



A View Into Consumer Preferences & Attitudes:

The Accolade Consumer Healthcare Experience Index

Understanding Consumer Preferences

More than ever before, consumers must make difficult choices in maneuvering complex health and benefits systems. Most of us make thousands of small decisions at a time when we’re ill, injured, stressed or simply uninformed — What are my options? Where should I go? What will my insurance cover? How much will I pay? Can I wait?

To better understand how “healthcare consumers” feel about their evolving role, we’ve developed the Accolade Consumer Healthcare Experience Index. This survey zeroes in on key elements of healthcare consumerism to assess how individuals are making health-related decisions, what’s impacting them and what we can do to help.

To use healthcare, consumers must navigate through complex and fragmented systems created by different sponsors for different reasons. Along the way, they make a series of choices, sometimes thousands of small decisions — often at a time when they’re sick, injured or frightened, or maybe just not focused or informed.

While many health plans, hospitals and other organizations have collected information on patient satisfaction, we wanted to capture the consumer’s perspective on the broader healthcare experience — beginning with selecting medical benefits through to the delivery of care. This research shows that consumers are clearly looking for a different experience, and that insured Americans are sorely lacking healthcare knowledge, resources and support.

Overall, the state of the consumer healthcare experience in the United States is not very satisfactory. Most of us don’t feel knowledgeable enough to make good healthcare decisions.

Nearly one-third (32 percent) of insured Americans say they are uncomfortable with their personal knowledge and skills navigating their medical benefits and the healthcare system. This is higher even than the percentage of those uncomfortable buying a home (25 percent) and twice as high as those indicating they were uncomfortable purchasing a car (15 percent) or technology/electronics (16 percent). In fact, in a different question, 15 percent of respondents went as far as to say their lack of healthcare knowledge contributed to a poor healthcare decision. [See Figure 1]

“People’s understanding of healthcare is not necessarily related to their education level,” says Saul Weiner, MD, co-founder and co-principal of the Institute for Practice



“Americans are more comfortable buying a house than buying healthcare services ...”

Conducted online within the United States by Harris Poll on behalf of Accolade, the survey included 2,046 adults ages 18+, among whom 1,536 had health insurance through their employer, private insurance or Medicare.

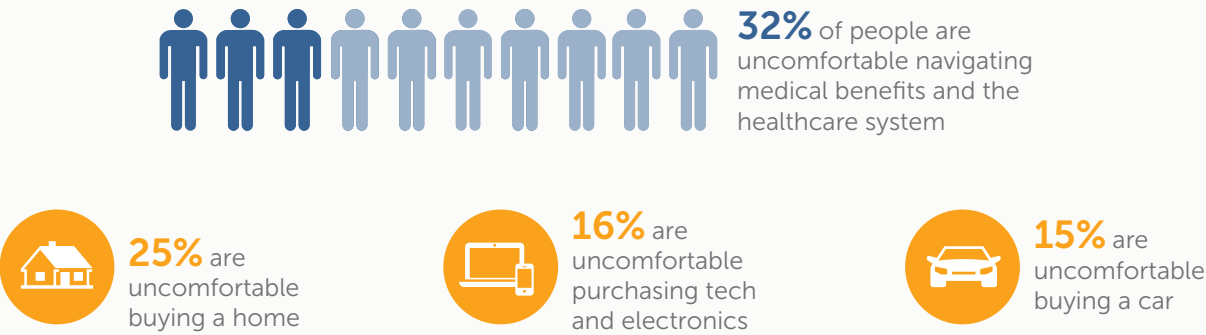
and Provider Performance Improvement (I3PI). “The knowledge required is so specific that a person can have a PhD and still be at a loss.”

Further analysis shows that Young Workers (see page 13 for group descriptions) are the least comfortable in decision-making across all categories — except for shopping for technology/electronics, where their comfort level is the highest. Just 56 percent of young workers are comfortable (44 percent uncomfortable) navigating the healthcare system, while Retirees are the most comfortable doing so, with 76 percent claiming comfort.

The widespread discomfort is valid: In healthcare, nearly everything is inconvenient, confusing, slow and opaque. Our sick-care system has been built around hospitals and specialists. Consequently, in this time of rising consumer expectations, the user experience in healthcare is falling behind, particularly when compared with the likes of Uber, Amazon, or Open Table, according to research from consulting firm Oliver Wyman.

One-touch summoning of an Uber ride is, obviously, not the same as navigating a complex medical situation. But people have come to expect a mobile, personalized, follow-them-anywhere, hassle-free experience in all other aspects of their life. Why would they not expect the same for the majority of their health and wellness needs? Oliver Wyman research also shows that we are at the start of a major shift — the transition to “Health Market 2.0,” a market in which consumers shop with their feet in order to find a more personalized, transparent experience, and innovators are focused on the fact that consumer preferences and needs change based on real-time life circumstance and type of health decision.

FIGURE 1
Consumers are uncomfortable with their knowledge of healthcare



MEET THE EXPERTS

We turned to three thought leaders in the healthcare, employee communications, and workforce productivity for additional perspectives on some of the primary themes in the survey findings:

- The inherent issues related to an evolving healthcare ecosystem
- The impact of individual life circumstances in healthcare decision making and behaviors
- The information gaps that inhibit employees’ understanding of their benefits and engagement with health programs

Jennifer Benz, Benz Communications

Jennifer Benz is CEO and founder of Benz Communications, a leading consulting firm located in San Francisco. Her clients include the “100 Best Companies to Work For” such as NVIDIA, Adobe, Intuit and NetApp and large organizations such as Danaher and the University of California. Ms. Benz is a nationally recognized expert in employee benefit communication and is frequently quoted in publications, including *Fast Company*, *Human Resource Executive* and *Workforce Magazine*. She has also testified before the U.S. Department of Labor’s ERISA Advisory Council twice regarding retirement education, and was named one of *Workforce Magazine*’s “Game Changers” in 2013. Benz Communications has published a report, 2014 Inside Benefits Communication Survey, which is relevant to our findings here. A summary is available at <http://benzcommunications.com/blog/benz-communications-nbch-release-2014-inside-benefits-communication-survey-report>.



Saul Weiner, MD, The Institute for Practice and Provider Performance Improvement (I3PI)

Dr. Saul Weiner’s background is in internal medicine and pediatrics, and his research is focused on patient-centered decision making and the challenge of individualized care. He is the co-founder and co-principal of the Institute for Practice and Provider Performance Improvement (I3PI), which employs direct observation of practitioners to help practices and providers improve the quality of the care they provide to patients. He is also deputy director of the Veterans Affairs (VA) Center of Innovation for Complex and Chronic Healthcare and is a professor of medicine, pediatrics and medical education and vice provost of planning and programs at the University of Illinois in Chicago. Dr. Weiner has recently co-authored a book, *Listening for What Matters: Avoiding Contextual Errors in Healthcare*. More information on his work on the subject can be found at <http://www.contextualizingcare.org>.



Dave Ulrich, PhD

Dave Ulrich is the Rensis Likert Professor at the Ross School of Business, University of Michigan and a partner at The RBL Group, a consulting firm that increases business results through leadership, organization, and human resources (www.rbl.net). Ranked as the #1 management guru by Business Week, profiled by Fast Company as one of the world’s top 10 creative people in business, named a top 5 coach in Forbes and recognized by Thinkers50 as one of the world’s leading business thinkers, Dave Ulrich has a passion for ideas with impact. His bestselling books and popular speeches have shaped corporate agendas, and he has authored 30 books and 200+ articles that influenced three fields: organization, effective leadership and the HR profession itself. Dr. Ulrich has been called the “father of modern HR” and “HR thought leader of the decade” by focusing on HR outcomes, governance, competencies and practices. He has spoken to large audiences in 87 countries, performed workshops for more than half of the Fortune 200, and coached successful business leaders.



What’s Getting in the Way?

Today’s consumer journey is fragmented and fraught with complexity and confusion. Sometimes life gets in the way of making the best healthcare decisions, yet, consumers aren’t using the health-related programs available to them or getting the most from their “go-to” resources.

Consumers find dealing with healthcare-related activities to be a great hassle. They tell us a large part of their discomfort is associated with the complexities of today’s healthcare system — understanding, selecting, coordinating and managing multiple and diverse health-related resources. In fact, according to Oliver Wyman, most consumers lack sufficient understanding of their financial exposure, funding sources and underlying decision rules.

A significant portion of Americans surveyed identified the following as the top-rated hassles:

- “Coordinating all the different aspects of benefits and healthcare” — 55 percent
- “Selecting and understanding what healthcare will cost me” — 53 percent
- “Understanding and selecting benefits” — 50 percent
- “Coordinating care across different doctors, specialists and facilities” — 41 percent
- “Using employer-sponsored benefits programs” — 30 percent

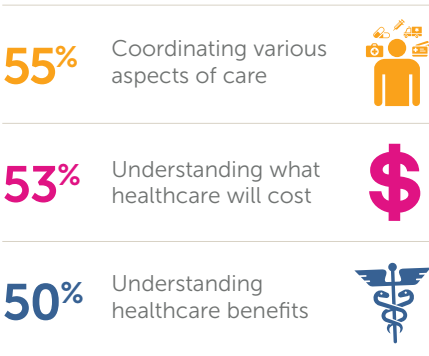
Intriguingly, Young Workers experience the highest level of bother from all sources — significantly higher than any other demographic group. Across all sources of healthcare hassles, there seems to a relationship to the person’s age: Perceived difficulties decrease as age increases. This is especially true for Retirees, who experience the fewest hassles in their overall healthcare experience and who, coincidentally, have the highest healthcare decision-making comfort.

Life Circumstances

Why are consumers not comfortable with their knowledge and healthcare experiences? It’s different for everyone. Finances, emotions, knowledge and competing responsibilities all factor into the equation differently, depending on life’s circumstances and the patient population, yet, the bottom line is that these contribute to poor healthcare decisions.

Top 3 hassles contributing to poor healthcare decisions

Consumers sound off on what’s preventing them from better decision-making.



Individual, personal issues often inhibit people’s ability to manage difficult healthcare situations and the complexities of the fragmented healthcare system. When asked which of the following life circumstances, if any, have contributed to a poor healthcare decision, the top three personal obstacles reported were:

- Finances, 31 percent
- Emotions, 26 percent
- Competing responsibilities, 19 percent [See Figure 2])

Young Workers report a much greater lack of healthcare knowledge, as noted previously, and significantly more trouble with financial issues (reported by 42 percent) than the other three groups (reported by 22 percent of each).

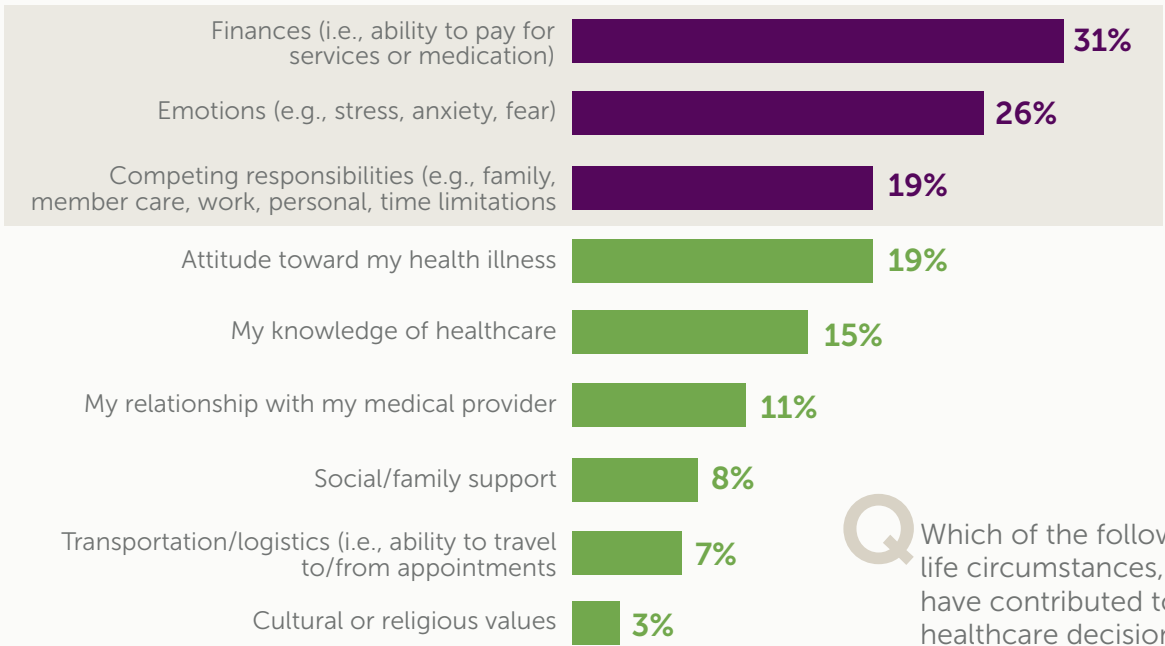
“Physicians, health plan providers, and employers all tend to grossly underestimate the importance of the issues caused by life circumstances,” says Dr. Weiner. “Separate research that I’ve been conducting for a decade has shown that addressing these issues is critical to getting the care plan right so that patients actually benefit.”

The cost of services and/or medications is the top reason for a poor decision, rated by 60 percent of Working Families, young workers and Older Workers. This is



FIGURE 2

Different life circumstances contribute to poor healthcare decisions



Q Which of the following life circumstances, if any, have contributed to a poor healthcare decision?

statistically higher than for Retirees, where only 43 percent say it was a factor (the majority being on Medicare). Forty-two percent of Working Families say that competing responsibilities cause poor judgments. This was statistically much higher than for other groups, where it was reported by approximately 30 percent of respondents.

“Employers should take note of the extent to which people’s finances can stand in the way of making good health decisions,” suggests Jennifer Benz, CEO and Founder of Benz Communications. “There are unintended consequences, for instance, of moving employees into high deductible plans that can affect health and productivity in the long term.”

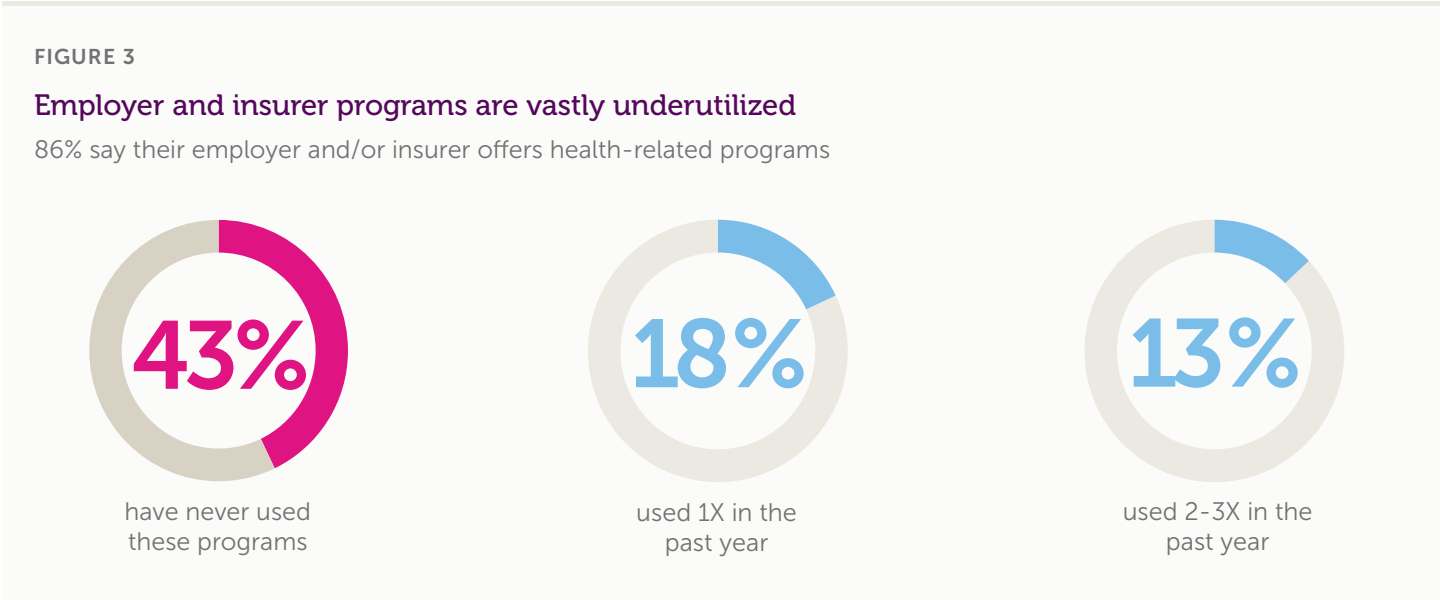


Underutilized Resources

Consumers tell us they simply aren’t using the health-related programs available to them. This means that employer and health plan investments in these valuable resources and costly programs are often being wasted. For example, 24-hour nurse lines, condition management programs, provider cost transparency tools, second opinion tools, wellness or fitness apps just aren’t used to any great extent.

Of the 86 percent who report they have employer or insurance company programs available to them, 43 percent have never use them at all. Additionally (Figure 3):

- 13 percent have used them only once in the past 12 months
- 18 percent used these programs 2-3 times over the last year
- 5 percent used them 4 to 6 times in the past 12 months



The reasons given for not using these programs were very straightforward:

- 29 percent say they are “not relevant for me”
- 15 percent “don’t remember what’s available”
- 14 percent say they’re “confusing”
- 13 percent “don’t like repeating the same information to different programs”
- 12 percent each say they “don’t have time” or “not enough information is available”

Young workers, along with Working Families, could use the most support in accessing healthcare benefits and care, yet they aren’t taking advantage of the resources currently available. While they do use these programs statistically more than Older Workers and Retirees, their usage still is quite low.

The biggest barrier to use is lack of relevance: Across all demographic segments, between 25 and 35 percent considered such programs irrelevant. This opinion was highest among Retirees. Working Families and young workers also give lack of time as their reason 22 percent of the time, which is significantly more than Older Workers or Retirees.

The Right Resources and Relationships

With the advent of healthcare consumerism, Americans want and need to make better decisions about their own healthcare and the care of their families — on everything from selecting and using benefits, to finding the right doctors, paying for care, understanding treatment options and coordinating care.

Consumer health and wellness decisions can be very complicated and vary by life circumstances, budget, personal outlook and employment status. According to Oliver Wyman, understanding preferences and circumstances, as well as real-time decision context (e.g., a child with the flu versus a broken bone), is essential to delivering a high-quality consumer shopping experience.

Since they don’t have the skills themselves, Americans want a resource they can trust to help them — someone they believe is knowledgeable and acts in their best interest when it comes to managing their health-related needs, such as getting the right care.

Just over seven in ten Americans (75 percent) with health insurance say their physician is their “go-to” resource when they need to make key healthcare decisions. A family member, friend or work colleague is the second choice for most at 45 percent.

But, less than half of Older Workers (49 percent) say they have someone/a resource to help them navigate the healthcare system.

The reasons given for not using health programs programs were very straightforward



Interestingly, physicians are the second most popular “go-to” choice for this group, with family and friends as their first choice. Internet websites rank third for this group.

While most people want their doctor to be their “go to” person when making healthcare decisions, many tell us it just isn’t working. Only a small portion (16 percent) say their physician understands them fully today. Among the 84 percent whose physician does not provide this support, more than 90 percent (or 75 percent of the total) say “it would be very or somewhat helpful if their physicians or healthcare resources took the time to better understand their personal/life circumstances, not just their current medical issue,” when discussing or delivering care. (Figure 4)

“Physicians sometimes forget that patients have a life outside of the treatment room,” says Dr. Weiner. “In the short time that they have with patients — roughly 12-15 minutes — many don’t have the time, inclination or training to pick up on what is happening in a person’s life that may be hindering the success of the care plan. While there are some physicians who are extremely good at paying attention to the patient’s life circumstances, most are not. There’s often a tendency to assume that if patients are not adhering to their treatment, it’s because they don’t know better or are not motivated. In reality, it may be that they are just trying to cope with difficult circumstances beyond their control. Patients can help physicians to understand this by speaking up and explaining what’s going on in very direct terms.”

“Less than half of Older Workers, 49 percent, say they have someone/a resource to help them navigate the healthcare system.”

FIGURE 4
One-dimensional physician relationships

While most turn to their doctor as their “go-to” resource when making healthcare decisions, consumers also want physicians to consider their personal lives.



Workplace Impact

While the impact of health-related issues is multifaceted, the survey confirmed that poor consumer healthcare experiences spillover into the workplace for many, with a decided impact on productivity and quality of work for employers.

On average, employed adults with health insurance spend 3.5 hours per month during work time dealing with (e.g., researching, understanding) health benefits, health insurance or healthcare-related issues, including health concerns/wellness concerns. Only 9 percent of respondents say they don’t spend time at work on healthcare. Overall, 9 in 10 consumers report they spend time dealing with health benefits and health-related issues while at work.

“Presenteeism is a huge issue in today’s workforce, and the survey results really underscore this fact,” save Dave Ulrich, PhD, Rensis Likert Professor of Business at the Ross School of Business, University of Michigan and Partner, the RBL Group. “And since a typical work week spans 40-50 hours, it’s not surprising that people are dealing with care concerns during working time. The issue is not just about missing work, but being distracted while at work.”

Even worse, 28 percent of employed adults with health insurance have experienced distraction (e.g., stress/anxiety that impacted focus and/or quality of work) as a result of dealing with health benefits or healthcare issues. And, 22 percent of consumers, or roughly 1 in 5, have missed work altogether as a result of dealing with health benefits or healthcare issues.

In the Working Families segment, the added demands of children were evident. Significantly more Working Families report spending time dealing with healthcare issues at work than either Older Workers or Young Workers. Nearly half of all Young Workers claim healthcare distractions caused stress that impacted their quality of work. Older Workers overall miss less work, are less distracted and spend less time dealing with healthcare issues.

“Simplification has become increasingly important for Human Resources teams,” continues Ulrich. “Complicated training processes, career management, performance reviews and compensation systems confuse employees and gain little attention. Employees are accustomed to simple solutions similar to the apps they have on smart phones, where they can quickly access information and make decisions. Healthcare is incredibly complex, so keeping this in mind when designing benefits programs, making changes and introducing new tools is really important.”

Dealing with health at work



report having to deal with health benefits and health-related issues at work.

Average time spent



Employed adults spend on average 3.5 hours per month during their work time dealing with researching and understanding health benefits, health insurance or healthcare-related issues.

Missed work



have missed work altogether as a result of dealing with health benefits or health-related issues.

A Spectrum of Needs in a Multi-Generational Workforce

A deeper analysis of respondent demographics revealed four mutually exclusive groups of survey participants and examined the similarities and differences among them. The analysis showed distinct clusters spanning the adult lifecycle from Young Workers and Working Families to Older Workers and Retirees, with each cluster revealing distinct differences in each group’s views toward their benefits and the healthcare system. In general, the older workers are, the more positive they are about their healthcare and benefits experience.

Overall patterns suggest that with more healthcare experience comes more confidence and satisfaction in using the system. Yet, while Retirees were the most satisfied and reported fewer problems, they still want and need help. As expected, Working Families have greater needs, but more surprisingly, Young Workers were clearly the neediest when it came to accessing benefits and services.

Young Workers

A significant portion of Young Workers need the most help in accessing, and benefiting from, health resources. Interestingly, they rely heavily on their family and friends as their “go-to” resource for healthcare information and counsel, yet only about 30 percent claim to trust these sources. Young Workers, more than any other group, seek providers who understand their life circumstances; 84 percent expressed a desire for this.

Young Workers reported significantly more trouble with their healthcare knowledge than other groups and admitted that this, along with financial issues, at times resulted in their making poor health decisions. They experienced the highest level of hassles in navigating their care, including understanding costs, coordinating care, choosing and understanding benefits, and finding a doctor they can relate to. In a related finding, this group reported the lowest positive experience with their healthcare and benefits (38 percent).

Young Workers take advantage of employer-sponsored programs statistically more than other groups. However, their usage is still not at high levels; they cite a lack of time and a lack of program relevance as their reasons.

The difficulties that these Young Workers experience with the healthcare system spill over into their workday. One quarter (25 percent) report missing work to deal with health and benefits issues, and 43 percent claim that healthcare distractions caused stress that impacted the quality of their work.

Consumers sound off on healthcare issues

38% of Young Workers are satisfied with their benefits/healthcare



37% of Working Family members are distracted by stress/anxiety related to healthcare issues



60% of Older Workers cite cost of healthcare services/medications as the top reason for poor decision-making



76% of Retirees are confident in their ability to make good healthcare decisions



Working Families

When it comes to taking care of health matters, respondents in the Working Families segment struggle with time constraints, the cost of services and competing responsibilities. They gave the second-lowest positive rating (42 percent) of their overall benefits and healthcare experience. Among all groups, more Working Families (84 percent) placed a value in having a single trusted resource to help them with their healthcare needs.

A high number of Working Families take advantage of wellness visits; their usage is equal only to that of Retirees. Even so, life circumstances impact their healthcare decisions: 60 percent give the cost of services and medications as the top reason, and 42 percent cite competing responsibilities as top reasons for making poor healthcare decisions.

This group expressed interest in employer resources, programs, incentives and applications, but their use of them is limited due to a lack of time and feeling that such programs are irrelevant.

Working Families report they spend significantly more time dealing with healthcare issues than Young or Older Workers. In fact, 33 percent spend time at work dealing with healthcare issues, 37 percent are distracted by stress and anxiety related to healthcare, and 24 percent have missed work altogether.

84% of Working Families placed a value in having a single trusted resource to help them with their healthcare needs.



Older Workers

Overall, Older Workers are the second most satisfied with their healthcare experience; even so, fewer than half (43 percent) gave it a positive rating. Similarly, fewer than half of respondents in this group have someone to help them navigate the system. Compared to Working Families, Older Workers miss less work, are less distracted by health issues and spend less time dealing with healthcare issues. At the same time, they report using employer resources and employer-sponsored programs less often.

When citing reasons for making poor health decisions, Older Workers listed the cost of services and medications 60 percent of the time — significantly more often than did Retirees.

Retirees

This group expressed the highest level of comfort in making healthcare decisions (76 percent) as well as the most satisfaction with their care and benefits. They reported fewer problems and perceive the system to be more hassle-free than other groups even though fewer than half have someone to help them navigate the system. Nevertheless, Retirees are significantly more interested in having their care providers understand their life circumstances. As the majority of respondents in this group are covered by Medicare, the cost of services and medications was not listed as a major reason for making poor health decisions. Retirees have less interest than other groups in the resources, programs, financial incentives and applications that employers make available.



RESPONDENT DEMOGRAPHICS

Survey respondents were clustered based on a common set of characteristics.

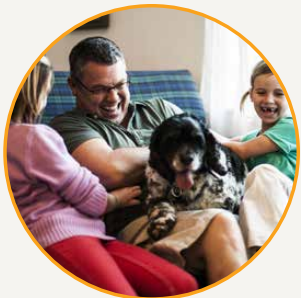
Young Workers

The characteristics of this group taken together paint a picture of a young generation. These were the youngest respondents, with a mean and median age of 29 and 28, respectively. They averaged a little over two adults per household with no children. As the most ethnically diverse group, they had the highest proportion of students and the smallest proportion of married adults — and the highest proportion of never married people with more than half never married. They were the most educated group, and, not surprisingly, had the lowest rate of home ownership overall.



Working Families

This group was labeled accordingly because it was the only one of the four groups that reported children under 18 living at home. The median constellation was two adults and two children, with the gender breakdown of 59 percent female, and 41 percent male. Respondents averaged 39 years old. This group reported the highest percentage of employer-sponsored healthcare insurance (75 percent) and the most smart phone users (96 percent). Eight in ten are married or living with partners.



Older Workers

Given their combined characteristics, this group was so named because of their average age of 56. This group, the largest of the four, had a mean number of adults in the home of 2.09, with very few children under 18 living in their homes. Of this group, only 61 percent had employer-sponsored healthcare insurance; 17 percent had private insurance and 22 percent, were covered by Medicare. One-third live alone, and they had the second highest level of home ownership at 74 percent.



Retirees

In this group, a full 97 percent was retired. They had a male majority of 56 percent, had the highest proportion of home ownership at 86 percent, and were the most likely to have been married (or widowed) at 90 percent. This was the only group to average less than two adults per household, and they had an average age of 69. No children under 18 lived with these adults.



What Can We Do?

Based on survey findings, it's obvious that consumers are looking for a better healthcare experience. So, what would most contribute to improving their overall experience? First and foremost, Americans tell us they want more personal, human support.

When it comes to getting help in selecting and using benefits, finding doctors, paying for care, understanding treatment options, coordinating care or answering other health-related questions, a vast majority of respondents — 80 percent — would find it valuable to have a single trusted person to help them answer questions for any health-related need.

"There is an expectation today that consumers should be 'CEOs of their own health,'" adds Dr. Weiner. "But, that's unreasonable. You can't be CEO of a company if you have no one reporting to you and don't have access to the information you need to make decisions. That's why it's so important to give people help from someone knowledgeable who isn't on a 15-minute time clock — someone who is specifically trained to be their advocate and to help them get the right care."

When asked to rank solutions for improving their overall experience as a consumer of healthcare, respondents most often mentioned personal help as their favored

solution. Almost half (47 percent) said they want, first and foremost, to have a single person they trust to help with all of their healthcare needs.

"Generally, employee retention derives from work opportunities. Health benefit plans are a part of this equation, but not the driving factor for most employees," says Ulrich. "Personalized help would send a message of connection with employees that goes beyond healthcare to signal social care. Employees often feel isolated from each other, and having a service that provides a human touch around one of the most personal aspects of their lives (healthcare) would not only be helpful, it would be a symbol of an organization's commitment to its employees."

Many of the other ranked options for bettering the consumer healthcare experience have been tried, yet, according to the survey, engagement in these programs is still very low. These include:

- More financial incentives to drive their healthcare decisions (32 percent)
- More individual programs available to help manage their health (24 percent)
- More resources from their employer or Human Resources team to answer benefits questions (20 percent)
- Digital/mobile apps to help them make healthcare decisions on their own (13 percent)

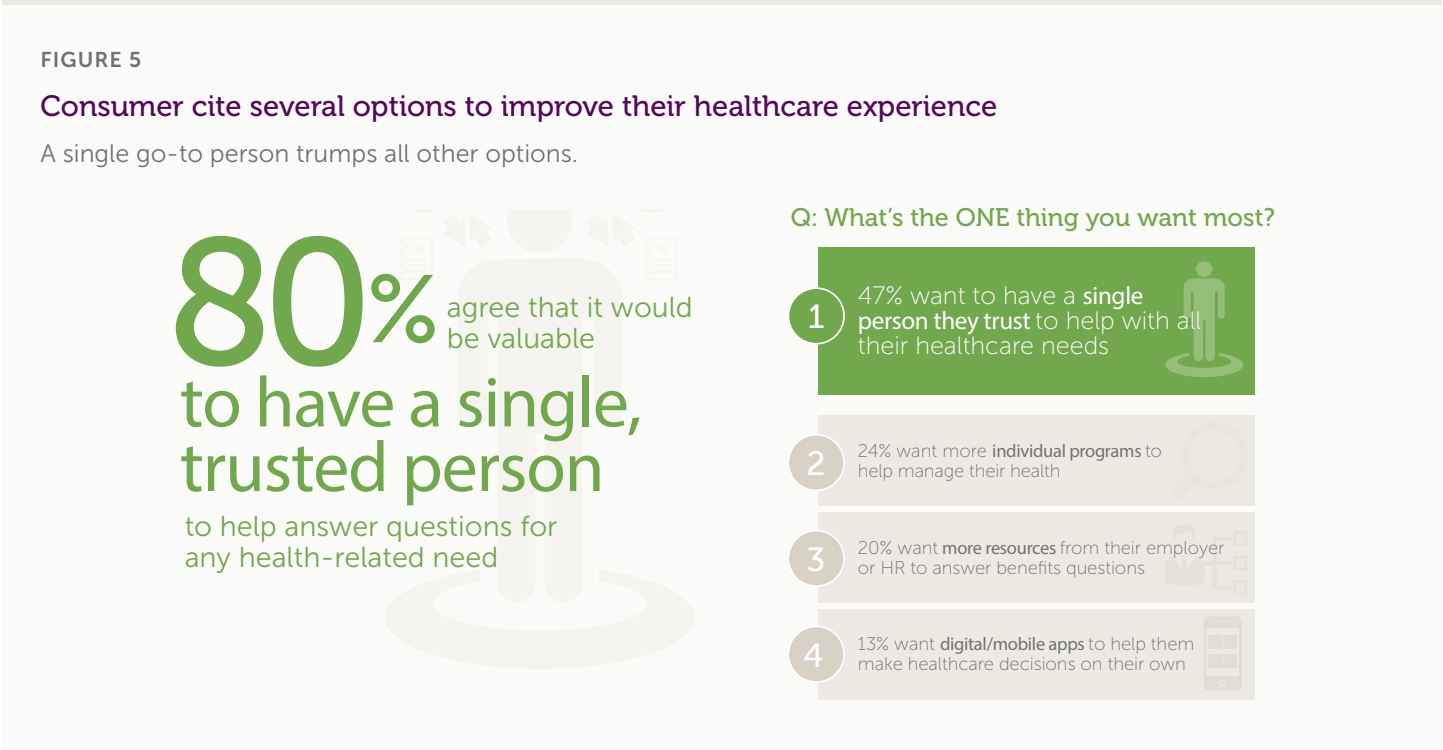
Since our survey confirms that nearly half of the health management programs are not used, it's clear that employers and health plans need to take action.

"Employers need to make sure that they're getting their money's worth from the programs they offer," concludes Dr. Weiner. "And that can mean giving employees that single, trusted source to help them navigate the system — someone who can appreciate and work with their unique life circumstances. At the same time, health insurers should be broadening their definition of quality care to include addressing a patient's life context — in other words, what's happening in their daily lives that influences care decisions and/or the ability to comply with treatment plans.. This cannot be seen in a review of a medical chart, but can have an enormous impact on the success of a care plan — and that ends up reducing healthcare costs."

"Employers and health plans want employees and their families to be smart consumers of healthcare, and they want people to take an active role," adds Benz. "But, the reality is that they feel absolutely ill-equipped to do this on their own. They want and need someone whom they can call for help at any time."

Our survey reinforces that people need — and want — help with their healthcare decisions. Too many Americans are lost in today's complex and confusing healthcare system. Employers have an opportunity to help them get the right care, avoid costly errors and boost productivity, which yields tangible results. By engaging people earlier in the process and more comprehensively, companies can consistently reduce their healthcare spending because employees and their families are using their benefits more efficiently and effectively than ever before.

“Employers have an opportunity to help people get the right care, avoid costly errors and boost productivity, which yields tangible results.”



More About the Survey

The Accolade Consumer Healthcare Index survey was conducted online within the United States by Harris Poll on behalf of Accolade among 2,046 adults ages 18 and older. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated. Harris Poll was not responsible for the analysis or reporting of the results. For complete survey methodology, including weighting variables, please contact lynn.shepherd@accolade.com. More information on the Accolade Consumer Health Experience Index can be found [here](#).

Grouping Survey Respondents by Demographic Similarities

The survey data were subjected to hierarchical cluster analysis to create mutually exclusive groupings of respondents based on their common characteristics. The cluster analysis grouped respondents according to these survey responses:

- Employment status
- Type of insurance coverage
- Geographic region
- Ethnicity
- Age
- Living arrangement
- Income and investment amount
- Relationship status
- Education

About Accolade

Accolade is an on-demand healthcare concierge for employers, health plans, and health systems. Our team of compassionate, exceptional professionals is supported by breakthrough science and technologies to guide people through the healthcare system in a deeply personalized manner. By taking the time to get to know each person, understand the context of their healthcare decisions, build trust and influence decisions, we deliver industry-leading engagement levels, satisfaction scores unseen in healthcare, better health outcomes, and cost savings of more than 10 percent. For more information, visit www.accolade.com.

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