

Empowering New Yorkers with Quality Measures That Matter to Them

Lynn Rogut, MCRP

DIRECTOR, QUALITY MEASUREMENT AND CARE TRANSFORMATION

Pooja Kothari, RN, MPH

PROGRAM MANAGER

Anne-Marie J. Audet, MD, MSc, SM

SENIOR MEDICAL OFFICER

QUALITY INSTITUTE, UNITED HOSPITAL FUND

December 2017



UHF works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision-makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care. To learn more, visit www.uhfnyc.org or follow us on Twitter at @UnitedHospFund.



Support for this work was provided by the New York State Health Foundation (NYSHealth).

The mission of NYSHealth is to expand health insurance coverage, increase access to high-quality health care services, and improve public and community health. The views presented here are those of the authors and not necessarily those of NYSHealth or its directors, officers, or staff.

Copyright 2017 by United Hospital Fund

Executive Summary

The health care consumer who needs information to help choose a new health care provider is in a tough spot these days. Frequent changes in health plan benefits, provider networks, and rising out-of-pocket costs mean that many New Yorkers will need to find new physicians at a time when they have more “skin in the game” and must pay more for the health care services they use. But relevant information, which could help consumers identify quality and price differences and find providers who match their needs, remains elusive.

Quality measurement and public reporting are attracting more and more attention as the U.S. health care system undergoes rapid change and increasingly focuses on reducing the costs associated with unnecessary care. However, even as quality measurement becomes integral to health care improvement and reform efforts, most quality measures focus on the technical and clinical dimensions of health care. Aspects of quality that the public finds meaningful, such as patients’ experiences with care and how well clinicians communicate, have received far less attention and investment by measure developers and evaluators.

To better understand what quality information is currently available, what information consumers want, and the gaps between the two, the United Hospital Fund (UHF) Quality Institute engaged in a 15-month inquiry supported by the New York State Health Foundation. Along the way, we identified and documented shortcomings in quality measurement and reporting, as well as barriers and opportunities for empowering New Yorkers with information that could help them make health care decisions.

Research has shown that for quality information to be meaningful to consumers, it must be relevant to health care decisions they or their families need to make, provide comparisons at the right level of detail, and take into account distinct priorities and information preferences.

Quality Information That Consumers Value

Characteristic	Examples
Condition-Specific Information	Five-year survival rate by stage for prostate cancer
Clinician-Level Information	Reputation, expertise, credentials, history of legal actions
Patient Experience and Patient-Reported Outcomes	Communication skills, respect, compassion, ratings by patients in similar circumstances, quality of life
Structural and Service Quality Attributes of a Practice	Health insurance plan participation, ease of access, HIT capabilities, cleanliness, helpful office staff
Characteristics of the Information Itself	Plain language, avoidance of acronyms, timeliness, ability to customize

An expanded version of this table appears as Table 1 in the report.

However, few public reports or websites enable consumers to customize their search for quality measures. In essence, the measures and tools we have lack the precision to be of much help to consumers.

While conducting internet searches from the perspective of a consumer seeking performance results on quality measures for hospitals or physicians in New York, search engines led us to a confusing array of websites. Many were difficult to navigate and understand, and the quality measures they provided were often neither current nor able to address the individual circumstances that would lead a consumer to seek quality information. It's no wonder that few consumers use quality measures and instead continue to rely on recommendations from family, friends, and their regular physician.

During the course of our project, we scanned more than 70 websites and cataloged the quality information we found on a smaller group of 32 websites for 10 common conditions and surgical procedures. The following findings were among the most striking:

- Most of the quality measures on websites provided overall performance results on clinical outcomes rather than the patient experience. The information was presented in highly technical language and not designed for a broad consumer audience.
- Performance data were seldom current and often several years old. Timely performance data, of greatest use to both consumers and clinicians, were rare.
- Websites commonly lacked condition-specific and clinician-specific quality measures, which are of great interest to consumers. Condition-specific patient experience measures, also important to consumers, were almost non-existent.
- Few websites provided information about legal actions or malpractice.
- None of the websites posted measures or quality information in languages other than English.

Based on our findings, we identified several types of measures that hold promise for informing consumer choice. These included condition- and clinician-specific measures; patient experience measures and patient reviews or narratives; patient-reported outcome measures such as quality of life and physical, emotional, and social function; and shared decision-making. Yet until quality measures can be translated for a wide range of people including older adults and people with multiple chronic conditions, low literacy and numeracy skills, and limited English proficiency, uptake will remain limited with little chance of aiding decisions.

We also pinpointed other barriers that will need to be addressed if New Yorkers are to become empowered health care consumers:

- Insufficient awareness among New Yorkers that quality varies across providers and care settings, and that quality information can help them identify better and safer sources of care.
- A lack of uniform standards or other approaches to tackle the inconsistent quality of quality information on websites including the measures themselves, as well as underlying methods and data sources that are not transparent.
- The longstanding imbalance in access to quality data among the health care system’s key stakeholders.
- The need to shift the measurement field’s focus toward the types of measures that resonate most with consumers.
- The relative newness of the quality measurement field, which has been underfunded, limited by available data, and driven by the priorities of payers, providers, and regulators.
- Above all, a failure to involve consumers in decisions about quality measurement and reporting.

This report underscores the deficiencies and deep gaps in quality measurement that can inform consumer choice. It also makes clear that the dramatic growth of websites and public reporting has exacerbated rather than solved the problem. While advances in technology over the next several years may bring new solutions, this report advances five strategies that hold promise for making progress now:

- Simplify quality information and prioritize the elements that interest consumers.
- Provide support to help consumers, patients, and families find and use reliable information.
- Integrate quality information from public and private sources.
- Create a standard set of measures for choice and incentivize its use.
- Innovate to advance new measures, tools, communication vehicles, and partnerships—and start by involving consumers at the outset.

As New York’s health care system reform continues, consumers should not have to wait for the next generation of quality measures and “the market” to help them avoid providers that are a poor match for them. While there are no simple solutions, the strategies and findings in this report should be of interest to a

range of stakeholders who can help advance awareness of measures that matter to consumers, and perhaps even incentivize their adoption and use. Potential partners in this effort include the New York State Department of Health, payers operating in New York State, consumer advocates, the provider community, organizations involved in measure development and endorsement, sponsors of websites that provide quality information, and technology innovators.

Despite much hype, the age of the activated and information-empowered consumer, who can drive markets toward high-value providers, has not yet arrived.* As movement toward measures that are meaningful to patients and caregivers gains traction, measures for choice should be elevated and New York's consumers, patients, and families should be at the center of the conversation.

*For a comprehensive analysis of the origins and evolution of medical consumerism and why it cannot fix our broken health care system, see Tomes, N. *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients Into Consumers*. UNC Press Books, 2016.