

HOW WILL PATIENTS BEHAVE?

A study of consumer preferences for seeking and using information

It's critical for pharmaceutical companies to understand their consumer audience: not just how sick they are or how well they recall advertising or how often they visit particular Web sites. Marketers need to know what factors affect the way that different groups seek and use healthcare information, and how this translates into scripts and compliance. And they need to be able to identify these groups. Only then can they address the needs of different segments of their target audience with specific direct-to-patient messages.

While consumers' overall health is somewhat predictive of their motivation to seek health information, their attitudes and values about health are consistently more useful in predicting how they are going to behave. This is the fundamental finding of this study of US consumers' preferences for seeking health information, commissioned by MRxHealth in conjunction with MM&M.

The survey of 546 consumers was carried out in two parts: Phase I focused on consumers' motivations behind looking for information, the sources used, the frequency of searching and how the information was used. Phase II compared the learning styles and language preferences of the groups identified in Phase I. The research also yielded a comparison of different information sources, including reach, frequency of use and trustworthiness, along with their ability to motivate a conversation with a doctor and instigate a prescription request.

87% of the time, patients who ask their doctor for a specific drug will get the product they want, regardless of the channel that got them there

Study methodology and summary

Background: Informed Medical Communications, together with MM&M, commissioned a two-phase general-population study among US consumers to profile their health information seeking preferences.

Research Design: An online questionnaire was used to collect feedback from 546 US adult consumers representing a range of ages and genders. Participants were recruited from an online survey database of more than 4 million opted-in members. Data were weighted to represent census proportions for age and gender nationally, and the findings of this research are considered to be generally representative of the US adult population with access to the Internet.

Key Findings: Phase I found that motivations for seeking health information, behaviors surrounding that search, how the information is used and the openness to Rx ads vary based on the individual's overall health and health behaviors, priorities and attitudes. Further, this research also yielded a comprehensive comparison of the various sources that deliver health information. Phase 2 compared the learning styles and language preferences of the groups identified in Phase 1 of the project. The findings suggest that while an individual's overall health rating was somewhat predictive of their preferences and behavior, the more complex segments derived from stated health values were more directly related to differences and were, therefore, more useful in predicting behavior.

Behavior according to overall health rating

Respondents were asked to rate their overall health and as a result were divided into four distinct groups: Poor Health, Low-Average Health, High-Average Health and Good Health. Information-seeking motivation, behaviors and uses differed among these four groups.

Motivation: Those with High-Average or Good health are more likely to seek to maximize their health. Those with Poor or Low-Average health tend to look for information on a situational basis, when they (or a friend or family member) experience a problem.

Frequency: Those with Poor health look for information more frequently, with the majority reporting at least once a week. Most of those in the Low- and High-Average group look for information at least two or three times a month, while those in Good health look at least once a month. This suggests that necessity drives frequency. The Low-Average and Good groups are more likely than the others to report that they never look for health information; this implies that disinterest in health can be both attitudinal and situational.

Doctor relationships: High-Average and Good health groups report better relationships with their physicians than the Low-Average group on every element measured. Surprisingly, those with Poor health also report better doctor relationships than the Low-Average group on three of the five measures.

Persistence: Poor and Low-Average groups are one and a half times more likely to report that they stopped taking a prescription drug without talking to their doctor. The primary reason for stopping treatment differs: the Poor and Low-Average groups report side effects, while the High-Average and Good groups cite improvement in their conditions.

Information uses: Poor and Low-Average groups are more likely to have spoken to their doctors about the information they found. Those

The 9 patient archetypes using PATH segmentation

Ninety percent of adults exhibit one of nine PATH archetypes based on their healthcare priorities, behaviors and attitudes. The other 10% are “unassigned,” with no predictable pattern of thinking or behavior.

Clinic Cynic: Generally distrustful of the medical profession, with poor adherence to treatment. Suspicious of ads and their promises. Fairly uninvolved in wellness. Responds to issues as they occur.

Avoider: Refrains from using healthcare services. Shows the most health apathy. Does not participate in competitive sports or good nutrition. Moderately receptive to ads. Dominated by males.

Generic: Shops around to save healthcare dollars. The most likely to experiment with alternative healthcare delivery. Active, information seeker, open to advertising. Adherence adversely affected by costs.

Family Centered: Puts family's health above all other health matters. Enjoys role as family-health decision maker. Moderate information seeker but pays attention to healthcare advertising.

Traditionalist: Willing to pay more for quality healthcare. Can be very brand-driven. Among the easiest to satisfy. High rates of chronic disease but underutilizes Rx's. Low receptivity to ads.

Loyalist: Moderation in all healthcare opinions and behaviors and average interest in health information, nutrition and fitness. Interested in saving money but will often pay more for care of better quality.

Ready User: Least likely to avoid healthcare services; undeterred by expense. Frequent use of Rx's. Good nutrition but rarely does heavy exercise. Attentive to ads, although somewhat skeptical.

Independently Healthy: Active in exercise, sports, good nutrition. Likely to try different providers and healthcare alternatives. Looks for the long-term benefits. Fairly involved in seeking health info.

Naturalist: Propensity for nontraditional healthcare. Concerned with nutrition and staying active, but not sports. Skeptical of ads and providers. Contrary opinions, high expectations, difficult to satisfy.

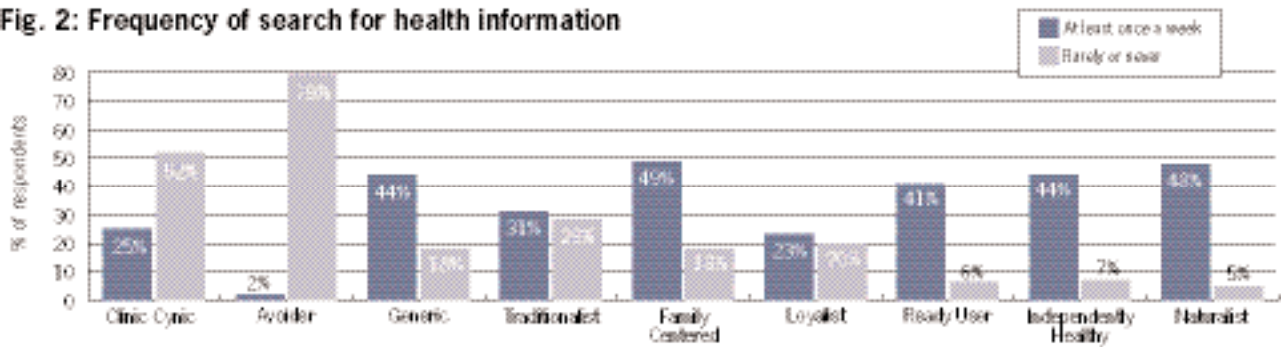
Fig. 1: Motivation for seeking health information

	Clinic Cynic	Avoider	Generic	Traditionalist	Family Centered	Loyalist	Ready User	Independently Healthy	Naturalist
I look for information about health in order to be as healthy as possible	2.83	2.31	3.86	2.68	3.69	3.32	4.18	4.45	3.99
I look for information about health when I am having a problem	3.71	3.75	4.19	3.96	4.12	3.97	4.21	3.91	4.21
I look for information about health when a friend or a family member has a problem	3.67	3.29	4.13	3.92	4.08	3.73	4.10	4.07	4.00
I look for information about health because I have a general interest in the subject	3.17	1.83	3.43	2.46	3.45	3.34	3.92	3.86	3.49
I notice health information such as TV ads or magazines when I come across it, but I don't look for it	3.20	3.06	3.35	3.87	3.07	3.34	3.08	2.74	3.05
I never look for information about health, and I don't pay attention when I come across it	2.19	2.34	1.77	1.78	1.57	2.12	1.30	1.32	1.55

Scale: 1 to 5, where 1 means Strongly Disagree and 5 means Strongly Agree

Source: MRxHealth

Fig. 2: Frequency of search for health information



Source: MRxHealth

with Poor health are also three times more likely to have asked their physician for a specific medication. For all four groups, there is an 87% likelihood that, having requested a specific drug, a patient receives it.

“If patients are going to get the drug they asked for, regardless of the channel that got them there,” says Cheryl Lubbert, president, MRxHealth, “then marketers really need to get patients to talk about a specific product name.” Lubbert suspects that doctors’ willingness to fulfill script requests stems from a desire to maintain positive relations with patients. Plus, she adds, physicians may not have the ability to differentiate the products sufficiently.

Openness to advertising: Those with Poor health are more interested in ads than those in the other groups. The Poor and Low-Average groups are more likely to recall specific products named in the ads. The Poor group is also more likely to say that ads for Rx drugs are helpful.

Behavior according to attitudes and values

Overall health, while generally predictive, is not as predictive as the multidimensional PATH model (Profiles of Activities and Attitudes Towards Healthcare). PATH is a systematic approach to revealing otherwise unseen patterns of healthcare-related behaviors and attitudes—archetypes— among adults that shape the healthcare outcomes we see.

The PATH model segments the sample into nine groups (or archetypes)

defined by responses to statements that assess an individual’s reaction to 11 health issues (see “The 9 Patient Archetypes,” opposite).

“The purpose of the segmentation is to define an audience in a way that you can address them, so information can be tailored to them,” explains Jo Anne Jensen, VP market research, MRxHealth. “While it’s useful to know that a sick person is more likely to want your information, that’s not really actionable.”

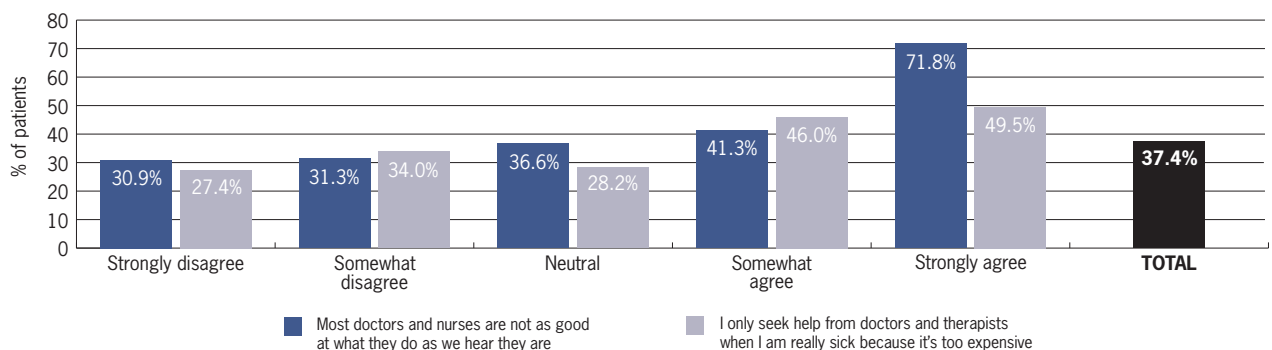
Motivation (Fig. 1): Clinic Cynics, Avoiders and Traditionalists are least likely to seek healthcare information to maximize their health, while the Independently Healthy, Ready Users and Naturalists are more likely to have this motivation. This is consistent with their known traits. Clinic Cynics,

62% of Clinic Cynics have stopped taking medication without talking to their physicians

Avoiders, Generics and Traditionalists tend to look for information and react to problems as they arise. Ready Users and the Independently Healthy express a general interest in health and are more proactive. Traditionalists are the most likely to admit that they don’t actively look for health information. Clinic Cynics, Avoiders and Loyalists are similar in that they fail to seek out health information but also admit to ignoring it when they come across it. These findings are consistent with

Fig. 3: Persistence and adherence

Rates of discontinuation across levels of distrust and objection to cost



Source: MRxHealth

STUDY: HOW WILL PATIENTS BEHAVE?

past studies and the PATH archetypes.

Frequency (Fig. 2): Ready Users and the Independently Healthy tend to look for information more frequently than the others, with the majority seeking information at least two to three times a month. At the other end, Clinic Cynics and Avoiders rarely or never look for information.

Traditionalists and Loyalists look for information once a month or less, while Generics, the Family Centered and Naturalists look two or three times a month or more. These findings demonstrate that information-seeking behaviors are not linked to a single set of healthcare consumer traits but to multiple combinations of traits.

Doctor relationships: The trends follow those typically found: Clinic Cynics, Avoiders, Generics and Unassigned patients are more likely to see a physician once or less a year, while Traditionalists, Loyalists, Ready Users and the Independently Healthy are more likely to see a physician two or more times a year. On the whole, the doctor relationship is weakest among the Clinic Cynics, Avoiders, Generics and Naturalists. It is strongest among the Family Centered, Ready Users and the Independently Healthy.

Persistence: Clinic Cynics and Naturalists are significantly more likely to have stopped taking medication without talking to their

62% spoke to their doctor about information they found online—**34%** of these asked for a specific Rx

doctors. Their rates are 62% and 56%, respectively, compared with the average rate of 37%. Both these segments indicated that the primary reason for discontinuing medication was side effects. Avoiders, Traditionalists and the Independently Healthy, on the other hand, cite an improvement in their conditions as the primary reason for stopping treatment. Generics, Loyalists and Ready Users most frequently cite side effects, while the Family Centered are equally split between side effects, expense and improvement in their condition.

The effects of undisclosed distrust and expense on persistence and adherence: Even though Clinic Cynics and Naturalists attribute their high rates of discontinuation to “side effects,” there is clearly another undisclosed factor at work. Both Clinic Cynics and Naturalists display higher levels of distrust of healthcare providers and lack confidence in the competence of medical professionals. When comparing the rates of discontinuation across the various levels of distrust, the effect is clear (Fig. 3). As lack of faith in the competence of healthcare professionals increases, so does the rate of dropping medications, particularly at the most extreme levels of distrust. It’s worth noting that lack of trust in the competence of medical professionals is, for the most part, an undisclosed and untreated complication interfering with adherence and persistence. Trends show that the lack-of-confidence issue can plague 17% to 33% of healthcare consumers. Left untreated, undisclosed distrust will play havoc with efforts to improve adherence and persistence.

Consumers who avoid seeking care due to the expense are also more

Fig. 4: Use of health information

	Clinic Cynic	Avoider	Generic	Traditionalist	Family Centered	Loyalist	Ready User	Independently Healthy	Naturalist
Have you spoken to your doctor about information you found?	49%	32%	69%	72%	85%	91%	87%	77%	78%
Have you ever asked your physician to prescribe a specific medication?	25%	32%	43%	44%	50%	51%	44%	40%	57%
Did your doctor give you the prescription you asked for?	49%	88%	87%	91%	75%	97%	88%	96%	89%

Scale: 1 to 5, where 1 means Strongly Disagree and 5 means Strongly Agree

Source: MRxHealth

Fig. 5: Openness to advertising

	Clinic Cynic	Avoider	Generic	Traditionalist	Family Centered	Loyalist	Ready User	Independently Healthy	Naturalist
How interested are you in ads for prescription drugs? (Scale of 1 to 5)	2.56	2.15	3.01	2.26	2.76	3.06	3.21	3.03	2.99
What was the product named in the last ad you remember seeing? (% saying Don't Remember)	56%	43%	42%	48%	48%	47%	47%	16%	40%
Do you think ads for prescription drugs are helpful or harmful? (% saying Helpful)	7%	10%	18%	16%	17%	29%	25%	30%	13%

Scale: 1 to 5, where 1 means Strongly Disagree and 5 means Strongly Agree

Source: MRxHealth

Fig. 6: Word preference exercise

	Clinic Cynic	Avoider	Generic	Traditionalist	Family Centered	Loyalist	Ready User	Independently Healthy	Naturalist	TOTAL
Nutritional vs. Tasty	Tasty 56%	Tasty 78%	Nutrit 59%	Nutrit 51%	Nutrit 57%	Tasty 52%	Nutrit 61%	Nutrit 75%	Nutrit 63%	Nutrit 58%
Individual vs. Family	Family 67%	Family 67%	Family 60%	Family 65%	Family 79%	Family 68%	Family 66%	Family 58%	Family 60%	Family 65%
Healthcare vs. Medical	Medical 65%	Medical 63%	H/care 62%	Medical 53%	H/care 64%	H/care 67%	H/care 71%	H/care 75%	H/care 64%	H/care 60%
Medication vs. Remedy	Medic 71%	Remedy 63%	Medic 54%	Medic 55%	Medic 64%	Medic 67%	Medic 71%	Medic 66%	Medic 54%	Medic 62%
Clinic vs. Hospital	Hosp 56%	Clinic 63%	Clinic 61%	Hosp 54%	Hosp 56%	Hosp 66%	Hosp 52%	Clinic 53%	Clinic 55%	Hosp 51%
Older vs. Elderly	Older 83%	Older 56%	Older 62%	Older 80%	Older 63%	Older 56%	Older 66%	Older 71%	Older 70%	Older 66%
Illness vs. Disease	Illness 56%	Illness 83%	Illness 63%	Illness 59%	Illness 59%	Illness 64%	Illness 66%	Illness 60%	Illness 75%	Illness 64%

Source: MRxHealth

likely to discontinue taking a prescription medication without talking to their doctor (Fig. 3). For those who say they avoid seeking medical care due to the expense, 46%–50% say they have stopped taking a medication without talking to their doctor. The issue of costly medication is not likely to go away, and based on the PATH measures, the propensity to avoid seeking medical care due to expense affects adherence and persistence for approximately 40% of adults.

But patterns of behavior and attitudes do not exist in a vacuum. Bivariate analysis of the propensity to avoid seeking healthcare due to the expense, and the conviction that healthcare professionals are not competent, confirms that one of these factors affects the other. And combined, their effect is more severe—80% of patients who are at the extremes of avoiding healthcare due to the expense and believing that healthcare professionals are not competent admit to discontinuing a medication without talking to their doctor.

Information uses (Fig. 4): Loyalists, Ready Users, the Independently Healthy and Naturalists are more likely than the others to have spoken with their doctors about information they found. Avoiders are the least proactive, being only half as likely to have spoken with their

doctors. This behavior is consistent with their other patterns.

There are few differences between segments based on asking a doctor for a specific medication; only Naturalists are significantly more likely to do so. There is evidence that physicians differentiate between segments, however, granting the request for a specific medication less frequently to Clinic Cynics and the Family Centered.

Openness to advertising (Fig. 5): Ready Users, Loyalists, the Independently Healthy and Generics are most interested in prescription drug ads. However, only the Independently Healthy have a good recall of the product named in the last ad they remember seeing.

Learning styles and language preferences

Word preference exercise (Fig. 6): Respondents were asked to state their preference between several combinations of two words. Seven of the word pairings showed statistically significant differences in preference across the PATH archetypes—consistent in every case with the healthcare priority profile defined by the PATH model. For example, Ready Users, the Independently Healthy and Naturalists preferred *nutritional* over *tasty*, consistent with their greater focus on health and

Fig. 7: Questions answered correctly by format

	Clinic Cynic	Avoider	Generic	Traditionalist	Family Centered	Loyalist	Ready User	Independently Healthy	Naturalist	TOTAL
AUDIO										
Mean	11.00	11.20	10.83	11.31	11.41	11.13	11.67	11.29	11.94	11.43
Standard deviation	2.16	2.15	2.53	1.60	1.99	2.29	2.04	2.39	1.80	2.10
Base	4.00	10.00	24.00	13.00	27.00	15.00	42.00	28.00	36.00	199.00
TEXT										
Mean	10.50	11.83	10.95	11.40	11.43	10.40	11.41	11.28	11.07	11.07
Standard deviation	2.27	1.47	1.84	1.88	1.69	1.89	1.95	1.94	2.06	1.92
Base	10.00	6.00	40.00	15.00	40.00	57.00	51.00	29.00	42.00	290.00
GRAPHIC INTERACTIVE										
Mean	10.50	11.64	10.39	9.83	10.61	10.68	10.71	11.00	10.42	10.60
Standard deviation	2.52	1.50	1.76	1.90	1.71	1.70	1.90	1.85	1.78	1.81
Base	4.00	11.00	36.00	23.00	36.00	40.00	41.00	36.00	36.00	263.00

Source: MRxHealth

Fig. 8: Questions answered correctly by format

	Reach (% have used)	Frequency (1–5 scale)	Trust (1–5 scale)	Spoke to doctor (% Yes)	Asked for Rx (% Yes)
Internet	81%	4.03	3.67	62%	34%
Doctor	70%	4.10	4.38	n/a	n/a
Family or friends	51%	3.68	3.65	76%	33%
Pharmacy/pharmacist	47%	3.46	4.25	60%	27%
Magazines	38%	3.54	3.42	44%	12%
Books	36%	3.60	3.70	57%	4%
Television	30%	3.46	3.19	61%	31%
Other health professionals	29%	3.61	3.96	81%	17%
Health insurance plan/program	27%	3.59	3.71	63%	7%
Newspaper	20%	3.46	3.30	61%	3%
National/advocacy organization	16%	3.36	3.88	53%	7%
Radio	9%	3.12	3.06	43%	4%
Telephone support lines	8%	3.42	3.94	35%	2%
In-person support groups	4%	3.96	3.79	94%	4%

Source: MRxHealth

nutrition. Similarly, there was a marked preference for the word *illness* over *disease* among Avoiders and Naturalists. This is reflective of how these groups want to think about healthcare problems; an “illness” is potentially less harsh and less well defined in terms of effects and outcomes; but a “disease” is more often “medically” defined with expected outcomes and recommended treatments.

Learning style exercise: Respondents were exposed to a description of the physiology of an allergic reaction, representing a moderately complex topic. The information was presented in three different forms: as a written description, as a graphical interactive object and as an audio recording of a doctor explaining the information to a patient. After either reading, viewing or listening to the content, respondents were asked to answer a series of questions about the information they had absorbed.

Overall, respondents answered more questions correctly when exposed to the audio version of the content (Fig. 7). Those who were given a written description scored next highest, while those who were shown the graphic interactive learned the least. The ability to understand health information varied by PATH segment. Surprisingly, Avoiders scored highest, followed by Ready Users, the Independently Healthy and the Family Centered. Loyalists, Clinic Cynics and Traditionalists scored lowest.

When exposed to the audio format, all segments did well, with Naturalists scoring highest. When exposed to text, however, only the interested groups scored well: the Family Centered, Ready Users and the Independently Healthy. The graphic interactive format was only successful in communicating to Avoiders and the Independently Healthy.

Information sources (Fig. 8): The perceived trustworthiness of health information sources clearly varies between channels. But the actions patients take regarding these different channels doesn't neces-

sarily correlate with the level of trust. For example, the Internet has a lower trust score (3.67) than Pharmacists (4.25), yet it drives a greater proportion of people to ask for a specific drug (34% vs. 27%).

When the “Spoke to Doctor” figure is high and “Asked for Rx” is low, a missed marketing opportunity is identified. For example, with the Internet, while only 62% of people have spoken to their doctor about information they found online, fully one third have asked for a specific prescription drug—that’s a high conversion ratio. Conversely, in the case of Other Health Professionals, while 81% of the people who talked to a nurse or somebody else, and later had a conversation with their doctor, only 17% asked for a specific prescription drug—this implies that companies are missing an opportunity by not marketing sufficiently to “other” healthcare professionals.

“Many sources that are highly motivating and very credible to consumers are going underutilized by pharma marketers,” confirms Jensen.

Perhaps the most glaring of these is In-Person Support Groups: 94% said they spoke to a doctor as a result of content at an in-person support group, but only 4% requested a specific drug. “When somebody speaks to another person directly whom they don’t see as having a vested interest, it’s very motivating,” adds Jensen. “Support Groups is the most motivating channel but the least productive in generating scripts. So the more information you can get out to patients, the better (such as ‘This drug worked for me’ or ‘I recommend this’). This would certainly support the trend toward word-of-mouth marketing in healthcare.” ■

94% spoke to a doctor as a result of attending a support group, but only 4% asked for a specific Rx

MRxHealth, part of Informed Medical Communications, is a market research and consulting firm providing insights into the communication dynamic among physicians, patients and payers. The executive summary of this study is available at www.MRxHealth.com/news