

## **Consumer Education and Transparency**

### **Speaker points on this topic from the morning:**

Dr. Rosenthal: we are going to have to come up with some ideas for patient engagement

Dr. Hamory – “ using the EHR to activate patients”; using case management/ education

Amy Whitcomb Slemmer – she had 10 principles of consumer education and transparency -- mission of HCFA

### **Some points from the lecture (see slides on website):**

- Payment Reform is very hard work for relatively modest changes; while we are going at all of this, the FFS system is working against us
- Need to think about transparency from the patient’s point of view as well
- ACO principles:
  - ACO transparent
  - ACOs outcomes focused – it is hard to pay based on outcomes because of the delay, so you should follow EBM “If the science is right, the outcomes will follow
  - ACOs should be patient centered
- Premier Network – thinks about transparency from a provider-centric perspective
- 10 things ACOs need to know (Institute for Health Technology Transformation) – many of these are patient centric
- New! NCQA ACO accreditation standards:  
<http://www.ncqa.org/tabid/1312/default.aspx>
- ACO Models:
  - Medicare shared savings program  
<https://www.cms.gov/sharedsavingsprogram/>
    - Final rule – virtually no change in consumer education and transparency, but CMS was generally responsive to public comments
  - Pioneer ACO model (CMMI);  
<http://innovations.cms.gov/initiatives/aco/pioneer/>
  - Bundled payments demonstration
- How can we move from FFS to Accountable care without putting anyone out of business? We want to maintain access and keep quality high
- FFS incentivizes providing too much care. Capitation incentivizes providing too little care. Accountable care is an incentive to provide the right care
- MA Health Care Quality and Cost Council:
  - <http://www.mass.gov/hqcc/>
  - <http://hcqcc.hcf.state.ma.us/>

## FLIP CHART DISCUSSION

**1) What are strategies to communicate to consumers about price and quality?**

**2) What are some best practices and lessons learned about communicating to consumers?**

### SESSION I:

- Patients need to understand the variation in fees that are associated with procedures
- What about patients who are more vulnerable/less educated about the health care system? The cost/ quality issue may have to be framed differently to be meaningful to certain patients
- MHQP: There was a study where employees of EMC looked at cost and quality data and reacted to it. They had a few thousand employees respond. When only cost info was presented, patients could make rational choices. When cost and quality information were presented together, employees had a harder time reacting to this information (they weren't necessarily making rational choices)
- A lot of patients want other people to make decisions for them – there is an agency issue
- Maybe part of the issue is that consumers have to be educated in general about why it matters to participate in these decisions about quality, cost, etc.
- Is there anywhere that combines measures of quality and cost? The cost to whom? How are you measuring quality? Aggregating the quality measures is very challenging; there are few standards
- Need to think about using a rating system that consumers are used to using – e.g., stars, dollar signs
- Public reporting – measuring quality has a much stronger impact if you put the provider report card on the bulletin board; Is the consumer really the target?
- Maybe it isn't a one-sized fits all model?; some patients are going to be more engaged than others
- What is the difference between ACOs & HMOs? The focus is more on quality for ACOs. Important to explain to patients why it is important to stay in the network. It is not just about controlling costs
- Maybe we need to give more of a global message?
- Quality measures: Be careful that providers are not reacting to the measures (instead of focusing on patient care) if you are linking those with incentives

### SESSION II

- Patient has no incentive to shop for quality and value – if there is no incentive, why should the patient care?; patients have to “have some skin in the game”
- ACOs are not going to want to publicize cost/ quality data – what is the incentive for them to open that door?

- Insurance has a role in this – will they lower costs (premiums/ copayments) based on the hospitals you use?; employers are in this game, but the insurance plans are not yet
- Consumer – quality is the focus when you don't have to pay more; but if you move to a tiered plan, you become more cost conscious
- Limitations of the website -- <http://hcqcc.hcf.state.ma.us/> – patients are not usually in the position to be shopping; a lot of things are happening on the back end that are driving those costs
- There is a call for a transparency, but the information is complex and hard to understand – can you translate this into something that is more personal and “usable” to the average consumer
- One employer in the group has high deductible plans; they created a tool so the employees could figure out how much it would cost based on the service
- Difference between choosing an “ACO” (PCP) vs choosing a health plan? When do you provide that information to the patient about the ACO? Need repeated information through multiple channels
- What is the decision that this information is motivating? Is it about choice of provider or about what services/ utilization? Maybe some of this information would be more useful in the hands of providers? See new website for providers called “Choose Wisely”: <http://choosingwisely.org/>
- How do you get “real time” information when you need it? Do we have a better opportunity with mobile apps etc to provide this stuff in real time? Not as useful if we are getting the info months later
- Useful tools that exist: “itriage”: consumer oriented price transparency tools
- Costs of Care <http://www.costsofcare.org/>: working on “Yelp-like” site for providers
- How do you balance price transparency with people not getting necessary care
- ACOs aren't going to work unless they are coordinated with the health insurance products – if people have high deductible plans they aren't going to go in for the preventive care
- If this is supposed to be patient centered, what does that really mean? We are so focused on costs. Education of consumers is key, but there has to be a bigger picture for patients to care: Why is this important to you? In the long run that will save money
- Other countries view health care as a much broader idea – social services etc
- Think about creating value-based insurance product designs to support patients/providers decisions. Continuous improvement cycle between providers-consumers-insurance
- Supply-side rationing—this is based on the average patient. At the end of the day, there is a lot of variation around the mean when providing medical care to patients. In the US, the system is optimized for exceptionalism, not the mean ...
- ACOs seemed to be better at addressing the needs of the chronically ill; Why would a 25 year old want to join one?

### **How do we balance transparency with privacy and confidentiality?**

- How did the eHealth collaborative keep the 95% of people in? Did very intensive patient education about consent.
- Hacker community is increasing their reach as we improve our data security; we always need to be moving
- All-payer claims database – should this be widely available?
- Long run – making clinical data available (data warehouse)