

ATTACHMENT B1. DRAFT DISCUSSION GUIDE FOR CONSUMER FOCUS GROUPS

Framework for Displaying Expanded Hospital Quality Indicators on Hospital Compare Formative Research

Objectives

The purpose of this formative research will be to explore consumers' perceptions of the Institute of Medicine's six aims for improvement as a conceptual and organizational framework for displaying new and existing quality indicators on the Hospital Compare website.

In particular, the moderator will focus the discussion on the following:

- 1. How consumers perceive hospital quality, variations in quality, and what they consider to be indicators of hospital quality.*
- 2. How consumers understand each of the IOM's six aims for improvement, and how they would define them in the context of their understanding of quality:*
 - Safety*
 - Effectiveness*
 - Patient-Centeredness*
 - Timeliness*
 - Efficiency*
 - Equity*
- 3. How consumers respond to the potential use of the six aims as categories for organizing and displaying new and existing measures of hospital quality.*
- 4. What types of hospital quality care information would be most interesting for consumers to look up on the CMS website.*

Welcome and Overview of Discussion

Welcome

- Thank you for agreeing to participate in this discussion today.
- My name is {NAME} and I'll be leading our discussion. I work for a company called {L&M Policy Research Policy Research/Mathematics Policy Research}, a health policy research firm.

Background—explain purpose of the discussion

- We've been hired by the agency that runs Medicare to help them understand how to get useful information to people about hospital services.
- We are helping Medicare think about how to re-organize and display information on a website about hospital services, called *Hospital Compare*. This is meant to give the general public information about specific hospitals in their community, and how well they provide services to their patients.

Ground rules

- Please be open and frank. We're not looking for "right" answers. If something is unclear or confusing to you, it's bound to be confusing to other people too.
- Also, keep in mind that different people may have different views. Don't feel like you have to agree with each other. And, some of the information we discuss may be familiar to you, while other information is not. I want to hear all points of view. Medicare will use what you say to make the information on the website as helpful and user friendly as possible.
- We're recording these conversations, for research purposes, to help us remember everything that's said, but we will not use anyone's name or share this information beyond our research group.
- Some people working on this project are listening and watching behind the glass, and we are recording this so we can make sure we don't miss anything. In addition, we are streaming this session to staff in CMS since they are not able to attend our session today. Because we're recording, please try to speak in a voice at least as loud as the one I'm using now so that we can make sure the tape is picking up our voices.
- We'll be here about an hour and a half. Any questions before we get started?

Warm-up and Introduction

Warm-up

- To get acquainted, let's start by going around the room for brief introductions. When it's your turn, please tell your first name, where you are from, and how long you've been using the internet to find information on websites.
- Let me start: tell you a bit about myself...

Brief Introduction to *Today's Discussion*

- Today, we're going to talk about how we might think about the quality of hospital care, how we might present information about hospital quality, and how we might use this information.
- I'd like to get your thoughts and feedback about hospital quality, and on how hospital quality should be explained, so we can make sure it is as clear as possible.
- I'd also like to get your thoughts and feedback about the types of hospital quality information you would find most useful to look up on the internet.

Perceptions of Health Care and Hospital Quality

{Moderator will probe on perceptions of hospital quality, variations in quality, and quality indicators.}

- What comes to mind when you think about "good" quality or "bad" quality health care?
- In your own experience, does health care quality vary? In what ways?
- What comes to mind when you think about good and bad quality care in terms of hospital care, in particular?
 - Does the quality of hospital care vary, in your experience? In what ways?
- What would you look for in a good hospital? How would you know if the care in a hospital wasn't good?
- Are there particular dangers that go with getting care at a hospital? What are they? Can you give some examples of dangers in hospital care that you or a loved one has experienced? Are there any others that you may have heard about?

{Moderator will capture key concepts of quality and patient safety that arise in the discussion and make note them on a flip chart.}

Discussion of IOM's Six Aims

{The moderator will probe on participants' response to and understanding of the IOM's six aims, in the context of the preceding discussion on quality and hospital quality.}

- So, now we have some ideas about how those of us here today think about good and bad health care, and in hospitals. Keeping this discussion in mind, I'd like to get your thoughts about some ideas that some other people came up with, in thinking about what good health care in hospitals ought to be.

- Here are some terms that I'd like to get your thoughts about.

{The moderator will write each of these terms on a flip chart for all participants to see.}

- What do you think about the term “*safety*” or “*safe care*” when you think about health care?
 - What does that mean to you, in terms of hospital care?
 - Can you think of any examples of *safe* hospital care? Can you think of any examples of hospital care that might *not* be safe?
{probe: such as medical errors, complications, and infections}
- What about the care that is proven to be good and has very few risks? term “*effectiveness*” or “*effective care*”?
 - What does that mean to you?
 - What would be some examples of hospital care that is *effective*?
Ineffective?
- Is the term “*patient-centered*” familiar to you? What is “patient-centered care”?
 - What does that mean to you?
 - What would be an example of *patient-centered* care? How would you describe care that wasn't *patient-centered*?
- What about the concept of “*timeliness*” in health care? What is “timely care”?
 - What does that mean in the context of hospital care?
 - What would be an example of *timeliness* of care? What examples do you have from your own experience?
- Here's another concept to think about: “*avoiding waste*”
 - What does that mean to you?
 - What would be an example of *wastefulness* in hospital care?
- And here's *the last* term: “*equitable*” (or “*fair*”).
 - How does that apply to health care? When is healthcare fair or unfair?
 - What would be an example of care that wasn't *fair* or *equitable*?
- These terms that we've talked about are six aims that a committee of the Institute of Medicine has identified for the U.S. health care system. Here's how that Committee defines those terms.

{Moderator shows participants a list of brief definitions of these terms, derived from the Institute of Medicine's Crossing the Quality Chasm (**Handout #1**)}

- What do you think about these definitions?
- Is there anything different here from the way you were thinking about these terms?
- Does seeing these definitions change the way you think about this?
- Which terms helped you to think about health care and what good health care means in a new way?

- Thinking about our discussion earlier about the way you thought about good quality and bad quality health care, what do you think about the Institute of Medicine’s six aims? Are they a good way for patients and families to think about the quality of hospital care as a whole? Why or why not?
- Are there some aims that seem more important to you than others? Why?
- Are there any terms or concepts here you may not have thought much about before we had this discussion?
- Are there any important elements of health care you think aren’t covered in the IOM 6 aims?
- What do you think about the concept of “care coordination”? [*Give examples if necessary*]
- How do you think this applies to hospital care? How does it apply to care outside the hospital?
- How (if at all) do you think information should be included on the website?
 - *Probe* Should this information have its own place or category on the website or does it fit in with one of the other 6 aims categories?

Introduction to *Hospital Compare*

- As I mentioned earlier, we are helping Medicare make improvements to the *Hospital Compare* website. *Hospital Compare* is a tool you can use to look up information about hospitals, including how well they provide care. Are any of you familiar with Medicare’s website? Has anyone ever visited *Hospital Compare*?
- I’m now going to show you the website to give you an idea of what it looks like and what kinds of information you can find.

{Moderator will provide an overview of *Hospital Compare*, displaying the website using a laptop and projector OR selected screenshots, to give participants a general idea of how the tool can be used to search for information about hospitals, using local geographic area as an example.}

Categories Presenting Hospital Quality Measures

- Thinking about the *Hospital Compare* website I want to talk now about some of the information that’s available there about hospitals. Right now, it includes some very specific information about what hospitals do for patients who have surgery or certain conditions (like heart attack, heart failure, and pneumonia). They are also adding lots of new information, including information about infections and the dangers of hospital care.
- CMS is thinking of reorganizing the information on the website.
- I’d like hear your thoughts about how we might organize and present the information, using the categories we talked about earlier.

- Here is an example of how we are considering organizing the information that is available on the website using the 6 aims categories.

{Moderator gives participants handout with 6 aims and measure sets table (**Handout #2**)}

- I'd like you to take a moment to look at the way this table is organized and tell me your initial impression of this organization given the explanations we just discussed about the 6 aims.
- To give you a better understanding of what types of information are included in the measure sets organized under the IOM six aims categories I will give you a handout that lists all the measures in each of the measure sets.
- At this time I'd like you to get together in pairs to discuss the detailed handout I am giving you now. I'm going to ask each pair to look through the individual measures of one of the measure sets before we talk about them as a group. *[Give explanation of how measure sets drill down into individual measures as necessary].*

{Moderator will give participants handout with detail of measures per measure set (**Handout #3**). Moderator will designate one measure set for each pair of consumers to focus on.

Moderator will ensure that all measure sets are considered by at least one pair of consumers. }

- I'd like you to give me your impressions of the way individual measures are organized under these measure sets.
- Do you think this organization makes sense? Why or why not?
- Are there specific measures within the measure sets you think don't belong or should be moved to another measure set? Please describe.
- Are there measures here that you think don't belong in any of the measure sets? Please describe.

{Moderator references 6 aims and measure sets table (**Handout #2**)}

- Now that you've had time to consider these measure sets and individual measures I'd like you to take a moment to look back at Handout 2 at the way this table is organized.
- Has your impression of this table changed at all? Why or why not?
- Do you think this organization makes sense? Why or why not?
- Are there other ways you think these measure set topics should be grouped?
- Do you have any other suggestions for how we should organize these groupings under the six IOM aims categories given our discussion about safety, effectiveness, patient-centeredness, timeliness, waste, and fairness earlier?
- Compared to when we talked about good quality and bad quality hospital care at the beginning of this session, does this organization help you to better understand the concept of quality of hospital care on the whole? Do you think about the quality of hospital care differently after looking at these categories? Why or why not?

Review of Organization of Measures on Website

- We've talked at some length about one way of categorizing this information.
- Now, I'd like to get your reactions to different ways this information might be presented.
- There's a good deal of overlap in the categories we talked about. For example:
 - There was information about **heart attack care** under the *Effectiveness* category and in the *Timeliness* category.
 - Some other measures in the *Effectiveness* and *Patient-Centeredness* categories also relate to *timeliness*
- Some information in different categories relates only to inpatient care; some relates only to outpatient care (for example, emergency department, outpatient surgery, outpatient imaging).
- Some information is positive (showing good things that were done) and some is negative (showing complications or bad outcomes)
- Of the information that we've talked about today and the information in Handouts 2 and 3, what would you be most interested in looking up on the website? Why?
{probe: how might you use this information}
- Thinking about how you might look at hospital information on the website, would you like to see hospitals displayed side by side or one at a time? Why?
 - If side by side, does this help you to compare hospitals? Why or why not?
- Thinking about how you might look for the information about hospitals on the website, what information would you like to be able to search by? That is, how important would it be to you:
 - to be able to sort all the information by condition first (e.g., heart attack, heart failure, pneumonia, surgical care, pediatric asthma) and then filter the information into outpatient and inpatient care, or by surgical or nonsurgical care?
 - to sort outpatient (including emergency department) from inpatient care first and then filter by condition or by surgical or nonsurgical care?
 - to sort out surgical from medical or nonsurgical first and then filter by condition or outpatient/inpatient care?
 - to keep different kinds and sources of information separate (e.g., information from patient surveys, information reported by hospitals, information from Medicare billing information; positive vs. negative information—that is, signs that care is going well vs. signs that care is having problems)?
 - to be able to see information about all patients first and then filter by Medicare patients?
- Are there any other ways you would like to see the information organized?
- Thinking about different ways of organizing the information, what do you prefer?
- What do you think now about using the six categories discussed at the beginning, as a way of organizing the information?

CLOSING

Those are all the questions I have for you.

Does anyone have any final thoughts they would like to add?

If you'll give me just a moment, I'll check in with my colleagues. {See if anyone in the back room or on focus vision has anything else on which to probe.}

Thank you very much for taking the time to meet with me today. Your insights have been very helpful!