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Executive Summary

About the Survey

The HealthMine Consumer Doctor Choice Survey of 500 insured consumers was fielded in September/October 2016. Sixty-six percent (66%) of respondents had insurance through their employer or spouse's employer, while 34% had purchased their own insurance. One hundred percent of respondents were enrolled in a wellness program.



90% of consumers believe their health is not optimal

Despite rising healthcare costs, many still haven't made any changes to the way they manage their health. When it comes to doctor selection and appointment scheduling, consumers may not be putting much time or consideration into their choices. Many desire digital data about their medical record and doctor recommendations. Additionally, most consumers have not heard of a health score that provides an overall view of their health.

Key Findings

- + Health Check-up:** 90% of consumers say their health could be better.
- + Health Management:** 45% of consumers say they haven't changed the way they manage their health—even though their healthcare costs are higher.
- + Choosing a Doctor:** 63% of consumers say “in my insurance network” trumps other criteria for choosing a doctor. Personal referrals, compatibility and use of technology are considered far less often.
- + Health Scores:** 52% of consumers have not heard of a health score. However, one third (33%) said that receiving a health score, similar to a credit score, is important to them.



Managing Health and Costs

Nine out of ten U.S. adults say their health could be improved. But rising healthcare costs may be paralyzing health plan members from doing more to manage their health. Forty percent of respondents say their healthcare costs are higher than they were last year. Despite this, nearly half of those reaching deeper into their pockets report they aren't managing their health any differently.

What statement is most true for you about your healthcare costs?

Statement	Percent
My healthcare costs are the SAME as they were last year.	46%
My healthcare costs are HIGHER than they were last year.	40%
My healthcare costs are LOWER than they were last year.	14%

If your healthcare costs have risen, are you managing your health differently than you were before?

Answer	Percent
Yes	55%
No	45%

Those who have taken action to improve their health report eating healthier, exercising more and seeing the doctor more often as their biggest modifications. However, 17% are skipping medication doses and 35% are going to the doctor less often, highlighting that more guidance may be needed to make meaningful choices.

If your healthcare costs have risen, what are you doing differently to manage costs?

Action	Percent
Eating healthier	61%
Exercising more	53%
Going to the doctor more	43%
Going to the doctor less	35%
Taking prescription medication more frequently	28%
Treating myself over the counter	27%
Skipping prescription medication when I can	17%
Using telemedicine	16%

Getting those who are ill, or struggling with a chronic condition, to properly manage their disease is where the cost savings lie for plan sponsors and members. The 20% of members struggling with illness usually incur about 80% of the total plan costs. Sophisticated online personal care management programs can automatically deliver timely evaluations of health and guidance about how to manage conditions and costs.



Choosing And Scheduling Doctor Visits

The most important factor in choosing a doctor for U.S. consumers is that the “doctor accepts my insurance.” Fifty-six percent (56%) of respondents say that they search for a doctor by choosing from in-network doctors in their health plan. Only 28% search online for doctors with expertise that meets their needs, and just 20% ask a friend or relative for a recommendation.

How do you search for a doctor?

Statement	Percent
I choose from in-network doctors in my health plan.	56%
I ask my primary care physician for recommendations.	52%
I look online for doctors with expertise that meet my needs.	28%
I ask a friend/relative.	20%
I call my local hospital for a list of affiliated doctors.	17%
I never search for a doctor	2%

When asked for the top three most important factors in selecting a doctor, just 27% said “specific expertise” or “compatibility,” and just 25% said that a “recommendation from a person I trust” was a significant consideration for them.

What are the three most important factors for you when searching for a doctor?

Answer	Percent
Doctor accepts my insurance	63%
Convenient location	36%
Board certification and years of experience	27%
Specific expertise	27%
Compatibility	27%
Recommendation from person I trust	25%
Ease of scheduling/short wait times	24%
Hospital affiliation	17%
Out of pocket cost	17%
Gender	10%
Technology forward (uses EHRs, patient portal, text messages)	10%

Three quarters of respondents (76%) say they would feel comfortable researching and picking a doctor online. Additionally, half of respondents (51%) strongly agree that a shareable medical history and a follow-up summary of their doctor’s recommendations post-appointment are important to them.

Important support features surrounding doctor appointments

Feature	Percent Who Strongly Agreed It was Important
Summary of my health conditions, medications, and medical history I can share	51%
Receiving a follow up summary of my doctor’s recommendations after my appointment	51%
Ability to estimate my out-of-pocket costs	48%
Appointment reminders	45%
Receiving appointment reminders via text message and/or email	45%
Checklist I can bring with me to the doctor so I know what to talk about	36%
Viewing and scheduling an appointment online	31%
Ability to share my health summary with my doctor during the appointment via a mobile app	28%
Being able to rate my doctor experience and provide my opinions for others to see	27%
Help finding transportation to the doctor I select	26%
Using a mobile app to find and schedule a doctor appointment	24%

When it comes to being reminded about an upcoming doctor appointment, text message is the number one preferred method (50%). Mobile health applications (15%) and synced calendar reminders (10%) are the least favorite medium for reminders.

How would you prefer to be notified of upcoming appointment?

Method of communication	Percentage
Text Message	50%
Email	31%
Personal phone call from doctor office	26%
Automated phone call	21%
Mobile health app	15%
Synced calendar reminder	10%

Health Scores

Commercial health insurance plans, as well as Medicare, Medicaid and other government programs, generate risk scores every year for most of the people they cover. These scores are estimates of each person’s cost of care, compared with the average costs in a large population. Currently, these scores belong to members’ insurance providers, and don’t travel with members when they switch plans.

In our survey, 52% of respondents had not heard of a health score. However, one third (33%) said that receiving a health score, similar to a credit score, that “gives me an overall view of my health and the amount of effort I am putting into being healthy” is important to them.



35% said that seeing their health score increase was motivating to them. [example: walking 7,500 steps per day]

A portable, reliable health score would enable plan sponsors to better predict their costs and empower plan members to better manage their health. Existing scores are not as reliable as they could be. This is in large part because they are calculated from data on medical claims. Health scores would be much more accurate if they were derived from near-real time clinical health data, such as blood pressure, cholesterol, weight, diabetes indicators and other details about health. Plus, a health score should measure a person’s effort in managing their health.

Conclusion

Health plan sponsors should help give consumers an overall picture of their health and more tools to manage their healthcare. Members may not be putting enough thought into healthcare choices such as doctor selection, and may need more guidance and support from their plan sponsor. Through wellness programs, plan sponsors can connect members to their digital health information and close gaps in care between provider visits and home care. Providing a portable, dynamic health score that reflects and rewards effort in managing health can be a motivating strategy for members to take more ownership of their health.

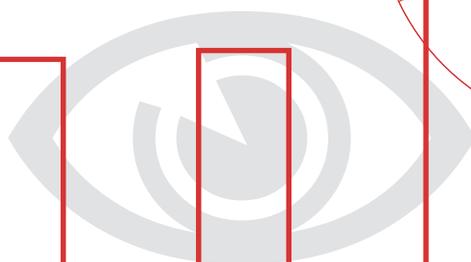
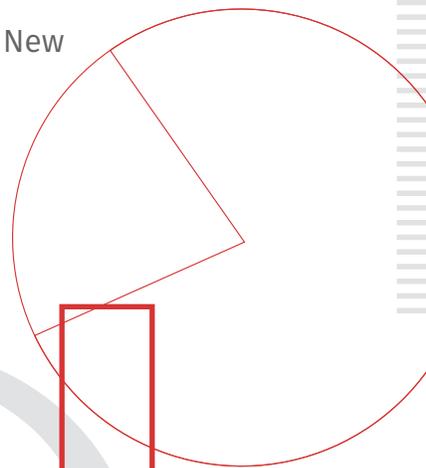
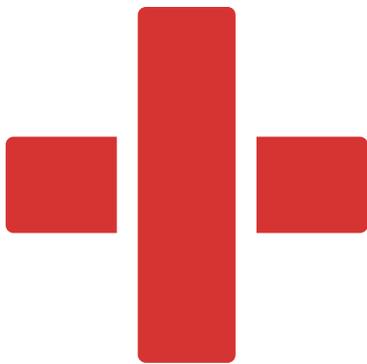


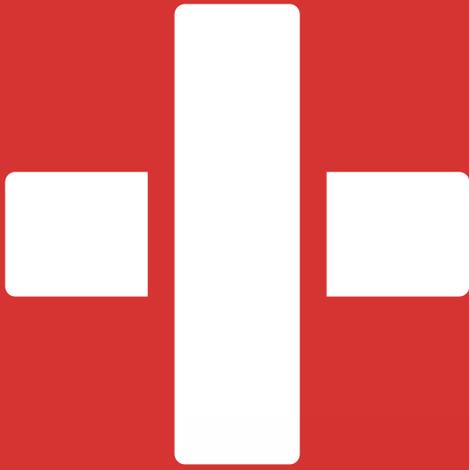
HealthMine is a leading healthcare technology company that improves Health Intelligence for plan members and plan sponsors. HealthMine's mission is to empower everyone to own their health. HealthMine has created an unparalleled SaaS platform that makes it easy for members to manage their health because they know: 1) where they stand, 2) what they need to do, and 3) what's in it for them. The platform works by automatically intaking each member's clinical and behavioral health data, and analyzing it through a rigorous, clinical rules engine. HealthMine identifies healthy, at-risk, and chronically sick individuals in a population, uncovering health risks that often go unnoticed. Applying deep understanding of a member's health, lifestyle and behavioral patterns, HealthMine creates a dynamic, personalized health action plan and tracks outcomes. Serving more than one million members, HealthMine has saved employers and payers more than \$100 million in healthcare costs. The company was founded in 2008 and is based in Dallas, Texas with offices in San Mateo, California, and Eatontown, New Jersey.

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