



Consumer feedback on using quality information to help choose a health plan: Report of findings from interviews June 2013

In preparation for MNSure's future open enrollment periods in years beyond 2013, a set of 74 measures for inclusion in the Quality Rating System (QRS) has been proposed to the Measurement and Reporting Work Group. Possible ways of describing, scoring, and summarizing these measures have been explored.

A key to designing a valid and effective QRS is to have an understanding of how consumers currently think about health plan quality, what they want to know about health plan quality, and how their understanding and use of health plan quality measures might be affected by different ways of categorizing and presenting such measures.

In this memo, Consumers' Checkbook/Center for the Study of Services reports on a project to obtain feedback on these questions by interviewing consumers. It summarizes their reactions to draft materials that showed possible measures of plan quality and possible ways in which the measures might be grouped into broader categories.

This project on consumer testing was led by Jeanne McGee, PhD, and she prepared this report (McGee & Evers Consulting, Inc., Vancouver, Washington, jmcgee360@comcast.net, 360 574-4744).

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EXECUTIVE SUMMARY

Background

As part of its work on developing and implementing the MNsure health insurance marketplace, the State of Minnesota is developing new ways of providing information about health plan quality for consumers who are choosing among health plans. The purpose of this project was to collect feedback from consumers to help inform this effort. This project was one of various tasks carried out by Consumers' Checkbook/Center for the Study of Services under contract with MNsure. The work on this task was led by Jeanne McGee, PhD, McGee & Evers Consulting, Inc.

In May 2013, we conducted 20 individual 75-minute interviews at a professional focus group facility in Bloomington, Minnesota. Interview participants were a mix of people with characteristics similar to those who are expected to be among the users of the MNsure health insurance marketplace. This mix included some people who were uninsured and some who were owners or managers of a small business.

During the interviews, we explored people's conceptions of health plan quality in general and we got their reactions to ways in which measures of quality might be grouped into a set of broader categories, 14 individual measures of quality, and different ways of describing missing data. The interview findings provide insights on consumers' understanding of quality information and attitudes about using it to compare plans. However, a project of this type does not provide statistically reliable conclusions about how actual users of MNsure can be expected to understand and use measures of a Quality Rating System. In addition, it's important to keep in mind that the people we interviewed were responding to text that we showed on cards, not to a fully functional website.

Findings

The people we interviewed responded positively to the idea of using information on quality of a health plan to compare their plan choices. Having and using this type of information was something new for most of them. Although they were strongly oriented toward using information about cost and coverage to choose a plan, they thought having quality information would be helpful as well.

Although their reactions differed by topic, most people were quite interested in using some or many of the quality topics to compare plans. At the same time, many of them found the number of topics and amount of quality information a bit overwhelming. They wanted the website to keep the quality information simple and easy to use.

Findings from the interviews revealed some areas of confusion and common misconceptions, particularly about the nature and sources of the quality information and how it might be used. Overall, these findings show that it's a challenge to communicate effectively about quality measures to consumers, especially when many or most have never encountered a quality measure or used quality measures to compare plans.

Conceptions of health plan quality in general

Most people identified coverage and cost as the key determinants of the “quality” of a health plan, and said that overall, the better their coverage and the less they had to pay for it, the higher the quality of the plan. Some mentioned specific things that are important to them as indicating quality, such as responsive customer service or good doctors. Reacting to the term, “quality ratings,” some people wondered who would be doing the rating and what the ratings would be like. We asked whether they expected plans to differ on quality. Some interviewees did and others did not. Some said they hoped that all plans would be good quality, but often they added that there probably would be some differences.

Reactions to six headings for describing types of quality information

We showed the six headings one at a time, before we showed any of the individual measures. Overall, there was a wide range of ways in which interviewees interpreted the meaning of these headings. People had a variety of expectations about what types of quality information would be under each heading and differing opinions about whether it would be useful. Each heading was puzzling in some way to some of the interviewees. For several of the headings, there were some people who had no idea what was meant.

Reactions to the six headings:

What members say about their health care. Most people thought of online reviews, with mixed opinion about the usefulness.

Members get tests and treatments to stay healthy. Some people were unsure what was meant and others thought it was about preventive care. Many interviewees were positive about preventive care and some people figured this heading was about the plan’s benefits for preventive care.

Members get tests and treatments to get better. Some interviewees were initially confused because it was looked almost the same as the previous heading. Some thought it was about having access to care when something goes wrong, but the heading was puzzling to some people and they wondered how it was connected to quality of a plan.

Quality of customer service and claims processing. There was much interest in this topic, especially among those who had had problems with customer service or billing. “Claims processing” was an unfamiliar word to some, and a few people thought this heading was about responsiveness of the doctor’s office.

Plan-provided programs and information to help members get better and stay healthy. Some thought “plan-provided” meant “plan providers”; this was a persistent misinterpretation during the interviews. Interviewees gave examples of the types of programs they were envisioning, and overall, the examples covered a wide range. A couple of people thought they would have to pay extra for the plan-provided programs and information.

Access to care. Some thought this was about getting care when you need it, and some thought it was about which doctors and hospitals you could use. Others had trouble understanding what was meant, in part because “access” was an unfamiliar or difficult word.

Reactions to 14 individual measures of quality

Each measure was printed on a separate card, with a heading in boldface type, followed by explanatory text. The measures were a mix of measures from CAHPS (Consumer Assessment of

Healthcare Providers and Systems), HEDIS (Healthcare Effectiveness Data and Information Set), and URAC (an accrediting organization), plus a couple of measures based on topics covered by eValue8.

Reactions to the individual measures showed that some of them were confusing or misleading to some people. Occasionally, confusion was caused by unfamiliar vocabulary, such as “access” or “claims processing,” or the dense syntax of a heading, such as “plan-provided programs and services.” But most often, it seemed to be a challenge of envisioning something unfamiliar. The idea of using quality scores on different topics to compare plans is not a familiar or intuitive task for most consumers, and many of the people we interviewed found it hard to stay focused on the idea of using a quality score at the plan level. Instead, depending on the topic, they would shift their focus to something else. For example, when they saw a measure related to doctors, they might be expecting to see doctor-specific information rather than a more general quality score for the plan’s doctors as a whole. Or when they saw a measure about programs and services, they would expect to see details about benefits the plan was offering rather than a quality score.

Topics of greatest interest and usefulness:

Interviewees were particularly positive about the CAHPS measure of members’ overall rating of the plan and two CAHPS composites related to the plan’s customer service (one on members’ reports about being able to get information from the plan on the cost of services and equipment and the other on claims processing). Another topic of greatest interest and usefulness was about plan-provided programs to help members understand their treatment choices and make a well-informed decision (a measure based on content in the Consumer Engagement module of eValue8).

Reactions to the condition-specific measures:

Nearly half of the measures we showed were condition-specific. Four were HEDIS measures: comprehensive quality of care for diabetes; help for members to quit using tobacco; avoiding unnecessary imaging during early weeks of low back pain; timeliness of prenatal care. Two were adapted from eValue8: plan-provided online help for members who are trying to lose weight and using plan-provided home monitoring systems for members with chronic conditions. The explanatory text for these measures did not mention the source of the information, and there was little awareness that the quality scores would be based on (de-identified) records of patient care, and that the quality scores were telling about the extent to which the care received by patients was meeting the standards for quality care.

People typically reacted to the condition-specific clinical measures in terms of personal salience. They thought these measures were all addressing important aspects of getting good care and staying healthy, but most would use the measures to compare plans only if they happened to be personally applicable. It was rare for them to make broader inferences about plan performance based on a quality score for a particular condition.

Reactions to the rest of the 14 measures:

Many interviewees were interested in the CAHPS measure on members’ rating of their personal doctor and a URAC accreditation measure on network adequacy that tells the number of primary care doctors accepting new patients. They thought these measures would be useful. Others had limited interest in people’s ratings of their doctors, figuring that the ratings would be biased. Those who were most positive about these measures thought both of them would be doctor-specific, which was what they wanted.

When reacting to the measure about adults' visits to the doctor within the past three years, most people dismissed it and said it would not be useful for comparing plans. Although a few of them thought it might be an indicator of access, most wondered how it was connected to quality of care.

Interviewees had mixed reactions to the measure on plan-provided programs that encourage members to take their medications as prescribed, by tracking whether prescriptions are filled and sending reminders to doctors and patients when they aren't. This measure was adapted from eValue8 modules on chronic disease management and pharmaceutical management. Although many people responded positively to the idea of such reminders, some raised the issue of patient privacy. Several people said that medication use was between the doctor and patient and the plan should not get involved.

How interviewees categorized the 14 measures:

We showed a set of nine possible categories for organizing the 14 measures, and asked the interviewees to place each measure in the category where it seemed to fit the best. For many of the 14 quality measures we showed during the interview, there was much variation in how people would classify them under a broader set of categories. This lack of consistency in judgments about which measures belonged under which categories suggests a need for special caution in how quality information is grouped and presented to consumers.

Reactions to different ways of describing missing data

We showed six ways of describing missing data, and the findings showed that for all but one of the wordings, people tended to think less of a plan when quality scores are not available. The exception was *"Plan is new; information is not available yet."* This reason was acceptable to nearly everyone, although a couple of people said they'd hesitate to go with a plan that's new if there were complete quality information available for other plans.

The other wordings we showed were *"Not available," "Plan does not collect this information," "Plan does not report this information," "Not enough information to calculate a score,"* and *"Not enough information for a reliable score."* Overall, if interviewees saw any of these reasons, they tended to think less of the plan, especially if the topic was important to them or there was a lot of missing data. They wondered why the quality scores were not available, and many were suspicious, thinking the plan might have something to hide. Most people reacted negatively to the word "reliable," and for some, seeing "reliable" made them think about "unreliable." Overall, there was mixed opinion on which of these five reasons reflected more poorly on the plan.

Recommendations

- Use language that consumers can understand, be clear and specific in explaining the categories and the nature, meaning, and source of the measures. To create effective explanations for consumers, make a deliberate and sustained effort to see things from the perspective of consumers. Using the findings from this report and other resources, try to anticipate and address consumers' questions and potential misunderstandings related to each category and measure.
- Keep it simple. Be selective and show a limited number of quality topics.

- In selecting which measures to include, consider which are easiest to understand, have the greatest personal relevance for the most people, and are directly actionable for comparing the quality of a plan.
- Take special care in explaining missing data.
- As a final check on clarity and usability, do consumer testing to verify that the quality information you provide is easy for consumers to notice, understand, and use.

INTERVIEW METHODS AND PARTICIPANTS

Twenty interviews were conducted during the week of May 13, 2013, at a professional facility in Bloomington, Minnesota (a suburb of Minneapolis). Interviews lasted 75 minutes. Two experienced interviewers, Jeanne McGee and Maureen Peterson, conducted the interviews. Project assistants summarized the findings of the interviews in written notes. The facility had observation rooms; interviews were observed by State staff and others associated with the project.

The interviewers used different approaches and materials to get interviewees' reactions to quality information for comparing health plans. We encouraged people to read at their own pace and share whatever thoughts or questions came to mind. To get their reactions, we used a semi-structured interview guide that was developed in partnership with MNSure.

The interviews covered the following topics:

- **General conceptions of “quality rating” and “quality” of a plan.** Before we showed people any specific information about quality, we wanted to understand, in general terms, what having information about the quality of a plan meant to them. After showing screen shots from the MNSure website to provide context, we asked for reactions to the term “quality rating.” We also asked what types of information they would expect to see if the website was showing them information to help them compare the quality of health plans.
- **Reactions to a set of categories of quality information.** Early in the interview, we showed a set of six headings that describe different types of quality information. We asked people for their reactions to each one.
- **Reactions to 14 individual measures of quality.** We showed people 14 measures of quality, one at a time, with each printed on a separate card. (Since “measure” is technical jargon, we called these measures “quality topics” during the interviews.) We asked for their reactions to each measure, focusing on what they thought it meant, what (if anything) they thought it told about quality of a plan, whether it was of interest or not, and whether any questions came up for them when they read it. As described below, we also used a card-sorting task to explore how they would categorize each measure.
- **How people would categorize the 14 measures of quality.** To explore how people would group 14 measures under broader headings, we used a card-sorting task with a set of nine categories. Eight of the categories described different types of quality information and the ninth was labeled “Something else.” These categories were printed on sorting mats that we spread on the table in front of the person. As we went through the 14 measures with them, one card at a time, we began by getting their reactions to the measure (as described above). Then, after they had given their reactions, we asked them to place the card on the category mat where that topic seemed to fit the best. We reminded them that if it didn't seem to fit any of the eight main categories, they should put it on the mat that says, “Something else.”

- **Personal usefulness of the 14 measures.** We used another card-sorting task to explore the personal usefulness of the 14 measures. This time we had a set of three sorting mats that were labeled *No*, *Maybe*, and *Yes, definitely*. We asked the interviewees to imagine that they were choosing among health plans. We told them that we'd like to know whether they would actually use each measure to compare their plan choices. We gave them a stack of cards with the 14 measures and spread the three sorting mats in front of them. We asked them to go through the cards and tell whether they would use it by putting it on one of the mats – *No*, *Maybe*, or *Yes, definitely*.
- **Reactions to missing data.** We explored people's reactions to six versions of possible wordings for missing data. To provide context, we told people that in charts that summarize quality scores for plans, it's possible that some scores might be missing. When this happens, there's usually a short note in the column that says the score is missing. Then we showed the wording variations for missing data and asked, "If you were expecting to see a quality score, and you saw this note instead, what would you think?" We probed for what people thought the note meant and what impact, if any, it would have on how they felt about the plan.

Profile of the 20 interviewees

We interviewed 20 people. They were recruited by the focus group facility based on criteria provided by MNSure that were designed to recruit a mix of people with certain characteristics similar to people who are expected to be among the users of the MNSure health insurance marketplace.

<p>Gender:</p> <p>12 Female</p> <p>8 Male</p> <p>Age group:</p> <p>2 18 to 24</p> <p>8 25 to 34</p> <p>10 35 to 64</p> <p>Education:</p> <p>2 Did not complete high school and does not have a GED</p> <p>6 High school graduate or GED</p> <p>6 Some college or a 2-year college degree</p> <p>5 4-year college degree</p> <p>1 Post-graduate degree</p>	<p>Race / ethnicity:</p> <p>16 White</p> <p>2 African American</p> <p>1 Latino</p> <p>1 Other</p> <p>Household income category (based on household size and income, expressed as a percentage of the Federal Poverty Level, or "FPL"):</p> <p>4 Less than 133% of FPL</p> <p>5 133% to 200% of FPL</p> <p>7 200% to 400% of FPL</p> <p>4 More than 400% of FPL</p>	<p>Insurance status</p> <p>9 Uninsured</p> <p>4 Insured (through an employer with more than 50 employees)</p> <p>3 Insured (through an employer with 2 to 50 employees)</p> <p>4 Insured (individual market)</p> <p>Owner or manager of a small business (2 to 50 employees)</p> <p>4 Yes</p> <p>16 No</p>
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FINDINGS FROM THE INTERVIEWS

The people we interviewed responded positively to the idea of using information on quality of a health plan to compare their plan choices. Having and using this type of information was something new for most of them. Although they were strongly oriented toward using information about cost and coverage to choose a plan, they thought having quality information would be helpful as well.

Although their reactions differed by topic, most people were quite interested in using some or many of the quality topics to compare plans. At the same time, many of them found the number of topics and amount of quality information a bit overwhelming. They wanted the website to keep the quality information simple and easy to use.

Findings from the interviews revealed some areas of confusion and common misconceptions, particularly about the nature and sources of the quality information and how it might be used. Overall, these findings show that it's a challenge to communicate effectively about quality measures to consumers, especially when many or most have never encountered a quality measure or used quality measures to compare plans.



PART 1: Interviewees' conceptions of "quality rating" and "quality" of a health plan

SETTING A BROAD CONTEXT FOR COMPARING PLANS ON QUALITY:

Two screen shots from the MNSure website

At the beginning of the interview, we wanted to give people a broad context for thinking about using quality information to compare health plans. We did this by showing them the two screen shots from the MNSure website shown below.

http://www.mnsure.org/ Yahoo!

care.gov plan finder Apple Yahoo! Google Maps YouTube Wikipedia News (1,485) Popular

Search MNSURE

MNSure Where you choose health coverage

how you benefit how it will work calculate your cost get involved

how do it? share

FAQs
your stories
stay informed

what we are

a new, one-stop health insurance marketplace where Minnesotans can find and compare health plans, and choose the coverage that fits their needs. **Opens October 2013.** [How it will work...](#)

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Photo source: Minnesota Tourism

news

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What is MNSure?
A new central health insurance marketplace for Minnesotans.

When does the MNSure marketplace open?
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video

Search MNSURE

MNSure Where you choose health coverage

how you benefit how it will work calculate your cost get involved

how do it? share

home > how it will work

how it will work

- overview
- your stories
- frequently asked questions
- glossary
- need help now?

how it will work

a new, better way to shop for health insurance

Starting in October 2013, MNSure will be the single best, uniquely Minnesotan place to find health insurance. We are currently building a website where you'll have instant, easy access to coverage options. In addition, we are collaborating with community partners and insurance agents/brokers to create a customer service network that will provide one-to-one assistance.

Easy to Find

MNSure will be a simple, easy-to-use marketplace. You will find health plans from multiple insurers in a standard format so you can see plans and costs side-by-side. You can search for plans with specific features that match your health needs.

Easy to Compare

You can compare plans in an "apples-to-apples" format, and search by price or quality rating.

In addition, you can find quality information on clinics, hospitals and ambulatory surgical centers so you can gauge how effective their health care services are in relationship to other providers.

What does “quality rating” mean to the interviewees?

Before we showed people any examples of quality measures, we wanted to understand, in general terms, what “quality ratings” and “quality” of a health plan means to them. We did this by asking a general question about the term “quality rating,” which appears near the end of the web page shown above.

After people had finished reading the two web pages, we pointed to a sentence that appears on the page shown above. Under the heading “Easy to Find,” it says, “*You can compare plans in an “apples to apples” format, and search by price or quality rating.*”

We asked for people’s reactions, focusing on what “quality rating” and “quality of a plan” mean to them. We asked what kinds of information they would expect to see if the website was showing them information that lets them compare the quality of health plans.

- **For most people we interviewed, “quality” of a health plan included taking into account the coverage you get and how much you have to pay.** Comments from the interviewees included:
 - *[Quality means] the type of coverage that you will get for your money – you would pay more for higher quality, pay less for less coverage.*
 - *When I think of quality, it [means] the most thorough coverage – a variety of clinics [in the] network. What plan has the most amount of coverage? You get what you pay for.*
 - *How easy it is to get access? Am I getting what I pay for?*
 - *[As] far as quality of health plans, I guess I would look for any kind of well care, like physical exams...and also for price. I know there was a piece in the paper that the price on procedures can range from “oh my god” to...*
- **One person was intrigued about having quality information available and wondered what it might be like:**
 - *That is new. Most insurance places, when you’re comparing apples to apples, don’t give you [anything about] quality. I’m curious — what do they mean by quality? The overall plan? The doctors? Does it have to do with top-notch physicians? Or what you’re paying for?*
- **There were comments about what types of ratings and who would do the ratings.** For example:
 - *Who decided what is “quality”? The insurers? Providers? There is always bias in whoever is rating the plan.*
 - *I would assume it’s like when you are looking at hotels, restaurants, I would think people would have rated different plans and you could look at categories – users would do the rating.*
 - *It would be something like patients giving their ratings of their quality of care, cleanliness of the facilities.*
 - *[I would] expect to see a symbol. I don’t know what the rating would be. Maybe “1 to 10” [scale] or [grades like] A+, or “1 out of 10 people say...” When I look at it - everybody knows “Angie’s List” online – I would look to see if this website is on Angie’s List.*

- *When I think of quality ratings, I think of... being able to see reviews of people's past experiences with the different companies. Looking at that helps rate the quality.*
- **A couple of people mentioned specific things that are important to them when they think of "quality" of a plan.** For example:
 - *For me, it's the service. The customer service is really important to me. I usually find that I have so many questions about my health care that I would pay a higher price to be able to call someone to answer questions for me -- what hospital can I go to? What premiums do I pay? What doctors can I go to? For me, that's worth it.*
 - *The quality of coverage, I guess, and people's comments on the quality of insurance, or their experience with that company.*
 - *[For me, quality would mean having] choices about which doctor I can see. Lower quality would be restrictions – it's about choices.*

Do interviewees expect plans to differ on quality?

After people told what "quality ratings" and "quality of a plan" meant to them, we asked about whether, in general, they would expect plans to differ on quality. ("Now I'd like to get your own personal opinion. If you were comparing a group of health plans on quality, how much difference in quality, if any, would you expect to see?")

- **Some people thought plans would be similar in terms of quality; others thought there would be differences.** Comments included:
 - *I guess I wouldn't expect a whole lot of difference. Maybe that's just from experience, looking at different health plan options, that there isn't a whole lot of difference.*
 - *I wouldn't expect to see much difference between companies.*
 - *I expect a big difference in quality. I expect the same health provisions, but the quality of the team would be different.*
 - *(Expect differences in quality?) Yes. Yes I would.*
- **Some people said they hoped that all plans would be good quality, but a few added that there probably would be differences.** Comments included:
 - *I would hope not, but probably [there would be some quality differences].*
 - *Differences in quality? I would hope not.*
 - *In the health field, I hope that they would all be similar [in quality] -- I would hope that'd be the case. I'm sure they wouldn't show it in their plan: "We're the less quality [plan]," but I'd hope it would all be good quality services.*
 - *I hope that they would all be high quality.*
- **Some who expected to see differences in quality said that plans would differ in price and coverage.**
 - *Big differences. Some don't have certain coverage. [With some] you have to pay more.*

- *I think quality also is price, on a continuum, addressing a public that has different ability to afford.*
- **In discussing possible differences in quality among plans, a couple of people focused on consumer preferences.** Comments included:
 - *Some consider quality in different ways – in tune with what customers want.*
 - *I think so, yes, [I would expect some differences]. I feel like [it would] be...kind of like cell phones to cell phone companies, they all pretty much offer the same things, but everyone has their preference: “This one has this phone, this one has this service, etc.”*

PART 2: Reactions to “overall plan quality rating”

SETTING A MORE SPECIFIC CONTEXT FOR COMPARING PLANS ON QUALITY:

Mockup showing types of information on a landing page

In the next part of the interview, we continued our exploration of what quality of a plan and quality ratings meant to the people we interviewed. At this point, we were more specific, both in terms of describing a quality rating and putting it into context along with information about cost and coverage.

To provide the context, we showed the following mockup of types of information that might be on a landing page:

NAME OF PLAN	COST INFORMATION			QUALITY	ABOUT THIS PLAN AND WHAT IT OFFERS		
	Monthly premium	Yearly deductible	How much you pay for an office visit (See more cost information)	Overall plan quality rating (See details)	Summary of plan benefits (See details)	Other plan features (for example, wellness programs) (See details)	Hospitals and clinics in this plan’s network (See details)
Health Plan A							
Health Plan B							
Health Plan C							
Health Plan D							

We described this mockup as an example of types of information that might be on the MNSure website to help people compare their health plan choices. Then we asked people to imagine that it was sometime in the future and they were using the MNSure website to choose a health plan.

Pointing out the columns on the mockup, we told them to assume that they would be using various types of information on the MNSure website to compare their health plan choices and make their decision. For example, they would look at what it says about the cost of the plans, what is covered, whether the clinics and hospitals they wanted to use were in the plan, and so forth.

We explained that for the rest of the interview, we would focus on just one type of information they could use to compare plans – the information on quality.

We asked for their reaction to what it says in the column under the heading for “Quality”: “**Overall plan quality rating.**” We asked what they thought this was about, whether it would be of any interest to them, and whether any questions came up for them. Then drawing their attention to the link underneath that says, “[see details.](#)” we asked what kinds of information they would expect to see if they clicked on this link.

Reactions to a single overall measure of quality on the landing page

- **Overall, people expressed interest in seeing quality ratings, but some wondered what these would be about.** Comments included:
 - *If I was looking for a plan I'd want to learn as much as I can. If it's got a quality rating I'd be curious to see what that rating was.*
- **Many people identified specific things that might be included in quality ratings or told what they would want to know about.** Comments included:
 - *Boy, [quality rating], that's a tough one to measure and put in a little box there. I would hope that... the plan administrators, or someone, would come up with a rating plan that would [take] into account complaints, mortality rates, success in certain areas like cancer, etc. -- how successfully are you treating [certain health] issues?... There's got to be a balance of all that to come up with some comprehensive rating system: 1-10, good/bad/worse...*
 - *Maybe [the rating would include] quality of their doctors and if they did a survey, to show what [rating] each doctor or hospital received. [And maybe what] each building would offer.*
 - *I'd want to see it broken down. I'd want to see objectively how things are different. Where instead of saying "You can get your care done here," it's an average metric of number of providers and number of centers in comparison to all the others. So if it's like a sliding scale, that makes a little more sense.*
 - *I'd want to know that they didn't have any recent claims for malpractice.... [And maybe] the facility – is it brand new? Does it have a brand new emergency room? That would be quality. [Plus] cost comparisons, that they're not the highest one.*

- *Obviously, the higher the rating, the better the coverage, the more places I'm going to be able to go, the easier the access.... Yes, I think it's good to have [quality ratings] so people know exactly what they're going to be getting, too.*
- *[I think quality ratings might be] star ratings, or something from the actual health care provider addressing their quality concerns. "We're the best health care plan because we offer a 24 hour nurse line," or whatever.*
- **One person felt strongly that nothing substitutes for personal experience:**
 - *I don't think I would look at a website and really know the quality without trying one of the services. [They might have] testimonials [but] how do I know by words what the quality is? They can say it's high rated but unless I experience it, I don't know for myself. We've always had plans through my husband's work but they change the plans and some are better than others. We can only tell when we get the services. Everything looked clean, people are real pleasant, and things like that, but that's the only way I can say how the quality was.*
- **Some people wondered where the ratings would come from, and it would make a difference to them.** They would have more trust in ratings from plan members, and less trust if the ratings came from the plans themselves. Comments showed that some people were assuming that ratings from plan members would be similar to the types of product reviews they see on websites, telling about people's experiences in some detail. Comments included:
 - *Quality rating. They're rating your quality. The provider, the plan itself, makes the rating. Or maybe by experience? The people that take their plans make the ratings?*
 - *I would guess they'd get the rating from the consumer. That makes the most sense. (Would this be of interest to you?) Absolutely!*
 - *It has details: how is it rated, who did the ratings, how many in the group. My experience is people who are willing to rate it either love it or they hate it.*
 - *My first question would be, "Who is giving me that information?" Is it other customers who are rating that particular insurance, or is it a third-party company that is rating what they see?*
 - *[It] would make a difference to me...if it's just the company that tells you or the state of Minnesota itself that's rating it. Or is it the customers or plan holders based on their experience? If it's the opinion of the people who dealt with the experience, I'd feel like they were a little less biased, and I'd feel better getting information from them.*
- **In commenting on quality ratings, a couple of people focused on how good the care and the doctors would be.** Comments included:
 - *Overall plan quality rating is just the whole of the healthcare, from A to Z. Like if I bring my child to a hospital for medical attention, I want to know overall what kind of quality of care he will receive – not for my "buck" but for my son. That's very important.*
 - *I guess in terms of quality, I would look at the doctors, the quality and experience of the doctors, their specialties...*
- **People typically included considerations of cost, coverage, and value for the money as part of quality ratings for a plan.** In this part of the interview and later as well, many people mentioned cost, price, coverage, and value in their comments about quality of a

plan and quality ratings. There are examples above and elsewhere in this report. In addition:

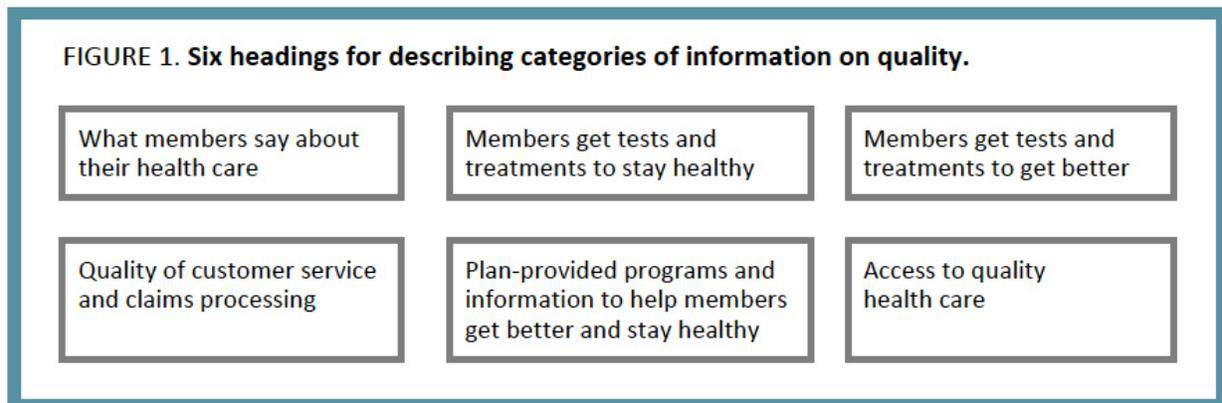
- *What [quality rating] means to me would be...all these other things that they're talking about, summarized into a rating. So I was thinking it would balance everything out, maybe with value. So if it's a cheaper plan but there's still a certain amount of services, or whatever, it works out to a 4.5 or something.*
- *I would look at it – a quality rating...[in terms of]...am I going to see a doctor or a nurse, the quality of care that the plan would enable me to get at that price.*
- *I would say that overall...it would be getting what you pay for. [The] ratings people have given it, this health plan vs. another health plan...one through five stars...*

PART 3. Reactions to a set of six headings for grouping information on quality

About the six headings

During the interviews, we explored people's first impressions of six headings that describe different categories of information on quality. The headings we presented are shown below.

These headings are from a preliminary “straw model” diagram of types of quality information that was proposed by Consumers' CHECKBOOK for a MNsure multi-stakeholder workgroup's (the Measurement and Reporting Work Group's) consideration. Most of these headings, or similar ones, are in widespread use.



Each heading was printed on a card, and we showed them one at a time. We told interviewees to imagine that these were headings on a website that told about different types of quality information for comparing health plans, and asked for their reactions. We explored what they thought each heading was about, what they thought information on that topic would tell them about quality of a plan, and whether this would be of interest to them.

REACTIONS TO:

“What members say about their health care”

- **In general, people thought this heading referred to feedback from members of the plan.** A few thought the source might be a member survey, but it was more common for people to assume the feedback would consist of online reviews that plan members posted. Comments included:
 - *It would come from somebody who knows about that plan.*
 - *It would come from people within the healthcare plan, some sort of survey, about coverage [and] satisfaction with service.*
 - *[This would be] important because you want to know from people’s experience so you can know what to expect.*
 - *I’d take that to mean testimonials from people who are currently enrolled in this particular plan. Positive or negative on the treatment things you’ll see, is it billing, is it administrative, is it clerical -- as well as the negative side of it.*
 - *Where would this information come from? Employees or physicians who are using this plan...that’s important too. If I’m a physician who is happy with this plan, I might be likely to take customers who have that plan. I don’t know if you can do that! [Laughs.]*
- **There was mixed opinion about the value of reading online reviews by others.** A number of people we interviewed said that when they want to buy something, they generally check for reviews on websites. When they thought about member feedback on a plan, they often assumed it would consist of such online reviews (rather than thinking of results from a member survey). Some people would rely heavily on what’s said in members’ online reviews of health plans. Others think such reviews are biased and therefore not very useful. Comments included:
 - *I don’t usually read ratings on the internet because everyone is typically negative. You have to take it with a grain of salt.*
 - *Yes, I’d want to know what they say, actual comments, details, instead of just a number. I look at reviews a lot [and] the rating system isn’t always true. I want to know what they like or don’t like about it.*
 - *I’d take that to mean testimonials from people who are currently enrolled in this particular plan. Positive or negative.*
- **Some thought having information on “What members say about their health care” would be useful but a few did not.** Comments included:
 - *[This would be] the feedback from those who use [the plan]. I’d put a very strong premium on that. You might not be able to find a friend or family member using the same health care plan, but you can get a sort of global perspective on it. Yes, very interesting to me.*
 - *I am a reader of reviews. I think people are honest especially when anonymous. If this was available, I would look at this.*
 - *I’d say it would be worth it to put [what members say about their health care] in there, because there are a lot of people who could get some value out of that. But personally, not for me.*

- *[This would be] direct feedback from people who use health care, generally representative of the plan. I wouldn't use it myself because people have different opinions [and it] wouldn't mean that much to me.*
- **A few people mentioned specific things they would like to know from members who are rating their plan.** Comments included:
 - *I'd [want to know whether] the doctors were [doing] more tests than they wanted to have, and [whether] the doctors give them time. Time means a lot with health care. I've been rushed through an appointment and I'm like, "I don't like this plan or this clinic." You want them to take time. To me, that's quality health care, when they give you the time and don't rush you.*

REACTIONS TO:

"Members get tests and treatments to stay healthy"

- **This heading was puzzling to several people.** Comments included:
 - *I don't understand this, can you tell me more?*
 - *I don't know what this means. What kind of tests, why are the people getting treatments?*
 - *Not really sure what that means.*
- **A couple of people guessed at what it might mean.** A few gave vague answers and were unable to think of any examples. Comments included:
 - *Expect to get tests – I don't know what type of tests – but people want to stay healthy.*
 - *Um...what kind of tests they've gotten out of their health plans?*
 - *What you have to do to stay healthy, get some medicine.*
 - *[I think it might be about] the doctor that you go to in order to stay away from sickness, like a natural doctor or...a nutritionist. Or a deal where if you go to the gym certain times per month you can save money, like working on your lifestyle now to save money later, that's a type of treatment I would think of.*
 - *Probably just what the tests are and the treatments that they would be receiving.*
- **Some people thought it was about preventive care.** A few of them seemed to be thinking this heading was for information on types of care that would be covered, rather than being about how well the plan is doing in a particular area. Comments included:
 - *[This is about] preventive care and if that is included in the package. I guess [that's] what I would assume. To me, that's very important. I'm still at a stage where I'm still using health care as preventive.*
 - *[This] would tell me how well the plan is doing on preventive care, getting people in to check and see if there's something that needs attention. [It] would be important to know...if insurance is going to cover preventive tests, [but for me it would not be the] top factor.*
 - *I think that's really important. [It tells me] what preventive care [they] provide. I'm a big fan of that because it saves us all a lot of money, with tests, and all that, whether it's quit smoking or lose weight.*

- *I guess I get it... [If] you belong to this plan, you get preventive care, [and] is it hard to get?*
- *I guess this is just a different way to say like monthly visits and services that they participated in...maybe like blood sugar testing and overall physicals for sports.... It goes with prevention, because if you can prevent bumps and bruises and all that [when] you're in sports, you can stay healthy. Maybe like pediatrician-required tests.*
- *Well, it could be anywhere from the doctor testing for things that patients think they have, or the doctors are catching things that they did not think they have. Strep throat comes to mind. I went to the doctor once and had strep throat and I did not have symptoms for it but they tested for it.*
- **Although some people expressed great interest in preventive care, a few had no interest in what they thought this heading was about.** Comments included:
 - *When I look at that, it doesn't really interest me at all. You know, members are doing stuff...and...I don't really care about that. The only thing it makes me think of is doing a physical or something like that.*

REACTIONS TO:

“Members get tests and treatments to get better”

- **Some people were confused at first because this heading was so similar to the previous one** (*Members get tests and treatments to stay healthy v. Members get tests and treatments to get better*). People sometimes looked back and read both labels twice, trying to figure out what was different. Comments included:
 - *This means the same thing as the other one. (Then this person read both headings again and corrected the first impression.) No, it means something different – one is if you are well and [the other is] if you are sick.*
- **Some didn't understand this heading or were puzzled about its connection with quality.** Comments included:
 - *I'm not really sure what that means.*
 - *I don't see how that fits with quality.*
 - *It's kind of hard to [understand].... It's under the quality category, right? So I click into the quality and then this would come up. Is this going to give me examples? It's very broad.*
- **For some people, this heading was clearly about having access to care when something goes wrong.** Comments included:
 - *This is once you're sick, you get tests and treatments. It's about accessibility – is it hard to get [the care you need]?*
 - *Care to get better when something's wrong -- well, I would hope so! Especially if you are [rating] the quality of an insurance company, I would hope this would be a part of every insurance plan.*
 - *They're willing to pay for the tests and treatment that individuals need. Sometimes, when it's too late, [you hear] “Gee, if they'd only had that test or checked this out...” Cancer always pops right up. Sometimes they do a mammogram and don't follow up with a*

biopsy.... Myself and my sons have had sports injuries and they take an X-ray and it's fine, but maybe they should do an MRI. If there's pain, there's a problem, and what are they going to do?

- *OK, um, to me that's hopefully what they're going to do when we're sick. It's not just well check-ups or something.*

- **In response to this heading, a couple of people made comments about appropriateness of care.** One person singled out good communication with providers as a vital part of quality care to get better. Comments included:

- *What would be good is if this [said something about whether] tests and treatments would be provided as needed. You hear on the news all the time, "25 tests you don't even need." If you can be reassured that the tests have been thought out, that would be helpful.*
- *I would hope so, [that people would get tests and treatments to get better], this is sort of a given. If you are talking about quality, well is a CAT scan better than an MRI? What's acceptable or controversial?*
- *As long as they can explain the tests and not just assume we know what they're doing. I like when doctors can explain in our language what they're going to do and if it's necessary and if it's going to help me get better.... We want to connect with our health provider, [and feel] that they're understanding us and we're understanding them. Definitely, that'd be part of the quality of the program, how well we communicated, and [whether] the tests were appropriate /necessary for my condition.*

- **A couple of people were not very interested in this heading because they see themselves as healthy.** Although this topic might be important to others, it wasn't to them. They were mainly oriented toward preventive care because they "never get sick." Comments included:

- *Not as interesting, because I feel fairly healthy most of the time. [I don't expect] to have a lot of sickness this year. I don't know if that [information] would affect or benefit me as much.*

- **One person wondered where this information would come from:**

- *Where might this information come from? It depends on how many people have this plan, and you could ask them, or you could ask doctors or nurses or assistants or whatever.*

REACTIONS TO:

"Quality of customer service and claims processing"

- **The term, "claims processing," was unclear to several people, and one person couldn't see how it was relevant to a health plan.**
 - *The "claims processing," I don't understand.*
 - *[I think this is about] calling people to try to get them enrolled. Never heard of claims processing.*
 - *No, I'm not that familiar with that concept.*
 - *Claims processing doesn't seem to be in the health care plan. What claims need to be processed? That doesn't sound right.*

- *[Information on this topic would let you] see if you can afford [the plan].*
- **This topic was of interest to nearly everyone, and of very great interest to some.**
 - *That's something.... I'd like to hear about more, definitely. That's going to tell me what the quality of the service is...I guess the insurance provider is giving that customer service.*
 - *That's important. As much as the health care is important, I think we all run into billing issues.*
 - *In terms of quality, [this is] what I would pick -- if I were to put three main bullet points, it would be: 1) what am I paying; 2) where can I go; and 3) customer service.*
 - *Once you have some work done, you obviously have to file your insurance claim and...sometimes it can be a huge debacle.*
 - *Customer service [is] being able to call and ask about a bill and have it explained, ...or ask about a doctor, or where I can get information.*
- **A few people assumed this topic was about responsiveness of the doctor's office or clinic, rather than the plan.** The heading does not refer directly to the plan, and several people discussed how hard it could be to make appointments at the doctor's office or get information from the office. Comments included:
 - *I think of service when I make the first call...to make an appointment, all the way to a follow-up, the doctor, the nurse, the whole process.*
- **When asked what "claims processing" meant to them, most people used words like "billing" and "paperwork."** A few people were hesitant or puzzled about how to explain the term. Comments included:
 - *I've never really dealt with the claims processing but hopefully it works out and explains how your services will be paid for in the end.*
 - *"Claims processing" means payments, I think, [and] behind the scenes services and secretarial-type things.*
 - *Billing? I think [it's about] billing.*
 - *"Processing" is letting the customer know what their role is.*
 - *[It's when] you have a bill that is sent to you in the mail and you have a question about the bill.*
 - *You get a bill or a portion of a bill, and if there's a disagreement [and] you dispute it, [are they] handling it quickly or giving you the runaround? That might say something about the insurance company.*
 - *That's just one small part of the health care – it's not the actual care. Processing your healthcare claims – like when you or your child get the care, and they process the claims for the cost.*
 - *Ease and timeliness of being able to submit a claim. Something that's rapid, that you can get all your financials back so you don't lose funds.*
 - *I was just trying to think what claims processing was -- if something happened, and you had a surgery, and you had paperwork, and someone was helping you fill out and go through the paperwork...*

- **For those who have had bad experiences with customer service or claims processing, this topic is especially important.** Some identified specific information they'd like to have. Comments included:
 - *[In] my experience, ...with certain health providers, it's [been] a little easier to deal with how they process your claims. [With others it's been] more and more paperwork you have to fill out.... For instance, I hurt my shoulder [and] it was pretty frustrating because I had to submit the same paperwork over and over again, and the insurance company lost things or didn't keep them on file. That was not good claims processing. [So I would want to know] are they going to keep track of the things that they should? And will I only have to fill out this particular form one time?*
 - *My husband got a letter discontinuing our [insurance and it] was hard to get in touch with someone. [Another time, my] daughter was hospitalized as an infant and it wasn't always clear, who to pay, when to pay.... Taking care of the paperwork for that was like a part time job for me. [That's why] customer service ratings are so important to me – I like to talk to a person if I call them.*
- **A couple of people mentioned specific things that would mean good customer service to them.** Comments included:
 - *When I call, if I get an answering machine and have to leave a message, if they could return the call within the hour, I don't think that's too much to ask. I'd want information about that.*
 - *[I'd like to know if] they have people who can answer the phone instead of going to voicemail. One thing I really hate is pushing the numbers: "If you're calling to do this, push 10!"*

REACTIONS TO:

"Plan-provided programs and information to help members get better and stay healthy"

- **This heading was puzzling to a few people.** Several misinterpreted the meaning of "plan-provided"; they thought it was a reference to "plan providers." A few others made comments that suggest confusion or mistaken impressions. Comments included:
 - *Not very clear. What are the plan providers?*
 - *They want to help you figure out what plan you want to go with.*
 - *This falls into "company jargon" category.*
- **A couple of people figured they might have to pay for these services.** Comments included:
 - *I would want to know if there is something based on preventive health concerns, access to weight watchers etc. Do you have to pay extra?*
 - *[Examples could be] support groups for alcoholics, eating disorders, or anxiety. [Basically], a way to get help that is not necessarily physical, [but] more emotional. [I've heard about having] a non-clinical person to help people keep track of their goals [and that] would be of interest to me. I come from a perspective of high deductible, so [I assume] I would have to pay.*

- **People mentioned a wide range of examples of programs and services that might be offered, and thought this was a good idea.** For most of them, this heading seemed to be about providing a list of extra benefits for plan members.
 - *My insurance has tons of programs - stop smoking - counseling- health goals. [It's] not the main thing, but it's a nice extra if you don't get sick a lot.*
 - *Walking program, diet program, well-being, healthy living, healthy food, help members with resources through the website.*
 - *[It] depends on the type of health care you need. Like, hypothetically, a kidney transplant. [There might be programs] to keep me healthy to get ready for the transplant.*
 - *I think of programs that you can do on your own, so you have access to programs, diet and exercise, wellness, ...so you can feel better and stay healthy. Preventive health programs.*
 - *Other programs that health insurance covers, that maybe some other insurance companies don't cover, like...lose weight topics, or program information about those types of things that would encourage you to be healthier.*
 - *Mental health screening or diabetic programs...or maybe you have discounts at health clubs. Or just having a number where you can call with questions about poison or whatever.*
 - *Maybe you go to a class where you learn how to eat healthy and exercise; maybe getting information packets...about what you should be eating, how many calories, what kind of tests you should [get].*
 - *Probably smoking programs, and obesity-type programs. Something for kids, ...like a cooking class or...an activity thing so they get at least half an hour outside. [Or if] you have fibromyalgia, you can go to [a program].*
 - *OK. This makes me think of somebody sitting down with me and explaining their program, giving me information to help my family members...stay healthy, and to get better if we're sick and have something that's not real serious.... [This might be] the doctor or assistant or a nurse who would...sit down and talk to us...before our appointment or when we get the plan. I'm assuming it would be face to face, or they could call us on the phone I suppose, whatever is for their best convenience.*

REACTIONS TO:

“Access to quality health care”

- **This heading was puzzling to many people.** For several, “access” was an unfamiliar word. A few others were just not sure what this heading was about. Comments included:
 - *I don't know [what this is about].*
 - *Isn't that what the website is? I don't understand.*
 - *This is very vague for me.*
 - *I feel like this would be a little tab you would click before the health plans would pop up and give you access to those plans. Like a smooth link or something that would allow you to check out those plans online.*
 - *Maybe that this doctor can do a better job.*

- *They would have all the different companies listed...*
 - *[What would information on this topic tell you about the quality of a health plan?] Deductible, age group, smoker, non-smoker, child-bearing.*
 - *I guess just locations, and then ratings on those. That's the only thing I can think of.*
 - *Can I meet the financial requirements?*
 - *[This] seems confusing – with all of the (health plans) you should have access to quality health care.*
 - *I'm thinking that it's going to tell me a few different healthcare options with this health plan, like what I would have access to, and if I got that, I'd be very interested in that.*
- **To others, this heading meant being able to get care or service when you needed it.** Comments included:
 - *It tells me I have free-range to get quality care from whichever provider I choose, whether physician, hospital. Access means...the way to get the best quality health care. Can't think of any examples.*
 - *I like this. [It] means that if I have a question, I have access to get information.... Maybe they just diagnosed me with something and I don't have to sit there with a doctor explaining it all, he can refer me to this, and then if I have any questions later I can ask. I can get all the information and [then ask questions at] my next appointment.*
 - *When you have access to it, you're able to go in any time and get help, get quality health care. You'd hope all of them would be doing well on that.*
 - *Being able to get the care, get in touch with people, get appointments.*
 - *This would be important but I would want details about what exactly "access" is. [Is it] a 24 hour service line, 24 hour nurse line, a large [number of] in-network providers, how to file a claim?*
 - **To some people, this category was about which doctors and hospitals they would be able to use.** Comments included:
 - *[What] hospitals and clinics can I go to.*
 - *I guess just a list of [places] that accept this health plan.*
 - *That is number one to me. Quality healthcare is very important in choosing a hospital for surgery.*
 - *I do shop around for healthcare as I am self-employed. There are certain clinics I would go to and certain hospitals. I would need to know, are they in my network?*
 - *Is it available on a bus line? Is it available to everybody throughout this health plan? Are you going to get excluded from [a particular hospital] because you're on Plan B but if you're on Plan A you're right in the door? It should be equal across the board.*



PART 4. Reactions to 14 measures of quality

Methods and measures

Using examples of comparison charts to provide a context for reacting to specific measures of quality

In the next part of the interview, we got reactions to 14 individual measures of quality. To help interviewees understand how measures of this type might appear on a website, we began by showing them three examples of data displays from websites.

These examples were screen shots from actual websites (see Appendix A). We chose them to represent a variety of approaches for summarizing and scoring comparative quality information. One showed comparisons on a single measure using bar graphs and numeric scores. Another was a chart with star symbols that compared plans on several topics. The third example used symbols with words (better than average, average, below average) to make comparisons.

In showing these examples, our purpose was simply to help people envision possible ways in which quality measures might be reported. We did not seek their reactions to these displays. After we showed the examples, we explained that MNSure has not decided yet what approach they will use to show quality scores or other types of plan comparisons.

About the 14 measures

We showed people 14 measures of quality. The headings for these measures are listed below in Figure 2; for the full text see Appendix B. Each measure was printed on a separate card. Under the heading there was explanatory text and a link at the end that said “[Get details.](#)” The full text for each measure is shown later in this section when measure-specific findings are reported. Since “measure” is technical jargon, we called these measures “quality topics” during the interviews.

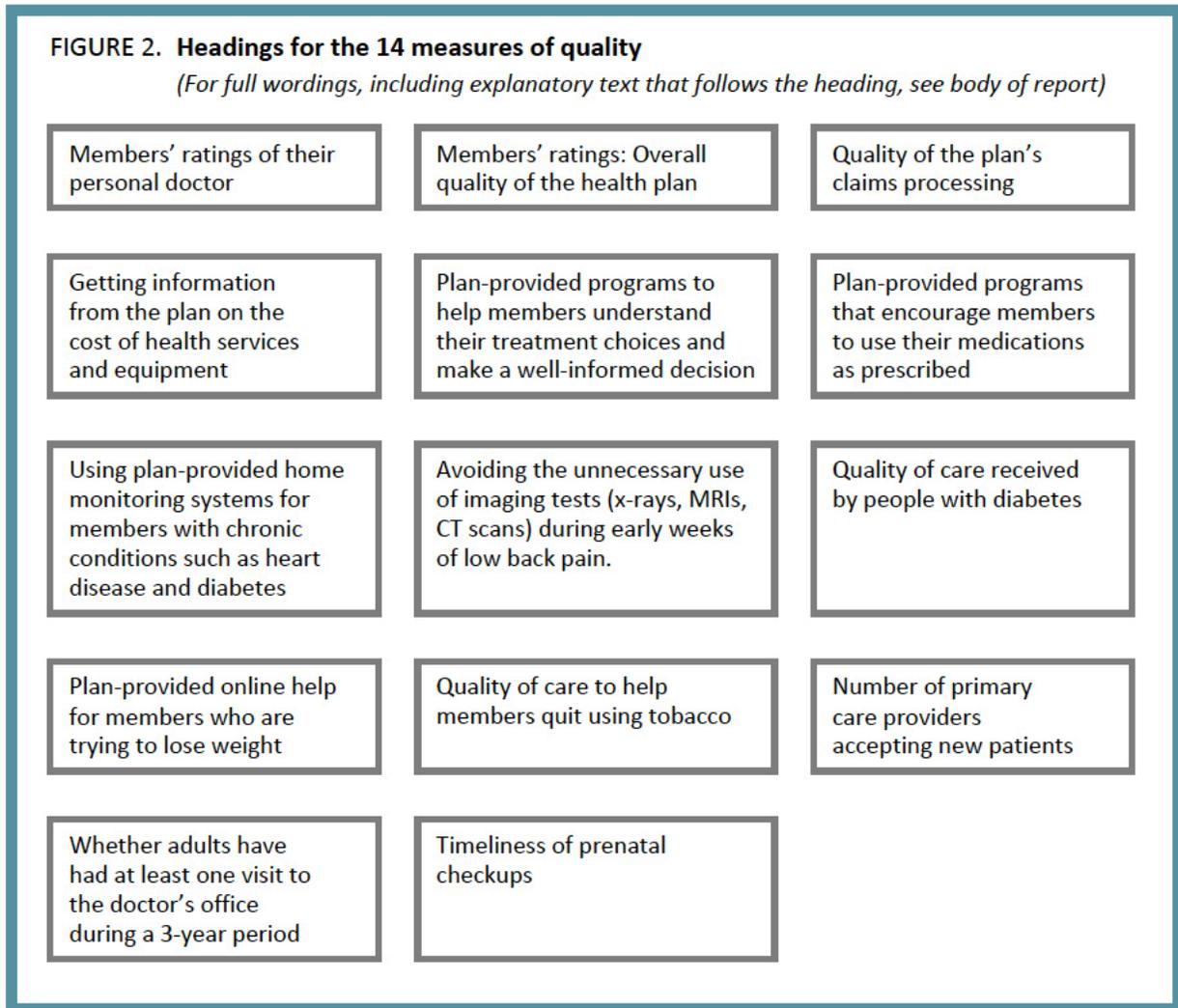
The 14 measures are a mix of measures from CAHPS, HEDIS, URAC, and measures based on topics covered by eValue8. These are all potential sources of quality measures that could be integrated into a future quality rating system. These 14 measures were selected to serve as examples of various types of potential measures. MNSure wanted to solicit consumer feedback on a diverse array of quality measures to assess what may be most helpful to consumer decision-making. When interpreting the findings on people’s reactions to these measures, it’s important to keep in mind that people were responding to text written on cards, not to a fully functional website.

We followed a two-step procedure to get their feedback on each measure:

1. **We asked for their reactions to the measure**, focusing on what they thought it meant, what (if anything) they thought it told about quality of a plan, whether it was of interest or not, and whether any questions came up for them when they read it.

2. **We explored how they would categorize that measure.** For this purpose, we used a card sorting task with a set of nine categories. The categories and results from the card sorting task are discussed later in Parts 5 and 6 of this report.

(For all interviews, the first card we showed was on “members’ ratings of their personal doctor.” We showed it first because this topic is an obvious match to one of the nine categories we used for the sorting task. The rest of the 13 topics were scrambled so that the order of presentation varied by interview.)



REACTIONS TO:

“Members’ ratings of their personal doctor”

Members’ ratings of their personal doctor

To rate their personal doctor, members who were surveyed used a scale from 0 to 10, where 0= “worst personal doctor possible “and 10 = “best personal doctor possible.” [Get details](#)

- **Some people wanted or expected to see doctor-specific ratings.** A couple of people assumed that’s what the website would show, and a couple said it was what they would want to have. Comments included:
 - *If [it doesn’t tell] who is being rated, it’s not very useful.*
 - *This would give me a little bit about each doctor as far as “took the time to follow up with me,” or “took the time to listen to my concerns,” or “follow up on a diagnosis...” and that would mean a lot to me.*
 - *I don’t know that I would take that into account [unless it told which doctors got which ratings]. I go to a clinic with multiple doctors and if my doctor wasn’t available, I would see another.... There are four I really like and two I don’t I like.*
 - *It would probably have a list of all the doctors and just an [overall] scoring scale of people’s experiences with that doctor and maybe what they specialize in, or their services offered.*
- **Some people were interested in the basis for the ratings and mentioned things that they valued in a doctor.** Comments included:
 - *How long do you make a patient wait? How rushed are you? You can tell I don’t like being rushed in a doctor’s office. Do you feel comfortable in the office? Comfortable talking to him? You’ve got to connect with wanting to tell your doctor things. Many times I’ve heard of people lying to their doctor because they don’t want the diagnosis he might give or don’t want the procedure he might do. Yeah, I’d like to know this.*
 - *I think that’s important...how the physician responds to what your needs are, a kind word, ...the actual treatment they prescribe.*
- **One person thought that when doctors see their own ratings, it could lead to improvement:**
 - *I like this very much. I’ve never been able to rate my doctor, and I think that’d be great, and doctors would recognize, they’d be notified, and they could change things. I like that.*
- **One person said that a rating of the doctor would tell about quality of care but not quality of the plan:**
 - *[This rating of the doctors] has nothing to do with the actual plan you choose, it has to do with the quality of care that is given. Once you choose the plan, it sets the care. Once you choose the actual doctor, that’s the quality.*
- **Some people commented on how they thought the ratings would be done.** Comments included:

- *I would think [this] would be the members who were a part of this health plan rating the doctors that they saw that the health plan offered.*
 - *Maybe a survey emailed out to people after they've seen a doctor. Almost everybody has email.*
 - *I would think that after your visit at the clinic they would put a thing in the computer, it would remain anonymous, but they should definitely have some feedback on the doctor to find out if they want to change their ways.*
 - *It's gotta come from the individuals. Some kind of survey or rating...perhaps there's some kind of computer model they can do. This person only comes twice per year, this person...*
 - *It would be important to know that it's not the hospital's information, that you would know it's just opinions and rating [from patients].*
- **A few mentioned had reservations about the ratings themselves or the scale used for the ratings.** Comments included:
 - *I hate number rating system. It doesn't mean that much. I might click on it to get some idea, but I also use a doctor rating website.*
 - *The rest of [the quality topics] are more objective than that one seems to be.... Everyone rating their own experience is going to be either a 1 or a 10 -- nothing in between.*
 - *[Patients] may only respond if they had a bad experience.... I may or may not [look at the ratings], depending on how they are based and depending on the details.*
 - *If it's just a number scale, I think there are excellent doctors who have terrible bedside manner – I look at ratings, would be interested in getting the details, would want to know what 'worst possible doctor' mean.*
 - *Worst personal doctor? Why would you go to that? [Laughs.]*

REACTIONS TO:

“Members’ ratings: Overall quality of the health plan”

Members’ ratings: Overall quality of the health plan
 To rate their plan, members who were surveyed used a scale from 0 to 10, where 0= “worst health plan possible” and 10 = “best health plan possible.” [Get details](#)

- **For many people, cost and coverage were vital components of an overall rating of the plan.** Comments included:
 - *What you get for what you have to pay. It's about everything related to the plan. Very important.*
 - *[There's a] difference between quality in care and quality in a plan: care is customer service overall, [and the] plan would be coverage.*
 - *Yeah, that goes right up there with pricing and wanting to know what it costs and what's being covered and what other people thought. Overall, like everything, how each plan was rated...*

- *[It would include] price, deductible, prescription plan.*
- **A couple of people said that everything about the plan would be included in the overall rating.** Comments included:
 - *This is where I'm thinking they're rating the whole plan, maybe not just specific parts of it, but the whole plan together. If the whole plan is rated high and the individual parts are rated high, that's pretty interesting.*
 - *I like this, it's just general rating of the health plan.... It sort of covers everything. Kind of like an average, if I don't want to spend time looking at specifics.*
 - *I would definitely use this, [it's] important. I think it might be a stand-alone summary.*
- **Some people who said they would use the overall rating of the plan said it wouldn't be the decisive factor for them.** Comments included:
 - *I think this would be somewhat useful, [but] I wouldn't base my decision on the feedback from individuals.*
 - *[With this, you can] read other people's experiences with a health plan and [use] those experiences to help pick a quality plan. People tend to be drawn to that. A lot of people don't like to go into deep details – like if they give it an "8", hey that's pretty good – or stars, or whatever.*
 - *It is something that would probably help but would not be a major factor. If there were multiple ratings I would look through all the ratings. I'd add my friends' ratings to that.*
 - *Ratings don't mean the same thing to all people.*
- **A couple of people seemed to expect that this topic would provide details beyond numeric ratings, such as commentaries from those who did the ratings.** Comments included:
 - *Yeah, I'd want to know, if I was looking at which plans I should be getting, I'd like to look and see an overview of what members who have that plan say. Maybe they'd say they signed up for this plan but wish they'd gotten prescription payment services, or if I'd known I would have gone every day I would have signed up for no co-pay.*
 - *If I was...really looking into this, I probably would view the reviews.*

REACTIONS TO:

“Quality of the plan’s claims processing”

Quality of the plan’s claims processing

This score is based on members’ reports about:

- How often the plan handled their claims quickly.
- How often the plan handled their claims correctly.

[Get details](#)

- **Similar to other findings reported above, some people were unsure about the meaning of “claims processing.”** Comments included:
 - *Not sure what it’s about.*
 - *There’s cost, and that’s all about money, but claims, I’m not sure.*
 - *I’m just thinking this is their bill or something? Claims, you call and find out how much a procedure costs before you have it done? Or calling to find out how much it did cost?*
- **Most people were interested in using information on this topic to compare plans.** Comments included:
 - *This is very useful; this is one of the things that I’m first going to go to, because if I find out that they’re really hard to deal with, even if they’re good in other areas, that would affect [my decision about which plan].*
 - *It’s good to know more details about the bill, and help to know how you are going to pay for it. This isn’t necessarily something I would think of right away – but would really want to take into consideration – second most important thing to care is your money.*
 - *I think that’s important. You see so many people who get into financial trouble, and 50-60% of them would not have if they had been a little more forthcoming. I’m in business and I see people with collections who didn’t even know they had a bill [and] it’s always medical. It’s important to be clear to people.*
 - *Don’t want to be getting bills and past due [notices. It’s] hard enough to be sick. [You] don’t want to go through problems and delays on the paperwork part.*
 - *It would be helpful to know how others feel their claims were handled.*
 - *I care about the correctness.*
 - *Not on the top of my list – it’s secondary – want to be sure the health care provider gets paid, but care is more important.*

REACTIONS TO:

“Getting information from the plan on the cost of health services and equipment”

Getting information from the plan on the cost of health services and equipment

This score is based on members’ reports about how often they were able to find out from the health plan how much they would have to pay for a health care service or health care equipment. [Get details](#)

- **Many people said being able to get information about cost from the plan would be important, and to some of them, it was one of the top things to know when comparing plans.** A few people seemed to be interpreting this topic broadly, as telling about overall cost of the plan (premium, copays, etc.) rather than telling about ease of getting cost information about particular services or equipment. Comments included:
 - *This would probably be my top-ranked thing right now. Equipment, maybe not, but the cost of health care services.*
 - *Be good to know if something was available and where it was available for family member. Wheel chairs, crutches...*
 - *It would be awesome if there was easy access to this information.*
 - *Very important [to know], is this covered, will I have a co-pay. [I] always get different answers [and maybe the] doctor doesn’t code things right. This is a big one for me. [I would] want to have a plan that does well at this.*
 - *This would be important to me. [If] you need the equipment, you need to have this information. It’s really important.*
 - *Yeah, I mean that’s probably one of the first and most important things people are going to look at. [When] looking at health care I want to know how much it’s going to cost and how much coverage I’m getting for what I’m paying.*
 - *If you’re dealing with an insurance company, you want to know how much it cost.*
 - *As you get into a serious illness it’s important to know the prices of things.*
 - *Yeah, as I get older, you know, I might need a wheelchair at some point. That’s something I guess I’d want to check on. If I’m going in for surgery or my wife was, we need a hospital bed...so what does it cost? You’d want to know that before you got involved.*
- **A couple of people said they might need to know ahead of time if they could afford to get the care.** Comments included:
 - *[For example, if I had to have] elective surgery, I want to know how much [it’s going to] cost.... I might have to pay a lot because I have a high deductible plan.*
 - *Finding out cost relatively easily is important, so I can see if I can afford to have something done.*
 - *It would help me get information on the cost so I can personally make a choice instead of being confused about what my options are.*

- **One person thought this topic was not very useful:**
 - *I don't think people look for prices, but they look for quality of care – cost shouldn't be at the forefront of your mind. Like when you go to the hospital, you don't see a rate chart – they don't want you to focus on cost, they want you to focus on getting better. [This topic is] not useful.*

REACTIONS TO:

“Plan-provided programs to help members understand their treatment choices and make a well-informed decision”

Plan-provided programs to help members understand their treatment choices and make a well-informed decision

This score tells the plan's success at making members aware of the possible benefits and risks of different ways of treating their symptoms and conditions. This includes giving them easy access to information on which treatments have been shown to work best for their condition and suggesting specific questions they should ask their doctor. It also considers whether the plan makes health coaches available and provides information on what other patients about their experience. [Get details](#)

- **A few people were confused by this topic or made comments that suggest they were misinterpreting its meaning.**
 - *I could see where this would be helpful, but the best program, are you trying to help me figure it out? (After reading the heading aloud, this person continued:) This would be more helpful for someone to understand what direction to go. It's maybe something [confusing] in the wording...*
 - *Health coaches can help you decide on a health plan.*
 - *I feel like [this one belongs under “access”] and it would explain the different programs and choices that people make.*
- **People responded positively to this topic.** Comments included:
 - *Very useful. I think this is one of the main pillars to a health plan, to be able to understand and make well-informed decisions. So this is important to me, yeah.*
 - *This is telling the patient how to make a well-informed decision. This might be from the doctor or clinic, this should be something they do together. Yes, this would be useful to me.*
 - *I wouldn't necessarily look at this.... Not at this point in my life. But my Grandmother, who is care-giver for my aunt and cousin, [is] always talking to me about...trying to find the best care [for them so] this would be really helpful [to her].*
 - *I think that's a good one. I would look at that. A lot of times we're just given prescriptions or treatment or whatever and we don't understand why, when knowing why certain things could make a difference in recovery.*
 - *The more information you have on something, the more you understand the treatment and the disease or whatever you have.*

- **Some people mentioned particular things they liked about this topic, including the idea of getting help with which questions to ask, getting a second opinion, or how to figure out the best treatment.** Comments included:
 - *[I think most people have] no idea what questions to ask, especially for patients diagnosed with things like cancer. [This would be good] if you don't know what to ask.*
 - *I think you can walk away from an appointment and say "this is what I was [told to do] but I don't know if it's what I want..."*
 - *Well, that's good.... Let's say you were going to have a surgical procedure, [the website] could have information about like if it's laser surgery, or regular surgery. [With] orthopedics, you might go for a second opinion. Some way of doing a risk comparison.*
 - *For obesity, maybe, [it could] say whether an exercise thing is going to work, or maybe [you need] to have the lap band or whatever.*
 - *[This is] important if you get one diagnosis and you want to get a second opinion and you don't want to have to get the same tests again. [You want to know] what will work best for treatment [because there might be] different paths to go down.*
 - *Yeah, I think you'd want to be able to say, do we treat this with drugs or do surgery?*

REACTIONS TO:

“Plan-provided programs that encourage members to use their medications as prescribed”

Plan-provided programs that encourage members to use their medications as prescribed

This score is based on the plan's success at having systems that check to see whether members are filling their prescriptions on schedule and sending reminders to them and their doctors when they don't. [Get details](#)

- **One person didn't understand how such tracking would be possible.** Comments included:
 - *I don't know what a program to encourage members to use their medications [would actually do]. How do you know [the patients] are not [taking their medication]?*
- **When commenting on this topic, a couple of people didn't seem to notice that it's the plan that's doing the tracking and reminding (not the doctor), or made other comments that suggested a possible misunderstanding.** Comments included:
 - *I like this because as I understand it, the doctor is checking up that you're getting your prescription filled and you're taking your medication, and not letting it run out if you need to get your refill...or maybe a nurse does it. [So you're] not being totally ignored when you walk out of the office.*
 - *It wouldn't be interesting to me. When I get a prescription...it's going to always give me a layout of how much and when to take it. This is telling me how accurate every plan provider is with that, and I guess I can see it being helpful, but it's not something I would look at.*

- *Yeah, again, I think this is something that is mishandled or abused -- prescriptions. Does that person who is chronically diabetic, do we need all of that stuff? Sometimes after years and years we keep piling things on, but could we cut one of these things out?*
- *Maybe I'm not understanding [this one] right. So I guess I look at that and I want to know, am I looking for a provider who is going to make it easier for me to get in and get my prescription? Are you going to help me with my medication? If I click on that, is there a rating on that?*
- **Three people felt that this type of tracking by a health plan was inappropriate or would violate patient privacy.** Comments included:
 - *I'm not interested in that. I don't care for that. That is between the doctor and the patient.*
 - *That's stupid because...I think it's invading privacy – I wouldn't want my health plan to know about my prescriptions – that's between me and my doctor.*
 - *I think it's up to the patient. If the patient is honest and forthcoming about whether or not they're using it, [then fine]. But if they aren't honest –well, it's totally up to the patient to give the information as to whether or not they are using it as prescribed.*
- **Many people commented that reminders are a good idea.** A few mentioned that reminders are especially good for certain types of patients, such as those who are older, who have depression, or tend to be forgetful. One person referred to “being accountable” and another said, “accountability.” Comments included:
 - *[It is] beneficial to [give] reminders as people get older. To me it's more of a security thing, more of a reassurance thing. This would be a good thing.*
 - *[So the] doctor gives you a prescription and you forget to take it, [so you get a] reminder that a refill is needed, or a reminder to take it. [It would be good] especially for those who deal with depression, those who go off their medication, those who forget such as older people. I like this.*
 - *A system of checks and balances, a way of the patient being accountable to be sure they do what they are supposed to do – I suppose if it was an elderly person with memory issues, “somebody has my back.”*
 - *This is very important. I'm consistent, but I think this is a big problem for a lot of people. You can get care that's appropriate and timely, but as far as following up and doing things as instructed...*
 - *I think that it seems helpful, it seems like it is kind of helping the members stay healthy... They're getting a prescription, and part of the plan will be helping their members remember to [use it] -- accountability, almost.*
 - *It wouldn't be useful for me necessarily, but it would be good for my parents, because they are taking a lot of medications.*
 - *I would say this is useful. If someone isn't likely to take their medication, there's some underlying problem there that needs to be addressed, short of “here's more meds,” which doesn't work. Definitely falls under the quality of care for mental/behavioral health.*
- **A couple of people either saw no need for tracking and reminders or didn't consider it to be the plan's responsibility.** For one person, the idea that patients might not take

their medication as prescribed made no sense. A couple of people saw this topic as being part of the doctor's job, not the plan's. Comments included:

- *Why wouldn't someone follow the prescription?*
- *That one seems like a waste. You already get information from your doctor and your pharmacist, so I don't think this would be something most people would look at.... It's already taken care of.*
- *[Doesn't] the doctor usually give you the information sheet with the pills? I know they did that with my Dad. I wouldn't think of a plan doing that. That's the doctor's job.*

REACTIONS TO:

“Using plan-provided home monitoring systems for members with chronic conditions such as heart disease and diabetes”

Using plan-provided home monitoring systems for members with chronic conditions such as heart disease and diabetes

This score tells how successful the plan has been at providing and encouraging the use of electronic monitoring systems and devices to improve the care for members with chronic health conditions. With a home-monitoring device, members can use a phone or computer to send daily reports of their symptoms and current health (such as blood pressure, weight, heart rate) to a doctor or nurse who can watch for changes and take action when needed.

[Get details](#)

- **This type of home monitoring was new to many people and they found it interesting.** Comments included:
 - *I'm very intrigued. I didn't know this existed.*
 - *I don't know exactly what this would entail, I have never heard of it before.*
 - *That's actually kind of cool. Being able to basically give yourself a check-up and have that written down somewhere, that's cool.*
- **Although no one we interviewed had a personal need for home monitoring devices, many thought these devices were beneficial.** They commented on how using such devices would provide good care more efficiently, with a savings in time, money, and energy. Comments included:
 - *Personally I don't really care about that because I don't have any chronic issues, but for someone who does have those conditions it'd be nice to know. I can see a use for it, just not personally.*
 - *This is really important for people who need this stuff at home.*
 - *I thought of "life alert" at first, but after reading the description, I see that [it's something different]. [You do your] blood pressure and heart rate, send [it] off to the doctor. This would cut down on costs, [and you wouldn't] need to talk to a real person or go to the grocery store and take your blood pressure.*

- *For somebody that has those conditions, to be able to monitor at home...that would be ideal. Most have access to phone and computer. (This person added:) [My own] dream [for really convenient care] would be to have my daughter's pediatrician's e-mail address, rather than going to the clinic or waiting on hold.*
- *It's awesome if you don't have to go in to see a doctor when you have a condition. I am not sure if it would tell me much, but if it is something a plan provides and they advertise it, more people might be interested.*
- *This is pretty nice so you don't always have to run to the physician's office, you can do it by phone. This is quality – yes, if there were scores on this it would be good.*
- *That'd be helpful. [From] what I've heard about these monitoring devices, [they] can save people and save money and a lot of long-term complications.*
- *I think of the type of heart monitors that I know of, and of...someone [with diabetes] wearing something that tells them when their blood sugar is low. [What] I'm getting from that is that the insurance plan is going to help cover some of those types of things.*

REACTIONS TO:

“Avoiding the unnecessary use of imaging tests (x-rays, MRIs, CT scans) during early weeks of low back pain”

Avoiding the unnecessary use of imaging tests (x-rays, MRIs, CT scans) during early weeks of low back pain

Most people with low back pain will feel better within a few days or weeks with little or no medical treatment.

However, people with low back pain are often given medical care they don't need during the early weeks of back pain, which can do more harm than good. This includes being given unnecessary imaging tests (X-rays, CT scans, and MRIs).

This quality score for appropriate care is based on the percentage of members with low back pain who were not given imaging tests during the first four weeks of low back pain. [Get details](#)

- **One person had trouble envisioning how care could be unnecessary.** Comments included:
 - *[You could] have a back injury, strained muscles, herniated disc.... I don't think there is such a thing as an unnecessary x-ray. If you have a lot of pain how do you determine whether or not it is necessary, if you have something wrong?*
- **The idea of trying to avoid unnecessary care resonated with some people.** Comments included:
 - *We want to know how to fix what's wrong right away, but we don't need unnecessary tests.*
 - *I would look at that closely. That would be useful to me. Testing methods are being overused.*

- *[You] don't want exposure to unnecessary radiation. If you don't need it, you shouldn't pay and insurance companies shouldn't pay. We could save money for everyone by avoiding care that's not needed.*
 - *This would be important – not something I would think of, but I do have low back pain and I have talked to my doctor about my options. I do want to avoid unnecessary treatment because I have to pay out of pocket.*
 - *If I click on this to see what their opinion or ratings are on whether that particular coverage was doing things that were unnecessary, this would give me that extra information on...[providing care that's appropriate].*
 - *Interesting...so I guess, are they trying to get at [whether] they're...charging their consumers [for] stuff that they probably don't need? That's what I'm getting out of it. Unnecessary use of imaging tests, doing it too frequently to get more money out of the consumer.*
 - *I would think [patients would] want to be given [information about] the dangers of the X-rays, but I guess they were not.*
- **One person wanted any easy way to learn much more about this topic:**
 - *I think it should be a side note on that [topic of "appropriate care"] and maybe this would have a search bar with a whole lot of information so you can look into the topic that you're really interested in learning more about. That would be helpful.*
- **For some people, this topic was confusing, unclear, or raised questions for them.**
Comments included:
 - *I am leery of getting unnecessary imaging tests, but why are they basing the score only on those that didn't get the imaging? If this is common knowledge to get or not get an x-ray for this, [then this topic] should go under "appropriate-inappropriate care."*
 - *I understand that the tests are expensive, [but I'm] not familiar that they [can] do harm. The harm that I see is expense. [I] don't know of physical harm; I would like it explained more. Health care providers jump to the whole spectrum of testing so they don't miss something, but sometimes by talking with the patient, [maybe they] can find out more.*
 - *I don't know what to say on this one. I don't have low back pain, I've heard it's horrible. I don't understand what [this topic is] talking about. Are they giving too many x-rays? I suppose too many x-rays are bad for my body, or they're too costly, so it might make that plan more expensive.*
 - *I guess there would be certain kinds of low back pain that might need some tests, X-rays, I think that's what most chiropractors do, they take an X-Ray and put it on Photoshop and sharpen the image to show where you're pinched. MRIs and CT Scans, I'd say those are for if the pain has continued after a couple of weeks and it's a really bad problem, maybe you can't walk.*
 - *This is useful.... [There's] a question in my head...is it based on the clinic?*

REACTIONS TO:

“Quality of care received by people with diabetes”

Quality of care received by people with diabetes

This score is based on percentages of members ages 18 to 75 with diabetes:

- Who received certain tests and other care recommended for all people with diabetes. This includes getting cholesterol checks, A-1-C blood sugar tests, eye exams, and – if needed – care for kidney problems and medical advice and help to quit using tobacco.
- Whose test results show that their blood sugar, cholesterol, and blood pressure are at healthy levels.

[Get details](#)

- **In general, people thought this topic was important because diabetes is serious, widespread, and requires a lot of care.** Comments included:
 - *[Many] people have [diabetes] and it's very serious because of the control, so this is something you'd want to see on a health care plan. You'd want to know the quality [of care] for people [who have it]...[whether they are getting] all the tests and all the care.*
- **A couple of people found this topic unclear, or made comments that seemed to suggest a possible misinterpretation.** For example, it was sometimes hard to be sure that people were thinking in terms of *quality scores* rather than in terms of information for people with diabetes to help them stay healthy.
 - *So who's saying...is it just showing their blood sugar levels? Is it showing what healthy levels are? Are they saying that they gave tests to people who are healthy or to people who have diabetes?*
 - *I think that this is really helpful for a person with diabetes; they can click on this and...this would help them stay healthy and know what the prescription is.*
- **Most people were not personally interested in this topic because they did not have diabetes, but they thought the information would be important for those who do.** Comments included:
 - *I have a friend whose brother has Type 1 diabetes – obviously to someone with diabetes this would be important to their daily life.*
 - *Especially for someone with diabetes, that's very important. If I have diabetes, that's going to be the most important thing I'm going to look at.*
- **One person wasn't interested in the topic of diabetes, but would be interested if it were about asthma instead:**
 - *A similar quality of care for people with asthma would be of interest to me.*
- **One person we interviewed had diabetes but had little interest in this topic:**
 - *I think this is necessary for people with diabetes, you know you do your tests at home. Mine is pretty stable so I don't test every day. I know I have to go in and get my eyes*

examined, but that's not something my doctor talks about. (Would you want to get more details on this topic?) I personally don't think that I would, but I could see how people that were Type 1 diabetics would probably want to...

- **Two people made comments about how the quality of care for people with diabetes could be an indicator of quality even for those who don't have diabetes.** Comments included:
 - *[This tells] which health plan has better success rate for people with diabetes – that they are on top of it. It's not an area I'm looking under, but would tell me that [a plan] might not be as good in other areas if the numbers [for diabetes] were low.*
- **There were no spontaneous comments about the difference between the two types of information on diabetes that are included in this quality score for diabetes care.** Since no one commented, it's not clear whether anyone noticed the difference. During one interview, the interviewer asked directly for a reaction to the second bulleted point, about having good test results, and the interviewee replied:
 - *It would reflect well on the plan to have good scores [because these] would show that people [with diabetes] are keeping their condition under good control. [They] probably have had access to good care. But personally, [this topic] is not so relevant [to me].*

REACTIONS TO:

“Plan-provided online help for members who are trying to lose weight”

Plan-provided online help for members who are trying to lose weight

This score tells how successful the plan has been at identifying and supporting members who are overweight and want to lose weight. It is based on the availability and use of plan-provided online help for losing weight, such as chat sessions and information tools. [Get details](#)

- **Many people were interested in this topic and they got into details about what it might include and also made more general comments on ways of losing weight.** They thought it was good for plans to be providing help and support for weight loss. Several people we interviewed acknowledged that they needed to lose some weight or said they were working on it. Comments included:
 - *I would definitely want to get details [on this topic]. It would probably go into what types of support, what types of programs...like a gym buddy...online chat, exchange messages on a message board, [tell] why I'm stuck, post ideas [that give support].*
 - *A great way to address this issue of the population weighing more.*
 - *First I'd want to see all of the choices that were there, and then maybe a ranking system. Also, it's pretty basic, you have to watch what you're eating, so maybe a list of good choices and bad choices...[and] exercise. A lot of people think that maybe you have to run in order to get aerobic benefits, and in order to burn fat you need to get yourself in an aerobic position...lots of different things. Maybe there can be: “hydrate yourself,” telling people what they could do.*

- **One person was concerned that it might be hard to get into this program.** This person seemed to be misinterpreting the intended meaning of the word “availability” in the description of this topic. Instead of thinking it referred to whether the plan was making programs available or not, the interviewee was thinking in terms of whether there would be restrictions or waiting lists for the programs the plan was offering:
 - *Based on availability is a question, always. You’re not positive you can be included, and so forth. Maybe the program or plan is full and maybe I’d be sent to a different program or put on a waiting list?*
- **It seemed that some people were *not* thinking in terms of quality scores for this topic.** Instead, when asked what they would expect to see if they clicked for the details, they seemed to be expecting a full description of programs offered by each plan, a link to the plan’s website, or immediate access to online help for weight loss. Comments included:
 - *[This would give me] hotlines.... For weight loss, it’s especially important to have access to information. [If I clicked for details, I would expect to see] chat sessions, websites.*
 - *It’s going to be all different tips on how I can lose weight and ways that that would be made available to me.*
 - *Well, I think that’s something, you wouldn’t even have to talk to somebody about it, if they had a good website, whether it’s weight loss or smoking or exercise, if there’s something on there, they can see it right away.*
- **Some people found this topic personally useful and others did not.** Comments included:
 - *This would be important. I would be going on the website to find out everything.*
 - *I wouldn’t use it but it is probably something they should provide.*
 - *This is not useful. I don’t really need it.*
 - *I like that one. Personally I’m working with a specific family member right now who is working really hard to get her weight down. And even if I wasn’t looking for her, and was looking for me, I’d want to know that that was there. That’s actually a huge one for me.*
 - *If Plan A doesn’t offer anything and Plan B offers weight loss, [stop] smoking, etc., if I was comparing two plans that would be important.*
 - *(Would you want to get more details on this topic?) I have a gym for that.*
- **One person was intrigued by the idea of scoring plans on how well they help members with weight loss:**
 - *I haven’t seen that much online [that provides] that kind of information – especially a score of how successful it has been. Results or member reviews, either would work for me, as long as it is fact-based. Member [reviews] might be more truthful, [especially if there were comments from] those it didn’t work for.*
- **A couple of people seemed confused or found this topic unclear.**
 - *If I didn’t see the words under the heading, I wouldn’t have any idea what the [top words] meant. It kind of reminds me of a preventive plan, kind of teaches you how to stay healthy.*

- *This tells me it would give me the breakout of who is using this [program], and the success rate, but I don't think it is really a tool that you need to lose the weight – stats are good, but...to help you lose weight [you] need more.*

REACTIONS TO:

“Quality of care to help members quit using tobacco”

Quality of care to help members quit using tobacco

This score is based on the percentage of tobacco-using members 18 and older who were given medical advice, support, and other help with quitting tobacco. This includes:

- Being advised that they should quit.
- Being told about things they could do that would help them quit for good.
- Being offered (or prescribed) medications that can help people quit tobacco.

[Get details](#)

- **In general, people acknowledged the health benefits of quitting.** Comments included:
 - *I think this is really good.... So many people are still hooked on cigarettes and they're dying and getting diseases, and it's very bad.... Getting to quit is hard. If [there is] a way to help them, [that would be good]. It's such an addictive habit...maybe medication can ease their way of quitting. [A lot of people] need to have this care.*
- **A few people seemed uncertain about the focus of this topic or didn't know what they would see if they clicked to get the details.** Comments included:
 - *(What would you expect to see if you clicked to get more details?) Services to quit smoking, what smokers lungs look like, things like that. Medications don't work, I know smokers who have tried that and it doesn't work.*
 - *Well, I feel like...well, wait, this would be like a link or something? Like an advice line or something?*
- **Whether this topic was seen as useful depended on the person's situation.** A couple of interviewees said they were trying to quit smoking and this topic was important to them. Those who were not tobacco users were not interested, but said they would be if they used tobacco. Comments included:
 - *I would value [this], and I would go [for] services and support. I quit but now I am smoking again and would like to quit again. [It's] good for plans to offer programs.*
 - *Good advice about quitting smoking [and doing it] different ways. [This would be important to me because] I'm trying to quit smoking myself.*
 - *(Would you want to get more details on this topic?) No, but I'd want to send my husband...*
 - *If I was a smoker, yes, it'd be useful, but I'm not, so I wouldn't need to look at it.*
 - *It's nice to know if it's available, [but] it may not make someone purchase that plan.*
 - *I think that it would be useful specifically if someone used tobacco. I don't.*

- **One ex-smoker had mixed feelings:**

- *I think it's important, being an ex-smoker myself, but I could go two ways with that.... I think most people who smoke wouldn't look at that. They don't want to hear it, or it's nothing that they don't already know. The only thing I could see is somebody who was looking to quit smoking and was in the process of looking for a provider, maybe it would tell them where to get the best support.*

REACTIONS TO:

“Number of primary care providers accepting new patients”

Number of primary care providers accepting new patients

This tells how many primary care providers of different types were accepting new patients as of a certain date (the day when the information was collected). Primary care providers" includes primary care doctors, pediatricians, obstetricians, and nurse practitioners. [Get details](#)

- **People were interested in this topic, but it seemed that many or most of them were expecting to see provider-specific information on who was accepting new patients.**

Comments included:

- *Yes, this is important, any information they can give us on the website so we don't have to call all over to find out who is accepting new patients...*
- *It is useful for people who have to move and also to find out if they are in your network, if they are not it's not very useful. That's something I should know before I call them.*
- *Well, I mean it's going to tell where I can go to get the care, I guess. Yes, that's very useful. I'd click on that.*
- *Very useful, of course. If there's a primary care provider that's closer to me, closer to my home or work, and they're accepting new patients, that would be very useful to have.*

- **A couple of people seemed to have other types of confusion about this topic.**

Comments included:

- *I think this is important because if you have a plan or a health care provider in mind and it will tell you when they are going to be accepting a patient, that's important. Like if there are certain dates, days of the week, certain times, like you might be looking for something in the night – or maybe 24 hours.*

- **In commenting on this topic, some people drew on their own experiences.** A few of them told about having trouble finding a doctor who would take a new patient or said they could imagine how that might be. One person didn't realize this could happen. Comments included:

- *I kind of know how serious that is. Yeah you could have a great plan but there might not be doctors available.*
- *Umm...I would say I haven't had as much experience in the area of not being accepted by a doctor, so it would not catch my eye. But when I think about it, I hear stories about people being on waiting lists and stuff like that.*

- *That's a good one. I would put this under access. I think this is often a hurdle for people: finding specific doctors within their branch who do accept new patients. For me, when I was looking into providers, I actually didn't [get] my first choice because I called a few places and they weren't accepting new patients.*
 - *[It was a] wakeup call when I found out [some] doctors don't take new patients.... The nurse help line has helped me [find a new doctor].*
 - *[I] have personal experience with wanting to see a doctor that has a waiting list.*
 - *Kind of important. My husband is still looking for a primary doctor.*
- **Only three people seemed to notice and understand that the measure was simply a number, not a provider-specific list.** One of them thought it might be the actual number or maybe a percentage. Another one also mentioned waiting times as an additional consideration when providers are accepting new patients.
 - *That would be useful because I know that my doctor is not accepting new patients. I guess if I went to a site and it said, "We have 2,000 people in neurology" and you sign up for the plan and find out that there are only 2 who are accepting new patients, I'd want to know that when I signed on.... If I sign up for a plan it's not going to do me any good if I can't get in to see a neurologist, or it takes me six weeks to get in.*
 - *It could tell me either the actual number or maybe what percentage of all of them are taking new patients. Either would be informative.*
 - *If the details included how many are taking new patients that would be good to know...because if I was looking for a plan I may not be able to get access to the doctor I need. I would expect to see a number.*
- **Several people said that while the information on this topic would not tell them anything about the quality of the plan.** Comments included:
 - *In relation to the quality of the plan, it wouldn't tell me anything. [This one] is not as useful as the other topics so far.*
 - *[I'm] trying to think [about this one] from a consumer's standpoint – would it make any difference in quality?*
- **People interpreted information on this topic in different ways.** To one person, if a plan has a lot of doctors who are not taking new patients, it might mean there are a lot of good doctors who are in demand. Another person would just find it frustrating, and someone else thought it was not addressing the most important thing, which was being able to get care. Comments included:
 - *My experience is the better they are, the more patients want to see them. [This would tell me] which plan has the practitioners/providers that are more in demand.*
 - *If there aren't a lot of openings, [it would] show demand, but would also cause frustration.... I don't know that I would use this one. I don't know that it would interest me. It might be a source of frustration.*
 - *To me, access to care isn't just to get to the doctor or hospital, it's when they get there, are they going to be able to get that care?*

REACTIONS TO:

“Whether adults have had at least one visit to the doctor’s office during a three-year period”

Whether adults have had at least one visit to the doctor’s office during a 3-year period

This score is based on the percentage of adults in different age groups who have had a doctor’s office visit or preventive care visit at least once during a period of 3 years.

[Get details](#)

- **Most people were not interested in this topic and did not think it told anything about quality of a plan.** Comments included:
 - *Wouldn’t tell me anything about quality.*
 - *If someone goes to the doctor regularly? No, this wouldn’t interest me.*
 - *This wouldn’t be helpful to me.*
 - *I don’t know if it means the patient would be held accountable. To me, it’s not that interesting.*
 - *I don’t see that it would be relevant to anything I would want to know.*
 - *All it says to me is that...at different ages you’re going to get a different percentage of adults who are going to a doctor’s office within a few years, but that doesn’t tell me anything about quality.*
- **A couple of people thought this topic was interesting, and thought it might tell them something about access to care.** Comments included:
 - *If [the plan had a score on this that wasn’t good] this would make me cautious about the health plan. [I would want to know] why aren’t they [having doctor visits]? Is it the doctor? The patient? The clinic?*
 - *Interesting topic. [Since] a lot of people don’t go get a check-up, [this] would speak to a couple of things, [such as] whether insurance companies provide coverage for check-ups.... [It] might tell something about how good the plan is, to know that people are getting good access.*
- **Some people seemed unclear about what was being measured and others seemed to have mistaken impressions.** For example, two people seemed to think that providers would be following up with patients who didn’t come in. Even though the measure wording says, “adults,” a couple of others talked about whether children were getting the checkups they needed. And one person thought the information would be doctor-specific. Comments included:
 - *It’s telling you that you need to go see your doctor at least once a year. [It’s] not useful.*
 - *And so this is a sliding scale of how many adults come in during a three-year period?*
 - *I think it tells a lot.... It shows that the health provider is concerned if someone hasn’t been in.*

- *I see it as two different things: 1) the patient's responsibility, but 2) having a plan and a doctor who keeps that statistic and can provide reminders: "You haven't been here in a year, you might want to make an appointment." I don't consider this to be access to care because I'd be shocked if you couldn't get an appointment within 3 years, but maybe quality of care provided, like [doctors] being proactive.*
 - *So it's three years, and in a child's life that's a lot...*
 - *It would speak to a couple of things, [like whether] children get check-ups.*
 - *I think that would be worth knowing. I would want to know it based on how they [are] rated. Like if they went to the doctor at least once in a three-year period I'm not going to pay attention to how they scored that doctor, because they didn't have much to compare it to.*
 - *I am not sure how that would weigh on me. You know, part of it is that to me, that would explain the lower premium, and if you're not paying as much.... You know, that's hard to say. Is it age? Is it geographic? Seeing this, I'd have to question, is there a correlation there?*
 - *I'd just maybe click on it to know what that hospital does with their well care visits and testing.*
- **A few people speculated about why someone would not have any doctor visits within the three-year period.** Comments included:
 - *OK, yeah, I have mixed feelings on this. Are they the person who doesn't go to the doctor, or have they been very healthy? Hopefully it's 50/50...*
 - *If I didn't go to the doctor, there is probably a reason that is keeping me from going to the doctor. Maybe I know my cholesterol is high and I should change it and I didn't listen to the doctor.*
 - *I don't know if that would be important to me when choosing a health care plan, because if these guys haven't had a doctor's visit within 3 years they're probably not going to go to the website. They're probably younger people who are in good health.... As you get older, people get the common sense to see the doctor once per year.*

REACTIONS TO:

"Timeliness of prenatal checkups"

Timeliness of prenatal checkups

This score is based on the percentage of pregnant women who had their first prenatal checkup early in their pregnancy (within the first 3 months). [Get details](#)

- **For most people, this topic was not personally relevant.** Some commented that they were "past that stage of life." A couple of men joked that this clearly didn't apply to them. A couple of people told how it had been important for them (or their wives) to get good prenatal care.
- **Interviewees appreciated the importance of good prenatal care.** Comments included:

- *It seems to me it would be preventive, but also access to care. It would tell me about getting serious so I'd have a healthy baby.*
- **Some people thought that getting prenatal care at an early stage was the woman's responsibility and didn't see a role for the plan.** One thought there should be a way for pregnant women to learn more about getting good prenatal care. Comments included:
 - *I don't think the healthcare plan has a lot of influence. It might be a well-educated group of people versus [others] who don't have the same information. It is the accountability of the individual.*
 - *So maybe there is a place to click if you are pregnant, or think you are pregnant and then you get more information.*
- **A couple of people commented that timeliness is not the same as quality of care.** Comments included:
 - *This doesn't make sense to me – it's like it has nothing to do with the care that they got when they came in for their appointment.*
 - *The percentage of women who followed the timeline doesn't give any information about the quality of the care.*
- **For a couple of people, this topic was about access to care.** Comments included:
 - *[This topic is] important. [I think] it should go in "access to care" because if people feel like they are able to get the care they need, they will go sooner.*

PART 5. A set of nine categories for organizing information on quality of a plan

About the nine categories

To explore how people would group the 14 measures under broader headings, we used a card sorting task with a set of nine categories that we created for use in the interviews.

As shown below, the headings for this set of categories are more specific than the set of six headings discussed in Part 4 of this report. This set of nine categories includes a couple of condition-specific categories (for chronic conditions and for mental and behavioral health). It includes a separate category for measures that address appropriateness of care. Because this set was designed for card sorting purposes, we included one category labeled as "Something else (topics that belong in another category that's not included here)."



As described in the preceding part of this report, we showed the 14 measures one at a time. After people gave their reaction to a measure, we asked them to put the card for that measure on one of the nine categories –wherever it seemed to fit the best.

We introduced the sorting mats and sorting task immediately after people gave their reaction to the first of the 14 measures. We told them that when websites show quality information, the quality topics are often organized by grouping them under a set of broader headings.

After they used the sorting mats to categorize the *first* of the 14 measures, we broadened our focus by asking for their reactions to the categories, focusing on two categories of special interest (the one on appropriate care and the one on plan-provided programs and services. *This part of the report summarizes feedback on these two categories.* In Part 6 that follows, we summarize the results from the sorting task.

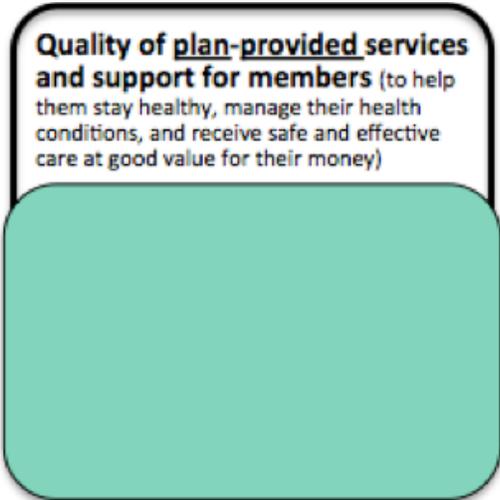
In reviewing the findings that follow, it's important to keep in mind that **this feedback was collected when people had seen only one of the 14 measures of quality**. Later, after they had seen more of the measures, people sometimes changed their impressions of what some of the nine categories were about.

REACTIONS TO:

“Quality of plan-provided services and support for members”

- **This topic was puzzling to some people and there seemed to be some mistaken impressions of its meaning.** Similar to other findings reported above, the term “plan-provided” was sometimes misinterpreted as “plan providers,” and this caused confusion. Some people were not sure what to make of this topic because it sounded so general and all encompassing to them. Comments included:

- *I don't know if a lay person would know what a “plan provider” is. [I'm] not sure what to make of it.*
- *[It sounds like] some sort of list or agenda.... I don't know, I kind of feel like that topic is too general.... It can fit into all of the categories.*
- *They'd help you out with your bills.*
- *If I didn't see the words [in parentheses] under it, I wouldn't have any idea what the [top words of the heading] meant.*
- *Heading seems generic – might find a lot of different things, probably include extras like quit smoking, going to the gym, things like that...also how easy it is to give feedback if they aren't getting good care, helpline to find a different doctor, that type of information.*
- *“Quality” kind of throws me off...just because “plan-provided services and support for members” makes more sense to me. When you say “quality,” I expect a rating. I think it's a good category.*



- **A couple of people described the types of “services and support” they were envisioning.** The examples they gave covered a wide range of possibilities. Comments included:

- *It kind of reminds me of a preventive plan, kind of teaches you how to stay healthy. I think of sheets that you put up for nutrition and exercise, and not smoking or over-drinking. Seems like it'd be printouts and maybe talking to you about things you can do to stay healthy.... You need to see the benefits of doing it and not just the negatives of not doing it.*
- *I would say they would do things such as yearly check-ups, to know where an individual's health is at, and...it seems like they want members to work out and be healthy, to get motivation.*

- *Maybe just an overall wellness kind of thing, it could be a brochure, it could be on the site, with the topics of safe and effective care.*
- *I believe [they're] going to help you understand where some of the better doctors are that you could go to, and they are in this plan.*
- *Well, it could be, like, explaining what they can do. I guess it would explain all the services they can offer in detail; maybe the requirements of your appointment; a smooth list of transitions of what might occur, or how much time to expect, or some explanation of the health care offered there in that facility.*
- **A couple of people focused on who would be doing the ratings.** One person would rely on personal experience to judge the quality. Comments included:
 - *That would be the ratings (done by members) of the specific services and support.*
 - *I would expect every insurance program would have information to help me manage my health care [but] personally, an explanation of the quality would not help me. I will participate and then judge the quality myself.*
 - *I guess I would ask, "Who is rating the quality?" If it's for the members, are they the ones rating it? Or is it just telling me how much plans are [doing]?*
- **"Value for the money" caught people's eye, and they interpreted its meaning in different ways.** Some responded positively, thinking of it in terms of avoiding unnecessary care, getting good preventive care, or getting care that was efficient. Others were negative, thinking it might indicate restrictions on care if they couldn't afford it. One person's comment suggested the possibility of negotiating for where to get care based on price. Comments included:
 - *["Value for the money" is about] not having [the same] test multiple times; not [having] to do multiple doctor's visits. Basically, [it's to] be efficient with their resources.*
 - *That means that people don't have to go in more than they need to for the care that they need. So if...somebody thinks they have strep throat and they go in and have a test.*
 - *[This is about] things that the plan provides to help people stay healthy and prevent future chronic or other conditions. They'll save money and time and improve the client's health [for example, if they] have enough foresight to say, "This would be good if we can provide this type of screening, well child [visit] or flu shot..."*
 - *I interpret that [as saying that] they are going to give me only what my money allows them to give me.... So if we go to the hospital and we don't have any money, then we don't get the care we need.*
 - *Good value for money shouldn't be connected to services and support for members.*
 - *Yeah, safe and effective care at good value.... To me, that's whether it's on the phone with someone or on a website, being able...to kind of siphon down to a specific person or a specific doctor based on your requirements: "I'm willing to pay \$30 or \$150 for my health care..." and then there is a direction sending you to a fit.*
 - *(Any ideas on what a plan might do to "help plan members receive safe and effective care at good value for their money"?) I really don't have any idea. It's so expensive; it's hard to even say...*

REACTIONS TO:

“Providing care that’s appropriate”

- **Similar to findings reported in an earlier section, many people responded positively to the idea of getting care that’s “appropriate.”** They wanted to avoid unnecessary care. A couple of people stressed the importance of having doctors who communicate well and being able to participate in decisions that affect their care.

- *Yeah, this is very important. Many times there’s a lot of unnecessary tests or information they give out.*
- *Appropriate/not appropriate—[that] makes a lot of sense. Nobody wants to feel bad if they miss something, [but] most people want to know if they need the test or not.*
- *(This topic mentions avoiding care that’s not needed. What’s your reaction to this?) Antibiotics – [that’s] a big thing for me. [Patients] don’t always need antibiotics, but they might just automatically give them to you and that’s not good.*
- *[If there’s any more treatment doctors think we need], we need to be conferred with, and [they need to] explain it to us in terms that we can understand...their big words! [They should] know right away off the bat that they need to [do a better job of explaining] it to us.*
- *Sometimes they give too much medicine.*
- *I think that there are a bunch of tests that really aren’t necessary. You hone in on somebody who’s diabetic or has high blood pressure; there is care that isn’t necessary. You get an EKG that’s not looking right, and you [get hauled] right into [the hospital] for the tub. [This] happened to me, and \$20,000 later, it was “You’re fine, bye-bye.” That would be, to me, unnecessary care.... If I had to guess, I’d say there’s a lot of procedures that...really shouldn’t be covered.*
- *You always hear about running all kinds of test. Whether the inclination is to run the bill up because they can or because they just don’t know what’s going on...there has to be a balance there. I’d want them to run the tests and do the background work to determine what’s wrong, but not to overdo it. [If] there’s two tests, and one is \$400 and one is \$4000, hopefully you’ll do the \$400 one first.*
- *[People] should...be avoiding care that’s not needed. With a little bit of education, people are less likely to get care that’s not appropriate or unnecessary.*

Providing care that’s appropriate
(whether members with certain conditions received the care that’s known to work best, and no unnecessary care)

- **Similar to findings reported in an earlier section, the idea that care might be appropriate or not appropriate was new to some people.** Comments included:

- *[This is a] somewhat new concept. [I] never thought of any kind of care that would be really hurting anything.*

- *I have a question about “providing care that’s appropriate” – does that mean they’re getting care that they don’t need???* [I am] trying to wrap my mind around that.
 - *I haven’t heard about that too much before, I don’t think.*
 - *I haven’t really heard about that. I’m guessing that you don’t go and click on a link for a knee specialist if you’re trying to get new glasses or something. There’s appropriate stuff for what you need for that condition you’re searching for. It’s almost like the search bar -- what the search bar does.*
- **Some people seemed confused about this topic or seemed to have a mistaken impression of the information this topic would include.** Comments included:
 - *All it says is, a lot of health plans or things that you are paying for are unnecessary, so you can look up with this and see if that health plan has more things that are unnecessary charges.*
 - *(This topic mentions avoiding care that’s not needed. What’s your reaction to this?) I don’t know if I would avoid care, but to me it just gives you tips or suggestions if you have like a thyroid issue -- tips of how to manage with it better. Everybody has their own opinion, every doctor has their own opinion, but maybe tips or information that doctors have provided.*
 - *I guess I would appreciate it if they’re going to offer to [go through the things you can get from your health plan] and help you find just what you need and what’s applicable to you, that would be helpful.*
 - *(This topic mentions avoiding care that’s not needed. What’s your reaction to this?) It’s opinion, but it’s your opinion. If you need to go get this shot, or it’s someone’s recommendation, search it out and [see] more than one doctor. Get a second opinion so that if you need surgery, you’re not just like “Okay, let’s do it today.” ...Do some side notes and make sure that the doctor really knows you and isn’t just putting a band-aid on something.*
 - *I’d say it makes sense. It goes along with being efficient with your resources.*
- **To a couple of people, getting “appropriate care” meant being treated for what you actually have instead of something else.** Comments included:
 - *Make sure health care providers are treating or testing for the right thing.*
 - *This is pretty obvious. You wouldn’t give the same care to someone with asthma as diabetes.*
 - *There is some care you need and some care you may not need. If you have a broken arm, you don’t want a biopsy.*
- **One person said that it’s the doctors, not the plans, who are accountable for providing appropriate care.** Comments included:
 - *I guess I see it on a very micro level. I consider this to be at the doctor level, less so the plan. You know, given someone’s lifestyle, given when a doctor really knows their patient and gives them advice. What are realistic ways to help them quit using tobacco? Is quitting cold turkey going to work? The doctor can advise based on what’s really going to work for them.*

- A couple of people thought some doctors might provide unnecessary care to avoid a possible lawsuit. Comments included:
 - Sometimes they give you tests you don't need because they are afraid of being sued.

PART 6. How interviewees categorized the 14 quality measures

About the card sorting task for categorizing the measures

To get feedback from interviewees on how the 14 quality measures might be organized under broader headings, we devised a card sorting task that used nine categories for organizing quality information. These are the same nine categories that are discussed in the preceding section of this report. They are shown below (for a larger view, see page 41).

- Each category was reproduced on cardstock as a separate sorting mat.
- The colored area under the heading of each mat was big enough to hold the cards that show the 14 quality measures.
- We spread these mats on the table in front of the interviewee.
- The card sorting was done as part of the discussion of each measure. After people gave their reactions to a measure, we asked them to put the card on the category where it “seemed to fit the best.” We pointed out that if there wasn’t a category where it seemed to fit, they should put it on that mat that is labeled “something else.”



All 20 interviewees completed this card-sorting task. The interview was not long enough to do a systematic debriefing of reasons why interviewees decided that a particular measure belonged in a particular category.

This section shows the results for categorization in three parts based on *extent of agreement* among those we interviewed about *which of the nine categories* was the best fit for each of the 14 measures. (For full wordings of the 14 measures, see Appendix B.)

- We begin with a group of four measures that showed **greatest agreement** among interviewees on which category was the best fit. For these measures, card sorting results are spread among only two or three of the nine categories.
- Then we show a middle group of four measures for which there was **less agreement** on categorization. For these, card sorting results are spread across four or five categories.
- Finally, we show a group of six measures for which there was **very little agreement on categorization**. For these, results were spread across six to eight of the nine categories.

Measures with the greatest agreement on categorization

- **Members' ratings of their personal doctor:**
 - Nearly everyone (19 people) put this under *Plan members' ratings of doctors, doctor communication, and overall quality of care*.
 - 1 person put this under *Something else*.
- **Quality of the plan's claims processing:**
 - Nearly everyone (18 people) put this under *Quality of the plan's customer service and claims processing*.
 - 1 person put this under *Quality of plan-provided services and support for members*.
 - 1 person put this under *Something else*.
- **Quality of care received by people with diabetes:**
 - Most people (17 people) put this under *Quality of care provided to people with chronic conditions*.
 - 3 people put this under *Providing care that's appropriate*.
- **Using plan-provided home monitoring systems for members with chronic conditions such as heart disease and diabetes:**
 - Most people (16 people) put this under *Quality of care provided to people with chronic conditions*.
 - 4 people put this under *Quality of plan-provided services and support for members*.

Measures with less agreement on categorization

- **Avoiding the unnecessary use of imaging tests (x-rays, MRIs, CT scans) during early weeks of low back pain:**

- Most people (15 people) put this under *Providing care that's appropriate*.
- 3 people put this under *Something else*.
- 1 person put this under *Quality of preventive care*.
- 1 person put this under *Plan members' ratings of doctors, doctor communication, and overall quality of care*.
- **Number of primary care providers accepting new patients:**
 - Most people (14 people) put this under *Access to care*.
 - 2 people put this under *Quality of the plan's customer service and claims processing*.
 - 2 people put this under *Something else*.
 - 1 person put this under *Quality of plan-provided services and support for members*.
 - 1 person put this under *Plan members' ratings of doctors, doctor communication, and overall quality of care*.
- **Plan-provided online help for members who are trying to lose weight:**
 - Nearly half (9 people) put this under *Quality of plan-provided services and support for members*.
 - 4 people put this under *Providing care that's appropriate*.
 - 4 people put this under *Quality of preventive care*.
 - 3 people put this under *Something else*.
- **Whether adults have had at least one visit to the doctor's office during a 3 year period:**
 - 8 people put this under *Quality of preventive care*.
 - 8 people put this under *Something else*.
 - 3 people put this under *Quality of plan-provided services and support for members*.
 - 1 person put this under *Providing care that's appropriate*.

Measures with the least agreement on categorization

- **Members' ratings: Overall quality of the health plan:**
 - 8 people put this under *Plan members' ratings of doctors, doctor communication, and overall quality of care*.
 - 5 people put this under *Something else*.
 - 4 people put this under *Quality of plan-provided services and support for members*.
 - 1 person put this under *Providing care that's appropriate*.
 - 1 person put this under *Quality of the plan's customer service and claims processing*.
 - 1 person put this under *Access to care*.

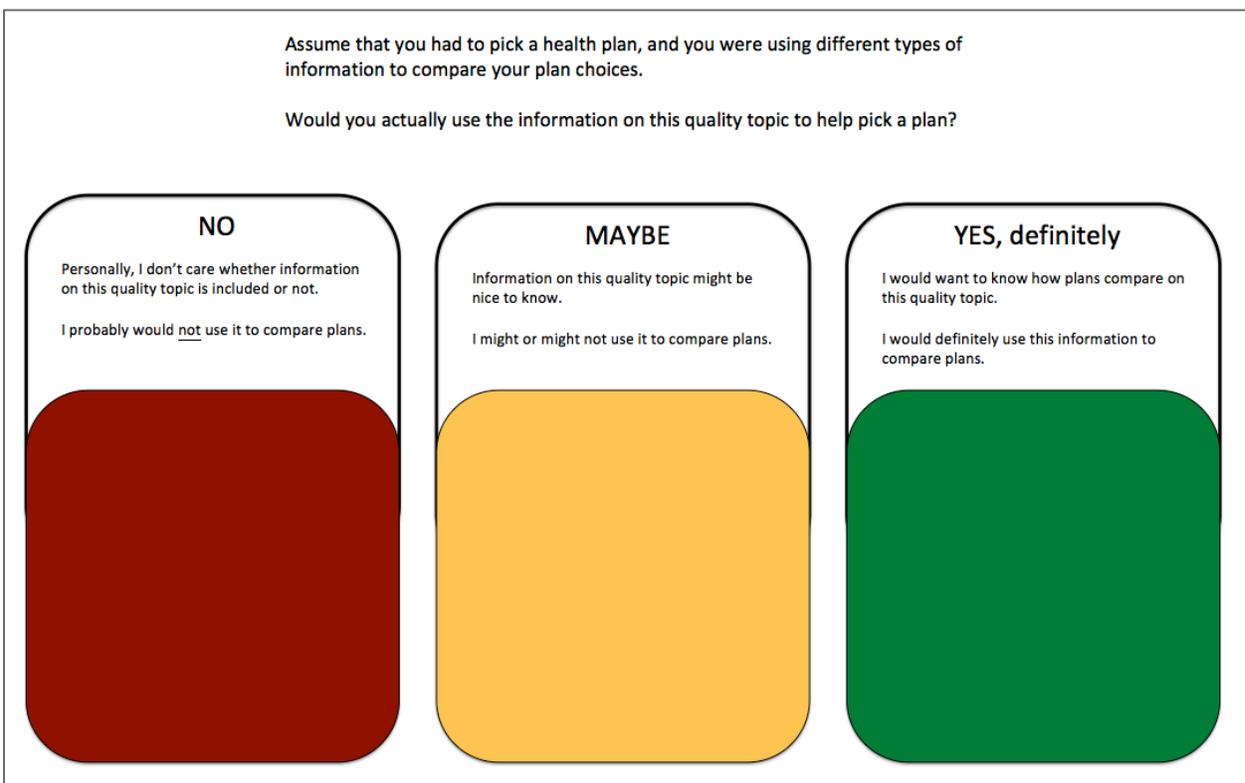
- **Getting information from the plan on the cost of health services and equipment:**
 - 8 people put this under *Quality of the plan's customer service and claims processing.*
 - 5 people put this under *Quality of plan-provided services and support for members.*
 - 4 people put this under *Something else.*
 - 1 person put this under *Access to care.*
 - 1 person put this under *Providing care that's appropriate.*
 - 1 person put this under *Quality of preventive care.*
- **Quality of care to help members quit using tobacco:**
 - 8 people put this under *Quality of plan-provided services and support for members.*
 - 4 people put this under *Something else.*
 - 3 people put this under *Quality of care provided for mental and behavioral health.*
 - 2 people put this under *Quality of preventive care.*
 - 2 people put this under *Quality of care provided to people with chronic conditions.*
 - 1 person put this under *Access to care.*
- **Timeliness of prenatal checkups:**
 - 8 people put this under *Access to care.*
 - 5 people put this under *Quality of preventive care.*
 - 3 people put this under *Something else.*
 - 2 people put this under *Providing care that's appropriate.*
 - 1 person put this under *Quality of plan-provided services and support for members.*
 - 1 person put this under *Quality of the plan's customer service and claims processing.*
- **Plan-provided programs that encourage members to use their medications as prescribed:**
 - 8 people put this under *Something else.*
 - 4 people put this under *Quality of plan-provided services and support for members.*
 - 3 people put this under *Providing care that's appropriate.*
 - 2 people put this under *Quality of care provided to people with chronic conditions.*
 - 1 person put this under *Quality of care provided for mental and behavioral health.*
 - 1 person put this under *Quality of preventive care.*
 - 1 person put this under *Quality of the plan's customer service and claims processing.*
- **Plan-provided programs to help members understand their treatment choices and make a well-informed decision:**
 - 8 people put this under *Quality of plan-provided services and support for members.*
 - 5 people put this under *Providing care that's appropriate.*

- 2 people put this under *Access to care*.
- 2 people put this under *Quality of the plan's customer service and claims processing*.
- 2 people put this under *Something else*.
- 1 person put this under *Quality of care provided to people with chronic conditions*.

PART 7. *If interviewees were choosing a health plan, which of the 14 measures would they actually use to compare plans?*

About the card sorting task for indicating usefulness of measures

Toward the end of the interview, we used a card sorting task to explore the personal usefulness of the same 14 quality measures that interviewees had already discussed. This time we had a set of three sorting mats labeled *No*, *Maybe*, and *Yes, definitely* (see below)



We asked the interviewees to imagine that they were choosing among health plans. We told them that we'd like to know which topics, if any, they would actually use if they were really choosing a plan.

We gave them a stack of cards with the 14 measures and spread the three sorting mats in front of them. We asked them to go through the cards and tell whether they would use it by putting it on one of the mats – *No, Maybe, or Yes, definitely.*

When we presented this task, we made a special effort to encourage candor. We told them: “The people who are working on the website know that some topics may be useful to some people and not to others. And maybe some people won’t care about any of the information. So please, just give *your own opinions* about what you think you would actually do. Put each card wherever it fits for you.”

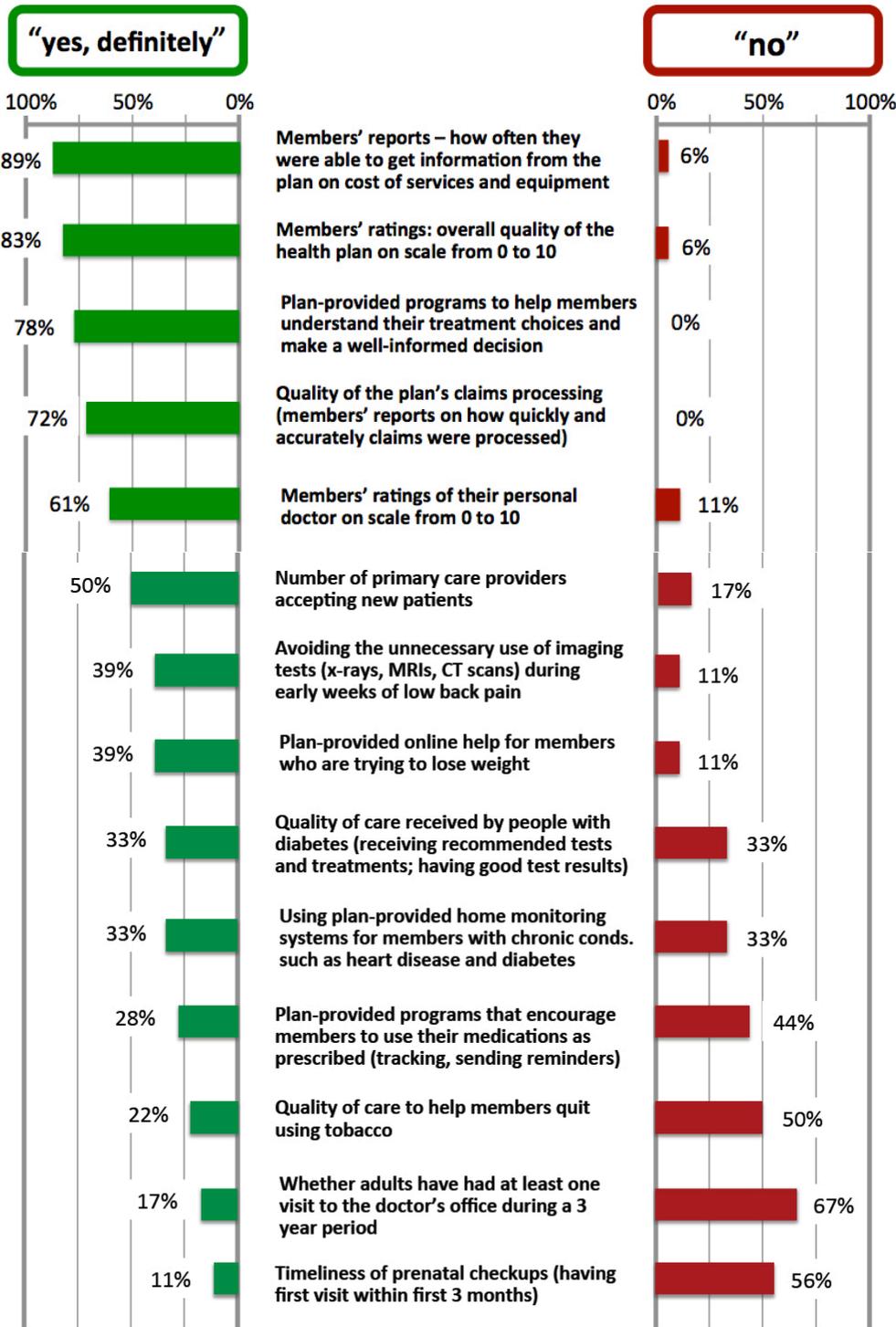
CARD SORTING RESULTS:

How useful were the 14 quality measures?

Eighteen of the 20 interviewees completed this final card sorting task. For the other two, there was not enough time to complete this part of the interview. The bar graph on the next page summarizes the results.

Would you actually use this information to compare health plans?

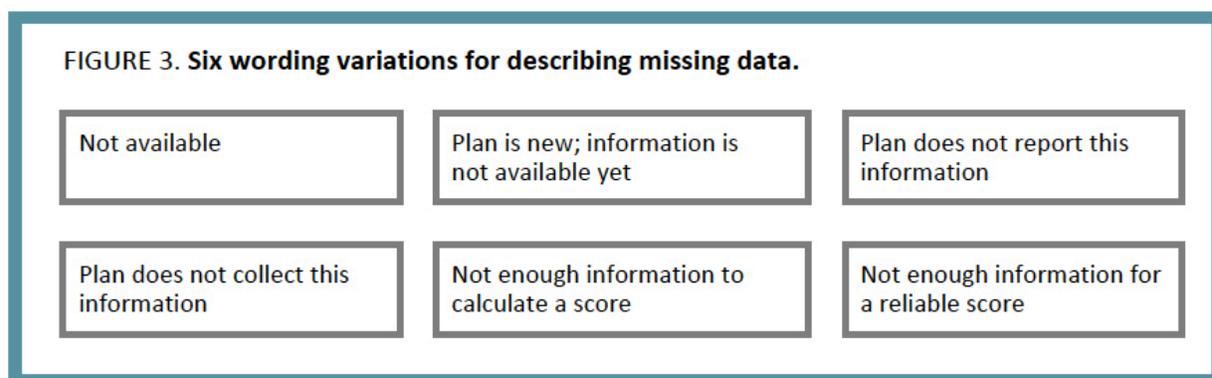
N = 18. Percentages for the middle category of "maybe" are omitted.



PART 8. Reactions to different ways of describing missing data

Methods and wording variations

Toward the end of the interview, we explored people’s reactions to six ways of describing missing data. It is possible that data would be missing in a future display of quality information on MNSure for various reasons. MNSure had an interest in obtaining consumer feedback on different explanations for why data might be missing. Shown below in Figure 3, these wording variations were developed in close consultation with MNSure staff.



To provide context, we told interviewees that when there’s a chart that summarizes quality scores for plans, it’s possible that some scores might be missing. When this happens, there’s usually a short note in the column that says the score is missing.

Each way of describing missing data was on a separate card and we showed the cards one at a time. We always began with the card that says “Not available,” because it has the most general wording. For the rest of the wordings, we scrambled the order of presentation so that it varied by interview.

When we showed the cards we asked, “If you were expecting to see a quality score, and you saw this note instead, what would you think?” We probed for what people thought the note meant and what impact, if any, it would have on how they felt about the plan.

In all, 18 of the 20 people gave their feedback on wording variations for missing data. For the other two, there was not enough time to complete this part of the interview. Below we summarize people’s reactions to each wording variation. Then, at the end of this section on missing data, we compare reactions to two sets of wording variations that sound very similar.

REACTIONS TO:

“Not available”

- **Overall, a negative reaction.** The great majority of people (all but three) reacted at least somewhat negatively to this message that a quality score was “not available.” Two people were neutral, commenting that they might wonder why. Only one person said it wouldn’t matter much (“to me it seems like the data is there but it hasn’t been entered or you don’t have access to it”). Comments from those who were negative include:
 - *Yes, it would make a difference. “Not available”, I would [be] wary of it. I think I’d gravitate towards one that had a comprehensive list [of quality scores]. It’s...a red flag for me.*
 - *I’d think that the plan itself has more information than what the website gets. It would make me wonder about them.*
 - *It would make me think of it the same as a poor star.... This is a negative for me.*
- **They wondered why.** Many people said they would want to know why the quality information was not available. Seeing “Not available” raised questions for them. Comments included:
 - *I have to be honest, nature takes over and makes you wonder, why is it not available? We’re not important enough to get the information out to us? Or they’re incompetent to the level that they couldn’t get it out? Those are the first two things I’d go for.*
 - *It might make me feel different about the plan. It would raise questions for me.*
 - *I’d want to know why it’s not available.*
 - *Shouldn’t there be a reason why it’s not available – I’m a detail person and I like having a reason why it’s not. [I would want to] mouse over to get more details.*
 - *Does that mean that they don’t have it? I guess I’d rather not see that. I’d rather see some explanation. Maybe if it said, “No survey has been taken on this,” or something like that.*
- **In the absence of an explanation, some were suspicious.** They thought there might be something to hide. Comments included:
 - *I would wonder why it’s not available, is someone not cooperating. I would feel maybe they have something to hide.*
 - *Are they hiding something -- I wouldn’t rule out, might think twice.*
- **How they felt about the plan would also depend on the topic.** If the information on a topic they really cared about was not available, they were more negative. Comments included:
 - *If it was something important to me, I might not want to go with that plan because the information isn’t there.*
 - *Depends on the category that...so if you’re looking at “Getting care easily” and it says it’s not available, I want to know why.*

- **A couple of people said they might look elsewhere for the information.** Comments included:
 - *First reaction is why not? The plan should be able to provide this information if it's on the chart. It would lead me to look at another site for this information. This is a negative.*

REACTIONS TO:

“Plan is new; information is not available yet”

- **Among all of the wording variations, this message was the most acceptable to people.** This reason made sense and did not raise suspicions. Comments included:
 - *Now that's telling me why the information isn't available, so I like that.*
 - *Appreciate that it is honest, and I'd give them the opportunity to collect the information.*
 - *[With this one] I wouldn't judge.*
 - *Not negative or positive –it just is –not enough statistics.*
 - *That would be a good reason.*
 - *I would just take it for what it is; it's new and they haven't gathered enough information to put a rating on there. That would be sufficient.*
 - *I understand that one. They're just new. Good for them.*
 - *I think that makes sense. I would say [my reaction] would be pretty close to neutral.*
 - *I like that one. It's very informative. Direct, to the point. Obviously they're working on getting more information.*
- **Despite broad acceptance of this reason, some were wary.** Some were hesitant to go with a plan that's new. Some tended to favor plans with full information over those that lacked information because they were new. Comments included:
 - *[With] the plan being new, I'd just have to take a chance that it'd be okay because it doesn't have feedback yet. So it depends on how serious [the quality topic] was to me whether that would affect my choice.*
 - *[If I] compare it to another plan that has this information available, it would reflect negatively [on this plan that is new].*
 - *If it isn't tested that's going to have a negative connotation to me. Might make me shy away.*
 - *First impression of that is I'm a little leery. Even if everything else is good, to go with a new plan, that's personally not something I want to take a risk.... I don't want to be the guinea pig.*

REACTIONS TO:

“Not enough information to calculate a score”

- **Some people were wary or suspicious.** Some wanted to know why there wasn't enough information.
 - *It seems kind of shady. [Like maybe] they really do have the information but they are not telling. I would want to know why.*
 - *I would be suspicious – seems like they aren't trying hard enough.*
 - *It wouldn't scare me away, but it wouldn't make me feel confident.*
 - *I think that it would make me question almost the quality or the history of the plan.*
 - *This is less negative [than “not available”], but it's not a very easy feeling that there's not enough information. It kind of turns me off a little bit.*
 - *I'd definitely think of it as like a “poor.”*
 - *I would want to know why.*

- **Whether people were negative or not would depend in part on how much they care about the topic.** Comments included:
 - *Um...oh, it depends on which rating.*
 - *If it was in a category that I cared about, no matter what it said, I would think negatively about it.*
 - *Not enough people responded? It would depend on the category. It may not be significant.*
 - *If there's not enough information to calculate the score, it would depend on how important the information was [to me].*
 - *I guess that would be okay. Depending on the category. If it's overall care at a clinic and it says not enough information to calculate a score I might be a little wary of that.*

- **To one person, this reason suggested that the plan might be quite small, and this was a concern.** Comments included:
 - *This [reason] is a little bit more elaborate, which I like, but for me it would show that there are not as many users on that specific plan. I tend to be kind of a crowd follower and want something that other people have had success with.*

- **For a couple of people, this reason would not affect their opinion of the plan.** Comments included:
 - *I'd say that would be a little bit better [than “not available”]. If there's not enough relevant data, there's not enough relevant data. You can't judge something off of that.*
 - *Basically all of these mean the same to me, it doesn't matter really which. In a nutshell, they are all the same.*

REACTIONS TO:

“Not enough information for a reliable score”

- **Most people reacted negatively to the word “reliable.”** Their comments reflected a range of ways of interpreting the meaning of “reliable.” Comments included:
 - *That’s really awful when you see the word “reliable.” I could see that there might be a category [telling] that not enough people responded...but this would not be helpful at all.... “Reliable” indicates “we could guess but it might not be true,” [and this] would make me question it more.*
 - *Any information you gather is a reliable score, so what are they looking at? They want a higher score, so that’s why they’re not releasing it?*
 - *It makes me question what they are reporting on. Why can’t they come up with a reliable score? [This] raises more questions. The word “reliable” makes me wonder.*
 - *I would feel a little negative.... “Reliable” means enough to put together a score that they can count on, that the information is accurate and so forth. Whatever the topic was, if it was serious enough for me, I’d want more information. Provided I have a lot of time...I’d be doing a lot of extra information gathering.*
 - *I’d rather see that the plan is new, information not available, because what’s “reliable”? Did you have 10 people doing it? How do they feel about it?*

- **This reason made some people skeptical or raised questions in their minds.** Comments included:
 - *They want to report it but they don’t know what they are doing.*
 - *I would be a little more leery than “plan is new,” but less leery than “not available.” Why isn’t there enough information? Did they not tabulate it or are there not enough people? That’s not good.*
 - *If they have the information at their fingertips they should be able to get a score.*
 - *If there was enough information, would the score then be reliable? How much more data would you need? And the sources, are they reliable? That calls into question a whole lot of things.*
 - *This is a low score to me.*
 - *Not enough people have used it or viewed it...somewhat negative.*
 - *Why don’t you have information? That would cause some questions. I don’t like that one.*

- **Although most people were wary or negative, a few said this reason would not affect their opinion of the plan.** Comments included:
 - *It seems like maybe they haven’t gotten enough information to get a good average, so it feels like they are being honest.*

- **Two people thought this reason indicated the plan was small.** One thought this was a bad sign but the other was not so sure:
 - *Tells me that there are not a lot of patients in this plan, and that I don’t like, and maybe somebody is picking up on something that I don’t know. I see the difference between this and the calculation option but in my mind they both still present that red flag.*

- *If it was just one of them that didn't have enough information...I would think that they were maybe a smaller [plan] that didn't have as much going through them. I guess when I think about it at first I would think [this was] bad because, is there a reason they're not getting enough people to get that information? But then, you might think you would get better treatment because they're not serving all those people. It would depend on how everything else was rated and what's not available.*

REACTIONS TO:

“Plan does not collect this information”

- **Many people questioned this message, wondering why the information wasn't being collected.** They tended to feel a bit negative toward a plan that wasn't collecting the information. A few wondered why some plans would be collecting information and others would not. There was some speculation about reasons for not collecting information, including protecting personal privacy of plan members. Comments included:
 - *I don't like that. Why aren't they collecting that? If it's pertinent information...I would be a little hesitant to choose that plan.*
 - *I would wonder why it wasn't important enough to collect!*
 - *I would think maybe they are trying not to pursue personal information.*
 - *I would want to know why.*
 - *That would be a negative, if everyone else had this information.*
 - *Why not? Not helpful to me.*
 - *Does every other plan collect that information? If they're one of the only plans that doesn't collect that information, I feel like they're skipping a step compared to other plans. But, again, with everything else, if the rest of it is good, then it's maybe okay.*
 - *Everybody else does. I don't know. Aren't they regulated, like, all the same plans?*
- **A few people were neutral in reacting to this reason.** Comments included:
 - *This one doesn't feel negative – nothing is hidden. [It's] not good or bad.*
 - *OK, I'll take that reason.... I don't think I'd have a negative response.*
 - *That is my favorite so far. That would still suggest that there is information missing but at least it's very specific to what the problem is.*
- **It mattered to some people which type of information was not being collected and how often the message appeared.** If it were for a topic of importance to them, they would feel more negative about the plan. If they saw this message for many different topics, they would feel more negative. Comments included:
 - *If would depend on the category. [For something I didn't care much about,] it wouldn't affect my decision.*
 - *Depending on what the subject was, it would make no difference or be on the negative side.*

- **In one case, failure to collect information was interpreted as meaning that certain care might not be available from the plan:**
 - *Um, depending on what column it was in, [I might be] more understanding. [If it] had to do with preventive medicine, it would be more negative and I would assume they didn't offer that.*

REACTIONS TO:

“Plan does not report this information”

- **Many people reacted negatively to this reason, wondering why the information wasn't being reported.** Some figured the score must be low or the plan was hiding something. Comments included:
 - *Totally suspicious to me, pretty negative, unless there was a reasonable explanation, or more information why.*
 - *What are they trying to hide? It would change my opinion about the plan.*
 - *Yeah, I don't like that, that's a negative. Why don't they report that? This might hinder my choosing that plan.*
 - *I don't like that. It would make me wonder why they don't report it.*
 - *Why not? Everybody else does. Are they hiding something?*
 - *I don't like that. Not good. It's just...I guess just not good.*
 - *I would put it on the more negative side.*
- **A couple of people were neutral about this reason.** Comments included:
 - *I'd be okay with that.... If the plan doesn't report it, I don't think that would throw a judgment of whether I'd go with that plan or not.*
 - *That's not a negative. Oh, okay, they just don't have this.*
 - *I wouldn't feel like they were intentionally trying to hide something but I would try and get more information elsewhere.*
- **For some people, it mattered which topic was involved and whether other plans were reporting the information.**
 - *[It depends] on what the category is. Maybe because it's too difficult to get the data from their members, or the security of information. They should include why [they're not reporting it].*
 - *I find that a bit better than “not available” – this is more specific, that they do have it, but it might be negative if there were others that did report it.*
 - *If I saw...all these stars, and then “plan does not report this information,” I wouldn't go there, because everyone else's plan reports it, so what is wrong with this plan? I'm not going to want to experience that. That's a negative.*

Comparing reactions to wording variations that are very similar

Comparing “plan does not collect” and “plan does not report”

Many people commented on the similarity of “does not collect” and “does not report.” We asked whether they thought these were saying different things or were two ways of saying the same thing. We also probed for whether they reacted differently to these similar-sounding reasons for missing information.

- **Among those who drew distinctions, most thought “does not report” reflected more negatively on a plan than “does not collect.”** “Does not report” seems to suggest that the plan is withholding information for some reason, which arouses suspicion. Comments included:
 - *For “does not report,” my subconscious would pick up on...what are they hiding?*
 - *Negative reaction – if they don’t collect, that’s one thing, but if they don’t report it, it would be that they didn’t want to share. They should be open and honest. Plans [may not want you to know] but people can find out the bad information if they search enough on websites.*
 - *I think not collecting information sounds better than not reporting. Not collecting is not as invasive, I am protective of my personal information so maybe it’s better that they are collecting it.*
 - **Report vs. collect information:** *yeah, I guess “plan does not collect this information” means they don’t even put that in the figures. Not reporting means, report to who? Maybe they don’t report my credit score? I prefer the wording on collecting.*
 - **Collect vs. report:** *just not reporting sounds like they are withholding information from me. If they just don’t collect it, then they just don’t have that information. “Does not report” is the most negative -- sounds like they are withholding.*

- **Some of the people thought both wordings had the same meaning, or nearly the same.** Comments included:
 - *[Does not report is the] same thing as does not collect. Collecting and reporting is the same thing. I mean, if they’re going to collect and not report...those two are the same.*
 - *No real difference. If they don’t report it, maybe they collect it, maybe they don’t. In either case, it will cause me to go looking for something.*
 - *[Does not collect is] the same category as doesn’t report it. If the other plans are collecting and reporting information, then all of them should be doing the same thing.*

- **To two people, variations in wording didn’t matter because they had the same negative reaction to both versions.** Comments included:
 - *Plan collecting vs. plan reporting is almost the same thing. Why would they collect it if they wouldn’t report it? Neither one of them are reporting it. Both of these could cause me to feel differently about that plan. If it was something that [I care about], I’d be concerned.*

- *Whether they don't collect it or don't report it, I almost wonder if they're hiding something. Again, it would depend on the category. I might go with somebody else.*

Comparing “not enough information to calculate a score” and “not enough information for a reliable score”

Many people commented on the similarity of “not enough information to calculate a score” and not enough for “a reliable score.” We asked whether they thought these were saying different things or were two ways of saying the same thing. We also probed for whether they reacted differently to these similar-sounding reasons for missing information.

As shown below, there was variation in how people interpreted the meaning of “reliable” and what it takes to be able to “calculate a score,” and their interpretations affected which wording they thought sounded better. Some felt more negatively about the “reliable score” wording because when they heard the word “reliable,” it also made them think of “unreliable.” A few had an opinion about which version sounded better but found it hard to explain why. Overall, most people reacted negatively to both wordings.

- **Some thought “not enough to calculate” sounded better than “not enough for a reliable score.”** Comments included:
 - *I like “calculate” better than “reliable.” Calculate makes me just think there’s a math problem kind of thing, whereas “reliable” is like, “oh, are they unreliable?”*
 - *“Reliable” is the worst one. That’s pretty bad. Either you should have an answer or not.*
 - *Calculate sounds better than reliable, even if it means the same thing.*
 - *This one’s saying not enough for a reliable score, and this says not enough to calculate a score. Reliable is a little more serious. I’m hoping it’s all reliable information! The word reliable in there, it’s like some of it is not reliable. I’d rather have it be reliable, and calculate doesn’t say that.*
 - *“Calculate” means they haven’t gathered enough, “reliable” gives me the indication that they want a higher score and they’re not going to release information until they have a higher rating.*
 - *[The one with “calculate”] is very similar to the one with “reliable” score, but less negative. Not sure why, but it’s the word “reliable.”*
- **Some thought “not enough for a reliable score” sounded better than “not enough to calculate a score.”** Comments included:
 - *Reliable is more reassuring, instead of calculate. Would rather see something like this [that there’s not enough information for a reliable score] than see [a score] that is not accurate.*
 - *I guess if you’re going to collect information, probably not enough information for a reliable score would appeal better, as opposed to not having any information for calculating.*
 - *That reminds me of the other one [not enough information to calculate a score]. This one [about reliable score] is worded better. I have more empathy – now they are telling me they don’t have enough data.*

- *I see [reliable] as a little bit better because they're being honest, and it's not reliable for you, and not just that they can't calculate it.*
- *The worst one is "Not enough information to calculate." The "reliable" one says they're at least wanting to give a reliable score...but that's still bad.*
- **A couple of people thought both meant the same thing.** Comments included:
 - *Mmm, I don't know, that's the same to me as not enough information for a reliable score. It doesn't matter to me.*

PART 9. Feedback from interviewees on other topics

At the end of the interview, we asked people if they had any additional comments.

Amount of information

- **Many people said to please limit the number of topics and keep the information "simple".** Several felt very strongly about keeping it simple and said that the amount of quality information seemed overwhelming. (It's important to keep in mind that the people we interviewed were responding to text that we showed on cards, not to a fully functional website that "layers" quality information). It would help to focus on the most important information that would be useful to the most people. A few said that the details could be there for those who want to dig deeper. Comments included:
 - *There's way too much there. People don't read this much. I work at a restaurant. People don't even read the menu. They just ask, "What's good?" It has to be simpler.*
 - *Some of these [quality topics] were very, very, specific, and you can't be too specific because if you don't include every single disease, then people feel left out. Like I have joint issues, and what about that? You have to be all or nothing. Like maybe [focus on] more general stuff.*
 - *Don't over think it.*
 - *[You] should keep it simple and let them have easy access to somebody to answer their questions, you know, a call line or [by email] if they have a specific question...and that person can either send back a link or some information about a specific plan.*
 - *People are already overwhelmed when thinking about health insurance. I'm thinking it should be something clean, not overwhelming, easy to migrate through...*
 - *Health care, I still don't understand it. The more easy and in layman's terms a website is laid out, the more apt someone is to investigate what they're getting into.*
 - *I like the idea of having a basic amount of information that's a barebones overview of what they need....and then the ability to get more details if they want. I think having all the details up front is way too overwhelming and people wouldn't read it.*
 - *[I'm interested in preventive care and] if you put all of those other things (x-rays, losing weight, diabetes, etc.), ...I wouldn't even look through that and I don't [want to have to]*

sort through it.... When I recently went to a site I delegated an hour to do it and it wasn't enough; it was overwhelming.

- Comparing the different plans in a simple, clean way is one of the biggest things. Price is obviously a big thing too, and then the quality ratings would also be important in my opinion.

Comments and advice on the MNSure website

- **A couple of people are hoping for an interactive website that will help them narrow down their choices.** For example:

- *This is MNSure, so it's offering you a complete overview of all of the plans that are available to you, so maybe there's criteria for before you make your choice. They can put the plans in a list in order of cost, or by chronic conditions, or prescription drugs, or your income, so you can have your computer whip all that information together and divert [you to a particular plan].*
- *You put in 3 or 4 things about who you are, roughly, no actual personal information, nothing identifying, just facts about yourself. [Then the website is] able to quickly pare down and make suggestions [for you].*

- **Some people offered advice on fine tuning the website.** This included:

- *Advice from an interviewee who has applied for health insurance online: If you have interactive forms that you have to fill out, please make them easy.*
- *Advice from an interviewee who works as a web designer: The biggest thing would be [to make it easy for web users to] be able to give feedback to the website [on how well it's working, because the way it is when] first launched isn't how it will stay. [The web design] makes perfect sense to whoever is programming it, [but not necessarily to the users]. Make sure the feedback process is really easy. Find out why someone might go to the website but doesn't purchase; follow-up [maybe with an email survey and find out] why.*

- **A number of people expressed enthusiasm about MNSure and several said they plan to use it.** Comments included:

- *This is exciting. It's hugely important...*
- *I think the information they're gathering is good; I like the fact that they're thinking outside of the box. [Like] getting information from members on ratings for doctors, I've never seen that before from health plans. I hope they continue to go outside the box and get [the] information that we care about the most: I want to go to a doctor who will take the time for me and really care about me as an individual rather than [feeling like] I'm just a number.*
- *From an interviewee who works at a small business: I think this [website] is a good idea, it'd be nice to have a place to go where I can get information on all of this stuff. I could use this [website], definitely, if I'm going to go look for a plan. Knowing that that's out there, it'd be great to go check out different plans and really find out what's going to work best for me. I think a lot of people will use that.*
- *I'm kind of excited. I'll have to watch for it.*

Recommendations

PART 10. Recommendations

The recommendations that follow are a few suggestions from the study leader and team members for making plan comparisons on quality meaningful and useful to consumers. These recommendations *focus narrowly on judgments as to what would be the most helpful to consumers* (which does not preclude using an approach tailored to consumers in combination with other strategies of public reporting for other purposes).

Recommendations

Using language that consumers can understand, be clear and specific in explaining the categories and the nature, meaning, and source of the measures.

How quality information is labeled and explained is crucial, because web users tend to skim and make snap judgments about the meaning of what they see and whether they care to read more. The headings and explanatory text that describe the quality information need to be *immediately and accurately understood by the intended audience of consumers*.

Since web space is limited, it's important to limit the amount of text. However, as we've seen in this report, consumers need a certain amount of explanation. Unlike those who work with quality measurement, consumers can't draw on their taken-for-granted knowledge to fill in for themselves the things that aren't explained.

To create effective explanations for consumers, it helps to make a deliberate and sustained effort to see things from the perspective of consumers. Using the findings from this report and other resources, try to anticipate and address consumers' questions and potential misunderstandings related to each category and measure.

For example, the interview findings showed that confusion was occasionally caused by unfamiliar vocabulary, such as "access" or "claims processing." Sometimes, confusion was also triggered by language that seemed too broad or vague, by dense syntax (such as "plan-provided programs and services"), or by a brief explanation that didn't address something people wanted to know.

Often, there was the challenge of envisioning something unfamiliar. The idea of using quality scores on different topics to compare plans is not a familiar or intuitive task for most consumers, and many of the people we interviewed found it hard to stay focused on the idea of using a quality score at the plan level. Instead, depending on the topic, they would shift their focus to something else. For example, when they saw a measure related to doctors, they would expect to see information about particular doctors rather than a quality score for the plan's doctors as a whole.

Or when they saw a measure about programs and services, they would expect to see details about benefits the plan was offering rather than a quality score.

The findings also show that people were unaware of or mistaken about the nature and source of some of the quality information. For example, when they saw “quality ratings,” many people thought of online reviews. The explanations we showed for the CAHPS member ratings of the doctor and the plan mentioned only that members were surveyed, and so there was no reason to expect people to understand – as those in the industry do – that the ratings would be collected in a rigorous way from a carefully chosen sample of members using a standardized survey instrument. In reacting to the clinical condition-specific measures, interviewees had a limited understanding of what these measures were about. The text for these measures did not mention the source of the information. Understandably, there was little awareness that the quality scores would be based on (de-identified) records of patient care, and that the quality scores were telling about the extent to which the care received by patients was meeting the standards for quality care.

All of these examples illustrate the need to be clear and specific about the nature and sources of the quality information when describing the various measures.

Keep it simple; be selective and show a limited number of quality topics.

The interview findings showed that people were overwhelmed by the sheer number of quality topics and confused by many of them. Overall, they urged MNsure to keep the quality information simple.

First impressions are vital: the quality information must look like it’s going to be easy to understand and use. If you provide information on numerous measures, it is possible to “layer” the information so that it looks appealing, and not overwhelming, at first glance. It would also be possible to devote one part of the website to a smaller subgroup of measures specially selected and tailored for use by a core consumer audience. Additional measures could be included elsewhere on the site, and made available to anyone who is interested.

In selecting which measures to include, consider which are easiest to understand, have the greatest personal relevance for the most people, and are directly actionable for comparing the quality of a plan.

The two CAHPS composites related to the plan’s customer service (quality of claims processing, getting information from the plan about the cost of services and equipment) are examples that meet all of these criteria. Both were of great interest to many people, both are readily understandable (if “claims processing” is changed to “how well the plan handles paperwork about billing”), and both are clearly attributable to the plan and actionable for making comparisons among plans.

Two doctor-related measures we showed (the CAHPS measure on members’ ratings of their personal doctor and another measure on the number of doctors accepting new patients) were seen as interesting and useful by many people. However, many people assumed that both of these measures were doctor-specific, because that’s what they would want. When they commented on these measures, they mentioned such things as wanting to use the feedback from patients to let them judge how well a particular doctor communicates. They would use the member feedback on

each doctor together with other information about that doctor, such as office location, insurance that is accepted, and whether the doctor is accepting new patients. For these people, having an overall quality score for a plan instead of the details about individual doctors would not be actionable.

In selecting which measures to include, consider which are the easiest for people to understand as telling something about quality of a plan. Be especially careful about measures for which consumers tend to hold doctors or patients accountable. From a consumer perspective, some measures, such as many of the clinical condition-specific measures, lack an intuitive connection to judgments of plan quality. Consumers have very limited awareness or knowledge of the relationship between plans and providers and their respective responsibilities and accountabilities. Consumers know little if anything about how clinical information is being collected and used as the basis for many measures of quality. It's not surprising, then, that they find it challenging to understand how a *plan* might be held accountable for care that patients receive from *doctors*.

Consequently, when clinical measures are reported, consumers need a clear and specific explanation of what plans actually do to monitor and encourage quality of care (such as telling what plans do to help make sure that their members with diabetes are getting all of the tests and treatments they need). As illustrated by the findings on people's reactions to the measure on tracking and reminders for prescription medications, these explanations will need to anticipate and address potential concerns about patient privacy and other issues.

In addition, if clinical condition-specific measures are included, consider putting them into separate categories to be sure those who are interested will notice them. For measures such as diabetes care or quitting tobacco, it was mainly the people with the condition who wanted to see quality scores for the condition. When we showed people the nine categories for grouping measures, there was much variation in how people would categorize the clinical measures (common choices included putting them under preventive care, plan-provided services, chronic conditions, appropriate care, or "something else"). Given the lack of agreement on where these types of measures fit the best, how you group and label them is especially important, to make sure that people don't overlook them. It may work best to have prominent and separate links for each condition, such as "Plan's quality score for diabetes care," "Plan's quality score for asthma medications," "Plan's quality score for helping members quit tobacco," and so forth.

Take special care in explaining missing data.

Interview findings show that people tend to think less of a plan when quality scores are missing, except in situations where a plan is new and the quality scores are not available yet. In general, they felt more strongly about missing data if the topic was important to them or if there was a lot of missing data. Take special care in explaining why data is missing.

As a final check on clarity and usability, do consumer testing to verify that the quality information you provide is easy for consumers to notice, understand, and use.

When draft language for the website has been developed, test it by getting feedback from people who represent the intended audience. In particular, check on what they expect to see next if they click on a link.

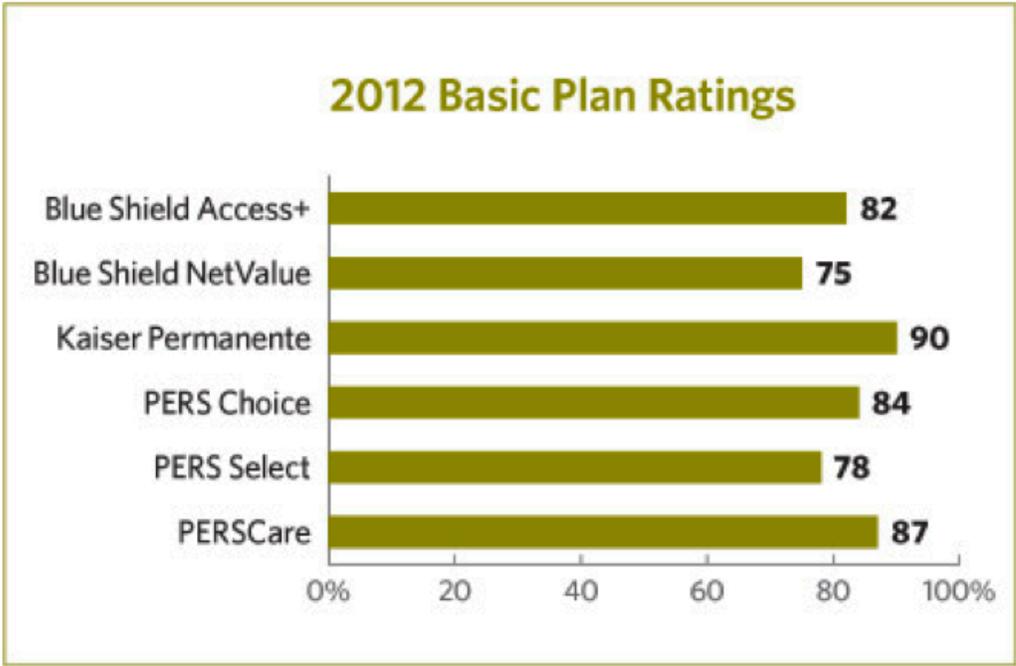
APPENDIX

APPENDIX A. Examples of data displays that show quality comparisons



2012 Overall Member Rating of Specialist

The following charts show the percentage of members in each plan who rated the specialist they saw most often an 8, 9, or 10 on a 10-point scale.





Tips for Your Care
Compare Care
What Patients Say

Home » Compare Doctor's Offices » Diabetes Care Clinic Report

11 Results for:

Diabetes Care in the regions of Eastern Oregon

To help prevent serious health problems associated with diabetes, people with diabetes need regular medical care that includes certain types of tests and exams. This includes eye exams and blood sugar, cholesterol, and kidney disease tests. The quality scores below show how each doctor's office rated at providing this recommended care.

Sort: By Score Alphabetically

Doctor's Offices	Dilated eye exam <small>Checks for blood vessel damage in the eyes</small>	Blood sugar test <small>Measures level of blood sugar during past 3 months</small>	Cholesterol test <small>Checks the level of "bad" cholesterol</small>	Kidney disease test <small>Samples urine for signs of kidney disease</small>
Eastern Oregon Medical Associates LLC	Average	Average	Average	Average
Pendleton Family Medicine	Average	Average	Average	Average
Strawberry Wilderness Community Clinic	Below	Average	Average	Better
Winding Waters Clinic PC	Average	Average	Average	Average
Gifford Medical Center	Below	Average	Average	Average
Good Shepherd Medical Group	Below	Average	Average	Average
Hermiston Community Health Clinic - Yakima Valley Farm Workers *	Average	Average	Below	Average

What do these mean?

Better
Average
Below

« Change Search Tips for Diabetes Care »

APPENDIX B. Full text of the 14 measures

Members' ratings of their personal doctor

To rate their personal doctor, members who were surveyed used a scale from 0 to 10, where 0= "worst personal doctor possible" and 10 = "best personal doctor possible." [Get details](#)

Members' ratings: Overall quality of the health plan

To rate their plan, members who were surveyed used a scale from 0 to 10, where 0= "worst health plan possible" and 10 = "best health plan possible." [Get details](#)

Quality of the plan's claims processing

This score is based on members' reports about:

- How often the plan handled their claims quickly.
- How often the plan handled their claims correctly.

[Get details](#)

Getting information from the plan on the cost of health services and equipment

This score is based on members' reports about how often they were able to find out from the health plan how much they would have to pay for a health care service or health care equipment. [Get details](#)

Plan-provided programs to help members understand their treatment choices and make a well-informed decision

This score tells the plan's success at making members aware of the possible benefits and risks of different ways of treating their symptoms and conditions. This includes giving them easy access to information on which treatments have been shown to work best for their condition and suggesting specific questions they should ask their doctor. It also considers whether the plan makes health coaches available and provides information on what other patients say about their experience. [Get details](#)

Plan-provided programs that encourage members to use their medications as prescribed

This score is based on the plan's success at having systems that check to see whether members are filling their prescriptions on schedule and sending reminders to them and their doctors when they don't. [Get details](#)

Using plan-provided home monitoring systems for members with chronic conditions such as heart disease and diabetes

This score tells how successful the plan has been at providing and encouraging the use of electronic monitoring systems and devices to improve the care for members with chronic health conditions. With a home-monitoring device, members can use a phone or computer to send daily reports of their symptoms and current health (such as blood pressure, weight, heart rate) to a doctor or nurse who can watch for changes and take action when needed. [Get details](#)

Avoiding the unnecessary use of imaging tests (x-rays, MRIs, CT scans) during early weeks of low back pain

Most people with low back pain will feel better within a few days or weeks with little or no medical treatment.

However, people with low back pain are often given medical care they don't need during the early weeks of back pain, which can do more harm than good. This includes being given unnecessary imaging tests (X-rays, CT scans, and MRIs).

This quality score for appropriate care is based on the percentage of members with low back pain who were not given imaging tests during the first four weeks of low back pain. [Get details](#)

Quality of care received by people with diabetes

This score is based on percentages of members ages 18 to 75 with diabetes:

- Who received certain tests and other care recommended for all people with diabetes. This includes getting cholesterol checks, A-1-C blood sugar tests, eye exams, and – if needed – care for kidney problems and medical advice and help to quit using tobacco.
- Whose test results show that their blood sugar, cholesterol, and blood pressure are at healthy levels.

[Get details](#)

Plan-provided online help for members who are trying to lose weight

This score tells how successful the plan has been at identifying and supporting members who are overweight and want to lose weight. It is based on the availability and use of plan-provided online help for losing weight, such as chat sessions and information tools. [Get details](#)

Quality of care to help members quit using tobacco

This score is based on the percentage of tobacco-using members 18 and older who were given medical advice, support, and other help with quitting tobacco. This includes:

- Being advised that they should quit.
- Being told about things they could do that would help them quit for good.
- Being offered (or prescribed) medications that can help people quit tobacco.

[Get details](#)

Number of primary care providers accepting new patients

This tells how many primary care providers of different types were accepting new patients as of a certain date (the day when the information was collected). Primary care providers" includes primary care doctors, pediatricians, obstetricians, and nurse practitioners. [Get details](#)

Whether adults have had at least one visit to the doctor's office during a 3-year period

This score is based on the percentage of adults in different age groups who have had a doctor's office visit or preventive care visit at least once during a period of 3 years. [Get details](#)

Timeliness of prenatal checkups

This score is based on the percentage of pregnant women who had their first prenatal checkup early in their pregnancy (within the first 3 months). [Get details](#)