Survey Overview

The UnitedHealthcare Consumer Sentiment Survey provides insights into Americans’ health care knowledge, opinions and preferences. This annual, longitudinal survey tracks consumers’ opinions over time, helping us to inform the conversation around how to make health care more affordable, accessible and easier to use. The data points are especially timely and relevant during open enrollment, the time each fall when Americans select their health benefits for the following year.

The survey focused on five key health care themes:

1. Open Enrollment Preparedness
2. Technology Trends
3. Health Literacy
4. Customer Service
5. The Future of Medicare

METHODOLOGY

The UnitedHealthcare Consumer Sentiment Survey was conducted using ORC International’s Telephone CARAVAN® omnibus among a landline and cell phone probability sample of 1,006 U.S. adults age 18 and older. The margin of error was plus or minus 3.1 percent at the 95 percent confidence level. Supplemental interviewing, also among probability samples, was conducted over the period Aug. 10-27, 2017.
I. Open Enrollment Preparedness

2017 Consumer Sentiment Survey Results
Open Enrollment Preparedness

A majority of Americans said they are prepared to select their health plan during the upcoming open enrollment season.

- **Total felt prepared.**
  - 72%
  - 32% Felt prepared.
  - 40% Felt very prepared.

- **Total felt unprepared.**
  - 22%
  - 15% Felt unprepared.
  - 7% Felt very unprepared.

- The remaining 6 percent were unsure.
II. Technology Trends

2017 Consumer Sentiment Survey Results
Turning to Technology First

Consumers are increasingly turning to the internet and mobile technology as a first resource when seeking health care information.

Of Americans use the internet or mobile apps as their first source for information about specific health symptoms, conditions, diseases, or ailments.

- This is up 3 percentage points from last year.

Adoption among Millennials (18-36 year olds) led this trend, with Baby Boomers (53-71 years olds) lagging at 20%.

- For Millennials, this is up 4 percentage points from last year.

Of Americans turn first to consultations with a primary care physician or nurse, the only choice that ranked higher than the internet/mobile apps.

- This is down 3 percentage points from last year.
Technology Adoption Rates

Comparison shopping online for health care services has experienced enormous gains over the past five years.

Of respondents used the internet or mobile apps to comparison shop for health care services, a 230% increase from 2012 when 14% of Americans reported using the internet or mobile apps to comparison shop for health care services.*

Trend led by Millennials, nearly half of whom (44%) now shop for health care services online.

Of those who use the internet or mobile apps to comparison shop for a health care procedure or service rated the experience “very helpful” or “somewhat helpful.”

Mobile apps such as Health4Me® enable consumers to comparison shop for health care based on quality and cost, with the app providing cost information for more than 850 medical services spanning nearly 600 medical events.

*Please see press release for details about UnitedHealthcare’s 2012 survey.
Comparison Shopping for Health Care Services

Comparison shopping online for health care services is as commonplace as comparison shopping for consumer goods or vacations.

In the past year, people used the internet or mobile apps to comparison shop for the following:

- Health care procedures, treatments & services: 32%
- Vacations packages: 32%
- Car purchases: 31%
- Computers, cameras and electronics: 44%
- Airline tickets: 48%
- Media content (books, CDs, movies, video games, etc.): 53%
Misperceptions Around Cost

While some people overestimate the cost of common medical tests, many underestimate the cost of surgical procedures.

According to public health care price transparency website guroo.com, the average cost nationwide for a knee MRI, which uses magnets and radio waves to make a detailed image of the knee joint, is $900.

Many people underestimate the actual cost of specific health care services. The average nationwide cost for a knee replacement — a common procedure that is expected to increase 500% by 2030 according to the Healthcare Cost and Utilization Project — is $36,000, according to guroo.com.

- 39% Underestimated the average as between $400-$800.
- 4% Only 4% were able to estimate the correct amount.
- 15% Said $5,000.
- 22% Said $25,000.
- 26% Said $15,000.
- 63% Estimated the cost to be much lower; between $5,000-$25,000.
- 10% Only 10% selected the correct amount.
Tuning into Telemedicine

Many Americans said they are likely to use telemedicine to access health care services.

Telemedicine is the remote diagnosis and treatment of patients through the use of telecommunications technology, such as desktop computers, smartphones or tablets. Assuming availability at a cost the respondents could afford, when asked how likely they would be to use a telemedicine service in the future...

- 42% said likely
- 16% said very likely
- 26% said somewhat likely

- 46% said unlikely
- 17% said somewhat unlikely
- 29% said very unlikely

• An overall swing of 5 percentage points to likely from unlikely just a year before.
Telemedicine Advantages

Telemedicine may offer several advantages, helping improve health care access, convenience and affordability.

Telemedicine technology may help address specific U.S. health care consumer needs, including:

**Access**

There is a shortage of 45,000 primary care physicians required to meet the needs of patients nationwide, according to the American Association of Medical Colleges.

- The issue is especially challenging for the 25% of the U.S. population that lives in rural areas, where access to health care is often lacking.

**Convenience**

People can access participating Virtual Visit care providers online through Health4Me, UnitedHealthcare’s mobile app that provides millions of consumers with access to an array of health care information.

**Cost**

The cost of a video-based Virtual Visit is generally less than $50 and provides significant savings when compared to costs for similar minor medical needs treated at a doctor’s office ($110), urgent care facility ($190) or emergency room ($1,700), depending on the treatment needed, according to UnitedHealthcare data.
III. Health Literacy

2017 Consumer Sentiment Survey Results
Americans Still Struggling with Health Literacy

While U.S. consumers are more willing to use technology to improve health care knowledge and access, few have a full understanding of basic insurance concepts.

Only 9% of the U.S. population showed an understanding of all four of these basic health insurance terms. That’s a slight increase from just 7% last year.

- 61% Knew the correct meaning of the term “health plan premium.”
- 62% Recognized the correct definition of the term “health plan deductible.”
- 39% Knew the meaning of the term “out-of-pocket maximum.”
- 31% Had a good understanding of the term “co-insurance.”

1 The amount of money a person pays for a health insurance plan each month.
2 The amount a person pays for health care services before insurance coverage starts.
3 The maximum amount a person must pay for covered health expenses during a plan year.
4 The share of costs for a covered health care service a person must pay after health insurance coverage is factored in.
Americans Still Struggling with Health Literacy (cont’d)

Some were confused about the potential financial impact of receiving care from an in-network health care provider vs. an out-of-network care provider.

36% Incorrectly said that an in-network care provider would increase their bill.

24% Thought that an in-network care provider would have no impact.

37% Said that an in-network care provider would decrease their bill.

People showed a better understanding of other health insurance terms.

62% Recognized the correct definition of the term “in-network health care provider.”

69% Had a good understanding of the term “co-pay.”

1 A health care provider who has an agreement with a specific insurance company to provide care for its members.

2 A fixed amount, for example, $15, you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
Few Americans recognize the actual relationship between premature chronic conditions, genetics and modifiable lifestyle choices.

When asked to estimate the percentage of premature chronic conditions, such as heart disease, stroke or diabetes, caused by modifiable lifestyle choices as opposed to being caused by genetic factors, just 23 percent of Americans correctly answered that 80% or more of premature chronic conditions are caused by modifiable lifestyle choices, such as smoking or diet, not genetics.
IV. Customer Service

2017 Consumer Sentiment Survey Results
Customer Service Preferences

Though people are increasingly turning to tech to research health and wellness, nothing beats speaking with a real person when it comes to accessing help for a specific issue or question.

When asked their preferred method to connect with a company’s customer service department for help with a question or to resolve an issue...

- 84% Said speaking with a live customer service representative.
  - Up from 78% a year ago.

- 5% Responded e-mail.

- 5% Prefer online chat.

- 2% Say text.

- 1% Like to speak with an automated representative via phone.
When it Comes to Getting Help

Knowledge is key.

When asked which is the most important quality when calling a company’s customer service department...

- 33% said the person’s knowledge.
- 24% said how quickly the call was answered.
- 19% said feeling that the rep had all necessary information on hand.
- 15% said the amount of time it takes to have questions answered.
V. Medicare Advantage and the Future of Medicare

2017 Consumer Sentiment Survey Results
Shifting Medicare Models

When discussing potential Medicare changes, most Americans said the program should be shifted to a model that emphasizes preventive care and rewards physicians for health outcomes, which is the focus of Medicare Advantage.

Among all Americans surveyed, 79% said the federal government should shift away from the traditional fee-for-service system.

Among Medicare Advantage enrollees, 92% said they were satisfied with their plan.
Anticipating Change

Few Americans believe Medicare will continue to exist in its current form in the coming years.

A large percentage of respondents in younger generations said Medicare will not exist in its current form throughout their retirement.

**17%**
Millennials (ages 18-36)

**18%**
Gen Xers (ages 37-52)

Only 6% of respondents believe Medicare will exist in its current form throughout their retirement years.
Thank You

For additional information about this survey please visit uhc.com.