As many regular readers of P&T know, I often scan the literature of reports from the private sector and select some of these for my editorials. Recently, a report from the national BlueCross BlueShield Association (BCBSA) crossed my desk and appears to have important implications for P&T committee members in different sectors.

Published at the end of 2006, the report was entitled Consumer Preferences andUsage of Healthcare Information. BCBSA conducted an online survey of more than 1,600 health insurance members from what the “Blues” call the Knowledge Networks Consumer Panel. Consumers were asked about the information they had used or would use to support the following four key health care decisions:

- selecting a primary care provider
- selecting a specialist
- selecting a hospital or clinic
- selecting a treatment option

The responders were asked about the types of information they had searched and used based on whether they had made any of these decisions concerning health care during the past year. Those with no experience in any of these areas were asked to predict their preferred source of information if they had to make these types of decisions. (I understood this to mean that the Blues were interested in learning how their own members use the Web to access health care information.)

I was particularly interested in the fourth question (selecting a treatment option), because I thought that this topic had the greatest implication for P&T committees. According to the survey, more than 86% of consumers sought at least one form of information about the quality of the treatment when deciding about therapy options. Consumers primarily sought general background information about each option; they also wanted to learn about the rates of complications and the success rates of various alternatives and of the health care providers administering the treatment. So far, no big surprises.

Of greater interest to me were the specific details involved in selecting a therapeutic option. Of those consumers who selected a treatment option, they considered complication rates, treatment success rates, and information about clinical trials to be more important than the average costs of treatment. In my view, this is an important finding, because this survey represents the first time that I’ve seen documentation of a nationwide subtle shift by consumers toward transparency and away from simple cost information.

In other aspects of information-seeking behavior, such as selecting a primary care provider, a specialist, or a hospital, similar results emerged. It appeared, at least in this survey, that patients were doing more digging for facts and were embracing the concept of transparency.

From this report, I realized that the way in which information about costs and the quality of health care is presented to consumers is critical to effective decision-making. Usage of the Internet for obtaining health information was significantly greater among women and among more frequent users of health care resources. Women were far more likely than men (50% vs. 34%) to use the Internet to search for health care information.

I found other aspects of the survey counterintuitive. For instance, some consumers claimed that they could not find sufficiently detailed information on treatments used in specific hospitals. This is puzzling, because Medicare, of course, has posted facts about every hospital for the past two years on a special Web site (www.hospitalcompare.gov). This gap continues to remind me that we have a long way to go in engaging consumers, male and female, in all socioeconomic strata, in the need to improve transparency.

In conclusion, the BCBSA report breaks new ground. It helped me understand how consumers are currently processing all of the available information that resides on the Web. The question for P&T committees is this: How will your organization present itself on the Web in terms of clinical outcomes, treatment options, information about primary care providers, and the like?

I can envision the day when the formulas of each organization will be more readily available for consumer scrutiny. I can also visualize a time when detailed results of complex clinical trials will be evaluated and synthesized for consumers and posted by integrated delivery systems, hospitals, and managed care organizations. Reports such as this survey help us to comprehend which topics our consumers are thinking about and how they go about learning more about our own daily work as health care professionals.

Copies of this report are available at www.bcbs.com/issues/transparency/research/consumer-transparency.html. You can also call David Pizza at Strategic Services, BlueCross BlueShield headquarters, in Chicago at 312–297–6493.

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.