

The 2020 Healthcare Consumer Experience Index

A national signature research study conducted by The Harris Poll® and commissioned by Change Healthcare

Foreword

The 2020 Change Healthcare - Harris Poll Consumer Experience Index is the result of a national study of 1,945 consumers conducted by The Harris Poll and commissioned by Change Healthcare. The study's goal was to understand just how easy or hard it is for consumers to find, access, and pay for healthcare; and what impact that effort had or did not have on consumer behavior.

The Harris Poll researchers asked consumers to rate the ease or difficulty required to find, access, and pay for care across 29 tasks. Consumer responses were ranked as an index of 1 to 200, with 200 being the "hardest" effort, 1 being "effortless," and anything above 100 being "difficult."

The results should give any healthcare stakeholder pause.

Finding, accessing, and paying for healthcare in America requires so much work that half of consumers surveyed said they have avoided seeking care. More than two-thirds of consumers said every step of the healthcare process is a chore. Most said they don't know how much a treatment or visit costs until months later. And nearly all said they want shopping for healthcare to be as easy as shopping for other common services—including making it a fully connected digital experience.

The message from consumers is clear: They want health plans and providers to end the fragmentation, simplify the experience, and deliver a fully connected encounter that makes healthcare as seamless as any other online endeavor—whether that's shopping for goods, booking a trip, or paying bills.

The business imperative for healthcare stakeholders is also clear: Payers and providers that streamline healthcare to meet patients' and members' expectations will gain a competitive advantage in the marketplace.

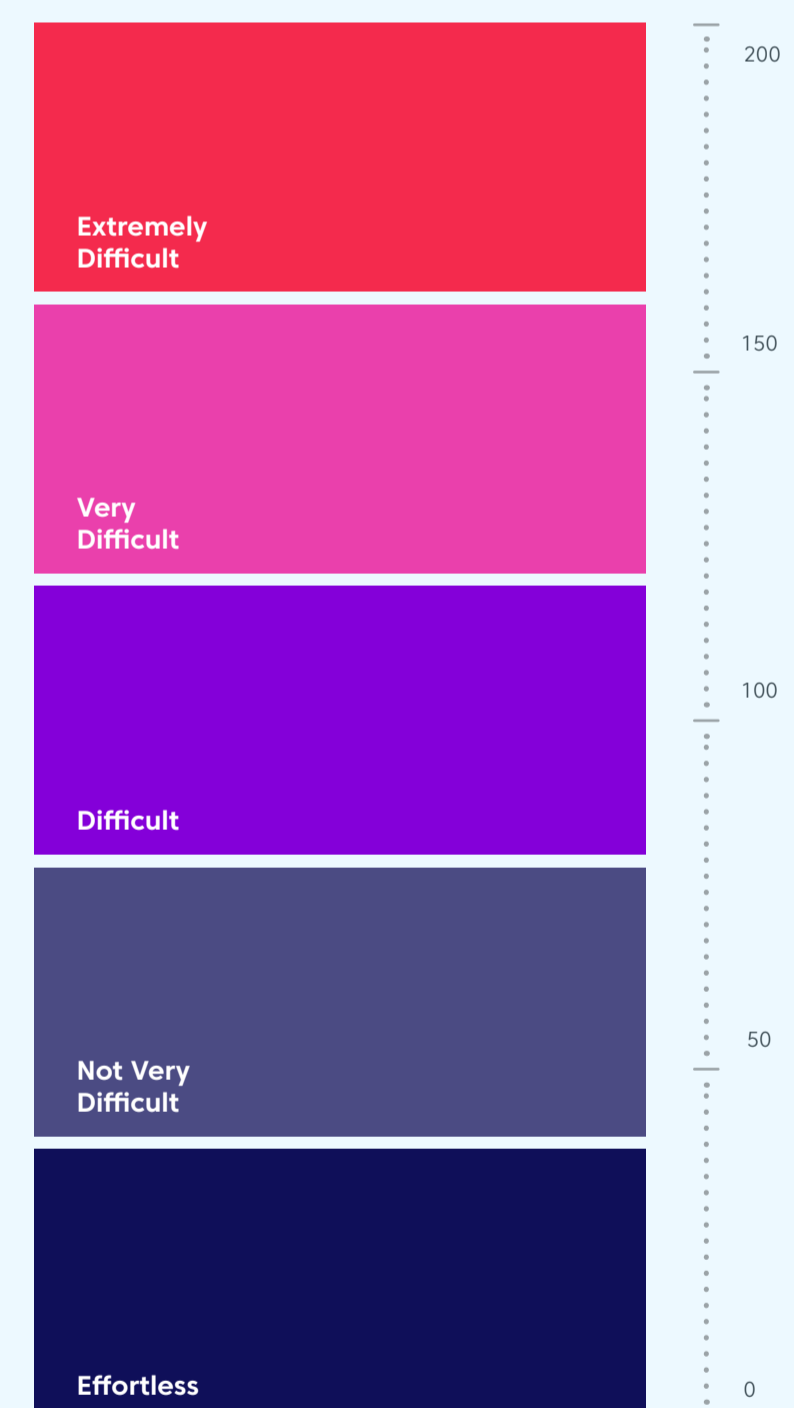
Methodology

This study, conducted by The Harris Poll on behalf of Change Healthcare among 1,945 U.S. adults from May 14 to May 23, 2020, explores consumer effort throughout the journey of finding, accessing, and paying for care.

An effort index has been developed that combines all of the tactical-level attributes in each phase into a single summary statistic. The index ranges from 1 to 200, with 200 being "intense" effort, 1 being "effortless," and anything above 100 being "difficult." The distance from 100 is indicative of the level of difficulty or ease.

This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated. For complete survey methodology, including weighting variables and subgroup sample sizes, please contact Change Healthcare or The Harris Poll.

Healthcare Consumer Experience



Executive Summary



Healthcare consumers today feel like they are fighting an uphill battle:

Today's healthcare experience is taxing for consumers, with two-thirds saying it "feels like every step of the healthcare process is a chore" (67%), and a similar percentage agreeing "the healthcare system feels like it is set up to be confusing" (62%).



Consumers struggle to find care that treats them as humans, not case files:

While price transparency remains a hurdle when accessing care, consumers' top pain point is finding a provider that takes the time to understand them. More than half say they "often feel as though they are being treated as an incident, not a person, when receiving care" (53%).



In an eCommerce world, most are seeking a simpler way to shop for care:

The vast majority believe "shopping for healthcare should be as easy as shopping for other common services" (81%) via a streamlined access point online, saying, "I wish there was a single place I could shop for and purchase healthcare" (76%).



From the outset of the journey, price transparency is a challenge for consumers:

Despite the vast majority believing "it should be as easy to compare prices for healthcare as it is for other services like spa appointments" (85%), half of consumers have avoided seeking care because they weren't sure what the cost would be (53%), while 6 in 10 have gone into an appointment without being sure if they could afford it (59%).



When bills do finally arrive, paying for care is clouded by complexity:

Paying for care is also opaque, with two-thirds saying they "often don't know how much a medical treatment or appointment costs until months after the fact" (68%). Then, when bills do finally arrive, they "feel more complex than a mortgage payment" (61%).



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Consumer Journey

When care becomes a chore, consumers opt out



The majority of consumers today are struggling with a healthcare experience that feels taxing and burdensome. Two-thirds agree, “right now, it feels like every step of the healthcare process is a chore” (67%). Many believe this difficulty is systemic, saying **the healthcare experience feels like it is purposefully set up to be confusing** (62%).

In fact, consumers are tasked with overseeing so many care-related tasks that many “feel like general contractors” when it comes to addressing healthcare needs (65%). This is especially true for more digitally native millennials who are baffled by a fragmented system.

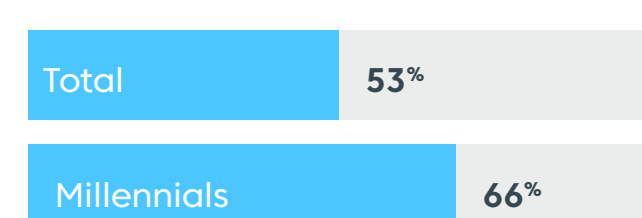
Faced with the reality of juggling their own care, many are opting out altogether. **More than half say the healthcare experience is so bad today that they know people who will do anything to avoid seeking care** (56%), while a similar percentage also admit to avoiding care themselves because they weren't sure what the cost would be (53%).

This lack of clarity around costs remains a pervasive pain point throughout the healthcare journey, with 6 in 10 consumers admitting they have gone into an appointment before without being sure if they could afford it (59%). This is especially true for millennials (72%) and those with high deductible plans (71%). Ultimately, the vast majority are struggling with this opacity in a world where comparison shopping and deal hunting are second nature: 85% of consumers say they wish it was easier to find ways to save money on healthcare.

“Right now, it feels like every step of the healthcare process is a chore.”



“I have avoided seeking care because I wasn't sure what the cost would be.”



“When half of consumers say they're avoiding care because the system is too hard to deal with, one could argue that, in a digital economy, the effort required to find, access, and pay for care is a social determinant of health.”

William Krause
Vice president of Connected Consumer Health at Change Healthcare

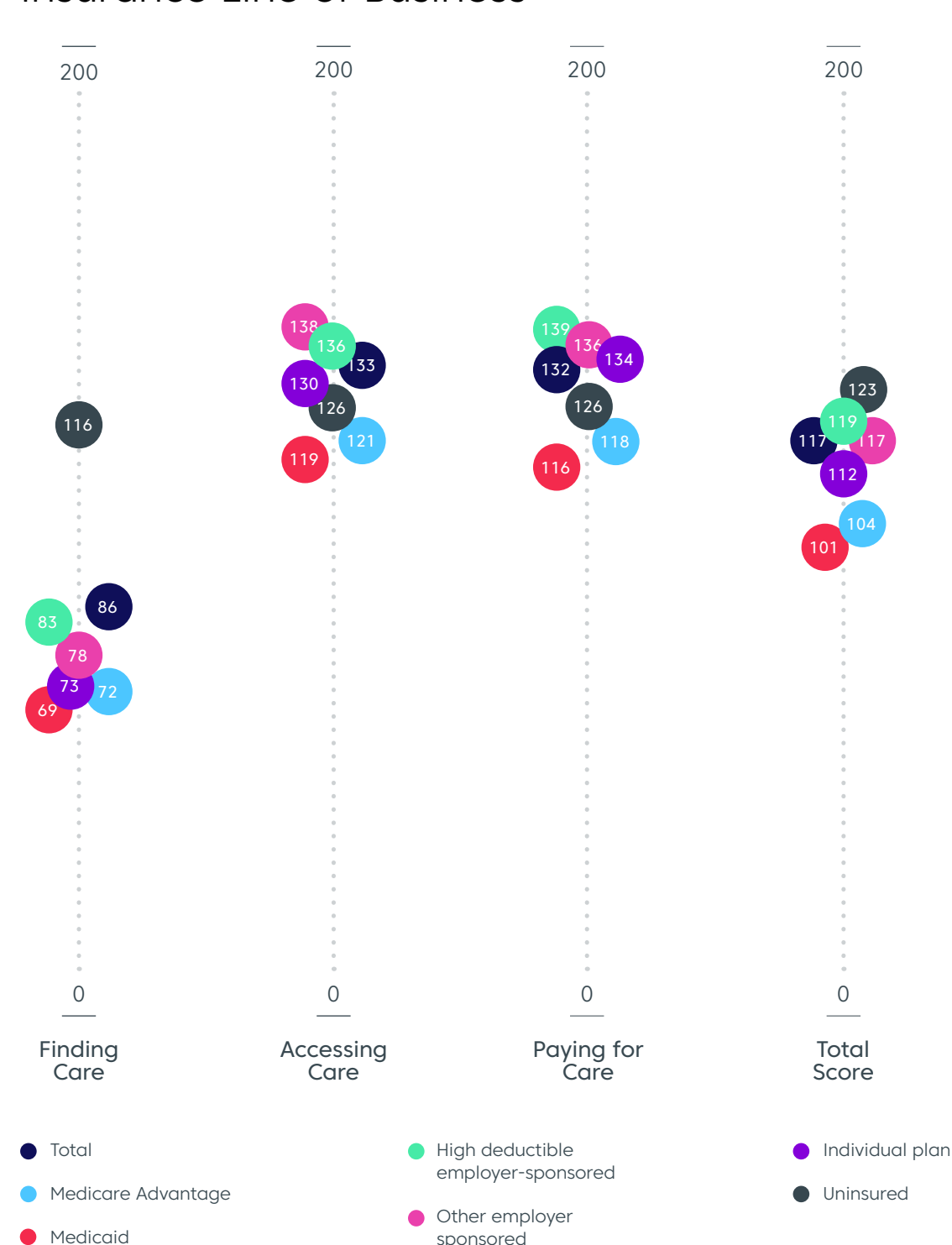
To better understand specific pain points and effort required throughout the healthcare journey, we asked consumers to quantify the ease or difficulty of various tasks when finding, accessing, and paying for care. These ratings were used to create an “effort index” — the 2020 Change Healthcare - Harris Poll Consumer Experience Index — which ranges from 1 to 200, with 200 being “intense” effort, 1 being “effortless,” and anything above 100 being “difficult.”

Overall, the data reveals a thorny, uphill process in which consumers ranked the majority of tasks as “difficult,” while not a single one was described as “effortless.” For most, the journey is characterized by escalating effort as it progresses, as difficulty scores jump from 86 when initially finding care to over 130 when both accessing and paying for care.

Morale follows this same trajectory, waning throughout the journey as the level of difficulty increases. For example, consumers were more likely to express confidence at the outset, such as finding the right healthcare they need when they need it and choosing the correct health insurance plan for their healthcare needs, compared to payment-focused elements, like getting the most value for their dollar when it comes to healthcare and finding the best price for a visit, diagnostic, or treatment. Ultimately, this takes an emotional toll: while consumers most commonly say they feel “informed” when finding care, by the time it comes to paying for care, their top emotion is “stressed.”

On the whole, consumers graded the healthcare experience to be above the “difficult” threshold of 100 at 117, a number that jumps to even higher levels among the uninsured and those with high deductible plans. Those with employer-sponsored and individual plans are particularly likely to struggle accessing and paying for care, while finding care is a more significant pain point for those who are uninsured. Meanwhile, Medicaid and Medicare Advantage enrollees report the lowest degrees of difficulty across the journey.

2020 Healthcare Consumer Experience Index Insurance Line of Business



Implications

Data Reveals a Taxing, Burdensome Consumer Experience

When half of consumers are putting off care because it's too difficult to deal with, the lack of a frictionless experience becomes a social determinant of health. There is a huge unaddressed need among healthcare consumers to find, access, and pay for care. In fact, one unfortunate outcome of how payers and providers are trying to solve this problem is that with each new solution, because they are fragments, they are actually making the problem worse, requiring more effort, and making it more difficult for consumers to find, access, and pay for care. Each time they do this, the gap between what consumers expect and demand in other digital retail experiences, and what they experience in healthcare, becomes wider.

Providers and Payers Can Create a Differentiating Consumer Experience

Payers and providers that ignore the data, and the clear evidence that consumers want a frictionless, low-effort experience that is similar to other retail industries, are ceding competitive advantage to payers and providers who do understand this. The more effort consumers must expend, the more likely they are to take their business elsewhere. And they will take it to the payers and providers that give them the seamless, end-to-end experience that they are accustomed to in the retail world.

With the Best of Intentions, Healthcare Stakeholders are Making the Problem Worse

Many payers and providers are actively working to redesign the service experience for their members and patients, and are implementing basic tools to address individual friction points. However, they are failing to address the root cause of the increased level of consumer effort. The root cause is the fragmentation of data and workflow that results from the role that payers play versus the role that providers play in helping consumers access the care that they need. The result: low engagement with their service experience tools, and patients and consumers who consider the process as increasingly difficult.

Focus on a Streamlined, Singular Journey to Find, Access, and Pay for Care

The Harris research shows that consumers want to unify the steps they need to go through to find, access, and pay for care—and not just bring them together, but streamline and simplify them. Those steps break down into the insurance process, understanding what their financial responsibility is; making sure that they have authorization for the care they need; making sure that they obtain the care. These are the steps that must be unified and simplified, and the payer has an important role in supporting those steps. From the consumer standpoint, it's one journey to access care.

How Can Change Healthcare help?

Change Healthcare is addressing this need through its **Connected Consumer Health™** suite, which focuses on both **payers** and **providers**, and brings together their related activities into a unified experience for consumers. That's Change Healthcare's goal—to deliver a seamless platform in which all patient registration is automatic, and direct consumer bundled purchasing is easy.

Finding Care

Price transparency is consumers' top challenge when finding care

Consumers today are entirely responsible for finding the best care for their needs, a process that is often fatiguing and intimidating. Two-thirds admit it can feel like a treasure hunt, saying, "finding a great doctor or medical practice is like finding a needle in a haystack" (67%). Further, 6 in 10 agree that it takes "too much effort to find quality care today" (60%). A similar percentage find the process too time-consuming, saying, "it always takes me longer than I expect to set up healthcare appointments" (62%).

Overall, consumers place finding care at an 86 on the effort meter, slightly below the "difficult" threshold of 100. Finding care is notably difficult for the uninsured, who rank this phase to be above average in its difficulty at 116; meanwhile no one group places it lower than 65, indicating a long way to go before it becomes "effortless."

The most difficult tasks in this phase — and across the healthcare journey — center around finding transparent, upfront pricing information. By a large margin, the two most difficult tasks consumers cite when finding care are comparing price estimates across potential providers and estimating out-of-pocket costs for appointments. Similarly, the top barrier consumers say they face when seeking care is finding upfront cost estimates, a particular stumbling block for those with high deductible health plans.

67% "It takes too much effort to find quality care today."

62% "It always takes longer than I expect to set up healthcare appointments."

Many also struggle to find accurate, detailed information about both their insurance plan coverage and potential providers. For example, consumers cite finding quality information, reviews, testimonials and details about a provider's approach to medicine or advanced techniques among the more difficult tasks in this phase. A full 83% wish there were online reviews for medical facilities, just like there are for restaurants or hotels. Another 1 in 4 cite finding a provider that offers payment options specific to their financial situation as a barrier (25%), a particular hurdle for the uninsured (37%).

Beyond factual information, the second most common barrier to finding care is the ability to identify a provider that meets consumers' unique needs and makes them feel comfortable, indicating a need for greater visibility into providers' human side when consumers are searching for care.

Another pain point is figuring out where to start the search, which plagues nearly 1 in 4 of those who are actively seeking care (22%). In fact, approximately half of consumers say they have opted out of seeking care at some point because they simply weren't sure where to start (48%). Those with individual plans are particularly likely to lack clarity on where to begin, indicating a less developed infrastructure for finding healthcare in that market.

Notably, consumers cite prioritizing the search for care among all of the other things on their plate as the lowest barrier during this phase, indicating a willingness to invest the time to search when quality options are available.



"Providers should look beyond the perception of competitiveness with price transparency, and view it as a way to actually increase patient access and drive patient acquisition through more easily accessible pricing and visit information."

Spencer Cross
Sr. Manager
Digital Patient Experience
Change Healthcare



83% of consumers wish there were more online reviews for medical facilities, just like there are for restaurants or hotels.

Lack of clear cost estimates drives difficulty finding care

Total effort for Finding Care

86

- Extremely Difficult
- Very Difficult
- Difficult
- Not Very Difficult
- Effortless

- 108 Comparing price estimates across potential providers
- 101 Estimating out-of-pocket costs for appointments/treatments
- 91 Determining if/how treatment is covered by my health insurance
- 87 Finding quality information about a provider
- 85 Understanding the provider's approach to medicine / advanced techniques
- 84 Finding objective reviews or testimonials for potential providers
- 78 Determining which providers work best for my schedule
- 74 Finding the right provider for my need
- 65 Determining which providers accept my health insurance

Biggest barriers consumers face when trying to find care

- Finding upfront cost estimate(s), **32%** (38% High Deductible)
- Finding a provider that meets my unique needs and I feel comfortable with, **30%**
- Finding a provider that can meet with me in a timely fashion, **29%**
- Finding a provider that accepts my health insurance, **28%**
- Finding a provider that offers payment options specific to my financial situation, **25%** (37% Uninsured)
- Figuring out where to start the search, **22%** (36% Individual)
- Finding a provider that advertises its prices, **21%**
- Prioritizing searching for care among all of the other things on my plate, **16%**

85% wish it was easier to find ways to save money on healthcare.

Ultimately, consumers are seeking a digital experience that allows them to comparison shop for healthcare, like they can in so many other areas of their lives.

Consumers today live in a world where they are continually presented with options—and they don't believe healthcare should be any different, saying, "finding a doctor should be as easy as finding something to watch on streaming services" (83%). The vast majority also believe this transparency should be applied to costs, saying, "it should be as easy to compare prices for healthcare as it is for other services like spa appointments" (85%).

Given the difficulty of identifying costs today, consumers' number one request for payers is to provide cost estimates for potential services based on their benefits, a particular desire of high deductible plan enrollees.

Other top asks focus on comparison shopping, including the ability to easily compare treatment costs from different providers and to view transparent pricing lists for routine services.

Offerings that prioritize personalizing the consumer experience round out their top 5 asks, including insurance plans that suggest a personalized healthcare concierge, who has their full patient history and can propose the top 2-3 options for their needs, as well as recommendations on which provider best fits their priorities.

When it comes to healthcare providers, consumers are also looking for more transparency around coverage and costs in order to ease the process of finding care. Their top asks for providers include specifying whether they accept one's health insurance and providing transparent pricing lists for routine services. Another top request is to increase cost awareness going into an appointment by offering a range of potential costs where treatment may vary based on severity or treatment decisions made during service.

Many are also craving features from providers that ease the logistical burden, such as the ability to complete paperwork before arriving for an appointment and to schedule and manage appointments online, both of which are particularly popular priorities among Boomers. Gen Xers, on the other hand, more often seek remote options, saying an understanding of the provider's ability to support telehealth visits would make their life easier when searching for care.



In an ideal world, which, if any, of the following from your health insurance plan would make your life easier when you are searching for healthcare?

- 38%** (46% High deductible) Cost estimates for potential services based on my health plan benefits
- 27%** Personalized healthcare concierge, who has my full patient history and can suggest the top 2-3 options for my need
- 16%** Initial self-administered tests to check symptoms
- 33%** Recommendations from my insurance on which provider will be the best fit for me
- 25%** Reviews of providers from other health plan members
- 8%** None of the above
- 29%** The ability to easily compare treatment costs from different providers
- 21%** Potential steps to take before considering treatment
- 28%** (35% Boomers) Transparent pricing lists for routine services for a given provider
- 19%** Information regarding which providers have digital capabilities

In an ideal world, which, if any, of the following from your healthcare provider would make your life easier when you are searching for healthcare?

- 31%** (46% Boomers) Whether they accept my health insurance
- 28%** (35% Boomers) The ability to schedule and manage appointments online
- 17%** (35% Gen X) The provider's ability to support telehealth visits
- 23%** Ratings, reviews, and testimonials of their facility
- 30%** Transparent pricing lists for routine services
- 11%** Videos showcasing the doctor or staff
- 29%** (34% Medicare | 35% Boomers) The ability to complete paperwork before arriving for my appointment
- 20%** Telehealth diagnosis to determine what health-care is needed, followed up by a personalized recommendation
- 28%** (40% Individual) Range of potential costs where treatment may vary based on severity or treatment decisions made during service
- 19%** Call backs for scheduling

Implications

Be Transparent with Price Transparency Tools

Consumers want an easier experience when finding a check-effective provider and estimating their out-of-pocket costs—and they want that information at their fingertips. But the industry clearly isn't meeting that need. The evidence: CMS data and other industry sources show that the adoption of price transparency tools is extremely low. This may be because pricing information is rarely front-and-center, not easily found by consumers. Instead, it is often buried in a hard-to-find menu on a website, or gated behind a phone number that consumers must call. The message to providers is clear: Don't play hide-and-seek with price transparency, but give it visibility.

Why Price Transparency Efforts Don't Deliver Business Results

Providers often view price transparency as increasing competition or creating pricing pressure for their organization. However, adopting price transparency tools usually increases access, because one of the primary barriers to seeking care is not understanding the costs. Consumers gravitate to the organizations that are easiest to do business with. Providers should look beyond the perception of competitiveness, and view price transparency as a way to increase patient access and drive patient acquisition with accessible pricing and visit information. Those organizations that invest in that consumer experience will see their patient acquisition and retention metrics improve.

Not Another Web Page, But a Vehicle for Growth

Healthcare stakeholders often view price transparency as a check-the-box, regulatory item, and not as a vehicle for growth. They view it as another informational tool on their website—like directions to the MRI facility. But other digital, retail industries use their websites as growth platforms—to actually drive business, boost consumer engagement, and grow their business. In order for price transparency to be successful and drive market advantage, healthcare stakeholders need to think about their website in the same way as other retail marketing organizations.

Give Consumers the Price Transparency They Want

Start by making price transparency a focal point of the digital presence—give it the placement and prominence it needs, so consumers can access it easily. Consider the 300 shoppable procedures defined by CMS, as these will cover 80% of the most commonly purchased procedures. Second, take a proactive approach that ties price transparency to key events in the patient journey—things like scheduling, referrals, and preventive care. Bring the transparency to the patient rather than expecting them to hunt for the information and tools, and actively engage them with text messages or email with pricing based on upcoming events.

How Can Change Healthcare help?

Change Healthcare's **Connected Consumer Health™** suite offers several solutions that can put price transparency front-and-center. For example, the **Shop Book and Pay™** solution, provides the price transparency backbone—enabling procedure bundling, transparent pricing, and retail healthcare services. The suite's **Care Cost SE** solution enables proactive price transparency based on triggering events, scheduling events, referable orders, and preventive care, and allows providers to engage with patients prior to their visit, alert them to their liability, and allow them to pre-pay. Over 300 customers are using these e-commerce technologies today, and typically realizing 15% net increase in patient collections.

Accessing Care

Consumers struggle to juggle roles as administrator, savvy shopper, and patient

Accessing care is the most difficult phase of the healthcare journey overall, with a difficulty score of 133 on the consumer experience index, or what would translate to "severely painful" on a medical pain scale. **While some tasks in this phase top 140 in terms of their level of difficulty, not one falls below 115, indicating consumers are carrying a heavy and ongoing burden throughout the entire process of accessing care.**

Lack of cost transparency remains the largest hurdle during this phase, especially as treatment may evolve during the course of care. The most difficult tasks, according to consumers, include knowing if one's healthcare plan will cover proposed treatment, or if it proposes another type of treatment and why, as well as understanding what impact the care will have on out-of-pocket costs. Similarly, not fully understanding if or how cost of treatment may change during the visit is one of the top 3 pain points consumers face when accessing care.

Beside manner is also a top concern, as consumers cite difficulty finding a provider that takes the time to understand their full history and talk to their other care providers as the number one barrier to accessing care the way they would like to. Interestingly, "finding time to make it to a provider" is the lowest barrier in this phase, reiterating the willingness of consumers to invest time in their own care if they can be confident in reliable outcomes, similar to that displayed during the finding care phase.



Cementing their role as "general contractors of their health," more than half of consumers say it's difficult to coordinate care across all of the providers they are seeing (56%), while 1 in 4 cite coordinating care across multiple providers as a barrier to accessing care (26%).

Part of this ordeal includes a hamster wheel of paperwork, one of the most difficult tasks in this phase: 7 in 10 consumers say that "every time they go to the doctor, they feel like they are filling out the same form over and over again" (69%). In fact, gathering and completing necessary paperwork earned a 140 on the difficulty scale and is also rated as the second largest consumer pain point while accessing care.

Ultimately, as administrative tasks rise and perceived personal attention wanes, consumers are left feeling more like case files than human beings. More than half of consumers say they "often feel as though they are being treated as an incident, not a person, when receiving care" (53%), including 60% of those who have been to the emergency room in the last year.

While two-thirds of consumers say they feel like an equal partner with their provider when it comes to making treatment decisions (67%), the majority have also experienced issues with communication. Tasks such as communicating concerns and questions to a provider, getting clear answers to those questions, understanding the efficacy of treatment, and receiving clear guidance on next steps after care is administered are quite difficult for consumers, all scoring above 125 on the effort scale.

Even amidst this uncertainty, **half of consumers admit they sometimes "feel uncomfortable asking a provider questions"** (51%). An even higher percentage say **they have experienced healthcare providers that they feel have "jumped to medications without talking about alternative treatments"** (58% overall, 67% millennials).

56%
"It's difficult to coordinate care across all of the providers I am seeing."

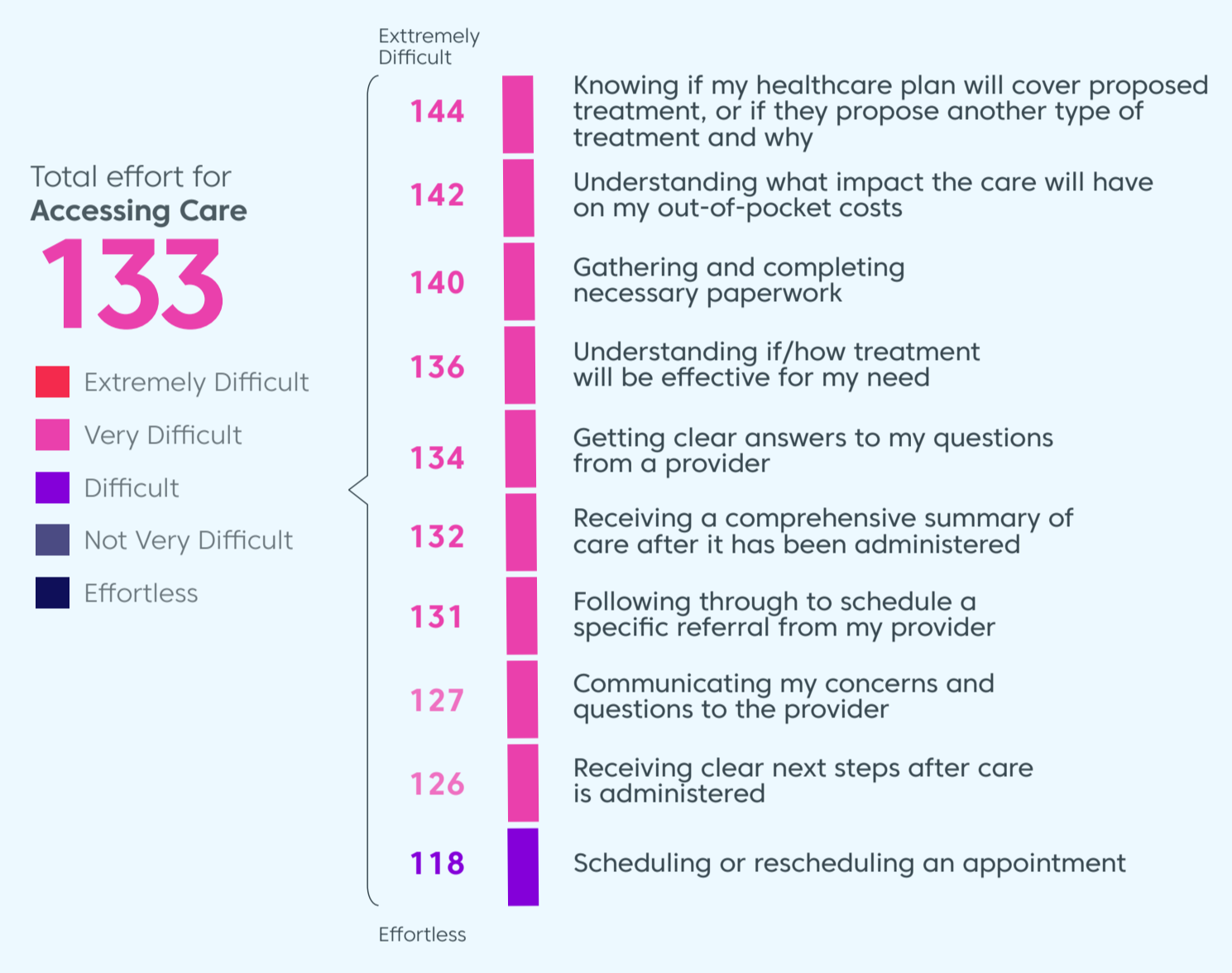


53% of consumers often feel as though they are "being treated as an incident, not a person, when receiving care."

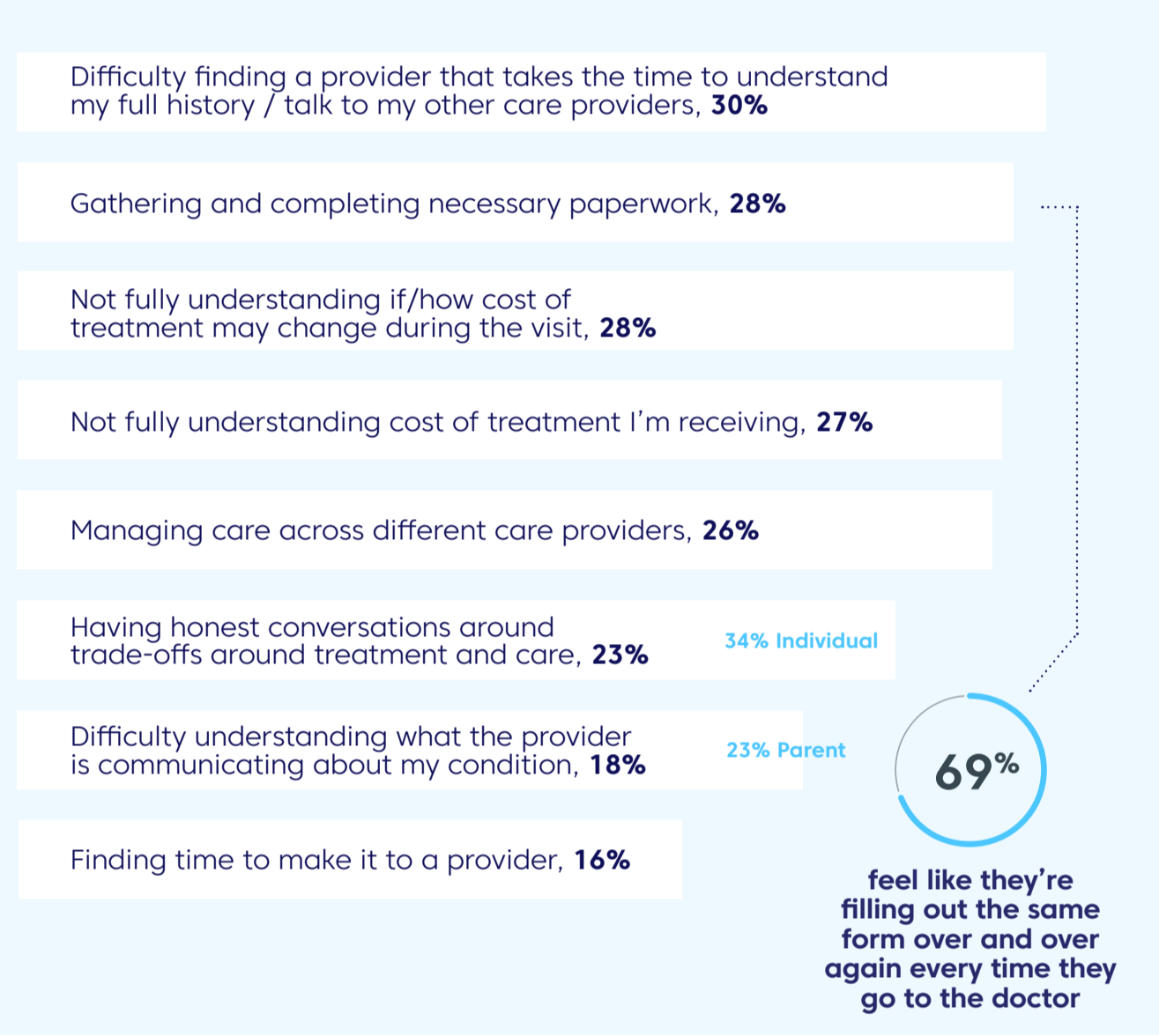


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Accessing care is the most difficult phase of the healthcare journey



Biggest barriers consumers face when trying to access care



With everything they're asked to juggle, consumers are seeking allies who can provide transparency and personalization to ease their burden.

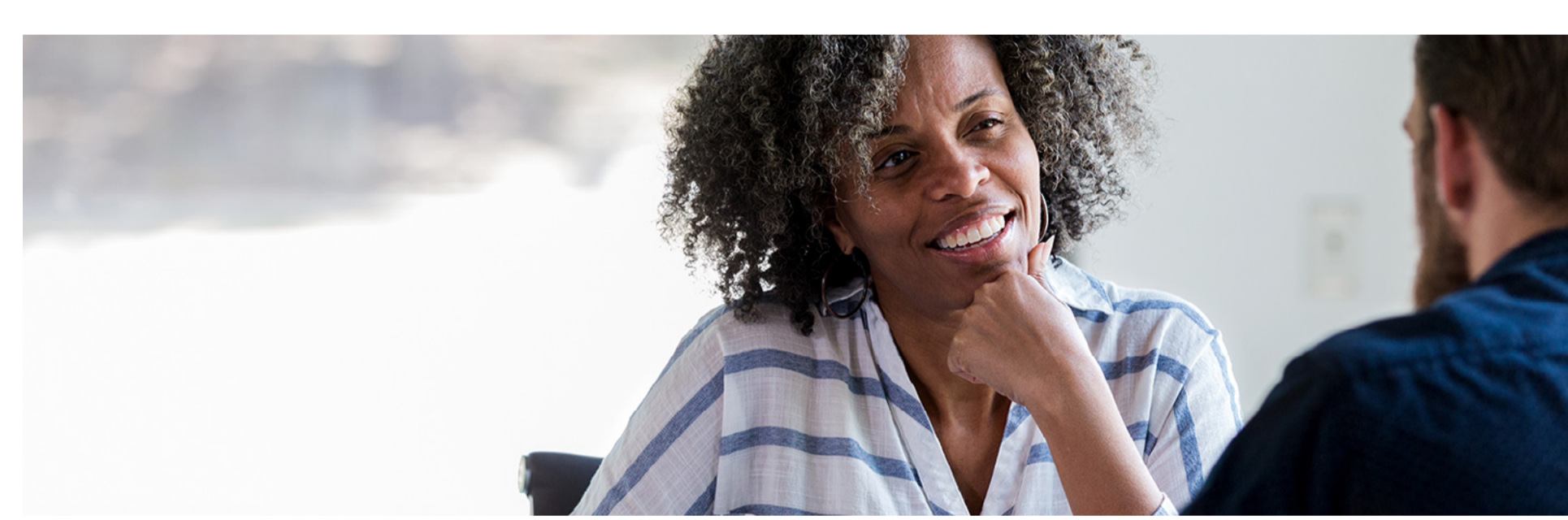
Top requests for payers in this phase center around customized, streamlined information, including providing both coverage and benefit overview information for specific medical needs as well as pre-service cost estimates to reflect both deductible paid YTD and expected out-of-pocket costs. Transparent pricing lists for routine services also remain important during this phase.

In addition to transparency on coverage and costs, consumers want payers to help them maintain relationships with doctors, citing the ability to have an ongoing relationship with their doctor, even when switching healthcare plans, as a top way to simplify the process of accessing care. Help organizing medical information in a way that can be shared with providers as needed also emerges as a priority, with two-thirds of consumers wishing their health insurance plan would share medical claims history with their healthcare providers (65%).

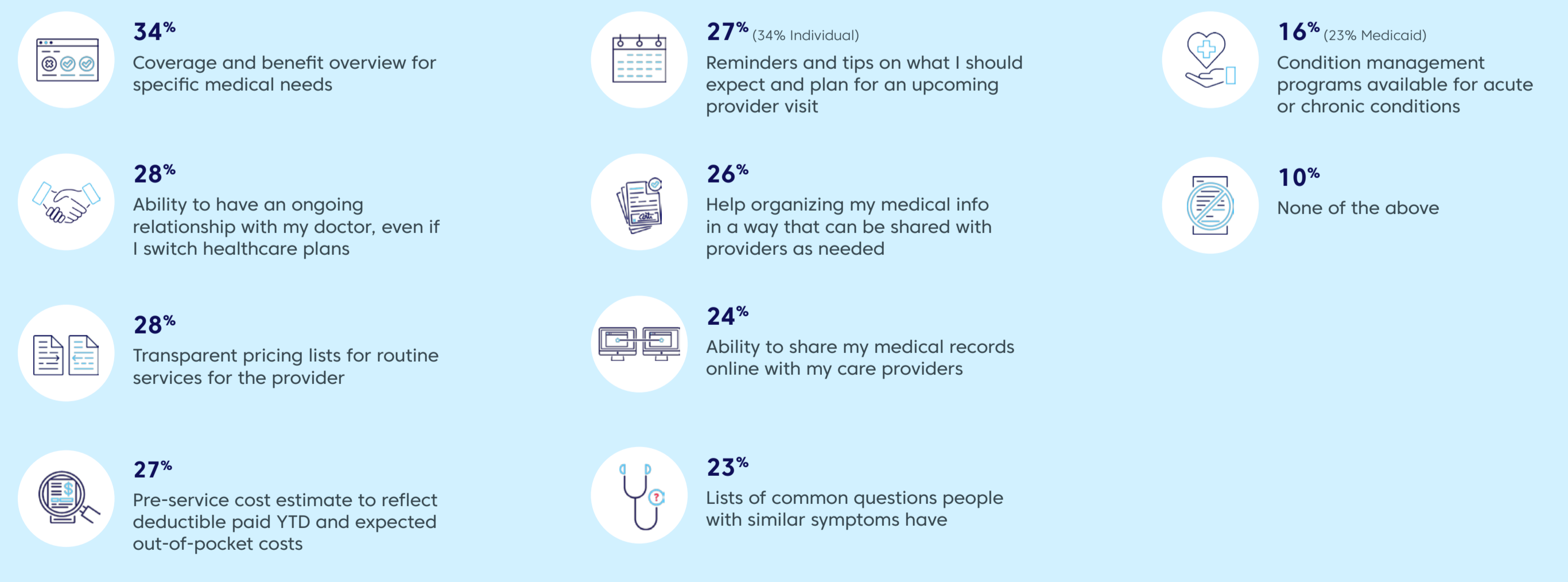
On the provider side, top consumer requests remain focused on price transparency, including providing a clear breakdown of what is being charged for services, as well as an understanding of the costs of various treatment options discussed. Consumers are also looking for providers to make logistics easier for them, though the mechanisms to do so vary by generation. While Boomers are more likely to seek the option to consolidate treatment into a single day or visit, parents are eager to have the ability to break up care into small segments that may be more kid friendly. Meanwhile, younger Gen Zs are simply looking for appointment reminders, including when they are and what to bring.



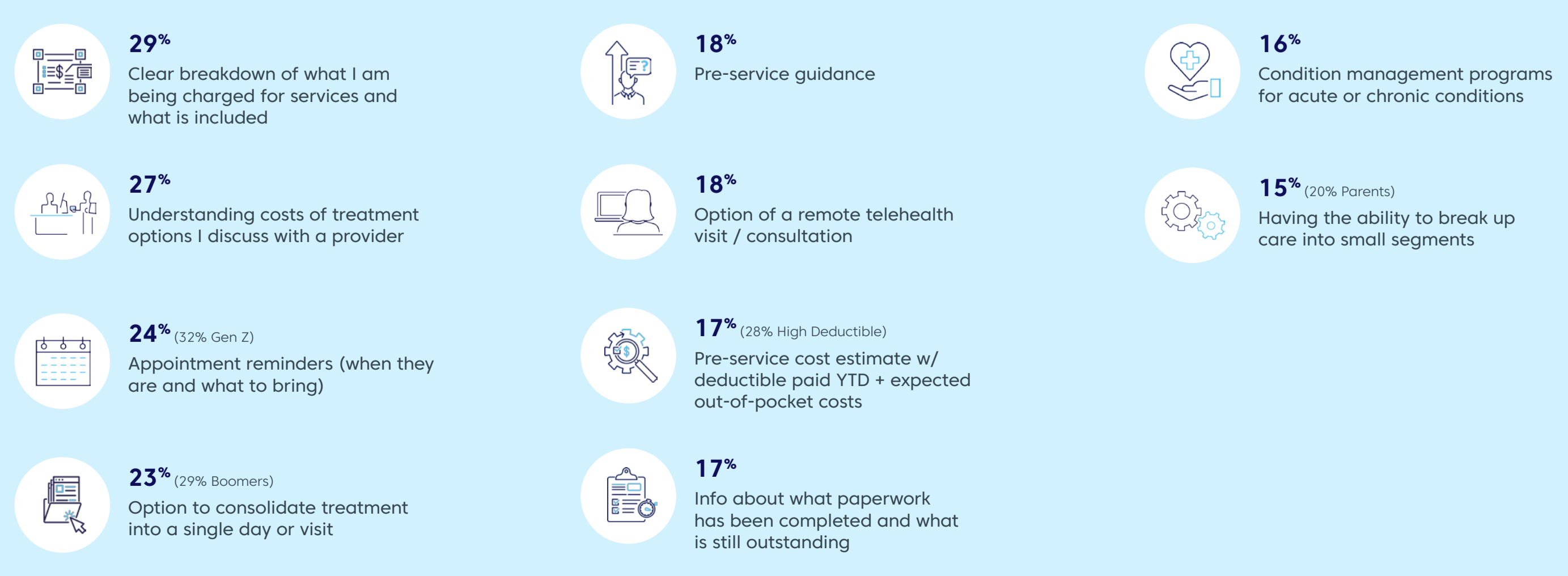
65% of consumers wish their health insurance plan would share medical claims history with their healthcare provider.



In an ideal world, which, if any, of the following from your health insurance plan would make your life easier when you are accessing healthcare?



In an ideal world, which, if any, of the following from your healthcare provider would make your life easier when you are accessing healthcare?



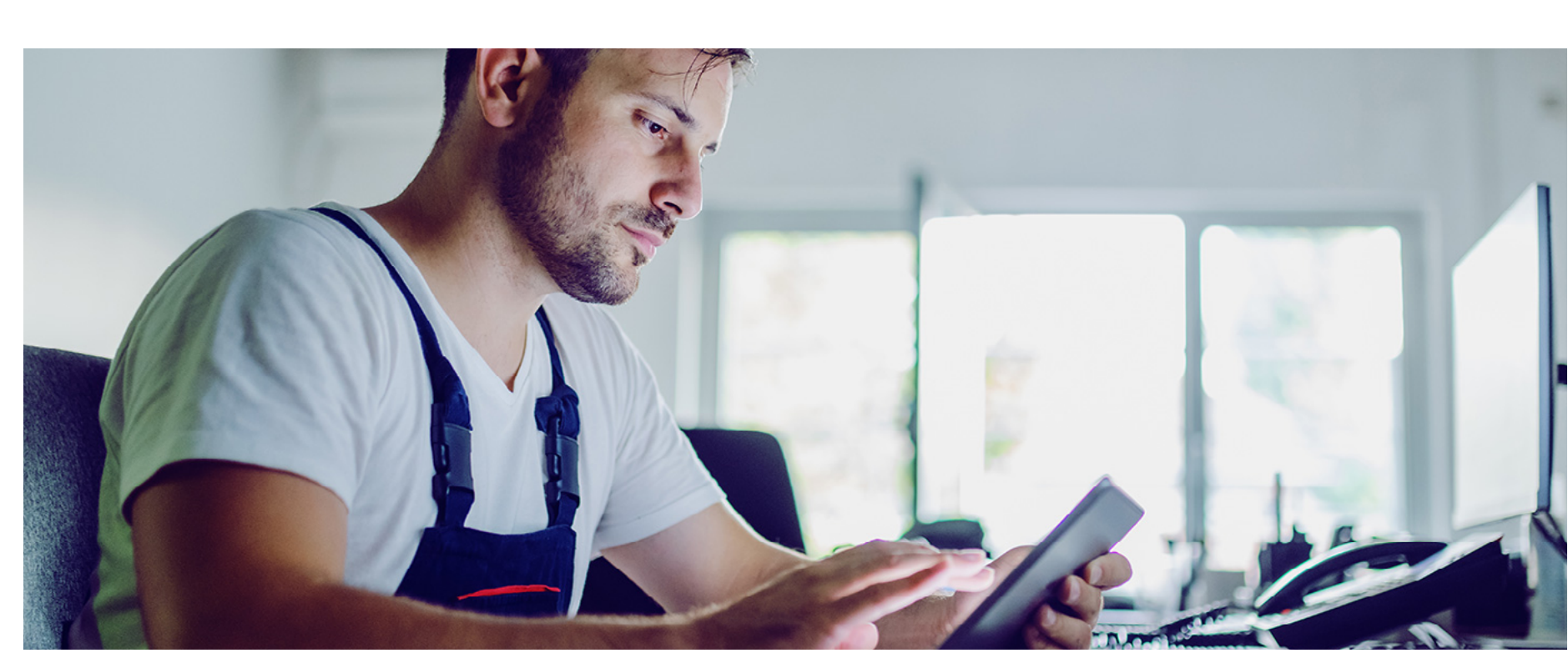
Paying for Care

Consumers are seeking simplicity as paying for healthcare today feels more complex than buying a house

The third and final phase of the journey, paying for care is where consumers encounter the most complexity. Earning a 132 overall on the difficulty scale, paying for care is just 1 point shy of accessing care's score of 133, indicating that the burden of effort on consumers does not ease after an appointment is finished.

After the juggling act that is accessing care, paying for care is most marked by stigma and ambiguity. More than two-thirds of consumers say they "often don't know how much a medical treatment or appointment costs until months after the fact" (68%). Then, when bills do arrive, they are difficult to understand, with 6 in 10 consumers – including 7 in 10 millennials – attesting their medical bills "feel more complex than a mortgage payment" (61%). Nearly half are also intimidated to approach their provider for clarification, saying they are "uncomfortable asking their provider for details on what they owe" (48%), a number that is again higher among millennials (60%).

As seen in previous phases, costs remain murky throughout the entire healthcare journey, which ultimately makes paying for care challenging. The most difficult tasks when paying for care center on understanding costs as treatment evolves, including knowing the coverage and costs associated with peripheral experts, as well as understanding the cost impacts and options of various treatments.

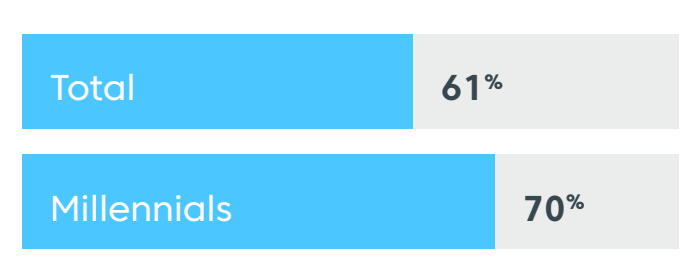


Many also struggle to follow payment progression, citing not understanding how much is owed before or after the service is rendered as top pain points during this phase. **Nearly 6 in 10 say it's hard to keep track of medical payments they have already made for service versus those they already owe** (57%), while understanding the payment plan or trajectory for treatment is scored as one of the more difficult tasks in this phase. Out-of-pocket costs present particular challenges, with consumers citing paying upfront to resolve actual out-of-pocket costs to avoid surprise billings as another difficulty, earning a score of 127, as is negotiating lower out-of-pocket costs, with a score of 136.

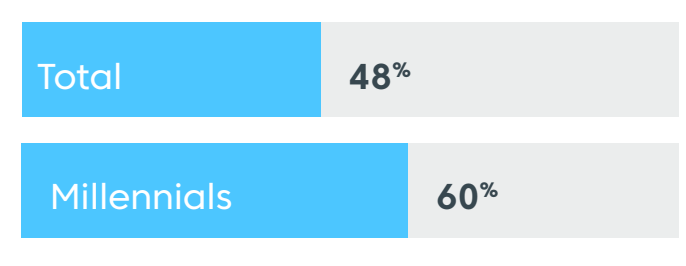
Correcting billing errors is another top pain point when paying for care — a task that half of consumers have faced (47%), including a majority of high deductible and Medicaid enrollees (59%) and millennials (62%). With a difficulty score of 140, resolving an incorrect charge for the healthcare services received rounds out the top 3 most difficult tasks when paying for care. Resolving billing errors is also the second biggest pain point consumers face in this phase.

Conversely, logistical elements of paying for care, such as paying on time with the right channel and desired payment method, are relatively easier than other tasks that occur during this phase.

"My medical bills feel more complex than a mortgage payment."

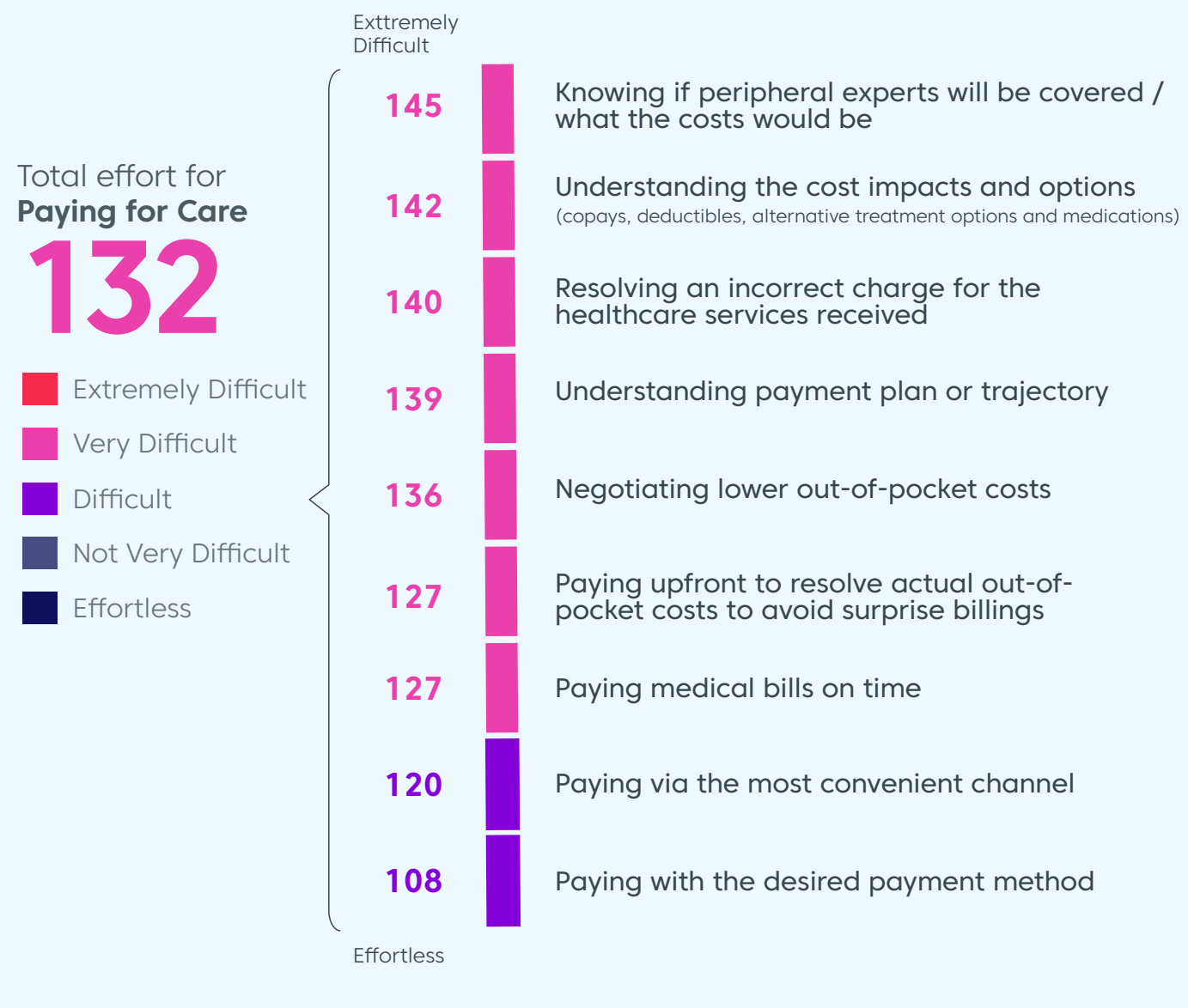


"I am uncomfortable asking my provider for details on what I owe."

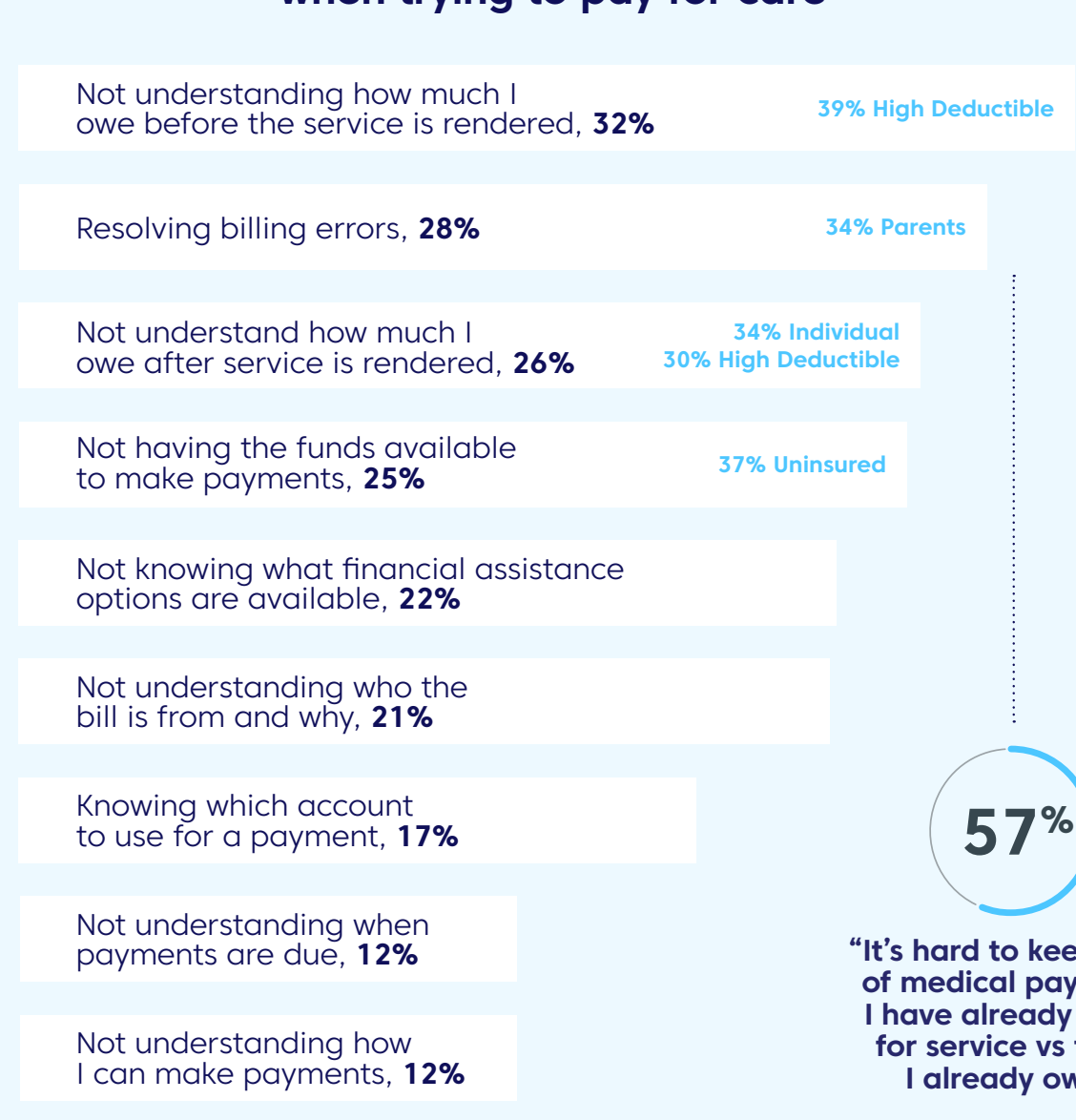


A majority of high deductible and Medicaid enrollees (59%) report that correcting billing errors is a top pain point when paying for care.

Understanding how costs evolve in the course of treatment is the most difficult tasks when paying for care



Biggest barriers consumers face when trying to pay for care



57%

"It's hard to keep track of medical payments I have already made for service vs those I already owe."

To simplify the process of paying for care, consumers are seeking increased transparency from payers and providers.

First and foremost, consumers' top request for payers is streamlined information, including a simple explanation of benefits, the amount charged, what insurance covers, and what they owe. This craving for clear information is echoed when it comes to the types of information that would most incentivize sign up for an insurer's mobile app or member webpage, which include information about plan coverage, access to medical records, and a simple interface that is easy to use.

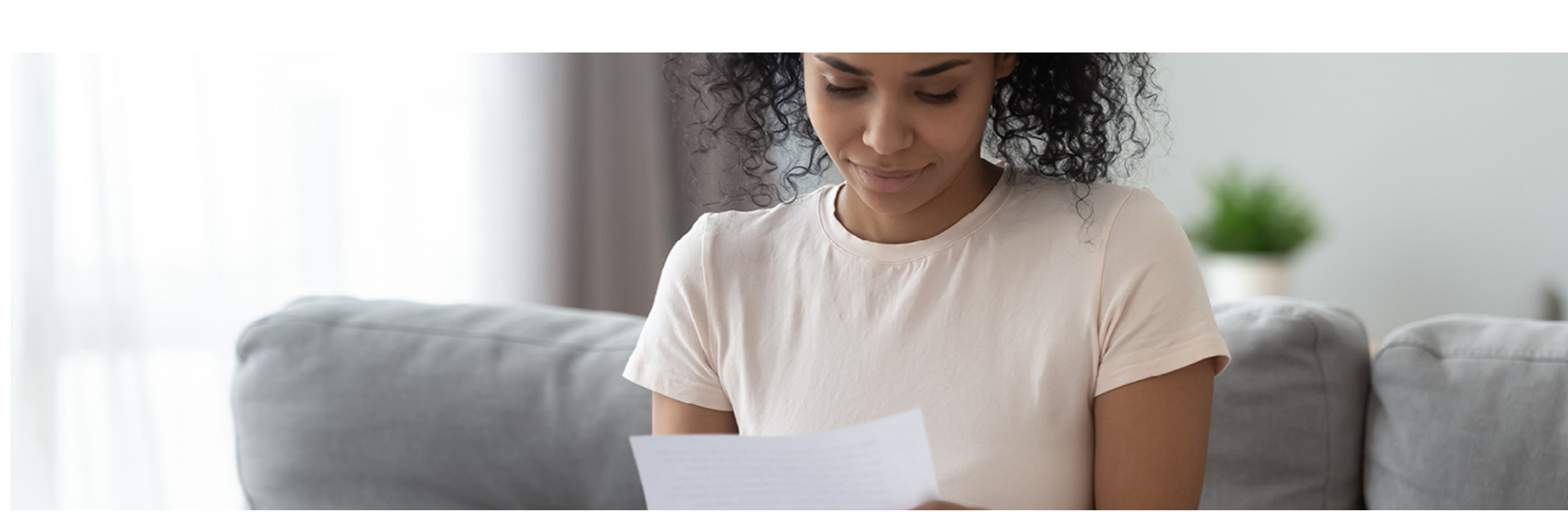
Consumers are also looking to payers for proactive suggestions to save on healthcare, such as opportunities to save money on future services or treatments, incentives or reward points to reduce healthcare costs or access discounted services, and payment plans to make managing costs easier.

Requests for providers follow a similar trajectory, with price transparency standing out as a top need. Consumers' top asks of providers are transparent language on billing information about what was charged and why, followed by a portal that tracks the path and status of a medical claim.

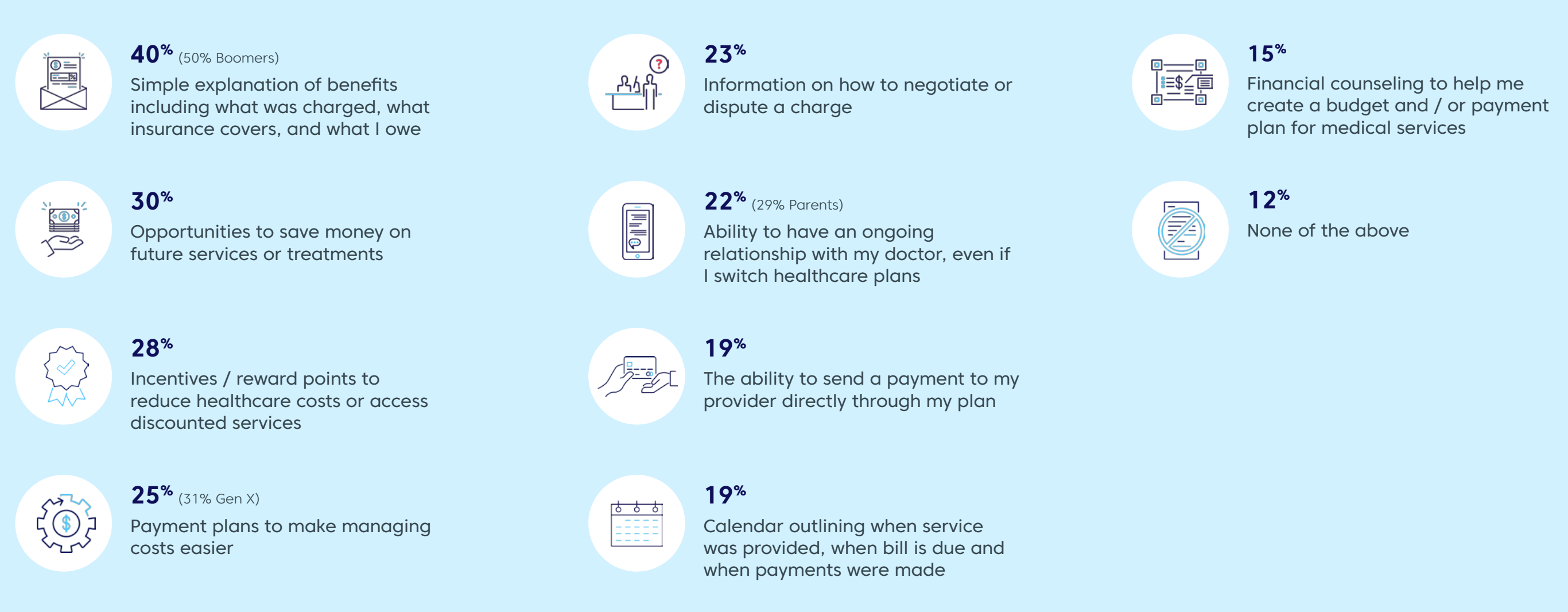
Many are also looking for providers to chip in with savings and flexible payment mechanisms, such as payment plans that allow patients to pay for a portion of services at a time and automatically negotiated rates based on increased amount of services.



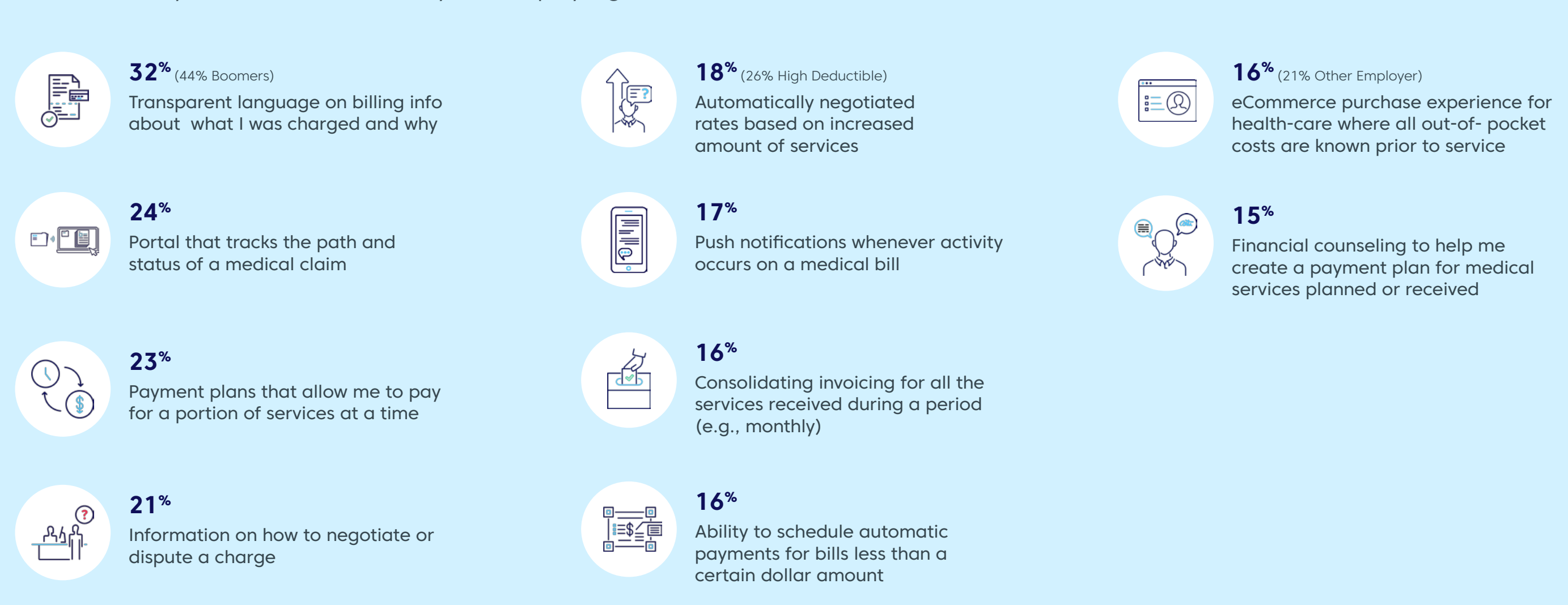
Consumers' #1 request from payers and providers when paying for care is a clear explanation of charges



In an ideal world, which, if any, of the following from your **health insurance plan** would make your life easier when you are paying for healthcare?



In an ideal world, which, if any, of the following from your **healthcare provider** would make your life easier when you are paying for healthcare?



Consumer Touchpoints

Consumers want more modern, digital communication from both health insurance and providers



Only 1 in 3 say their healthcare provider (33%) or insurance plan (35%) communicates with them too much.

To help ease their burden across the journey, consumers are craving more communication from both payers and providers. **Only 1 in 3 say their healthcare provider (33%) or insurance plan (35%) communicates with them too much**, and most are looking for more modern, digital ways to interact.

From a channel perspective, consumers demonstrate unique communication preferences during each phase of the journey. Top channels when finding care include self-serve digital outlets that allow consumers to take on an active role by searching for results and filtering options, such as payer and provider websites and online member or patient portals. **More than two-thirds attest, if they have questions, need information or guidance, they prefer to search for the answer themselves before contacting their health insurance plan or healthcare provider (68%).**

“Invest with purpose. There’s been a lot of investment over the past five, six, seven years but it’s kind of been, ‘Oh, we’re going to try this and we’re going to try that.’ You really need to think about it holistically as an end-to-end experience.”

Bryce Bruner
Director Communications Services
Change Healthcare

TOP CHANNELS WHEN FINDING CARE

1	Health insurance / provider website
2	Email
3	Online member or patient portal
4	Mobile app
5	Printed materials

TOP CHANNELS WHEN ACCESSING CARE

1	In-person consultation
2	Online member or patient portal
3	Phone call
4	Email
5	Health insurance / provider website

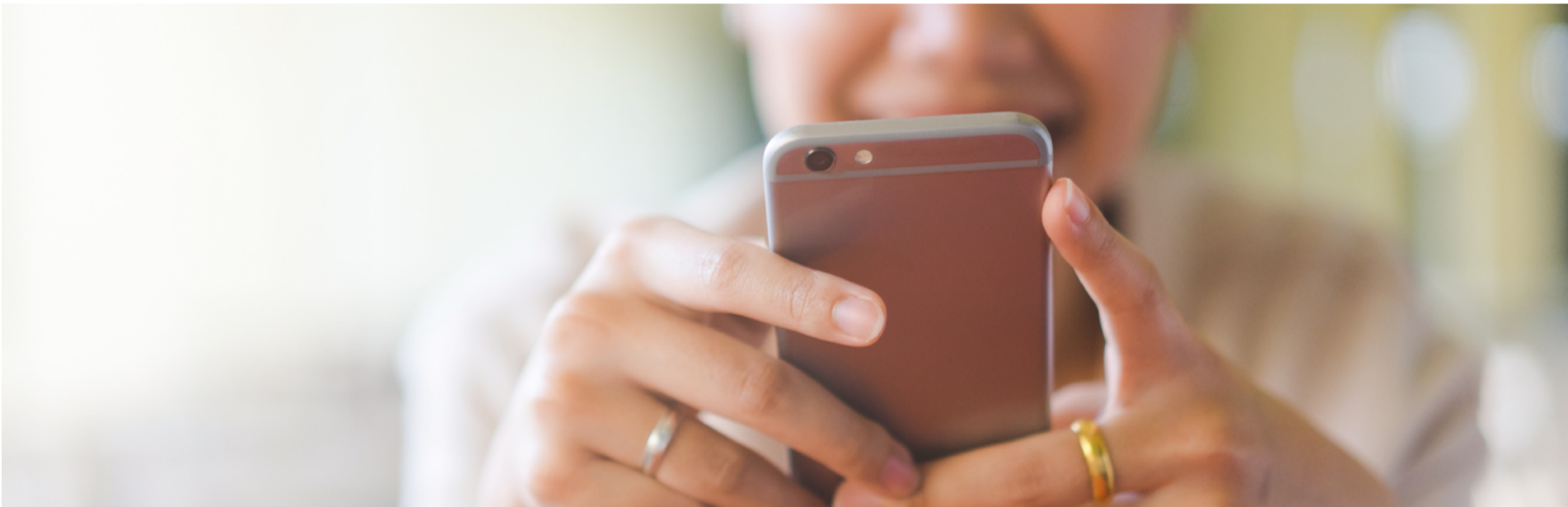
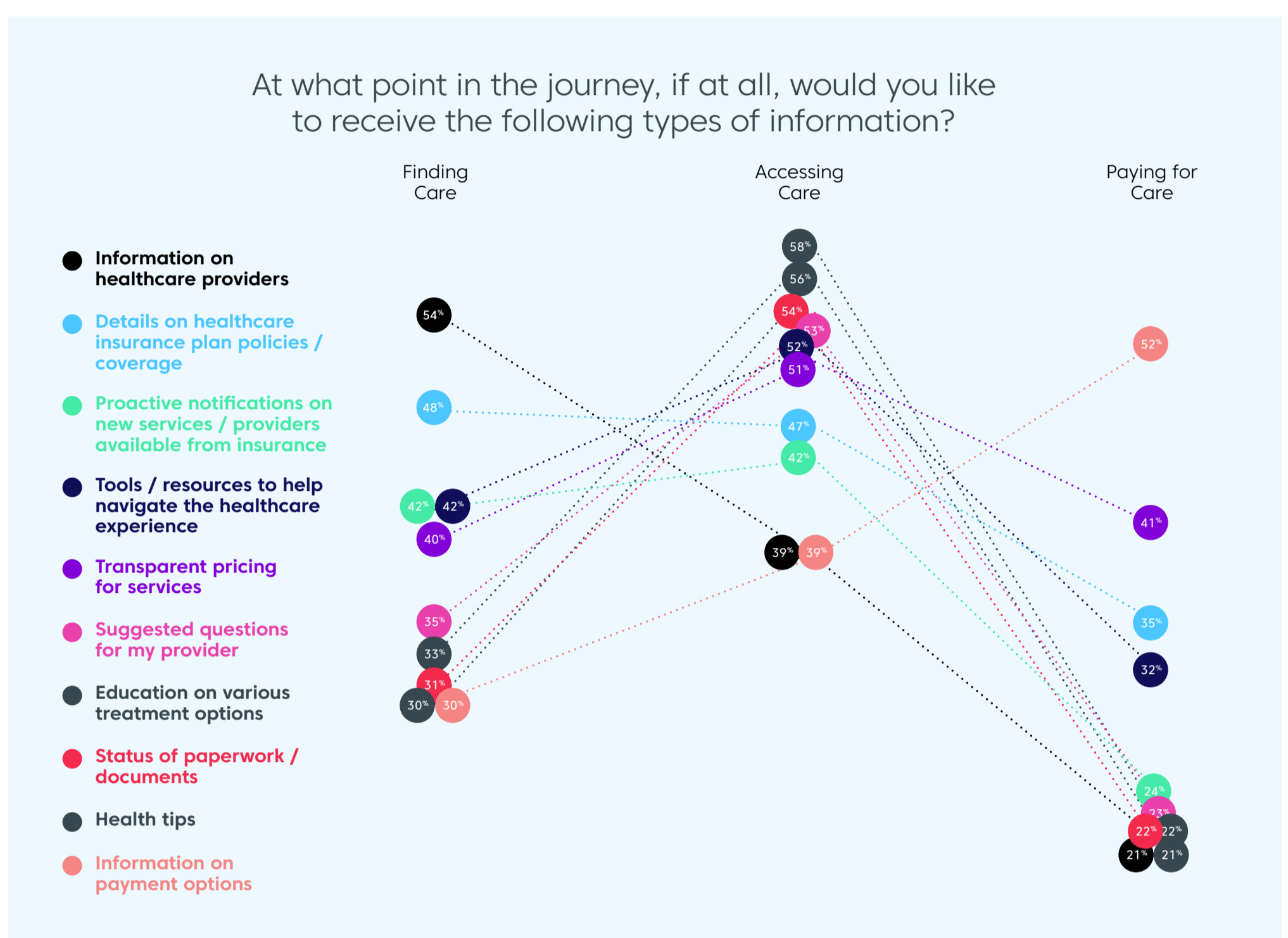
TOP CHANNELS WHEN PAYING FOR CARE

1	Email
2	Health insurance / provider website
3	Printed materials
4	Online member or patient portal
5	Mobile app

While most channels peak in importance when accessing care, ones that offer more human connection such as in-person consultation, phone calls, and online or video chat are particularly important during this phase. Finally, paying for care calls for convenient, personalized communication via channels such as email and member or patient portals. Notably, interactive voice response is the least preferred method of communication overall, with 39% of consumers saying they would not like to use it at any point in the journey.

Appetite for information is also highest when receiving care, where consumers focus on health education. Not surprisingly, when initially finding care, consumers are seeking details on healthcare providers and their coverage. Then, when moving on to access care, education on treatment options and health tips are most important, as is status of paperwork and suggested questions to ask a provider. Finally, when paying for care, information on payment options and transparent pricing rise in priority.

Across all phases of the journey, consumers are seeking more modern, digital communication from both payers and providers. **The majority say they want their health insurance plan (71%) and healthcare provider (68%) to communicate with them using more modern platforms.**



“I want my _____ to communicate with me using more modern platforms.”

Health Insurance	71%
Healthcare Provider	68%

“I would be okay if all communications from my _____ were digital.”

Health Insurance	63%
Healthcare Provider	58%

“Communication with my _____ would be easier if it was all digital.”

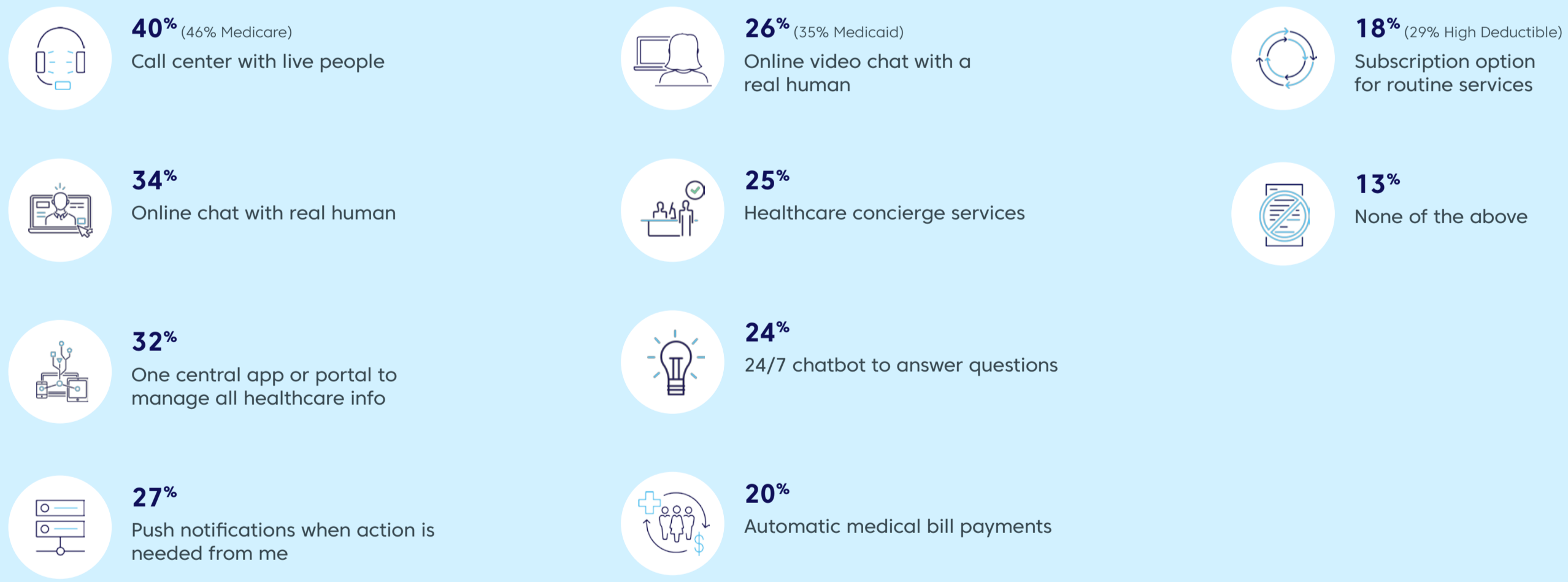
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Across all phases of the journey, consumers are seeking more modern, digital communication from both payers and providers. **The majority say they want their health insurance plan (71%) and healthcare provider (68%) to communicate with them using more modern platforms.**

Many believe the communication ecosystem could be entirely digital, saying they would be okay if all communications from their health insurance plan (63%) and healthcare provider (58%) were digital—and the same number say this would actually make things easier.

That is not to say that the system should lack human connection: the top elements that would make consumers’ healthcare experience more streamlined included a call center with live people and online chat with a real human, indicating a need for hybrid solutions that leverage digital channels for person-to-person interaction.

Which of the following, if any, would make your Healthcare experience more seamless or streamlined?



Implications

Talk to Me the Way I Talk to Everyone Else

Most payer and provider communications talk to 2020 consumers on a 1990s level. Payers and providers need to recognize that the modern consumer is highly skilled at digital research and engagement, and they want their payers and providers to communicate with them that way—at various points throughout their journey. People interact and consume information in different ways, so having the capabilities to deliver information through multiple channels—primarily digital—is increasingly important. Our thinking about the consumer experience is siloed, so there is an opportunity to bring those things together to support a single workflow that helps consumers achieve their care goals. Most consumer touch points and interactions in healthcare exist because they are required. There is a lot of contextual information consumers are looking for, but not receiving. They want to learn more about individual providers, and price transparency.

Maintaining the Status Quo Actually Makes Things Harder

Payers and providers who do not actively work to improve the consumer experience will maintain the status quo. Meanwhile, other services and experiences—both in the healthcare and elsewhere—become easier to use. And as these other things become easier, the unimproved experiences feel more difficult to use in comparison. If the competition looks at the data, takes this advice, and moves forward to improve the member/patient experience, the business that fails to do so will be hurt. It’s been proven that improving an experience will increase revenue and also present opportunities to improve margins over time relative to organizations that offer poor or average experiences.

Siloed Approaches Fail, While Focused Campaigns Prevail

Most healthcare organizations that are working to improve member/patient communications, and failing, either aren’t putting enough risk into pushing forward on digital, or have established siloed, tentative pilots. Some payers simply send notifications to consumers indicating that, going forward, all explanation of benefits and privacy notices will be available via a member portal. A few years ago, this was unheard of and considered risky. Successful organizations are aligning cross-functionally to identify the most important success measures for their business. Those that fail have siloed efforts and may initiate a single campaign for paperless, but not an entire program.

Reimagine How You Approach Consumer Communications

Some organizations have gone “all out” and created consumer experience departments. Others are starting smaller and expanding the base. The most important thing to create governance has gone “all out” and given cross-functional and stakeholder buy-in, and then involve the teams to define the process and the organization to achieve that. It involves people and process. The third leg of the stool is technology—evaluating vendors that can either provide end-to-end experiences or help stitch together the disparate components of healthcare communication and connect it across the entire consumer journey.

How Can Change Healthcare Help?

The Change Healthcare **Connected Consumer Health™** suite provides appointment reminders, digital check-in, and virtual front desk functions. And for patient billing and statements, **SmartPay™** helps providers improve up-front collections and optimize patient interaction. We also offer **Member Correspondence Advocate**, which helps health plans and administrators improve member engagement through customized printed, telephonic, and electronic correspondence.

Key Takeaways

How payers and providers can adapt to meet consumers' needs

In an eCommerce world, consumers are looking to shed their “general contractor” caps for a healthcare experience that is simple and streamlined. The majority are craving the ease that they find in many other categories, saying, “[shopping for healthcare should be as easy as shopping for other common services](#)” (81%). Another 3 in 4 wish there was a “single place they could shop for and purchase healthcare” (76%), while two-thirds wish they could “shop for healthcare entirely online, like I can for other products and services” (67%). Nearly 6 in 10 believe this disruption could come from outside the industry, saying they wish a “tech company would deliver a new type of healthcare experience” (58%).

This desire for a cohesive, accessible experience has never been more important as digital care reaches a tipping point amidst COVID-19, which the vast majority of consumers agree “[will fundamentally change how we receive healthcare in America](#)” (81%). Most believe it will expedite digital optimization and adoption – [8 in 10 say COVID-19 has made telehealth an indispensable part of the healthcare system](#) (80%), while 3 in 4 believe that “telehealth is the future of medicine” (75%).

Consumer experience today

- Feels like a chore and puts too much burden on consumers, making them feel like “general contractors of health”
- Cost complexity plagues throughout the journey, cited as one of the most difficult tasks and biggest barriers to finding, accessing and paying for care
- Struggle to find care that treats consumers as humans, not case files

Desired consumer experience

- Simple, streamlined shopping experience with a single place for consumers to find, access, and pay for care
- Ability to shop for and purchase care entirely online with transparent pricing available throughout
- Personalized communication and recommendations offered through modern, digital channels

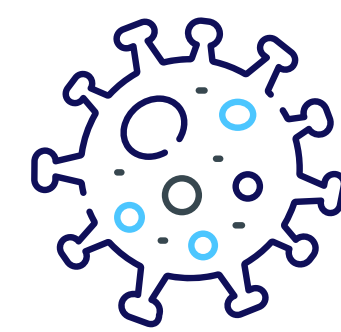
Two-thirds plan to use telehealth more often now than they did before the pandemic (65%), while 1 in 5 used telehealth for the first time due to COVID-19 (21%), and 16% have used it more often. For those who did use telehealth for the first time during COVID-19, the experience appears to be positive as this group is more likely to plan to use telehealth more often in the future and to express confidence in their ability to securely access the right providers and care for their healthcare needs.

At the same time, this abrupt shift has revealed flaws in digital care, with a similar percentage saying, “[COVID-19 has shown how badly we need more digital or telehealth options](#)” (78%).

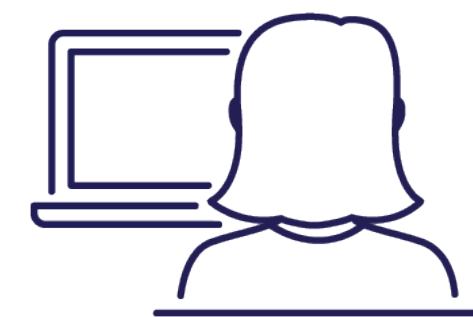


“Providers need to look at the virtual care experience as an integrated end-to-end experience that virtualizes what we expect from an in-person encounter.”

Gautam Shah
VP Healthcare Technology
Change Healthcare



81% of consumers believe COVID-19 will fundamentally change how we receive healthcare in America.



Two-thirds plan to use telehealth more often now than they did before the pandemic (65%).

Implications

Advance Telehealth From Point Solutions to True, End-to-End Virtual Care

Providers need to think beyond “telehealth” and understand that consumers want true virtual care—an integrated, end-to-end experience that completely virtualizes the in-person encounter. Providers will be differentiated by those who offer what will soon be seen as ‘old-school’ telehealth versus a true digital virtual care experience. And those providers who embrace the model will see a utilization benefit, instill patient loyalty, and boost engagement. There is a massive expansion of telehealth because patients want it (regardless of the pandemic) and providers see it as a way to address utilization and access problems. For payers, it presents a new care modality with an opportunity to drive a better value for care.

Virtual Care Presents the Great Unknown for Payers and Providers

Because the model is new, there are learning curves. Payers need to understand the efficacy of telehealth solutions—how they impact patient outcomes, and how providers should be reimbursed for them. For providers, it presents new ways to engage with patients, instill loyalty, and expand their base and geographic reach. And for consumers, it’s all about access—gaining the ability to find and receive the right care, in the shortest amount of time, in an efficient, end-to-end experience.

Fragmented Approaches Stymie the Efficient Virtual Encounter

Many providers already offer some form of telehealth, whether it’s telederm, telestroke, or another point solution. But these are very specific modalities that don’t lend themselves to the true virtual care experience that consumers want. Failure results from taking a specific model and trying to broaden it without understanding how to create an integrated end-to-end experience. Meanwhile, payers are looking at the virtual care visits in the same way as they’re looking at in-person visits and applying the same metrics. They need to consider a virtual care visit as a new and unique type of care encounter. What payers are trying to do, and why are they failing?

Give Consumers an Integrated, End-to-End Encounter

Providers need to look at virtual care as an integrated, end-to-end experience that virtualizes the in-person encounter. That’s what providers must offer, because it will drive the utilization benefit, instill patient loyalty, and boost engagement. Payers need to rethink telehealth as virtual care, too—they must watch the metrics and look at the data to understand the efficacy of telehealth as a care system, and then pay for those encounters appropriately. Because whether the care is delivered virtually or in the office, it’s still care.

How Can Change Healthcare Help?

Change Healthcare’s [portfolio of solutions and services](#) spans the end-to-end patient journey. By using our telehealth [API’s](#) and [applications](#), providers and payers can create seamless experiences that ultimately help provide the best patient experiences, drive patient outcomes, and ensure an optimal financial workflow and results.

About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading independent healthcare technology company, focused on insights, innovation and accelerating the transformation of the U.S. healthcare system through the power of the Change Healthcare Platform. We provide data and analytics-driven solutions to improve clinical, financial, administrative, and patient engagement outcomes in the U.S. healthcare system.