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## Consumers in Health Care: The Burden of Choice

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*Prepared for*

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*by*

Dale Shaller, Shaller Consulting

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Consulting advisors on the team are Shoshanna Sofaer, Dr.P.H., from the School of Public Affairs at Baruch College; Judith Hibbard, Ph.D., from the Department of Planning, Public Policy and Management at the University of Oregon; David Kanouse, Ph.D., senior behavioral scientist at RAND; and Sheldon Marks, B.S., founder and owner of SKM Branding Insights, Inc. in New York City.

## About the Author

Shaller Consulting is a health policy analysis and management consulting practice based in Stillwater, Minnesota. Shaller Consulting provides education and technical assistance to national, state, and local health care coalitions, purchasing groups, and provider organizations in their efforts to measure and improve health care quality.

## About the Foundation

The **California HealthCare Foundation**, based in Oakland, is an independent philanthropy committed to improving California's healthcare delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality health care. For more information about CHCF, visit us online at [www.chcf.org](http://www.chcf.org).

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# I. Executive Summary

*Providing support to consumers as they navigate the health care system can have positive results not only for individuals but for the health care system as a whole.*

CHANGES IN THE HEALTH CARE ENVIRONMENT ARE forcing consumers to make more—and more complex—decisions than ever before. The rise of “consumer-directed” health plans requires consumers to shop for and evaluate health care services; individuals selecting hospitals or providers lack comprehensive data on quality and outcomes; and those looking for coherent information on treatment options are often stymied by the sheer volume of resources available to help them make decisions about their care. Providing support to consumers as they navigate the health care system can have positive results not only for individuals but for the health care system as a whole, since informed and knowledgeable consumers can encourage better system performance and quality through the decisions they make.

This report summarizes findings and best practices that should be useful to organizations working to develop and disseminate effective consumer decision-support information and tools. This report explores the literature from the fields of decision research, commercial advertising, and social marketing, to glean insights for developers of health care decision-support information.

## **The Changing Environment for Decision Making**

Fundamental changes taking place in the health care system underscore the importance of helping consumers understand and evaluate the complex choices they face. These changes include:

- The rapid growth in the availability and use of health care information, fueled largely by the Internet.
- A growing desire by many American consumers to be more active and involved in the management of their health care.
- A movement to shift more responsibility for the cost of health insurance benefits and the purchase of health services to individuals through consumer-directed health plans.
- The growing customization of products and services, including health benefit plans that offer consumers opportunities to choose among levels of premiums, deductibles, and coinsurance, as well as offering a degree of choice within hospital and doctor networks.

- Increasing advertising “clutter” that makes it difficult to attract and hold people’s attention, even if the goal of doing so is to help them make good decisions.
- Declining levels of consumer trust in key institutions, including insurance companies, physicians, and health care organizations, such as managed care companies.

These trends point to the growing need for and challenge of providing effective decision-support information that consumers can understand and use to make better health care choices.

### Key Findings from Decision Research

Research on how people make choices and the cognitive steps they go through in processing and using information reveals important insights for the developers of decision-support information for health care consumers. These findings include:

- Contrary to popular notions that more information is better, decision-making research shows that more information does not always improve decision making, and frequently may actually undermine it.
- In the face of complex choices, people focus on familiar terms or concepts, or take mental short cuts that reduce the cognitive effort required to make decisions. They often wind up sacrificing thoroughness in favor of greater ease in making the decision.
- Consumer preferences shift during the decision-making process, suggesting that the content and presentation of information can influence people’s perceptions about that information and their willingness to act on it.
- Individuals use different modes of thinking—some analytical and some experiential—to make decisions; designers of decision-support information should take this into account to increase the likelihood of a good decision.

### Lessons from Advertising and Social Marketing

Commercial advertising capitalizes on the power of emotions to influence consumer decisions. Building brand awareness is one of the principal strategies for using emotion to capture and retain customers for a given product or service. Branding is the central means by which marketers cut through the clutter of advertising to present a message that stands out and builds consumer awareness and loyalty. To be most effective, the specific segment of the consumer audience or market with the needs, values, motivations, and behaviors most likely to be receptive to the brand’s message must be identified and targeted.

Social marketing is a field of social research and practice that uses the principles of marketing to motivate changes in behavior that are beneficial to the society at large. By identifying the barriers to desired behavior, social marketers are able to offer the target audience incentives to move toward the desired behavior by helping them perceive the benefits of doing so. The social marketing model has been successful in a variety of areas, including recycling, smoking cessation, improved diet and nutrition, and teen pregnancy reduction.

What are the lessons of branding, audience segmentation, and social marketing strategies for developers of decision-support information? If decision-support and comparative information tools are to get noticed and used, promoters will need to develop and market a successful brand image in the face of multiple competing messages. They will need to understand who their target audience is, what specific behaviors they want to encourage, and what benefits can be offered to motivate such behavior change.

## Implications of Findings for Supporting Consumer Health Care Decisions

Taken together, the findings from consumer decision research and the lessons from advertising and social marketing suggest a number of implications for developers of health care decision-support information:

- *Make decision-support information relevant and appropriate to the specific type of health care decision.* Those interested in helping consumers make good choices need to understand the context in which choices are being made and to make decision-support information relevant and appropriate to the specific type of decision being made. For example, information to support choice of health plan may be needed only once a year during open enrollment, but information for managing the treatment of a chronic disease may be required frequently. The most appropriate content and structure of any particular set of decision-support information will depend on the frequency and complexity of the decision, the degree of choice, and the factors that are most important to consumers who make these choices, like cost, convenience, and quality.
- *Help decision makers simplify their choices systematically.* Recognizing that consumers cannot and will not deal with large amounts of information and manifold sources, developers of decision-support information must give them ways to simplify the decision process. This can be done through a range of methods, from “low-tech” design strategies, such as a simple health plan comparison chart with visual cues that help people navigate and understand the core implications of information, to more sophisticated online approaches that enable users to “customize” information to their specific preferences and circumstances.
- *Focus on those most receptive to the information.* Decision-support information must be targeted to the audience segment(s) most likely to be receptive to it. To be effective, segmentation strategies should go beyond basic demographics to understand underlying cultural differences and the values, attitudes, motivations, and behaviors of those most likely to benefit from and use the information. Successful marketing to these groups may help identify strategies for eventually reaching nonusers, by identifying precisely what users respond to and finding ways to market these features and benefits to others.
- *Work through trusted advisors.* Because many consumers (especially the elderly and certain ethnic groups) tend to make their health care decisions based wholly or in part on the guidance of trusted advisors, sponsors of report cards and other decision-support information should consider these advisors to be a key target for their marketing and distribution efforts. In addition, they should engage consumers in the development of these materials through focus groups and other methods. Trusted advisors include friends and family, physicians, senior centers, civic organizations, and consumer advocates. Developers of consumer information should consider training these “information intermediaries” on the importance and use of these materials and providing them with technical assistance on an ongoing basis.
- *Cultivate an image as a trusted source.* In order to create credibility and recognition, developers of decision-support information should determine whether they are known by their target audience of health care consumers, what their reputation is with those consumers, whether they have the resources to build a brand on their own, or whether it might make sense to partner with an already recognized brand identity. Focus groups with current and prospective users of information support provide one way to investigate perceptions and to test out new ideas for creating a trusted brand image.
- *Integrate multiple types of information.* As consumers are forced to take on more responsibility and risk for the cost of their decisions, they

will likely need resources that integrate information on all of the factors they need to consider, such as quality, cost, the degree of choice among providers, and convenience. Increasingly, such one-stop service may be required to accommodate the growing complexity of decisions that consumers face.

- *Promote information by emphasizing benefits, not features.* Marketing theory and practice suggest that it is more effective to emphasize benefits than to describe features. The most appealing benefits for consumers are usually immediate and tangible, and tap into emotion-laden core values, like a desire for control or independence, or the desire to care for one's family. Making the appeal emotional rather than intellectual may help cut through the defenses of consumers inundated with demands for their time, and open them up to the idea of integrating “cold” analytical information into some of the most personal—and daunting—decisions that individuals may make.

Future reports in this series will explore these and other implications in more depth, to help developers of decision-support information address the needs of health care consumers more effectively.



## II. Introduction

*As the health care environment grows more complex, the complexity of the decisions consumers now face also grows.*

AMERICANS TODAY FACE MAJOR CHANGES IN THE decisions they make about their health care. Recent developments in the health care industry, such as the rise of consumer-directed health plans, coupled with continuing advances in both medical care and information technology, are both forcing and enabling consumers to shoulder more choices than ever before. As the health care environment grows more complex, the complexity of the decisions consumers now face also grows.

Supporting consumers in their health care decision making can have positive results not only for individuals but for the health care system as a whole. At a personal level, decision support can help educate and empower consumers to make choices that are better for themselves and their families, leading to improved health status and outcomes over time. Better informed decisions by consumers can also lead to more appropriate use of health care services. And more informed decisions by consumers may also create new incentives for health plans and care delivery organizations to develop better information about their services, and to compete on performance by making care more effective, efficient, and accessible.

While the number and variety of efforts to inform and support health care consumers have expanded significantly in recent years, it is by no means clear how much has been accomplished. Little reliable evidence exists to evaluate the effectiveness of the many consumer health care Web sites, report cards, and other decision aids that have proliferated over the last decade. Despite this lack of specific data, lessons and insights about the process of consumer decision making, distilled from academic decision science, as well as from the worlds of advertising and marketing, are provided in this report. These particular disciplines seldom have been systematically considered by developers of decision-support information. This may be because developers of such information have been more focused on technical measures of quality and performance than on how to report these measures effectively along with other important information to consumers. A conscious effort to include them may add new vigor to the field and increase both the use and usability of decision-support information provided to consumers.

This report begins with a description of how changes in the health care environment are affecting consumer decision making; also identified are several key principles about how consumers process and use information, both within and outside of the health care sector. The report provides a look at what advertising suggests about branding and audience segmentation in the influencing of decisions and what social marketing teaches about influencing behavior. The report ends with a summary of the implications of these insights for developers of health care decision-support information.

# III. The Changing Environment for Decision Making

*The most explosive growth in health information has occurred over the Internet, where health care Web sites have grown by the thousands.*

THE ENVIRONMENT FOR CONSUMER DECISION MAKING in health care has changed rapidly in recent years, driven by several major trends:

- An exponential growth in the availability and use of health care information, fueled largely by the Internet;
- A desire by consumers to be more involved in the management of their health care;
- A movement to shift to individuals more health care costs and concomitant responsibility for informed choice regarding the use of health benefits;
- The growing personal customization of products and services, including health benefits;
- Increasing advertising “clutter” throughout the culture; and
- Declining levels of consumer trust in key, traditionally relied-upon institutions, including those of the health care system.

Each trend is discussed below, with observations about its implications for consumer decision-making support.

## **Growing Availability and Use of Health Care Information**

Information on health care plans, providers, and treatment options has grown significantly over the past decade. For example, new forms of health plan and provider comparison guides have emerged concurrent with a growing barrage of media coverage of new drug therapies. While the availability of information has increased, from print materials to television programming, perhaps the most explosive growth in health information has occurred over the Internet, where health care Web sites have grown by the thousands.

The increasing availability of information has been accompanied by increasing use. Growing numbers of Americans are using the Internet to seek out general health information, as noted in the following studies:

- A 2004 poll by Harris Interactive found that 51 percent of all adults have looked for health information online at some point. This represents 111 million Americans, up significantly from 54 million in 1998.<sup>1</sup>
- A 2005 survey by The Pew Internet and American Life Project found that roughly 80 percent of Internet users have searched online for information on at least one major health topic.<sup>2</sup>

Beyond these trends in general information-seeking, a small but growing percentage of Americans use the Internet to seek out comparative information to help guide their choice of health plans and providers. For example:

- In a 2004 general population survey sponsored by the Kaiser Family Foundation and the Agency for Healthcare Quality and Research, the number of respondents who reported seeing quality information on health plans, hospitals, or doctors increased from 27 percent in 2000 to 35 percent in 2004.<sup>3</sup> Nearly half of those who saw comparative information of some kind for hospitals, physicians, or health plans said that they used the information.<sup>4</sup>
- An October 2003 online survey of 5,000 adults found that 11 percent had used the Internet to research or compare hospital quality, up from 3 percent in April 2002.<sup>5</sup>
- A survey by Forrester Research found that 12 percent of U.S. consumers researched health providers' cost or quality within the past year.<sup>6</sup>

While information seeking is generally on the rise, there are notable differences in the use of health information by age, gender, education, economic status, and ethnicity. For example, the 2004 Kaiser poll cited above found that senior Americans are less likely than those under 65 to have used quality information about doctors, hospitals, or health plans, and are less likely to go online for information.<sup>7</sup> According to the 2005 Pew poll referenced earlier, those searching online for health information

are more likely to be women, college-educated, and experienced Internet users with broadband access.<sup>8</sup> A separate 2003 Pew poll focused specifically on California found significant differences in Internet access by household income, noting that 45 percent of Californians living in households earning less than \$30,000 per year have access to the Internet compared to 77 percent in households with more than \$30,000 annual income. Even so, 84 percent of low-income Internet users in California report going online for health information, compared to 77 percent nationally.<sup>9</sup> English-speaking Latinos in California have less Internet access than all Californians (58 percent versus 63 percent), but of those who do have access, 78 percent have searched online for health information. However, in the United States as a whole, the Center for Studying Health System Change has found that Spanish-speaking Latinos are about half as likely as their English-speaking counterparts to have looked for health information online.<sup>10</sup>

The increasing use of health information may also reflect a more significant change in the relationship of Americans to their health care. As revealed in a recent poll conducted by Hart Research, 90 percent of respondents said they wanted to be an active and involved partner with their doctor; only 9 percent said they preferred their doctor to manage their care and make decisions.<sup>11</sup> A 2005 RAND survey supports the idea that consumers want to become more involved in their care. Results of the RAND survey indicate that 52 percent of consumers want to make final treatment decisions for themselves or a family member, while another 38 percent want to make the decision together with their doctor.<sup>12</sup> Consumer interest in more active health care decision making further increases the need for effective health care decision-support information and tools.

### **Shifting Locus of Health Benefits Decision Making**

Just as in retirement planning two decades ago, there is a growing movement among employers to

shift some or all responsibility for health coverage and health care purchases to consumers. This is most dramatically illustrated by the number of employers dropping employee health care coverage entirely, but also by increased employer interest in offering various forms of consumer-directed high-deductible insurance plans (often combined with health savings accounts). In California, for example, 18 percent of all firms surveyed in 2004 offered employees a high-deductible plan (defined as having a deductible greater than \$1,000 for single coverage). An additional 18 percent of California employers—including 28 percent of large firms with 200 or more workers—reported that they were likely or very likely to begin offering a high-deductible plan within the next two years.<sup>13</sup>

Such plans place a greater share of the financial burden for health care on individuals, and give individuals more control over how they spend their health care dollars.<sup>14</sup> One theory underlying consumer-directed health plans—in addition to ending or reducing the employers' contribution—is that by asking consumers to bear more of the financial risk, they will become more conscious of health care costs and therefore more prudent in their use of care.<sup>15</sup> A major concern, however, is that these plans may provide consumers with an incentive for reducing use of needed care.

While the availability of and enrollment in such plans is still fairly limited, this shift may stimulate even more demand for information on provider-level costs and quality. Even if employers contribute to health savings accounts that cover a portion of high-deductible requirements, employees will, by design, be exposed to higher out-of-pocket costs. Enrollees in these consumer-directed plans will need help getting useful information and making the trade-offs necessary to identify the most appropriate combinations of cost, quality, convenience, and other critical factors.

Recent research suggests that empowering consumers to make sound decisions in the context

of this new responsibility will not be easy. For example, according to a 2004 survey by Forrester Research, four out of five online consumers said they find that selecting providers and choosing among medication options are complex and difficult decisions, primarily because the information they have access to is unclear.<sup>16</sup> A study commissioned by AARP on consumer-directed plans concluded that:

“The difficulty of the decision tasks required and the skills needed to manage these plans may be beyond the level of effort many consumers are willing to expend and may be beyond the ability of others.”<sup>17</sup>

Without well-designed decision-support information that can help consumers understand and evaluate the complex choices they increasingly face, many consumers may not make the kinds of informed choices that are necessary to achieve good individual health outcomes.

### **Personalized Customization**

Personalized customization is the creation of standardized modules or components that are designed to meet the specific needs and preferences of individual customers. Many large companies have made customization a central tenet of their business strategy. Dell Computer, for example, allows consumers to custom-design personal computers that meet their particular specifications and needs. Thanks in large part to this approach, Dell has become the premier seller of personal computers in the country, with market share growth and strong profits in a business where competitors struggle to maintain share and profitability.<sup>18</sup> According to market observers Gilmore and Pine, the trend toward customization is “an ongoing and inexorable shift in the very structure of American economic activity—just as mass production was in its day.”<sup>19</sup>

As with other types of products, increasing numbers of consumers are being given the option to customize their health plans to better meet their

own circumstances. The mass customization trend in health care is perhaps best represented by the growing popularity of consumer-driven health plans that allow consumers to modify the design of their benefit packages. A 2003 Hewitt Associates survey of 640 companies nationwide found that 10 percent planned to offer employees the ability to customize the design of their benefits packages in 2004.<sup>20</sup> It is important to note, however, that few companies are forcing employees to choose consumer-directed plans or to design their own benefits. These plans are generally offered alongside a company's traditional plan offerings.

For interested consumers, the increased prevalence of these customizable, consumer-directed plans is creating a whole new set of decisions to consider. For example, rather than just choosing a plan, consumers may now need to make tradeoffs among levels of deductibles, premiums, and personal spending accounts (i.e., accounts that allow consumers to earmark funds, often tax-free, for use in paying for medical care). Employees may be able to choose from as many as five deductibles and five coinsurance levels. They may also be able to choose from broad or narrow doctor and hospital networks and from among several prescription drug plans. In total, there could be as many as 100 different variations within one plan, although employers typically try to limit the options to 40.<sup>21</sup>

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### KEY TAKEAWAY

Given more choice, there is a growing need to help employees and other consumers understand the options available to them. More than half of employees in a Hewitt survey indicated a desire for an online tool to help forecast medical expenses. Employees also indicated a need for a road map to assist with their decision making and analysis, including how to create a working relationship with their doctors, how to explore treatment options, and how to choose a hospital or other facility.<sup>22</sup>

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### Too Many Choices?

More choice may not always be a good thing for the consumer. The variety of benefits packages, health plan types, and drug plans (in the case of Medicare beneficiaries) that have, or will, become available can cause confusion to consumers who are trying to decide which options are best for their unique health care needs.

Psychologists warn that excessive choice can cause psychological and emotional difficulties. People who are faced with many choices tend to set expectations that are too high, i.e., given so many choices, they should be able to pick one that is perfect for them. Too many choices also can place undue (and often unwanted) responsibility on people to make the "right" decision. In the context of health care, given the potential consequences of many decisions, this responsibility can create great stress and anxiety for patients, as conveyed in the following statistic related to cancer treatment preferences:

"Although 65 percent of people surveyed say that if they were to get cancer, they would want to choose their own treatment, in fact, among people who do get cancer, only 12 percent actually want to do so."<sup>23</sup>

There is also evidence that too many choices can lead to an inability to make a decision; people experience a kind of decision overload where they become incapable of acting upon any information. Another problem occurs when people find it difficult to discern differences across available choices; in many cases, there either are no differences (except in brand name) or the differences are really inconsequential even if they are made to seem important.

### Increased Advertising "Clutter"

The American consumer is exposed to 5,000 advertising messages everyday, up 300 percent since the 1970s.<sup>24</sup> Much of advertising is a by-product of the proliferation of alternative media choices (e.g., cable television, the Internet), the explosion of new products (brands on the supermarket shelf tripled in the 1990s from 15,000 to 45,000), and decisions by the Federal Communications Commission and the

Food and Drug Administration to permit pharmaceutical companies to advertise prescription drugs directly to consumers.<sup>25</sup>

### How Drug Advertising Contributes to Information Overload

Fueled by the decision to allow direct-to-consumer drug marketing, pharmaceutical companies are responsible for much of the increased clutter in advertising. In fact, the single greatest growth category in advertising between 2002 and 2003 was medicines and proprietary remedies, which includes the direct-to-consumer drug segment. Drug advertising registered nearly a 20 percent increase compared to 3.6 percent growth overall across all segments,<sup>26</sup> and now ranks fourth among all consumer advertising categories — just below cars, retail, and movies. The direct-to-consumer advertising budgets for some of the most popular individual drugs are on a par with the money spent on some of America's most well-known brands, including Budweiser, Coke, and Campbell soups.<sup>27</sup> Moreover, the average number of drugs marketed by pharmaceutical companies together increased by 78 percent (from 18 to 32) between 1997 and 2001.<sup>28</sup>

### KEY TAKEAWAY

One consequence of this growing clutter is that it is becoming harder and harder to attract and keep the consumer's attention. As a result, if making a decision or completing a task is not immediately necessary or salient, consumers are quick to move on. At the same time, consumers have developed defenses against the barrage of information; in particular, they have learned to ignore or avoid messages, particularly complex ones.<sup>29</sup> One common and familiar method of ad avoidance is to turn off commercials when they appear, whether on television or radio, or to leave the room; a similar technique is to fast-forward through commercials while watching a previously recorded show.<sup>30</sup>

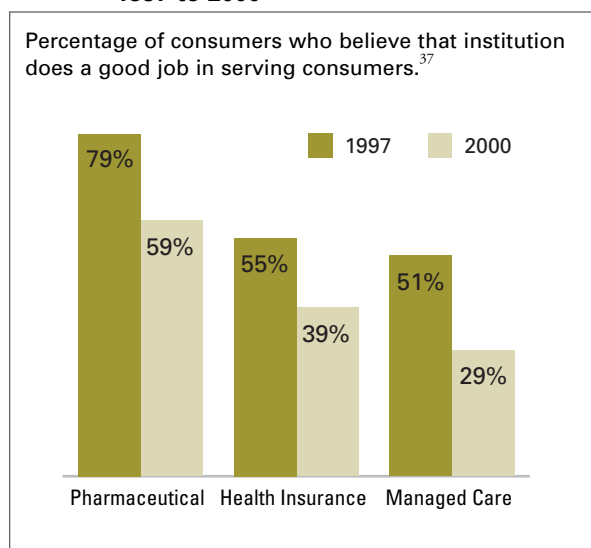
Developers of decision-support information may need to become as creative as advertisers in finding ways to cope with ad clutter and the growing consumer backlash of ad avoidance. For example, marketers of major brands have woven messages over multiple media channels and blurred the lines between ads and entertainment to get their message through; these brands can now be found in a host of new venues such as the Web, live events, cell phones, and hand-held computers. Some marketers have made their brand messages so enjoyable that consumers might see them as entertainment instead of an intrusion. For example, Apple Computer last fall launched a special iPod MP3 player in partnership with the rock band U2; major brands such as Coke, Pepsi, McDonald's, and BMW have struck deals to have their brands appear in video games and song lyrics.<sup>31</sup> The predominant thinking among brand-builders today is not so much reach (i.e., how many consumers see their ad) and frequency (i.e., how often they see it), but rather finding ways to get consumers to invite brands into their lives.<sup>32</sup> The effective deployment of decision support may demand a promotion strategy that takes advantage of such marketing and advertising techniques that are effective in other realms.

### Declining Levels of Consumer Trust

Consumer trust in organizations and professionals (e.g., lawyers, brokers, physicians) has been in decline for decades. Survey data going back to the 1970s suggest that the decline in confidence in medical care has at least been on par with the decline experienced by other social institutions; others suggest that the decline in confidence in medical care was larger and more sustained. These surveys, by the Harris polling group and others, led Robert Blendon, a consumer polling expert at Harvard University, to conclude that over a 30-year period medicine went from being perhaps the most trusted to among the least trusted social institutions.<sup>34</sup>

The late 1980s saw an especially deep drop in confidence among consumers in virtually every type of institution. This led to the creation of a type of “vigilant” consumer who saw the marketplace as the enemy, fueling a need to “look out for number one.”<sup>35</sup> While confidence rebounded somewhat in the mid-1990s, confidence in health care appeared to further erode as the 20th century came to a close (see Figure 1). Only tobacco companies ranked below insurance companies and managed care plans in their reputation for serving the needs of consumers.<sup>36</sup>

**Figure 1. Confidence In Health Care Institutions, 1997 to 2000**



The decline in confidence has not been consistent across the spectrum of health care institutions. Decline in confidence in hospitals in the late 1990s was only modest (from 77 to 72 percent),<sup>38</sup> A 2004 survey found that most consumers continue to trust nurses (65 percent), doctors (61 percent), and dentists (56 percent) “a lot” and a sizable minority trusts pharmacies (49 percent).<sup>39</sup> On the other hand, large segments of the population do not trust pharmaceutical companies (41 percent) or health insurers (59 percent). There is a tendency, however, to place greater trust in one’s own insurers and providers. For example, only 29 percent do not trust their own insurer, and more consumers trust their own providers than the same class of providers in general.

Consumer trust levels vary not only by institution but also by race and ethnicity. Several recent studies have shown that racial and ethnic minorities are more likely than caucasians to have lower levels of trust with their physician.<sup>40</sup> Racial variation in trust of health insurance plans and hospitals is less well-documented. One study showed that non-Hispanic African Americans were more likely to trust their health insurance plans than non-Hispanic caucasians.<sup>41</sup> Another study showed that Latinos trusted insurance companies, the state government, and the federal government more often than caucasians and African Americans.<sup>42</sup>

### KEY TAKEAWAY

The declining level of consumer trust in key health care institutions has two important implications for developers of decision-support information. First, it explains the skepticism with which consumers often react to information provided by health plans. Second, the overall sense of distrust in institutions—including government agencies and employers—points to the need to establish sources of information and support that consumers will trust to be unbiased and reliable. Efforts aimed at improving trust levels must also take into account differences in trust levels by race and ethnicity.



# IV. How Consumers Make Decisions: Research Findings

*More information does not always improve decision making, and often may undermine it.*

DECISIONS RELATED TO HEALTH INSURANCE AND health care are complex. Moreover, the information needed to support these decisions is also complex and often characterized by terms and concepts unfamiliar to many consumers. Those concerned with helping consumers make difficult decisions in the changing health care landscape may be able to glean useful insights from the science of decision making. Decision and other cognitive scientists study how humans make choices and examine the cognitive steps they go through in processing and using information. Studies focus on both describing decision making and identifying ways to support improved decision processes.

This section presents the following key findings from decision-making research:

- More information is not always better;
- People find ways to simplify complex decision making;
- Consumer preferences are malleable; and
- There are different kinds of decision-makers.

## **More Information Is Not Always Better**

A large body of empirical research suggests that people process and use only a limited amount of information in making a choice.<sup>43</sup> As the number of attributes and/or alternatives to be considered increases, the task becomes more complex, and people tend to adopt decision-making strategies that allow them to consider only some of the information. Some believe that more information is better; however, evidence from decision-making research demonstrates that more information does not always improve decision making, and often may undermine it.<sup>44</sup>

Research studies conclude that people typically can keep only five to nine concepts in short-term memory at one time; some individuals retain fewer.<sup>45</sup> Moreover, most people remember only about 10 percent of what they hear or read.<sup>46</sup> The explosion in the availability of data relevant to consumer health care decisions can be considered a serious challenge as well as a boon. While the availability of health care information provides consumers with

opportunities to make better informed decisions about their care, it also requires them to wade through and make sense of competing messages about their care options.

### People Find Ways to Simplify Complex Decisions

In the face of complex tradeoffs, multiple choices, and uncertainty, people tend to find ways to simplify decisions and, in some cases, to avoid making explicit tradeoffs between conflicting choices. At the time of a decision, the consumer may or may not have the cognitive capacity or motivation necessary to process every piece of information. Consequently, they may limit their search for information or ignore information that is available but difficult to use.<sup>47</sup>

Over the last thirty years, John Payne and James Bettman of Duke University have conducted work on consumer decision making, drawing on basic decision science to inform their research. In *The Adaptive Decisionmaker*, Payne and colleagues lay out a framework concerning decision making that views the individual as a “limited-capacity information processor” with two main goals for the decision process — to reach a good decision while limiting cognitive effort.<sup>48</sup> This is what is meant by adaptive decision making. People use strategies that help them achieve a reasonable compromise between “accuracy” (Payne’s term) and effort expended. The ultimate goal for most is to adopt strategies that yield good decisions with reasonable amounts of effort.

Payne uses the hypothetical example of choosing among applicants for a faculty position, noting that each application contains a variety of information (e.g., educational background, publication experience, current research and teaching interests, etc.). The decision process that reviewers employ may depend upon the number of applicants. For example, an individual reviewing 12 applications might choose to eliminate any applicant that has

not had a research publication, thus making the choice more manageable.

Individuals have a “bias toward simplicity” when making decisions about health care, particularly when those decisions involve large amounts of unfamiliar information. For example, since information relevant to judging quality can be quite complex, of uncertain credibility, and fairly difficult to obtain, individuals tend to focus on simpler, familiar, and easily observable characteristics (e.g., the attractiveness or convenience of a hospital) in making their choices.<sup>49</sup>

According to Payne, this form of adaptive decision making may work fairly well for many decisions, but can lead to short-term errors in judgment, in particular because potentially good alternatives may be eliminated early in the process. In the context of health care, there is concern that these types of simplifying strategies lead to less than optimal choices.<sup>50</sup>

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#### KEY TAKEAWAY

Because consumers engage in the kind of adaptive decision making described by Payne and colleagues, information developers must provide information in a simple form — so that consumers do not have to use short cuts. For example, simplicity can be achieved through short documents that present “bottom-line” information at the beginning, provide visual cues (such as graphics) that highlight what is most important and lead consumers step-by-step through the elements of a decision. In addition, they must provide decision-support tools that help people process the information based on their specific needs, thereby lessening the cognitive burden involved in making a choice.

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## Consumer Preferences Are Dynamic and Subject to Manipulation

Another lesson derived from the study of decision making is that consumer preferences — one of the most critical “inputs” to health care decisions — are unstable. Research suggests that preferences are not always fixed or defined beforehand, but rather may emerge or vary depending upon the methods used to draw out preferences.<sup>51</sup> Drawing from the field of economics, many decision-making models assume that people are clear about their values or preferences; however, this assumption may not be true in cases where people have not thought much or do not know much about the topic.<sup>52</sup> People will provide answers when asked, but these answers are often formulated at the time the question is posed.

Preferences, therefore, are often constructed as decisions are being considered and evolve during the decision-making process.<sup>53</sup> This is particularly likely to be true when choices are important, complex, and unfamiliar, as most health-related choices are.

When people do not have fixed ideas about what is important to them, they can be influenced by subtle changes in the way information is presented or questions are asked.<sup>54</sup> The downside of this phenomenon is that decision-makers are vulnerable to manipulation by others.<sup>55</sup> But the upside is that the way in which information is presented can help people make decisions based on what is important to them.<sup>56</sup>

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### KEY TAKEAWAY

Developers of health care information must be aware of how information presentation and decision-framing may influence consumer choices. For example, by making information easier to evaluate, performance data are more likely to get weighed and used in making health care choices. Presenting performance information in rank order, and using familiar scoring symbols such as stars or shaded circles, are ways to make complex data easier to understand and use. Additionally, providing a framework for understanding complex information can help engage consumers in considering new and unfamiliar concepts. For example, a 2001 focus group study found that presenting consumers with the Institute of Medicine’s framework on the different components of quality care (safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) helped consumers to expand the factors they would use to choose a physician.<sup>57</sup>

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## There Are Different Kinds of Decision Makers

Experts in the decision-making process contend that information is processed using two different modes of thinking: analytical and experiential. The analytic mode is conscious, deliberative, reason-based, verbal, and relatively time-consuming. This is the mode that is typically considered by those attempting to provide support information for complex health care choices.<sup>58</sup>

The experiential mode, on the other hand, is intuitive, automatic, associative, fast, and driven by emotions. It works by highlighting information important enough to warrant further consideration. Emotional feelings provide both meaning and motivation to the decision-making process. Good choices are likely to emerge when both experiential and analytic modes work together, with decision-

makers both thinking and feeling their way through a decision.<sup>59</sup>

Narratives, for example, help people in a number of ways. Whereas the understanding of tables and graphs relies mostly on analytical thought, the use of narrative may trigger more complex information processing resulting in decisions that take advantage of both the richness of past experience and the logic of deliberate thought. Similarly, by including affective cues in information (e.g., labels that say what is good and what is not so good), consumers are more likely to use that information when making a choice.<sup>60</sup>

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#### **KEY TAKEAWAY**

For developers of decision-support information, the challenge is to figure out how to apply the emotions-based experiential mode of information processing to what is essentially and unavoidably analytical information. While the information itself should not display a bias, there are steps that developers can take to capitalize on the power of emotions—through stories or narratives, promotional messages, affective cues that give meaning to data, and other techniques that provide an emotional context for information.

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# V. Lessons from Advertising and Social Marketing

*In health care, as in every other industry, brand image and reputation play an important role in the decision-making process.*

## **Create Messages that Resonate**

Many professional marketers today are persuaded that all decisions are essentially emotional in nature. Marketers often craft their advertisements to evoke positive, affective images such as power, prestige, or sex. According to one advertising executive, “Many companies are now using advertising not to present a product or service but to build relationships with consumers by emotional connections. It is the common thread of human emotions that advertisers are capitalizing upon these days.”<sup>61</sup>

The importance of emotion in advertising is tied directly to the power of branding. In health care, as in every other industry, brand image and reputation play an important role in the decision-making process. Every day, individuals choose hospitals, physicians, other providers, and even treatments because they are thought to be “the best” — even when the data do not necessarily support that conclusion.

Familiarity and brand recognition alone can sway peoples’ choices. Even without knowing anything about their options, people tend to choose names they recognize and trust. Recognizing the power of reputation and brand awareness, health care organizations have used proven marketing techniques to build market share. For example, one consumer advocate reports that in one state the Medicaid plans that advertise in local and ethnic media, including radio, have the greatest name recognition and succeed in attracting the most enrollees.<sup>62</sup> In New York City, Memorial Sloan Kettering Cancer Center has launched a radio and newspaper ad campaign with the slogan, “When the diagnosis is cancer, think of Sloan Kettering first.” Sloan Kettering is using proven branding strategies to become “top of mind” when a decision needs to be made either by the patient or family member about cancer care. The essence of Sloan Kettering’s brand message is trust; the tagline “think of Sloan Kettering first” is meant to instill the notion that in the midst of the myriad decisions that must be made when confronted with a cancer diagnosis, the last thing to worry about is where to go for care — just pick up the phone and call Sloan Kettering.<sup>63</sup>

## Give Your Customers What They Want

With any consumer product or service, only a subset of the entire potential market will ultimately purchase the product or use the service. In commercial marketing, companies address this problem by assigning consumers to specific segments; identifying the needs, values, and concerns common to each segment; and then targeting those segments by the needs they can satisfy. This approach ensures that the products and associated messages (in advertising and product packaging) resonate with the target audience.

How are segments defined? Demographics (e.g., race, ethnic background, age, gender) are typically one element of a segmentation strategy, but not a suitable basis alone for a targeted communication or advertising campaign. While individuals in the same demographic category may share some characteristics, they often have a wide range of attitudes, motivations, and decision-making behaviors.

For this reason, many advertisers and other communication experts rely on what is called “psychographic” segmentation to customize messages to the values, beliefs, and motivations of specific segments. While demographics focus on age, gender, culture, employment, industry, income level, and marital status, psychographics focus on the emotional and behavioral qualities of the target audience, which, in addition to emotions, take into

consideration the reasoning, history, and psychology behind a decision to buy or use a product.<sup>64</sup>

Various segmentation models have been developed in health care to understand, predict, and manage how different segments of the consumer health care market shop for, select, and use health care providers and health plans. As an example of one model, the PATH Institute, a consumer health market research and consulting firm, has developed a system that segments consumers into one of nine groups based upon their pattern of health care values and priorities (referred to as “valuegraphics”).<sup>65</sup> Individuals are assigned to one of the nine PATH (Profiles of Attitudes Toward Healthcare) groups based upon their responses to a series of 15 questions. Studies show that 90 percent of adults across the nation (based on sampled responses) can be classified into one of these groups.<sup>66</sup> Based upon a knowledge of what the consumer says is important or of value, users of the PATH model are able to predict a wide array of health behaviors, such as use of health care services, preferences for specific types of service, trust in medical professionals, and levels of satisfaction and compliance. This knowledge can help marketers to target communications strategies and materials to focus on “hot button” issues specific to the consumer segments they wish to reach.

**Table 1. Nine PATH Segments of Health Care Consumers**

<b>PATH Group</b>	<b>Distribution of U.S. Population</b>	<b>Key Profile Description</b>
Clinic Cynic	7%	Generally distrustful of the medical profession
Avoider	10%	Refrains from using health care services until very sick
Generic	9%	Highly price conscious and concerned with just the basics in health care services
Family Centered	9%	Puts family health above all other matters
Traditionalists	10%	Willing to pay more for quality and tend to use the same providers
Loyalist	12%	Moderate in health care opinions and behaviors
Ready User	12%	Actively seeks and uses health care services of all kinds
Independently Healthy	12%	Very actively involved in their own health
Naturalist	9%	Propensity to use alternative health care methods

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## KEY TAKEAWAY

What are the implications of branding and market segmentation strategies for designers of consumer decision-support information? They are a means to cut through the clutter of advertising by using a message that stands out, builds awareness and loyalty, and reaches only susceptible audiences. If providers of comparative and other decision-support information want their information noticed and used, they will need to think strategically about developing and marketing a successful brand image in the face of multiple competing messages. To do this, they will need to understand who the primary target audience is.

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## Change Behavior by Changing Perceptions

Many developers of health promotion and other marketing campaigns assume that information is the key to getting consumers to perform a desired action (e.g., using performance information to make decisions). The underlying premise is that consumers lack information, and that once informed they will take the desired action. The emphasis, therefore, is on the message—what information should be delivered, and how.

In social marketing model, on the other hand, the emphasis is on changing perception. Through a process of inquiry with the consumer, such as focus groups and surveys, it is determined why the consumer is or is not behaving in a desired way, and then offers the consumer a way to move toward that behavior that involves greater perceived benefits and fewer perceived barriers. The key is to create an exchange where the perceived benefits of changing behavior outweigh the costs. This approach has been successful in a variety of areas, including conservation, smoking cessation, and teen pregnancy.

For example, with respect to recycling, initial efforts focused on the message—educating the public about why recycling was the right thing to do. These efforts had little success. A revamped, more successful approach focused on adding benefits and removing barriers; for example, consumers were offered refunds on bottles and cans, convenient pickups, and designated containers for residents to use, which often created peer pressure as well. Some neighborhoods added penalties for noncompliance.

The basic approach in social marketing is to ask the following questions:

- Who is your target audience?
- What do you want them to do?
- What are the perceived benefits and barriers to taking that action?
- What tactics or activities can promote these benefits or remove these barriers?

The process for developing a social marketing campaign includes the following:

- Focus on one audience, one need, and one specific desired behavior;
- Map the current behavior (e.g., how consumers presently choose plans, providers, etc.);
- Identify how the desired behavior could lead to benefits important to users;
- Identify the barriers that exist to changing this behavior;
- Develop solutions (e.g., improve the product by providing information on measures of quality that the audience deems important; increase the accessibility of the product; reposition the product as meeting an important consumer want or need, or reframe the product as offering a compelling benefit); and
- Make the competition less appealing by associating the competition with behavior consumers dislike.

The most appealing benefits for consumers are almost always immediate and tangible, and they tap into core values like a desire for control or independence, or the desire to care for one's family.<sup>67</sup> For example, in the world of health care, the potential of achieving "better health," in and of itself, is often not a major motivator as it lacks a specific relationship to individual needs and desires.<sup>68</sup>

Social marketing theory also reinforces the importance of caregivers, friends/family, and support networks as critical target audiences, since they have a tremendous influence on decision making. The key question is how to engage these individuals. One very successful social-marketing program that tapped into the "friends and family" strategy was the *Friends Don't Let Friends Drive Drunk* campaign.<sup>69</sup> A 2002 Ad Council survey found that over 70 percent of Americans were aware of the campaign, and over 60 percent had taken action to prevent a friend or loved one from driving drunk.<sup>70</sup> The success of this campaign can be attributed to its ability to direct a hard-hitting message to the person who could actually stop someone from driving drunk, rather than going after the drunk driver.<sup>71</sup> This so-called "intervenor strategy" later became the basis for the designated driver concept, where the driver agrees to not drink when accompanying friends or family in a social situation involving alcohol use.

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## KEY TAKEAWAY

Perhaps the biggest challenge in applying social marketing principles and tools to decision-support information design is identifying the "desired behavior." In the typical public health campaign, the desired behavior is often clear from the outset (e.g., use your seatbelt at all times, put baby to sleep on its back). In contrast, the "desired behavior" with respect to decision support may have to do with seeking out and learning to use the information, such as going through the steps built into the decision support tool.

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# VI. Tactics for Supporting Consumer Decisions

*Those interested in helping consumers make better decisions need to understand the context in which those decisions are made.*

THE PREVIOUS SECTIONS OF THIS REPORT, TAKEN together, discuss how consumers make decisions and how those decisions can be influenced. This section focuses on the tactics, culled from that discussion, that can be employed by designers and developers of health care decision-support information.

## **Make Decision Support Information Relevant and Appropriate**

Health care consumers face many decisions, and the nature of the decision can affect how they go about making a choice (see Table 2 on the following page). In some cases, consumers' choices are based primarily on one factor, such as costs, while for other decisions many factors — including costs, various aspects of quality, and location — come into play.

Those interested in helping consumers make better decisions need to understand the context in which those decisions are made. The most appropriate content and functionality of decision-support tools, including comparative performance reports, will vary depending upon the frequency and complexity of the decision, the degree of choice available, and the factors that are most important to consumers.

The most effective strategies for promoting and distributing these tools will vary as well. For example, employees of large corporations who choose health plans once a year might be best served by an annual report card distributed at the employer site. Those trying to decide on the appropriate course of action for treating their diabetes might need information and support available to them in their doctor's office as well as online, on-demand resources.

## **Help Decision Makers Simplify in a Systematic Way**

Recognizing that people cannot and will not deal with a large quantity of information at any one time, developers of decision-support information should simplify the process in a way that will help consumers avoid poor decisions. This does not necessarily require a sophisticated or “high-tech” approach. For example,

**Table 2. The Nature of Health Care Decisions: At-a-Glance**

TYPE	Frequency of Decision	Degree of Choice	Key Factors Influencing Choice
Health Plans	Annual for most	Limited (sizable minority have only one choice)	Cost is paramount; choice of providers also important
Physicians	Occasional	Broad for most; limited for certain segments, such as Medicaid, uninsured, and residents of rural areas	Perceived quality is key, with emphasis on the doctor-patient relationship
Hospitals	Infrequent	Broad (in urban areas), but often perceived as limited	Choice is largely made for consumers by doctors; location is also key; quality is important but unclear how consumers define it
Nursing Homes	Rare (probably once in a lifetime)	Very limited in most markets; becoming broader in some markets due to increased number of alternatives, such as assisted living facilities	Cost and location are key; quality is important but unclear how consumers define it
Treatment	Highly variable	Varies by condition	Physician recommendations drive choice, but patient preferences are becoming more important

report cards and other decision-support tools can include simple visual cues that help people to navigate and understand the core implications of the data. Important differences in quality, costs, and other areas can be highlighted to reduce the cognitive effort needed to process and apply the information. For example, rank ordering the performance of institutions in a list from top to bottom can make comparisons clear and straightforward.

Following the lead of successful private sector companies, the developers of report cards and other decision-support tools could also take a more sophisticated approach by adding functionality that allows users to customize the information, that is, to view only data that are most relevant to an individual user's specific preferences and circumstances. Such functionality helps reduce the risk that consumers will dismiss the information as being irrelevant and/or overwhelming. Few decision-support tools have this capability.

Evidence from other industries suggests that personalized customization significantly increases the value of a product or service — including information services — to the end user.<sup>72</sup> For example, retirement

education providers have developed customized messages about saving that readers will be better able to relate to (e.g., written communications that are personalized to reflect the reader's savings history), and are allowing employers to customize the content to speak to the specific needs of different segments of their employee population more effectively.<sup>73</sup>

### Focus on Those Most Receptive to Information

With any consumer product or service, one cannot assume that the entire population will be interested in a particular decision-support tool. This basic marketing principle is critical because it runs counter to the frequently expressed desire to create information and other decision-support tools that meet the needs of all consumers. Market segmentation in the commercial world suggests focusing on those who are likely to be most receptive to specific types of information, or to information presented in a certain way.

There are many ways to segment the market for decision-support information. One strategy is to focus on behaviors and attitudes by separating “doers” (i.e., those who use information in making

decisions) from “non-doers.” Doers, in this context, may include community leaders or local providers who have a strong influence on others. The key is to understand why some people use information and others do not, what differentiates users from non-users, how the needs of information users can best be met, and how the benefits of use may be transmitted to non-users.<sup>74</sup>

In the context of health care, it is important to consider the health status of the target audience—not only because it affects their interest in decision making but because it also affects the kind of information they most want to see. For example, because consumers do not think much about health care when they are healthy, there may be a distinction between what the general public says it wants to see on a provider-specific report card and what patients might wish to know. This theory is supported by marketing research that suggests that consumers with extensive knowledge of a particular product process information differently than do novices. Experts may be more interested in potential long-term and less tangible attributes of a product or service, such as the preventative value of hypertension control, while novices might focus on the more immediate and tangible benefits of a product or service (e.g., availability of after-hours care, low prices).<sup>75</sup>

### **Support Already Trusted Advisors**

For a variety of reasons, many people will not use information directly, but will use it if it comes through others they trust. Because many consumers (especially the elderly and certain ethnic groups) tend to make their health care decisions based wholly or in part on the guidance of trusted advisors (such as family members, friends, community leaders, etc.), sponsors of report cards and other decision-support information should consider these advisors as key targets for their marketing and distribution efforts. In addition to friends and family, potential targets could include physicians, senior centers, civic organizations, and consumer advocates

(particularly those working with low-income communities). In addition to providing them with information, tool-developers should consider training these “information intermediaries” to better transmit what they learn, and providing them with ongoing technical assistance materials.<sup>76</sup>

The new Medicare Prescription Drug Benefit Program offers a current and highly visible example of efforts to partner with community organizations as information intermediaries to help make complex information more accessible and usable. The Centers for Medicare and Medicaid Services (CMS) has launched an aggressive program to recruit and train community-based organizations to help explain the new drug benefit under Medicare Part D to seniors. The outreach campaign includes numerous resources, materials, and training information on the CMS Web site. Also working with CMS is the Access to Benefits Coalition, or ABC Rx, a coalition of over 50 nonprofit organizations, led by the National Council on the Aging, committed to helping low-income Medicare beneficiaries gain access to prescription drugs for which they qualify.<sup>77</sup> The ABC Rx Coalition, which includes diverse groups such as AARP, Easter Seals, and the National Alliance for Hispanic Health, supports the outreach and enrollment efforts of state and local organizations.

### **Cultivate an Image as a Trusted Source**

Branding matters in today’s advertising culture, and consumers are more likely to pay attention to report cards or other decision-support products if the product and/or its sponsors have a recognized, trusted brand name and a positive image—both with the target audience and with those who may influence their decisions. Developers of information should consider whether they are known by the target audience of health care consumers, what their reputation is with those consumers, whether they have the resources to build a brand on their own, or whether it might make sense to partner with a recognized and respected name. For example, the

### **Savvy Marketers Understand the Importance of Those with Influence**

Perhaps the best testimony to the importance of personal influencers on consumers can be found by examining the behavior of pharmaceutical companies. For years, these organizations have marketed to physicians, who remain the number-one influence on consumer choice of drugs. Now these companies have begun to recognize the importance of friends and family members as influencers in health care decisions.

A recent study found that nearly half of patients surveyed took a drug-related action (e.g., taking a new medication, switching drugs, requesting a medication) as a result of the influence or involvement of another person. Spouses represent the biggest source of influence on drug-related actions; for patients without a spouse or partner, daughters and other female friends or family members have the biggest influence. Patients are more likely to take action, moreover, when the “influencer” initiates the discussion, although the degree of influence appears to vary significantly by condition. Based on this emerging data, pharmaceutical companies are starting to target these influencers in their direct-to-consumer advertising.<sup>78</sup>

California HealthCare Foundation forged a partnership with Consumers Union (the publisher of Consumer Reports) several years ago to develop and market a consumer guide to Medicare HMOs in California.<sup>79</sup> By collaborating with one of the nation’s most recognized and trusted sources of independent, expert information on consumer products and services, the Foundation was able to leverage the Consumer Reports image to enhance its own identity as a source of objective and trustworthy information. Persuading well-known personalities to endorse or advocate for a consumer information effort is another way to borrow or leverage trust, often at very little cost if the name recognition is donated.

### **Integrate Multiple Types of Information, Not Quality Alone**

Consumers may show greater interest in decision-support tools that offer assessments of quality along with other factors that are important to their decisions. For example, health plan report cards may be more useful if they also include data on out-of-pocket costs, choice of providers, and ease of access. This was the approach taken by one tool developer who designed a set of reports to support the decisions of Medicare HMO enrollees in New York; these reports presented beneficiaries with a full picture of their options, including costs, covered benefits, accessibility, prescription coverage, physician quality, and measures of plan quality.<sup>80</sup>

Information that focuses solely on quality is not, however, destined to fail; there clearly is some demand for quality information, particularly for patients at the point of choosing a provider or a treatment option. But as consumers are compelled to take on more responsibility for the costs of their decisions, they will become even more likely to dismiss tools that do not include all the factors that they have to consider. At the very least, developers need to acknowledge that when quality information is presented alone, consumers are left with the difficult job of merging it with other types of information and working through the trade-offs—a task that many may choose to avoid.

### **Promote Tools by Emphasizing Benefits, Not Features**

Although the number of people seeking help with health care decisions is growing, developers of support information cannot expect that consumers will be willing and able to find it. As with any product or service, a marketing plan is crucial, both to build awareness of the information and to motivate people to use it.

To promote the use of a product—whether jeans, dishwashers, or decision-support tools—marketing theory and practice suggests that it is more effective

to emphasize its benefits to the target audience than to describe the information tool's features.<sup>81</sup>

Consumers respond most strongly to benefits that are immediate and tangible, and tap into emotion-laden core values. For example, rather than telling potential users what is included in a report or tool, it may be more useful tell them how use of the information would give them a greater sense of control and enable them to make better decisions on behalf of their loved ones. As noted earlier, a direct appeal to better health is often not an effective motivator.<sup>82</sup>

Making an emotional rather than intellectual appeal may help to cut through the defenses of consumers inundated with demands on their time, and open them up to the idea of integrating dry analytical information into some of the most personal—and daunting—decisions that individuals have to make.

## VII. Conclusion

*Providing effective information and decision support to consumers is critical for driving the health care system to higher levels of performance and accountability.*

THE ENVIRONMENTAL CHANGES OUTLINED IN THIS report are forcing consumers to assume greater responsibility for their health care decisions. Efforts to support consumer health care decision making could be significantly enhanced if the creators of decision-support information systematically consider the lessons and insights that can be gleaned from decision research, advertising, and social marketing. These lessons point to the need for tool developers to think beyond conventional approaches to presenting and disseminating health care information, and to embrace new methods for supporting consumers in making health care decisions.

Providing effective information and decision support to consumers is critical not only for improving the health and well-being of individuals, but for driving the health care system to higher levels of performance and accountability.

It is time to take some bold new steps, to make use of lessons and insights from other disciplines too long ignored, to insure that the potential of consumer decision-making in health care will be realized.

## Endnotes

1. Harris Interactive. “No significant change in number of “cyberchondriacs” — those who go online for health information.” April 12, 2004. Available at [www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=789](http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=789).
2. Fox, S. *Health Information Online*. Pew Internet and American Life Project. May 17, 2005.
3. Kaiser Family Foundation/Agency for Healthcare Research and Quality/Harvard School of Public Health (KFF and AHRQ). *The National Survey on Consumers’ Experiences With Patient Safety and Quality Information*. KFF and AHRQ. November 2004 (Conducted July 7 through September 5, 2004). Available at [www.kff.org](http://www.kff.org).
4. KFF and AHRQ 2004.
5. Healthshare Technology. *Hospital Quality Comparisons Are Beginning to Influence Consumer Choice and Behavior*. February 2004..
6. Bishop L.S., Holmes B.J. *Who Cares About Hospital Quality Data? Plans Must Popularize Active Provider Selection*. Forrester Research. October 19, 2004.
7. KFF and AHRQ 2004.
8. Fox, S. 2005.
9. Fox, S. *Wired for Health: How Californians Compare to the Rest of the Nation*. A case study sponsored by the California HealthCare Foundation. Pew Internet and American Life Project. December 14, 2003.
10. Fox, S. 2003.
11. Peter D. Hart Research Associates. *Americans and Their Health Care*. Blue Cross and Blue Shield Association, November 2004.
12. *RAND Report Summary: Consumer Use of Information When Making Treatment Decisions*. Blue Cross Blue Shield Association. March 24, 2005.
13. California Healthcare Foundation (CHCF) and Health Research and Educational Trust (HRET). *California Employer Health Benefits Survey 2004*. December 2004.
14. Kaiser Family Foundation (KFF) and Health Research Educational Trust (HRET). *Employer Health Benefits 2004 Annual Survey*. Also see: Hewitt Associates. *Creating New Health Care Behaviors Among Employees*. Executive Summary of Hewitt Teleconference. November 19, 2003.
15. Hibbard J.H., Dubow J., Peters, E. *Decision-Making in Consumer-Directed Health Plans*. AARP Public Policy Issue Paper 2003–05. May 2003.
16. Bishop, L.S. *What Health Decisions Perplex Consumers? Unclear Tradeoffs and Terminology Dog Decision-Making*. Forrester Research. March 2, 2005.
17. Hibbard, et al, 2003 AARP.
18. Business Wire. “Gartner says worldwide PC shipments grew more than 13 percent in second quarter of 2004.” July 15, 2004.
19. Gilmore J.H., Pine II B.J. (ed). *Markets of One: Creating Consumer-Unique Value Through Mass Customization*. Harvard Business School Press. 2000.
20. Hewitt Associates. *Creating New Health Care Behaviors Among Employees*. Executive Summary of Hewitt Teleconference. November 19, 2003.
21. Rubenstein S. “Buying health insurance, cafeteria style: some employers offer a menu of deductibles, co-payments, networks and prescription plans.” *The Wall Street Journal Online*. October 19, 2004:D4.
22. Hewitt Associates 2003.
23. Schwartz B. *The Paradox of Choice: Why More Is Less*. New York, NY: HarperCollins, 2004.
24. McKinsey & Company. *Strike Up The Brands – McKinsey on Marketing*. December 2003; 2–3.
25. Universal McCann. *Media Trends Track — Television Bureau of Advertising — Trends In Advertising Volume*. 2003.
26. Coen R.J. and Universal McCann. “TNS media intelligence/CMR strategy.” *Advertising Age*. June 28, 2004; 3–5.
27. Coen and Universal McCann 2004.
28. McKinsey & Company 2003.
29. Personal interview with Sheldon Marks, October 20, 2004.
30. Abernathy A.M. “Physical and mechanical avoidance of television commercials: an exploratory study of zipping, zapping, and leaving,” in *Proceedings of the 1991 Conference of the American Academy of Advertising*, R. Holman, ed., Richmond, VA: American Academy of Advertising, 223–231.

31. Business Week Online. "Global brands 2005." July 2005.
32. Business Week Online. 2005.
33. MetLife. *2003 MetLife Employee Benefits Trend Study*. 2003.
34. Schlesinger M. A. "Loss of faith: the sources of reduced political legitimacy for the American medical profession." *Milbank Quarterly*. June 2002. Volume 8, Number 2. Available at [www.milbank.org/quarterly/8002feat.html](http://www.milbank.org/quarterly/8002feat.html).
35. Heath R.P. "The frontiers of psychographics — the psychological reasons that consumers choose products." *American Demographics*. July 1996.
36. Lewin D.I., editor. "Informing consumers about health care quality: New directions for research and action." Summary of a conference held on December 11–12, 2000 in Bethesda, MD, Rockville, MD: Agency for Healthcare Research and Quality, 2002 (AHRQ Pub. No. 02-0014).
37. Lewin 2002.
38. Lewin 2002.
39. Harris Interactive. "Health care professionals, pharmacies, hospitals gain the public's top trust." January 28, 2004. Available at [www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=749](http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=749).
40. Hunt K.A., Gaba A., Lavizzo-Mourey R. *Racial and Ethnic Disparities of Health Care: Does Health Plan Type Matter?* Health Services Research. April 2005. 40(2):551–76.
41. Boulware L.E., Cooper L.A., Ratner L.E., LaVeist T.A., Powe N.R. "Race and trust in the health care system." *Public Health Report*. July/August 2003: 118(4):358–65.
42. Voils C.I., Oddone E.Z., Weinfurt K.P., Friedman J.Y., Schulman K.A., Bosworth H.B. "Who trusts healthcare institutions? Results from a community-based sample." *Ethnic Disparities*. Winter 2005: 15(1):97–103.
43. Hibbard J.H., Slovic P., Jewett J.J. "Informing consumer decisions in health care: implications from decision-making research." *The Milbank Quarterly*. Vol. 75, No. 3, 1997.
44. Hibbard J.H., Slovic P., Peters E., Finucane M.L. *Strategies for Reporting Health Plan Performance Information to Consumers: Evidence from Controlled Studies*. Health Services Research. 2002. 37:291–313.
45. Bates E., McNew S., MacWhinney B., Devescovi A., Smith S. "Functional constraints on sentence processing: a cross-linguistic study." *Cognition*. 1982; 11: 245–299. Also see: Meyer B.J.F. *Basic Research on Prose Comprehension: A Critical Review*. In D..F Fisher and C.W. Peters (eds.), *Comprehension and the Competent Reader: Inter-specialty Perspectives*. New York: Praeger. 1981.
46. Sofaer S. *Strategic Considerations in Providing Quality Information to Medicare Beneficiaries in a Changing Environment*. Report to The Commonwealth Fund, New York. January 1999 (unpublished).
47. Sofaer 1999.
48. Payne J.W., Bettman J.R., Johnson E.J. *The Adaptive Decision Maker*. 1993. Cambridge University Press.
49. Milstein A. and Adler N.E. "Out of sight, out of mind: why doesn't widespread clinical quality failure command our attention?" *Health Affairs*. March/April 2003. 22(2):119–127.
50. Jayanti R.K. "Managed care for Medicare: some considerations in designing effective information provision programs." *Journal on Aging Social Policy*. 2001. 13(1):57–68.
51. Booske B.C., Sainfort F., Hundt A.S. "Eliciting consumer preferences for health plans." *Health Services Research*. October 1999.
52. Sofaer 1999.
53. Payne J.W., Bettman, J.R., Johnson E.J. "Behavioral decision research: A constructive processing perspective." *Annual Review Psychology*. 1992; 43: 87–131.
54. Slovic P. "The construction of preference." *American Psychology*. 1995. 50:364–371.
55. Payne 1993.
56. Hibbard J.H. "Supporting informed consumer health care decisions: data presentation approaches that facilitate use of information in choice." *Annual Review Public Health*. 2003. 24:413–33.
57. Hibbard J., Pawlson L.G. *Why not give consumers a framework for understanding quality?* The Joint Commission Journal on Quality Improvement. June 2004. 30(6):347–51.
58. Hibbard 2003.
59. Hibbard 2003.



60. Hibbard J.H., Peters E.M., Slovic P., Finucane M.L., *Making Health Care Report Cards Easier to Use*. The Joint Commission Journal on Quality Improvement. 27(11): 591–604. November, 2001.
61. “Emotional advertising increases sales,” *Princeton Packet*, January 31, 2000.
62. Interview with Christine Molnar, Executive Director of the Community Service Society of New York.
63. Personal communication with Sheldon Marks, September 17, 2005.
64. Morgan C.M., Levy D.J. “Psychographic segmentation: how to increase communication ROI by examining values, beliefs and motivations—return on investment.” *Communication World*. December 2002.
65. Navarro F.H., Wilkins S.T. “A new perspective on consumer health web use: “valuegraphic” profiles of health information seekers.” *Managed Care Quarterly*. 2001:9(2):35–43.
66. Navarro 2001.
67. Lewin 2002.
68. Lewin 2002.
69. Lewin 2002.
70. Ad Council. *Public Service Advertising That Changed a Nation*. September 2004. Available at: [www.adcouncil.org/pdf/adweek\\_report\\_2004.pdf](http://www.adcouncil.org/pdf/adweek_report_2004.pdf).
71. Ad Council 2004.
72. Gilmore and Pine II 2000.
73. Employee Benefit News. “Firms seek to customize retirement communications.” BenefitNews.com. August 19, 2004.
74. Lewin 2002.
75. Sprath P.L., editor. *Provider Report Cards: A Guide for Promoting Health Care Quality to the Public*. 1999. Health Forum, Inc.
76. Sofaer 1999.
77. Charter, National Access to Benefits Coalition, accessed on September 18, 2005 at [www.accesstobenefits.org/library/pdf/charter%20FINAL%20042804.pdf](http://www.accesstobenefits.org/library/pdf/charter%20FINAL%20042804.pdf).
78. Business Wire. “Spouses and daughters are biggest influencers; patients suffering from depression, migraines, and congestive heart failure more susceptible to take action when influencers are involved.” September 2, 2003.
79. California HealthCare Foundation and Consumers Union of U.S. *All Medicare HMOS are NOT Alike: Guide to California HMOs*. 2002.
80. Baruch College School of Public Affairs and the Medicare Rights Center. *Medicare Choices for New Yorkers: Know What Matters!* 2000.
81. Lewin 2002.
82. Lewin 2002.



CALIFORNIA  
HEALTHCARE  
FOUNDATION

476 Ninth Street  
Oakland, California 94607  
Tel: 510.238.1040  
Fax: 510.238.1388  
[www.chcf.org](http://www.chcf.org)