



Research Findings

Most Adults Who Have Visited a Healthcare Provider in the Past Year Believe They Could be Better Served if Their Provider Knew More about Them

Just Over a Third Feel as Though Their Provider Only Cares About Diagnosing/Treating Illnesses, Instead of Looking at Their Overall Health

Washington, DC, May 20, 2019 — More than eight in 10 adults who have visited a healthcare provider (e.g., doctor's office, hospital, outpatient clinic, urgent care clinic, etc.) at least twice in the past year agree that if their provider knew more about their health interests, goals and motivations, they would be able to serve them better (84% strongly agree/agree/somewhat agree). In fact, three quarters (74%) feel as though their healthcare provider should do more to support their health and wellbeing goals, even when they are not sick – and just over a third believe providers only care about diagnosing and treating them when they are sick, not about their overall health and wellbeing (34%).

- Young (53% of those age 21-34) and middle-aged adults (36% of those age 35-54) are particularly likely to believe their providers only care about diagnosing and treating them when they are sick, compared to adults over the age of 55 who feel the same (22%). They are also much more likely to believe HCPs should do more to support their health and wellbeing goals (87% of those 21-34 and 77% of those 35-54 vs. 63% of those age 55+).

According to a recently online survey conducted by Ipsos on behalf of Welltok, having a physician who takes the time to listen/offers appointments that are not rushed (61%) and looks at a patient's overall health and wellbeing (61%) are the factors most likely to motivate adults to want to foster such a relationship. About half say that a physician's proximity to their home/office (50%), having immediate access to their physician (48%), and being given explanations that they can understand (49%) would motivate them to build a relationship with a primary care physician, while three in 10 say the same thing of having the ability to contact a physician via email (32%) and access to a physician on evenings and weekends (30%). Things such as regular check-ins between visits (23%), being given relevant resources/educational materials (20%) and having the ability to contact physicians through text (19%) are not as likely to motivate respondents to create an ongoing relationship with a PCP, while only 12% say that video visits would motivate them to see the same physician regularly.

- Women are particularly likely to want to create an ongoing provider relationship, especially if the physician offers appointments that are not rushed (70% vs. 51% of men), exams that look at overall health and well-being (68% vs. 53%), offices that are close to home/work (54% vs. 46%), explanations they can understand (54% vs. 42%), immediate access/same day appointments (55% vs. 40%), and the ability to communicate via email (35% vs. 29%).

Healthcare providers (physician office, health system, hospital) are top of mind for those seeking holistic health and wellbeing support (46%). Health plans/insurers (21%) and pharmacies (17%) round out the top three, though coming in at a distance. One in 10 say that they would be most likely to turn to their local health department (10%) for physical, social, and emotional support beyond clinical care, while other mentions fall below this threshold.

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When it comes to discharge orders/pre- and post-visit information, most say that they would be more likely to follow if they were more personalized (81%) – with 61% in agreement that discharge orders/pre- and post-visit information are generic and not personalized to them.

- Those under the age of 55 – particularly those between the ages of 21-34 (75% vs. 49% of those aged 55+) – are significantly more likely to report feeling as though discharge orders are generic and not personalized.

Healthcare Provider Support for Patients

Most adults surveyed say that they would feel a greater sense of loyalty to their preferred healthcare provider if their overall wellbeing outside of a clinical setting was being supported (84%), and this is especially true for younger/middle-aged adults (88% vs. 78% of those aged 55+).

Adults are most likely to feel as though their healthcare provider currently supports them by helping them to understand their overall health status (61%), gain access to medications, medical supplies, etc. as needed (61%), identify potential health risks and needs (56%) and reminding them about/helping them get access to preventative services (55%). Two in five say that their healthcare provider currently supports them by helping to find the best care options (43%) and one in three feel their provider offers information on programs to help them get or stay healthy (33%). Fewer feel supported when it comes to being offered personalized educational resources (20%) or help understanding costs associated with their care (19%), while not quite a tenth (8%) feel as though their healthcare provider (physician, hospital, health system) does not support them in any of these areas.

- More than eight in 10 (85%) say they would be more loyal to their healthcare provider if they were supported in such ways – particularly adults under the age of 55 (89% vs. 79% of those age 55+).

When it comes different programs that healthcare providers can offer, having resources that support how to control or manage an existing health condition (85%) is most likely to be rated as being very important/important by those surveyed. Programs/resources that support emotional or mental health (76%), adequate sleep (74%), healthy eating habits (73%), manageable stress levels (72%), and appropriate level of physical activity (72%) are rated as being important by at least seven in 10, while more than half say the same thing of programs/resources that support positive family relationships (59%) and advice on how to take care of a spouse and/or children (54%). Another 48% say it is personally important to them that their healthcare provider offer programs/resources that support financial health, while two in five stress the importance of having access to programs that focus on finding a higher purpose (38%) and taking care of elderly parents (38%).

The Role of Technology to Manage/Support Health

Two thirds (67%) of those surveyed say that they use technology to manage or support their health (e.g., internet resources, mobile application, monitoring device, etc.). Using technology to manage/support health is especially common among adults under the age of 35 (78% vs. 54% of those aged 55+), the more affluent (75% of those with a HHI of \$100,000+ vs. 61% of those earning less than \$50,000), those with children living at home (80% vs. 62% of those with no kids), and those with a college degree (72% vs. 61% of those with no degree).

The majority report currently using a patient portal (72% vs. 28% who say that they do not use one), most often to get test results (54%), access medical records (47%), and schedule appointments/reminders (46%). At least a quarter say that they use a patient portal to communicate with their physician or care team members (32%) and/or get reminders about preventative services available (26%),

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while at least one in ten engage with such platforms to manage vaccinations (16%) and get support managing an existing condition such as diabetes, asthma, chronic pain (11%). Patients portals are least likely to be used to find personalized wellbeing support (6%), join fitness programs or challenges (5%), or to participate in health coaching sessions (4%).

About the Study

These are the findings from an Ipsos poll conducted March 26 - 28, 2019 on behalf of Welltok. For the survey, a sample of 1,655 adults ages 21 and over from the continental U.S., Alaska and Hawaii was interviewed online, in English. In order to qualify for the survey, respondents had to have personally visited a healthcare provider at least twice in the past year. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ± 2.7 percentage points for all respondents.

The sample for this study was randomly drawn from Ipsos's online panel (see link below for more info on "Access Panels and Recruitment"), partner online panel sources, and "river" sampling (see link below for more info on the Ipsos "Ampario Overview" sample method) and does not rely on a population frame in the traditional sense. Ipsos uses fixed sample targets, unique to each study, in drawing sample. After a sample has been obtained from the Ipsos panel, Ipsos calibrates respondent characteristics to be representative of the U.S. Population using standard procedures such as raking-ratio adjustments. The source of these population targets is U.S. Census 2017 American Community Survey data. The sample drawn for this study reflects fixed sample targets on demographics. Post-hoc weights were made to the population characteristics on gender, age, and region.

Statistical margins of error are not applicable to online nonprobability sampling polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following ($n=1,655$, $DEFF=1.5$, adjusted Confidence Interval=4.2).

For more information about conducting research intended for public release or Ipsos' online polling methodology, please visit our [Public Opinion Polling and Communication](#) page where you can download our brochure, see our public release protocol, or contact us.

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