

Consumer Decision Points of Health Care Information

Research conducted on behalf of the Robert Wood Johnson Foundation

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Summary of the Research Approach

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Formally launched in 2008, *Aligning Forces for Quality* (AF4Q) is the Robert Wood Johnson Foundation's (RWJF) signature effort to improve the quality of health care in targeted communities. AF4Q operates in 17 regions nationwide, with the goal of bringing together everyone who gets, gives and pays for health care to lift the quality of care provided locally, and provide models for national reform.

In 2010, RWJF commissioned communications research to better help AF4Q community teams reach consumers with relevant information on the quality of care provided by local physicians and hospitals, and determine when consumers might be most receptive to receiving this type of information. The research was directed by GYMR Public Relations (Washington, D.C.) and conducted by Ipsos Understanding UnLtd. (Cincinnati, Ohio) — a firm with extensive experience in consumer marketing and research.

Goals of this communications research project were to:

1. Understand reactions to the concept of finding comparative information about 'quality of care' provided by local physicians (NOTE: For the purpose of this research, those reports were housed on interactive Web sites designed by the community teams.);
2. Identify where people currently look for health information;
3. Understand "decision points" when people are open to receiving information on quality of local providers; and
4. Use these insights to shape ideas for "marketing" comparative performance information.

To gain insights into the current state of consumer engagement around health care, 19 two-hour, in-home interviews were conducted. The first 13 were conducted in Minneapolis, Minn. An additional six interviews were conducted in Indianapolis, Ind.

The researchers sought to discover information on:

- When are the occasions that participants think about their doctor?
- When do they think about the quality of care they receive?
- When are the occasions that participants consider changing doctors?
- Are participants interested in receiving information on doctors in their area?
- What would motivate participants to learn about physician performance?
- What sources of health information do participants consider trustworthy?
- What types of information and Web sites are most often accessed to gain information on health?

Participants of different races/ethnicities, education levels and socioeconomic backgrounds were selected, including four underserved, under-insured or uninsured individuals.

Participants shared several commonalities:

1. They were all women ages 35-55, which previous research showed are the most likely gatekeepers for health information in a home, and the group most likely to make a family's health care decisions;
2. They had either been diagnosed with one or more common chronic diseases, or were responsible for managing the chronic condition(s) for a child, spouse or aging parent.
3. They were frequent users of the Internet.

In preparation for the in-home interviews, participants were asked to complete an *All About You* scrapbook detailing their sources of health information. Participants were also asked to describe certain aspects of their condition and care, such as:

- How they felt when first diagnosed;
- What questions they had at their diagnosis; and
- What their fears and concerns were/are.

Participants were also asked to complete a collage that visually represented their experience with their physician, and another representing their ideal experience with their physician. Finally, participants were asked to complete a three-day Internet log.

All of this was done in an attempt to have the participants spend some time before the interview, thinking about their care, how they feel about it and what they would change if they could. The “homework assignments” also allowed the researchers to gain early insights into whom these women were before meeting, which allowed for a richer discussion during the interviews.

Based on the knowledge gained, the AF4Q community teams can now better implement marketing strategies to more actively engage consumers in understanding differences in the quality of care provided locally — the theory being that increased understanding of differences in health care quality, coupled with public access to information on comparative performance of local health care providers, can improve consumer engagement in health care and ultimately lead to improved quality of care.

10 Key Findings

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1. The concept of reviewing a report that compares quality of care provided by local physicians represented a monumental paradigm shift for participants.

In virtually every marketing effort, communications must begin where consumers *are*, rather than where marketers *wish them to be*. This particular research project, and others that have gone before it, show that consumers have a vague notion, at best, about what quality care is and is not.

Four key points that sum up where the majority of consumers are in their understanding of quality care:

- a. **Consumers do not know what “quality” care is.** There is a general lack of knowledge around what quality of care actually means. While people understand the patient-centered aspects of quality health care, they rarely if ever cite the technical quality of care, and never mention compliance with known measures or standards for good care.

“Quality health care is a combination of physicians that will listen to their patients, answer questions, won’t be afraid to run tests based on insurance...and there has to be the technology involved...the doctor has to be involved with a quality hospital.”

- b. **Consumers believe they are already receiving “quality” care.** Many patients think that they are in a “good place” with their physician, and believe that they are in fact receiving quality care and do not need or want to go elsewhere.

“I appreciate [my doctor]. He’s very direct...We have a good relationship. He’s my parents’ doctor too. He knows our conditions. When I’m talking, he’s looking me in the eye. We’re connecting. He’s actually engaging with me. I know that he cares.”

- c. **Consumers have never heard of, or even considered, resources to compare doctors’ performance in their community.** A particular marketing challenge with physician performance reports is that the “product” is unknown. Few people have ever before heard of or used a comparative report on physician quality. They don’t know the product, therefore marketers can’t just differentiate their product among competitors — they must first explain what it is, and then why it is needed *and then prove that their product is the best of its kind and deserves the consumers’ trust and loyalty*.
- d. **Consumers are not motivated to change doctors or to question the care they are receiving.** As this and other research projects have found, people are loathe to switch doctors once they have made a decision about who will provide their care. Even when faced with evidence that the quality of his/her care is poor, people tend to give the physician the benefit of the doubt and do not question his/her care decisions.

In order for consumers to want to use the performance report, they must first understand that the quality of care provided in their community is, at best, wildly uneven — that both good and bad care is being delivered in local doctors’ offices.

2. Most participants see “word of mouth” as the best way to find the right doctor.

For most people, finding a doctor is a word-of-mouth process: they ask a friend, relative or coworker. In interview after interview, the researchers found that the path to finding a doctor who “works” for the patient to be highly people-focused. People ask their primary care physician, their friends, family, coworkers, etc. for referrals. Some of the participants saw themselves as these referral people. In all instances, getting information in the hands of people who are perceived by others as “go-to” resources was seen as very important for spreading the word.

“I just asked my good friend. We talked about pediatricians because she was looking for one for her son. She tends to know.”

3. Participants reported spending considerable time on the Internet looking for health information.

All participants were Web-savvy as a condition of their participation in the interview process, but all reported using the Internet to search for health information. Almost universally, they relied on the Google search engine, and they conduct intuitive word searches (quality + doctors + Minneapolis). Most had WebMD bookmarked on their computer, and all reported using it frequently as their go-to online health resource. They also relied on national disease- or patient-advocacy Web sites for information.

4. When the concept of publicly reported physician performance measurement (via a Web site) was explained, most participants reacted positively; they felt it was a “good idea.”

When the concept was explained to them, the consumer participants thought a resource comparing local physicians and hospitals would be beneficial and novel. They became even more receptive once they discovered that the information was provided by an impartial, non-profit organization. Unlike consumers’ perceptions of the “Top Doctors” rankings, which are often paid placements, they have inherent trust for a site hosted or endorsed by a local, non-profit organization.

“I love that it’s a non-profit community agency. That means it’s not funded by the medical profession. My first instinct is that it’s a good idea.”

5. Participants initially perceived that the online reports will offer a doctor referral and evaluation resource; they value self-reported patient experience information.

Initially, participants found the reports helpful, but their framework for similar sites includes places like Angie’s List — even eBay and Amazon.com — where users offer a multitude of comments on their own experiences. Most of the people interviewed said that they liked the ability to compare physicians, but that feedback from other consumers about their personal experiences with a particular physician outweighs performance measures.

“I want to read what people who have gone to this doctor have to say. That would be most helpful to me.”

6. Participants with “high interest” in comparative performance reports were generally more health-savvy consumers who serve as resources for others.

Those with a high interest in comparative resources serve as go-to people in their circle. They have a high baseline of knowledge about their chronic condition. They are also more confident in their ability to self-manage their care, and take pride in recommending health and other information to friends or family. In interviews, it became clear that these people are also more comfortable questioning their physicians. They are not afraid to demand the “right care.” They often know the common tests they should receive and the indicators/measures their doctor should follow. Interestingly, more of these people were cynical about the quality of care they have been provided. Some have been “burned” before, and because of what they see as a significantly bad experience with a physician or a medical error in the past, they are now more empowered.

7. Those with “low interest” spoke more passively about their health care experience.

Participants who expressed low interest in comparative performance reports were also more likely to say they relied on personal recommendations from others as a means to find quality care. They reported being in a “good place” with their physician. They felt content, satisfied and connected to their health system. Interestingly, they also expressed a sense of inertia in managing their chronic condition. They showed no urgency to investigate finding better quality care, even when they admitted to having concerns about their physician’s care/approach. Often, the interviewers felt these people were “in denial” (something a few participants readily admitted) about the seriousness and potential progression of the condition.

8. Participants perceived limited, but defined, opportunities for using this information.

In looking for “decision points” when people would be receptive to considering physician performance information, four key opportunities emerged:

- a. **They moved, their insurance changed or it was open enrollment season.** This included if the person moved to a new neighborhood, or city/state — or if their physician practice office moved — and it was no longer convenient to see the same doctor. It also included changes in insurance offered to the consumer, either because of a change their employer has made, a job change they have made themselves, or the period of open enrollment. This was a time when participants said they thought about their options.
- b. **Their health status or their diagnosis changed.** Participants talked about the value of performance information when their health needs changed, or they had new concerns about their health, such as “I am feeling worse,” or “my medications no longer work.” Interestingly, the period of initial diagnosis was not necessarily a time when people wanted to look for a new doctor or specialist — it was *after time had passed* and they became more knowledgeable about their condition and the care that may be available to them that they became more interested in considering a new doctor.

- c. **They had a problem with their physician.** Participants said any “big problem” with their physician would make them want to consider changing doctors and comparing quality. Examples they cited included a misdiagnosis, no diagnosis, medication error or poor service from the doctor or his/her office staff.
- d. **They were the type of people who like to share information with others.** Some of the participants were the go-to resources who exist in every social circle and like to provide resources to family and friends. They seek out information because they want to help an ailing family member or friend, and frequently recommend Web sites, doctors, patient groups, etc. to others.

9. Participants described different channels they relied upon for receiving health information.

In addition to getting information directly from their doctors and his/her office staff, interview participants described several “buckets” of opportunities for receiving information on quality of care and comparative performance of physicians:

- a. **Insurance company Web sites** — Participants said that they frequently go to their insurer’s Web site for information on doctors and their condition. Most had the site bookmarked.
- b. **Local news** — Participants said that they often go to local news Web sites (newspaper local TV, local radio) and read their health segments. They trust the reporters and anchors, and often check out the links on these Web sites that are provided “for more information.”
- c. **Local health events** — Participants also attend local health events, but the more tailored events are more powerful. Sharing physician information on adherence to diabetes measures at a diabetes walk-a-thon, for example, was viewed as much more powerful than sharing general information about the performance report at a community health fair.

10. Motivating and reaching those affected by diabetes may be the “low-hanging fruit.”

In the interviews with people living with different chronic conditions, it repeatedly was the participants with diabetes — or who managed the diabetes of their children, spouses or parents — who seemed most engaged and interested in performance measurement and reporting. There were four trends that were observed that made the researchers think people with diabetes may be the most receptive to using the reports:

- a. **They had an emotional connection with their disease** — Even if their disease was far from under control, the participants who had diabetes expressed a strong desire to control the disease and not let it control them. Many participants expressed angst about in-office glucose readings, disease progression and need for insulin. They knew, more so than other patients, that quality care was a partnership between them and their doctor.
- b. **They were aware of the symptoms and consequences** — More so than any other condition, participants with diabetes mentioned it as a top-of-mind condition. The frequent blood sugar tests and monitoring of diet and medications were all reminders for them.

- c. **They were educated about what to do** — Most participants with diabetes cited multiple sources of education about the condition: their primary care physician, endocrinologist, Web sites, books, support groups, etc. — all of which provide multiple touchpoints for thinking about quality of care.
- d. **They were information-seeking patients** — Among all the participants, those with diabetes were most frequently conducting Internet searches for new diets, medications and exercise techniques.

“That’s my fear. If I don’t get type 2 under control, I could become type 1. After seeing what [husband with type 1] goes through. Heck no, I don’t want to do that!”

**A Closer Look: Where Participants Are
Going Now for Health Information**

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Interviewees resoundingly expressed that the first place they turn for health-related information — whether it be disease incidence, symptoms, medication side effects or potential treatments — is the Internet.

Google — The Place to Start

Search engines are the starting point for most people looking for relevant information about a particular topic, because they serve as a filter to bring up only the most relevant information and Web sites.

Google is the number one ranked search engine worldwide, and not surprisingly the number one search engine of choice among interviewees. Almost unanimously, participants said that the first place they look for online health information is the Google search engine. It is where they turned when they or their family member was first diagnosed, and it is where they continue to turn when they have questions.

“I just Google. Whenever I’m interested in any topic, including health information, I just Google. Then I go from there.”

“When she had her medicine changed, I got online and Googled the name of the med. I found out what the side effects were... Then I got online when I she had what I thought was a fainting spell.”

“I’m likely to get online and read. Basically, I would Google their name for starters, Google the hospitals they are associated with, the practice they’re with. In the case of her gastroenterologist, I Googled his name, then Googled Indiana University and found out a lot of information. Then I also found out that he wrote articles for the *American Journal of Medicine*.”

In addition to the Google search engine, there are four categories of online resources that interviewees regularly access, all of which are widely considered to be trustworthy sources of information and typically appear high in the list of search engine results:

1. WebMD
2. National association/medical society/patient sites
3. Insurer sites
4. Local news sites

WebMD — Health Information from A to Z

Interviewees mentioned WebMD nearly as frequently as they did Google. While some didn’t originally go to or seem to know much about WebMD, they went on to discover it through Google and now turn to it routinely. In particular, they seem to frequent WebMD when a new symptom or possible medication side effect arises. Many of them had WebMD as one of their bookmarked sites.

“If something comes up, I’ll usually just go to WebMD.”

“I usually go to WebMD if there is a specific health concern...I’m actually going to the doctor later today. Last night, I was thinking, ‘What is this, and what can I do to treat this?’ so I went to WebMD. There’s this dummy of a body, and you just click on the part of the body that is bothering you, and there will be a list of things it could be wrong. You can read about it, and it’s so thorough.”

“I go to WebMD sometimes, just to see what they have on diabetes. If something attracts my interest, then I click on it.”

Advocacy/Patient Sites Offer Credibility and a Needed Sense of Community

A number of interviewees talked about their reliance on disease- or patient- specific Web sites of national medical organizations. The American Diabetes Association came up frequently, but several others were mentioned as well. Quite a few participants talked about the wealth of information they’ve accessed on the Mayo Clinic’s Web site, because a prominent feature on its homepage allows viewers to search for health information by disease or condition. Interestingly, few said anyone directed them to these sites. Instead, many seemed to have stumbled across the sites when they popped up in Google searches, but now rely on them regularly — particularly those that feature chats or Q&A amongst patients.

“My favorite one is probably the American Association of Diabetes Educators. You can find a world of information through their site.”

“I have gone to the American Diabetes Association’s Web site ...”

“The one that I used to go to the most was Mayo Clinic. That one I really, really like. It is user-friendly...and I have faith in them. It just feels like it’s a good place, where they can take care of any problem.”

“The Mayo Clinic has a great Web site. Why do I go there? It’s incredible.”

Insurance Sites Increasingly Offer Health and Provider Information

At least half of interviewees said that they frequently go to their health insurance company’s Web site to find health information. Because they or their loved ones have chronic conditions — typically requiring frequent medical appointments, routine tests, visits to a specialist, and more — they are already going to their insurer’s site to see what procedures are covered and which doctors in their network provide the services they need. While they are there, they are reading the disease-specific information, and responding to it fairly positively.

“Usually the first thing I do is go online, and I start looking. Because my health insurance is XXXX, I go there. They have health information, and it links to WebMD too.”

“XXXX is where I have my health insurance, and they have a nurse who you can talk to online. You can chat with them on the Internet, or they’ll call you if you want...It’s bookmarked, because it’s one of my favorites.”

“My insurer, XXXX, has it. I just kind of stick to ‘Health A to Z.’ You click on a topic, and it will tell you the symptoms, the treatments...”

Learning from Local News Providers

Perhaps less expected than those above was the interviewees' frequent use of helpful health "tips and tools" routinely featured on the sites of local media outlets. Interviewees said they're more apt to catch up on local news online, rather than routinely reading the local newspaper or tuning in to broadcasts. Though a few mentioned the sites of their local paper, time and again, interviewees talked about how much they rely on the sites of local television stations, which often feature health information and useful links in "news you can use" sections.

"I do go to local television Web sites. I look for information. I probably go to their Web sites a couple of times a week."

"I look at all of them — Channel 6, Channel 8. I'm on the Internet so much. I look at CNN.com, FOX 59 News..."

"Sometimes I'll be reading the local news online... and they'll have a link about a health issue. I'll just be looking KARE11.com. That's the local NBC affiliate, and they always have different articles about your health. They have links right on their site, and I'll click there."

"I generally go on Citypages.com. It's a local Web site... There's a family section. It's a free newspaper that comes out every week, but they also have a Web site that contains all of that stuff."

**Decision Points: When People Are Receptive
to Performance Information**



Decision Points: When People Are Receptive to Performance Information

In general, the interviewees identified four key events that provide decision points — or defined moments in time — during which they are most open to seeking out information about the quality of their health care and/or the quality of care provided in their community. Those include:

1. A change in health coverage;
2. A change in location — either because the patient moves, or because his/her physician relocates;
3. A new diagnosis or other major shift in health status; and
4. A significant problem that arises with one's current provider.

A Change in Coverage

With today's health care coverage costs rising rapidly, it has become relatively common for organizations to make cost-saving changes in the insurance they provide to employees. Because employer-sponsored coverage is how most Americans under age 65 receive health coverage, such changes affect considerable numbers of people every year. Consequently, annual “open enrollment” periods become opportunities for employees to look closely at the coverage options being offered for the coming year, and compare the costs and benefits. Time and again, interviewees referenced how their current insurance (or lack thereof) narrowed their choice of providers.

That said, interviewees generally expressed being pleased — or at least satisfied — with their current physician(s), and said that they probably wouldn't look to evaluate or change physicians unless something about their current situation changed, such as a change in health care coverage.

“Luckily, with us changing jobs several times, we've still be able to stay with the clinic we've been going to for a long time now.”

A Change in Location

When interviewees probed to learn what, if anything, would prompt interviewees to turn to a Web site to evaluate and perhaps change physicians, the most common response was a move — she and her family move to a new city, or the physician moves away or changes to a less conveniently located practice. Even if any of these happened, interviewees said their first step would be to try to get a referral first, but if they couldn't for whatever reason, they may look to this sort of resource.

“If my doctor left my practice, and she didn't have someone to refer me to, then I'd use the site. That would be one reason why I'd go to it.”

“She's an endocrinologist, but she left the practice and moved to the far north side of Indianapolis, and that's just too far. My husband was running his own business at the time, and he just didn't have that kind of time — to go the whole way up there.”

“When you move, you're in a different location. You don't necessarily want to drive another hour-and-a-half back to see your family doctor anymore.”

A Major Shift in One's Health

All of those interviewed had either been diagnosed with a chronic condition themselves, or had a close family member, for whom they coordinated care, diagnosed with one. Quite a few harkened back to the time of diagnosis and recognized that if they had known about such a site in those early days, they may have been likely to access it. Similarly, they expressed that if a new condition/diagnosis arose, they would be more likely to access a site comparing local providers' quality of care.

“If suddenly a specific, serious disease pops up in your family, and you don't have that kind of specialist doctor, this would be helpful.”

“I would be motivated to go to a site like this for a new and big problem, like MS — not for my depression, because it is well-managed.”

A Significant Problem with a Provider

Some of the interviewees have found themselves needing to identify a new physician because of displeasure with an existing provider — either because he/she made a significant mistake, or because there was a pattern of what they believed to be poor care that left them dissatisfied.

“The icing on the cake was that one time I needed to get my blood taken. She could not find a vein for like 10 minutes. She had my arm tied off. It just seemed like she was really callous. She couldn't find a vein, and it seemed like she should have right away gotten someone else. She just kept trying, and it freaked me out. I finally said, ‘That's it. I can't come here anymore.’”

“If I wasn't getting the good quality care that I'm seeking, I'd keep going somewhere else until I'd found it.”

“Twelve years ago, I had a double pulmonary embolism, which was two blood clots in my lungs. My doctor said that I had gas and sent me home...Finally I just went to the emergency room...An older doctor in the emergency room who took care of me said that I could have died. He was in the same practice as the other doctor who could have killed me.”

Recommending a Resource for Others

Although not a life-changing event, having someone — a loved one, friend or colleague — who needed help finding a referral was the one other motivational factor that arose during the interviews. Participants typically fell into one of two categories — those who potentially had a high interest in health care quality, and those who would be categorized as having a lower interest.

Again, the common denominator among those who were high-interest is that many were viewed as a real go-to person in their circle. They were likely to be relatively savvy, have a rather considerable knowledge base about health conditions and take pride in being the woman whom family and friends typically turn to for advice.

“Maybe someone is asking me for a referral, and I do refer often. They'd ask if I know of a doctor. I might say, ‘No, not right off the top of my head, but I know this awesome site. Let me get on that for you.’”

Sample Ideas for Marketing Performance Reports



Sample Ideas for Marketing Performance Reports

From the focus group discussions, researchers were able to identify *where* participants go for information and *when* they hunt for information. These decision points serve as windows of opportunity for marketing an information resource about comparative performance.

Below are potential marketing tactics for consideration, all of which aim to reach people with health quality information at decision points identified through the research.

1. Decision Point: Change in Coverage – New Job/Open Enrollment

Typically, once a year, employers set aside a time to educate employees on the group benefits available to them. The goal of open enrollment is to ensure that all employees understand the benefit offerings available to them, so they are able to make informed decisions on what is best for themselves and their families. With some plans, this is the only time employees are able to make changes to their primary care provider, making it all the more important to get the health quality information to them before or during this process. Likewise, upon entering a new job, people make choices about their coverage and are looking for guidance.

Below are possible tactics for reaching individuals who are looking to make a change in their health coverage:

- **Opportunity: Provide Kits to Employers to Use During Open Enrollment**
Community teams can develop an AF4Q employer kit that can be shared with the human resources departments of the largest employers in the region. The kit could include information on what quality care consists of, what the role of the patient is in ensuring high-quality care, what the performance report is and why it is important. Materials provided could include payroll inserts, posters, employee newsletter content, flyers, etc. It would be used during open enrollment and/or provided to new employees.
- **Opportunity: Link Performance Report to Local Insurer Sites**
The research found insurance Web sites were often frequented by plan participants looking for health information. Community teams can collaborate with local insurers to be sure that a link or widget to the performance report is included on the insurer Web site.

2. Decision Point: Change in Location – Move Houses / New to Community

When people move, finding a new doctor is typically one of the first things they want to do, especially if someone in their home suffers from a chronic illness. Because finding a new doctor is top-of-mind during this time, individuals are likely to be much more receptive to receiving (and using) health information about local providers and practices in their new community.

The following are possible tactics for reaching individuals who have made (or are planning to make) a change in location:

- **Opportunity: Distribute Information through “Welcome Wagon”**

Community welcome wagons, or other similar groups that exist in communities nationwide, provide new homeowners with information germane to their neighborhood. AF4Q community teams could work with local welcome wagons or realtors to distribute information about their performance report (flyer and refrigerator magnet with critical health care numbers, for example) in the packets given to new community members.

- **Opportunity: Post Information on City/County Health Services Web Sites**

Many local departments of health operate Web sites that list locally available resources and volunteer organizations that provide a sense of community for chronically ill patients. Community teams could work with their respective city or county offices to be listed as a local resource, since many newcomers — and newly diagnosed people — will frequent these sites.

3. Decision Point: Shift in One’s Health — Condition Gets Worse or Diagnosis Changes

People with chronic conditions typically have ups and downs in their treatment and in their relationships with their providers. Sometimes it works; sometimes it doesn’t. When it doesn’t, consumers said they were more likely to seek additional health information, possibly a second opinion or even a new doctor, to make sure they are getting the best treatment possible for their condition.

Below are possible tactics for reaching individuals who have had a major shift in their health:

- **Opportunity: Search Engine Optimization**

Because search engines drive the majority of traffic to Web sites, search engine optimization is key for increasing the online presence of a new Web site, like the PM/PR sites. And since interviewees cited Google more often than any other search engine, communities should consider Google search engine optimization at a regional level, so people living in a particular community (zip codes) have relevant community sites appear higher on the page, like the local AF4Q performance measurement Web sites.

- **Opportunity: Banner Advertising**

The research found WebMD to be the most consistently cited sources of health information. If resources allow, community teams might consider purchasing banner advertising that takes users in their zip code(s) to the local PM/PR site. WebMD also has disease-specific blogs (and bloggers) the community teams could pitch with health quality information and news about AF4Q, including “Conquering Diabetes,” “Cholesterol Management 101” or “The Heart Beat.”

- **Opportunity: Social Media**

When searching the Internet for information, consumers who are experiencing a change in their health will likely seek out others who have experienced similar things. Prominent bloggers and online patient communities, including those on Facebook and Twitter and elsewhere, are sources of much-needed information. These sites allow for “announcements” of available products to be shared with a large number of interested users. Some also allow advertising.

- **Opportunity: Linking to Local Chapter Web Sites of National Organizations**

Communities could work with local chapters of national associations, such as the American Diabetes Association, to include AF4Q and the PM/PR site as a local resource on their site. Additionally, communities could participate in and/or pass out information at events held by the local chapters of these groups — whether it be a walk, run or other event — in order to literally get health quality information “into the hands” of the individuals most in need.

4. Decision Point: Significant Problem with a Provider

Loss of trust with a provider — which can occur because of numerous reasons — is a clear catalyst for consumers to seek a change. And when they do, they want to go to a doctor who they know provides high-quality, patient-centered care (even if they don't know those terms). At this point, people told us they want to hear about other people's experiences with the physician.

■ Opportunity: Provide Information on Sites Where People Rate Experiences

Communities should look for ways to insert themselves and the PM/PR information into local consumer sites that rate health information, like Angie's List, the Consumer Check Book, Better Business Bureau, Craig's List and others. This could be as simple as posting a comment that refers the person to a performance report when the poster comments on a specific physician's care.

5. Decision Point: When “Trusted People” Give Recommendations to Friends, Family, Coworkers

Word of mouth is a powerful thing, and people listen. Participants repeatedly mentioned personal referrals as a source of health-related information. They cite specific people they know and trust to *always* have the “inside track” on all sorts of information: where to get the freshest fruit, where to get your hair cut, where to find kids' clothes on sale and what local doctor is best. These go-to sources are mentioned in literally every marketing interview. There are certain people in the know — those who follow the latest trends and are always seeking the most up-to-date information on a topic. They are media consumers, whether it be online, watching TV and/or listening to the radio. Reaching them is critically important for anyone marketing a new product or service. Below are possible tactics for reaching the go-to person with relevant health information:

■ Opportunity: Partner with Local News to “Endorse” the Report

Local news outlets and their Web sites were mentioned as important sources of health information by participants. To capitalize on the interest in local news, community teams could enlist a local health reporter or popular anchor as a partner in health quality. This person can provide a photo and/or testimonial for the report Web site, as well as include information on the report on their own news outlet's Web site. Many reporters also have their own blogs that can serve as a source for sharing information.

■ Opportunity: Providing Health Quality Information through Social Media

To reach people who are socially active online, community teams could create a Facebook page and/or Twitter feed geared towards people in community X with diabetes, high cholesterol, etc. The page could then be regularly updated with relevant news and blog posts about quality issues and the chronic condition, as well as a prominent link to the PM/PR site and news of updates, alerts about upcoming events, links to new products, etc.

Appendix A: Interview Discussion Guide

Appendix A: Interview Discussion Guide

The following was used as a guide to direct each in-home interview with research participants. The research team, led by the interview moderator, met with participants in their private homes and videotaped the entire interview. Before the interview, participants completed a homework assignment that included a scrapbook and collage to document their health care experiences, and detail their media sources of information.

The two-hour interview helped the research team gauge participants' motivations to look at a performance reporting site, attitudes about their conditions, and situations when participants might be open to information about their condition and doctor.

I. Introduction/Background (15 minutes)

- Introduce self, team, process, etc. (primary interviewer, note taker(s), videographer)
- Thank respondent for opening home and being willing to do the homework
- Explain in-home interview process: exploration of house and videotaping
- Participant introduction: name, family, work, hobbies, pastimes, passions
- Review homework: favorite part of the homework and why; challenging parts
- Overview of respondent's background and lifestyle: family, hobbies and interests, passions

II. Journey with Chronic Conditions (15 minutes)

Now I would like to talk a little about your condition. Please talk me through the responses you provided in your scrapbook.

- Tell me a little about your condition. (Moderator probes questions to fill in gaps as needed.)
- How long have you had it? How did you first know you had it?
- How does it affect you?
- When do you think about it? When is it on your mind?
- What is your general approach to managing it?
- How involved are you in seeking information on your condition? What are your main sources of information?
- When would you say you are most open to (in the mood to) receive information about your condition? What method of communicating would be best for you?

III. Current & Ideal Experience Health Care Experience (20 minutes)

Now I would like to learn more about your doctor.

- Tell me how you ended up in the care of the physician you highlighted in the collage?
- How long have you been under his/her care? (Moderator asks participants to present her collages.)
- Can you walk me through the pictures you used and your experience?
- How would your current collage be different if you had done one of your other doctors?
- (If there is a big gap between current and ideal) Tell me more about the differences. Have you considered doing anything to get more to ideal? Have you considered changing doctors?

IV. The Physician Performance Report (30 minutes)

- When are the occasions, if any, that you think about your doctor?
- Are you interested in receiving information on doctors in your area? Hearing about doctors in your area? What information might interest you? Would you be interested in receiving information on your doctor specifically? Tell me more about that.
- What's a good way to give you information about doctors? What would be a good time or method to reach you with that information?

Moderator reveals the sample Physician Performance Report explaining who is compiling it, why they compiled it, how to access it, key information in the report, etc.

- What are your initial reactions to a report like this?
- What are the potential benefits of this to you? Concerns?
- How/why would you use it? On what occasion?
- What/who might motivate you to go to a link to review a report like this?
- Where would you expect to find information about a report like this? How would you learn that the report existed?
- Please help me think through some specific places you would be open to finding information about this report. (Moderator directs participants to call out places.)
 - What would be good about it?
 - What if anything would be not so good about it?
 - What would be important to consider if someone were using an Internet health information site to provide this information to you?

V. Sources of Information (10 minutes)

Now let's go through the sources of information section of your scrapbook.

- What are the sources of information you use to learn how to manage your health / health- related issues? Why do you use those? What makes them trustworthy?
- What are all the sources you are using to learn how to manage your condition?
- What roles do people play in this? Whom do you trust the most for information?
- How important of a source are other family and friends? Your family physician?
- Are there other people you look to for information?
- With these people, what kinds of things do you talk about regarding your condition?
- What if the friend/family member you mentioned told you about the Physician Performance Report?
- Besides people, how else do you get information? (Moderator probes for Internet, magazine, and specific Web site sources.)

VI. Media and Connections (10 minutes)

Now let's walk through your media and connections section of the scrapbook and your Internet journal.

Participant walks through items; moderator listens for:

- How does she interact with media today?
- What forms of media is she most receptive to?
- What types of media play a central role in her life, and which are secondary/background?
- In what ways would she like to receive messages/learn about her condition? Why?

VII. House Tour and Computer Observation (40 minutes)

We'd love for you to take us on a tour of your home. We'll ask some questions, but we especially would like you to tell us and how you use/feel about the room. Show us any places where you get information that we discussed (TV, computer, magazines, etc.). Let's start with your favorite room in the house.

(Respondent to show research team all media outlined in homework and Internet journal. Moderator notes where media "reside" in the house — which rooms, secluded/private vs. open spaces; potential sources of health information in the home; etc.)

- How much and which magazines, TV shows, newspapers etc. do you use? Are any health-focused?
- What if the Physician Performance Report was highlighted on [example] TV show or [example] magazine? How would you feel about seeing it there? What's good about seeing it there? What is not so good?

(Moderator directs participant to move to the computer she uses the most for this project and has her take them through a typical Internet experience. Moderator directs participant to show her favorite sites and bookmarks; how she navigates the net; and, what captures her attention [banner ads, links etc.?.])

- How do you feel about your computer? How do you feel about the Internet?
- Imagine your computer was taken away from your home. What would that be like?
- How do you interact with the computer? What roles does it play? Which sites do you use for each? How do you find the sites you are going to?
- Which search engines do you use?
- What are your reasons for using the Internet?
 - E-mail /staying connected with other people
 - Product information/ category content/information
 - Entertainment/gaming
 - To go to other people's information — FaceBook, MySpace, Twitter and personal Web sites
 - Do you share health information or tips on these sites?
 - Find out information about your condition
 - Which sites are most helpful, credible?
 - To connect with companies — new product news, provide product/company feedback
 - Download/receive coupons

- To sign up for more information (e-newsletters/emails)
 - Which companies do you do this for?

(Moderator asks participant to show on the computer how she would search for information related to her condition.)

- What if the link to the Physician Performance Report was somehow connected to the [example] site or the [example] site? How would you feel about seeing it there? What's good about seeing it there? What is not so good? Would you notice it on a page like that?

VIII. Wrap-Up (5 minutes)

- Do you have any final thoughts or advice for us on the best way to get the word out about this Physician Performance Report OR ways to inspire/motivate women like you to take a look at it?

Appendix B: About Ipsos Understanding UnLtd.

Appendix B: About Ipsos Understanding UnLtd.

Ipsos Understanding UnLtd. (IUU) is the U.S.-based qualitative research division of Ipsos, a leading global research company. IUU is one of the largest, most trusted qualitative research firms in the world, leading projects for a diverse set of Fortune 500 clients in the consumer packaged goods, financial, medical/pharmaceutical, technology and retail sectors.

As a firm, one of its specialties is in conducting medical and pharmaceutical research for human and animal health care product development. IUU medical experience includes insights and analysis related to concept/positioning development for new products, packaging, copy development and detailing/sales materials. Select medical and pharmaceutical clients include: Procter & Gamble, Johnson & Johnson, Merck, and Pfizer, among others.

The organization has an extensive staff of experienced qualitative researchers, including two cultural anthropologists. To capture a holistic perspective, IUU often utilizes ethnographic methodologies to study behavior in its natural context. IUU has conducted hundreds of ethnographies, from pure observations to in-homes and in-stores in an effort to uncover richer and deeper insights that consumers may not be able to recognize or articulate.

Appendix C: Interviewee Participant Snapshots

Appendix C: Interviewee Participant Snapshots



Name: Lisa B.
Age Group: Early to mid-50s
Race/Ethnicity: Caucasian
Chronic Condition: Type 2 diabetes
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Kimberly B. (caregiver to mother)
Age Group: Mid- to late 30s
Race/Ethnicity: Caucasian
Chronic Condition: Diabetes, heart disease (mother)
Insurance Status: Uninsured
Employment Status: Unemployed



Name: Estrella V.
Age Group: Mid- to late 40s
Race/Ethnicity: Hispanic
Chronic Condition: Type 2 diabetes
Insurance Status: Insured, source unknown
Employment Status: Retired



Name: Delores S. (caregiver)
Age Group: Mid- to late 40s
Race/Ethnicity: Caucasian
Chronic Condition: Asthma, type 2 diabetes, heart disease (mother)
Insurance Status: Insured through her employer
Employment Status: Full-time



Name: Crystal B.
Age Group: Early to mid- 40s
Race/Ethnicity: African-American
Chronic Condition: Type 2 diabetes
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Carrie H.
Age Group: Mid- to late 30s
Race/Ethnicity: Caucasian
Chronic Condition: Type 2 diabetes
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Kathy C.
Age Group: Early to mid- 50s
Race/Ethnicity: Caucasian
Chronic Condition: Heart disease
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Jennifer J. (caregiver to children)
Age Group: Early to mid- 40s
Race/Ethnicity: Caucasian
Chronic Condition: Type 2 diabetes
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Mary S.
Age Group: Early to mid- 50s
Race/Ethnicity: Caucasian
Chronic Condition: Depression
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Cassandra
Age Group: Early to mid-40s
Race/Ethnicity: African-American
Chronic Condition: Type 2 diabetes
Insurance Status: Purchases health insurance independently
Employment Status: Part-time



Name: Jodi B. (caregiver to husband)
Age Group: Early to mid- 50s
Race/Ethnicity: Caucasian
Chronic Condition: High cholesterol
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Cathy A.
Age Group: Early to mid-50s
Race/Ethnicity: Caucasian
Chronic Condition: Type 2 diabetes
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Aggie B.
Age Group: Early to mid- 50s
Race/Ethnicity: Caucasian
Chronic Condition: Depression
Insurance Status: Insured through employer
Employment Status: Part-time



Name: Kim O. (caregiver to husband)
Age Group: Early to mid- 40s
Race/Ethnicity: Caucasian
Chronic Condition: High blood pressure
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Kate W.
Age Group: Mid- to late 30s
Race/Ethnicity: African-American
Chronic Conditions: Asthma, depression
Insurance Status: Public health insurance
Employment Status: Unemployed



Name: Susanna (caregiver to husband)
Age Group: Early to mid- 40s
Race/Ethnicity: African-American
Chronic Condition: Type 2 diabetes (diabetes)
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Colleen J. (caregiver to husband)
Age Group: Early to mid- 50s
Race/Ethnicity: Caucasian
Chronic Condition: High blood pressure
Insurance Status: Insured through employer
Employment Status: Full-time



Name: Laura S.
Age Group: Mid- to late 30s
Race/Ethnicity: Caucasian
Chronic Condition: Depression
Insurance Status: Insured through employer
Employment Status: Full-time



Name:	Sandra W.
Age Group:	Mid- to late 40s
Race/Ethnicity:	Caucasian
Chronic Condition:	Type 1 diabetes
Insurance Status:	Insured through employer
Employment Status:	Full-time

Appendix D: Three-Day Internet Log Results

Appendix D: Three-Day Internet Log Results

As part of their homework assignment, participants were instructed to answer questions about their Internet use, including reasons they use the Internet, their most frequented sites, etc. Participants also maintained a log to track their Internet use during a three-day period. Below is a synopsis of participant responses:

Top Five Reasons Participants Use the Internet

1. General research
2. Shopping
3. Keeping up with friends
4. News
5. Entertainment

Participants' Most Frequented Sites

- CNN.com
- Craigslist.org
- Diabetes.org
- FaceBook.com
- Google.com
- MayoClinic.com
- WebMD.com
- Yahoo.com

Top Three Methods Participants Use to Reach Sites

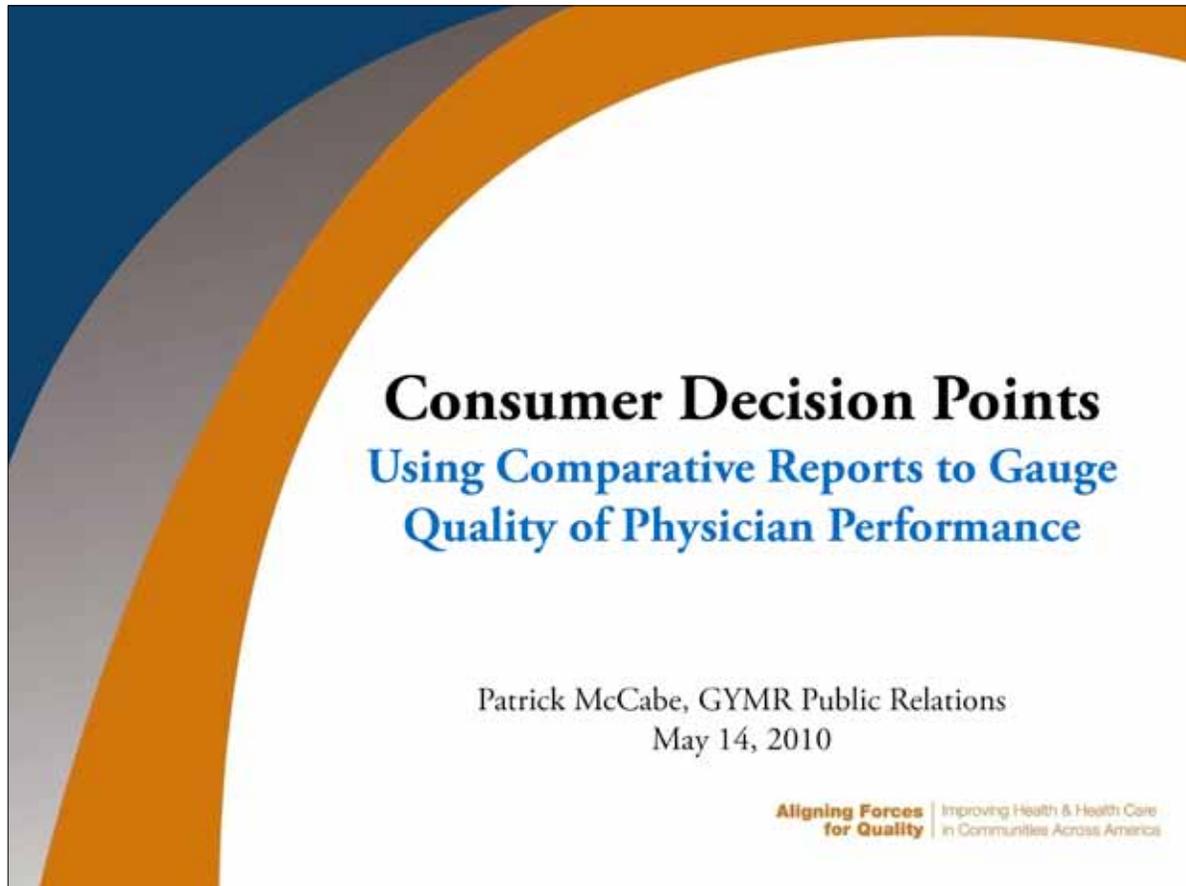
1. Search engines, like Google or Yahoo
2. "Favorites" link or bookmark
3. Direct address

Types of Information Participants Opt-in to Receive Via Email

- Banking sites for account alerts
- Food sites for recipes
- Health information sites for general information and tips
- Shopping sites for coupons and new product information

Appendix E: PowerPoint Presentations

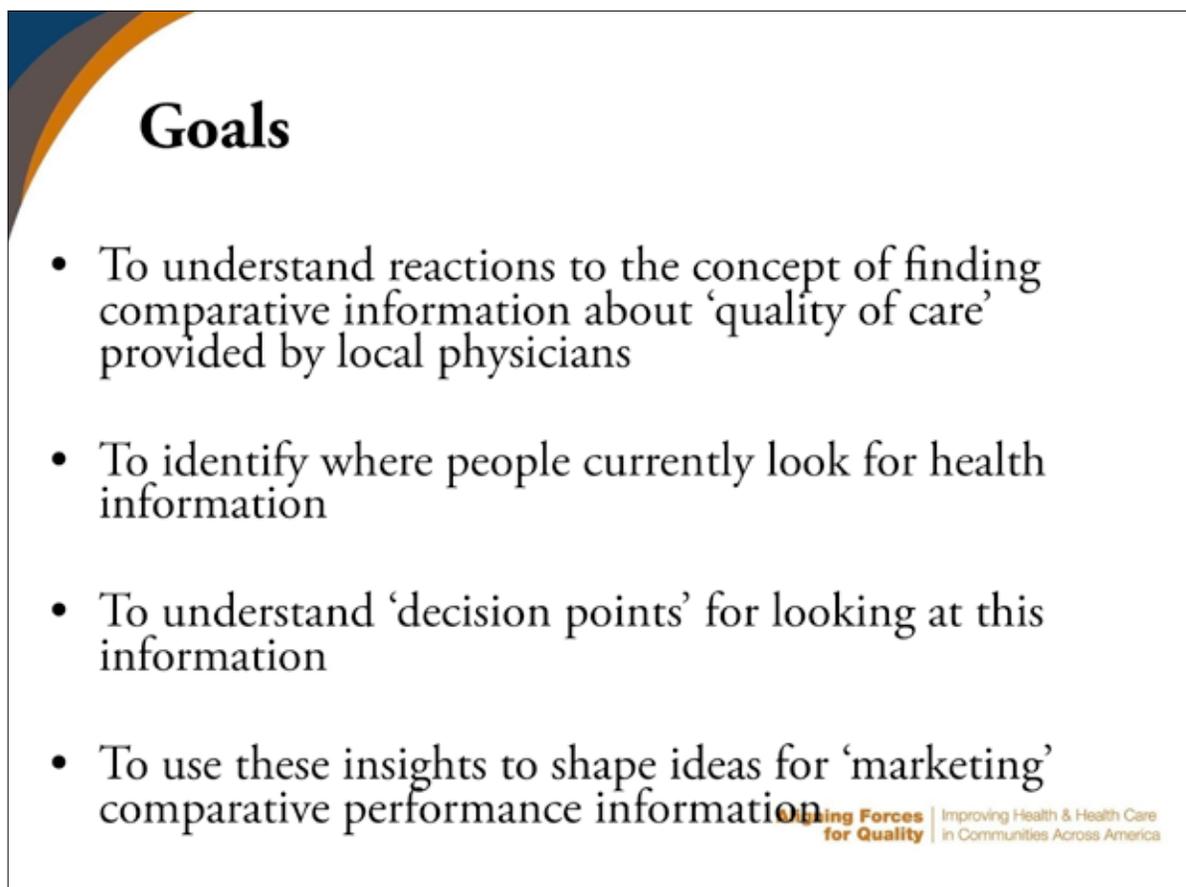
Appendix E: PowerPoint Presentations



Consumer Decision Points
Using Comparative Reports to Gauge
Quality of Physician Performance

Patrick McCabe, GYMR Public Relations
May 14, 2010

**Aligning Forces
for Quality** | Improving Health & Health Care
in Communities Across America



Goals

- To understand reactions to the concept of finding comparative information about 'quality of care' provided by local physicians
- To identify where people currently look for health information
- To understand 'decision points' for looking at this information
- To use these insights to shape ideas for 'marketing' comparative performance information

**Aligning Forces
for Quality** | Improving Health & Health Care
in Communities Across America

Meeting consumers where they are ...



Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Common denominators: 'Low interest' consumers/patients

- In a "good place."
 - Content, satisfied, connected to their physician.
 - Good network of referral sources.
- Rely more on personal recommendations as a means to find quality care.
- Emotional. In denial. Inertia.
 - No urgency to investigate finding better quality care, even when they admit to having concerns about their physician's care/approach. In denial about the seriousness and potential progression of the condition.

Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Common denominators: 'High-interest' consumers/patients

- Cynical. Been “burned” before.
 - Significantly bad experiences with physician error in the past.
- The go-to girl in her circle.
 - More health savvy. High baseline knowledge of conditions.
 - Takes pride in recommending info to friends and family.
 - More confident.
- More comfortable questioning physicians. Experienced with the dialogue. Knows common ‘measures’ for care.

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in Communities Across America

Decision Points: Opportunities

Consumers perceive limited opportunities for using this information.
Once on the site, they may discover benefits for repeat visits.

Changes in Location or Insurance

- Physician moves far away
- Consumer moves to a new city
- If no referral is available/viable
- New health care plan

Changes in Health Status or Significant Diagnosis

- New health needs and concerns
 - 40s mammography
 - 50s gastroenterology care
 - Same sex pediatrician
- New serious condition – MS, Cancer

Big Problem with MD

- Misdiagnosis or no diagnosis
- Medication error
- Poor service

Enabling Others

- Provide a resource for friends
- Use the site to help ailing family/friend, recommend the site to loved one to find care

Aligning Forces for Quality | Improving Health & Health Care
in Communities Across America

Getting to the information

Doorways to reaching consumers
at the right occasion and in the prime frame of mind.

National Web Sites

- Google – Intuitive search words
- WebMD – Link to local site
- National associations – Link to local site

Local Tactics

- News Web sites / TV, talk radio – Health segment
- City magazines or city Web sites – timed to the “Top Doctors” edition
- Health events – Diabetes and heart disease especially

Insurance Web Sites

- Connected with the provider search function. A link on the search page calls out an independent community resource
- Special resource during enrollment or for educating newly diagnosed patients

People to People

- Ancillary care providers – Hospital referral center, nurses, social workers/government agencies, diabetes educators
- Trusted people – Friends, family, respected spokesperson

Aligning Forces for Quality | Improving Health & Health Care
in Communities Across America



Ipsos Understanding UnLtd.



Consumer Decision Points Research



Robert Wood Johnson Foundation

Qualitative Research Report



Prepared For:
Robert Wood Johnson Foundation

May 2010



Presentation Flow

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1

Introduction

3

Background

- Robert Wood Johnson Foundation (RWJF), in partnership with their public relations agency, Getting Your Message Right (GYMR), commissioned this research to explore opportunities to drive target consumers in identified communities to a quality health care website.
- The site features a physician performance report that compares physicians' ability to provide quality care.
 - Objective clinical measures - administration of appropriate tests, patient outcomes, standard of care
 - Patient Feedback - Patients' reported experience of care
- The underlying premise is that accessing the physician performance report may inspire consumers to become more engaged in managing their care.
- The transparency and widespread availability of this information may motivate physicians to provide better quality care.

4



Research Objectives

- **Motivation** - Explore the potential for target female consumers to be motivated to visit a website containing a physicians' performance report.
- **Information Seeking** - Uncover what consumers are doing now to learn about their condition and their physician.
 - Thoroughly explore all of her sources of information
 - Her use of the internet
 - When she's in the information seeking mode
 - Her use of other sources including local websites, people (family, friends, employers, doctors) that may drive her to a website that features the performance report
- **Occasions, situations and prime frame of mind** - Uncover those critical times in which she would be open to receiving or would seek information on her condition, her doctor, or her care.
 - Briefly explore her where she might expect to learn about our link into a site containing the physician performance report.
- **Her Journey** - Briefly explore her journey with the condition from initial diagnosis to present day and her relationship with her physician.

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5



Methodology

- Ipsos moderators led nineteen 120-minute in-home interviews
 - 13 in Minneapolis
 - 6 in Indianapolis
- Consumers completed an *All About You* scrapbook and 3-Day Internet Log, prior to the interview
 - Her journey with her chronic condition
 - Her experience with her physician
 - Her information sources
- Toward the end of the interview, consumers reacted to a paper concept description, entitled *Finding Quality Care*, modeled from previous website research.
- Moderators explored health and media spots in the home and observed respondents' activity on the computer.



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6



Respondent Specifications



- All met the following qualifications:
 - Women age 35 - 55.
 - Make health care decisions for self or family.
 - Have a mix of income.
 - Four of the 19 are underserved, under-insured or uninsured.
 - Have a chronic condition or care for someone with a condition. Conditions include heart disease, diabetes, depression, or asthma (for a child in the home).
 - Five of the 19 care for a spouse, parent or child with a chronic condition
 - The remaining fourteen have a chronic condition
 - It is interesting to note that five of the nineteen respondents suffer from a chronic condition and care for someone in the household with a chronic condition
 - Cite 3 or more sources for health care information.
 - View themselves as taking an active role in managing the chronic condition.
 - Access the internet regularly.



A Glimpse at Respondents





Place Holder for Video Montage # 1 - Revised 4/29

Title - Consumers - Their Health , Their Information Sources

- Super - Meet Jen

- 3 - she is in a busy dual income household
- 15 - she has HBP
- 17 - Husband is African - American and diabetic, runs in his family, common condition for the race
- 178 - went online (diabetes.org) looking for information and encouraging stories about diabetes

- Super - Meet Cassandra

- 14 - happily married, mom (*Tim - cut out details on her home-based business..just keep - I run a home based business*)
- 18 - cardiomyopathy
- 21 - diabetes
- 184 - I go to WebMD and see what they have for diabetes

- Super - Meet Lisa

- 22 - type 2 diabetes
- 154 (*Tim- I had this mislabeled as 156, 154 is what I need*) - I believe we should be educated - Tim - but don't include the melanoma stuff
- 183 - Q Where did you go for info on diabetes? A: The internet I am a big fan of education.
- Super - Lisa is involved in husband's health care
- 6:25 - 6:52 With type 1 diabetes this is my fear...He's got heart disease...I order his insulin supplies, I make sure he is eating right."
- 16:31 - he is a hot mess, he is allergic to everything
- 20:56 If you don't make that appointment I 'll make it for you. That's what I do for Jeff
- 35:30 - 36:15 -- There's been a few things they've told Jeff that I question...If you don't ask him about this next time, I'm going up there with you. With your disease ,he should check his feet (35:41)

– Need Supers as noted, use this order jen, cassandra and end with lisa

GYMR can add verbal commentary on why these were the right respondent-types to target for the research – “Women are highly engaged in family healthcare b/c..... This is why we recruited this segment of consumers...”



2

Executive Summary

8 Key Conclusions



Executive Summary - Key Conclusions

1. Reaction to the website concept is generally positive, as consumers feel that it is a “good idea”. Consumers believe that a resource comparing physicians and hospitals is beneficial and novel, especially coming from a non-profit community organization.
2. Consumer perception is that this site (especially the report) is a doctor referral and evaluation resource, not an ongoing source of information to be used as impetus to engage with physicians about quality care.
 - Consumers believe their opportunities to access a quality health care website will be random, infrequent and limited in scope (doctor/patient moves far away, search for specialist, etc.).
3. Motivating consumers to include a quality healthcare website in their current physician search process will be a challenge, because it represents a paradigm shift.
 - Finding healthcare providers is much more of a people or insurance driven process. Physicians (primarily) and friends/family (secondarily) provide referrals, or consumers search their insurance website for “a doctor that’s nearby”.
 - In Minnesota, the clinic-driven healthcare system causes most to sign up with a clinic, as opposed to a specific doctor and then to “luck into” the doctor they like.
 - In Indianapolis, the more traditional healthcare system causes most to talk first to current doctors/family/friends and then to check with their insurance provider (generally via website) in their search.



Executive Summary - Key Conclusions

4. Two factors will limit the potential for consumers to go to the site:
 - I am in a good place with my physician and I believe I am receiving quality care.
 - What is quality health care anyway? Consumer definition of quality health care differs from that of political and medical experts.

Quality Health Care is ...





Executive Summary - Key Conclusions

5. National internet information sources, including Google and WebMD are consumers' go-to sites for medical information.

- Google often takes them to association websites (American Diabetes Assn, American Heart Assn) which have very high credibility.

6. Consumers access their insurers' websites.

- Primarily, they check for approved providers (and convenient clinics in Minneapolis) and/or manage their accounts .
- Some believe their insurance website is a good source of health information and education.
- In Minneapolis, it is common to access the clinic website also for health information, education materials and personal health records (EMR).



Executive Summary - Key Conclusions

7. Consumers are more actively seeking information on their condition immediately after diagnosis (generally the first three to four months, depending on the condition).

8. Diabetes appears to be the condition primed for success in this website engagement endeavor. Relative to other chronic conditions in this research:

- It has a pronounced impact on day-to-day behavior.
- It requires a high level of consumer involvement to truly manage the disease.
- Consumers may engage with a wider variety of experts, therapies and devices for optimal disease management (Diabetes Educators, oral and injectable therapy, meters, etc.)

3

Key Findings

Reaction to the Website Concept & Quality Care

Concept Reaction

FIND QUALITY CARE

You care about your health and your family's health. To help you make good decisions about where to go for the best health care, Kansas City Quality Improvement Consortium (KCQIC – a **non-profit community agency**) is providing people with online information about effective health care in the Kansas City Area. This information allows you to **compare health care** in different doctors' offices, clinics, or hospitals. For example, if you have diabetes, you can look at which doctors gave the greatest number of their patients with diabetes the blood tests that they needed. The idea is to provide you with information so that you may better partner with your doctor to receive high quality care.

KCQIC is pleased to share the following kinds of information:

- Primary Care Practices: HEALTH CARE QUALITY
- Primary Care Practices: **PATIENT EXPERIENCES OF CARE**
- Hospitals: HEALTH CARE QUALITY AND PATIENT EXPERIENCE

- This website concept is a *good idea* because it ...
 - Is sponsored by a non-profit community agency
 - “Adds credibility. No big payoffs from doctors.”
 - “They are not gaining anything from it. They are doing it for the good, not for the profit.”
 - Compares Physicians
 - “Like a Better Business Bureau for doctors.”
 - “If you (a MD) are on here, you think you are quality. You are being judged. The fact that an MD is on there is good.”
 - “Analyze your doctor. Is he consistently behind?”
 - Allows me to hear what others think. Makes me feel more confident.
 - “Need real people to tell the truth. What was your experience and why? Fill out an anonymous survey with questions like, ‘What was your experience like? Did you get all the information you needed?’ Do you think you received quality care?”
 - “Real, not advertising.”
 - “Feel a connection. We share something alike. Learn from their experiences.”
 - “Patient experience would be gravy. It would be like going to overstocks.com and hearing what people say about what they ordered.”



Concept Reaction

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For example, if you have diabetes, you can look at which doctors gave the greatest number of their patients with diabetes the blood tests that they needed. The idea is to provide you with information so that you may better partner with your doctor to receive high quality care.

KCQIC is pleased to share the following kinds of information:

- Primary Care Practices: HEALTH CARE QUALITY
- Primary Care Practices: PATIENT EXPERIENCES OF CARE
- Hospitals: HEALTH CARE QUALITY AND PATIENT EXPERIENCE

- The website concept is not completely clear to the majority of consumers in the research
 - Some respondents perceived this as a resource to find physicians with significant diabetes treatment experience or a large number of diabetes patients.
- Consumers expressed varying perceptions of what health care quality really entails.
 - Many were unsure of what to expect from the information on Primary Care Practices: Health Care Quality



Consumer Interpretation of Health Care Quality Varies

PRIMARY INTERPRETATION
Emotional - Physician Connection

I feel well taken care of
I am receiving quality care

Tells me my role
Explains things
Explores/solves
Is knowledgeable

He listens
He doesn't rush me
He takes the time

My Doctor Listens To Me



SECONDARY INTERPRETATION
Functional - Quality Resources

I am getting good care
I am in a quality setting
Not the "ER"

Affiliated with a respected hospital
New technology

Waiting area is clean
Well run practice
Equipment on site



Respondents' Physicians and Health Care Quality

- Most, in this research, believe they are receiving quality care and are not interested in *finding* quality care or *learning* about their doctor's performance in quality care.



Depression Care is Puzzling (but she has solved it)

- Aggie and her family found an instant connection with the PCP after a co-worker suggested a clinic near the job.
- She refers to her MD as a "cool dude".
- The PCP is a father and about her age. He can relate to her life stage and challenges as a parent.
- He refers her to good specialists and collaborates with them to manage her depression (meds) effectively.

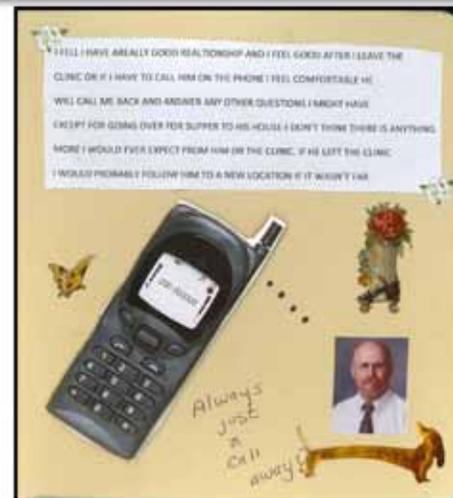
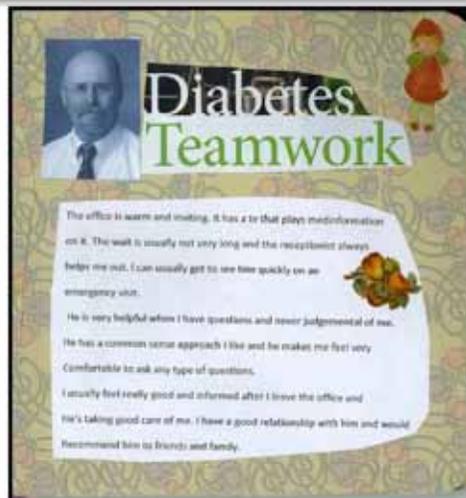


My Current Experience IS Ideal

- Kathy says, "When we moved, we found someone that was close by and had office hours that met our needs. We just lucked out finding a doctor".
- She believes he is knowledgeable (wise like an owl) and since he is a family man, he can relate to her stresses.
- He asks questions about her health, her job and seems to have *time for her*.
- She puts him in her "Ten Best Things".



Respondents' Physicians and Health Care Quality (cont'd)



- Cathy is loyal to and connected to her physician.
- They have a team approach to diabetes.
 - He has to prescribe the medication, but she has to tell him what is going on in terms of diet and any physical symptoms.
- She would recommend him to others.
 - "He is taking care of me. I have a good relationship with him and would recommend him to friends and family."



Place Holder for VIDEO MONTAGE #2 - Rev. 4/29 Title- Consumers' Reaction to the site description

- After title to introduce this, consider sub-supers as outlined below in bold type:
 - This is good idea because...
 - It's sponsored by a non-profit - 34, 29, 35,
 - It Compares Physicians - 31, 55,59, 33
 - I Like testing you will know MD not taking short cuts - 30
 - Could be a "guide to treatment" - 41 - Carrie
 - BBB of docs, docs that treat lots of diabetes - 28
 - **It highlights Patient Experience** - Learn what other people experience, save me some problems 37 Jodi; 39 Laura , 40 what kind of care did others receive, 46 - Lori and patient experience how they treated someone with a heart attack
 - 49 - Lori talks about getting reco from other people and ends with "health care quality, that is a hard thing to think about what it entails".



Key Findings

Motivation

Motivating consumers to visit the site presents challenges But they are not insurmountable



- What do those with high interest in the site concept have in common?

- Cynical. Been “burned” before.
 - Significantly bad experiences with physician error in the past.

Furious/Outraged

- Two years ago I had a double pulmonary embolism. My PCP said it was gas. I ended up in the ER ...close to death.*
- This was the last straw. The nurse practitioner took my blood and could not find a vein. She tried for 10 min. I fainted and threw up because it took her so long.*
- My husband suffered for years with severe headaches. It took many different specialists passing him along. I finally got him to the Mayo Clinic to solve it.*

- The go-to girl in her circle.
 - More health savvy; High baseline knowledge of conditions. Would take pride in recommending the site to friends and family.
- More confident.
 - More comfortable questioning physicians. Experienced with the dialogue.



• What do those with low interest have in common?

- In a “good place”.
 - Content, satisfied, connected to their physician. No reason to compare to find a new MD or to learn about health care quality.
 - “No. This is not for me. I’m good right now...good with Dr. X”.
 - “Like a lot of things, I go with my gut. (my MD) She’s a champion. She’s taking good care of me. If I didn’t feel that she was ... I would go somewhere else until I found it. I would only go to this site if (my MD) left practice and did not refer me to someone else.”
 - “This is not for me right now because I am very comfortable where I am.”
 - “I would be motivated to go to a site like this for a new and big problem like MS, not for my depression because it is well managed (by her PCP, “a cool dude”).
- Good network of referral sources.
 - Rely more on personal recommendations as a means to find quality care.
- Emotional - Denial. Lack of Motivation. Inertia.
 - No urgency to investigate the notion of finding better quality care, even when they admit to having concerns about their physician’s care/approach. In denial about the seriousness and potential progression of the condition.



Consumers Perceive Limited Opportunities For Use

But once on the site, they may discover benefits for repeat visits.

<p>Changes Moves or Insurance</p> <ul style="list-style-type: none"> • Physician moves far away • Consumer moves to a new city • If no referral is available/viable • New health care plan 	<p>Changes Health Stage or Significant Diagnosis</p> <ul style="list-style-type: none"> • New health needs and concerns <ul style="list-style-type: none"> • 40s mammography • 50s gastroenterology care • Same sex pediatrician • New serious condition - MS, Cancer 	<p>Big Problem With MD</p> <ul style="list-style-type: none"> • Misdiagnosis • Medication error
<p>Enabling Others</p> <ul style="list-style-type: none"> • Provide a resource for friends Use the site to help ailing family/friend, recommend the site to loved one to find care 		

These events are likely to occur randomly and infrequently for any one individual.



Motivating and reaching those affected by diabetes appears to be the low hanging fruit



Emotion

Some consumers desire to take control of the disease and not let it control them. Express angst about in-office glucose readings, disease progression, and insulin.

Symptomatic

Diabetes is a top-of-mind condition. It's part of daily life. There are constant reminders: monitoring diet and glucose levels, physiological triggers (shakes, dizziness, light-headed, etc.).

Education

Multiple sources include: PCP, Endocrinologist, Diabetes Nurse Educator, Nutritionist, American Diabetes Association (site, events), Classes (hospitals, community health centers) and lifestyle books. This provides numerous touchpoints.

Information Seeking (especially early in diagnosis)

Online searches related to diet, oral medication, injectable medication, exercise, etc.



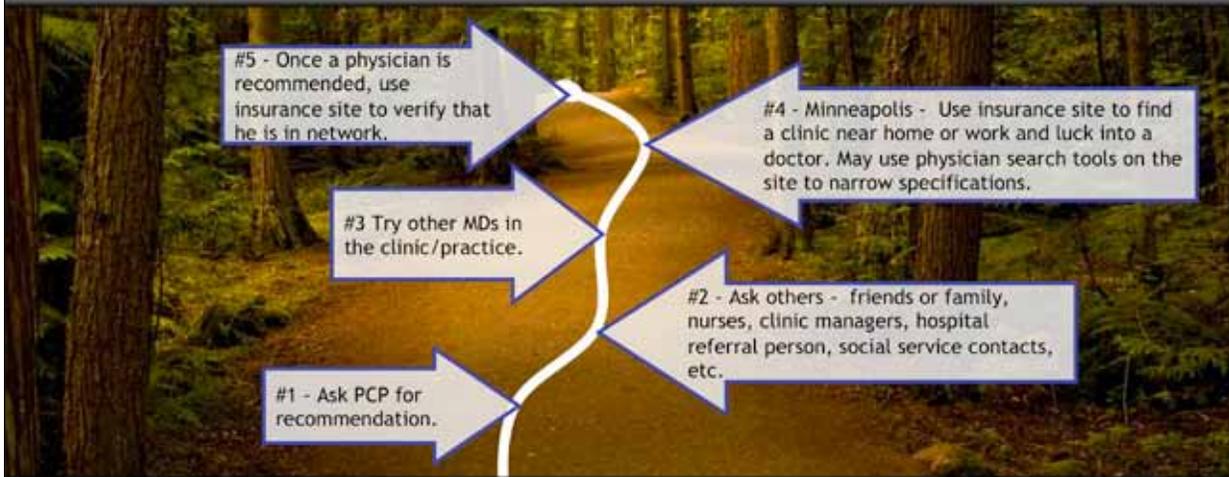
Key Findings

Information Seeking and Finding Care

Information Sources - The typical path to finding care

- The path is highly people focused. Consumers question, “What do others think? Who do others recommend?”

- Insurance sites provide helpful demographic information on individual physicians (specialty, family, schooling), but most welcomed the opportunity to learn more, especially about patient experience.



Primary Online Information Sources

Consumers rely heavily on internet sources to supplement what they learn from physicians



- ▶ Consumers input intuitive phrases or questions related to conditions, symptoms and even physicians to see where it leads.
- ▶ This site often directs them to credible association sites.
- ▶ A few, recalled and demonstrated a Google search linking them to other physician rating sites (HealthGrades.com, Ratemd.com, Carolcorp.org).

- ▶ This is a highly credible site on which consumers search conditions, use the symptom checker and more.
- ▶ Some insurance sites provide a link to WebMD.

- ▶ Consumers engage to manage accounts and check for providers.
- ▶ Some rely on them for health condition information, links to online nurses, links to education sources and more.

Consumers also report occasional use of local news sites for health information



Place Holder for Video Montage #3 added 4/29 Title - Information Seeking Practices

- **Super - Everything starts with Google**
 - 200 - I start with Google and go from there...whenever I want to know anything
 - 207 - When mom's med changed, I Googled the med
 - 202 - I just type in Metformin
 - 205- I typed in phrases
 - 89 - For this (concept) I would Google KC area MDs and see what pops up.
- **Super - Google Physicians**
 - 201 - I would Google his name (cut out dog pile details)
 - 203 - I tried to find out where my neurologist was
 - 204 - I Googled Robert Daly and Health Grades popped up
 - 206 - I would Google their name and Google their hospital (stop there, don't need details at the end)
- **Super - Health Sites Visited Now**
 - 168 - WebMD and Mayo; 178 - Diabetes educators ; 181 - I go to WebMD through anthem; 182 - I go to Web MD when I have a health concern (cut out talk about puffy eyes); 170 - I go to mayo clinic and Web MD because I heard about them through friends
- **Super - Insurance Sites' Role**
 - 193 I get my test results, e-mail my physicians I go to Health partners. com to start all of this
 - 194 - I can pull all my records on line
 - 195 - I use Health A - Z on the Anthem site
 - 196 and 197 - United Health Care is bookmarked as my favorite; I even access nurses on line



Information Seeking - Impact on Website Positioning

- **Website positioning and messaging will be critical**
 - Key words used in a Google search will be an important determinant in getting consumers to the site.
 - For example, typing “*Health care quality in Minnesota*”, did not get them to the Minnesota site (mnhealthscores.org).
 - Language used to drive consumers to the site that focuses too heavily on **health care quality** may be less compelling than consumer-friendly language* that consumers used in this research:
 - Comparing physicians in the Indianapolis area. Take a look at physicians' experience/success with diabetes patients.
 - Analyzing physicians in the _____ area.
 - What people are saying about physicians... What others experienced
 - ✓ This language excited those who saw the Kansas City Site.
 - This is a like a Better Business Bureau for Doctors.
 - If the site messaging and content emphasize health care quality, considerable education on what constitutes health care quality will be essential.

**Note that additional exploration and research focused on positioning may be required to confirm this hypothesis.*



Consumers' Ideas for *Doors* to the Site

Viabile Vehicles To Get Consumers In at the right occasion and in the prime frame of mind

National Websites

- Google - Intuitive search words
- WebMD - Link to local site
- National Associations - Link to local site

Local Tactics

- News Websites
- TV, Talk Radio - Health Segment
- City Magazines or City Websites - Perhaps timed close to the "Top Doctors" edition of many city magazines.
- Health Events - Diabetes and Heart Disease Walks

Insurance Website

- Connected with the provider search function. A link on the search page calls out an independent community resource
- Special resource during enrollment or for educating newly diagnosed patients

Other People - Word of Mouth

- Ancillary care providers - hospital referral center, nurses, social workers/government social service agencies, diabetes educators
- Trusted People - Friends, Advisors, Family, Respected Spokesperson
 - E-mail link, FaceBook
 - Part of the conversation, the "buzz"



Place Holder for Video Montage #4 Added 4/29 Title - Finding The Physician Performance Report

- **Super - Insurance Company Sites**
 - 64 - A link from United Healthcare would be best
 - 78 - A link from Anthem would be nice, but I would not expect it...anthem wants to promote "their site"
 - 92 - I would like to see it on my insurance site - Medica
 - 66 - Would make sense on my insurance site...Blue Cross Blue Shield of Minnesota because they cover so many clinics and hospital systems. I have to go there anyway to make sure a doctor is in the network.
- **Super - Local News Sites**
 - 68 - Make it a top story; I would not go to a news site for health information but would notice a top story about something like this
 - 74 - Kare 11 and WCCO
 - 82, 77 - Link to local news would give this substance - I would believe it is an honest site; News would tell/explain that you can go to the site to learn people's experience..
- **Super - National Health Sites lend credibility**
 - 71 - Link from National MS I would trust more than a pop-up
 - 80 - Put it on an association site, they are the big guns, they are doing the research, it would be credible there!
 - 72, 93, 99 - Link from WebMD - I have seen links and ads for local things on there.
- **Super - Face Book - A potential spot for influencers (go-to girls) to create "buzz"**
 - 86 - A cause on face book, check out this link; I put it here on my wall (Tim - start here and skip the early part about her personal causes and religion)
 - 79 - That is all part of networking with friends..boom the site is out there
 - 84 - I did go to a health site from FaceBook and sent it to my friend who just quit smoking and is on Metformin
 - 86 - If there was a site I felt strongly about, I would send it and say check this out, check out this link...

4

Research Implications

35

Key Conclusions and Implications

- **Key Conclusion #1:** Consumers believe the site is a good idea, especially from a community organization, and is a new and different way to compare physicians.
 - **IMPLICATION** - This is “new” news that helps consumers feel good about health care initiatives in their own community, setting the stage for a viable awareness campaign.
- **Key Conclusion #2:** Consumers perceive that the site is a doctor referral and evaluation resource, not a source of information used as impetus to partner with their physicians regarding quality care or treatment approaches. Thus, they express limited occasions for use (changing doctors, finding specialists, etc.).
 - **IMPLICATION** - Ongoing awareness initiatives, coupled with comprehensive quality care education may inspire the initial visit to the site, exposing the consumer to more occasions for use and benefits.



Key Conclusions and Implications

- **Key Conclusion #3:** Finding care is a people (other doctors primarily and friends/family) or insurance driven process.

Using the quality care site is a paradigm shift.

- **IMPLICATION** - Consumers may feel more connected to a site and messaging driving them to the site which has a people-focused look and feel. For example, use of local “thought leaders” (news anchors, etc.) can help “personalize” the site, as can the use of consumer-language to tout benefits of the site.
- **IMPLICATION** - Since the insurance website is the destination for many to find a doctor or to confirm that a (previously recommended) doctor is in network, consumers profess that the insurance site is an ideal place to generate awareness of the quality care site.



Key Conclusions and Implications

- **Key Conclusion #4:** Two factors may limit use of the site and the physician performance report:

1. Many consumers believe they are already receiving good care.

2. The definition of quality care varies from one consumer to another, as well as from the experts.

- **IMPLICATION** - Consumers that believe they are already receiving good/quality care are less likely to search for quality care and are less compelled to discover how their physician compares to others on patient experience or quality care.
- **IMPLICATION** - Comprehending clinical measures (outcomes, tests administered, etc.) will take significant time and education, as will convincing consumers of the true value of these measures.
- **IMPLICATION** - The client team needs to determine how much emphasis is placed on health care quality language in messaging to drive them to the site.



Key Conclusions and Implications

- **Key Conclusion #5:** National sites are the “go-to” sites for health information, specifically Google, WebMD and Association sites.
 - **IMPLICATION** - Linking to credible national sites will dramatically increase the odds of consumers finding the quality care site while they are in a health-related mindset. Additionally, highly simplistic and intuitive key words may increase the likelihood that the site pops up in the top three Google positions.
- **Key Conclusion #6:** Insurance sites are viable sources of information for consumers.
 - **IMPLICATION** - Connecting/linking the quality care site to an insurance site appears logical, credible and transparent for most consumers. Consumers are likely to be in the physician or health condition mindset while on the insurance site, increasing the chances that they will actually access the quality care site. They may be pleasantly surprised to find a link to an objective, community-sponsored resource with this level of information about a wide range of providers on the insurer’s site.



Key Conclusions and Implications

- **Key Conclusion #7:** Peak information seeking occurs early in the diagnosis.
 - **IMPLICATION** - It will be critical to ensure consumers get the quality website information at the time of their diagnosis. A consistent, ongoing site awareness and education campaign will be needed to seize the opportunity when target consumers are most likely on the internet. They may be more open to information on how the condition is managed by physicians (and the patient’s role in that management) during this information-seeking timeframe.
- **Key Conclusion #8:** Diabetes is more primed than other chronic conditions for success in the quest to drive consumers to the site.
 - **IMPLICATION** - Diabetes has a multitude of education touch points (medication sites, diabetes educators, nutritionists, meter sites, cooking/recipe sites, etc.), allowing for various vehicles to build site awareness.
 - **IMPLICATION** - Diabetes brings an emotional element (control the condition before it controls you) and the fear of insulin inspires many to do their part to beat it. The site, if positioned appropriately, can support their desire to gain control.

5

Appendix

Appendix

Description	Attachment
Screeners	 Minn Screener  Indy Screener
Discussion Guides & Supporting Documents	 Discussion Guide  Website Concept  Consumer Pre-Work Scrapbook
Respondent Profiles	 Minn. Profiles  Indy Profiles
3-Day Internet Log Highlights	 Internet Log Sites
Respondents grouped by site interest	 Microsoft PowerPoint Presentati

To open the documents double click on the link in "normal" mode.

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The findings outlined in this document are qualitative in nature, and the work is exploratory as a result of the sample size and method by which the sample was drawn. Results should be regarded as directional and may not necessarily be projected to the larger population without further quantitative research. Quotes included are often edited versions, but close approximations of what the respondent said.

Appendix F: Video Excerpts of In-Home Interviews

Appendix F: Video Excerpts of In-Home Interviews

Meet the Women (TRT 4:03)

Learn more about the participants.

Where They Go (TRT 3:45)

Find out where participants currently go on the Web.

What They Like (TRT 3:35)

Discover what the participants like about the concept of health care public reporting.

What They Want (TRT 6:51)

Find out what participants want from public reporting sites.

Please see online report for videos.

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