SCOTTSDALE INSTITUTE

INSIDE IE EDGE

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Consumer-centered Care, Part Two

What Consumers Want: Gleanings from SI's Fall Conference

EXECUTIVE SUMMARY

In keeping with Chairman Stan Nelson's vision, we maintain a steady-as-you-go approach to thought leadership in the IE report. So, when we say the Fall Conference at Piedmont Healthcare in Atlanta was perhaps the best ever in terms of speakers, content, hosts and tours, it's not hyperbole. In the same vein, we believe the conference theme of consumer-centered care should be a focal point around which health systems design the future.

This issue of IE combines both of those points in the second of our three-part series on consumer-centered care. We feature new and compelling research on consumer attitudes and trends in healthcare unveiled at the Atlanta conference. By gathering highlights of those presentations and the research behind them—gleanings we call them—we hope to complement audiovisuals of the conference that members can access on SI's website by clicking on "SI 2007 Fall Conference Downloads."

Tim Stack, Piedmont CEO, and Michelle Molden, executive VP and chief administrative officer, welcomed attendees to the Fall Conference "Transparency and Interoperability: Connecting to our Consumers," Sept. 27-28 at The Ritz-Carlton Buckhead. Paul Keckley, PhD, executive director of the Deloitte Center for Health Solutions in Washington, DC, kicked off the consumer angle with fresh research findings and a panel discussion on "Healthcare Consumerism: A Strategic Perspective" which provide core content for this report. Other presentations and panels furthered the out-of-the-box thinking on the patient-consumer perspective. The conference was capped off the second day by roundtable discussions and an excellent tour of Piedmont Healthcare, which achieved 100% CPOE adoption in 2006.

A Strategic View of Consumerism

"Much of what we defended [in the past in healthcare] was indefensible or incomprehensible to consumers," says Paul Keckley of the findings of his eye-opening research into consumers and healthcare. "We'd say we can't focus on outcomes"

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and consumers question why not? It's that kind of myopic, hospital-centric view that healthcare executives must shed in order to prepare for the coming consumer transformation in healthcare, he says.

In research at both the Vanderbilt University Center for Evidence-based Medicine, where he ran the MD/MBA program, and currently at Deloitte, Keckley has focused on answering three key questions: 1) Is healthcare a consumer market? 2) What would a healthcare consumer market mean to healthcare providers, plans, life sciences companies, state and federal legislators as well as end users? 3) What are the requisite core competencies/capabilities necessary to a healthcare consumer market?

Paul Keckley, executive director, Deloitte Center for Health Solutions, Washington, DC

Consumer markets are characterized by transactions or value-based purchases, "end users" with significant power and a reach that is both domestic and global. More specifically, end users have choices and they are directly involved in purchasing transactions. Also, price, quality and service vary among choices of goods and services, discrete markets evolve based on needs and wants. Producers focus on needs and wants; and those needs and wants change; markets are dynamic and volatile.

These characteristics are emerging in healthcare. "Consumerism is bigger than HSAs and high deductibles. And this phenomenon is worldwide," says Keckley, who says his own "addiction" to Starbucks three times a day is emblematic of how a consumer acts in such a marketplace. But evidence is also piling up at the macro level that consumers are taking center stage generally. For example, consumer debt and household income pressures are increasing—including the fact that half of voluntary bankruptcies are health related. Accelerating this trend: the increasing number of purchases based on quality and safety, increased social sensitivity and recognition of global markets.

We can add two significant milestones to this list: Earlier this month the first Baby Boomer signed up for Social Security, and Al Gore was awarded the Nobel Prize for his crusade to educate the world on global warming, which reinforces the responsibility of the consumer on a global scale.

Patient or consumer?

Given the environment, then, Keckley believes that hospitals and health systems have to embrace a consumer ethos—and drop the idea of a patient one. However, virtuous it may seem, being centered on the "patient" versus the "consumer" maintains the old healthcare paradigm and forestalls moving to the new. Here are some key differences between the two worlds:

Patient-centric model	Consumer-centric model
Physicians as decision-makers	Physicians as coaches
Patients bear no responsibility for adherence	Consumers bear responsibility for costs and outcomes
Patients consider diagnostic and therapeutic options recommended	Consumers consider all options
Patients have limited financial accountability	Patients have full accountability for costs

WELCOME NEW MEMBER

The Scottsdale Institute is proud to welcome new member SUNY Downstate Medical Center based in Brooklyn, N.Y.

SUNY Downstate is one of the nation's leading urban medical centers. It comprises a College of Medicine, College of Health Related Professions, College of Nursing, School of Graduate Studies, and University Hospital of Brooklyn.

As the only academic medical center in Brooklyn, it serves a diverse population of over 2.3 million people.

University Hospital of Brooklyn, a 406-bed facility, is an integral part of SUNY Downstate Medical Center. The Hospital is a regional referral center for neonatology, transplantation and pediatric hemodialysis. Physicians refer patients for diagnosis, treatment and rehabilitation services. Patients are also referred for special-

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Under patient centricity, Keckley notes, patients comprise nearly 80 percent of Vanderbilt University Medical Center's population, but only 21 percent of the consumer population. In contrast, consumer centricity focuses on 100 percent of the population.

Keckley is quick to note that attitudes can change with fashion, but beliefs are deeply felt and key to understanding the consumer mind. So, what do consumers believe about healthcare? That was the focus of an AHRQ-funded study done by the Vanderbilt Center for Evidence-based Medicine involving 16 focus groups in communities of variable size, composed of participants from different social, ethnic and economic backgrounds. The results, presented at the Fall Conference publicly for the first time [available in conference downloads], were seven fundamental beliefs that capture the current state of healthcare consumerism in the United States:

Core Belief One: *"I believe medicine is too complex for me to understand and prefer my physician to tell me what to do."*

Consumers do not 'study' healthcare until an event prompts attention. There are teachable moments [however, these occur] when newly diagnosed, or when they encounter barriers to access. They feel ill-equipped to engage in shared decision-making with their physician, especially minority consumers who believe physicians are not willing to discuss these matters with them. They use the web for information, but without direction from their physician and without understanding how to filter credible information from misleading information.

Core Belief Two: *"I believe good medical care is about getting access to my doctor when I need him or her."*

Consumers do not understand the clinical aspects of care. They are unaware that treatment options and outcomes vary from physician to physician and hospital to hospital. They assume that practice patterns vary little from doctor to doctor. By contrast, they are adamant about service as a feature of quality and differentiator between physicians. They believe scheduling issues with providers, waiting times, access to doctors and the degree to which physicians treat patients as individuals vary widely from physician to physician. Therefore, 'quality of care' centers around relationships with physicians, not the training of the clinician, their adherence to evidence-based guidelines or outcomes.

Core Belief Three: *"I believe healthcare is better for some than for others."*

Consumers believe there are two major 'groups': those with insurance, and those without. They believe the insured enjoy access to physicians and hospitals without bureaucratic barriers. They associate quality with access to doctors and hospitals they prefer, and those in minority groups believe they are particularly disadvantaged by physician bias. Consumers believe the health system is two-tiered, and they believe quality varies comparing the two.

Core Belief Four: *"I believe healthcare should be available for all but not under government control."*

Consumers see healthcare in the United States as a right rather than a privilege. They believe the concept of universal coverage would reduce disparity between

Welcome continued

ized care in respiratory disease, diabetes and other metabolic disorders, HIV/AIDS, sports medicine, pediatric neurosurgery, cardiology and rheumatology. Hospital physicians perform such specialized procedures as organ transplants, cardiothoracic surgery, neurosurgery, cancer treatment, pediatric surgery and care for patients with a wide range of inherited, rare and chronic diseases. The Hospital also operates three satellite health centers.

Welcome the SUNY Downstate Medical Center team.

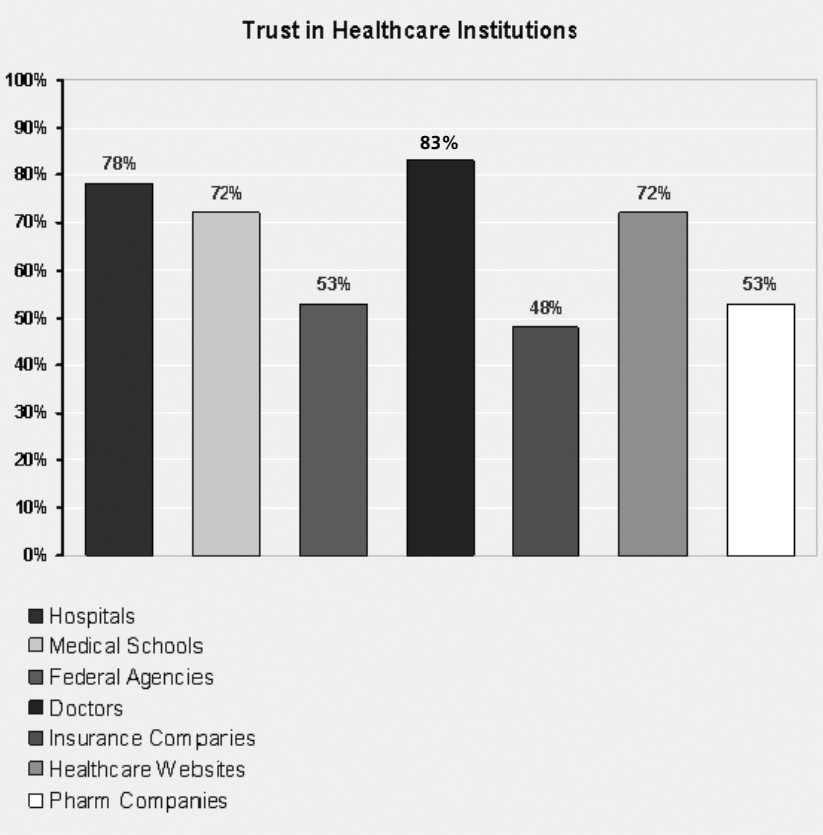
those with insurance and those without. However, they fear an increased role of government in running such a system, believing the government has been ineffective in current health programs, i.e. Medicare, Medicaid and others.

Core Belief Five: *"I believe health costs are high but there's not much I can do."*

Consumers believe healthcare costs are high; they do not know why nor are they inclined to better understand. They are aware of what they pay out-of-pocket IF they have health insurance and assume health services are expensive but for unknown reasons. The notion that unhealthy lifestyles result in avoidable diseases, hospital admissions and costs is conceptually understood, but young and healthy consumers do not associate their behaviors with 'costs.'

Core Belief Six: *"I believe the profit incentive in the health system is strong and care is compromised."*

Consumers believe money has corrupted the healthcare system. They believe too many tests are ordered, too many surgeries performed, and too many prescriptions are written because doctors, hospitals, insurers, pharmaceutical companies and others profit from these transactions. Consumers see the U.S. system as big business; they find it distasteful. The harshest criticism of the health industry is reserved for insurers: they are thought to be a root cause of its problems and without redeeming value.



Source: "7 Core Beliefs of U.S. Health Consumers," Vanderbilt Center for Evidence-based Medicine

WELCOME NEW MEMBER

The Scottsdale Institute is proud to welcome our new member UPMC based in Pittsburgh

UPMC is a leading health system and a renowned academic medical center in western Pennsylvania. It is a $7.4 billion organization and the region's largest employer with 45,000 employees.

It has created an integrated health care delivery system and has recruited superb physicians and researchers to develop internationally renowned centers in transplantation, cancer, neurosurgery, psychiatry, rehabilitation, geriatrics, and women's health, among others. UPMC also has invested significantly in information technology to link and integrate electronic medical records across multiple hospitals and care settings.

UPMC comprises 19 hospitals and a network of other sites across western Pennsylvania and throughout the world: doctors' offices,

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Core Belief Seven: *"It's not my fault and there's not much I can do."*
Consumers know eating healthier foods, regular exercise, smoking cessation, avoidance of risky behaviors, seatbelts, et al are healthy habits. They understand the need to be better informed about their own conditions and realize, at least conceptually, that the system is costly and not operating as it should. However, they are overwhelmed by its size, complexity, and unfairness, and seemingly content to its flaws. They sense its diagnosis is not good but they have no concept of a therapeutic solution. And they are not inclined to think they have the influence, means or tools to initiate those changes, even in interactions with their own physician or family.

Where do we go from here?

Based on these findings of the seven core beliefs of consumers, the Vanderbilt Center developed four policy guidelines.

First, efforts to engage consumers more directly in their care requires a substantial, long-term national campaign to encourage 'patients' to be come 'consumers' and 'physicians' to become 'coaches.' Expectations and roles must change. The belief system is deeply-rooted; consumers are resigned to passivity and ignorance. Physicians are content to dismiss non-adherence by consumers as a problem not in their control. Neither are correct assumptions. Similar to government efforts to encourage adoption of information technology, a massive campaign to change consumer predisposition from passive resignation to activism and create incentives and tools whereby clinicians may be 'coaches' is needed.

Second, access to primary and preventive health services, particularly for those in under-insured groups—should be thoughtfully remedied. Primary care is the epicenter for consumer-directed care. Access to and national support for expansion of primary care through incentives for primary care residencies and expansion of advanced practice nursing scope of practice should be considered a core strategy necessary to consumer-directed care. In addition, special attention should be given CME and CNE training programs for clinicians who serve minority populations to enhance cultural sensitivity and patient-centered care.

Third, pricing transparency for physician and hospital services will likely increase consumer interest in health costs. For those without insurance, the impact is unclear. Clearly, consumers want information about costs (price), but for the under-served, access to a provider is the issue. Consumer-directed care for the commercially insured using financial leverage will have its intended effect: increased price sensitivity. For the uninsured, the result is unknown.

Fourth, consumers need information about clinical treatment options, risks, self-care directives, and methods for effectively navigating the health system. They need these in their teachable moments—when newly diagnosed or when faced with a healthcare decision about care for themselves or a family member. They want these from their physician; their physicians do not provide them nor indicate interest in doing so. The issue is not technology: web-based

Welcome continued

cancer centers, outpatient treatment centers, specialized imaging and surgery facilities, in-home care, rehabilitation sites, behavioral health care and nursing homes.

Welcome to Michael Dunn, MD, medical director of Interoperability, David Golding, VP Information Services, William Fera, MD, director, Medical IT Software and Solutions, G. Daniel Martich, MD, CMIO and Associate CMO and the entire UPMC team.

resources useful to self-care management are readily available. The reluctance of primary care clinicians to incorporate care management information technologies can be reversed with appropriate incentives in tandem with transparent reporting of comparisons between practices.

The report concludes there is no excuse for the lack of coaching currently available from physicians, but this may be too harsh since physicians are currently not reimbursed explicitly for coaching.

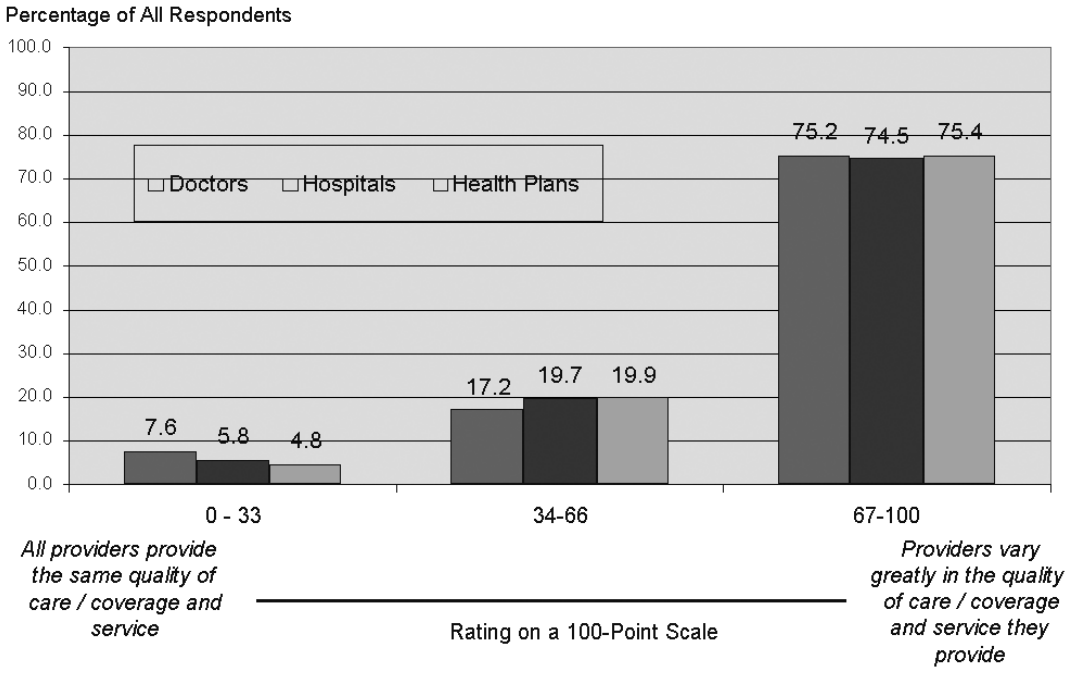
Fresh from the consumer front lines

In a study so recent the results are still being analyzed, the Deloitte Center for Health Solutions assessed consumer behaviors, attitudes and unmet needs, focusing on the trade-offs between price, quality and service. Just last month, the web-based "2007 Survey of Health Care Consumers" surveyed 3,000 adults ages 18 to 75, whose highlights were presented by Keckley at the Fall Conference, although a formal report will be published later in November. [To subscribe to this report and other free Deloitte Center content, register at www.deloitte.com/us/healthsolutions/subscribe]

Deloitte.

Healthcare is increasing in relevance to consumers, whether 'sick' or not, according to Keckley. Also 43 percent of respondents believe they are in the top 30 percent of their age group with respect to their overall health. Thirty-eight percent believe they are in the top 30 percent of their age group in terms of the effort they make to maintain or improve their health. Nearly one in five are responsible for care-giving for another adult.

WHEN TOLD ABOUT QUALITY, CONSUMERS SAY IT MATTERS.



Source: Deloitte Center for Health Solutions

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November 6
Data Governance Effectiveness
- Paul Pancoast, MD, physician consultant, Deloitte Consulting, St. Louis

November 8
Delaware Health Information Network (DHIN): Operations Review and Success Factors
- Gina Perez, executive director, DHIN, Dover, Del.

November 12
CalRHIO Status Update
- Don Holmquest,MD, president and CEO, CalRHIO, San Francisco

November 13
Hackensack PI Case Study, Leveraging IT for P4P Accountability
- Regina Berman, executive director, Performance Improvement, Hackensack University Medical Center, Hackensack, N.J.
- Gerard Burns, MD, CMIO, Hackensack University Medical Center, Hackensack, N.J.

November 28
The "How To's" of Identity Management
- Michele DeRoo, account manager, Laurus Technologies, Itasca, Ill.
- John McHan, senior project manager, Laurus Technologies, Itasca, Ill.

more events on next page

And in a finding that sheds light on how nervous consumers are about the future, just under 90 percent say they currently have health insurance but only 12 percent feel they are financially prepared for future healthcare needs. Finally, eight out of 10 say healthcare issue will influence their vote in the 2008 presidential election.

"Conditions are favorable for increased consumerism," says Keckley. Fifteen percent of consumers say they have compared hospitals before choosing one and nearly half say they might do so in the future. Sixteen percent say they have used a retail clinic and more than a third say they might do so in the future. Finally, while 3 percent say they have traveled outside the United States for a consult or care, more than a quarter say they might do so in the future.

Muddling through

Cost and customization are key to insurance purchases. Only a third of respondents to the consumer survey feel they understand everything they need to understand about their primary health insurance coverage. About a quarter would prefer to shop for their own insurance or health plan while just under a third would rather get it through an employer. Four in 10 would prefer to customize their own product, while about one in 10 would rather select from a few prepackaged products. About 10 percent would prefer a plan with high deductibles/co-pays and a lower premium, while one in five would prefer a plan with low deductibles /co-pays and a higher premium. Finally, just under a quarter would participate in a program that would reduce their costs if they agreed to a smaller network and health behavior modifications.

The pharmaceutical industry takes a hit, too. "Consumers are skeptical of drug efficacy," says Keckley of the survey's findings:

- 13 percent have little or no confidence in the safety of their prescriptions
- 11 percent have little or no confidence in the effectiveness of their prescriptions
- 13 percent have heard of "biologic" drugs; 45 percent would prefer a biologic drug over a non-biologic drug
- 56 percent will almost always choose a generic over brand, while 5 percent will almost always choose a brand name over a generic
- While 84 percent tend to fill almost all prescriptions, 7 percent tend to fill almost none
- 39 percent have asked a doctor to prescribe a particular drug by name or brand; an advertisement played a role in asking for 51 percent of respondents

Deloitte's study concludes that consumerism is driven by economics, primarily the cost shift from employers. However, consumers today are not equipped to navigate costs and quality, especially the most ill whose illnesses typically are the most costly. The system is not structured to sell to consumers—it is structured to "serve" local patients. Value-based purchasing models will become more stratified: segmentation and positioning around price-quality-service will become an essential

Upcoming Events continued

November 29
Improving pulmonary outcomes at Virginia Commonwealth University
- Christi Adams, RN, MSN, CCRN, nurse clinician, Surgical Trauma ICU, Virginia Commonwealth University Medical Center, Richmond

December 6
Open Forum: Measuring Benefits from Clinical System Implementation
- Susan Heichert, vice president, Health Information and Systems, Allina Hospitals & Clinics, Minneapolis
- Patricia Johnston, FHIMSS, vice president, Information Services, Texas Health Resources, Arlington

December 10
Security, Audit & Regulatory Compliance IT Issues of Today – Open Forum Discussion
- Ashini Surati, program manager, Quality and Risk, CHRISTUS Health, Irving, Texas
- Pat Moylan, senior systems analyst, Compliance, Parkview Health, Fort Wayne, Ind.

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core competency. Consumers will readily accept disruptive innovations in this new world as consumerism marries health and healthcare. "The emerging consumer market is a global trend—not a fad," reiterates Keckley.

"The emerging consumer market is a global trend—not a fad."

In a panel discussion following presentation of the consumer studies, Fran Turisco, research director at FCG's emerging practices unit in Boston, highlighted consumer-related insights from two studies she has been conducting covering quality, EHRs and physician practices. "When quality is the focus in a physician practice, consumers love it," she says. "You're getting care from more than just the doctor. It becomes everyone's job, because care is given throughout a patient's stay," from the receptionist to the nurse reviewing medication.

"We strongly believe patient safety and consumerism are centered around PHRs and the EHR."

Another perspective: access in the physician practice correlates to patient satisfaction. "What [consumerism] means to a practice is changing roles. You're changing the way you do business," Turisco says.

Delia Vetter, senior director of benefits at Hopkinton, Mass.-based EMC Corp., described how her company, an IT infrastructure company with 31,000 employees around the globe, was driven to a consumer-centric strategy by rising health costs. "When we looked at our healthcare expenses five years ago, it became clear we needed to take action, to take matters into our own hands. We couldn't take a passive approach," she says. The result was a program to engage employees in their own health management using a combination of education and incentives, both high-touch and hi-tech. EMC partnered with Ingenix as a data aggregator to better understand its population and with WebMD to provide a personalized, interactive web portal.

Delia Vetter, senior director of benefits, EMC Corporation, Hopkinton, Mass.

EMC² where information lives

"The two work together" in an integrated fashion, says Vetter. "We strongly believe patient safety and consumerism are centered around PHRs and the EHR." For example, alerts and reminders are automatically indexed in employee PHRs on the web portal. "We also believe the educated consumer is important. The health portal helps consumers prepare for a doctor's visit. Our portal provides an alert to the employee if there's a drug interaction," she says.

Vetter acknowledges that the portal is not real-time—there is a two-week delay in updating information—but that it provides a critical foundation for the new health-benefits model. "We've created that consumer-centric mindset," she says.

Interestingly, EMC's embrace of consumer-centricity has caused it to eschew what some consider a centerpiece product of consumer-driven care: the health savings account. "HSAs haven't been widely adopted because they're not consumer-centric. EMC is about personal health management, so we're not steering people into HSAs, except as a retirement savings plan," Vetter says. EMC has also piloted remote monitoring and self-care for its employees with Partners HealthCare in Boston, initiatives that were featured in last month's IE report, "The Emerging Personal Health Information Network."

UniversityHospitals HealthSystem

Holly Miller, MD, VP and CMIO, University Hospitals, Cleveland

As part of a panel for the Fall Conference session "Satisying the Patient-Consumer," Holly Miller, MD, MBA, VP and CMIO at University Hospitals, Cleveland, noted that the quality of healthcare in the United States is the lowest of all industrialized nations, while cost is increasing and we're experiencing an epidemic of chronic disease.

"We need to create a contagion of health in this country," she says. Using the PHR, "we can ebb the epidemic of preventable disease." Providers need to explore how they can leverage consumer technologies to do that, including exploring "how we can really interact with cell-phone access. To date, many PHRs have been tethered models," Miller says.

Also on the panel, Jodie Cunningham,

Jodie Cunningham, consultant, Press Ganey Associates, South Bend, Ind.

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a consultant with Press Ganey Associates Inc., noted that patients/consumers are more likely to be steered by emotional factors like friends' recommendations than quality data in choosing providers. "Story telling is much more effective than numbers. Word of mouth can't be discredited. What rises to the top is meeting the emotional needs of patients," she says.

Conclusion: Move from patient-centric to consumer centric

The Vanderbilt study led by Paul Keckley found that the U.S. health system is mired in an increasingly irrelevant paradigm—patient-centricity—and must move to one that is consumer-centric. Patients, the study suggests, are not inclined to share decision-making with their physicians or take appropriate steps to self-care. They are unaware of costs and unconcerned about variations of quality. Access to preferred physicians and hospitals and out-of-pocket costs are the only major differentials considered by patients. The beliefs that sustain the patient-centric system are deep-seeded and unlikely to change readily.

"We need to create a contagion of health in this country." Using the PHR, "we can ebb the epidemic of preventable disease."

"Story telling is much more effective than numbers. Word of mouth can't be discredited. What rises to the top is meeting the emotional needs of patients."

Congratulations to Allina Hospitals & Clinics!

An SI member, Minneapolis-based Allina was selected winner of the 2007 Nicholas E. Davies Award of Excellence by HIMSS in the organizational category.

The Davies Awards recognize excellence in the implementation of the electronic health record.

The study's conclusion is a clarion call: Transitioning to a consumer-centric system is a daunting but achievable and necessary task if cost control and quality are to be achieved. The results of these focus groups reinforce the urgency of the effort and significance of the challenge. Consumers are comfortable with the status quo. Transformation to a consumer-based system will encounter resistance stemming from these deep-seated core beliefs.

Fran Turisco, research director, FCG, Boston

FCG's Turisco says reimbursement will eventually be tied to quality in the form of pay for performance—and a consumer focus will be critical to the P4P/quality equation. To achieve this focus, CIOs and other senior executives should concentrate on the three broad areas of technology, workflow and consumer education/engagement.

Contrary to the old IT saw that technology is the easy part, people are the hard part, Turisco says both are difficult. "Technology is a big problem, because there's not a lot of data standardization. If you have a foot exam for diabetes, it might be stored as text or as data; if it's stored as data, is it standardized? That's very important in terms of quality measures and P4P initiatives. CIOs need to stay on top of formatting and data-exchange standards and protocols," she says.

When purchasing IT systems, they should be CCHIT-certified, especially on the outpatient side. CIOs need to garner an understanding of a system's capability for data-export to a third party. Systems may have great functionality for capturing and analyzing data, but when it comes to exchanging it externally for payment or reporting, they typically lack both required standardization and the functionality to support it. Caveat emptor—especially for small physician offices—because vendors do not know how to export data.

Physician practices must undergo a huge operational and financial change to become quality and consumer-focused. "You just don't buy and install a system. You have to answer questions like: Who's going to check on where the gaps are? Who's going to enter data?" says Turisco.

In terms of more directly engaging consumers, healthcare providers and executives must meet them where they are. What we learned from these studies is that patients and consumers equate quality with access. Many of the sophisticated chronic condition measures and quality guidelines are not even on their radar screen. However, when told about them and asked if they would rather choose providers who meet these measures, their response was positive, even if it meant switching.

"They need to be educated about quality," and given tools to navigate the emerging healthcare model in which choice becomes a driving factor, says Turisco. Clearly a huge gap in knowledge, skills and tools exists for consumers—which presents a huge opportunity for nimble healthcare delivery organizations. The first to help bridge that gap for consumers will win.

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In addition, to make sure you are receiving your interest group-specific announcements, please log in to our website and edit your profile. If not, you may be missing key messages relevant to your interests or receiving emails you don't need.

If you are still not receiving relevant SI emails, or receiving announcements you don't want, please call our office and let us know.

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for our annual Spring Conference April 16-18, 2008 in Scottsdale, Arizona.

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Hosted by Northwestern Memorial Hospital
Sept. 25-26, 2008
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April 29-May 1, 2009
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Sept. 24-25, 2009
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