# Delivering Health Care Cost and Quality Information to Consumers

RECOMMENDATIONS & BEST PRACTICES

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Based on an HSRI report for the VT legislature:
Evaluation of Models for Internet Consumer Health Care Cost and Quality Information

http://www.leg.state.vt.us/jfo/healthcare/Health%20Reform%20Oversight%20Committee/2015_11_13/Consumer%20Information%20and%20Price%20Transparency%20Report%20-%20GMCB.pdf
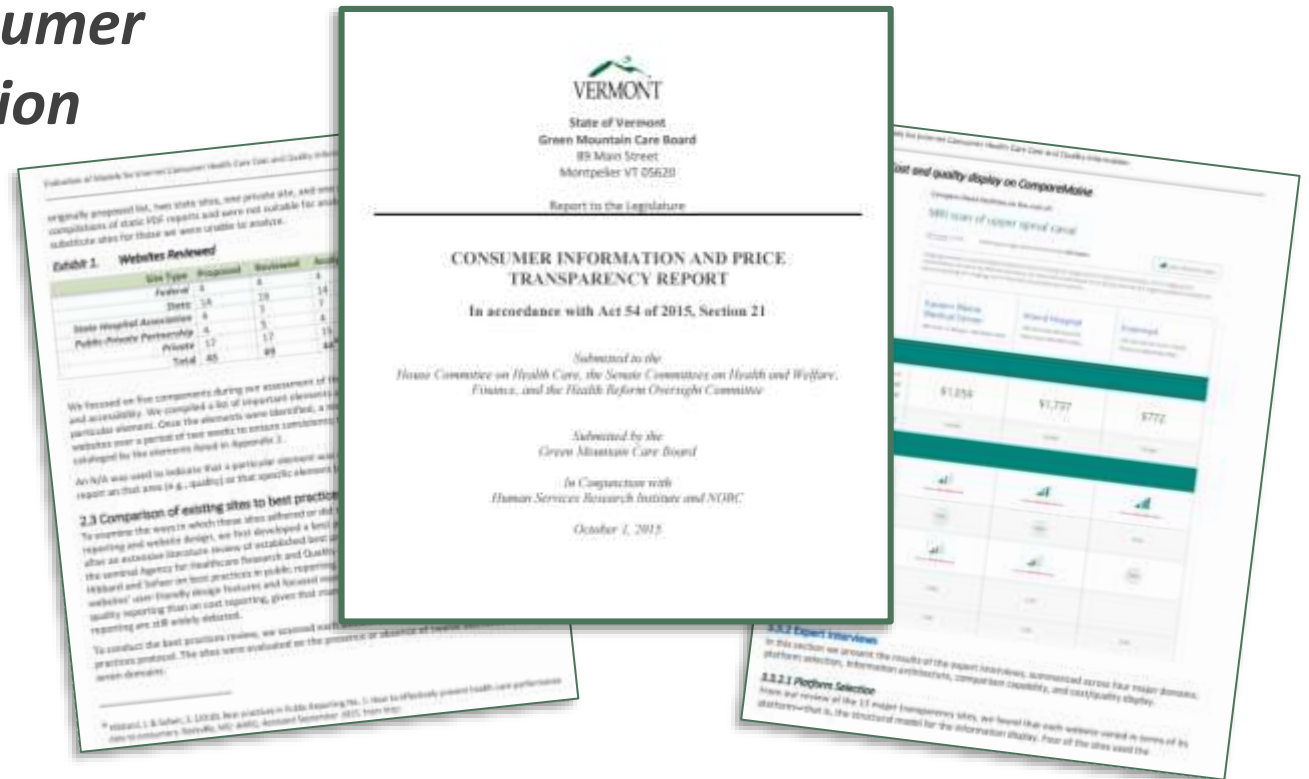
Topics

Report Background

Evaluation Design & Methods

Findings

Feasibility

Recommendations & Best Practices

Background

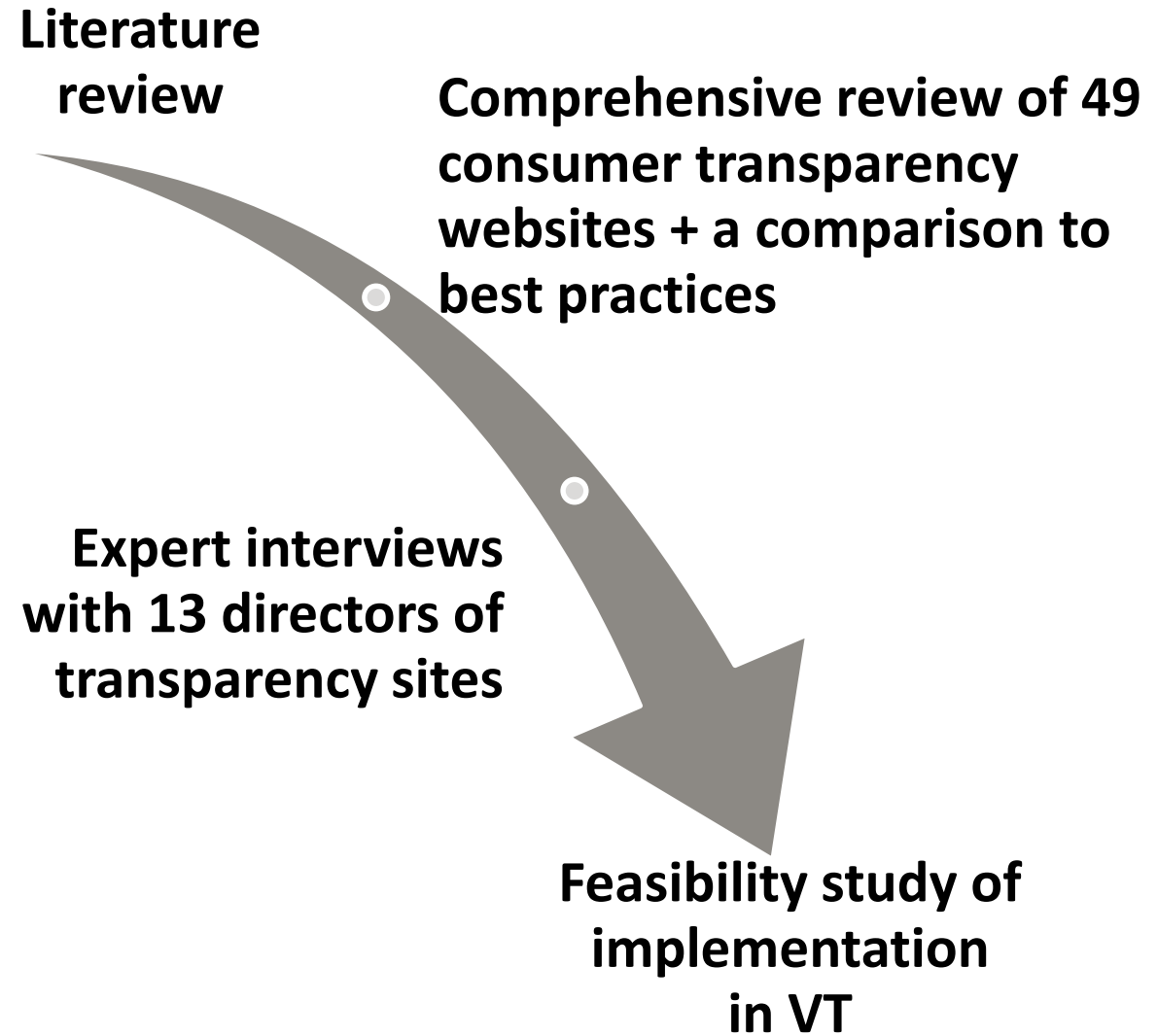**VERMONT**

The Green Mountain Care Board (GMCB) is charged with ensuring that changes in the Vermont health system improve quality while stabilizing costs.

In 2015, the GMCB contracted with HSRI - in partnership with NORC; Judith Hibbard, University of Oregon; and Steve Kappel, Policy Integrity, LLC - to examine potential options and best practices for delivering health care cost and quality information to consumers via the web.

Evaluation Design and Methods

Literature review

Comprehensive review of 49 consumer transparency websites + a comparison to best practices

Expert interviews with 13 directors of transparency sites

Feasibility study of implementation in VT

Criteria for Comparison to Best Practice

1. Use a framework to communicate elements of quality (4 elements)
2. Present on the landing page the message that variations in quality have consequences
3. Clearly present information on quality performance (3 elements)
4. Provide additional resources for decision making, such as information on what to discuss with providers during a visit or links to other care planning tools
5. Explain how measurement values are generated
6. Provide information about data timeliness
7. Display cost and quality information side by side

Expert Interviews – Transparency Websites

| Vermont Insurance Carriers |
|---|
| Blue Cross Blue Shield of Vermont, Member Resource Center |
| Cigna, MyCigna |
| MVP, Treatment Cost Calculator |
| **Public Sites** |
| CO Medical Price Compare (Colorado) |
| Maine HeathCost & CompareMaine[31] (Maine) |
| FloridaHealthFinder (Florida) |
| Minnesota Hospital PriceCheck (Minnesota) |
| New Hampshire HealthCost (New Hampshire) |
| Virginia Health Information (Virginia) |
| Virginia PricePoint (Virginia) |
| Wisconsin CheckPoint (Wisconsin) |
| Wisconsin PricePoint (Wisconsin) |
| **Private Site** |
| Guroo |

Findings of Website Reviews

1. Little Standardization
2. Maintaining Websites Can Be Complex and Costly
3. Diverging Opinions on Types of Data to Display
4. Integration of Quality Measures with Cost Is Not Widespread
5. Many Sites Did Not Adhere to a Single Best Practice

Adherence to Best Practice Elements
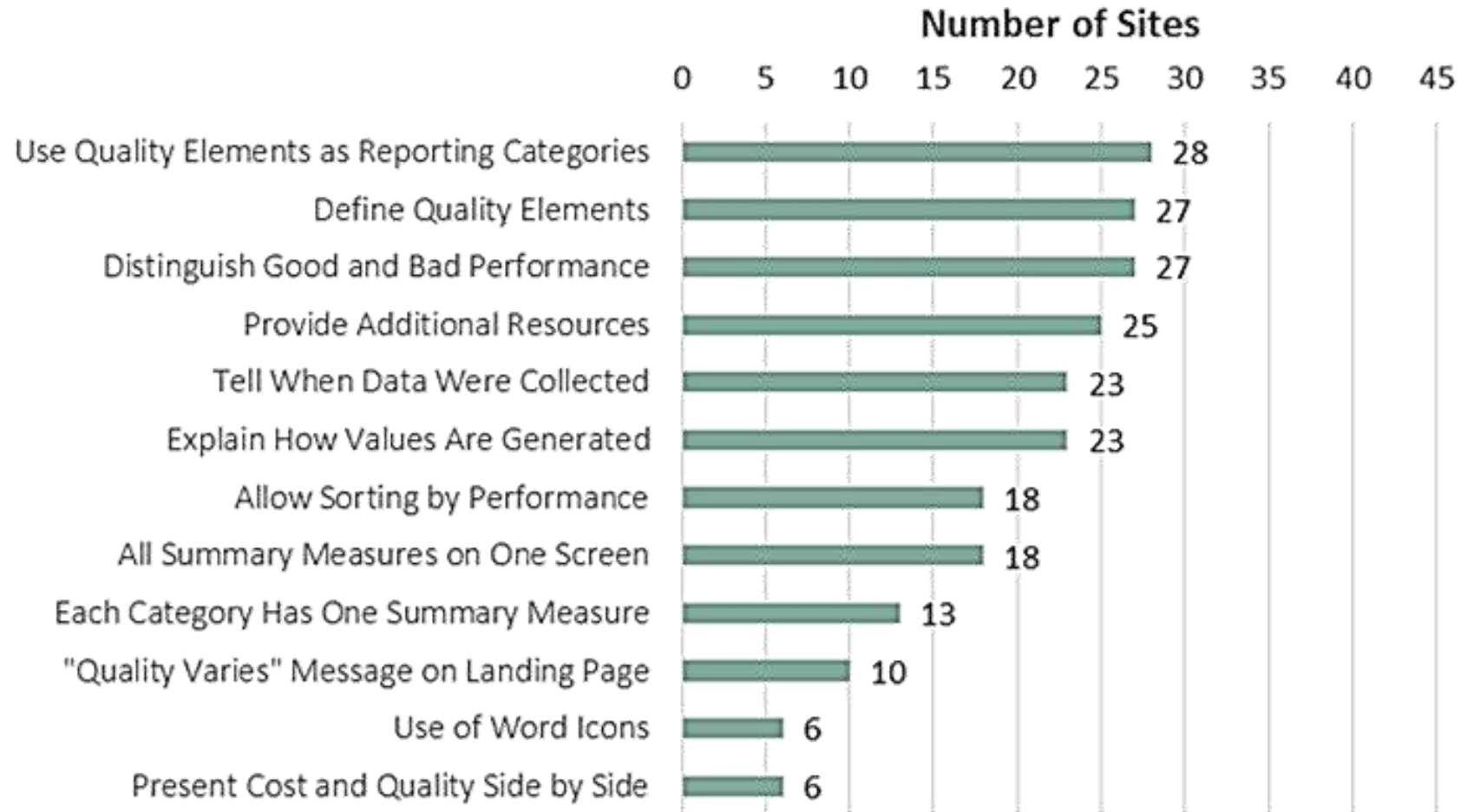
Feasibility of Implementing Transparency Websites

1. Motivation
2. Consumer Engagement
3. Utilization and Feedback
4. Data Management
5. Resources
6. Return On Investment

Motivation

- Fulfill a legislative mandate

- Health care transparency an emerging, prominent issue before the legislation

- Consumers and employers were critical in moving the discussion forward on cost and quality transparency

- Provider groups and other organizations assisting consumers to make cost- and quality-conscious health care choices

- Funding from the Patient Protection and Affordable Care Act

Consumer Engagement

- Limited use of consumer input when designing, building, and updating websites (exceptions of Colorado and Maine)

- Limited consumer testing of display content prior to launch

- Limited mechanisms to obtain consumer feedback post launch

- Frequent coordination with providers and health plans

Utilization and Feedback

- Some direct contact from consumers after launch via email and phone

- Consumer feedback was often too broad (e.g., improve the user experience) or outside the scope of the site and thus difficult to implement (e.g., providing information on out-of-pocket costs).

- Most sites had website data analytic tools but varied in analysis and leveraging of information

- Low consumer utilization of health care cost and quality tools; consumers who did utilize the sites reportedly did so to find a provider more often than to compare costs of providers

Data Management

- Around half of the study sites displayed commercial claims data

- Most respondents contracted with outside vendors to handle claims data, specifically for their data management and quality assurance

- Internal staff performed various quality assurance checks

Data Management *(continued)*

- Many sites had 3-4 week validation processes in place wherein they shared the cost and/or quality data with providers and insurers

- Most sites used diagnostic-related software tools to process the data into searchable procedures for the site—for example:
  - 3M Core Grouping Software and/or the 3M All Patient Refined DRG (APR DRG) Classification System
  - Truven Medical Episode Grouping Software
  - Chronic Illness and Disability Payment System (CDPS)

Resources, Maintenance and Costs

- Transparency sites require multi-year commitment of resources, including money and staffing

- Typically 1-4 staff members manage a site

- Precise cost estimates of running and maintaining a transparency site are not widely available

- Difficult to disentangle website costs from other costs such as supporting APCD

Return on Investment (ROI)

- Little or any rigorous attempt to capture ROI

- Lack of clarity on expected benefits

- Marketplace determines the extent to which information is likely to alter choices for care

- ROI frequently not the focus or motivation for site creation, but rather a legislative mandate

Recommendations & Best Practices

1. Cost Data Reporting
2. Quality Data Reporting
3. Cost and Quality Data
4. Ease of Use and Innovative Features
5. Building an Audience: Ensuring Consumer Access/Promoting Use
6. Impact on the Market

Cost Data

- Dollar amount representing total amount paid by consumer and insurer

- When possible, provide out-of-pocket estimate

- Indicate what is included in estimated cost (professional charge, anesthesia, etc.)

Cost Calculations

Quality Data

Display Elements for Quality Measures
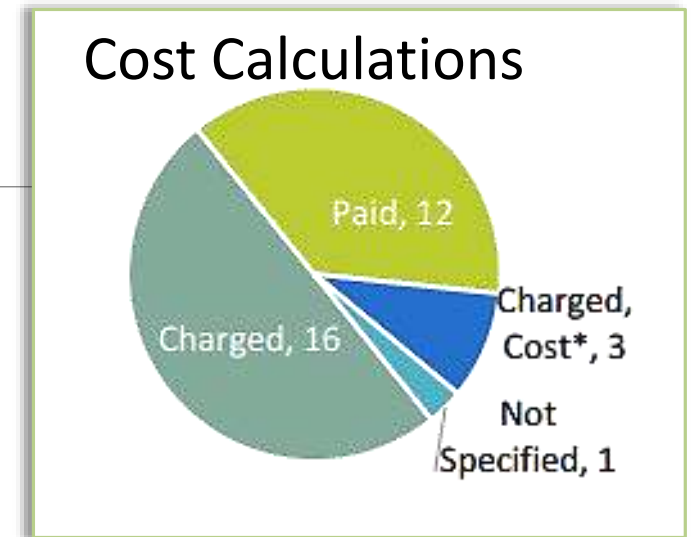
- Use methodologically sound measures that consumers care about (patient-centeredness, effectiveness, and safety)

- Employ symbols that clearly separate good and poor performers

- Use nationally accepted quality measures such as those outlined by the National Quality Forum

Number, Scale, Graphic, 2
Number, Graphic, 3
Number, 5
Number, Scale, 9
Scale, 11
N=30
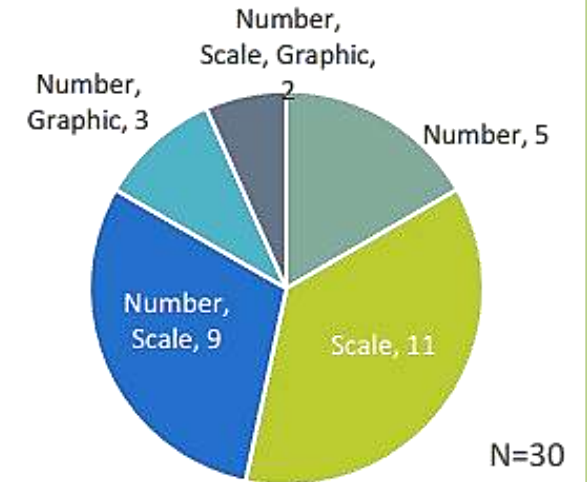
Cost and Quality Data

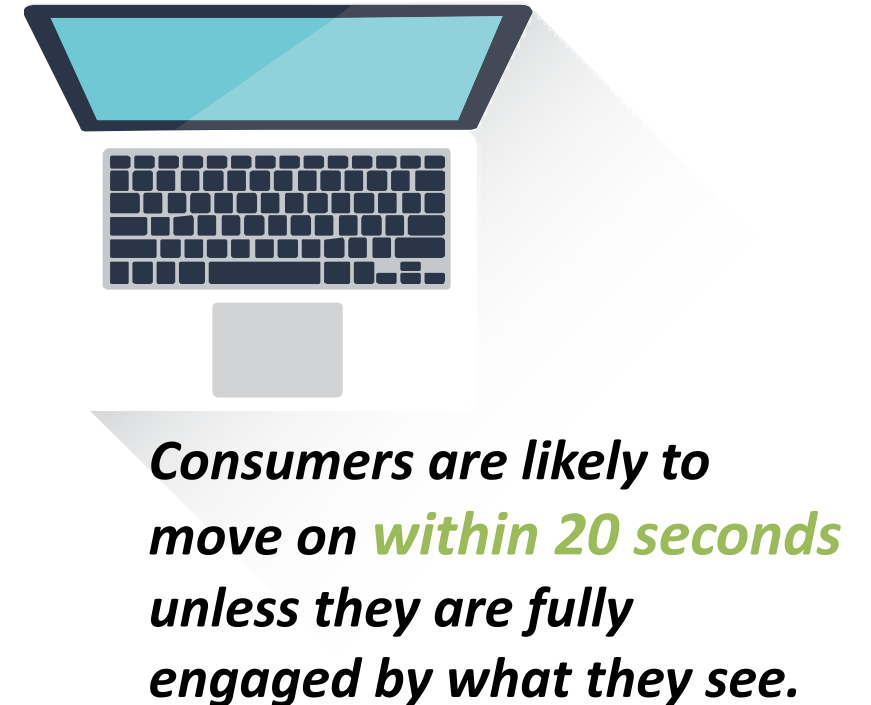Present side-by-side to facilitate identification of best value options (high quality, low cost)

Part of the work of a transparency site is to combat the misconception that expensive medical care equals higher-quality care.

Ease of Use and Innovative Features

- Invest in search engine optimization and web design

- Develop for multiple electronic formats (computers, tablets, smartphones)

- Provide additional resources to help with decision-making (links to patient education materials, other cost and quality websites)

Consumers are likely to move on within 20 seconds unless they are fully engaged by what they see.

Building an Audience

- Transparency sites are not broadly utilized by the consumers they are intended to benefit

- Consumers have high expectations for information tailored directly to them

- To overcome the challenge of building an audience, conduct large-scale public outreach to educate consumers about transparency websites

States struggle to make data digestible, as reflected in utilization rates:

- *Only 1% of NH residents have visited the state's transparency site.*

- *Nationally, transparency tools reach only about 2% of their target audiences.*

Impact on the Market

- Evidence of changes in insurer and provider behavior

- Little research on changes in consumer choice

- Site administrators should consider how they can capture effects of the sites on consumers

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