

Insurance Impacts on Patient and Provider Medical Decision-Making

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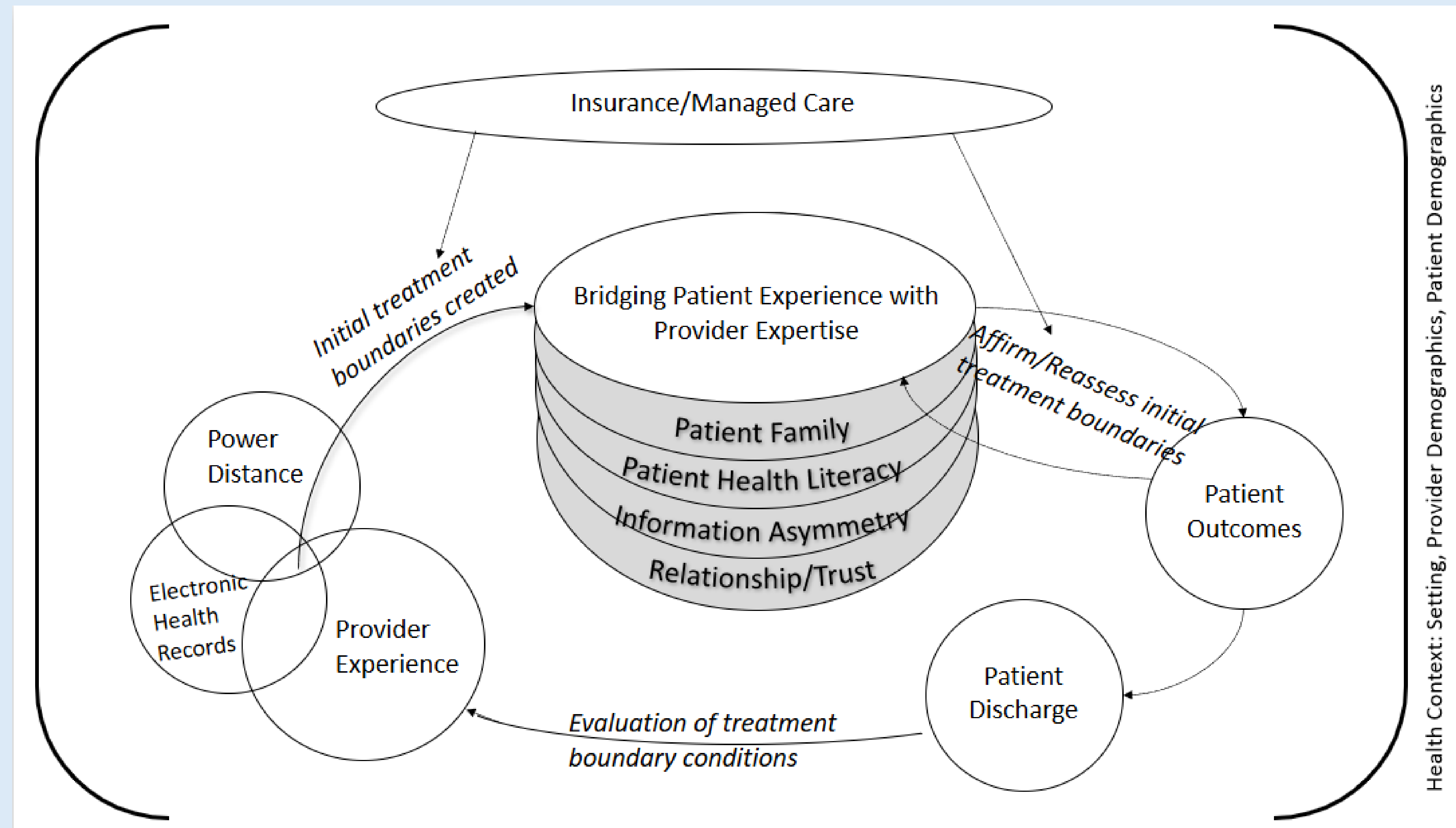
Introduction:

Insurance, an influential and established institution in the medical market, has been studied deeply for its' economic effects on consumer decision-making. However, the social impact of insurance on the decision-making process between medical providers and consumers has not been considered in depth. This paper adds to the existing literature by showing that insurance may be acting as a signal and recommender of what medical care is appropriate and acceptable for patients beyond its role as a financial entity.

Research Question: How does insurance impact communication between medical providers and patients specially when it comes to how they select medical care?

Grounded Theory Methodology:

- Qualitative type of methodology that works from the bottom up in order to create a theoretical model of a phenomenon that is 'grounded' in the collected data (Corbin and Strauss 2008; Strauss and Corbin 1998)
- Methodology was chosen due to its ability to directly analyze data from real-world accounts of a phenomenon
- Semi-structured in-depth qualitative interviews :
 - 6 medical providers
 - Medical providers selected through convenience sampling
 - Interviews ranged from 28-53 minutes ($M = 37.8$ minutes)
 - 4 patients
 - Patients selected through random sampling using Prolific (sample criteria: US resident, over the age of 18, with a new anxiety diagnosis or treatment)
 - Interviews ranged from 22-42 minutes ($M = 34.75$ minutes)
- Trustworthiness: reliability and validity of data
 - Memos, member checks, peer review/multiple data reviewers, and providing rich descriptions of the interviews (Strauss and Corbin 1998; Lincoln and Guba 1985)



Why is this important?

91.7% of consumers have some level of health insurance coverage (Statista 2023), so understanding how consumers interpret their insurance coverage and how this impacts what medical treatments they choose is highly important. So far, the literature has taken a primarily economic perspective on insurance (Mehta et al. 2017; Stiglitz 1983), which agrees with insurance's definition as a financial entity (IRMI 2024). However, insurance also plays a cultural role for consumers when making these medical decisions and can act as a boundary for what treatments are brought up and discussed between patients and medical providers. The goal of this research is to better understand this boundary and how it may impact this patient/provider communication.

Moving Forward:

- Collecting more interviews to reach saturation for both consumer and medical providers
- Begin interviewing insurance providers to gain a better understanding of their role in the decision-making process
- Further iteration upon the theoretical model
- Bridging this grounded theory model with the marketing literature on consumer medical decision-making

Analysis of Selected Themes from Theoretical Model

Theme	Definition	Provider Quotes	Consumer Quotes
Context	<i>Provider:</i> experience, case load, level of decision-making power, role etc. <i>Patient:</i> past experience, mood, severity of current symptoms, diagnosis etc.	"Like I feel like there's more that I could be doing, but because of how many responsibilities and how many patients I have, I have to do like the bare minimum just to get through." - <i>Margo</i>	"So I'm very fearful of medical people in general. Like, I don't know what they're gonna do. I don't know if they're gonna say, I'm being. Like noncompliant. I don't know how they're gonna see me. I don't have any way to effect how they see me" - <i>Stella</i>
Power Distance	How patient and providers accept or expect unequal distributions of power within the decision-making process.	"They kind of don't then trust our judgement, they think that they know better" - <i>Lily</i>	"You're always trusting authority like the police, and whatever I grew up also, hey you know, when he's a doctor. He knows what he's talking about." - <i>Alfred</i>
Insurance/Managed Care	Insurance acts as a third agent in the decision-making process between medical provider and patient.	"I always tell my patients, remember at the end of the day it's not me and you talking, it's me you and an insurance company" - <i>Frank</i>	"If insurance doesn't cover it, then like, I'm screwed" - <i>Car</i>
Initial Treatment Boundaries Created	Decision of initial treatments or options of treatments for patient.	"We see what they [the patient] need pretty much from experience. We know already, from the beginning, kind of where they are leading towards." - <i>Lily</i>	"You know strangely enough, he did not give me options. He pretty much suggested that that was the best one for, for treatment I'm assuming" - <i>Alfred</i>
Affirm/Reassess Initial Treatment Boundaries	Assessment of efficacy of initial treatment plan and possible changes implemented if found to be ineffective or if side-effects are too severe for patient.	"It really just depends how the day goes. Some days are good and some days you're, you know, you're going home thinking about like I need to do some more research, or I need to call the physician tomorrow and see if they thought maybe something else was going on. And then you know you kind of have to evaluate your decision-making so that you can make your plan for the next day." - <i>Georgia</i>	"I guess we decided together to try something different... But as we progressed up the milligrams [of medication], I started to feel better." - <i>Stella</i>
Bridging Patient Experience with Provider Expertise			
<i>Relationship/Trust</i>	Relationship and trust between patient and provider. This builds the base for conversations surrounding medical care.	"Up until they come in, they're in pain, their injuries are getting worse, and they've just kind of had it with the whole thing. So, there's a lot of frustration sometimes that we have to, I guess, sort of talk through and deal with at the beginning of the process." - <i>Georgia</i>	"On the whole, I trust them [doctors] with my mental health care. However, I do that with a grain of salt... So I'm more likely to trust individual doctors than the healthcare system as a whole." - <i>Stella</i>
<i>Information Asymmetry</i>	Provider has more expertise than patient, and patient has more knowledge about their own condition than provider creating an asymmetry in information for both parties.	"If everybody keeps saying the same thing, then you can imagine, let's say everybody says he's [the patient is] diabetic. I mean, he's not. And then you're making a mistake and [the mistake] keeps going down." - <i>John</i>	"I've always been um I feel like hyper aware of my symptoms" - <i>Car</i>
<i>Patient Health Literacy</i>	Level of understanding and knowledge that a patient has about the medical space and their own condition.	"The patients that I have to spend more time with would be the ones that, maybe their health literacy is a little bit lower... and not through any fault of their own but just through, kind of the fault of the healthcare system where... they don't understand the full breath of their diagnosis or nobody's taken the time to really explain it." - <i>Agatha</i>	"I have many books as well that like I've read about half of each book to try and educate myself a little bit more on all of it to just not feel so like overwhelmed, I guess" - <i>Car</i>
<i>Patient Family</i>	Patient family members can act as advocates and decision-makers for the patient and can also assist the provider with patient care.	"So that it's good if there's a family member available at the hospital, then that helps out of a lot that we can talk to them about all the things that's going on that may be too much for the patient to handle at the time." - <i>Lily</i>	"My husband is my caregiver and advocate and he is wonderful" - <i>Stella</i>
Patient Outcomes	Outcomes of the patient's treatment plan.	"Everybody is different and they're coming in with different problems... And then as things go on, if the patient did not get in better with what we're doing, now we need to maybe change direction." - <i>John</i>	"I was open to trying them [the medication] to begin with, but I just felt that they weren't really the effect that I was having from them wasn't worth it wasn't the benefit wasn't great enough to make it worth it" - <i>Kennedy</i>
Evaluation of Treatment Boundary Conditions	How the medical provider and patient assess the success of medical treatment and full decision-making process.	"I've accomplished something even if it was only an incremental step in the right direction surrounding the patients' health." - <i>Frank</i>	"I'm now wondering if I could probably stop taking the medication and seeing how that [continued exercise/diet change] goes" - <i>Alfred</i>

Medical Provider Participant Demographics

"Participant" (gender)	Medical Title (abb.)	Setting	Length of Interview
"Lily" (female)	Physical Therapist Assistant (PTA)	Hospital	29 minutes
"Margo" (female)	Patient Care Tech (PCT)	Hospital	36 minutes
"Frank" (male)	Endocrinologist (Dr.)	Clinic	53 minutes
"Agatha" (female)	Physician's Assistant (PA)	Clinic	45 minutes
"Georgia" (female)	Physical Therapist (PT)	Clinic	28 minutes
"John" (male)	General Hospitalist (Dr.)	Hospital	36 minutes

Patient Participant Demographics

"Participant" (gender)	New Diagnosis or Treatment	Age	Length of Interview
"Alfred" (male)	New Diagnosis	48	40 minutes
"Stella" (female)	New Diagnosis	47	42 minutes
"Kennedy" (female)	New Diagnosis	46	22 minutes
"Cat" (female)	New Treatment	30	35 minutes

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