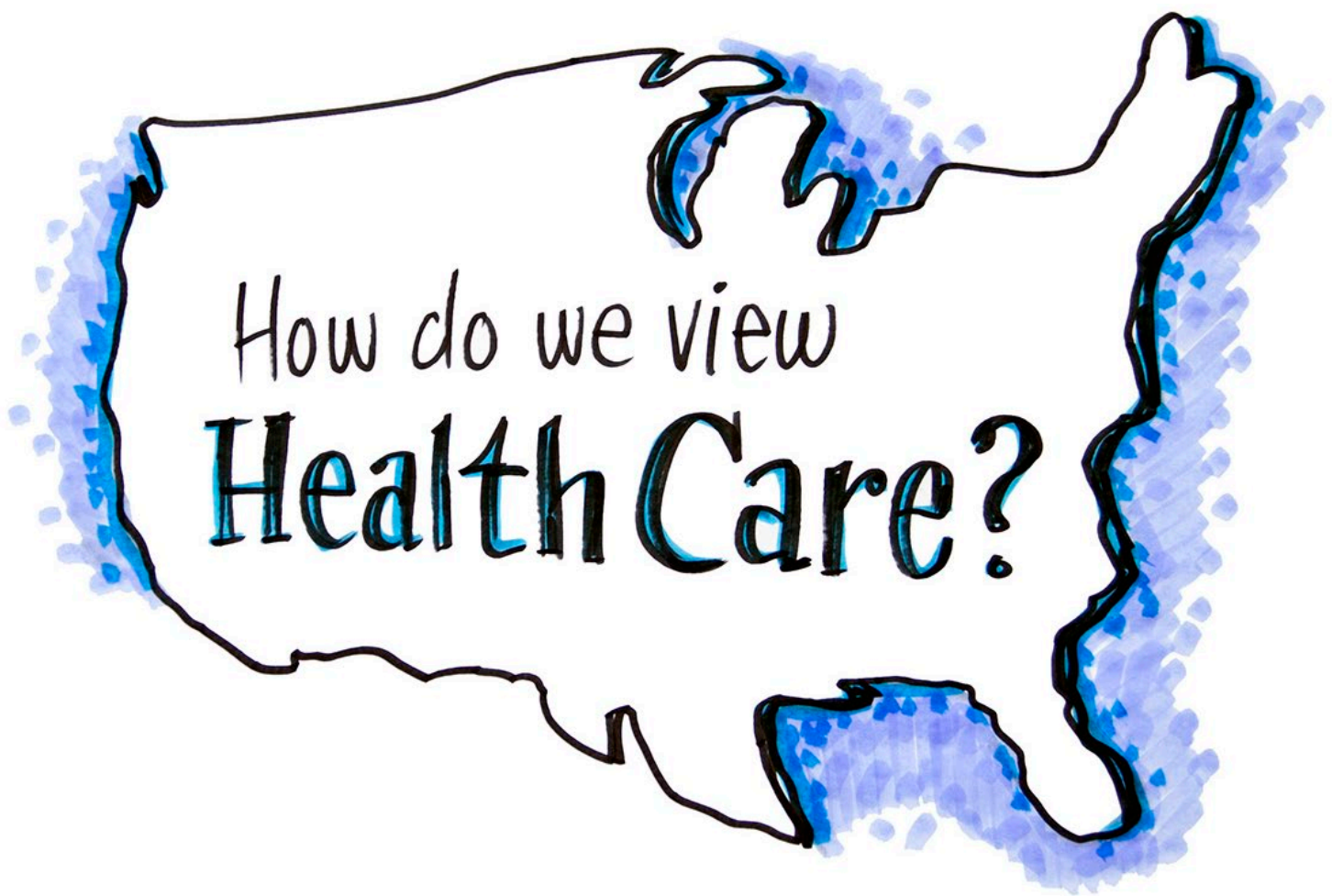


How We View Health Care in America:

CONSUMER AND PROVIDER PERSPECTIVES

Published Annually by Booz Allen Hamilton and Ipsos Public Affairs



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We wondered how the views and perceptions of consumers and providers might overlap or diverge, and how they might change over time.

FOREWORD

How do we view health care in the United States? That was the simple question that brought Booz Allen Hamilton and Ipsos Public Affairs together to find answers. We wanted to know what the people at the center of the issue — consumers who use health care services and the primary care physicians, specialists, and hospital and health system administrators who provide those services — think and feel about health care and its future. We wondered how the views and perceptions of consumers and providers might overlap or diverge, and how they might change over time.

We created this annual longitudinal study to provide a comprehensive view of current and future trends in health care by hearing directly from consumers and providers. Through it, we will examine challenges and opportunities in health care, including:

- + Changes in behavior and awareness
- + Shifts in thinking around preventive care
- + Enhancements in patient-centered care
- + Use and adoption of health information technology
- + Advances in and adoption of new and emerging mobile technologies

As the first annual report, our findings will serve as a baseline against which future data will be compared. While the focus of the study may shift over time as trends become clearer and the importance of health care factors change, the current report examines:

- + Importance of and satisfaction with various factors related to personal health care experiences
- + Gaps between the views of consumers and how providers perceive consumer views

- + Views among consumers and providers about the impacts of the Affordable Care Act
- + Sources of and solutions to rising costs in the health care system
- + Forward-looking views of providers about their practices
- + Integration of social media and implementation of mobile applications and technology in the health care setting

For the consumer survey, we interviewed 1,000 adults, 18 years of age and older, online in August 2014. Precision of online polls is measured using a credibility interval. In this case, the consumer survey has a 95 percent credibility interval of ± 3.5 percentage points. The data were weighted according to U.S. Census population statistics by gender, age, region, and household income.

Also in August 2014, we interviewed 400 respondents online for the provider survey, including 100 primary care providers (PCPs) and 200 specialists currently practicing in or out of a hospital setting, and 100 health system and hospital administrators. The data from physicians (PCPs and specialists) were weighted to reflect the current balance of primary care vs. specialist physicians practicing in the U.S. health care system.

Statistical margins of error are not applicable to online polls due to non-response and coverage bias inherent to online panels. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error.



The goal of any health care system is to provide consumers with top-quality care at reasonable cost.

EXECUTIVE SUMMARY

The goal of any health care system is to provide consumers with top-quality care at reasonable cost. To assess how well current health care meets that goal and where the future might lead, we interviewed consumers of health care services and providers of those services—primary care physicians, specialists, and administrators working in and out of hospital settings. Three primary trends emerged from the study:

The future of health care is uncertain and creates anxiety among consumers and providers.

- + Cost of health care is the primary concern of consumers and providers alike, and fuels the sense of unease experienced by both groups.
- + Only one-third of consumers and administrators believe the health care system is on the right track; just one-quarter of primary care physicians and one in 10 specialists share that view.
- + Most consumers are worried that the level of health care to which they have grown accustomed, including access to their doctors of choice (a highly-rated factor), may not be available to them in the future.
- + Many providers are troubled about the viability of their practices in the changing health care environment, though administrators have a more favorable outlook than physicians.
- + Most consumers and providers are not convinced that the Affordable Care Act will have a positive effect on overall functioning of the health care system, costs, and quality of care.

While providers as a group share many similar views, data show that administrators often have markedly different outlooks than primary care physicians and specialists.



Addressing rising health care costs is paramount, but views differ over the best approaches.

- + Shifting focus to prevention is widely seen by providers as a promising means to control and reduce health care costs.
- + However, even though large majorities of consumers and providers say it is very important, increasing focus on prevention does not rank among the top health care priorities of either group.
- + Implementing and expanding activities that effectively reduce costs while addressing the primary concerns of patients and those of providers could be challenging.
- + While they are the top advocates of a shift to prevention, administrators also embrace many new trends in which physicians tend to have less confidence, including technology and telemedicine, accountable care organizations, and patient-centered medical homes



Technology offers promise for better outcomes.

- + Many providers use technology and encourage patients to use Internet- and mobile-based applications to monitor and manage their health care. Current use among consumers is relatively low, but a majority of them see the development of such apps in a favorable light.
- + Social media use is high among consumers, but not necessarily to monitor or manage their health care.
- + Health information technology is where providers most expect their practice or organization to increase its investment in the next five years.
- + Only about one-third of providers expect to see investments in staffing grow.

While providers as a group share many similar views, data show that administrators often have markedly different outlooks than primary care physicians and specialists. In many respects, these divergent views are aligned with helping their organizations not just survive changes in health care, but to thrive among them. Administrators seem to embrace change even though it marks an uncertain future.

ANXIETY DRIVES MANY VIEWS OF HEALTH CARE

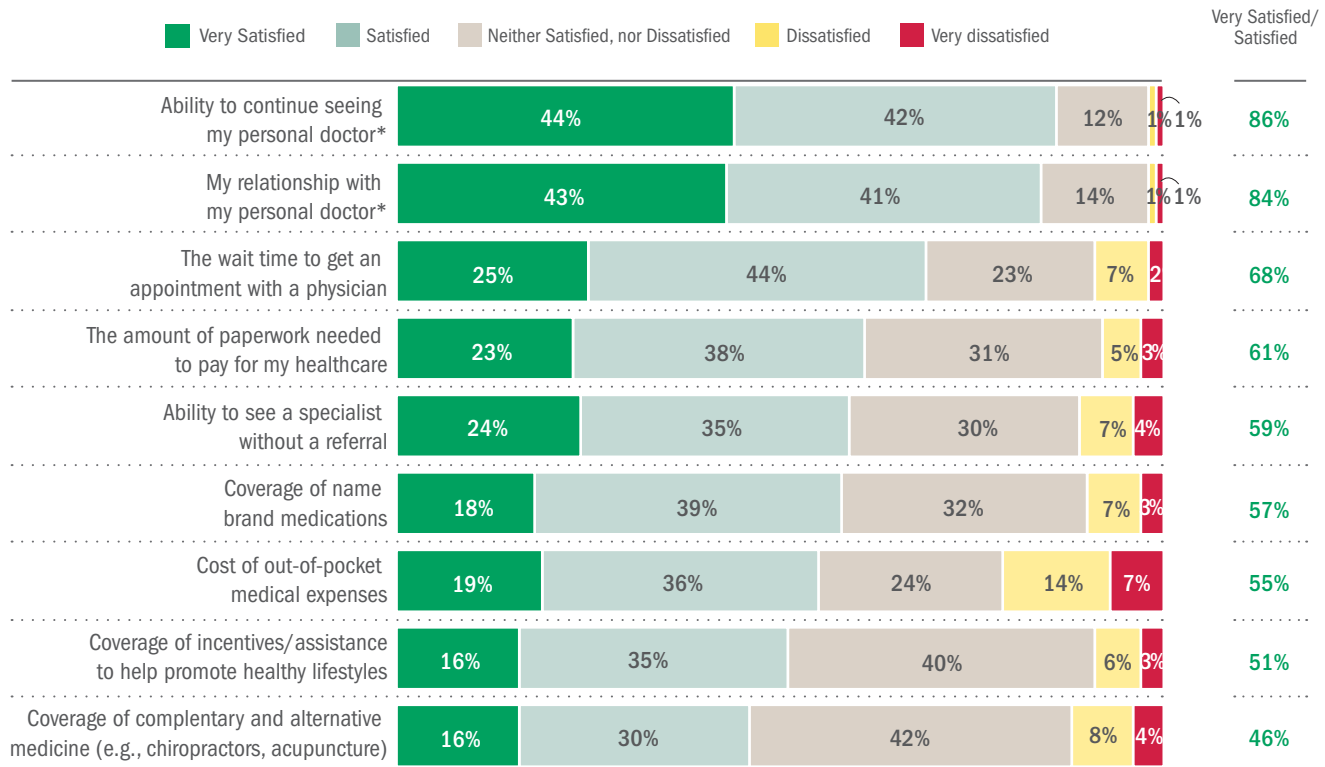
Amid some positive data, consumers and providers alike see areas for concern within the U.S. health care system.

Consumers of health care services and providers of those services – primary care physicians (PCPs) and specialists working in or out of hospital settings, as well as hospital and health system administrators — often see the health care landscape differently. They also share many similar views of health care that one might not expect.

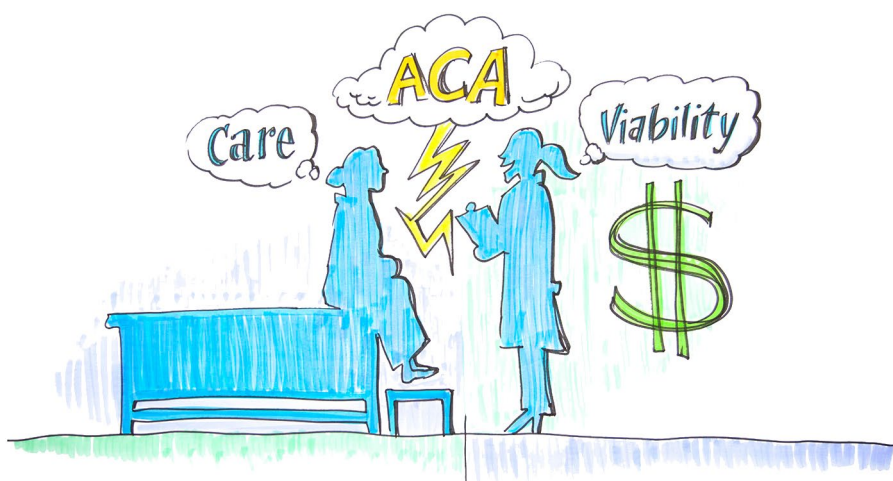
CONSUMERS: Possibly the most symbolic health care experience is the doctor-patient visit. Americans greatly value their access to and relationship with a personal doctor and those

two elements of their health care are the ones with which consumers are most satisfied (see *Figure 1*). Eighty-six percent of consumers who have a personal doctor are satisfied with their ability to continue seeing that doctor, and 84 percent are satisfied with their doctor-patient relationship. Overall, seven in 10 consumers say that they are pleased with their current doctor and that their current health needs are being met. See *Figure 3 in the appendix for a demographic breakdown of the satisfaction with factors regarding consumers' health care.*

FIGURE 1
Satisfaction with Factors of Consumers' Health Care



Q. How satisfied are you with each of the following regarding your health care? e.g. Base: All Respondents (n=1,000); *Those who have a personal doctor [yes at QA2] (n=820). Some rows do not add up to 100 due to non-responses by some respondents



That's good news, yet consumers have strong concerns about what that health care costs. Eighty-six percent report that the cost of out-of-pocket medical expenses is very or extremely important to them, yet just over half describe themselves as being satisfied with those costs. This represents the greatest gap between what consumers find important about their health care and how satisfied they are. Indeed, overall satisfaction with one's health care is largely a reflection of insurance coverage. Compared to the national average of 67 percent, the percentage of consumers with each of the following types of insurance coverage who report being currently satisfied with their health care is:

- + Medicare: 86 percent
- + Medicaid: 78 percent
- + Group Plan: 71 percent
- + Individual or Exchange Coverage: 55 percent
- + Those Without Insurance: 22 percent

Consumer satisfaction drops further when considering the broader U.S. health care system. **Just one-third of consumers think it is on the right track.** Six in 10 Americans are concerned that the level of health care to which they have become accustomed may not be available to them in the next five years.

About four in 10 consumers believe that it is harder than it used to be to get to know their doctors.

Consumers see the most important system-wide issues being:

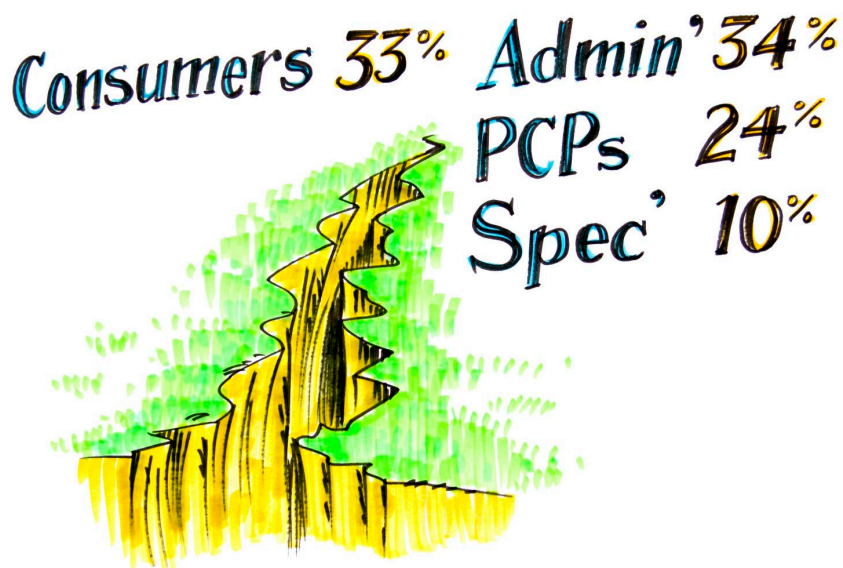
- + Continued improvement in quality of care
- + Giving doctors and patients control over treatment choices
- + Privacy and security of personal medical information
- + Reducing the overall cost of health care to the economy
- + Access to state-of-the-art/cutting edge health care

All of this creates anxiety for consumers. They are generally pleased with their current levels of care and want to see continued system-wide improvement, but are not convinced changes in the way health care is delivered will benefit them. They want health care costs to go down, both personally and for the overall economy, yet they don't feel the health care system is headed in the right direction. Uncertainty about the future and how necessary changes will be made worries consumers who wonder, "How will those changes disrupt my access to my doctors and the ways that I currently receive my health care?"

Providers Know Their Patients Well

On most health care issues, what providers perceive is important to consumers aligns closely with what consumers actually say is important. A few notable exceptions include:

- + Providers overestimate how important the amount of paperwork needed to pay for health care is to consumers – 53 percent of consumers report it as very/extremely important, while 82 to 92 percent of providers (depending on the provider sub-group studied) perceive it as important to consumers.
- + Administrators overestimate the importance among consumers of wait times to get an appointment with a physician.
- + Specialists underestimate the importance among consumers of coverage for complementary and alternative medicine, and PCPs under-estimate the importance for consumers to see a specialist without a referral.



Only 34 percent of administrators believe the health care system is on the right track — almost exactly the same as consumers — while just 24 percent of primary care physicians and 10 percent of specialists believe it is on the right track.

PROVIDERS. Providers are nervous, too. They share many of the same concerns about the health care system as consumers, and also have additional fears of their own. Only 34 percent of administrators believe the health care system is on the right track — almost exactly the same as consumers — while just 24 percent of primary care physicians and 10 percent of specialists believe it is on the right track. These perceptions stem from providers' top concerns, which include losing their autonomy, being ready for and able to cope with the impact of risk-sharing compensation systems, health care consolidation limiting their ability to deliver appropriate care, and shortages of doctors placing greater demands on an already stressed health care system.

Like consumers, most providers are satisfied with elements of the status quo, but concerned about long-term sustainability. For instance, two-thirds of providers are satisfied with their current practice or position, but only half feel certain about where they will be in the next five years. Views vary significantly among types of providers when asked if

their practice or organization is well positioned to succeed in the changing health care environment — 75 percent of administrators believe their organization is well positioned compared to only 56 percent of physicians. Administrators are also significantly more likely than physicians to view their practice or organization as well prepared to face consolidation in the health care industry.

Interestingly, administrators often view the health care landscape differently than physicians. For example, when compared to primary care physicians and specialists, administrators see much more potential in health information technology, telemedicine, accountable care organizations, and health insurance exchanges as ways of reducing health care costs. As a group, administrators tend to be more forward thinking and embracing of change, as they continually strive to position their organizations for future success.

Perspectives also divide along generational lines. Physicians under the age of 35, who are more likely than their older colleagues to work in large practices or hospitals, typically align with the views of administrators.

In contrast, physicians 55 years of age and older, who tend to be in solo or small-to-medium practices, show greater concern about the viability of their practices. Most of them do not see emerging options such as integration, accountable care organizations, risk sharing, or technology and telemedicine as solutions. Understandably, older physicians who have long-established methods for running their practices and meeting patient needs, and fewer years of work ahead of them to re-tool their businesses, are less interested than younger physicians and administrators in the long-term promise of dramatic change.

It is important to note, however, that while administrators feel most prepared for the future, looking at the views of all providers collectively, less than half feel well prepared to face the challenges of:

- + Consolidation in the health care industry/rise of large corporate health systems
- + Rising demand for medical services through expansion of health care coverage
- + Shortage of physicians
- + Pressure to participate in risk-sharing arrangements that base providers' compensation on overall outcome rather than strictly fee-for-service
- + Narrowing of physician networks by insurance companies

AFFORDABLE CARE ACT. Consumers and providers alike have a rather dim view of the Affordable Care Act (ACA). Only one-third of all consumers believe the ACA will improve overall functioning of the health care system, and less than one-third believe the ACA will improve the overall quality and cost of their health care. Thirty-six percent of consumers believe the ACA will have a negative effect on their ability to choose their preferred doctors.

Breaking down responses by sex, just one-quarter of women believe the ACA will improve their quality of care and health care costs, compared to nearly one-third of men. Overall, women are more skeptical about the ACA. A positive outlook about the ACA is most prevalent among those who are 18- to 34-years old, unmarried, who describe their race as non-white, or who live in the Northeast and, more generally, in "Medicaid expansion" states.¹

Nearly half of all providers believe that the ACA will reduce the overall functioning of the health care system in their area and the financial viability of their practice while also making the overall cost of health care systems worse. In many ways, negative views of the ACA reflect provider concerns about current trends and changes in the health care system. Of all providers, administrators are more likely than not to view the ACA as having a positive impact on patient care. Specialists are most pessimistic, on the other hand, as their businesses and financial futures are likely to be impacted most by the legislation.

Of all providers, administrators are more likely than not to view the ACA as having a positive impact on patient care.

¹For a full list of "Medicaid states" visit <http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/>

REDUCING COSTS IS KEY TO THE FUTURE OF HEALTH CARE

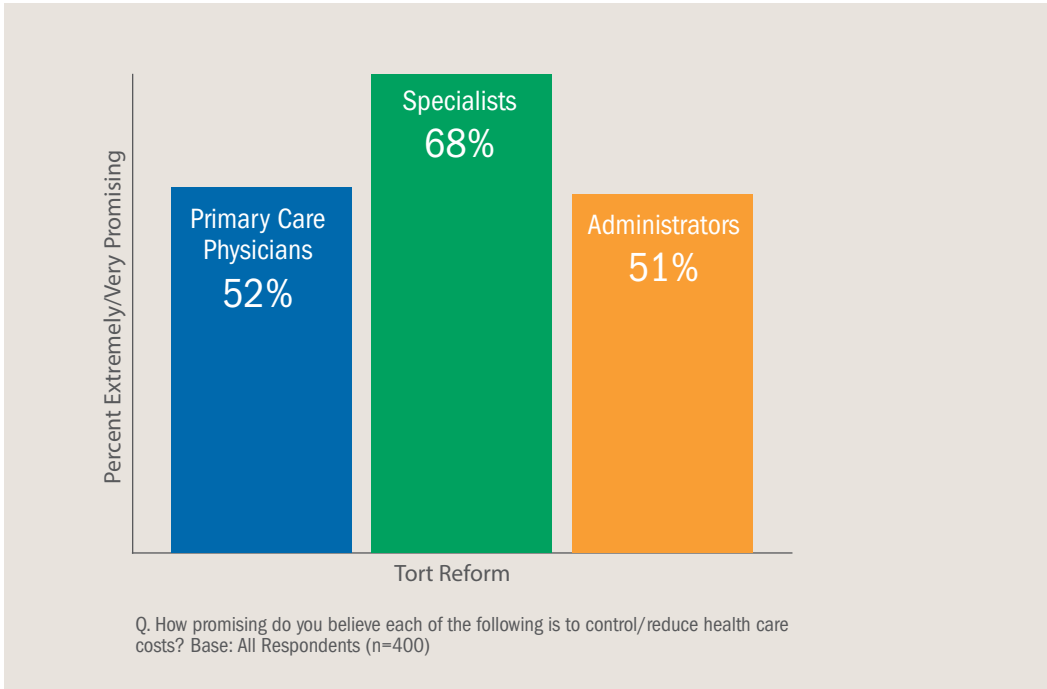
Numerous means are favored, including increasing focus on prevention, but groups differ on what will have greatest impact.

As health care costs continue to rise, it is important to understand what drives those increases and what should be done to address them. Three-quarters of consumers believe that health insurance companies and pharmaceutical companies are very or extremely responsible for rising health care costs. Two-thirds believe that much of the responsibility rests with hospital/medical system administrators, the Federal government, and malpractice lawyers. Less than half of all consumers believe that physicians are to blame.

Providers have similar views. Eight in 10 providers believe that health insurance companies and pharmaceutical companies are very or extremely responsible for escalating costs. Nearly the same proportion of providers assign the same level of responsibility to malpractice lawyers. It is interesting to note that nearly two-thirds of physicians assign a great deal of responsibility to hospital/medical system administrators for rising costs (on par with what consumers think), while less than half the administrators see it that way. See Figure 4 in the appendix for a breakdown of provider perspectives on reducing and controlling health care costs.

TORT REFORM. Majorities in all three provider groups agree that malpractice lawyers are at fault, which likely explains why tort reform is widely perceived as a promising means of controlling and reducing health care costs (see Figure 2). Specialists are more likely than administrators and primary care physicians to look to tort reform as a solution. In fact, among specialists, tort reform ranks as the number one means of controlling and reducing health care costs, with two-thirds saying it is a very or extremely promising solution, compared to about half of primary care physicians and administrators. Thirty-nine percent of consumers consider lawyers extremely responsible for rising health care costs.

FIGURE 2
Views on Tort Reform



Nearly three-quarters of consumers believe that it is very or extremely important generally for the U.S. health care system to increase focus on prevention, yet it ranks only sixth on their list of most important health care priorities.

Tort reform focuses on reducing direct costs of medical malpractice (insurance premiums, damage awards, and legal costs) and indirect costs of excessive care—or so-called “defensive medicine”—where providers spend time and money ordering extensive diagnostic options to guard themselves against lawsuits. In 2009, the Congressional Budget Office estimated the effects of tort reform would reduce national health care spending by about 0.5 percent, or about \$11 billion in 2009.² While not an insignificant sum, those savings are miniscule compared to national health care spending, which was \$2.5 trillion in 2009, and had grown to \$2.8 trillion by 2012.³ Debate continues on the topic, but it is clear that tort reform alone is not the answer to reducing spiraling health care costs.

PREVENTION. Shifting focus onto prevention is the approach with greatest consensus among providers. Six out of 10 physicians believe that tactic will have an effect on controlling and reducing costs, while three-quarters of administrators share that view. Primary care physicians and specialists align with administrators on creating incentives for patients to monitor and reduce their expenditures, seeing it as the third most promising means of controlling costs after prevention and tort reform. Interestingly, though, only one in two administrators and one in four physicians believe that creating incentives

that reward them based on the total cost of patient care is an approach that shows promise. Providers may want to place the onus for reducing costs on consumers or simply believe that consumers can have a greater impact.

Nearly three-quarters of consumers believe that it is very or extremely important generally for the U.S. health care system to increase focus on prevention, yet it ranks only sixth on their list of most important health care priorities. Consumers were not asked to specifically rank the overall importance of prevention in reducing costs, yet just 50 percent of consumers believe it is very or extremely important to provide health care coverage for incentives and assistance to help promote healthy lifestyles. Whether or not that signals a neutral view by consumers of prevention as a cost-reduction tool is unknown, but it bears further study. In addition, just over half of consumers deem coverage of the uninsured as very or extremely important, and fewer than four in 10 rate the availability of telemedicine that way.

Further research is also needed among provider groups to fully understand what prevention means to each of them. Administrators, for instance, see much more potential than primary care physicians, specialists, and consumers, for that matter, in methods such as consolidation and integration of health systems, patient-centered medical

homes, accountable care organizations, health insurance exchanges, health information technology, and telemedicine. Two-thirds of administrators view health information technology as very or extremely promising, which can directly impact prevention by equipping physicians and consumers with informational and motivational tools that promote and enhance prevention and self-management activities. In contrast, less than half of all physicians see health information technology as a highly promising means of controlling costs.

Prevention works best when it is consistent and integrated into every aspect of health care. A paradigm shift is needed among consumers and providers to make prevention part of every health care interaction. To do that, we need to better understand what prevention means to the various participants and how the details of shifting focus more to prevention play out. For example, asking consumers what prevention is and whether that interpretation should be compared to what their doctor or insurance company think, and questioning providers about what will help patients stay healthier and reduce costs versus what they will actually embrace and put into practice. We will explore these and other questions in future surveys.

²Elmendorf, Douglas W., Director, Congressional Budget Office. Report to Senator Orrin G. Hatch. 2009. Retrieved from: http://www.cbo.gov/sites/default/files/10-09-tort_reform.pdf

³Centers for Medicare & Medicaid Services. National Health Expenditures; Aggregate and Per Capita Amounts, Annual Percent Change and Percent Distribution: Selected Calendar Years 1960-2012. Retrieved from: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/tables.pdf>.

Improvements in and expansion of technology provide countless opportunities to enhance care, communication, and collaboration between patients and providers.



TECHNOLOGY: BRINGING CONSUMERS AND PROVIDERS CLOSER

Providers Are Increasingly Using Technology And Encouraging Consumers To Do The Same.

The three types of internet or mobile apps providers are most likely to offer their patients are those that enable appointment scheduling, access to medical records, and secure messaging — each cited by at least four in 10 providers.

Improvements in and expansion of technology provide countless opportunities to enhance care, communication, and collaboration between patients and providers. That, in turn, can foster prevention, reduce costs, and improve overall health care.

Seven in 10 consumers have a smartphone or tablet, yet only two in 10 consumers report using a mobile application or personalized interactive Web site in the past six months to monitor or manage their health or health insurance. Consumers under the age of 55, those with incomes over \$50,000, those with children in the household, and those with college degrees, however, are significantly more likely than their demographic counterparts to use mobile apps or personalized Web sites to monitor or manage their health or health insurance. See *Figures 5 and 6 in the Appendix for a breakdown of consumers' use of social media and use of smartphones to manage health.*

Among those who recently used such apps or Web site to manage or monitor their health in the past six months, six

in 10 use them for general health reference, exercise monitoring, or checking their health insurance coverage or claims. About half use the technologies for nutritional reference, weight loss/calorie counting, information about prescription drugs, or finding a doctor. Four in 10 say that a health care provider recommended some of these apps to them. See *Figure 7 in the Appendix for a breakdown of mobile applications and personalized interactive Web sites used in past six months.*

The three types of apps providers are most likely to offer their patients are those that enable appointment scheduling, access to medical records, and secure messaging — each cited by at least four in 10 providers. This study suggests that offering secure apps is a critical step for providers, as 82 percent of consumers rank privacy and security of personal medical information as very or extremely important. See *Figure 8 in the Appendix for a full breakdown of the Internet or mobile applications offered to patients by practice/organization.*

More than six in 10 administrators agree that mobile technology use shows great promise in helping reduce errors and improve outcomes, compared to four in 10 physicians.

Three in 10 providers offer their patients Internet or mobile apps for prescription drug information and management, as well as reviewing charges and paying bills. One-quarter of providers offer health and disease management apps. Providers whose practices or organizations offer internet or mobile apps to their patients for health and disease management cite diabetes, high blood pressure, and obesity/weight management as the top conditions for which the apps are meant, after general health.

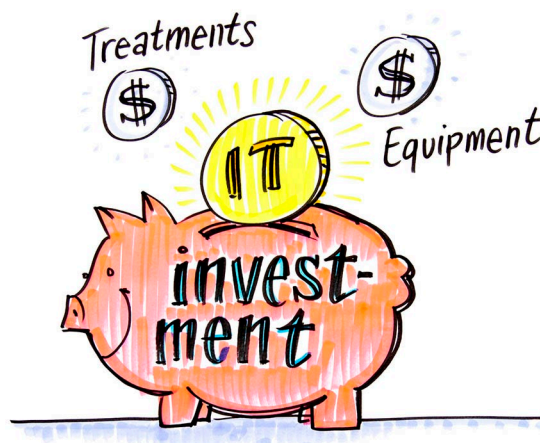
Health care providers generally view Internet and mobile applications for health and disease management favorably, yet cautiously. With seven in 10 providers believing these tools are promising technologies to help patients better manage their health, and a similar proportion saying their organization offers at least one type to patients, it seems likely that the use of Internet and mobile apps will proliferate. More than six in 10 providers believe that these applications provide important data that should be incorporated into a patient's electronic health record.

At the same time, providers agree overwhelmingly (86 percent) that Internet and mobile apps must be scrutinized carefully to ensure that they are providing accurate and easy-to-understand information for

consumers. Seven in 10 agree that mobile technology in medical practice has a long way to go before its value is realized, although administrators tend to be more optimistic than physicians about mobile technology. More than six in 10 administrators agree that mobile technology use shows great promise in helping reduce errors and improve outcomes, compared to four in 10 physicians. Administrators also are more likely to trust patients to submit valid or accurate information to electronic medical records systems (four in 10 administrators compared to three in 10 physicians).

As more and more consumers use health-related apps, it seems reasonable to assume their use will expand into social media. Numerous apps already exist to promote healthy behaviors by tracking various data and then allowing consumers to share them with friends and followers. While the study found relatively low use of technology by consumers for health monitoring and management (two in 10 consumers), three-quarters of consumers report using some form of social media in the past month. Of those, more than half consider themselves casual participants, primarily keeping track of friends and other contacts. One in five report being information seekers, slightly fewer than one in five are active contributors (for example, participating in forum discussions or posting ratings and reviews). Very few respondents say they are content creators. Future studies will investigate health-related use of social media by consumers and providers.





More than half of administrators see telemedicine as a promising practice; however, less than one-third of physicians and specialists share that view and fewer than four in 10 consumers place a great deal of importance on the availability of telemedicine options

In terms of technology used by providers, 87 percent of hospital physicians and 78 percent of non-hospital physicians report using a computer or mobile device during patient visits, including about one in five who use a smartphone and one in six a tablet. The most widely reported uses of mobile devices by physicians include medical references, record and note-keeping, and viewing tests results.

Administrators' perceived usage of mobile technology by physicians in their organizations greatly exceeds reported usage by physicians who practice in a hospital setting. For example, 31 percent of administrators think their physicians use smartphones and 46 percent think their physicians use tablets. In contrast, only 16 percent of hospital physicians report using smartphones and 14 percent report using tablets. Similarly, administrators' estimates about clinical functionality of mobile devices by physicians surpass those reported by the physicians themselves.

Looking to the future, health information technology (IT) is the area most likely to receive increases in investment. Nearly three-quarters of providers expect their practice or hospital to greatly or moderately increase its IT investment over the next five years. More than half of providers also expect investments in new or

more advanced medical treatments and purchases of new or replacement medical equipment to increase. On the other hand, only about one-third of providers expect to see increased investments in staffing administrators are more likely than physicians to expect their organization or practice to increase investment in all areas, especially new and advanced medical treatments (indicated by a 21-point gap between the percentage of physicians and the percentage of administrators who expect to see growth) and medical equipment (22-point gap).

Telemedicine, or online consultation, offers a promising way to increase access to care while reducing costs, especially when it comes to connecting with specialists in distant locations and providing care to rural areas. More than half of administrators see telemedicine as a promising practice; however, less than one-third of physicians and specialists share that view and fewer than four in 10 consumers place a great deal of importance on the availability of telemedicine options. The views of physicians and consumers may indicate that further promotion of the cost savings and other benefits of telemedicine is needed. Of note, interest in telemedicine among consumers is higher than average among non-whites and those with children under the age of 18.

CONCLUSION

At this moment, the answer to the question that began this research — “How do we view health care in the United States” — seems to be, “With great anxiety and trepidation, but with opportunities for promising improvement.” Trends emerge over time, and we will revisit the topics in this report — as well as emerging issues and perceptions among consumers and providers — in future studies. Improving health care, reducing costs, and doing both with expanded focus on prevention and the role of technology will continue to be among key health care priorities for many years. We will study and report on the evolving views of consumers and providers to better understand the challenges and opportunities all of us face with our health care system.

It will be important, for instance, to dive deeper into what “prevention” actually means to consumers, physicians, and administrators, and how each of those

groups sees the efforts and outcomes of prevention in actual practice. From mobile apps to social media sites and other tools, can technology help steer consumers toward healthier behaviors and providers toward simpler, more productive, and cost-effective interactions with their patients? What role will telehealth play in the future of health care, and what will consumers’ and providers’ experience with it be at the point of care? As we pursue the opportunities that technology provides, will “high tech” ultimately diminish the availability of “high touch” — reducing access to one’s doctors of choice and the opportunities to develop meaningful doctor-patient relationships?

As health care advances and evolves, we will continue to monitor the ways that consumer and providers think and feel about it.



APPENDIX

FIGURE 3

Satisfaction with Factors Regarding Consumers' Health care – Demographic Breakdown

% Very Satisfied/Satisfied	Gender		Age			Household Income		Region				Marital Status	
	Male	Female	18-24	34-54	55+	Under \$50K	+50K	North-east	Mid-west	South	West	Married	Other
	(n=483)	(n=517)	(n=303)	(n=352)	(n=345)	(n=412)	(n=588)	(n=183)	(n=215)	(n=374)	(n=229)	(n=567)	(n=433)
Ability to continue seeing my personal doctor	86%	86%	76%	86%	93%	83%	88%	90%	85%	87%	82%	89%	82%
My relationship with my personal doctor	85%	83%	72%	84%	92%	84%	84%	86%	81%	86%	82%	89%	82%
The wait time to get an appointment with a physician	67%	69%	58%	67%	78%	62%	72%	74%	66%	69%	64%	73%	63%
The amount of paperwork needed to pay for my health care	65%	58%	55%	59%	69%	55%	66%	67%	60%	60%	62%	66%	56%
Ability to see a specialist	62%	57%	51%	58%	68%	54%	63%	68%	61%	60%	50%	65%	52%
Coverage of name brand	61%	53%	53%	55%	62%	53%	60%	62%	53%	59%	54%	61%	52%
Cost of out-of-pocket medical expenses	55%	55%	50%	50%	65%	55%	56%	61%	52%	55%	54%	56%	54%
Coverage of incentives/assistance to help promote healthy lifestyles	56%	46%	49%	50%	54%	48%	53%	59%	48%	52%	48%	54%	47%
Coverage of complementary and alternative medicine	50%	43%	45%	45%	48%	46%	47%	49%	49%	47%	39%	49%	43%

Q. How satisfied are you with each of the following regarding your healthcare? e.g.
Base: All Respondents (n=1,000); *Those who have a personal doctor [yes at QA2] (n=820)

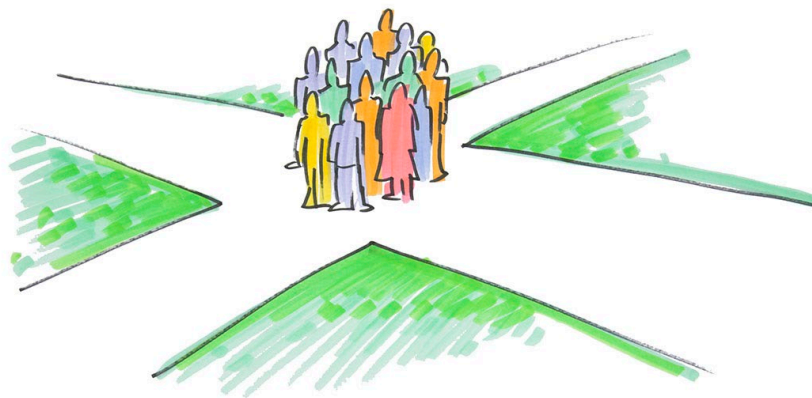
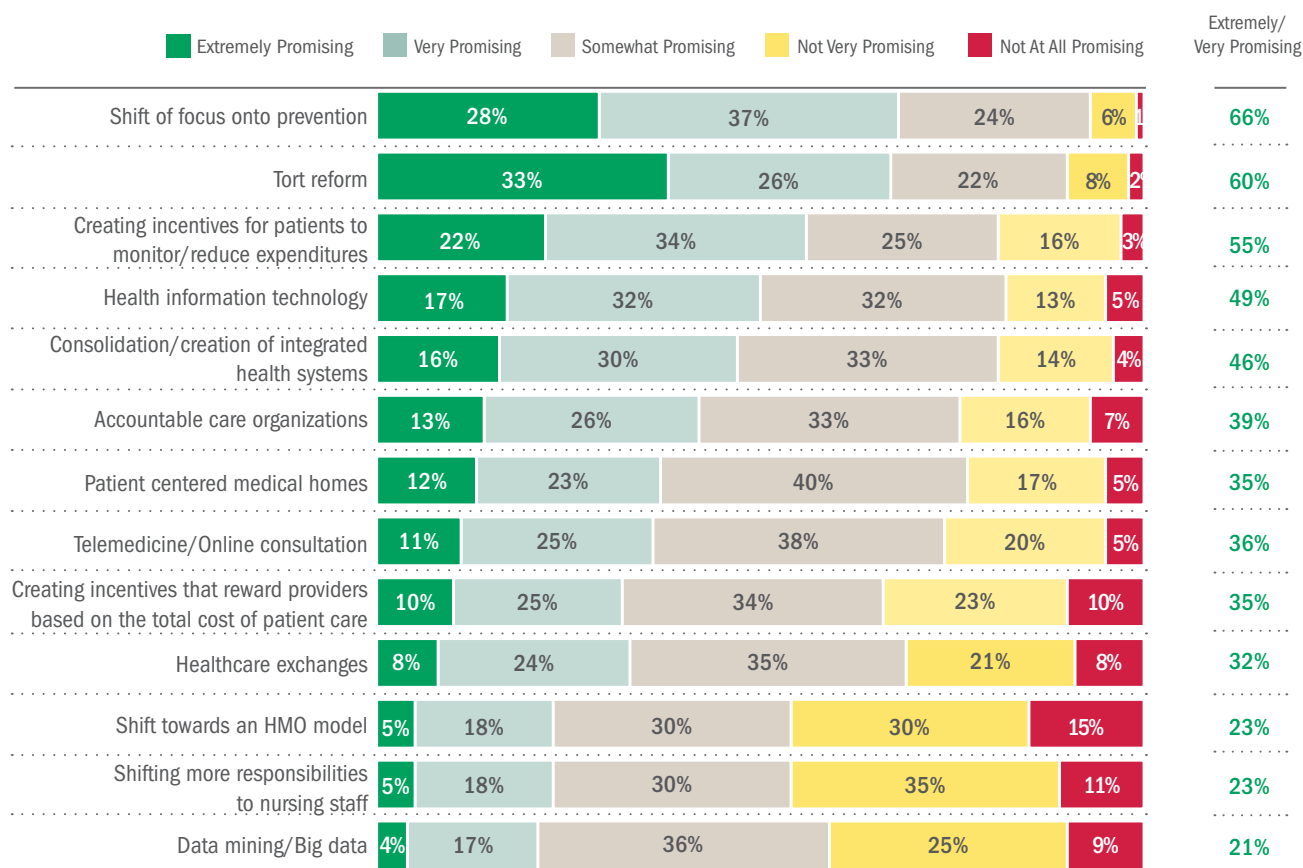


FIGURE 4

Controlling and Reducing Health Care Costs (Providers)

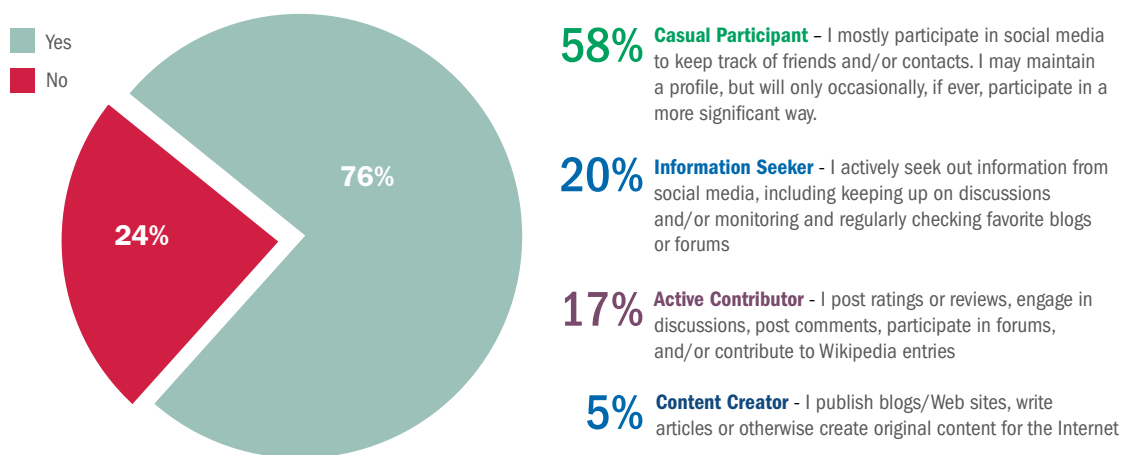


Q. How promising do you believe each of the following is to control/reduce health care costs? Base: All Respondents (n=400)

*Some rows do not add up to 100 due to non-responses by some respondents

FIGURE 5

Extent of Consumers' Social Media Use

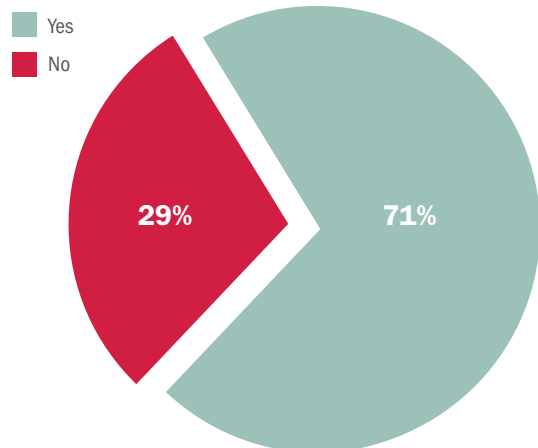


Q. In the past month have you used any form of social media (e.g., Facebook, Twitter, LinkedIn, blogs, listservs)? Base: All Respondents (n=1,000)
 Q. Which of the following best describes the extent of your use of social media? Base: Those Who Have Used Social Media In The Past (n=761)

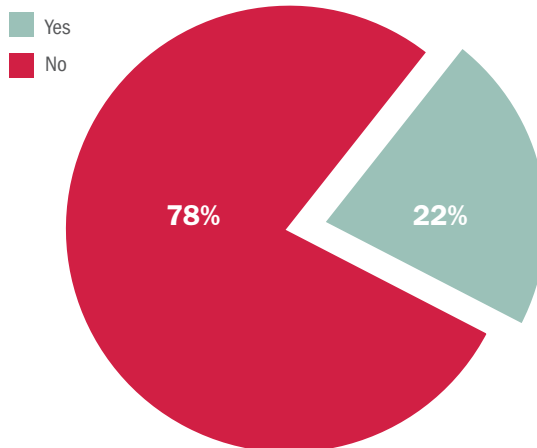
FIGURE 6

Smartphone Ownership and Use of Mobile Apps/ Personalized Interactive Web sites to Manage Health and/or Health Insurance (Consumers)

Do you have a smart phone or tablet that can be used to read emails, download/ load applications, or participate in social media?



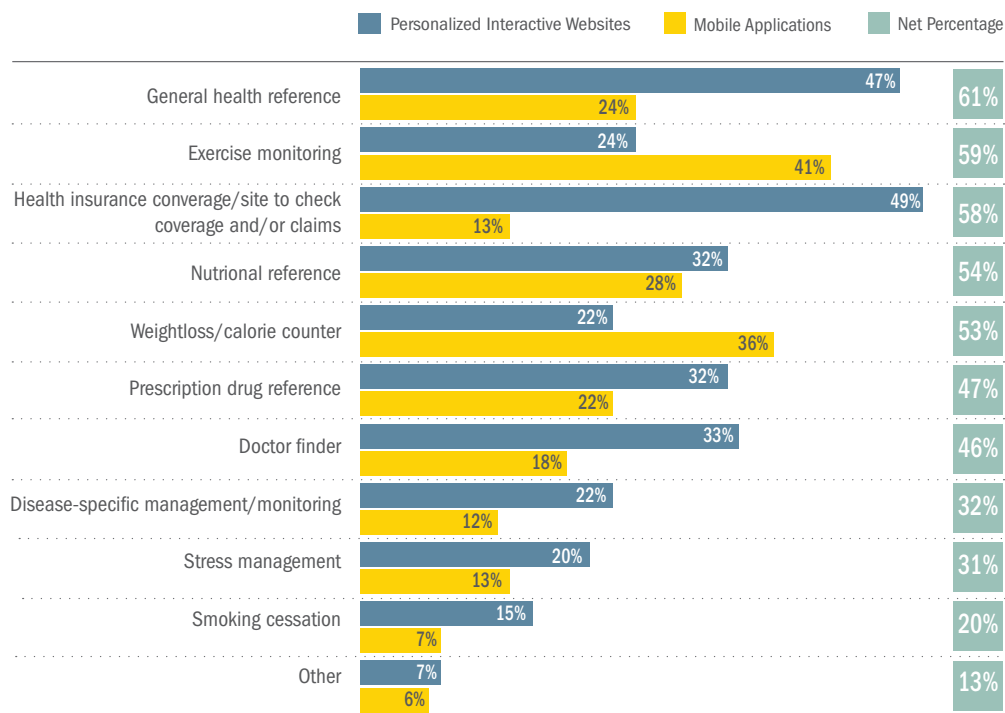
In past six months, have you used any mobile applications or personalized interactive websites to monitor/manage your health and/or health insurance?



Q. Do you have a smart phone or tablet (iPhone, Android, Microsoft, etc.) that can be used to read emails, download/load applications, or participate in social media? Base: All Respondents (n=1,000)
 Q. In the past 6 months have you used any mobile application or personalized interactive websites to monitor/manage your health and/or health insurance? Base: All Respondents (n=1,000)

FIGURE 7

Consumers: Mobile Applications and Personalized Interactive Web sites Used in Past Six Months*

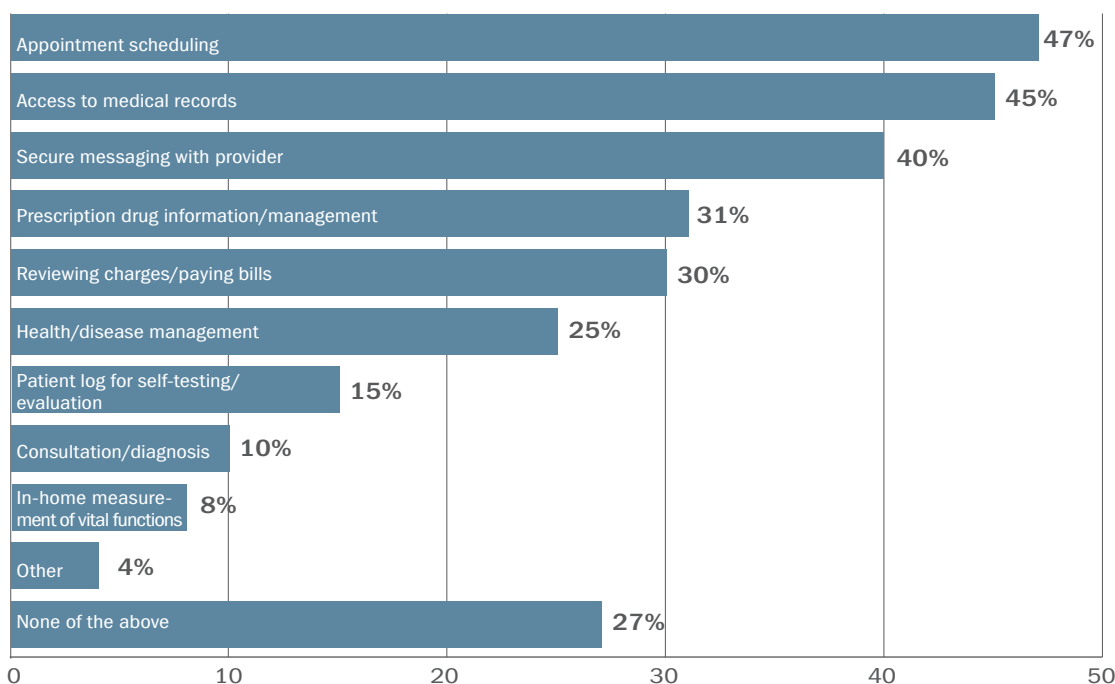


* By those who have used any to monitor/manage their health and/or health insurance

Q. In the past six months, which of the following mobile applications or personalized interactive websites did you use? Please check both mobile application and personalized application if you have used both in the past 6 months.
Base: Have Used Mobile App To Manage Health In Past 6 Months (n=220)

FIGURE 8

Internet or Mobile Applications Offered to Patients by Practice/Organization (Providers)



Q. In the past six months, which of the following mobile applications or personalized interactive websites did you use? Please check both mobile application and personalized application if you have used both in the past 6 months. Base: Have Used Mobile App To Manage Health In Past 6 Months (n=220)

For Inquiries, Contact:

Grant R. McLaughlin

Vice President

Tel: (703) 917-2055

mclaughlin_grant@bah.com

Nicolas Boyon

Senior Vice President

Ipsos Public Affairs

Tel: (646) 364-7583

nicolas.boyon@ipsos.com

Illustration:

Greg Gersch

Writing:

Richard Phillips



Ipsos Public Affairs

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