

Producing Online Performance Reports that People Understand

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Goals

1. Provide tested, consumer-friendly language to describe a core group of quality measures that are being used in AF4Q communities.
2. Identify ‘best practices’ for performance reports, in terms of consumers understanding the information being presented.
3. Elucidate consumer perceptions about ‘health care decision points’ that might lead people to access and act on available performance information.

What we did:

Measure Language Research

- ✓ Drafted consumer-friendly descriptions for measures that are common to many communities
- ✓ Tested descriptions with AF4Q community-based consumer advocates
- ✓ Reviewed by physician for medical accuracy
- ✓ Conducted 10 interviews with adult learners in Washington, DC and Oregon
 - Interviewees read at the 6th-12th grade levels, ranged in ages from 18-55, and were a mix of racial/ethnic backgrounds
- ✓ Incorporating feedback into sample language to help consumers comprehend performance measurement data

What we found:

Measure Language Recommendations

- “Measure” as a noun is poorly understood
 - Avoid using the term, and instead stress that there are expert recommendations for the best medical care
- Concept of percentages is poorly understood
 - *“The word ‘percent’ just means ‘per hundred.’ For example, if Dr. Smith has 100 patients with diabetes, and 75 of his diabetes patients got an A1C test in the past year, then 75 percent of Dr. Smith’s patients got the care they needed”*
- Use simple language
 - “Bad cholesterol” instead of “low-density lipoprotein” or “LDL-C”
 - “Blood flowing through the body” instead of “arteries”
 - “Eye doctor” instead of “optometrist,” “ophthalmologist” or “eye specialist”
 - Spell out “A-1-C” after the first reference of an A1C test, and use other phonetic spellings



What we did:

Tested Usability of Existing Reports

- Six focus groups
 - Approximately 50 diverse participants
- “Homework assignments prior to the groups
 - Each participant was given three or four links:
 - ✓ Find the practice in Community A that scored best in diabetes care
 - ✓ How did Dr. XXX perform in diabetes care?
- Discussion about landing pages, graphics, ratings, navigation, data, etc.

#1: Clearly presented info will be used.

People said they would use comparative performance data in the following ways:

- Choosing a doctor in a new area
- Learning more about the care they should be getting
- Learning what they can do to better manage their health
- Asking their physicians about low ratings
- Possibly switching doctors if performance ratings are low

#2: Make the first page easy to use.

Users want clear, easy-to-navigate landing pages:

- Minimal text that's positive and easy to understand
- Clear explanation of what this is and who is putting this out (non-profit organization in the community)
- Lots of white space and simplicity
- Personal, professional look
- Easy ways to search by chronic illness
- Easy ways to search by practice, physician, location

#3: Measures?!? Percentages?!?

People still have no idea what we are trying to communicate – but they are curious ...

- ‘Measure’ is not understood as a noun
- Percentages cause great deal of confusion
 - “For every 10 patients who should have gotten an A1C test, X did.”
- Too much information in too little space
- They want short explanations that don’t require “clicking” to another page

#4: People need graphics and percentages to understand data.

- People want help determining what care is “good care” or “below average” care for a practice (not just individual measures).
- Also want numbers and graphics to depict performance.
 - Bar charts and stars were most favored
 - Circles and pie charts and ribbons were less successful.

#5: Simple fixes make big differences.

People requested:

- Clear legend about what the ratings mean
- Clear descriptions of the data and their source and date
- Legends and labels that remain stationary (don't scroll)
- Prominent sort functions with ratings (by location, practice, name, condition)
- Showing ratings over time to help depict improvement (or lack thereof)
- Note about when data will be updated
- Information about what people can/should do

#6: Add info on what people can do.

People requested easy access to information that helped them take the next step:

- How to talk with your doctor about quality
- What can I do to be a better patient
- Why these tests/measures are good indicators of quality
- What care should you be getting (knowing what to ask for is part of feeling better)
- Questions to ask your doctor during an office visit
- 5 things people with [chronic condition] can do to feel better

#7: Recognize four points of resistance.

- The doctor is right.
 - People are reluctant to ‘blame’ doctor for quality gaps.
- People think about their doctor, not his/her practice.
 - People assume other physicians in practice are bringing scores down.
- It’s the outcomes that matter to patients.
 - One test is seen as just one test.
- But is the doctor nice?
 - Personal experience data is equally or more important than data on technical quality of care.