

Introduction

From our research with employees, we learned about challenges employers may face when communicating with their workforce about evidence-based health care. We describe these communication challenges in this research report. Each company is different, but knowing about these communication challenges can help you anticipate how your employees may react to concepts and messages in your communications about evidence-based health care.

Background on the Communication Toolkit and this research report

This research report on communication challenges is one part of a Toolkit for employers (*Communication Toolkit: Using information to get high quality health care*). The Toolkit was developed by the American Institutes for Research in collaboration with McGee & Evers Consulting, Inc., with funding from the California HealthCare Foundation.

The Toolkit was developed based on extensive research, including:

- Focus groups and individual interviews with union and non-union employees (totaling 93 participants).
- A national online survey of 1,558 employees, done by the National Business Group on Health in partnership with the American Institutes for Research and McGee & Evers Consulting, Inc. This survey collected information from employees about health care attitudes and behaviors, health information needs, preferred sources of health information, and health care decision making.

This document from the Toolkit summarizes the communication challenges that were identified in this research. To illustrate these challenges, this report

includes quotes from employees and selected findings from the national survey.

For help in addressing the communication challenges described in this research report, visit the Toolkit website (www.businessgrouphealth.org) for the following resources:

- A collection of “workforce materials” you can download and adapt for use in communicating with your employees about evidence-based health care. These documents have been tested with employees for comprehension and appeal.
- *Using the Toolkit to Explain Evidence-Based Health Care* (a pdf document you can download). This document tells you what you need to know before you use the workforce documents with your employees. It points out essential features of these documents and offers suggestions for helping employees understand and apply basic concepts of evidence-based health care.

Summary of communication challenges

Communicating with employees about evidence-based health care has four challenges:

Communication Challenges

- 1** Employees may not fully understand the concepts and goals of evidence-based health care. In addition, their values may differ from the values that evidence-based health care emphasizes.
- 2** Employees may view the adoption of evidence-based health care as unnecessary or irrelevant to them.
- 3** Employees tend to be suspicious of employers’ motives for adopting evidence-based approaches.
- 4** Employees can feel overwhelmed by what they think evidence-based health care is demanding of them.

Communication Challenge

- 1 Employees may not fully understand the concepts and goals of evidence-based health care. In addition, their values may differ from the values that evidence-based health care emphasizes.

Evidence-based health care is complex and difficult to understand

Evidence-based health care is complex and difficult for employees to understand, regardless of how savvy they are. Most employees don't know what evidence-based health care really means. Furthermore, terms like "medical evidence," "quality guidelines," and "quality standards" are unfamiliar and confusing.

National survey finding

In the survey, only half of the respondents said that they had heard of the term "medical research," and only one in three had ever had a physician discuss findings from medical research with them.

Adding to the complexity is the fact that employees' beliefs and values may be at odds with the values of evidence-based health care. Evidence-based health care emphasizes such values as using medical evidence and quality standards to make decisions; reducing the underuse, misuse, and overuse of health care resources; and encouraging consumers to be actively involved in their own health care.

Employees' values may differ from the values evidence-based health care emphasizes

Employees often have values and beliefs that differ a great deal from those emphasized by evidence-based health care:

- **Employees generally believe that more care is better care.** To employees, the idea that getting *less care* could actually mean getting the *right care* is both unfamiliar and counterintuitive.
- **Employees generally believe that new types of care will be better care.** Employees strongly value innovative health care—and they tend to assume that new drugs and treatments represent advancement. They believe that when someone is sick, quality care can mean trying as many things as possible, including new or alternative treatments.
- **Employees generally believe that good quality care costs more.** Employees tend to believe that people get what they pay for—so it makes sense for quality care to cost more. Employees don't understand that they could potentially pay less and still get higher-quality care.

National survey finding

Over a third of employees agreed that higher-quality treatments usually cost more. A quarter disagreed, and the other third were not sure.



- **Employees generally believe that their doctors—not health care benefits rules—should dictate what medical care is appropriate and available.** Employees think that their doctors know best. They think that doctors’ treatment decisions shouldn’t be constrained by health care benefits—and that health plans shouldn’t be second-guessing doctors’ judgments.

Quote from employee

“This health care system discriminates against doctors who give you better care. A woman in my church with stage 4 cancer said ‘I want the best care,’ she had the best cancer doctor, and he recommended a test drug. But the insurance company didn’t want to pay because it cost \$200,000 a year and it’s not protocol. The insurance company is always going to say ‘not proven.’”

- **Employees may not think that it is appropriate to discuss treatment decisions or health care quality in terms of health costs.** Some employees believe that costs shouldn’t be considered when deciding which treatment is appropriate or when evaluating quality. They want decisions about medical treatments to be based on what a person needs—not on what a treatment costs.

So, communicating about evidence-based health care can put you in the position of trying to promote values and encourage behaviors that go against your employees’ point of view. And, if the information you give employees doesn’t mesh with their beliefs, they will likely find it hard to accept.



Based on their understanding and values, employees can form strong opinions that affect your ability to communicate with them

Employees’ values and limited understanding can lead them to form strong opinions about evidence-based health care. Some of these opinions are based on misconceptions, and some are not—but, either way, they can affect your ability to communicate effectively.

- **Quality of care guidelines and standards constitute restrictions on choice.** Some employees are concerned that guidelines put too many limitations on patient choice and take medical decision making away from patients and their doctors.

Quote from employee

“Using medical guidelines sounds like... your doctor can’t give you other treatment without approval. It’s taking your choice away and putting the decision in somebody else’s hands.”

- **Quality guidelines and standards are designed to protect everyone except patients.** Instead of focusing on how guidelines can help ensure good patient care, some employees see guidelines as ways to protect employers and insurers from paying too much and to protect doctors from potential lawsuits.

Quote from employee

“This is just a way for doctors to say, ‘I’m following the national guidelines, so you can’t sue me if something goes wrong.’”

- **Quality standards and guidelines represent an inflexible “one size fits all” approach to health care.** Employees are concerned that “guidelines” and “standards” ignore the needs of individual patients. Employees point out that each individual is unique—and that the same medical care isn’t appropriate for all patients.

Quote from employee

“I’m always skeptical of standardizing anything. The individual has to be considered, because we don’t all fit the guidelines. I don’t want anyone to say that my medical care has to fit into this box.”

- **Quality standards and guidelines can be barriers to medical innovation.** Employees are concerned that guidelines might discourage new approaches. The best doctors aren’t hampered by medical guidelines—they look for innovative treatments.

Quote from employee

“The best places, like for cancer research, they think outside of the box. Making guidelines is playing with your life, and good doctors don’t follow them. It’s thinking outside the box that helps you find a treatment that works.”

- **Quality standards and guidelines can be biased.** Typically, employees don’t understand that a large body of medical evidence is used to create standards and guidelines and that doctors who are experts in their field play a central role in developing guidelines. Because of this, employees tend to be skeptical about guidelines, questioning who evaluates the medical evidence and sets standards for care.

Quote from employee

“How do we know whether the information behind the guidelines is valid and reliable? Maybe all they have to back it up is one study of ten people. And even if there are many studies, who’s behind those studies? Who’s got their hand in their pocket? Do the guidelines really favor us, or do they favor a drug company out there?”



Communication Challenge

- 2 **Employees may view the adoption of evidence-based health care as unnecessary or irrelevant to them**

When employees are confused about what evidence-based health care really means and how it is used, they have trouble understanding how evidence-based approaches could be relevant or beneficial to them.

- **Employees may think that evidence-based health care is nothing new.** Employees tend to assume that their health care providers have always based decisions on medical evidence.

Quote from employee

“Of course my doctor uses evidence-based medicine. He makes decisions based on the available evidence—things like my test results and medical history.”

- **Employees are generally unaware that quality of care does vary and that some care does not meet minimum standards.** Employees assume that health care providers follow existing quality standards or guidelines. Although employees can imagine a health care provider going “above and beyond” quality standards, they find it hard to believe that a provider (particularly their provider) could deliver substandard care. Employees assume that they are getting quality care (even when they are not)—so evidence-based health care seems unnecessary.

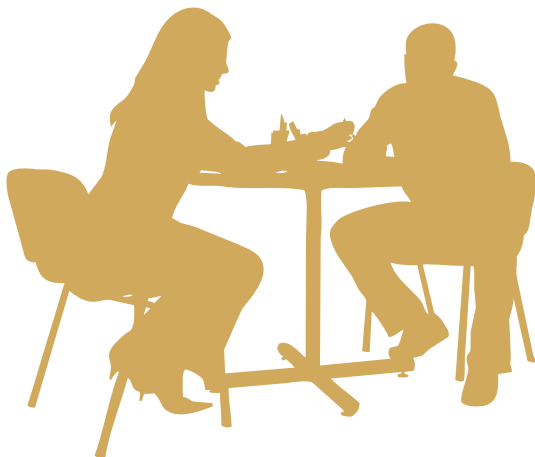
National survey finding

One reason employees may not know how much the quality of care can vary is that they do not see or use information that compares quality. Only 17% of employees had seen and used information that compares the quality of hospitals, health plans, or doctors.

- **Employees may feel that they *don't need any standards to help judge the quality of care.*** Some employees feel that they themselves are in the best position to judge the quality of the care they are getting. Quality information and standards aren't relevant.

Quote from employee

“Who are they to tell me about the quality of my doctor?”



Communication Challenge

3 Employees tend to be suspicious of employers' motives for adopting evidence-based approaches

Employees are often suspicious when they hear that their employer is adopting or promoting evidence-based approaches to health care. They question why their employer is getting involved and make assumptions about what the employer has to gain.

When employees question their employer's motives, it's hard to get them to consider the possible benefits of an evidence-based approach.

- **To employees, it may seem that employers care more about saving money than about employees and their health.** Although there are exceptions, many employees believe that employers care more about the “bottom line” than they do about employees' health. Consequently, employees may regard evidence-based approaches simply as a way for their employer to control costs.

Quote from employee

“I think they're just trying to cut costs—I don't think employers are looking at our health at all. They're looking at what will cost them the least. I don't think that employers would even give us benefits if they didn't have to.”

- **To employees, it may seem that employers are overstepping their bounds.** When employers use medical evidence as a basis for changing health care benefits or as a way to encourage employees to make behavior changes, employees can react negatively. Employees may feel that their employer is acting inappropriately, or trying to influence treatment decisions that should be made by patients and their doctors.

Quote from employee

“My employer is my employer. Why should they be telling me anything about my medical treatment? That’s up to me and my doctor.”

- **Employees are especially distrustful when cost increases are accompanied by cutbacks in benefits or new restrictions on access to care.** When changes include reduced benefits or new layers of control over how and where employees can get care, it’s very hard for employees to view the changes as being about anything other than money.

Quote from employee

“My employer is saying to us, ‘We’re getting rid of this, we are going to control you more, and we’re also going to charge you more.’ And then they try to tell me that the changes are designed to help make sure I’m getting the best care? It’s a little hard to swallow.”

- **Employees are suspicious that benefit changes based on evidence-based health care might just be the first step toward more severe health care coverage restrictions.** Initially, the benefit changes might focus on rewarding healthy behaviors. But employees are concerned that the next step could be coverage restrictions or higher costs for the people who have chronic conditions, such as asthma or diabetes, and the people who have unhealthy behaviors, such as smokers.

National survey finding

In the survey, 66% of respondents agreed that it is appropriate to have employees *pay less* for their health insurance or medical care if they have a healthy lifestyle or participate in employer-sponsored programs to lead a healthier lifestyle. Respondents who characterized their own health as “excellent” were most likely to agree.

Nearly half (47%) of survey respondents agreed that it is appropriate to have employees *pay less* for their health insurance or medical care if they use the treatments and drugs that work the best, based on findings from medical research.

Only 41% agreed that it is appropriate for employees to *pay less* for their health insurance or medical care if they use doctors who score high on quality ratings.

- **Employees do not trust employers as sources of health and medical information as much as they trust other possible sources.**

National survey finding

As sources for health information, employees trust doctors and nurses much more than they trust employers and health plans. Specifically, 72% said doctors were a “very” or “completely” trustworthy source of health information, compared to 66% for nurses, 34% for health plans, and only 22% for employers.

Nonetheless, most employees did want certain types of health care information from their employers. Specifically, 55% thought employers should give employees quality ratings for each available health plan and 50% thought they should tell employees how to find health care quality information.

Communication Challenge

4 Employees can feel overwhelmed by what they think evidence-based health care is demanding of them

When employees hear about evidence-based health care, it can seem like one more responsibility on their already overcrowded plates. Furthermore, employees can feel challenged by what they think evidence-based health care is asking of them, and they worry they will be expected to assume sole responsibility for ensuring they get high-quality, cost-effective care.

- **Although employees need to learn more about evidence-based approaches, they can feel inundated by information.** Having to read and learn about evidence-based health care seems burdensome to them. Moreover, some of the information can be difficult to understand and use.

Quote from employee

“Sometimes you get so much information that you just don’t know what to do with it anymore. I sit down to read something, and the more I read, the less I know.”

National survey finding

Over half of employees surveyed agreed that most available medical information is too hard for the average person to understand.

- **Many employees have little experience engaging in the behaviors expected of them.** Asking employees to use evidence-based health care means much more than asking them to learn new terms and concepts. It means asking them to become more actively involved in health-related decision making. This type of behavior can be both unfamiliar and intimidating to employees.

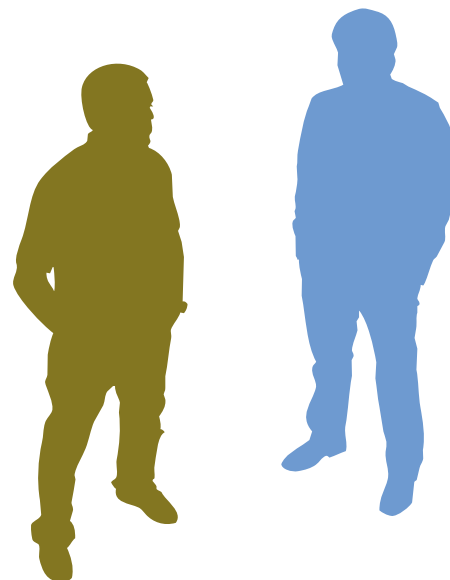
National survey finding

Results from the survey show that most employees lack experience with behaviors that they are being encouraged to adopt during their visits for medical care. For example, over half of employees (55%) have never taken notes during their visit. Over half (60%) have never brought in information they found online to discuss with their doctor. Just under half (45%) have never brought someone along to a visit to provide support or advocacy. Nearly one-third of employees (28%) have never brought a list of questions to ask their doctor.

- **When employees try to consider treatment costs, they may not know how.** Employees are also being asked to take into account the cost of treatment, along with its appropriateness and effectiveness. While employees may understand that considering treatment costs is important, they may not know how to do this. In addition, there is not much cost information available to them that is easy for them to understand and use.

National survey finding

In the national survey, a large majority of employees (74%) agreed that patients should find out about the costs of recommended treatments. Yet, as mentioned previously, a third (34%) of employees believe that higher-quality treatments cost more.



- **Although employees recognize the need to be actively involved in health care decision making, this task can seem daunting.** There is little guidance about what they should actually do.

National survey finding

Many employees who responded to the survey said they were trying to make either “small” or “substantial” changes toward a healthier lifestyle. Whether the goal was to make small or substantial changes, the findings were similar: most employees (57% or more) said it was “hard” or “very hard” for them to do.

- **Being actively involved in health care decision making can also be intimidating.** Many employees feel that they are being asked to move outside their comfort zone—for instance, by challenging a doctor’s judgment.

Quote from employee

“So, all this falls on us. We have to ask a lot of questions, and sometimes you don’t even know the questions to ask.”

National survey finding

Over a third of employees surveyed have not asked questions or have not told the doctor about medical problems because the doctor seemed rushed or because they were unsure about how to talk about their problems.



COMMUNICATION TOOLKIT:

Using Information TO GET High Quality CARE



The Communication Toolkit will help you address these challenges

For help in addressing the communication challenges summarized in this research report, visit the website of the National Business Group on Health (www.businessgrouphealth.org) and look for the *Communication Toolkit: Using information to get high quality health care*. The workforce materials and practical advice in the Toolkit will give you a head start in communicating more effectively with employees about evidence-based health care.

This Toolkit was developed to help employers, labor unions, and others frame and deliver messages to employees about the meaning and importance of evidence-based health care. This Toolkit was developed by the American Institutes for Research (Kristin Carman, PhD, Project Director) and McGee & Evers Consulting, Inc., with funding from the California HealthCare Foundation.

To access the Toolkit, visit the website of the *National Business Group on Health* (www.businessgrouphealth.org), where you will find the following Toolkit resources:

- **Workforce materials to download and adapt for use with your employees.** This collection of Microsoft Word documents is available for you to download free of charge and adapt to suit your needs. The documents have been tested with employees for comprehension and appeal.
- **Documents that provide background and suggestions to help you communicate more effectively with your workforce about evidence-based care.**
 - *Using the Toolkit to explain evidence-based health care.* This document points out essential features of the workforce documents and gives tips on how to use them. A companion document, *How to customize the Toolkit workforce materials: Technical help with text and photos*, explains things to know about customizing the Microsoft Word documents and using the photos.
 - *Communicating with employees about evidence-based health care: Communication challenges.* This research report summarizes findings from the research that was done to inform the development of the Toolkit. This research included focus groups and interviews with employees and others, and a national web survey of employees.