Talking about quality data:
reactions and reality
from patients and doctors

Findings from a study by
American Institutes for Research (AIR)

Presented by
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What did we do?

- Explored how physicians and patients feel about discussing and using hospital quality information

- Did focus groups using three audiotaped vignettes of fictional doctor-patient conversations
  - Devices to trigger discussion
  - Allowed us to make direct comparisons of reactions from doctors and patients to the same vignettes

1. Hip replacement
   - Doctor usually refers to a surgeon at a local hospital
   - vs -
   - Patient’s family has had good experiences at a different local hospital that has better quality scores

2. Heart bypass surgery
   - Local hospital is familiar and convenient
   - vs -
   - Distant hospital has better quality scores

3. Pregnancy
   - Four months pregnant and she is happy with her doctor
   - vs -
   - She sees a hospital quality report – the hospital her doctor uses for deliveries doesn’t look very good
Madison, Wisconsin
Our partner = The Alliance (Employer Health Care Cooperative)

Richmond, Virginia
Our partner = Virginia Commonwealth University

Madison:
- patients
- PCPs
- specialists

Richmond:
- patients
- PCPs
- specialists
CAHPS User Group Meeting: Hospital Surveys

Audio Clip #1

Narrator’s introduction to vignette #1

Mrs. Egan (68 years old)

Her family doctor

Vignette #1: Hip replacement
Vignette # 1: Hip replacement

Narrator’s introduction to vignette # 1

Mrs. Egan (68 years old)

Her family doctor

Vignette # 1: Hip replacement

AUDIO CLIP # 1

Mrs. Egan
(68 years old)

Her family doctor

Vignette # 1: Hip replacement

AUDIO CLIP # 2

An excerpt from the doctor-patient conversation in Vignette # 2

Mrs. Bailey (62 years old)

Her family doctor

Vignette # 2: Heart bypass surgery
Vignette # 2: Heart bypass surgery

AUDIO CLIP # 2
An excerpt from the doctor-patient conversation in Vignette # 2

Mrs. Bailey
(62 years old)
Her family doctor

Vignette # 2: Heart bypass surgery

AUDIO CLIP # 3
Another excerpt from the doctor-patient conversation in Vignette # 2

Mrs. Bailey
(62 years old)
Her family doctor

Vignette # 2: Heart bypass surgery
Vignette # 2: Heart bypass surgery

AUDIO CLIP # 3
Another excerpt from the doctor-patient conversation in Vignette # 2

Mrs. Bailey
(62 years old)

Her family doctor

Vignette # 3: Pregnancy

AUDIO CLIP # 4
An excerpt from the doctor-patient conversation in Vignette # 3

Mrs. Thomas
(30 years old)

Her obstetrician
AUDIO CLIP # 4

An excerpt from the doctor-patient conversation in Vignette # 3

Mrs. Thomas
(30 years old)

Her obstetrician

Vignette # 3: Pregnancy

What did we learn?

- There is a quality conversation chasm – and a long way to go to cross that chasm
- There’s a range of variation in reactions among patients and among doctors, but also patterns of differences between patients and doctors
- While there are formidable barriers for both patients and doctors, there are also some positives to build on
- Patients and doctors would both welcome some help in how to interpret and use hospital quality information
Highlights of findings

- Mixed reactions about validity and usefulness of the information
  - Patients often surprised and pleased to know about such information
  - Many doctors tended to be more guarded or distrustful
  - PCPs more open to looking at hospital quality data than specialists

Quotes from patients:

I think [a report] would actually make me bring up the issues [with my doctor].

I mean, obviously the report is a good thing. It tells you what is going on...
Highlights of findings

- General agreement that some measures are more attributable to physicians than to hospitals
- Frequently, a preference for physician-level reporting

Quotes from patients:

- It’s not the hospital who’s actually performing a procedure, it’s the doctor, so where are the reports on the doctors?
- It might be better to find out about the individual doctor’s rating versus the hospital’s rating because it ... may be specific doctors who are really the issue.
Highlights of findings

- Patients and doctors tended to agree:
  - that having a hospital quality conversation could potentially damage the doctor-patient relationship
  - on what constitutes a good process for such conversations

- Patients and doctors tended to differ about what constitutes a good outcome for these conversations

Quotes from specialists:

...when somebody comes up and says...I have some concerns here...you're going to be on the defensive right away and it's not going to improve the patient/physician relationship one iota, it's going to harm it...

That sets you up to be sued...it makes it more likely the patient will sue you...
Quote from a patient:

I think it’s going to make the doctor’s care of her less...the doctor is probably going to be dismissive of her as a patient in the future. He’s not going to be as compassionate with her as he should be...

Quotes from specialists:

Hopefully if you trust me, you’ll trust that I’ve chosen a [good] hospital...

...There’s some trust there, but over the years...I have seen a change...Loyalty doesn’t mean as much anymore and patients do jump ships....
Quote from a PCP:

..If she has a sense that she’s uncomfortable going to one hospital . . . that’s part of her health right there. She’ll feel better if she’s in a hospital that she feels confident [about]. . . .

Highlights of findings

- Barriers for patients
  - Some want a more traditional doctor-patient relationship
  - Feeling wary or intimidated about how to approach or start such a conversation (but noted individual and generational differences on this)
  - Concerned about impact on their relationship with their doctor or the care they get
  - Quality measures and reports are complex and difficult to interpret
Quote from a patient:

...you can put the information in their hand and say - “when you go in, ask your doctor about this” - [but] they're not comfortable bringing that up...

Quote from a patient:

If you’ve got a patient who constantly will come in and maybe challenge you and question the doctor...I don’t think [doctors] appreciate that too much....
Highlights of findings

- Barriers for doctors
  - Time constraints
  - Don’t want to be “blindsided”
  - Defensive reactions --if patients bring up quality information, some doctors would take it as indicating lack of trust or lack of confidence
  - Malpractice-related concerns
  - Distinctions they draw between overall hospital quality and quality of care from specialists
  - Concerns that switching hospitals can mean switching doctors and could affect care

Quote from a specialist:

...when those reports come out we ought to know ahead of time...You ought to be prepared to have those questions asked of you. If you know the data is being released . . .you ought to know what the data show...
Highlights of findings

• Barriers for doctors, continued
  – May have complex reasons for their referral patterns
  – Quality measures and reports are complex and difficult to interpret – for doctors as well as patients
  – Concerns that the quality information might be misunderstood or misused by patients
  – Familiarity with early development phase of hospital reporting makes some doctors prone to dismiss the information

Highlights of findings

• Positives to build on
  – Physicians want to be good agents for their patients, although PCPs seem more willing to engage in conversations than specialists
  – Both patients and physicians indicated that they need some help understanding and using hospital quality information
  – Both patients and physicians offered suggestions for ways to facilitate constructive conversations about hospital quality information
Quote from a PCP:

..If [patients] can bring in a certain item of the review they're concerned about. Rather than say, “I want to go over this report,” [they could say] “What about this issue?” They could pick out something specific.

PCPs

Quote from a PCP:

The hospitals are doing a lot on their own these days to try and improve those statistics, and around here they seem to be pretty on top of things...that’s probably the whole reason behind this quality report thing -- is just to drive improvements in the system.

PCPs
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