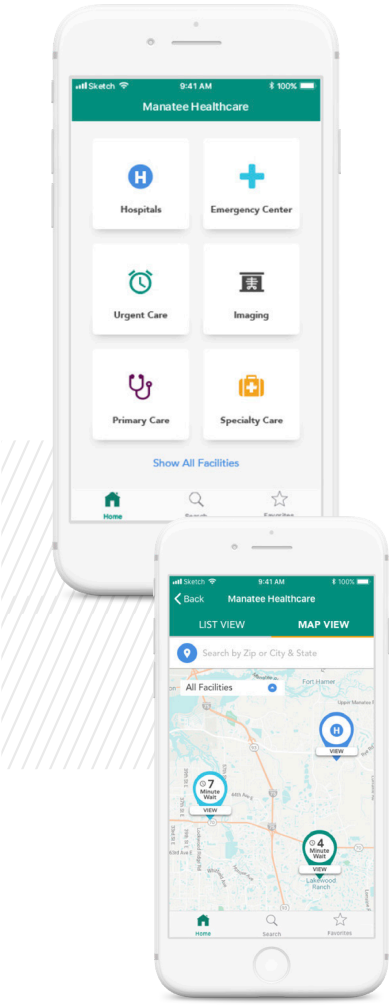
WHY TECH NATIVES STRUGGLE WITH DIGITAL HEALTHCARE TOOLS

MODEA

DIGITAL CONSULTANCY

Digital natives and healthcare: A complicated story

Younger individuals are an underserved population in the healthcare space. It's cheaper to provide preventive, regular care to all individuals[1], but younger people often don't have the time or resources to take advantage of that type of care. The result? More urgent care visits, which are **more expensive than preventive care for both the patient and the hospital[2].**



But digital offers a reasonably cheap, scalable and accessible window into the healthcare space. This includes using apps, websites and other digital tools to help manage healthcare and maintain more regular touchpoints with individuals.

In fact, adopting digital has two major benefits. First, digital makes healthcare more accessible and equitable across a broader population. Secondly, it makes healthcare cheaper to provide because it decreases the need for in-person visits. By providing more access to preventive and regular care to a larger population, health systems can decrease the volume of urgent and emergency care visits.

It seems like an obvious match: Younger individuals are digital natives, after all! And yet, **Modea's survey of 1200+ individuals across the United States[3]** points to a surprising trend: These digitally native younger individuals appear to struggle the most with navigating digital healthcare tools.

While this population tends to have both a **high digital literacy AND a high willingness** to use digital tools provided by a healthcare organization, they struggle with using healthcare-specific tools.

BOTTOM LINE

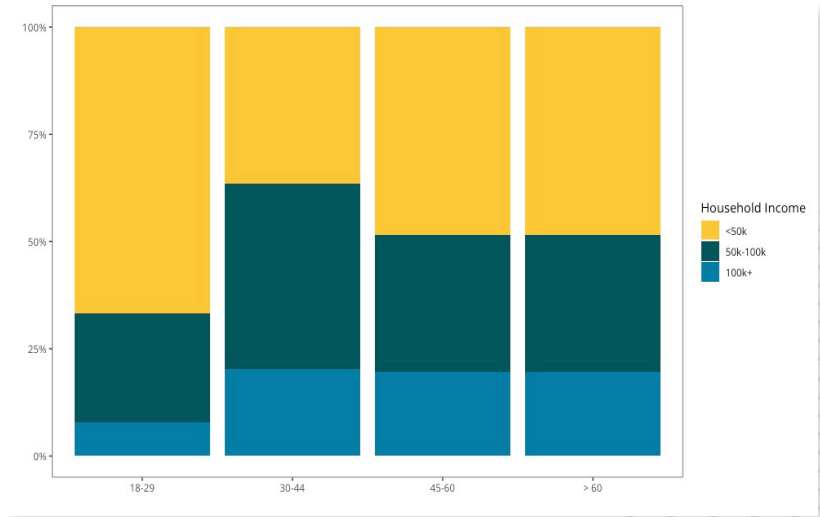
Organizations seeking to become **more equitable** and more efficient in their offerings should make adjustments to digital properties to better allow younger individuals to access care.

What has Modea done in digital healthcare? **TAKE A PEEK**

Identifying the most vulnerable cohort

In our survey, we asked about household income as well as insurance status. Both of those factors point us towards vulnerable cohorts, and both factors point to a similar group of individuals.

Specifically, people younger than 30, broadly, are the most likely to be living in a household making less than 50k a year. In our survey, 67% of individuals under 30 reported a household income of less than $50,000 / year.



67% of individuals
UNDER 30 REPORTED A HOUSEHOLD INCOME OF LESS THAN $50,000 / YEAR.

Additionally, lower-income individuals who are older than 60 are more likely to have some health care security in the form of Medicare/Medicaid.

Older individuals are almost entirely cared for under Medicare/Medicaid, where younger individuals are not only the most likely to be low-income, but also the **least likely among all age cohorts to have insurance.**

54%
18-29 HAVE INSURANCE

68%
30-44 HAVE INSURANCE

58%
45-60 HAVE INSURANCE

75%
60+ HAVE MEDICARE

KEY TAKEAWAY

Younger individuals are both **more likely to be lower-income**, and to **have the least cost** security when approaching the healthcare system. They lack the cash assets, institutional knowledge, and insurance support that older cohorts have access to.

The tools digital natives use

Digital devices are ubiquitous across all age groups. On average, the individuals surveyed here owned 2.93 devices. Even the lowest income bracket ($0-10k household income) reported owning 2.4 devices on average, which speaks to how commonplace it is to own multiple digital devices.

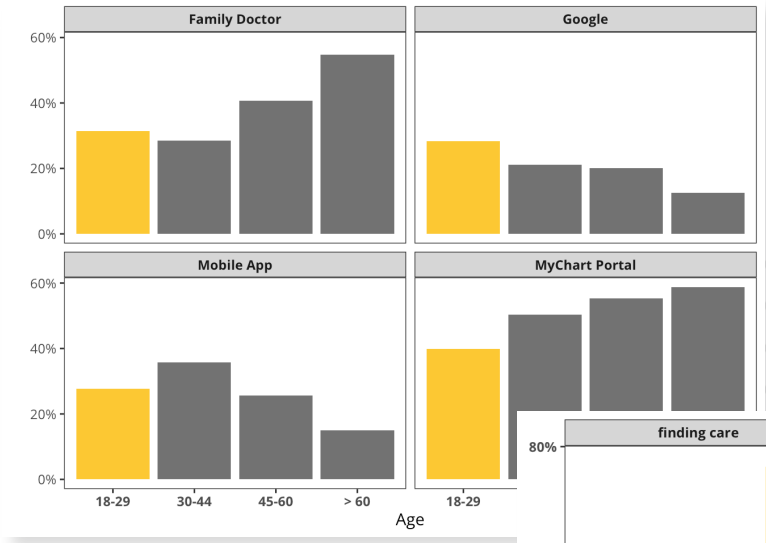
Younger individuals are more likely to own laptops and smartwatches, though ownership of smartwatches is fairly infrequent across all cohorts.

ALL INDIVIDUALS
OWN 2.93 DEVICES ON AVERAGE

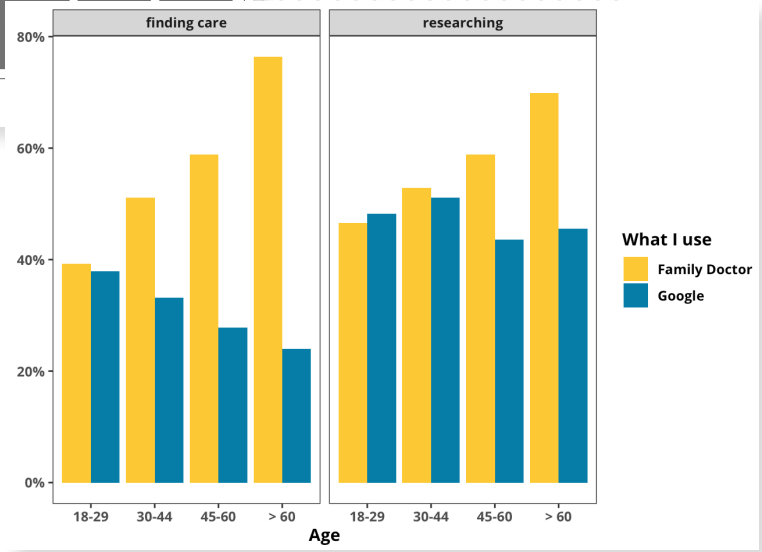
$0-10K HHI
OWN 2.4 DEVICES ON AVERAGE

18-24 AGE GROUP
MORE LIKELY TO OWN LAPTOPS & SMART-WATCHES

Additionally, these cohorts are comfortable using a wide range of tools to manage their care. Specifically, **individuals younger than 30 are more likely to use digital tools, and almost twice as likely to use a mobile application,** Google, and online find-a-doctor tools than individuals older than 60. However, they are also the least likely cohort to use a portal to manage their healthcare needs, find care, or research care options.



Tools used
to MANAGE healthcare needs



Tools used
to RESEARCH healthcare needs and FIND care

This points to a high level of familiarity with more common digital tools (e.g. Google), as well as a high comfort level with using the internet to get to acceptable information.

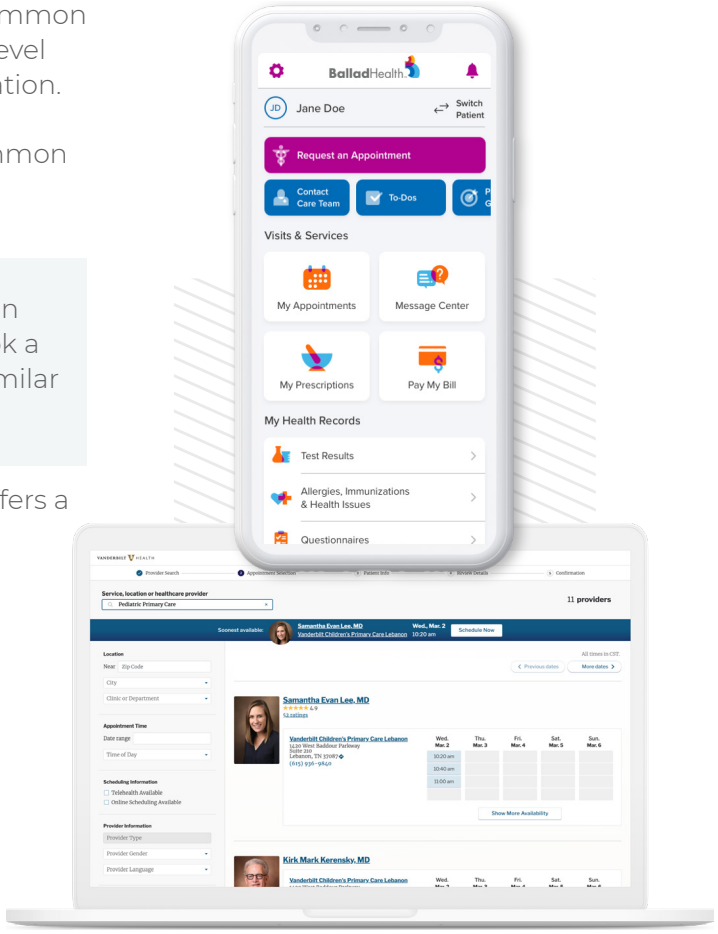
One hypothesis is that this preference for more common tools on the internet leads to **expecting similar experiences in healthcare.**

> **In other words,** a younger person thinks, "If I can find and purchase something on Amazon, or book a reservation on a restaurant's website, I expect a similar experience in the healthcare space."

Finally, the tools that younger people do NOT use offers a similar window into their preferences.

Older people (53% of 60+ yr/olds) prefer to use an existing family doctor as their reference point to manage care. This is most likely because they have an existing relationship with that provider.

By contrast, younger people don't use primary care providers at anything close to the same frequency. Either they don't have a pre-existing relationship, or they prefer not to.



You can see a similar trend with healthcare portals. **Younger people are less likely to use** the two tools that are the historical hallmark of a healthcare relationship between provider and patient: The patient portal and the family doctor. Instead, they are turning to more common digital tools like Google, apps, and the online offerings.

Healthcare organizations that aren't able to offer satisfying and **effective healthcare portal experiences** may struggle to retain younger healthcare consumers who have a higher standard for digital experiences.

KEY TAKEAWAY

Younger individuals are more comfortable trying to get care with healthcare's digital toolkit.

Modea can help! **LEARN MORE**

An opaque landscape, a steep learning curve

Individuals under 30 may be more comfortable using generic digital tools, but there's a stark disconnect with their experience actually using healthcare providers' digital tools.

When asked how easy it was to find various pieces of information on respective providers' digital tools and websites, younger users consistently said it was harder to find that information.

In fact, **younger people found almost every piece of information on a digital site at least marginally harder to find than older individuals.**

The biggest divergence between older and younger users happened when they tried to find the following information on a digital site:

<30 yr-old respondents TO >30 yr-old respondents

Address
12% TO 3%

Contact
25% TO 14%

Cost
44% TO 37%

Doctor
20% TO 11%

Hours
14% TO 5%

Insurance
39% TO 29%

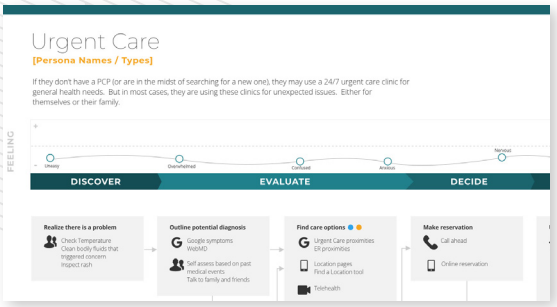
Cost is the clear runaway difference-maker here for all cohorts, but it's also worth noting that finding contact information, finding information about a doctor, and finding insurance information were the three most difficult things to find for all respondents in this data.

These responses point towards significant gaps in digital information that's easily available on the internet for this cohort. And given that these younger individuals are relying on the internet for more of their healthcare needs and context, having trouble using a healthcare organization's basic tools winds up being a significant barrier to care.

It's also a barrier that is easy to fix, by exposing that information more clearly and at the most meaningful places in the healthcare journey.

KEY TAKEAWAY

Despite both their willingness to try your digital toolkit and their high digital literacy, younger users consistently have more trouble actually finding any helpful information with those digital tools.



Take action

by creating a patient user journey.

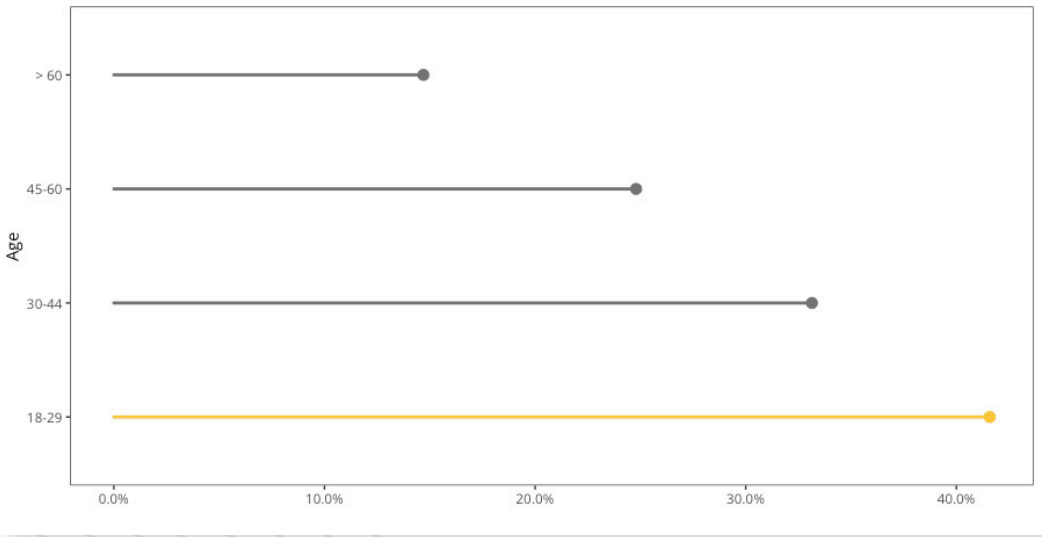
This will help you pin point where your digital product(s) have the most impact, as well as where you have the opportunity to add value.

Read more about it HERE. See how we can help.

Price transparency is a critical factor for younger users

As noted above, younger people tend to be cost-conscious. They're not only more likely to be low-income, but are also less likely to have access to savings or other financial resources. Users under 30 consistently **find cost and insurance information more difficult to find on digital properties.** At the same time, they also regularly cite cost concerns as a reason for not visiting the doctor.

% of respondents who did not go to the doctor due to cost

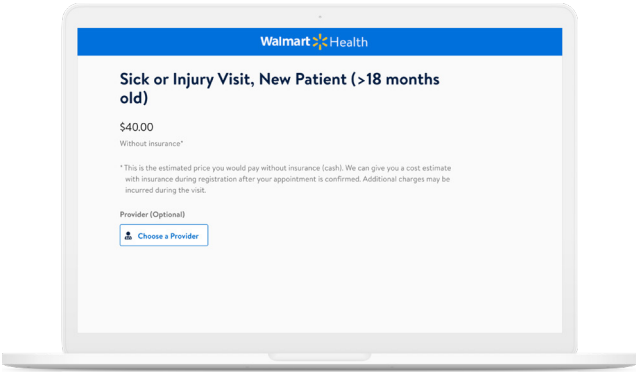


KEY TAKEAWAY

Younger audiences have less cash, and less familiarity with how the healthcare system works. That uncertainty around cost appears to be a factor keeping them from getting care.

Compared to the rest of the population, younger people were far more likely — 42% to 25% — to flag cost as a factor for why they didn't go to the doctor in the past year.

While younger individuals cited every factor except finding childcare as a reason for not visiting the doctor, the differences for cost were far and away the largest and most significant among age cohorts.



Take action

by providing as much context as you can when it comes to cost.

Assuming a user knows how insurance copays work may be assuming too much. Price transparency — even in the form of a "with insurance range" and "without insurance range" — can be helpful to those without strong health literacy.

Current results: more urgent care visits

Younger individuals still need care at various times. However, because of all the barriers we've discussed above, they are more likely to simply use urgent care as their only source of care.

14% UNDER 30
USED URGENT CARE AS THEIR ONLY SOURCE OF CARE

10% UNDER 30
GOT CARE AT LEAST ONCE IN THE PAST YEAR, USING URGENT CARE

In our survey, we found that 14% of individuals under 30 years old used urgent care as their only source of care. And 10% of individuals under 30 years old got care at least once in the past year and used only urgent care to do so.

This **rate is more than double the rest of the population.** Urgent care visits are expensive healthcare visits for both the patient and the provider. They are also, to a large extent, preventable.

KEY TAKEAWAY

The overall lack of familiarity — in part due to the opaqueness of digital tools — is likely contributing to younger people using costly, inefficient urgent care services for their care. That's expensive for both the healthcare organization and the patient.

What has Modea done in digital healthcare? **TAKE A PEEK**

CONCLUSION

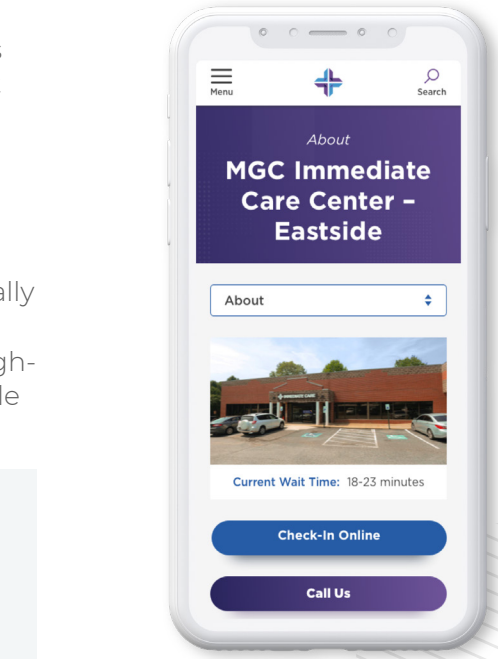
Here's what's clear in the data: **Young people both struggle to find** cost information on digital properties and also avoid going to the doctor because they think it costs too much.

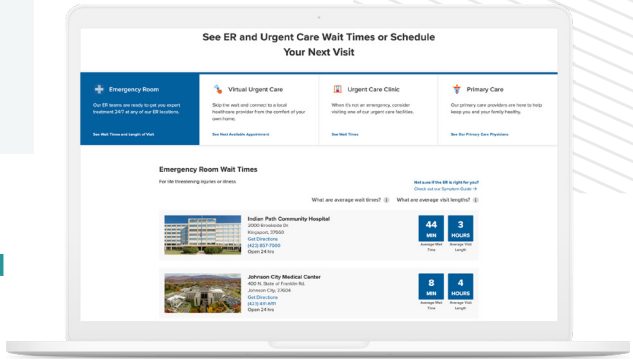
So how can hospitals and health systems square these data points? What should they DO about this?

What they SHOULDN'T DO is ignore these facts, especially since this population is a critical one. After all, they are most likely to drive up the cost of healthcare by using high-cost, low-efficiency methods like urgent care as their sole method to get care.

All these factors point in the same direction: The easiest way to engage younger users is to increase transparency within your digital tools.

Not only can younger people benefit the most from earlier and more regular access to preventive care, but getting them to fully use your digital tools also means less time spent on costly administrative tasks internally.





These younger users are already comfortable using the internet to get care. **But they also have specific expectations around what information they need to see to make a decision**. Healthcare organizations aren't currently providing that information in a way that younger individuals can easily access.

First, healthcare providers should provide **cost information and insurance information** in clear, easy-to-find places across their website. Ideally, this information is on location and provider pages — readily available as users begin the process of booking an appointment.

Second, putting **wait times and provider availability information** in the same booking process would be a meaningful improvement. We saw many younger individuals flag wait times and transportation as reasons for not visiting the doctor.

Take action
by engaging users thorugh transparency within your digital tools.

ASK US how to get started.

Citations

[1]Musich S, Wang S, Hawkins K, Klemes A. The Impact of Personalized Preventive Care on Health Care Quality, Utilization, and Expenditures. Popul Health Manag. 2016;19(6):389-397. doi:10.1089/pop.2015.0171

[2]Morganti KG, Bauhoff S, Blanchard JC, et al. The Evolving Role of Emergency Departments in the United States. Rand Health Q. 2013;3(2):3. Published 2013 Jun 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4945168/.

[3]Modea surveyed just over 1,200 individuals across the United States using SurveyMonkey. Our sample population was equally weighted on a 50/50 split between individuals with greater than $50,000 in annual household income and those with $50,000 or less. That split sample was intended to target low-income individuals while still having a baseline against the rest of the U.S. population to compare. The result is an over-sample of the lower income cohorts.

Additionally, Modea's use of SurveyMonkey provided two important divergences from the U.S. population:

- This survey over-samples younger populations and under-samples the oldest cohort. One hypothesis is that older individuals may be less likely to participate in SurveyMonkey data collection.
- This survey also over-samples Asian-American and Pacific Islander Populations at the expense of Black Populations. Targeting Individuals of color for specific feedback is a meaningful future direction for Modea research and surveys. However, a significant portion of respondents did not provide information regarding race & ethnicity information in this survey, negating our ability to use it as a meaningful covariate for analyses here.

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