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INSTITUTE FOR URBAN HEALTH

# Understanding Consumer Perspectives on Healthcare Quality, Cost and Access to Information

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# PRESENTATION OUTLINE

1. Project Objectives

2. Methods

3. Findings
   - Quality
   - Cost
   - Search preferences

4. Conclusions

# PROJECT OBJECTIVES

*Objective 1:* Describe how New Yorkers search for and use cost and quality information to make health care decisions.

*Objective 2:* Provide information to New York State Department of Health to inform efforts related to health care data access, presentation and dissemination, so as to increase consumer engagement and use of cost and quality information.

# METHODS

Eight focus groups in New York State (N=80 participants)
- Four groups in New York City (n=45)
- Two groups in Albany (n=19)
- Two groups in Buffalo (n=16)

# METHODS

**Eligibility Criteria**

- 18 years or older

- Privately insured

- Seen a doctor 2 or more times in the past year

- Used publicly available data to make health care decisions in the past year

- Prioritized individuals with a high deductible (defined as ≥ $1,000)

# METHODS:
## SAMPLE CHARACTERISTICS

**Race/Ethnicity**

| | |
|---|---|
| White | 55% |
| Black/African American | 23% |
| Hispanic/Latino | 15% |
| Asian/Asian American | 9% |
| Native American | 5% |
| Other | 4% |

**Age**

| | |
|---|---|
| 18-35 | 33% |
| 36-45 | 28% |
| 46-55 | 30% |
| 56-64 | 20% |
| 65 and older | 3% |

**Education**

| | |
|---|---|
| Less than HS Graduate | 1% |
| HS Graduate or GED | 10% |
| Some College but no Degree | 19% |
| College Degree or Higher | 70% |

**Gender**

| | |
|---|---|
| Male | 35% |
| Female | 65% |

# METHODS:
## SAMPLE CHARACTERISTICS

**Annual Household Income Last Year**

| | |
|---|---|
| Less than $10,000 to $29,999 | 20% |
| $30,000 to $49,999 | 14% |
| $50,000 to $69,999 | 14% |
| $70,000 to $89,999 | 23% |
| $90,000 to $109,999 | 10% |
| $120,000 or more | 15% |
| Missing | 3% |

**Health Insurance Deductible**

| | |
|---|---|
| Less than $1,000 | 31% |
| $1,000 - $2,000 | 36% |
| $2,001 - $5,000 | 21% |
| Greater than $5,000 | 9% |

# FINDINGS: QUALITY

Participants described a broad range of attributes they use to define quality. Chief among them were:

- Interpersonal skills: provider has evident interest in patient well–being, pleasant personality, willingness to listen to patients and takes the time needed for optimal care.

- Competency: provider has knowledge and skills for diagnosis and treatment.

*I felt she was competent and thorough, but what made the difference to me ... just that she had a very good bedside manner. She was very compassionate, very caring and it felt like a personal touch -- combined with the expertise.* (Albany participant)

*Somebody that understands or is aware of, say, new diseases or new genetic issues...They're not diagnosing you with something brand new and the disease of the week, but they're also not telling you to stick a leech on it.* (Buffalo participant)

# FINDINGS: QUALITY

Characteristics related to accessibility and the office environment were often closely associated with quality.

*I honestly think you can tell more about a doctor – like if you just go in the waiting room and sit there for like 20 minutes, you can pretty much tell how the visits gonna be …If they got young girls sitting at the desk playing on their phones, joking around with each other. You can sort of tell the kind of place that you're in.*
(Buffalo participant)

# FINDINGS: QUALITY

Participant knowledge of clinical quality indicators was limited.

- Most often cited were personal quality indicators such as:
    – Provider education
    – Hospital affiliation
    – Years practicing
    – Certification
    – Malpractice information.

*I think it's kind of hard to quantify exactly what you would be looking for in instances where it's not like a procedure that you're getting done—if you have a chronic illness like diabetes or high cholesterol. (Buffalo participant)*

# FINDINGS: SEARCHING FOR INFORMATION ON QUALITY

Participants most often depend on personal (e.g., family and friends) and professional recommendations when looking for a new provider.

- Often unsure of where else to look for information about provider quality

*Trying to find a good doctor is really hard. I look at reviews, and it's not enough. I feel like, sometimes, through friends and family is the best way.* **(New York City participant)**

*If I wanted to pick a doctor based on the number of patients or the kind of procedure. I wouldn't even think that information was anywhere. I would just co by more personal referrals as opposed to data.* **(Albany focus group participant)**

# FINDINGS: SEARCHING FOR HEALTHCARE QUALITY INFORMATION

General search engines and rating sites (e.g., Google, Yelp) were widely used to gather information about providers but were generally inadequate.

*I think it's very telling that we've been talking about so many review sites and so many reviews – like a number of us have mentioned doing hours of research on these things and it's like if these were good sources of clear information we wouldn't have this. (New York City participant)*

# FINDINGS: COST

Because of insurance, many did not take the cost of care into account.

Cost-related decisions largely centered on:

- In-network versus out-of-network care

- Whether a service is covered by insurance

*I don't think most people pay attention to cost quite frankly. If you have insurance, I don't think most people in this room are gonna get excited if the insurance company has to pay this much or that much. I was not insured until I was in my mid-30s, and I used to pay cash out of pocket for medical. Then I wanted to know what everything cost, everything.* (New York City participant)

# FINDINGS: COST

Other reasons for not considering cost:

- Uncomfortable or inappropriate to think/ask about cost when health care needs are serious.

- Difficult to consider cost in an emergency or other urgent health situation.

- Cost–based decisions were perceived as incompatible with quality–based decisions.

*I think it's a mental thing. If you find a doctor that's cheap, you're like, "What is – what are they doing wrong?*
**(Buffalo participant)**

# FINDINGS: COST

Many viewed the health care payment system as confusing and difficult to navigate, which made searching for cost information frustrating.

*Basically, I could ask my doctors as many [payment] questions as I want but she's not going to have the answers. So I will always have to go to my insurance company for that and get an idea like, "Yeah, we'll reimburse you minus 70 percent." (NYC participant)*

# FINDINGS: SEARCHING FOR HEALTHCARE COST INFORMATION

*I don't trust the doctors, they're not going to know... they just want to do the procedure, to charge you or the insurance company. So, I double check with the insurance company before I do anything.* **(New York City participant)**

- Participants who wanted cost information most often sought it from their insurers.

- A smaller number sought information from providers.

# FINDINGS: SEARCH PREFERENCES

Information must be easy to comprehend and incorporate a range of quality indicators.

- Some prioritized breadth of information while others prioritized simplicity.

Wanted quality and cost information available in one location via the Internet or an App.

*Well, a one stop shop I think would be easier for the customer because the thought that you're choosing something based on cost alone is a terrible feeling. Everybody wants quality health care. The more information we have about that the better.* **(Albany participant)**

# FINDINGS: SEARCH PREFERENCES

Participants recognized that priorities differed by person and by circumstances. Information sources must be responsive to these differences.

*She's looking for someone with a good bedside manner, who is a good, warm, caring person... Give me a cold robot that's going to answer all my questions and I'm fine. We're going to rate doctors differently. Why can't there just be some sort of a database full of questions and answers and honestly [a] scale of one to ten? How close is this doctor a match for what you're looking for?  For what you're being treated for?* (New York City participant)

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# FINDINGS: SEARCH PREFERENCES

Many participants reported that they would use standardized quality indicators if accessible.

Information should come from a neutral source—one without financial or other vested interest.

- Some felt government was most neutral, others said the private or non–profit sectors.

*If [the data were] somewhere and I knew to go there and put in a doctor's name and have statistics pop up as opposed to me having to figure out what those statistics are, I'd probably look at them and consider them.  (Albany participant)*

# CONCLUSIONS

AND NEXT STEPS

# CONCLUSIONS

Participants were not using objective quality data to make health care decisions.

They appear more interested in information on quality than on costs.

Participants report that they would utilize objective health care data from a trustworthy source.

# NEXT STEPS

- Review of cost and quality information available for 33 health care goods and services
- Interviews and focus groups with New York consumers utilizing selected goods and services
- User testing of existing and potential web-based resources

# Thank you!

*To read the full report, visit:*

http://www.nyam.org/publications/publication/consumer-perspectives-health-care-decision-making-quality-cost-and-access-information/

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