



2011 Survey of Health Care Consumers
Global Report
Key Findings, Strategic Implications



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Foreword



In most countries, consumers are considered “patients” who lack the knowledge, skills, and resources to appropriately manage their health and reduce their financial exposure to health care costs. “Patients” tend to be disengaged and dependent on their traditional health care system; in contrast, “consumers” are actively involved in decisions about their care and associated costs – they take initiative in improving their health, seek and use information, consider different care options, and make choices that meet their preferences.

Three global trends suggest that health care system leaders should think of patients as consumers: clinical innovations are driving solutions to medical problems that enable consumers to take care of themselves; governments and employers face shrinking budgets even as health costs are soaring; and consumers are paying attention to health care as never before. This study offers a snapshot of how consumers view the performance of their respective health care systems as well as opportunities for improving the value proposition in each.

Notably, consumers’ recognition of high-performing health care systems is not related to how much is spent or the pervasiveness of the government’s structural and operational role. Instead, recognition is a result of a system’s meeting, or in some cases, exceeding consumer expectations.

It is our belief that policy makers and industry stakeholders must lead the transition from patient-oriented to consumer-directed health care. Innovating in system design, delivery, and financing offers tremendous opportunity to reduce system costs and improve quality of care. However, unless innovation is supported by consumers it likely will be difficult to achieve either of these goals.



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Introduction

The Deloitte Center for Health Solutions surveyed adults in 12 countries to gauge opinions and expectations about their health care systems. Across these countries there are many differences in health care systems' structures and operations as well as in the political and economic thrusts of national health care reforms. Citizens in each of these countries differ widely in their social, cultural, economic, and generational viewpoints; however, they are all end users of health care and hold strong views on the performance of their respective systems and what they expect to receive from health care. Survey respondents are interested in becoming more informed, engaged decision-makers in their health and health care – they are consumers, not patients.

Consumers' perceptions of health care system performance

Consumers' opinions about the performance and achievements of the 12 health care systems vary greatly. This is to be expected in a survey of this magnitude; however, there are also some surprising similarities among consumers. The three shared core beliefs are:

- “My health care system underperforms relative to what I believe about other systems. It has room for improvement.”
- “I do not fully understand my health care system. It is confusing and complex.”
- “I believe there is waste in health care spending in part due to such things as too much paperwork, and, also because people are not sufficiently responsible for their own health.”

There is strong consensus among consumers about such factors as the need for health care systems to focus more on wellness, not just medical management; to treat them as consumers rather than patients; and to address access, convenience, and wait times, which they universally grade as “failing.”

Among system problems consumers cite is perceived waste in health care expenditures, with the three leading causes being redundant paperwork, individuals not taking responsibility for their own health, and heroic, end-of-life measures.

Consumer engagement with the system

Consumers are actively engaged with their health care systems; for the most part, they utilize traditional medical

and hospital care and report high levels of satisfaction with these services consistently across countries. Consumers prefer to seek care locally but if cheaper and faster care can be obtained by traveling outside their local area or – for some – outside their country, then they will do so.

Some consumers dynamically manage their health but, on the whole, consumer adoption of an all-inclusive view of health care that incorporates alternative health care services, wellness programs, and so on, is low. Generally speaking, however, consumers are very interested in supporting their health by using products such as vitamins and supplements and, to a lesser extent, functional foods.

The consumer of the future

Consumers are interested in the opportunities that technology presents for health care information, management, and monitoring but have yet to fully incorporate its use as routine practice. Increasing household expenditures on health care and consequences of the global economic downturn have caused many to reconsider their spending on health care services and products. Many consumers are weighing their options: whether to see a doctor if sick or injured, to go without care, or to use non-traditional services such as walk-in/retail clinics or chemists/pharmacies for non-urgent care, particularly if they are cheaper and faster. Quality is a key driver of consumers' decisions to change providers and of their willingness to travel outside their local area for care.

Health reforms that consumers are seeking focus on resolving blockages they are experiencing: fixing wait times, improving access and convenience, and attending to quality. They identified a number of barriers primarily related to missing incentive systems, costs, or the availability of information or services that prevent them from taking a more active role as consumers and patients.

The consumer/patient of the future will have higher expectations regarding personal involvement and engagement with his or her own health care and expects providers to offer more personalized support and services to facilitate taking up that role. Consumers/patients are increasingly interested in actively participating and managing their own health through shared decision-making and becoming more educated and responsible.

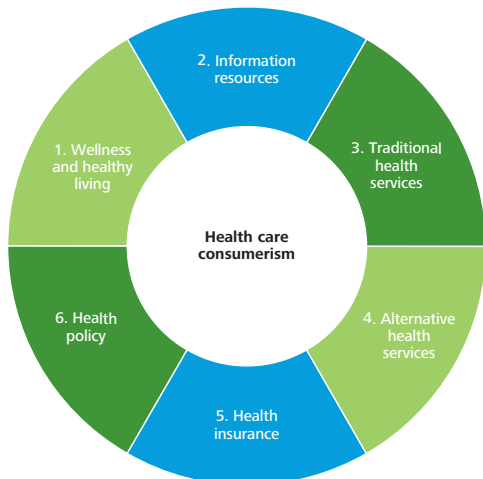
**Health care consumerism:
Conceptual framework for this study**

Conducted annually in the U.S. since 2008, Deloitte’s longitudinal study of health care consumers seeks to provide a comprehensive view of health care consumerism, a view that goes beyond the conventional boundaries of what health and health care are commonly thought to encompass. In addition to the traditional services that doctors and hospitals provide, the study’s framework takes into account the expanding spectrum of treatment alternatives, delivery settings, information sources, and programs that are coming into existence to promote wellness and self-care, address health needs, and finance health care.

Now in its fourth year in the U.S. and the second year for Canada, France, Germany, Switzerland, and the UK, the 2011 survey continues to build on previous years’ surveys by exploring consumers’ behaviors, attitudes, and unmet needs in six areas (Figure 1):

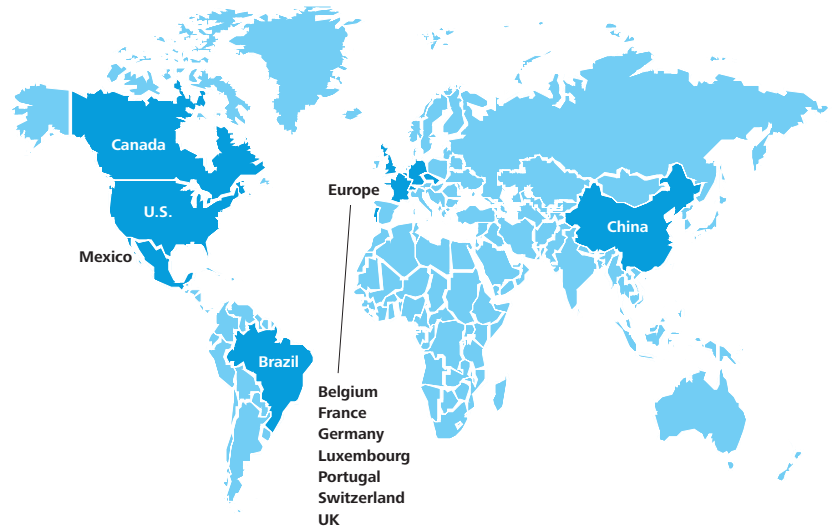
- Wellness and healthy living
- Information resources
- Traditional health services
- Alternative health services
- Health insurance
- Health policy

Figure 1: Zones of health care consumer activity



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Figure 2: 2011 surveyed countries



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This year, Deloitte surveyed health care consumers in Belgium, Brazil, Canada, China, France, Germany, Luxembourg, Mexico, Portugal, Switzerland, the UK, and the U.S. (Figure 2). This global report contrasts findings from all 12 countries. Separate country reports can be found at www.deloitte.com/us/2011consumerism

Survey methodology

Deloitte surveyed 15,735 health care consumers in Belgium, Brazil, Canada, China, France, Germany, Luxembourg, Mexico, Portugal, Switzerland, the UK, and the U.S. in April and May 2011. The sample was nationally representative of each country with respect to age and gender. The sample in the U.S. and Canadian surveys was further adjusted for income and geography.

A core set of common questions were asked in each country, supplemented by questions unique to each country’s health care system and consumer experience. Participants were asked about behaviors before attitudes within each topic area to reduce response bias.

Across all European and South American countries, the response margin of error is +/- 3.0% at a .95 confidence level. In Canada, the response margin of error is +/- 2.0% at a .95 confidence level and in the U.S. it is +/- 1.6% at a .95 confidence level. A

smaller cohort was surveyed in Luxembourg with a margin of error of +/-4.1% at a .90 confidence level. A convenience sampling approach was adopted in China that reflects the nation's online population, taking into account age and gender (Figure 3).

Figure 3: Survey methodology

Country	Sample Size	Questions Asked	Potential Follow-up Questions	Confidence Level @ .95	Language
Belgium	1,000	67	31	+/- 3.0%	Dutch, French
Brazil	1,000	56	29	+/- 3.0%	Portuguese
Canada	2,304	84	33	+/- 2.0%	English, French
China	1,000	67	31	Refer note*	Chinese
France	1,001	78	29	+/- 3.0%	French
Germany	1,000	67	27	+/- 3.0%	German
Luxembourg	430	69	30	+/- 4.1%**	French, Luxembourgish
Mexico	1,000	71	33	+/- 3.0%	Spanish
Portugal	1,000	67	29	+/- 3.0%	Portuguese
Switzerland	1,000	65	31	+/- 3.0%	German, French, English
UK	1,000	73	28	+/- 3.0%	English
U.S.	4,000	84	33	+/- 1.6%	English, Spanish

* A convenience sampling approach was adopted in China which reflects the nation's online population, taking into account age and gender.

**Luxembourg @ .90 confidence level.

Background: Twelve health care systems

Belgium covers close to 99 percent of its citizens under a mandatory public health insurance program, funded by a mix of employer and employee contributions, with subsidies for low-income residents and out-of-pocket spending caps for all. Seven health plans (one public, six private nonprofit) administer benefits; the plans are characterized by religious and political affiliations. Close to one-third of Belgians purchase supplemental insurance and some supplemental health plans operate for profit.

Brazil has a national health care system in which the government provides free services to all Brazilian citizens. Seventy-five percent of the population uses the public system exclusively to access health care. Funding is financed by public resources and contributions from beneficiaries. Brazil also has a private supplementary system comprised of health plans and insurance companies. Twenty-six percent of the population has private insurance coverage. The private system is financed by employers and/or individuals. Also, approximately two-thirds of hospitals are privately owned.

Canada has a national health care system, governed and delivered by each provincial jurisdiction. Provincial health insurance coverage is universal and portable across provinces. Three-quarters of the population have private supplemental health insurance, primarily through employers. Private spending for insurance, drugs, and out-of-pocket expenses totals 30 percent of the country's annual health care spending. Hospitals and regional health systems are not-for-profit corporations funded primarily by provincial governments, and physicians are paid through a mix of fee-for-service (FFS) and salary compensation. Financing for publicly funded services comes from provincial and federal taxes.

China introduced a national health reform blueprint in 2009. One key element of the plan is to develop a national health insurance system that will provide universal coverage for basic health care by the end of 2020. Reforms will target improvements to public health infrastructure, the medical care delivery system (particularly primary-level care), public health safety, the pharmaceutical system, and hospital reform by changing financing incentives. In 2008, China's health expenditures totaled 4.8 percent of the gross domestic product (GDP): government contributions comprised 49.9 percent and private 50.0 percent.¹ Economic disparities mean that wealthier households have greater access to health care and related technologies. Low-income and rural households face significant barriers to access affordable care and medicines. Traditional Chinese Medicine (TCM) is the preferred treatment option for many and is integrated into the national health care system and training for health care practitioners.

France has a statutory national health insurance system with compulsory, universal coverage for all French residents. Coverage is provided through health insurance funds, and participants are determined primarily by their occupation. Thirty chronic conditions, including diabetes, are fully covered. The system is financed mainly through social security contributions by employers and employees, taxes on alcohol and tobacco, and out-of-pocket payments. Physicians are organized into unions and the government pays on a fee-for-service basis, based on negotiated rates. The public sector operates nearly two-thirds of the country's acute-care hospital beds. Private hospitals are mostly profit-oriented and their funding is based on a FFS structure. Finally, 92 percent of the French population has voluntary private health insurance.

¹ WHO Western Pacific Region. Country Health Profiles – China. 2010 www.wpro.who.int/countries/chn/2010/national_health_priorities.htm

Germany, which has Europe's oldest universal health care system, currently covers close to 86 percent of its citizens under statutory health insurance plans that are mandatory up to a certain income level. Approximately 31 percent of the German population purchase private supplemental insurance and close to 11 percent of citizens have signed full private health insurance since their income is high enough to exempt them from statutory insurance requirements. A 2004 health care system reform law strengthened elements of competition for payer and provider organizations, increased cost-sharing for beneficiaries and altered the pharmaceutical package in an effort to control costs. In 2009, a new fee structure was introduced for physicians that replaced the old point-based fee for outpatient treatment. Since early 2000 per-case diagnostic related groups (DRGs) are the main instrument for reimbursing inpatient care. With the health care reform of 2010, the importance of Health Economic and Outcomes Research has further been strengthened in the German health care system and – in combination with additional rebates imposed by law – has contributed to relevant cost savings for pharmaceutical expenditures in 2010 and 2011.

Luxembourg has a centrally-run statutory insurance program. According to the Organisation for Economic Co-operation and Development (OECD) (2009 data estimate), the total public and primary private health insurance coverage in Luxembourg was 97.8 percent of the population. The system is financed by compulsory contributions from employees and employers (they represent about half of the health system financing) as well as by state contributions. Statutory insurance covers most necessary services, but a substantial portion of the population also purchases voluntary complementary insurance.

Mexico covers about 85 percent of its population with public insurance administered by three separate agencies. Private insurers target middle-class individuals not covered under public programs as well as individuals seeking supplemental insurance, and 19 percent of Mexicans use private health care services. Mexico's per-capita health spending is expected to grow 6 percent annually through to 2014, largely because of government efforts to ensure universal coverage by 2011. In 2009, 28 percent of Mexico's 4,394 hospitals were public, but had 69 percent of the country's total bed capacity (115,410 hospital beds).

Portugal covers citizens under the universal National Health System, occupation-based "health subsystems," and private voluntary health insurance. About 34 percent of health care costs are financed by private entities and citizens. The National Health System is funded mostly by general taxation (co-payments represent less than 1 percent), while subsystems and supplemental insurance operate on individual and employer contributions. Approximately 17 percent of the population is covered under a subsystem and 21 percent under a voluntary insurance plan. The health care sector represents about 10 percent of the country's GDP and almost 6 percent of the national budget, and recorded constant growth over the last decade. Since then, public health policies have reorganized primary care and health care for the elderly. Private health services have also increased, with a significant number of new hospitals and clinics offering specialized care.

Switzerland has a statutory national health insurance system with compulsory coverage for all Swiss residents. Individuals can purchase plans from a selection of approximately 70 competing private health insurance funds. Of the 7.8 million Swiss residents, 99 percent are covered by compulsory, public insurance; 70 percent of the population also has private insurance. The Swiss system is funded by premium payments, out-of-pocket payments by individuals, and government contributions. All residents and dependents are required to have coverage unless they have insurance in another European Union (EU) member country.

The **United Kingdom** has a national health care system that provides free services to all UK citizens. Coverage is universal and managed by the government; 10 percent of the UK population also has private insurance. Most hospitals are owned by the government. Physicians are paid a salary by the government and fees from private insurance. The UK system is funded mainly by general taxation and national insurance contributions. The majority of financing comes from business and personal taxation.

The **United States** covers most individuals through employer-based private health care insurance. Almost all citizens over age 65 are covered under Medicare, a public entitlement program with limited beneficiary contributions. In 2009, national health care expenditures reached \$8,086 per capita, or 17.6 percent GDP – one of the highest rates of health care spending in the world (Figure 4). That same year, approximately 50 million Americans under age 65 lacked health insurance. The 2010 Affordable Care Act (ACA) aims to change the structure of the U.S. health care system with a large package of reforms. The law's provisions are expected to cover an additional 32 million citizens when fully implemented. Among ACA's mandates, employers with at least 50 employees will be required to offer health insurance to full-time employees in 2014, and most individuals will face a penalty if they do not obtain insurance.

Figure 4: Health care spending, by country

	Health Care Expenditures as Percent of GDP	Per-capita Spending (\$USD)	Public Expenditure on Health, Percent of Total
Belgium	11.0%	\$3,995 [^]	27.9%
Brazil	8.4%	\$606 [*]	79.9%
Canada	10.4%	\$4,079 [^]	70.2%
China	4.7%	\$108 [*]	67.9%
France	11.4%	\$3,696 [^]	77.8%
Germany	10.9%	\$3,737 [^]	76.8%
Luxembourg	6.8% [^]	\$4,237 [^]	84.1% [^]
Mexico	6.4%	\$852 [^]	46.9%
Portugal	10% [*]	\$2,108 [*]	70.6% [*]
Switzerland	11.2%	\$4,627 [^]	59.1%
UK	10.1%	\$3,129 [^]	82.6%
U.S.	17.6% [†]	\$8,086 ^{††}	46.5%

Source: Deloitte Health Care Profile Reports (2009 data)

[^]Source: OECD Health Data 2010, based on 2008 data

^{*}Source: WHO World Health Statistics 2010, based on 2007 data

[†]Source: Martin, Anne., *et al* *Recession Contributes To Slowest Annual Rate Of Increase In Health Spending In Five Decades*. Health Affairs 30, No. 1 (2011): 11-22

^{††}The *Deloitte Hidden Costs of Health Care Study*, March 2011, found that U.S. health care costs could be 14.7% higher than those captured in the National Health Expenditure Accounts once unrecognized expenditures borne by consumers are taken into consideration.

Survey highlights

Theme 1: Consumer perceptions of health care system performance

Understanding of their systems is low; opinions vary widely about overall performance.

- Consumers grade the overall performance of their health care systems very differently (Figure 5). The systems in Luxembourg (69%), Belgium (57%), Switzerland (52%), France (51%), and Canada (50%) all earn an “A” (excellent) or “B” (very good) grade from over half of consumers in those countries. Less than a quarter (22%) of U.S. consumers, 18% of Portuguese, 15% of Mexican, and 8% of Brazilian consumers grade their country’s health care systems as “A” or “B.”
- Conversely, 57% of consumers in Brazil, 44% in Mexico, 37% in the U.S. and 33% of consumers in Portugal give their health care system’s performance a failing grade (“D” or “F”) (Figure 6).
- Most consumers do not have a strong understanding of how their health care system works. Consistently across countries (with the exception of Portugal [17%],

Luxembourg [16%], and Mexico [39%]), between one-quarter and one-third of consumers feel they understand the system well (Figure 5).

- Satisfaction with the performance of the health care system varies from 41% of Belgian consumers who are very satisfied to 13% of Portuguese and 7% of Brazilian consumers who felt similarly. In most other countries, the number of those who feel very satisfied with system performance varies between 2 in 10 and 3 in 10 consumers (Figure 7).
- Many consumers see their health care systems as wasteful (Figure 8), with redundant paperwork, individuals not taking responsibility for their own health, and heroic, end-of-life measures being the three leading causes of wasteful expenditures (Figure 9).
- Health care systems are considered wasteful in most countries; most consumers associate waste with administrative processes and lack of personal accountability for healthy lifestyles rather than over-utilization of health care services.

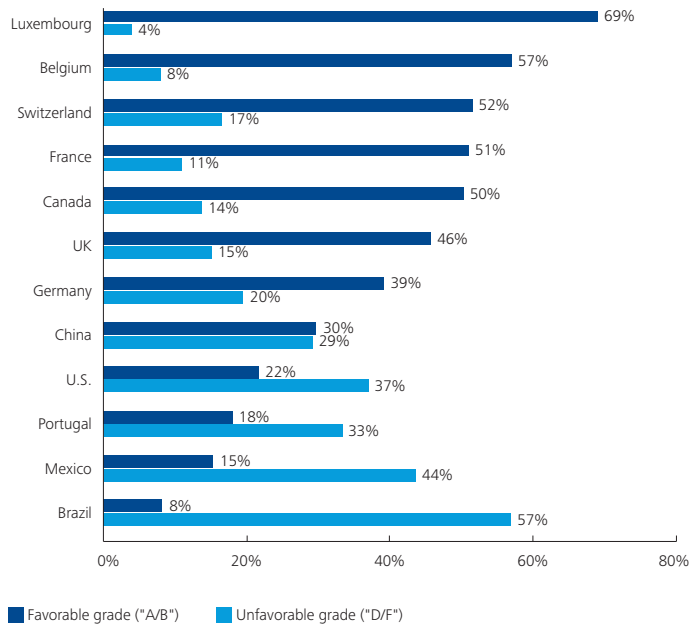
Figure 5: Overall health care system performance

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who give the health care system a grade of “A” or “B”	57%	8%	50%	30%	51%	39%	69%	15%	18%	52%	46%	22%
Percent who feel they have a good understanding of how the health care system works	27%	32%	33%	34%	31%	23%	16%	39%	17%	23%	34%	24%
Percent who are satisfied with the performance of the health care system	41%	7%	32%	21%	33%	23%	28%	19%	13%	37%	34%	16%
Percent who believe that 50% or more of health care system spending is wasted	36%	Not asked	35%	Not asked	37%	25%	10%*	65%	50%	40%	32%	51%

* Luxembourg asked respondents “What percentage of expenditure potentially could be saved?”

Figure 6: Grading scale of system performance

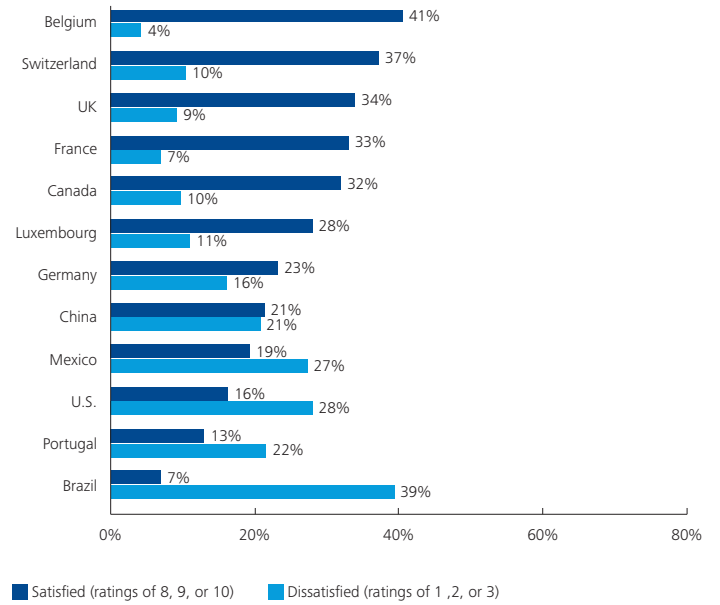
Using a typical report card scale with grades of A, B, C, D, and F, how would you grade the overall performance of the country's health care system?



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Figure 7: Satisfaction with system performance

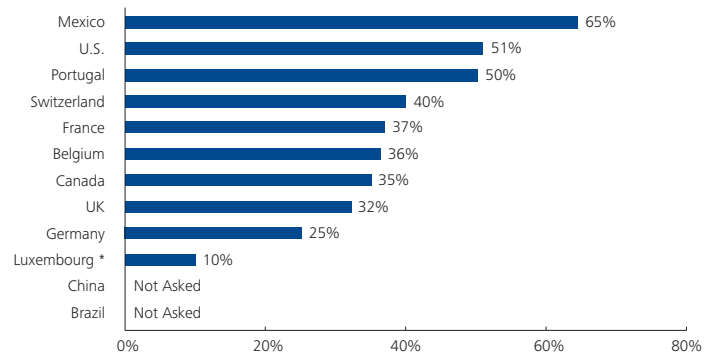
How satisfied are you with the performance of your country's health care system?



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Figure 8: Money spent on health care that is wasted

Percent of people who feel that 50% or more of the total money spent on health care is wasted.



*Luxembourg respondents were asked "what percentage of expenditure could potentially be saved?"

Believe 50% or more of health care spending is wasted

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Figure 9: Consumer-identified causes of wasted spending in health care system

Causes of wasted spending* (represents a rating of 8, 9, or 10 on a 10-point scale, with 10 being "wastes the most money" and 1 being "wastes the least money")	Rated #1 most wasteful	Rated #2 most wasteful	Rated #3 most wasteful	Rated #4 most wasteful	Rated #5 most wasteful
Redundant paperwork in the system	Portugal (67%) Germany (65%) Mexico (64%)** U.S. (55%) France (53%) Switzerland (52%) Belgium (45%) Luxembourg (31%)	UK (53%) Canada (42%)			
Individuals not taking enough responsibility for their own health	Canada (54%) UK (54%)	U.S. (49%) Germany (46%) Mexico (45%) Switzerland (44%) France (42%) Portugal (32%) Luxembourg (29%)	Belgium (28%)		
At the end of life, extreme measures taken to extend life for a short period of time instead of making the person comfortable with things such as pain relief and palliative care		Belgium (33%)	France (41%) Switzerland (41%) Canada (30%) UK (25%) Portugal (24%)	Germany (35%) Mexico (28%) Luxembourg (19%)	U.S. (35%)
Performing tests or procedures that are unnecessary instead of following the most direct, evidence-based approach			Germany (41%) Mexico (36%) Luxembourg (21%)	U.S. (40%) Switzerland (34%)^ Belgium (27%) France (24%) Portugal (24%) Canada (21%)	UK (18%)
Defensive medicine (e.g., physicians doing tests and treatments because if they don't, they fear being sued)			U.S. (46%)	Mexico (28%) UK (23%)	Belgium (24%) Switzerland (24%) Canada (21%) Germany (20%) France (19%) Portugal (19%) Luxembourg (9%)

*Not asked in Brazil or China in 2011.

** Mexico asked additional question, "Mismanagement and/or corruption," which attracted the #1 response of 82%.

^ Switzerland asked an additional question, "Inherent inefficiency in the system due to legal constraints," which attracted the #5 response of 31%.

Brazilians, Mexicans, Portuguese, and Chinese consumers are the most critical of their health care systems.

- Half of consumers in France (55%) and Luxembourg (52%) and around 4 in 10 consumers in Belgium (42%), Canada (41%), Germany (46%), Switzerland (46%), and the UK (39%) feel that their health care system is superior to most other systems. Similarly, around 4 in 10 consumers in Belgium (44%), Canada (38%), Germany (42%), Luxembourg (42%), the U.S. (37%), and more than half in Switzerland (57%) believed that the quality of care in their country’s health care system is comparable to the best in the world. This is in stark contrast to consumers in Brazil, Mexico, Portugal, and China, where around 1 in 10 feels similarly about the performance and quality of their country’s health care system (Figure 10).
- Consumers are uniformly negative in their judgment about the success of respective governments in balancing priorities in their health care systems, with less than 1 in 5 consumers in all countries agreeing with the proposition that “government is doing a good job balancing priorities in the health care system” (Figure 10).
- Opinions about increased privatization as a vehicle by which health care system performance could be improved are mixed (Figure 10).
- Consumers believe that it is possible to simultaneously improve quality and decrease costs in the health care system (Figure 10). This belief ranges from around 4 in 10 consumers in Luxembourg (35%), Belgium (43%), Canada (48%), China (42%), Portugal (41%), France (42%), and the UK (41%); to around half of consumers in Brazil (56%), Switzerland (50%), and the U.S. (55%); to 6 in 10 consumers in Germany (62%) and Mexico (69%).

Figure 10: Consumers’ views on system performance

Percent who agreed with the statement*	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who feel the health care system of their country works better than most systems in the world	42%	6%	41%	13%	55%	46%	52%	8%	10%	46%	39%	24%
Percent who believe that the quality of care in their country’s health care system is comparable to the best in the world	44%	4%	38%	13%	50%	42%	42%	9%	13%	57%	31%	37%
Percent who feel physicians and hospitals in their country’s health care system have access to latest technologies and treatments	44%	16%	38%	24%	49%	50%	31%	28%	21%	65%	31%	58%
Percent who feel the government does a good job balancing priorities in their country’s health care system	16%	4%	15%	18%	9%	9%	12%	9%	8%	13%	11%	9%
Percent who feel increased privatization would improve their country’s health care systems performance	12%	22%	22%	31%	11%	16%	8%	42%	14%	12%	17%	23%
Percent who feel it is possible to improve quality and reduce costs simultaneously in their country’s current system of care	43%	56%	48%	42%	42%	62%	35%	69%	41%	50%	41%	55%

* Rated as either 8, 9, or 10 on a 10-point scale with 10 being “totally agree” and 1 being “totally disagree.”

Theme 2: Consumer engagement with the health care system

Utilization of health care is high: the majority of consumers have regular contact with providers, although in Brazil, China, and Portugal, use of hospital emergency care is high.

- Between 7 in 10 and 9 in 10 consumers have a doctor or other health care professional they consider to be their primary care provider, with the exception of those in Brazil (45%). Levels of satisfaction with this service are uniformly high. However, of consumers who say they switched physicians last year, the primary reason was dissatisfaction with the quality of care provided by their doctor (Figure 11).
- Between 5 in 10 and 6 in 10 consumers say they sought care from a physician or medical professional when ill or injured in the past year, with the exception of consumers in Portugal (43%) (Figure 11).
- Many consumers regularly take prescription medications. Use ranges from 33% in China to 57% in the U.S.. Chinese consumers report the highest use of over-the-counter (OTC) medications (42%). Use of these products in other countries ranges from 11% in the UK to 36% in the U.S. (Figure 11).
- Between 3 in 10 and 4 in 10 consumers feel well-insured (with respect to all types of insurance held), with the exception of those in Portugal (17%), Brazil (23%), Mexico (27%), and China (28%). (Figure 11).

Figure 11: Health care utilization

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who have a doctor or other health care professional who functions as primary care provider	89%	45%	84%	Not asked	86%	89%	91%	75%	71%	85%	84%	82%
Percent satisfied with their primary care physician	76%	76%	75%	Not asked	72%	71%	74%	83%	61%	74%	69%	73%
Of those who switched doctors in the past year, percent who switched due to dissatisfaction with the quality of care provided	32%	49%	43%	Not asked	46%	58%	54%	45%	30%	48%	24%	38%
Percent who had visited a doctor/medical professional for an illness or injury in the past year	60%	49%	52%	57%	58%	60%	55%	61%	43%	51%	57%	54%
Percent taking prescription medications	54%	40%	50%	33%	56%	49%	45%	36%	42%	39%	43%	57%
Percent using over-the-counter medications	27%	15%	27%	42%	18%	27%	19%	27%	16%	18%	11%	36%
Percent who feel "well-covered" with their insurance coverage (with respect to all types if insurance held)	42%	23%	37%	28%	37%	35%	42%	27%	17%	38%	32%	35%

- Between one-third and one-half of consumers say they used a hospital service in the past year (either as an in-patient, outpatient, or using the emergency room [ER]). Consumers in Brazil (61%) and China (68%) report using hospital services more than consumers in other countries. Satisfaction levels are uniformly high, with the exception of consumers in China (49%) (Figure 12).
- The use of specific hospital services varies greatly, with Brazil (44%), China (31%), and Portugal (29%) using ER care and China (52%) using ambulatory care services more than consumers in other countries (Figure 12).

Figure 12: Use of hospital services

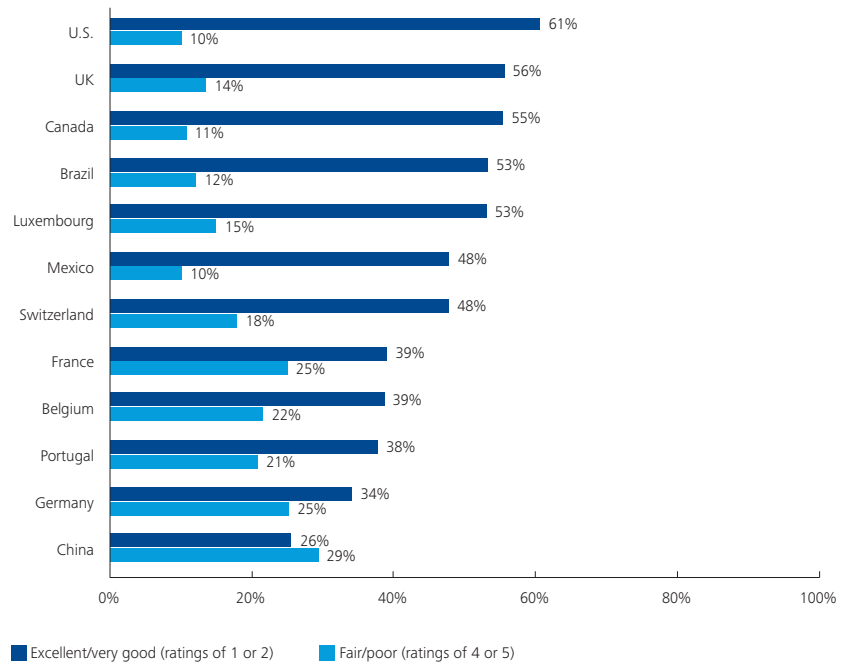
	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who used hospital service (in-patient, ER, outpatient) in the past year*	45%	61%	38%	68%	36%	31%	48%	35%	48%	32%	41%	39%
• percent who used ambulatory care	28%	29%	26%	52%	24%	14%	31%	14%	25%	19%	31%	27%
• percent who used ER care	18%	44%	17%	31%	14%	12%	23%	22%	29%	14%	13%	17%
• percent who stayed overnight	14%	14%	7%	12%	12%	14%	11%	11%	8%	12%	9%	8%
Of those who had used a hospital service in the past year, percent satisfied with their hospital experience	68%	57%	78%	49%	67%	69%	59%	72%	58%	71%	67%	77%

*Respondent could select more than one response from in-patient, ER, outpatient options (percentages are based on all respondents).

Consumers believe themselves to be in good health but over half have a chronic condition.

- Having “excellent” or “very good” health is self-rated by over half of consumers in the U.S. (61%), the UK (56%), Canada (55%), Luxembourg (53%), and Brazil (53%) and slightly less than half in Switzerland (48%) and Mexico (48%) (Figure 13).
- Around half of consumers in most countries say they have been diagnosed with one or more chronic conditions by a doctor or other medical professional (ranging from 40% in Mexico to 55% in Germany and in the U.S.) (Figure 14).
- Participation in healthy living/wellness programs offered by employers, health plans, hospitals, and other types of organizations is consistently low across countries with the exception of Mexico (33%) and China, where 47% indicate that they participated in such a program in the past year (Figure 14). In all countries, very few consumers used a personal trainer to improve their health in the previous year.
- The majority of consumers say they participated in preventive care in the past year, including imaging and screening examinations, and tests, and influenza vaccinations (Figure 15). Around half of consumers in Belgium (57%), China (56%), Mexico (59%), the UK (58%), France (54%), and Switzerland (49%) say they had a routine check-up in the past year. Two-thirds or more have done so in Canada (77%), Germany (77%), the U.S. (76%), Brazil (67%), Luxembourg (65%), and Portugal (65%).

Figure 13: Consumer self-rated overall health status
In general, how would you rate your overall health?



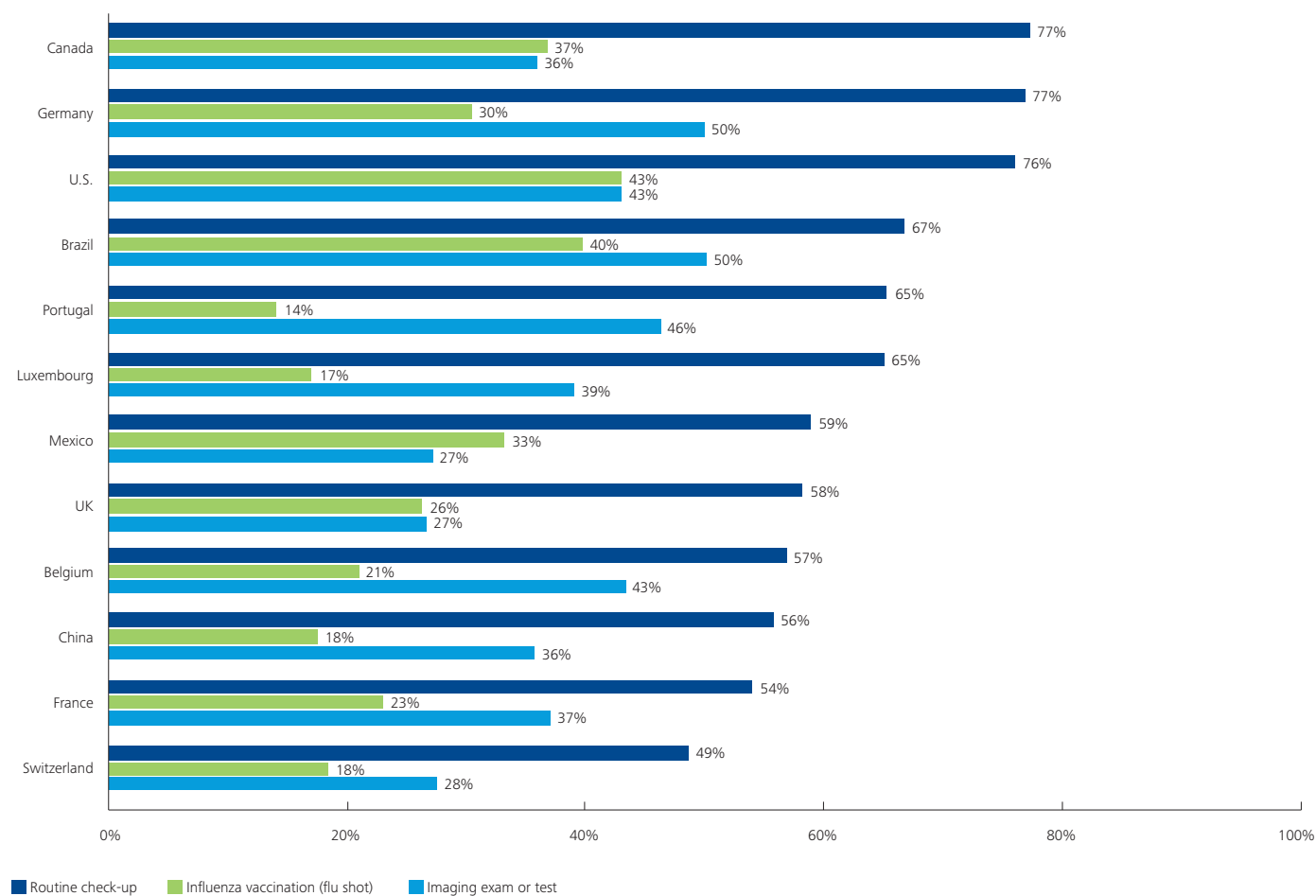
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Figure 14: Percent diagnosed with chronic conditions and percent who participated in wellness programs

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent diagnosed by a doctor or other medical professional with one or more chronic conditions	52%	46%	52%	41%	50%	55%	45%	40%	51%	42%	41%	55%
Percent who participated in a healthy living or wellness program in the past year	12%	23%	16%	47%	9%	16%	8%	33%	9%	9%	11%	25%

Figure 15: Preventive services undertaken in the past 12 months

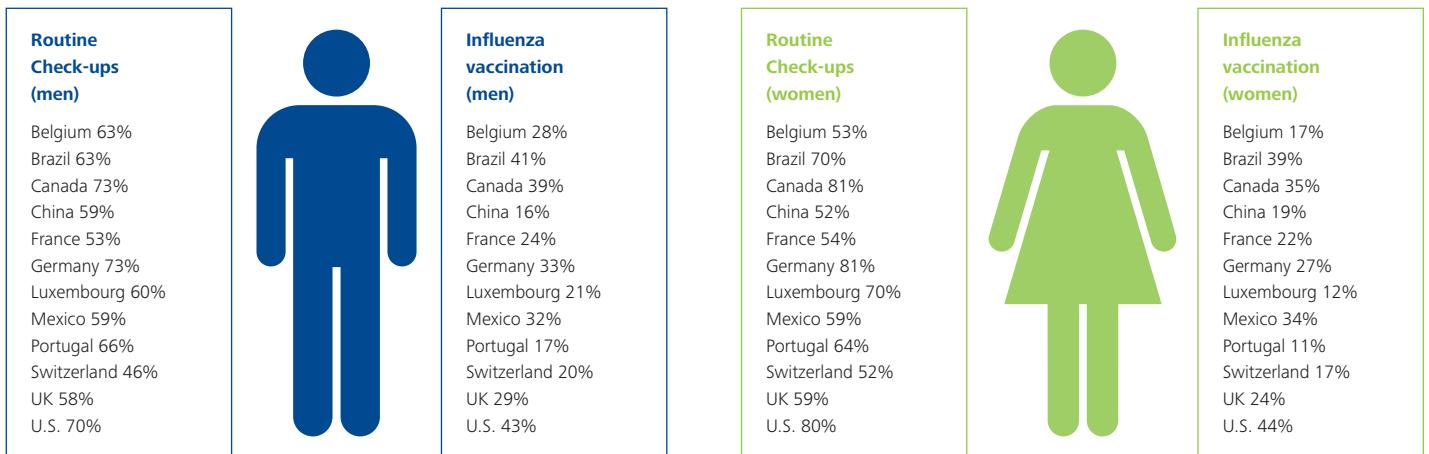
Have you received any of these health services in the last 12 months?



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- In gender comparisons, the percentage of consumers who say they had a check-up in the past year varies from a low of 46% for men in Switzerland and 52% for women in Switzerland and China to a high of 73% for men and 81% for women in Germany and Canada. The percentage of those who say they had a “flu shot” varies from a low of 16% for men in China and 11% for women in Portugal to a high of 43% of men and 44% of women in the U.S. (Figure 16).

Figure 16: Check-ups and influenza vaccinations by gender

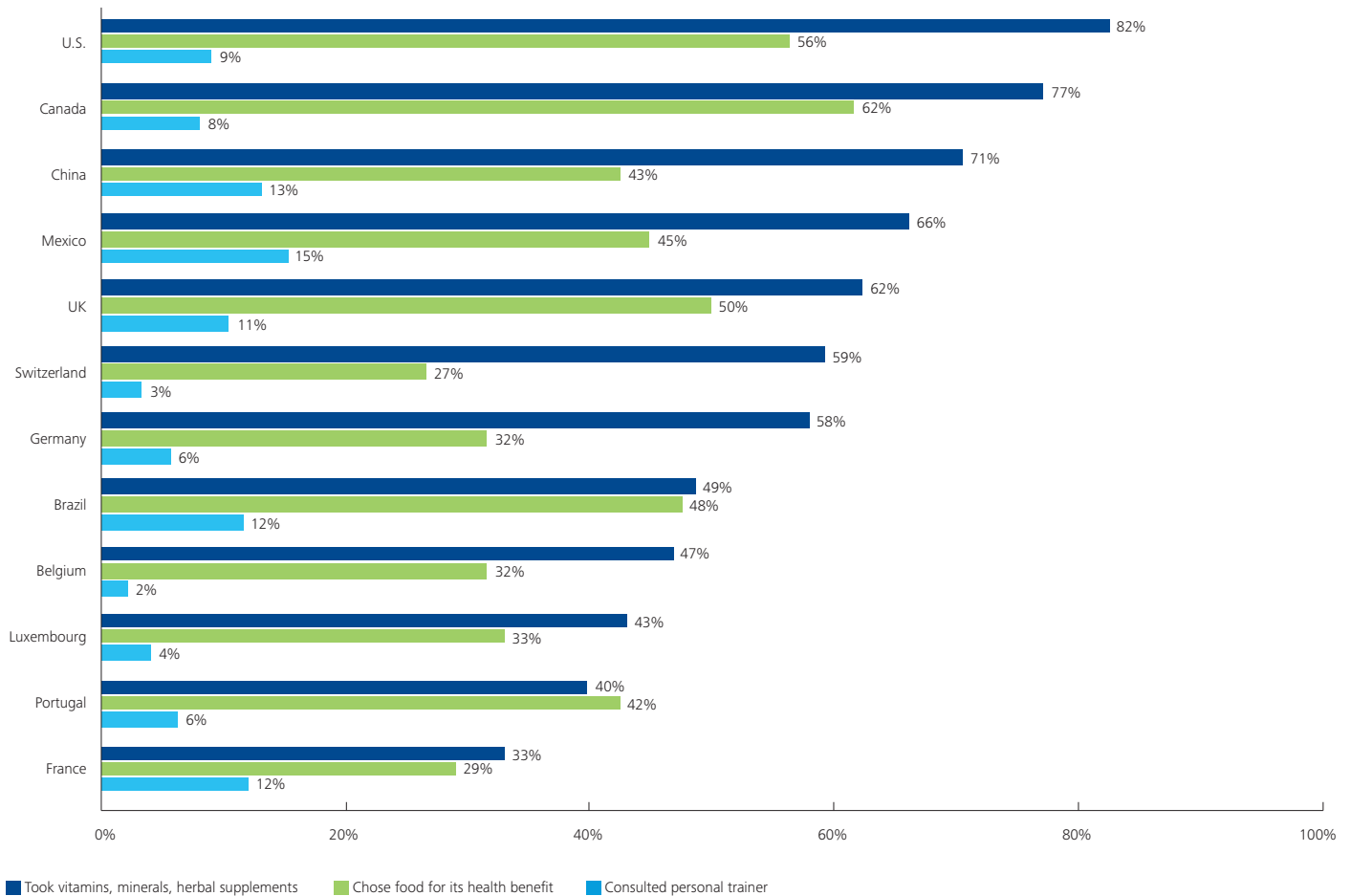


Use of vitamins and healthier food choices is high.

- Consumers' use of vitamins and supplements and interest in functional foods chosen specifically for perceived health benefits is relatively high (Figure 17). Consumption of these products is particularly high in the U.S. (82%), Canada (77%), China (71%), Mexico (66%), and the UK (62%).
- Functional foods are specifically chosen by over half of Canadian (62%), U.S. (56%), and UK (50%) consumers for their health benefits. German (32%), Belgian (32%), and Swiss (27%) consumers are less interested.

Figure 17: Use of vitamins and functional foods for health purposes

Which of the following have you done in the last 12 months?



Theme 3: The health care consumer of the future

Most consumers shop or bank online (Figure 18) but few use online services for information on health care/ treatments/conditions or costs; or for exchange of information with providers, insurers or with other consumers regarding their health care experiences.

Figure 18: Percent who used the Internet in the past year for online banking or to purchase travel or merchandise

Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
93%	93%	100%	95%	90%	96%	95%	88%	89%	94%	99%	96%

Use of technologies to improve access to helpful information or providers is low but receptivity is high.

- Interest varies by generation and country in using a smart phone or PDA to monitor their health if they are able to access medical records and download information about their medical condition and treatments. Consumers in Brazil (43%), China (47%), and Mexico (50%) are very likely to use their phones for health care monitoring. Consumers in France (65%), Germany (64%), and Belgium (63%) are not at all likely to use their phones or PDAs for this purpose (Figure 19).
- Use of social networking sites for health care purposes was consistently low ranging from 4% in France to 32% in Mexico. China was the exception with 63% (Figure 19). Use of social networking was primarily for sharing personal health care experiences or for seeking information on pharmaceutical products.
- Less than 1 in 5 consumers maintains a personal health record (PHR), with the exception of consumers in China, where around 1 in 3 have such a record (Figure 19).
- Around half of consumers look online for treatment information. The practice ranges from 26% in Belgium to 54% in Canada (Figure 19).
- Consumers are highly interested in using a medical device that would enable them to check their condition and send information to their doctor electronically through a computer or cell phone via the Internet. Interest ranges from a low of 46% of consumers in Belgium to 79% of consumers in Mexico (Figure 20).

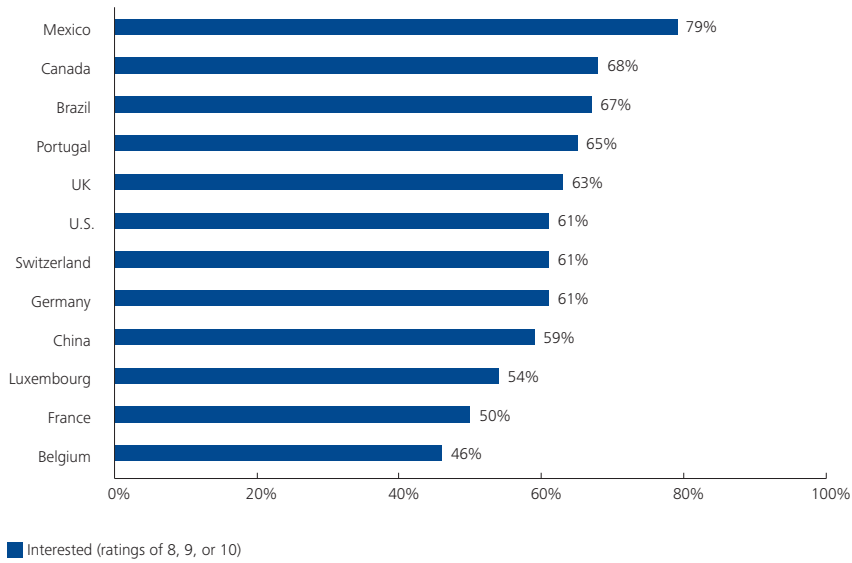
Figure 19: Consumers' health care-related technology use

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent "very likely" to use cell phone PDA to monitor personal health	11%	43%	15%	47%	10%	10%	33%	50%	35%	17%	16%	19%
Percent "not at all" likely to use cell phone or PDA to monitor personal health	63%	13%	57%	6%	65%	64%	33%	11%	25%	51%	54%	48%
Percent who used social networking sites for health related purposes in the past year*	7%	31%	10%	63%	4%	10%	9%	32%	11%	7%	7%	11%
Percent who maintain a personal health/medical record (PHR) using a computer program or website	16%	16%	7%	31%	6%	11%	Not asked	19%	10%	5%	5%	11%
Percent who looked online for treatment options or a particular treatment	26%	41%	54%	45%	35%	34%	40%	43%	32%	32%	41%	43%
Percent who compared available treatment options for a particular health condition/problem	10%	20%	24%	22%	15%	18%	15%	21%	15%	14%	16%	18%

*In China asked "like Kaixinwang or Weibo."

Figure 20: Interest in medical devices

If you have or were to develop a health condition that needs to be checked regularly, how interested would you be in using a medical device that would enable you to check your condition and send information to your doctor electronically through a computer or cell phone via the Internet?



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Complementary and alternative medicine: use of non-western methods of care is relatively low.

- Consistently across all countries, around 1 in 5 consumers integrates alternative therapies with conventional care (Figure 21). In China, close to half (42%) of consumers say they consulted an alternative care practitioner or advisor in the previous year.
- Use by prescription medication users of alternative and/or natural therapies in addition to a prescription medication varies between 10% and 20% of consumers, with the exception of Mexico (33%) and China (44%). Around 1 in 10 reports substituting an alternative treatment approach or therapy for a prescription medication. China is the exception, with 1 in 3 reporting substituting an alternative approach (Figure 21).

Figure 21: Use of complementary and alternative medicine

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who treated a health problem with an alternative approach or natural therapy (e.g., acupuncture, chiropractic, homeopathic, naturopathic, bio-electric therapies) in the past year	15%	23%	26%	31%	19%	24%	22%	21%	11%	25%	12%	18%
Percent who consulted an herbalist, homeopath, chiropractor, or other alternative health care practitioner or advisor in the past year (Heilpraktiker in Germany)	14%	11%	19%	42%	17%	7%	20%	19%	14%	18%	10%	13%
Percent of prescription medication users who used an alternative treatment approach or natural therapy in addition to a prescribed medication in the past year	10%	25%	16%	44%	12%	15%	16%	33%	9%	17%	11%	18%
Percent of prescription medication users who substituted an alternative treatment approach or natural therapy for a prescribed medication in the past year	4%	15%	6%	34%	3%	8%	7%	13%	7%	9%	4%	9%

Retail medicine

- Participating countries in this study have many different styles of medical delivery systems. The concept of retail medicine is more developed in some countries and close to non-existent in others. In countries that have a retail medicine sector (such as pharmacies/chemists that give advice, retail clinics, walk-in centers, and so on) over half of consumers in Belgium (50%), China (51%), and Portugal (51%) say that they had used a walk-in or retail setting for non-urgent care in the previous year. Consumers in France (40%), Canada (32%), Mexico (32%), the UK (22%), Brazil (21%), the U.S. (19%), and Switzerland (16%) also said they used these services in the past year.
- Consumers' interest in using non-traditional venues for non-urgent care was dependent upon the types of services available in each country (Figure 22).

Figure 22: If consumers needed non-urgent care then they would consider going to:

Country*	
Belgium	House doctor (53%); Chemist (43%), Do nothing (22%)
Brazil	Attend ER (57%); Travel outside local area if doctor recommended it (49%); Pharmacy or other convenience service (if faster care) (43%)
Canada	Walk-in clinic if could be seen immediately (42%); Travel outside local area if doctor recommended it (38%); Walk-in clinic located in a pharmacy, grocery store, or other retail setting instead of going to a walk-in clinic in a designated medical building (28%)
China	Walk-in clinic (pharmacy/grocery store/other retail if faster care) (70%); Public hospital where most cost covered by social benefit (67%); Attend ER (44%);
France	Pharmacy or other convenience service (if faster care) (51%); Travel outside local area if doctor recommended it (42%); Attend ER (25%)
Germany	Travel outside local area if doctor recommended it (47%); Attend ER (40%); Pharmacy or other convenience service (if cheaper) (39%)
Luxembourg	Travel outside local area if doctor recommended it (47%); Attend ER (37%); Attend doctor's room even if it meant a long wait (31%)
Mexico	Pay out-of-pocket (58%); Pharmacy or other service (if faster care) (54%); Attend ER (40%)
Portugal	Travel outside local area if doctor recommended it (56%); Attend ER (53%); Pharmacy or other convenience service (if faster care) (49%)
Switzerland	Walk-in clinic (pharmacy/railway station/other retail (if faster care) (46%); Travel outside local area if doctor recommended it (41%); Attend ER (29%)
UK	NHS walk-in centre (54%); Travel outside local area if doctor recommended it (51%); ER (34%)
U.S.	Travel outside local area if doctor recommended it (40%); walk-in clinic (if cheaper) (37%); walk-in clinic (if faster care) (34%); Attend ER (29%)

* Response options were customized by country

Travel for care

- Consumers stay local for their health care needs. With the exception of Luxembourg (48%), between 1 in 10 and 3 in 10 consumers say they traveled outside of their local areas for care in the preceding 12 months; a very small number say they had traveled outside of their home country for medical care (Figure 23).

Figure 23: Traveling for care

	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who had traveled outside their local area to consult with a doctor, undergo a medical test or procedure, or receive treatment in the past year	14%	15%	8%	32%	13%	23%	48%	13%	24%	10%	7%	9%
Percent who had traveled outside their country to consult with a doctor, undergo a medical test or procedure, or receive treatment in the past year	2%	2%	2%	8%	<1%	5%	8%	3%	<1%	7%	2%	1%

- Consumers definitely prefer to receive care locally; however, a great many express a willingness to travel further afield for both necessary and elective care if it meant faster and better care (Figures 24 and 25).
- Perceived superiority of quality, facilities/technology, and medical specialization are consistently identified across all countries as reasons to travel outside the home country for both necessary care and elective care. Superior quality of the medical care and treatment is consistently rated across all countries by three-quarters or more of consumers as the primary reason why they would travel for care for both necessary and elective care. Cost is a contributing factor for U.S. consumers with respect to necessary care, and for Swiss and U.S. consumers with respect to elective care. Canadian consumers identify wait times as a consideration in relation to necessary care.

Figure 24: Necessary care – willingness to travel in order to get better or faster care

If you needed necessary hospital care or treatment (e.g., joint replacement, heart surgery), how likely would you be to:*	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who would “definitely” go to a local hospital that is not the one nearest to home because it offers better care or faster access to services	49%	66%	57%	50%	61%	57%	Not asked	56%	59%	46%	59%	54%
Percent who would “definitely” go to a hospital that is outside of their local town/city (e.g. in a major city, or different city), which is known to provide better quality care or faster access to services	53%	53%	43%	47%	66%	48%	65%	41%	53%	46%	50%	39%
Percent willing to travel outside of the home country to have a necessary care procedure	12%	18%	9%	14%	5%	4%	31%	19%	15%	9%	5%	3%

*Three-point scale of “definitely,” “maybe,” “highly unlikely.”

Figure 25: Elective care – willingness to travel in order to get better or faster care

If you decided to undertake some elective (i.e., you choose to have it) hospital care or treatment (e.g., cosmetic surgery, dental treatments), how likely would you be to:*	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Percent who would “definitely” go to a local hospital that is not the one nearest to home because it offers better care or faster access to services	35%	56%	41%	44%	50%	41%	Not asked	51%	40%	34%	46%	44%
Percent who would “definitely” go to a hospital that is outside of their local town/city (e.g., in a major city, or different city), which is known to provide better quality care or faster access to services	34%	37%	27%	37%	50%	32%	45%	30%	32%	31%	38%	32%
Percent “definitely” willing to travel outside of the home country to have an elective procedure	7%	13%	7%	14%	7%	6%	24%	15%	7%	13%	7%	3%

*Three-point scale of “definitely,” “maybe,” “highly unlikely.”

Barriers faced by consumers

1. Trustworthiness of health information

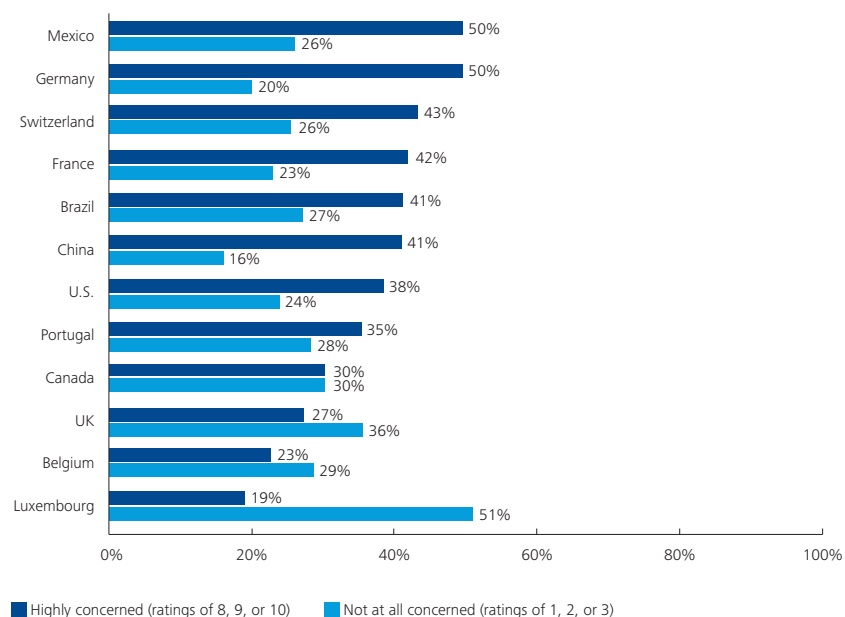
- In seeking information about the effectiveness and safety of treatment options, and also for cost information, consumers in all countries consider academic medical centers and medical associations/societies as their most trusted sources of information (Figure 26). Sources least trusted include manufacturers, employers, insurers, and government agencies. The Internet is not well-regarded as a trustworthy source of information by most consumers in most countries.
- Consumers are concerned that an Internet-based PHR might put privacy and security of personal health or medical information at risk (Figure 27). The degree of concern ranges from a low of 19% in Luxembourg, 23% in Belgium, and 27% in the UK; to 30% in Canada, 35% in Portugal, 38% in the U.S.; to 41% in both Brazil and in China, 42% in France, 43% in Switzerland; to 50% in Germany and Mexico.

Figure 26: Trusted source of information on effective and safe treatments – Academic medical center compared with health-related websites (e.g., WebMD) and the Internet

If you wanted information about the most effective and safe treatment(s) for a certain health condition, how much trust would you have in "third-party" sources to provide reliable information?	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Academic medical centers	49%	47%	53%	53%	42%	52%	34%*	59%	46%	54%	46%	47%
Independent, health-related websites (e.g., WebMD)	7%	17%	17%	Not asked	6%	15%	7%	31%	14%	17%	15%	27%
The Internet - such as Google, Wikipedia. (China survey asked "The Internet - such as Baidu, Google, Baidu Wenku")	6%	21%	Not asked	38%	6%	12%	7%	29%	9%	12%	11%	15%

* "Hospitals" in Luxembourg

Figure 27: How concerned are you that the privacy and security of your personal health/medical information might be at risk if you were to use a computer program or website to maintain a personal health record that allowed you to share information with your doctor through an Internet connection?



n = 1,543 consumers who used hospital services in the past 12 months

2. Costs

- The cost of health care coupled with the state of the economy is of growing concern to consumers, prompting many to alter household spending, delay care, and worry about their ability to pay for future health care costs (Figure 28).
- Consumers are mixed in assessing their household's capacity to handle future health care costs. The least confidence is felt in Portugal (18%), Mexico (22%), Brazil (22%), and the U.S. (23%). Around one-third of consumers in France (26%), Switzerland (27%), Germany (30%), Belgium (32%), China (35%), and Canada (39%) feel secure in their ability to handle future health care costs, as do 41% of consumers in the UK and Luxembourg (Figure 28).
- The economic downturn has clearly altered consumers' spending habits, with over half in most countries – with the exception of Luxembourg (30%) – reporting some impact on their willingness to spend out-of-pocket on health care products and services (Figures 28 and 29).
- The majority of consumers in all countries were comfortable with their level of insurance coverage, feeling either "well-covered" or "adequately covered" (Figure 30).

Figure 28: Impact of economy and cost on health care practices

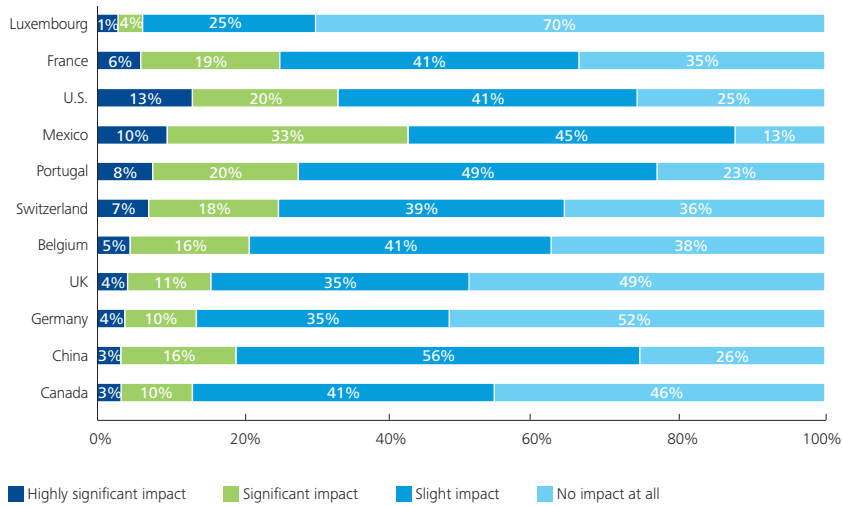
	Belgium	Brazil	Canada	China	France	Germany	Luxembourg	Mexico	Portugal	Switzerland	UK	U.S.
Of those who decided not to see a doctor in the past year, the percent who decided not to see a doctor when sick or hurt due to cost	39%	20%	5%	35%	25%	13%	7%	34%	23%	27%	7%	49%
Of those who switched doctors in the past year, percent who switched due to cost considerations	13%	8%	4%	Not asked	9%	1%	Not asked	32%	9%	5%	3%	10%
Percent of prescription users who asked a doctor to prescribe a generic drug rather than the brand drug due to cost considerations	42%	44%	15%	18%	21%	9%	12%	30%	37%	30%	2%	36%
Percent who feel financially well-prepared for future health care costs	32%	22%	39%	35%	26%	30%	41%	22%	18%	27%	41%	23%
Percent whose monthly household spending on health care limits ability to spend on essentials such as housing, groceries, fuel, education*	63%	83%	39%	70%	62%	62%	50%	82%	77%	72%	24%	63%
Percent who considered that the recent economic slowdown made them reconsider how much they were willing to spend out-of-pocket on health care**	62%	Not asked	54%	75%	65%	48%	30%	88%	77%	64%	51%	75%

* Net of all who answered "limits it greatly," "limits it moderately," and "limits it slightly."

** Net of all who answered "slight impact," "significant impact," and "highly significant impact."

Figure 29: Economic slowdown's impact on out-of-pocket health care spending

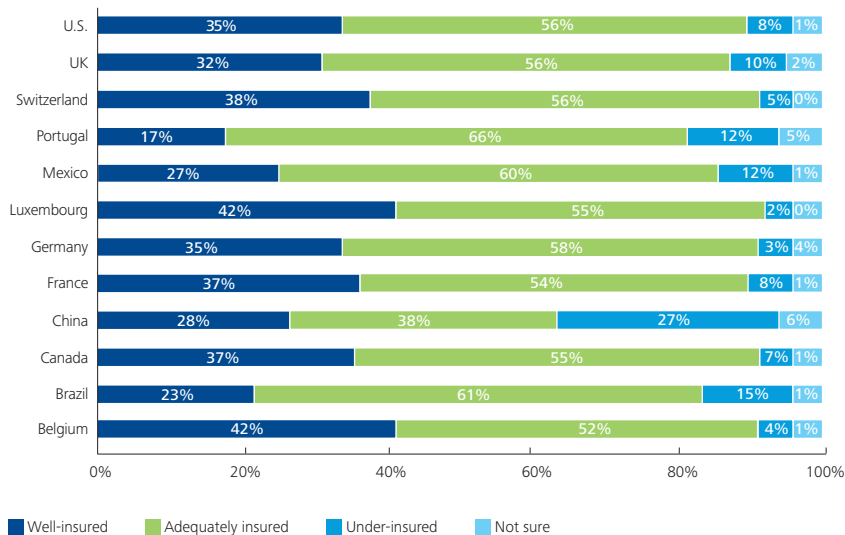
Thinking about how much money you spend out of your own pocket on health care, to what extent has the recent economic slowdown made you reconsider how much you are willing to spend on health care?



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Figure 30: Adequacy of insurance coverage

Thinking about the amount and types of health insurance coverage you have, how adequately covered do you consider yourself to be?



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Assessing the health care systems: insights point to the future

Consumers recognize that elements of their systems work well; however, overall performance is sub-optimal.

In evaluating the successes and failures of their respective health care systems, consumers’ opinions reflect what they feel is working well and what they believe should be happening to make the system work better. Consistently across all countries, consumers’ criticisms (ratings of “D” or “F”) identify blockages that they are experiencing: fixing wait times, improving access and convenience, and attending to quality.

Perceived success: grade of “A” or “B” (excellent or very good)

- Health care systems strengths in most countries are perceived to be innovation, the latest technologies and treatments, and modern buildings and equipment (Figure 31). With few exceptions, most countries’ achievements in these areas are graded as “A” (excellent) or “B” (very good) by 30% or greater consumers, with many countries graded “A” or “B” by well over 50% of consumers. The exception is Switzerland, where consumers’ grades of performance in all three areas ranges between 72% and 81%; and Brazil, which has much lower grades overall (ranging between 18% and 34%).

Figure 31: Health care system strengths

Percent who give the health care system a grade of “A” or “B” with respect to:	<20%	20%-29%	30%-39%	40%-49%	>50%
Medical innovation such as new treatments or services			Brazil (34%) Mexico (31%)	Germany (44%) UK (44%) China (43%) Portugal (40%)	Switzerland (72%) France (69%) U.S. (67%) Luxembourg (60%) Belgium (58%) Canada (51%)
Up-to-date technology		Brazil (28%)	Mexico (39%)	China (49%) Portugal (41%)	Switzerland (81%) U.S. (77%) Belgium (66%) France (66%) Luxembourg (62%) Canada (59%) Germany (56%) UK (53%)
Up-to-date buildings and equipment	Brazil (18%)	Portugal (29%)	UK (35%) Mexico (33%)	Canada (46%) Germany (46%) France (42%)	Switzerland (72%) Luxembourg (69%) U.S. (62%) China (54%) Belgium (50%)

Perceived failure: grade of “D” or “F” (failing)

- Consumers are critical of wait times for service, particularly in Brazil (81%), Mexico (74%), Portugal (70%), and Canada (57%). Perceived lack of consumer orientation and a failure to focus on wellness in the health care system are also of concern to between 2 in 10 and 3 in 10 consumers across most countries. (Figure 32).

Figure 32: Health care system failures

Percent who give the health care system a grade of “D” or “F” with respect to:	<20%	20%-29%	30%-39%	40%-49%	>50%
Focus on prevention rather than on illness	Luxembourg (14%)	Canada (26%) Belgium (21%) Switzerland (21%) France (20%)	Germany (38%) Mexico (38%) Portugal (34%) China (32%) U.S. (31%) UK (30%)		Brazil (51%)
Access to services such as availability and convenience	U.S. (16%) Belgium (14%) Luxembourg (14%) Switzerland (11%)	Canada (28%) China (27%) UK (24%) Germany (23%)	Portugal (39%) France (30%)	Mexico (45%)	Brazil (57%)
Patient-/consumer-oriented	Switzerland (17%) Belgium (15%)	Luxembourg (24%) UK (23%) Canada (22%)	Germany (38%) Portugal (37%) U.S. (31%) France (30%)	China (47%) Mexico (47%)	Brazil (57%)
Wait times for service		U.S. (28%) Switzerland (22%)	Belgium (36%) UK (36%)	Luxembourg (47%) China (45%) Germany (45%)	Brazil (81%) Mexico (74%) Portugal (70%) Canada (57%) France (52%)

Major findings

This study's findings suggest five major conclusions about how surveyed consumers in the 12 countries assess and utilize their health care systems:

1. Most consumers draw from personal experience with their system when evaluating its performance. Factual (objective) comparisons to other systems are not pertinent to consumers.
2. Satisfaction levels with a country's health care system are not related to its structure or costs. Expectations matter most.
3. Most consumers believe there are opportunities for their health care system to improve in the areas of cost effectiveness, efficiency, and clinical effectiveness. Technology-enabled solutions are widely thought to be part of the solution. Most consumers see major gaps in value when assessing the performance of their health care system.
4. Consumers do not believe they are in control of health care costs and are insecure about that.
5. Consumer willingness to engage in managing their health care is evolving. Consumers support the idea but have yet to fully incorporate this as routine practice.

Stakeholder implications

Health care industry stakeholders must equip consumers with factual information upon which to base informed decisions about the system.

Stakeholders must utilize technologies that facilitate active engagement of consumers in appropriate, guided self-care reduce costs associated with un-managed chronic conditions. Connectivity between physicians and patients is central to the framework.

Stakeholders must address growing widespread concern about the costs of health care and their impact on families and employers.

Stakeholders must examine what levers – sticks and carrots – are necessary to engage consumers more meaningfully in decisions that affect their health and the health care they require. How can consumers be positioned at the center of the delivery system and sufficiently empowered and informed to assume management of their own health?

Closing thoughts

There are no easy answers to these questions; however, this study offers insights to guide development of possible solutions. Consumers participating in this survey have shared their thoughts and feelings; they have told us that high-quality, readily accessible, and understandable health care is incredibly important to them. We agree. This ongoing study by Deloitte is a major milestone in capturing what consumers want from their respective health care systems and provides valuable guidance to stakeholders planning the industry's future.

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