

# COMMUNICATING VALUE TO THE PUBLIC

IOM Workshop Presentation

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# STUDIES

Health care costs

Quality

Payment reform

Delivery system reform

Comparative effectiveness

Shared decision-making

Exchange work



Robert Wood Johnson Foundation

**Aligning Forces  
for Quality** | Improving Health & Health Care  
in Communities Across America

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INSTITUTE OF MEDICINE  
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# HIGHLIGHTS

1. Where the public is on value.
2. Global recommendations.
3. Key takeaways on engaging the public on related topics.



# WHERE THE PUBLIC IS ON VALUE

Not there yet. But, on their way. Signs of activation.

Because of increased OOP costs – starting to change behaviors:

- Changing lifestyles
- Forgoing unnecessary care (and necessary)
- Asking about costs
- Not necessarily linking quality to costs

Have had to take on more responsibility because of fragmented system, less time with MD, etc.

Web MD, questioning providers.

Exchanges – self-service.

*" We've starting shopping around. We really weigh and measure what procedures we really need. I'm scheduled for an endoscopy, but the cost was ridiculous. I said, 'we are really going to need to look at our budget first and see.'"*



# GLOBAL RECOMMENDATIONS

1. Talk about impact on individual patient – not health care system.
2. Emphasize solutions more than the problems.
3. Lead with specific improvements in quality
4. Tap into top motivators for change:
  - Out-of-pocket costs
  - Best care possible
  - Impact of increasing system costs on self



# GLOBAL RECOMMENDATIONS

5. Use successful language around costs:  
“Health care is expensive so it is important we spend every dollar wisely.  
The goal is not to spend more money – it is to spend money in ways that best serve the patient.”
6. Link efforts to credible, prestigious health care systems.  
“We are learning from some of the best health care systems in the country, such as...”
7. Use examples.
8. Target women.



# COMMUNICATING ABOUT VALUE

Shared Decision-Making

Price Transparency

Quality Measures

Care Coordination

Payment Reform



# COMMUNICATING ABOUT VALUE SHARED DECISION-MAKING

## 1. Tap into motivations:

- Get best care possible
- Because I know me best
- MD/patient relationship
- Know more about health and treatments

## 2. Use examples of what patients want most involvement in:

- Surgery
- Medications

## 3. Message:

Part of getting the best possible care is having a doctor who listens to you, answers your questions, and includes you in making decisions about what treatments are best for you.



# COMMUNICATING ABOUT VALUE PRICE TRANSPARENCY

A recent study looked at hospital charges to remove an appendix in California. The price ranged from \$1,529 to \$182,955. These were not outliers – many were more than \$100,000 and many were less than \$2,000. While some patients were sicker, about 1/3 of the price differences could not be explained.

## Most persuasive components

- Wide range of costs
  - Dollar amounts
  - Not outliers
- Statement that costs are unexplained
- A routine procedure

## Less persuasive

- X times more expensive
- Comparing markets with different socio-economic populations
  - Screening tests



# COMMUNICATING ABOUT VALUE MEASURES OF QUALITY

On indicators, must answer two questions:

Q. “How can you measure quality?”

Everyone thinks of quality differently, like whether you trust your doctor, whether she or he listens to your concerns, or if they give you the right tests at the right time. But there are also certain things that medical experts agree that doctors should do for people with certain health conditions. These recommendations are measurable, like whether or not a doctor gives a diabetes patient a foot exam, eye exam, and blood test when they’re supposed to.

## Most persuasive components

1. Lead with acknowledging the subjective
2. Medical experts
3. Straightforward example  
– diabetes, lots of familiarity



# COMMUNICATING ABOUT VALUE MEASURES OF QUALITY

## Q. “Who says?”

Medical experts agree that doctors should do recommended things for people with certain health conditions, based on the most up-to-date medical evidence. These recommendations are measurable, like whether or not a doctor gives a diabetes patient a foot exam, eye exam, and blood test when they're supposed to.

“Recommendations” is better than “standards” and “guidelines.”



# COMMUNICATING ABOUT VALUE CARE COORDINATION

1. Wanted and needed
2. “Coordination of care” generally understood
3. Communication across MDs very important
4. “Team” is problematic.
  - Always use in conjunction with “led by your doctor”



# COMMUNICATING ABOUT VALUE

## PAYMENT REFORM

Don't Talk about...	Instead..
How doctors are paid	How insurance companies pay for care
MDs giving too many tests because of system incentives	Right now, insurance companies pay doctors based on how many patients they can squeeze in a day or how many different procedures they do.
"Reward" or "incentivize"	Make sure the way insurance pays for health care is consistent with way you want to receive it: High-quality care, tailored for you
Getting the "wrong" tests	Getting the right tests
Getting "unnecessary" tests	Getting same test "twice" or tests you don't need



# COMMUNICATING ABOUT VALUE PAYMENT REFORM

## Most persuasive components

1. Find better ways to get the best care possible
2. That means improving relationship with doctor, having enough time, addressing all your concerns, involving you in decisions, follow-up
3. That means improving communication and coordination between doctors, getting the right medications and tests
4. Find better ways to pay for health care
5. Make sure way insurance pays for health care is consistent with way you want to receive it: High-quality care, tailored for you
6. Based on best medical evidence and your doctor's recommendation
7. Goal is not to spend more money
8. Spend every dollar wisely/using dollars more wisely
9. Best health care systems in country, like Mayo, are already doing



# COMMUNICATING ABOUT VALUE PAYMENT REFORM

Q. How can we get better care and have it cost less?

You have to use an example.

Right now insurance companies pay doctors for a lot of things that are not related to making sure your care is the absolute best care or making sure your condition is well managed. For example, a lot of the costs that come from serious complications from diabetes – like losing a foot – could be avoided if we pay doctors specifically for giving you the care that we know results in fewer complications. We are trying to use existing health care dollars more wisely.



**QUESTIONS?**

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