



Choosing a health care provider: The role of quality information

Sarah Goodell and Katherine M. Harris based on a Research Synthesis by Harris

SUMMARY OF KEY FINDINGS

- > **Availability:** Virtually all publicly reported quality information is for hospitals and health plans, not individual physicians or physician groups. Most information is disseminated almost exclusively through the internet.
- > **Awareness:** Knowledge of publicly available quality information is not widespread. Awareness is higher among consumers who are more educated and in good health.
- > **Use:** Even among consumers who are aware of the information, use of publicly reported quality information is low.
- > **Reasons:** Lack of relevance, not lack of interest or understanding, is the biggest reason consumers do not use publicly reported quality information.

Why is this issue important to policy-makers?

- There is growing interest in using consumers as agents of change to improve health care quality and contain costs.
- The consumer-driven health care model is intended to capture that interest and has focused attention on the role of quality information. The model is based on the assumption that consumers presented with information on provider cost and quality will choose high quality, low cost providers.

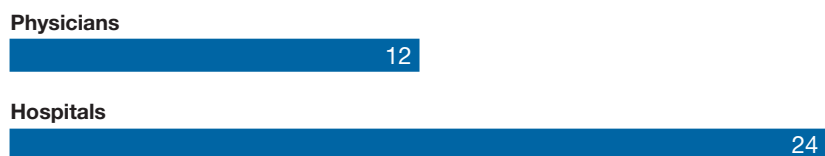
What kind of quality information is available to consumers?

- **Information on the clinical performance measures of hospitals is available through a number of sources.** One of the most prominent sources is the Hospital Compare website produced by the U.S. Department of Health and Human Services (Reference 1).
- **Similar information on individual physicians is not readily available to the public.** Even among employers offering consumer-driven health plans, there is little evidence they have been providing quality information on local health care providers (References 2, 3). Information on individual providers is mostly limited to ratings by professional peers.

Are consumers aware of publicly reported quality information?

- **Awareness of publicly reported quality information is low (Figure 1).** Less than a quarter of consumers recalled seeing information on hospital or physician quality (References 4–6).

Figure 1. Percent of U.S. adults who saw quality information on providers in the past year, 2006



Source: Kaiser Family Foundation/AHRQ, 2006 (Reference 4).

- **Awareness of quality information appears to vary by consumer demographics, but evidence is not consistent or consistently collected.** In the few studies that look at socio-demographic differences, awareness was greater among people who were in good health and well educated. Findings on other demographic differences were inconsistent across studies (References 7–9).

Even when consumers are aware of quality information, few use it to choose providers.

INFORMATION AS PART OF THE QUALITY IMPROVEMENT PROCESS

Making information on quality publicly available has the potential to make consumers more effective decision-makers. Information can expand the range of alternatives considered and facilitate accurate comparison among providers. Health care quality can be improved when consumers choose providers who receive high quality ratings.

To achieve this goal:

1. Consumers must consider the quality information relevant.
2. Public reporting must provide the information that consumers value.
3. Public reporting must accurately identify high quality providers.
4. Consumers must be aware of, understand and use public reporting.

How information can lead to quality improvement

Consumers receive accurate, relevant and understandable information on quality



Consumers use the information to select providers



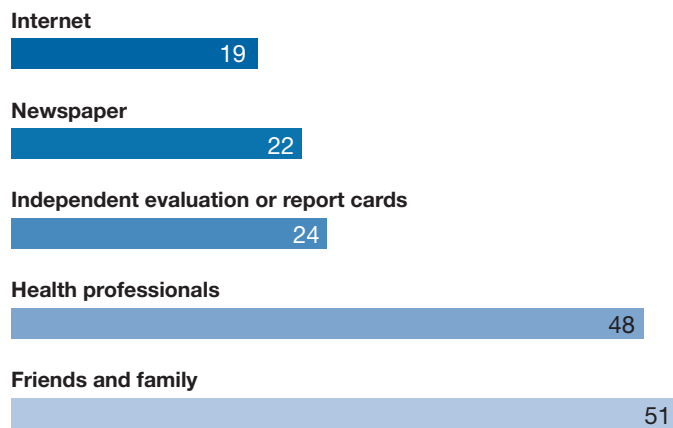
High quality providers are rewarded by receiving more patients

Low quality providers have a financial incentive to improve quality

Do consumers use publicly available quality information?

- **Even when consumers are aware of public reporting, use is low.** One survey found that less than 20 percent of consumers who were aware of publicly available quality information used it when choosing a doctor or hospital (Reference 5).
- **Consumers are more likely to use quality information obtained from friends, family and their health care providers than information obtained from public sources** (References 9–11) (Figure 2). This may reflect the high value consumers place on interpersonal aspects of quality and their preference for nontechnical quality information.

Figure 2: Percent who are “very likely” to consult quality information from these sources, 2001



Source: California HealthCare Foundation, 2001 (Reference 9).

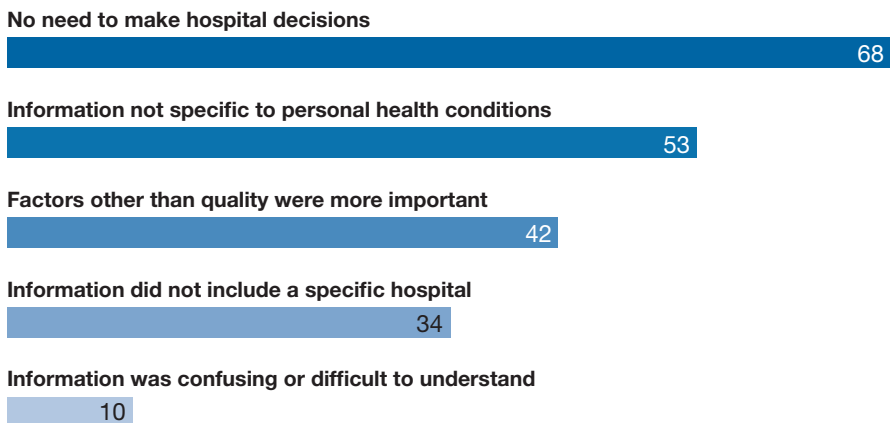
- **Use of quality information appears to be related to experiences with the health care system.** One survey found people were more likely to use publicly reported information if they anticipated a hospital stay in the next year or recently switched health care providers due to dissatisfaction (Reference 11).

Lack of relevance is the biggest reason consumers do not use quality information

Why don't consumers use publicly available quality information?

■ **Lack of relevance, not lack of interest or understanding, is the biggest factor explaining why consumers do not use quality information.** A number of studies suggest strong interest for public reporting on the quality of physicians and hospitals. More than two-thirds of respondents to a national survey indicated they did not use hospital quality information because they did not need to make a hospital decision (References 12–14) (Figure 3).

Figure 3. Reasons given for not using hospital quality information (percent of U.S. adults), 2004



Source: Kaiser Family Foundation/AHRQ, 2004 (Reference 5).

Does public reporting of quality information have any effect on providers?

The public reporting of provider quality information is associated with changes in market share and mortality (References 18–20).

Several studies have measured changes in market share and mortality following the public release of cardiac bypass report cards in New York, Pennsylvania and California. The authors concluded that report cards resulted in (1) negligible to moderate declines in patient volume at under-performing hospitals and (2) improved quality of care in under-performing hospitals as shown by declines in mortality and engagement in quality improvement initiatives. However, it is not possible to determine whether these effects are a result of consumers' use of quality information.

KEY ISSUES FOR POLICY-MAKERS

Accuracy: The accuracy of publicly available provider quality information can be difficult for consumers to assess. Interpretation may require a technical background.

Understandability: Efforts to make information easier to interpret may make the information less useful. Easy to understand rating systems may not support meaningful comparisons among providers (References 15, 16).

Dissemination: The internet is the most common vehicle for disseminating quality information, but may not be a good way to raise awareness or reach a wide audience. Internet dissemination misses people who do not have access to a computer and the information will mostly be seen by people who are already aware of it.

Formatting: Cognitive research suggests that formatting can play an important role in determining whether consumers use quality information. Researchers recommend that information be kept short, clear and easy to use and suggest that complexity be minimized by breaking down decisions into smaller components. Finally, researchers caution that more information is not always better (Reference 17).

Policy Implications

- > **Evidence to evaluate whether quality information drives consumers to higher quality providers is lacking.** A range of methodological challenges complicates the study of this relationship.
- > **Despite the lack of use, consumers are interested in greater access to provider quality information, particularly on individual physicians.** Research suggests that low rates of awareness and use of public reporting are not a result of consumer indifference, but rather a disconnect between what is available and what consumers want.
- > **Reliance on the internet limits access to publicly available quality information.** The internet has the advantage of being low cost and offering customized information, but many consumers lack access to computers, distrust information available through the internet or do not know it exists.

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