



GETTING RATINGS USED

A Workshop led by SHOSHANNA SOFAER, DR.P.H.

2017 LEAPFROG RATINGS SUMMIT

WORKSHOP AGENDA

- 8:00 to 8:20 am: Introductions – Workshop leader and participants
- 8:20 to 8:30 am: Workshop Learning Objectives
- 8:30 to 8:50 am: How ratings are **supposed** to work
- 8:50 to 9:30 am: Why they aren't working now
- 9:30 to 10:20 am: Key steps to improving public engagement with ratings
- 10:20 to 10:35 am: BREAK
- 10:35 to 11:15 am: Working with an example
- 11:15 to 11:45 am: In depth Q&A
- 11:45 to Noon: Next Steps

INTRODUCTIONS

► **Workshop Leader – Shoshanna Sofaer, Dr.P.H.**

Shoshanna is a Managing Researcher at the American Institutes of Research and a free-lance consultant. She has worked in the field of public reporting since the 1980's, with a focus on helping consumers and patients unravel the complexities of health care and health insurance and make better choices. Shoshanna has designed public reports of comparative quality and cost of plans, hospitals, nursing homes, and physician groups. She has tested public reports before they go live and evaluated them after they are up and running. She has also explored how to develop, identify and score specific measures so they respond to consumer needs. An expert in patient and consumer engagement, Shoshanna helped design the Center for Advancing Health's Engagement Behavior Framework and advised its project "Getting Tools Used," which showed how decision support tools for areas outside of health care have achieved greater use by the public.

INTRODUCTIONS

- ▶ **Participants: Please tell us:**
 - ▶ Your name and what you want to be called
 - ▶ Where you do your work and who you see as your “client”
 - ▶ Your background in public reporting
 - ▶ Why you signed up for this workshop

WORKSHOP OBJECTIVES

- ▶ Remind us why we want ratings used by the public/patients/consumers
- ▶ Review data about actual use of comparative quality and safety ratings
- ▶ Demonstrate why improving public reports to make ratings easier to use is necessary but not enough
- ▶ Describe what is and **is not** being done to ensure that the public knows about and trusts ratings
- ▶ Contrast how others, not in health care, market decision tools to the public
- ▶ Identify five key steps to improve public engagement with health care ratings
- ▶ Use an example (hopefully from a workshop participant) to illustrate the steps
- ▶ Encourage and respond to audience questions, comments and experiences



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QUESTIONS? SHORT COMMENTS?

WHY WE WANT RATINGS SEEN AND USED

- ▶ A lot of money, time and energy is used to produce
 - ▶ The data underlying ratings
 - ▶ The reports presenting ratings
- ▶ Why do we do this?
 - ▶ To demonstrate that health care is **transparent**
 - ▶ To encourage those who are rated to **improve** their performance
 - ▶ As a basis for **reimbursement**, especially in value-based payment
 - ▶ To support consumers and patients in making **choices**
 - ▶ Sometimes, to encourage consumers and patients to **engage** with health care organizations and clinicians

HOW ARE WE DOING?

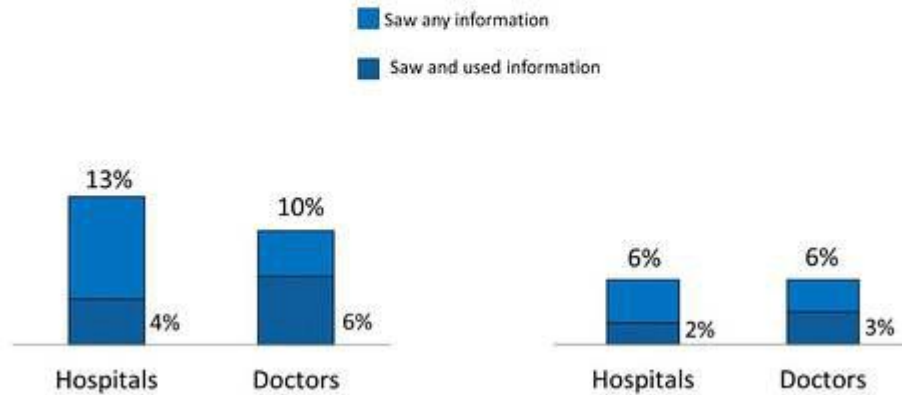
- ▶ Thank you, Kaiser Family Foundation! KFF is the only group that has surveyed the American public, at multiple points in time, to ask about their exposure to and use of health care quality and cost data
- ▶ Their last data is from 2015, published in one of Drew Altman's "Think Tank" columns from the *Wall Street Journal*: <https://www.kff.org/health-costs/perspective/few-consumers-use-information-on-health-provider-quality-or-price/>
- ▶ They note that consumers and patients **should** be getting more interested in quality and especially cost data, given the growth of health plans with high deductibles.
- ▶ But as the chart on the next slide shows, so far uptake is minimal

Very Few Consumers Using Provider Quality and Price Data

Percentage who say they saw or used any information comparing:

QUALITY among different doctors and hospitals in the past 12 months.

PRICES among different doctors and hospitals in the past 12 months.



NOTE: Question wording abbreviated. See topline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted April 8-14, 2015)





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QUESTIONS? SHORT COMMENTS?

WHAT HAVE WE DONE SO FAR TO IMPROVE USE OF RATINGS?

- ▶ Note: all reports do not do these things, but some do some of them
- ▶ Improve the usability of reports by:
 - ▶ Choosing report sponsors who will be trusted by the public
 - ▶ Using introductory text to encourage use of comparative data
 - ▶ Using plain English instead of health care jargon (e.g. labels, explanations)
 - ▶ Using measures that resonate with the public
 - ▶ Explaining the value of a measure when it is not self-evident
 - ▶ Acknowledging barriers to choice (e.g. this hospital is not in your network)
 - ▶ Providing alternative uses of the data (e.g. having a conversation with your physician about how to address negative scores in a place you have to use)

WHAT HAVE WE DONE SO FAR TO IMPROVE USE OF RATINGS?

- ▶ Improving the usability of reports by:
 - ▶ Using evidence-based methods to present data:
 - ▶ Organize the data so it is meaningful to ordinary people
 - ▶ Limit the number of data points shown at the same time to avoid overload
 - ▶ Use composites or summary scores
 - ▶ Sometimes (e.g. CMS “top box”) score the data to highlight performance differences
 - ▶ Order the data so it is very easy to see how is doing well and who isn't
 - ▶ Use graphics to highlight differences in performance – e.g. word icons
 - ▶ Emerging directions:
 - ▶ Let users “personalize” the ratings to meet their own needs
 - ▶ Using narratives as well as numbers

WHAT HAVE WE DONE SO FAR TO IMPROVE USE OF RATINGS?

- Terrific!
- More public reports need to do this!
- But it is not enough...
- All of this will **only** encourage consumers to use reports
- **If they know they exist and go look at them**

WHAT WE HAVE **NOT** DONE YET TO INCREASE USE OF RATINGS

- ▶ Think carefully about how, when and where we disseminate reports
- ▶ Actually promote and market reports to the intended audience of consumers and patients
- ▶ Why?
- ▶ Let's learn from each other: If you produce a comparative quality or cost report of any kind, please tell us:
 - ▶ Who is your audience?
 - ▶ How do you disseminate your report?
 - ▶ What do you do to market and promote your report?
- ▶ Do we have a volunteer who is willing to have their report used as an example later in the session?



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QUESTIONS? SHORT COMMENTS?

WHAT DO OTHER ORGANIZATIONS DO TO PROMOTE DECISION TOOLS?

- ▶ Some years ago, the Center for Advancing Health (it no longer exists, sadly) did a project called “Getting Tools Used”
- ▶ They looked at four tools to support consumer decisions that actually are used, and conducted interviews and other research to figure out what the sponsors did to promote use
- ▶ The organizations were:
 - ▶ *Consumer Reports*: Automobile Ratings
 - ▶ eBay: Virtually anything you want to buy or sell
 - ▶ Food and Drug Administration: Nutrition Label
 - ▶ *US News and World Report*: College Ratings

WHAT DO OTHER ORGANIZATIONS DO TO PROMOTE DECISION TOOLS?

- ▶ Note that the list includes two for-profit organizations, a non-profit organization and a public sector organization
- ▶ The public at large know these decision tools exist
- ▶ They are widely used
- ▶ Why?
- ▶ Well the simple answer is that
 - ▶ **All** of these organizations presume that they have to **take action** to get their tools used
 - ▶ **All** of them **do take action**

WHAT DO OTHER ORGANIZATIONS DO TO PROMOTE DECISION TOOLS?

- ▶ What **action** do they take?
- ▶ They work to make the tools easy to use
- ▶ But they also let the public at large know that they are available OR make them available at what might be called the “point of sale” (e.g. the nutrition label)
- ▶ Their audiences are huge
- ▶ The stakes are high: if people do not engage, these organizations fail, including economically
 - ▶ In the case of the two magazines, these particular tools help them sell the magazine as a whole, all year round
- ▶ So they advertise, they promote, they market using all the skills and tools of those ever-present elements of American society
- ▶ Finally, they continuously **assess** how well they are doing and make changes if they have to (less true of FDA)

WHAT DO OTHER ORGANIZATIONS DO TO PROMOTE DECISION TOOLS?

- ▶ So the mystery is, why doesn't this happen with health care ratings?
 - ▶ Are sponsors just meeting a requirement to produce a report and they don't care if any one uses it?
 - ▶ Are sponsors forbidden to market?
 - ▶ Do sponsors really not realize that people will not look at their report unless it is promoted?
 - ▶ Do sponsors run out of steam, or resources, when the time comes to market their ratings?
 - ▶ Even though as we will see they should be thinking about it from the get go!
 - ▶ Do sponsors not really **care** whether their reports are used by the public – they just want plans, providers and employers/purchasers to see them?
 - ▶ What do you folks think?

QUESTIONS? SHORT COMMENTS?

FIVE KEY STEPS TO IMPROVE PUBLIC ENGAGEMENT WITH RATINGS

- *Step 1:* Clearly specify and understand your **audience**
- *Step 2:* Identify concrete **benefits** of and **barriers** to using ratings that matter to your audience
- *Step 3:* **Design ratings and reports** that are easy to find and use; provide desired benefits; and overcome barriers
- *Step 4:* Develop and use **marketing messages** that emphasize the benefits and uses of ratings that matter to your audience
- *Step 5:* Implement audience-specific marketing and dissemination strategies (e.g. **media, channels, intermediaries, spokespeople**) to make sure people know where/how they can find the ratings
- **Note:** This work starts at the beginning of the process, not the end

KNOWING YOUR AUDIENCE

- ▶ **Step 1: What must you know about your audience?**
 - ▶ Basic **demographics**: age, gender, SES, race/ethnicity, geography
 - ▶ Who faces what **health issues**? Will vary by age and gender
 - ▶ What are their major **information sources**? In general and vis a vis health and health care?
 - ▶ Who do they **trust** and mistrust with respect to health and health care?
 - ▶ What would make them **want to use** comparative quality ratings? Cost ratings?
 - ▶ What would make it **easy** and what would make it **difficult** for them to use ratings?
 - ▶ **Who are the decision-makers** when it comes to health and health care? When it comes to spending money?

IDENTIFYING BENEFITS ACKNOWLEDGING BARRIERS

- ▶ *Step 2: Benefits and Barriers*
- ▶ Your audience is not you! They will not automatically see the benefits of using ratings
 - ▶ Many do not realize that quality varies and that quality differences have real consequences for health and functioning
 - ▶ In particular, many believe their doctor is always right
 - ▶ Many believe that higher cost = higher quality
- ▶ You have to take barriers seriously. Ignore them at your peril
 - ▶ What are some typical barriers? Fear. Perceived invulnerability. Lack of time. Aversion to reading. Skepticism about the sponsor or the data. Actual barriers to having/making choices (e.g. networks, geography). Belief that somehow this report is “not for me” or “not for people like me.”

REPORT DESIGN

- **Step 3: Designing your report to highlight benefits, reduce barriers, maximize ease of use**
- How do you highlight benefits? Don't be shy! Say what you can do for people! Include both positive things they can get from using ratings AND negative things they can avoid.
- Don't ask people to stop using their current sources of information; instead suggest they add your information to those sources
- Make sure, again, that you acknowledge barriers and make suggestions about how to overcome them
- Suggest easy first steps they can take (and perhaps design your report to include a specific place which fits that bill)

MARKET! DEVELOP, TEST AND USE THE RIGHT MESSAGES!

- ▶ **Step 4: Do your marketing! The core of marketing is messaging**
- ▶ Include the costs of marketing in your budget
- ▶ Identify people in your organization, in partner organizations, or consultants, who can help you with this
- ▶ Keep marketing and messaging in mind when you are learning about your audience
- ▶ Recognize that you may need different messages for different sub-sets of your audience: one size rarely fits all

CONSIDER MEDIA, CHANNELS, INTERMEDIARIES, SPOKESPEOPLE

- ▶ *Step Five:* **Implement audience-specific marketing and dissemination strategies**
- ▶ Your report may be on the web, but your marketing can and should use a **range of media and channels**, tied to your audience and where they get their information, especially but not only about health
- ▶ Consider using **“information intermediaries”** to help, especially if all or some of your audience is “distinct” in terms of culture or community. Again, explore this in Step One.
- ▶ Think about **spokespersons** who will attract attention, will be trusted, and will give some “luster” to your efforts; these have to resonate with your audience, not you

QUESTIONS? SHORT COMMENTS?



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LET'S TAKE A BREAK!

See you back at 10:35!

LET'S WORK ON AN EXAMPLE TOGETHER

QUESTION AND ANSWERS: LET'S GET INTO THE DETAILS!

NEXT STEPS: FOR YOU AND FOR ME!

THANKS FOR COMING!

You can reach me at: ssofaer@air.org or 212 414 1614