

Has the Web Really Empowered Health Care Consumers?

The truth is customers may not have changed as much as we think.

By Stephen T. Wilkins and Frederick H. Navarro

According to just about every expert in the field, the health care industry is witnessing the dawn of a new era—the age of the empowered health consumer. Armed with unprecedented access to health-related information via the Internet, today's health care consumer is demanding more involvement in his or her own care as well as access to more choices as to how health care is organized, delivered, and paid for. That's what the experts are saying—but are they right?

Strong evidence suggests the experts may be overstating the latest wave of consumerism supposedly sweeping the health care industry. Many of us, aware of the excesses of the Internet revolution, find the experts' predictions regarding the ascendancy of the "new consumer" to be all too familiar.

We attempt to separate fact from fiction as we examine the widespread claims about consumer health empowerment and the enabling role of the Internet. Based on findings gathered during 15 years of consumer health behavior research using the PATH (Profiles of Attitudes Toward

Healthcare) model, we'll identify and profile several "valuegraphic" segments of the consumer market that most closely approximate the idealized image of the empowered health consumer. We will show that the size of this group of adults is limited. We will also identify and profile those valuegraphic market segments that are least like the image of empowered consumers, estimate their size, and offer evidence suggesting they are not going anywhere soon.

EXECUTIVE HIGHLIGHTS

The experts tell us that, fueled by unprecedented access to health information online, today's new health care consumer will revolutionize the way health care services are organized and delivered. An examination of consumers from a health valuegraphic perspective, however, casts some doubt on these predictions. Patterns emerging online are simply making us more aware of existing consumer segments that have always been actively involved in their own health.

Valuegraphics and the PATH Model

People within a health care population can be segmented and profiled based on characteristics like their gender, age, education, income, geo-code, life stage, attitudes, or opinions. These same people also can be segmented and profiled based on their known pattern of health care values and priorities—what we refer to as valuegraphics.

Valuegraphics, as used in the PATH model, is the measurement of a person's set of

health behavioral traits, intentions, values, and priorities. It tells you what a person is doing now (behavioral traits), what they intend to do in the future (behavioral intentions), and why they do it (values and priorities). Unlike psychographics, which measures a person's ever-changing attitudes, opinions, and interests, valuegraphics measures a person's values—those consistent, enduring principles that guide our lives.

The PATH model is a nationally validated approach to segmenting and profiling adults based on health valuegraphics using a 15-question research instrument. Research has consistently shown that 90% of adults in the United States fall into one of nine "valuegraphic profiles" (PATH groups) based on their pattern of health care values and priorities. Exhibit 1 lists the nine groups and shows the national distribution. The valuegraphic profiles for each of the nine PATH groups are independent of a person's gender, age, education, income, geo-code, life stage, and other common segmentation factors.

What the Experts Say

A review of health care literature over the last two years suggests a causal relationship between the rise of the empowered consumer and the following developments within the health care industry.

The "coming of age" of the Internet and the online health information seeker. According to

the new economy observer Cyber Dialogue, an estimated 82 million or 40% of Americans are currently online, and 50% of them reportedly are "health information seekers." By 2005, the number of wired Americans is expected to grow to 120 million or 58% of the population, with almost three-quarters of them predicted to be health information seekers. Gomez Advisors, another industry watcher, found that 73% of health information seekers use the Web to search for information about a specific medical condition and about half go online to look up specific symptoms or diet and nutrition information.

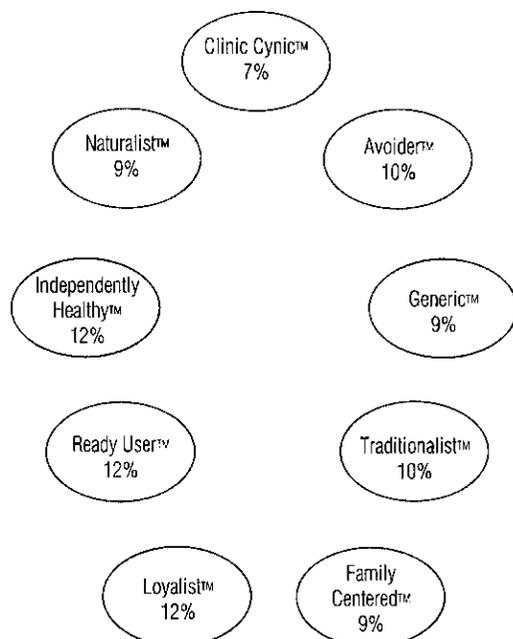
The increasing sophistication of health consumers. Demographically, today's "new health care consumer" is portrayed as being predominantly female, between age 30 and 40, college educated, with an above-average income and health insurance. Regina Herzlinger, a business professor at Harvard Business School and an author of several books on health care reform, agrees. She portrays these consumers as busy, well-educated people who helped reform retailing and financial services and will do the same in health care.

Consumers' desire for a greater role in their own health care and how it is delivered. The new consumer is said to feel stymied in his or her attempts to have a say in health care decisions and is looking for alternatives. In support, the experts cite numerous opinion polls assessing consumer willingness to switch doctors, hospitals, and health plans if these health care organizations do not have a Web site or are unwilling to communicate via e-mail.

Consumers' demand for more health care options. Only 50% of all companies in the United States offer more than three different kinds of health coverage, according to the American Association of Health Plans. To support their case, experts again cite opinion polls saying people want more choice, especially if they'll have to pay more for health care at work as a result of cost shifting. The rapid growth in consumer demand for alternative and complementary medicine also is frequently cited as a general indicator of the new consumer's desire for more choices in health care.

EXHIBIT 1

Distribution of the nine PATH groups



Deconstructing Consumer Empowerment

Is the health care industry, and health care marketing in particular, witnessing a consumer revolution or are health care organizations just acknowledging what many of us have long believed—that health care is really about meet-

ing the needs and wants of the consumer and is not about what employers, hospitals, or health plans want?

For answers to this question, it's important to look at the three key assumptions that make up the experts' case and to examine their validity. This will help clarify the experts' case from the perspective of consumer health valuegraphics and the PATH model.

When an adult consumer is assigned a PATH profile (e.g., Clinic Cynic, Ready User) based on his or her responses to the PATH question set, he or she is assessed across 11 behavioral dimensions, which follow below. The nine PATH profiles and the 11 dimensions that each one assesses will serve as a framework for our analysis of the the experts' case.

- Level of involvement in family health
- Trust in medical professionals
- Propensity to experiment with health care alternatives
- Propensity to avoid health care
- Level of health care information seeking
- Health emphasis and involvement
- Level of involvement in health decision making
- Propensity to be proactive about health
- Receptivity to health care advertising
- Concern for health care costs
- Health care quality concern

Assumption 1: People care about improving their health.

The facts: This is a seemingly safe assumption until you examine the PATH profiles. PATH research over the last 15 years has consistently shown that three PATH profiles readily admit to placing a low value on their own personal health (low level of health emphasis and involvement and a low propensity to be proactive about health care). These PATH profiles, which include the Avoider, the Clinic Cynic, and the Traditionalist, collectively represent about 27% of the U.S. adult population. For a variety of reasons, including

lack of trust in medical professionals, health apathy, or concerns about health care costs, adults with the Avoider or Clinic Cynic profiles give little attention to their own health and generally avoid seeking health services until they are very sick or injured. They generally report a high propensity to avoid health care. Adults with the Traditionalist profile, on the other hand, show trust in medical professionals and seek health care when needed, but they show little interest in activities such as health information seeking, good nutrition, exercise, or any kind of proactive health planning.

One of the strengths of the PATH model is its ability to predict what consumers will do based on knowledge of their health care valuegraphics as captured in a PATH profile. As expected, consumer behavior tracking data confirms that Avoider, Clinic Cynic, and Traditionalist adults are typically the most "disinterested" and "uninvolved" when it comes to making health care decisions like selecting a health care provider or health plan or evaluating treatment options. The same tracking data shows that Avoider, Clinic Cynic, and Traditionalist adults typically report low to moderate health status levels across all ages.

However, it is in the studies of utilization and claims data by PATH group, in contrast with health status, where the valuegraphic effect becomes evident. Based on insurance claims, Avoider adults display low to moderate utilization when they are young even though they have low health status. The same is true for Clinic Cynic adults. Here the Avoider adult's very high propensity to avoid health care and the Clinic Cynic adult's very low trust in medical professionals reveal their presence. However, once both Avoider and Clinic Cynic adults reach their senior years, their utilization exceeds the population average (i.e. they begin to pay the price for their life of avoidance). Contrast this with Traditionalist adults. These adults report moderate health status, but their claims levels for professional and hospital services are well above the population average throughout their lives. Here we can see the effects of the Traditionalist adult's profile (i.e., high trust in medical professionals, moderate propensity to avoid health care).

People with the Clinic Cynic, Avoider, and Traditionalist profiles can be found in all age groups, income groups, and educational levels, and their health status and health use cannot be generally attributed to an inability to afford health care or some other kind of demographic or economic factor. The truth is consumers with these PATH profiles can cite different barriers to explain their lack of interest in health or health care matters.

In contrast, adults with the other six PATH profiles consistently place a higher value on their

own health (very high to somewhat high level of health emphasis and involvement). Independently Healthy, Ready User, Generic, Family Centered, Loyalist, and Naturalist adults account for 63% of U.S. adults. Yet there are “degrees of difference” even among individuals with these PATH profiles. For example, Independently Healthy and to a lesser degree Ready User and Naturalist adults strive for an optimum level of health. Generic, Family Centered, and Loyalist adults tend to set their sights somewhat lower (i.e., above-average health in contrast to optimum health).

Other interesting variations among these PATH profiles are also worth noting. Traditionalist adults tend to react to health situations when they occur, rather than planning ahead for their health care needs (a somewhat low propensity to be proactive about health care). But, as noted previously, they do not tend to avoid seeking health care if an illness presents itself. The Independently Healthy, Generic, and Naturalist individuals, on the other hand, do admit to putting off health care (somewhat high propensity to avoid health care) in the same manner that Avoider, Clinic Cynic, and Traditionalist adults do, but for different reasons.

Independently Healthy adults tend to avoid what they consider unnecessary health care use (i.e., visits to the doctor for problems they feel comfortable treating themselves given their level of knowledge). Independently Healthy adults are still very health proactive and very much focused on maintaining optimum health. Generic adults tend to avoid health care because of the cost while Naturalist adults avoid at least traditional medicine because they do not trust medical professionals. Both groups of adults, however, display some level of active interest in their health. So, despite the seeming contradictions, it is the overarching value these PATH profiles place on their health that binds them together for purposes of this review.

Consumer behavior tracking data confirms that Independently Healthy and Ready User adults are generally the most interested and actively involved (i.e., invest the most time) when it comes to having to make health care choices and decisions about issues dealing with their health, as well as their choice of doctors, hospitals, or health plans. Family Centered, Naturalist, Generic, and Loyalist adults follow these groups to measure their level of involvement. Utilization and claims studies show that Independently Healthy adults typically generate the fewest number of physician visits, hospital stays, and drug prescriptions and the lowest overall annual

claims. Family Centered and Generic adults also generate below-average utilization and claims. Ready User adults, in contrast, generate the highest number of physician visits, visits to specialists, and outpatient procedures. Although Ready User adults report average to above health status levels, their high use can be explained by their tendency to “go to the doctor” for the least little thing (very low propensity to avoid health care). Independently Healthy adults, in comparison, feel that most minor medical problems can be managed by self-care and would consider going to the doctor a waste of time and money.

Assumption 2: People want to learn as much as they can about their health care options.

The facts: Central to the experts’ case for today’s health consumerism is the notion that the more health information consumers have access to, the more they will want. Without question, the Internet has revolutionized consumer access to health information. However, the reality revealed by the PATH model is that almost 40% of today’s health care consumers are not inclined to seek health information on the Web, or anywhere else for that matter. Consistent with their general lack of interest or involvement in their own personal health, Clinic Cynic, Traditionalist, and to a lesser extent Avoider adults place a lower value on having or using health information (very low/somewhat low level of health care information seeking). Loyalist adults share some of the behavioral traits of Clinic Cynic, Traditionalist, and Avoider adults. They also consistently admit to placing a lower value on health information seeking.

The experts would counter this argument by citing data showing that consumers tend to turn to the Web for health information more when they are in need (i.e., when they are sick, being treated for a medical condition, changing providers, or changing health plans). This observation probably applies to Independently Healthy, Ready User, Family Centered, Naturalist, and Generic adults who consistently portray health information seeking as a high priority. It does not, however, tend to apply to Clinic Cynic, Traditionalist, Loyalist, and Avoider adults. Again, these adults are just not that interested in their health or in taking the time to inform themselves.

Consumer behavior tracking data confirms that, consistent with their profiles, Clinic Cynic, Traditionalist, Avoider, and to a lesser extent Loy-

alist adults are the least likely to use the Web to search for health information, e-mail their doctor or health plan for information, read health-related newsletters or articles, attend a health education class, call an advice nurse, watch a health video, or display other health information seeking behaviors. On the other hand, the same behavioral tracking data shows that Independently Healthy and Ready User adults, and to a lesser extent, Family Centered, Naturalist, and Generic adults, are the most likely to seek and use these types of health information sources.

Assumption 3: People want more choices and more say when it comes to their health care.

The facts: Who among us has ever gone into a car dealer asking for fewer choices and less say in what options come on a new car? Of course opinion polls say that health care consumers want more choice and want more say in their health care. The real question is not so much what people want in the way of choice or say, but what they intend to do when they get it! We know from the earlier discussion that Independently Healthy and Ready User adults, and to a lesser extent Family Centered, Naturalist, and Generic adults, tend to be actively involved in researching and evaluating their health care options. Family Centered adults even say they enjoy choosing when and where the family receives health care. If given more choice regarding their health care, Independently Healthy, Ready User, Family Centered, Naturalist, and Generic adults are the valuegraphic consumer segments most likely to take advantage of those options depending on the choices offered.

It's apparent from examining the nine PATH profiles that price and choice of services or options offered make a big difference as to who will benefit from their availability. Generic adults, for example, are the most price-sensitive when it comes to health care. Ready User and Independently Healthy adults, on the other hand, have the lowest concern for price. Expensive looking health plan benefits packages or costly out-of-pocket treatments like LASIK would have less appeal to Generic adults, but more appeal to Independently Healthy and Ready User adults. Alternative and complementary medicine services tend to have more appeal to adults who admit to having a higher willingness to experiment with health care alternatives. Naturalist, Independently Healthy,

and Ready User adults all score very high on this trait (propensity to experiment with health alternatives) and report the highest use of chiropractic, acupuncture, massage therapy, and other medical approach alternatives. In contrast, Clinic Cynic and Traditionalist adults are less willing to experiment with health alternatives and are among the least likely group of adults to use or benefit from the availability of such services.

Are the Experts Right?

We are probably not in the midst of a consumer revolution of health care. In the course of tracking consumer health behavior using the PATH model's valuegraphic approach, we have not seen any evidence suggesting a major change in the way adults shop for, select, use, or evaluate health services. In part, that's due to the nature of a valuegraphic approach. Unlike attitudes and opinions that can change from day to day, people's health values tend to be enduring and constant over time.

Rather than a revolution, real time Internet tracking is demonstrating actual patterns of consumer health behavior that have existed all along. The Internet has not created a new breed of health care consumer. Instead, the Internet has created a visible, interactive, and measurable medium that Independently Healthy, Ready User, and the other "proactive" groups of adults can continue to use. They can continue to seek high quality health information consistent with their health care values and priorities just as they did before the arrival of the Internet. What the Internet fails to measure and has not revealed are those groups of adults whose health care values and priorities do not reflect those of the empowered proactive, health care information-seeking consumer—the ones who sit, avoid, and wait. But they're out there, and their numbers are sizable. ■

Author's note: The PATH model and PATH profiles are trademarks of the PATH organization.

ADDITIONAL READING

Navarro, Frederick H. and Stephen T. Wilkins (2001), "A New Perspective on Consumer Health Web Use: 'Valuegraphic' Profiles of Health Information Seekers," *Managed Care Quarterly*, (Spring), 35-43.

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