

# executive summary

Understanding patients' perspectives is a critical element of healthcare redesign. The "triple aim" of enhancing care experiences, improving health outcomes and reducing costs relies on nurturing patients' engagement in their care and their openness to new care approaches. Those in turn require understanding how patients gather and use information and communicate with their providers – the foundation of successful healthcare experiences.

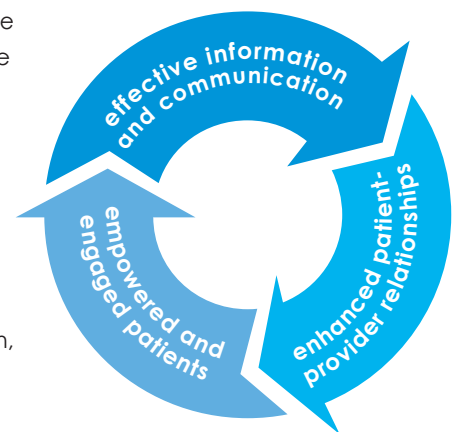
This report, the latest in a series from Blue Shield of California Foundation, focuses particularly on the experiences and attitudes of low-income patients in California.<sup>2</sup> It seeks to add their voices to the discussion, examining how these patients feel about their current communication with their healthcare providers, how they obtain health information, their interest in new information sources and communication methods – and how these inform their relationship with their providers and their care facilities more broadly, and their interest in new models of care.

The time is ripe for this research. Patient advocates and practitioners are focused ever more intently on realizing the ideals of patient-centered care and informed decision making. Advances in technology offer new opportunities for contact between patients and caregivers. And, as found in previous research, engaged patients are more apt to be satisfied and loyal ones – a key concern for safety net clinics<sup>3</sup> adjusting to the changes brought about by the Patient Protection and Affordable Care Act (ACA), as well as for the healthcare system overall in the transformation now under way.

This study's findings indicate ample room for healthcare facilities to improve the ways in which patients obtain and act upon information and communicate with their providers. And it finds that, when such efforts are present, they hold forth the prospect of sharply improved patient-provider relationships, a crucial milestone on the road to successful patient engagement.

Among the major findings:

- Successful communication between patients and providers produces a wide range of positive outcomes, including bolstering patients' satisfaction, trust in medical professionals, confidence and engagement in care decisions. Patients who have a stronger bond with their providers are a vast 43 percentage points more likely to feel they have a voice in their care, 35 points more likely than others to rate their quality of care positively and 26 points more strongly confident in their decision-making ability.

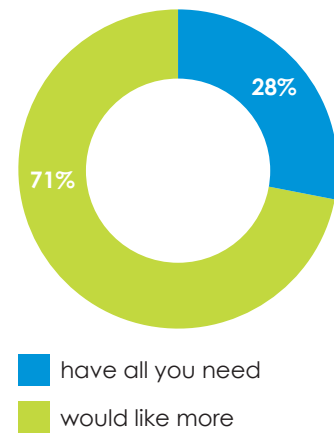




Information levels soar among patients enrolled in team-based care or healthcare navigator programs.

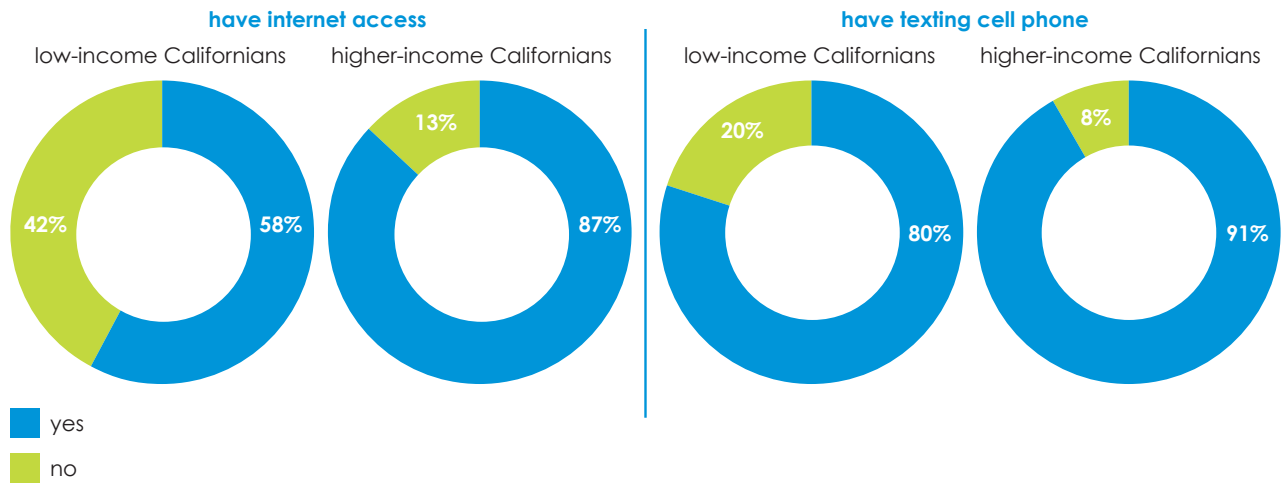
- A broad gap currently exists between the information patients possess and what they desire in order to make good medical decisions. Fifty-five percent of low-income Californians say they'd like more information for decision-making purposes – and if that information is clear and easily accessible, interest jumps to 71 percent.
- Self-reported information levels soar, and the perceived need for additional information declines, among patients who are enrolled in team-based care or healthcare navigator programs, indicating strong positive impacts of these emerging care models.<sup>4</sup> Patients enrolled in team-based care, for example, are a broad 19 points more likely than others to report feeling very informed about their health and 15 points less likely to feel they need more information in order to make good healthcare decisions.
- While current use is limited, there is broad interest in decision aids and internet-based patient portals alike – and when used, these resources are highly successful. Patient portal and decision aid users are more apt than non-users to feel very informed about their health, by 22 and 13 points, respectively. Among those who have and use portals, a nearly unanimous 92 percent find them useful. And among those who've been given a decision aid, a similarly high nine in 10 would use one again.
- Fewer than half of low-income Californians currently rely primarily on their care providers for their health information; as many rely on media sources (printed materials, television or the internet). Providers, however, are much more highly trusted.

**desire for clear, accessible information**



- Alternative means of communication and information-gathering can enhance the role of care providers, rather than supplanting them. Use of a variety of technologies including the internet for health information, health-related smartphone applications and e-mailing or texting with care facilities are positively associated with successful patient-provider relations.
- Although relatively few low-income patients currently can communicate with their providers by text or e-mail (16 and 23 percent, respectively), 87 percent of those who do so find it useful – most of them, “very” useful. And among those who don’t have these communication options, sizable majorities are interested.

There are challenges. The well-documented digital divide continues: Forty-two percent of low-income Californians lack access to the internet (compared with just 13 percent of higher-income residents). The divide narrows for cell-phone use, but still one in five lacks a text-messaging capable cell phone. The benefits of healthcare communication technology – smartphone applications, interactive websites, text or e-mail reminders and more – are lost to these offline or non-texting patients.



Yet in the areas available for improvement, the potential payoffs are substantial. Previous research has found that the extent to which patients feel well-informed about their health and health care largely predicts their broader healthcare experience, their empowerment (e.g., confidence and comfort asking providers questions), their engagement in their own care and their openness to team-based care and other alternative care models. This report moves the discussion ahead by offering insights on how the goals of well-informed patients and successful patient-provider relationships can be achieved.

### health information, sources and trust

Well-informed decision making is still far from a reality for most low-income Californians; just 28 percent feel they have all the health information they need to make good medical decisions, assuming additional information is clear and easily accessible. Yet there are key differences across groups. As detailed in Part A of this report, patients are more likely to feel they have the information they need when they feel connected with their care facility, regularly see the same provider, use (or have used) alternative care models and tools or report a strong relationship and good communication with their provider.

It also helps, simply, for providers to be committed to patient involvement. Low-income Californians who say their healthcare provider encourages them to take an active role in their care are substantially more apt than others to feel very informed about their health generally and to say they have adequate information to make good healthcare decisions.

Medical professionals face competition in their traditional role as primary information sources. As noted, the survey finds that well fewer than half of low-income patients, 38 percent, rely on their providers as their top source of health information; as many primarily rely instead on media sources including the internet, television, books or magazines. And among those younger than age 40, the internet, TV and printed media supplant medical professionals as the primary source of health information by a substantial margin, 45 vs. 33 percent.

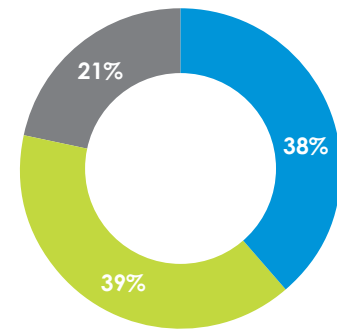
That's a potential problem, since trust in information is far higher when it comes from a medical professional than from other sources. The outcome, then, may be more patients getting information from sources they trust less – a potential obstacle to achieving the goal of well-informed, confident, participating patients.

Again, though, there are opportunities for progress. Both team care and health coaches bolster reliance on providers as primary sources of health information. So do continuity and connectedness, both shown previously to be key predictors (along with information) of patient empowerment and engagement. Patients who usually see the same healthcare provider (i.e., those with continuity of care) are 22 points more likely to rely on that provider as their primary source of health information, compared with those who see the same provider less often. Patients also are more apt to rely on their provider for information when they feel someone at their healthcare facility knows them (the definition of connectedness), as well as when providers explain things clearly, invite questions and encourage patients to be involved in their own care.

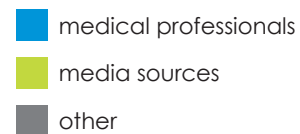
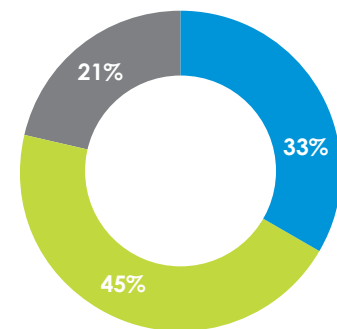
Team-based care and the use of health coaches bolster patients' reliance on providers as their primary sources of health information.

#### top source of information among

all low-income Californians



those age 19-39



## communication, patient-provider relationships and health technology

While information is a necessary component of the shared decision-making process, communication and trust between providers and patients is key to making the relationship work.

As presented in Part B of this report, low-income Californians tend to have a positive relationship with their provider overall, although again with important differences among groups. The quality of patient-provider relationships suffers, for example, among those who don't primarily speak English or who lack insurance.

The importance of the quality of this relationship can hardly be overstated. As mentioned, those who report having a strong rapport with their providers are more likely than those with weaker bonds to feel very informed about their health, to be satisfied with the quality of care they receive at their facility and to trust the information provided by their doctors – all by more than 30-point margins. Indeed, there are almost no key outcomes that are not impacted by patients' perceived bonds with their provider.

Virtually every key outcome in terms of patient empowerment and engagement is predicted by the quality of patient-provider relationships.



Factors that contribute to a high-quality relationship between patients and providers include patients' perceptions that their provider encourages them to take an active role in their care, having as much of a say in health decisions as they desire and self-reported information levels. All three, therefore, should be areas of focus for community health centers and other care facilities.

Alternative communication approaches also show great promise in helping to improve patients' relationships with their providers. These models and tools – such as team-based care, decision aids, health coaches and online or smartphone-accessible health sites – enhance, rather than diminish, the critical connection between patients and their providers.

The digital divide, however, poses a problem – particularly in specific groups. While four in 10 low-income Californians overall lack internet access, that soars to 67 percent of Spanish-speakers, 63 percent of non-citizens, 62 percent of Latinas and 59 percent of those in only fair or poor health.

Further, among those age 50 and up, 59 percent lack internet access and 41 percent lack a text-capable cell phone – leaving this more vulnerable population particularly hard to reach with technology-based information and communications.

Among low-income Californians who do have internet access, 56 percent have used the internet for health-related reasons in general – 14 points lower than the number of higher-income residents who use the internet this way. Specific health-related uses, moreover, drop sharply. Anywhere from just 6 to 17 percent of low-income Californians with internet access have used websites or smartphone applications to look for information about a medical problem, find or track health data, obtain or share support or advice on a health experience or sign up for automated messages or reminders.

Direct, technology-based communications between patients and providers also are not yet widely in use. Among low-income Californians with text-capable phones, 11 percent receive text messages from providers or staff at their care facility; among those with internet access, 22 percent receive e-mails. More but still well short of most, 18 and 32 percent, respectively, say they can get their health questions answered via text or e-mail. (The percentages are much smaller when all low-income Californians are included, not just those with internet access or text-capable phones.) For comparison, 72 percent say their provider or care facility staff calls them by phone.

In terms of other information items, levels of use again are fairly low: Twenty-nine percent overall say their facility has a patient portal and 27 percent have been given decision aids (which can be delivered in printed, video or online formats).

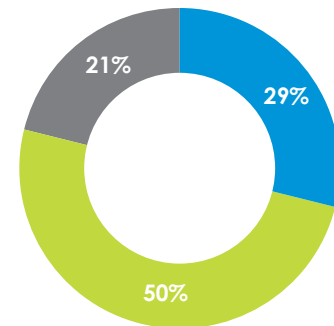
### **new healthcare models, resources and strategies**

While use of technology-based information and communication tools is low, results detailed in Part C of this report reveal high levels of interest in these and other alternatives. Among those with online access, anywhere from 56 to 84 percent are interested in using (or already use) websites or smartphone applications for a range of health-related purposes.

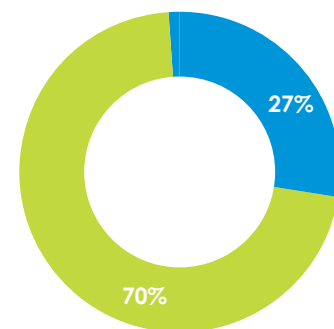
There's broad interest, as well, in patient portals (i.e., secure, facility-run websites with patient information and communication tools) and in communicating with providers via text or e-mail. For example:

- While just three in 10 report that their facility has a patient portal, even fewer, 13 percent, can and do access it. Still, three-quarters of internet users are interested in using a patient portal, and among those who have done so, virtually all find it useful.

**facility has a patient portal**



**been given a decision aid**



■ yes  
■ no

Anywhere from 56 to 84 percent of those with internet access are interested in using (or already use) websites or smartphone applications for health-related purposes.

- Just 11 and 22 percent of those with texting or internet access, respectively, say they currently receive text messages or e-mails from their provider, and only slightly more – 18 and 32 percent, respectively – say they can get questions answered via text or e-mail. Accounting for the widespread lack of internet and (to a lesser extent) texting access, this means that very few low-income Californians use such communication methods. That's unfortunate given that among those who do, 87 percent find them useful.
- Seven in 10 or more low-income Californians who have the necessary resources (i.e., internet access or a texting phone) but can't currently communicate with their provider via text or e-mail express interest in being able to do so.

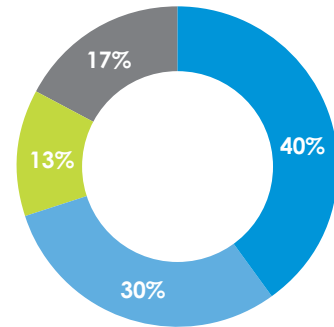
Each of these approaches represents a clear opportunity to engage patients in a way that enhances communication and information, thereby improving patient-provider relationships and, ultimately, increasing patient empowerment and engagement. It's worth noting, for example, that interest in communicating with providers by text or e-mail peaks among those who currently seek better communication, more information and greater clarity from providers than they now experience.

The desire for more health information is among the single strongest predictors of interest in alternative approaches including team-based care, health coaches and decision aids, as well as texting and e-mailing with providers. Those who have a strong relationship with their healthcare provider or who already use a variety of online health information resources, moreover, also are more open to trying new care paradigms.

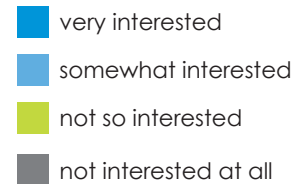
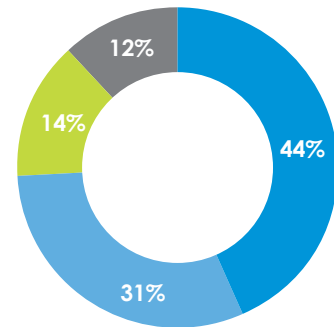
The success or failure of safety net clinics, and the healthcare system more broadly, depends as never before on empowering and engaging patients to be active, informed partners in their own health care. The route to that goal requires the adoption of alternative care, communication and information strategies by facilities and patients; it also requires seeking patients' input in the redesign process itself, an aim this survey seeks to advance. The end result is no less than greater cost-effectiveness and better health outcomes alike.<sup>6</sup> This report finds that patients are ready and eager for a range of new approaches – and that adopting them will help pave the way to a far more patient-engaged model of healthcare delivery.

**% interested in getting health questions answered by:** <sup>5</sup>

texting with provider



e-mailing with provider



## endnotes

- 1 For details on the Triple Aim framework, developed by the Institute for Healthcare Improvement, see: <http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/default.aspx>
- 2 Low-income patients are defined as those with household incomes of 200 percent or less of the federal poverty level. A statewide sample of higher-income Californians also was interviewed, for comparative purposes.
- 3 The term "safety net clinics" in this report refers to community, hospital and private clinics focused on serving the low-income population.
- 4 A health coach or healthcare navigator was defined as follows: "...a person whose job it is to help people get the appointments, information and services they need, make sure their questions have been addressed, or may even call to check in on them between visits." Team-based care was defined as follows: "Each patient gets a healthcare team that includes a doctor, a healthcare navigator, a nurse or physician's assistant and a health educator. The same team always works with that patient." See questions 8 and 10, respectively, in the full questionnaire, Appendix E.
- 5 Results in these charts are among respondents with texting or internet access who cannot currently text or e-mail their providers, respectively.
- 6 See, e.g., the Institute of Medicine's summary of its February 2013 Roundtable on Value & Science-Driven Health Care: "Prepared, engaged patients are a fundamental precursor to high-quality care, lower costs, and better health." [http://www.iom.edu/Activities/Quality/VSR/~/media/Files/Report%20Files/2013/Partnering-with-Patients/PwP\\_meetingsummary.pdf](http://www.iom.edu/Activities/Quality/VSR/~/media/Files/Report%20Files/2013/Partnering-with-Patients/PwP_meetingsummary.pdf)