

Communicating with Consumers about Health Care Value

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Challenges in Communicating with Consumers about Cost and Resource Use

- ◆ Overall study designed to identify effective ways to provide consumers with comparative information about provider cost and resource use
 - ◆ Funded by Agency for Healthcare Research & Quality
 - ◆ Done in collaboration with The Health Collaborative in Cincinnati and Massachusetts Health Quality Partners
- ◆ Initial Exploration: Focus Groups
- ◆ Second phase: web-based randomized trial of alternative formats for sharing cost information

Challenges in Communicating with Consumers about Cost and Resource Use

- ◆ Initial Exploration:
- ◆ 3 focus groups conducted in Cincinnati with people getting insurance through employers
- ◆ 2 groups with people who had HDHPs
- ◆ Half the participants in each group had a chronic condition

Challenges in Communicating with Consumers about Cost and Resource Use

- ◆ Key results of these groups confirmed that
 - ◆ Consumers tend to think that when it comes to medical care, more is better.
 - ◆ Some consumers equate higher cost with higher quality care.
 - ◆ Many consumers would rather not consider costs in health care choices
 - ◆ The term “value” doesn’t compute

Challenges in Communicating with Consumers about Cost and Resource Use

- ◆ We asked consumers to respond to a list of definitions of high value in health care (see hand out)
- ◆ All the definitions people liked focused on quality alone
- ◆ All the ones people did not liked focused on cost alone
- ◆ Consumers are afraid that “value” means getting less than the best quality – this is a core challenge
- ◆ We need a way to help people believe they can get high quality care at a reasonable price: the term “value” *per se*, does not work

Highlights from a Study Examining Different Ways to Communicate

- ◆ In a randomized web-based trial we tested different ways to present quality information with the goal of increasing “High Value Choices”
- ◆ The experiment included employees in high deductible plans and in traditional PPO plans
- ◆ Key question tested: “If quality signal is strong, are consumers more likely to choose high value?”

No Quality Signal

Doctor	Weekend Hours	Driving Distance	Same Day Office Visits	Average Cost for Office Visits
Dr. White	Saturday (9am-noon)	6 miles	No	\$\$
Dr. Ramsey	Saturday (9am-3pm)	5 miles	Yes	\$
Dr. Abbot	None	10 miles	Yes	\$\$\$
Dr. James	Saturday (9am-3pm)	5 miles	Yes	\$\$\$
Dr. Albright	None	8 miles	No	\$
Dr. Casey	Saturday (9am-noon)	7 miles	Yes	\$\$

\$ costs were less than average, \$\$ costs were average, \$\$\$ costs were above average.
Costs include what is paid by your health plan and by you.

Quality Signal: Weak

Doctor	Percent of Diabetes Patients Tested for HbA1c	Uses Electronic Medical Record	Percent of Patients Saying Office Staff is Helpful	Average Cost for Office Visit
Dr. Hall	65%	Yes	60%	\$\$
Dr. Winston	55%	No	80%	\$
Dr. Peters	75%	Yes	80%	\$\$\$
Dr. Fargo	70%	Yes	80%	\$\$
Dr. Tremayne	65%	Yes	75%	\$\$\$
Dr. Rabin	75%	Yes	80%	\$

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Quality Signal: Strong

Doctor	Uses Treatments Proven to Get Results	Has Safeguards to Protect Patients from Medical Errors	Responsive to Patients' Needs and Preferences	Average Cost for Office Visit
Dr. Hunter	better	better	better	\$
Dr. Marcus	below	below	better	\$
Dr. Garrett	average	better	better	\$\$\$
Dr. Seidman	average	better	below	\$\$
Dr. Friedman	better	better	better	\$\$\$
Dr. Houten	better	average	better	\$\$

\$ costs were less than average, \$\$ costs were average, \$\$\$ costs were above average
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Stronger Quality Signal Necessary to Support High Value Choices

- ◆ When quality signal is weak, people are more likely to use cost as a proxy for quality, and choose higher cost options
- ◆ When quality signal is high, more likely to choose high value options
- ◆ Confidence in choices also goes up as the quality signal is becomes stronger

Interpreting Data for Consumers Helps

- ◆ “Calling out” high value choices made a difference in choices and helped the participants by interpreting the data for them.
- ◆ \$ signs work less well than actual dollar amounts

Calling out High Value Interprets Data for Consumers

Hospital	Driving Distance	Electronic Records and Prescribing	Quality Of Care	Average Costs	High Value (High Quality and Low Cost)
Evergreen Hospital	5 miles	Yes	better	\$\$\$	
Lakeview Hospital	15 miles	Yes	better	\$	✓
Woodland Hospital	7 miles	No	average	\$\$\$	
Sierra Vista Hospital	5 miles	Yes	better	\$	✓
Parkdale Hospital	6 miles	Yes	better	\$\$	

\$ costs were less than average, \$\$ costs were average, \$\$\$ costs were above average
 Costs include what is paid by your health plan and by you.

Other Findings

- ◆ Findings do not differ for those in a high deductible plan vs. traditional PPO or HMO.
- ◆ Findings do not differ by demographics.
- ◆ Findings do not differ based on health status.

Implications for Communicating with Consumers

- ◆ Where possible— interpret data for consumers
- ◆ Always pair cost information with quality information, or show within quality strata
- ◆ The quality information should make it immediately easy to identify high and low performers across the various measures of quality (strong signal).
- ◆ Calling out high value (in addition to the quality and cost) can help consumers
- ◆ Failure to send a strong quality signal could undermine our efforts to stimulate high value choices among consumers.

Implications for current initiatives

- ◆ Many sponsors and funders want to move rapidly toward “price transparency”
 - ◆ Some have already begun, sometimes with serious “side effects”
- ◆ Dangers ahead:
 - ◆ Proceeding without data that’s accurate and relevant to consumers
 - ◆ Presenting those data alone, without quality data or appropriate framing
 - ◆ This approach could not just alienate consumers but potentially produce exactly the wrong results