Consumer Decision Points
Using Online Reports to Gauge Quality of Physician Performance

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Aligning Forces for Quality

• Robert Wood Johnson Foundation flagship program
  – Improving quality and equality of care in 17 communities
    • Consumer Engagement
    • Performance Measurement and Public Reporting
    • Quality Improvement

• Communications research conducted in early 2010
  – determine who would use information comparing physicians’ performance, and when they would use it
    • Research conducted with Ipsos Understanding Unlimited
    • Builds on earlier communications research
Goals

• Understand reactions to the concept of using comparative information about ‘quality of care’ provided by local physicians

• Identify where people currently look for health information

• Understand ‘decision points’ for looking at this information

• Use these insights to shape ideas for ‘marketing’ comparative performance information
Meeting consumers where they are …

I believe I am already receiving quality care.

I have never heard of or considered a site compare doctors’ performance in my area.

What is quality health care anyway?

I am not motivated to change doctors or to question my care.

I trust people (doctors, family) to help me find quality care.
Common denominators: ‘Low interest’ consumers/patients

• In a “good place.”
  – Content, satisfied, connected to their physician.
  – Good network of referral sources.

• Rely more on personal recommendations.

• Emotional. In denial. Inertia.
  – No urgency to investigate finding better quality care, even when they admit to having concerns about their physician’s care/approach. In denial about the seriousness and potential progression of the condition.
Common denominators:
‘High-interest’ consumers/patients

• Cynical. Been “burned” before.
  – Significantly bad experiences with physician error in the past.
• More comfortable questioning physicians. Experienced with the dialogue. Knows common ‘measures’ for care.
• The ‘go-to girl’ in her circle.
  – More health savvy. High baseline knowledge of conditions.
  – Takes pride in recommending info to friends and family.
  – More confident.
Consumers perceive limited opportunities for using this information. Once on the site, they may discover benefits for repeat visits.

<table>
<thead>
<tr>
<th>Changes in Location or Insurance</th>
<th>Changes in Health Status or Significant Diagnosis</th>
<th>Big Problem with MD</th>
<th>Enabling Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physician moves far away</td>
<td>• New health needs and concerns</td>
<td>• Misdiagnosis or no diagnosis</td>
<td></td>
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<tr>
<td>• Consumer moves to a new city</td>
<td>• 40s mammography</td>
<td>• Medication error</td>
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<tr>
<td>• If no referral is available/viable</td>
<td>• 50s gastroenterology care</td>
<td>• Poor service</td>
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<td>• New health care plan</td>
<td>• Same sex pediatrician</td>
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<td></td>
<td>• New serious condition – MS, Cancer</td>
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*Aligning Forces for Quality* | Improving Health & Health Care in Communities Across America
Getting to the information

Doorways to reaching consumers at the right occasion and in the prime frame of mind.

**National Web Sites**
- Google – Intuitive search words
- WebMD – Link to local site
- National associations – Link to local site

**Insurance Web Sites**
- Connected with the provider search function. A link on the search page calls out an independent community resource
- Special resource during enrollment or for educating newly diagnosed patients

**Local Tactics**
- News Web sites / TV, talk radio – Health segment
- City magazines or city Web sites – timed to the “Top Doctors” edition
- Health events – Diabetes and heart disease especially

**People to People**
- Ancillary care providers – Hospital referral center, nurses, social workers/government agencies, diabetes educators
- Trusted people – Friends, family, respected spokesperson