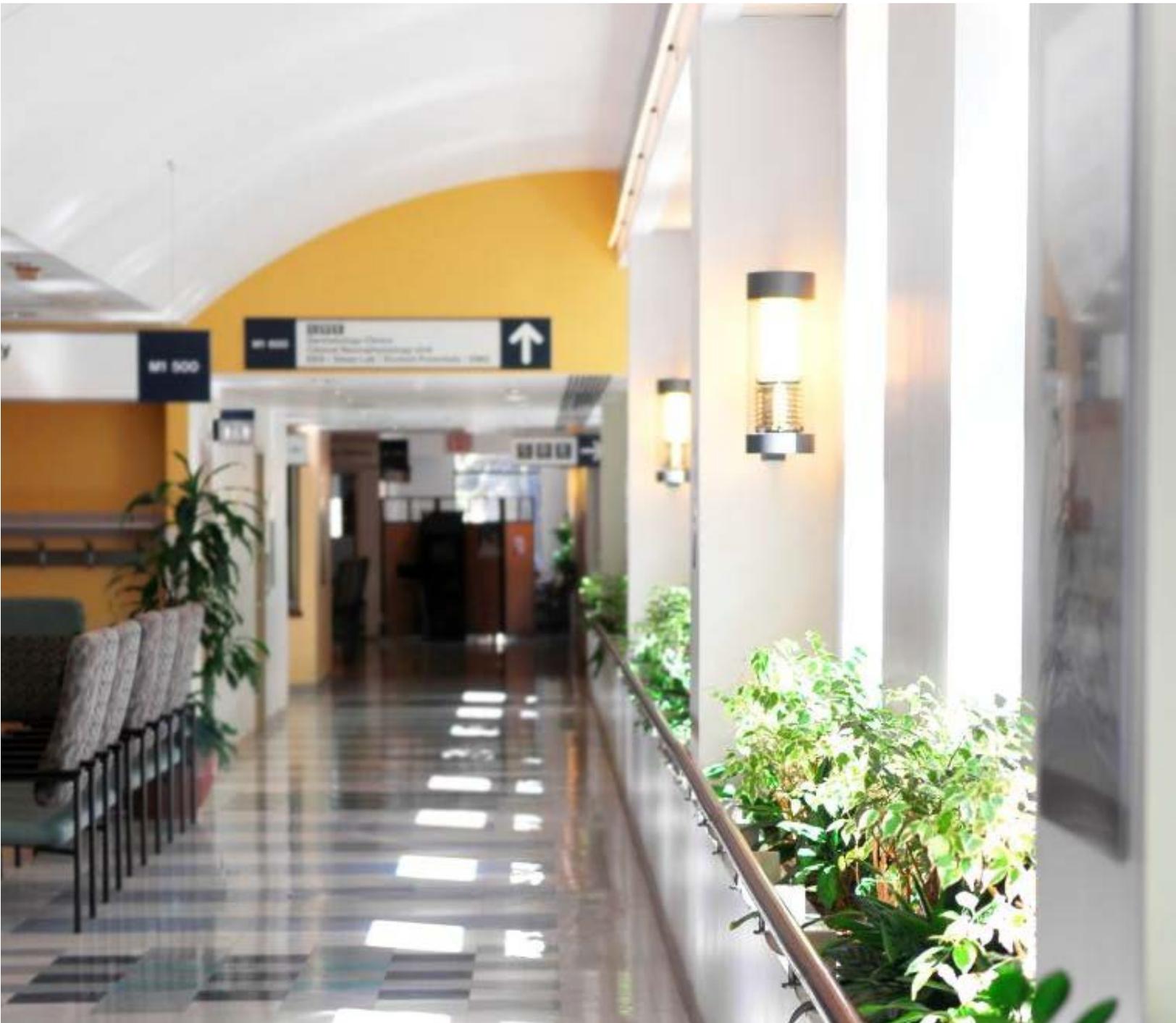


Taking a Marketing Lens to Address Patient Access



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Overview

An ounce of prevention saves a pound of cure. This old saying is particularly true in healthcare, where regular medical check-ups can prevent or reduce more serious health problems for patients down the road. In addition, preventative care can reduce overall healthcare expenses for patients, hospitals and health insurance companies.

A key to ensuring that people receive the proper ounce of prevention is their ability to access this care. Gelb Consulting Group's extensive experience in the healthcare industry has produced many insights about patient access, and how it can be improved for both the public and within high-risk populations who have special concerns with affordability, transportation and cultural barriers to access.

By taking a marketing lens, specifically, market segmentation, strategic planners, operations executives and, of course, marketers, can gain clarity around the total market, it's needs and drivers for utilization.

This paper explores Gelb's process for gaining a better understanding of patient access across geographies and demographic affiliations.

Analytical Model

The analytical model we use to explore patient access considers patient needs, access, interventions and action. These components direct our research strategy as well as the strategic outputs sought from the analysis. This model organizes the various aspects of analysis with attention for:

Needs: Health needs of the population which represent the health profile of both respondents and the population in general. These comparisons are important to establish the total available market.

Access: Reported behaviors related to clinical and non-clinical activities. These results often correspond to risk factors, but also begin to identify the potential services required.

Interventions: These data are used to identify the difficulty (or ease) in reaching the target market.

	 Needs	 Access	 Interventions	 Action
DESCRIPTION	Health profile of the respondent	Health maintenance behaviors	Perceptions regarding health	Market profiles of population
AREAS OF INQUIRY	Diagnoses Risk Factors	Lifestyle Stated Behaviors and Resource Utilization	Barriers to Care Knowledge of Resources Decision Factors Information Sources	Socio-economic and Psychographic Profiles Payer Types Geography
STRATEGIC OUTPUTS	Population health knowledge	Service optimization to ensure propriety of access points	Attitudes to overcome through outreach	Focus of targeting efforts

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Action: How to transform the data into meaningful insights to use both strategically (service line planning) and tactically (micro-targeted messaging).

The typical approach to inform this model should include each of the following elements to maximize insights and impact:

Population Health Data

Much is already known about your target market in the form of utilization data (whether internal to the organization or through claims data). Information such as this is beneficial to establish a broader baseline than only the survey sample responses. When done correctly, the survey data can be used to project onto the broader population's condition characteristics to amplify the usefulness of a survey. More importantly, trends in the market can be used to adjust your strategy.

Some specific examples of information you may have access to:

- Reported claims data
- Current utilization, including patterns of use and co-morbidities
- Risk factors such as tobacco use, obesity and non-compliance with treatment plan
- Population statistical trends (e.g., aging populations, geographic movements, etc.)
- Prior surveys with patients, physicians and community officials

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Community Leader Interviews

An important step in discovering pain points around patient access is to speak with leaders in the community who regularly work with at-risk populations. These could include personnel at charitable organizations, ministers or other religious advisors, hospital administrators and emergency service coordinators, among others.

These leaders have valuable insights into how members of their communities perceive local hospitals and other healthcare systems. It is vital for a hospital to know how members of the community perceive that hospital's services compared to other facilities in the area. If those in underserved populations see a healthcare system as less welcoming, or "for wealthy people," they can be much less likely to seek out its services.

Income, and associated lack of transportation, are other barriers to access that community leaders will be able to point out in their areas of a city. If a certain area has no nearby facilities and that appears to be a problem in the community, the hospital can use that knowledge to either plan for new branch locations or work with local organizations to build better transportation options for those needing care.

Finally, community leaders are attuned to cultural barriers that may prevent members of some underserved populations from seeking care. To break through these barriers, healthcare organizations and local leaders can work together to offer education programs around areas such as preventative care, diet & exercise, or acceptance of mental health services.

Patient Surveys

The next step in determining patient access needs is a quantitative survey given to both patients and members of the general population within a hospital system's local market, exploring all areas of the access model. The patient and general population surveys should be as similar as possible so that results can be directly compared.

One important component of a patient access survey involves asking respondents about actions they took when faced with healthcare scenarios ranging from a routine check-up to situations involving adverse changes in health. Respondents are asked about their satisfaction with the paths they took in these scenarios, and if they would have preferred a different path if faced with the same situation again. Differences between actual and preferred paths can be helpful to know, though respondents unfamiliar with the healthcare system may not be familiar with alternative paths and thus not be able to state a desire for these paths in a survey.

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A thorough measurement of healthcare behaviors and attitudes is the next step in the survey instrument. These questions should be asked in a scale format when possible, to enable later segmentation analysis. Key areas of questioning include:

- Chronic health conditions
- Health & lifestyle behaviors
- Barriers to access
- Relationship with, and influence of, a primary care physician
- Utilization of healthcare resources, including doctor visits
- Utilization of information sources for finding a healthcare provider
- Key demographics

A series of questions about chronic health conditions, along with information about diet and lifestyle, is important to gain a picture of patient risk. Whenever possible, survey results should be compared with available clinical information for patients who have participated in the survey.

Some conditions are likely to be under-reported in survey data, particularly those related to obesity and mental health. Usage of clinical information will strengthen results, and give a more concrete view of these types of metrics, as well as their utilization of the hospital system such primary doctor or emergency care visits.

It's still important to ask about perceptions of physical and mental health, particularly among the general population as no clinical data will be available for those not in a hospital system. A valuable tool is the [PROMIS Global Health](#) survey, which provides a battery of standardized questions on physical and mental health. Long and short forms for this survey are in place, but the shorter 10-question PROMIS survey is sufficient, and more practical for inserting into a larger survey. Results from PROMIS 10 questions can be standardized into composite scores for Global Physical Health and Global Mental Health. These scores can be used to measure the overall health of all respondents, or to compare smaller groups within the survey such patient vs. non-patients or key demographics.

Barriers to access are another important area of questioning in an access survey. There are numerous types of barriers, but financial concerns are top of mind for many. Even among those who feel they have adequate health insurance, many are concerned about the cost of co-pays and deductibles in their plans. This is especially true among those with lower incomes, but is also a concern to young families and to those who have a frequent need for healthcare services.

Another key barrier relates to convenience. Some value convenience to home while others consider proximity to their workplace more important, so both need to be considered in location planning. A related issue is finding convenient appointment times, so extended office hours are an attraction to those unable to visit a doctor during regular work hours.

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Cost and convenience concerns can be alleviated to a degree with alternative care options such as virtual or shared appointments, though many - particularly older patients - are still largely unwilling to consider these services. Older people are much more tied to the traditional in-person doctor visit, and generally have the strongest relationships with primary care providers.

Even among those preferring in-person visits, there is a growing desire for online interaction. This could include making appointments online rather than via phone, or having the ability to check medical records online. Receptiveness to online interaction is more popular with younger patients, but those under 65 years of age are generally more receptive to this.

Mobile apps are another online interaction option, most popular with those under 55 years of age. Members of ethnic minority groups - who are more likely to have a smartphone, but less likely to have a home internet connection - can gain better access to healthcare appointments and medical records through a mobile app. This [OJIN report](#) provides more details on mobile phone usage by ethnicity.

Patient Segmentation

So far, we have discussed several differences in responses and access needs based on demographics such as age, income and ethnicity. These are certainly important distinctions that can make the study actionable, but can be enhanced by segmentation techniques that consider patient attitudes across traditional demographic factors.

Segmentation analysis, described in more detail [here](#), separates consumers into mutually exclusive groups using advanced statistical methods including factor analysis and cluster analysis. These segments can provide new insights into patient access that transcend traditional reporting, and can be applied to a wide variety of healthcare outreach applications.

Segmentation is based on attitudes and behaviors as measured by the access survey. An initial factor analysis classifies these variables into closely related groups, from which representative questions can be taken as a basis for the next step - cluster analysis. The cluster analysis - typically the k-means method, is used to classify all respondents into exhaustive, mutually exclusive segments that are distinct from all other segments.

The researcher can attempt to create solutions with different numbers of segments to see which works best, but segmentation typically is most effective with 4 to 8 segments. Any less, and the groups will be too general to provide meaningful differences among the segments; any more, and the groups may be too small for business applications or for reliable follow-up analysis. Once the final segmentation solution is determined, profiles of each segment can be built to gain further insights into these unique groups of current & prospective patients.

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In addition to looking at the segmentation variables themselves, these profiles can consider demographics and other variables from the survey that were not used in the cluster analysis. Though demographics are typically not used to develop clusters, the segments invariably will show distinct differences by demographics. This occurs because attitudes and behaviors often differ greatly by age, gender, ethnicity and other individual characteristics. The actual and preferred pathways for patient scenarios presented earlier in the survey will also vary by segment.

When available at the respondent level, clinical information from patients can provide additional insights into the segments. Risk indicators (e.g. [Charlson score](#)), office visits, health conditions and treatment compliance can vary greatly by segment and can help guide segment-specific access strategies.

Once profiles are complete, the client organization can use these to determine appropriate target segments. Our experience shows that access segments differ greatly by need for treatment, relationships with care providers, and barriers to access. A healthcare system may wish to target members of segments who currently have the most treatment needs, while building long-term plans for those who are low-risk now, but may need care in the future.

More insights about the segments can be gained from subsequent research. The segmentation variables can serve as marker questions, which can be placed into a statistical algorithm identifying the segment membership of respondents to future surveys. This capability helps reduce the survey length of the initial study, and allows for flexibility in future questioning of target segment members. Potential follow-up surveys could include testing of new services or marketing communications, or anything else the client organization desires to know about their target segments.

Segments can also be applied to an organization's entire patient database - even those who have not completed the segmentation survey itself. This can be done by comparing responses from patients completing the survey with clinical information for those same patients. Advanced statistical techniques such as discriminant or decision tree analysis can then be used to apply a model identifying segment membership by clinical measures that exist for most patients.

Taking Action

The patient access study's applications for a healthcare organization and the local community are numerous. Results can help hospital systems tailor their services for the unique needs of individual patients, including members of under-represented populations who have not traditionally had ideal access to healthcare. Findings can also identify pain points of current services that can be corrected to ensure better patient access overall, and can be used to help create educational campaigns to help members of the community better address their own health needs. When segmentation is applied to a patient database, targeted educational materials can be sent to the appropriate audiences, further encouraging optimal access opportunities.

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About Gelb Consulting

Gelb supports market leaders to best focus their initiatives by fully addressing customer needs using advanced research techniques for insight and through proven strategic frameworks for action. Our collaborative approach results in trusted brands, exceptional experiences and winning marketing strategies. Our team of seasoned consultants have decades of experience serving in leadership positions in academic medical centers and other large healthcare organizations.

Our clients include many of the most recognized and well-regarded healthcare organizations in the country, with a focus on academic medical centers. Clients come to Gelb us for our depth of experience in clinical service lines (e.g., cancer, pediatrics, orthopedics, and emergency/urgent care) and hard to reach market segments (e.g., referring physicians, destination medicine prospects, and tertiary/quaternary care candidates).

Since 1965, we have tackled some of the most complex issues facing healthcare including:

		
Experience Management	Healthcare Marketing Strategy	Healthcare Business Strategy
Since the early 90s, we've been using this approach to organize insight development, strategy design, and experience monitoring.	Gelb has the experience to guide your strategic marketing efforts with well-executed marketing research and proven methods to design winning strategies.	Our team of former healthcare executives have executed strategic planning, transformation, and programs.
<ul style="list-style-type: none">• Patient Experience Management• Physician Experience Management• Donor Experience Management	<ul style="list-style-type: none">• Healthcare Growth Playbook• Health Brand Strategy• Digital Insights and Dashboards	<ul style="list-style-type: none">• Strategic Planning• Financial Analysis• Revenue Cycle Improvement• Operational Excellence• Organizational Transformation• Quality and Patient Safety• Executive Transition• Destination Medicine

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