Survey: Who is the Customer for Medical Second Opinions and Specialty Consultations?

Individuals want medical second opinions, but they want them from a trusted source. A recent survey from HEALTHePRACTICES, a business development and consulting firm, shows that respondents want a recommendation for a second opinion from their current physician (40%) or a friend or colleague (29%) and not from the Internet (5%).

What resource would make you feel most comfortable if you sought a second opinion or specialty consultation?* A friend or colleague recommends a specific physician (40.4%) Your current physician referring you to another professional (29.6%) Internet, online support group, or online physician ratings (4.9%) Percentages exclude "other"

The survey was initiated to answer a marketing question discussed with a firm in the business of delivering second opinions and specialty consultations: "Who is the customer?" The immediate response was "everybody." Selling to everybody is a big challenge, so the objective of this survey was to help identify target market segments and the factors that move them.

HEALTHePRACTICES received 204 responses out of a total of 5,618 invitations, a 3.6% response rate. Many of the respondents were doctors (21%) or other medical professionals (20%). Respondents also included attorneys, insurance executives, technology providers and individuals who labeled themselves as patients (32%). 41% of respondents were in the 55-65 age range (baby boomers).

The survey responses provided some key findings.

1. 81.4 % of respondents reported that they have received a second opinion for themselves or a family member.

The experience of asking for a second opinion will be a major factor in determining whether one will do it again. This also applies in the area of "specialty consultation." Individuals may not expect their primary care providers to know everything, but they do expect them to know where to direct them for an expert consultation.

2. The respondents were very likely to seek a second opinion for a specific disease (54%) or for surgery (41%) but not for medical imaging alone (8%).

Medical imaging would not be the "lead" reason. A diagnosis of cancer may lead to a thorough review of medical records, which would also include the related medical images. Receiving an imaging exam on its own is not likely to lead to a request for a second opinion. A medical imaging exam for a routine screening visit (e.g., mammogram) is not often a cause to request a second opinion, unless the result is an unexpected finding ("I think I see something.")

 While almost all would be very comfortable getting a second opinion via a personal visit (84%), more respondents (22%) would be very comfortable with a video visit than a phone call (9%) or email (7%).

of the following ways? Very Comfortable Comfortable Not Comfortable In Person 83.7% 16.3% 0.0%

How comfortable would you feel receiving a second opinion or specialty consultation in each

	Very Comfortable	Comfortable	Not Comfortable
In Person	83.7%	16.3%	0.0%
On-line Via Video	21.8%	48.2%	29.0%
By Telephone	9.2%	49.2%	41.6%
On-line Via Email	6.6%	27.4%	66.0%

A significant trend is that video is making inroads as an acceptable channel for second opinions. Even the baby boomers (55-65) seem to be increasingly comfortable with the idea of a video visit. Only 29% of all respondents were not comfortable with an online video visit, whereas 42% were not comfortable with a second opinion delivered just by telephone.

4. 78% would expect the visit to be paid by insurance, whereas 17% would expect it to be out-of-pocket.

Most insurance plans cover second opinions for surgery or other major medical procedures. If you are seeking a second opinion regarding a prescription drug, most providers will not cover that expense.

Several respondents chose to provide additional comments. Here are some excerpts:

"At a certain point, one's health becomes more important than anything else, especially if one has debilitating issues. One must do everything possible to protect one's health and keep moving as to prevent further degeneration." – Risk Management Consultant

"I welcome second opinions and frequently refer my own patients to other physicians for second opinion, but they are physicians I know, trust and whose opinion I value." – Urgent Care Physician/Owner "Too many docs think that a second opinion is just looking at the same test results that everybody else looks at and then regurgitating standards of care. I want a second opinion to be a broad thinker, someone with insight and a willingness to dig into a case." – CEO of Product Development Company

"My Dr. refused to order me an MRI for my neck pain and migraines, so I chose to see a neurologist who then ordered them as she thought they were necessary." – Marketing exec, healthcare service provider

"This should be covered by insurance, for serious illnesses and possibly limited to 1 or 2 second opinions a year to weed out the chronic abusers." – Insurance Company Executive

"Our daughter has Lyme disease, and the condition was missed by her primary, in part because of a false negative blood test. I cannot describe the pain, suffering and permanent damage that has resulted from this loss of time from when she likely contracted the disease to when she found the right doctor who is treating her." Marketing exec, marketing company

"This is a necessary tool in a complex Health environment!" – MD based in Puerto Rico

Conclusions and Observations:

Responses indicate there is a place for second opinions and specialty consultations in the continuum of healthcare delivery. Most people still value the relationship they have established with their primary physician and will seek his or her advice first, even when seeking a second opinion or specialty consultation. Medical care will also continue to be very dependent on how it is reimbursed, and this will continue to be a major factor when an individual searches for advice.

What's the future of second opinions and specialty consultations? Additional resources made available to primary physicians could expand their referral networks. Technology will continue to enable alternative delivery methods of care. While certain medical procedures will always require hands-on care, time and distance continue to diminish as factors when looking for medical advice. Some physicians are challenged by a better-informed patient, but more are embracing the idea that patients will seek information from multiple sources when faced with a complex medical decision. This is evidenced by patients' growing use of the Internet to gather medical information about their conditions. Individuals want to be part of the care team, and getting a second opinion strengthens their role.

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