



Beyond the Treatment

Making the HCP-Patient Relationship Work:
A Study Uncovering the Patient Perspective





Introduction

Patient centricity is critical in healthcare, and the health care provider(HCP)-patient relationship is at the root of all care decisions. Throughout Health Union's growing portfolio of online health communities, people living with chronic conditions often share the experiences they have with their HCPs, whether positive or negative, which can greatly impact their treatment and quality of life.

A recent survey focused on HCP satisfaction was conducted throughout Health Union's communities to identify trends and quantify the experiences noted. By understanding the nuances of the HCP-patient relationship, pharma, and healthcare as a whole, can uncover additional ways to positively impact the treatment experience for patients.

The Four 'Cs' of Satisfaction

Survey results show that for people living with chronic conditions, there are Four 'Cs' that impact an individual's satisfaction with their HCP, which are all inter-related. When an HCP exhibits genuine caring and compassion, and communicates effectively, patients feel in control of their care plan, which leads to higher satisfaction ratings.



Care



Compassion



Communication



Control

Factors related to caring and compassion were leading indicators of satisfaction, and include caring about the impact of the patient's condition on their overall physical health; listening to concerns; answering questions; taking time with a patient; and being personable or humble.

"Thorough" HCP communication also leads to heightened satisfaction. "Thoroughness" is loosely defined as a combination of compatibility, accessibility and technology, plus a deep understanding of the patient and expertise in their condition. When a patient feels their HCP is thorough, they are more likely to continue seeing the HCP and feel more in control of their condition as a result of their overall treatment plan.

Because higher ratings of HCP satisfaction and perceived control of their condition were so closely related, survey results may offer insight into the multi-dimensional factors that truly impact patients' feelings of control when it comes to treatment. Safety, efficacy, tolerability and cost are the predominant factors in treatment decisions, for both professionals and patients; however, it's important to recognize that characteristics of HCP interactions related to care, compassion and communication have the potential to lead to greater satisfaction. This knowledge can have a whole host of implications, including improved health outcomes.



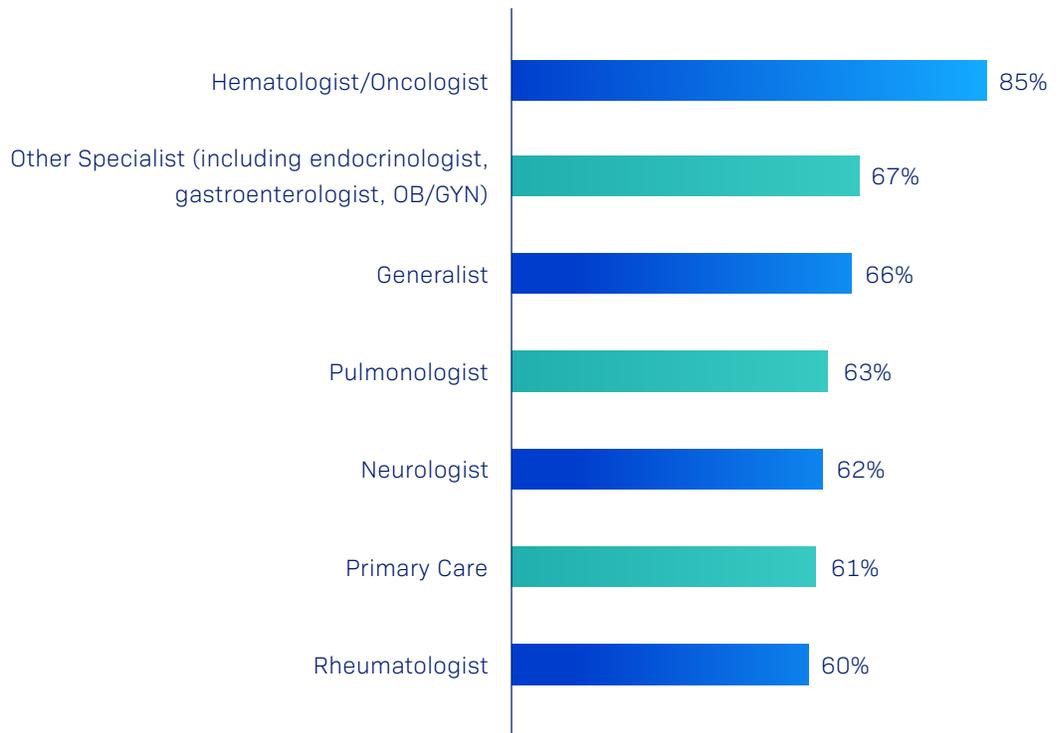
Deep Dive: Understanding “Satisfaction”

To begin defining HCP satisfaction, survey respondents rated their HCP on a variety of patient-related tasks and interpersonal skills. Overall, most HCPs are doing a good job of answering patient questions (71%, top-2 box ratings), staying up to date on the latest medications (71%), and treating patients with courtesy and respect (77%). However, HCPs are found to vary in their concern about patient’s mental health (58%) and recognition of patient pain levels (57%). A key area of improvement noted is the need to discuss costs associated with a treatment or medical test (40%).

Across the patient-related tasks and interpersonal skills, HEM/ONCs are rated higher than their peers on almost all attributes surveyed - the remaining specialties are rated quite similarly to one another. Overall, specialists are apt to excel at staying up-to-date on the latest treatments or medications, or discussing potential treatment side effects, as compared to their generalist counterparts.

$\frac{2}{3}$ of patients indicated they are satisfied with their current HCP. As you might expect, the 2 batteries of HCP ratings are strongly correlated with overall satisfaction. The leading predictors of satisfaction were the HCP caring about the impact of the patient’s condition on their overall physical health; the HCP listening to a patient’s concerns; and the HCP answering patient’s questions. HEM/ONCs exceeded among all other specialties for patient satisfaction and other specialists are rated higher than neurologists, primary care, and rheumatologists (Chart 1).

Chart 1. HCP Satisfaction by HCP speciality (Top 2 box rating)



n=3,889



When prompting patients to share why they gave the satisfaction rating that they did, it was interesting to see it boiled down to a list of what HCPs Do or Don't Do (Table 1).

Table 1. Factors leading to HCP satisfaction and dissatisfaction.

Satisfaction results from an HCP...	Dissatisfaction results from an HCP NOT...
<ul style="list-style-type: none">• Being an effective diagnostician• Caring (or being compassionate)• Listening• Taking time with a patient or being thorough• Communicating with a patient effectively• Getting a patient on the proper treatment plan• Being accessible – whether location or appointment availability• Fully understanding or specializing in one's health condition• Being personable or humble• Having a professional office staff• Having a strong knowledge of the condition and treatments	<p>< NOT Exhibiting qualities to the left</p>

“Thoroughness”: Compatibility, Accessibility and Technology

Almost $\frac{2}{3}$ of patients rated their HCP to be thorough and $\frac{3}{4}$ felt their HCP spends adequate time with them during their visit for at least most of their visits. Similar to what is seen with ratings on patient tasks and interpersonal skills, HEM/ONCs also surpass the other specialities for thoroughness and spending adequate time with a patient during their visit.



Almost $\frac{2}{3}$ of patients rated their HCP to be thorough



$\frac{3}{4}$ felt their HCP spends adequate time with them



As expected, thoroughness was strongly correlated with HCP satisfaction, as well as positive ratings on the patient-related task and interpersonal skill measures. In an open-ended prompt, thoroughness was often described as:

- 1 Effective communication - taking the time to listen and answer questions**
- 2 Time spent with patient**
- 3 HCP cares about and treats the whole patient**
- 4 Being knowledgeable**

Self-reporting Treatment Control

There is a strong correlation between HCP satisfaction and how well a patient indicates their health condition is controlled on their current treatment plan (self-reported treatment control). Of the HCPs seen, 77% were the prescribing physician of a medication or treatment included in the patient's treatment plan; 39% of these patients indicated their health condition is controlled on their current treatment plan.

HCPs of those self-reporting control on their current treatment plan excel on patient-related tasks, particularly those related to managing treatment expectations: explaining medication and/or treatment options (85% vs. 59%); teaching how and when to take medications (81% vs. 56%); discussing side effects (76% vs. 51%); and staying up to date on the latest treatments or medications (89% vs. 66%). Beyond the treatment aspects of their care, these HCPs are reported to be thorough and have strong communication and interpersonal skills, such as listening to concerns, answering questions, caring about the effect of one's physical health on their mental health, and treating the patient with courtesy and respect. Patients who report their condition is controlled with current treatment include a higher proportion of males, coverage with Medicare, frequency of visiting their HCP twice a year, and report cancer to be their prominent health condition.

Among patients controlled on their current treatment plan, 89% are satisfied with their HCP and 11% are not. Those who report being controlled and dissatisfied are more likely to:



Be diagnosed with an autoimmune condition



Assign lower ratings to their HCP on thoroughness or spending enough time with patient during visit/exam



Find the HCP through insurance network



Indicate their HCP does not have a patient portal



Rate their HCPs lower on patient-related tasks and interpersonal skills



Report their HCP is older (believe their HCP to be age 60+)



The HCPs of patients not controlled on their current treatment plan tend to be generalists, were found via insurance or search, and are not spending an adequate amount of time with a patient (in their opinion). Patients seeing a rheumatologist reported being least controlled on their current treatment plan as compared to all other specialities surveyed (only 26%, top-2 box)

Technology

With the variety of medical technology available in the marketplace, it was a bit surprising that only 6 in 10 HCPs have an online patient portal that can be used to access test results, ask questions, request prescriptions, schedule appointments, or offer virtual visits. The HCPs that have such technology at their offices are rated as being significantly more thorough (70% vs. 55%), and receive higher ratings of satisfaction (71% vs. 56%). An interesting finding is that female HCPs are more likely to have this technology (64% vs. 58%).

Gender

Within this study, not surprisingly, female patients are more likely to see female HCPs, while males are more likely to see male HCPs. However, the HCP's gender did not significantly impact ratings for thoroughness, satisfaction, and likelihood to recommend or switch HCPs within the next 6 months. Self-reported control on their current treatment plan also did not vary by HCP gender. Nonetheless, female HCPs are rated higher for many of the patient-related tasks, as well as their interpersonal skills regardless of patient gender.

Interestingly, regardless of HCP gender, male patients rated their HCPs higher for thoroughness (69% vs. 63%) and overall satisfaction (68% vs. 64%), as well as indicated they have a higher level of control on their current treatment plan (48% vs. 36%).

HCP Age

Patients were asked to approximate the age of their HCP, which led to several interesting findings. HCPs age 60+ were rated lower on many of the patient-related tasks and interpersonal skills - largest gaps from their younger counterparts were often related to managing treatment expectations: explaining medication and/or treatment options (60% vs. 66%); teaching how and when to take medications (55% vs. 63%); and staying up-to-date on the latest treatments or medications (66% vs. 72%). Given these ratings, it is not surprising that patients of HCPs age 60+ are less satisfied and less likely to recommend their HCP to others, as well as more likely to consider a near term switch.



Exploration: HCP Selection & Loyalty

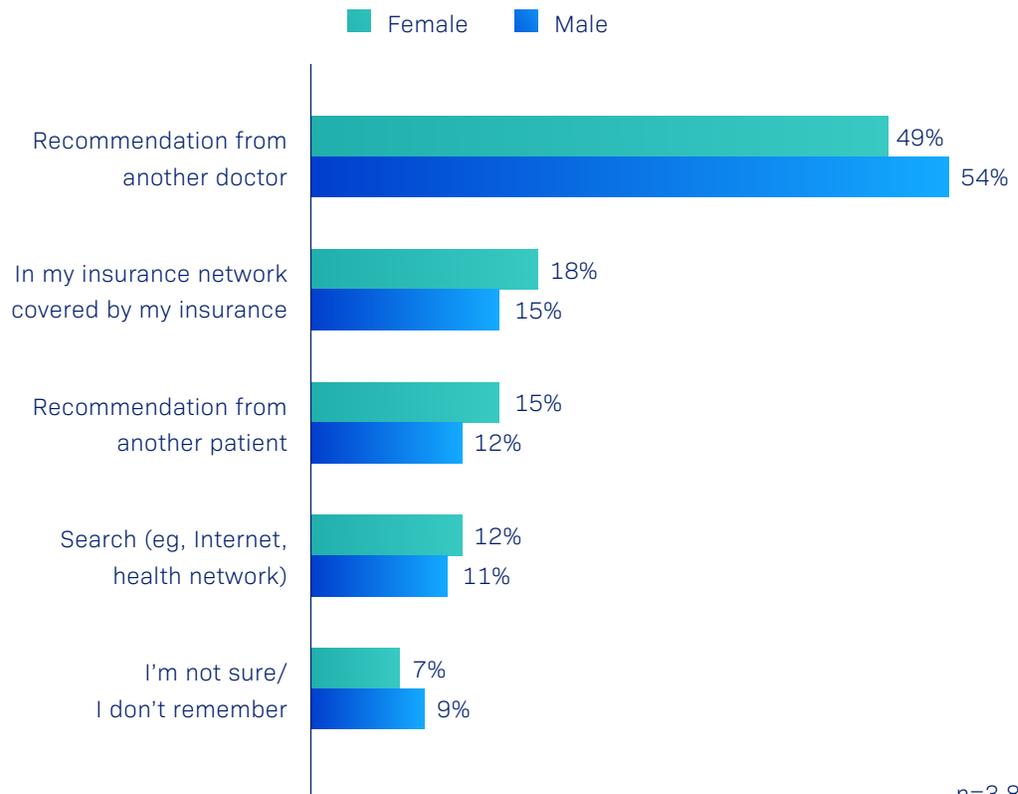
The three most important factors to patients when selecting an HCP are specialty (57%), insurance acceptance (54%), and credentials or certification (52%).

In exploring differences in patients, males are more likely to take into account an HCP's area of speciality and treatments offered, while females are more apt to consider wait time to get in for an appointment and insurance acceptance. In analyzing generational differences, on average, Millennials are more likely than previous generations to factor in cost, while Boomers and the Silent Generation are more likely to consider an HCP's credentials and certifications. Overall, oncology patients also are more likely to consider credentials and certifications, along with specialty and treatments offered, whereas their chronic health condition peers are more likely to evaluate office location and insurance acceptance.

Cancer and many chronic health condition patients are apt to need a specialist for their care, so it is not surprising that ½ of those surveyed found their current HCP via a recommendation from another doctor (Chart 2). However ¼ found their HCP through online search or recommendation from another patient suggesting that word of mouth also has an impact.

Males and oncology patients, as well as Boomers and the Silent Generation, on average, are more likely than their counterparts to have found their current HCP via a recommendation from another HCP. Females, chronic health condition patients, and those seeing a PCP, along with Millennials and Gen X are more likely than their counterparts to have found their HCP through their insurance network.

Chart 2. How Patients Found Current HCP by Patient Gender





Importance of Word Of Mouth

While only 28% of patients report personal recommendations as 1 of their top 3 factors when selecting an HCP, we find that those patients whose current HCP came via a recommendation from another patient are most satisfied (73%), most likely to recommend their HCP to others (74%), and least likely to anticipate changing to another provider in the coming 6 months (11%). However, HCPs referred from another HCP were also highly rated. Unfortunately, patients whose HCP was found through their insurance network provided the poorest ratings about their HCP.

With 65% of patients indicating they are likely to recommend their HCP to others, these patients can potentially be encouraged to share their experiences with other patients through in-person and online channels. These patients are more satisfied, see a HEM/ONC, as well as report higher ratings across the board (eg, thoroughness, condition controlled on current treatment plan, interpersonal skills).

Patient loyalty to HCP

69% of those surveyed are not likely to switch to another HCP within the next 6 months, with another 16% unsure. Reasons for patient loyalty varied, from HCP satisfaction (likelihood to switch HCPs and satisfaction negatively correlated) and being comfortable with their HCP, to a lack of other specialists in their area or no obvious reasons to make a switch at this time. Those currently seeing a HEM/ONC are more likely than other patients surveyed to report an intent to stay with their HCP (86%).

Looking deeper into those patients who are loyal (i.e. not apt to switch HCPs), they rated their HCP higher on interpersonal skills, patient-related tasks, thoroughness (83% vs. 22%), higher control on current treatment plan (48% vs. 18%) and higher overall satisfaction (85% vs. 18%). More than ½ of loyal patients found their HCP via recommendation from another HCP (52% vs. 45%), or a recommendation from another patient (16% vs. 11%). Similarly, these patients are more likely to use personal recommendations when selecting an HCP (30% vs. 22%) and less likely to use factors such as location or insurance coverage as their Counterparts.

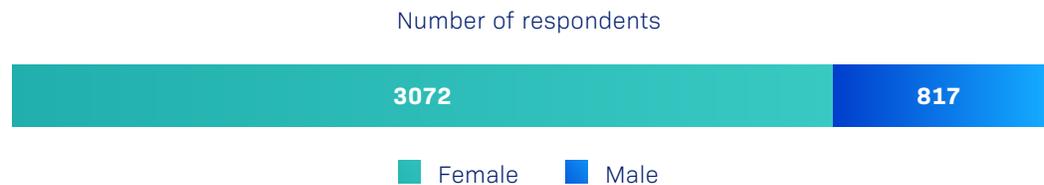
There is a subset among those loyal patients who found their current HCP after a previous bad experience, perhaps with the result of valuing their new HCP even more. Among those surveyed, 57% had seen another HCP for their condition before switching to their current HCP. Aside from their previous doctor retiring or a patient or doctor move (40%), dissatisfaction with their previous doctor's care was the leading reason for change (26%), as well as preferring the HCP who gave them a second opinion (6%) or feeling that the previous doctor prescribed an ineffective treatment plan (6%).



Research Methodology

Health Union conducted an online survey during the fall of 2018 across its chronic condition and cancer specific online health communities to better understand patients' perceptions of, and satisfaction with, their health care provider. The survey was a self-reported questionnaire, with patients sharing their diagnosis, experience, and rating aspects of their prominent health care provider.

There were 3,889 respondents living with or impacted by chronic health conditions - all residents of the U.S. and over age 18, recruited from 19 of Health Union's online health communities, including email subscribers, website visitors and Facebook users. 79% of respondents were female and 21% male, with 83% being over the age of 50. The health care providers rated in the survey are 63% male and 37% female, with over 6 in 10 judged by their patients to be 40 to 60 years of age.



Where applicable, ratings on a 7-point scale were collapsed into levels for comparison purposes, with top-2 box ratings indicating positive response and the bottom-5 box indicating negative. Data analysis used a $p < 0.05$ for determining statistical significance.

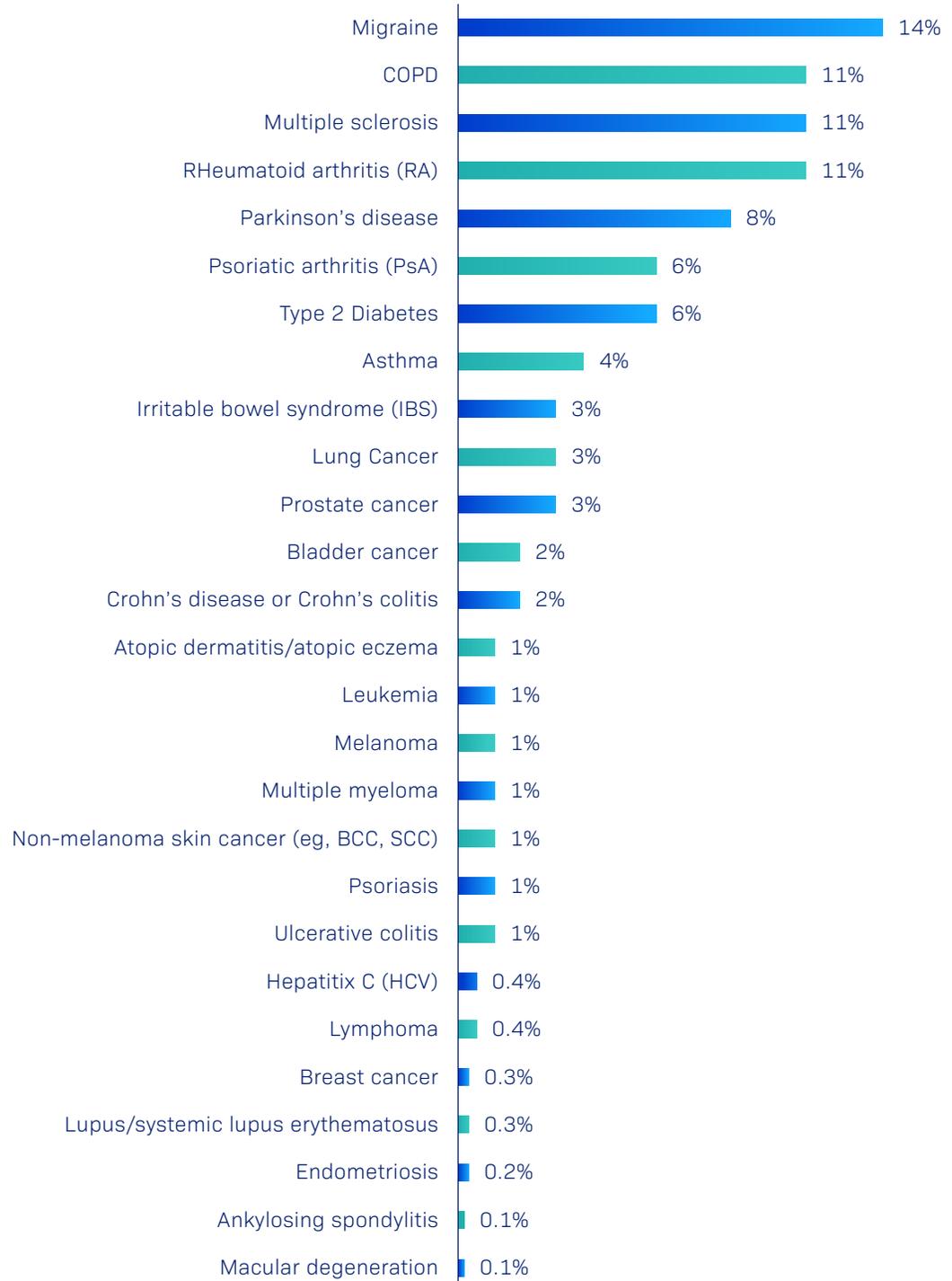
Respondents at a Glance

Health Conditions Represented

Patients were asked to share the health conditions they are living with, as well as select, from those conditions, the one health condition that is the most prominent or impactful to their daily life. Patients were asked to focus their survey responses on this prominent health condition, as it pertains to their HCPs and treatment plan - 16% cancer and 84% chronic health condition (see Chart 3).



Chart 3. Distribution of respondents' most prominent or impactful health condition.



n=3,889



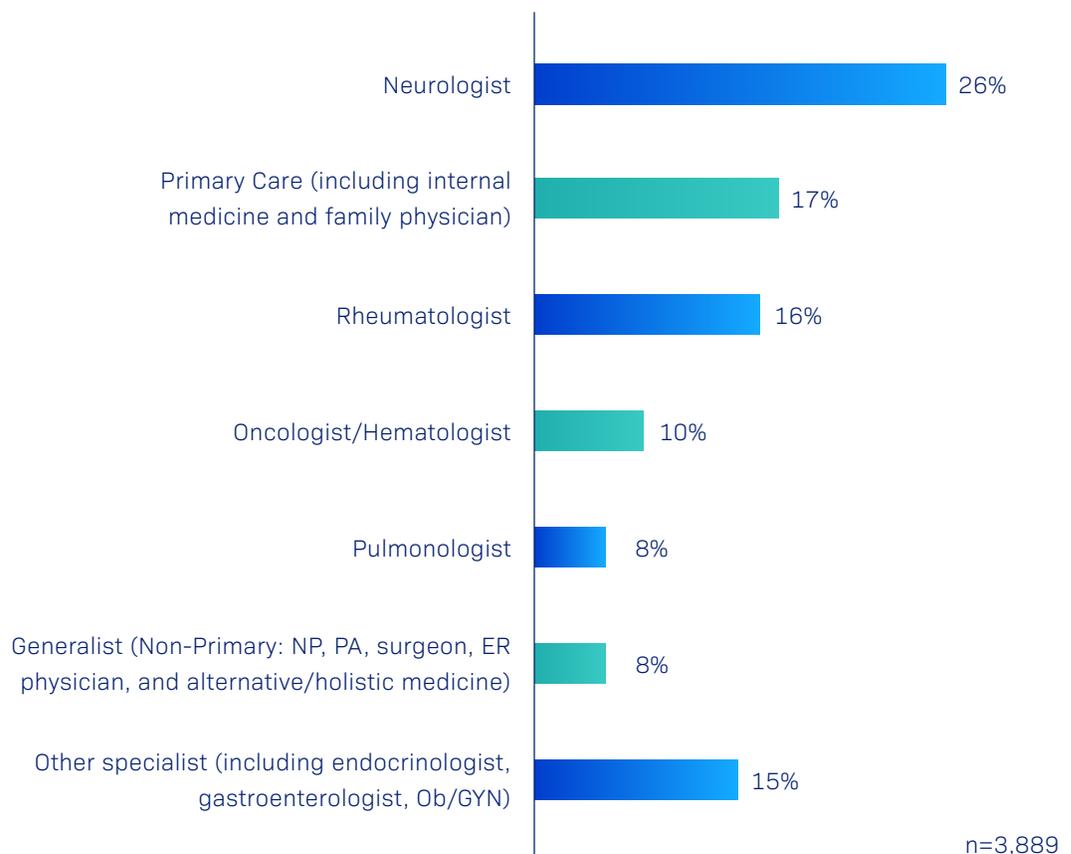
Across all respondents, 44% were diagnosed with their prominent condition within the past 5 years, and 27% more than 15 years ago. Half of patients consider their health condition to be moderate in severity and 36% severe (those with cancer not included in this measure). Medicare and group insurance coverage are the leading primary forms of insurance coverage (42% and 34% respectively).

HCPs Represented by Specialty Type

Almost $\frac{2}{3}$ of patients at some point have seen a primary care/family physician for their condition, more than $\frac{1}{3}$ have seen a nurse practitioner/physician assistant, $\frac{1}{3}$ an ER physician, as well as various other specialties. Patients selected the HCP they see most often for their prominent health condition, and were asked to focus their ratings on experiences and perceptions of this HCP throughout the survey (see Chart 4). The HCPs seen most often were categorized by specialty for further analysis: neurologists, rheumatologists, pulmonologists, HEM/ONCs, generalists, and other specialists.

Not surprisingly, with chronic health conditions and cancer, specialists are typically the HCP of choice. Over 8 in 10 patients have been seeing their current HCP for over a year, 64% have a visit every 3 to 4 months or more, and 77% are being prescribed current medications by this HCP.

Chart 4. HCP seen most often for prominent health condition.





NOTE: The study's sample size had an adequate level of statistical power; however, interpretation of these data was limited by design issues inherent with using convenience sampling and self-report data, which is subject to recall and participation bias. Respondents represent those who are engaged with online health communities and may not represent or be generalizable to the broader patient populations of each condition.

Every day, Health Union encourages engagement that helps millions of people with chronic conditions find the information, connection and validation they seek.

[View our portfolio of online health communities](#) and visit health-union.com/business-solutions to learn how we can help you reach and engage the people who will benefit most from treatments.