

# Getting Consumers to Use Measures to Choose Providers

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# Consumers Often Don't Use the Measures We Think They Should

- CHECKBOOK's experience is that good data competes with—
  - Suggestions from a friend or family member.
  - Businesses they pass by.
  - Signs they see.
- Our own paid subscribers very often don't use our ratings of plumbers, auto repair shops, doctors, or other services.

# Ratings/Reports CHECKBOOK Subscribers Use

Provider type or topic	Number of unique visitors	Provider type or topic	Number of unique visitors
Acupuncturists	1,042	Nursing Homes	636
Assisted Living Facilities	959	Eyeglass and Contact Dispensers	<b>11,938</b>
Chiropractors	1,206	Personal Trainers	419
Dentists--General	<b>14,340</b>	Physical Therapists	1,208
Dentists--Endodontists	1,518	Podiatrists	1,450
Dentists--Oral Surgeons	1,660	Psychologists	1,445
Dentists--Orthodontists	1,430	Urgent Care Clinics	327
Dentists--Periodontists	1,501	Weight Loss Centers	347
Dentists--Prosthodontists	930	Auto Repair Shops	18,505
<b>Doctors</b>	<b>31,009</b>	Plumbers	18,614
<b>Hospitals</b>	<b>1,465</b>	Diseases & Treatments	1,008
Health Clubs	1,762	Is Your Doctor Board Certified?	983
Health Food Stores	78	Is Your Doctor Measuring Up?	1,020
Hearing Aid Dispensers	1,501	Do Your Own Medical Research	78
Home Health Agencies	441	Lowering the Risk of Back Pain	89
Laboratory Testing Services	135	Health Tip--Antibacterial Soaps	36
Massage Therapists	1,072	Laser Eye Surgery	444

# To Move Consumers, Info Must Resonate

*In a www.checkbook.org experiment, 2,755 subscribers chose which of several types of ratings info they wanted on physicians*

The screenshot shows the Consumers CHECKBOOK website interface. At the top, there is a navigation bar with links for 'view', 'favorites', 'tools', and 'help'. Below this is the site's logo, 'CONSUMERS CHECKBOOK', with the tagline 'A Nonprofit Consumer Information & Service Resource' and the date 'February 5, 2007'. The main content area is titled 'Click on a topic below for the types of ratings you wish to see for Doctors:' and features a list of seven rating topics. A sidebar on the left contains navigation links for 'Home', 'Trucks', 'Healthcare', and 'Services'. A sidebar on the right includes a user welcome message for 'Krugl', a 'Rate Firm' button, and a 'Neighbor-to-' section.

view favorites tools help

Consumers CHECKBOOK

CONSUMERS CHECKBOOK A Nonprofit Consumer Information & Service Resource February 5, 2007

Click on a topic below for the types of ratings you wish to see for *Doctors*:

### CHECKBOOK Ratings Articles & Resources ✓

- How Doctors rate when various health system records are used to measure how effective doctors are at helping patients stay healthy and get well quickly when sick
- Information on whether Doctors are board certified and what training and honors they have received
- How Doctors rate when various health system records are used to measure how well doctors keep costs down
- How surveyed patients rate Doctors on listening and explaining things, giving helpful advice by phone, arranging appointments quickly, helping coordinate care, and thoroughness
- How surveyed doctors rate other Doctors when asked which doctors they would consider most desirable for care of a loved one
- How Doctors rate when claims data are used to measure doctors' performance against nationally defined evidence-based medical guidelines for quality and efficiency of care

Can't find topic you're looking for? Informal subscriber recommendations in subscriber-

Home

Trucks

Healthcare

ngs

Services

Access Your Account

Welcome Krugl to your new Personal Home

CHECKBOOK

Help us evaluate services and your participation is 1 of CHECKBOOK

Rate Firm

Neighbor-to-

Read or make s comments on s CHECKBOOK do

Neighbo

# Physician Ratings Info Consumers Want First

## *Not What Most Policy-Makers Are Focused on*

<i>Type of rating information consumer could choose to view on the website</i>	<i>Percent of consumers for whom this type of rating information was the <u>first</u> choice</i>
How <b>Doctors rate when various health system records are used</b> to measure how well doctors <b>keep costs down</b>	3.2%
How <b>Doctors rate when various health system records are used</b> to measure how effective doctors are at helping patients <b>stay healthy and get well quickly when sick</b>	7.5%
How Doctors rate when <b>claims data are used to measure doctors' performance</b> against nationally defined evidence-based medical guidelines <b>for quality and efficiency</b> of care	<b>7.6%</b>
Information on <b>whether Doctors are board certified and what training and honors</b> they have received	8.5%
How surveyed <b>patients rate Doctors</b> on listening and explaining things, giving helpful advice by phone, arranging appointments quickly, helping coordinate care, and thoroughness	<b>23.5%</b>
How surveyed <b>doctors rate other Doctors</b> when asked which doctors they would consider most desirable <b>for care of a loved one</b>	<b>49.7%</b>

# Obstacles to Overcome

- Constrained choice—patient’s doctor chooses hospital and refers to specialists.
- Ratings information not presented at a good decision moment—for example, hospital information after selection of a health plan that doesn’t include some hospitals. (In our model health plan comparison tool for Exchanges, we address this problem by having Exchange-wide provider directories available at the time of choosing plans.)
- What’s measured is not important or distinctions are too few/small.
- Information on providers hard for consumers to understand.
- Not clear to consumers why what’s measured matters—or how much.
- Too many measures to digest.
- Information not pushed out, and often hard to find.

# Overcoming Lack of Measures, Filling Gaps

- **Clinical outcomes**—deaths, complications, admissions, readmissions—using increasing information from EMRs.
  - In some specialties (e.g., heart surgery) will be reliable enough at the individual physician level—possibly looking at more than one year of data—attributing team and facility’s results to individual physician.
- **Process and intermediate outcome measures** with clear relation to ultimate outcomes.
- **Rigorous patient experience results**--on communication, access, care coordination, shared decision-making, pleasantness.
- **Ability to function**, pain relief, including as reported by patient.
- **Care coordination** and use of community resources.
- **Over-use/inappropriate use.**
- **Volume where shown to be related to outcomes** if outcomes can’t be measured for individual provider.
- **Structure and systems related to outcomes**—including EMRs as related to provide education, catching errors, patient involvement.
- **Measures of clinician knowledge**—MOC test results.

# Helping Consumers Understand Why It Matters

- Move beyond clinical process measures.
- Explain, document, and quantify relation of all measures to outcomes.
- Provide compelling examples of bad results and good results.
- Make it hit home:

“Choosing a good hospital can be a life and death decision, as our ratings tables beginning on page 85 reveal. For the selected high-risk cases we looked at, there are some hospitals where 12 out of every 100 patients die...while there are others where eight per hundred die. That's *four more deaths per hundred patients* with one hospital than with another.

“Does that get your attention? What if we told you that four out of every 100 guests who stay for a week at Hotel A will die within 30 days and, not surprisingly, none will die at Hotel B....”



# Overcoming Having Too Much to Digest

## *The Failure of Hospital Compare*

Process of Care Measures	HARBORVIEW MEDICAL CENTER	NORTHWEST HOSPITAL	SWEDISH MEDICAL CENTER/CHERRY HILL
Outcome of Care Measures			
Use of Medical Imaging			
Survey of Patients' Hospital Experiences			
Patient Safety Measures			
Medicare Payment and Volume			
	325 9TH AVENUE SEATTLE, WA 98104 (206) 731-3000 Add To My Favorites	1550 NORTH 115TH STREET SEATTLE, WA 98133 (206) 364-0500 Add To My Favorites	500 17TH AVENUE SEATTLE, WA 98122 (206) 320-2000 Add To My Favorites
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	96%	95%	97%
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	87%	95%	99%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	100% <sup>2</sup>	88% <sup>2</sup>	95% <sup>2</sup>
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection	98% <sup>2</sup>	97% <sup>2</sup>	99% <sup>2</sup>
Surgery patients who were given the right kind of antibiotic to help prevent infection	98% <sup>2</sup>	97% <sup>2</sup>	99% <sup>2</sup>
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery)	97% <sup>2</sup>	99% <sup>2</sup>	93% <sup>2</sup>
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery	Not Available <sup>2</sup>	91% <sup>2</sup>	91% <sup>2</sup>
Surgery patients needing hair removed from the surgical area			

# Try to Give an “Answer” Plus Drill-Down

## Consumers' Guide to Hospitals

✓ = CHECKBOOK's Top Rating  
Green = Significantly "Better" than Average  
Red = Significantly "Worse" than Average

37 Hospitals found ... display 50 per page [Search Again](#) [Read Advice & Explanations](#)

[Summary Ratings](#) | [Ratings by Doctors](#) | [Death Rates](#) | [Uses Best Practices](#) | [Ratings by Patients](#) | [Other Useful Info](#)

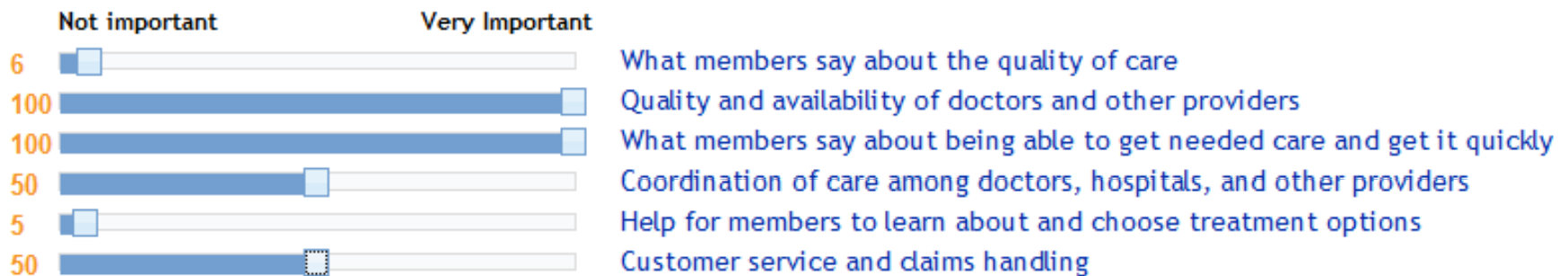
✓	Hospital	Distance ▲	Doctors Rating Hospital High for High-Risk Adult Surgery	Risk-Adjusted Death Rate (for all selected case types)	How Often Hospital Employed "Best Treatment Practices"	Percent of Patients Who Would Recommend
	<b>National Average</b>		<b>35%</b>	<b>12.1%</b>	<b>88.1%</b>	<b>67%</b>
	Evergreen Hospital Medical Center 12040 NE 128th St Kirkland, WA	3 miles	51% (94 ratings)	11.8% (6,492 cases)	92.3% (4,182 cases)	77%
	Overlake Hospital Medical Center 1035 116th Ave NE Bellevue, WA	4 miles	74% (119 ratings)	13.1% (3,687 cases)	92.1% (4,934 cases)	74%
	Children's Hospital & Regional Medical Center 4800 Sand Point Way NE Seattle, WA	6 miles	Pediatric only	Insufficient data	Insufficient data	Insufficient data
✓	University of Washington Medical Center 1959 NE Pacific St Seattle, WA	6 miles	89% (174 ratings)	11.1% (4,444 cases)	88.3% (3,624 cases)	76%
✓	Swedish Medical Center--Cherry Hill Campus 500 17th Ave Seattle, WA	8 miles	71% (99 ratings)	9.9% (5,131 cases)	91.4% (3,659 cases)	78%
✓	Swedish Medical Center--First Hill Campus 747 Broadway Seattle, WA	8 miles	86% (162 ratings)	10.2% (13,220 cases)	88.3% (5,686 cases)	77%
	Harborview Medical Center 325 9th Ave Seattle, WA	9 miles	92% (195 ratings)	12.4% (4,189 cases)	92.4% (2,331 cases)	63%
✓	Virginia Mason Medical Center 1100 9th Ave Seattle, WA	9 miles	74% (152 ratings)	10.8% (6,341 cases)	93.5% (5,295 cases)	69%
	Fred Hutchinson Cancer Research Center 1100 Fairview Ave N Seattle, WA	9 miles	83% (63 ratings)	12.8% (31 cases)	Insufficient data	Insufficient data
	Northwest Hospital & Medical Center 1550 N 115th St Seattle, WA	10 miles	46% (92 ratings)	11.9% (7,030 cases)	96.3% (4,064 cases)	76%

# Problems with Giving an “Answer”

- Politically untenable for health plans or government to do.
- And practically untenable for most private websites, which tend to be supported by advertising or other income from the providers.
- Health plans may be reluctant to have a narrow list of “the best” possibly frustrating members who can’t get access.
- The “answer” may be different for some consumers than for others—e.g., outcomes vs. convenience and pleasantness (even gender of doctor).
  - Possible solution is to let consumer give weights to different components of quality.

Move slider to show what's important to you.

Click any topic below to see details.



# Pushing Out the Ratings

- Link in Exchanges for provider comparisons—decide which providers you might want and see what plans they are in.
- Rate plans on their inclusion of top-rated providers.
- Get plans to put provider ratings in plan directories—consumers go to these directories at the moment of decision; we have seen much traffic from plan provider directories.
- Possibly link for provider ratings from Personal Health Records triggered when an entry indicates that a provider choice will be needed.
- Aggressively do search optimization—e.g., with ratings of doctor and all nearby doctors coming up whenever any doctor's name is entered.
- Regular publicity for availability and importance of ratings.

# Opportunity for Patient Experience Measures

- CHECKBOOK has demonstrated in four metro areas rigorous surveys of patients about doctors, publicly reporting results at the individual physician level.
- Used C/G CAHPS questions and protocol, with sampling frame provided by health plans.
- Average of about 50 completed surveys per doctor.
- About 40 percent of doctors statistically significantly different from community-wide average—and differences are practically important.
- Cost was about \$120 per doctor, paid by health plans.
- If survey is paid for by plans or government only once every three years, that's \$40 per year per doctor.
- Doctors should be invited to pay to do survey more often if they wish and have results used in public reporting if they agree to that in advance.
- This model could easily be replicated, but Government needs to participate.