pay.

In 2009, national health expenditures reached \$8,086 per capita, or 17.6 percent of the gross domestic product (GDP)² – one of the highest rates of health care spending in the world. The U.S. also has higher infant mortality rates and lower life expectancies than many other developed nations, and has been called the only wealthy, industrialized nation that does not guarantee health care coverage to its citizens.

The 2010 Patient Protection and Affordable Care Act (ACA) aims to change the structure of the U.S. health care system with a large package of reforms. In 2010, various insurance market reforms made health insurance more accessible, particularly to children and young adults. In 2014, employers with at least 50 employees will be required to offer health insurance to full-time employees, and most individuals will face a penalty if they do not obtain insurance. Among other ACA initiatives, states will create or receive from the federal government an Internet platform for consumers to compare and purchase private insurance plans; health plans will no longer be allowed to reject insurance applicants on the basis of their health status or risk profile; and states will be required to offer Medicaid funding to all residents up to 133 percent of the Federal Poverty Level. The law's provisions are expected to cover an additional 32 million citizens when fully implemented.

¹ DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-238, *Income, Poverty, and Health Insurance Coverage in the United States: 2009*, U.S. Government Printing Office, Washington, DC, 2010.

² Martin, Anne, et al. *Recession Contributes To Slowest Annual Rate Of Increase In Health Spending In Five Decades*. *Health Affairs* 30, No. 1 (2011): 11-22

Survey highlights

Views of U.S. health care system performance

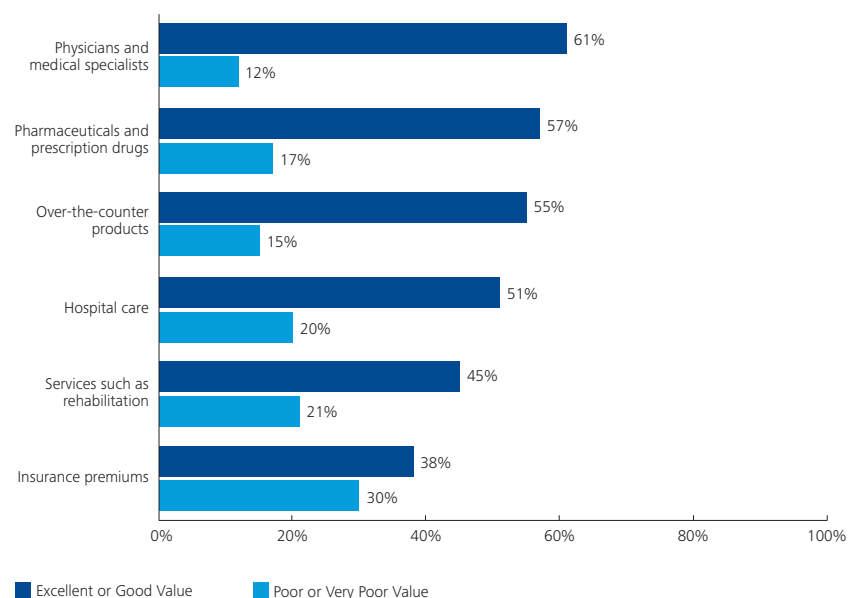
Consumers perceive a complex, wasteful system, sensing a lack of value for what is spent.

- Most consumers (76%) feel they do not have a strong understanding of how the health care system works; this perception has not changed in recent years (77% in 2010, 74% in 2009).
- Consumers believe that hospital costs (68%), lifestyle choices (62%), and fraud (62%) are major drivers of overall health care costs. Administrative costs (57%), prescription drugs (54%), and defensive medicine (51%) are also commonly cited.
- Over half (51%) of all consumers believe that 50% or more of health care spending is wasted (49% in 2010, 51% in 2009).
 - Of those believing that the system is wasteful, 49% feel that money is wasted because individuals are not taking enough responsibility for maintaining their own health.
 - Consumers also blame redundant paperwork (55%), defensive medicine (46%), lack of adherence to evidence-based approaches (40%), and extreme measures taken at the end of life to extend life for a short period of time (35%).
- In 2011, the majority of consumers report spending out-of-pocket on over-the-counter products (93%), prescription drugs (90%), physicians and medical specialists (88%), and health insurance (84%). Experiences of value for money varied greatly; fewer than 2 in 5 (38%) feel they received value for money spent on health insurance, whereas 3 in 5 (61%) feel they received excellent or good value for money spent on physician or specialist services (Figure 3).

Satisfaction with the U.S. health care system is low; 8 in 10 consumers see no system improvement and 3 in 4 believe other countries' systems are better.

- 1 in 3 (34%) consumers believes that the performance of the U.S. health care system is worse today compared to five years ago, and nearly half (46%) of respondents say the system is performing much the same. Only 11% feel that the system's performance is better (nearly 9% are uncertain).
- Less than a quarter (24%) believes that the U.S. health care system works better than most systems in the world, with only 16% indicating they are satisfied with its performance.
- Only 22% of consumers give the health care system a favorable grade of "A" (3%) or "B" (19%). In contrast, nearly 4 in 5 consumers (78%) give the U.S. health care system a poor report card grade of "C" (42%), "D" (24%), or "F" (12%); this finding has remained relatively stable in recent years, with similar percentages grading the system unfavorably in 2010 (76%) and 2009 (80%).

Figure 3: What value do you think you got for the money you spent out-of-pocket on the following in the last 12 months?



Note: Base for each percentage includes only respondents who spent money in the area.

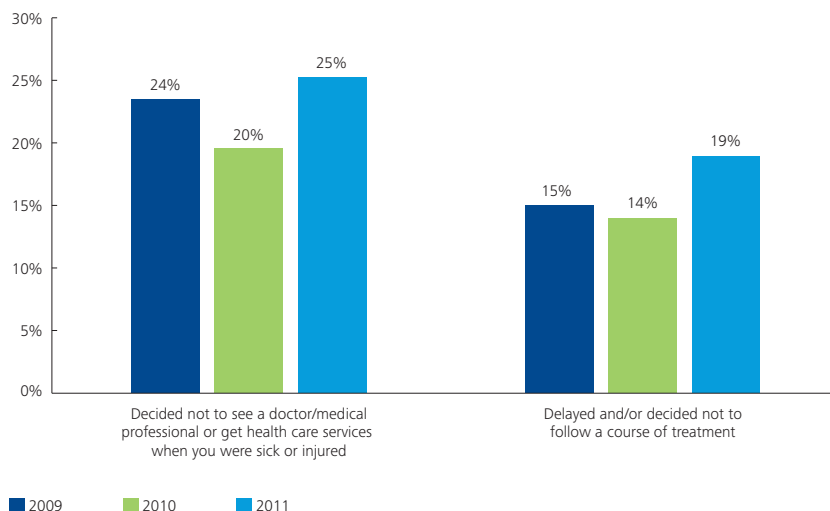
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Impact of the economic downturn and rising health care costs

The cost of health care, coupled with the state of the economy, is of growing concern to consumers, prompting many to alter household spending, delay care, and worry about their ability to pay for future health care costs.

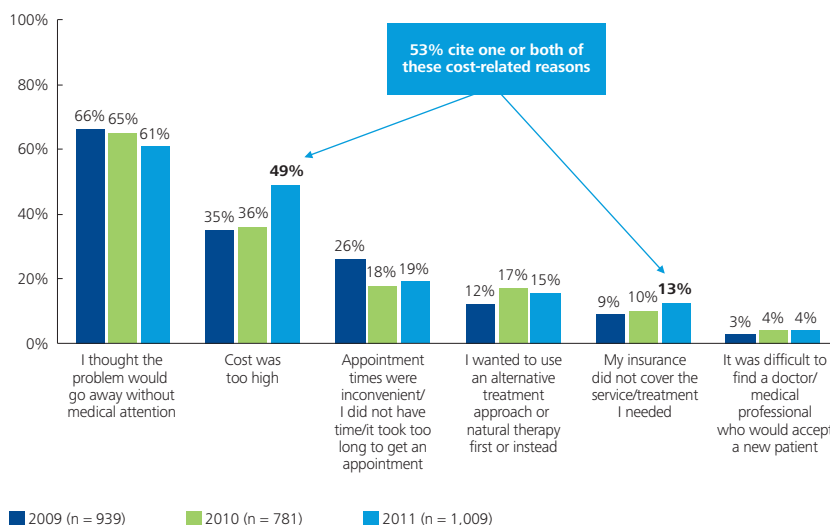
- 3 in 4 (75%) consumers say the recent economic slowdown has had some impact on how much they are willing to spend on health care services and products: 41% are more cautious about spending, 20% have cut back on spending, and 13% have reduced their spending by a lot.
- 3 in 5 (63%) say their monthly health care spending limits their household's ability to spend money on other essentials, such as housing, groceries, fuel, and education (10% greatly limits, 22% moderately limits, and 31% slightly limits).
- 1 in 4 (25%) consumers says they decided not to see a doctor when sick or injured, and 1 in 5 (19%) delayed or skipped treatment recommended by a doctor; both rates are higher than in previous years (Figure 4). Cost, increasingly, is cited as a motivating factor (Figure 5).
- The uninsured are twice as likely as the insured to postpone care when they are sick or injured (40% vs. 23%), cite cost as the reason (83% vs. 41%), say their health care spending greatly limits their spending on other essentials (21% vs. 8%), and experience financial difficulties due to health care costs (43% vs. 21%).
- Only 23% of consumers say they feel confident that their household is financially prepared to handle future health care costs, holding at the level observed in 2010 (24%) and 2009 (24%).
- 14% provide constant care for a family member; 36% have provided this care for more than two years, and 77% report this role reduces the family's ability to earn income (30% major impact, 32% moderate impact, 15% minor impact).

Figure 4: Which of the following have you done in the last 12 months?



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Figure 5: Why did you decide not to see a doctor/medical professional when you were sick or hurt?



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Zone One: Wellness and healthy living

The majority of consumers report accessing preventive care services – use is higher among consumers with chronic conditions, lower among the uninsured.

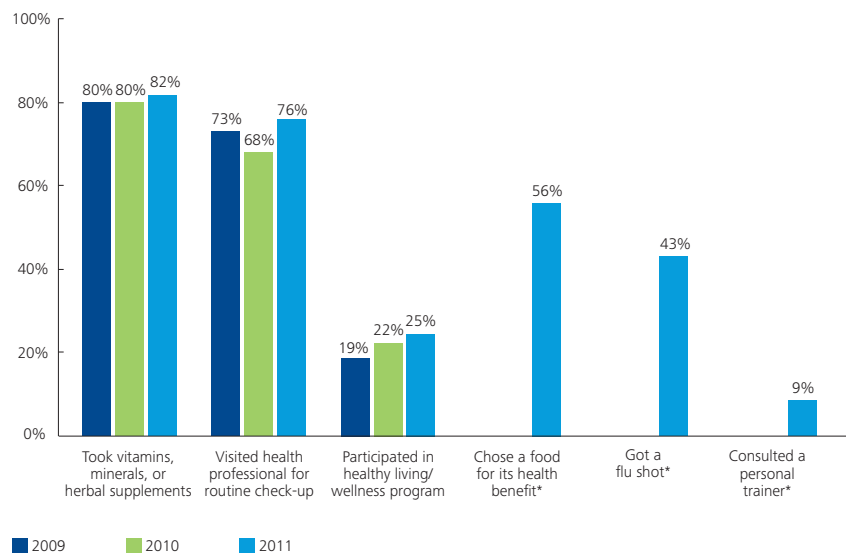
- 9 in 10 consumers believe themselves to be in good health, but more than half (55%) have been diagnosed with one or more chronic conditions (similar to 2009 and 2010).
- 3 in 4 (76%) consumers say they visited a physician or other health professional in the past year for a routine check-up (Figure 6), an increase from 2010 (68%) and 2009 (73%).
 - The uninsured are half as likely as the insured to report seeing a doctor for a routine check-up (81% vs. 36%).
 - Routine check-ups are reported most commonly among Seniors (92%), less commonly among Boomers (78%), Generation X (69%), and Generation Y (69%).
- 2 in 5 (43%) had an influenza (“flu”) shot in the last 12 months (Figure 6).
 - 1 in 5 (20%) uninsured say they got a flu shot vs. nearly 1 in 2 (47%) insured.
 - 68% of Seniors report getting a flu shot vs. 47% of Boomers, 37% of Generation X, and 28% of Generation Y.

Participation in self-care programs that enhance wellness is relatively low, but use of vitamins and healthier food choices is high.

- Participation in healthy living/wellness programs is low but on the rise: 19% in 2009, 22% in 2010, and 25% in 2011 report participating in a special programs offered by an employer, health plan, hospital, or another type of organization to help them improve aspects of their health (e.g., losing weight, exercising more, quitting tobacco use) (Figure 6).
 - Participation among consumers with chronic conditions is climbing (18% in 2009, 25% in 2010, 27% in 2011), while participation among consumers without chronic conditions remains at about the same level (20% in 2009, 19% in 2010, 22% in 2011).

- Insured consumers are almost three times more likely to report participating in a healthy living/wellness program than the uninsured (27% vs. 10%).
- Use of vitamins, minerals, and herbal supplements is high: 82% report taking these in the past year and 68% are currently taking vitamins or minerals on a regular basis to treat a health problem or improve their health (Figure 6).
- Nearly 6 in 10 (56%) consumers chose particular foods in the last 12 months because of the health benefits they provide; 1 in 3 (34%) say they are currently consuming nutritional foods such as probiotic yogurts and cholesterol-reducing spreads on a regular basis to treat a health condition or improve health.
 - Choosing foods for health reasons does not vary much by age (54% of Generation Y, 54% of Generation X, 59% of Boomers, and 56% of Seniors), but is more common among women than men (61% vs. 51%).
- 1 in 10 (9%) consulted a personal trainer within the past year.

Figure 6: Which of the following have you done in the last 12 months?



* Not an option in 2009 or 2010

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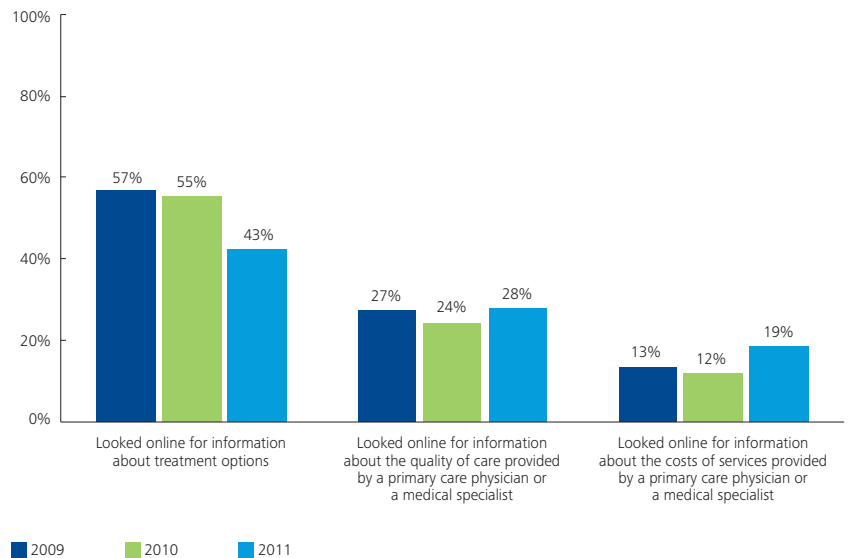
Zone Two:

Information resources

Online resources play an increasingly important role in providing information to consumers.

- Nearly all (96%) consumers report using the Internet in the past year – to purchase merchandise (90%), conduct personal banking (84%), or reserve an airline ticket (65%), but only 43% report looking online for information about treatment options (lower than the 55% in 2010 and 57% in 2009) (Figure 7).
- 28% say they searched online for information about the quality of care provided by a primary care physician or medical specialist (24% in 2010, 27% in 2009) (Figure 7).
- 1 in 5 (19%) reports searching online for information about the costs of services, up from 12% in 2010 and 13% in 2009 (Figure 7).
- Use of the Internet for health-related purposes varies among generations:
 - Searching for treatment information ranges from 38% among the oldest (Seniors) and 39% among the youngest (Generation Y) consumers up to 44% among Boomers and 45% among Generation X.
 - Searching for provider quality and cost information is most common in the youngest generation and declines with age: Generation Y (34% for quality information and 30% for cost information), Generation X (33% and 24%), Boomers (24% and 13%), and Seniors (19% and 5%).
- 1 in 10 (11%) says they used a social networking site to comment on their experiences using the health care system (6%), learn more about prescription drugs (5%), communicate with their insurance company (2%), and/or communicate with their physician (2%).
- 8% of consumers report using a blog in the past year to share their experiences with others or learn about others' health care experiences (5%), post a comment about a doctor (3%), or post a comment about a hospital (2%).

Figure 7: Which of the following have you done in the last 12 months?

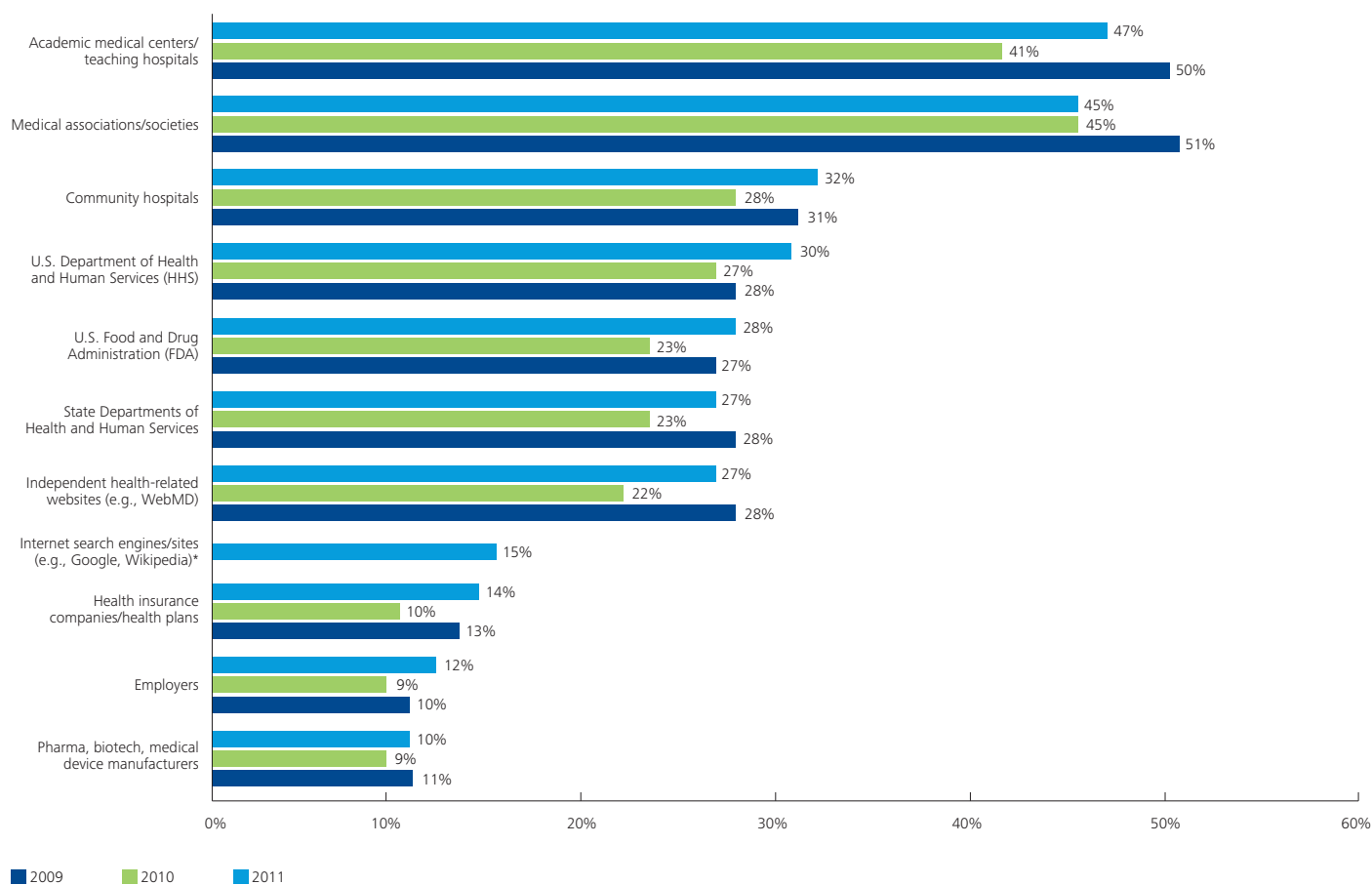


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The most trusted sources of information about treatment effectiveness and costs are doctors and hospitals; manufacturers, employers, insurers, and government agencies are less trusted.

- For information on the most effective and safe treatments for a certain health condition, consumers continue to trust academic medical centers (47%) and medical associations (45%) most, and trust manufacturers (10%), employers (12%), and insurers (14%) less (Figure 8).

Figure 8: If you wanted information about the most effective and safe treatment for a certain health condition, how much trust would you have in the following "third-party" sources to provide reliable information?



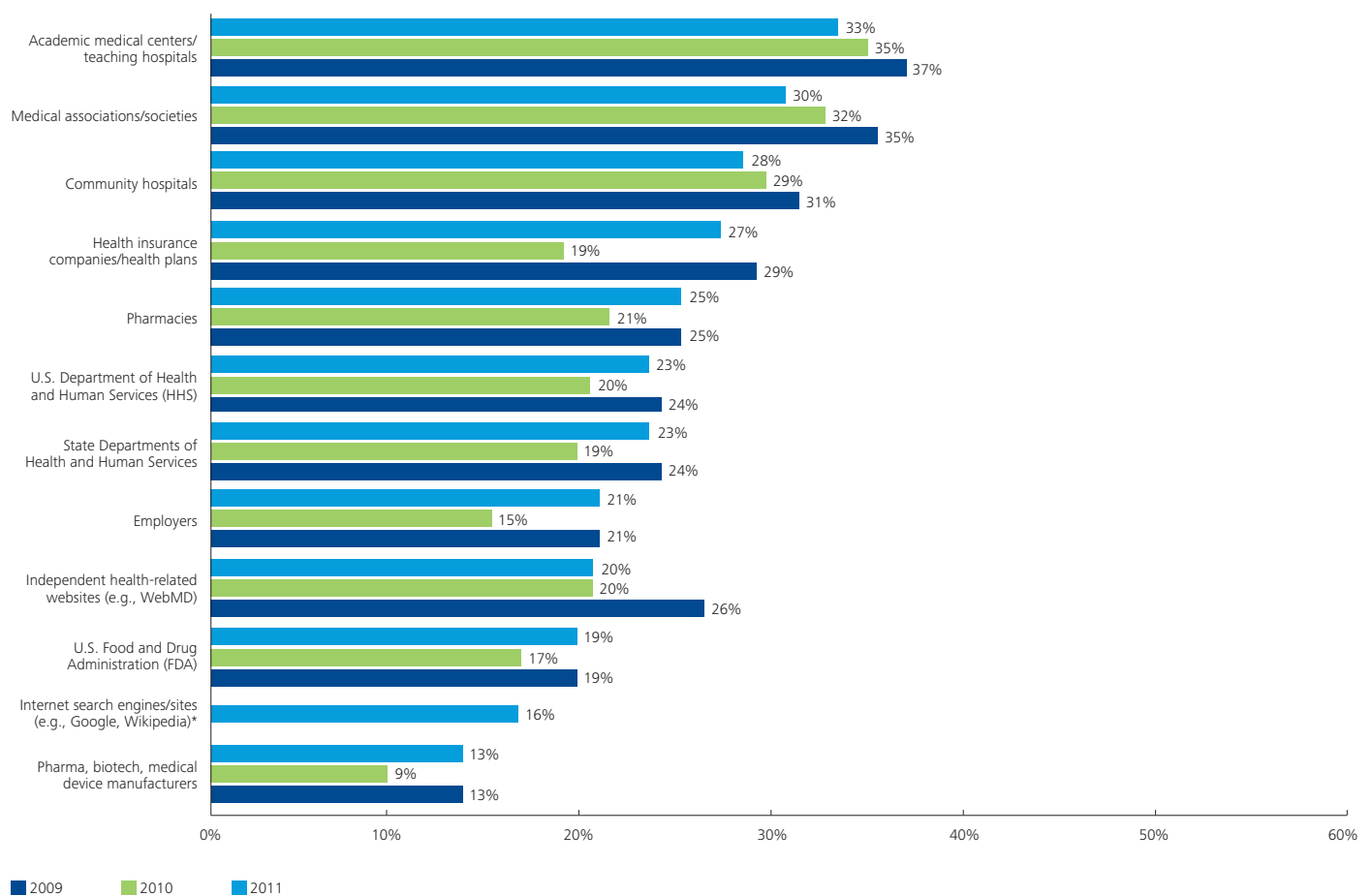
* Not an option in 2009 or 2010

Note: Rating of 8, 9, or 10 shown

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- Academic medical centers (33%) and medical associations (30%) are also most trusted for cost information. Consumers have less trust in information from manufacturers (13%), Internet searches (16%), the U.S. Food and Drug Administration (19%), independent health related websites (20%), and employers (21%) (Figure 9).

Figure 9: If you wanted information about the cost of treatment for a certain health condition, how much trust would you have in the following "third-party" sources to provide reliable information?



* Not an option in 2009 or 2010

Note: Rating of 8, 9, or 10 shown

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Interest in using electronic health technologies for coordinated care with physicians or self-monitoring is high.

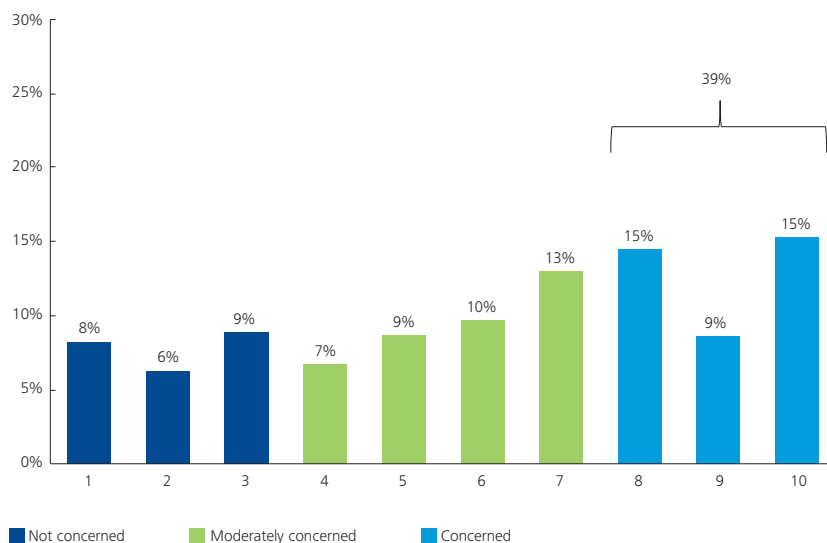
- 6 in 10 (61%) express interest in using a medical device that would enable them to check their condition and send information to their doctor electronically through a computer or cell phone via the Internet, down from 68% in 2009. (This question was not asked in 2010.)
 - Interest is similar across Generation Y (59%), Generation X (61%), Boomers (62%), and Seniors (61%).
- Over half (52%) say they would use a smart phone or PDA to monitor their health if they were able to access their medical records and download information about their medical condition and treatments (19% would be very likely and 33% would be somewhat likely to do this).
 - Interest in using a smart phone or PDA to self-monitor is highest among the youngest consumers and declines with age: Generation Y (72%), Generation X (62%), Boomers (42%), and Seniors (26%).

Use of personal health records is low but the majority of consumers see their value.

- The percentage of consumers who maintain a personal health/medical record (PHR) in some type of electronic format remains low, but is increasing gradually: 8% in 2008, 9% in 2009, 10% in 2010, and 11% in 2011 report maintaining a PHR using a computer software program or website.
- Electronic PHRs are more common among consumers with chronic conditions (14%) than among those without chronic conditions (8%).
- Seniors (17%) are more likely to report having an electronic PHR than Boomers (12%), Generation X (8%), and Generation Y (11%).

- 2 in 3 (66%) say they would consider switching to a physician who offers access to medical records through a secure Internet connection (16% would be very likely, and 50% would be somewhat likely, to change physicians). Similar percentages were reported last year.
- 4 in 10 (39%) express concern about the privacy and security of their health/medical information when using computer and Internet technologies to maintain records and share information with health care professionals (Figure 10).
 - Concern is highest among the middle two generations: Generation Y (30%), Generation X (41%), Boomers (43%), and Seniors (34%).

Figure 10: How concerned are you that the privacy and security of your personal health/medical information might be at risk if you were to use a computer program or website to maintain a personal health record that allowed you to share information with your doctor through an Internet connection?



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Zone Three: Traditional health services

Health services

Consumers use the traditional health care system heavily.

- 85% of consumers say they visited a physician or other health care professional in the past year – for a routine check-up (76%) and/or injury or illness (54%).
- 43% of all consumers (47% of insured, 20% of uninsured) indicate they had an imaging exam or test in the last 12 months.
- 2 in 5 (39%) report using hospital services in the past year: 27% had a test or surgical procedure as an outpatient in a hospital facility, 17% sought care in a hospital emergency room, and 8% stayed overnight in a hospital as a patient.
- 57% of consumers are currently taking prescription medications on a regular basis; nearly half (48%) of those take three or more medications on a daily basis.
 - Among consumers with chronic conditions, 82% report using prescription medications, with 56% taking three or more medications on a daily basis.

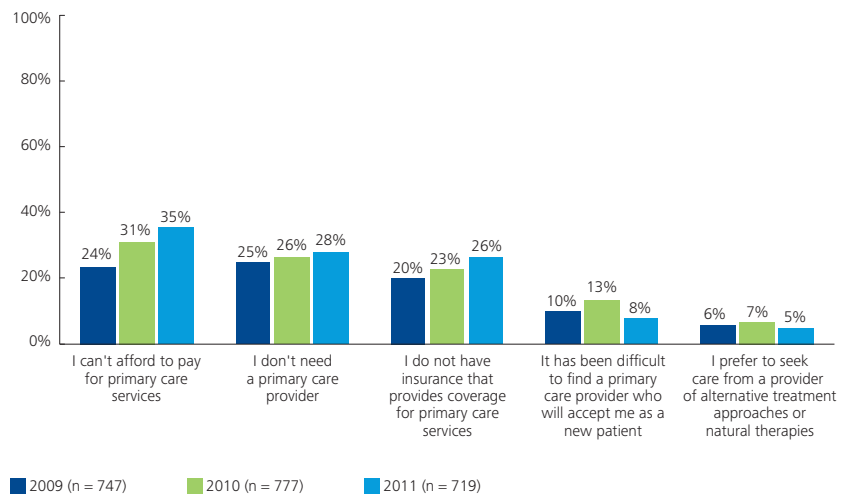
Physicians

8 in 10 consumers have a primary care provider and the majority is satisfied with the quality of care.

- 82% have a doctor, nurse practitioner, or other health care professional they consider to be their primary care provider (PCP), consistent with 81% in both 2010 and 2009.
 - 87% of insured consumers say they have a PCP vs. 46% of uninsured.
 - Having a PCP increases with age: 68% of Generation Y, 78% of Generation X, 88% of Boomers, and 96% of Seniors report having a PCP.
- Increasingly, lack of affordability and lack of adequate insurance coverage are reasons cited by those who do not have a PCP: 1 in 3 (35%) without a PCP says they cannot afford primary care services, up from 31% last year and 24% in 2009, and 26% say they do not have insurance that would cover the cost of PCP care, up from 23% last year and 20% in 2009 (Figure 11).
 - Inability to pay is the primary reason for not having a PCP among the uninsured, while personal preference is the most cited reason among the insured (Figure 12).

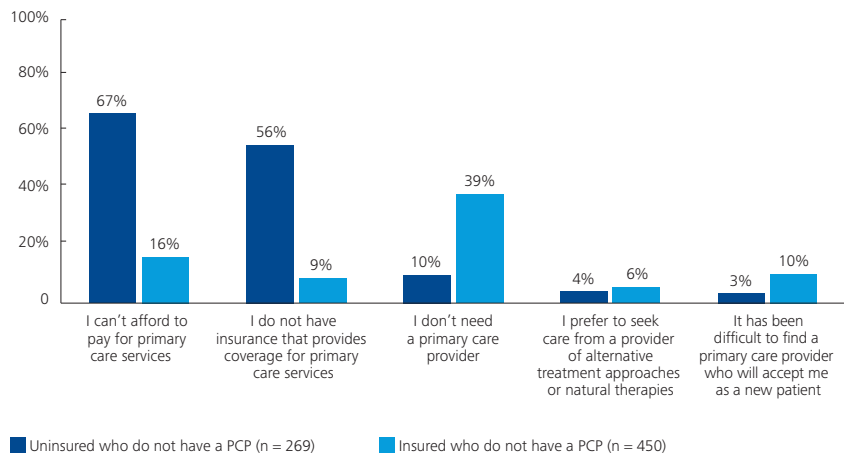
- 73% of consumers are satisfied with the quality of care they receive from their PCP, similar to 2010 (71%) and 2009 (72%).
 - Satisfaction differs between those who have insurance (74%) and those who do not (66%).
 - Satisfaction ranges from 64% among Generation Y consumers to 87% among Seniors.

Figure 11: What keeps you from having a primary care provider?



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Figure 12: What keeps you from having a primary care provider?

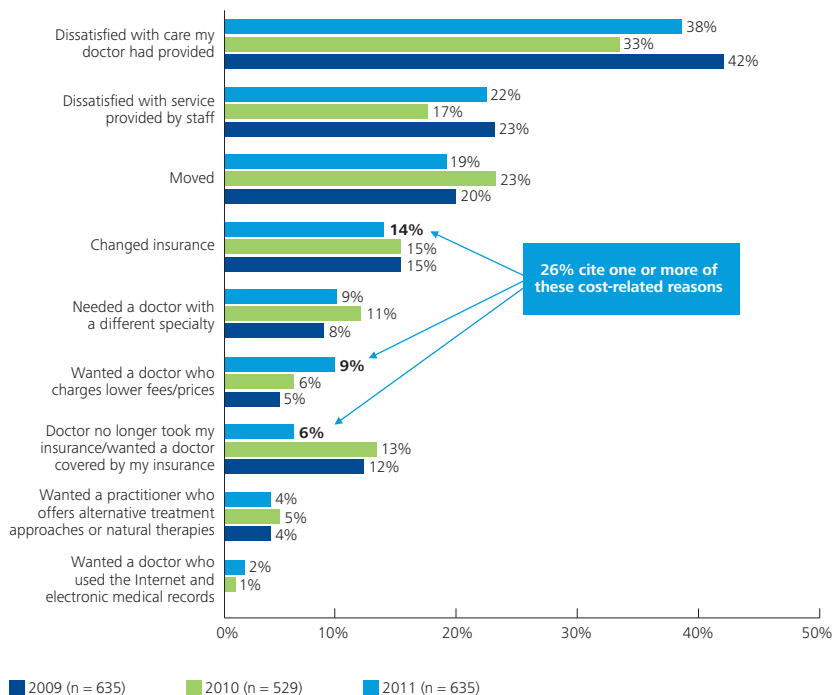


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Poor quality of both care and service, as well as cost and insurance changes, prompt decisions to switch doctors.

- 15% of all consumers say they switched doctors in 2011, similar to 13% in 2010 and 16% in 2009.
- 38% of those who switched doctors say they did so because they were dissatisfied with the quality of care they received, and 22% were unhappy with the service provided by office staff (Figure 13).
 - Dissatisfaction with care and service are the most common reasons for switching doctors among consumers with chronic conditions (44% and 23%, respectively).
 - Reasons are more varied among consumers who do not have a chronic condition: 29% and 20% say they were dissatisfied with care and service, respectively, but 24% report moving, 16% changed insurance, and 14% wanted to use a doctor who charges lower fees.
- 26% of switchers report they changed doctors because of one or more insurance- or cost-related reasons (vs. 29% in 2010 and 26% in 2009). Among these, 14% changed insurance, 9% wanted a doctor who charged lower fees or prices, and 6% said their former doctor no longer took their insurance.

Figure 13: Why did you switch doctors/medical professionals?



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Hospitals

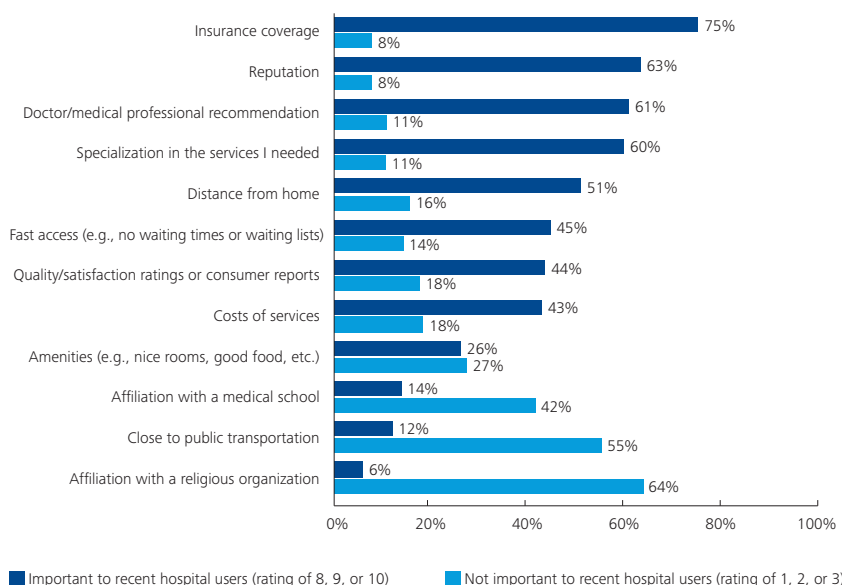
The primary reason for hospital selection is insurance coverage; the hospital's reputation and perceived level of specialization are also important.

- Insurance coverage, reputation, physician referral, and specialization are the most important factors consumers consider when selecting a hospital, similar to 2010 and 2009 (Figure 14). Cost is not a major factor to most.
- Consumers who have not used a hospital recently are more likely than recent users to say that the costs of services, quality ratings, and access would be important criteria in choosing a hospital (Figure 15).
- Before going to the hospital, 32% of recent hospital users checked to see if their insurance plan covers the treatment and 30% checked to see if the hospital accepts their insurance plan, similar to previous years.

Satisfaction with hospital care is high, although lower for ER usage.

- 77% of recent hospital users are satisfied with the quality of care they received, up from 75% in 2010 and 74% in 2009 (Figure 16).
 - Uninsured hospital users are, on average, less satisfied with the quality of care they received than insured hospital users (56% vs. 78%).
 - Satisfaction increases with age: 56% among Generation Y, 73% among Generation X, 82% among Boomers, and 90% among Seniors.
- Satisfaction is highest among hospital users who received inpatient and outpatient care (88%), just outpatient care (82%), or just inpatient care (81%) (Figure 16). Satisfaction is lowest among hospital users who only received emergency room care (61%), increasing to 74% among those who also received outpatient treatment and to 79% among those who also had an overnight stay.

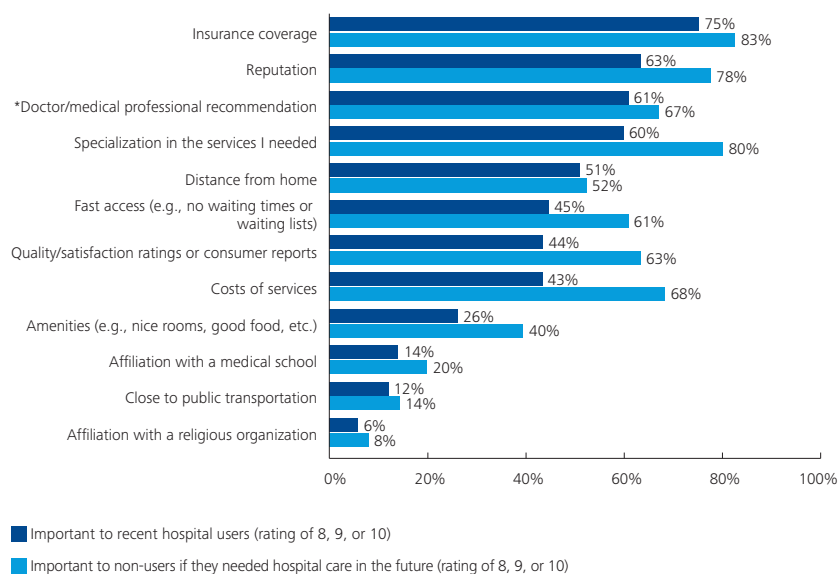
Figure 14: How important were the following factors to you in choosing the hospital you used most recently?



n = 1,543 consumers who used hospital services in the past 12 months

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Figure 15: How important are the following factors to you in choosing a hospital?



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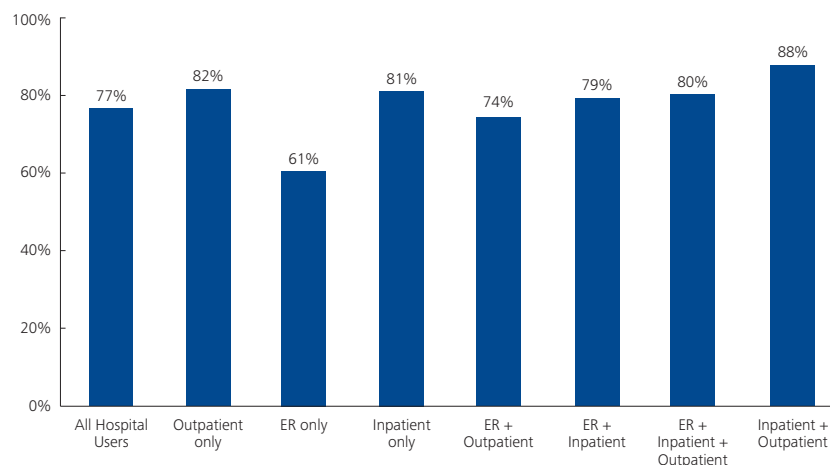
- Among hospital users who received only emergency room care:
 - Uninsured report being less satisfied than insured (38% vs. 64%).
 - Satisfaction increases with age: 46% of Generation Y, 61% of Generation X, 70% of Boomers, and 88% of Seniors report being satisfied with the care they received.
- Half (51%) of those consumers who spent money out-of-pocket on hospital services feel that they received excellent or good value in exchange (54% of insured spenders vs. 23% of uninsured spenders).

Retail clinics

Consumers are receptive to retail clinic use for minor medical problems.

- 1 in 5 (19%) reports seeking care for a non-emergency health problem at a walk-in clinic located in a pharmacy, grocery store, or other retail setting in the last 12 months; this is higher than in previous years (15% in 2010 and 13% in 2009).
 - Retail clinic use is higher among the uninsured than the insured (23% vs. 18%).
 - Younger generations report greater use of retail clinics than older generations: 25% of Generation Y and 22% of Generation X compared to 15% of Boomers and 12% of Seniors.
- 37% say they would use a retail clinic if it cost them less than visiting a doctor's office (up from 30% two years ago), and 34% say they would use a retail clinic if doing so reduced their wait time considerably (higher than 28% two years ago) (Figure 17).
 - Willingness to use a retail clinic is higher among the uninsured than the insured, with 56% (vs. 35%) saying they would use a retail clinic if it was half the cost of going to a doctor's office and 45% (vs. 32%) saying they would do so if they could be seen quickly.
 - Generation Y consumers express the greatest likelihood of using a retail clinic (47% if it cost less), followed by Generation X (44%), Boomers (34%), and Seniors (20%).

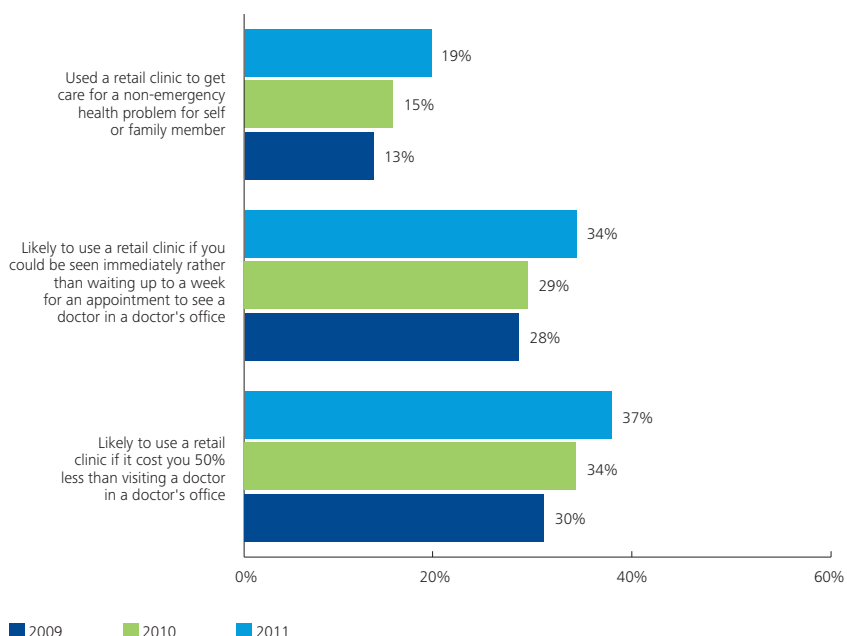
Figure 16: Overall, how satisfied are you with the quality of care you received from the hospital you used most recently?



Note: Rating of 8, 9, or 10 shown

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Figure 17: Have you used a retail clinic in the past 12 months? If you needed care or treatment for a minor medical condition, how likely would you be to use a retail clinic?



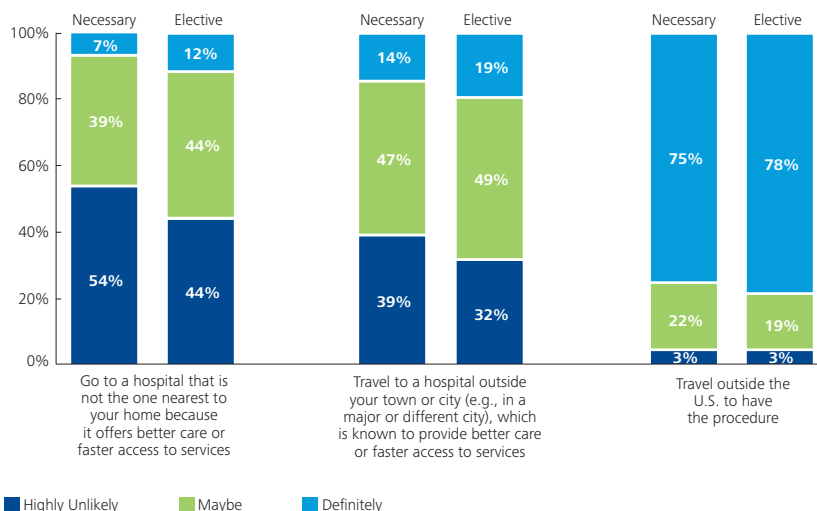
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Traveling for care

40% of consumers would leave their local community for health care services elsewhere.

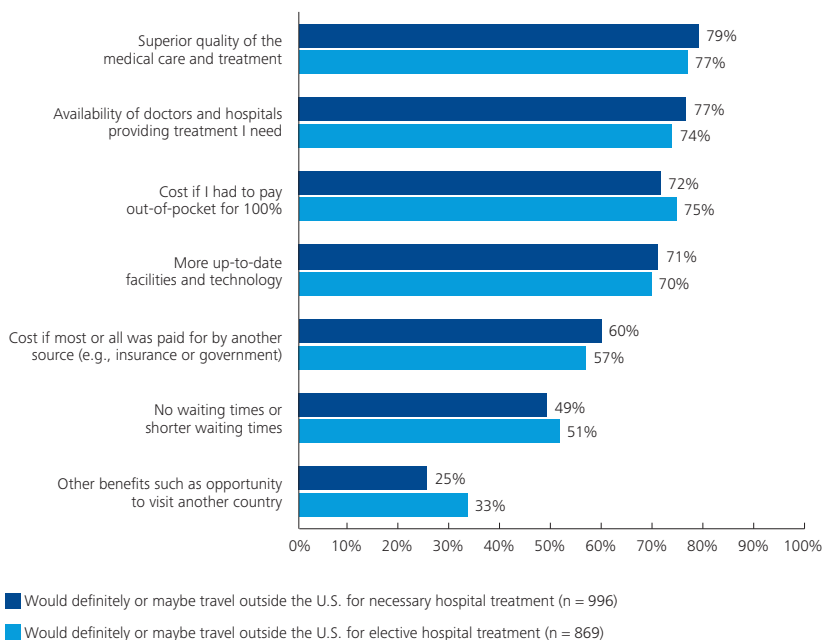
- 40% say they would be willing to travel out of their local area to receive health care services for a minor medical condition if their doctor recommended it (26% would not); 9% report doing so in the past year (7% in 2010, 8% in 2009).
- 54% say they would definitely go to a local hospital that is not the one nearest to their home for necessary treatment if that hospital offered better care or faster access to services for a necessary treatment; fewer (44%) would do so for an elective treatment (Figure 18).
- 39% report they would definitely travel to a hospital located outside their local town or city (e.g., in a major city or different city) for necessary care if that distant hospital was known to provide better quality care or faster access to services; 32% would travel the distance for elective care (Figure 18).
- 25% say they would consider traveling outside the U.S. to have a necessary hospital procedure (22% say maybe and 3% are definite); 75% say it is highly unlikely that they would travel to a foreign country for care (Figure 18).
 - The uninsured are more willing to travel to a foreign country for necessary hospital care than the insured: 31% vs. 24% say they would maybe or definitely do so.
 - Willingness to travel is highest among the youngest consumers: 31% of Generation Y, 30% of Generation X, 21% of Boomers, and 17% of Seniors.
- Only 1% of consumers report traveling outside the U.S. to consult with a doctor, to undergo a medical test or procedure, or to receive treatment in the last 12 months.
- Perceptions of superior quality, greater availability of providers, lower cost, and more advanced facilities and technology are important criteria among those who would consider traveling outside the U.S. for care (Figure 19).

Figure 18: How likely would you be to travel for necessary or elective hospital care?



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Figure 19: What are the most important criteria that you would use to decide whether to travel outside the country to seek hospital treatment?



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Prescription medications and over-the-counter health care products

57% of adult consumers use prescription medications; 68% use over-the-counter vitamins or minerals.

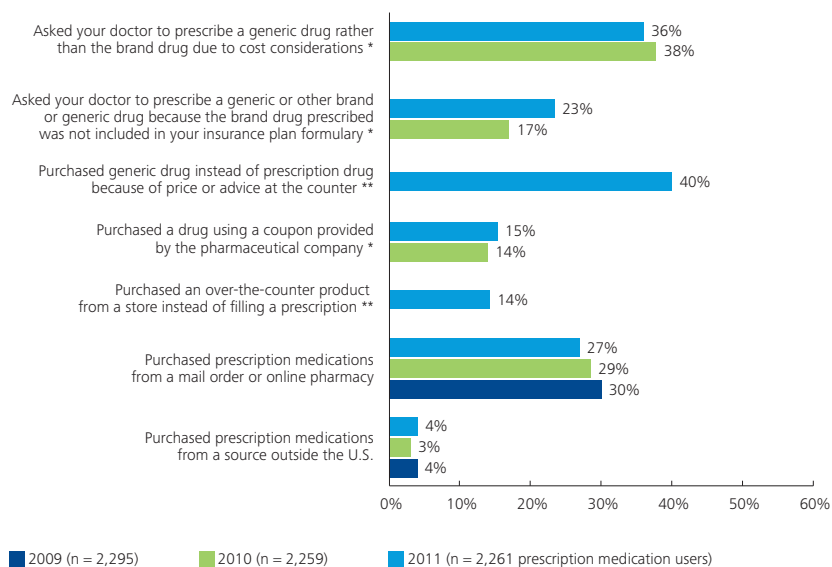
- 68% of consumers say they currently take vitamins or minerals, 57% take prescription medications, 36% use over-the-counter medications, and 9% use natural therapies. Similar percentages of consumers reported using these products in 2009 and 2010.
- Nearly half (48%) of prescription medication users take three or more medications on a daily basis. 22% take two medications daily, while 28% take one medication. An additional 2% take one medication on a regular basis, but not daily.
- 5% of all consumers (7% of consumers with chronic conditions) say they were treated, or are aware of someone who was treated, in the last 12 months with a personalized medication, described as a medicine that is tailored to an individual's needs and condition (e.g., using genetic testing to develop a specialized medication that specifically targets an individual with a particular disease).

Generic drugs are sought by 1 in 3 consumers in lieu of a prescription medication.

- 36% of prescription medication users say they asked their doctor to prescribe a generic drug instead of a brand name drug due to cost (Figure 20).
- 23% report they asked for a generic equivalent because the brand name medication was not on the formulary of their insurance plan (Figure 20).
- At the pharmacy, 2 in 5 (40%) prescription medication users purchased a generic drug instead of a prescribed brand drug because of price information or advice they received at the counter, 15% used a manufacturer's coupon to purchase a prescription medication, and 14% purchased an over-the-counter product instead of filling a prescription (Figure 20).

- 27% of prescription medication users say they purchased medications online or through the mail in the last 12 months (29% in 2010, 30% in 2009), while 4% report purchasing medications from a source outside the U.S. in the past year (3% in 2010, 4% in 2009).
- Compared to insured prescription medication users, the uninsured are:
 - More likely to ask for a generic drug rather than a brand name drug due to cost (44% vs. 36%).
 - More likely to buy a generic drug instead of a prescription drug because of price or advice received at the pharmacy (48% vs. 39%).
 - More likely to buy an over-the-counter product instead of filling a prescription (26% vs. 13%).
 - Less likely to order medications online or through mail order (12% vs. 28%).
 - More likely to buy medications from a foreign source (7% vs. 4%).

Figure 20: Which of the following have you done in the last 12 months?



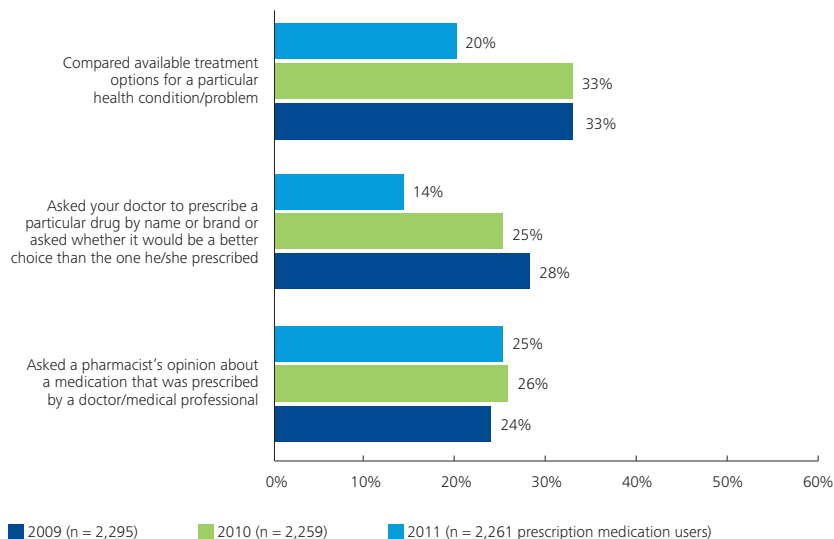
* Not an option in 2009

** Not an option in 2009 or 2010

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- 1 in 5 (20%) prescription medication users reports comparing treatment options in the past year compared to 1 in 3 (33%) in previous years (Figure 21).
- 14% of prescription medication users report asking their doctor to prescribe a particular drug by name or brand or asking whether it would be a better choice than the one he/she prescribed; this is lower than in 2010 (25%) and 2009 (28%) (Figure 21).
 - Top influences motivating consumers to ask their doctor about a particular drug include insurance coverage (30%), recommendations from others (27%), or a pharmacist (24%). Consumers less frequently cite websites (16%), advertisements on television (16%) or in print (13%), and coupons and trial offers (11%). 6% say they were influenced by what they read on a health- or disease-related blog.
- 1 in 4 (25%) prescription medication users says they asked a pharmacist's opinion about a medication prescribed by a doctor/medical professional, similar to previous years (Figure 21).

Figure 21: Which of the following have you done in the last 12 months?

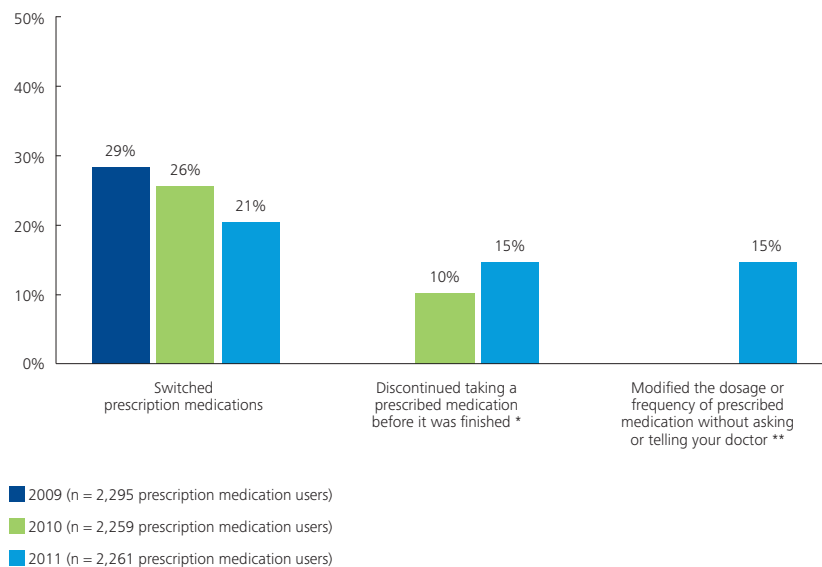


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Confidence in drug efficacy and effectiveness is strong, but 1 in 5 medication users reports switching.

- 77% of prescription medication users are confident in the effectiveness of their medications (74% in 2010, 75% in 2009), with 24% expressing complete confidence with a rating of 10 on a 10-point scale (23% in 2010, 21% in 2009).
- 21% of prescription medication users report switching medications in the past 12 months, down from 26% in 2010 and 29% in 2009 (Figure 22).
- Both cost and lack of effectiveness are key reasons for switching (Figure 23).

Figure 22: Which of the following have you done in the last 12 months?



* Not an option in 2009

** Not an option in 2009 or 2010

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Zone Four:

Alternative health services

1 in 5 consumers integrates alternative therapies with conventional care.

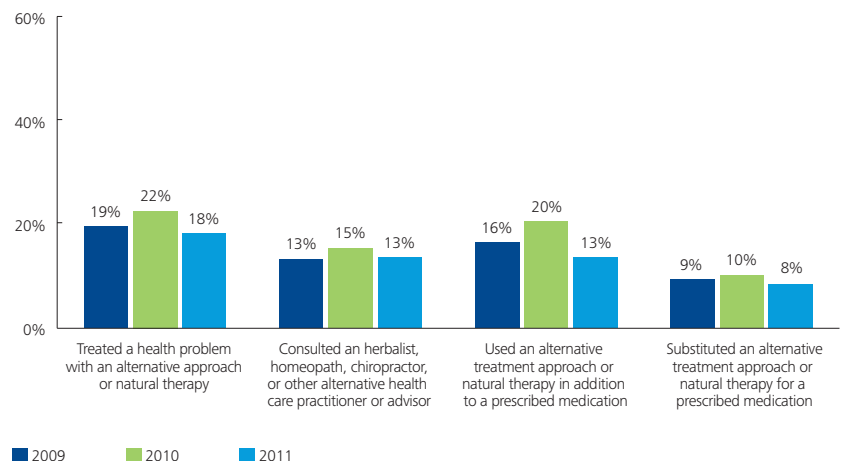
- 18% of consumers report treating a health problem with an alternative approach or natural therapy in the past year, similar to 22% in 2010 and 19% in 2009 (Figure 24).
 - Among consumers with chronic conditions, 22% report treating a health problem with an alternative approach or natural therapy (vs. 13% of those without).
 - Use of alternative approaches or natural therapies is highest among Generation X (21%), followed by Boomers (18%), and Seniors (18%), and lowest among the youngest, Generation Y (13%).
 - Women are more likely than men to report treating a health problem with an alternative approach or natural therapy (22% vs. 13%).
- 13% of consumers say they consulted an alternative health care practitioner, such as an herbalist, homeopath, or chiropractor (15% in 2010 and 13% in 2009 reported doing so) (Figure 24). 16% of consumers with chronic conditions say they consulted an alternative health care practitioner (vs. 10% of those without).
 - Reports of consultations were similar across the generations: 11% for Generation Y, 14% for Generation X, 14% for Boomers, and 12% for Seniors.
 - More women than men report consulting an alternative health care practitioner (17% vs. 9%).
- 13% of consumers report using an alternative approach or natural therapy in addition to a prescription medication in the past year, down from 20% in 2010 and 21% in 2009 (Figure 24).
 - Among prescription medication users, 18% report using an alternative approach or natural therapy in addition to a prescription medication in the past year, down from 26% in 2010 and 21% in 2009.
 - Women report adding an alternative approach or natural therapy to a conventional prescription medication approach more than men (15% vs. 10%).
- 8% of all consumers say they substituted an alternative treatment approach or natural therapy for a prescription medication in the last 12 months, similar to 10% in 2010 and 9% in 2009 (Figure 24).
 - 9% of prescription medication users say they substituted an alternative treatment approach or natural therapy for a prescription medication in the last 12 months, similar to 11% in 2010 and 8% in 2009.

- Women are more likely than men to report making a substitution (10% vs. 7%).
- 20% of consumers who report delaying or foregoing doctor-recommended treatment, and 15% of those who decided not to see a doctor/medical professional when they were sick or hurt, say they did so because they wanted to try an alternative treatment approach or natural therapy first or instead.

2 in 5 consumers look for coverage for alternative therapies when selecting a health plan.

- 38% of insured consumers indicate that coverage for alternative treatment approaches or natural therapies was an important factor in choosing their health plan, up from 26% in 2010 and 25% in 2009.
 - This coverage is important to proportionally more consumers in the older generations (42% of Seniors, 39% of Boomers) than the younger generations (36% of Generation X, 35% of Generation Y).
 - Similar percentages of consumers with and without chronic conditions say this was an important factor in selecting a health plan (39% vs. 36%).
 - Women are more likely to say that coverage for alternative approaches or natural therapies were important to them when they chose their health plan (41% vs. 35%).

Figure 24: Which of the following have you done in the last 12 months?



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Zone Five:

Health insurance

Employment and affordability are key factors determining insurance status.

- 12% of consumers report having no health insurance, citing the following reasons (question was not asked in 2010):
 - Health insurance is too expensive (30% in 2011, 45% in 2009).
 - Unemployed (23% in 2011, not included as a specific item in 2009).
 - Lost insurance when left a former job (19% in 2011, 37% in 2009).
 - Employer does not offer insurance (15% in 2011, 13% in 2009).
 - Prefer to pay own way (3% in both 2011 and 2009).
 - Feel healthy and do not need insurance (2% in 2011, 6% in 2009).
 - Applied for insurance but was turned down (2% in 2011, 3% in 2009).

Access to insurance is high: nearly 9 in 10 report some form of coverage.

- 88% of consumers report having some kind of health insurance through a commercial plan or government-sponsored program (88% in 2010, 90% in 2009, and 90% in 2008).
- 88% of spouses/partners are also covered, either through the same insurance policy (63%) or a separate policy (25%), leaving 11% of spouses/partners not covered (1% of consumers are not sure whether their spouse/partner is covered).
- Enrollment in various types of health plans has not changed much over the past few years. Preferred Provider Organizations (PPOs) and Health Maintenance Organizations (HMOs) are still the most common (44% and 21%, respectively). Enrollment in high-deductible plans that carry a savings option remains at 8%.
- 73% of insured consumers say they have additional insurance, including coverage for dental care (57%), vision care (42%), prescription drugs (17%), or long-term care (14%). 13% report having a supplemental insurance policy to cover what their primary insurance policy does not, but this ranges from 9% of individuals with employer-based insurance to 26% of those who purchased insurance directly and 41% of Medicare enrollees.

- 1 in 5 (20%) reports using a flexible spending account (FSA) provided by their employer (13% have an annual pre-tax account of less than \$2,000, while 7% have an account of more than \$2,000). 18% report having a special health savings or reimbursement account they can use to pay for medical expenses.

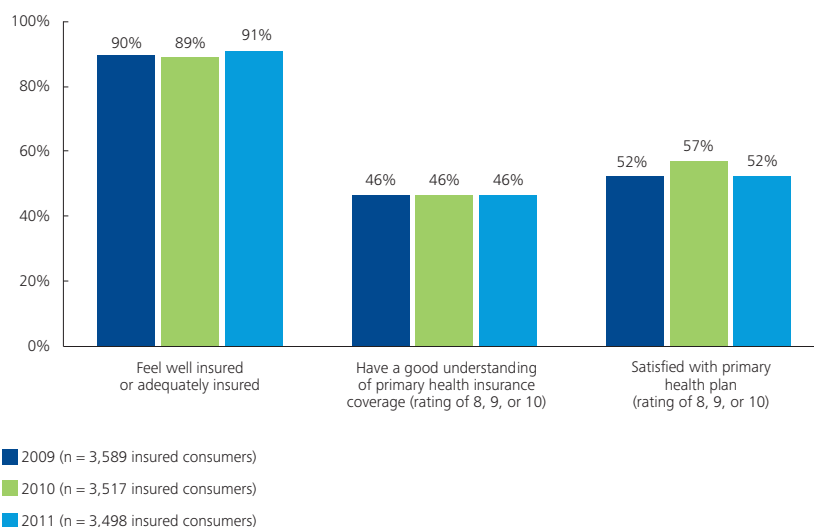
The importance of an insurance benefit is increasing among consumers who have employer-sponsored coverage.

- Among consumers who obtained health insurance through an employer, nearly all (99%) say that benefit is important to them: 63% say it is very important and a major reason why they stay with their employer (up from 56% in 2010); 23% say it is important, but they think they could do just as well shopping for insurance on their own (also 23% in 2010); and 13% say it is somewhat important, but not something they worry about a lot (down from 18% in 2010). Less than 1% report health insurance is not at all important to them.
 - Ratings of insurance as very important start at 46% for Generation Y and jump to 59% for Generation X, 73% for Boomers, and 78% for Seniors.
 - Generation Y consumers are more likely to feel they could do just as well shopping for insurance on their own (38%) than Generation X (28%), Boomers (15%), and Seniors (6%).
 - Women are more likely than men to say health insurance is a major reason they stay with their or their spouse's employer (68% vs. 57%); men are more likely than women to believe they could do just as well shopping for insurance on their own (27% vs. 20%) or to say that insurance is not something they worry a lot about (15% vs. 11%).

Most with coverage believe it adequately covers their risk, although confidence, understanding, and satisfaction have slipped from prior years.

- 9 in 10 (91%) insured consumers believe that they are either adequately covered (56%) or well-covered (35%) by the insurance they have (Figure 25). Those who believe that they are well covered has declined from 39% in both 2010 and 2009 to 35% in 2011.
 - Feeling well insured is reported more often among individuals with military insurance (43%) or employer-based insurance (39%) than among individuals who are enrolled in Medicare (31%), who purchased insurance directly (28%), or who are enrolled in Medicaid (26%).
- In spite of most believing that their insurance is adequate, less than half (46%) of insured consumers feel that they understand their health insurance coverage (e.g., benefits, exclusions, deductibles, co-payments, and other services and programs that are offered) (Figure 25).
 - Understanding is highest among Medicare enrollees, but only 3 in 5 (61%) believe that they understand their coverage.
- Nearly 1 in 4 insured consumers does not know how much they contribute in paying the total cost of their health plan. Half (50%) report paying 30% or less of the total cost, while 28% report paying more than 30%.
- Only half (52%) of insured consumers say they are satisfied with their primary health plan (down from 57% in 2010, but similar to 52% in 2009) (Figure 25).
 - Medicare enrollees (73%) and individuals with military insurance (69%) are the most satisfied, followed by Medicaid enrollees (55%), individuals who purchased their insurance directly (53%), and individuals with employer-based insurance (49%).
 - Health plan satisfaction is higher among consumers with chronic conditions than those without (57% vs. 47%).

Figure 25: How adequate do you consider your insurance coverage to be? How well do you understand your primary health insurance coverage? How satisfied are you with your primary health plan?

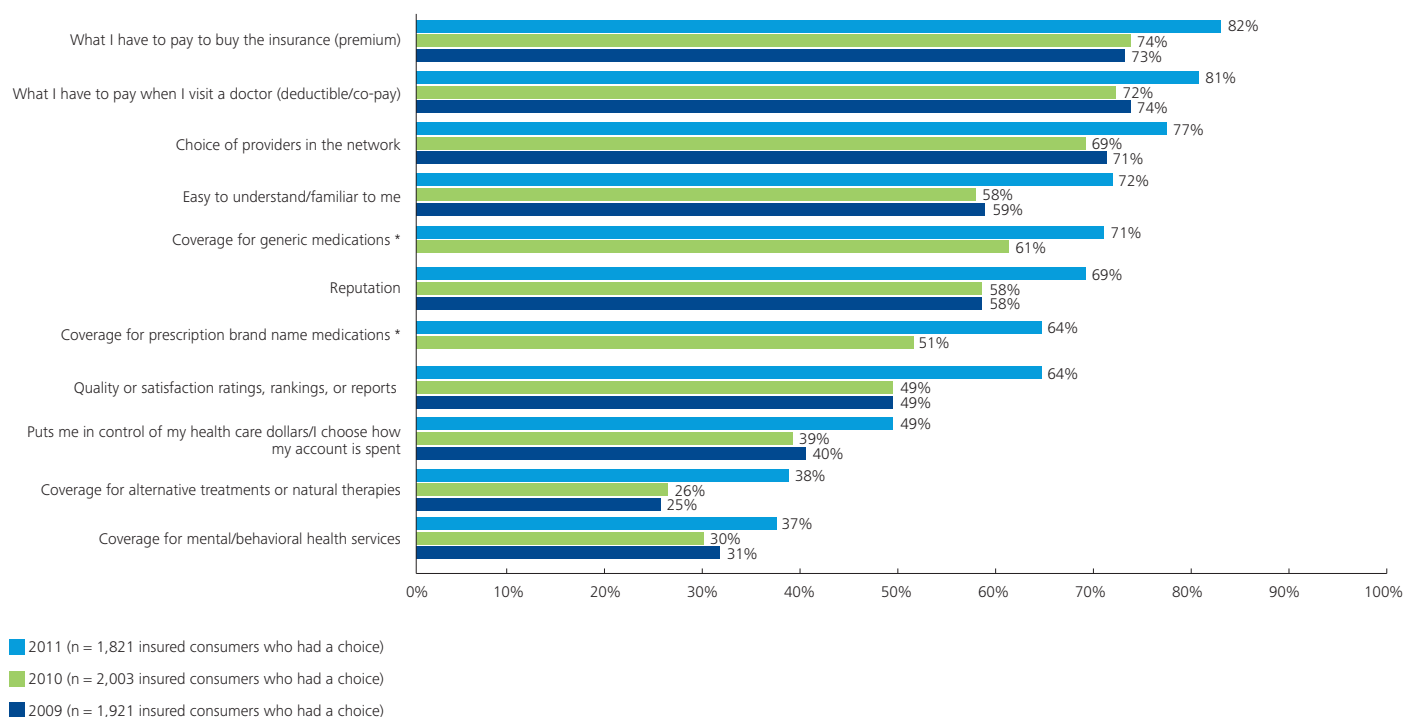


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Consumers do not believe their health plan choices are wide or varied.

- 2 in 5 (40%) insured consumers report they had no choice of health plans when they obtained their current coverage (only one plan was offered).
 - Seniors are least likely to report having no choice (31%) than the other generations (44% of Boomers, 41% of Generation X, 41% of Generation Y).
- 39% of insured consumers indicate they had some choice of either insurance company and/or plan.
- 13% of insured consumers say they had unlimited choice, with the opportunity to shop around for the insurance company and health plan they wanted.
- Seniors are more likely to report having unlimited choice (28%) than the other generations (10% of Boomers, 9% of Generation X, 11% of Generation Y).
- Ratings of the importance of several factors on health plan choice are consistently higher in 2011 than in 2010 and 2009 (Figure 26). Among the 52% of insured consumers who had the opportunity to select a health plan, out-of-pocket payments for premiums, deductibles, and copayments, as well as choice of providers, top the 2011 list of considerations, as they did in previous years.
- In choosing a new health plan, 31% say they would be “very interested” and 57% “somewhat interested” in a plan that offers an incentive to primary care physicians to coordinate care and actively manage their patients’ health (similar to 2010).

Figure 26: How important were these factors to you in choosing your primary health plan?



Note: Rating of 8, 9, or 10 shown

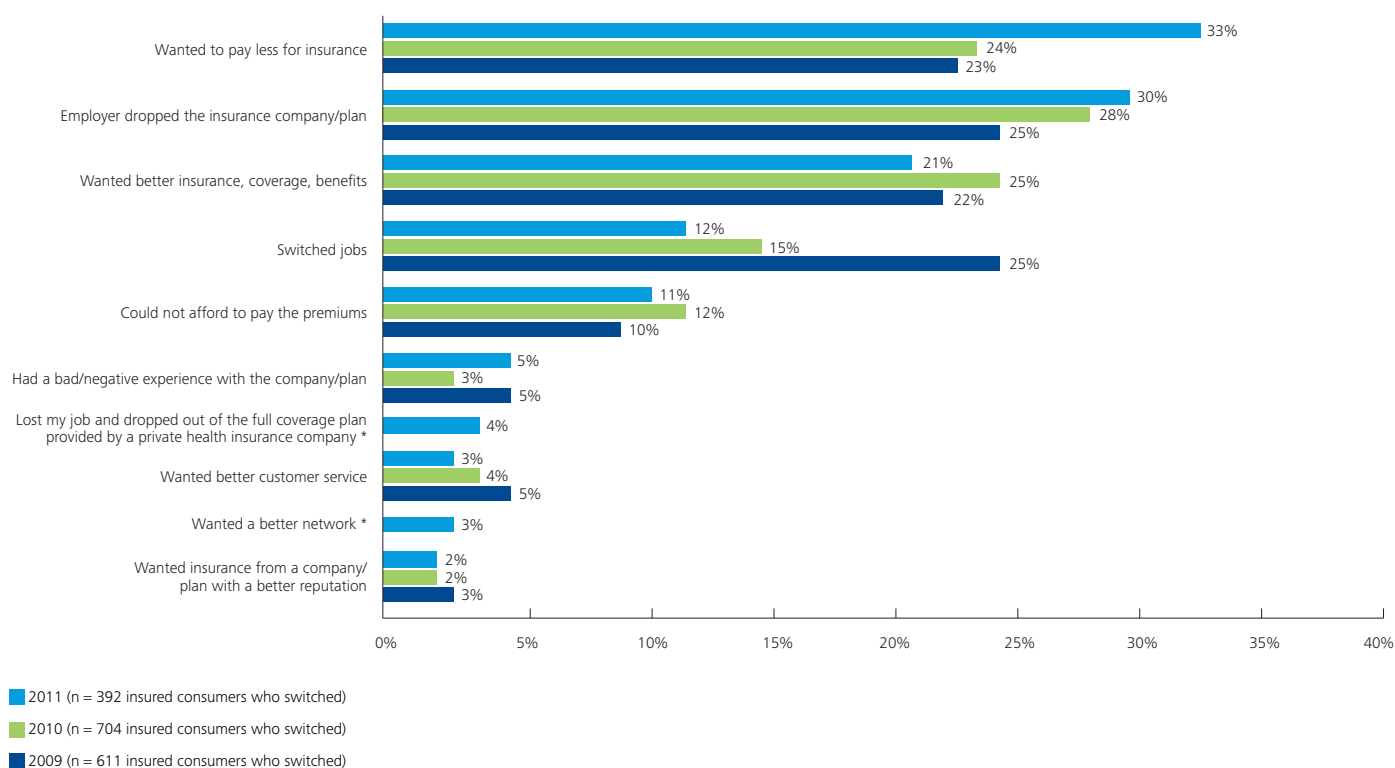
* Option in 2009 was "coverage for prescription medications" (71%)

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1 in 9 insured consumers says they switched plans last year and 3% of all consumers say they dropped coverage altogether.

- 11% of insured consumers say they switched insurance companies or plans in the last year, down from 20% in 2010 and 17% in 2009.
 - Wanting to pay less for insurance, and being forced to switch due to an employer dropping the insurance company or plan, are more commonly cited reasons this year compared to previous years (Figure 27).
- Unchanged from 2010 and 2009, 3% of all consumers report dropping their insurance coverage in 2011.
 - Reasons vary for dropping coverage: 36% say they could not afford to pay premiums, 34% report they lost their job; 11% say they switched jobs and the new employer does not offer insurance; 5% indicate their employer stopped offering their plan; and 3% feel that they no longer needed insurance.
- Fewer than 2 in 5 (38%) sense value in the money they spent on health insurance, while nearly as many (30%) explicitly give health insurance a “poor” or “very poor” value rating.

Figure 27: Why did you switch health insurance companies or plans?



* Not an option in 2009 or 2010

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Zone Six: Health policy

Consumers recognize that the U.S. health care system has the latest technologies, but poor access and service, and lack of focus on wellness and patient-centered care, are its greatest weaknesses.

- 58% of consumers believe that physicians and hospitals in the U.S. health care system have access to the latest technologies and treatments, but only 37% believe that quality of care is comparable to the best in the world.
 - Seniors are generally more positive in their views of the U.S. health care system than younger generations, but less than half (46%) agree that quality of care is comparable to the best in the world and only 1 in 3 Seniors (34%) agrees that our system works better than most systems in the world (Figure 28).

Figure 28: Health system views by generation

System Insights	Generation Y (1982-1993)		Generation X (1965-1981)		Boomers (1946-1964)		Seniors (1900-1945)	
	Agree	Disagree	Agree	Disagree	Agree	Disagree	Agree	Disagree
Our system works better than most systems in the world.	19%	30%	20%	31%	27%	27%	34%	19%
The quality of care in our system is comparable to the best in the world.	31%	23%	34%	22%	39%	20%	46%	13%
Physicians and hospitals in our system have access to latest technologies and treatments.	50%	6%	55%	5%	60%	4%	70%	3%
The government does a good job balancing priorities in our system.	8%	39%	8%	47%	7%	48%	14%	34%
Increased privatization in our system would improve its performance.	21%	25%	22%	27%	26%	28%	24%	29%
It is possible to improve quality and reduce costs simultaneously in our current system of care.	54%	8%	55%	8%	56%	9%	55%	7%

Agree = rating of 8, 9, or 10

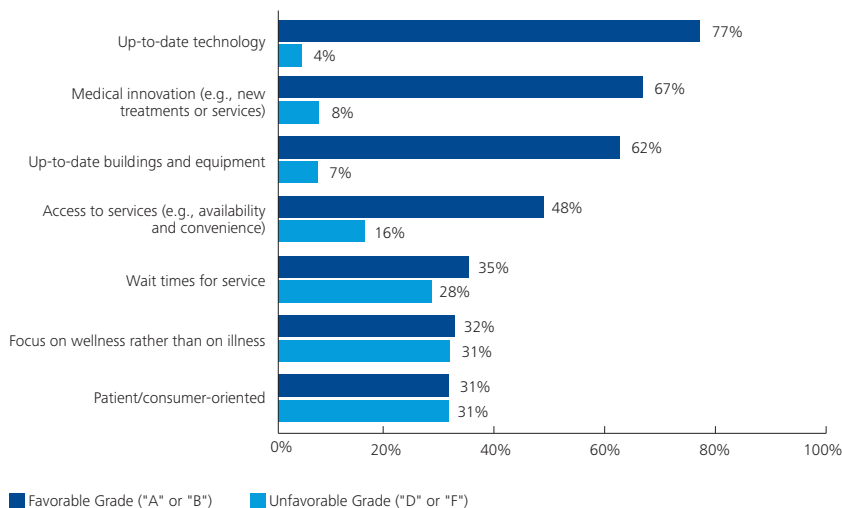
Disagree = rating of 1, 2, or 3

- More than 3 in 5 consumers give favorable grades to the technology (77%), medical innovation (67%), and facilities and equipment (62%) available in the U.S. health care system (Figure 29).
- Less than half (48%) grade the availability and convenience of services favorably, and even fewer (35%) give wait times an “A” or “B” (Figure 29).
- Failure to focus on patient-centered care and wellness are also sources of dissatisfaction, with 3 in 10 (31%) giving each of these a grade of “D” or “F” (Figure 29).
 - Uninsured consumers are more likely than insured to give wait times (46% vs. 25%) and access (29% vs. 14%) unfavorable grades; they are also more likely to grade the system’s orientation toward patients (44% vs. 29%) and focus on wellness (37% vs. 31%) poorly.

Consumers want reform efforts to address costs, quality, and access; they acknowledge that tradeoffs are necessary and hold mixed views on privatization as an approach.

- When evaluating whether health care reform is successful, consumers say reducing costs (82%), improving quality of care (77%), and increasing access to insurance (60%) are important.
- 55% believe that it is possible to improve quality and reduce costs simultaneously in the current system of care.
- 23% agree that increased privatization in the health care system would improve the system’s performance, while 50% are uncertain and 27% disagree.

Figure 29: Using a typical report card scale, how would you grade the health care system on the following dimensions?



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Major findings

The seven major takeaways are:

1. U.S. consumers recognize that the health care system is costly, confusing, and delivers suboptimal service and value.
2. Rising health care costs and the recent economic downturn are prompting consumers to scale back, skip care, and consider non-conventional options.
3. U.S. consumers recognize that unhealthy lifestyles are a cost driver – some are making healthier choices and calling for greater focus on wellness in the system.
4. U.S. consumers want increased use of information technologies to reduce paperwork, improve access, share information between providers and patients in a secure environment, and allow them greater participation in decision-making.
5. U.S. consumers do not differentiate readily among doctors and hospitals on the basis of measurable/known quality, service, or costs; personal satisfaction and reputation are primary determinants of differentiation.
6. U.S. consumers differentiate among health plans differently than they do for providers: network scope/access to preferred providers and out-of-pocket costs drive differentiation and are key attributes of “plan quality” to consumers, rather than clinical coverage or service delivery attributes.
7. U.S. consumers favor improvements to the system, especially around transparency, cost reduction, and improved service, but they fear government intrusiveness and prefer private solutions.

Stakeholders in the U.S. health care system should consider these questions:

- What levers – sticks and carrots – are necessary to engage consumers more meaningfully in decisions that affect their health and the health care they require (and the associated spending)?
- Is “transparency” the answer? With the abundant and growing amount of information available to consumers via online sources and social media, how might a health care organization or government agency best educate and equip consumers to act accountably and appropriately?
- How might commercial health insurance plans differentiate among themselves on the basis of clinical innovation and the quality of their care coordination efforts? How might the value proposition for health plans be enhanced?
- How should providers – physicians and hospitals – collectively improve their value proposition to consumers to achieve seamless continuity of care, enhance access and service delivery, reduce consumer out-of-pocket costs, and reduce non-evidence-based tests, surgery, and diagnostics? What role will clinical and administrative information technologies play in information-driven health care serving “wired” consumer communities? As meaningful use provides consumers with information about physicians’ clinical judgment and practice patterns, how should health care systems and physicians mitigate false information; educate consumers appropriately about quality, safety, and costs; and modify clinical processes?
- How should companies that manufacture medical devices, pharmaceuticals, and over-the-counter solutions plot a course to reach consumers? Is direct-to-consumer promotion the best investment? Are mechanisms for embedding diagnostic and therapeutic elements in consumer treatment plans via clinical information technology (IT) systems used by clinicians the optimal path to growth, or is fresh thinking required to establish new ways to position solutions? As small- and large-molecule compounds make their way through safety, efficacy, and effectiveness reviews, how will industry and policy makers engage consumers in understanding the limitations of science while bolstering observable strengths? Also, as the predictive value of personalized medicine is refined, how will consumers be matched to optimal solutions that are customized to their needs?
- In the implementation of the ACA, what are the implications for the Patient Centered Outcomes Research Institute (PCORI), Comparative Effectiveness Research, National Quality Strategy, administrative simplification, Physician Quality Reporting Initiative, and related efforts that expand information accessible to consumers intended to engage them more intelligently and directly in the health care services they choose? Can health reform truly engage U.S. consumers, given their predispositions and health care’s emotive underpinnings in our culture? If consumers think the system is complex, inefficient, and costly, but resist substantive changes, how should policy makers affect substantive changes? How should policy be altered to achieve improved care and lower cost given lack of consumer appetite for systemic change?

Closing thoughts

There are no easy answers. The system's propensity to design its businesses around a patient orientation, rather than a consumer orientation, is its history. Patients do not challenge the system. They complain readily, but rarely discard the recommendation of their physician or change health plans or hospitals.

But innovations in diagnostics predictability via powerful analytic tools and the growing appetite for personal information technology applications that equip consumers with personalized health information are sobering trends that are expected to empower consumers to be health care activists.

In our view, they are not patients nor are they patient; they are consumers.

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