

Access: the Health Care Product that Americans Value Most

By Audrey Spolarich

Introduction

According to the Institute of Medicine (IoM), writing in March of 2009, “ To address both the costs and the performance of the health care system, greater consensus will be required on what constitutes value in health care, and how to measure and increase that value.”¹

These statements are being echoed around the U.S. and the world as policymakers, researchers, analysts and health care consumers watch the price of health care rise and the quality fall. Suddenly value, and what constitutes value in health care, is of great importance. Of equal or greater importance is the ability to measure and increase health care value.

[Spectrum](#)², a DC based public relations and public affairs firm, recently began discussing what constitutes value in health care. Was health care value something that could be equated with health care spending? Probably not, when it is so widely recognized that health care spending is out of control and contains waste and abuse. Furthermore, there may not be a consensus on what exactly constitutes health care expenditures.

Value, according to the dictionary means the relative worth, utility or importance of a thing.³ The fact that value is relative is critical. Many things are discrete; they have a set meaning or quantification. Value is not one of them. The value of a thing is known as it relates to the value of another thing.

In the medical and health care industry it is possible to define the basic elements of health care—the products, programs and services that make up the health care system. Standard industry codes used by the U.S. Federal Government for measuring economic activity in the various sectors of the U.S. economy provide a list of all goods and services that are produced and measured as part of the U.S. economy. There are 27 programs, products and services designated as the major health care industry SIC codes.

The Spectrum Health Value Study™ analyzes the relative value of those 27 programs, products and services and presents those results for public review.

¹ Institute of Medicine of the National Academies. Roundtable on Evidence Based Medicine. “Value in Health Care; accounting for cost, quality, safety, outcomes and innovations” March 2009. Downloaded on April 15, 2009 from <http://www.iom.edu/?id=64675>.

² Spectrum is a health policy, public relations and public affairs firm that has invested its resources in an ongoing study to ask the American consumer which health services, programs and products they value most and which they value least. This study will continue to collect data every quarter, indefinitely, and will provide updates and new reports on its website at www.healthvaluestudy.com.

³ Value. (2009). In *Merriam-Webster Online Dictionary*. Retrieved April 21, 2009, from <http://www.merriam-webster.com/dictionary/value>.

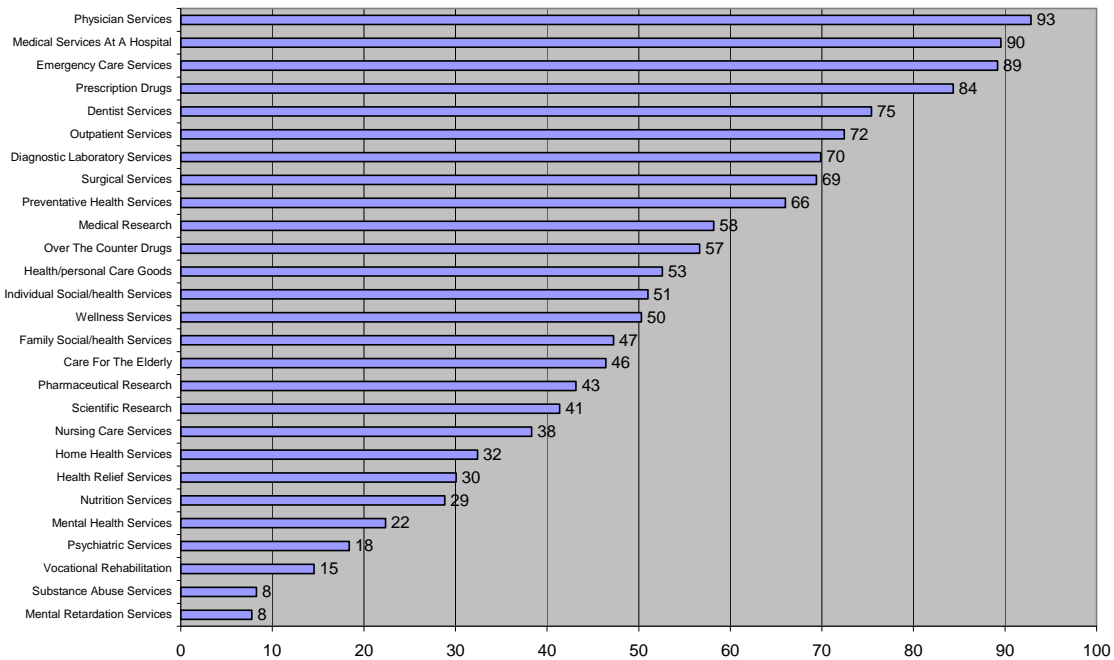
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By far the products and services most valued by the American consumer are those associated with access to health care. Physician services, medical services at a hospital, and emergency care services were the highest ranked services in the analysis. These services received Max-Diff⁴ scores of 93%, 90% and 89% respectively and were the only services or products that scored in this around the 90th percentile for the population as a whole.

These findings are informative because the respondents were not asked how much they value 'access' to health care. Rather, they were given a list of 27 possible health care products and services and asked which they value most, for themselves and their families, when spending their health care dollars.

In fact, the list of products and services that scored most highly was dominated by 'services' that one can receive, rather than products one might purchase. In 5th place were dental services (75%), in 6th place were outpatient services (72%) followed in 7th place by diagnostic laboratory services with a score of 70%.

**Chart 1. Health Care Products, Services and Programs;
Max-Diff Scores**



Overall, in January of 2009 people only purchasing the essential services needed to gain access to health care. Wellness services and health/personal care goods, for example, scored only 50% and 53% respectively. A summary of all Max-Diff scores is provided in Chart 1.

⁴ For a discussion of the Max-Diff methodology, see the very end of this report or visit www.healthvaluestudy.com and click on Methodology.

Discussion

Everyone involved in the debate about health care and health care reform knows that access is critical. It is one leg of the three-legged stool of health care, with the other two being quality and value. Furthermore, it is one that has been well studied, as has the issue of health care quality. What was not known before now is that access is also *the* service, among all health care services, that consumers value most.

What this means for health care reform, health care discussion and health care debates is unknown. However, the data could not be clearer. First, people want access to their physicians. They want to know that they can reach into their pockets and afford to go see their physician, in his or her office, when they need physician services. When compared to care for the elderly, for example, they are much more likely purchase physician services (93% chose it as the number one 'most important' service or product) than they are to value these same services for the elderly. Specifically, care for the elderly had a Max-Diff score of 46%—below the 50th percentile. Caring for our elderly—right now as shown by these data—is far less important to a person making health care spending decisions than being able to go to see a physician.

...the data could not be clearer; the American people value access to health care above all other health care services.

This does not necessarily mean that people do not care about the elderly. They were asked about these services for 'you and your family'. This means that they also value physician access for the elderly persons they care for, perhaps not even necessarily present in the household, but who are family members. However, the particular use of 'care for the elderly' was likely interpreted by the respondents to include long-term care services and other traditional services for the elderly, and are not high on their list of spending priorities at this time.

What could explain the relative placement of something so important and prevalent as elder care services receiving such a low Max-Diff score? The current economy might be one explanation. People who may be thinking about living arrangements for older loved ones—such as a nursing homes or assisted living arrangements—may be postponing those plans, waiting for the economy to improve or even for the elder person to regain some of the buying power of their pension, if that has been adversely affected by the downturn in the economy.

Conclusions

Data such as these accrued by the Spectrum Health Value Study have not been collected in the past, as least not nationally and not for public review. There are no baseline data showing the value that Americans place on access to services to which we can compare these high scores for physician services, hospital services and ER services. As the study continues to collect additional data, and does so in the context of a recovering economy, the value placed on certain products and services may—and probably will—shift over time. However, as suggested above, the current data could not be clearer about what Americans currently value—that being access to health care.

Recap of Spectrum Health Value Study™

The Spectrum Health Value Study uses the Max-Diff approach, which is similar to the [Method of Paired Comparisons](#). Using this method, a list or series of products and services can be ranked by respondents who view only four of the products or services at a time. They do, however, complete approximately twenty rankings per respondent. In the Spectrum of Health Value Study respondents were asked to respond to the following concept statement:

“Recognizing that health care costs vary, depending on your level of insurance coverage and other health benefits that you either purchase or receive through an employer or other source, and thinking about the actual dollars that are spent, listed below are four health care services with costs that you and other individuals ultimately pay for either directly or indirectly. Of these four, which is the most important and which is the least important for you and your family as you spend *your* health care dollars?”

In Max-Diff analysis, a product or service that is above the 50th percentile is one which was more likely to be chosen as ‘most important’ than those below the 50th percentile. A very high score, such as a 95% means that the respondents in the study value the item consistently higher than items that had, for example, a 6% score. Any product or service that fell below the 50th percentile ‘lost out’ to other products and services most of the time.

About the Spectrum Health Value Study™

In 2008, [Spectrum](#) leadership observed that the discussion around health care and potential reform efforts was not fully informed in one important aspect. While much had been written and discussed about access, insurance, quality and effectiveness, there was no data or information from the American public about what they value when they face spending their own dollars on health care products and services.

Working with [Russell Research, Inc.](#) of New York, NY, Spectrum designed a national survey to ask consumers what they value when it comes to these products and services. The Spectrum Health Value Study was created. Each quarter, data from 1,000 new respondents is added allowing for finer analyses and eventually for trend studies. The results will also be compiled to form an increasingly robust and informed answer to the question of what consumers value in health services and products, and to offer a look at how the value changes during these uncertain economic times.

More information on study methodology can be found in the Methodology section of this site.

This information is made available to the public as part of the Spectrum Health Value Study™, and may be used for media, academic and policy analysis purposes with attribution. Suggested citation: “Spectrum Health Value Study (www.healthvaluestudy.com), 2009.”