By David Schleifer and Kirk Grisham NOVEMBER 2019

WE CAN DO BETTER:

New York State Residents Weigh In on Health Care Quality





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A report from Public Agenda by David Schleifer and Kirk Grisham

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EXECUTIVE SUMMARY

This report explores the views of New York State residents about health care quality, including what they think quality means, what kinds of information about quality they want, whom they want it from, and what they think the state government's role should be in providing information about quality and in holding doctors and hospitals accountable for quality. Based on a representative survey of 800 adult residents of New York State conducted by Public Agenda and supported by NYSHealth, key findings include the following:

- New York State residents worry about health care quality nearly as much as they worry about affordability and insurance coverage.
- New York State residents think high-quality health care from a doctor means that diagnoses are correct, treatments
 are effective and communication is clear, among other attributes. From a hospital, state residents think high-quality
 care means that treatments are effective, complications and errors are rare and communication is clear, among
 other attributes.
- Few state residents think there is enough publicly available information about quality. Most of them say that information about effectiveness and error rates would help them identify high-quality doctors and hospitals.
- Actual patients are the source that the most New York State residents would trust if they wanted to find out about the quality of a specific doctor's or hospital's care.
- While New York State residents have less trust in the state government as a source for finding out about quality, most residents think the state government should provide information about the quality of every doctor and hospital in the state—and that health insurers should provide that information, too.
- Most residents think the New York State government should monitor doctors' and hospitals' quality and hold them accountable for the quality of care they provide.

Recommendations and ideas for future research based on these findings include the following:

- Connect patients with each other and with hard data so that they can find out about the quality of doctors' and hospitals' care.
- Give doctors and other health care professionals the tools and training they need to discuss quality with patients.
- New York State government could build public trust by providing people with information about health care quality that is relevant to them in ways they can understand.
- Insurers should provide people with information about quality and help them figure out how to use it.
- Provide people with information about the quality of individual doctors' and hospitals' care—and do so in a way that productively engages health care providers.
- Develop ways to measure and disclose information about doctors' and hospitals' communication skills, courtesy and respect.
- Explore what members of the public think about various approaches to quality improvement and accountability.
- Explore what members of the public think about hospitals' evolving roles in health, health care, community life and local economies.

For more detailed recommendations, see page 27 of this report.

INTRODUCTION



Low-quality health care has serious consequences for patients and families in New York State, including physical pain, emotional distress, unnecessary costs and even death.¹ People of color in New York State are especially likely to face low-quality health care, meaning that improving quality is important to making progress on health equity.²

Health care spending in New York State is both higher and rising more sharply than the national average.³ But hospitals in New York State rank poorly in quality compared with hospitals in other states according to several ratings systems, although the legitimacy of those ratings has been questioned.⁴ If ordinary people in New York State wanted to find out whether a specific doctor or hospital provided high-quality care for their health needs, they would find inconsistent, outdated, overly complex information—or no information at all—according to research from United Hospital Fund.⁵

There are several efforts underway in New York State to both improve health care quality and make information about it more transparent. For example, the state's Medicaid program, which covers approximately one-third of state residents, implemented the Delivery System Reform Incentive Payment program with the goal of reducing unnecessary hospitalizations. The state's Department of Health is developing an all-payer database that brings together quality and price data from providers across the state to increase transparency and facilitate oversight and quality improvement.⁶

But what do members of the public in New York State think about health care quality? Previous research shows that most state residents—like most Americans—do *not* believe that price is a sign of quality in health care. What, then, does quality mean to them? What kinds of information about quality do they want and whom do they want it from? And what do they think the state government's role should be in holding doctors and hospitals accountable for quality and making information about it more transparent?

¹ New York State Department of Health (NYSDOH), "Summary for Consumers," part 1 of "Hospital-Acquired Infections in New York State, 2017," Albany: NYSDOH, 2018. https://www.health.ny.gov/statistics/facilities/hospital/hospital_acquired_infections/2017/docs/hospital_acquired_infection_p1.pdf.

² New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes, "Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities," Albany: New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes, 2019. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/maternal_mortality_Mar12.pdf.

³ NYSHealth and Health Care Cost Institute, "Health Care Spending, Prices, and Utilization for Employer-Sponsored Insurance in New York," New York State Health Foundation, 2019. https://nyshealthfoundation.org/resource/health-care-spending-prices-and-utilization-for-employer-sponsored-insurance-in-new-york.

⁴ Mattie Quinn, "Why New York's Hospitals Do Terrible in Federal Rankings," City & State New York, July 1, 2019. https://www.cityandstatenv.com/articles/policy/health-care/why-new-vork-hospitals-have-terrible-federal-rankings.html

⁵ Lynn Rogut, Pooja Kothari and Anne-Marie J. Audet, "Empowering New Yorkers with Quality Measures That Matter to Them," New York: United Hospital Fund, 2017. https://uhfnyc.org/publications/publication/empowering-new-yorkers-with-quality-measures-that-matter-to-them. Linda Weiss, Maya Scherer and Anthony Shih, "Consumer Perspectives on Health Care Decision-Making Quality, Cost and Access to Information," New York: New York Academy of Medicine, 2016. https://www.nyam.org/publications/publication/consumer-perspectives-health-care-decision-making-quality-cost-and-access-information.

⁶ Patrick Miller, Ashley Peters, Jo Porter and Emily Sullivan, "New York's All-Payer Database: A New Lens for Consumer Transparency," Durham, N.H.: APCD Council and New York State Health Foundation, 2015. https://www.apcdcouncil.org/publication/new-york%E2%80%99s-all-payer-database-new-lens-consumer-transparency.

⁷ Kathryn A. Phillips, David Schleifer and Carolin Hagelskamp, "Most Americans Do Not Believe That There Is an Association Between Health Care Prices and Quality of Care," Health Affairs 35, no. 4 (2016): 647–53; David Schleifer, Rebecca Silliman and Chloe Rinehart, "Still Searching: How People in New York State Use Health Care Price Information," New York: Public Agenda, 2017. https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda_HowPeopleinNewYorkStateUseHealthCarePriceInformation_2017.pdf.

In order to address these and other questions, and to ensure that the voices of New York State residents are part of the conversation when policymakers, payers, hospital systems and other stakeholders consider how to address quality improvement and transparency, Public Agenda conducted a representative survey of adult New York State residents, supported by NYSHealth.

About this research

This report summarizes findings from a representative survey of 800 adult New York State residents 18 years and older. The survey was fielded from April 11 through May 11, 2019, by telephone, including cellphones, and online. Respondents completed the survey in English. The survey oversampled residents of rural zip codes in New York State. The final data were weighted to adjust for the oversampling of rural zip codes, to balance the sample to New York State population parameters and to correct for under- or overrepresentation of key demographic groups.

Before developing the survey instrument, Public Agenda conducted one demographically diverse focus group in October 2018 with adults in New Rochelle, New York. In the focus group, participants did not use the term "provider" to refer to doctors and hospitals together. They also responded to focus group questions about doctors differently than to questions about hospitals. Previous survey research has shown that New York State residents view doctors' and hospitals' financial motivations differently and that more state residents have sought information about the price of doctors' care than the price of hospitals' care. These observations prompted the decision to ask about doctors and hospitals separately in the survey.

For a brief summary of the methodology, see page 29 of this report. For a complete methodology providing more detail about the focus group and survey, sample characteristics and the survey's topline with full question wording, please go to www.publicagenda.org/reports/we-can-do-better-new-york-state-residents-weigh-in-on-healthcare-quality or email research@publicagenda.org.

⁸ Schleifer, Silliman and Rinehart, "Still Searching," https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda.HowPeopleinNewYorkStateUseHealthCarePriceInformation_2017.pdf

MAIN FINDINGS

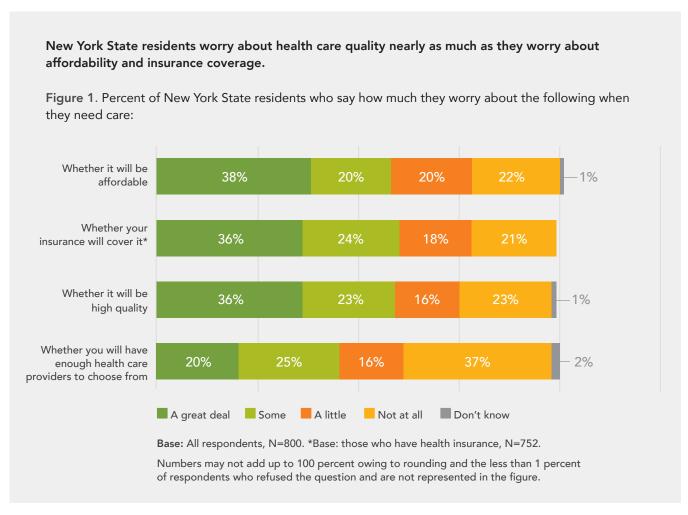


1

New York State residents worry about health care quality nearly as much as they worry about affordability and insurance coverage.

Affordability and coverage are often at the center of policy debates about health care, which makes sense given that about half of New York State residents have struggled with affordability. But New York State residents worry about whether their health care will be high quality to nearly the same extent that they worry about whether it will be affordable and, among the insured, about whether their insurance will cover it. Fewer worry about having enough health care providers to choose from; see figure 1.

In fact, 30 percent of New York State residents worry a great deal or some about all four aspects of health care that this survey asked about—quality, affordability, coverage and having enough providers to choose from. In other words, a substantial subset of people in New York State have multiple, complex worries about their health care.



⁹ Altarum Healthcare Value Hub, "New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,"

Data Brief 37, Washington, D.C.: Altarum Healthcare Value Hub, March 2019.

https://www.healthcarevaluehub.org/advocate-resources/publications/new-yorkers-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines

2

New York State residents think high-quality health care is characterized by a variety of attributes, including effective treatments and procedures, clear communication and respect. About two-thirds of state residents think doctors vary in quality and about two-thirds think hospitals vary in quality.

Previous research on what ordinary people think quality means shows that people value multiple qualities in doctors and hospitals. For example, one national survey found that many attributes are important to Americans when choosing a doctor, including the doctor's experience with a treatment or procedure and the impression the doctor makes face-to-face. Another national survey found that Americans think professional skill, respect and shared decision-making are all important when choosing a doctor. People who had experienced diabetes care, maternity care or joint replacement say that multiple qualities of doctors and hospitals are important for those types of care—including interpersonal skills as well as more clinical aspects of quality such as patient outcomes.

In research specific to New York State, the New York Academy of Medicine found that focus group participants defined quality in doctors based on multiple attributes, including the doctors' interest in patients' well-being, their willingness to listen and, to a lesser extent, their professional competency. For hospitals, consumer-generated Yelp ratings in New York State correlate with objective measures of quality, suggesting that Yelp users may perceive variations in hospitals' safety and effectiveness.¹³

This research asked people in New York State how important a variety of attributes are when thinking about what they consider to be high-quality health care from a doctor and, separately, from a hospital. Multiple attributes of doctors and hospitals emerge as very important to state residents; see figure 2 and figure 3. There is little demographic variation in how people rate the importance of various aspects of quality—with one exception, discussed below—suggesting substantial common ground in what quality means to New York State residents.

New York State residents think high-quality health care from a doctor is characterized by a variety of attributes, including correct diagnoses, effective treatments, clear communication and respect.

When it comes to doctors, more than three-quarters of adults in New York State rated all but one of the attributes that the survey asked about as very important, including that the doctor diagnoses their condition correctly, provides them with effective treatments and procedures and listens to them and explains things in a way they can understand; see figure 2.

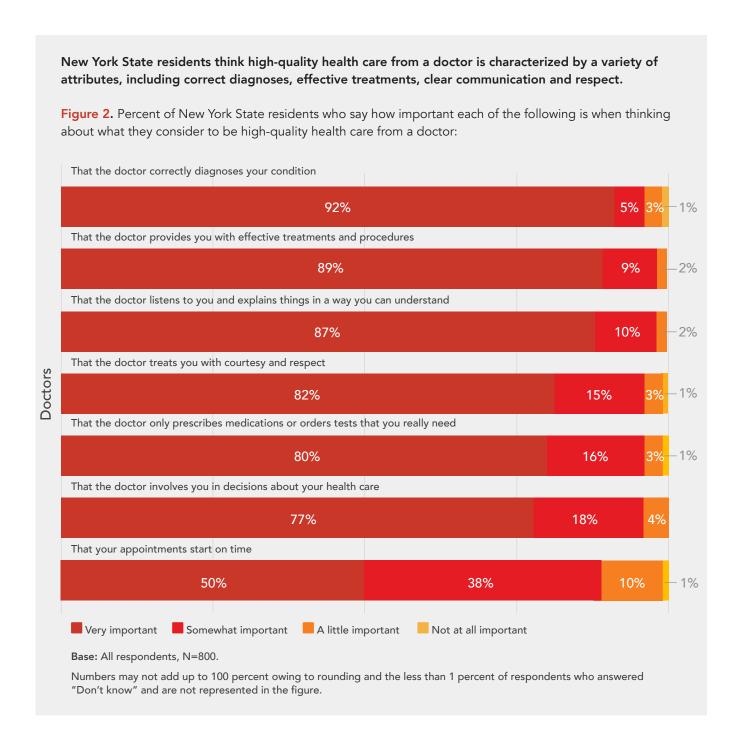
The only aspect of quality that an overwhelming majority of New York State residents did not rate as very important was that their doctor's appointments start on time. Fifty percent of residents rated doctor's appointments starting on time as very important and another 38 percent rated that as somewhat important. However, 65 percent of black and Hispanic state residents rated doctor's appointments starting on time as very important, compared with 46 percent of whites. This suggests a particular concern about long wait times in doctor's offices among black and Hispanic people in New York State.

¹⁰ Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors: How Americans Evaluate Provider Quality in the United States," Chicago: Associated Press-NORC, 2014. http://www.apnorc.org/projects/Pages/finding-quality-doctors-how-americans-evaluate-provider-quality-in-the-united-states.aspx.

¹¹ Oliver Wyman and Altarum Institute, "Right Place, Right Time," New York: Oliver Wyman, 2016. http://www.oliverwyman.com/RightPlaceRightTime.html#reports.

¹² David Schleifer, Rebecca Silliman, Chloe Rinehart and Antonio Diep, "Qualities That Matter: Public Perceptions of Quality in Diabetes Care, Joint Replacement and Maternity Care," New York: Public Agenda, 2017. https://www.publicagenda.org/reports/qualities-that-matter.

¹³ Paul Howard and Yevgeniy Feyman, "Yelp for Health: Using the Wisdom of Crowds to Find High-Quality Hospitals," New York: Manhattan Institute, 2017. https://www.manhattan-institute.org/html/yelp-health-using-wisdom-crowds-find-high-quality-hospitals-10186.html.

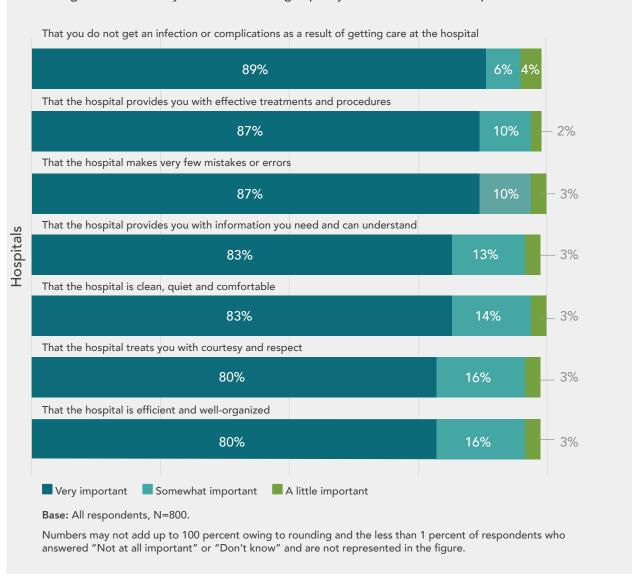


New York State residents think high-quality health care from a hospital is characterized by a variety of attributes, including effective treatments, clear communication and few complications or errors.

When it comes to hospitals, 80 percent or more of state residents rated all the aspects of quality that this survey asked about as very important, including that they do not get infections or other complications at the hospital; that the hospital provides them with effective treatments and procedures; and that the hospital makes few mistakes or errors; see figure 3.

New York State residents think high-quality health care from a hospital is characterized by a variety of attributes, including effective treatments, clear communication and few complications or errors.

Figure 3. Percent of New York State residents who say how important each of the following is when thinking about what they consider to be high-quality health care from a hospital:

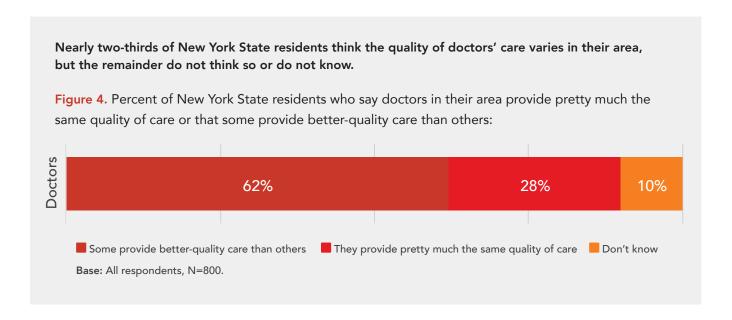


Nearly two-thirds of people in New York State think doctors vary in the quality of care they provide and about two-thirds think that of hospitals.

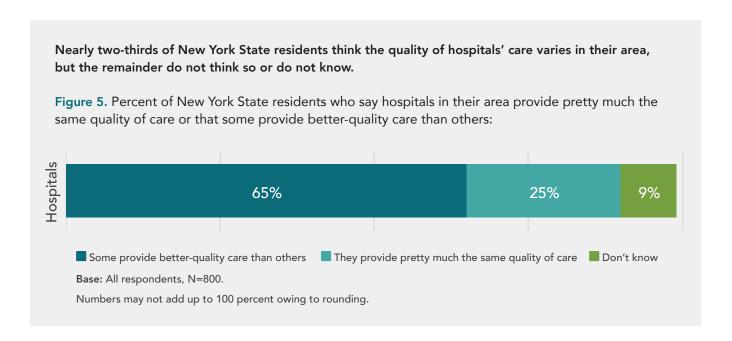
In New York State, as in other states, health care quality varies geographically.¹⁴ Bearing in mind the attributes that New York State residents think are very important to high-quality care, this survey found that about two-thirds of people in New York State think that some doctors in their area provide better-quality care than others; see figure 4. And about two-thirds of them think that some hospitals in their area provide better-quality care than others; see figure 5.

^{14 &}quot;Marjory Givens, Amanda Jovaag and Anne Roubal, "County Health Rankings & Roadmaps, 2019 New York Report," Madison: University of Wisconsin Population Health Institute, 2019. https://www.countyhealthrankings.org/reports/state-reports/2019-new-york-report

However, about a quarter of New York State residents think doctors in their area provide pretty much the same quality of care. Similarly, a quarter of them think hospitals in their area provide pretty much the same quality of care. Those who say that the quality of doctors' or hospitals' care does not vary much in their area might be unaware of variation. For them, building awareness of variation could be literally lifesaving. However, those who say quality does not vary much may live in places where quality is in fact uniformly high or low. They may nonetheless believe that quality elsewhere is substantially better or worse than it is where they live.



Living with a chronic condition is associated with higher awareness that quality varies among doctors: 73 percent of state residents who say they have a chronic condition also say that some doctors in their area provide better-quality care than others, compared with 58 percent of those without chronic conditions. People with chronic conditions may have more contact with doctors and therefore more occasions to learn about variations in quality.



Living in a rural area of the state is associated with lower awareness that quality varies among hospitals. Only 48 percent of residents in rural New York State zip codes say some hospitals in their area provide better-quality care than others, compared with 67 percent of people in urban or suburban zip codes who say hospitals' quality varies in their area. People in rural areas may have fewer hospitals to choose from and may therefore be less likely to draw comparisons.

Overall, awareness of quality variation for doctors and for hospitals is higher than awareness of price variation was when Public Agenda last surveyed people in New York State. At that time, only 44 percent of state residents said some doctors charge more than others for the same services and only 42 percent said some hospitals charge more than others for the same services.15

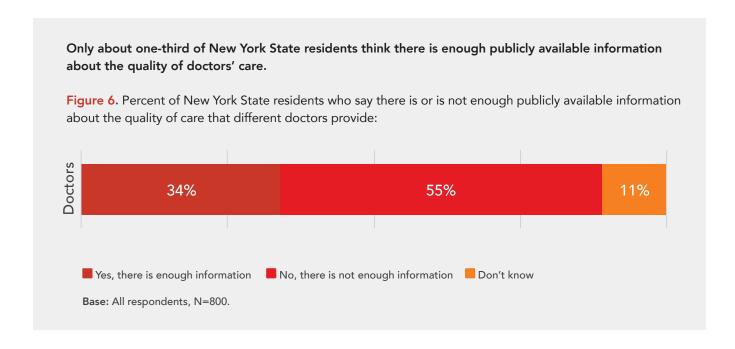
¹⁵ Schleifer, Silliman and Rinehart, "Still Searching," https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda HowPeopleinNewYorkStateUseHealthCarePriceInformation 2017.pdf.

3

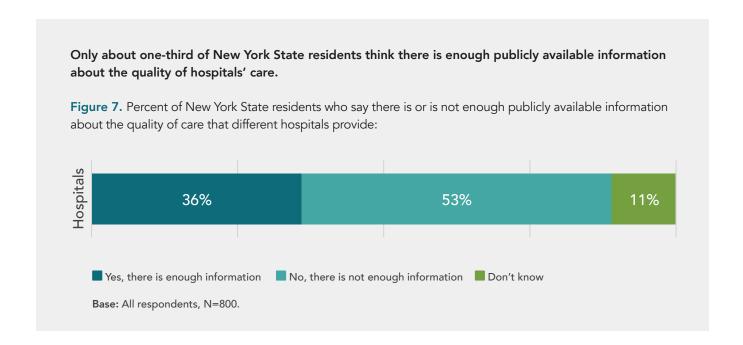
Only about one-third of New York State residents think there is enough publicly available information about the quality of doctors' or hospitals' care. Most of them say that information about effectiveness and error rates would help them identify high-quality doctors and hospitals. Yet just over half of state residents think it would actually be easy to find out whether a specific doctor or hospital provides high-quality care.

When United Hospital Fund scanned websites to find out what information about quality is available to ordinary people in New York State, it found that information on outcomes is available rarely and in highly technical language for hospitals and is hardly available at all for individual clinicians. United Hospital Fund also found that information on patient experiences is very rare.¹⁶

Therefore, it is not surprising that only about one-third of New York State residents say there is enough publicly available information about the quality of care that doctors or that hospitals provide. Just over half say there is *not* enough of that information publicly available, and the remainder do not know; see **figure 6** and **figure 7**.



¹⁶ Rogut, Kothari and Audet, "Empowering New Yorkers with Quality Measures That Matter to Them," https://uhfnyc.org/publications/publication/empowering-new-yorkers-with-quality-measures-that-matter-to-them.



Similarly, when Public Agenda surveyed people in New York State about price information, 65 percent of them said there was not enough information about how much medical services cost. According to that study, most New York State residents—80 percent—think it is important for their state government to provide people with information that allows them to compare prices before getting care. 17 This current study also finds that most residents think it is important for the New York State government to provide people with information about the quality of care that each doctor and hospital in the state provides; see finding 5.

Most state residents say information about effectiveness and error rates would help them identify high-quality doctors and hospitals.

United Hospital Fund's research found that information about health outcomes and safety records tends to be opaque for hospitals and especially opaque for doctors in New York State. 18 Yet that type of information is exactly what people in New York State say would be very helpful to them.

About two-thirds of people in New York State say that information about how effective a doctor's treatments and procedures are and about how many medical errors a doctor makes each year would be very helpful to them in finding out whether that doctor provides high-quality care; see figure 8. Similarly, about two-thirds say that information about how many medical errors a hospital makes each year and how effective its treatments and procedures are would be very helpful to them in finding out whether that hospital provides high-quality care; see figure 9. In other words, there is a public appetite for the very types of information that advocates of transparency seek to make public.

Reviews from actual patients also emerge as very helpful for most state residents. As discussed in finding 4 of this report, other patients are also highly trusted for finding out about the quality of doctors' and hospitals' care.

¹⁷ Schleifer, Silliman and Rinehart, "Still Searching,"

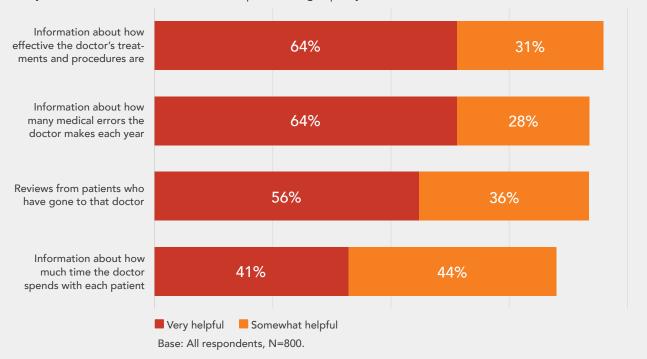
https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda_HowPeopleinNewYorkStateUseHealthCarePriceInformation_2017.pdf.

18 Rogut, Kothari and Audet, "Empowering New Yorkers with Quality Measures That Matter to Them,"

https://uhfnyc.org/publications/publication/empowering-new-yorkers-with-quality-measures-that-matter-to-them.

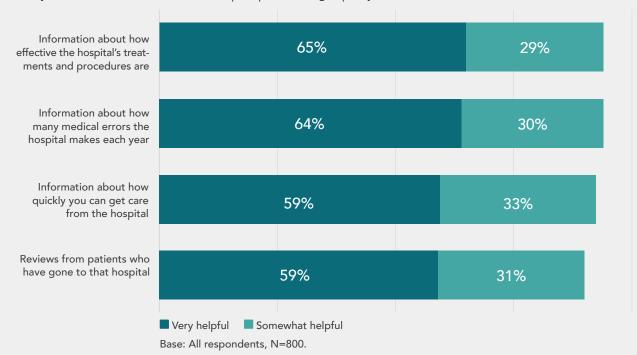
Information about doctors' effectiveness and error rates would be very helpful to most state residents.

Figure 8. Percent of New York State residents who say the following would be very or somewhat helpful to them if they wanted to find out whether a doctor provides high-quality health care:



Information about hospitals' effectiveness and error rates would be very helpful to most state residents.

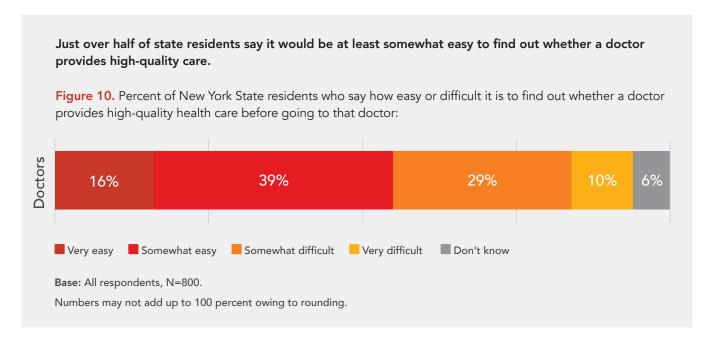
Figure 9. Percent of New York State residents who say the following would be very or somewhat helpful to them if they wanted to find out whether a hospital provides high-quality health care:

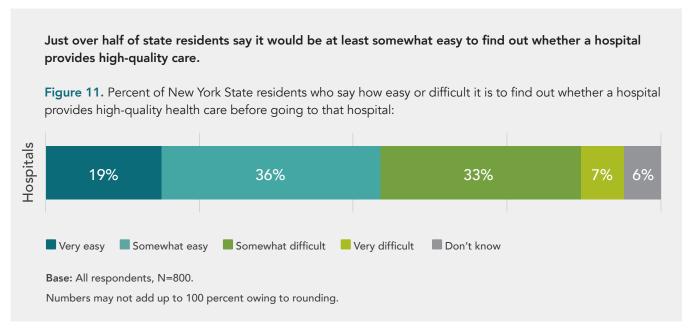


Just over half of state residents think it would actually be easy to find out whether a specific doctor or hospital provides high-quality care.

The types of information that people in New York State say would be helpful to them, such as effectiveness and error rates, are not widely available for hospitals and essentially not available at all for individual doctors. Several aspects of quality that state residents say are very important, such as those related to communication and respect, are not currently measured at all, let alone publicly disclosed.

Yet 55 percent of New York State residents say that it would be at least somewhat easy to find out whether a specific doctor or hospital provides high-quality care before going to them. Only 39 percent of state residents say it would be at least somewhat difficult to find that out; see figure 10 and figure 11.





How is it possible that just over half of state residents say it would be at least somewhat easy to find out about the quality of a doctor's or hospital's care? Conceivably, many of those who say so may never have actually tried to find out. They may assume that they could find out somehow if they really needed to, potentially by asking a friend or medical professional or by digging around online and making the best of what they find there.

Even among those who say that finding out about a specific doctor's or hospital's quality would be easy, almost half nonetheless say there is not enough information about quality: 45 percent of state residents who say it would be at least somewhat easy to find out about the quality of a doctor's care say there is not enough publicly available information about the quality of doctors. And 46 percent of those who say it would be at least somewhat easy to find out about the quality of a hospital's care say there is not enough publicly available information about the quality of hospitals.

As quality information becomes more transparent, it will be important to explore whether and how often people in New York State try to find out about providers' quality, what types of information they look for, the different sources they use to do so—including health care professionals, advertisements, online sources and friends or family—whether they find the information they want and how they use it in their decision-making.

Actual patients are the source that the most New York State residents would trust if they wanted to find out about the quality of a doctor's or hospital's care. Fewer would trust the state government. Yet most think the state government should provide information about the quality of every doctor's and hospital's care. Most residents say doctors should discuss quality with patients.

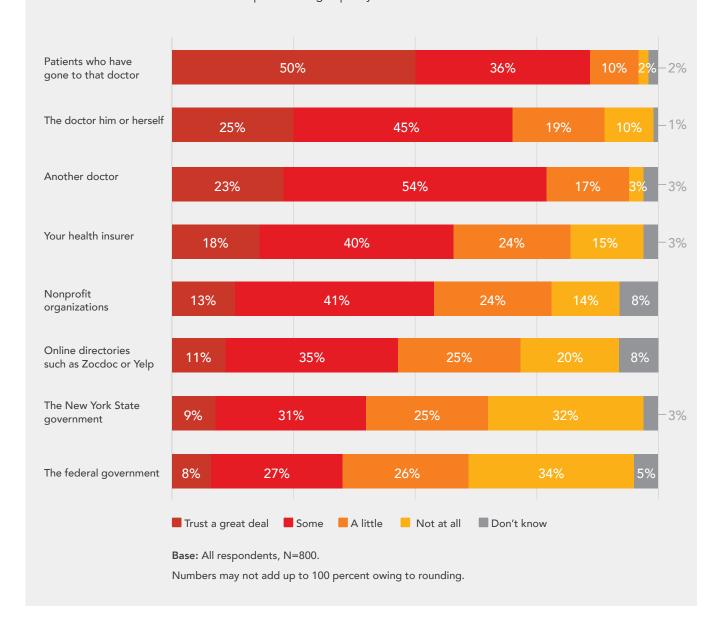
If they wanted to find out whether a doctor or hospital provides high-quality care, more New York State residents would trust actual patients than any other source; see figure 12 and figure 13. Actual patients may indeed be insightful sources—if not the only sources—for finding out about some aspects of quality that state residents rate as very important, such as clear communication and respect. However, when it comes to effectiveness and error rates, patients are likely to be knowledgeable only about their own experiences with the doctors and hospitals that have provided care to them.

Few state residents express much trust in New York State government as a source for finding out about the quality of a specific doctor or hospital. Only the federal government emerges as a less trusted source than the state. Residents may not think the state currently has information about the qualities that are important to them for specific doctors and hospitals. However, for the approximately one-third of people in New York State covered by Medicaid, the state government is their insurer. And while the state government is not (currently) a well-trusted source of information, most residents nonetheless see a role for it in publicly disclosing information about quality, monitoring and accountability; see finding 5.



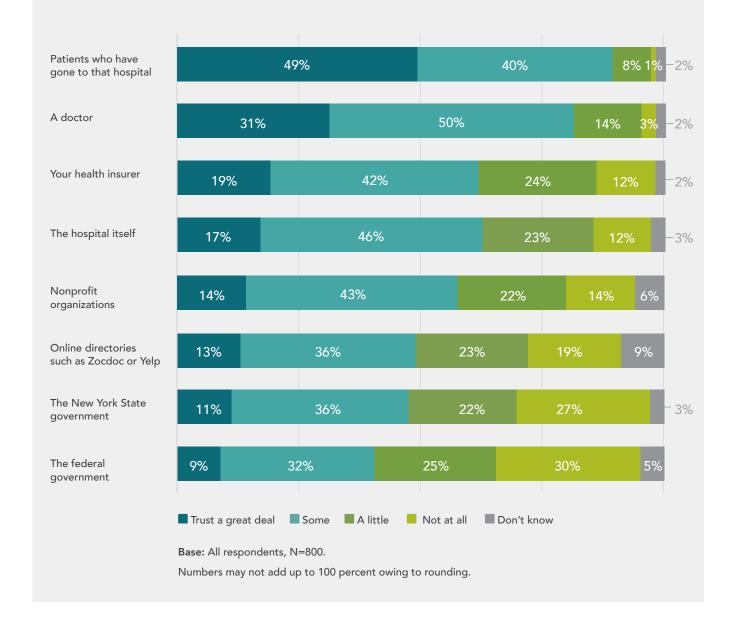
To find out about the quality of a doctor, more New York State residents would trust actual patients than any other source. Few would trust the state government.

Figure 12. Percent of New York State residents who say how much they would trust the following if they wanted to find out whether a doctor provides high-quality health care:



To find out about the quality of a hospital, more New York State residents would trust actual patients than any other source. Few would trust the state government.

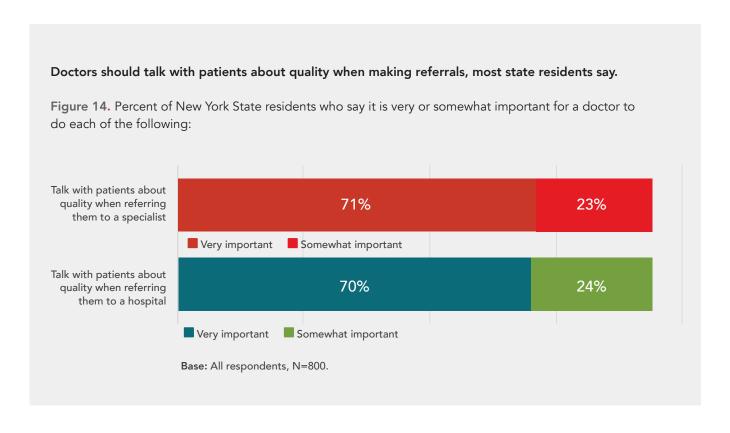
Figure 13. Percent of New York State residents who say how much they would trust the following if they wanted to find out whether a hospital provides high-quality health care:



When doctors make referrals, most state residents say they should discuss quality with patients.

Not all patients require referrals to see specialists or get care from hospitals. But referrals and recommendations can be opportunities for doctors to steer patients toward high-quality care. New York State residents appear to see referrals as important moments for discussing quality. Most say that doctors should talk with patients about quality when making referrals to specialists or hospitals; see figure 14.

In previous Public Agenda research, 66 percent of New York State residents said it is a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests or procedures or referring them to a specialist.¹⁹ Together, these findings suggest that people in New York State see doctors and other health care professionals as logical sources of information about both price and quality. NYSHealth has in fact awarded grants to help physicians and other health care professionals learn about price and quality information tools and spread uptake of that information to their patients.²⁰



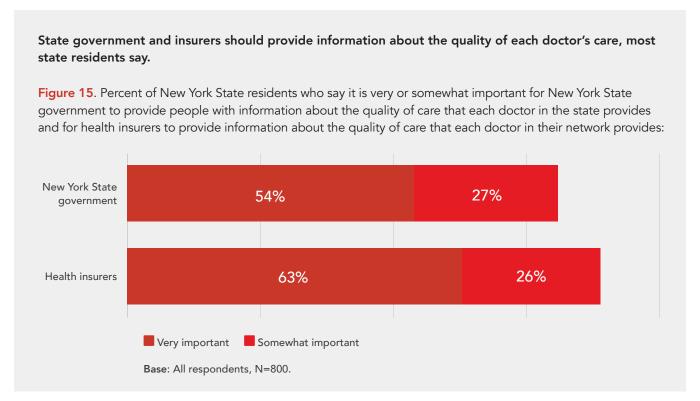
¹⁹ Schleifer, Silliman and Rinehart, "Still Searching," https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda_HowPeopleinNewYorkStateUseHealthCarePriceInformation_2017.pdf
20 New York Chapter of the American College of Physicians (NYACP), "Patient Empowerment Resources," Albany: NYACP, 2019. https://www.nyacp.org/i4a/pages/index.cfm?pageid=3873#Conversation%20Toolkit.

New York State government should monitor doctors' and hospitals' quality and hold them accountable for the quality of their care, most state residents believe. Most also believe that both the state government and health insurers should provide the public with information about the quality of every doctor and hospital.

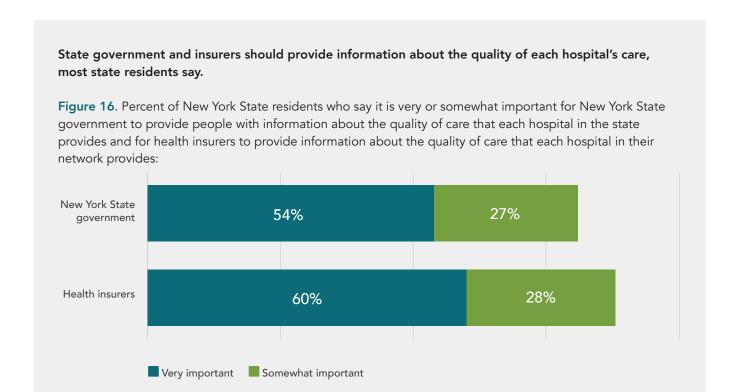
As discussed above, fewer residents trust the New York State government as a source for finding out about a doctor's or hospital's quality than trust most other sources. But most of them nonetheless think the state government should provide the public with information about quality: 81 percent of state residents say it is at least somewhat important for the New York State government to provide people with information about the quality of care that each doctor in the state provides, and 81 percent also say it is at least somewhat important for the state government to provide people with information about the quality of care that each hospital in the state provides. In fact, just over half believe that it is very important for the state government to do so for doctors and for hospitals; see figure 15 and figure 16.

Strong majorities of New York State residents also say it is at least somewhat important for health insurers to provide information about the quality of care provided by each doctor and hospital in their network, including nearly two-thirds who say it is very important for insurers to do so; see figure 15 and figure 16.

As with their views on government, however, state residents' views on insurers are nuanced. Just under 20 percent of them would trust their insurers a great deal if they wanted to find out about a doctor's or hospital's quality; see figure 12 and 13. Public Agenda previously found that 65 percent of New York State residents think insurance companies are mostly interested in making money; only 22 percent think insurers have patients' best interests in mind.²¹ Yet despite their cynicism about insurers' financial motivations and doubts about their trustworthiness for finding out about quality, most people in New York State appear to believe that insurers should disclose information about quality.



²¹ Schleifer, Silliman and Rinehart, "Still Searching," https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda HowPeopleinNewYorkStateUseHealthCarePriceInformation 2017.pdf



Black and Hispanic residents are especially supportive of the state providing information about quality: 73 percent of them say it is very important for the New York State government to provide information about the quality of care that each doctor in the state provides, compared with 50 percent of whites who say it is very important. And 64 percent of black and Hispanic residents say it is very important for the New York State government to provide information about the quality of care that each hospital in the state provides, compared with 53 percent of white residents who say it is very important.

Base: All respondents, N=800.

A higher proportion of residents covered by Medicaid (63 percent) than Medicare (52 percent) or private insurance (53 percent) say it is very important for the New York State government to provide information about the quality of care that each doctor in the state provides. And a higher proportion of residents covered by Medicaid (61 percent) than Medicare (56 percent) or private insurance (52 percent) say it is very important for the New York State government to provide information about the quality of care that each doctor in the state provides.

Most residents believe New York State government should hold doctors and hospitals financially accountable for the quality of care they provide.

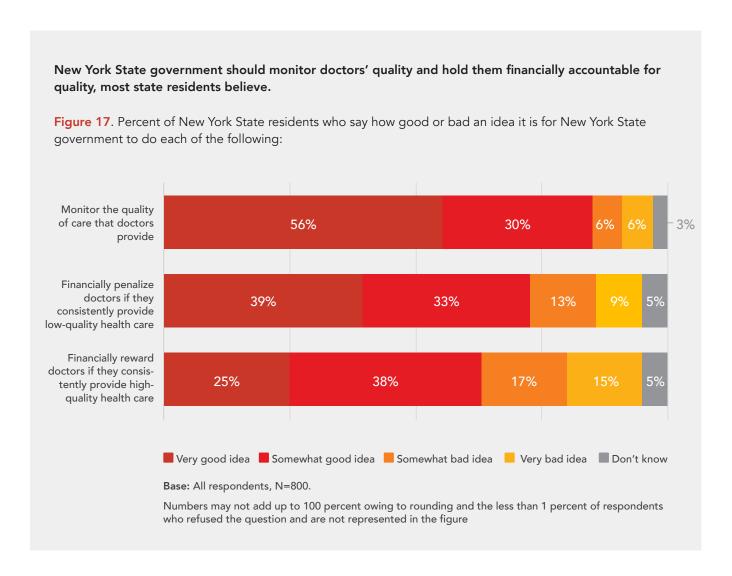
Most people in New York State worry about the quality of their health care, and most think that quality varies across doctors and across hospitals in their area. Nationally, only 20 percent of Americans think doctors who engage in professional misconduct face serious consequences all or most of the time.²² Taken together, this suggests widespread concern about the possibility of receiving low-quality care and about whether those who provide low-quality care are being held responsible.

²² Cary Funk, Meg Hefferon, Brian Kennedy, and Courtney Johnson, "Americans Generally View Medical Professionals Favorably, but About Half Consider Misconduct a Big Problem," Washington, D.C.: Pew Research Center, 2019.

Consistent with these concerns, most residents indicate support for the New York State government monitoring the quality of doctors' and hospitals' care and holding them financially accountable for quality. Specifically, it strikes 56 percent of state residents as a very good idea and another 30 percent as a somewhat good idea for the New York State government to monitor the quality of care that doctors provide. A somewhat larger proportion of residents say it is a better idea for the state government to financially penalize doctors if they consistently provide low-quality health care than to financially reward doctors if they consistently provide high-quality care; see figure 17 and figure 18.

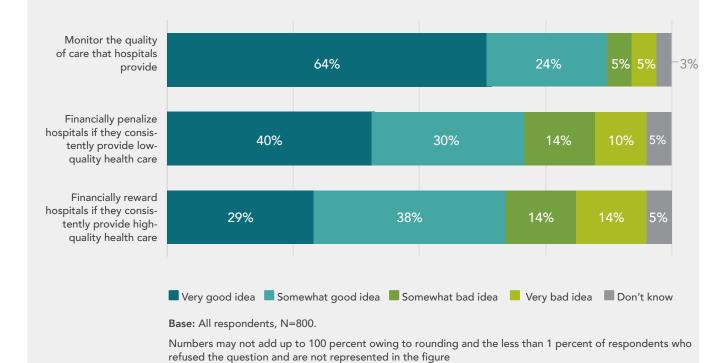
When it comes to hospitals, it strikes 64 percent of state residents as a very good idea and another 24 percent as a somewhat good idea for the New York State government to monitor the quality of care that hospitals provide. Most residents also say it is a good idea for the state to financially penalize hospitals if they consistently provide low-quality health care and to financially reward hospitals if they consistently provide high-quality care; see figure 17 and figure 18.

While state residents may not be particularly trusting of the New York State government when it comes to finding out about specific doctors' and hospitals' quality, most nonetheless see a role for the state in fulfilling basic functions of oversight and accountability in health care.



New York State government should monitor hospitals' quality and hold them financially accountable for quality, most state residents believe.

Figure 18. Percent of New York State residents who say how good or bad an idea it is for New York State government to do each of the following:



RECOMMENDATIONS

Helping people find high-quality care—and helping doctors and hospitals improve the quality of care they provide—is the right thing to do for New York State residents' health and well-being. Doing so can also save money for patients, families, private insurers, employers and the state government.

This research shows that members of the public in New York State are ready for policymakers and insurers to address quality transparency and accountability. State residents worry as much about health care quality as they do about affordability and coverage. Few of them think there is enough publicly available information about quality. Most of them think the state government should monitor doctors and hospitals and hold them accountable for the quality of their care. The findings also indicate a public appetite for the types of information that advocates of transparency seek to make public, including information about specific doctors' and hospitals' effectiveness and error rates.

Recommendations and ideas for future research based on these findings include the following:

Connect patients with each other and with hard data so that they can find out about the quality of doctors' and hospitals' care.

Actual patients are well-trusted sources for finding out about quality. So creating ways for state residents to connect with actual patients can help them identify high-quality care. While online platforms such as Yelp and Facebook already play this role to some extent, journalism and public advocacy can further elevate patient voices—and can integrate those voices with the information about effectiveness and error rates that New York State residents say they want. Patients should be robustly included in the development of quality measures, so that they have a voice in identifying which measures matter. Doctors and hospitals also need to hear from patients in systematic ways so that they can improve the quality of their care, particularly their communication, courtesy and respect, which are not currently captured in formal measures of quality.

Give doctors and other health care professionals the tools and training they need to discuss quality with patients.

Doctors and other health care professionals are well-positioned to understand and interpret information about some aspects of quality, such as effectiveness and error rates. Doctors and other professionals are also already involved in people's health care decision-making. Since most people in New York State indicate that doctors should discuss quality with patients, doctors and other health care professionals need access to well-structured information about quality and training in how to discuss it with patients. Some doctors may not be particularly willing to discuss the effectiveness or safety of their own care. But discussing the quality of other doctors' care—and knowing that others may be discussing theirs—could orient them toward quality improvement. Doctor-patient conversations about quality could also create space for patients to be more engaged in their care.

New York State government could build public trust by providing people with information about health care quality that is relevant to them in ways they can understand.

Residents of New York State clearly see a role for the state government in disclosing information about quality particularly black and Hispanic residents and those covered by Medicaid—and in monitoring doctors' and hospitals' quality. But the state is not currently a well-trusted source for finding out about quality. If the state government plans to play a bigger role in quality transparency, then addressing this trust gap will be important. Providing people with information about quality and price that is relevant to them in ways they can understand could help to build trust in the state government. New York State could also demonstrate that it is fulfilling its role in quality oversight and transparency by encouraging other entities to develop quality and price information tools using the state's all-payer database. Including patients in efforts to monitor, disclose and improve quality could also bolster public trust in the state government.

Insurers should provide people with information about quality and help them figure out how to use it.

Insurers are better-trusted sources for finding out about quality than the state government—although they are not nearly as well-trusted as doctors or actual patients. Few New York State residents think insurers have patients' best interests in mind.²³ Yet most state residents say insurers should provide information about the quality of every doctor and hospital in their network. Presumably, insurers have that information already. Insurers are also already enmeshed in people's health care decision-making, so people may feel that it makes sense to turn to insurers when they need information about quality. Insurers also have the capacity to create financial incentives for patients to choose providers of high-quality care through mechanisms such as reference pricing—and to thereby encourage doctors and hospitals to improve their quality.

Provide people with information about the quality of individual doctors' and hospitals' care—and do so in a way that productively engages health care providers.

Publicly reporting information about quality—including effectiveness information and error rates for individual doctors and hospitals—could anger some providers. Measuring and reporting quality information could prove especially tricky for individual doctors. Yet that is precisely the type of information that New York State residents want. Finding ways to engage doctors and hospitals in the processes of quality measurement and reporting and to orient disclosure toward quality improvement could help make public reporting more productive and less contentious.

Develop ways to measure and disclose information about doctors' and hospitals' communication skills, courtesy and respect.

Quality measurement and reporting, while important to quality improvement, can be costly and burdensome for doctors and hospitals.²⁴ Federal efforts are underway to streamline quality measurement and reporting.²⁵ Yet not all aspects of quality that are important to New York State residents are currently being measured. Strong majorities of state residents say that qualities such as good communication, courtesy and respect are important in both doctors and hospitals. Those interpersonal qualities are not trivial but can have real impacts on health outcomes.²⁶ Measuring and reporting on those qualities may be challenging, but finding ways to do so would be a step toward helping providers improve those important aspects of their care.

Explore what members of the public think about various approaches to quality improvement and accountability.

This survey's findings about state government holding doctors and hospitals financially accountable for quality suggest that New York State residents want to see action on quality improvement and accountability. In a previous qualitative study, Public Agenda explained the concept of value-based payment to focus group participants and asked for their perspectives. People in those focus groups were unfamiliar with the concept, found it confusing and had many questions about how it would work. Some likened it to tying teachers' pay to student outcomes, which they did not view favorably. Further research should explore public views on a range of approaches to quality improvement and accountability including value-based payment—so that public voices can be part of debates about how to create the conditions for higher-quality, more affordable care.

Explore what members of the public think about hospitals' evolving roles in health, health care, community life and local economies.

Hospitals in New York State are consolidating, purchasing physician practices and opening locations such as urgent care clinics that are not physically connected to traditional hospital buildings.²⁷ Some smaller hospitals struggle financially while large systems expand. Policymakers and regulators are tasked with ensuring that hospitals provide high-value care, meet patients' and communities' needs and are financially sustainable. Exploring public perspectives on hospitals' evolving roles in health, health care, community life and local economies can allow New York State residents to have a voice in their hospitals' futures.

²³ Schleifer, Silliman and Rinehart, "Still Searching," https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda.howPeopleinNewYorkStateUseHealthCarePriceInformation.2017.pdf.
24 Lawrence P. Casalino, David Gans, Rachel Weber, Meagan Cea, Amber Tuchovsky, Tara F. Bishop, Yesenia Miranda, Brittany A. Frankel, Kristina B. Ziehler, Meghan M. Wong et al., "US Physician Practices Spend More Than \$15.4 Billion Annually to Report Quality Measures," Health Affairs 35, no. 3 (March 2016): 401–06. https://doi.org/10.1377/hlthaff.2015.1258.

²⁵ Centers for Medicare and Medicaid Services (CMS), "Meaningful Measures Hub," Baltimore, Md.: CMS, 2019. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html. Aparna Higgins and Mark B. McClellan, " Achieving Meaningful Measurement in Medicare," Health Affairs (blog), August 15, 2018. https://www.healthaffairs.org/do/10.1377/hblog20180810.433339/full

²⁶ Johanna Birkhäuer, Jens Gaab, Joe Kossowsky, Sebastian Hasler, Peter Krummenacher, Christoph Werner and Heike Gerger, "Trust in the Health Care Professional and Health Outcome: A Meta-Analysis," PLOS ONE 12, no. 2 (2017): e0170988. https://doi.org/10.1371/journal.pone.0170988.

²⁷ Lois Uttley, Fred Hyde, Patricia HasBrouck and Emma Chessen, "Empowering New York Consumers in an Era of Hospital Consolidation," New York: MergerWatch, May 2018. https://nyshealthfoundation.org/resource/empowering-health-consumers-in-an-era-of-hospital-consolidation

METHODOLOGY IN BRIEF

The findings in "We Can Do Better: New York State Residents Weigh In on Health Care Quality" are based on a representative statewide survey of 800 adult New York State residents 18 years and older. All interviews were conducted from April 11 through May 11, 2019. All 800 interviews were included in the analysis. The survey was conducted by telephone, including cellphones, and online. Respondents completed the surveys in English.

The phone survey response rate was 3.4 percent overall, using the American Association for Public Opinion Research Response Rate 4 formula. The response rate was 2.2 percent for the landline sample and 5.6 percent for the cell sample.

Once the telephone survey phase was underway, invitations to complete the web survey were sent directly to panel members by Dynata, which accessed the survey via email and text message invitations as well as in-app alerts. Online survey responses included the following: 127 clicked on the invite but did not start the survey, 1,667 screened out of the survey (100 did not qualify and 1,557 fell outside of the needed demographic and geographic quotas), another 100 started but did not complete the survey, 116 completed the survey but were omitted because they finished in less than four minutes. Ultimately, 480 usable completed surveys were obtained online.

The final data were weighted to balance the sample to known New York State population parameters based on census data and to correct for systematic under- or overrepresentation of age demographics and to adjust for the intentional oversampling of rural zip codes: 150 of the 800 completes came from 777 New York zip codes that are identified as rural according to the Federal Office of Rural Health Policy.²⁸

The maximum standard error range (margin of error) for the total weighted sample is +/-3.5 percentage points at the 95 percent confidence level. It is higher, however, for questions that were not asked of all respondents and for subgroup results.

The survey was fielded by Wiese Research Group. WRG was responsible for data collection only. Public Agenda designed the survey instrument and analyzed the data. NYSHealth provided funding for this research. When using the data, please cite Public Agenda.

Before developing the survey instrument, Public Agenda conducted one demographically diverse focus group with adults 18 years and older in October 2018 in New Rochelle, New York.

For a complete methodology providing more detail about the focus group and survey, sample characteristics and the survey's topline with full question wording, please go to www.publicagenda.org/reports/we-can-do-better-new-york-state-residents-weigh-in-on-healthcare-quality or email research@publicagenda.org.

²⁸ Federal Office of Rural Health Policy, "Federal Office of Rural Health Policy (FORHP) Data Files: FORHP Eligible Zip Codes," Rockville, Md.: Health Resources and Services Administration, 2018. https://www.hrsa.gov/rural-health/about-us/definition/datafiles.html

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