

American Institutes for Research

Lessons learned from developing a communication toolkit on evidence-based health care: The consumers' point of view

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Rising rates of chronic health conditions: what can be done?

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Project team and funding

- American Institutes for Research
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 - Maureen Maurer, MPH
- McGee & Evers Consulting
 - Jeanne McGee, PhD
 - Mark Evers, PhD
- Funding
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What led to the development of the Toolkit?

- National Business Group on Evidence-Based Medicine asked CHCF to fund a toolkit
 - Anticipated resistance to evidence-based design changes
 - Wanted to maximize consumers' receptiveness and understanding of evidence-based approaches
- Early on, the project was broadened to focus on the range of issues concerning consumers' potential misconceptions about and reactions to “evidence-based health care”
 - The Toolkit was expanded to emphasize the nature and importance of health care “evidence” and related expectations for engagement by consumers

The problem: Consumers may have key stumbling blocks to understanding and acting on key concepts underlying evidence-based health care

These stumbling blocks mean that existing information and supports for consumers may not be as effective as they could be



What did we do?

- Goals of the project's *research* activities were to assess and understand:
 - What are employers and unions doing to communicate on this topic?
 - What are desired topics and components of the Toolkit?
 - What are consumers' understanding, attitudes, and beliefs about this topic?
- Methodology:
 - Environmental scan
 - Literature review
 - Review of websites
 - Phone interviews with experts
 - Focus groups and individual interviews with union and non-union employees
 - Survey of consumer attitudes about evidence-based concepts and experiences (NBGH Survey on Employees and Healthcare Decision Making)

What did we learn about
the challenges we face
communicating with
consumers?

Three core challenges

- Consumers have different beliefs and conflicting values
- Consumers don't necessarily trust important existing communication channels
- Consumers have limited experience with becoming more actively involved and find it hard to engage

Consumers have different beliefs and conflicting values

- Generally unfamiliar with and struggle to understand concepts like “medical evidence,” “quality standards,” and “guidelines”

Only 49% of survey respondents said they had heard about medical research and only 34% had ever had a physician discuss the topic with them

- Believe that quality of care guidelines and standards
 - Constitute restrictions on choice
 - Are designed to protect everyone but the patient
 - Represent an inflexible one-size-fits-all approach
 - Can be barriers to medical innovation
 - Can be biased

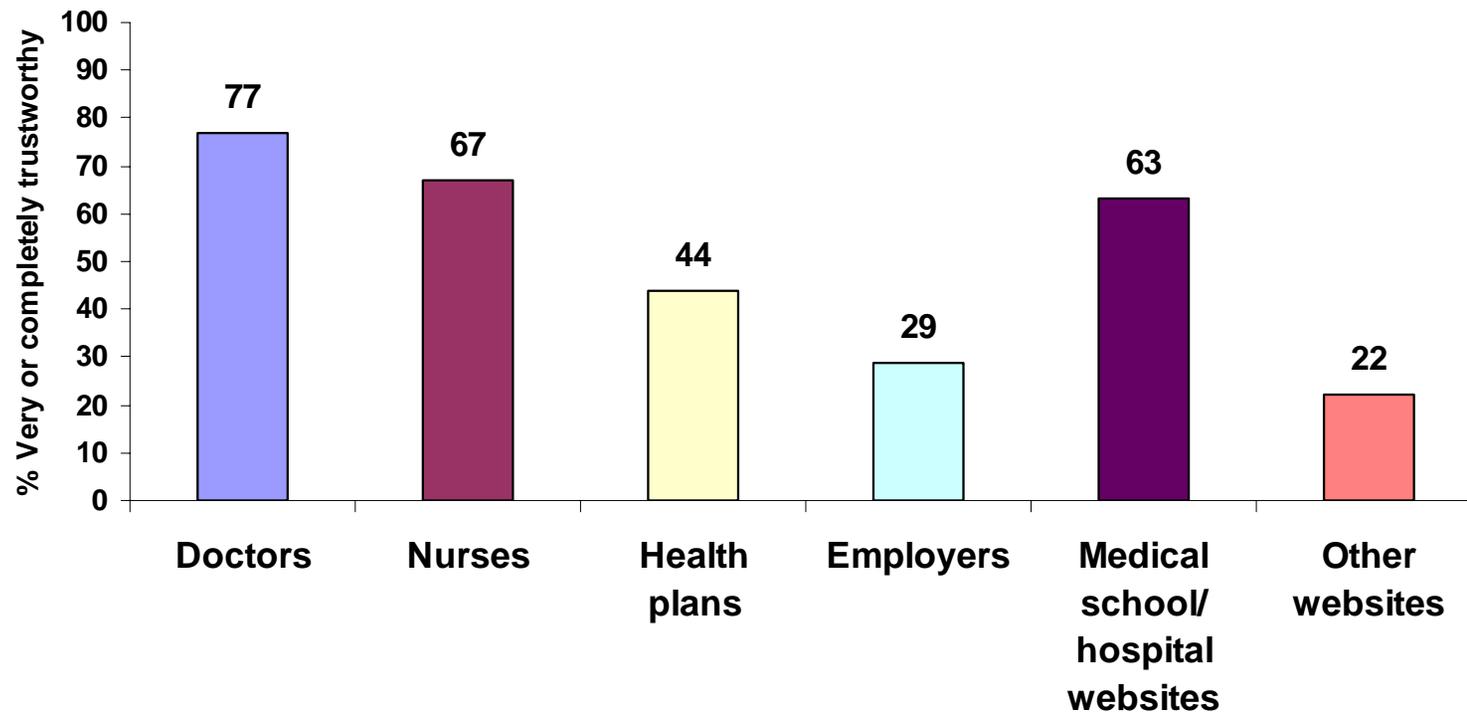
Consumers have different beliefs and conflicting values *(cont'd)*

- Consumers also believe that:
 - Their doctors should dictate what medical care is appropriate
 - More care is better care
 - “I don’t see how extra care can be harmful to your health. Care would only benefit you.”*
 - New types of care and treatment are always better
 - Good quality costs more
 - “Because if you’re going to have a doctor that’s better, he’ll charge more.”*
 - It is not appropriate to discuss treatment decisions or health care quality in terms of health costs

Consumers don't necessarily trust important existing communication channels

- Feel bombarded with competing demands for their time, attention, and action, and inundated with information
- Not sure how all this information is personally relevant and what they can or should do
- This is especially problematic because consumers find it difficult to know who, and what, to trust

Consumers don't necessarily trust important existing communication channels *(cont'd)*



Sources of health information

Consumers don't necessarily trust important existing communication channels *(cont'd)*

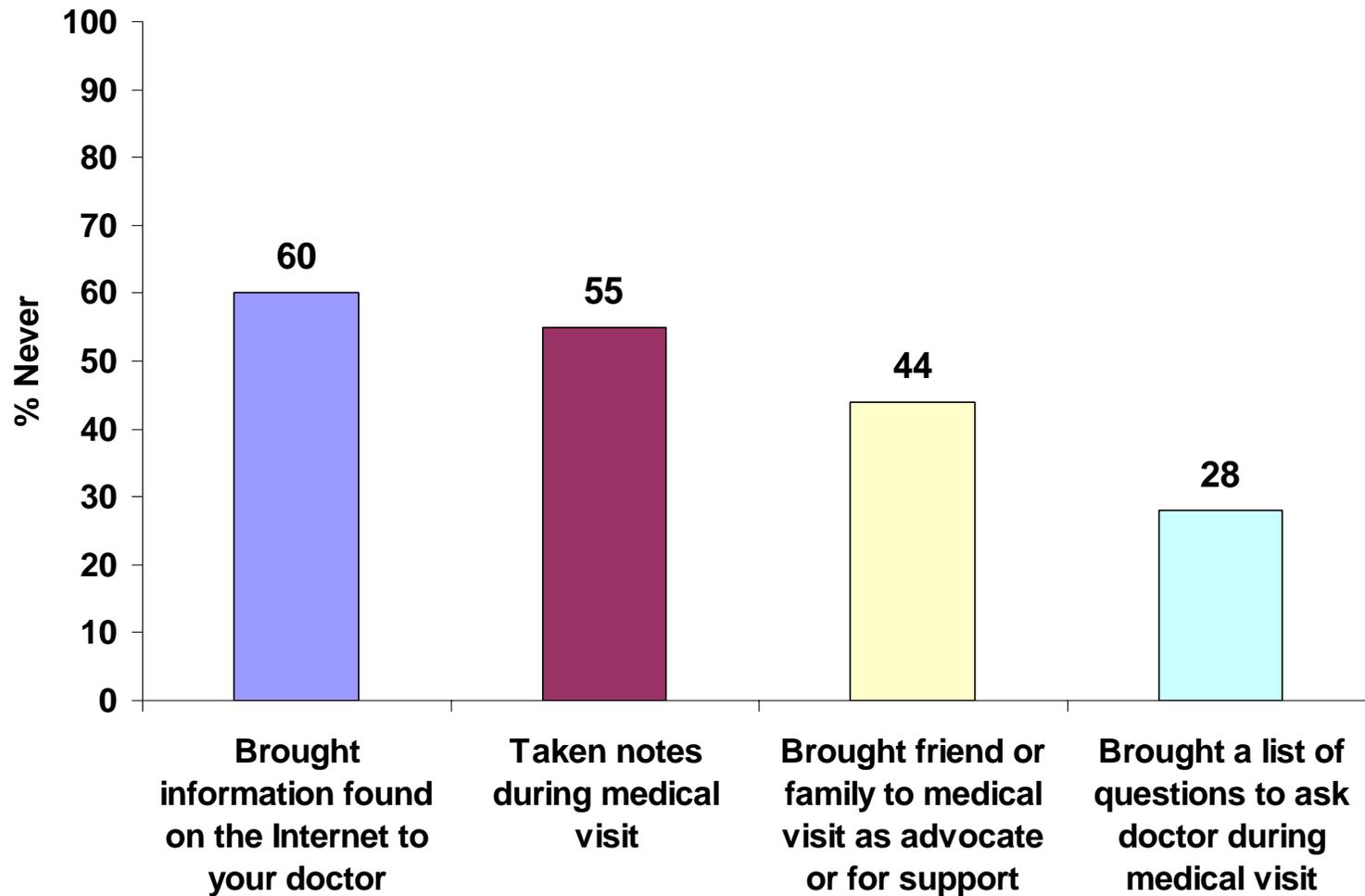
- Consumers tend to be especially suspicious of employer's motivations
 - It seems employers care more about saving money than employees and their health and are overstepping their bounds
 - When cost increases are accompanied by restrictions
 - Are suspicious that benefit changes, even when supporting lifestyle changes they agree with, might be the first step toward more severe coverage restrictions

“It starts with smokers, whose to say if tomorrow it won't be your diabetics or asthmatics?...”

Consumers have limited experience with becoming more actively involved

- Most respondents lacked experience with engagement behaviors before or during their visits for medical care

Consumers have limited experience with becoming more actively involved *(cont'd)*



Consumers have limited experience with becoming more actively involved *(cont'd)*

- Being actively involved can be *just plain hard*

Good news: 77% of survey respondents reported *attempting* to make a lifestyle change

Of that portion, 48% were making “moderate” changes and 38% “small” or “very small”

Bad news: Whether respondents perceived their changes to be small, moderate, or large, almost 60% reported that changing was “hard” or “very hard”

What did we do?



Communication Toolkit

- Collection of Word documents grouped into 4 topic areas:
 1. Understanding the basics of health care quality and the importance of evidence
 2. Cost and quality—how to choose quality and make wise use of resources on health care
 3. Tips for getting good health care
 4. Help in using the internet to find health information you can trust
- Incorporates 4 essential features:
 1. Reader-centered, uses simple language, and introduces key concepts sequentially
 2. Reinforces key concepts and makes EBHC personally relevant
 3. Focuses on and supports action
 4. Can be tailored to employer's specific circumstances
- Includes information to support communication efforts

For further information:
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Visit the Communication Toolkit at:
<http://www.businessgrouphealth.org/benefitstopics/toolkits.cfm>