Communicating About "*Quality*" Health Care:

Messages to Support RWJF's Efforts to Improve the Quality of Health Care in Communities

NOVEMBER 2007

Research conducted on behalf of: Robert Wood Johnson Foundation

As considerable research indicates, members of the public struggle to define "quality" health care, as it relates to themselves or their families. Most people think the level of care they receive is closely tied to the relationship they have with their doctor. Some people associate "quality" only with the worst examples of its absence – when egregious medical errors occur. Still others equate it with insurance status and the level of coverage a given health plan provides.

Consequently, the Robert Wood Johnson Foundation (RWJF) determined that research was needed about how best to communicate with the public about "quality health care" in order to further the goals of *Aligning Forces for Quality* – the Foundation's signature effort to lift the quality of care in targeted U.S. communities, reduce racial and ethnic disparities in care, and provide models for national health reform.

The goal of the initiative is to bring together the people who get care, give care and pay for care to lift the overall quality of care on the ground in communities. In order for the AF4Q communities to more effectively engage others in their work, the Foundation agreed to research, develop and test messages to determine the right vocabulary and messages to use to engage people on the quality of their health care.

The messages were designed for communicating with general audiences as an initial set of basic messages. RWJF will continue to test other messages in its AF4Q communities, so that public communications can be enhanced and expanded as the work evolves. The importance of identifying and reducing racial disparities, for example, or the role of nurses in increasing quality, are more advanced quality concepts that can be evolved with the public over time, as people become more familiar with concepts related to quality health care.

THE MESSAGE DEVELOPMENT PROCESS

Over the course of 12 weeks, and working with two nationally respected consumer research firms, RWJF staff and communications consultants crafted a set of basic messages that explain the problems with health care quality, highlight the types of solutions AF4Q is pursuing and call people to action. Dozens of words, phrases and message concepts were discussed in focus groups with either the general public or health care providers. Based on their reactions, a second round of messages were edited and selected to be quantifiably tested in a statistically significant national telephone survey. The national sample was pulled from the Foundation's 14 AF4Q communities – Cincinnati, Ohio; Cleveland, Ohio; Detroit, Mich.; Humboldt County, Calif.; Kansas City, Mo.; Maine; Memphis, Tenn.; Minnesota; Puget Sound, Wash.; South Central Pennsylvania; Western Michigan; Western New York; Willamette Valley, Ore.; and Wisconsin. Based on the survey results, a final set of basic, core messages was finalized.

The Foundation developed a five-step process to develop and test messages:

1. Conduct a brief analysis of existing research
Some research has already been conducted about what people think about the quality of their health care. The work began with a top-line review of existing research on public perceptions of health care quality.

2. Hold one-on-one interviews with the general public
A series of one-on-one interviews with the general public and health care providers were conducted to identify the core beliefs people have about their health care. These interviews also helped provide insights into the emotional connection people have with the quality of their care. Understanding these basic feelings was considered important knowing how to begin conversations with people about health care quality. Communications experts know that messages designed to inform the public must *begin where consumers are*, not where other experts *wish them to be.*

3. Convene focus groups to test initial message concepts
Based on the findings of the one-on-one interviews, a large series of message concepts were developed to explain quality care, highlight the work of the AF4Q communities and call people to action. Focus groups were held in six communities throughout the nation. Their purpose was to better understand which of the many messages developed (each using different vocabulary and concepts) resonated with the public and with health care providers.

4. Quantitatively test messages
Messages were considerably refined based on the results of the focus groups. Quantitative research of approximately 30 messages was conducted in order to determine which themes and messages were found to be most favorable with the public. The research was conducted through telephone polls in each of the 14 AF4Q communities.

5. Finalize messages
Based on the results of the polling, a final message packet was thoroughly reviewed by Foundation staff and shared with select representatives from major stakeholder groups representing consumer advocates, quality experts, community health educators and others. Based on their input, a final message packet was prepared for use by the 14 AF4Q communities and related grantees within RWJF's Quality/Equality Portfolio of grantees.

THE PUBLIC & HEALTH CARE QUALITY – WHAT IS ALREADY KNOWN?

Before embarking on this research, the Foundation reviewed a number of previous studies focusing on quality health care to gain a deeper understanding of what has already been studied and to discover gaps in existing research that merit further exploration.

Understanding and explaining concepts surrounding health care quality to the general public has never been an easy task. This stems from several factors, including the clinical nature of most health care measures and the fact that many patients either do not have – or do not perceive that they have – a choice in providers. Many Americans, if they give thought to health care quality at all, think in terms of service quality – timeliness of appointments, friendliness of providers, etc. – rather than in terms of clinical quality.

A review of existing research conducted between 2000 and 2007 showed:

- **Many Americans do not perceive a problem with the quality of health care that they receive (although they think others may not receive care that is as high in quality)**.

- **While there is widespread dissatisfaction with the overall health care system, that dissatisfaction is focused largely on cost, not quality.**

- **Where health care quality <u>is</u> perceived as a problem, concern is focused around medical errors.**

- **Americans are far more comfortable discussing quality as a function of service quality rather than clinical quality.**

GYMR
PUBLIC RELATIONS
Getting Your Message Right

July 20, 2007

TO: Minna Jung, Robert Wood Johnson Foundation

FR: Patrick McCabe & Becky Watt Knight; 202-745-5050

RE: Consumers & Health Care Quality – Today's Knowledge & Its Gaps

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As you know, we have engaged Lake Research Partners and Olson Zaltman & Associates to conduct qualitative and quantitative messaging research this summer that we believe will be instrumental in shaping the messages surrounding and the positioning of the Robert Wood Johnson Foundation's (RWJF) official launch of its Regional Quality Strategy (RQS).

The research is critical, because so little appears to have been done to date in this arena. In order to best shape the research being undertaken by the Quality/Equality team, however, we knew it was essential to conduct a topline review and analysis of existing research on consumers' knowledge about and understanding of health care quality issues. Our goal was to gain a deeper understanding of what has been already studied, to learn what we can from previous studies and to identify gaps in existing research that we should explore.

While not exhaustive, we identified a total of nine reports on health care quality research that has been conducted within the last half-dozen years on behalf of such organizations as the Agency for Healthcare Research & Quality, Commonwealth Fund, Employee Benefit Research Institute, Kaiser Family Foundation, Memorial Sloan-Kettering Cancer Center, RWJF itself and others. Below is an overview or summary of the collective takeaways from the research, as well as brief summaries on the highlights of each report.

Today's Understanding of Health Care Quality – An Overview of Existing Research

The issues surrounding health care quality are only sporadically in the public eye. Often, quality is talked about only in the worst examples of its absence – when an egregious medical error occurs. News reports of such errors tend to emphasize the 'shock value' and rarely put such errors in broader context. Of course, one notable exception was the Institute of Medicine's (IOM) 1999 publication of its landmark report, *To Err is Human: Building a Safer Health System*, which earned lasting public attention. Even that report, however, received greatest notice more for its newsworthy number – the estimate that up to 98,000 Americans die each year from preventable medical errors – than for the general issues of health care quality that underlie it.

Understanding and explaining concepts behind health care quality has never been an easy task. This results from several reasons, including the clinical nature of most true measures of health care quality and the fact that many patients either do not have – or do not perceive that they have – a choice in providers. Many Americans, if they give thought to health care quality at all, think in terms of service quality – timeliness of appointments, friendliness of health care providers, etc. – rather than in terms of clinical quality. However, a review of current literature reveals a more fundamental

challenge: **Many Americans still do not perceive a problem with the quality of the health care that they are provided.**

This is not universally true, and there is some evidence that the number of Americans who understand that gaps in health care quality exist is growing. But, the available studies strongly suggest that Americans are less concerned with quality than they are with other issues. Consider:

- A telephone survey of adults reveals **widespread dissatisfaction with the overall health care system, but that dissatisfaction is focused on cost, not quality.** The survey found 59 percent of Americans rank the health care system overall as "fair" or "poor"; but 52 percent were "extremely" or "very satisfied" with the quality of care they receive. Conversely, just 16 percent were "extremely" or "very satisfied" with the cost of that care.[1]

- **Even health care advocates have surprisingly little concern about health care quality issues.** According to a series of focus groups conducted on behalf of RWJF, consumer advocates perceive that access to health care – not the quality of that care – is the greatest challenge facing them today. Many advocates interviewed were more knowledgeable about health care disparities than they were about transparency and quality. Few even understood what is meant by 'transparency,' but even after quality and transparency issues were explained, many consumer advocates said their highest priority remained getting their constituents access to affordable care, regardless of its quality.[2]

Traditionally, experts have divided health care policy problems into three categories: cost, quality and access. The results of these studies, taken together, suggest that **in the public's collective mind**, **cost and access far outweigh** quality as perceived problems facing the health care system.

As mentioned, this is not universally the case. One telephone survey revealed that an overwhelming majority of Americans were concerned about medical errors.[3] In another study, about 60 percent of survey respondents disagreed or strongly disagreed with the statement that "doctors are about the same in terms of quality."[4] A third study found that 42 percent reported inefficient, poorly coordinated or unsafe care; 17 percent reported experiencing an error within the last two years.[5]

These results indicate that **where quality is perceived as a problem, concern focuses around medical errors** and, to a lesser extent, on medical malpractice. There is little evidence that consumers perceive a broad quality problems extending beyond the realm of medical errors, and in fact consumers view certain episodes of care (i.e., lab tests) as interchangeable.[6] It seems that many take quality for granted and assume they are receiving quality care, yet when informed that certain evidence-based interventions (i.e., aspirin and beta blockers administered immediately to heart attack patients upon arrival in the emergency department) are not performed as often as they could or should be, the reaction is surprise, disbelief and even disgust.[7]

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[1] *Building Consumer Demand for Health Care Transparency and Accountability*; Lake Research Partners on behalf of The Robert Wood Johnson Foundation and the National Partnership for Women & Families; November 2005; revised December 2006.
[2] 2006 Health Confidence Survey; Employee Benefit Research Institute (EBRI); November 2006.
[3] *National Survey on Americans as Health Care Consumers: An Update on The Role of Quality Information*; Kaiser Family Foundation/Agency for Healthcare Research and Quality; December 2000; updated as *2006 Update on Consumers' Views of Patient Safety and Quality Information*.
[4] Robert Wood Johnson Foundation AF4Q 2007 Consumer Study.
[5] *Public Views on Shaping the Future of the U.S. Health System*; The Commonwealth Fund; August 2006.
[6] Consumer-Focused Mammography Center Quality Measures; National Quality Forum.
[7] *Consumer Demand for Clinical Quality: The Giant Awakens*; VHA; 2000.

The research indicates that Americans are far more comfortable discussing quality in terms with which they are more conversant – as a function of service quality rather than clinical quality. A qualitative study of recently hospitalized patients who were satisfied with their care indicates that factors that led to satisfaction include a caring, communicative staff; the ability to provide patients with 'creature comforts' like good food and access to yoga and massage; and processes that put the patient at the center of the process (e.g., a smooth discharge).[8] (This comports with the movement that led to the creation of HCAHPS, the standardized measure of the patient's perception of care that he or she has received.) When issues surrounding clinical quality and options about care are explained, there is eagerness to learn about it,[9] [10] [11] but that eagerness is not innate.

When making decisions about their own care or care for a relative, many consumers are not aware of tools that can help them make choices – and some information intermediaries are reluctant to provide those tools. It appears that many tools are simply not relevant to consumers – either because they are not provided in the consumer's language or in a culturally appropriate manner, or because of the short time-frame within which many consumers make decisions about care.[12]

Once it is established that variations in quality exist on a clinical level, one naturally wonders, "Who is the proper source of information about quality?" The research reviewed indicates that doctors retain their critical role in providing information about quality in consumers' minds – whether they actually possess that information or not.[13, 14, 15, 16] Other information intermediaries[17] and friends and family are also highly trusted as sources of information – in most instances, more so than independent measures of clinical quality. Independent arbiters of quality, especially the government, do not appear to be highly regarded.

There is an identified need for a neutral clearinghouse of information that is trustworthy and above reproach[18] and for a way to provide usable, credible information to consumers quickly and easily so that they can make choices based on that information.[19] Consumers also seem to desire 'big picture' information presented in a *Consumer Reports*-style fashion that will enable them to evaluate, compare and rank hospitals, physicians, etc.

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[8] Focus Groups with Satisfied Patients: What Makes for a Positive Hospital Experience? Lake Research Partners; August 23, 2006.
[9] *Building Consumer Demand for Health Care Transparency and Accountability*; Lake Research Partners on behalf of The Robert Wood Johnson Foundation and the National Partnership for Women & Families; November 2005; revised December 2006.
[10] *Consumer Demand for Clinical Quality: The Giant Awakens*; VHA; 2000.
[11] Nursing Home Selection: How Do Consumers Choose? Volume I: Findings from Focus Groups of Consumers and Information Intermediaries; Department of Health and Human Services; 2006.
[12] Nursing Home Selection: How Do Consumers Choose? Volume 1: Findings from Focus Groups of Consumers and Information Intermediaries; Department of Health and Human Services; 2006.
[13] 2006 Health Confidence Survey; Employee Benefit Research Institute (EBRI); November 2006.
[14] *National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information*; Kaiser Family Foundation/ Agency for Healthcare Research and Quality; December 2000; updated as *2006 Update on Consumers' Views of Patient Safety and Quality Information*.
[15] Consumer-Focused Mammography Center Quality Measures; National Quality Forum.
[16] Robert Wood Johnson Foundation Aligning Forces for Quality Consumer Study.
[17] Nursing Home Selection: How Do Consumers Choose? Volume I: Findings from Focus Groups of Consumers and Information Intermediaries; Department of Health and Human Services; 2006.
[18] *Building Consumer Demand for Health Care Transparency and Accountability*; Lake Research Partners on behalf of the Robert Wood Johnson Foundation and the National Partnership for Women & Families; November 2005; revised December 2006.
[19] Nursing Home Selection: How Do Consumers Choose? Volume I: Findings from Focus Groups of Consumers and Information Intermediaries; Department of Health and Human Services; 2006.

Topline Summaries of Existing Research Reports:

Below are brief summaries of each research report reviewed. The summaries appear in reverse chronological order, to highlight any shifts/changes in knowledge, opinion, etc. in recent years.

Robert Wood Johnson Foundation's *Aligning Forces for Quality* 2007 Consumer Study

The key findings below are from the recent survey of consumers with one of five chronic conditions – 2007.

- **More than half of consumer respondents (about six in 10) disagree** or strongly disagree **with** the statement that **"Doctors are about the same in terms of quality."**

- **Only doctors/hospitals receive high ratings in terms of trust for information about health care quality.** Eighty percent say the trust such resources "a lot." Other sources are considered less trustworthy.

- **The majority of respondents said they have seen information comparing quality of health plans** (61 percent) and hospitals (71 percent); but the majority did not see such information about doctors (75 percent saw "none.").

Nursing Home Selection: How Do Consumers Choose?

The key findings below are the results of six focus groups conducted with nursing home stakeholders (i.e., former short-stay nursing home residents, families of current nursing home residents, hospital discharge planners, community-based care managers) on behalf of the U.S. Department of Health and Human Services' assistant secretary for Planning and Evaluation in the Office of Disability, Aging and Long-term Care Policy – December 2006.

- Several factors influence a consumers' choice of nursing homes, including the decision problem (e.g., number of choices, time available to make a decision), the decision maker (e.g., knowledge level, approach to seeking information) and the social context in which the decision is made (e.g., short vs. long stay).

- **Many consumers perceive that the timeframe for making a decision about a nursing home is too short, and that they therefore do not have time to examine quality information.** Many recognize, however, that the timeframe is constrained, because the decision to enter a nursing home is often delayed by both patients and their families.
  - The perception of choice is also constrained by perceived limiting factors including managed care requirements and location (e.g., proximity to home, other family members).

- **Consumers usually assess a nursing home's quality via a visual inspection**, determining whether the nursing home appears clean and comfortable, however, most desire 'big picture' information (e.g., composite measures that are easy to understand) and a *Consumer Reports*' style presentation or ranking of facilities.

- Given the short window in which consumers have to make nursing home decisions, and the stress under which they are frequently making these decisions, consumers often do not access Internet-based tools, such as Nursing Home Compare.

- Information intermediaries (e.g., hospital discharge planners) do provide guidance, but are reluctant to:
  - Make actual recommendations to patients and their families
  - Refer patients and their families to quality resources, such as Nursing Home Compare

Building Consumer Demand for Health Care Transparency & Accountability

The key findings below are from focus groups with consumer advocates, conducted on behalf of the Robert Wood Johnson Foundation and National Partnership for Women & Families – November 2005, then revised December 2006.

- **Like consumers, many advocates define service quality – good communication, being treated respectfully and timeliness, etc. – as quality of care**.

- Most **consumer advocates were initially unfamiliar with quality and transparency** issues.

- **Knowledge was high about disparities** in health care, even though the link between transparency and these disparities was not clear at first.

- Quality of care is linked to access, and thus many participants think **poor quality care is associated with poor people**.

- By the end of each focus group, most **consumer advocates in the study expressed interest in joining efforts to increase transparency** and public reporting. This occurred after some discussion, but particularly after the introduction of medical error statistics and message testing.
  - Initially, however, **many saw these efforts as secondary to increasing access**, but after discussion, the advocates were able to make the critical linkages – beginning to see that more transparency can lead to better quality, more access to providers and more cost-efficient care.

- In the second set of focus groups conducted last year, participants said **access is the most important health care issue** – for many, it takes precedence over quality, transparency or any other issue. In fact, they believe **getting their constituents access to health care, even if it's not the highest quality, is their top priority.** It was noted that the uninsured have to go to safety net providers, and thus have no choice when it comes to quality.

- An analogy about how millions of Americans use *Consumer Reports* or similar rankings to select a well-rated automobile, yet do not take a similar approach to selecting a doctor or hospital resonated well with the group.

- Last but not least, many cite barriers to their/their organization's participation in quality improvement efforts – especially resources. Things they need before they will commit fully include: information, linkages and reasons, details, knowledge of players and technical support.

2006 Health Confidence Survey: Dissatisfaction with Health Care System Doubles Since 1998

The key findings below are from telephone interviews conducted with 1,000 U.S. adults by the Employee Benefit Research Institute – November 2006.

- **Cost concerns trump quality concerns**. Nearly six in 10 (59 percent) respondents rank the health care system overall as "fair" or "poor." The number rating it "poor" doubled from 15 percent in 1998 to 31 percent in 2006.
  - **Health care quality ranks high** – 52 percent say they are "extremely" or "very satisfied" with the quality of medical care they receive.
  - **But, there is dissatisfaction, which focuses on cost.** Just 16 percent are "extremely" or "very satisfied" with the cost of their health care.

- **Most say they would give more weight to quality than cost** – 89 percent say they would give more weight to quality than cost when choosing a provider for open-heart surgery. That decreases, however, when choosing providers for more common, routine procedures. In comparison, 72 percent would give more weight to quality than cost if choosing a provider for an annual physical or immunization.

- **Issues that respondents say should be top congressional health care-related priorities do not focus on quality,** but instead include affordability (55%), Medicare's future benefits (48%) and improved access to care (38%).

- **There seems to be little confidence in tools to improve quality** – only 30 percent say technology would improve quality and safety, and only 25 percent say structuring Medicare payments would reward quality.

- **Information is key** – 57 percent would be "extremely likely" to use information from independent sources about doctors' quality of care and specialty areas to help them make decisions if these ratings were available by mail, phone or Internet.
  - Fifty-three percent would use information about hospitals' quality-of-care ratings. **Only about half, however, said they would switch doctors (51%) or hospitals (49%) based on this information.**

- The majority of consumers rely on health care providers for information to make decisions. More than six in 10 have sought information from their doctor, while more than four in 10 have sought information from friends or family.

Public Views on Shaping the Future of the U.S. Health System

The key findings below are from a quantitative survey of more than 1,000 adults on behalf of the Commonweath Fund – August 2006

- **Most respondents (95 percent) feel it's important to have information about the quality of care provided by doctors or hospitals.** More than three in four (77%) rate this as "very important."
  - That said, only **15 percent of those with health insurance reported access to reliable information on quality and costs of care**.

- **Most respondents see ways for improving quality.** Ninety-two percent said computerized medical records will improve quality. Ninety percent said expanding nurses' role and having them work on teams with doctors, 88 percent said preventive care reminders and 81 percent said physicians practicing in groups rather than solo practices would.

- **Forty-two percent reported inefficient, poorly coordinated or unsafe care.** Of those respondents, 17 percent reported experiencing an error within the last two years.

- **Forty-three percent of those who had experienced a medical error said the system needs to be rebuilt**, while twenty-seven percent of those who had no medical error said the same.
  - Respondents cited that the top four health care priorities for government should be:
    - Ensuring that all Americans have adequate and reliable health insurance;
    - Controlling the rising costs of care;
    - Lowering the cost of prescription drugs; and
    - Ensuring that the Medicare system remains financially sound.

Focus Groups with Satisfied Patients: What Makes for a Positive Hospital Experience?

The key findings below are from focus groups conducted by Lake Research Partners with satisfied patients who received inpatient care at Memorial Sloan-Kettering Cancer Center (MSKCC) – August 2006.

- **The most frequently voiced feedback was on how focused the health care providers were on patient needs and preferences, including:**
  - They stayed on schedule when it came to appointments, tests, etc.
  - The food was good, and patients were able to order 'off the menu' if they wanted something specific.
  - Extras like music, yoga, massage and acupuncture were offered.
  - Providers paid attention to the questions and concerns of patient's family members.
  - Helping patients stay connected to their lives (i.e., helped a bride-to-be plan chemotherapy treatments around her upcoming wedding) were frequently commented upon.

- **In terms of quality, patients focused on the quality of the hospital's staff**, rather than clinical quality.
  - They explained that the health care providers were well-trained and respectful (especially, but not exclusively, nurses), sensitive and generally good communicators (especially doctors, but even custodial staff).

- **Processes were also cited as top-notch.**
  - Patients found the hospital's high-tech approach and efficient sharing of information reassuring.
  - Admission and discharge ran smoothly.
  - Patient transition from diagnosis to treatment was rapid.

National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information

The key findings below are the results of two telephone surveys conducted on behalf of the Kaiser Family Foundation and the Agency for Healthcare Research and Quality – 2006 and 2000.

- **Consumers' greatest worry regarding health care quality was errors** – 71 percent of respondents are "very" or "somewhat concerned" about serious errors or mistakes leading to harm for them or their family.
  - Eighty-seven percent think serious medical errors should be required to be reported.

- **The majority do not recall seeing information on health care quality.** Sixty-four percent did not recall seeing any information comparing hospitals, doctors or health plans in the last 12 months in 2006 (compared to 73 percent in 2000).
  - Of those who did see such information, 55 percent used information about doctors, and 43 percent used information about hospitals in 2006. The numbers regarding physicians are unchanged from 2000.

- **For information comparing quality among doctors, hospitals or health plans, respondents are "very" or "somewhat likely" to turn to family or a friend** (90 percent); **a doctor** (86 percent) **or a health plan** (72 percent); they are much less likely to turn to the Internet (39 percent would be not likely to do so), a state agency (36 percent), a newspaper or magazine (36 percent) or a toll-free telephone number (42 percent).

- **Patients were overwhelmingly confident that they had enough information to choose** a doctor (79 percent), a hospital (73 percent) or a health plan (67 percent).

- Given the choice between two surgeons, in which the first has treated a friend or family member, but his/her ratings are not as high as those of other surgeons at the hospital; and the second has high ratings, but no one the respondent knows personally has been his or her patient: 50 percent say they would choose the first one in 2000, (down from 76 percent in 1996); 38 percent choose second one (up from 20 percent in 1996).

- While concepts of providing **information on health care quality** resonated well with those surveyed, they stressed that **in order for such information to be useful to them, it needs to be very specific to their doctor, medical condition, etc.**

- Those surveyed think that the **medical school** from which one graduated, whether one is **board-certified and** whether one has had **malpractice suits** against him/her **determines a physician's level of quality care**.

- When asked whether coordination of care is a problem, 26 percent of respondents called it a "major problem," 34 percent saw it as only a "minor problem," and 36 percent did not see it as a problem at all.

Consumer Demand for Clinical Quality: The Giant Awakens

The key findings below are from focus groups conducted on behalf of VHA, Inc. with consumers who had recently had a health care encounter – 2000.

- Consumers are seeking credible and meaningful clinical health care information.

- **The majority of consumers do not believe that providers are doing a good job of meeting their health care needs.**
  - Negative personal experiences with care, and high consumer awareness of medical errors are reflected in health care trust levels that are low.
  - **Consumers no longer rely on their doctors as their sole source of information,** but doctors **are still seen as both a primary and most trusted source** of information.

- **Clinical quality issues have become central to consumers' definition of health care quality and are more important selection drivers than service issues.**
  - When asked to define health care quality on an unaided basis, consumers emphasize clinical definitions of quality.
  - Consumers perceive significant differences in both service quality and clinical quality among doctors and hospitals.
  - While both forms of quality are important, clinical quality is stressed as more important when it comes to decision-making. This is a deviation from the past.

- **Clearly presented concepts of evidence-based medicine and system-based measures for patient safety are easily understood – and there is outrage that evidence-based medicine is not performed more often.**

- Consumers see hospitals as 'bricks and mortar,' performing a minor role in assuring clinical quality, but believe they should be performing a more active role.

Conclusions

In the eight years since the Institute of Medicine published *To Err is Human*, the health care establishment has been abuzz with activity to improve the quality and safety of care. This activity includes:

- Reinvigoration of the federal Agency for Healthcare Research and Quality;
- Establishment of the National Quality Forum and the Leapfrog Group;
- Growth of public reporting as advanced by coalitions, including the Hospital Quality Alliance and the AQA Alliance;
- Physician reporting as advanced by the Physicians Consortium for Performance Improvement; the Institute for Healthcare Improvement's *100,000 Lives* and *5 Million Lives* campaigns; the Centers for Medicare & Medicaid Services/Premier Pay for Performance Demonstration Project; several state-level reporting initiatives, particularly with regard to the public disclosure of healthcare-associated infections; and more.

This activity comprises a great deal of hard work by each of these organizations and a great deal of collaboration among organizations, and enjoys occasional successes. However, it is clear that **despite these initiatives, the public-at-large enjoys, at best, only a vague sense that health care quality is even an issue, let alone that work is being done about it** – and often is not equipped to make choices based on that. It is as if quality improvement exists in a vacuum – work occurs behind the scenes, but the public neither understands it nor, to a large extent, benefits.

The research reviewed for the purposes of this report indicates that the public, however, is teachable with regards to quality information. Several studies indicated that when concepts are explained, consumers desire more information, and are frustrated when they cannot have it. However, **without that explanation of what is meant by clinical health care quality, there is widespread ignorance and oftentimes misinformation about health care quality.** This leads us to believe that many consumers lack the tools even to ask the right questions to obtain health care quality measures that could help them make more informed physician/hospital choices.

Given this, topics for potential future research exploration include:

- What sort of composite measure or measures of care would help consumers make decisions about health care? Do elements of such composites exist today?

- What are actions that we can reasonably expect consumers to make based on quality in the short-term? In the long-term? What tools need to be provided to facilitate this?

- Are consumers equipped to understand nuances and vagaries in health care quality measurement? What about the differences between process and outcome measures?

- Outside of doctors, do consumers believe there is a single trustworthy source or potential trustworthy source that can provide quality information in an understandable way?

- What tools are available to consumers to assess the quality of their care, and how accessible are those tools? How likely are consumers to use them?

- What do 'star ratings' or other commonly available commercial ratings services (e.g., HealthGrades) actually tell consumers? Do consumers use them? Do they trust them?

- To what extent are providers willing to engage as true partners in health care quality measurement, public reporting, and improvement, and to what extent can providers (especially hospitals) be regarded as trustworthy partners?

- To what extent does the public agree that poor quality care is better than no care at all?

# # #

KEY FINDINGS FROM ONE-ON-ONE INTERVIEWS WITH THE GENERAL PUBLIC AND HEALTH CARE PROVIDERS

To better understand what people think about the quality of their health care, RWJF engaged Olson Zaltman Associates (OZA), a marketing consulting firm headquartered in Boston, Mass. OZA uses state-of-the-art research methods and interdisciplinary insights about 'the mind of the market' that are useful for crafting communications resources that resonate with the public.

For the past decade, the firm has used the Zaltman Metaphor Elicitation Technique (ZMET), which relies on the fact that people think in metaphors as a way understanding concepts. The process has been used by scores of corporations and not-for-profit organizations to help identify better ways to explain ideas or present products. It has been proven effective at eliciting deep metaphors – ways of understanding that are common to all people at a core, emotional level. People frequently use as many as five to six metaphors per minute in their thinking and speaking (e.g. *I want to get ahead, not fall behind; keep up with the pack; rise to the occasion, not fall down on the job; move up the corporate ladder*, etc.)

As most metaphors are acquired through socialization, they are important for eliciting frames of reference that are shared by a market segment or group. The ZMET interview process is a one-on-one discussion that identifies the various metaphors that structure people's thinking about an issue or topic. In preparation for the interview, participants are asked to collect visual images that represent a topic, in this case, their thoughts and feelings about quality health care. As a result of this pre-interview work, participants arrive for their in-depth interview at an advanced stage of thinking.

During the interview, consumers engage in storytelling about the meaning of their self-selected images. *(Examples are highlighted in the findings that follow.)* Each image is a visual metaphor that represents a different thought or feeling that communicates how the consumer experiences the topic in his/her life.

On behalf of RWJF, the OZA team conducted a total of 27 one-on-one interviews, each of which was approximately two hours in length, in Cincinnati, Ohio; Memphis, Tenn.; and Portland, Maine. Fourteen of those interviews were conducted with health care decision makers – defined as women between the ages of 30-50, who are the primary health care decision maker for the themselves, their parents, their spouses/significant others and their children. All of the women interviewed either had a chronic disease (i.e., diabetes, heart disease, asthma), or had a family member who did. Of the health care providers interviewed, four were physicians/surgeons, six were nurses and three were emergency medical technicians. While this in-depth, qualitative research uncovered a number of learnings, the three dominant takeaways from this first phase of qualitative research were:

1. **People think the goal of ACQUIRING QUALITY CARE AND GOOD HEALTH IS A JOURNEY they are taking in their lives.**

2. **The doctor-patient RELATIONSHIP IS CENTRAL to having quality health care.**

3. **People see HEALTH CARE AS A COMPLEX SYSTEM comprised of many pieces that do not work in harmony.**

Understanding the JOURNEY TOWARD QUALITY HEALTH CARE:

People see acquiring quality care and good health as a journey.

Throughout the OZA interviews, people compared their quest to obtain quality health care using journey motifs: taking a trip, following a path, choosing a direction, etc. While they were willing – even eager – to make this journey, they viewed it as achievable only with the guidance/care from a trusted, caring medical provider. Metaphorically, this provider would join them as they travel along a path toward a more efficient, unseen health care system. People acknowledged that becoming healthy can be a challenging path, but that following it can make patients bloom and grow.

Respondents described themselves being at various points in this journey. Those who said they do not have quality health care often used words to imply a sense of being "stuck" or "trapped" and showed images of being caged or bound or held back. Those who feel they have quality health care generally described themselves as having made progress and "traveled a distance" toward better understanding their health with their doctor.

For all respondents, visions of quality health care were described as bringing peace of mind – brought to life in images of meadows, sunrises, favorite colors, etc.

The images below were provided by actual interviewees. The Golden Gate Bridge image to the left, for example, represents a journey of going from Point A to Point B, and implies considerable distance. The stairway to the right clearly represents progression – the path from unhealthy to healthy.

People consistently described their relationship with their provider as being central to taking them to their goal of quality health care. Providers echoed these sentiments, but also spoke of the network of available resources that help move patients toward better quality care and good health.

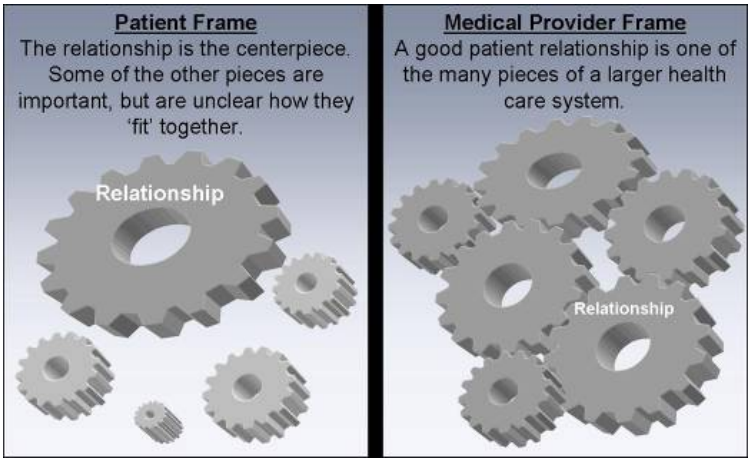
UNDERSTANDING THE PATIENT-PROVIDER RELATIONSHIP:

People see their relationships with doctors as central to quality care.

Throughout the interviews, patients viewed the relationship with their physician as tantamount to the quality of care they receive, dominating over all other variables. Interestingly, the general public did not speak about clinical or treatment-based elements when discussing quality care. Rather, they talked about factors that demonstrate a good relationship with their doctor, which they use as cues to signify that they are receiving quality care.

They expressed a strong desire to have better relationships with their doctors, and talked about the need for more time spent asking and answering questions. Many felt that there relationship is "not as strong as it used to be" or as it was with a previous physician. The talked about issues such as whether they are asked questions, whether the doctor looks them in the eye, weather the waiting area was clean and had nice magazines, etc., as being early indicators of quality. And in all cases, it was the doctor and not a nurse or other health care professional who was seen as the lynchpin in the patient's perception of quality.

Providers also saw the relationship with the patient as critical for achieving quality care, but expressed it as just *one of the many* relationships in the health care system that must be functioning well in order for quality care to result. Others include relationships between doctors and information technology vendors, insurers, health care staff, office crew, etc.



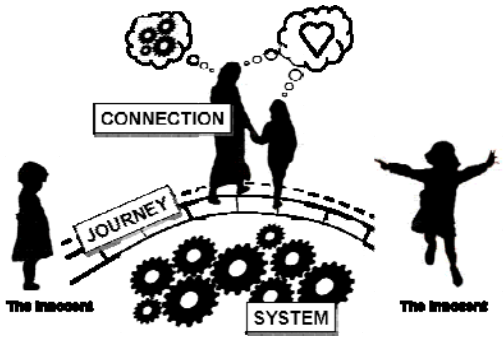
Interestingly, both decision makers and providers framed their relationship in two ways: that of a parent of a young child who needs a caregiver, and that of an older child who receives nurturing or mentoring from a guide or coach. While interviewees do not use these words ("mother and child"), in the images they show and the relationship they describe, the metaphor is clear.

People talked about the importance of building trust with their health care provider, who in turn, sees them as an individual, rather than as a "number." As there relationship matures, the patients have more confidence to manage their own care or

know what to report to their provider and when, so that their care is more effective. They conveyed a strong sense that by being valued as individuals, their relationship with their provider matures and in the process of becoming closer, they also become more independent. Most important, patients both receive and perceive themselves as receiving better health care. In terms of images, interviewees showed pictures of parents with children – a child walking hand-in-hand with a parent, teenagers with parents – to characterize the relationship.

Whether people see themselves as very young children, or as a nearly independent older child, medical providers are presented as giving them both emotional and psychological care. Comparisons to a gardener, who guides and fosters growth while providing care and comfort, were repeatedly made. Visuals representing flowers, gardens and trees, as well as language about blossoming, nurturing and growing were used by many interview participants.

The illustrations below demonstrate these metaphors. Most frequently, these two frames (journey and parent-child) are held simultaneously, with the medical provider or patient assuming one role (caregiver, mentor) or the other (young child, older child), depending on the health care need they describe.



Parent – Young Child

- **Caregiver** Archetype and the **Innocent** Archetype
- The most basic type of relationship, with the Innocent being entirely dependent upon the caregiver

Parent – Older Child

- **Guide** Archetype and a later stage of the **Innocent** Archetype
- Although this is not a relationship of equals, the guide acts as a mentor. Both parties' knowledge and needs are important

UNDERSTANDING THE HEALTH CARE SYSTEM:

People see the health care system as a series of complex pieces that do not work in harmony

When speaking metaphorically, health care providers and the public frame health care as a system of pieces. This was particularly true of providers, who talked about the desire for a united, organized system of care that operates in predictable patterns. Images they used to express this metaphor included puzzle pieces all fitting together and hands reaching to catch something falling. The providers spoke with passion about how every piece of the system needs to operate properly for the system to function like "a well-oiled machine."

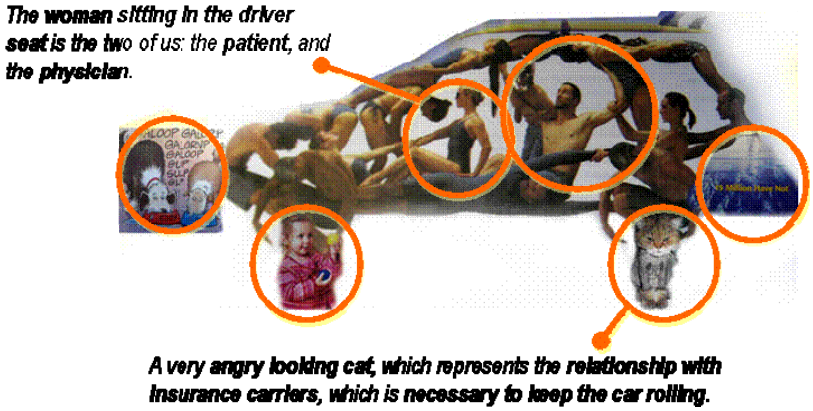
This image on the next page was provided by an actual interviewee. It is a collage of an automobile created from images of different people. The interviewee, a medical provider, described the woman in the driver's seat as representing both herself and

her patient working together, the other bodies were additional health care providers who see the patient. The "angry cat" (the rear wheel) was seen as by her as the relationship she has with insurance carriers, and so forth.

Providers attributed failures in health care to what they call "cog" failures. Doctors especially were more likely to see failures as being due to the failure of other factors in the system rather than being due to their own mistakes.

Likewise, the general public feel stymied and stifled on their journey toward quality health care by "the system" – which (although it includes physicians) stands in the way of a more productive relationship with physicians.

Images and words from a physician interviewee:



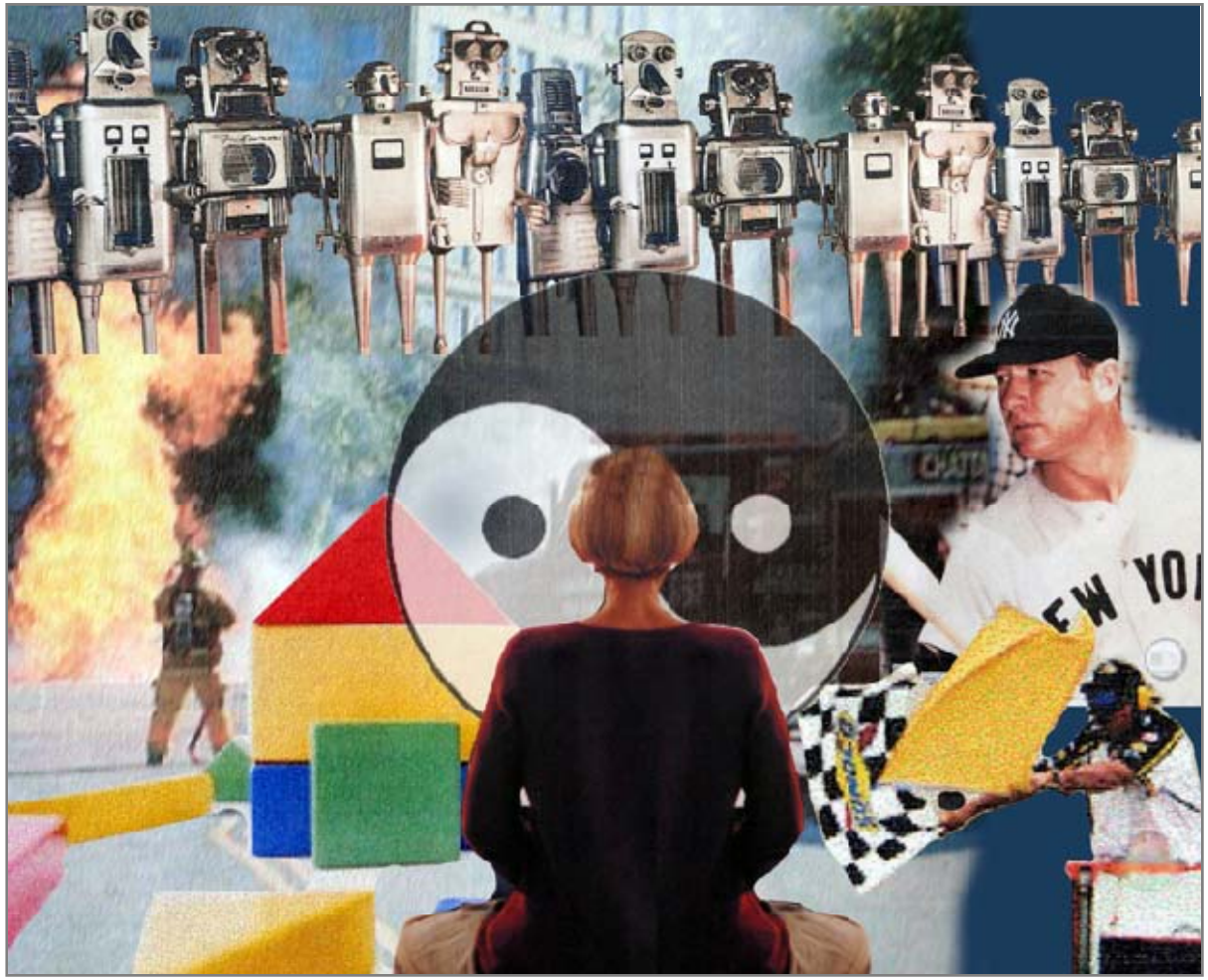
Thoughts and Feelings About

Quality Health Care

August 2007

Gerald Zaltman, Partner

Elizabeth Carger, Mary Beth Jowers--
Project Managers



A ZMET study for

The Robert Wood Johnson Foundation

OLSON ZALTMAN ASSOCIATES

Olson Zaltman Associates

- Cutting edge research and consulting firm
- Dedicated to understanding people at deep, emotionally rich levels
- Uncover fundamental frames that shape the way individuals see their world and make decisions

The Zaltman Metaphor Elicitation Technique

- 27 one-on-one interviews lasting 2 hours
  - *Cincinnati and Memphis, July 2007*
  - *14 Female Decision Makers: range of health issues, HHI, insurance*
  - *13 Medial Providers: 1 surgeon, 3 physicians, 1 nurse practitioner, 5 nurses, 3 EMTs*
- Participants complete a homework assignment in advance
  - *Please choose 6-8 pictures that represent your thoughts and feelings about quality health care.*
- Non-directive, 7-step interview process designed to elicit metaphors and ladder key ideas

Overview of Report

Quality health care is primarily the relationship between patient and provider.

Patients, and to a lesser extent providers, do not include treatment in quality health care.

- *Patients: Infrequently mention treatment or other pieces of health care outside of the provider relationship. Treatments (protocols, prescriptions, surgery, etc.) come up only when something goes wrong.*

- *Medical Providers: Focus on the relationship as one resource among many that work to produce quality healthcare. They do not question their own provision of treatment as being high quality.*

How each group frames health care in general shapes how they define quality health care.

- *Patients: Health care is a journey from a "lost", scary place to a secure, clear place. Because of the journey frame, the role of having guides and emotional succor is predominant.*

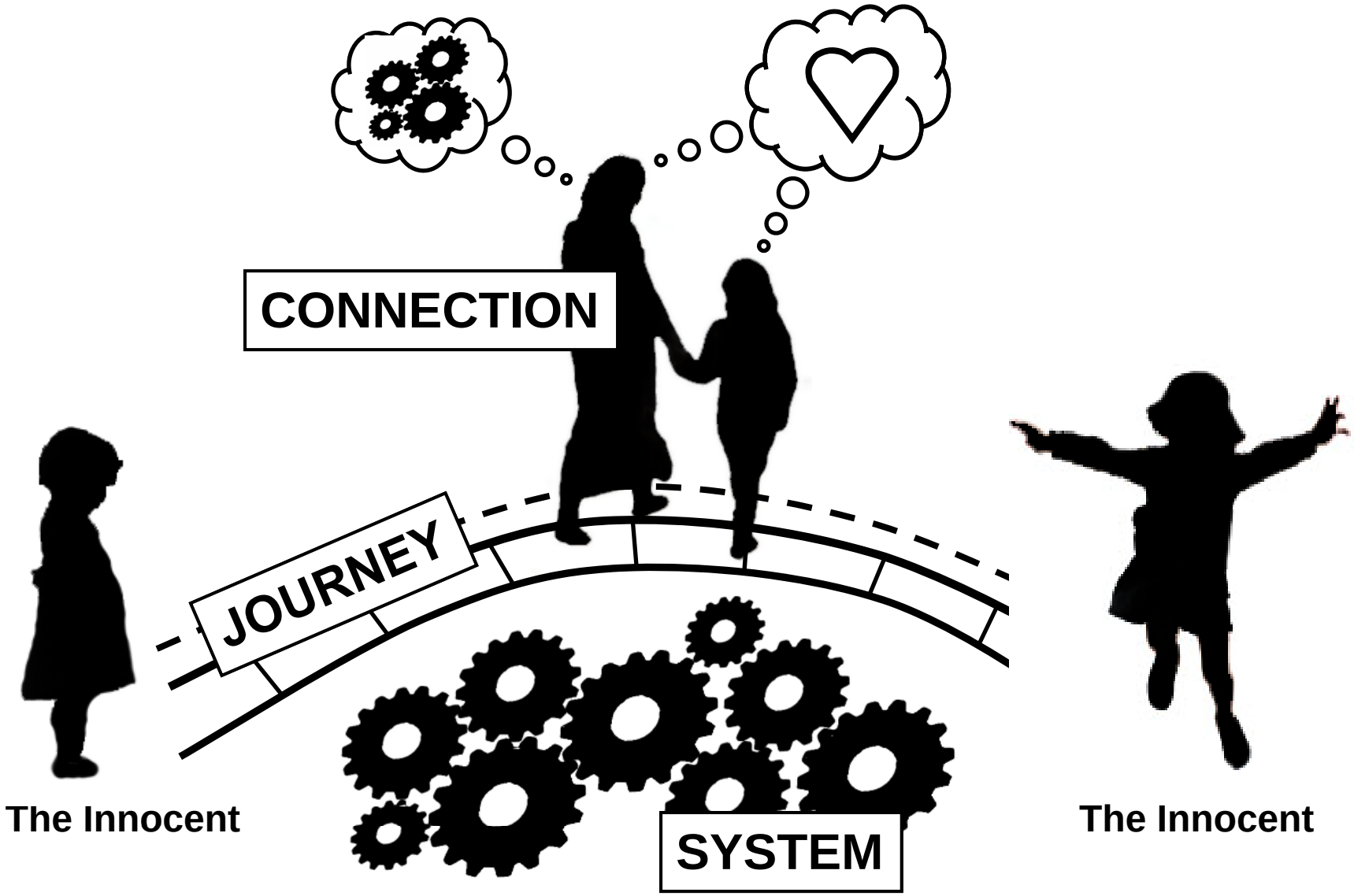
- *Medical Providers share the patient frame, but describe quality health care journey as the output of a system of resources.*

Depending on the severity of patients' initial emotional state, they adopt one of two Innocent 'roles' to pursue the journey as: the Young-Child or the Older-Child

- *When adopting the Young-Child role, patients seek a medical provider who embodies the Caregiver archetype*

- *When adopting the Older-Child role, patients seek a medical provider who embodies the Guide archetype*

How Patients and Providers Frame Quality Health Care



Health and quality health care are both journeys

Journey as a Deep Metaphor: Taking a trip; Following a path; Choosing a direction; Coming from something or heading toward something; Life journey or milestones in life

Frames for this Journey: Patients: A journey made possible with guidance/care from a medical provider, traveling along a path founded on a larger unseen system. MP: A mechanism made of organic, adaptive parts that work together efficiently toward the goal of quality health care.

Acquiring good health care…and good health…is a journey

Becoming healthy can be a challenging path. However, following it makes patients bloom and grow.

*[The stairway represents] progression. The **path from unhealthy to healthy**.*

*You **blossom** just **like the tree**. Your body is healthy, you're **growing**.*

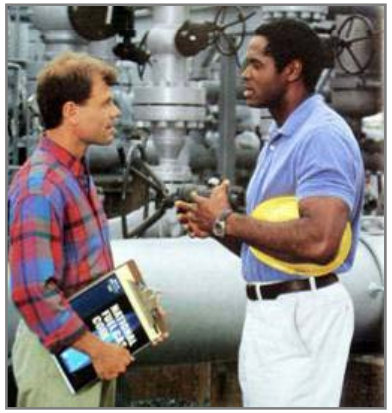
Finding quality health care takes patients from psychological states of confusion and anxiety……to relief and freedom.

*The forest. The **unknown** [the future]. There could be lots of **dangerous things**.*

*My bird represents **freedom**. If you know you're good, you can **relax and fly**.*

Patients and MPs frame the quality health care journey differently…

Patients: The patient-provider relationship takes them to their goal.



*An employee chose to go to the voice of reason … To **seek refuge** from the confusion … you have **no sense of direction**. You have no idea where to go, **where to turn**, you need **someone to guide you**.*

Providers: A system of resources moves the patient to quality health care / good health.

*…the components of **crossing a bridge** or going over from **point A to point B** to get to quality health care… **organization**… **communication**… staying **up to date**… **team** approach…*

Connection is the cornerstone of quality health care

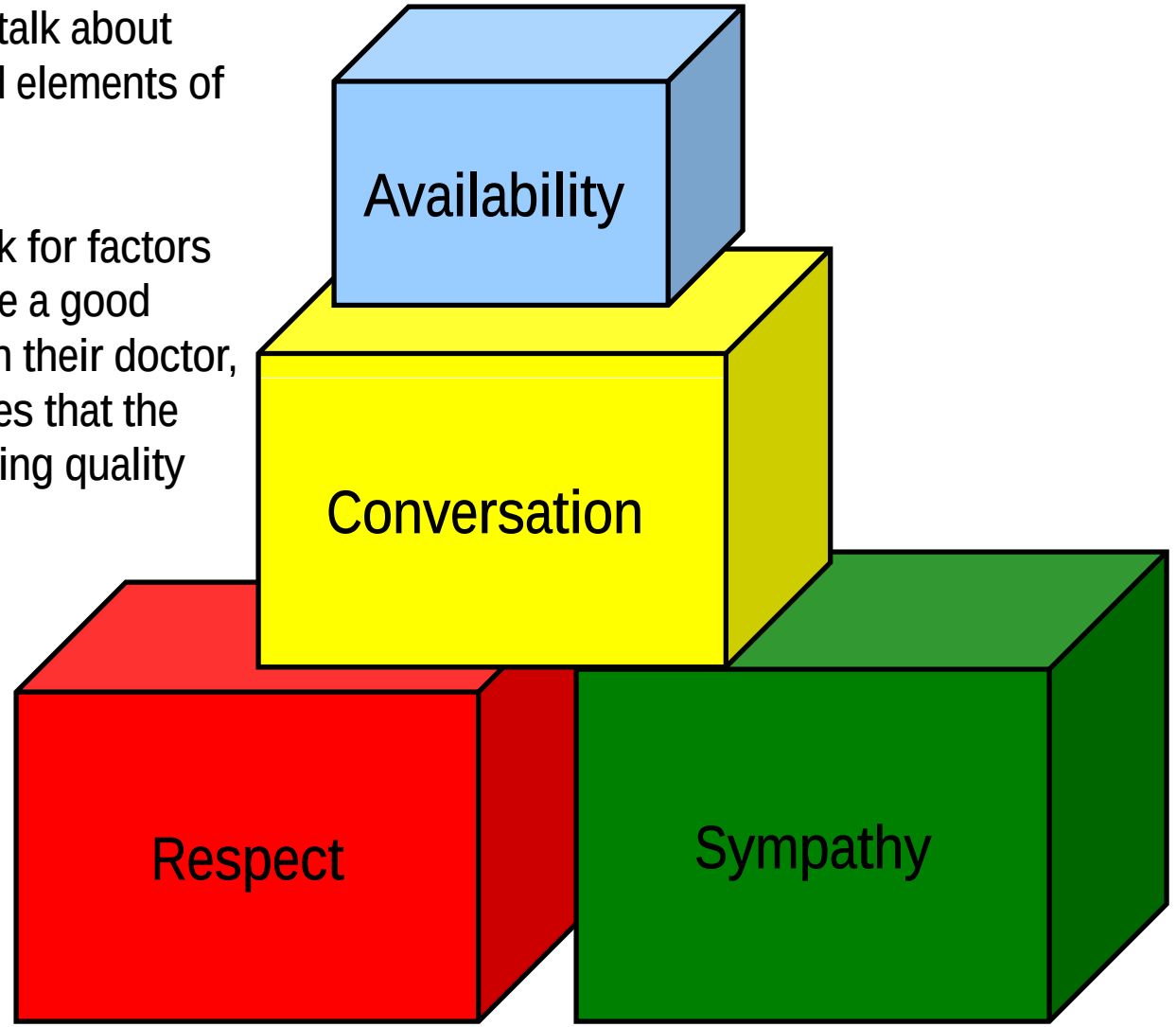
Connection as a Deep Metaphor: Encompasses feelings of belonging or exclusion. It is also reflected in psychological ownership: my brand, my team, my candidate, etc. Being disconnected is reflected by feelings of distance or separation from others.

Frames for this relationship: That of a parent to a child, that of a parent to an older child.

Conceptual Metaphor: Trust is constructed out of building blocks

Patients do not talk about treatment-based elements of quality care.

Rather, they look for factors that demonstrate a good relationship with their doctor, which act as cues that the patient is receiving quality care.



Both MPs and patients frame their relationship in two ways

These frames are held simultaneously; often the same MP or patient will assume one role or the other depending on the scenario or need they describe.

Parent – Young Child

- **Caregiver** Archetype and the **Innocent** Archetype
- The most basic type of relationship, with the Innocent being entirely dependent upon the caregiver

Parent – Older Child

- **Guide** Archetype and a later stage of the **Innocent** Archetype
- Although this is not a relationship of equals, the guide acts as a mentor. Both parties' knowledge and needs are important

Innocent Frame 1: Young child in need of soothing

	Parent – Young Child
Model Relationship	Parent – Child
Existing Knowledge	I know nothing
Pre-H.C. Emotional State	Powerless, scared
Doctor's Role	Make decisions
Desire	Care, attention
Emotional Goals	Comfort, relief
Reaction to bad HC	Trapped, victimized

A father's hand, holding a child's hand. Quality health care is like they're taking care of you.

Ignored and Invisible

This is what you end up with, nothing. A bunch of empty bottles.

… fall through the cracks.

Trapped

…sitting behind bars in a jail cell …

Frustration... you're up against a brick wall.

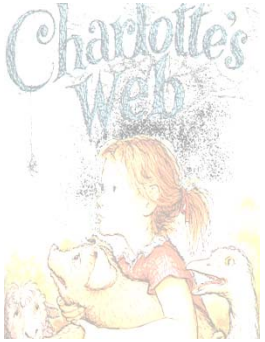
In Frame 1, MPs are a gardener who provides nutrients (comfort)

*The leaves represent your life and how full it is. You got **the doctors watching out** to make sure you're staying well. **The quality health care is why the leaves got so pretty** and blossomed.*

caregiver archetype

*A **puppy** with the kitten represents **compassionate care** … it gives the patients a sense of trust.*

guide archetype



Researcher's Image

I'm up there writing things on the web... Trying to help patients or guide patients toward a happy, healthy goal.

I hope to inspire, motivate, and challenge …

Innocent Frame 2: Older child looking for guidance, playing a part

	Parent – Older Child
Model Relationship	Partners, marriage, teacher
Existing Knowledge	I know my life and body best
Pre-H.C. Emotional State	Nervous
Doctor's Role	Help me make decisions
Desire	Respect, knowledge
Emotional Goals	Empowerment, confidence
Reaction to bad HC	Find new doctor

They don't talk down to you. … you're not smarter than me. This is my body. I've lived with this body for 39 years.

Inferior

… they treat you like you're a nobody.

Automatically this person started getting smaller and smaller, they feel really bad as a human being, or less than [the EMT].

Misguided, Abandoned

… you're led astray and you have to start over again. Find a different doctor or facility. Frustrating.

I feel like we're just floundering around not knowing. … Like somebody in a lake that can't swim…

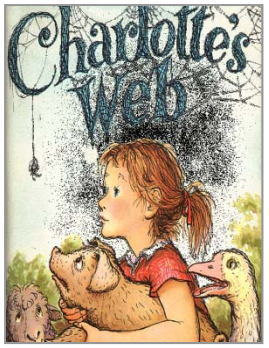
In Frame 2, MPs are a gardener who guides and promotes growth

The leaves represent your life and how full it is. You got ***the doctors watching out*** *to make sure you're staying well.* ***The quality health care is why the leaves got so pretty*** *and blossomed.*

caregiver archetype

A puppy with the kitten represents compassionate care … it gives the patients a sense of trust.

guide archetype



Researcher's Image

I'm up there writing things on the web... Trying to help patients or ***guide patients*** *toward a happy, healthy goal.*

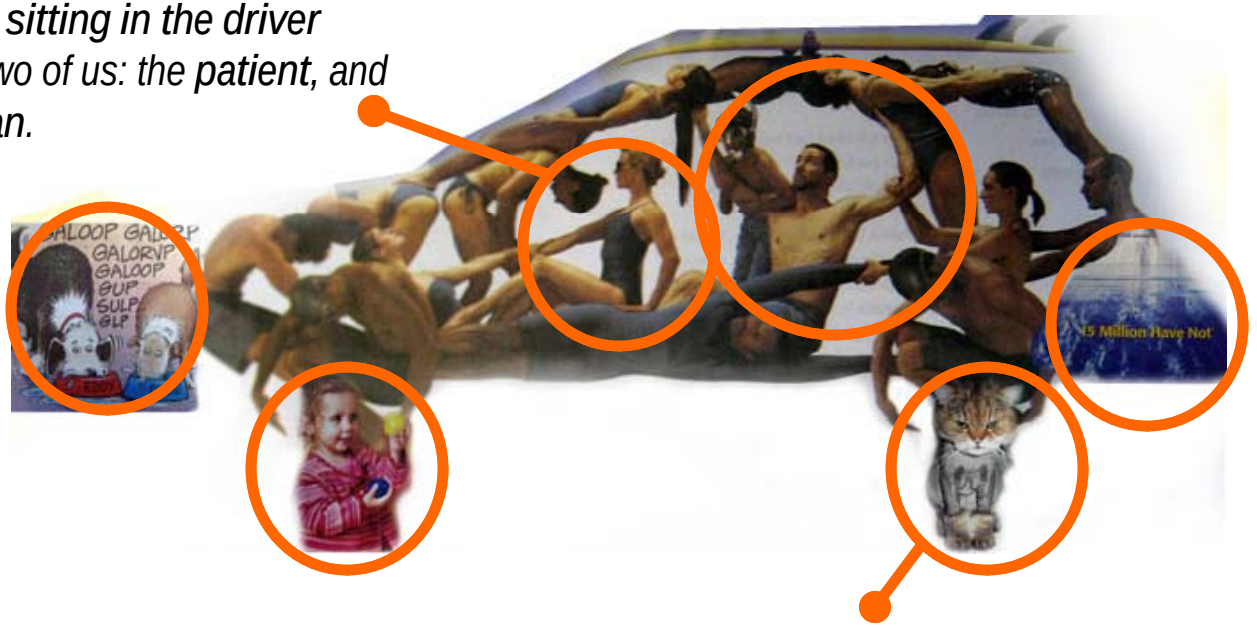
I hope ***to inspire, motivate, and challenge*** *…*

Medical Providers frame health care as a system

System(s) as a Deep Metaphor: United and organized or separate but inter-dependent entities; often operating in predictable patterns. Common system references include machine metaphors, constructed processes or approaches for solving a problem.

Frames for this System: MP: every piece of the system needs to be operating properly for the system to function like a 'well-oiled' machine.

*The **woman sitting in the driver seat** is the two of us: the **patient**, and the **physician**.*

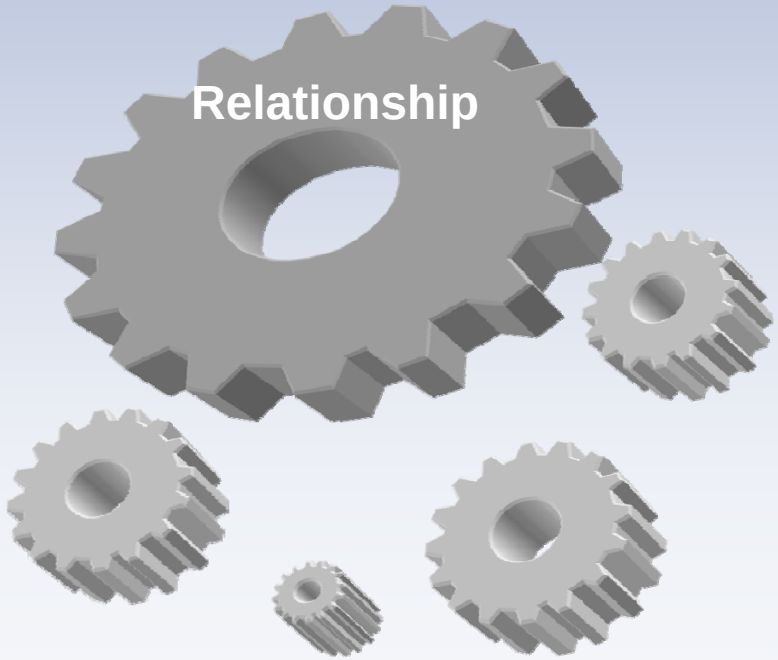


*A very **angry looking cat**, which represents the **relationship with insurance carriers**, which is **necessary to keep the car rolling**.*

How the doctor-patient relationship fits into the system

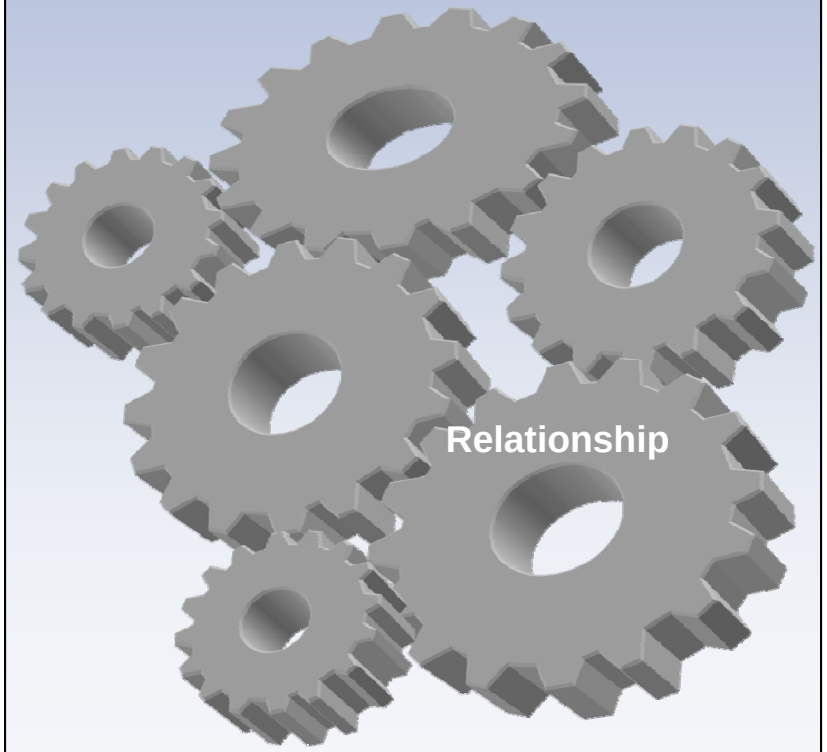
Patient Frame

The relationship is the centerpiece. Some of the other pieces are important, but are unclear how they 'fit' together.



Medical Provider Frame

A good patient relationship is one of the many pieces of a larger health care system.



MPs see the many interconnected pieces of the system

Modern Technology

Clean Facilities

Insurance

Patient Support

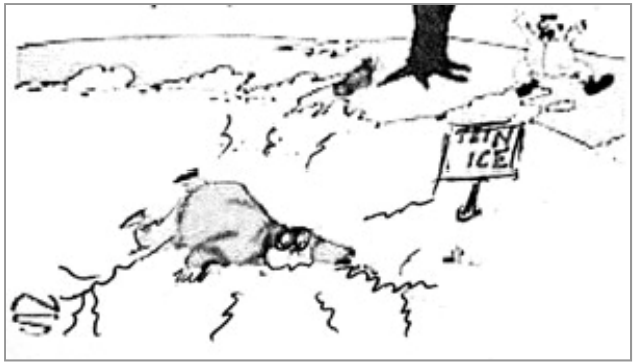
Coordinated Staff

Patient Relationship

MPs attribute failures in health care to “cog” failures

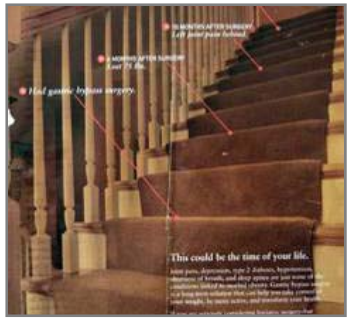
Doctors especially are more likely to see failures in health care as due to the failure of other factors in the system rather than their own mistakes.

*The patient, **health care dollars, the legal system**— we're trying to juggle all of those to make a really nice juggling show, and we don't always make it.*



*The whole system is on thin ice. You've got the cancers, the HIVs, all those **things that are just eating up the insurance companies.***

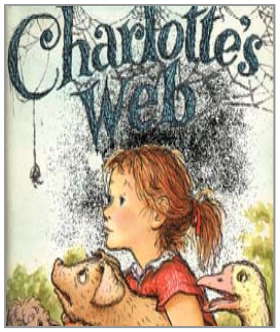
Conclusion and Last Thoughts



Finding quality health care is a JOURNEY

- Frame programs through language such as **"manageable steps"**

Child-Innocent looking for a Parent



Older child-Innocent looking for a Guide

The patient – provider CONNECTION is the foundation of the Journey

- Casting the patient as a "hero" may not be effective
- A **unique relationship** with providers produces unique care
- Trust creates good treatment through **better diagnosis** and **adherence**
- Undermining trust through **"objective" rankings may undermine care**

For MPs, a SYSTEM of resources propels the Journey

- MPs will **resist being responsible** for mistakes, as they can blame other "cogs"
- **Multi-part** solutions

KEY FINDINGS FROM FOCUS GROUPS

Lake Research Partners is a national public opinion and political strategy research firm based in Washington, DC, that has a long history of conducting research on behalf of RWJF. The firm's task was, in concert with the Foundation's communications team, to translate the findings of the OZA-led, one-on-one interviews into a range of discreet message concepts. The goal was to emerge from focus groups with initial messages that build on OZA's findings to further define and describe the work of the AF4Q communities.

The Lake team conducted six focus groups – three each with health care decision makers and health care providers in Detroit, Kansas City and Seattle.

Five general areas were explored during the focus group discussions:

1. How to best define problems related to poor quality health care
2. How to best explain a community-wide solution to the problem
3. Ways to describe specific actions such a community might take
4. Actions for the general public (and to a lesser extent, providers)
5. The role of patients as ' consumers' in the health care system

TOP FINDINGS FROM FOCUS GROUPS:

- **In general, focus group participants were receptive to quality improvement efforts. They recognize that health care quality is a problem and welcome a new effort in their community to work on this issue.** Participants were women who viewed themselves as health care decision makers for their families. They responded positively to themes about accepting a more active role in managing their own health, working closely with their providers for better health results and about the need for data collection and performance measurement to make better choices. Much like the OZA interviews, the participants continued to focus on their role in improving the doctor-patient relationship. They see the relationship, and its breakdown, as keys to whether or not their family members receive the care they need, when they need it. As the decision maker for their family's health care, they take their role in fostering this relationship very personally, and feel guilty about it not being better.

- **Providers also wanted a closer relationship with patients who specifically need their help, but perceive efforts to collect and report physician performance data as potentially deterring this relationship.** While they expressed strong support for patients taking more responsibility for their health and having more time to spend in conversation, many did not support a new effort in their community to improve quality. They doubted it would be effective. In fact, most did not believe in the efficacy of performance measurement. Many felt that there is already too much focus on providers for improving quality of care. They expressed concerns about too much "cookbook medicine" that doesn't respect "the art of medicine."

- **People said the main problem with health care quality is patients not having enough time with their doctors** to ask questions, form a relationship, understand their health conditions or learn how to better take care of themselves. Providers agreed, but largely blamed insurance companies and financial pressures for these rushed visits.

- **Health care decision makers were supportive of a community effort to improve quality. Providers were more cynical.** They liked terminology like "peace of mind," "values patient relationships," "openness and trust," "helping consumers be better partners," "help people stay healthy," etc., but many were skeptical that this was feasible, and others took issue with the term "coalition." They liked the term "team" to describe the effort, because it suggested an inclusive approach among patients, doctors, nurses and hospitals. Some decision makers balked at the references to the business community and insurers – explaining that the health care system is a unique entity and should not be viewed through the same lens as a business. Providers, on the other hand, were cynical and more critical of a new effort, expressing that nothing will change. While they also liked certain terminology (i.e., "peace of mind," "openness and trust," "values patient relationships"), they thought a "coalition" sounds bureaucratic and see its work about "gathering and sharing information" as a red flag that signified public reporting.

- **Both the public and providers supported a range of quality improvement efforts.** Efforts that were found to be particularly favorable were programs to improve communication and coordination in the health care system or identify where errors occur and develop solutions.

- **Neither the public nor providers liked messages that cited efforts to improve quality in other fields.** They see health care as unique and personal and not comparable to a business. Mentioning other industries that have successfully implemented quality programs, such as automobile or airlines, was seen part of the problem of "depersonalizing health care" and driving patients and providers further apart.

- **Providers were not supportive of any message concepts about data collection and performance measures.** The doctors were unanimously and vehemently opposed to public reporting. They said that performance measures were often short-sighted, collection methods were flawed, there were too many variables in care to make judgments about 'good' quality and that the concept of transparency puts too much responsibility on doctors for ensuring quality without factoring in the specific patient case and/or compliance. Several participants said that they did not like the idea that they may be considered a "bad" doctor if they do not participate in data collection and measurement efforts. They also said that they have not seen evidence that such an approach actually improves quality.

  Nevertheless, their opposition softened *slightly* when messages were framed in a way that acknowledged flaws in public reporting scenarios and encouraged their help to avoid those pitfalls in their own community.

- **The term "consumer" sparked reactions.** For both the public and providers, the word "consumer" seemed to be problematic when not used in a specific context. They see the word as a business term which serves to alienate people from their providers, except when used in the specific context of a person making a purchasing choice based on data. One physician spoke for many when he said, "I used to have patients. Now the insurance companies say I have *consumers*."

- **Decision makers and providers responded positively to consumer engagement tactics.** Both providers and the public understood that "quality care happens when patients take an active role in n their care" and expressed a desire to get more involved in managing their own care. They agreed that there is much people can do to feel better without the help of a doctor, and reacted with strong support to messages that empower people to get more involved in their health.

Lake Research Partners

Lake Snell Perry Mermin Meadow Gotoff

Robert Wood Johnson Foundation

Communicating about Quality/Equality

Interim Findings from Message Testing Focus Groups on Quality

October 24, 2007

Background

- Lake Research Partners conducted six focus Sep 24-26 (3 with consumers and 3 with providers).
  - The consumer groups included women ages 30-55 who are health care decision makers, and come from varied education and income backgrounds. Half have a chronic health condition themselves or in their family.
  - The provider groups included a mix: general practice/internal medicine, surgeons, ER physicians, and nurses.
- The goal was to test message concepts emerging from OZA research that can be used in RWJF's *Aligning Forces for Quality* communities to build support for quality improvement.
- These are initial attempts at communicating about quality care in ways that will engage consumers, providers and others in communities.

Summary

- Consumers seem open to quality improvement. They welcome a new coalition in their community working together to improve quality. They respond positively to most messages we tested and the idea of a coalition (which will lead efforts in each AF4Q community). The main barrier is skepticism of whether quality actually can be improved.

- Providers are less open, more suspicious and critical. Some feel threatened by the coalition. Most resist a new initiative around quality measurement and reporting. Many doubt openly whether measurement improves quality. Some feel the messages put too much responsibility on them to solve the problem.

- What both share is a strong desire to reconnect doctors with patients. Both feel this is a real problem with quality care today, and any message or concept that addresses this relationship scores well.

Defining the Problem

- Two descriptions of the "problem" with quality care consistently resonate with consumers and providers alike.
- Of the two, *rushed doctors* is by far the most powerful. OZA research is right on – the doctor-patient relationship is the key to quality for both consumers and providers.
- Importantly, providers blame the rushed visits on insurance companies and feel there is nothing they can do. Many consumers also say that insurance companies are at fault for rushing providers.
- Medical errors also resonate – particularly with consumers – they have heard the stories, and some have had personal experiences with errors.

Top Two Descriptions of the Problem:

(Rushed doctors) Most doctors are pressed for time these days, and many patients don't ask enough questions or understand their treatments or medications. Rushed doctors visits can leave consumers with lingering concerns about their health care.

(Too many errors) In every community, both good and bad care is being provided in hospitals and doctors offices. There are too many mistakes, oversights and miscommunications in the health system that negatively affect people's lives.

Introducing the Coalition: *Consumers*

- Consumers are cautiously optimistic…
  - They like the words: peace of mind, values patient relationship, openness and trust, helping consumers be better partners, help people stay healthy, recover quickly, improvements, quality.
  - However, many are skeptical: "Not in my lifetime," "Great on paper," "Why hasn't this happened before?"
  - A few dislike including "business owners and insurance plans" and feel they have no business being involved in "my health care."
  - A few are worried about privacy – "sharing information" was a red flag.
  - Some have problems with "coalition."

Description of the Coalition

Getting peace of mind about health care begins largely with finding the right doctor – one who provides good care and values patient relationships based on openness and trust. That's why a large local coalition is working with doctors, nurses, hospitals, business owners, insurance plans and consumers to help doctors and patients build relationships that help people stay healthy and when they get sick, recover quickly. This coalition is doing this by looking at different parts of the local health care system and suggesting improvements, by gathering and sharing information from hospitals and doctors to see how we are doing on quality, and by helping consumers become better partners with their doctors.

Introducing the Coalition: *Providers*

- Providers are critical. They are cynical and do not believe that anything will change…
  - They think the paragraph is just "PR" or "marketing speak."
  - They like certain words, though, such as "peace of mind," "provides good care," "openness and trust," "values patient relationships" and "improvements."
  - They do not like the word "coalition," and they hate the word "consumer."
  - It sounds bureaucratic – the word "suggesting" triggers thoughts of regulations. Sounds like government, mandates, pay for performance.
  - The passage about gathering and sharing information is a red flag – they do not believe measurement and reporting work.
  - Unrealistic. They feel it will just be another committee that's going to get together, "eat food" and stop all the problems with health care with a quick fix.

Language Check: "*Consumer*"

- This is a bigger issue than words – *consumer* evokes an approach to health care that many dislike (particularly providers). Some consumers, and most providers, believe the term exemplifies everything that is wrong with health care. Providers say business models for health care have already negatively impacted quality care.

- Almost all providers strongly dislike the term – one said, "I used to have patients. Now all I have is consumers."

- A few providers admit they do not want their patients to have more information – they do not have enough time in office visits to answer all of their questions *now*.

- Consumers are mixed on the term. About half do not notice the term on their own – they are more focused on the message. The other half does notice it and identifies it as a negative term – they feel it is cold and not how they want to interact with their doctors. When pushed to think further about the term, a few pick up on the empowerment aspects of consumer.

- Importantly, both providers and consumers feel the term "consumer" suggests a "lack of a close relationship." A consumer buys a commodity, but does not have a relationship.

Reaction to Actions Coalition Might Take

- Neither consumers nor providers like health being compared to businesses. “We are people, not cars or cereal.” “I'm not in a factory.” “I'm not a product. "
- C and D are most popular. Both consumers and providers support steps to improve communication.
- Most consumers and some providers also support pinpointing where in the health system errors occur.

To improve quality in the local health care system, the coalition will:

a. Borrow quality improvement ideas from successful companies like Toyota and General Mills and share those with hospitals, doctors and nurses.

b. Identify best health care practices from other communities and from across your own community and share those with hospitals, doctors, nurses and patients.

c. Explore new programs and technologies to improve communications and coordination between hospitals, doctors, nurses, and patients.

d. Pinpoint areas in the health system where medical errors occur and develop solutions to reduce these errors.

Reaction to Actions Coalition Might Take

- Consumers support data collection and think it can lead to better care; they also like comparisons to national standards. A few are concerned about privacy (triggered by "everyone" in 2a), and a few also mention potential negative effects on providers.

- Providers respond negatively to these ideas. Many say they dislike data collection and measurement. The main complaint is that there are too many variables involved in quality care – and because of this, they say it is impossible to rate doctors fairly. Some *do* see the value – ratings could be helpful and benchmarks are useful. However, almost all feel these efforts do NOT improve quality care

2. To keep track of how the community is doing at improving quality, the coalition will:

a. Partner with hospitals and doctors to collect information on the care they provide so that everyone can view their performance against national standards as well as others in the community.

b. Gather information on the care provided in the community because evidence shows that gauging how specific doctors and hospitals stack up against each other and national standards – and reporting this information to the public – leads to better quality care.

c. Report this information back to the community so that consumers have information that can help them make better decisions about where to get care.

Reaction to Actions Coalition Might Take

- Consumers and providers support consumer engagement. They like the tone of these actions – positive, working together, partnership.
- Consumers are willing to become more engaged in their own care. They already feel they HAVE to take their care into their own hands.
- Some providers dislike 3b, because it sounds like marketing and is dollar driven - the hospitals with the most resources will be chosen. Also, rating hospitals could be detrimental for those that don't score high.

3. To involve the whole community in helping to improve quality of care, the coalition will:

a. Give patients tools to be better partners with their doctors in managing their health.

b. Provide information so that consumers can choose better performing hospitals and doctors in the community.

c. Show people how they can get involved and take action to help improve quality of care in their community.

Calls to Action: *Consumers*

- Consumers are generally positive about A-D.
  - Support for A is weakest – it says the least and some do not like "ultimately" – it makes them feel like the burden is on them.
  - B is favored by many because of its focus on partnership and relationship, However, some did not like "follow their treatment plan" because if there is a problem, they feel all the blame goes on the consumer. The last sentence also triggers feelings of having too much burden on them.
  - Some find the "journey" image in C to be "hokey," but others like "taking steps," "sharing information with doctors and nurses" and "feel better sooner."
  - D is broadly liked because this resonates with their personal experience – they HAVE been dissatisfied and most already DO have to take charge of their health.

Calls To Action for Consumers

A. Ultimately, quality care results when consumers take an active part in their own care, becoming partners with the right care giver to determine the right care.

B. In order for health care in your community to improve, consumers need to act in partnership with their doctor. They need to share information, ask questions and follow their treatment plan if they want an effective, trusting relationship.

C. Feeling better can be a journey – but consumers can take active steps by learning more about their care providers, asking questions, sharing information with doctors and nurses and taking the necessary steps to improve their own health so that they feel better sooner.

D. If consumers aren't satisfied with the health care they are receiving, they can do something about it by learning more, asking questions and using information to find a doctor who can work with them to get the right care.

Calls to Action: *Providers*

- Providers believe consumers need to take more responsibility and become more informed about their care, and so they generally like these messages much more than the calls to action directed at *them*.

- C and D are favored by providers because these messages squarely put more responsibility on consumers.

Calls To Action for Consumers

A. Ultimately, quality care results when consumers take an active part in their own care, becoming partners with the right care giver to determine the right care.

B. In order for health care in your community to improve, consumers need to act in partnership with their doctor. They need to share information, ask questions and follow their treatment plan if they want an effective, trusting relationship.

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D. If consumers aren't satisfied with the health care they are receiving, they can do something about it by learning more, asking questions and using information to find a doctor who can work with them to get the right care.

Calls to Action: *Providers*

Calls To Action for Providers

E. In order for health care to improve, hospitals and providers need consistent, objective, information about their performance. The local coalition will partner with these providers to design a data reporting system that is fair and accurate.

F. By working with the local coalition to design fair performance measures, providers can help influence and improve the quality of care offered in the community. That will lead to better patient outcomes, greater job satisfaction and personal and professional rewards.

G. In every field, evidence shows that performance measurement improves quality and consistency and health care is no different. Participating in public reporting makes doctors better at their job – and people recommend good doctors.

H. The local coalition will support providers in the community by sponsoring quality improvement programs, creating a public reporting system that is fair and accurate and educating patients on their role in the health care system. Good doctors who want to succeed in this competitive marketplace are invited to join in this effort.

I. In the past, many systems collected and reported flawed health care data with consumers. Your help is needed to help the community design a data collection and reporting system that is fair and gets it right.

J. Increasingly the health care system is collecting and reporting on performance – it is the wave of the future. The local coalition needs the help of physicians throughout [community] to design a system with doctor's input – so that it is fair, collaborative and inclusive while providing clear information for consumers. Ultimately, quality care results when consumers take an active part in their own care, becoming partners with the right care giver to determine the right care.

Calls to Action: *Providers*

- Overall providers did NOT like these calls to action. They acknowledge that research and data are important to quality care in a general sense, but are not fans of performance measurement..
  - I and J are the least problematic for providers because I at least acknowledges past flawed data. They also like that they are being asked to help design data collection measures. However, the "help of physicians throughout the community" in J was better than help in I because it seemed more local – that local providers would have more input.
  - Most providers hated H and found it offensive – they do not agree that if you don't participate you're a bad doctor.
  - Also G was not good because "every field" - they don't buy it. Where is the data? They have never seen those data. Also, they react strongly to "health care is no different." Also do not believe doctors will be better at their jobs.

Next Steps

- A telephone survey will be conducted in all 14 of RWJF's *Aligning Forces* communities that tests some of the strongest concepts and language emerging from the survey.

- Specifically, it will test the best ways to describe the problem with quality care – trying out different ways to talk about quality improvement efforts, and testing ways to describe the consumer role in quality. Finally, it will explore ways to talk about performance measurement in a way that engages both consumers and providers.

FINDINGS FROM TELEPHONE SURVEY

Following the focus groups, RWJF and its communications team adapted the message concepts into a series of concrete messages for further testing. Experts at Lake Research Partners then conducted an approximately 15-minute telephone survey of 200 adults in each of the AF4Q communities: Cincinnati, Ohio; Cleveland, Ohio; Detroit, Mich.; Humboldt County, Calif.; Kansas City, Mo.; Maine; Memphis, Tenn.; Minnesota; Puget Sound, Wash.; South Central Pennsylvania; Western Michigan; Western New York; Willamette Valley, Ore.; and Wisconsin. The sample size was large enough to allow segmented results for each community, in additional to the national perspective that the 2,800 survey respondents provided.

A significant number of survey respondents (38 percent) say they normally receive excellent quality care, although they do not think the overall quality of care in their community is excellent. Only 12 percent say the quality of care in their community is "excellent," while one in three (34 percent) say it is "just okay" or "poor." Rushed doctor visits top respondents concerns about health care quality.

Q. Many communities face a number of issues that affect health care quality. I'm going to read you a few of these, and please tell me how big of an issue you think each is in your community...	**% Saying a Major Issue in Community**	**% Saying a Major/Somewhat of an Issue**
Most doctors are pressed for time these days, and many people feel like they don't have time to really talk and ask their doctor questions. **Rushed doctor visits** can leave people with lingering concerns about their treatments or medications, or not having fully explained their symptoms.	34%	70%
Many people don't have close relationships with their doctors anymore. **Finding the right doctor can be tough** in a confusing health care system, and it can leave some feeling uneasy about the care they receive.	30%	72%
In every community, both good and bad care is being provided in hospitals and doctors' offices. There are **too many mistakes and miscommunication** in the health system that can negatively affect people's lives.	28%	69%
Getting the right medical care is a worry for many people. There are too many choices and **not enough clear, trustworthy information**.	27%	69%

Nearly all respondents supported the Foundation's community approach as described. Nine out of 10 expressed support, with 48 percent strongly supporting it. That said, nearly half (48 percent) said that while the idea sounded good, it is hard to believe that anything will change.

Efforts to reduce medical errors topped the list when interviewers asked about which quality improvement efforts respondents were in favor.

Top-Tier Efforts	Middle-Tier Efforts	Lower-Tier Efforts
Medical Errors and Improvements	*Improve Communications, Data Collection and Information*	*National Standards, Business Models*
Show doctors and hospitals where they can make improvements in care (53% "excellent idea") Pinpoint medical errors and develop solutions (52%)	Improve communications and coordination (49%) Report data to community to help decide where to get care (49%), choose doctor (49%), and because evidence shows data leads to better quality care (46%) Provide information to become better partners (48%), learn how to take action to improve own care (48%), and get more out of the doctor/patient relationship (44%)	Collect information on quality to compare to national standards (41%) Borrow QI ideas from successful companies (30%)

Surveyors offered a number of potential messages to interviewees – all of which were aimed at engaging the public in a collaborative community effort to improve health care quality in their area. As indicated below, some messages generated strong responses and rose to the top-tier, while others appeared to be less motivating to respondents (lower-tier messages).

Top-Tier Messages	Middle-Tier Messages	Lower-Tier Messages
Intuitive Steps People Can Take to Improve Their Health and Care	*Less Clear and Less Intuitive*	*Include Providers in Data Collection System*
There is a lot people can do to manage their health like getting exercise and limiting stress (84% "strongly agree") Being better partners with doctors, sharing information, asking questions (81%) People can take steps to improve their health by learning more about their doctors and asking questions (76%)	Quality care happens when people take action and become better partners (71%) People can do something about quality by asking questions and using information to find high-performing doctors (69%)	Include local doctors and providers to ensure new system is fair (62%)

Respondents were queried about their comfort level when it comes to seeking information about health care quality and costs and asked to rate their comfort level on a scale of 1 to 10, where one is "not comfortable" and 10 is "very comfortable."

Researchers found that respondents were more comfortable seeking information about quality online than asking their providers directly. On the other hand, many said they would be comfortable asking providers about health care costs.

On a Scale of 1 to 10, How Comfortable Would You Be…	% "10" Very Comfortable	Mean
Looking up information on the Internet about the quality and cost of care that different doctors in your community provide.	48%	8.0
Asking doctors or nurses how much the care you receive actually costs.	44%	7.7
Asking your doctor or nurse about the quality of care provided at his or her practice.	39%	7.5
Asking your doctor or nurse how their care compares to other doctors and nurses in the community.	29%	6.8

When it comes to the country's current health care system, the Foundation's belief is that Americans will benefit from greater access to data and performance measures about physicians and hospitals in their community – allowing them to make choices about the health care providers who are best for them and their given medical condition.

For many individuals, this would be a new way of interacting with physicians and other health care providers – behaving as a health care consumer who has choices. To this end, participants were asked to rate terminology of how they would describe themselves in the context of health care – individual, patient, person, consumer, customer and client – on a scale of 1 to 10 where 10 means "strongly identifying" with the term, and 1 means "not identifying with the term at all."

About half of respondents strongly identified with the terms "individual," "person" and "patient." About one-third identified personally with "consumer" and "customer." When probed about which one they identified the most, "individual" and "patient" rose to the top preferences by a significant margin.

Term Respondents Identify With Most	
Individual	32%
Patient	31%
Person	16%
Consumer	7%

When probed further about the term "consumer," however, nearly half of respondents (47 percent) disliked being described as a health care consumer, while about one-third liked the term and 18 percent was neutral. This prompted the research and communications team to consider the context the word is used in, which seems to have a strong influence on whether people accept the term or not.

A closing question in the telephone survey asked participants to rate on a scale of 1 to 10 – where 10 is "extremely important" and 1 is "not at all important" – how important it is to improve the quality of health care in their community. By the end of the survey – after hearing a number of messages about health care quality – nearly half of the respondents (47 percent) said it is extremely important.

Interestingly, this was an increase of 11 points over the same respondents answering the question at the start of the survey. At the survey's outset, only 36 percent of those surveyed rated it a 10 and said it was "extremely important."

Lake Research Partners
Lake Snell Perry Mermin Meadow Gotoff

Quality/Equality Survey Results

Among n=2,809 adults 18 and older in 14 communities,*
Conducted October 19 – 29, 2007;
"0" denotes less than one percent; and
Percents may not add to 100% due to rounding.
November 2007

I. Introduction

Introduction: Hello. My name is ____ and I am calling from Braun Survey Research. We are conducting a research study in your community on issues facing residents. This is a public opinion survey – we are not selling anything or asking for any donations. A non-profit foundation is funding this research. And your responses are confidential. Could I please speak with the person 18 or older in your household who had the most recent birthday? SCHEDULE CALL BACK IF NECESSARY.

	TOTAL
	2809
RECORD GENDER:	
Male	48
Female	52

II. General Questions about Health Care and Quality

1. In general, do you think things in your community are on the right track, or are they headed off in the wrong direction?

On the right track	62
Headed off in the wrong direction	28
Don't know	10
Refuse	1

*Approximately n=200 interviews were conducted in each of the following areas: Cincinnati, Ohio; Cleveland, Ohio; Detroit, Mich.; Humboldt County, Calif.; Kansas City, Mo.; Maine; Memphis, Tenn.; Minnesota; Puget Sound, Wash.; South Central Pennsylvania; Western Michigan; Western New York; Willamette Valley, Ore.; and Wisconsin.

Thinking about the different issues in your community, how concerned are you personally about _____ ? Very concerned, somewhat concerned, not too concerned, not at all concerned? (How about _____ ?)

RANDOMIZE Q2-Q6

	Very	Smwht	Not	Not	Don't	Ref	CON CERN	UNCON CERN
2. Education								
TOTAL	47	28	14	10	1	0	75	24
3. Crime								
TOTAL	39	28	22	11	0	0	67	33
4. Health care								
TOTAL	52	25	13	9	1	0	78	22
5. Taxes								
TOTAL	46	31	14	8	1	0	77	22
6. Jobs								
TOTAL	42	29	16	12	1	0	71	28

7. Now thinking just about health care, how important do you feel it is to improve the quality of health care in your community? Use a scale of 1 to 10 where 1 means not all important , and 10 means it is extremely important to improve the quality of health care. You can choose any number between 1 and 10.

Mean	7.6
10	36
8-9	24
6-7	17
5	9
1-4	11
Don't know	1
Refuse	0

8. How would your rate the quality of health care that you normally receive from your doctors and other providers? Would you say the quality of care is excellent, good, just okay, poor, or very poor?

Excellent	38
Good	42
Just okay	15
Poor	2
Very poor	1
Don't know	1
Refuse	0
Excellent /Good	81
Poor /Very poor	3

9. Now thinking more broadly, how would your rate the quality of health care in your community as a whole? Would you say it is excellent, good, just okay, poor, or very poor?

Excellent	12
Good	48
Just okay	25
Poor	7
Very poor	2
Don't know	6
Refuse	0
Excellent /Good	60
Poor /Very poor	8

III. The Problems

Many communities face a number of issues that affect health care quality. I'm going to read you a few of these, and please tell me how big of an issue you think each is in your community. The first one is _____: Is this a major issue, somewhat of an issue, not too much of an issue, or not an issue at all in your community? RANDOMIZE Q10-Q13

	Major	Smwht	Not too	Not	DK	Ref	ISSUE	NOT ISSUE
10. Most doctors are pressed for time these days and many people feel like they don't have time to really talk and ask their doctor questions. Rushed doctor visits can leave people with lingering concerns about their treatments or medications, or not having fully explained their symptoms								
TOTAL	34	36	17	11	2	0	70	28
11. In every community, both good and bad care is being provided in hospitals and doctors' offices. There are too many mistakes and miscommunication in the health system that can negatively affect people's lives.								
TOTAL	28	41	22	7	2	0	69	29

12. Many people don't have close relationships with their doctors anymore. Finding the right doctor can be tough in a confusing health care system, and it can leave some feeling uneasy about the care they receive.

TOTAL	30	42	17	10	1	0	72	27

13. Getting the right medical care is a worry for many people. There are too many choices and not enough clear, trustworthy information.

TOTAL	27	42	20	10	2	0	69	29

IV. Defining the Effort

I'd like to read you a description of a new effort that may happen in [the CITY area / STATE] and then get your reaction to it. Here it is.

Getting peace of mind about health care begins largely with finding the right doctor – one who provides good care, and values patient relationships based on openness and trust. That's why a local team of doctors, nurses, hospitals, [SPLIT employers, insurance plans,] and residents is working to make improvements that help people stay healthy and when they get sick, recover quickly. This team will look at different parts of the local health care system, gather information from hospitals and doctors to see how we are doing on quality of our health care and where we can make improvements, and help people find the right doctors and become better partners with them.

14. Based on what I've just read, is this effort something you would strongly support, somewhat support, somewhat oppose, or strongly oppose?

	[COMBINED]
Strongly support	48
Somewhat support	42
Somewhat oppose	4
Strongly oppose	2
Don't know	3
Refuse	0
SUPPORT	90
OPPOSE	7

[SPLIT employers, insurance plans,] N= 1404
Strongly support 47
Somewhat support 43
Somewhat oppose 4
Strongly oppose 2
Don't know 4
Refuse 0

SUPPORT 90
OPPOSE 6

[SPLIT W/O "employers, insurance plans,"] N= 1405
Strongly support 49
Somewhat support 41
Somewhat oppose 4
Strongly oppose 3
Don't know 3
Refuse 1

SUPPORT 90
OPPOSE 7

15. Which best describes your reaction to this effort: It sounds like a good idea that could really work in my community; or the idea sounds good, but it is hard to believe anything will actually change for the better. Or it is not a good idea and I do not think it will work in my community.

It sounds like a good idea that could really work in my community 42
The idea sounds good, but it is hard to believe anything will actually change for the better 48
It is not a good idea and I do not think it will work in my community 5
Don't know 3
Refuse 1

V. Actions/Strategies

Here are some actions this local team might do to help improve health care quality in [the CITY area / STATE]. On a scale of 1 to 10, please tell me if you think each of these is a good idea or a bad idea. 1 being a very bad idea and 10 being an excellent idea.
RANDOMIZE Q16-Q22

	Mean	10	8-9	6-7	5	1-4	DK	Ref
16. Borrow ideas from successful companies like Toyota and General Mills on how to consistently maintain high quality and share those principles with hospitals, doctors and nurses								
TOTAL	7.3	30	26	16	13	13	2	0
17. Explore new ways to improve communications and coordination between hospitals, doctors, nurses, and patients.								
TOTAL	8.5	49	27	14	6	4	0	0
18. Pinpoint areas in the health system where medical errors often occur and develop solutions to reduce these errors.								
TOTAL	8.6	52	24	12	7	4	1	0
19. Give people information that helps them be better partners with their doctors in managing their health								
TOTAL	8.4	48	27	14	7	4	0	0
20. Give people information that helps them get more out of their relationship with their doctor								
TOTAL	8.2	44	27	15	9	5	1	0
21. Provide information about local doctors that can help people pick the right doctor for themselves or their family members								
TOTAL	8.5	49	26	13	7	4	1	0

	Mean	10	8-9	6-7	5	1-4	DK	Ref
22. Show people how they can get involved and take action to help improve quality of their own care								
TOTAL	8.5	48	27	14	6	4	1	0

DO NOT RANDOMIZE:

23. Show doctors and hospitals where they can make improvements in how they care for patients so that people will receive better care and have closer relationships with their doctors								
TOTAL	8.6	53	26	12	5	4	1	0
24. Partner with hospitals and doctors to collect information on the quality of care they provide and compare it to TOTAL standards								
TOTAL	8.1	41	26	16	9	6	1	0
25. Report this information back to the community so it can help people make better decisions about where to get care								
TOTAL	8.4	49	25	13	7	6	0	0
26. Gather this information because there is evidence that says that showing doctors and hospitals how they compare to each other and reporting this information to the public can lead to better quality care								
TOTAL	8.3	46	26	14	7	6	1	0

VI. Calls to Action

Here are a few reasons for people to get involved in this effort and help improve the quality of their care. Please tell me if you personally agree or disagree with each: (Strongly/somewhat agree/disagree)

	Strng agree	Smwt agree	Smwt disag	Strng disag	DK	Ref	AGREE	DIS AGREE
27. Quality care happens when people take an active role in their own care, becoming partners with their healthcare provider to determine the right care								
TOTAL	71	25	2	1	1	0	96	3
28. In order for health care to improve, people need to act in partnership with their doctor. They need to be able to share information, ask questions and follow recommendations to have an effective, trusting relationship								
TOTAL	81	17	1	0	0	0	98	1
29. [SPLIT: Feeling better can be a journey – but] people can take active steps to improve their care by learning more about their doctors, asking questions, sharing information like their medical history, and taking the necessary steps to improve their own health so that they feel better sooner								
[COMBINED]								
TOTAL	76	22	1	1	0	0	98	2
[SPLIT: Feeling better can be a journey – but]								
N=1404 TOTAL	75	23	1	0	1	0	98	1
[SPLIT: People can take active steps …..]								
N=1405 TOTAL	76	21	1	1	0	0	97	2

	Strng agree	Smwt agree	Smwt disag	Strng disag	DK	Ref	AGREE	DIS AGREE
30. If people aren't satisfied with the health care they are receiving, they can do something about it by learning more, asking questions and using information to find a high-performing doctor who can work with them to get the right care.								
TOTAL	69	25	3	2	1	0	94	5
31. In the past, some systems collected and reported health care quality data that were flawed. To improve quality in [the CITY area / STATE], this new team needs the help of local doctors and providers to design a system that is fair, inclusive, and gets it right								
TOTAL	62	32	3	2	2	0	94	5
32. There is a lot people can do on their own to manage their health like watching what they eat, getting exercise, and limiting stress regardless of what kind of relationship they have with their doctor.								
TOTAL	84	14	1	1	0	0	98	2

Please tell me if you agree or disagree with the following statement. Please use a scale of 1 to 10 where 1 is totally <u>disagree</u> and 10 is totally <u>agree</u> with this statement:

RANDOMIZE

33. Health care quality can improve if more people take an active role in learning about their health, ask questions of health care providers, and push for reporting from providers so that ultimately people have the information they need to choose the right doctor for them.

	Mean	10	8-9	6-7	5	1-4	DK	Ref
TOTAL	8.6	51	27	13	5	3	1	0

SPLIT A:

34. In general, people are responsible for managing their own health like making daily decisions that can have a greater impact on their health than what happens in a visit to the doctor.

TOTAL	8.6	50	28	12	6	3	1	0

SPLIT B:
34B. Aside from seeing a doctor, people need to a play a bigger role in managing their own health like discovering where to find reliable information, identifying symptoms, learning about options for managing illnesses, and monitoring their condition.

TOTAL 8.4	46	27	14	7	5	0	0

On a slightly different topic, I'm going to read a list of words that describe those who are seeking and receiving health care. Please tell me how much you personally identify with each of these words using a 1 to 10 scale – 10 means you strongly identify with that word, 1 means you do not identify with that word at all. First is,

RANDOMIZE Q35-40

	Mean	10	8-9	6-7	5	1-4	DK	Ref
35. Consumer								
TOTAL	7.1	35	19	13	13	18	2	0
36. Patient								
TOTAL	8.2	48	24	11	9	7	1	0
37. Person								
TOTAL	8.2	51	20	10	10	7	2	0
38. Customer								
TOTAL	7.0	35	18	12	12	20	1	0
39. Client								
TOTAL	6.7	30	18	14	15	21	2	0
40. Individual								
TOTAL	8.3	51	22	11	9	7	1	0

41. Which one of these words do you identify with the most?: READ LIST

Patient	31
Individual	32
Person	16
Consumer	7
Client	5
Customer	6
Other	0
Don't know	1
Refuse	1

42. Many health care experts are using the word "consumer" these days to describe how people should be interacting with the health system. How do you feel about being described as a health care consumer? Use a scale of 1 to 10, where 10 means you really like being described as a health care consumer, and 1 means you really dislike being described as a health care consumer.

Mean	4.6
10	10
8-9	12
6-7	11
5	18
1-4	47
Don't know	2
Refuse	0

We make consumer choices every day on all sorts of things like choosing schools, buying cars, clothes, and picking restaurants. Assuming that objective information on health care were available in your community, how comfortable would you be: Use a scale of 1 to 10, where 1 is not comfortable and 10 is very comfortable.

RANDOMIZE Q43-Q46

43. Asking your doctor or nurse about the quality of care provided at his or her practice

	Mean	10	8-9	6-7	5	1-4	DK	Ref
TOTAL	7.5	39	21	14	11	14	1	0

44. Asking your doctor or nurse how their care compares to other doctors and nurses in the community

TOTAL	6.8	29	19	16	14	21	1	0

45. Asking doctors or nurses how much the care you receive actually costs

TOTAL	7.7	44	20	12	10	13	1	0

46. Looking up information on the Internet about the quality and cost of care that different doctors in your community provide

TOTAL	8.0	48	20	11	6	11	4	0

47. Now that you've heard a lot on this topic, how important do you feel it is to improve the quality of health care in your community? 1 means not all important, and 10 means it is extremely important to improve the quality of health care. You can choose any number between 1 and 10.

TOTAL	8.3	47	25	14	7	5	1	0

VII. Demographics

Finally, I have some questions for statistical purposes only.

48. Are you married, unmarried with a partner, single, separated, widowed, or divorced?

Married	61
Unmarried with partner	6
Single	15
Separated	1
Widowed	7
Divorced	8
Don't know	0
Refuse	1

49. Do you have any children under age 18 living with you?

Yes	41
No	58
Don't know	0
Refuse	1

50. Many adults and children in [the CITY area / STATE] do not have insurance – are you covered by any kind of health insurance right now?

Yes	89
No	10
Don't know	0
Refuse	1

51. IF PARENT (YES TO Q50): Are all of your children covered by health insurance right now?

n=.1144

Yes	95
No	5
Don't know	0
Refuse	0

52. Have you been uninsured at any time during the past 12 months?

Yes	16
No	83
Don't know	0
Refuse	1

53. IF PARENT (YES TO Q50): Have any of your children been uninsured at any time during the past 12 months?

n=.1144

Yes	12
No	88
Don't know	0
Refuse	0

54. How would you describe your health overall? Excellent, very good, good, fair, or poor?

Excellent	21
Very good	35
Good	28
Fair	12
Poor	4
Don't know	0
Refuse	1

55. Have you or an immediate family member been diagnosed with a chronic illness or disease, like asthma, cancer, diabetes, Alzheimer's or something else?

Yes	51
No	48
Don't know	0
Refuse	1

How many times in the last six months, have you or anyone in your household:

56. Been to see a doctor for any reason
    ENTER NUMBER
    MEDIAN 3.0
    MEAN..... 5.5

    Yes, at least once 88
    No, never..... 9
    Don't know 2
    Refuse 1

57. Gone to the emergency room for care
    ENTER NUMBER
    MEDIAN 0
    MEAN..... 0.6

    Yes, at least once 29
    No, never..... 70
    Don't know 0
    Refuse 1

58. Had to be hospitalized for at least one night
    ENTER NUMBER
    MEDIAN 0
    MEAN..... 0.4

    Yes, at least once 18
    No, never..... 81
    Don't know/ 0
    Refuse 1

59. Would you say you make all of the health care decisions in your household, most of the decisions, some of them, or not many of the decisions?

    Make all of the health care decisions..... 37
    Make most of the health care decisions 31
    Make some of the health care decisions..... 24
    Not many of the health care decision..... 6
    Don't know 0
    Refuse 1

60. Do you happen to make health care decisions for your parents or your spouses' parents?

Yes, I make health care decisions for my parents 8
Yes, I make health care decisions for my spouses' parents 2
Yes, I make health care decisions for both my parents and my spouses' parents 2
No, I don't make health care decisions for neither my parents nor my spouses' parents 87
Don't know 0
Refuse 1

61. How often do you go online to get information about health, diseases, treatments or medicines to inform yourself? Frequently, sometimes, not too often, or never?

Frequently 21
Sometimes 29
Not too often 24
Never 25
Don't know 0
Refuse 1

62. How often do you read a local newspaper? Always, almost always, often, sometimes, not too often or never?

Always 35
Almost always 11
Often 16
Sometimes 14
Not too often 13
Never 9
Don't know 0
Refuse 1

63. How about watching local television news? Every day, almost every day, several times a week, once or twice a week, less often, or never?

Every day 45
Almost every day 18
Several times a week 10
Once or twice a week 11
Less often 8
Never 7
Don't know 0
Refuse 1

64. How often do you go online to read about local news in the area? Every day, almost every day, several times a week, once or twice a week, less often, or never?

Every day	15
Almost every day	7
Several times a week	9
Once or twice a week	13
Less often	20
Never	36
Don't know	0
Refuse	1

65. Do you or anyone else in your household work in the medical profession? IF YES: What do you/they do? PRECODED OPEN – MD, nurse, LPN, EMT, administrator, etc.

Yes, Doctor, surgeon, MD	1
Yes, Nurse	6
Yes, Licensed Nurse Practitioner	0
Yes, Emergency Medical Technician	1
Yes, Hospital Administrator	1
Yes, Other: SPECIFY_____	8
No	81
Don't know	0
Refuse	1

66. What is your age?

18-24 years	8
25-29	9
30-34	14
35-39	10
40-44	12
45-49	9
50-54	10
55-59	6
60-64	5
Over 64	16
Don't know	0
Refuse	0

67. What is the last year of schooling that you have completed?

Less than high school	6
High school diploma/GED	26
Some college/Tech school/AA degree	29
College graduate (4 yr)	24
Some post-graduate work	4
Master's degree	8
Law degree/PhD/Doctoral	2
Don't know	0
Refuse	2

68. In which of the following ranges does your total annual household income fall, before taxes?

Less than $10,000	5
$10,000 to less than $15,000	5
$15,000 to less than $20,000	5
$20,000 to less than $25,000	5
$25,000 to less than $35,000	9
$35,000 to less than $50,000	13
$50,000 to less than $75,000	18
or $75,000 or more	24
Don't know	4
Refuse	12

69. Just to make sure we have a representative sample, could you please tell me whether you are from a Hispanic, Latino, or Spanish-speaking background?
[IF "NO", ASK:] What is your race - white, black, Asian, or something else?

White	82
Black / African American	9
Latino/Hispanic (Puerto Rican, Mexican, etc.)	3
Asian	1
Native American	1
OTHER: (SPECIFY_____)	1
Don't know	0
Refuse	2

THIS COMPLETES OUR SURVEY. THANK YOU VERY MUCH FOR YOUR TIME, AND HAVE A PLEASANT (DAY/EVENING).

FINAL MESSAGES

Based on the findings of the telephone survey, RWJF and its communications team developed final messages, which were reviewed and approved by Foundation staff and relevant consultants.

HOW TO USE THE MESSAGES

The messages contained here are intended to be used by the Foundation's *Aligning Forces for Quality* community teams in early discussions with the general public. They can be adapted for use in printed materials, media tools and speeches. They should be seen as an initial set of basic messages that have tested favorably with the general public. RWJF will continue to test other messages in the Aligning Forces communities, so that public communications can be enhanced and expanded as the work continues.

A WORD ABOUT THE RECOMMENDED LANGUAGE

- The message research shows that people long for closer relationships with their care providers. This point scored extremely well in qualitative and quantitative testing. People also want to enjoy the benefits of a health care system that provides higher quality care. This point, however, is considerably less top of mind for most people. In order to most easily engage people in discussions about how to become more involved in increasing the quality of their health care, we need to first recognize a point that they feel strongly about – that they want a closer relationship with their doctor – and that these two issues can be linked. Our messages attempt to do that and were specifically tested to ensure that the language and positioning resonates.

- Individuals react strongly to words used to describe them, and this has implications for how receptive they may be to various messages. In general, individuals seem to think of themselves as:

    - "**People**" when referring to the public;
    - "**Consumers**" when referring specifically to people who are making choices about the best provider or institution for their care; and
    - "**Patients**" when referring specifically to people who are actively being treated by a doctor.

- In describing the work taking place in communities, the word "coalition" carried a negative, bureaucratic connotation with most people. In contrast, the word "**team**" earned a very favorable reaction. People also responded well to language that acknowledged that this effort is going to be tough to pull off, and that help is needed.

GENERAL MESSAGES THAT EXPLAIN THE PROBLEM

- Many people don't have close relationships with their doctors anymore. Finding the right doctor can be tough in a confusing health care system, and the journey can leave some people feeling uneasy about the care that they receive.

- Most doctors are pressed for time these days, and patients feel like they don't have time to really talk and ask their doctors questions. Rushed doctor visits can leave people with lingering concerns about their treatments or medications, or not having fully explained their symptoms.

- Getting good medical care is a worry for many people. There are too many choices and not enough clear, trustworthy information.

- In every community, both good and bad care is being provided in hospitals and doctors' offices. There are too many mistakes and too much miscommunication in the health system that can negatively affect people's lives.

RECOMMENDED STATEMENT EXPLAINING THE TEAM EFFORT UNDERWAY IN EACH OF THE ALIGNING FORCES COMMUNITIES

Getting peace of mind about health care begins largely with finding the right doctor – one who values relationships based on openness and trust and provides high-quality care. That's why a local team of doctors, nurses, hospitals, employers, insurance plans and residents is working to make improvements that will help people get better care in [COMMUNITY].

[NAME OF LOCAL TEAM] is looking at different parts of the local health care system, gathering information from hospitals and doctors to see how they are doing on the quality of our health care, and helping them identify where they can make improvements. This effort can help people become better health care consumers by choosing the right doctors and being better partners in their own care.

While this all sounds good, we know that given today's complicated health system, it is hard to believe that anything can actually change – but we are confident that this effort will work in [COMMUNITY], if we have everyone's help.

MESSAGES ABOUT AF4Q SOLUTIONS

Quality Improvement

Our team is taking action to improve the quality of health care in [COMMUNITY] by:

- showing doctors and hospitals how they can make improvements in caring for patients, so that people receive better care and have closer relationships with doctors

- pinpointing areas in the health system where medical errors often occur and developing solutions to reduce these errors

Public Reporting

Our team is taking action to improve the quality of [COMMUNITY'S] health care:

- by providing information on the quality of care local doctors and hospitals provide, so that consumers can make better decisions about where to get care for themselves and their family

- by helping people take an active role in learning about their health and their providers by supporting reporting from providers, so that ultimately people have the information they need to choose the right doctor for them

Consumer Engagement

Our team is taking action to improve the quality of [COMMUNITY'S] health care:

- by exploring new ways to improve communications and coordination between hospitals, doctors, nurses and patients

- by giving people information that helps them be better partners with their doctors in managing their own health

MESSAGES THAT CALL TO ACTION

In order for health care in [COMMUNITY] to improve, people need to act in partnership with their doctor.

- Quality health care happens when people take an active role in their own care, becoming partners with their doctor to create a more effective, trusting relationship that helps them stay healthy or determine the right care when they need it.

- Regardless of what kind of relationship they have with their doctor, there is a lot that people can do on their own to manage their own heath, like watching what they eat, getting exercise and limiting stress.

- People can improve their care by learning more about their doctors and their own conditions – asking questions, sharing their medical history, making sure they understand their doctor's recommendations and taking the necessary steps to feel better sooner.

For Providers Only

- In the past, some systems collected and reported data on the quality of health care that were flawed. To improve quality in [COMMUNITY], we need your help to design a system that is fair, inclusive and gets it right.