RESEARCH SUMMARY

Reporting Patient Narratives With Standardized Measures of Quality

The Aim
While patients’ comments or narratives on their health care experiences are available on a growing number of standalone Web sites, there is increasing interest in incorporating patient comments into consumer reports that also contain standardized measures of health care quality, including CAHPS® survey measures. The CAHPS team is exploring ways of integrating patient narratives into consumer reports to enhance consumers’ understanding of standardized measures of quality, better engage consumers in health care decisionmaking, and more effectively convey patient-reported experiences.

Anticipated Benefits
If the publishers of health care quality reports for consumers simply “layer on” a list of patient narratives as an addition to standardized measures of quality, consumers might have difficulty integrating the two forms of information and thus may ignore or misunderstand potentially important information. A better understanding of how best to report patient narratives and standardized quality measures together can help to ensure that the two types of information complement rather than distract from one another.

Our Approach
Members of the CAHPS Reports Team have developed an innovative, fictitious Web site—named SelectMD—that permits experimenting with the ways that different types of quality data affect consumer understanding and choice among doctors. The Web site was designed to replicate basic content, presentation, functionality, and navigation features commonly found in contemporary Web-based reports on health care quality.

Research participants are asked to use the site to select a primary care doctor. They can sort doctors by level of performance on quality measures, filter doctors based on gender or years of experience, and “drill down” to view the component measures underlying summary scores on patient survey results (CAHPS), use of effective treatments (HEDIS), and methods to reduce medical errors. They can also view the narrative reviews purportedly left by patients of the fictitious doctors. A hidden tracking system records every click made by participants and the time spent on each page. After “choosing” a doctor, participants complete a survey about their experience using the Web site, including how easy it was to use the information provided to choose a doctor.

In an initial phase of research, the CAHPS team tested whether the availability of patient narratives on SelectMD (presented alongside standardized quality metrics) affected participants’ choice of doctor and their use of standardized measures in their selection. In the current phase of research, the CAHPS team is testing
different ways of integrating patient narratives with standardized metrics. For example, in one test, each comment is tagged with keywords to call attention to the content that overlaps with the aspects of patient experience addressed by the CAHPS survey. In another test, each comment is presented with an assessment of how positive or negative the feedback is; participants have the option of viewing all narratives or only those they specify (e.g., all negative comments). The team is also exploring the impact of providing telephone support to participants while they review the information and make a selection.

**Status of the Research**

Findings from our initial phase of research revealed a paradox in providing consumers with patient narratives. On the one hand, these narratives attracted consumers’ attention and increased their engagement with reports on doctor quality. On the other hand, their inclusion dramatically reduced consumers’ attention to standardized measures and substantially increased the prevalence of poor doctor choices based on those measures alone, even among those who judged the standardized measures to be important indicators of quality. The CAHPS team is currently analyzing data from the second phase of SelectMD to see if our efforts to better integrate patient narratives with standardized measures help augment consumers’ understanding of each and make it easier to synthesize the two in making decisions about doctors.

**Published Articles**

