Our clients’ industries are extremely competitive, and the maintenance of confidentiality with respect to our clients’ plans and data is critical. Oliver Wyman rigorously applies internal confidentiality practices to protect the confidentiality of all client information.

Similarly, our industry is very competitive. We view our approaches and insights as proprietary and therefore look to our clients to protect our interests in our proposals, presentations, methodologies and analytical techniques. Under no circumstances should this material be shared with any third party without the prior written consent of Oliver Wyman.

© Oliver Wyman
Our clients’ industries are extremely competitive, and the maintenance of confidentiality with respect to our clients’ plans and data is critical. Oliver Wyman rigorously applies internal confidentiality practices to protect the confidentiality of all client information.

Similarly, our industry is very competitive. We view our approaches and insights as proprietary and therefore look to our clients to protect our interests in our proposals, presentations, methodologies and analytical techniques. Under no circumstances should this material be shared with any third party without the prior written consent of Oliver Wyman.

© Oliver Wyman
Hello

Andrea Ducas
Program Officer
RWJF

Andrea develops RWJF-funded national initiatives to transform health and health care systems. She has a special focus on payment reform, and on ensuring patients have the tools to advance their needs and preferences.

Lindsay Jubelt, MD
Senior Medical Director of Population Health
Mount Sinai

Lindsay aims to deliver new models of affordable, high-quality care for patients and employer groups. Dr. Jubelt is also a practicing physician in the Mount Sinai Hospital internal medicine clinic.

Zach Goldstein
Principal, Innovation
Health Leads

Zach Goldstein runs the innovation and new product development team at Health Leads, exploring new care delivery models that enable hospitals to address patients’ basic resource needs at scale.

Parie Garg, PhD
Partner
OW Health & Life Sciences

Parie has spent the majority of her time at Oliver Wyman helping organizations manage their Medicaid population. She specializes in playing at the seams between Payers and Providers.
Building a Culture of Health in America
What is a Culture of Health?
Transforming Health and Health Care Systems
The Mount Sinai Health System

One of the largest integrated health care systems in the nation

- Babies delivered a year: 18,000 (48 Per Day)
- Total Certified Beds: 3,535
- Operating Rooms: 138
- Employees: 37,000+
- Freestanding Ambulatory Surgical Centers: 10
- Affiliations with community health center locations: 31
- Clinical and academic relationships with other local health care organizations: 41
- Nurses: 6,000+

Providing medical care to local and global communities
The Health Leads Vision

We envision a healthcare system that addresses all patients’ basic resource needs as a standard part of quality care.

©2017 Health Leads Inc.
Oliver Wyman’s Health & Life Sciences Practice

Our Mission: Transforming healthcare through the relentless pursuit of a better way

Our Leadership & Expertise

• Over 125 senior professionals across the US, Europe, and Asia

• Expertise in value-based transformation, employee Medicaid, ACOs, population health management, health plan development, exchange strategy, etc.

• In-depth and collaborative experiences across organizations to bring integrated perspectives across the industry

Our Clients

• Over 100 clients and 500+ projects during the last 5 years, including:
  • Leading health systems, hospitals and physician groups in the US and Europe
  • All major US health plans, 20+ Blues plans
  • Most of the top 20 pharma companies
  • Several of the largest PBMs, retail pharmacies, health IT and big box retailers

Our Approach

• **Data-driven**: unbiased, external data to establish problems and identify opportunities

• **Innovative**: ideas that are truly innovative and potentially disruptive to the status quo

• **Actionable solutions**: results-oriented recommendations tailored to local markets

• **Collaborative**: working with our clients, alongside executives, management and support teams
Key consumer findings
Study overview

<table>
<thead>
<tr>
<th>Objective</th>
<th>Consumer research</th>
<th>Marketplace research</th>
</tr>
</thead>
</table>
| **Study Overview** | • Understand how and when health information sources are used  
• Understand satisfaction or dissatisfaction with existing sources  
• Identify any unmet needs  
| **Sample** | • Low-income / Uninsured  
• Non-English Speakers  
• Caregivers  
| • 4,068 consumer survey responses across income status, insurance status and language  
• Focus groups with 51 consumers in 5 sessions across 3 geographies  
• 14 interviews/ethnographies  
• Review of academic / “grey” literature  
| **Approach** | • Providers  
• Health Plans  
• Other relevant stakeholders  
| • 97 interviews with marketplace decision-makers and influencers  
• Review and synthesis of news articles, market research, etc.
The consumer research sought to answer four key questions

1. What are the **specific needs and frustrations** surrounding healthcare information for vulnerable consumers?

2. What are the **key barriers** that prevent vulnerable patients from effectively receiving health information from providers?

3. How is healthcare information **most commonly accessed** by vulnerable consumers?

4. Who are the **most engaged users** of healthcare information?
1 Needs and frustrations of vulnerable consumers
It’s all about cost

Key findings

Information related to cost transparency is most in demand

• Vulnerable patients experience a more frustrating health information landscape

• Vulnerable consumers, often lower-income and even more price sensitive, are most dissatisfied with cost information

• The top improvement priorities were related to cost and insurance

% Satisfied with information type (By income)

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Under $50K</th>
<th>Over $50K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital costs before the visit</td>
<td>45%</td>
<td>56%</td>
</tr>
<tr>
<td>Understanding medical billing</td>
<td>48%</td>
<td>59%</td>
</tr>
<tr>
<td>Outpatient costs before the visit</td>
<td>49%</td>
<td>60%</td>
</tr>
<tr>
<td>Cost of medications</td>
<td>52%</td>
<td>56%</td>
</tr>
<tr>
<td>Details about outpatient clinics</td>
<td>55%</td>
<td>67%</td>
</tr>
</tbody>
</table>
Key findings

Vulnerable patients reported that they felt disrespected by providers

- Vulnerable patients are three times more likely to feel disrespected
- Disrespected patients are twice as likely to not follow their treatment regimen
- Many low-income patients perform exhaustive searches for indicators that a doctor will be respectful
- Low-income patients discussed the importance of the physician’s photograph to gauge likelihood of being treated with respect

**% Not taking medication and diabetics with HbA1c under 7 (By respect)**

- Medication non-adherent: 25% felt respected, 13% did not feel respected
- HbA1c <7 (diabetics only): 35% felt respected, 26% did not feel respected

Respect me and I’ll respect your treatment regimen
Key barriers to receiving health care information
Español, por favor!

Key findings
Spanish speakers often struggle with language barriers
• Spanish speakers reported the biggest barriers were related to understanding insurance, communicating with doctors and understanding billing
• Due to fear of prejudice, they are often reluctant to request Spanish resources even when available
• Spanish speakers often seek medical advice from friends and family

% Spanish speakers who felt language is a barrier

- Understanding medical billing: 49%
- Understanding insurance: 48%
- Communicating with doctors: 47%
- Reading printed materials from doctors: 45%
Most common ways of accessing healthcare information

Google has the power to change healthcare

Key findings

Google is most frequently used to find health information

• All income groups reported going to Google as their starting source to answer health and healthcare questions

• However, lower-income patients often don’t know the precise search terms used to find relevant information

• Tools and resources with health information were invaluable – when lower-income patients found them

Focus group example

“For me – I know I can Google this. It will help me right now. So I just did that. I just did my Googles.”

— Washington DC Focus Group
Most common ways of accessing healthcare information

Mobile is king

Key findings

Mobile is the most common medium for information searches

• Consumers that are younger, lower-income or racial minorities use mobile phones for 90-95% of their internet use

• Sites sometimes do not render well on mobile devices, leading to bad user experiences

• When a website is not viewable or usable via a mobile device, consumers give up or call – they do not seek to use another device

Focus group example

Moderator: “What proportion of [your friends’ and family’s] online searches do you think are on a phone versus a computer, of any kind of internet use not just healthcare?”

Participant 1: “Like 90%.” [Laughter]

Participant 2: “I would say 95%.” [Laughter]

Participant 1: “Nobody uses their computer anymore.”

— Chicago Focus Group
Most common ways of accessing healthcare information
Listen to me, listen to my network

Key findings

Friends, family, and patient reviews prove to be highly influential

- Family and friends highly influence one’s choice of doctor
- Patient reviews are also highly influential – when patients are aware of them
  - For those that use patient reviews, 83% reported being influenced by them
  - Vulnerable patients expect that reviews are written by people like themselves and could be trusted
- Reviews are used for choosing doctors rather than facilities

% Reporting source is important when choosing doctor (*Top 4 sources*)

- Referral by another provider: 79%
- Referral by friend or family: 76%
- Provider directory from insurer: 72%
- Patient reviews online: 71%
Most engaged users of health information
New portal? New health resource? Tell the caregivers

Key findings
Caregivers are the most active seekers of health information

• Caregivers are super-users of online resources / apps

• While they are adept at finding information for others, they have trouble finding information for themselves
  – Information on respite care and financial support are particularly difficult to locate

% Accessing resource to find information (By caregiver type)

<table>
<thead>
<tr>
<th>Resource</th>
<th>Not Caregiver</th>
<th>Care for Child</th>
<th>Care for Adult only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search online</td>
<td>68%</td>
<td>74%</td>
<td>85%</td>
</tr>
<tr>
<td>Specific website</td>
<td>60%</td>
<td>65%</td>
<td>83%</td>
</tr>
<tr>
<td>Insurer’s website</td>
<td>30%</td>
<td>42%</td>
<td>73%</td>
</tr>
<tr>
<td>Health App</td>
<td>25%</td>
<td>40%</td>
<td>70%</td>
</tr>
</tbody>
</table>
QUALIFICATIONS, ASSUMPTIONS AND LIMITING CONDITIONS

This report is for the exclusive use of the Oliver Wyman client named herein. This report is not intended for general circulation or publication, nor is it to be reproduced, quoted or distributed for any purpose without the prior written permission of Oliver Wyman. There are no third party beneficiaries with respect to this report, and Oliver Wyman does not accept any liability to any third party.

Information furnished by others, upon which all or portions of this report are based, is believed to be reliable but has not been independently verified, unless otherwise expressly indicated. Public information and industry and statistical data are from sources we deem to be reliable; however, we make no representation as to the accuracy or completeness of such information. The findings contained in this report may contain predictions based on current data and historical trends. Any such predictions are subject to inherent risks and uncertainties. Oliver Wyman accepts no responsibility for actual results or future events.

The opinions expressed in this report are valid only for the purpose stated herein and as of the date of this report. No obligation is assumed to revise this report to reflect changes, events or conditions, which occur subsequent to the date hereof.

All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of the client. This report does not represent investment advice nor does it provide an opinion regarding the fairness of any transaction to any and all parties.