



Research Brief

How People in New York State Use Health Care Price Information

A research brief
from Public Agenda
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This brief explores how New York State residents are trying to find and use health care price information, their attitudes about prices and how their behaviors and attitudes compare to those of Americans overall. Important findings include:



New York

- Nearly half of New York State residents—48 percent—especially those who have deductibles or have recently been uninsured, have tried to find information about health care prices before getting care.
- Fewer New York State residents—20 percent—have tried to compare prices across multiple providers. But of those who have tried to compare prices, 65 percent say they chose less expensive care, and 59 percent report saving money.
- 68 percent say higher prices are not typically a sign of better quality medical care.
- More than half of New York State residents—55 percent—are not aware that some doctors charge more than others for the same service. And more than half—54 percent—are not aware that some hospitals charge more than others for the same service.
- About two-thirds of New York State residents—65 percent—say there is not enough information about how much medical services cost.
- 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.
- Most New York State residents—73 percent—would trust their doctors a great deal or some when it comes to finding out about the price of medical care.
- About two-thirds of New York State residents—66 percent—think it is a good idea for doctors and their staffs to discuss prices with patients.
- Of New York State residents who have tried to find price information, 50 percent have called their insurance companies or looked on their insurance companies' websites. But nearly as many—49 percent—have talked to friends, relatives or colleagues to find out about prices.
- Findings regarding New York State residents largely follow the same pattern as findings regarding Americans overall.



Support for this report was provided by the Robert Wood Johnson Foundation and the New York State Health Foundation (NYSHealth). The views expressed here do not necessarily reflect the views of the Robert Wood Johnson Foundation or NYSHealth.

New York State’s health care spending, both overall and per capita, is among the highest of all the states in the nation.¹ The state’s residents, like many Americans, bear a significant share of their health care costs in the form of high deductibles and insurance premiums, as well as copayments and, sometimes, coinsurance.² But health care systems in the United States have historically not made it easy for people to find out how much their care will cost them, and New York was one of 43 states that received grades of “F” for their price transparency laws from Catalyst for Payment Reform in 2016.³ The state is, however, planning to create an online platform to disseminate price and quality information to its residents based on an all-payer database—a crucial building block of price transparency efforts.⁴ As these developments unfold, this research explores New York State residents’ behaviors, attitudes and perspectives related to health care price information.

Findings are based on a representative survey of 802 adults in New York State and a nationally representative survey of 2,062 U.S. adults, conducted from July through September 2016 by telephone, including cell phones, and online.⁵ For more details about the methodology, see page 18 of this research brief.

The research was conducted by Public Agenda and funded by the Robert Wood Johnson Foundation and the New York State Health Foundation. A report on findings from the national survey and briefs on findings from surveys in Florida, Texas and New Hampshire, as well as topline findings, full methodology, question wordings and sample characteristics, are available at <http://www.publicagenda.org/pages/still-searching>.



MAIN FINDINGS



Nearly half of New York State residents have tried to find price information before getting care.

Forty-eight percent of New York State residents have tried to find out before getting care how much they would have to pay out of pocket—not including copays—and/or how much their insurers would pay. Our research found a similar percentage of Americans overall—50 percent—have tried to find price information before getting care.⁶

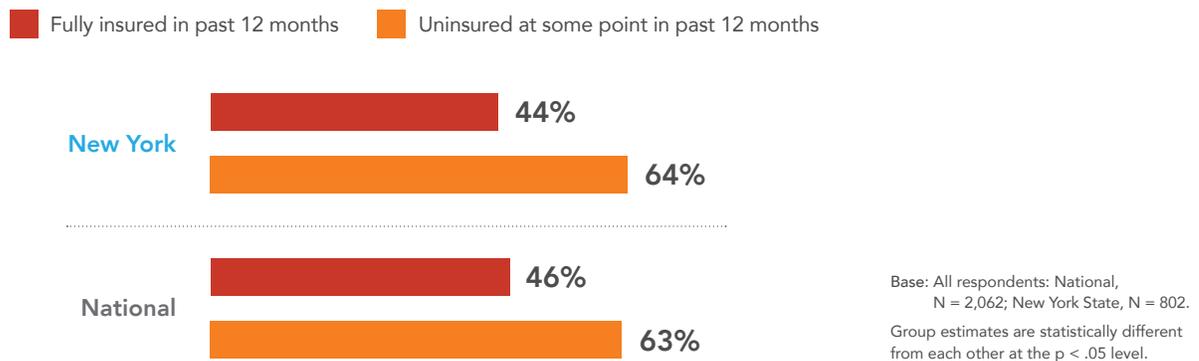
Insured New York State residents with deductibles are more likely to have tried to find price information before getting care than those without deductibles. Among insured New York State residents with deductibles, 53 percent have tried to find price information before getting care. In contrast, 45 percent of insured residents without deductibles have done so. Nationally, 57 percent of insured Americans with deductibles and 40 percent of insured Americans without deductibles have tried to find price information before getting care.⁷

New York State residents with Medicare are less likely to have tried to find price information before getting care than those with other types of insurance. Thirty-eight percent of New York State residents who only have Medicare have tried to find price information before getting care, but 49 percent of those who are not covered by Medicare have done so. In addition, 53 percent of New York State residents with insurance only through their employers have tried to find price information, but 44 percent of those whose insurance is not employer based have done so.

New York State residents who were uninsured at some point in the past year are more likely to have tried to find price information than those who were fully insured over the past year. Sixty-four percent of New York State residents who were uninsured at some point in the past 12 months have tried to find price information before getting care. By contrast, 45 percent of those who were fully insured in the past 12 months have tried to find price information. This is similar to findings from our national survey about Americans overall; see figure 1.

New York State residents who were uninsured at some point in the past year are more likely to have tried to find price information.

Figure 1. Percent who say they have tried to find price information before getting care, by insurance coverage:



Retired New York State residents and older residents are less likely to have sought price information before getting care. While 48 percent of New York residents overall have tried to find price information, we found 60 percent of those under age 30 as well as 54 percent of those ages 30 to 49 have tried to find price information, compared to only 37 percent of those age 50 and older. Moreover, while 55 percent of employed New York residents have tried to find price information, only 43 percent of unemployed Americans and 32 percent of retired people have tried to find price information.

Each of these differences remains statistically significant in analyses that examine them together and also take into consideration other demographic variables, such as income, age and race/ethnicity, as well as the size of insured people’s deductibles, whether or not people have been surprised by high bills and the extent of their insurance coverage in the past 12 months. These demographic differences also remain statistically significant when taking into account whether people have children under age 18 and whether they make medical decisions for other adult family members.

We found no statistically significant differences in whether or not people have sought price information by education, gender or income. Differences by race/ethnicity were no longer statistically significant when other demographic variables were taken into consideration, such as income, education, gender and employment status, as well as the size of insured people's deductibles, whether or not they have been surprised by high bills and the extent of their insurance coverage in the past 12 months.



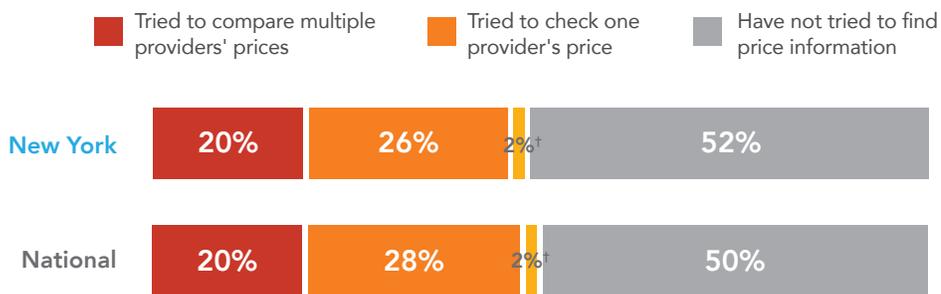
One in five New York State residents have tried to compare prices. Of those who have tried to compare prices, more than half say they saved money.

One promise of health care price transparency is that people will use price information to “shop around”—that is, they will compare two or more providers’ prices and consider price in their health care decision-making.

One in five New York State residents—20 percent—have tried to compare prices across multiple providers before getting care. Nationally, 20 percent of Americans overall have tried to compare prices; see figure 2.

One in five New York State residents have tried to compare prices across multiple providers before getting care.

Figure 2. Percent who say they have done one of the following before getting care:



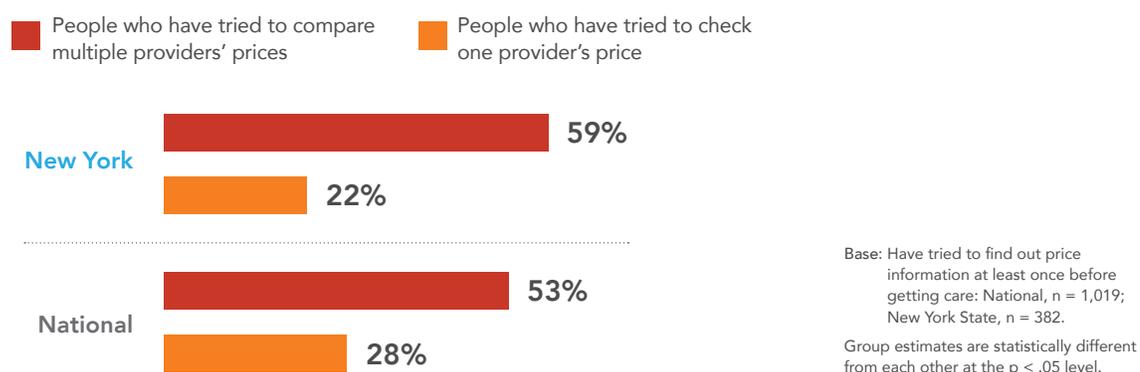
Base: All respondents: National, N = 2,062; New York State, N = 802.

Indicates people who report having tried to find price information before getting care but answer “don't know” or refuse to answer when asked whether they have tried to compare prices across multiple providers or not.

Of New York State residents who have tried to compare prices, more than half report saving money. Fifty-nine percent of New York State residents who have tried to compare multiple providers' prices before getting care report saving money, while only 22 percent of those who have tried to check one provider's price report saving money; see figure 3.

New York State residents who have tried to compare prices report saving money.

Figure 3. Percent who say they saved money when they have tried to find price information before getting care:





Most New York State residents do not think prices are a sign of quality in health care. Of those who have tried to compare prices, most have chosen less expensive care.

Before the publication of our 2015 report, some health care experts expressed the concern that making price information transparent could actually lead people to choose higher-priced care.⁸ This concern was based on the assumption that people think price is a sign of quality in health care. But findings from our 2015 national survey showed most Americans do not believe price and quality are associated in health care.⁹ This research shows most people in New York State do not believe price and quality are associated in health care, and it confirms that most Americans overall do not believe they are.¹⁰

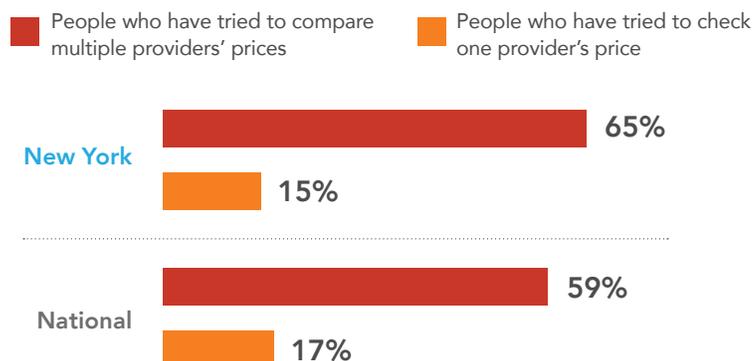
Most New York State residents do not think higher-priced care is better quality.

Sixty-eight percent say higher prices are *not* typically a sign of better quality medical care. Similarly, 70 percent of Americans in general say the same.

Of New York State residents who have tried to compare prices, many say they chose less expensive care. Sixty-five percent of New York State residents who have tried to compare prices say they chose a less expensive doctor, hospital, medical test or treatment, as compared to 15 percent of New York State residents who have tried to check a single provider's price. Nationally, of Americans who have tried to compare prices, 59 percent say they chose less expensive care. Only 17 percent of Americans who have tried to check a single provider's price say they chose less expensive care; see figure 4.

New York State residents who have tried to compare prices chose less expensive care.

Figure 4. Percent who say they have used price information to choose a less expensive doctor, hospital, medical test or treatment:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019; New York State, n = 382.

Group estimates are statistically different from each other at the p < .05 level.

Among New York State residents who have tried to check a single provider's price before getting care, 55 percent indicate that if they compared prices, they would be inclined to choose less expensive doctors. However, 37 of them percent would not be inclined to do so, and 7 percent don't know.

Among New York State residents who have not ever tried to find price information before getting care, 36 percent indicate they would be inclined to choose less expensive doctors if they knew prices in advance. However, 44 percent of them would not be inclined to do so, and 17 percent don't know.



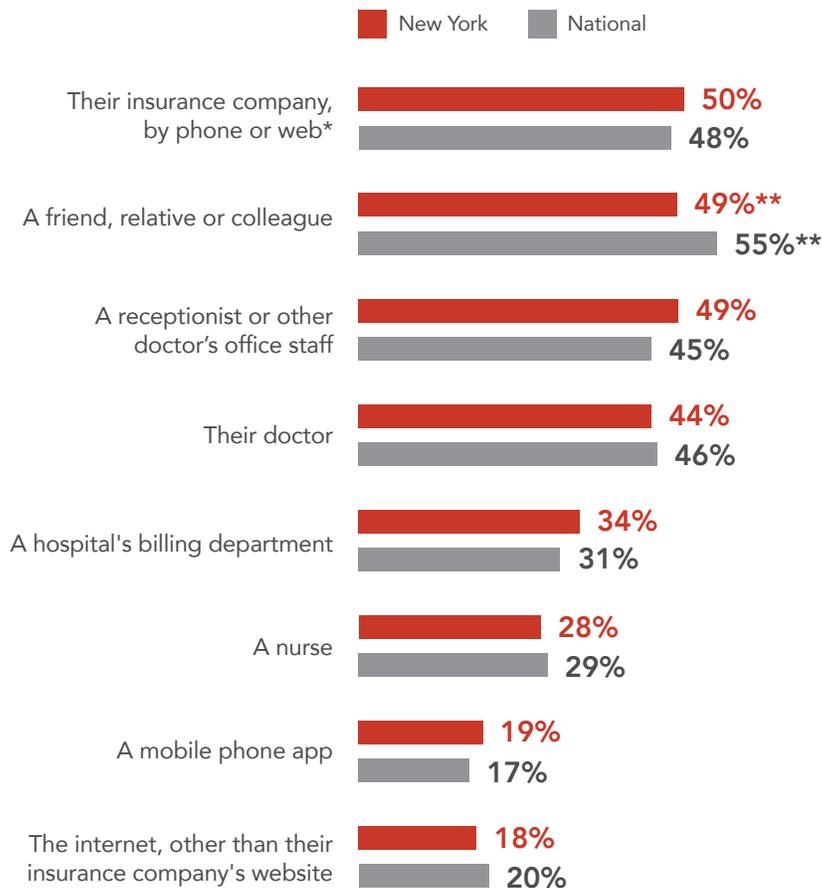
New York State residents turn to insurance companies; friends, relatives and colleagues; receptionists; and doctors when they try to find price information.

Researchers have found that few people use online price information tools when those tools are offered to them by their insurers or employers.¹¹ This has led some experts to assume people are not interested in price information and do not care how much their health care costs.¹² However, as our survey found, online tools are only one among many sources people use to try to find price information.

The sources that New York State residents most commonly use to try to find price information include insurance companies; friends, relatives and colleagues; receptionists; and doctors. Few people report trying to find price information by using websites other than their insurers'; see figure 5.

New York State residents turn to the following sources for price information:

Figure 5. Percent who say they have tried to find price information before getting care, from the following sources:



Base: Have tried to find out prices for medical care in advance at least once: National, n = 1,019; New York State, n = 382.

*Base: Have tried to find out prices for medical care in advance at least once and currently or ever insured: National, n = 997; New York State, n = 376.

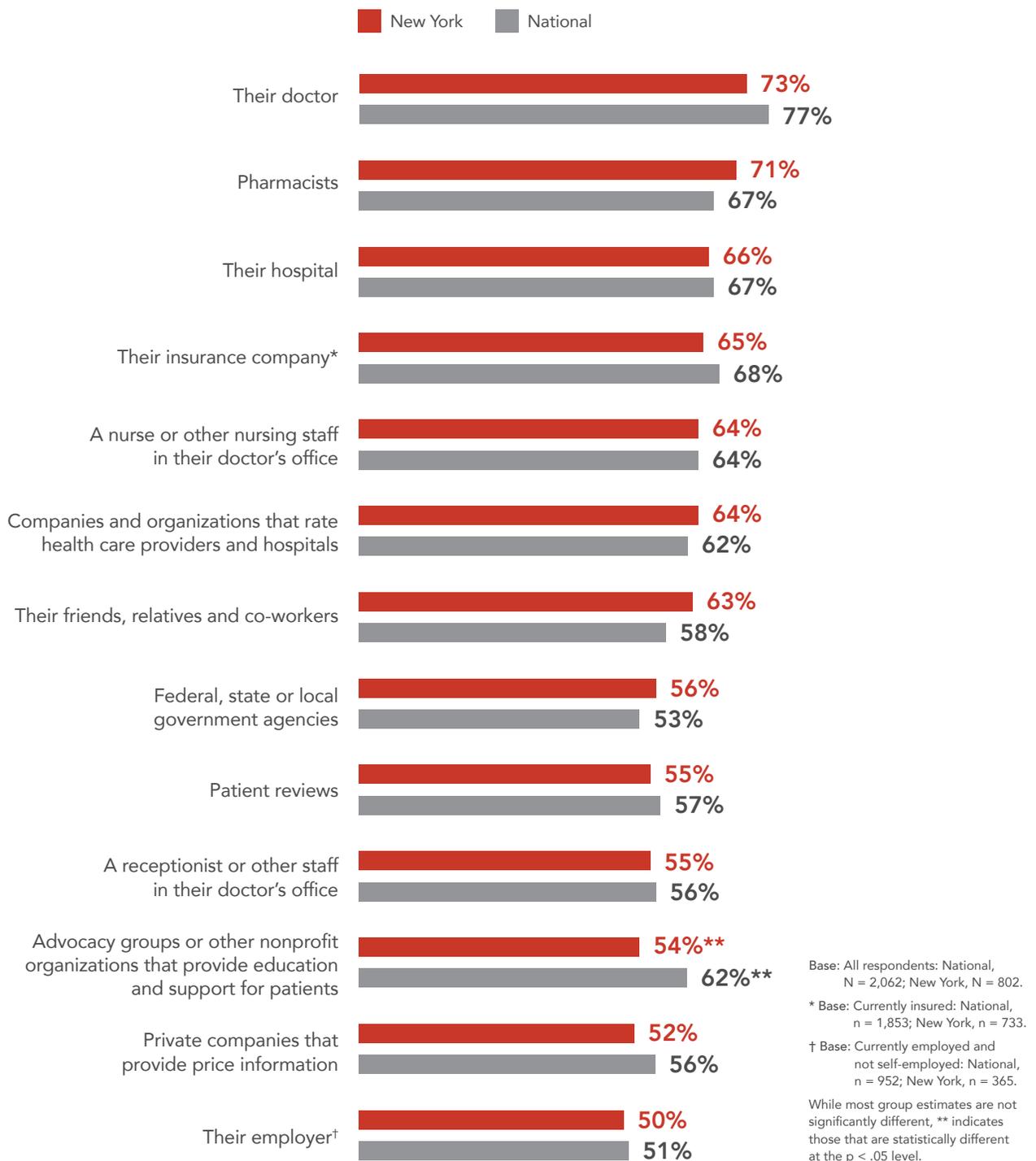
While most group estimates are not statistically different, ** indicates those that are statistically different at the p < .05 level.

New York State residents who have not ever tried to find price information before getting care say they would be likely to use sources similar to those used by people who have tried to find price information. We asked New York State residents who have not ever tried to find price information which sources they would be likely to use if they wanted to find out prices before getting medical care. The sources they indicate they are likely to use include calling their insurance companies or looking on their insurers' websites (50 percent) and asking their doctors (45 percent). Forty percent would ask friends, relatives or colleagues, 36 percent would ask a receptionist, 35 percent would use websites other than their insurers' and 34 percent would call a hospital's billing department. Only 25 percent would ask a nurse, and 21 percent would use a mobile phone app.

Doctors, pharmacists and hospitals are trusted sources of price information for New York State residents. Fewer would trust their employers for price information. We found most New York State residents—73 percent—would trust their doctors a great deal or some when it comes to finding out about the price of medical care; see figure 6.

Health care providers and insurance companies are trusted sources of price information.

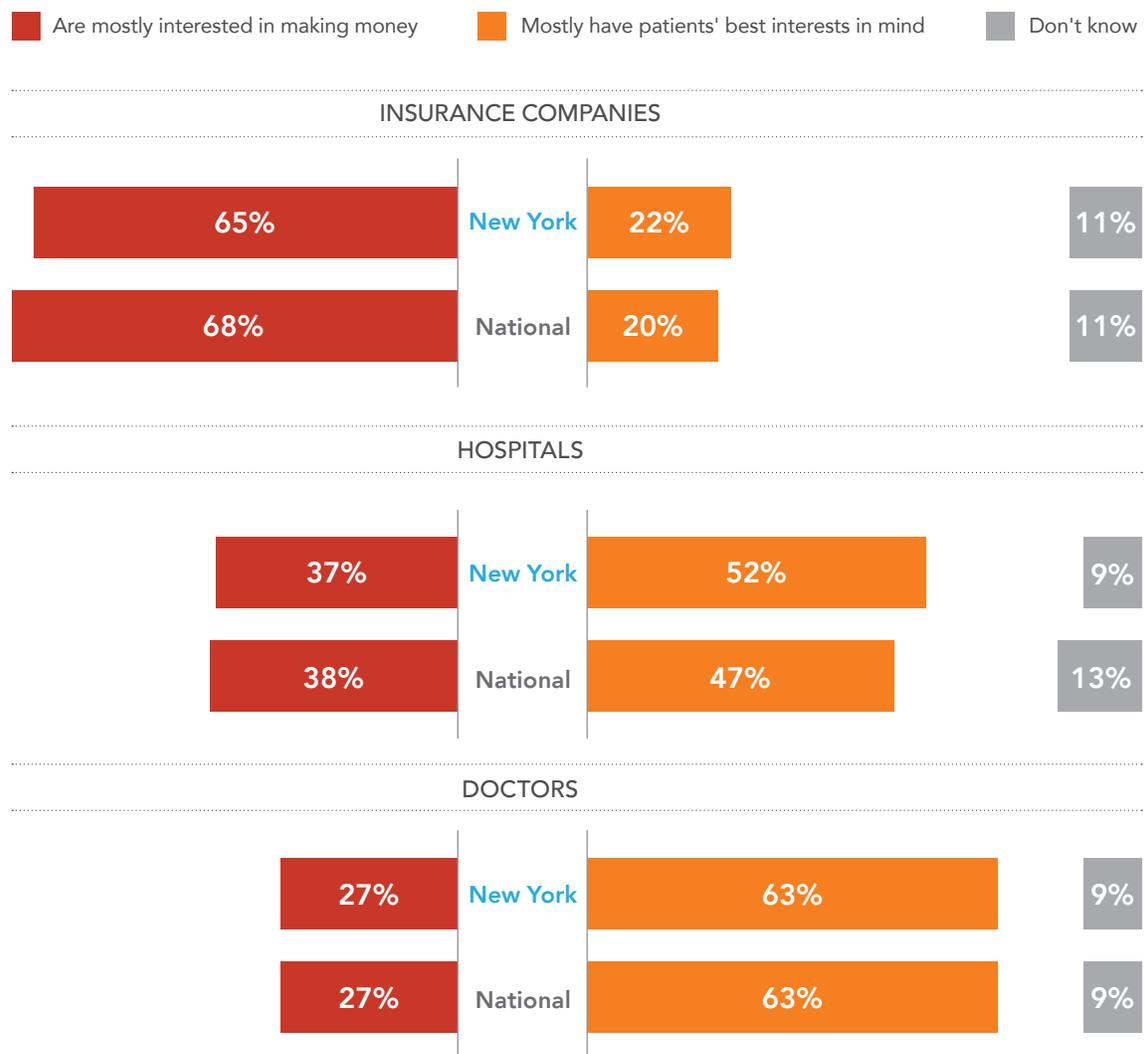
Figure 6. Percent who say they do or would trust each of the following a great deal or some as a source of information about the price of medical care:



Most New York State residents—65 percent—think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals. Only 22 percent of New York State residents think insurers have patients’ best interests in mind, and 11 percent do not know. When asked the same question about hospitals and doctors, 37 percent of New York State residents say they think hospitals are mostly interested in making money, and 27 percent think doctors are; see figure 7.

Many New York State residents think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals.

Figure 7: Percent who say they think each of the following is mostly interested in making money or mostly has patients’ best interests in mind, or that they don’t know:



Base: All respondents: National, N = 2,062; New York State, N = 802.
 Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.



More than half of New York State residents are not aware that some doctors charge more than others for the same service. And more than half are not aware that some hospitals charge more than others for the same service.

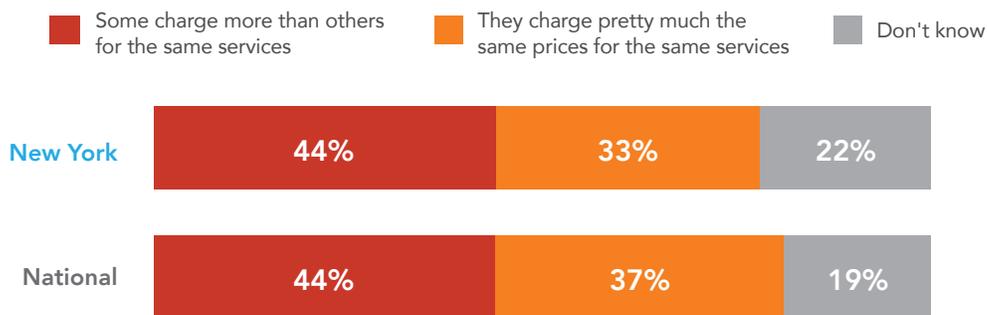
Researchers and journalists have demonstrated that the prices of medical services vary considerably across providers. For example, a study of health care markets in New York State attributed price variation to such factors as the greater leverage some hospitals have compared to others when they negotiate with insurers. However, awareness of price variation remains limited among New York State residents and among Americans overall.

Awareness of price variation among New York State residents is limited. When it comes to doctors, 44 percent of New York State residents say some charge more than others for the same services. But more than half—55 percent—either believe doctors charge pretty much the same prices for the same services (33 percent) or they don't know (22 percent); see figure 8a.

When it comes to hospitals, 42 percent of New York State residents say some charge more than others for the same services. But the rest—57 percent—either believe hospitals charge pretty much the same prices for the same services (32 percent) or they don't know (25 percent); see figure 8b.

Awareness of price variation is limited.

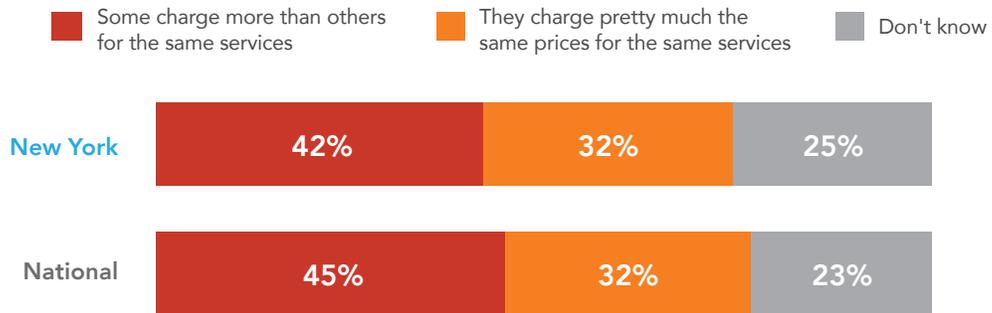
Figure 8a: Percent who say they think the following about *doctors* in their insurance networks or in their areas:



Base: Random half: National, n = 1,025; New York, n = 406.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Figure 8b: Percent who say they think the following about *hospitals* in their insurance networks or in their areas:



Base: Random half: National, n = 1,025; New York, n = 407.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.



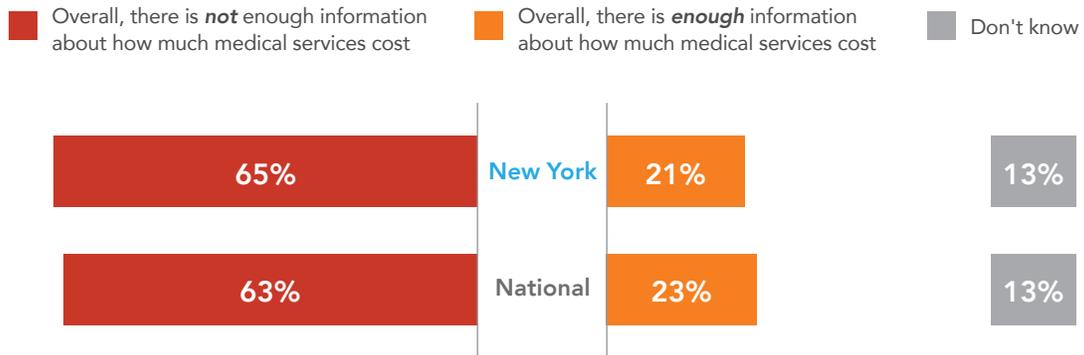
New York State residents want to know more about health care prices.

Most residents of New York State say there is not enough health care price information.

Sixty-five percent of New York State residents and a slightly smaller percentage of Americans—63 percent—say there is not enough information about how much medical services cost; see figure 9.

Sixty-five percent of New York State residents say there is not enough health care price information.

Figure 9: Percent who say one of the following statements comes closest to their view:



Base: All respondents: National, N = 2,062; New York, N = 802.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Of New York State residents who have not tried to find price information, about half indicate they are not sure how to do so.

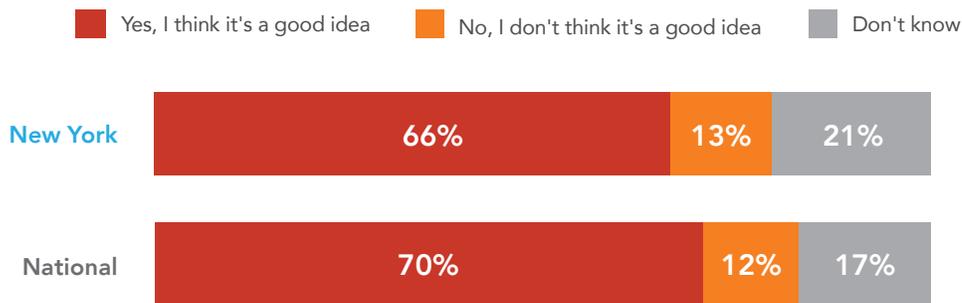
Fifty-six percent of New York State residents who have not tried to find price information before getting care indicate they would like to know the prices of medical services in advance. However, 53 percent of those who have not tried to find price information indicate they are not sure how to do so. Nationally, of Americans who have not tried to find price information, 51 percent say they are not sure how to do so.

Most people in New York State think it is important for their state government to provide price information. Eighty percent of New York State residents and 80 percent of Americans overall think it is important for their state governments to provide people with information that allows them to compare prices before getting care.

Most people in New York State favor doctors and their staffs discussing prices with patients. However, fewer say that a doctor or their staff has brought up price in conversation with them. Sixty-six percent of New York State residents and 70 percent of Americans overall think 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 specialists; see figure 10a. However, only 24 percent of New York State residents and 28 percent of Americans overall say that a doctor or their staff has brought up price in conversation with them; see figure 10b.

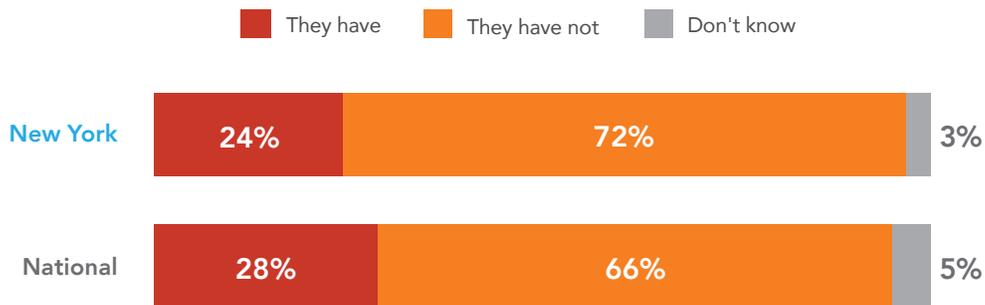
Most people in New York State favor doctors and their staffs discussing prices with patients. Fewer report that a doctor or their staff has brought up price in conversation with them.

Figure 10a. Percent who say it is or is not a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests, procedures or referrals, or that they do not know:



Base: All respondents: National, N = 2,062; New York State, N = 802.

Figure 10b. Percent who say a doctor or their staff has or has not brought up in conversation with them the price of a test, procedure or referral, or that they do not know:



Base: All respondents: National, N = 2,062; New York State, N = 802.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the charts.



IMPLICATIONS

Based on these findings, this brief concludes with implications and questions for policymakers, insurers, employers and providers, as well as for-profit and nonprofit price information providers, so efforts to make prices more transparent will be informed by and responsive to the perspectives and needs of people in New York State and Americans overall.

- **Help people compare prices to help them save money.** This research found that trying to compare prices across multiple providers is less common than trying to check one provider's price. Yet New York State residents who have tried to compare prices are more likely to report saving money. This suggests that just making price information available is not enough to help people save money. Insurers, employers and policymakers should also adopt strategies to encourage people to compare prices and help them understand that health care providers' prices can vary. These might include creating financial incentives to compare prices, providing education about price variation, experimenting with reference pricing or other creative benefit designs, or building information systems that make multiple prices available for comparison.
- **Direct price transparency efforts toward people who face high out-of-pocket costs, including those who may be uninsured.** This research found New York State residents who have been uninsured at some point in the past 12 months are more likely to have tried to find price information before getting care than those who have been fully insured. It also found that New York State residents with deductibles are more likely to have tried to find price information before getting care. Insurers, providers, employers, policymakers and price information providers should therefore pay particular attention to the information needs of these people, for whom knowing their out-of-pocket costs may be particularly important.

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- **Recognize the diversity of sources people use to try to find price information.** Besides friends, relatives and colleagues, the sources that New York State residents most commonly use to try to find price information include calling insurers and using insurers' websites, as well as asking doctors or receptionists. Policymakers, employers and others interested in helping people find price information should consider in-person or phone sources—like receptionists or insurers' customer service representatives—as part of the price information infrastructure and should consider how to ensure those sources are meeting people's needs efficiently. Past research has used insurance claims data to study whether people save money by using online price information tools provided by employers and insurers. But future research should also consider the impacts of in-person and phone sources of price information.
 - **Equip medical professionals and their staffs to discuss prices with patients or to refer patients to reliable sources of price information.** Doctors and their staffs emerged as trusted sources of price information for most people in New York State in this research, and most New York State residents favor doctors and their staffs talking to patients about price. How can doctors and their staffs—including receptionists and nurses—be equipped to handle these conversations, including discussing costs and coverage and providing or guiding people toward price information?
 - **Employers should find ways to build trust with more of their employees.** Some employers have already invested in price information tools for their employees. Yet the percentage of New York State residents who would trust their employers as potential sources of price information is lower than the percentages who would trust other potential sources. Employers and employees could both benefit from lower health care spending. Therefore, it would be in employers' interests to become trusted sources of or trusted guides to price information for more of their employees.
 - **New York State should consider a range of ways to make price information more transparent.** Most New York State residents think it is important for their state government to provide comparative price information. As New York State moves forward with its all-payer database (APD), it will need to ensure the APD meets people's price information needs. In addition to providing information themselves, how can states encourage insurers and providers to be more transparent about prices and help state residents understand the extent of price variation?

METHODOLOGY IN BRIEF

This brief summarizes findings from a nationally representative survey of 2,062 U.S. adults ages 18 and older and a representative survey of 802 adults in New York State. Interviews were conducted from July through September 2016. These surveys were conducted in conjunction with representative surveys in three additional states: a survey of 808 adults in Texas, one of 819 adults in Florida and one of 826 adults in New Hampshire.

Respondents could choose to complete the survey in English or Spanish. Data for both surveys were collected through 40 percent phone interviews, including cell phones, and 60 percent online surveys. The phone response rate for the national survey was 12.8 percent and for the New York survey was 10.4 percent, using the American Association for Public Opinion Research's Response Rate Three (RR3) formula. Response rates did not differ between landline and cell phone interviews.

For both surveys, the phone sample was weighted to correct for variance in the likelihood of selection for a given case. Phone and online samples were combined using propensity score matching and were weighted to general population demographics.

The weight-adjusted margin of error is +/-2.6 percentage points for the national survey and +/- 4.1 percentage points for the New York survey. Differences reported between subgroups are statistically significant at the $p < .05$ level unless otherwise stated. The surveys were designed by Public Agenda and fielded by Social Science Research Solutions, Inc.

Public Agenda conducted this research with support from the Robert Wood Johnson Foundation and the New York State Health Foundation. For briefs on the other three states and for the full national research report, including topline findings and full question wordings, please go to <http://www.publicagenda.org/pages/still-searching>.

SAMPLE CHARACTERISTICS

	National N=2,062	New York N=802
Insured status		
Insured	90%	91%
Uninsured	10%	9%
Type of insurance [Base: Currently insured]		
Insurance through employer	43%	46%
Medicare	29%	30%
Medicaid	12%	17%
Direct purchase	14%	10%
Other	5%	3%
Don't know	1%	1%
Refused	*	1%
Deductible status [Base: Currently insured]		
Has a deductible	60%	52%
Doesn't have a deductible	32%	40%
Don't know	8%	8%
Refused	*	1%
Parental status		
Parent or guardian of child under 18	24%	27%
Not a parent or guardian of child under 18	76%	72%
Refused	*	1%

	National N=2,062	New York N=802
Educational attainment		
Less than high school or GED	3%	4%
High school or GED	20%	18%
Some college but no degree	21%	18%
Associate's degree or technical school	16%	15%
Bachelor's degree	25%	26%
Graduate school or more	15%	18%
Other	*	*
Refused	*	1%
Employment status		
Full-time	36%	41%
Part-time	10%	11%
Self-employed	8%	6%
Not employed	46%	41%
Refused	1%	1%
Household income		
Less than \$50,000	46%	38%
\$50,000 but less than \$100,000	30%	30%
\$100,000 or over	17%	22%
Don't know/Refused	7%	9%

	National N=2,062	New York N=802
Race/Ethnicity		
Hispanic	10%	15%
Black	11%	12%
White	73%	63%
Other	6%	7%
Refused	1%	2%
Political party affiliation		
Republican	25%	21%
Democrat	34%	39%
Independent	32%	30%
Libertarian	*	*
No affiliation/Don't vote	1%	1%
Other	*	*
Don't know	4%	3%
Refused	5%	4%
Gender		
Male	47%	44%
Female	53%	56%
Age		
18–24	7%	7%
25–29	8%	7%
30–49	29%	32%
50–64	31%	29%
65+	25%	25%

ENDNOTES

- ¹ Diana Rodin and Jack Meyer, "Health Care Costs and Spending in New York State" (New York: New York State Health Foundation, 2014), <http://nyshealthfoundation.org/resources-and-reports/resource/health-care-costs-and-spending-in-new-york-state>.
- ² Agency for Healthcare Research and Quality, "Table II.F.1, Table II.F.2, Table II.F.3, Table II.F.4, Table II.F.5 and Table II.F.6," Medical Expenditure Panel Survey Insurance Component Tables, 1996–2015, generated using MEPSnet/IC on January 31, 2017, https://meps.ahrq.gov/mepsweb/data_stats/MEPSnetIC/startup.
- ³ Catalyst for Payment Reform and Health Care Incentives Improvement Institute, "Report Card on State Price Transparency Laws" (Oakland, CA: Catalyst for Payment Reform, 2016), <http://www.hci3.org/wp-content/uploads/2016/07/reportcard2016.pdf>.
- ⁴ 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), <http://www.nyam.org/publications/publication/consumer-perspectives-health-care-decision-making-quality-cost-and-access-information/>.
- ⁵ Telephone and online samples were combined using propensity score matching techniques and weighted to the general U.S. population. See the methodology in "Still Searching" for a detailed description of how this research was conducted.
- ⁶ This percentage includes those who say they have ever tried to find out how much they would have to pay out of pocket, not including a copay, in any one or more of the following four situations: before visiting a primary care doctor, before visiting a specialist doctor, before a hospital stay or before getting a medical test. It also includes those who say they have ever tried to find out before getting care what a doctor or medical facility would charge their insurance companies.
- ⁷ "Insured" includes anyone who responds "yes" when asked, "Do you currently have any form of health insurance, either through your employer, through Medicaid or Medicare, insurance that you buy on your own, or any other type of health insurance, or do you not have health insurance?" This includes people who have Medicare, Medicaid, insurance through their employer, insurance that they buy on their own or any other type of health insurance. The sample characteristics on page 19 of this brief provide more information about the percentages of people in our sample who had each type of insurance.
- ⁸ Ateev Mehrotra, Peter S. Hussey, Arnold Milstein and Judith H. Hibbard, "Consumers' and Providers' Responses to Public Cost Reports, and How to Raise the Likelihood of Achieving Desired Results," *Health Affairs* 31, no. 4 (2012): 843–51; Anna D. Sinaiko and Meredith B. Rosenthal, "Increased Price Transparency in Health Care—Challenges and Potential Effects," *New England Journal of Medicine* 364, no. 10 (2011): 891–94.
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