# Strategies to Engage Consumers about Health Care Cost and Quality

## *Report to the Minnesota Legislature 2010*

## Minnesota Department of Health

**January 2010**

MINNESOTA'S VISION
*A Better State of Health*

MINNESOTA MDH DEPARTMENT OF HEALTH

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# Executive Summary

The 2008 health reform law focuses on broad system changes to invest in upstream health prevention, increase market transparency and move toward payment reform and care redesign. The law also includes a provision on consumer engagement, specifically regarding the cost and quality of health care. To effectively reform Minnesota's health care system – and improve the health of Minnesotans, we must transform the culture of health care. This requires engaging providers, consumers and, in fact, all stakeholders differently.

The consumer engagement provision in the health reform law requires "the commissioner of health to convene a work group to develop strategies for engaging consumers in understanding the importance of health care cost and quality, specifically as it relates to health care outcomes, consumer out-of-pocket costs, and variations in health care cost and quality across providers."

## *Approach*

To accomplish the consumer engagement provision in the law, we sought to build on existing public and private initiatives in Minnesota. We developed a broad "work group" by engaging various work groups that were already in existence and implementing pieces of the 2008 health reform law. We further sought to capitalize on the experience and expertise of those in our community who have focused on consumer engagement. An ad-hoc advisory group of those experts helped us think strategically and broadly about consumer engagement in Minnesota.

We developed principles to guide our efforts:

- An effective role for MDH is to be a convener, to facilitate partnerships and build on the consumer engagement work that is already being done by many organizations. In addition to the ad-hoc advisory group, we will pose consumer engagement questions to and gather feedback from a variety of groups to build a broad-based "work group" on consumer engagement.
- Our strategy is to stay focused on the longer-term work that will be needed to truly engage consumers around health care cost and quality, but we want to try some smaller-scale, more immediate tactics to move in that direction.
- To make sure that our activities are timely and relevant, we want to seek opportunities during the implementation of the health reform law to gather consumer input and perspectives.

## *Tactics and partnerships*

Throughout 2009 we tried a number of different tactics to explore strategies to engage consumers around the cost and quality of health care. Some of these tactics were closely associated with implementation activities. Others were developed more independently. Some have the potential for promising partnerships in the future.

## *Key findings*

Several common themes arose through the course of our consumer engagement work, including the need for:

- More education and context around health care cost and quality
- A variety of opportunities for education
- Health reform forums directed at employer and community audiences
- Aligning consumer and provider incentives toward high-quality, high-value providers
- Continued partnerships for engagement activities

## *Recommendations*

Our advisory group helped us define our longer-term goals for consumer engagement in Minnesota. We have developed strategies and action steps to accomplish the following five-year goals:

1. People are responsible for their health behaviors and are partners in their health care.
2. Communities are responsible for creating environments, policies and systems that support people in making healthy choices.
3. People are "producers" of their own health instead of "consumers."
4. People are educated, engaged and listened to. More community members know how the health care system works, but the system also understands how better to deal with patients from a broad range of communities.
5. All Minnesotans have and use a personal health record.
6. Consumers feel more in control about their health and health care.
7. People know what to expect or ask when they go to the doctor.
8. New partners have come together to improve health.

# Introduction

In May 2008 the Minnesota Legislature passed and Governor Pawlenty signed a nation-leading, comprehensive health reform law with provisions focused on upstream health prevention, increased market transparency, and payment reform and care redesign. Over the past year and a half, the Minnesota Department of Health (MDH) has worked to implement the law based on the principles of the Institute for Healthcare Improvement's Triple Aim: to simultaneously improve the health of the population, the patient experience and the affordability of health care.

An engaged consumer is a vital ingredient in reforming our health care system – and transforming the health of Minnesotans. Yet it is clear that there remains a significant gap between expert views on health care and health reform and those of the public. A May 2009 column by Drew Altman, Ph.D., president and CEO of the Henry J. Kaiser Family Foundation, noted the discord between expert and public views on a variety of health care topics. For example:

- Experts believe that up to 30 percent of care is "unnecessary." But two-thirds of the public say Americans do not get the tests and treatments they need, and only 16 percent say they have received unnecessary care.
- Experts say that health care costs are so high because of costly advances in medical technology and because consumers don't have enough "skin in the game." The public, on the other hand, believes that drug and insurance companies make too much money, and that health care consumers are already paying too much.
- Experts believe that consumers should be prudent purchasers of health care. Yet only 22 percent of the public have asked about the cost of health care.

These and other examples show that there is much work to be done when it comes to engaging the consumer about the complexities of health care costs and quality. Moreover, it is critical that we approach changes to the system that bring the experts and the consumers closer together. It is not simply that consumers must change their behavior; clinicians, providers, other stakeholders and the health care system must also change.

To tackle some of these complicated issues, the 2008 health reform law included a provision on consumer engagement (section 62U.04, Subd. 7):

***"Consumer engagement.*** *The commissioner of health shall convene a work group to develop strategies for engaging consumers in understanding the importance of health care cost and quality, specifically as it relates to health care outcomes, consumer out-of-pocket costs, and variations in health care cost and quality across providers. The work group shall develop strategies to assist consumers in becoming advocates for higher value health care and a more efficient, effective health care system. The work group shall make recommendations to the commissioner and the legislature by January 1, 2010, and shall identify specific action steps needed to achieve the recommendations."*

During this first year of implementation of the 2008 health reform law, some developments have brought renewed perspective to our work in consumer engagement:

- The national debate about health reform has been high-profile. Consumers have shown considerable, passionate interest in the reform bills, and that interest took the form of heated debates at a wide range of town hall forums across the U.S. during the summer.
- The H1N1 pandemic has called for expanded public health education and consumer engagement efforts.

We can learn some important lessons from these two current trends.

First, it is clear that consumers are interested in health reform and health-related topics – especially those they feel might have an impact on their own lives. The interest in health reform shows us that even complicated issues can be embraced, researched and digested by consumers. However, we need to understand how to harness that energy to engage consumers about the cost and quality of health care – with appropriate urgency.

Second, the H1N1 pandemic has shown us that widespread education and engagement can happen among consumers, as evidenced by the broad understanding of the messages about covering your cough, washing your hands and staying home if you are sick. However, those messages are relatively simple compared to engaging consumers around the cost and quality of health care. It took a great deal of time and resources – including widespread media attention – to engage consumers about H1N1. Will it be possible to accomplish the same level of engagement with these much more complex issues?

This report addresses some of the concepts and strategies we have developed to engage consumers about health care cost and quality.

# Approach

Mindful of our focused resources, we thought that the best way to achieve these goals was to build on the consumer engagement work that many in our community have already been doing. Rather than convene one single work group on consumer engagement, we viewed the work group concept more broadly, bringing our consumer engagement objectives to a variety of groups already working on various aspects of health reform.

In addition, we convened a sample of people from our community who had already done considerable work in consumer engagement or were currently working on consumer engagement initiatives. Our goal was to pull these people together in order to more effectively build on existing consumer engagement efforts in Minnesota.

For example, we sought out Kathy Mock, vice president for public affairs at Blue Cross and Blue Shield of Minnesota. Blue Cross Blue Shield has played a leadership role in consumer engagement in Minnesota, including the "Minnesota*Decides*" work earlier this decade that included focus groups, surveys and public forums to gather input on what Minnesotans want from their health care system. Among the findings were that Minnesotans want a system that includes fairness; costs that are under control; choice; simplicity; respect for diversity; and public health.

We also included Jennifer Lundblad, president and CEO of Stratis Health, who chairs the consumer engagement work group of *Aligning Forces for Quality (AF4Q)*. This Robert Wood Johnson Foundation initiative is currently working to create more consumer engagement about diabetes and with traditionally underserved populations. In addition, as leader of the Minnesota Rural Palliative Care Initiative, Stratis Health is working to engage health care providers, patients and families about the complicated and difficult issues surrounding palliative care.

Another person we included was Gary Schwitzer, associate professor of journalism at the University of Minnesota and publisher of HealthNewsReview.org, a Web site dedicated to improving the accuracy of news stories about medical treatments, tests, products and procedures

and helping consumers evaluate the evidence for and against new ideas in health care. HealthNewsReview.org has posted grades for more than 900 stories in the past three and a half years and found that 70 percent of those stories failed to discuss costs and quantify benefits and harms in a meaningful way for consumers. This highlights the role the media has in influencing consumers' perception of health issues and ways that consumers can better evaluate news stories about health-related topics, including quality and costs of care.

This group served as an ad-hoc advisory group to the Commissioner of Health and met five times during 2009.

Members of the advisory group included:

- *Kent Bottles, Institute for Clinical Systems Improvement*
- *Tom Horner, Himle Horner*
- *Sean Kershaw, Citizens League*
- *Michele Kimball, American Association of Retired Persons (AARP) Minnesota*
- *Jennifer Lundblad, Stratis Health*
- *Amy McDonough, AARP Minnesota*
- *Kathy Mock, Blue Cross Blue Shield of Minnesota*
- *Nathan Moracco, Minnesota Management & Budget*
- *Deb Rodgers, Center for Cross-Cultural Health*
- *Gary Schwitzer, University of Minnesota*
- *Hashi Abdi Shafi, Somali Action Alliance*
- *Gary Thaden, Smart Buy Alliance*

Group meetings gave us the opportunity to learn more about the consumer engagement experiences and initiatives of these organizations and allowed the group members to form connections. Group members also helped sort through some of the strategic questions related to consumer engagement in Minnesota, including exploring potential barriers to consumer engagement and ways to overcome them. The group also discussed the goals of the legislation, particularly the concept of consumer advocacy, and decided that "advocacy" in this context covers a spectrum, from consumers privately considering cost and quality in their own health care decisions, to actively engaging with their health care providers about these issues, to educating others, to lobbying for system reform.

We explored different approaches to fulfill the legislative mandate. Examples of suggestions included:

- Starting small and focusing on a segment of the consumer audience that would be likely major health care decision-makers: women ages 35-54. Creating an engagement initiative tightly focused on this group could build an effective relationship with those who often drive health care decisions for themselves, their children and, increasingly, their aging parents.
- Focusing on influencers, and perhaps first seeking out opportunities to test consumer engagement tactics with groups such as state employees or legislators.
- Trying a grassroots approach that would engage people from the ground up, rather than the top down.

Based on this group's discussions, we formulated a few key principles to guide our approach to the consumer engagement portion of the health reform law. We put these principles into practice as we worked to fulfill this provision:

- An effective role for MDH is to be a convener, to facilitate partnerships and build on the consumer engagement work that is already being done by many organizations. In addition to the ad-hoc advisory group, we posed consumer engagement questions to and gathered feedback from a variety of groups to build a broad-based "work group" on consumer engagement.
- We stayed focused on the longer-term work that will be needed to truly engage consumers around health care cost and quality, but we also tried some smaller-scale, more immediate tactics to move in that direction.
- To make sure that our activities were timely and relevant, we sought opportunities during the implementation of the health reform law to gather consumer input and perspectives.

The tactics and partnerships we developed aimed to explore strategies to advance both short-term and long-term goals.

# Tactics and Partnerships

Throughout 2009 we tried a number of different tactics to explore strategies that could engage consumers around the cost and quality of health care. Some of these tactics were closely associated with implementation activities, while others were developed more independently. Some have the potential for promising partnerships in the future.

## *Health reform and current tactics*

**Consumer focus groups and survey about health care homes**
Some of the goals of health care homes are to improve the patient experience and improve the value of health care. In the spring and summer of 2009**,** we worked with a consortium of primary care providers and Stratis Health on a capacity assessment of clinic and consumer readiness for health care homes. The consumer portion of this assessment included an online consumer survey with 560 respondents and five consumer focus groups in St. Paul, Minneapolis, Duluth, Moorhead and Marshall, with 46 total participants. In the survey and the focus groups, we asked the consumers about their health care experiences and sought to understand their awareness of and interest in health care homes.

**Health Care Homes Consumer/Family Advisory Council**
This council provides consumer/family perspectives and expertise to assist in the development, implementation and evaluation of patient/family-centered health care homes in Minnesota. Members are consumers, family members or health advocates who represent other consumers and families. We worked with this group to gather feedback on consumer engagement issues related to both health care homes and other parts of the health reform initiative.

**Health Care Reform Review Council**
This council of 16 members meets quarterly to review progress toward implementation of payment reforms, price/quality transparency and health care homes. At the March 18, 2009 meeting, we asked council members to offer feedback on consumer engagement and share initiatives and strategies that their organizations had launched to engage consumers around health care cost and quality.

**Baskets of care moderated "listening session" for employers and consumers**
In May 2009 we hosted a moderated listening session with employers and consumers who had

served on some of the subcommittees for baskets of care. Eight people participated, representing both employers and consumers. Six of the eight initial baskets of care were represented, so that there was some depth and breadth of experience and understanding of the baskets already. We asked participants to share their perspectives on baskets of care through the lens of a consumer who might enroll in a basket or an employer who might offer one.

**Development of "brand" for health reform initiative**
In the spring and summer of 2009 we worked to develop a brand for Minnesota's health reform initiative. The brand – "Minnesota's Vision - A Better State of Health" – and logo aim to pull the disparate pieces of health reform together under one umbrella. Although the brand was developed for use with a wide variety of stakeholders, we worked hard to create something that could be meaningful and "catchy" for a consumer audience. The brand was launched at the Community Health Conference in fall 2009.

**Consumer focus groups on cost and quality of health care**
In October 2009 MDH partnered with AARP to conduct three focus groups of AARP members in the 50-64 age group – an age group that has been shown to be particularly price sensitive when it comes to health care costs. Approximately 18 participants were asked questions about their health care experiences related to cost and quality and were asked to review and comment on the recently launched "Health Scores" Web site developed by MN Community Measurement. The site, launched in August, offers cost comparisons on a subset of health care procedures.

**Presentations to employer/consumer groups**
Throughout the first year of health reform implementation, MDH staff spoke to a number of student, employer and consumer groups to engage them in community dialogues about health care cost and quality. This frequently involved a lively discussion of health care costs, quality and the Statewide Health Improvement Program.

**Media**
While the media interest in health care cost and quality does not have the same urgency and focus as in H1N1, we have looked for opportunities to talk about health reform and other issues in various media channels. For example, in January 2009 Commissioner Magnan participated on a panel to discuss ideas on health reform with public radio listeners in a Minnesota Public Radio/Public Insight Network forum on health reform. Other panelists included Brent Asplin, Mayo Clinic; Steve Parente, University of Minnesota; and Tony Miller, Carol Corporation. Topics covered a variety of health care cost and quality issues, and the forum was rebroadcast on public radio's "Midday" program. Other earned media on Minnesota's health reform included a Star Tribune editorial on provider peer grouping in July 2009 (which generated some consumer calls supporting the idea) and various articles about SHIP after the Governor's launch of the program in August 2009 and Commissioner Magnan's Duluth news conference in September 2009.

## *Partnerships and potential future activities*

**Great Health Citizen Campaign**
The Institute for Clinical Systems Improvement (ICSI) and Himle Horner developed this idea for a non-partisan, grassroots partnership of organizations to help Minnesotans become more engaged health care consumers and help them understand the personal stake we all have in the health and wellness of the community. MDH is a partner in the effort, along with AARP Minnesota, Comunidades Latinas Unidas En Servicio (CLUES), Minnesota Chamber of

Commerce, Somali Action Alliance, Citizens League, ISAIAH, Center for Cross-Cultural Health and American Federation of State, County, and Municipal Employees (AFSCME). The group's goal is to pursue funding to launch comprehensive research, develop a fact-check Web site, community engagement opportunities and a statewide media campaign.

**Consumer engagement about provider peer grouping system**
In preparation for the public launch of the provider peer grouping system in September 2010, we have begun exploring how to encourage consumers to use the system as a source for health care cost and quality information when making choices about their own health care. We have had some discussions about this in fall 2009, including presentations by Minnesota Horizons Group on possible consumer engagement around provider peer grouping using a tool called the "Implications Wheel." In contrast, it might be just as important to engage providers who give referral information to patients, particularly as the system incorporates more accountability for total cost and quality of care.

**Consumer engagement on palliative care**
In fall 2009 MDH joined discussions with Fairview, Medica, Citizens League and Twin Cities Public Television on a possible consumer engagement effort around end-of-life care. The idea, while preliminary, could include a 12- to 18-month initiative involving public television documentaries, town hall forums, social media and other community engagement activities.

# What We Learned

Our work gave us new insights into consumer perspectives on health care cost and quality in Minnesota.

## *Ad-hoc advisory group findings*

The ad-hoc advisory group explored the long-term goals of consumer engagement, based on the work the group members were already undertaking. We developed a working idea of what success would look like in five years, and how to take steps to move in that direction. The group produced a framework of five-year goals for consumer engagement in Minnesota:

1. People are responsible for their health behaviors and are partners in their health care.
2. Communities are responsible for creating environments, policies and systems that support people in making healthy choices.
3. People are "producers" of their own health instead of "consumers."
4. People are educated, engaged and listened to. More community members know how the health care system works, but the system also understands how better to deal with patients from a broad range of communities.
5. All Minnesotans have and use a personal health record.
6. Consumers feel more in control about their health and health care.
7. People know what to expect or ask when they go to the doctor.
8. New partners have come together to improve health.

## *Findings from consumer groups*

**Health care homes**

- **Key findings** included a need for more education about health care homes (38 percent of survey respondents said they did not have a clear idea of what they are); efforts to minimize duplication of tests in the system and to encourage better communication, both between patients and providers and between providers themselves; more patient-centered care and partnerships between patients and providers. The full report is at: http://www.health.state.mn.us/healthreform/homes/capacity/index.html.

**Baskets of care**

- **Key findings** included a need to explain the rationale for baskets, what they are and that they are available; that baskets offer both transparency for consumers about what is in the treatment plan and clarity about what outcomes should be expected; that creation is limited by the current reimbursement system. The report is available at: http://www.health.state.mn.us/healthreform/consumer/index.html.

**AARP/MDH focus groups**

- **Key findings** included the following:
  - While the discussion provided insights into information that could be useful to consumers, the primary conclusion is that the basic structure of the system is not presently conducive to consumers "shopping around" for procedures.
  - Consumers are looking for coordinated care, and presently they look to their primary physician for that coordination. Shopping around for procedures based on price – or even outcomes – is completely counter to coordinated care from the consumers' viewpoint.
  - Consumers presently view the health care process as extremely complex and hard to understand. Adding large amounts of comparative price information, or outcomes data that is thorough but easy to understand, is going to be a challenge.
  - Respondents in these sessions questioned the reliability, validity and thoroughness of the information. Consumers have years of experience of trusting their primary care physician. A Web site that compares prices and gives basic information on outcomes is not going to change that basic structure. As some have suggested, it might be more important to provide this comparative information to providers who then direct their patients to the most value-based providers.
  - The report is available at http://www.health.state.mn.us/healthreform/consumer/index.html.

## *Common themes*

**More education and context around health care cost and quality**

- This came up in consumer discussions about health care homes, baskets of care and the Health Scores Web site. A first step in engaging consumers to use these "products" and become more thoughtful consumers of health care is creating more awareness about what tools are available to them – and why they should use them.

**Variety of opportunities for education**

- Our focus groups showed that for many consumers, the provider plays an extremely important role in decision making. We should explore ways to educate consumers directly, but also to provide secondary education materials to providers that they, in turn, can use with patients. In this way, we can make use of an education channel that is clearly important to many consumers and work to reinforce messages across different avenues.

**Health reform forums directed at employer and community audiences**

- This type of forum proved to be a successful tactic in opening up a dialogue about health care costs and quality. Seeking more opportunities to address similar audiences would provide yet another avenue to reach consumers. Another option is to explore other avenues (presentations, blogs, etc.) to offer education and context – and to learn from the perspectives of community members.

**Aligning consumer and provider incentives toward high-quality, high-value providers**

- Continued public policy efforts to align incentives have great promise to provide incentives that will reward consumers for taking different actions. Consumers and health care experts/providers have differing views on how to improve our health care system. Our goal must be to reform the system and help these groups learn from each other, not just to bring consumers to where the experts are. Building different ways to connect stakeholders, such as has been done in emergency preparedness through the concept of "Meta-Leadership," has potential for exploration.

- As part of this alignment effort, it may be worth revisiting the idea of developing and evaluating some sort of education module that consumers could complete in order to receive a reduction in their health insurance premiums or copays. Such a model may provide needed incentives for consumers to get more education about health care costs and quality. One would need to evaluate whether this resulted in consumers choosing higher value care.

**Continued partnerships for engagement activities**

- Some entity – be it MDH or another group – must continue to engage partners who are working on consumer engagement in order to further build on work being done in the community. This was certainly a benefit of the consumer engagement advisory group, and those partnerships will continue to be critical to the success of any widespread consumer engagement efforts in Minnesota.

Certainly, there is no one solution to improved value (quality/costs), but instead a culture change within health and health care is needed to engage all stakeholders in different ways to address the value equation of improved quality at a better cost. Engaging consumers on quality and costs is an important part – but only one part – of the efforts needed to achieve better value.

# Recommendations for Five-year Goals and Action Steps Moving Forward

Based on what we learned through our consumer engagement activities, we have developed the following recommendations to achieve the five-year goals set forth by our advisory group:

**1. People are responsible for their health behaviors and are partners in their health care.**

***Action step:***

- Use the work that is occurring in *Aligning Forces for Quality* to learn what consumers want for chronic care with a focus on diabetes and explore with AF4Q what next steps should be taken.

**2. Communities are responsible for creating environments, policies and systems that support people in making healthy choices.**

***Action step:***

- Support the Statewide Health Improvement Program (SHIP) in creating communities where it is easier for citizens to engage in healthy choices because the healthy choice is the easy choice.

**3. People are "producers" of their own health instead of "consumers."**

***Action step:***

- Develop public policies that further align incentives (e.g. co-pays, deductibles related to peer grouping results).

**4. People are educated, engaged and listened to. More community members know how the health care system works, but the system also understands how better to deal with patients from a broad range of communities.**

***Action steps:***

- Understand more about barriers to engagement and how different communities can address them.
- Use varied approaches to engage a broad spectrum of communities. A one-size-fits-all approach will not work, especially when culture and language are factors.

**5. All Minnesotans have and use personal health records (PHRs).**

***Action step:***

- Learn from the state's and others' experiences with PHRs and their impact on consumer engagement in quality and cost issues.

**6. Consumers feel more in control about their health and health care.**

***Action steps:***

- Add questions about attitudes and behaviors related to value, cost and quality to the Behavioral Risk Factor Surveillance System (BRFSS) to do a longitudinal assessment.
- Develop and evaluate an online educational certificate module that allows consumers financial credit (possibly reduced co-pays, deductibles) for completion.
- Develop a Web portal where consumers can obtain information about health care quality and price.

**7. People know what to expect or ask when they go to the doctor**.

***Action steps:***

- Help people maximize their encounters with the clinic or doctor's office and effectively use shared decision-making by arming them with three questions to ask or by enrolling in a health care home.
    - Research has shown that doctors are more likely to describe advantages of treatments than disadvantages, and are more likely to share their own opinions than ask patients about their preferences.
- Increase public demand for best practices, such as the use of decision supports, evidence-based practice, generic drugs, etc.
- Develop reliable resources for answering questions, other than going to the doctor's office, e.g., community support to help prevent the need for medical care in the first place.

**8. New partners have come together to improve health.**

***Action steps:***

- Build on the new partnerships that are being created in SHIP.
- Talk with Robert Wood Johnson (RWJ) about building Meta-Leadership in health care and health beyond just emergency preparedness. Discuss the concept with Association for State and Territorial Health Officials (ASTHO) and RWJ as possible funding sources.
- Determine how stakeholders exploring consumer engagement could continue to learn from each other and advance the needed culture change.

The ad-hoc advisory group expressed strong feelings about the importance of engaging stakeholders in new ways. Long-term exploration of consumer engagement will be dependent upon people in the public and private community – their support and dedicated time and resources for this important but seemingly not urgent topic. In the end, however, engagement of citizens in the redesign of health and health care, to create quality at a cost society can afford, may be the key ingredient for transformation of our health care system.



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