

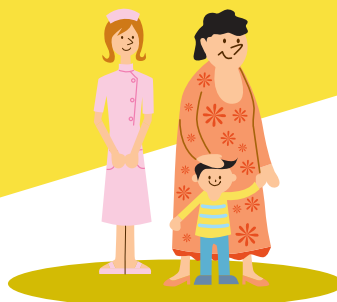


Understanding healthcare consumer:

The Young & Urban

Contents

Executive Summary	1
Introduction	2
Background	2
Respondents' Profile	3
Scope of the Study	3
1. Choice of Physician	4
A. Entry point to care - Family Physician or Specialist	4
B. Selection Criteria	5
2. Patient Satisfaction	7
3. Patient-Physician Trust	9
Discussion	11



Executive Summary

Healthcare industry has been quite specific in terms of restricting the usage of the word "Consumer" and has rather coined different sobriquets for them like patients for a physician, subjects of a trial, members of any campaign and many such. Less restrained now, the evident metamorphosis has begun- from 'the patient to the consumer'. In the world and web of information being barged on to the consumer from everywhere, the industry realizes that the behavioral change in consumers has already passed a transition phase. In an attempt to understand the healthcare consumer behavior, amidst their increasing awareness on health related issues and healthcare system in general, it was found that patients today have transformed from "Passive" to "Active" participants of the healthcare system.

Also, Indian economic growth story has had a huge role to play. This has led to an increased disposable income and spending power. All these factors combined, have brought the "Patients/ Consumers", in an informed decisive position.

Even the decision to visit a particular physician is no more a stochastic choice rather; certain evaluative parameters are considered for zeroing down. The number of years of clinical experience and seniority is the top of the decision making criteria, followed closely by personal attention. This being irrespective of the gravity of the ailment. "I want an experienced physician and I want attention", seems to be the overall healthcare consumer sentiment. It needs feeding.

Specialist consultation as a first point of

contact is seen to be on a rise, not withstanding complexities.

With increasing involvement of the patient in healthcare delivery process; patient satisfaction on all parameters will drive the choice of healthcare provider.

The patient now has multiple information sources at his disposal; internet being the most sought after. A better informed patient is asking more questions; with respect to the diagnosis, choice of drugs, duration of treatment and cost. Inadequacy to provide satisfactory answers can initiate dissatisfaction, loss of trust, compelling a switch.

The days of 'doctor knows best' are fast changing in the urban context. In the urban societies the patient has metamorphosed into the consumer and expects to play an active part in decision-making regarding their treatment. A number of factors contribute to this low sense of trust. An overemphasis upon profits and unscrupulous behaviour on the part of the healthcare provider has had the maximum impact. According to this study, more than half of the respondents opine that they have been prescribed unnecessary tests/ medication. 28% of the patients think that their physician engages in preferential conduct and there is no standardisation in consulting charges.

"The physician should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him."

— Sigmund Freud

Introduction

Background

This study aims to understand consumer behavior with respect to the medical care they currently receive. It also attempts to throw light on the changing Physician-Patient dynamics and active participation of patients in matters of their health. Brandcare Research Team surveyed about 1200 healthcare consumers in 12 major Indian cities in an online survey to understand their point of view on various healthcare parameters , their expectations from Physicians and the impact of these parameters.

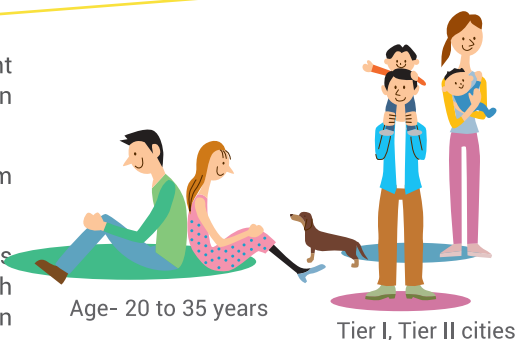
Respondents' Profile

Age- The respondents largely represent the young consumers with 84% between 20 _ 35 years of age.

Geography - 95% respondents are from Tier I and Tier II cities.

Spending Power - The group also belongs to an economically affluent class, with 62% of the respondents earning more than Rs. 50,000 a month.

The above demographics is representative of a young, urban and technology savvy Indian class.



Age- 20 to 35 years

Tier I, Tier II cities

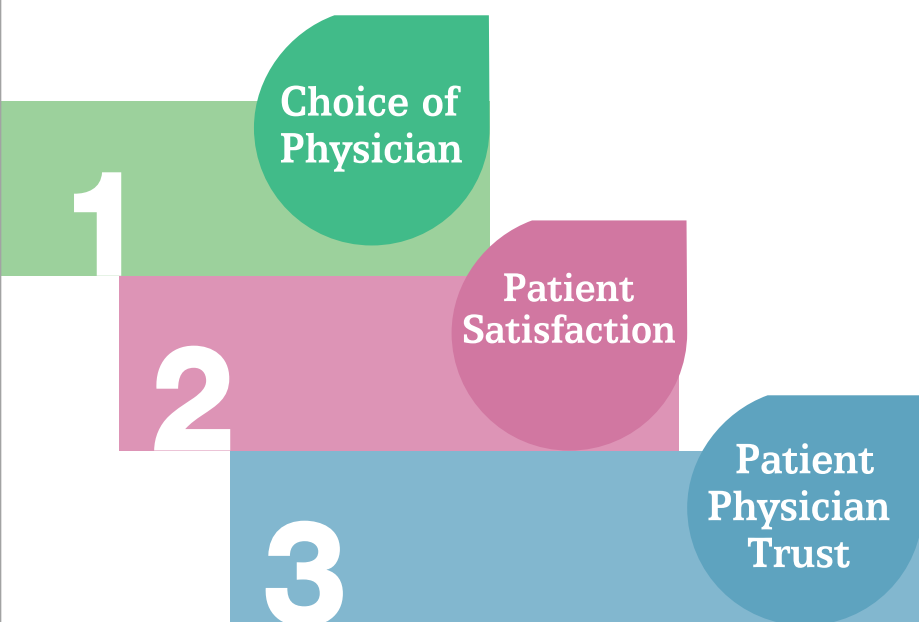
Scope of the Study

The study aims at understanding the healthcare consumers' behavior and their satisfaction level with the current healthcare system. It also attempts to determine what drives the consumer to choose a healthcare set-up.

Ever increasing information sources, increasing healthcare provider streams,

growing incomes, exposure to international healthcare systems has all led to the emergence of a patient class that is demanding in overall quality of healthcare at a primary and tertiary level. Quality of healthcare, time spent, information provision, goodwill of physicians, catchment areas and several such factors impact patient satisfaction levels. Looks like there is a lot to catch up for the primary healthcare system, since as of now the evolution of the consumer is far more outreaching.

Basis the findings, the report has been divided into three major sections - Choice, Satisfaction and Trust. Variables impacting these parameters have been analysed under each. The responses captured in the survey are with respect to a common ailment. A common ailment includes common communicable and infectious disease, cold, cough, fever, local aches and pains, common gastrointestinal complaints like acidity, bloating. The treatment duration for most is 4-5 days.



A. Entry point to care - Family Physician or Specialist

Conventionally, the Indian patient visited his family physician as the first point of care. With referrals and complexities he moved to the specialist. This convention is seeing a change in the urban areas. While majority still prefer a primary physician, the incidence in seeking a specialist consultation in the first visit is almost 41%.

59% of the respondents preferred a primary care physician for a regular illness. A significant 41% is seen to consult a specialist in the first visit. Of these, 40% seek information regarding their symptoms before they visit a specialist. Online searches, friends, family, colleagues, seem to impact their decision.

The increasing access to information has not mitigated the severity or seriousness of ailments with the consumers. On the contrary, with the overload of information even the common is becoming complex. This dramatic increase in seeking a specialist, portends a growing burden on the already fragile healthcare system of India.

Factors impacting the urban consumer's Physician Choice:

- a) Increased spending power
- b) Increased information and awareness
- c) Self medication to specialist jump (bypassing primary care)
- d) Lifestyle diseases
- e) Primary healthcare dissatisfaction

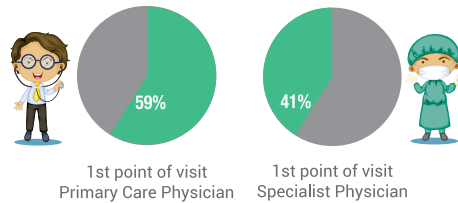


Figure: Entry point to care

The 'specialist seek' is also evident from the increase in the number of consumers seeking multispecialty clinics. There is a firm 20% section of the respondents that prefer a multispecialty clinic over a primary healthcare clinic. Especially true in the case of lifestyle disease afflictions, these healthcare consumers believe that they need a multi specialists advice.



Backed by mediclaims, this trend may not be a passing fad. A varied pie of the educated cohort- the corporate sector, business communities, self employed etc. are opting for mediclaim benefits. Easily redeemable at the multispecialty clinics, these therefore seem to be the obvious choice.

This highlights a great need for empowerment of the primary healthcare at all levels. If we don't want an unhealthy and unnecessary burdening of the specialised healthcare, raising the practice standards of primary care physicians may be a pressing need. It will go a distance to help arrest the shift and ensure efficient spread of healthcare services.

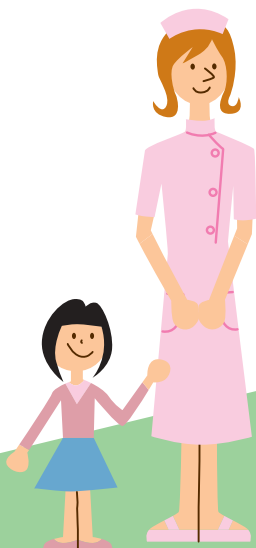
Responsible awareness and education can also impact this distribution. A responsible, informed patient can make wise choices regarding the degree of specialist attention. Increasing number of first visit specialist seekers can enormously burden the already fragile top of the pyramid.

B. Selection Criteria

Consumers make the choice of a physician based on various clinical and non-clinical factors; that include the quality of experience with the physician, physician's goodwill, ability to pay, knowledge about the physician's reputation, proximity to home, nature of ailment, and duration of treatment. The decision to go for specialized care also goes through several such filters.

Previous experience of a consumer is the most important criterion for selection. Due to increased awareness among patients, they seek advice and services from someone who provides a good overall experience and pays individual attention. Gone are the days when the patient simply walked away with the prescription. Instead today patients want their physicians to spend time with them, talk about their disease and treatment, counseling them on emotional and functional parameters of the disease.

"Clinical experience, reputation and personal attention are the most important criteria while selecting a physician."





Primary Care Physician

Patient's Previous Experience

74%

Personal Attention

52%

Proximity to the house

41%

Physician Friendliness

40%

Time Spent

29%

Clinic ambience & Overall experience

24%

Patient's Previous Experience

79%

Personal Attention

55%

Time Spent

41%

Physician Friendliness

29%

Clinic ambience & Overall experience

21%

Proximity to the house

19%



Specialist

Figure: Physician Selection Criteria

The third criterion for selecting a primary care physician is his proximity to the house. In cases of emergency of course proximity is a major advantage and a need too. This bit leads us to an inference that every physician has a catchment area of his own. Other criteria to take note of are; time spent with the patient and clinic ambience.

For a specialist, personal attention paid to the patient is a very crucial differentiating factor and probably that is also a driver of this rapidly growing trend. As even our respondent profile suggests, when a crowd that's well read and belongs to an affluent class that can afford services

well, visits a specialist for a common disease; then such a patient would always be demanding with respect to the time given to him which would eventually contribute to overall satisfaction.

Also, the age group of 20 - 35 is keen on gathering information. Hence, whether really needed or not but the level of concern and self awareness has gone so high that a specialized care is what they feel is a must.

Overall satisfaction determination is a complex approach due to the number of variables involved. To understand what drives patient satisfaction, six crucial parameters have been considered. One set of parameters focuses on tangible facts, while the other is focused on experiential parameters and relationship elements like trust and perception. Leading practitioners focus on both the parameters - satisfaction drivers as well as relationship elements, to provide an optimum "Complete Experience".

Patient retention and loyalty today is an outcome of both clinical and experiential satisfaction parameters.

How satisfied is the consumer today? Our research suggests that 91 % of the patients are satisfied with the treatment they are receiving / have received. Of these 26% patients are very satisfied, while 65% just satisfied. This indicates that when it comes to the treatment given, majority of physicians in India are just meeting the needs and expectations of patients. The 65% respondent population can be considered

to be a floating consumer. Seeking different health care solutions, they may switch at the slightest improvement in offerings elsewhere.

88% of the respondents who are satisfied with the time spent can transform into loyal consumers if other satisfaction parameters are adhered to.

But, in this era of modern medicine with well informed patients residing in urban cities, they cannot be satiated with mere prescriptions. With patients like these, as our respondents, maintaining patient loyalty with so many evaluative criteria is a certain challenge before the physicians.

"1 in every 4 patient is not satisfied with the personal attention he gets from his physician"

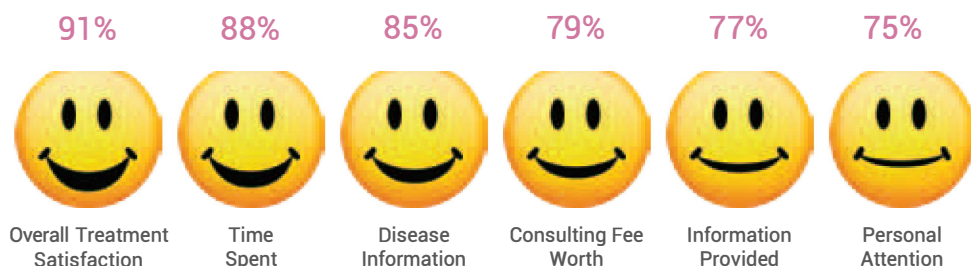


Figure: Patient's satisfaction with Physician

The percentages reflect that patients are reasonably satisfied with the treatment; however, that certainly isn't suggestive of the fact that patients will remain satisfied likewise in the long-run. Dissatisfaction fuels patients to float.

25% of the patients think they are not getting personal attention, 21% perceive that their physician is overcharging them while some 15% are of the view that they are not being examined thoroughly. Let us first look at various reasons for dissatisfaction among patients -

1. Lack of time with the physician
2. Physician's lack of knowledge
3. Physician is not motivated enough to share additional information related to the disease
4. Lack of clarity in explaining the treatment followed for a disease
5. Patients raising the expectation bar because of easy access to online information

With respect to the information shared by the physician, nearly 23% of the respondents think, they are not getting sufficient information to manage their disease while 54% are just satisfied with the information. This is a cause of concern for both the physicians as well as pharmaceutical executives. Both are among the biggest financial stakeholders in the healthcare delivery chain. This gap can be bridged with the physicians spending more time on providing information and pharmaceutical firms providing credible information repositories.

For e.g. Cipla's "Breathefree" initiative helped establish their leadership in the asthma segment, reduced patient's anxiety and eased the counseling burden of Chest Physicians. Focused efforts by pharmaceuticals can oil the healthcare machinery well.

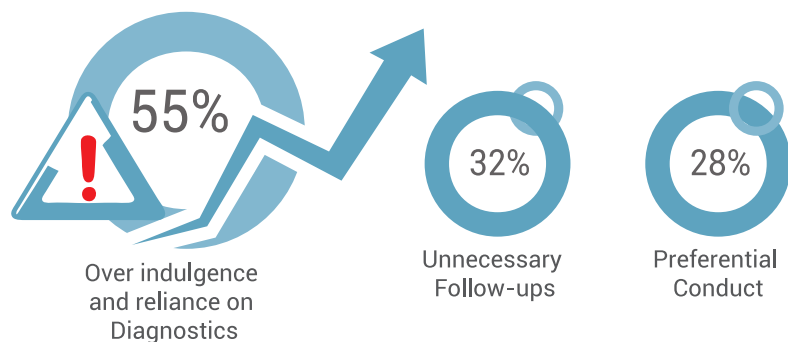


Figure: Parameters affecting Patient-Physician trust

Traditionally, in India, a doctor enjoys a highest social status defined by moral values, trust and nobility. Patients have placed high levels of trust in their physicians. Such interpersonal trust relations have been typified by a type of blind, embodied trust that developed as a result of a patient's knowledge of and relationship with their personal physician. This image seems to be cracking! While many continue to trust doctors and nurses, the trust in healthcare delivery itself has declined at an alarming rate. There is a growing concern regarding the commercialisation of medical services. Unwarranted follow ups, more than needed diagnostics and tests that follow have shaken the culture of health care delivery prompting a wider social change.

55% of the patients think that at sometime or the other their physician has prescribed unnecessary tests/ check-up/ medication. Whether this belief is a fall-out of poor communication between the physician-patient or an over dependence of physician on diagnostics or the ugly head of unscrupulous practices remains to be examined.

What can be concluded is that the resentment is rising in the consumers and needs to be addressed before it snowballs into a total breach of faith - legitimate or no. 28% of the respondents think that their physician is engaged in preferential conduct and has no standardisation in consulting charges. Several expect the consultation charges to be displayed prominently. They expect transparency with regards to the treatment course and overall costs before the treatment proceeds. Time spent by the physician in explaining the costs could well add up to the satisfaction levels.

Worth a mention is the treatment approach in lifestyle related disorders. Regular follow ups are key to better management. However the ambiguity related to what is 'regular' needs to be addressed. 32% of the respondents complain that their physicians insist on follow-up visits which may not be needed.

Improved communication, standardised protocols and better management guidelines can improve the treatment trust. Healthcare providers need to focus on both large and small elements to build trust.

Trust is still essential to health care experience even if patients today no longer rely exclusively on their 'family doctor' as an entry point to care. Trust encourages use of overall healthcare, sharing important medical information and has a positive impact on the overall health outcomes. The shift towards more informed patients willing to participate in decision-making has not removed the need for trust. Trust now depends on the communication, provision of information,

and the use of 'evidence' to decisions. This new version of trust requires greater communicative competence on the part of physicians.

The cost of failing to recognize the importance of trust and to address the changing nature of trust relations could be substantial: clinically, economically, and most important of all, in terms of health outcomes.

"55% of the patients think their physician prescribes unnecessary tests/ medication"



Discussion

There is growing awareness of consumer choices and their large impact on the ultimate outcomes of health service usage. The role of consumers in shaping the health care delivery system will expand over time with rapid increase in the availability of health care information online.

Primary care is where there is most immediate impact in affecting patients' lives by managing their health. Or so one thought till now. The consumer is however making a choice away from the convention. He is seeking specialist as an entry point care even for regular ailments. The Indian healthcare which has used the family physician as a gatekeeper to control referrals to specialist care in order to contain costs may find itself unduly burdened.

It is important to understand the process by which consumers evaluate and choose health care providers and treatments. The study suggests that information seeking may well have reached the levels of a typified consumer. However selection behaviour for a physician is still restrained and rationally driven by consumer's own experience or recommendations from family and friends.

Satisfaction with the health care system, overall, is seen to be steady. Patient satisfaction is one of the important goals of any health system. It needs to take into consideration responsiveness at both clinical and non-clinical outcomes which influence the overall satisfaction. Patient satisfaction depends on many factors such as previous experience with the physician, the physician's behaviour, time devoted and information shared.

With shift towards a more informed patient, the trust parameter takes a new meaning. The way in which physicians interact with consumers needs a revamp. Providing information and supporting their participation in decision-making of course requires greater communicative competence on the part of clinicians. This may result in longer or more consultations.

The healthcare consumer is transforming. The system, inclusive of physicians, practices and policies, needs to follow suit.

About Brandcare

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