A Provider Like Me

Research Insights on Preferences, Care Selection, and Bias in Healthcare

In this paper, we explore data from recent consumer research to understand how people's personal experiences and backgrounds shape their interactions with healthcare. We see that people are more likely to choose providers with whom they share traits, and that certain historically underrepresented communities both experience more and are more concerned about discrimination in healthcare. We contend that robust provider profiles on health plan websites are an important tool to help people make confident care choices and build trust between patients and providers. Healthcare is personal and everyone deserves to have a provider they trust.

Our health is one of the most personal aspects of our lives, but when it comes to the experience of actually getting healthcare, everyone wants the same thing: quality care from a provider they trust. But trust in the healthcare system isn't widespread in this country—and especially not among historically underrepresented* groups of people. And that's not surprising, as too often, the conditions in which people are born, grow, live, and work have a significant impact on their experience, healthcare options, and overall well-being.

The pandemic has shone a spotlight on disparities due to the disproportionate impact of COVID-19 on historically underrepresented communities—and it has fueled something of a reckoning in the healthcare industry. Amid large-scale, ongoing protests for racial justice, healthcare organizations large and small redoubled their efforts to address systematic inequalities in health outcomes.

At Kyruus Health, we want to be part of the solution. We want to help health plans understand the diverse needs, experiences, and points of view that members bring when they are searching for care. We want to offer ways for plans to ensure that they are providing information and resources that can help all people find providers that best meet their needs. To that end, we conducted research on preferences, care selection, and bias in healthcare. While selecting a provider is a personal and nuanced decision for all people, we wanted

> **We see that people are more likely to choose providers with whom they share traits, and that certain historically underrepresented communities experience more discrimination in healthcare.**

to look specifically at how race, ethnicity, gender, and sexual orientation impact people's choices and preferences around providers as well as their experience with the healthcare system. The research looks at the breadth of factors people use to decide on a new healthcare provider with a lens toward helping the healthcare system improve access for all.

The study reveals some interesting data. We saw that people want to understand more detailed information about their providers, and are looking to health plan websites to find this information. We learned that people tend to gravitate toward providers whom they share traits with, and that more robust provider profiles in health plan provider directories can help facilitate those connections. A trusted provider relationship is a big step toward building trust and bridging gaps in healthcare—and improving health outcomes. By understanding—andacting

on—the findings in this report, we can take the first steps toward improving not only the health and healthcare experience of underserved communities but also that of the population as a whole.

At the end of the day, despite differing experiences with healthcare, having the details needed to make an informed care choice is something that everyone wants— and health plans play a pivotal role in enabling it. Our society is certainly better when everyone gets good healthcare, feels comfortable seeking it, and faces no conscious or unconscious bias in the process. We want healthier communities and a healthcare system that works for everyone.

*This paper uses the term "historically underrepresented" to define groups of people most vulnerable to bias in healthcare: people of color, women, and those who identify as LGBTQ. We acknowledge this is not a perfect term and does not capture the complex experience of any one group.

About the research

We partnered with Ribnik Research to survey 1,000 people[1] to generate insights we hope will help create a fairer, more equitable healthcare experience for all.

Gender
40%   male
60%   female

Race
 23%   Hispanic
22%   African American
20%   Asian
20%   Caucasian
15%   other

Sexual orientation
87%   heterosexual
8%   bisexual/asexual/pansexual
4%   homosexual
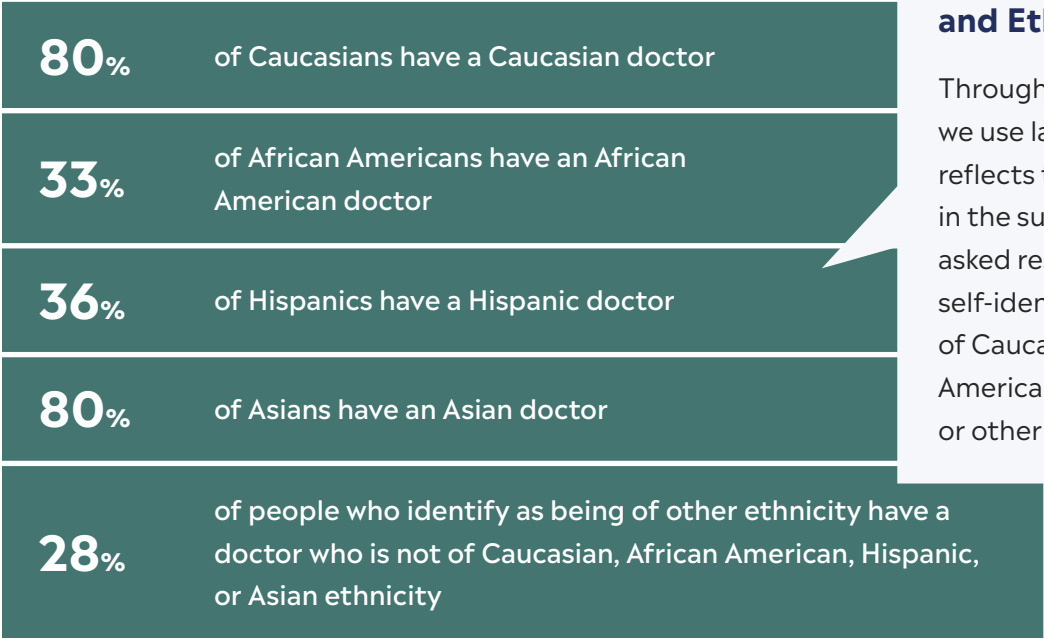1%   no answer

What We Learned

People select healthcare providers with whom they share traits.

People are more likely to choose a healthcare provider of the same gender, age, and ethnicity. People who gravitate toward providers with similarities likely do so because they believe they will experience less discrimination, will be given better care, and can trust the provider more.

Gender

67%	67%
of men have a male doctor	of women have a female doctor

Ethnicity

80% of Caucasians have a Caucasian doctor

33% of African Americans have an African American doctor

36% of Hispanics have a Hispanic doctor

80% of Asians have an Asian doctor

28% of people who identify as being of other ethnicity have a doctor who is not of Caucasian, African American, Hispanic, or Asian ethnicity

Survey Results and Ethnicity

Throughout this report, we use language that reflects the terms used in the survey, which asked respondents to self-identify as being of Caucasian, African American, Hispanic, Asian, or other ethnicity.

For each of these ethnic groups, the percentage of people who had a doctor of their own ethnicity was significantly higher than the percentage who had a doctor of another particular ethnic group. Given the higher percentage of physicians who identify as white/Caucasian (56%, compared to 17.1% who identify as Asian, 5.8% as Hispanic, and 5% as Black or African American),[2] these numbers reflect an overwhelming preference of people to select a doctor of the same ethnicity.

Experiences of bias and discrimination in healthcare go beyond direct discrimination.

Imagine being hesitant to visit a provider you were referred to because you fear they will treat you differently based simply on who you are. Our research found that this concern is impacting a large portion of individuals.

People report being very or extremely concerned about discrimination based on:
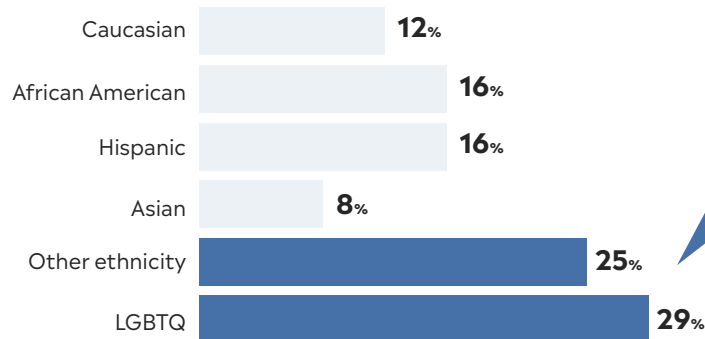
26%
Language spoken

26%
Ethnicity/ race

23%
Gender

20%
Sexual orientation

People of some groups are significantly more likely to have experienced discrimination in healthcare:

| Group	Percentage
Caucasian	12%
African American	16%
Hispanic	16%
Asian	8%
Other ethnicity	25%
LGBTQ	29%

People who identify as being part of the LGBTQ community or an ethnic group other than Caucasian, African American, Hispanic, or Asian are significantly more likely to have experienced discrimination in healthcare.
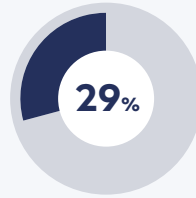
Fifteen percent of respondents say they have encountered discrimination while looking for or receiving healthcare.

Of the 15% of respondents who have experienced discrimination in healthcare, they feel the discrimination was due to:
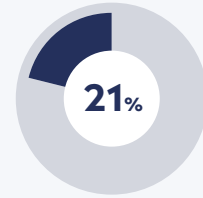
Among African Americans who have experienced discrimination, 77% feel it was due to their ethnicity or race.
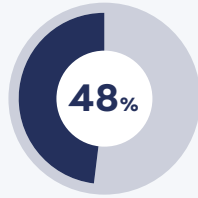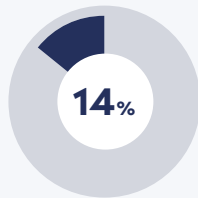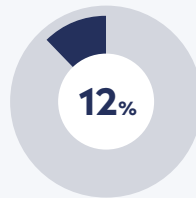
48% Ethnicity/ race

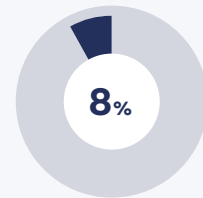**29%** Gender

21% Other (e.g. age, insurance type, weight)

Nearly half of people who identify as LGBTQ feel they have been discriminated against based on sexual orientation.
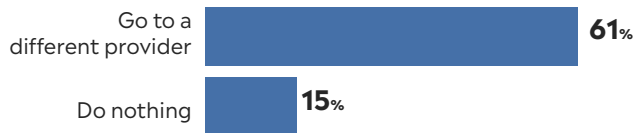
14% Sexual orientation

12% Religion/cultural background

8% Language(s) spoken

What do people do when faced with discrimination?

Go to a different provider **61%**

Do nothing **15%**

Other actions include changing insurance coverage (7%), discussing the discrimination with the offending provider (13%), or discussing with someone else at the provider's office (21%).

When people feel discriminated against, trust plummets.

This matters because studies have shown that a higher degree of patient trust in a physician leads to higher adherence and better outcomes, including improved health- related quality of life and shared decision-making.[3] A patient who feels their provider represents them is more empowered to ask questions and be assertive—and more likely to follow the provider's advice down the road.[4]

Understanding bias

Bias isn't always conscious. Unconscious or implicit bias can have a detrimental effect as well—research has shown that implicit bias can lead to differential treatment of patients by race, gender, weight, age, language, income, and insurance status.[5] Medical literature demonstrates that racial and ethnic minorities and women receive less accurate diagnoses, fewer treatment options, and less pain management, resulting in worse clinical outcomes.[6]

Strategies to address the impact of bias on clinical care decisions include establishing monitoring systems that compare processes or outcomes by race,[7] educating healthcare professionals about implicit bias,[8] and practicing evidence-based medicine.[9]

Health plan websites are important tools to help people find the providers they want.

Health plans have a key role to play in facilitating trusting relationships between patients and providers that improve the system for everyone and increase access to care. Helping people find a provider who matches their criteria is an important way to do this.

Half of our respondents looked for a new provider in the last year, and more than half (54%) said they use health plan websites to find new providers (more than any other source).

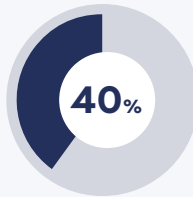Nearly two-thirds (63%) have used their health plan's website to research a provider.

Most frequently searched provider details via health plan websites:
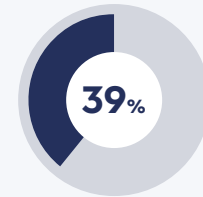
Provider's distance from their home	66%
Hospital affiliation	63%
Years in practice	61%

Members are also looking to other people for advice:
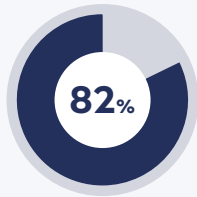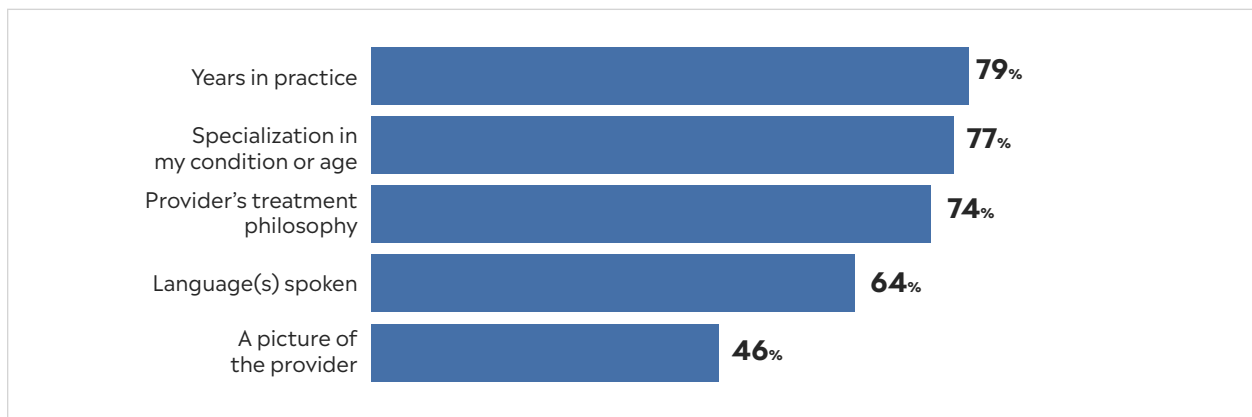
82%
have used or would
use reviews

40%
look at the rating or
number of stars given

39%
look at the type of
experiences people had

Members want more robust information from provider directories.

Beyond the big factors highlighted in this report (ethnicity, gender, and languages spoken), people say they would find several non-traditional pieces of information helpful in a provider directory, including:

Years in practice	**79%**
Specialization in my condition or age	**77%**
Provider's treatment philosophy	**74%**
Language(s) spoken	**64%**
A picture of the provider	**46%**

Why are shared traits so important?

While a variety of factors go into selecting a healthcare provider, it's clear that some members want to be able to find a provider who has traits in common with them. One powerful reason why shared traits matter: About half of consumers feel that having shared traits with their healthcare providers assures better care and more open discussion, mostly due to the provider being more understanding (37%) and more relatable (26%). Better care and more open discussion equals happier members.

Provider quality and experience are important.

When it comes to finding a new healthcare provider, whether it be via a health plan website or the internet (the two most common ways people search for provider information), people consider the following characteristics to be most important:

Characteristic	Percentage
Quality of care	95%
Education/training	84%
Ratings/reviews	73%
Specialization in my age or condition	70%
Treatment philosophy	70%
Distance from your house	68%
Years in practice	67%
Hospital affiliation	56%
Language(s) spoken	47%
Picture of the health care provider	27%
LGBTQ+ friendly	22%
Age	21%
Gender	18%
Ethnicity/race	13%
Religion/cultural background	13%

Regardless of gender, ethnic background, or sexual orientation, we all want the same thing—access to quality care for ourselves and our loved ones.

Our survey found that education/training, ratings, and treatment philosophy are much more important to people who identify as Hispanic. People who identify as African American are more likely than those of other ethnicities to consider ethnicity/race a helpful characteristic for a provider directory; given the history of discrimination in the U.S., this could be because they believe that an African American doctor is more likely to give them the quality care they're searching for.

Again, trust is a critically important underpinning of the patient-provider relationship. Helping people from all communities feel confident in the care they receive—and the provider who administers it—goes a long way toward improving access, decision-making, and outcomes.

Preferences vary between specialists and primary care providers.

While several factors play an important role in finding a new provider, looking specifically at what is important when it comes to a relationship with a primary care provider (PCP) versus a specialist offers interesting insights. PCPs are the most frequently visited healthcare providers (78% of respondents visited a PCP in the last year), and people consider different factors when selecting a PCP than when choosing a specialist.

	Important to know this about **PCPs**	Important to know this about **specialists**
Location	28%	3%
Gender	18%	7%
Specialization	10%	21%
Years in practice	8%	15%
Hospital affiliation	11%	14%
Medical school attended	6%	14%
Training	8%	13%

Especially interesting is the fact that people are likely selecting PCPs that are more like them (based on the traits that are more important). Specialists, on the other hand, are typically chosen for a specific task or procedure rather than for an ongoing relationship, so looking for someone with similar traits may be less important.

Location and gender are more important when it comes to choosing a primary care physician **(PCP)**, while specialization, experience, affiliation, and education/ training are more important when choosing a **specialist**.

Endnotes

1 Research conducted between December 29, 2020 and January 14, 2021.
2 "Diversity in Medicine." Association of American Medical Colleges, 2019.
3 Huang, Ellery Chih-Han, Christy Pu, Yiing-Jenq Chou, and Nicole Huang. "Public Trust in Physicians-Health Care Commodification
   as a Possible Deteriorating Factor: Cross-Sectional Analysis of 23 Countries." Inquiry, SAGE Publications, 2018.
4 "Diversity Is Important in Healthcare Programs: Ameritech College." Ameritech College of Healthcare, July 10, 2020.
5 "Implicit Bias in Health Care." The Joint Commission, April 2016.
6 Enekwechi, Shantanu Agrawal Adaeze. "It's Time To Address The Role Of Implicit Bias Within Health Care Delivery: Health Affairs Blog." Health Affairs, January 15, 2020.
7 "Implicit Bias in Health Care." The Joint Commission, April 2016.
8 "Five Strategies to Combat Unconscious Bias." NursingCenter, November 2016.
9 "How to Reduce Implicit Bias." Institute for Healthcare Improvement, Sept. 28, 2017.

Small steps to more equitable healthcare for all.

Healthcare is inherently personal, and the decision-making process is just as personal. Health plans today have an opportunity—and some might say it's a mandate—to amp up the personalization and guidance they offer. There's a lot more that can be done to improve the healthcare experience and give people the information they need, in a way that's digestible and easy to understand.

Our research is clear: While the provider qualities that matter may differ between people and between groups of people, robust information can help members feel more confident about finding the right match for them. Health plans seeking to improve cultural competencies and address SDOH may want to add additional data points, such as provider photos or languages spoken, to their provider profiles. Plans can also work to incorporate reviews into the member engagement strategy, so more experiences are shared by members for others to consider as they research new providers. Providing a deeper level of detail will only build greater

trust between health plans and members. Higher levels of trust, in turn, tend to lead to better health over the long term.

Data, however, is only valuable if it's accurate. Ensure that you're partnering with providers, provider networks, or other organizations to ensure that the information your provider directories present is up to date. You can also consider leveraging your relationships to conduct focus groups within your networks; conversations with people who are close to members can shed insight into ways to improve the experience for providers as well as members.

We have a lot of work ahead of us to ensure a fair and equitable healthcare system for all. There's no silver bullet and change will require an ongoing commitment to understand and care for the whole person, regardless of race, ethnicity, and sexual orientation. We can take a small step by providing a better digital experience for members.

Together, we can make healthcare better for all.

Visit **KyruusHealth.com** to learn more about creating personalized member experiences.