



Bridges to Excellence *activating consumers*

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Why Activate Health Care consumers

- *Creating and supporting active consumers would drive change in the healthcare market*
- *Change the dynamics between purchaser/consumer and provider*

- Independent Seekers - (31%)
- Doc Dependent Actives (31%)

Who are they?

- Increase provider's use of safest and best in class treatments
- Migrate consumers to safest and best in class providers
- Increase latent activism

What behaviors are we trying to change?

- ✓ Consumer activation status determines level of motivation towards health messages and interest in health programs
- ✓ Connector preferences differ for those interested in acute vs. chronic conditions and may determine success of program

How do we encourage activism and then support it?



What do consumers want

- ✓ Credible — comes from a recognized name (Mayo, Harvard, Hopkins)
- ✓ Reliable — has the information needed
- ✓ Understandable — is written in layman's terms, and at the 5th/6th grade level
- ✓ Actionable — can be acted upon, step by step
- ✓ Expert-based — backed by NIH, FDA, WHO, etc
- ✓ Timely — be available at time of diagnosis or treatment decision
- ✓ Easy to access — be delivered in a self-service way, by respected third parties



Messaging to Health Care Consumers

Provide a framework/context “Quality healthcare is safe, effective, and responsive to patients” could be quite effective.

Use Negative framing with a choice that involves:

- A treatment decision
- The promotion of screening behaviors
- A choice of health plans

Use Positive framing to promote preventive behaviors

Make the messages simple and relevant & condition specific

Using narratives:

- Introducing new information
- Decision support
- Narratives from trusted or identifiable source



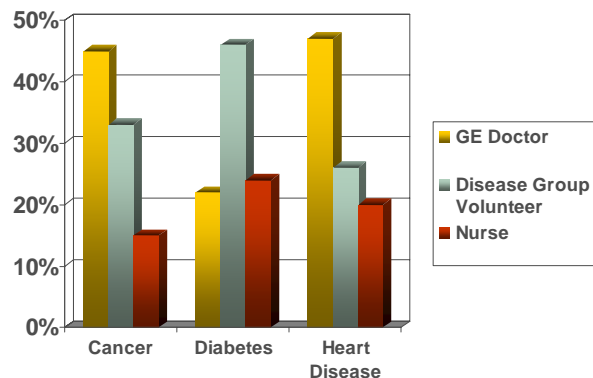
Product Attributes

- ❑ Close the information gap between patient and provider; demystifying care processes to increase the ability of patients to understand their options and make informed decisions.
- ❑ They must encourage transparency in the system – help create and disseminate objective measures that patients can use to (1) compare the care they are getting to “best-in-class” care, and (2) rate and select their care providers based on the excellence of their skills and the processes they use.
- ❑ They must cater to different segments of healthcare consumers – provide support to patients in a timely way, help find connectors or coaches and decision-support tools that are segment-appropriate.



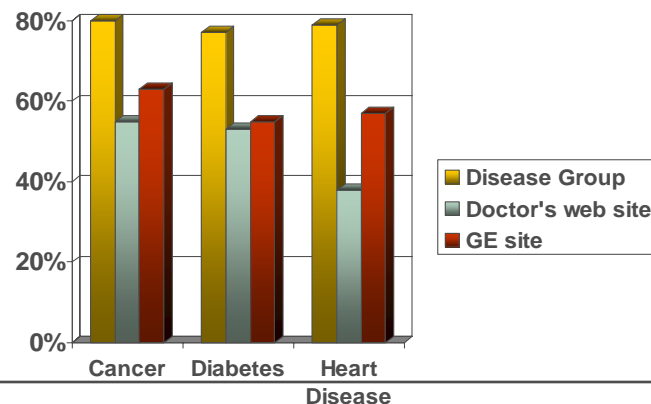
Coaches

Across the three conditions, 42% to 48% of respondents rated coaches as very helpful.



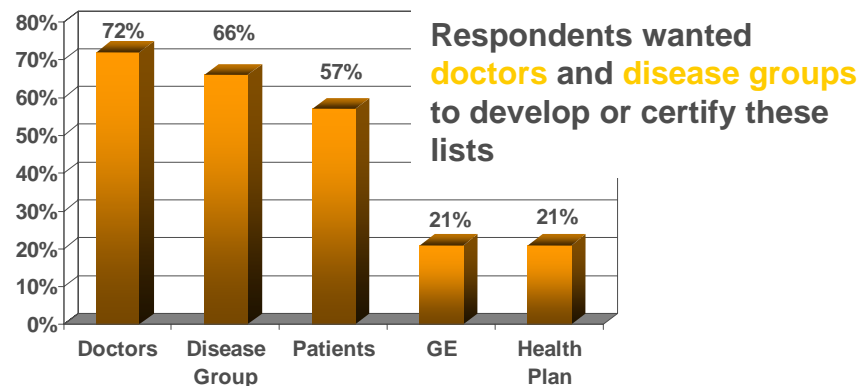
Web Tools

Across the three conditions, 45 to 51% of respondents rated web tools as very helpful.



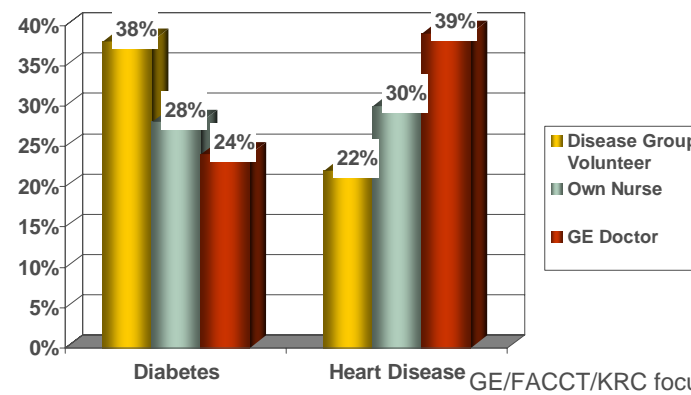
Expert Care Team

Across the three conditions, 48 to 61% of respondents rated the list as very helpful



Workbooks & Checklists

38 to 41% of respondents rated checklists as very helpful. Their preferred connectors varied:





Framework for activating consumers

Create

- ⇒ “Two heads are better than one”
- ⇒ “Your doctor may not be up to date”
- ⇒ Know variations in practice patterns
- ⇒ Personal health risk

Connect

- ⇒ Nurse Health Line
- ⇒ Disease groups (ADA, ACS, AHA)
- ⇒ Web sites: external and internal
- ⇒ Coaches

Support

- ⇒ Provider ratings
- ⇒ Expert care team lists
- ⇒ Self-paced information condition specific information
- ⇒ Checklists and workbooks



Program Promotion and Dissemination

Employees want health information through the Internet (*caution*: note survey methodology) or by talking to someone in person

- Those who prefer to receive information via Internet or e-mail rated web programs higher than other programs
- Those who prefer to talk to someone in person do not have a strong preference for a particular connector; they just desire personal contact of some kind

Younger people prefer using the Internet, middle-aged people prefer talking to someone in person

Media preference did not differ by chronic condition or activation status