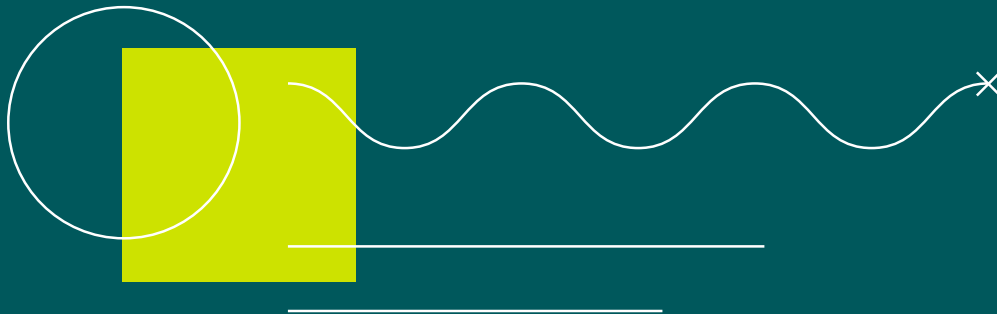


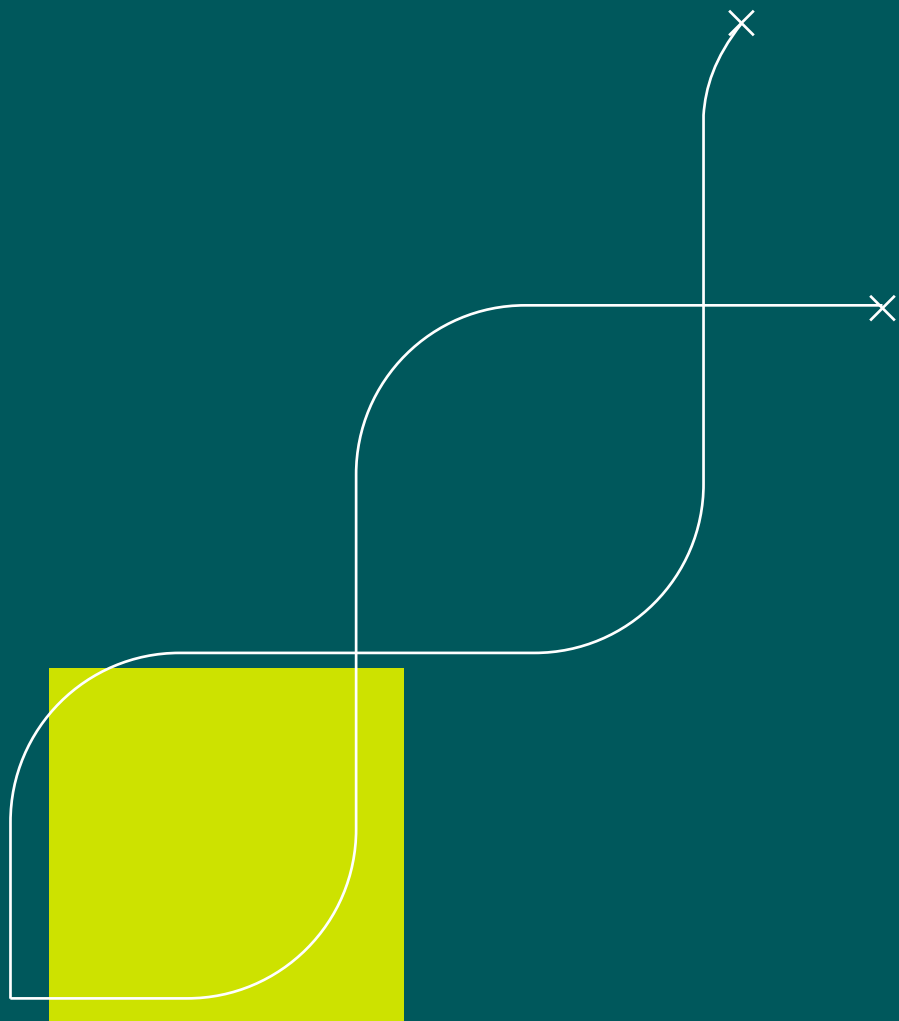
Consumer Survey Report

How health plans can use data to unlock better care



November 2022

Ribbon



An opportunity to connect members to providers they trust

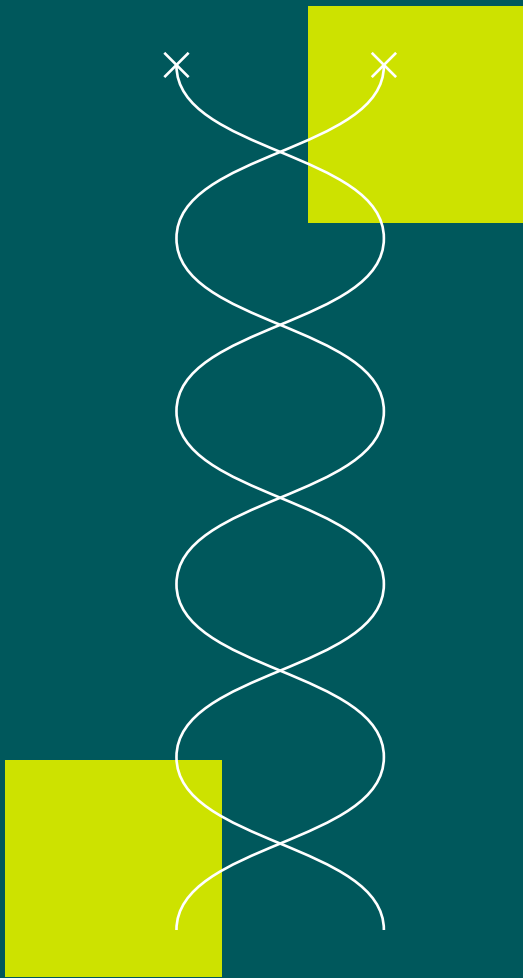
Picture the last time you saw a doctor or other healthcare provider. While you were in the waiting room, did you know: What the exact cost of your bill would be ahead of time? If your healthcare provider had diversity and inclusion training? If they had ever treated a patient like you? Our health is the most important aspect of our lives, yet the critical information we need to make care decisions is often inaccessible and opaque.

Americans are craving better data to make more informed healthcare decisions, as is the standard in so many other industries. Consumers can easily shop online for a car that ticks off all their requirements- budget, reviews, ratings, safety awards, and more. Why can't we do the same with something as precious as our health?

One in three Americans have had a negative healthcare experience because provider information on their health plan's website was incorrect. More than [half of provider listings have at least one inaccuracy](#). When people have negative experiences finding care or are matched with the wrong provider, they are more likely to opt out of the healthcare system. This puts them at risk for worsening health, and puts health plans on the hook for more expensive and complicated medical care.

Health plans must listen to members to understand what information is important to them, what factors will lead to increased trust, and why data is key to driving personalized and inclusive care. This research report synthesizes findings directly from Americans and offers a roadmap for health plans to build better member relationships through improved data infrastructure.

Key findings



1

Consumers view **their insurance plan as the #1 factor** for whether they have a positive healthcare experience, yet only a minority trust their health plan to find a provider. Americans expect a **centralized, accurate, and detailed source of truth for provider information**, and view this as a key factor in building trust with their health insurance plan.

2

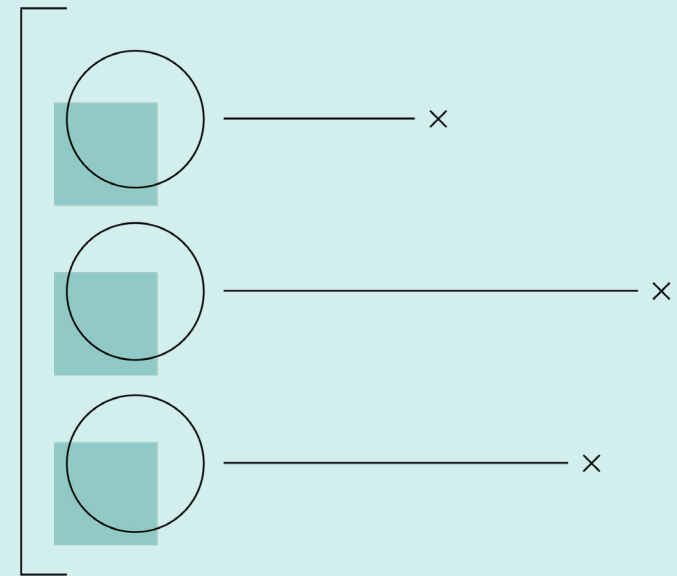
Healthcare **affordability and personalized care are top factors** for people when searching for and choosing a provider. Americans are increasingly searching for more inclusive and innovative healthcare offerings, such as accessible mental health services, telehealth availability, and provider diversity and inclusion training.

3

Technology and digital transformation play a critical role in creating a positive experience for health plan members and increasing preventative care. Consumers expect a **trustworthy and seamless front-end experience** when finding a provider, highlighting the **need for health plans to improve the infrastructure** that powers this experience on the back end.

Survey methodology

Market research company OnePoll surveyed 1,000 consumers across the United States on their experience receiving healthcare, what's most important to them when searching for and choosing care, and which factors they view as key to a more personalized and inclusive care experience. Survey results were completed in October 2022.



Respondents were asked to answer a 19 question online survey.

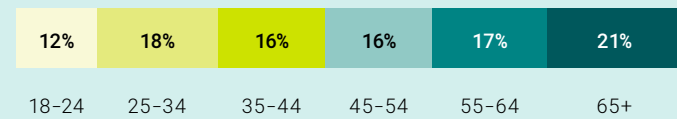
Questions included a mix of multiple choice (with the option to select multiple answers), open-ended, and rating on a scale of 1-5. All responses are self reported and anonymous. The survey was posed to OnePoll's group of general population panelists, and remained open until 1,000 survey responses were complete.

OnePoll is a member of the Market Research Society, American Association for Public Opinion Research (AAPOR) and the European Society for Opinion and Marketing Research (ESOMAR).

Survey respondents demographics



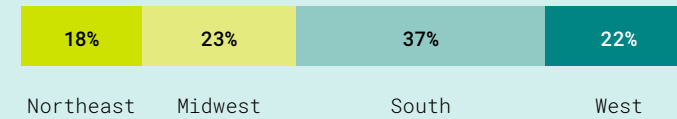
Age



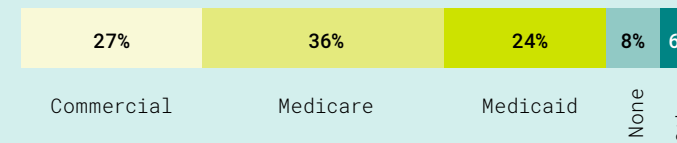
Gender identity



Region



Type of Health Insurance Plan

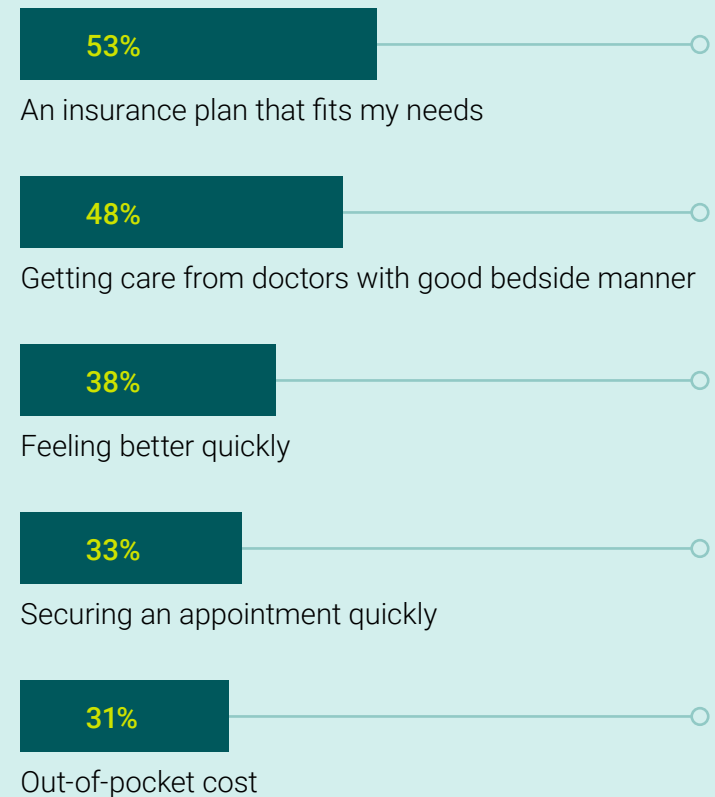


What do you consider the most important factors for having a positive experience in the healthcare system?

What this tells us:

In order to drive member acquisition, plans must ensure that potential members can easily determine whether their plan fits their needs - specifically, whether the doctors they know and trust are still in network with the plan, and whether they can find additional doctors within their network to meet their needs.

Top 5 responses

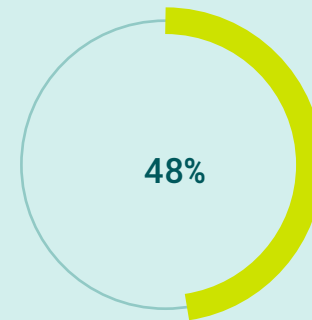


What innovations are you excited about in the current state of U.S. healthcare?

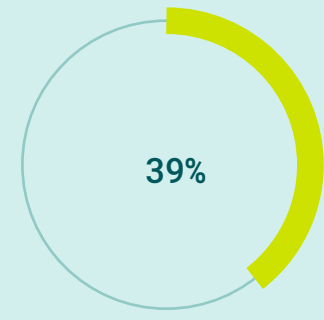
What this tells us:

New technology is redefining how consumers experience healthcare, and there are a few key innovations that people are excited about. Health plans should prioritize increased member insight into cost of care and highlight providers with telehealth services and behavioral health expertise. One in five adults in the U.S experiences mental illness, yet it's a massive challenge to find an available and accessible behavioral healthcare provider - more than half of directory entries for these providers are inaccurate.

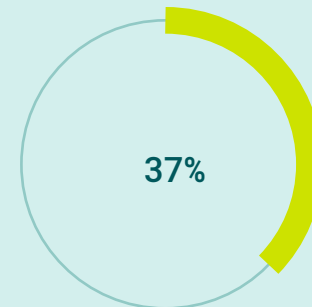
Consumers were most excited about...



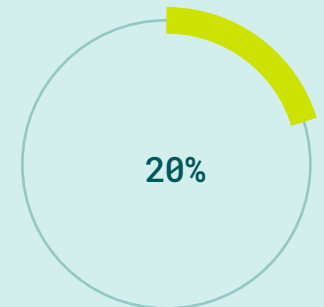
Improved insight into how much care will cost ahead of time



More accessible mental health services



Telehealth options



Artificial intelligence that will improve processes, allowing doctors to spend more time with patients

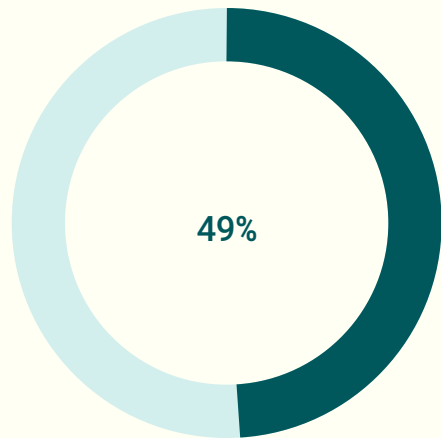
Health plans can adopt a price transparency tool to give members insight into the cost of care ahead of time.

What do you consider the most important factors when searching for a healthcare provider?

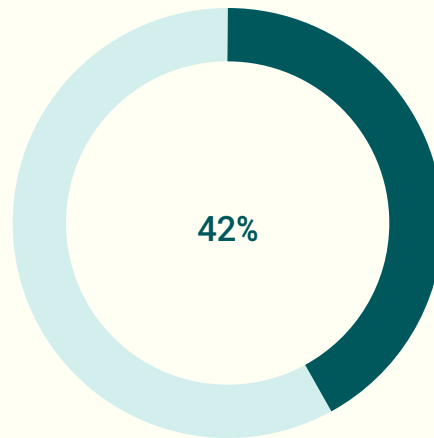
What this tells us:

Almost half of Americans view a provider's experience treating their specific needs as a top priority when finding a doctor. So why is this information often difficult to find? The U.S health system's data infrastructure is not set up to be patient-friendly. People often must sift through dense medical terminology and classifications to narrow down whether a provider can actually address a specific condition or provide a particular treatment. It's important for health plans to offer provider recommendations using simple and intuitive terms, so members can easily understand what types of patients a provider sees, which conditions they treat, and the treatments they perform.

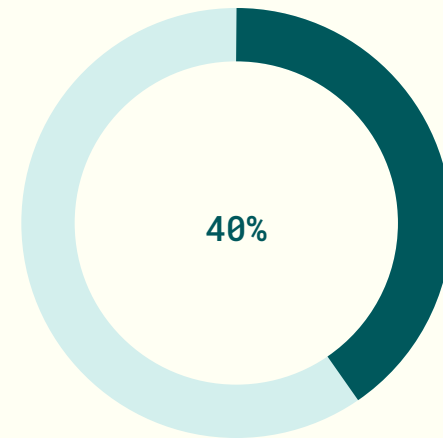
Top 3 most important factors:



Their experience treating my specific healthcare needs



Where they're located



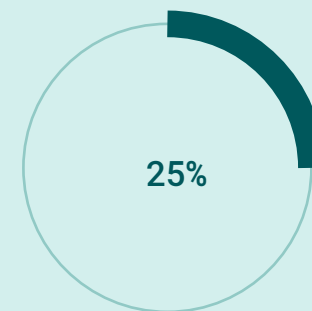
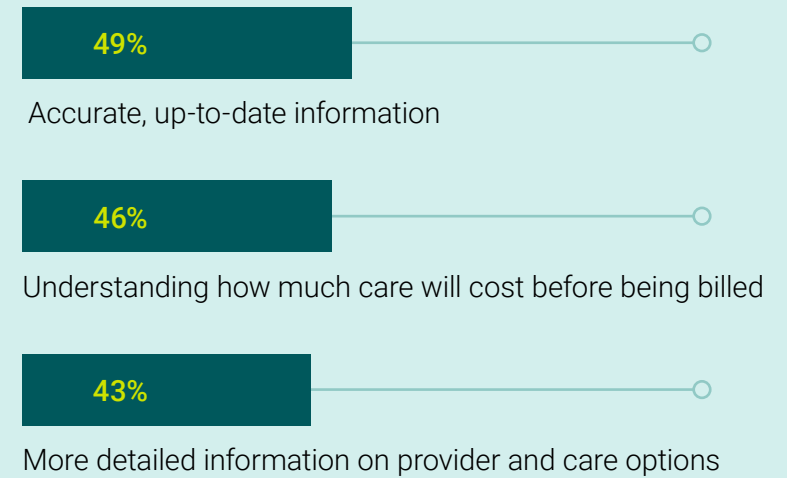
Cost

When you are looking for care online, what factors are most important to you?

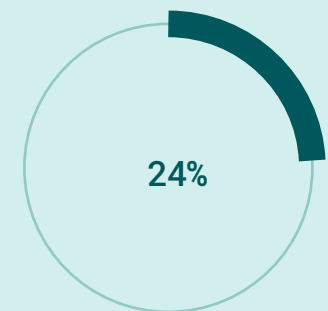
What this tells us:

People expect an accurate and detailed source of truth for provider information when looking for care online. Unfortunately, the current state of provider data misses the mark - basic information crucial to getting an appointment (like a provider's phone numbers or address) is notoriously only **~50% accurate**. Beyond inaccuracy, there is critical information missing from provider profiles like cost and quality of care. This remains a barrier for members to access affordable and high quality care - **97% of people** are unable to compare costs in advance of getting care.

Top 3 factors:



25% have opted out of care because the cost was too high

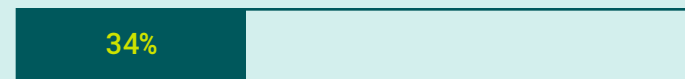


24% have opted out of care because of a negative experience with a provider

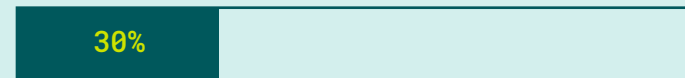
What information on a provider is most important to you for an inclusive care experience?

What this tells us:

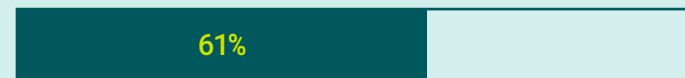
Americans are increasingly searching for more inclusive and innovative healthcare offerings, and expect to see more comprehensive details on a provider like demographics and virtual accessibility in order to make an informed decision that meets their care needs. This information is particularly important for 18-24 year olds, who will increasingly become a large portion of healthcare consumers. 35% value information on a provider's Diversity and Inclusion training, 32% want to understand which languages they speak, and 29% want information on a provider's gender and/or race and ethnicity.



34% of Americans want a provider with telehealth availability



30% of Americans want a provider that has undergone Diversity and Inclusion training



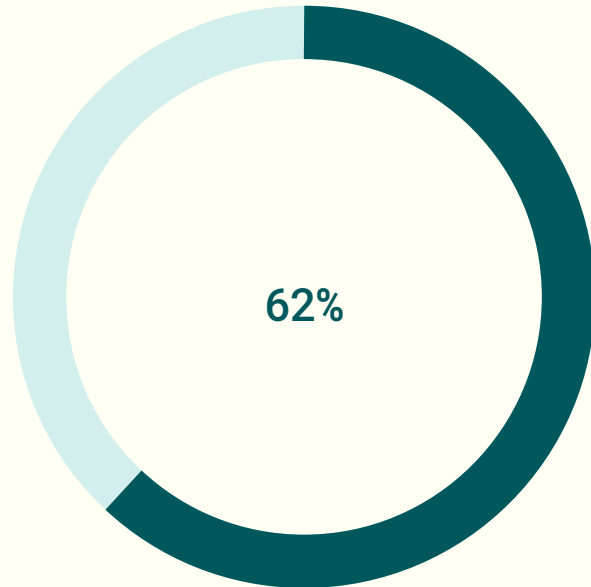
61% of Americans view provider information like quality ratings, cost of care, and demographics as "somewhat" or "very" important

Health plans should ensure their provider directory includes telehealth, in-person, and digital care delivery options.

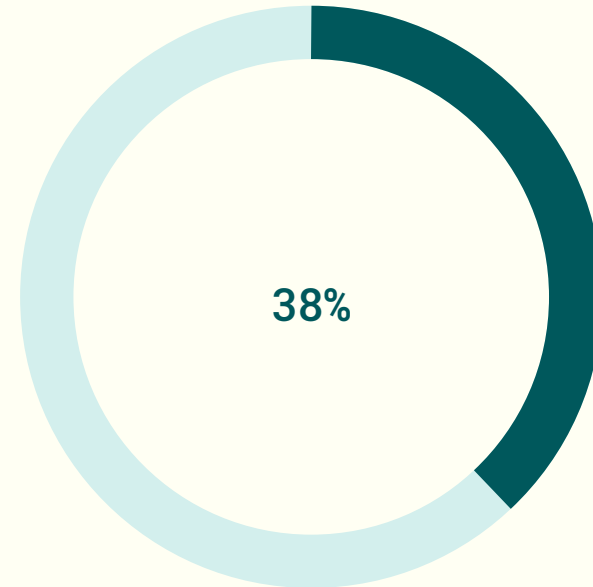
Who do you trust when searching for care?

What this tells us:

Although consumers view their insurance plan as the #1 factor for whether they have a positive healthcare experience, only 38% trust their health plan to find a provider. With 30% of provider data churning every year and many health plans managing data for thousands of providers, it's extremely challenging to keep the information up to date. Health plans are not technology or data organizations, but improving data and infrastructure is a key component of delivering a positive member experience and achieving business goals.



62% of Americans trust their primary care provider the most for care recommendations

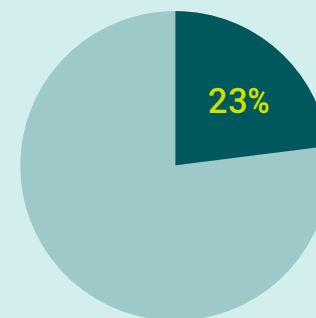


Only 38% of Americans trust their health plan when searching for care

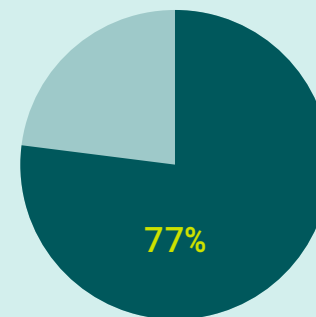
Which of the following care options would be more important to you?

What this tells us:

While Americans are excited about telehealth and care about having telehealth as an option, the majority would still prefer an in-person appointment, even if it means it will be shorter. These findings underscore the importance of ensuring a provider's address and location is accurate, so members avoid the frustration of showing up at an outdated address. Health plans should surface telehealth options paired with in-person appointment availability, to give members options based on their specific needs.



A longer, virtual doctor appointment (23%)



A shorter, in-person doctor appointment (77%)

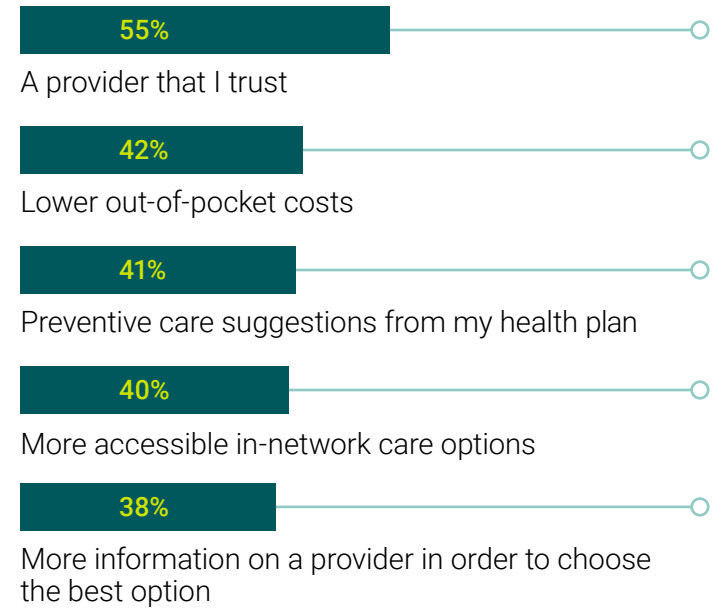


One in four people receive care once a year or less (27%)



Only one in three people are very likely to seek out routine care (33%)

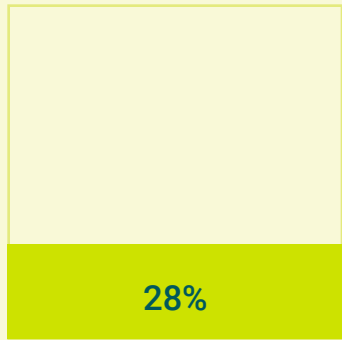
What factors would make you more likely to seek out routine care?



What this tells us:

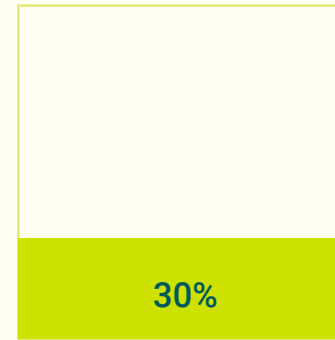
Many Americans do not proactively seek out routine care, which could lead to higher healthcare costs down the line for both members and health plans. The “find care” search process is a key component of improving care outcomes for people. Nearly half of the individuals who seek care today are either referred to a [provider that’s out-of-network or directed to the wrong address](#), and [one in three](#) uninsured patients skip care due to cost concerns. As a result, inadequate or inaccessible data can cause individuals to opt out of our healthcare system altogether. More accessible and relevant provider data information on language, race/ethnicity, and cost will allow for patients to choose a provider they trust to continue care with. It’s critical for plans to prioritize the data that’s available on providers such as price, quality ratings, specialty, and demographics so members can choose a provider that they trust.

How likely or unlikely are you to use your health plan's website to search for a provider?



Only 28% of Americans are very likely to use their health plans' website to search for a provider

On a scale of 1 to 5, how would you rate the process of finding a care provider through your health plan's website?



Only 30% of Americans would rate the process as a 5

What this tells us:

Given only 28% of Americans are very likely to search for a provider through their health plan, plans have a significant opportunity to implement technology and infrastructure that will improve the experience of finding a provider and create a trustworthy and seamless member experience. Consumers increasingly expect a single up-to-date source of information when searching for any kind of service, and are accustomed to using real-time data offered by companies like Google and Amazon to find better care experiences. Often, the key to reducing friction for members is behind the scenes- and that key is accurate provider data.

What would make you more likely to use your health plan's website to search for a doctor?

What this tells us:

People are craving a deeper understanding of which in-network providers are close to them, whether they are actually available to take on new patients, and the ability to immediately book an appointment. This further underscores the need to have accurate information on a provider's primary location, and which facilities they practice at most often. Ensuring that in-network providers are kept up to date is essential to member experience.



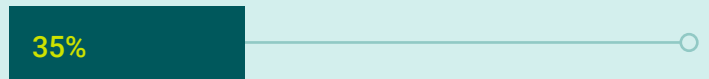
More locally available in-network options



Seeing who is available to new patients



Seeing appointment availability



Seeing a provider's qualifications



Seeing a provider's quality ratings



Easier-to-use website



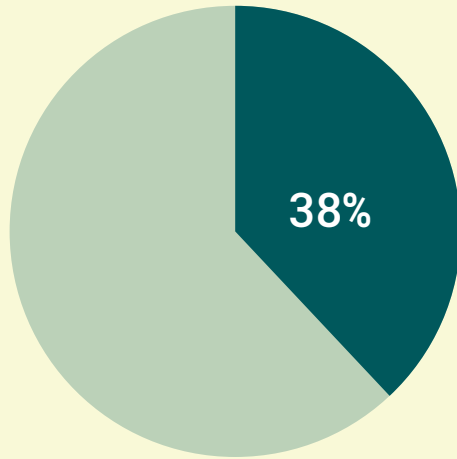
Easier-to-understand language



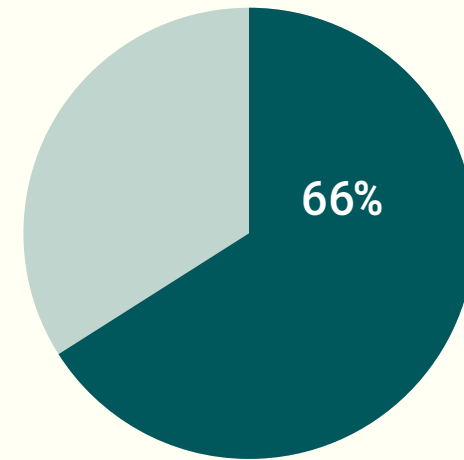
Seeing a provider's demographics

Health plans can integrate a third-party scheduling product for appointment booking directly within their platform.

38% of Americans have had a negative healthcare experience based on incorrect information on their health plan's website



66% of Americans would have increased trust with their health plan with more accurate information on providers



What this tells us:

In the U.S, we make more than 10 billion care decisions each year, and provider data underpins each and every one of these decisions. [With 50% of provider data entries being inaccurate](#), members and care teams are often forced to comb through mounds of inaccurate information on providers just to find the right care option for their needs, creating a frustrating experience. Or worse, the member actually shows up at the wrong address or unintentionally visits a provider that's outside of their covered network. Americans expect a centralized, accurate, and detailed source of truth for provider information, and view this as a key factor in building trust with their health insurance plan.

Where do we go from here?

This survey reveals three key areas of opportunity for health plans to increase member acquisition and increase trust with existing members. **First and foremost**, plans must prioritize a centralized, accurate, and detailed source of truth for provider information. Americans view this as a critical factor in having a positive healthcare experience.

Second, plans should also consider the best way to enrich their provider data beyond basic directory information, to meet the growing demand for more inclusive and innovative healthcare offerings that will lead to personalized care. These gaps can be achieved through a **third area** of opportunity- leveraging technology to digitally transform a health plan's provider data infrastructure behind the scenes.

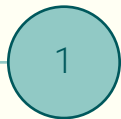
This is not an easy problem to solve - 30% of provider data churns every year, making it difficult for health plans to keep up with provider data management, even with dedicated teams and resourcing. Plans are left to deal with frustrated members, rising costs of data management, and difficulty managing the total cost of care. **How can health plans rise to the challenge?**



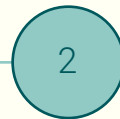
How health plans can take action

Solving your provider data management challenges does not require a complete overhaul of your existing provider database or processes. Start by assessing your current data and infrastructure gaps to determine where a third-party solution may be able to help you quickly improve your provider data and drive impact for members.

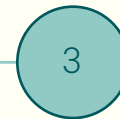
Benchmark your data's accuracy and quality through internal company audits and/or external member surveys



Assess your data sources and distribution model and examine your intake processes, how your data is validated, how much manual intervention is needed, and if your current process is scalable



Evaluate your team's bandwidth and where you may be able to outsource for increased scale and automation



How Ribbon works with health plans

Health plans can transform access to personalized care and unlock a positive experience for members by improving their provider data management and infrastructure. Ribbon partners with health plans to understand their unique needs and provide bespoke solutions that fit into a health plan's existing internal systems.

Technology and digital transformation

What we offer:

Data ingestion – Ribbon can ingest hundreds of rosters, automate data normalization, resolve duplicate entries, and combine data into one source of truth, alleviating manual processes.

Our value:

Our technology – Through machine learning and artificial intelligence, our methodology enables us to take hundreds of entries for a single provider and identify which locations are most likely correct or incorrect with extremely high confidence.

Centralized, accurate, and detailed source of truth

What we offer:

Data scoring – Ribbon can score your provider directory to surface inaccurate data, validate provider-attested data, and continually monitor provider data accuracy to ensure high quality data and a clean source of truth for a seamless member experience on the front end.

Our value:

Our deployment team – We know every health plan is unique in how they manage data, and we provide a dedicated team focused on understanding your existing technology, process, and data governance rules.

Inclusive and innovative healthcare offerings

What we offer:

Data enrichment – Drive member growth and retention with comprehensive provider data for more personalized care. Ribbon can enrich your existing provider dataset with additional data points like demographics, affiliations, cost, quality, and clinical focus areas.

Our value:

Our robust and flexible data model – We compile and process thousands of data schemas to surface comprehensive and innovative provider offerings and transform the disorder into actionable insights.

Contributors

Ribbon Voices



Nate Maslak
Co-founder and CEO



Elizabeth Duffield
Enterprise Sales



Allyson Vittorio
Content Marketing

Industry Voices



Julie Yoo
General Partner,
Andreessen Horowitz



Holly Maloney
Managing Director,
General Catalyst



Krishnan Sridharan
Entrepreneur and Investor
Former Co-Founder and
President, Transcarent

Contact us

To learn more visit:

www.ribbonhealth.com

Or reach out to our team info@ribbonhealth.com

 [@RibbonHealth](https://www.linkedin.com/company/ribbonhealth)



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