The Beryl Institute - Ipsos PX Pulse Consumer Perspectives on Patient Experience in the U.S.

SEPTEMBER 2021







THE BERYL INSTITUTE

<u>The Beryl Institute</u> is a global community of healthcare professionals and experience champions committed to transforming the human experience in healthcare. As a pioneer and leader of the experience movement and patient experience profession for more than a decade, the Institute offers unparalleled access to unbiased research and proven practices, networking and professional development opportunities and a safe, neutral space to exchange ideas and learn from others.

We define the patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care. We believe human experience is grounded in the experiences of patients & families, members of the healthcare workforce and the communities they serve.

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INTRODUCTION

TRACKING CONSUMER PERSPECTIVES ON PATIENT EXPERIENCE REVEALS SHIFTING IMPORTANCE TO QUALITY CARE IN LIGHT OF THE PANDEMIC AND RACIAL AND ETHNIC DISPARITIES

This report presents our sixth release of The Beryl Institute – Ipsos PX Pulse. PX Pulse was intended to serve as a tracking and trending report of U.S. consumer sentiment as it pertains to their healthcare experience. This report continues to trend data related to the consumer experience from data first collected pre-pandemic in December 2019 through the current rise of the Delta variant in August 2021. In addition, this report explores several additional timely topics related to the patient experience including a deep-dive into health system perceptions and trust, provider communications related to COVID-19 vaccines, consumer site of care and telemedicine preferences, and we revisit questions related to racial and ethnic disparity last explored in June 2020.

In this release we see a significant rise in the importance of a quality healthcare experience in comparison to our previous reports showing cost as the leading factor. Consumers, for the first time since we began fielding in December 2019, are rating access to quality healthcare as more important than cost considerations. Furthermore, consumers look to increased quality care and access to care as solutions to issues within the health system such as racial and ethnic disparities.

We see this shift away from focusing on costs further reflected in the continued and growing acknowledgement that patient experience is a key influencer of healthcare decisions for consumers. Based on the data, consumers report they are increasingly making healthcare decisions based on positive patient experiences.

Of interest as well in this release is the impact that providers have and can play on the pandemic response itself. It shows providers are having an impact on patient decisions even when consumers do not have that level of awareness. The report shows consumers who received COVID-19 vaccine information from their providers are more likely to be vaccinated, even if they do not directly attribute that decision to their provider.

In revisiting our questions on equity and disparity from June 2020, we also see a slight rise in the reporting of racial implications on healthcare with more Black Americans reporting feeling they receive worse care. The issues of equity laid bare by the pandemic still are underlying factors that impact the ability to ensure the best in experience for all.

With the amount of change currently happening in healthcare and our broader society, and the reflection taking place overall as people traverse the pandemic, we see consumers are starting to change their decision criteria to focus on quality and relying on sources they trust. It reinforces the commitments outlined to transform human experience remain central and essential to healthcare's future.

METHODOLOGY

This research was conducted using online surveys fielded through the Ipsos KnowledgePanel®, one of the only probability-based online panels that is representative of the U.S. population. The KnowledgePanel was chosen to provide one of the highest levels of accuracy and representativeness available on the web, allowing for the accurate measurement of consumer experiences, opinions and behaviors in the United States.

In total, 1,010 completed surveys were obtained in the United States through the KnowledgePanel for this quarter's release. The survey was fielded from August 16 – 23, 2021 to a sample group of people that were randomly selected to be representative of the U.S. population in terms of Census estimates of gender, age, race, ethnicity, education, income and region. The survey was fielded in English-only. Findings presented in this report were weighted to correct for any over- or under-representation in the distribution of completed surveys across these demographic categories, as well as to account for the aforementioned oversampling.

In the 2021 releases of the PX Pulse, we will present findings in a pattern of shorter core inquiries and deeper-dive sets of questions in alternating quarters.

This quarter's release will explore expanded COVID-19 insights and assess newly trended data for telemedicine, health preference and health disparities.

The core question set we ask each quarter are:

1	Thinking about the healthcare system in America as a whole, overall, how would you rate the quality of healthcare in this country?
2	From the following list, which healthcare issue is most important to you?
3	Thinking about how you have experienced healthcare in the past year, how would you rate your overall experience?
4	Overall, how important is it that you have a good patient experience?
5	Why is having a good patient experience important to you?

CORE FINDINGS

CONSUMER ENGAGEMENT IN HEALTHCARE AND RATINGS OF CARE QUALITY REBOUND

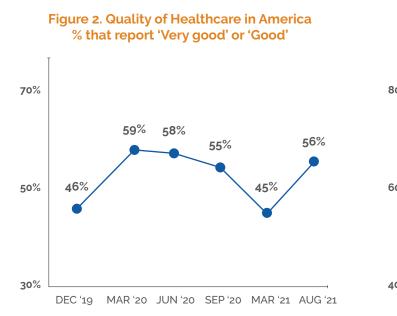
Consumers' engagement in healthcare activities has increased significantly compared to one year ago. Just over half of consumers have visited a primary care provider (51%)—an increase of 16 percentage points over Q3 2020. Consumers have also returned to visiting specialist providers (+9) and labs for medical tests (+10). (Figure 1) After a significant dip in the first part of 2021, consumer ratings of healthcare quality have also rebounded and are now in line with ratings from March through September 2020. This rebound indicates that the March 2021 dip was likely a short-term reaction to the COVID-19 peak early in 2021. (Figure 2)

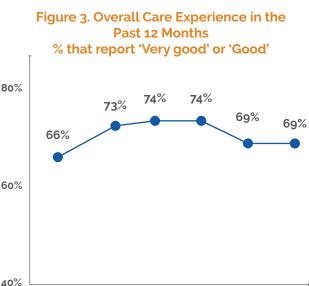
Interestingly, we do not see a similar rebound effect when we look at individuals' ratings of their personal care experiences, which remain unchanged from Q2. (Figure 3)

Figure 1. Have you done any of the following healthcare activities in the past 3 months?

	Jun '20 (Q3)	Aug '21 (Q3)	Change
Visited your primary care provider	35%	51%	+16%*
Stayed in a hospital overnight	3%	5%	+2%*
Visited a specialist provider	29%	38%	+9%*
Visited an emergency room/urgent care facility	12%	15%	+3%*
Visited a lab for medical tests	29%	39%	+10%*

An asterisk (*) denotes statistically significant differences from the pervious quarter.





An asterisk (*) denotes statistically significant differences from the pervious quarter.

MAR '20 JUN '20 SEP '20 MAR '21 AUG '21

DEC '19

AFFORDABILITY CONCERNS DROP WHILE QUALITY BECOMES MORE IMPORTANT TO CONSUMERS

In Q3, we see significant drops in the percentage of consumers who cite affordable insurance options and cost of health insurance premiums as the most important healthcare issue. Financial factors including out-ofpocket costs and insurance premiums also declined in overall importance. (Figure 4)

Instead, consumers are placing more emphasis on the quality of care provided by hospitals and reducing the threat of infectious diseases—both of which saw significant increases in importance in Q3 compared to Q2. (Figure 5)

Figure 4. Which healthcare issue is most important to you? % selected

	т	CHAN	GE
Affordable insurance		25% 19% -7*	
Out-of-pocket costs	15% 16%	*2*	
Quality hospitals/treatments	8% 11%	+3*	
Cost of insurance premiums	16% 11%	-5*	
Cost of hospital care	9% 9%	0	
Quality of hospital care	6% 7%	+1	
How people are treated	6% 7 %	+1	
Care for chronic conditions	4%	+2*	
Reducing threat of diseases	3% 5%	+2*	
Cost of prescription drugs	5% 5%	-1*	
Communication with patients	2% 4%	*2 [*]	
FY21 Q2 FY21 Q3			

An asterisk (*) denotes statistically significant differences from the previous quarter.

	Mar '21 (Q2)	Aug '21 (Q3)	Change
Having affordable options for healthcare insurance coverage	41	39	-2*
Out-of-pocket healthcare costs, like co-pays and deductibles	42	36	-6*
The cost of health insurance premiums	40	35	-5*
The quality of care provided by hospitals	21	28	6*
The cost of hospital care	27	27	0
Access to quality hospitals and treatments	23	26	3*
The cost of prescription drugs	31	26	-6*
How people are treated by the healthcare system	21	24	3*
The quality of care and treatment for people living with chronic conditions	14	14	0
Reducing the threat of infectious diseases	8	14	6*
How well the people providing care communicate with patients and their families	11	13	2*

Figure 5. Which healthcare issues are important to you? % selected

An asterisk (*) denotes statistically significant differences from the pervious quarter.

EXPERIENCE REMAINS IMPORTANT TO CONSUMERS, WHO VALUE MEDICAL RECORD ACCESS AND SHARED DECISION MAKING

Consumers continue to place great importance in having a good patient experience (95% rate as 'Extremely' or 'Very important'). (Figure 6)

When asked which actions reflect meaningful participation in care experiences, most consumers identify two items: having open access to their medical records (67%) and partnering with their healthcare provider on decisions related to their plan of care (56%). These two factors have topped the list consistently since data collection began in Q4 2019. (Figure 7)

Figure 6. Overall, how important is it that you have a good experience as a patient? % that report 'Extremely important' or 'Very important'

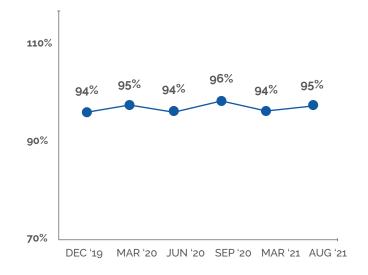
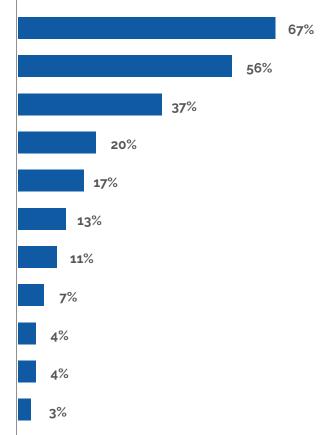


Figure 7. As a healthcare consumer, which of the following actions reflect meaningful participation in your care experiences?

Having open access to my medical records
Partnering with my providers on decisions
Completing surveys about my care
Completing a comment card
Participating in an ingoing virtual feedback panel
Participating on a quality improvement team
Participating in a focus group
Serving on a Patient/Family Advisory Council
Serving on a board for a healthcare organization
Participating in hiring decisions
Participating as an instructor at learning sessions

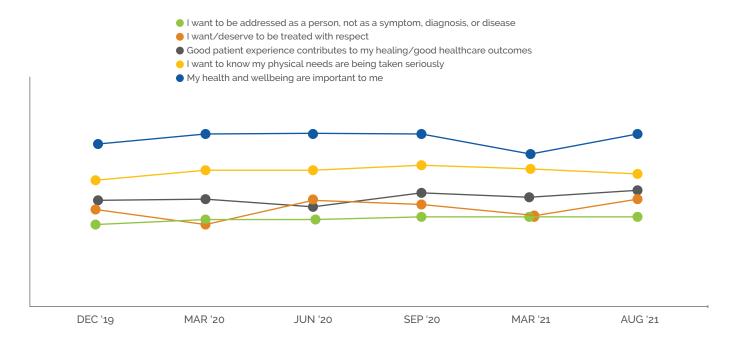


CONSUMERS ASSOCIATE PATIENT EXPERIENCE WITH OVERALL WELLBEING AND RESPECTFUL TREATMENT

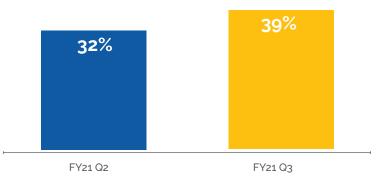
The reasons having a good patient experience is important have been consistent across time, with the top 5 factors remaining steady since we began collecting PX Pulse data in Q4 2019. In Q3, we see a small increase in 'my health and wellbeing are important to me' and 'I want/deserve to be treated with respect'. Interestingly, we see a significant increase in the percentage of consumers who say patient experience will influence how they make healthcare decisions in the future (39%, up from 32% in Q2). (Figure 8)

Taken together with the increased importance placed on quality of care, these trends may indicate an increased sense of agency in patients. The pandemic has made consumers more aware they have choice and more willing to exercise that choice prioritizing positive treatment experiences and high-quality care. (Figure 9)

Figure 8. Why is having a good patient experience important to you? % that reported selected responses







"Healthcare professionals should treat people as they would want to be treated themselves."

COVID-19

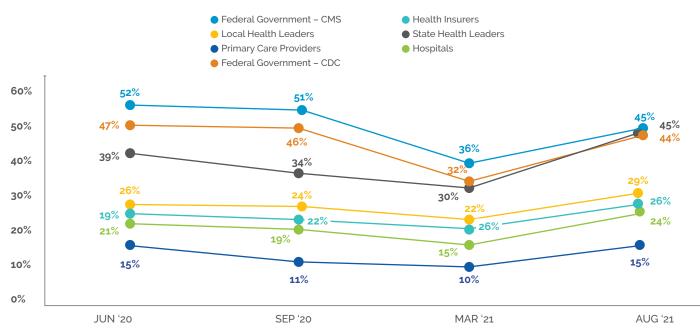
GREATER NEGATIVE PERSPECTIVES SEEN AS THE DELTA VARIANT CONTINUES TO SPREAD

As the Delta variant of COVID-19 continues to spread across the nation with some states seeing an increased urgency to the return of wearing masks, consumers are reflecting a significant negative trend in perspective towards healthcare actors in America. This wave of data saw the largest increase in consumers who believe COVID-19 made their perspective of healthcare actors 'worse' or 'much worse' since the June 2020 PX Pulse report. While the increase in negative perception is across the board, the greatest increase is seen for 'State health officials'. This increase in consumers with a negative perspective is likely attributable to healthcare consumers' lack of confidence in recent state-wide health policies and the steady increase of COVID-19 cases across the nation as of recent. 'Federal Government-CMS' and 'Hospitals' see the secondlargest increase of negative perspectives among consumers. (Figure 10)

CONSUMERS ARE BECOMING MORE COMFORTABLE SEEKING HEALTHCARE

The comfort levels of consumers who seek healthcare have increased since the last PX Pulse report. This increase in comfort may reflect consumers learning to navigate the challenges of the pandemic as well as recognizing they can no longer put off needed care. Of all healthcare services, primary care and specialist providers saw the largest increase in comfort among consumers, respectively, +7% and +8%. The increase in consumer comfort levels seeking healthcare may also represent a general trust in the effectiveness of the COVID-19 vaccine. When asked what would make seeking healthcare more comfortable, many consumers mentioned knowing if their physicians and nurses are vaccinated would make them more comfortable. But with the emergence of the Delta variant, and mask mandates being reintroduced across the country, we may begin to see a decrease in comfort levels among consumers in the next PX Pulse report.

Figure 10. How has COVID-19 changed your perspective of the following healthcare actors in America? % that report 'Made it much worse' or 'Made it worse'



VACCINE HESITANCY IS STRONG AMONG THOSE WHO HAVE NOT RECEIVED ANY VACCINE DOSES

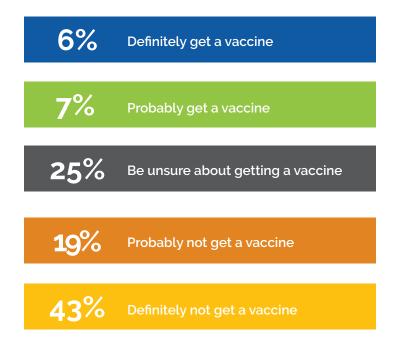
Seventy-one percent of respondents are fully vaccinated for COVID-19. This indicates a higher vaccination rate in our sample than among the general population (62% of US adults are fully vaccinated according to recent CDC reports).

Three percent of respondents are partially vaccinated, trailing the national average of 11%. Among those partially

vaccinated, 68% plan to receive their second dose, while 32% do not plan on finishing all required doses.

For respondents who haven't received any doses of the COVID-19 vaccine, 63% state that they will 'probably not' or 'definitely not' receive the vaccine, continuing to reflect the lack of trust some consumers have in the vaccine. A quarter of respondents who have not received any vaccine doses are unsure regarding their vaccine decision. (Figure 11)

Figure 11. How likely are you to get a COVID-19 vaccine? Among those not vaccinated



COVID-19 COMMUNICATIONS

VACCINE INFORMATION FROM PROVIDERS PROVES SIGNIFICANT TO PATIENTS' VACCINE DECISIONS

Forty-five percent of respondents say they received information regarding the COVID-19 vaccine. Most who received information from their provider did so during an in-person visit (60%). About a quarter of those who received vaccine information from their providers did so via a patient portal (27%) or email (26%). Nine percent say they received the information either during a virtual visit or via mail and five percent say they received a phone call about vaccines. (Figure 12)

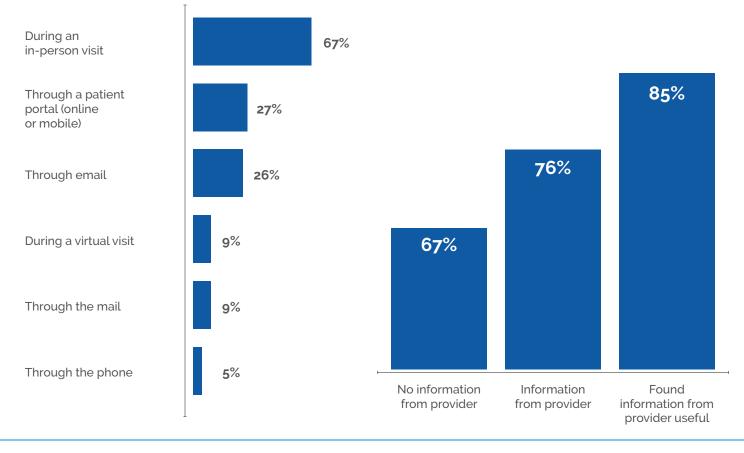
Overall, those who received vaccine information from their provider, regardless of channel, say the information was useful (79%). Furthermore, 34% of those who received information regarding COVID-19 vaccines from their provider state the information influenced their vaccination decision.

Beyond the stated impact of the information given by providers, the data clearly demonstrates higher vaccination rates among those who received COVID-19 vaccine information from their provider. Among those who did not receive vaccine information from their provider, 67% are fully vaccinated, while 76% of those who received information completed their vaccine regimen. (Figure 13)

Further, among those who received information from their provider and found it useful, 85% are fully vaccinated. These findings underscore the impact of provider information on patient decision making even beyond most patient's awareness. (Figure 13)

Figure 12. How did your healthcare provider share information about COVID-19 vaccine with you?

Figure 13. COVID-19 vaccination rates by level of information from provider



TRUST IN HEALTHCARE

CONSUMER TRUST IN PUBLIC HEALTH IS COMPLICATED AND VITAL TO VACCINATION EFFORTS

Unsurprisingly, consumers have the highest degree of trust in their providers with 87% saying they trust their provider's judgement, and 86% saying their provider is usually considerate of their needs and they trust their provider's treatment decisions. Consumers are less likely to say they trust their provider so much that they always try to follow their advice (75%). (Figure 14)

Public health organizations, such as the CDC and NIH, have the most complex trust indicators. Most consumers (71%)

say they are good at what they do, however, past actions by such organizations has led to only 48% saying such organizations make unbiased decisions and only 46% to say they put individual interests above all else. (Figure 14)

With the Delta variant on the rise, trust in healthcare institutions is vital as induvial consumers make vaccination decisions. This research indicates level of trust in providers (+0.142) and public health organizations (+0.270) is directly and significantly correlated with vaccination status. Those with higher degrees of trust in their providers and especially public health organizations are more likely to be vaccinated and visa versa.

Figure 14. For the following list, please rate how much you agree or disagree with each statement:

• Strong	gly Agree	Agree	 Disagree 	 Strongly Disagr 		
PROVIDERS						
Usually considerate of my needs and puts them first	21%		65	%	12%	2%
I trust my healthcare provider's judgments	18%		69%	/ 0	11%	5 <mark>2</mark> %
l trust my healthcare provider's decisions on whichmedical treatments are best for me	18%		68%		12%	3%
All things considered, I completely trust my healthcare provider	18%		59%		19%	3%
I have so much trust in my health care provider thatI always try to follow his/her advice	13%		62%		22%	4%
HOSPITALS AND HEALTHCARE						
Provide the highest quality in medical care	8%		60%		29%	3%
Put my medical needs above all other considerations, including costs	8%	49	9%		38%	
Only care about keeping medical costs down, and not what is needed for my health	7%	34%	34% 52%			7%
INSURERS —						
When questioned about what treatments are covered,health insurers are honest with their answers	7%	5	2%		33%	9%
Healthcare insurers are good at what they do	6%	48	%	3	5%	11%
PUBLIC HEALTH ORGANIZATIO	ONS ———					
Public health organizations are good at what they do	12%		59%		20%	10%
Put individual best interests above all other considerations when considering health policy	6%	40%		43%		11%
Are unbiased when making decisions about public health	6%	42%		42%		10%
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TELEMEDICINE

CONSUMERS ARE STARTING TO PREFER IN-PERSON VISITS OVER VIDEO CONFERENCE CALLS FOR HEALTH-RELATED SERVICES

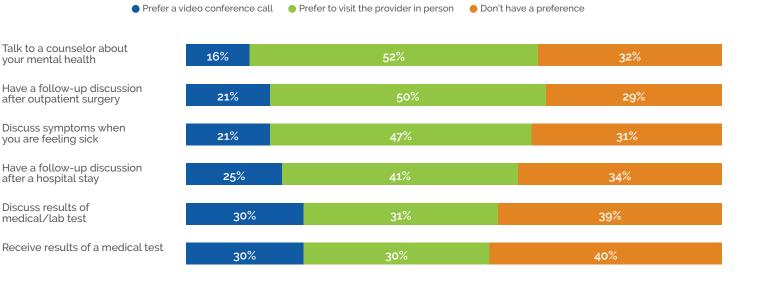
When given different medical scenarios, ranging from mental health to discussing symptoms of general illness, a majority of consumers tended to indicate that they would prefer to visit their provider in-person over a video conference to receive those services. Out of the six medical scenarios listed below (Figure 15), the highest preference for an in-person visit was shown for discussing mental health and follow-ups with physicians after outpatient surgery, with at least half of all consumers selecting this option.

The emergence of the COVID-19 vaccine and other public health policies such as masking may explain the increase

in preference among consumers to visit their provider in person, as they are becoming more comfortable leaving their homes to seek health-related services.

Consumers were also asked about which mode of telemedicine they preferred if they needed to have a virtual visit with a provider. The most preferred methods included a telephone call, which had 41% of consumers preferring this method of communication the most, and a video chat through the computer, with 33% of consumers preferring this method of communication the most. The least preferred method of communication for a telemedicine appointment was an audio chat on the computer, with 39% of consumers preferring this method of communication for a telemedicine appointment was an audio chat on the computer, with 39% of consumers preferring this method of communication for a telemedicine the least. The ease of using a telephone and the ability to have a face-to-face conversation over a video chat may explain the high preference among consumers for selecting these modes of communication.

Figure 15. For each of the following, please indicate whether you would prefer a video conference call, prefer to visit the provider in person, or have no preference:



HEALTHCARE PREFERENCES

CONSUMERS PREFER TO VISIT THEIR PERSONAL DOCTOR'S OFFICE OVER A CLINIC IN A PHARMACY OR STORE

Consumers were asked about their preferences for visiting their personal doctor's office versus visiting a clinic in a pharmacy or store for a variety of medical circumstances.

A majority of consumers prefer to visit their personal doctor's office for their annual check-up (89%), for a suspected infection (75%) and for STI/STD testing (65%). Most consumers still prefer to visit their personal doctor's office for mild illnesses (43%) and minor injuries (40%). In all those circumstances, only a small number of consumers indicate they would prefer to visit a clinic in a pharmacy or store (range of 3% to 15%). Consumers are more likely say they have no preference (range of 5% to 31%) than saying they prefer to visit a clinic in a pharmacy or store (range of 3% to 29%). Figure 16)

The one difference was for flu vaccinations: around the same number of consumers prefer to get their flu shot at their personal doctor's office (28%) and at a clinic in a pharmacy or store (29%). Another third of consumers have no preference on where to go for flu vaccinations (31%).

Figure 16. Please indicate whether you would prefer to visit your personal doctor's office or a clinic in a pharmacy or store in each of the following circumstances:

My personal doctor's office	Clinic in a pharmacy or store No preference Wo				o to either	
FOR AN ANNUAL CHECK-UP						
FY21 Q3		91%			2% 5	% 3
FY20 Q3	٤	99%			3% 5	% 3
F YOU SUSPECT AN INFECTION (U	JTI, INFECTED, CUT, ETC.)					
FY21 Q3	79%*			6%	12%	4%
FY20 Q3	75%			7%	15%	35
STI/STD TESTING						
FY21 Q3	67% 6%				%	7%
FY20 Q3	65%		7%	22	2%	6%
FOR A MILD ILLNESS (COLD, FLU, S	SORE THROAT, ETC.)					
FY21 Q3	46%	14%	18%		22%	
FY20 Q3	43%	15% 21%		21%		
MINOR INJURY (CUT, SPRAIN, ETC.	.)					
FY21 Q3	48%*	12%	19%*		22%	
	40/0	1270			20%	
FY20 Q3	40%	13%	27%		20%	
	40%				20%	
FY20 Q3	40%		27%	27%*		9%*
FY20 Q3	40% SHINGLES, COVID, ETC.)	13%	27%	27%*		9%*

DISPARITIES AND DISCRIMINATION

BLACK RESPONDENTS HAVE A MORE NEGATIVE VIEW OF THE QUALITY OF CARE RECEIVED BASED ON RACE COMPARED TO A YEAR AGO

Consumers were asked their opinion on whether quality of care differs for people of different races or ethnicity.

Compared to a year ago, we see a major shift in the way Black respondents view the quality of care received by different racial and ethnic groups. Close to half of Black respondents from Q3 2021 (46%) compared to a quarter of Black respondents from Q3 2020 (26%) reported thinking that people who identify as White receive "much better" care. Conversely, Black respondents are now more likely to say that those who identify as Black (17% v. 7%) and Hispanic/Latino (12% v. 3%) receive "much worse" care than they did a year ago. (Figure 17)

Much better

When rating the quality of care provided for people of different races and ethnicity, White respondents believe that people who identify as White, Black, and Hispanic receive care as expected. Over 50% of Black respondents believe that people who identify as White receive 'much better' or 'better care.' A higher percentage of White respondents (66%) and Hispanic respondents (64%) compared to Black respondents (39%) reported believing that people who identify as Black receive quality of care as expected. (Figure 17)

Figure 17. To what extent do you think the quality of care provided is better or worse than it should be for people who...

As expected
Worse
Much Worse

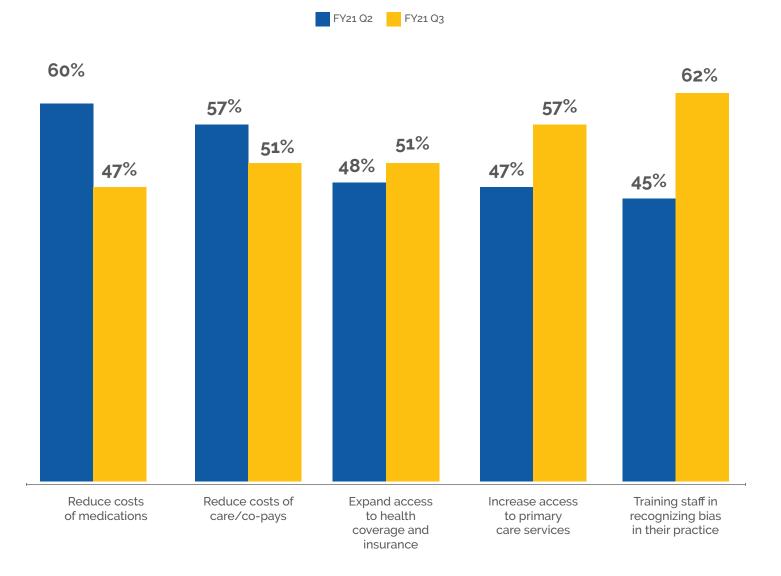
	identify as WHITE					identify as BLACK			identify as HISPANIC		
WHITE RES	SPONDE	NTS									
FY21 Q3	6% 14%	7	8%	1% 1%	3% 5%	66%	18% 89	6 1% 5%	70%	21% 3%	
FY20 Q3	8% 17%	71%		3% 1%	2% 6%	64%	22% 6	% 2% 6%	68%	21% 4%	
BLACK RES											
FY21 Q3	43	%* 15 %	39%	0 2%	8% 8%	39%	28% 17%*	6% 10%	47%	25% 12%*	
FY20 Q3	26%	28%	40%	3% 3%	9% 12%	46%	26% 7%	6% 11%	56%	24% 3%	
HISPANIC/	/LATINC	RESPONDE	INTS								
FY21 Q3	27%	10%	62%	1% 0	2% 2%	64%	21% 11%	6 4% 4%	64%	25% 3%	
FY20 Q3	23%	20%	55%	2% 0	2% 8%	60%	22% 8%	2% 7%	66%	21% 3%	

An asterisk (*) denotes statistically significant differences from the previous quarter.

TRAINING MEDICAL STAFF IS SEEN AS A PRIORITY TO ENSURE HIGH-QUALITY CARE FOR EVERYONE

Consumers were asked to provide their opinion on what should be done to ensure that everyone receives high-quality healthcare regardless of how they identify. Consumers indicated that medical staff should be trained in topics such as Unconscious Bias, Implicit Bias, Diversity and Inclusion. In addition, consumers reported the need for representation of all backgrounds across all levels of the healthcare sector. Consumers have shifted to believing that training medical staff to recognize bias (62%) is necessary to ensure everyone receives high-quality care. Increasing access to primary care services (57%), expanding access to health coverage and insurance (51%) as well as reducing medication costs (47%) and other healthcare costs (51%) were the most selected solutions to ensure everyone receives high-quality care regardless of identity. (Figure 18)

Figure 18. What should be done so that everyone receives high-quality care regardless of identity?



CONSUMERS SAY PERCEPTION BIAS AND IMPLICIT BIAS ARE MAIN FACTORS FOR RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE

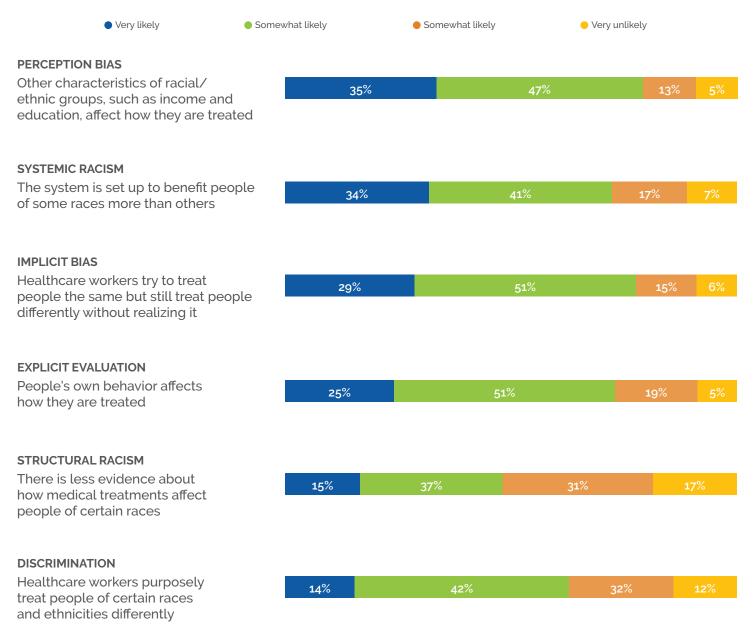
Consumers were asked to rate different factors that could affect the level of care people receive based on race/ethnicity.

Most consumers indicated perception bias (82%), implicit bias (80%), explicit evaluation (76%) and systemic racism

(75%) are factors that were very likely or somewhat likely to be the reason why some people do not receive equal levels of care. (Figure 19)

Other factors such as structural racism (48%) and discrimination (44%) were less likely to be reported as reasons for some people to receive different levels of care based on race or ethnicity. (Figure 19)

Figure 19. How likely do you think it is that each of the following factors is a reason for some people to receive different levels of care based on race/ethnicity?



TAKEAWAYS

The Beryl Institute - Ipsos PX Pulse continues to put consumer voices and the human experience at the forefront of healthcare discussions. This publication shares a number of significant new consumer insights for the industry reflective of the unique intersection of rapid socio-cultural and public health changes.

The most significant trend in this report is a shift in the healthcare consumer mindset from a focus on cost to quality. Last quarter, and for a majority of previous waves of the PX Pulse, most consumers said cost concerns were most important when it comes to healthcare. This quarter, we are seeing cost concerns eclipsed by a focus on receiving quality care. Not only is quality healthcare important overall, but many consumers also see an increase in access and quality care as a remedy for racial and ethnic disparities in healthcare.

The increased desire for quality care counterbalanced with decreased capacity in many areas due to the Delta variant may be leading to the increased negative sentiment with the healthcare system. Overall, consumers have a significantly more negative view with every aspect of the healthcare system this quarter compared to last quarter.

However, despite negative sentiments, the healthcare system does have the ability to positively influence consumer vaccine decisions. Consumers with higher degrees of trust in their providers and public health organizations, such as the CDC and NIH, are more likely to get vaccinated.

Beyond previously established trust, providers are able to influence patients' vaccine decisions by sharing information about the vaccine with their patients. Consumers who receive information about the vaccine from their provider are significantly more likely to be fully vaccinated. While most consumers do not cognitively attribute their vaccine decision to provider communications, the impact is significant.

In addition to the impact of the pandemic, the PX Pulse is also tracking perceptions of racial and ethnic disparities. Compared to a year ago, we see a significant change in the perceptions of Black respondents who are more likely to say those who identify as White receive care that is 'much better' than it should be, and those who identify as Black and Hispanic/Latino receive care that is 'much worse' than it should be. This reflects an increasingly grim view of health disparities among Black respondents. Consumers believe disparities in healthcare are due to perception bias, systemic racism or implicit bias on the part of individual healthcare workers. In alignment with these ratings, most consumers suggest increased staff training as a solution to combat health disparities.

Through all the changes and dynamic aspects of the healthcare consumer experience today, what remains is the overall importance of the consumer experience with 95% of consumers saying it is important to have a good healthcare experience. Beyond just having a good experience, consumers are increasingly factoring the patient experience into their broader healthcare decisions with 39% (compared to 32% in Q2) saying the patient experience influences how they make healthcare decisions.

The consistent acknowledgement of patient experience as a core factor in how people engage in and make decisions about healthcare is a powerful trend. The American citizen in our PX Pulse data reflect so much of what we hear and see around the world at this time. That people seem to engage in healthcare that addresses their health and well-being and treats them with the dignity and respect they expect to receive.

Doing this will require a broader commitment to the human experience in healthcare. We will need to focus on understanding and acting on what matters to patients, family members and care partners; addressing the vulnerabilities of and healing needed in our healthcare workforce; and engaging in the real and sometimes difficult conversations on what it takes to ensure a positive and inclusive community experience as well. That remains the opportunity we hear from the voices of those who contribute to our findings in PX Pulse. That remains an essential focus for ensuring the best experience in healthcare for all. And as we continue to see, that remains the heart of our journey to a more humancentered, equitable and effective healthcare system for all.

T H E B E R Y L I N S T I T U T E

