

New Marketplace Survey

A Slow Path to Transparency for Patients

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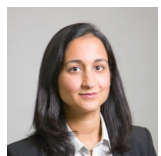


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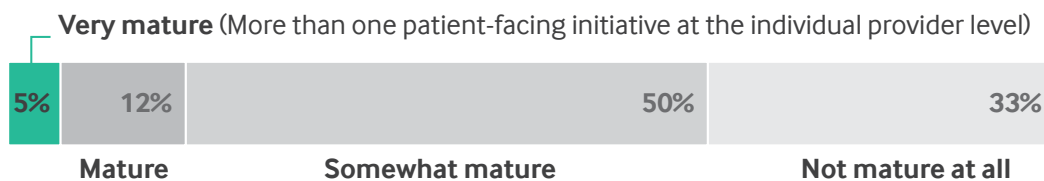
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Insights Report · July 2018

Advisor Analysis

There is national momentum to empower patients with actionable health care information. But how well is the health care industry faring with this push to improve patient-facing transparency? In a new NEJM Catalyst Insights Council survey, only 5% describe their organization as very mature in transparency initiatives, and one-third acknowledge their organization is not mature at all.

Currently, how mature is the concept of transparency at your institution?



Base = 783

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At first blush, one might find this bleak, but the truth is that patient-facing transparency efforts are still in the early stages. Following the stages of the diffusion of innovation, the health care industry is already past the few innovators and well along the way toward an early majority of maturity, and actively pushing forward in applying transparency.

In 2012, the University of Utah went live with patient experience data on its website for individual providers (including patients’

comments) when no one else was doing that. Today, individuals and organizations are increasingly aware of the need for this type of transparency; the Insights Council survey shows broad acknowledgment that transparency is important for a host of reasons. The pronouncements coming out of Washington, D.C., will almost certainly accelerate this progress. The data in this Insights Report represent a snapshot in time, and as we in health care adopt and adapt on this pathway to

transparency, the trustworthiness and maturity of the information provided will grow.

Difficulty Defining the Value of Transparency

So what does transparency for patients mean to health care providers? Most Insights Council members point to sharing quality and outcomes data (88%) and cost-of-care information (85%) for procedures or services. But, while cost and quality data are critically important, there are precious few examples today of organizations harnessing actionable information from that data. Meanwhile, components that relate more to the patient's experience are cited by smaller shares of respondents as being meaningful for transparency: open sharing of health information, such as provider clinic notes (62%), and sharing patient experience performance (61%).



Insights Council members show strong optimism about the ability of transparency to have a strong or moderate impact on improving quality (say 96% of respondents) and, to a slightly lesser extent, to lower costs (85%).

There is sometimes a disconnect, however, in how health care providers and patients define transparency around quality, cost, service, and other attributes. If the intent of transparency is to help patients make better consumer-oriented choices and to improve patient engagement, then health care providers are only going to be successful if we work more with our patients to understand what information they think is valuable.

Insights Council members – who are clinicians, clinical leaders, and health care executives – show strong optimism about the ability of transparency to have a strong or moderate

impact on improving quality (say 96% of respondents) and, to a slightly lesser extent, to lower costs (85%).

There are considerable challenges to realizing these outcomes, and so far a paucity of evidence. Indeed, the Council members recognize this: more than two-thirds (69%) of respondents say gaming the system (such as “cherry-picking” patients) is a potential negative consequence of sharing data more broadly, and nearly half (47%) are concerned about increased staff or provider burnout. These issues persist because there

still are not adequate data standards for the health care industry, and we do not have adequate science on the best path of how to present cost, outcomes, and performance measurements in a way that best helps providers improve and leads to better patient-driven decisions.

The Need for Better Data

Data limitations such as collecting, risk-adjusting, and disseminating data are cited as the top barrier to successful implementation of transparency initiatives (by just over half of respondents). These inadequacies tie into concerns about adverse selection (cherry-picking) and clinician burnout because providers may not trust the data and often lack the ability to fully control or influence many of the metrics that we currently collect.

There is a great need for team-based data. It is encouraging that Insights Council respondents make clear that for transparency data to be

meaningful, it needs to have granularity at the team/procedure/condition level, such as for a joint replacement team. That is the top choice of respondents, with 44%, followed by provider-level performance, 28%, and system-level performance, 18%.

A single provider cannot control the overall outcomes for cost, quality, or experience. For example, a hospitalist's patients are interacting every day with numerous different nurses and clinicians, each of whom can have a profound effect on outcomes. A surgeon may perform the same procedure with different surgical team members at different facilities. Health care is not delivered by doctors in silos, and we are seeing a paradigm shift in how we think about the

granularity of data and about who is accountable to help the patient to get better. The survey data reflects the evolution in medical thinking toward the importance of team-based care.

Survey respondents cite barriers to implementing transparency, but these are not insurmountable and should not be viewed in isolation, as if they are discrete items on a checklist. If we start addressing one, the rest will follow. If we start getting better provider buy-in, for example, that puts pressure on investing in the human capital and technology that we need. This survey shows the need to invest in the appropriate tools and resources to effectively, and sustainably, improve transparency to realize better outcomes.

A Slow Path to Transparency for Patients

by NEJM Catalyst

Insights Report · July 2018

Charts and Commentary

We surveyed members of the NEJM Catalyst Insights Council – who comprise health care executives, clinical leaders, and clinicians – about transparency for patients in the health care marketplace. The survey explores the importance of transparency for patients, its definition, its impact on quality and costs, the level of detail needed for meaningful transparency, the level of maturity of transparency, and barriers to implementation and potential negative consequences. Completed surveys from 783 respondents are included in the analysis.

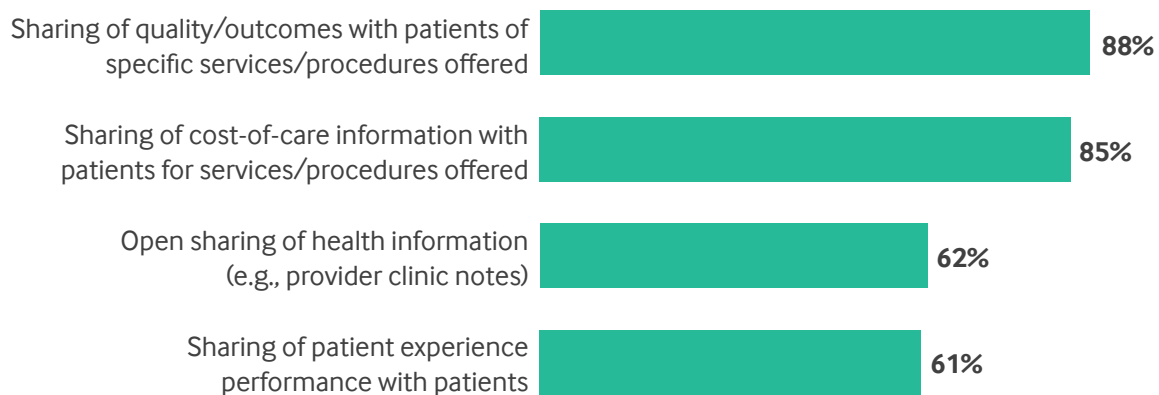
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Insights Council respondents say that transparency for patients includes multiple elements. The top tier of responses – cited by more than 80% of respondents – is for clinical quality and cost-of-care elements. The second tier of responses focuses on the patient experience. In written comments, some survey respondents express a need for informing patients about errors and being open about conflicts of interest. Others stress that information should be put in context; for example, a clinician could tell a patient that medication can cut stroke risk in half but should further explain that the risk may be low in either case, such as dropping to a 2% risk from 4%.

Transparency Means Sharing Quality and Cost With Patients

What does transparency for patients in health care mean to you?



Base = 783 (multiple responses)

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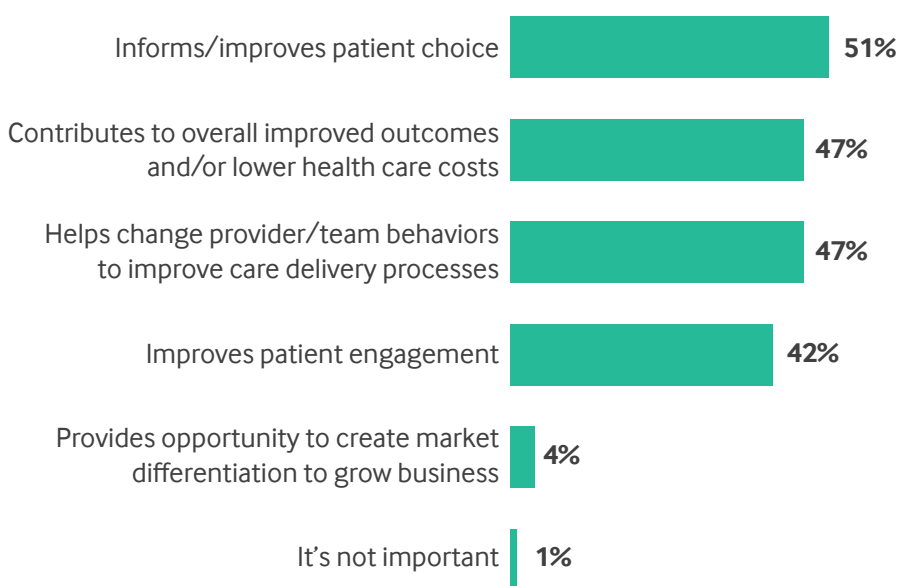


The top tier of responses – cited by more than 80% of respondents – is for clinical quality and cost-of-care elements.

Council members clearly accept that transparency is important, but agree on no single dominant reason. They cite patient-oriented factors, changing care delivery, and improving overall outcomes and costs. In written comments, respondents say transparency will drive corrections in the health care market (“eventually will improve overall costs and outcomes – a long term proposition,” says one) and will transfer power to patients (“shift the balance of ‘ownership’: patients are sovereign. We are CONSULTANTS,” writes another).

Health Care Transparency Benefits Patients and Providers Alike

What are the top two reasons transparency in health care is important?



Base = 783 (multiple responses)
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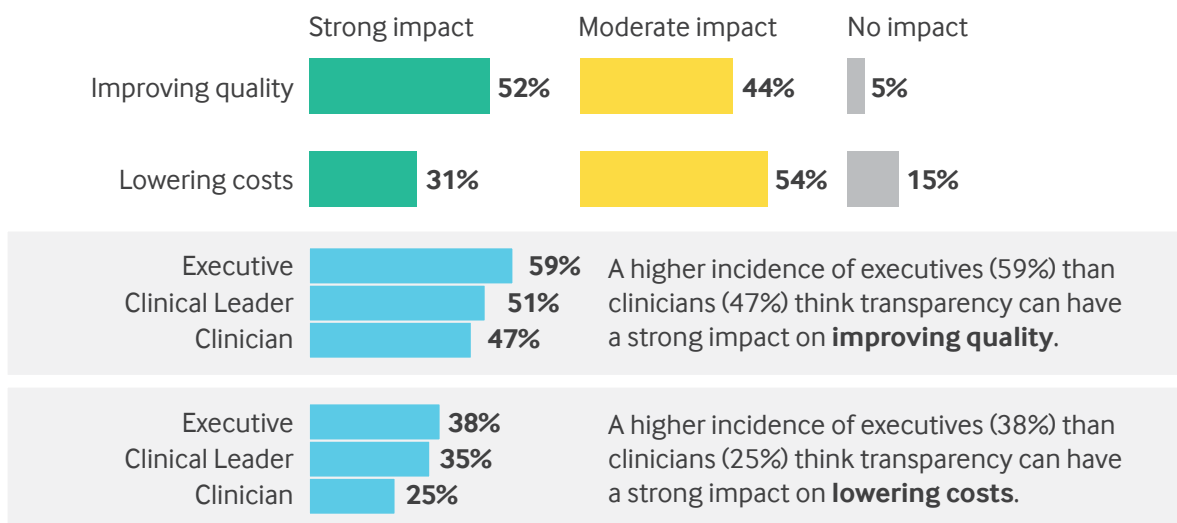
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Respondents indicate that transparency can have a positive impact on both improving quality and lowering costs. They are more sanguine about the impact of transparency on improving quality (just over half say there will be a strong impact) than on lowering costs (more than half say the impact will be moderate). Clinicians have a somewhat less positive outlook for transparency in both areas. A greater share of executives (59%) than clinical leaders (51%) and clinicians (47%) say transparency can have a strong impact on improving quality.

When it comes to lowering health care costs, a greater share of executives (38%) and clinical leaders (35%) than clinicians (25%) say that transparency can have a strong impact. The dubiousness among clinicians may be rooted in a perception that they have limited control over many cost influences, such as administration or negotiations with payers and pharmacy benefit managers. Executives, with greater access to and influence over business-related information, may perceive a greater ability to move the needle on costs.

Transparency Can Improve Both Quality and Cost of Care

What impact do you think transparency can have on improving quality and lowering costs?



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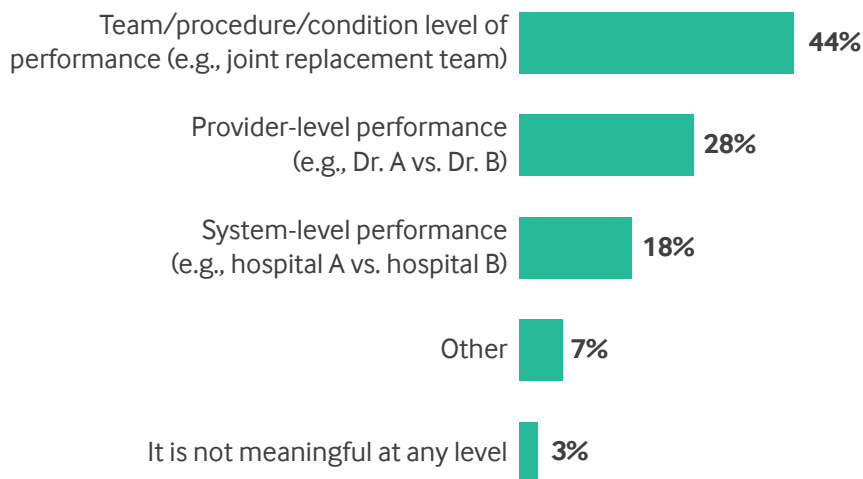
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Aside from the 3% of respondents who say transparency is not meaningful at any level (almost all of whom are clinicians), Insights Council members recognize the potential for meaningful transparency, especially at the level of the care team/procedure/condition. Ironically, the majority of existing transparency measures, such as Consumer Reports, Healthgrades, Hospital Compare, and Yelp, either rate provider-level performance or system-level performance – both of which are chosen by far fewer survey respondents.

A greater share of executives (34%) than clinicians (24%) say that provider-level performance granularity (e.g., Dr. A vs. Dr. B) is needed for meaningful transparency.

Performance Information Is Most Useful at the Team/Procedure/Condition Level

How granular does transparency need to be in order to be meaningful?



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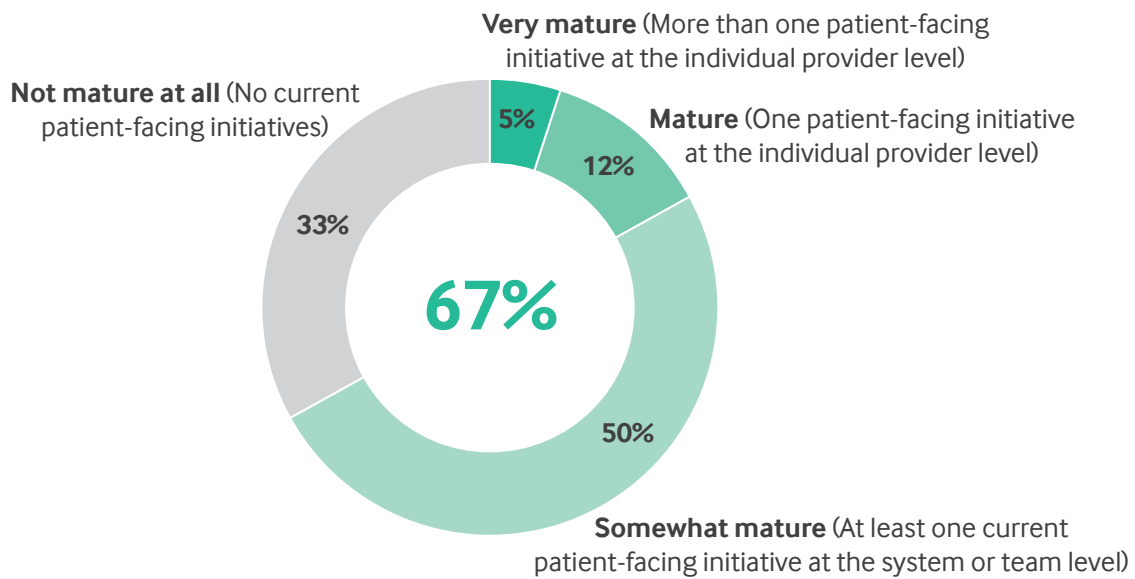


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Although the respondents acknowledged earlier in the survey that transparency in health care is important, a third of Insights Council members report that their organization is not at all mature in this area, meaning that they have no current patient-facing initiatives. Only 5% report having more than one transparency initiative (the highest level of maturity). The responses clearly indicate much need for improvement in transparency. When asked for examples of transparency initiatives at their organizations, the largest single response was a variant of “none.” One physician at a small teaching hospital hospital in the Northeast writes, “There is no process. Providers are asked to do all. The institution does not help.”

Transparency Initiatives Are Maturing but Have Far to Go

Currently, how mature is the concept of transparency at your institution?



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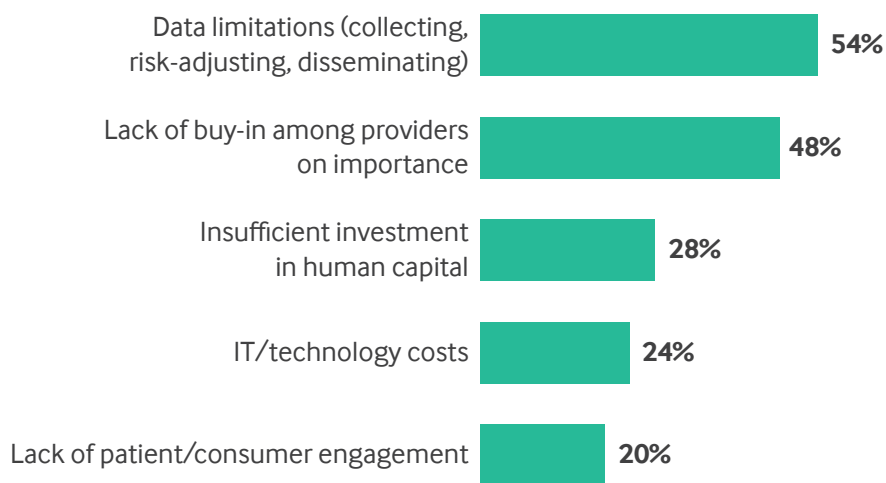
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At organizations lacking maturity with transparency, leaders need to understand where the obstacles lie. The top two barriers to successful implementation are data limitations and the lack of buy-in among providers. A greater share of executives (59%) than clinicians (50%) cite data limitations as a top impediment, perhaps because top leaders are focused on a wider range of data needs and see more challenges. Also, a greater share of clinicians (32%) than executives (24%) and clinical leaders (24%) cite insufficient investment in human capital as a top barrier, perhaps because as frontline providers, they see and feel such deficiencies more directly.

Among the written comments, one respondent offers this grim outlook: “There is a lack of buy-in among all parties because the parties mistrust each other; also, we have forgotten what transparency is.” One Council member offers a suggestion that could improve patient engagement levels by bridging the gap between the clinician’s analytical approach and the patient’s emotional needs: “Emotional journey mapping – mapping a clinical process with the real-time input of patients to better understand improvement opportunities.”

Data Limitations and Lack of Buy-in Are the Biggest Barriers

What are the top two major barriers to successful implementation at your organization?



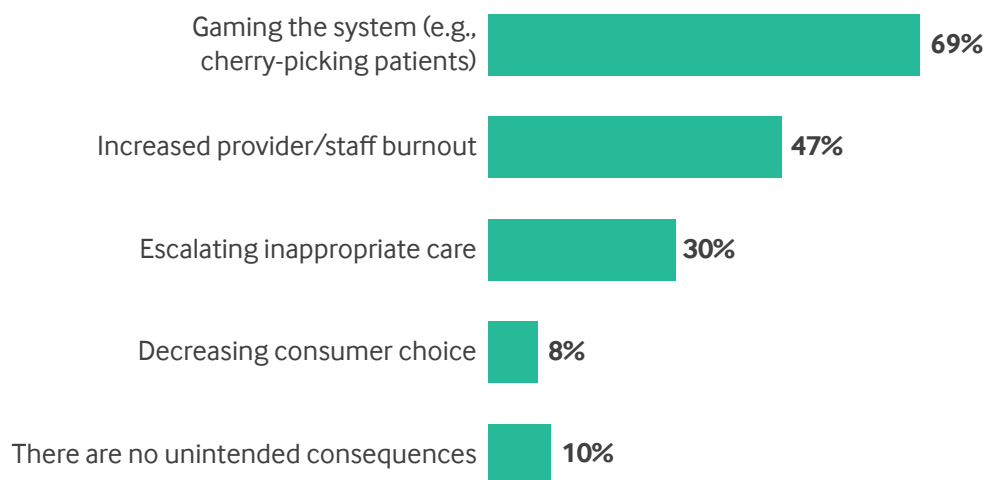
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Lack of trust is evident in the top potential negative consequence of sharing data: gaming the system. A greater share of clinicians (70%) and clinical leaders (73%) than executives (64%) identify this concern. The next highest response is increased provider/staff burnout, which could reflect concerns about gathering and recording more data. One physician notes the potential that patients may “misunderstand the metrics.” An anesthesiologist fears that “poorly founded or false patient statements can be used to malign excellent clinicians.”

Gaming the System Is the Biggest Potential Negative Consequence

What are some potential negative consequences to sharing data more broadly?



Base = 783 (multiple responses)

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Verbatim Comments from Survey Respondents

An example of a transparency initiative that your organization has implemented.

“Patient access to the majority of their health records through online tools; ready access to the cash prices of visits, tests and procedures; compliance with Medicare-mandated Advance Beneficiary Notification about uncovered tests.”

— *Clinician at a large nonprofit large health system in the West*

“Sharing family experience scores at department and individual provider level.”

— *Vice chair of service department at a large hospital in the West*

“Transition coordination with family present.”

— *CEO for a large post-acute care facility in the Midwest*

“[A] formal multidisciplinary meeting of [the] caretaker team with patient’s family or patient regarding risks and benefits [of] participating in a clinical trial compared to standard care.”

— *Clinician at a large nonprofit health system in the Northeast*

“We have created a care management portal that allows primary care providers to get detail on the populations they manage. This allows them to sort information on patient risk, disease category, care gaps, and other important information that allows them to better manage populations, and to help them succeed in value-based compensation programs.”

— *Executive for a large for-profit health plan in the South*

“Provider dashboards of patient survey data.”

— *Service chair for a large nonprofit health system in the Northeast*

“Providing comparative information on treatments for osteoporosis for patients to enable them to decide which treatment they would opt for.”

— *Clinician at a small for-profit clinician organization in the South*

“Poor leadership. No clarity in the design. Poor training.”

— *Chief Medical Officer at a nonprofit clinic in the West*

“Care coordination across the continuum.”

— *Director of a large nonprofit health system in the West*

“Emotional journey mapping – mapping a clinical process with the real-time input of patients to better understand improvement opportunities.”

— *Chief of service line at a large nonprofit academic medical center in the South*

“We are working on internal transparency – breaking down our own self-created silos. So, we share outcomes across service lines and in leadership meetings, and now in peer review. We are also having more patients and families involved in committees either formally or as guests.”

— *Executive for a large nonprofit health system in the Northeast*

“We have provided surgeons with the pricing for the items they use in the operating room. If there is a higher cost item that they feel does not have better performance than the lower cost item, they are making the choice on their own to change. This is coupled with sharing with the surgeons the cost for an episode of care compared to a similar episode by their surgical colleagues. It seems to be a way to move towards improving value by lower cost without also lower quality/outcome.”

— *Service chair for a large nonprofit health system in the West*

“Physician rating is visible to patients.”

— *Clinician at a large nonprofit hospital in the South*

“Sharing data about cost and quality and patient experience by provider across a very large organization internally to drive performance.”

— *Executive for a large nonprofit physician organization in the Northeast*

Methodology

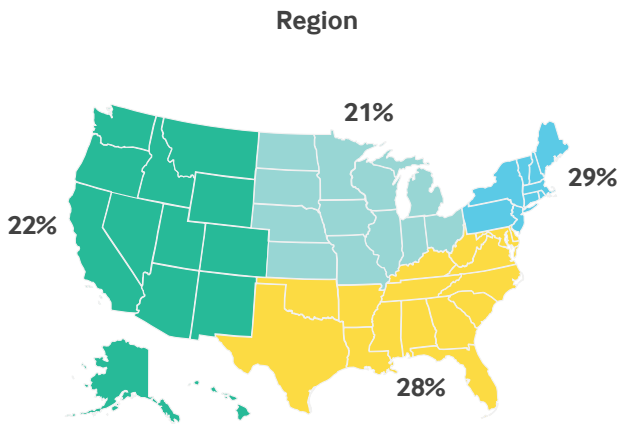
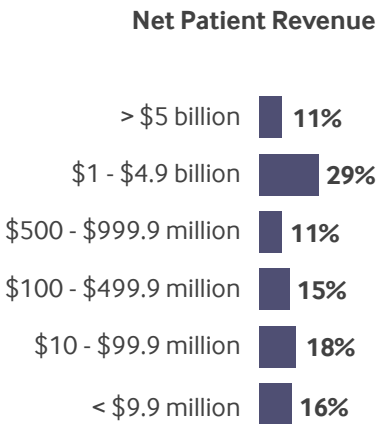
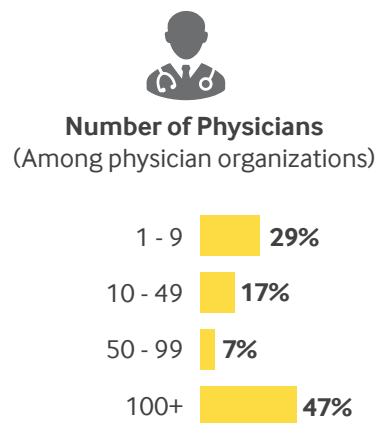
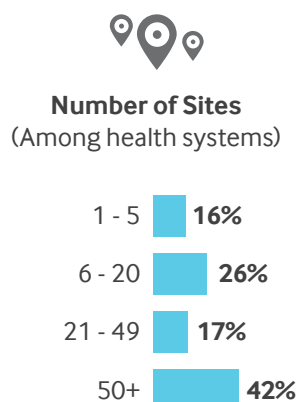
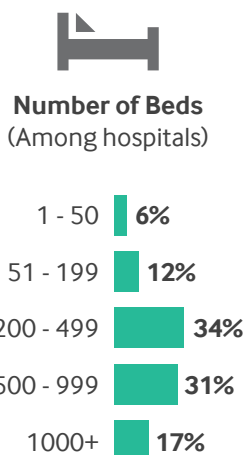
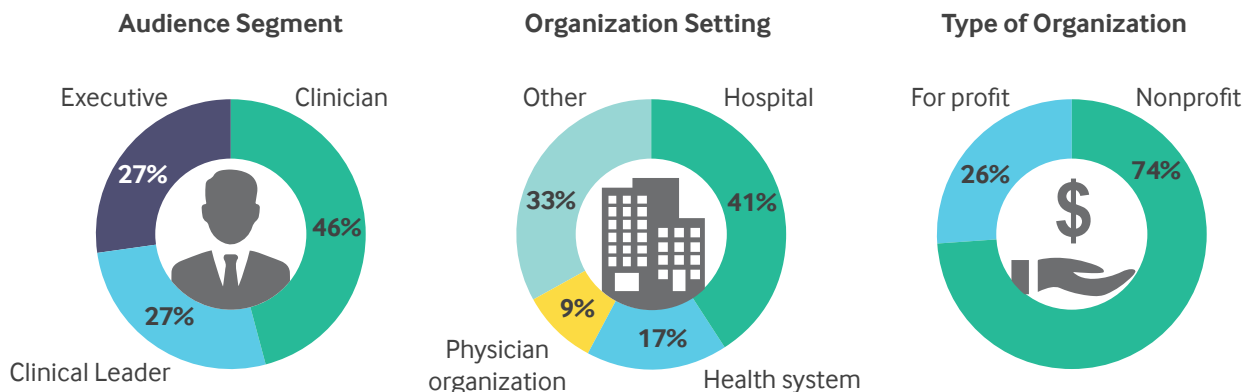
- The New Marketplace Transparency survey was conducted by NEJM Catalyst, powered by the NEJM Catalyst Insights Council.
- The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery, who bring an expert perspective and set of experiences to the conversation about health care transformation. They are change agents who are both influential and knowledgeable.
- In March 2018, an online survey was sent to the NEJM Catalyst Insights Council.
- A total of 783 completed surveys are included in the analysis. The margin of error for a base of 783 is +/- 3.5% at the 95% confidence level.

NEJM Catalyst Insights Council

We'd like to acknowledge the NEJM Catalyst Insights Council. Insights Council members participate in monthly surveys with specific topics on health care delivery. These results are published as NEJM Catalyst Insights Reports, such as this one, including summary findings, key takeaways from NEJM Catalyst leaders, expert analysis, and commentary.

It is through the Insights Council's participation and commitment to the transformation of health care delivery that we are able to provide actionable data that can help move the industry forward. To join your peers in the conversation, visit join.catalyst.nejm.org/insights-council.

Respondent Profile



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About Us

NEJM Catalyst brings health care executives, clinical leaders, and clinicians together to share innovative ideas and practical applications for enhancing the value of health care delivery. From a network of top thought leaders, experts, and advisors, our digital publication, quarterly events, and qualified Insights Council provide real-life examples and actionable solutions to help organizations address urgent challenges affecting health care.