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The New Frontier: Messaging on Payment and Delivery Reform

Presentation to the Institute of Medicine's Value Incentives Learning Collaborative

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Aligning Forces for Quality

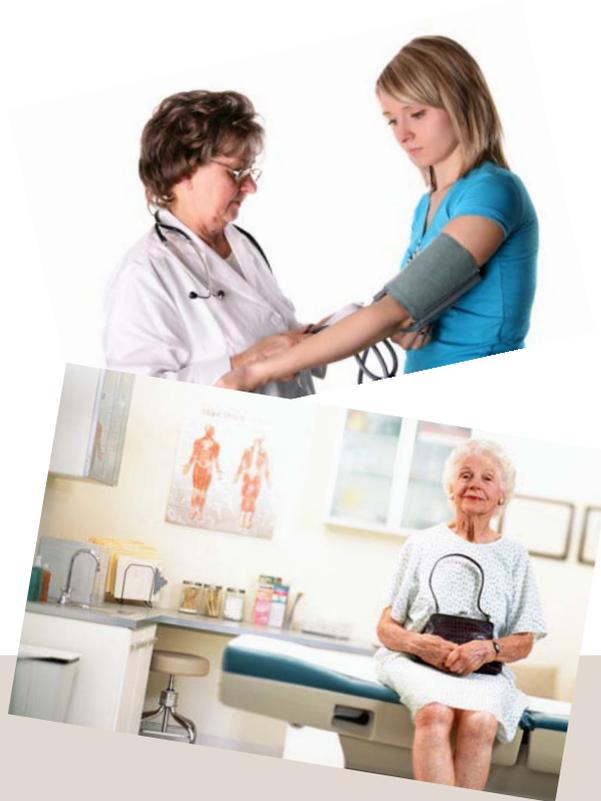
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16 Alliances that bring together those who ...

give care,



get care,

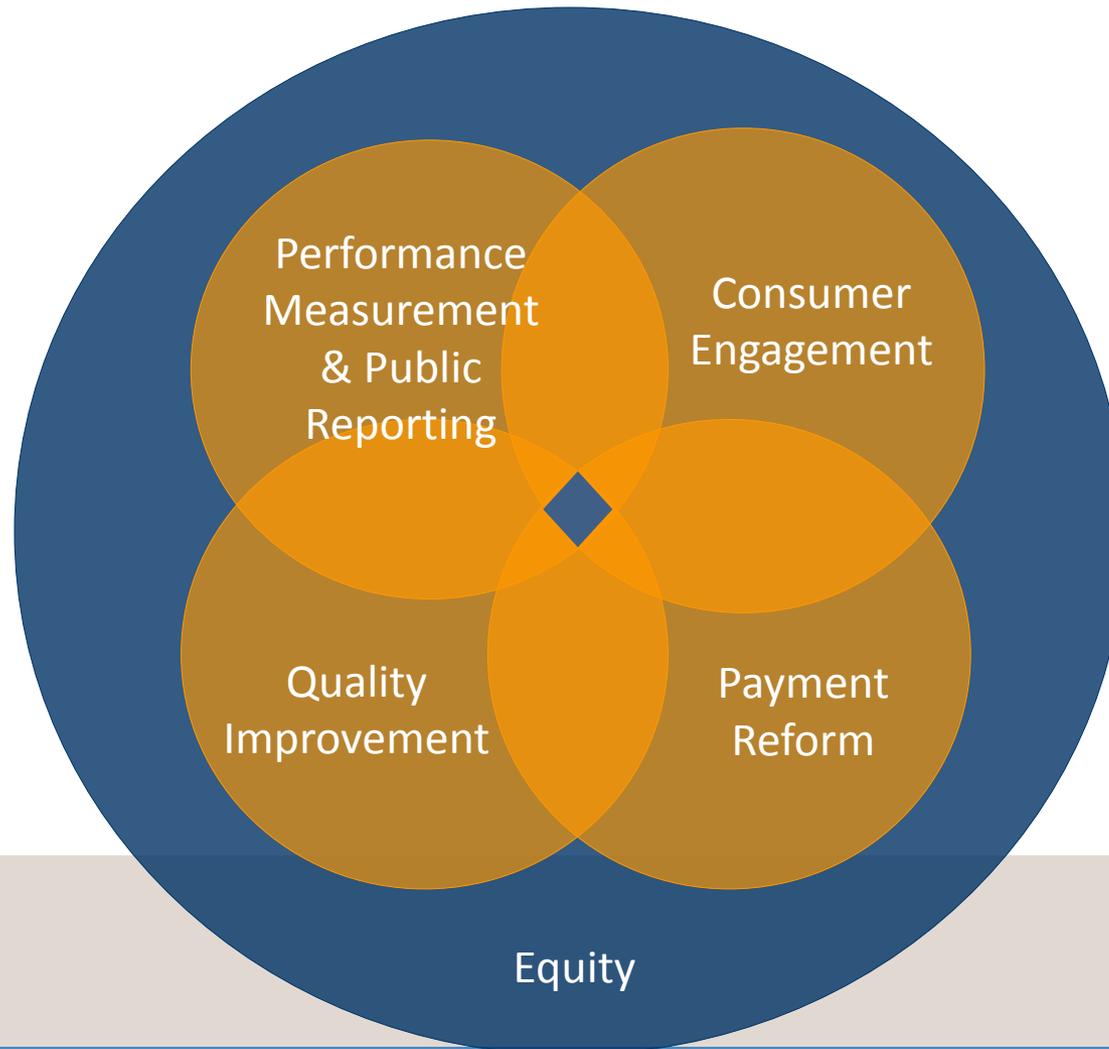


and pay for care.





AF4Q model





Four Years of AF4Q Communications Research

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- **2007 – find an entry point to talk to consumers about quality**
- **2009 – create messages to gain physician support for a potentially threatening concept – measuring their performance and reporting it to the public**
- **2010 – develop displays and language to make public reports on the web accessible**
- **2011 – develop defensive messages to use with consumers about payment and delivery; develop messages to open conversations with physicians about payment reform without alienating them**



Messaging Goals

- **Develop a vocabulary to explain ‘payment reform’ work**
- **Engage physicians in discussions around participating in pilot payment reform projects**
- **Explain concepts of payment reform to consumers in ways they understand and potentially support**



What We Did

- **Consumers:**
 - Phase 1: Focus groups in Detroit, Kansas City and Boston
 - Phase 2: Focus groups in Charlotte and Philadelphia
- **Physicians:**
 - Phase 1: One-on-one interviews in Detroit and Boston
 - Phase 2: National phone survey of primary care physicians



Key Takeaways



Physician Takeaways

1. **Doctors are frustrated.**
2. **Physicians are open to the idea of payment reform – if it offers benefits to them. Primary concern is that they could lose income.**
3. **Physician understanding of different payment reform models is low.**





Consumer Takeaways

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- 1. Consumers do not want to talk about paying for health care. Ditto for reform.**
 - An aggressive public discussion about payment reform with consumers right now could raise more questions than answers
- 2. Women and men view their care somewhat differently.**
- 3. Consumers want changes in care delivery.**





Lessons Learned



Consumer Do's and Don'ts

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Do's

1. **Focus on the patient**
 - Focus messages on PATIENTS not physicians.
 - Position the benefits to consumers as “improving care coordination,” “increasing preventive care,” “improving the doctor-patient relationship” and “improving communication across doctors”
2. **“Right medications & tests”**
3. **“Working on solutions”**
4. **“Spending wisely”**
5. **“Improving coordination, communication, doctor-patient relationships and the payment system”**
6. **Use “guidelines for care agreed upon by national experts and orgs.”**

Don'ts

1. **Physician burdens**
2. **“Wrong medications & tests”**
3. **“Talking about solutions”**
4. **“Efficiency,” “Value” and “Cutting costs”**
5. **“Care team”**
6. **“Measures” and “Standards”**



Tested Messages that Work



Introducing Payment Reform to Consumers

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When introducing payment reform efforts, tap into effective language from these areas.

Summary of Best Language

Opening description	Improve health care Finding better ways Best care possible
Improvements to MD/patient relationship	Strong relationship with your doctor Enough time to talk to you Address all of your concerns Involve you in decisions about your care Making sure you understand all your health needs Call you to make sure you understand your follow-up care



Introducing Payment Reform to Consumers

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When introducing payment reform efforts, tap into effective language from these areas. (cont.)

Summary of Best Language

Improvements to care	Improve communication between doctors Coordination between your different doctors Preventive care Right medications and tests Do not have to repeat yourself over and over
Introducing payment reform	Find better ways to pay for care Make sure way insurance pays for health care is consistent with way you want to receive it High-quality care, tailored just for you Based on best medical evidence and your doctor's recommendation Spend every dollar wisely/using dollars more wisely Goal is not to spend more money Best health care systems in country, like Mayo, already doing



Consumer Narrative

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Our community is looking for ways to improve health care. Working with XXXXX, a nonprofit organization, our doctors and hospitals are working with insurers, employers and everyday people to find better ways to make sure people get the best care possible. Everyone who provides care (like doctors), pays for care (like employers) and gets care (like all of us) has a role to play, but it all starts with making sure patients have a strong relationship with their doctor. We want your doctor to have enough time to talk to you and address all of your concerns. We want you to be able to see or talk to your doctor or someone else in his office when you need to, even if it is after office hours, so you do not have to go to the emergency room if you do not need to.

Some communities are improving care by having doctors and nurses work together more. This gives them more time to talk with you and more opportunities to involve you in decisions about your care. It allows doctors and their staff to help coordinate your care, especially if you see more than one doctor or are getting out of the hospital. This could improve communication with you and your other doctors – and improve communication between them about you.

Your doctor is the best person to help you manage your different health care needs, so we want your doctor to be more in the loop on the health care you receive. Coordination among your different doctors is important for making sure you get all the preventive care you need, as well as the right medications and tests, and that you do not have to take tests twice or repeat yourself over and over as you explain your health needs.



Consumer Narrative

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Research has shown that when doctors and nurses work closely together, they do a better job of coordinating your care and making sure you understand all of your health care needs, especially what you are supposed to do at home. They can even call you to make sure you understand your follow-up care.

We are also working to find better ways to pay for health care. Right now, insurance companies pay most doctors based on the number of patients they see in a day, or how many different procedures they do. We want to make sure that the way insurance pays for health care is consistent with the way you want to receive it, which is high-quality care tailored just for you, based on the best medical evidence and your doctor's recommendations, and well-coordinated. Health care is expensive, so it is important that we spend every dollar wisely. The goal is not to spend more money – it is to spend money in ways that best serve you, the patient. We are learning how to do this from some of the best health care systems in the country, like the Mayo Clinic, who have already found ways to improve care while using dollars more wisely.



RWJF Work Consistent with AHRQ CVE Findings Robert Wood Johnson Foundation

- **People do not want to make cost and resource use a consideration in choosing health care providers and treatments**
- **People will assume higher cost = higher quality if only given cost data**
- **People assume more tests and treatments are better, unless information is framed explicitly in terms of potential harms and risks**
- **People are interested, for the most part, on what it costs them to get care**



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