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Public Reporting as a Communication Tool to Aid Vulnerable Consumers in Healthcare Decisions: What Do We Know?

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Background/Introduction:

Beginning in 1986, the Health Care Financing Administration (currently CMS) developed and disseminated numerous public reports on Medicare hospital mortality and healthcare quality. The current Agency for Healthcare Research and Quality's (AHRQ) "Health Care Report Card Compendium" contains a listing of 122 report cards currently produced. The literature describing, evaluating and discussing public reporting is vast, but the evidence base for public reports is not substantial, with many unresolved issues. For example,

- Evidence to increase the awareness and use of such reports by consumers is disappointing.
- One study reported that only 12% of patients surveyed were aware of a report on cardiac surgery before undergoing cardiac surgery;
- Less than 1% of patients knew the correct rating of their surgeon or hospital.
- Three systematic reviews and one in-depth analysis from 2008 through 2011, show mixed impact of public reports on both consumer and provider behavior.

Since AHRQ's initial work, little has changed in consumer awareness of public reports. The federal Patient Protection and Accountable Care Act states a mandate "to improve the dissemination of measures of healthcare quality and resource use, [and] to build the science of public reporting." However, early studies on the design and use of consumer reports cite the public's confusion and lack of understanding regarding the utility of such reports. AHRQ this year cites that the lack of understanding by consumers still exists today.

Despite the growth in public reports, there remain unanswered questions regarding their content, design and dissemination. Tremendous variation exists in quality, healthcare service utilization and disparities experienced by the poor, certain minorities and other priority populations.

None-the-less public reporting is identified as one method to identify these differences. Informing consumers through comparisons of provider performance may encourage improvement in health care quality.

Objectives:

Our objectives are part of a larger study* to:

- Determine if public reporting is utilized in making healthcare decisions by vulnerable consumers defined as African American, Latino and White populations with Type II diabetes.
- Determine the gaps in knowledge of healthcare public reports utilization by vulnerable populations
- Identify barriers and facilitators to help vulnerable diabetic populations make informed decisions about personal healthcare services

Methods:

A systematic literature review was conducted of relevant databases, reports, books, websites, and grey literature. In addition to examining websites containing reports, bibliographic databases were searched that included: MEDLINE®, PsycINFO®, Business Source Complete (EBSCOhost), CINAHL®, The Cochrane Database of Systematic Reviews, and Web of Science®. These database searches utilized a combination of both index terms unique to the individual databases and text words or key words.

Examples of Search Terms	
Index or Thesauri Terms*	Text Words**
Access to Information; African Americans; Blacks; Choice Behavior; Chronic Disease; Chronic Illness; Communication; Consumer Health Information; Consumer Satisfaction; Consumers' Preferences; Decision Making; Diabetes Mellitus, Type 2; Disadvantaged; Disclosure; Hispanic Americans; Information Dissemination; Latinos/Latinas; Minority Groups; Patient Participation; Patients; Quality of Health Care; Vulnerable Populations	African Americans; Blacks; choice; consumer; decide; decision; diabetes; diabetic; health care; healthcare; Hispanic; information; Latino; Latina; medical care; patient; provider; public report; quality care; report card; selection; type 2; underserved; vulnerable population

* Contains sample of used index terms/subject headings from searched databases

** Some words truncated to retrieve additional word endings

Inclusion/Exclusion Criteria:

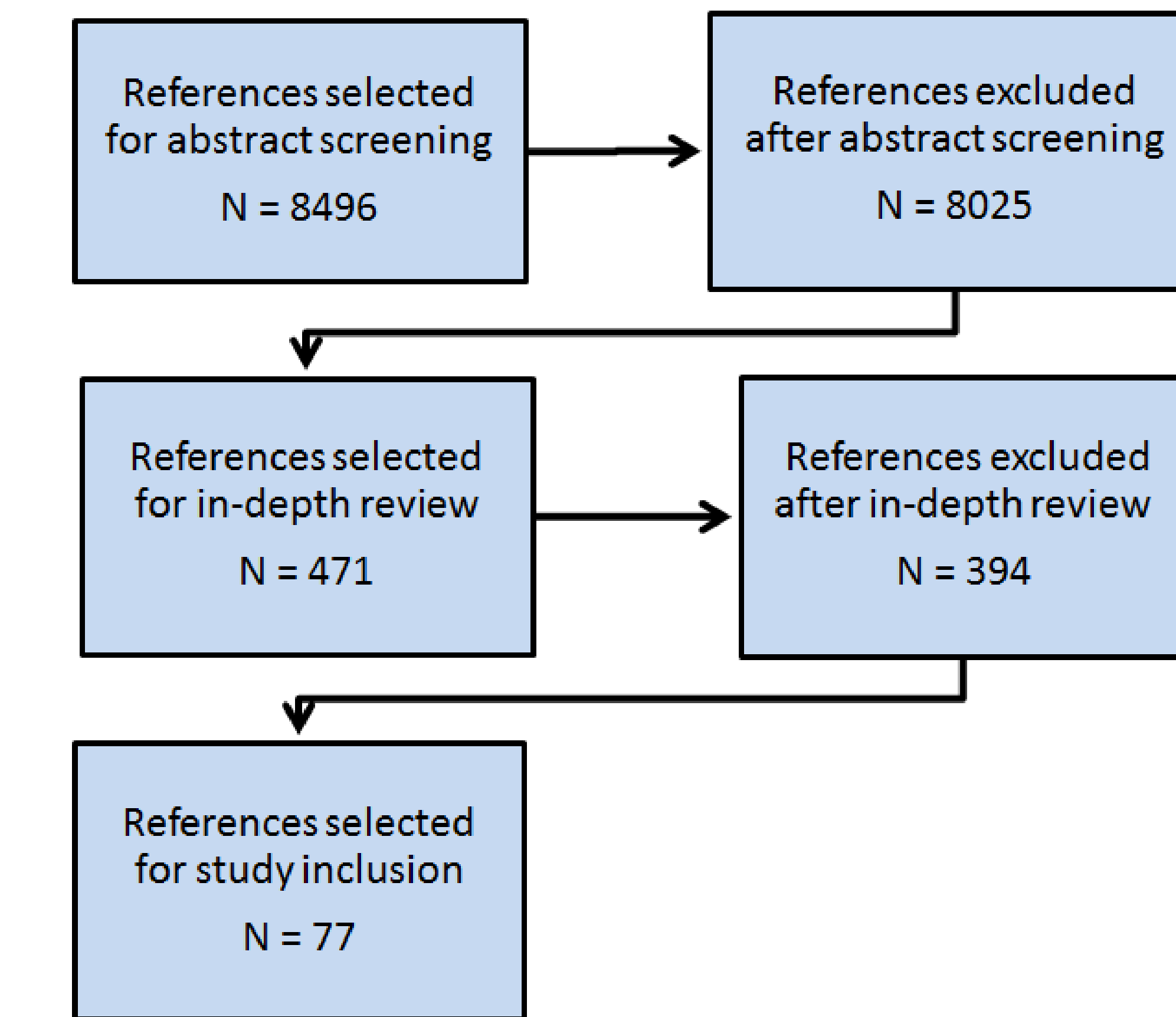
The criteria for the literature/information included in this review focused on:

- Publicly available reports or information to guide patient decision making
- Patients use of public reporting
- Vulnerable populations
- Type II diabetes
- Peer-reviewed publications
- Relevant 'grey literature' and/or web sites

Literature/information excluded from the review included works written in foreign languages, and those that focused on:

- Pediatric or adolescent patients
- Mental disorders, addictions, etc.
- Health provider/physician decision making
- Privately developed comparative data reports on health care quality or costs

Flowchart of Systematic Review of the Literature:



Results:

With a search retrieval of over 8496 journal citations and other information sources, 471 citations were initially identified as addressing our objectives. Of these results, 77 citations were determined to be most relevant regarding gaps in knowledge of healthcare public report utilization by vulnerable populations.

Conclusions/Lessons Learned:

Despite the large retrieval of potential relevant literature identified by our initial search (n=8496) after review and analysis only 0.009 percent met our inclusion and exclusion criteria. The literature review revealed:

Despite 26 years of the availability of public reports, consumers today rarely use them and are generally unaware of the availability of such reports. There is little evidence that reports are designed for underserved population. Much work is needed to assist consumers in using consumer reports. Our larger study has recently been funded by AHRQ and will use the relevant literature base identified to guide focus groups of African Americans, Latinos, and White populations with Type II Diabetes to identify the content, design and dissemination of future consumer reports that reflect what these populations identify as most important to them.

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