

RECOMMENDATIONS

Helping people find high-quality care—and helping doctors and hospitals improve the quality of care they provide—is the right thing to do for New York State residents’ health and well-being. Doing so can also save money for patients, families, private insurers, employers and the state government.

This research shows that members of the public in New York State are ready for policymakers and insurers to address quality transparency and accountability. State residents worry as much about health care quality as they do about affordability and coverage. Few of them think there is enough publicly available information about quality. Most of them think the state government should monitor doctors and hospitals and hold them accountable for the quality of their care. The findings also indicate a public appetite for the types of information that advocates of transparency seek to make public, including information about specific doctors’ and hospitals’ effectiveness and error rates.

Recommendations and ideas for future research based on these findings include the following:

Connect patients with each other and with hard data so that they can find out about the quality of doctors’ and hospitals’ care.

Actual patients are well-trusted sources for finding out about quality. So creating ways for state residents to connect with actual patients can help them identify high-quality care. While online platforms such as Yelp and Facebook already play this role to some extent, journalism and public advocacy can further elevate patient voices—and can integrate those voices with the information about effectiveness and error rates that New York State residents say they want. Patients should be robustly included in the development of quality measures, so that they have a voice in identifying which measures matter. Doctors and hospitals also need to hear from patients in systematic ways so that they can improve the quality of their care, particularly their communication, courtesy and respect, which are not currently captured in formal measures of quality.

Give doctors and other health care professionals the tools and training they need to discuss quality with patients.

Doctors and other health care professionals are well-positioned to understand and interpret information about some aspects of quality, such as effectiveness and error rates. Doctors and other professionals are also already involved in people’s health care decision-making. Since most people in New York State indicate that doctors should discuss quality with patients, doctors and other health care professionals need access to well-structured information about quality and training in how to discuss it with patients. Some doctors may not be particularly willing to discuss the effectiveness or safety of their own care. But discussing the quality of other doctors’ care—and knowing that others may be discussing theirs—could orient them toward quality improvement. Doctor-patient conversations about quality could also create space for patients to be more engaged in their care.

New York State government could build public trust by providing people with information about health care quality that is relevant to them in ways they can understand.

Residents of New York State clearly see a role for the state government in disclosing information about quality—particularly black and Hispanic residents and those covered by Medicaid—and in monitoring doctors’ and hospitals’ quality. But the state is not currently a well-trusted source for finding out about quality. If the state government plans to play a bigger role in quality transparency, then addressing this trust gap will be important. Providing people with information about quality and price that is relevant to them in ways they can understand could help to build trust in the state government. New York State could also demonstrate that it is fulfilling its role in quality oversight and transparency by encouraging other entities to develop quality and price information tools using the state’s all-payer database. Including patients in efforts to monitor, disclose and improve quality could also bolster public trust in the state government.

Insurers should provide people with information about quality and help them figure out how to use it.

Insurers are better-trusted sources for finding out about quality than the state government—although they are not nearly as well-trusted as doctors or actual patients. Few New York State residents think insurers have patients’ best interests in mind.²³ Yet most state residents say insurers should provide information about the quality of every doctor and hospital in their network. Presumably, insurers have that information already. Insurers are also already enmeshed in people’s health care decision-making, so people may feel that it makes sense to turn to insurers when they need information about quality. Insurers also have the capacity to create financial incentives for patients to choose providers of high-quality care—through mechanisms such as reference pricing—and to thereby encourage doctors and hospitals to improve their quality.

Provide people with information about the quality of individual doctors’ and hospitals’ care—and do so in a way that productively engages health care providers.

Publicly reporting information about quality—including effectiveness information and error rates for individual doctors and hospitals—could anger some providers. Measuring and reporting quality information could prove especially tricky for individual doctors. Yet that is precisely the type of information that New York State residents want. Finding ways to engage doctors and hospitals in the processes of quality measurement and reporting and to orient disclosure toward quality improvement could help make public reporting more productive and less contentious.

Develop ways to measure and disclose information about doctors’ and hospitals’ communication skills, courtesy and respect.

Quality measurement and reporting, while important to quality improvement, can be costly and burdensome for doctors and hospitals.²⁴ Federal efforts are underway to streamline quality measurement and reporting.²⁵ Yet not all aspects of quality that are important to New York State residents are currently being measured. Strong majorities of state residents say that qualities such as good communication, courtesy and respect are important in both doctors and hospitals. Those interpersonal qualities are not trivial but can have real impacts on health outcomes.²⁶ Measuring and reporting on those qualities may be challenging, but finding ways to do so would be a step toward helping providers improve those important aspects of their care.

Explore what members of the public think about various approaches to quality improvement and accountability.

This survey’s findings about state government holding doctors and hospitals financially accountable for quality suggest that New York State residents want to see action on quality improvement and accountability. In a previous qualitative study, Public Agenda explained the concept of value-based payment to focus group participants and asked for their perspectives. People in those focus groups were unfamiliar with the concept, found it confusing and had many questions about how it would work. Some likened it to tying teachers’ pay to student outcomes, which they did not view favorably. Further research should explore public views on a range of approaches to quality improvement and accountability—including value-based payment—so that public voices can be part of debates about how to create the conditions for higher-quality, more affordable care.

Explore what members of the public think about hospitals’ evolving roles in health, health care, community life and local economies.

Hospitals in New York State are consolidating, purchasing physician practices and opening locations such as urgent care clinics that are not physically connected to traditional hospital buildings.²⁷ Some smaller hospitals struggle financially while large systems expand. Policymakers and regulators are tasked with ensuring that hospitals provide high-value care, meet patients’ and communities’ needs and are financially sustainable. Exploring public perspectives on hospitals’ evolving roles in health, health care, community life and local economies can allow New York State residents to have a voice in their hospitals’ futures.

23 Schleifer, Silliman and Rinehart, “Still Searching,” https://www.publicagenda.org/wp-content/uploads/2019/09/PublicAgenda_HowPeopleinNewYorkStateUseHealthCarePricingInformation_2017.pdf.

24 Lawrence P. Casalino, David Gans, Rachel Weber, Meagan Cea, Amber Tuchofsky, Tara F. Bishop, Yesenia Miranda, Brittany A. Frankel, Kristina B. Ziebler, Meghan M. Wong et al., “US Physician Practices Spend More Than \$15.4 Billion Annually to Report Quality Measures,” *Health Affairs* 35, no. 3 (March 2016): 401–06. <https://doi.org/10.1377/hlthaff.2015.1258>.

25 Centers for Medicare and Medicaid Services (CMS), “Meaningful Measures Hub,” Baltimore, Md.: CMS, 2019. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html>. Aparna Higgins and Mark B. McClellan, “Achieving Meaningful Measurement in Medicare,” *Health Affairs* (blog), August 15, 2018. <https://www.healthaffairs.org/doi/10.1377/hblog20180810.433339/full>.

26 Johanna Birkhäuser, Jens Gaab, Joe Kossowsky, Sebastian Hasler, Peter Kruppenacher, Christoph Werner and Heike Gerger, “Trust in the Health Care Professional and Health Outcome: A Meta-Analysis,” *PLOS ONE* 12, no. 2 (2017): e0170988. <https://doi.org/10.1371/journal.pone.0170988>.

27 Lois Uttley, Fred Hyde, Patricia HasBrouck and Emma Chessen, “Empowering New York Consumers in an Era of Hospital Consolidation,” New York: MergerWatch, May 2018. <https://nyshealthfoundation.org/resource/empowering-health-consumers-in-an-era-of-hospital-consolidation>.