

STILL SEARCHING

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How People Use Health Care Price
Information in the United States,
New York State, Florida, Texas and
New Hampshire



Still Searching: How People Use Health Care Price Information in the United States, New York State, Florida, Texas and New Hampshire

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EXECUTIVE SUMMARY

Americans bear a large and growing share of their health care costs in the form of high deductibles and insurance premiums, as well as copayments and, sometimes, coinsurance for physician office visits and hospitalizations.¹ Historically, the health care system has not made it easy for people to find out how much their care will cost them out of pocket. But, in recent years, insurers, state governments, employers and other entities have been trying to make price information more easily available to individuals and families. Are Americans trying to find out about health care prices today? Do they want more information? What sources would they trust to deliver it?

This nationally representative research finds 50 percent of Americans have tried to find health care price information before getting care, including 20 percent who have tried to compare prices across multiple providers.² Representative surveys in four states—New York, Texas, Florida and New Hampshire—show higher percentages of residents in Texas, Florida and New Hampshire have tried to find price information and have compared prices than New York residents and Americans overall. This variation suggests factors at the state level might be influencing how many people try to find out about health care costs. Nationally and in those four states, more than half of people who compared prices report saving money. Most Americans overall think it is important for their state governments to provide comparative price information. But we found limited awareness that doctors' prices vary and limited awareness that hospitals' prices vary.

Public Agenda conducted this research with support from the Robert Wood Johnson Foundation and the New York State Health Foundation. The findings are based on a nationally representative survey of 2,062 adults, ages 18 and older, and a set of representative surveys in four states: one survey of 802 adults in New York, one of 808 adults in Texas, one of 819 adults in Florida and one of 826 adults in New Hampshire. The surveys were conducted from July through September 2016 by telephone, including cell phones, and online.³

¹ Kaiser Family Foundation and Health Research & Educational Trust, "Employer Health Benefits 2016 Annual Survey" (Washington, DC: Kaiser Family Foundation, 2016), <http://kff.org/health-costs/report/2016-employer-health-benefits-survey/>; Agency for Healthcare Research and Quality, "Table XI.F.1, Table XI.F.2, Table XI.F.3, Table XI.F.4, Table XI.F.5 and Table XI.F.6," Medical Expenditure Panel Survey Insurance Component Tables, 2008–2014, generated using MEPSnet/IC on January 31, 2017, https://meps.ahrq.gov/mepsweb/data_stats/MEPSnetIC/startup.

² See Box 1 and Box 2 on page 15 for explanations of, respectively, what trying to find price information means and what comparing prices means in this research.

³ Telephone and online samples were combined using propensity score matching techniques and weighted to the general U.S. population for the national survey and to the population of each of the four states for the state surveys. See the methodology at the end of this report for a detailed description of how this research was conducted.

This research follows up on a previous national survey conducted by Public Agenda, which was fielded in 2014 and published in 2015. That survey found 56 percent of Americans had tried to find health care price information before getting care, including 21 percent who had compared prices across multiple providers.⁴ This survey asks most of the same questions that were asked in the 2015 survey, as well as several new ones. Its methodology is similar to that of the previous survey to ensure comparability of results over time and to minimize the possibility that any stability or change in findings over time could be attributed to methodological differences.⁵ Before fielding this survey, Public Agenda conducted two focus groups with demographically diverse groups of insured and uninsured adults in New Hampshire and Texas.

Findings in Brief

FINDING 1

Half of Americans have tried to find price information before getting care. People who have to pay more out of pocket are more likely to have tried to find price information.

- Fifty percent of Americans have tried to find out before getting care how much they would have to pay out of pocket, not including copays, and/or how much their insurers would pay. Our 2015 report found 56 percent of Americans had tried to find this information.
- Nearly half of New York State residents—48 percent—have tried to find price information before getting care. However, 56 percent of Floridians, 57 percent of New Hampshire residents and 59 percent of Texans have done so.
- Insured Americans with higher deductibles are more likely to have tried to find price information before getting care: 69 percent of insured Americans with deductibles above \$3,000 have tried to find price information, while only 50 percent of those with deductibles less than \$500 have done so.
- Americans who have been uninsured in the past year are also more likely to have tried to find price information: 63 percent of Americans who were uninsured at some point in the past 12 months have tried to find price information before getting care, while only 46 percent of those who were fully insured in the past 12 months have done so.

⁴ David Schleifer, Carolin Hagelskamp and Chloe Rinehart, "How Much Will It Cost? How Americans Use Prices in Health Care" (New York, NY: Public Agenda, 2015), <http://www.publicagenda.org/pages/how-much-will-it-cost>.

⁵ The methodology differs in that, in this survey, 39 percent of interviews were completed through probability-based phone sampling and the remainder completed through a nonprobability-based, opt-in web panel. In the previous survey published in 2015, 33 percent of interviews were completed through probability-based phone sampling and the remainder through a nonprobability-based, opt-in web panel.



FINDING 2

Only some Americans have tried to compare prices. Of those who have tried to compare prices, more than half say they saved money.

- Twenty percent of Americans have tried to compare multiple providers' prices before getting care. This is similar to our 2015 finding that 21 percent of Americans had tried to compare prices.
- Twenty percent of New York State residents have tried to compare multiple providers' prices before getting care. However, 24 percent of Floridians, 24 percent of New Hampshire residents and 29 percent of Texans have done so.
- Of Americans who have tried to compare prices, 53 percent report saving money. Even larger percentages of those who have tried to compare prices in Florida, New Hampshire, New York State and Texas report saving money.
- People who have tried to compare prices are more likely to be aware of price variation: 58 percent of people who have tried to compare prices say that some doctors charge more than others for the same services. In contrast, 48 percent of people who have tried to check one price and 36 percent of those who have never looked for price information say that some doctors charge more than others for the same services.
- People who have tried to compare prices are more likely to make health care decisions for another adult family member: 46 percent of those who have tried to compare prices make health care decisions for another adult family member, while only 23 percent of those who have not ever tried to find price information do so.

FINDING 3

Most Americans do not think prices are a sign of quality in health care. Of those who have tried to compare prices, most chose less expensive care.

- Similar to our 2015 findings, 70 percent of Americans say higher prices are *not* typically a sign of better quality medical care.
- Of Americans who have tried to compare prices, 59 percent say they chose less expensive care.
- Of those who have not ever tried to find price information, 40 percent indicate they would be inclined to choose less expensive doctors if they knew prices in advance.

FINDING 4

Americans turn to friends, relatives and colleagues; insurance companies; doctors; and receptionists when they try to find price information.

- The sources that Americans most commonly use to try to find price information include friends, relatives and colleagues; insurance companies; doctors; and receptionists. Few people report using websites other than those of their insurers for price information.
- Seventeen percent of Americans residing in states with state-administered price information websites indicate they have heard of their states' websites.⁶ But even fewer people in those states have heard of price information websites run by for-profit or nonprofit price information providers.
- Doctors and insurers are trusted sources of price information. Fewer people would trust their employers for price information: 77 percent of Americans would trust their doctors a great deal or some when it comes to finding out about the price of medical care, but only 51 percent would trust their employers a great deal or some.
- Most Americans—68 percent—think insurance companies are mostly interested in making money. Thirty-eight percent think that of hospitals, and 27 percent think that of doctors.

FINDING 5

Potential barriers to increasing the use of price information by Americans include limited awareness of price variation and uncertainty about how to find price information.

- Fifty-six percent of Americans are not aware that doctors' prices vary, and 54 percent are not aware that hospitals' prices vary.
- Of people who have not tried to find out the price of medical services before getting care, 51 percent say they are not sure how to do so. This is similar to our 2015 finding that 50 percent of people who had not tried to find price information were not sure how to do so.

⁶ This includes residents of Arkansas, California, Colorado, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Utah, Vermont, Virginia and Wisconsin.

FINDING 6

Americans want to know more about health care prices.

- Most Americans—63 percent—say that there is not enough information about how much medical services cost.
- Most Americans—80 percent—think it is important for their state governments to provide people with comparative price information.
- Most Americans favor doctors and their staff discussing prices with patients: 70 percent think it is a good idea for doctors and their staff to discuss prices with patients before ordering or doing tests, procedures or before referring them to specialists.
- However, fewer Americans—only 28 percent—say doctors or their staffs have brought up price in conversation with them.



Implications

Based on these findings, this report concludes with implications and questions for policymakers, insurers, employers and health care providers, as well as for-profit and nonprofit providers of price information, so efforts to make prices more transparent will be informed by and responsive to the perspectives and needs of the American public.

- **Help people compare prices to help them save money.** Consistent with findings from our 2015 report, this research found trying to compare prices across multiple providers is still less common than trying to check one provider's price. Yet people who have tried to compare prices are more likely to report saving money. This suggests that just making price information available is not enough to help people save money. Insurers, employers and policymakers should also adopt strategies to encourage people to compare prices. These might include creating financial incentives to compare prices, building awareness of price variation, experimenting with reference pricing or other creative benefit designs, or building information systems that make multiple prices available for comparison.
- **Direct price transparency efforts toward people who face high out-of-pocket costs and toward those whose insurance coverage is unstable.** This research found Americans who have been uninsured at some point in the past 12 months are more likely to have tried to find price information before getting care than those who were fully insured. It also found that people with higher deductibles are more likely to have tried to find price information before getting care. Insurers, providers, employers, policymakers and price information providers should, therefore, pay particular attention to the information needs of these people, who appear particularly interested in finding out about their out-of-pocket costs.
- **Recognize the diversity of sources people use to try to find information.** Besides friends, relatives and colleagues, the sources that Americans most commonly use to try to find price information include calling insurers and using their websites, as well as asking doctors or receptionists. While online price information tools are proliferating, few people use state-run price information websites or sites other than those of their insurers. Policymakers, employers and others interested in helping people find price information should consider in-person or phone sources—like receptionists or insurers' customer service representatives—as part of the price information infrastructure and should consider how to ensure those sources are meeting people's needs efficiently. Past research has used insurance claims data to study whether people save money by using online price information tools provided by employers and insurers. But future research should consider the impacts of in-person and phone sources of price information as well.

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- **Equip medical professionals and their staffs to discuss prices with patients or to refer patients to reliable sources of price information.** Doctors and their staffs emerged as trusted sources of price information for many Americans in this research, and many people favor doctors and their staffs talking to patients about price. How can doctors and their staffs—including receptionists and nurses—be equipped to handle these conversations? These professionals may not need to be able to tell people exactly what certain medical services will cost them, but they could discuss costs and coverage more generally and guide people toward more specific price information, if necessary.
 - **Employers should find ways to build trust with more of their employees.** Some employers have already invested in price information tools for their employees. Yet the percentage of people who would trust their employers as potential sources of price information is lower than the percentages who would trust other potential sources. Employers and employees could both benefit from lower health care spending. Therefore, it would be in employers’ interests to become trusted sources of or trusted guides to price information for more of their employees.
 - **States should consider a range of ways to make price information more transparent.** Despite finding that fewer people would trust local, state and federal governments as sources of price information than would trust other potential sources, this research also found most people think it is important for their state governments to provide comparative price information. While few people in states that run price information websites have heard of those sites, even fewer have heard of sites run by for-profit or nonprofit price information providers. What can states reasonably do to fulfill people’s interest in price information? Besides providing information themselves, how can states encourage insurers and providers to be more transparent about prices and help state residents understand the extent of price variation?
 - **Support further exploration of variations among states in how people find and use price information.** This research found that higher proportions of Floridians, New Hampshire residents and Texans have tried to find price information and have compared prices than Americans overall or residents of New York State. These state variations cannot be attributed to demographics or other characteristics for which we tested, such as size of deductible. What accounts for these variations? How much do other states vary in how people find and use price information? It would be helpful to understand whether state policies or characteristics of health care markets might account for higher rates of seeking and comparing prices in the states we surveyed or other states.



INTRODUCTION

Americans bear a large and growing share of their health care costs in the form of high deductibles and insurance premiums, as well as copayments and, sometimes, coinsurance for physician office visits and hospitalizations.⁷ Part of the rationale for these types of cost sharing is an assumption that people will “shop around”—that is, they will compare two or more providers’ prices and consider price in their health care decision-making. Historically, however, the health care system has not made it easy for people to find out how much their care will cost them out of pocket.⁸

In recent years, insurers, state governments, employers and other entities have been trying to make price information more easily available to individuals and families.⁹ Although these price transparency efforts are new, many Americans already have tried to find price information before getting care. In 2015, Public Agenda, with the support of the Robert Wood Johnson Foundation, published the results of the first nationally representative survey about how Americans try to find and use health care price information. We found 56 percent of Americans had tried to find out how much they would have to pay out of pocket for medical services—not including copays—before getting care and/or how much their providers would charge their insurers. Even among those who had not ever tried to find price information, 57 percent said they would like to know the prices of medical services in advance. However, most

Americans who had tried to find price information had not compared prices. Less than half were aware that doctors’ prices vary.¹⁰

Since that survey was fielded, price transparency efforts have continued their slow and uneven evolution. In 2015, at least 27 states proposed some form of price transparency legislation.¹¹ But Catalyst for Payment Reform (CPR) gave 43 states grades of “F” in its 2016 report card on state price transparency laws.¹² By the end of 2016, nineteen states had passed legislation to create all-payer claims databases, which underpin a range of price transparency efforts.¹³ But a 2016 U.S. Supreme Court decision that year undermined states’ ability to collect information for those databases.¹⁴

⁷ Kaiser Family Foundation and Health Research & Educational Trust, “Employer Health Benefits 2016 Annual Survey,” 2016; Agency for Healthcare Research and Quality, “Table XI.F.1, Table XI.F.2, Table XI.F.3, Table XI.F.4, Table XI.F.5 and Table XI.F.6,” 2008–14.

⁸ U.S. Government Accountability Office, “Health Care Price Transparency: Meaningful Price Information Is Difficult for Consumers to Obtain Prior to Receiving Care” (Washington, DC: Government Accountability Office, 2011), <http://www.gao.gov/products/GAO-11-791>.

⁹ Catalyst for Payment Reform, “National Scorecard on Payment Reform” (Oakland, CA: Catalyst for Payment Reform, 2014), <http://www.catalyzepaymentreform.org/images/documents/nationalscorecard2014.pdf>; Kathryn A. Phillips and Anna Labno, “Private Companies Providing Health Care Price Data: Who Are They and What Information Do They Provide?” *Journal of Managed Care Medicine* 17, no. 4 (2014): 75–79; U.S. Government Accountability Office, “Health Care Transparency: Actions Needed to Improve Cost and Quality Information for Consumers” (Washington, DC: Government Accountability Office, 2014), <http://www.gao.gov/products/GAO-15-11>; Elizabeth Nicholson, “Price Transparency Initiative State Survey: Price Disclosures” (San Francisco, CA: The Source on Healthcare Price and Competition, UC Hastings College of the Law, 2015), <http://sourceonhealthcare.org/issue-brief-2015-price-transparency-initiative-state-survey-price-disclosures/>.

¹⁰ Schleifer et al., “How Much Will It Cost?” 2015.

¹¹ Nicholson, “Price Transparency Initiative State Survey,” 2015.

¹² Catalyst for Payment Reform and Health Care Incentives Improvement Institute, “Report Card on State Price Transparency Laws” (Oakland, CA: Catalyst for Payment Reform, 2016), <http://www.hci3.org/wp-content/uploads/2016/07/reportcard2016.pdf>.

¹³ All-Payer Claims Database (APCD) Council and National Association of Health Data Organizations (NAHDO), “Interactive State Report Map” (Durham, NH: APCD Council, 2017), <https://www.apcdouncil.org/state/map>.

¹⁴ Erin Fuse Brown and Jaime King, “The Consequences of *Gobeille v. Liberty Mutual for Health Care Cost Control*,” *Health Affairs Blog*, March 10, 2016, <http://healthaffairs.org/blog/2016/03/10/the-consequences-of-gobeille-v-liberty-mutual-for-health-care-cost-control/>.



Meanwhile, research has shown that efforts to make health care price information more transparent have had mixed effects for individuals and families. Studies have found, for instance, that when the California Public Employees' Retirement System offered price information and created significant financial incentives for people to use it, spending went down for both that large employer and those covered by its insurance.¹⁵ Another recent study found that while only 3.5 percent of one insurer's enrollees used its online price information tool, those who used it saved money on at least one type of service.¹⁶ On the other hand, a study of two large employers that offer their employees price transparency tools found only a small percentage used them, and doing so was not associated with lower health care spending.¹⁷

The ongoing evolution of price transparency efforts raises questions about how Americans are trying to find and use health care price information, about their attitudes about and understanding of prices and about how best to help people avoid unnecessarily high out-of-pocket costs. Furthermore, as states consider price transparency policies, questions arise regarding how price information seeking and attitudes related to price may vary across states.

¹⁵ James C. Robinson, Christopher Whaley and Timothy T. Brown, "Association of Reference Pricing for Diagnostic Laboratory Testing with Changes in Patient Choices, Prices, and Total Spending for Diagnostic Tests," *JAMA Internal Medicine* 176, no. 9 (2016): 1353–59; James C. Robinson and Timothy T. Brown, "Increases in Consumer Cost Sharing Redirect Patient Volumes and Reduce Hospital Prices for Orthopedic Surgery," *Health Affairs* 32, no. 8 (2013): 1392–97.

¹⁶ Anna D. Sinaiko, Karen E. Joynt and Meredith B. Rosenthal, "Association Between Viewing Health Care Price Information and Choice of Health Care Facility," *JAMA Internal Medicine* 176, no. 12 (2016): 1868–70.

¹⁷ Sunita Desai, Laura A. Hatfield, Andrew L. Hicks, Michael E. Chernew and Ateev Mehrotra, "Association Between Availability of a Price Transparency Tool and Outpatient Spending," *JAMA* 315, no. 17 (2016): 1874–81.

THIS RESEARCH

Public Agenda, with support from the Robert Wood Johnson Foundation and the New York State Health Foundation, set out to explore how Americans are trying to find and use health care price information and how residents of four states—New York, New Hampshire, Florida and Texas—are doing so. We also sought to explore attitudes about and understanding of prices on the part of Americans overall and residents of those states, including their interest in knowing prices before getting care and how they would want to access price information.

This research addresses questions concerning Americans in general and residents of New York State, New Hampshire, Florida and Texas such as the following:

- How many people have tried to find out what their health care would cost them, and what sources have they used to find that out?
- How many people have actually tried to compare prices across multiple providers?
- Have residents of some states tried to find price information or compare prices at higher rates than Americans overall?
- Are people saving money when they use price information?
- How many people are aware of price variation in health care?
- Do people believe prices are a sign of quality in health care?

We chose the four states we surveyed because they differ in their approaches to health care price information. New Hampshire has one of the most robust price transparency policies in the nation. It was one of only three states to which CPR gave a grade of “A” for its price transparency laws in 2016.¹⁸ Health insurers in New Hampshire are required to disclose price information to their members.¹⁹ The state runs a free website providing price information specific to residents’ insurers, deductible sizes and coinsurances.²⁰ New Hampshire began collecting data for its all-payer claims database in 2005.²¹

¹⁸ Catalyst for Payment Reform and Health Care Incentives Improvement Institute, “Report Card on State Price Transparency Laws,” 2016.

¹⁹ National Conference of State Legislatures, “Transparency and Disclosure of Health Costs and Provider Payments: State Actions” (Denver, CO: National Conference of State Legislatures, 2015), <http://www.ncsl.org/research/health/transparency-and-disclosure-health-costs.aspx>.

²⁰ New Hampshire Insurance Department, “NH Healthcost” (website), accessed January 31, 2017, <https://nhhealthcost.nh.gov/>.

²¹ APCD Council and NAHDO, “Interactive State Report Map,” 2017.

New York State, Texas and Florida all received grades of “F” from CPR for their price transparency laws in 2016.²² New York State currently does not have a state-run health care price information website. However, the state is planning a platform to disseminate price and quality information to state residents.²³ New York State is also in the midst of implementing an all-payer database that will aggregate insurance claims data from all insurers in the state—a crucial building block of transparency policy. Research has already shown that the considerable variation in hospital prices in New York State is due more to the greater market leverage of some hospitals than to any differences in quality.²⁴

Florida passed price transparency legislation in 2016 after several years of effort. The law requires hospitals, ambulatory surgery centers and insurers to provide price information on their websites to state residents.²⁵ Although a website run by Florida’s Agency for Health Care Administration currently provides limited price information, the state announced in 2017 that it had selected a vendor to create a more robust online health care transparency tool.²⁶ Florida also began implementing an all-payer claims database in 2017.²⁷

There has been little recent price transparency legislation in Texas, according to the National Conference of State Legislatures, which documents state actions in health and other policy areas.²⁸ Texas runs a website that aggregates some types of financial data from insurers. That website does not provide Texans with information about how much they have to pay out of pocket for specific services or

providers but efforts are underway to improve it.²⁹ The state does not currently have an all-payer claims database, a crucial building block of price transparency, but is reportedly considering whether and how to develop one.³⁰

This research consists of a nationally representative survey of 2,062 U.S. adults (ages 18+) and a set of representative surveys conducted in four states: one survey of 802 adults in New York, one of 808 adults in Texas, one of 819 adults in Florida and one of 826 adults in New Hampshire. Each survey was conducted in the summer of 2016 by telephone, including cell phones, and online. Respondents had the option to complete the survey in English or Spanish. Before fielding the surveys, Public Agenda conducted two demographically diverse focus groups with insured and uninsured adults in New Hampshire and Texas.

This report focuses on findings from the national survey. It includes some findings from the New York State, New Hampshire, Florida and Texas surveys and draws some comparisons to our previous national survey, the results of which were published in 2015. In addition, brief reports on each of the four states provide further detail on state-level findings. Those briefs can be found at <http://www.publicagenda.org/pages/still-searching>.

The methodology section and sample characteristics table at the end of the report provide detailed descriptions of how this research was conducted. The surveys’ complete topline findings for the national and state data, including full question wording, can be found at <http://www.publicagenda.org/pages/still-searching>.

²² Catalyst for Payment Reform and Health Care Incentives Improvement Institute, “Report Card on State Price Transparency Laws,” 2016.

²³ Linda Weiss, Maya Scherer and Anthony Shih, “Consumer Perspectives on Health Care Decision-Making Quality, Cost and Access to Information” (New York: New York Academy of Medicine, 2016), <http://www.nyam.org/publications/publication/consumer-perspectives-health-care-decision-making-quality-cost-and-access-information/>.

²⁴ Gorman Actuarial, Inc., “Why Are Hospital Prices Different? An Examination of New York Hospital Reimbursement” (New York: New York State Health Foundation, 2016), <http://nyshealthfoundation.org/resources-and-reports/resource/an-examination-of-new-york-hospital-reimbursement>.

²⁵ Harris Meyer, “New Price-Transparency Law Puts Florida in the Consumer Vanguard,” Modern Health Care *Vital Signs* blog, April 19, 2016, <http://www.modernhealthcare.com/article/20160419/BLOG/160419918>; Health and Human Services Committee, Health Care Appropriations Subcommittee, “Transparency in Health Care” [bill] in CS/CS/HB 1175, Florida Senate, 2016, <https://www.flsenate.gov/Committees/BillSummaries/2016/html/1385>.

²⁶ Agency for Health Care Administration Communications Office, “Secretary Senior Announces Contract Awarded to HCCI for Health Care Transparency Initiative,” press release, January 24, 2017, http://ahca.myflorida.com/Executive/Communications/Press_Releases/pdf/HCCIPressRelease.pdf.

²⁷ APCD Council and NAHDO, “Interactive State Report Map,” 2017.

²⁸ National Conference of State Legislatures, “Transparency and Disclosure of Health Costs and Provider Payments,” 2015.

²⁹ Texas Department of Insurance, “Health Care Reimbursement Rate Consumer Information Guide,” [website], accessed January 31, 2017, <https://wwwapps.tdi.state.tx.us/inter/asproot/life/reimbursement/imprvdataqual.html>; Texas Department of Insurance, “Health Care Reimbursement Rate Information 28 Tac §§21.4501 - 21.4507,” [proposed amendment], 2015, <http://www.tdi.texas.gov/rules/2015/documents/subkkproposal.pdf>.

³⁰ APCD Council and NAHDO, “Interactive State Report Map,” 2017.

Box 1:

What Does “Tried to Find Price Information” Mean in this Research?

This research, like the research we published in 2015, categorizes people as having tried to find price information if they say they have ever done one or more of the following before getting medical care:

- Tried to find out in advance how much a *visit to a primary care doctor* would cost them out of pocket, not including the copay
- Tried to find out in advance how much a *hospital stay* would cost them out of pocket, not including the copay
- Tried to find out in advance how much a *visit to a specialist doctor* would cost them out of pocket, not including the copay
- Tried to find out in advance how much their insurance company would have to pay a doctor or hospital, even if it did not affect their out-of-pocket costs
- Tried to find out in advance how much a *medical test* would cost them out of pocket, not including the copay

We specifically asked people about costs other than copayments. Because copayments tend not to vary much, we chose to focus on more variable and potentially expensive out-of-pocket costs, such as deductibles and coinsurance.

Whether or not people actually found the information they were looking for, we categorized them as having sought price information if they say had ever *tried* to find out that information before getting care.

Box 2:

What Does “Tried to Compare Prices” Mean in this Research?

Trying to find price information does not necessarily mean comparing prices across multiple providers. Some people try to “check” a single provider’s price, perhaps because they are unable or unwilling to go to a different provider.

As in our 2015 report, we categorize people as *trying to compare prices* if they report that when they were trying to find price information, they tried to compare prices *for two or more health care providers for the same service*.



MAIN FINDINGS



Half of Americans have tried to find price information before getting care. People who have to pay more out of pocket are more likely to have tried to find price information.

- Fifty percent of Americans have tried to find out before getting care how much they would have to pay out of pocket, not including copays, and/or how much their insurers would pay. Our 2015 report found 56 percent of Americans had tried to find this information.
- Nearly half of New York State residents—48 percent—have tried to find price information before getting care. However, 56 percent of Floridians, 57 percent of New Hampshire residents and 59 percent of Texans have done so.
- Sixty-nine percent of insured Americans with deductibles above \$3,000 have tried to find price information before getting care, while only 50 percent of insured Americans with deductibles less than \$500 have done so.
- Sixty-three percent of Americans who were uninsured at some point in the past 12 months have tried to find price information before getting care, while only 46 percent of those who were fully insured in the past 12 months have done so.



This research found that half of Americans (50 percent) have tried to find out how much they would have to pay out of pocket for medical services—not including copays—before getting care and/or have tried to find out how much their providers would charge their insurers.³¹

This percentage includes anyone who says they have ever tried to find out how much they would have to pay out of pocket, not including copays, in one or more of four situations: before visiting a primary care doctor, before visiting a specialist doctor, before a hospital stay or before getting a medical test. It also includes anyone who says they have ever tried to find out before getting care what their insurance companies would have to pay a doctor or hospital; see box 1 for a further explanation of what trying to find price information means in this research.

³¹ The denominator is all Americans, meaning those with and without deductibles, with and without copayments and insured and uninsured, regardless of whether or how often they have sought medical care.

People more commonly have tried to find price information about medical tests, specialists and primary care doctors than about hospital stays or how much their insurance companies would pay a doctor or hospital; see figures 1a and 1b.

People have tried to find price information for a variety of medical services.

Figure 1a. Percent who say they have tried to find out before getting care how much they would pay out of pocket, not including copays, for the following medical services:

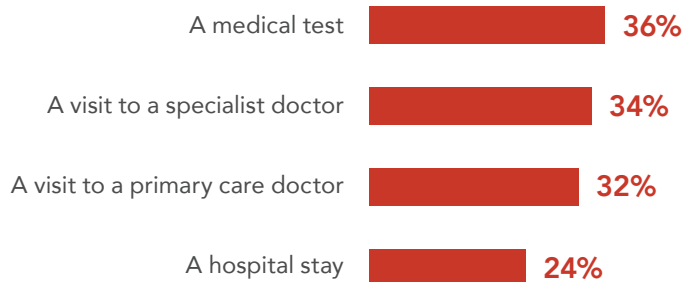
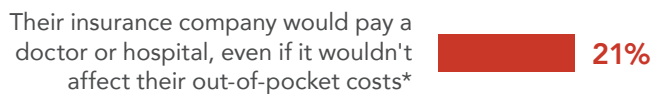


Figure 1b. Percent who say they have tried to find out before getting care how much:



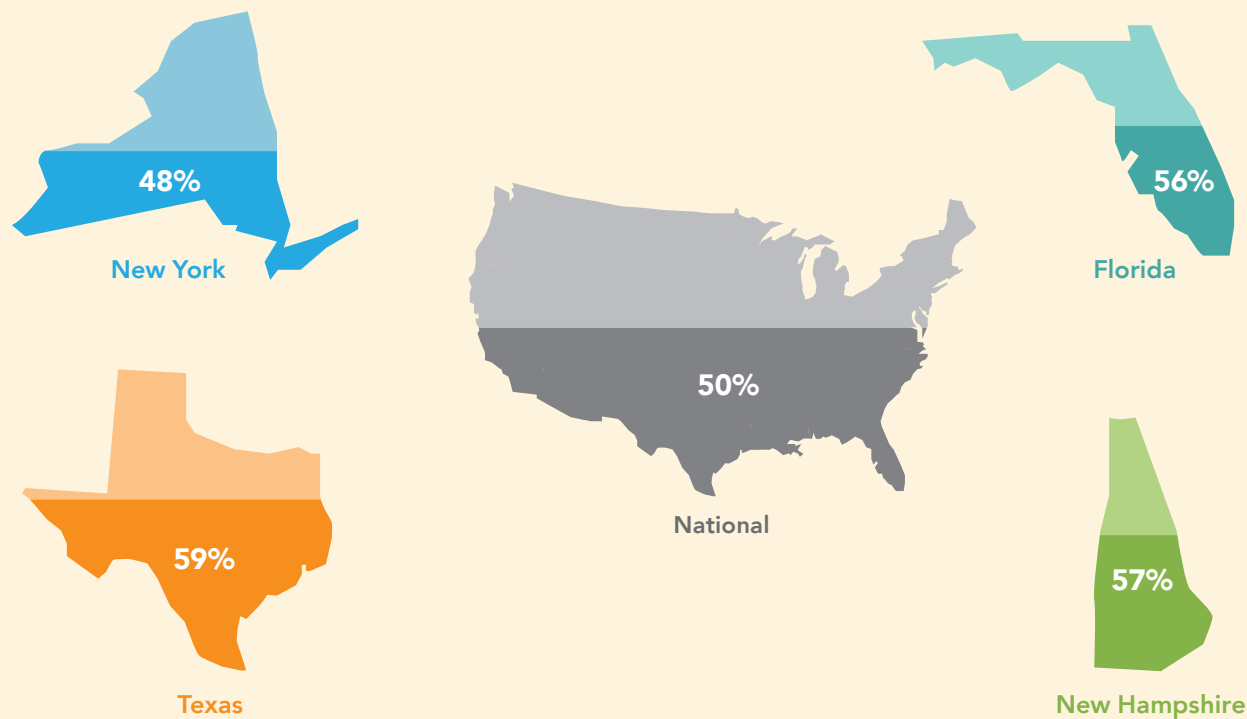
Base: All respondents: National, N = 2,062.

* Base: Currently insured or ever insured: National, n = 1,853.

In our 2015 report, 56 percent of Americans reported they had tried to find out how much they would have to pay out of pocket before getting care, not including copays, and/or had ever tried to find out how much their providers would charge their insurers. The small decrease to the 50 percent we found in the current research may indicate that trying to find price information is not a routine or frequent activity. In fact, in this research, most people who have tried to find price information—63 percent—say they have done so only once or twice. Twenty-one percent have done so three to five times, while only 13 percent have done it more than five times.

Box 3: Higher proportions of Florida, New Hampshire and Texas residents have tried to find price information.

Similar to the national findings, about half of New York State residents—48 percent—have tried to find information about prices before getting care. However, 56 percent of Floridians, 57 percent of New Hampshire residents and 59 percent of Texans have done so.



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819.

State variations remain significant when taking into consideration a range of demographic and other variables for which we tested, detailed below. This may indicate that other state-level differences, such as differences in policies or markets, may be related to rates of price information seeking in these states.

The differences in comparing prices between the national respondents and, respectively, those in Florida, those in New Hampshire and those in Texas remain statistically significant in an analysis that examines the national and state respondents together, as well as in one that also takes into consideration demographic variables such as education, gender, employment status, income, age and race/ethnicity, as well as the size of insured people's deductibles, whether or not they have been surprised by high bills and the extent of their insurance coverage in the past 12 months. The state differences also remain statistically significant when taking into account whether people make medical decisions for other adult family members.

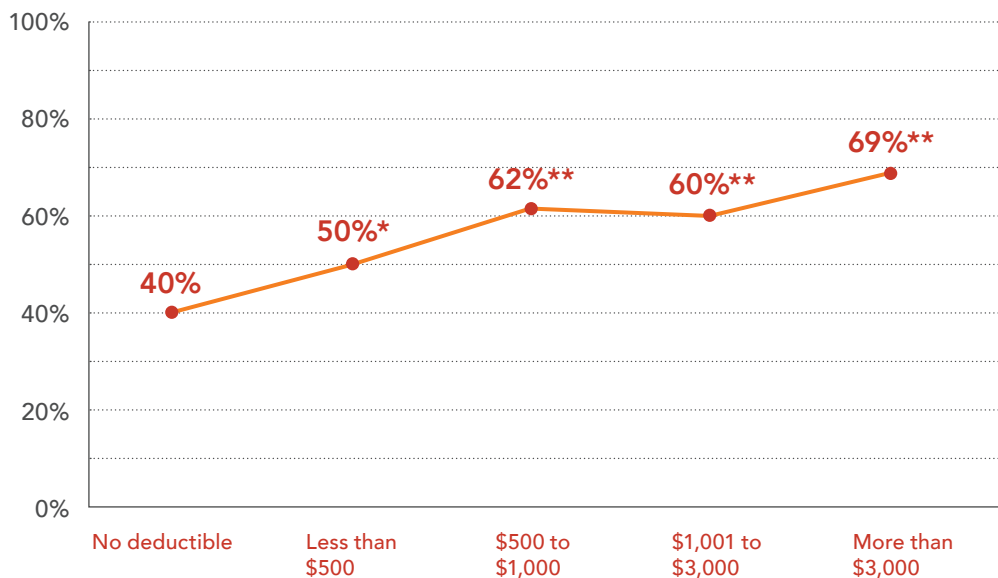
Insured Americans with higher deductibles are more likely to have tried to find price information before getting care than those with lower deductibles.

Insured people with deductibles are responsible for paying some out-of-pocket costs of their health care. Research has shown that high deductibles can lead people to delay or avoid getting care.³² The number of Americans who have to pay deductibles has been growing, as has the size of deductibles.³³

This research found that size of deductible is related to trying to find price information. Among insured people with deductibles of \$500 to \$3,000, about 61 percent say they have tried to find price information before getting care, as have 69 percent of insured Americans with deductibles above \$3,000. In contrast, 50 percent of insured Americans with deductibles less than \$500 have done so; see figure 2.

Insured Americans with higher deductibles are more likely to try to find price information.

Figure 2. Percent who say they have tried to find price information before getting care, by deductible amount:



Base: Currently have insurance: National, n = 1,853.

Estimates for groups indicated by * are not statistically different from each other, and groups indicated by ** are not statistically different from each other; groups indicated by * are statistically different from groups indicated by ** at the $p < .05$ level.

³² Rachel Dolan, "High-Deductible Health Plans," Health Policy Brief, *Health Affairs*, February 4, 2016, http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=152.

³³ Kaiser Family Foundation and Health Research & Educational Trust, "Employer Health Benefits 2016 Annual Survey," 2016; Agency for Healthcare Research and Quality, "Table XI.F.1, Table XI.F.2, Table XI.F.3, Table XI.F.4, Table XI.F.5 and Table XI.F.6," 2008–14.

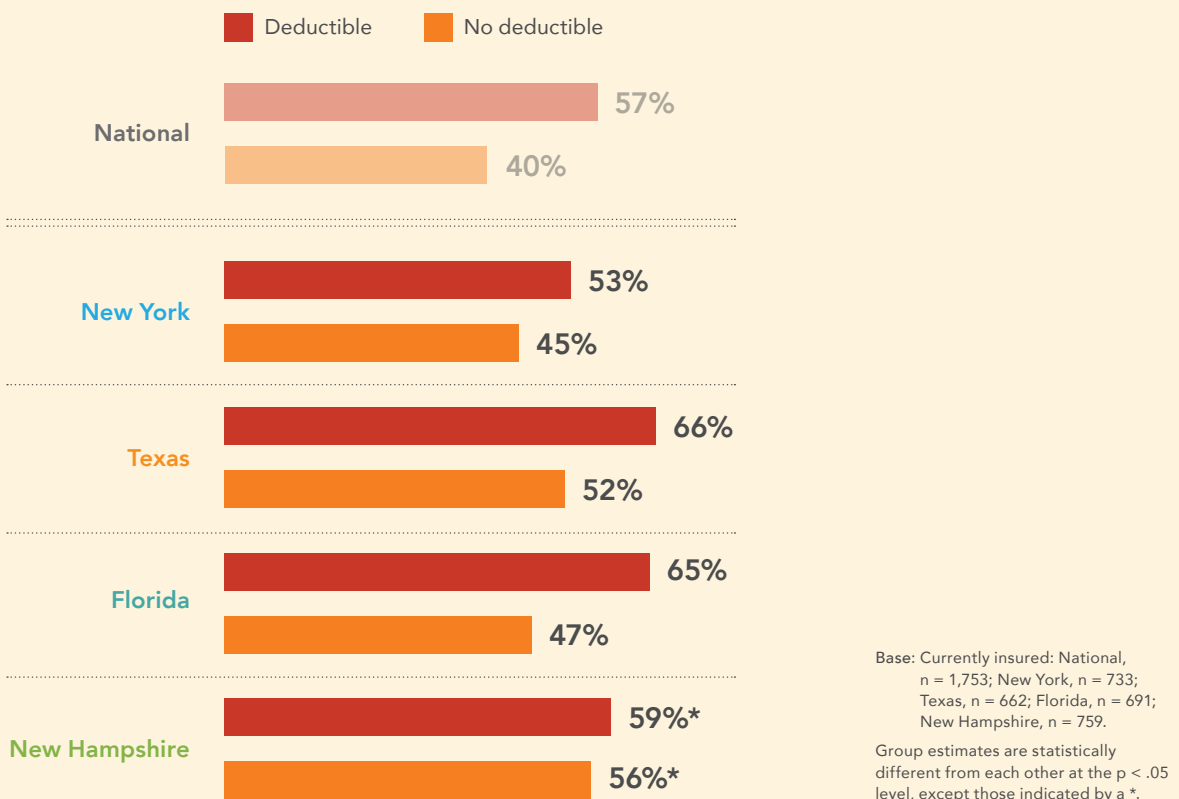
People do not necessarily stop trying to find price information once they meet their deductibles. Of insured people who have deductibles and have tried to find price information, 49 percent have searched for price information only before meeting their deductibles, 11 percent have done so only afterwards, and 33 percent say they have tried to find price information both before and after meeting their deductibles.

Forty percent of insured Americans without deductibles report they have tried to find price information before getting care; see figure 2. It is possible these people tried to find price information when they did have deductibles. Our 2015 report found that a larger share of insured Americans without deductibles—48 percent—had tried to find price information before getting care.

Box 4: Insured people with deductibles in New York State, Texas, Florida and nationally are more likely to have tried to find price information.

Insured people with deductibles are more likely to have tried to find price information before getting care in New York, Texas, Florida and nationally. However, in New Hampshire, insured people without deductibles are just as likely to report trying to find price information as those with deductibles.

Figure 3. Percent who say they have tried to find price information before getting care, by deductible status by state:

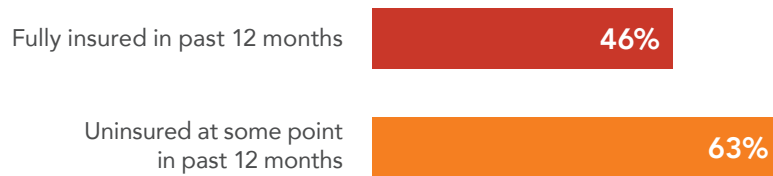


Americans who were uninsured at some point in the past year are more likely to have tried to find price information than those who were fully insured over the past year.

Uninsured people can be held responsible for paying the full cost of their health care out of pocket. We found 63 percent of Americans who were uninsured at some point in the past 12 months have tried to find price information before getting care. By contrast, 46 percent of Americans who were fully insured in the past 12 months have tried to find price information, see figure 4. However, in Texas and Florida there is no relationship between being uninsured in the past 12 months and trying to find price information; see box 5.

People who were uninsured at some point in the past year are more likely to have tried to find price information.

Figure 4. Percent who say they have tried to find price information before getting care, by insurance status:



Base: All respondents: National, N = 2,062.

Group estimates are statistically different from each other at the $p < .05$ level.

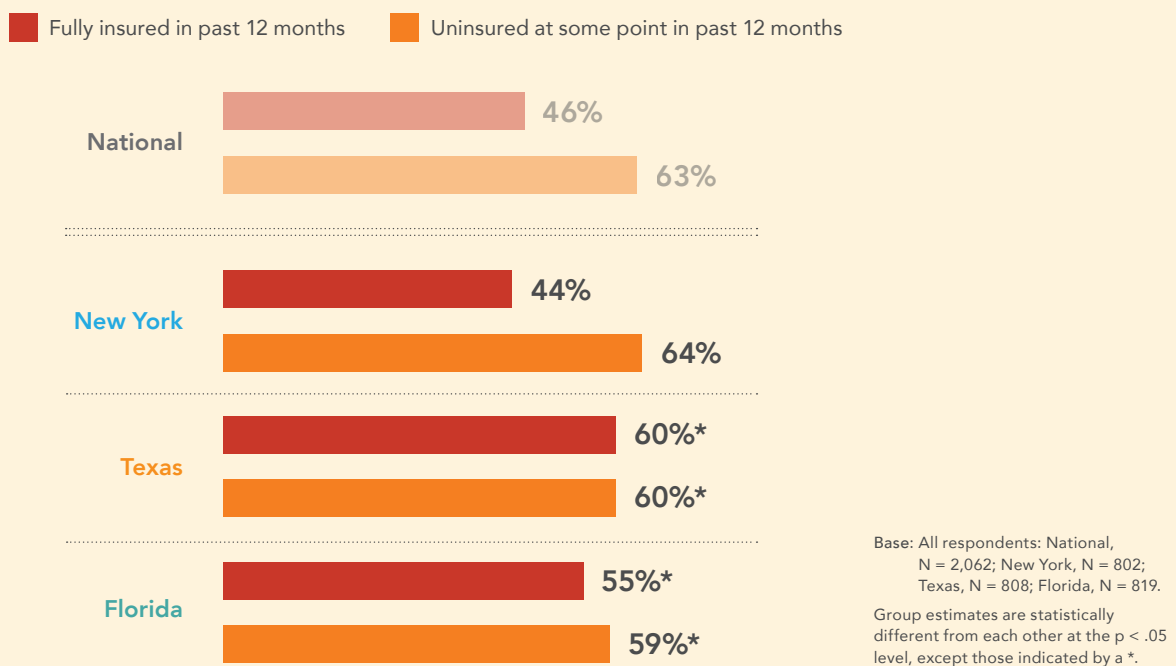


Box 5: Texas and Florida residents who were fully insured in the past 12 months were just as likely to try to find price information as those who were uninsured at some point in the past 12 months.

Similar to the national findings, New York State residents who were uninsured at some point in the past 12 months are more likely to have tried to find price information before getting care. However, residents of Texas and Florida who were fully insured in the past 12 months were just as likely to have tried to find price information as those who were uninsured at some point in the past 12 months.³⁴

This research cannot explain why this may be the case in Texas and Florida, but future research could explore why, in some states, insurance status over the past 12 months is not related to trying to find price information.

Figure 5. Percent who say they have tried to find price information before getting care, by insurance status by state:



³⁴ New Hampshire was excluded from this analysis because so few residents of that state were uninsured at some point during the past 12 months.





Only some Americans have tried to compare prices. Of those who have tried to compare prices, more than half say they saved money.

- Twenty percent of Americans have tried to compare multiple providers' prices before getting care. This is similar to our 2015 finding that 21 percent of Americans had tried to compare prices.
- Twenty percent of New York State residents have tried to compare multiple providers' prices before getting care. However, 24 percent of Floridians, 24 percent of New Hampshire residents and 29 percent of Texans have done so.
- Of Americans who have tried to compare prices, 53 percent report saving money. Even larger percentages of those who tried to compare prices in Florida, New Hampshire, New York State and Texas report saving money.
- Fifty-eight percent of people who have tried to compare prices say that some doctors charge more than others for the same services. In contrast, 48 percent of people who have tried to check one price and 36 percent of those who have never looked for price information say that some doctors charge more than others for the same services.
- Forty-six percent of those who have tried to compare prices make health care decisions for another adult family member, while only 23 percent of those who have not ever tried to find price information do so.



One promise of health care price transparency is that people will use price information to “shop around”— that is, they will compare two or more providers' prices and consider price in their health care decision-making. However, this research found that most people who have tried to find price information do not compare multiple providers' prices.

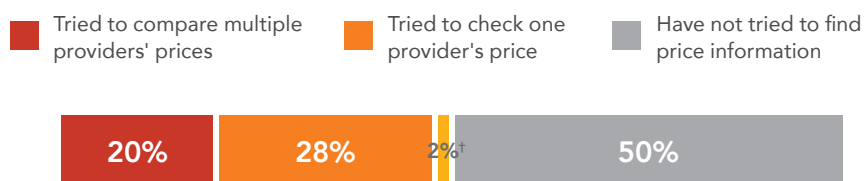


One in five Americans—20 percent—have tried to compare prices across multiple providers before getting care. About one in three Americans—28 percent—have tried to find out a single provider’s price rather than comparing; see figure 6. Larger percentages of Texas, Florida and New Hampshire residents have tried to compare prices; see box 6. Our 2015 research found that 21 percent of Americans had tried to compare prices and 33 percent had tried to find out a single provider’s price.

We categorize people as having tried to compare prices if they report that when they were trying to find price information, they tried to compare prices for two or more health care providers for the same service; see box 2 for a further explanation of what "tried to compare prices" means in this research.

One in five people have tried to compare prices across multiple providers before getting care.

Figure 6. Percent who say they have done one of the following before getting care:



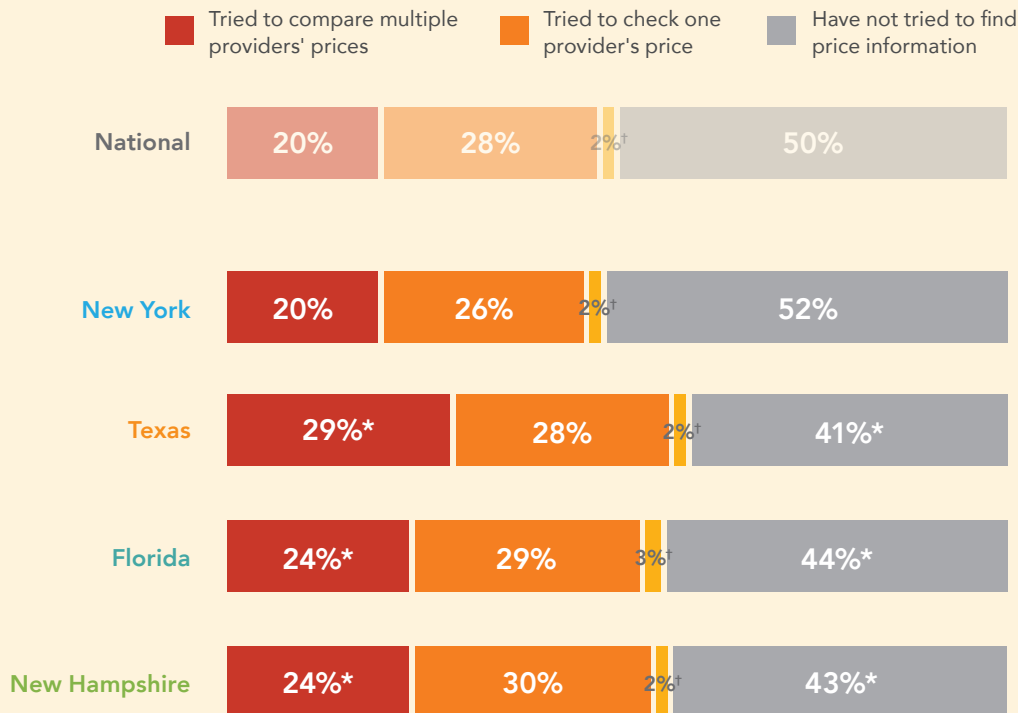
Base: All respondents: National, N = 2,062

† Indicates people who report having tried to find price information before getting care but answer "don't know" or refuse to answer when asked whether they have tried to compare prices across multiple providers or not.

Box 6: Higher proportions of Florida, New Hampshire and Texas residents have tried to compare prices.

Similar to our national findings, about one in five New York State residents (20 percent) has tried to compare prices across multiple providers before getting care. However, 24 percent of Floridians, 24 percent of New Hampshire residents and 29 percent of Texans have done so.

Figure 7. Percent who say they have done one of the following before getting care, by state:



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819; New Hampshire, N = 826.

† Indicates people who report having tried to find price information before getting care but answer “don’t know” or refuse to answer when asked whether they have tried to compare prices across multiple providers or not.

* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

State variations remain significant when taking into consideration a range of demographic and other variables for which we tested, detailed below. This, too, may indicate that other state-level differences, such as in policies or markets, may be related to rates of comparing prices in these states.

The differences in comparing prices between the national respondents and, respectively, those in Florida, those in New Hampshire and those in Texas remain statistically significant in an analysis that examines the national and state respondents together, as well as in one that also takes into consideration demographic variables such as education, gender, employment status, income, age and race/ethnicity, as well as the size of insured people’s deductibles, whether or not they are registered with their insurance companies’ website, whether they receive regular medical treatment, are aware of price variation, and the extent of their insurance coverage in the past 12 months. The state differences also remain statistically significant when taking into account whether they make medical decisions for other adult family members.

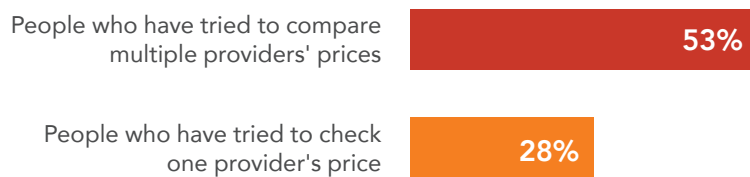


Of Americans who have tried to compare prices, more than half report saving money.

Whether consumers benefit financially from having access to price information remains a topic of research and debate.³⁵ This research demonstrates that the potential financial benefits of trying to find price information before getting care may depend on whether or not people compare multiple providers' prices. Fifty-three percent of Americans who have tried to compare multiple providers' prices before getting care report saving money, while only 28 percent of those who have tried to check one provider's price report saving money; see figure 8. A similar pattern holds in New York State, Texas, Florida and New Hampshire; see box 7.

Americans who have tried to compare prices report saving money.

Figure 8. Percent who say they saved money when they have tried to find price information before getting care:



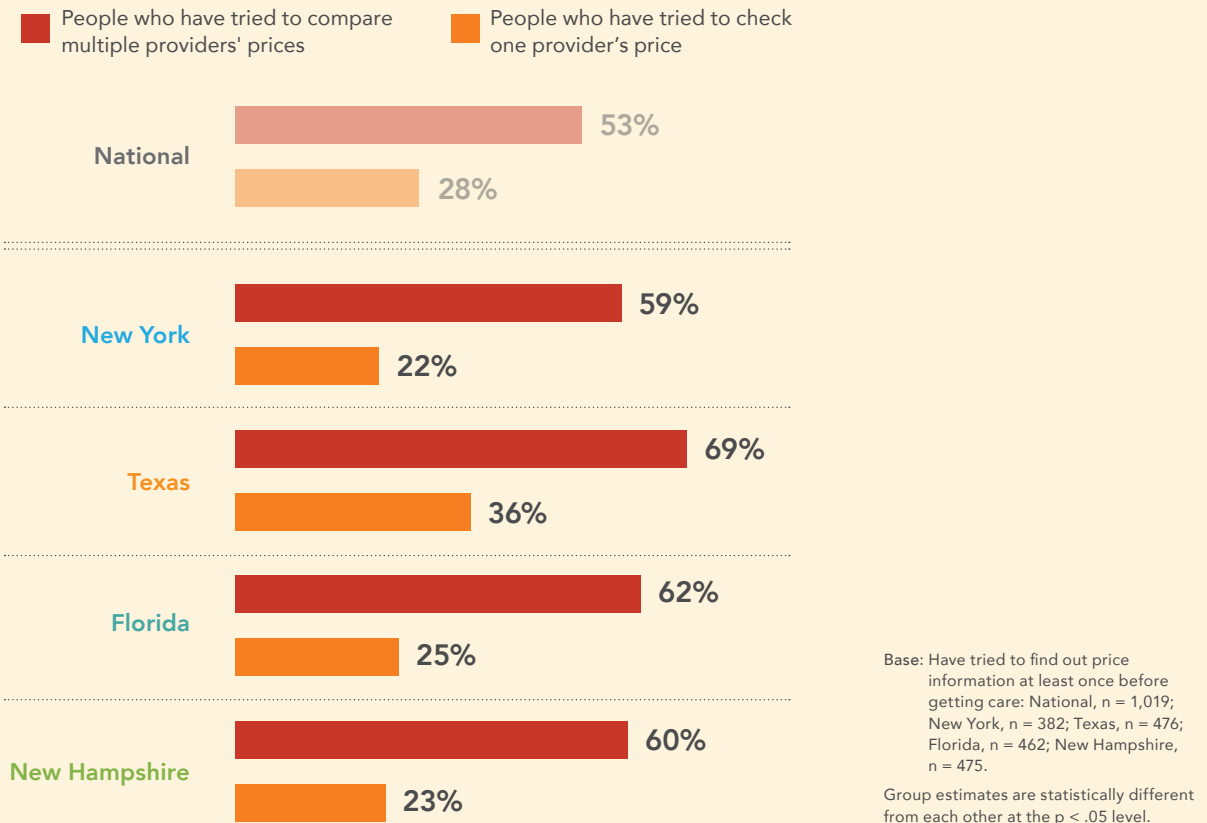
Base: Have tried to find out price information at least once before getting care: National, n = 1,019. Group estimates are statistically different from each other at the $p < .05$ level.

³⁵ Robinson et al., "Association of Reference Pricing for Diagnostic Laboratory Testing with Changes in Patient Choices, Prices, and Total Spending for Diagnostic Tests," 2016; Robinson and Brown, "Increases in Consumer Cost Sharing Redirect Patient Volumes and Reduce Hospital Prices for Orthopedic Surgery," 2013; Sinaiko et al., "Association Between Viewing Health Care Price Information and Choice of Health Care Facility," 2016; Desai et al., "Association Between Availability of a Price Transparency Tool and Outpatient Spending," 2016.

Box 7: State residents who have tried to compare prices report saving money.

In New York State, Texas, Florida and New Hampshire, people who have tried to compare prices are more likely to report saving money than those who have tried to check one provider's price.

Figure 9. Percent who say they saved money when they have tried to find price information before getting care, by state:



Americans who have tried to compare prices are more likely than others to be aware of price variation.

As we discuss in more detail on page 49, we found limited awareness that doctors' prices vary or that hospitals' prices vary. But people who have tried to compare prices are more likely than others to be aware of price variation.

When it comes to doctors, 58 percent of people who have tried to compare prices say that some doctors charge more than others for the same services. In contrast, 48 percent of people who have tried to check one price and 36 percent of those who have never looked for price information say that some doctors charge more than others for the same services; see figure 10a.

People who have tried to compare prices are also more likely to be aware that hospitals' prices vary. Fifty-nine percent of people who have tried to compare prices say that some hospitals charge more than others for the same service. But 50 percent of those who have tried to check one price and 38 percent of those who have never looked for price information say that some hospitals charge more than others for the same service; see figure 10b.

People who have tried to compare prices are more likely to be aware of price variation.

Figure 10a. Percent who say some *doctors* charge more than others for the same services:

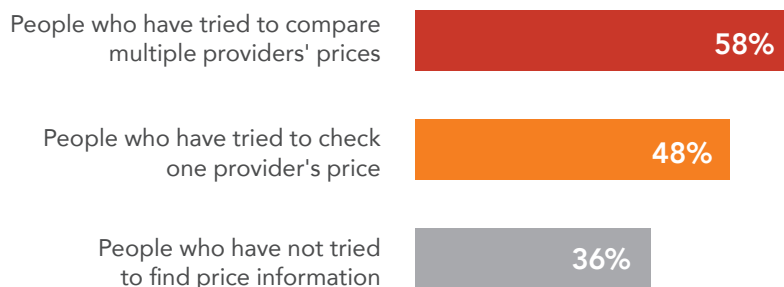
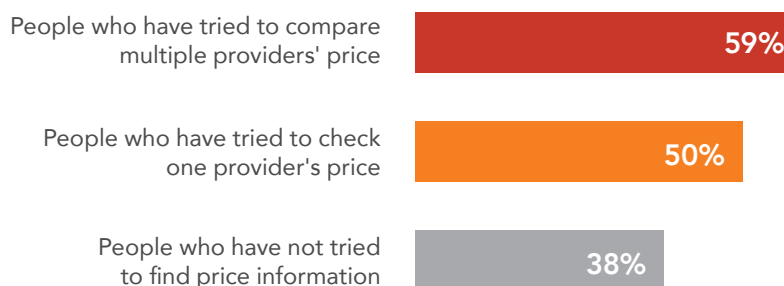


Figure 10b. Percent who say some *hospitals* charge more than others for the same services:



Bases: Each are a random half: National, n = 1,025.

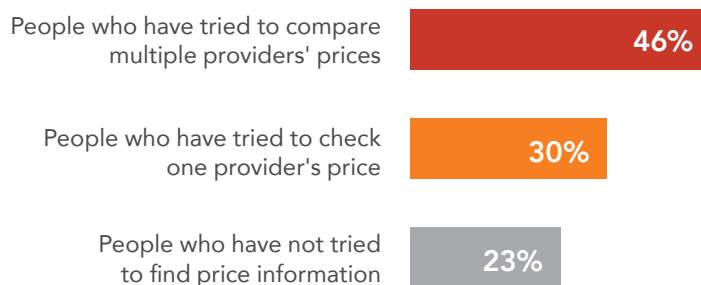
Group estimates are statistically different from each other at the p < .05 level.

Americans who have tried to compare prices are more likely to make health care decisions for another adult family member.

Approximately 33 million Americans provide unpaid care to another adult.³⁶ As this research found, people who have tried to compare prices are more likely to make health care decisions for another adult family member. We found that 46 percent of Americans who have tried to compare prices make health care decisions for another adult family member. But only 30 percent of those who have tried to check one provider's price and 23 percent of those who have not ever tried to find price information make health care decisions for another adult family member; see figure 11.

People who have tried to compare prices are more likely to make health care decisions for another adult family member.

Figure 11. Percent who say they make health care decisions for another adult family member:



Base: All respondents: National, N = 2,062.
Group estimates are statistically different from each other at the $p < .05$ level.

We found no statistically significant differences among people who have tried to compare prices, have tried to check a single provider's price, or have not sought price information in whether or not they receive regular medical treatment or make regular visits to a doctor for a chronic health problem. Of people who have tried to compare prices, 35 percent were receiving regular medical treatment, compared to 40 percent of those who have tried to check one price and 37 percent of those who have not tried to find price information. This differs from our 2015 report, in which we found that, of people who tried to compare prices, 42 percent were receiving regular medical treatment, compared to 33 percent of those who had not sought price information at all. These findings may suggest any associations between comparing prices and degree of contact with the medical system are complex and require further investigation.

³⁶ AARP Public Policy Institute and National Alliance for Caregiving (NAC), "Caregiving in the United States 2015" (Washington, DC: NAC and AARP Public Policy Institute, 2015), <http://www.aarp.org/ppi/info-2015/caregiving-in-the-united-states-2015.html>.

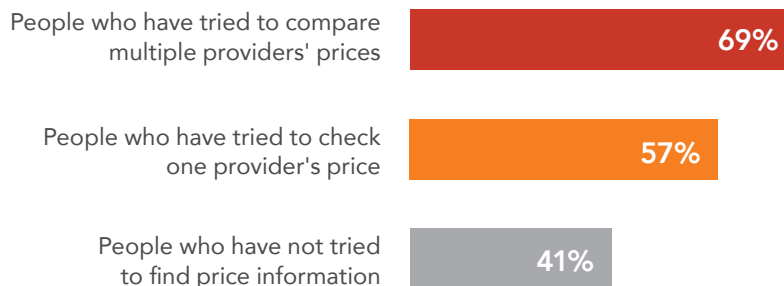


Americans who have tried to compare prices are more likely to be registered with their insurers' websites.

As we discuss further below, websites are not the only way people try to find price information. However, among insured people, those who have tried to compare prices before getting care are more likely to be registered with their insurance companies' websites. More than two-thirds—69 percent—of insured Americans who have tried to compare prices are registered with their insurance companies' websites. But only 57 percent of those who have tried to check one provider's price and 41 percent of those who have not ever tried to find price information are registered; see figure 12.

People who have tried to compare prices are more likely to be registered with their insurance companies' websites.

Figure 12. Percent who say they are registered with their insurance companies' websites:



Base: Currently insured: National, n = 1,853.
Group estimates are statistically different from each other at the $p < .05$ level.

Americans with four-year college degrees, women, African Americans and younger people are more likely to have tried to compare prices.

While 20 percent of Americans overall have tried to compare prices, we found 24 percent of those with four-year college degrees have done so, as opposed to 18 percent of those without degrees. Moreover, while 26 percent of African Americans have tried to compare prices, only 17 percent of whites have done so. We also found 28 percent of people under 30 years of age, as well as 21 percent of people ages 30 to 64, have tried to compare prices versus only 8 percent of people ages 65 and older. In addition, 22 percent of women versus 17 percent of men have tried to compare prices.

Each of these differences remains statistically significant in an analysis that examines them together and also takes into consideration other demographic variables, such as employment status and income, as well as whether people make medical decisions for other adult family members, are receiving regular medical treatment and are aware of price variation, and whether or not they are registered with their insurance companies' websites. They also remain statistically significant when taking into consideration the size of insured people's deductibles, whether or not they had full insurance coverage over the past 12 months, and whether or not a doctor or the doctor's staff ever brought up prices in conversation.

Unlike in our 2015 report, we found no statistically significant differences by income in whether or not people have tried to compare prices across multiple providers before getting care. Differences between Hispanics and whites are no longer statistically significant when taking into consideration other demographics, such as income, education, gender, race/ethnicity and age, as well as whether people make medical decisions for other adult family members, are receiving regular medical treatment and are aware of price variation, and whether or not they are registered with their insurance companies' websites.





Most Americans do not think prices are a sign of quality in health care. Of those who have tried to compare prices, most have chosen less expensive care.

- Similar to our 2015 findings, 70 percent of Americans say higher prices are not typically a sign of better quality medical care.
- Of Americans who have tried to compare prices, 59 percent say they chose less expensive care.
- Of those who have not ever tried to find price information, 40 percent indicate they would be inclined to choose a less expensive doctor if they knew prices in advance.

Before the publication of our 2015 report, some health care experts expressed the concern that making price information transparent could actually lead people to choose higher-priced care.³⁷ This concern was based on the assumption that Americans think price is a sign of quality in health care.

But this research, like our previous research, indicates most Americans do not believe price and quality are associated in health care.³⁸ Furthermore, we found many have already chosen or would be willing to choose less expensive care. Perhaps unsurprisingly, we found most Americans think insurers are mostly interested in making money, and some believe this to be true of hospitals and doctors as well. Taken together, these attitudes suggest people may view high prices as unwarranted rather than as signs of high quality.



³⁷ Ateev Mehrotra, Peter S. Hussey, Arnold Milstein and Judith H. Hibbard, "Consumers' and Providers' Responses to Public Cost Reports, and How to Raise the Likelihood of Achieving Desired Results," *Health Affairs* 31, no. 4 (2012): 843–51; Anna D. Sinaiko and Meredith B. Rosenthal, "Increased Price Transparency in Health Care—Challenges and Potential Effects," *New England Journal of Medicine* 364, no. 10 (2011): 891–94.

³⁸ Kathryn A. Phillips, David Schleifer and Carolin Hagelskamp, "Most Americans Do Not Believe that There Is an Association Between Health Care Prices and Quality of Care," *Health Affairs* 35 (4): 647–53.



Most Americans do not think price is a sign of quality in health care.

Rigorous research has found no consistent association between health care price and quality.³⁹ Rather, studies of health care markets in New York State and Massachusetts have attributed price variation to such factors as the greater leverage some hospitals have compared to others when they negotiate with insurers, while research in Colorado has documented but not explained price variation.⁴⁰

"Every year something seems to always go up with the services going down."

Using four different questions, we asked Americans about their views on the relationship between cost and quality. We found most Americans understand that health care price and quality are not associated. Seventy percent of Americans say, for example, that higher prices are not typically a sign of better medical care; see figure 13. This is similar to what we found in New York State, Texas, Florida and New Hampshire; see box 8.

Focus group participants often attributed high-priced care to greed on the part of doctors, hospitals or insurance companies rather than to differences in quality. A woman in New Hampshire complained, "Every year something seems to always go up with the services going down." A focus group participant in Texas described doctors as "greedy" and said they "need us to make money. They need us to play golf."

³⁹ Peter S. Hussey, Samuel Wertheimer and Ateev Mehrotra, "The Association Between Health Care Quality and Cost: A Systematic Review," *Annals of Internal Medicine* 158, no. 1 (2013): 27–34.

⁴⁰ Gorman Actuarial, Inc., "Why Are Hospital Prices Different?" 2016; Office of the Attorney General of Massachusetts, "Examination of Health Care Cost Trends and Cost Drivers" (Boston, MA: Office of Attorney General Maura Healey, 2015), <http://www.mass.gov/ago/docs/healthcare/cctcd5.pdf>; Center for Improving Value in Health Care (CIVHC), "Cost Driver Spot Analysis: Regional Price Variation for High Volume Services January 2017" (Denver, CO: CIVHC, 2017), <http://www.civhc.org/getmedia/bf324985-54dc-488d-86db-2e91ec4add24/Full-Regional-Price-Variation-Jan-2017.aspx/>.

Most Americans do not equate cost with quality in health care.

Figure 13. Percent who say yes, no or don't know to each of the following questions:

■ Yes ■ No ■ Don't know

Would you say higher prices are typically a sign of better quality medical care, or not?



Base: Random quarter: National, n = 529.

Would you say lower prices are typically a sign of lower quality medical care, or not?



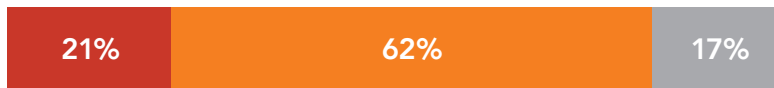
Base: Random half: National, n = 512.

If one doctor charged less than another doctor for the same service, would you think that the less expensive doctor is providing lower quality care, or would you not think that?



Base: Random quarter: National, n = 518.

If one doctor charged more than another doctor for the same service, would you think that the more expensive doctor is providing higher quality care, or would you not think that?



Base: Random quarter: National, n = 503.

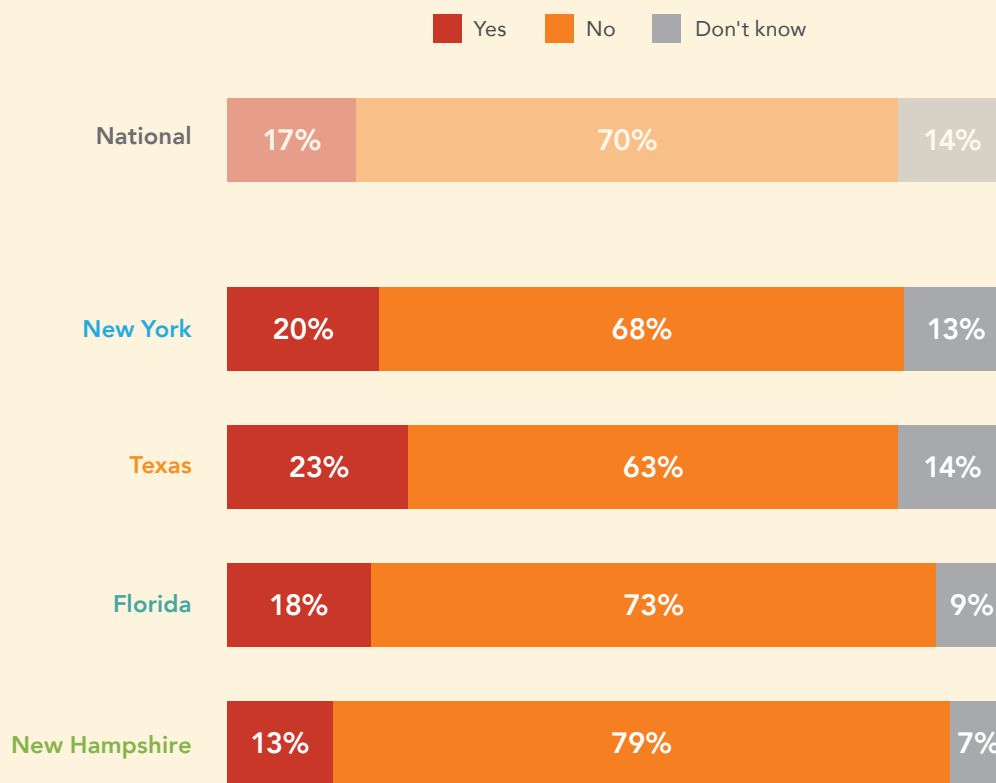
Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the charts.

Box 8: Most residents of New York, Texas, Florida and New Hampshire do not think price is a sign of quality in health care.

Using four different questions, our research found most people do not believe price and quality are associated in health care. Asked whether they think higher prices are typically a sign of better quality medical care or not, for example, the percentages of residents who say they do not ranged from 63 percent in Texas to 79 percent in New Hampshire.

Figure 14. Percent who say yes, no or don't know to the following question:

Would you say higher prices are typically a sign of better quality medical care, or not?



Base: Random quarter: National, n = 529; New York, n = 211; Texas, n = 195; Florida, n = 190; New Hampshire, n = 203.

* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

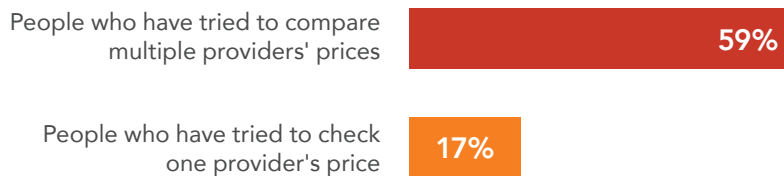
Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Some Americans have already chosen lower-priced care, and more say they would be inclined to do so.

Not only do most Americans believe price is not a sign of quality in health care; some have already chosen lower-priced care, and others express a willingness to do so. Fifty-nine percent of Americans who have tried to compare prices say they chose a less expensive doctor, hospital, medical test or treatment, whereas 17 percent of those who have tried to check a single provider's price say they chose less expensive care; see figure 15.

People who have tried to compare prices chose less expensive care.

Figure 15. Percent who say they have used price information to choose a less expensive doctor, hospital, medical test or treatment:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019.
Group estimates are statistically different from each other at the p < .05 level.

Among people who have tried to check a single provider's price before getting care, 58 percent indicate that if they compared prices, they would be inclined to choose less expensive doctors. However, 34 percent of them would not be inclined to do so, and 7 percent don't know.

Among people who have *not* ever tried to find price information before getting care, 40 percent indicate they would be inclined to choose less expensive doctors if they knew prices in advance. However, 43 percent of them would not be inclined to do so, and 17 percent don't know.





Americans turn to friends, relatives and colleagues; insurance companies; doctors; and receptionists when they try to find price information.

- The sources that Americans most commonly use to try to find price information include friends, relatives and colleagues; insurance companies; doctors; and receptionists. Few people report using websites other than those of their insurers for price information.
- Seventeen percent of Americans residing in states with state-administered price information websites indicate they have heard of their states' websites.⁴¹ But even fewer people in those states have heard of price information websites run by for-profit or nonprofit price information providers.
- When it comes to finding out about the price of medical care, 77 percent of Americans would trust their doctors a great deal or some but only 51 percent would trust their employers a great deal or some.
- Most Americans—68 percent—think insurance companies are mostly interested in making money. Thirty-eight percent think hospitals are mostly interested in making money, and 27 percent think this of doctors.



Researchers have found that few people use online price information tools when those tools are offered to them by their insurers or employers.⁴² This has led some experts to assume people are not interested in price information and do not care how much their health care costs.⁴³ However, as our survey found, online tools are one among many sources people use to find price information.

⁴¹ This includes residents of Arkansas, California, Colorado, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Utah, Vermont, Virginia and Wisconsin.

⁴² Desai et al., "Association Between Availability of a Price Transparency Tool and Outpatient Spending," 2016; Sinaiko et al., "Association Between Viewing Health Care Price Information and Choice of Health Care Facility," 2016; Aparna Higgins, Nicole Brainard and German Veselovski, "Characterizing Health Plan Price Estimator Tools: Findings from a National Survey," *American Journal of Managed Care* 22, no. 2 (2016): 126–31.

⁴³ Austin Frakt, "Price Transparency Is Nice. Just Don't Expect It to Cut Health Costs," *New York Times*, December 19, 2016, https://www.nytimes.com/2016/12/19/upshot/price-transparency-is-nice-just-dont-expect-it-to-cut-health-costs.html?_r=0.

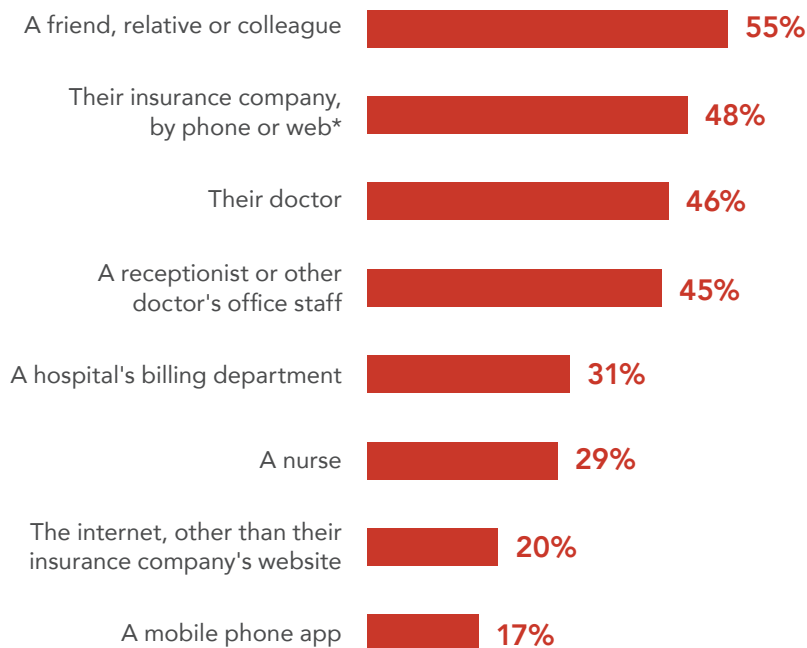
The sources that Americans most commonly use to try to find price information include friends, relatives and colleagues; insurance companies; doctors; and receptionists. Few people report using websites other than those of their insurers for price information.

While online price information websites and mobile apps continue to proliferate, the sources Americans most commonly use to try to find price information are friends, relatives and colleagues, followed by calling insurers on the phone or using their websites and asking doctors, receptionists or other staff in doctors' offices.

Only 20 percent of people who have sought price information report using websites other than those of their insurers for price information. Of those who have used other websites, 59 percent do not know the names of the sites they have used. Only 17 percent of people who have sought price information report using mobile phone apps to search for prices; see figure 16.

People turn to the following sources for price information:

Figure 16. Percent who say they have tried to find price information before getting care, from the following sources:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019.

*Base: Have tried to find out price information at least once before getting care and currently or ever insured: National, n = 997.

We cannot be certain why people so commonly report having tried to find price information by talking directly to others on the phone or face to face. But one Texas focus group participant described “calling in and asking questions” of his insurer as more informative, in part because customer service representatives know where he is in his deductible. He said, “I do go online, but I like talking to somebody verbal to double-check my deductibles and my plans.”

Another Texas focus group participant described calling a hospital’s billing department and checking the information it provided against information from her insurer. She said, “I called the billing office at the hospital because they have all the billing codes that you need, and I just told them this is what I’m having done and asked, ‘How much is it gonna cost?’ And then I checked with my insurance company to see how much I had left in my deductible.”

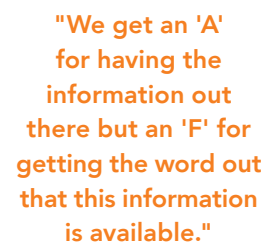
Americans who have not ever tried to find price information before getting care say they would be likely to use sources similar to those used by the people who have tried to find price information.

We asked Americans who have not ever tried to find price information which sources they would be likely to use if they wanted to find out prices before getting medical care. The sources that most Americans who have not ever tried to find price information indicate they are likely to use include calling their insurance companies or looking at their insurers’ websites (46 percent); their doctors (43 percent); a friend, relative or colleague (38 percent); receptionists or other staff members in their doctors’ offices (34 percent); websites other than their insurers’ (33 percent); a hospital’s billing department (33 percent); a nurse (28 percent); and a mobile phone app (23 percent).

Few people have heard of their states’ price information websites. Even fewer have heard of price information websites run by for-profit or non-profit price information providers.

State governments in Florida and New Hampshire each administer a health care price information website—Florida Health Finder and New Hampshire Health Cost, respectively. Twenty-three percent of Floridians say they have heard of Florida Health Finder, and 18 percent of New Hampshire residents say they have heard of New Hampshire Health Cost.

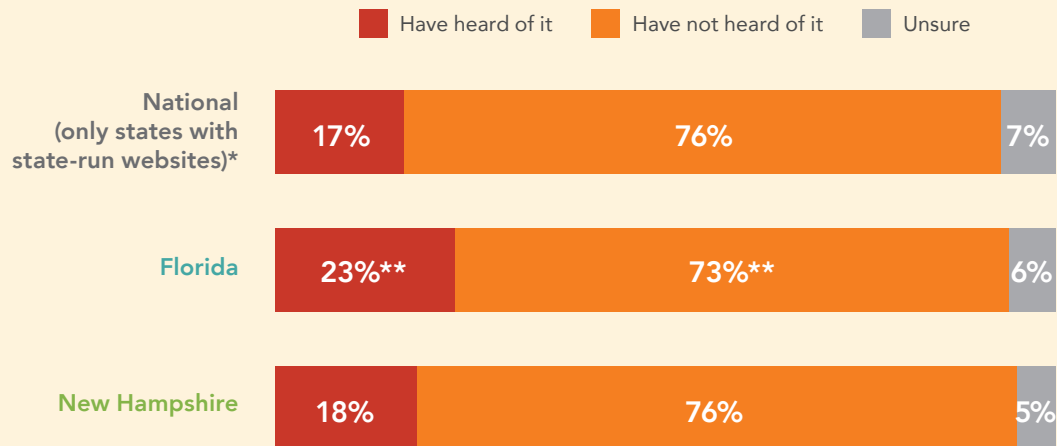
When we explained to a New Hampshire focus group that the state had gotten a grade of “A” from CPR for price transparency efforts and showed them their state’s website, none had seen it before. As one man in the focus group said, “We get an ‘A’ for having the information out there but an ‘F’ for getting the word out that this information is available.”



"We get an 'A' for having the information out there but an 'F' for getting the word out that this information is available."

Box 9: Few people have heard of their states' price information websites.

Figure 17. Percent who say they have heard of their states' price information websites, they have not heard of them or they are not sure:



Base: All respondents: Florida, N = 819; New Hampshire, N = 826.

*Base: Live in one of the 21 states with state-run websites: National: n = 967.

** Indicates state estimate is statistically different from the national estimate and from the other state estimate at the $p < .05$ level

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

In our national survey, 17 percent of residents of states with state-administered price information websites indicate they have heard of the names of their states' websites. Seven percent of people in those states who have tried to find price information say they have used their states' websites.⁴⁴

We also created a list of seven websites run by for-profit or nonprofit price information providers and asked survey respondents about a random four of them.⁴⁵ Most Americans—75 percent—did not recognize any of those websites. Twenty-five percent were familiar with one to four of them. None were familiar with all seven.

⁴⁴ This includes residents of Arkansas, California, Colorado, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Utah, Vermont, Virginia and Wisconsin.

⁴⁵ These websites were Castlight Health, Healthcare Blue Book, Clear Health Costs, Fair Health, Pricing Health Care, Guroo and New Choice Health.

Doctors and insurers are trusted sources of price information. Fewer people would trust their employers for price information.

Consistent with our finding that insurers and doctors are among the sources people most commonly use to try to find price information, we found most Americans—77 percent—would trust their doctors a great deal or some when it comes to finding out about the price of medical care; see figure 18.

Of those who are insured, 68 percent would trust their insurance companies a great deal or some when it comes to finding out about the price of medical care. As we will discuss later, however, 68 percent of Americans say insurers are mostly interested in making money (see page 47). The combination of these findings suggests that while insurers may face negative assumptions about their motivations, many people trust their own insurers as sources of price information. High percentages of Americans also indicate they would trust their hospitals (67 percent), pharmacists (67 percent) and nurses or other nursing staff (64 percent) when it comes to finding out about the price of medical care.

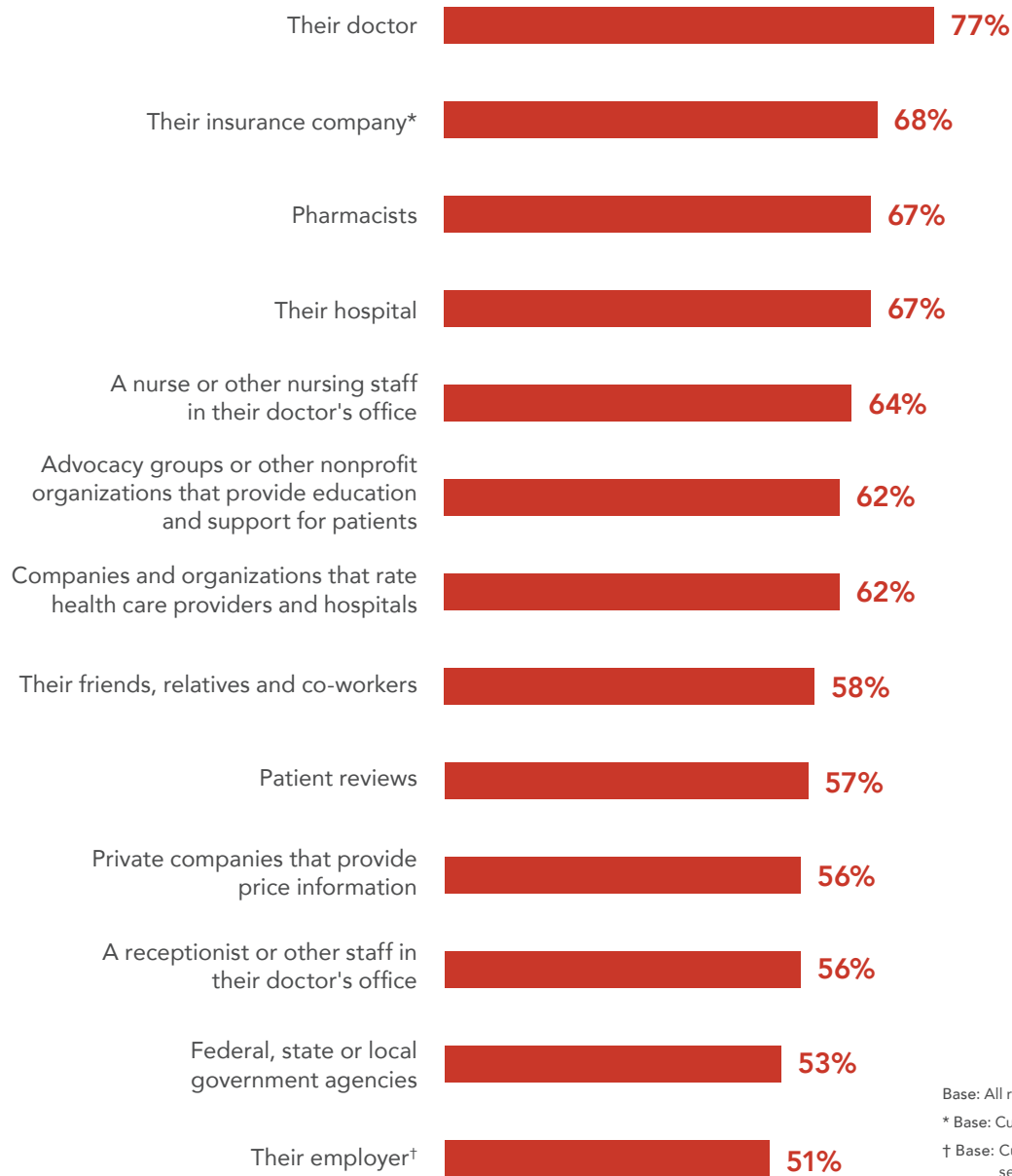
Employers play crucial roles in employees' health insurance. Several for-profit firms sell price information tools to employers, who in turn offer them to their employees. But of the thirteen potential sources of price information we asked about, the smallest percentage of Americans (51 percent) would trust their employers a great deal or some.

With regard to federal, state or local government agencies, only 53 percent of Americans would trust them a great deal or some as a source of price information. Nonetheless, 80 percent of Americans think it is important for their state governments to provide comparative price information, as we discuss on page 56.



Health care providers and insurance companies are trusted sources of price information.

Figure 18. Percent who say they do or would trust each of the following a great deal or some as a source of information about the price of medical care:

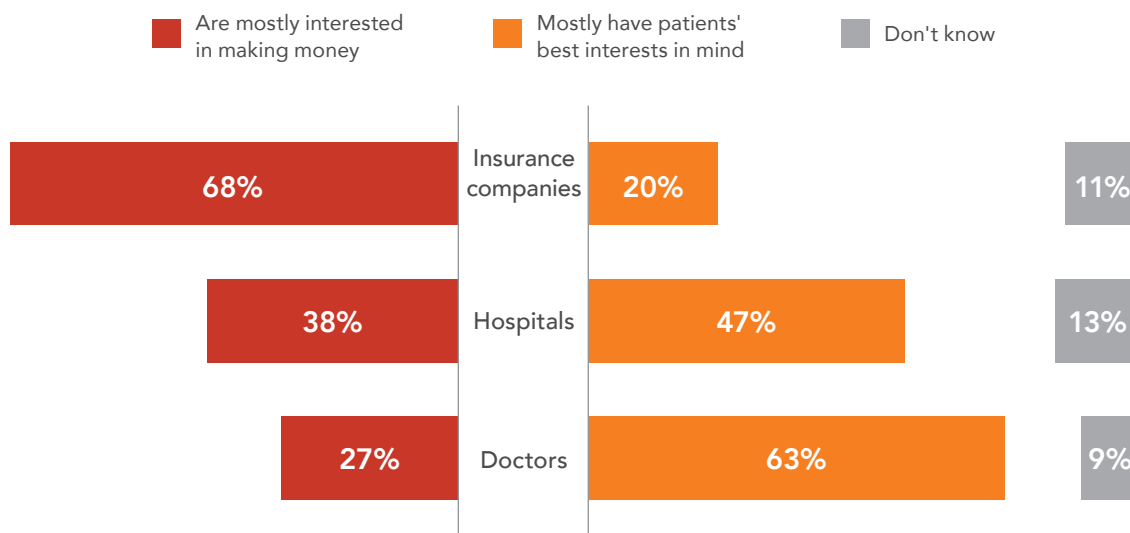


Most Americans—68 percent—think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals.

Sixty-eight percent of Americans believe insurers are mostly interested in making money rather than having patients' best interests in mind. Only 20 percent think insurers have patients' best interests in mind, and 11 percent do not know; see figure 19. A Texas focus group participant said, "States need to take a lot of that power that I feel that the insurance companies have now. It's out of control. Insurance companies are out of control."

About two-thirds of Americans think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals.

Figure 19. Percent who say they think each of the following is mostly interested in making money or mostly has patients' best interests in mind, or they don't know:



Base: All respondents: National, N = 2,062.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Skepticism about the financial motivations of insurers may not be surprising. But this skepticism highlights the difficulties insurers face in helping people choose lower-priced, higher-quality care. If people believe insurers are motivated by money and not by patients' needs, they may be unwilling to accept the types of information and guidance the insurers are uniquely positioned to offer.

Smaller percentages of Americans think doctors or hospitals are mostly interested in making money rather than having patients' best interests in mind. Thirty-eight percent think hospitals are mostly interested in making money, and 27 percent think that of doctors.

For example, a Texas focus group participant said of doctors and hospitals, "They look at you and they say, I don't like that person. Charge him double." A woman in the group added, "You're going to get billed for the visit, the time the blood that they draw. The blanket they put on you. Anything and everything, you get billed."

Whether or not these attitudes about hospitals' and doctors' motivations are warranted, they bear monitoring. If people increasingly come to view hospitals and doctors as motivated by money, they may, theoretically, become more willing to compare prices. But they may also become less willing to develop ongoing, trusting relationships with health care providers. As one focus group participant in Texas said of health care in general, "Health care is a business. It's not charity. They're there for one reason: To make money."





Potential barriers to increasing the use of price information by Americans include limited awareness of price variation and uncertainty about how to find price information.

- Fifty-six percent of Americans are not aware that doctors' prices vary, and 54 percent are not aware that hospitals' prices vary.
- Of people who have not tried to find out the price of medical services before getting care, 51 percent say they are not sure how to do so. This is similar to our 2015 finding that 50 percent of people who had not tried to find price information were not sure how to do so.

This research suggests several potential barriers to increasing the use of price information, including limited awareness of price variation and uncertainty about how to find price information.

Awareness of price variation among Americans is limited.

Researchers and journalists have demonstrated that the prices of medical services vary considerably across providers.⁴⁶ When it comes to doctors, 44 percent of Americans say some charge more than others for the same services. But over half—56 percent—either believe doctors charge pretty much the same prices for the same services (37 percent) or they don't know (19 percent); see figure 20a.

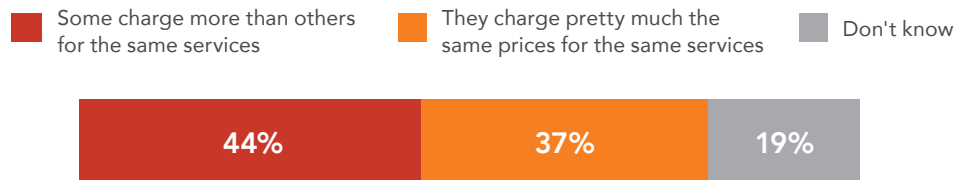
When it comes to hospitals, 45 percent of Americans say some charge more than others for the same services. But over half—54 percent—either believe hospitals charge pretty much the same prices for the same services (32 percent) or they don't know (23 percent); see figure 20b.



⁴⁶ Hussey et al., "The Association Between Health Care Quality and Cost," 2013; U.S. Government Accountability Office, "Geographic Variation in Spending for Certain High-Cost Procedures Driven by Inpatient Prices" (Washington, DC: Government Accountability Office, 2014), <http://www.gao.gov/products/GAO-15-214>; Office of the Attorney General of Massachusetts, "Examination of Health Care Cost Trends and Cost Drivers," 2015; Gorman Actuarial, Inc., "Why Are Hospital Prices Different?" 2016; Elisabeth Rosenthal, "Paying Till It Hurts," *New York Times*, multipart series, 2014, <https://www.nytimes.com/interactive/2014/health/paying-till-it-hurts.html>.

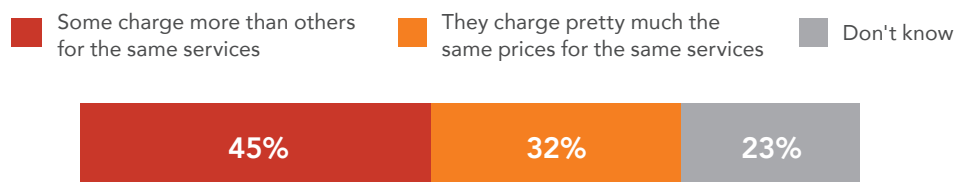
Awareness of price variation is limited.

Figure 20a. Percent who say they think the following about *doctors* in their insurance networks or in their areas:



Base: Random half: National, n = 1,025.

Figure 20b. Percent who say they think the following about *hospitals* in their insurance networks or in their areas:



Base: Random half: National, n = 1,025.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the charts.

More residents of New Hampshire, Florida and Texas are aware of price variation than residents of New York State; see box 10.

We asked participants in our focus groups about why prices might vary. A New Hampshire focus group participant said it was arbitrary: "There's no rhyme or reason for any of that. It just doesn't make any sense at all." A Texas participant said similarly, "They could charge one person \$50, and for the same service they could charge somebody else \$100." A woman in New Hampshire cited the costs of doing business in different parts of the country: "In New England, if you have a hip replacement, it costs \$110,000 or whatever, but you can go to Montana and get it for what, \$40,000, \$50,000. It's because of geography."

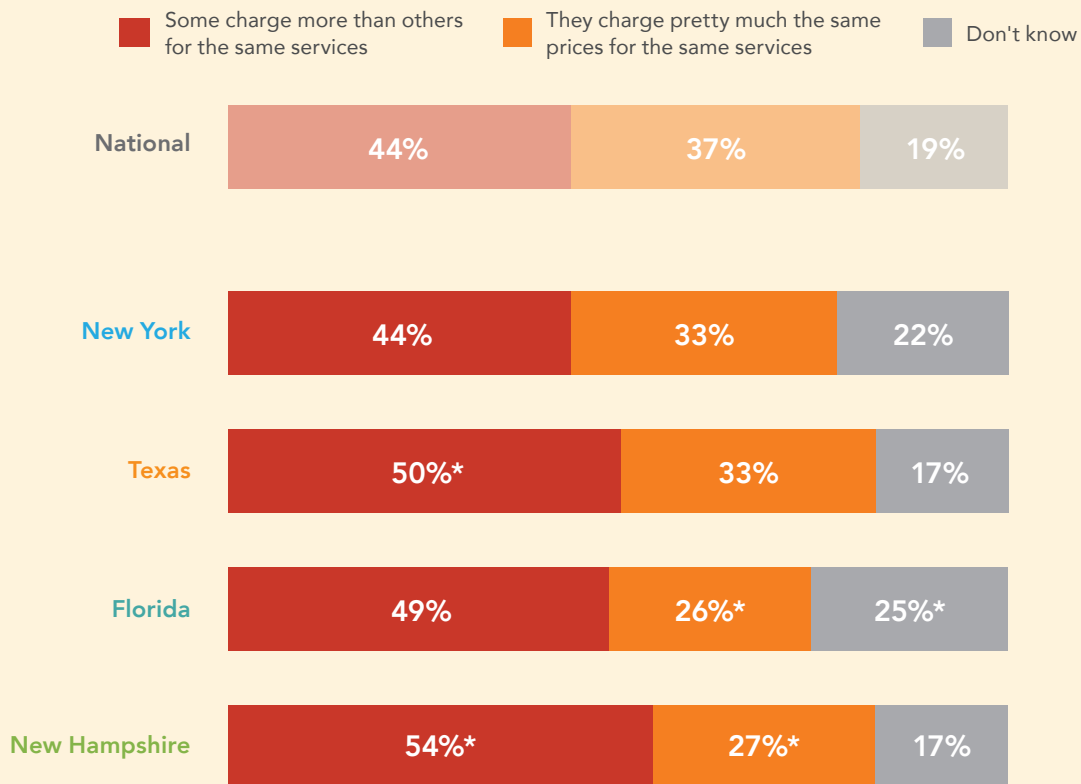
Opportunities remain to help more people understand the extent of price variation in health care. Unfortunately, as a focus group participant in Texas described, some people learn about that prices vary by getting charged two different prices for the same services from two different providers. She explained, "I took my son to the hospital downtown two years ago. They charged me twice what the doctor in the suburbs charged me."

"They charged me twice what the doctor in the suburbs charged me."

Box 10: More residents of New Hampshire, Florida and Texas are aware of price variation than residents of New York State.

In the states we surveyed, the percentages of people who were not aware that doctors' prices vary range from 45 percent in New Hampshire to 55 percent in New York State. And the percentages of people who were not aware that hospitals' prices vary range from 41 percent in New Hampshire to 52 percent in New York State.

Figure 21a. Percent who say they think the following about *doctors* in their insurance networks or in their areas, by state:

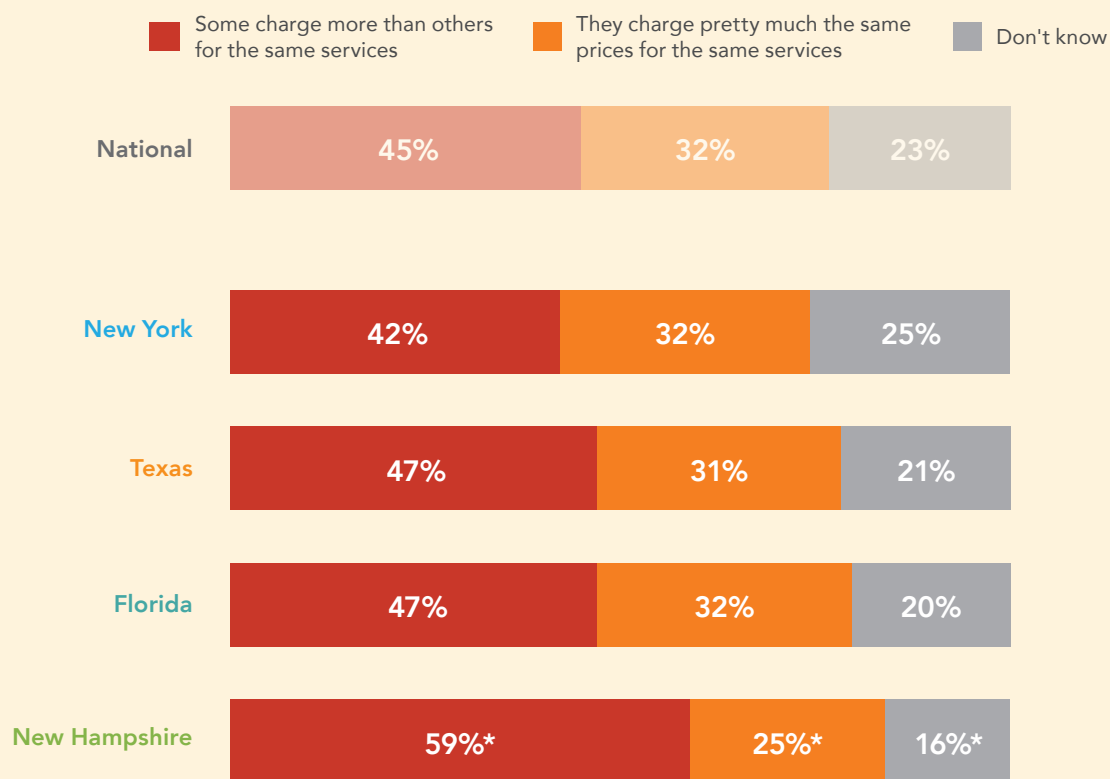


Base: Random half: National, n = 1,025; New York, n = 406; Texas, n = 410; Florida, n = 394; New Hampshire, n = 419.

* Indicates state estimate is statistically different from the national estimate at the p < .05 level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Figure 21b. Percent who say they think the following about *hospitals* in their insurance network or in their area, by state:



Base: Random half: National, n = 1,025; New York, n = 407; Texas, n = 409; Florida, n = 395; New Hampshire, n = 418.

* Indicates state estimate is statistically different from the national estimate at the p < .05 level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Of people who have not tried to find price information, half indicate they are not sure how to do so.

Fifty-seven percent of Americans who have not tried to find price information before getting care indicate they would like to know the prices of medical services in advance. However, 51 percent of them indicate they are not sure how to do so.

This is similar to our 2015 finding that 50 percent of people who had not tried to find price information were not sure how to find that information, indicating no change in people's understanding of how to find out how much their care would cost them. In addition, as we discuss above on page 43, few people have heard of their states' price information websites.

Finally, trying to find health care price information before getting care may not be top of mind for some people. Forty-six percent of those who have not ever tried to find price information indicate that knowing prices before getting care is not a priority for them, and 52 percent say it never occurred to them to try to find out the price of medical services in advance.



Americans want to know more about health care prices.

- Most Americans—63 percent—say there is not enough information about how much medical services cost.
- Most Americans—80 percent—think it is important for their state governments to provide people with comparative price information.
- Most Americans favor doctors or their staffs discussing prices with patients: 70 percent think it is a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests or procedures, or before referring them to specialists.
- However, fewer Americans—only 28 percent—say a doctor or their staff has brought up price in conversation with them.



By a variety of measures, Americans are eager to know more about health care prices. Most think there is not enough information available and favor both state governments' providing price information and doctors' discussing prices. But Americans are split over whether patients should be expected to compare prices before getting care, perhaps indicating an understanding that comparing prices is not possible or necessary in some health care situations.

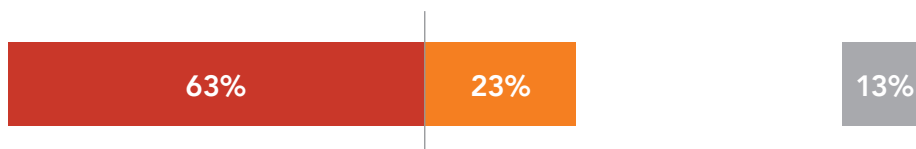
Americans say there is not enough health care price information.

Nearly two-thirds of Americans—63 percent—say there is not enough information about how much medical services cost. However, 23 percent say there is enough information and nearly 13 percent do not know. This finding is similar in New York State, Texas, Florida and New Hampshire; see box 11.

Most Americans say there is not enough health care price information.

Figure 22. Percent who say one of the following statements comes closest to their view:

- Overall, there is **not** enough information about how much medical services cost ■ Overall, there is **enough** information about how much medical services cost ■ Don't know



Base: All respondents: National, N = 2,062.

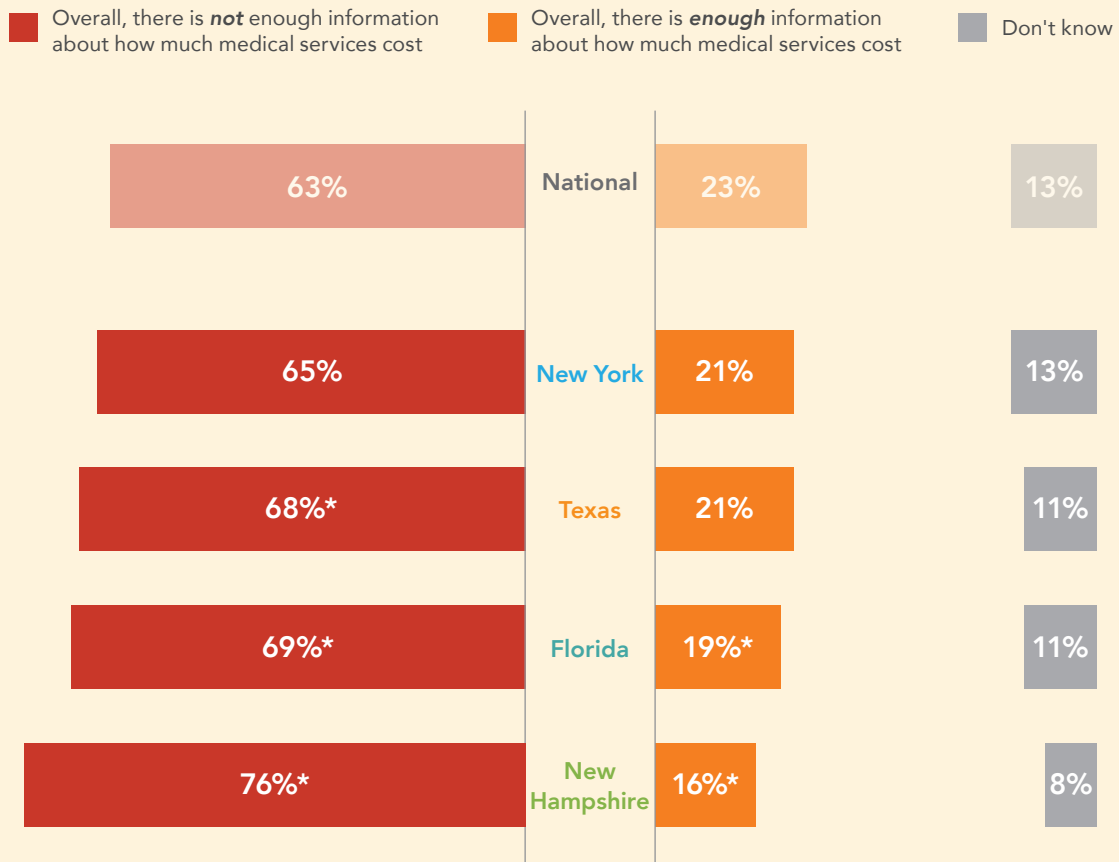
Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.



Box 11: Most people in New York State, Texas, Florida and New Hampshire say there is not enough information about how much medical services cost.

The percentages of those who indicate there is not enough information about how much medical services cost range from 65 percent in New York State to 76 percent in New Hampshire.

Figure 23. Percent who say one of the following statements comes closest to their view:



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819; New Hampshire, N = 826.

* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

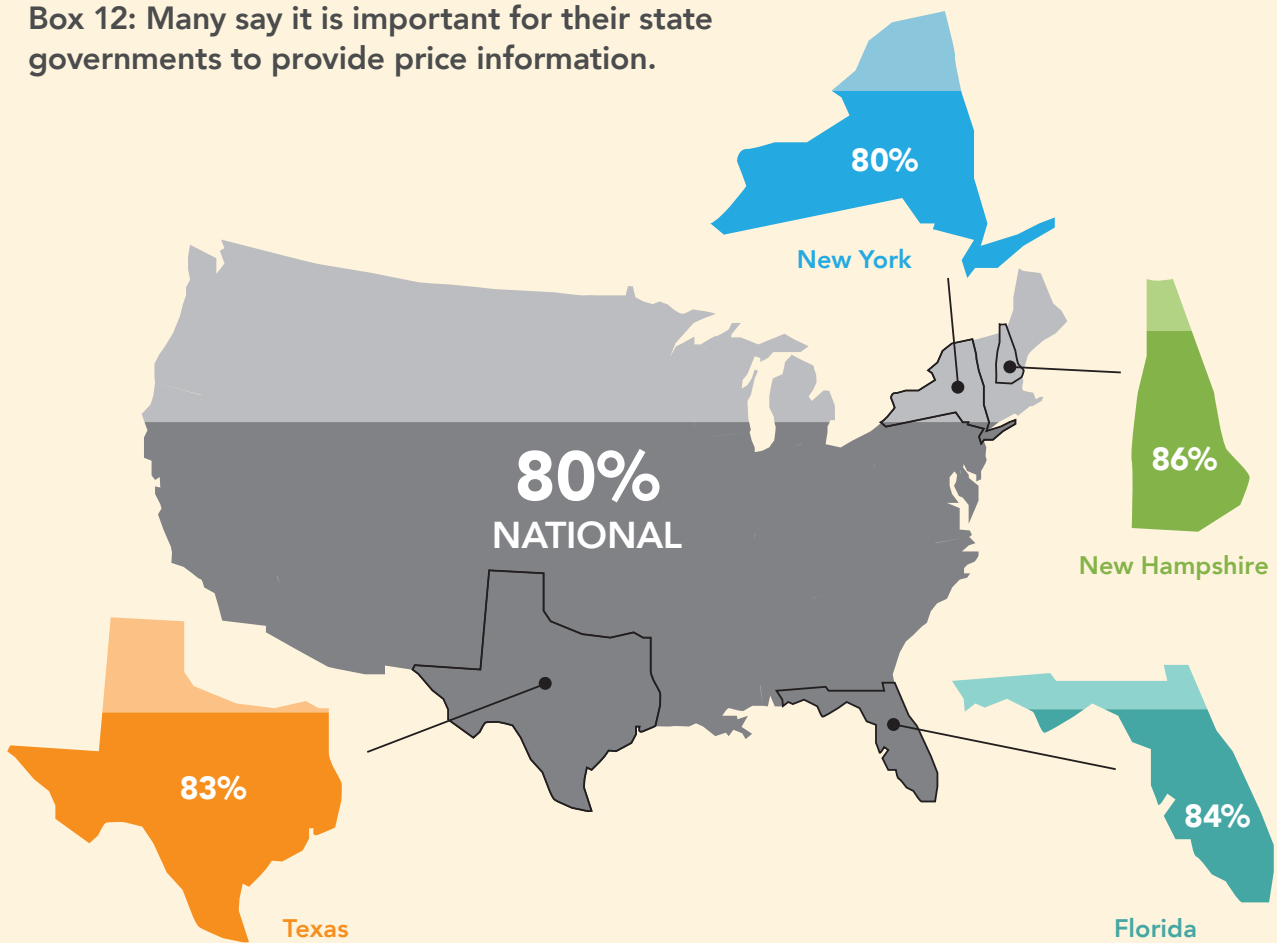
The precise amounts insurers pay medical providers are often private information, protected by contractual agreements. Sixty-seven percent of Americans, however, say insurance companies should be required to make public how much they pay doctors for medical services. Only 19 percent say it is not reasonable to require this, and 13 percent don't know whether it is reasonable or not.

Most Americans think it is important for their state governments to provide price information.

Eighty percent of Americans think it is important for their state governments to provide people with information that allows them to compare prices before getting care. This finding is similar in New York State, Texas, Florida and New Hampshire; see box 12.

Because our survey did not ask how important it is for other entities—such as insurers or employers—to provide comparative price information, this finding may say as much about people’s desire for more information about health care prices as it does about their desire for information specifically from their state governments.

Box 12: Many say it is important for their state governments to provide price information.



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819.

Most Americans think people should be able to compare prices, but they are split over whether people should be expected to do so.

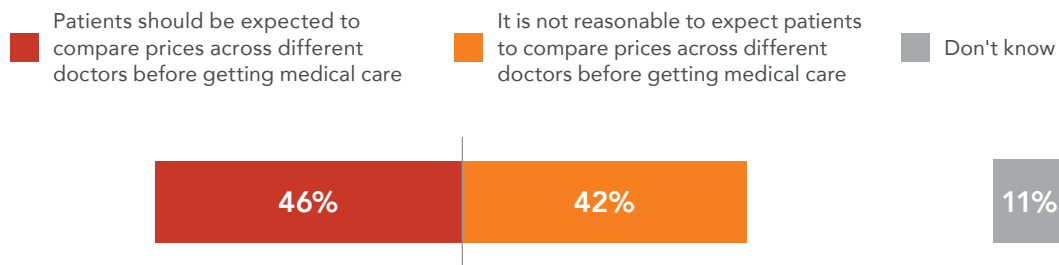
A majority of Americans—85 percent—say it is very or somewhat important for patients to be able to compare prices across different doctors before getting medical care. For example, a focus group participant in Texas said, “Prices should be public records.” Another participant in that group wished doctors were as good as dentists at providing costs estimates: “When you go to the dentist you can get an itemized estimate of what you’re going to have. Why can’t the doctor do that, as well?”

“Prices should be public records.”

Americans are divided, however, over whether or not people should be expected to compare prices before getting care. Nearly half—46 percent—say patients should be expected to compare prices across different doctors before getting medical care. But 42 percent say it is not reasonable, and 11 percent do not know; see figure 24.

Americans are divided over whether patients should be expected to compare prices.

Figure 24. Percent who say one of the following statements comes closest to their view:



Base: All respondents: National, N = 2,062.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

This split may indicate an understanding that comparing prices is not possible or necessary in some health care situations. As a New Hampshire focus group participant explained, “If you go to the hospital and you have something done, they really can’t tell you what the cost is because they’re not gonna know everything that you’re gonna get billed. There is no breakdown or list of what everything costs. So they can’t be precise.”

Most Americans favor doctors and their staffs discussing prices with patients. However, fewer say a doctor or their staff has brought up price in conversation with them.

Several initiatives are underway to help doctors be better stewards of health care resources, including helping them find better ways to discuss costs with patients.⁴⁷ We found most

⁴⁷ See, for example, Costs of Care, <http://costsofcare.org/>, and ABIM Foundation, <http://abimfoundation.org/what-we-do/choosing-wisely>.

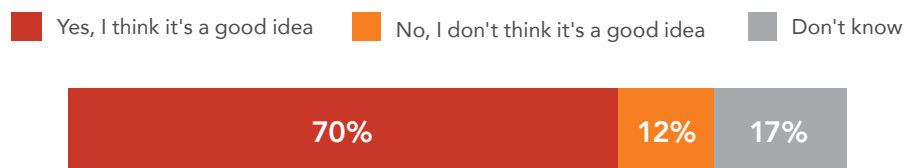
Americans—70 percent—think it is a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests or procedures or referring them to specialists. Only 12 percent of Americans think this is not a good idea. A larger share—17 percent—do not know whether it is a good idea or not; see figure 25a.

Despite most Americans being in favor of doctors and their staffs discussing prices with patients, only 28 percent say that a doctor or their staff has brought up in conversation with them the price of a test, procedure or referral to a specialist before doing or ordering it. The majority say they have not had such a conversation (66 percent) or they do not know (5 percent); see figure 25b. As a woman in the New Hampshire focus group said when asked about talking to doctors about prices, “The doctors have no idea.”

These findings from our research with the general public are consistent with findings from research on patients suggesting they and their doctors are often open to discussing costs, but that such discussion rarely takes place.⁴⁸

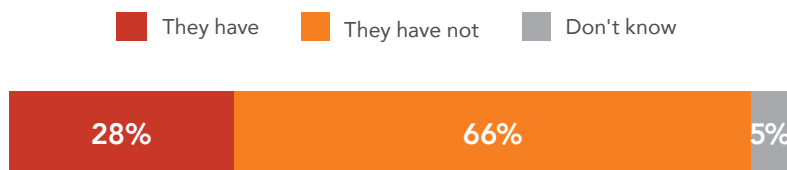
Most people favor doctors and their staffs discussing prices with patients. Fewer report a doctor or their staff has brought up prices in conversation with them.

Figure 25a. Percent who say it is or is not a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests, procedures or referrals, or that they do not know:



Base: All respondents: National, N = 2,062.

Figure 25b. Percent who say a doctor or their staff has or has not brought up in conversation with them the price of a test, procedure or referral, or that they do not know:



Base: All respondents: National, N = 2,062.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the charts.

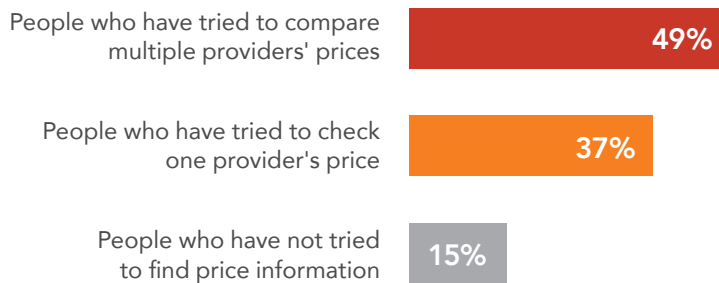
⁴⁸ Andrea L. Meluch and Willie H. Oglesby, “Physician–Patient Communication Regarding Patients’ Healthcare Costs in the US: A Systematic Review of the Literature,” *Journal of Communication in Healthcare* 8, no. 2 (2015): 151–60. See also S. Yousuf Zafar, Fumiko Chino, Peter A Ubel, Christel Rushing, Gregory Samsa, Ivy Altomare, Jonathan Nicolla et al., “The Utility of Cost Discussions Between Patients with Cancer and Oncologists,” *American Journal of Managed Care* 21, no. 9 (2015): 607–15; Ronan J. Kelly, Patrick M. Forde, Shereef M. Elnahal, Arlene A. Forastiere, Gary L. Rosner and Thomas J. Smith, “Patients and Physicians Can Discuss Costs of Cancer Treatment in the Clinic,” *Journal of Oncology Practice* 11, no. 4 (2015): 308–12.

People who have tried to compare prices are more likely than other Americans to report that a doctor or their staff has brought up price in conversation with them.

People who have tried to compare prices are more likely than other Americans to report that a doctor or a member of their staff has brought up price in conversation with them. Fifty percent of people who have tried to compare prices report that a doctor or member of their staff has brought up price in conversation with them. But only 37 percent of people who have tried to check one provider's price and 15 percent of people who have not ever tried to find price information report that a doctor or member of their staff has done so.

People who have tried to compare prices are more likely than other Americans to report that a doctor or their staff has brought up price in conversation with them.

Figure 26. Percent who say a doctor or their staff has brought up the price of a test, procedure or referral in conversation with them:



Base: All respondents: National, N = 2,062.
Group estimates are statistically different from each other at the $p < .05$ level.



IMPLICATIONS

The United States spends more on health care and has worse health outcomes than comparable nations.⁴⁹ Americans are also far more likely than people in comparable countries to go without the care they need because of high costs.⁵⁰ Of the \$3.2 trillion spent on health care in 2015—nearly 18 percent of gross domestic product—households paid 28 percent in the form of deductibles, copayments, coinsurance, insurance premiums and payroll taxes. The federal government paid 29 percent, while state and local governments paid 17 percent—money that ultimately came from taxpayers and could have been spent on other priorities, like education or infrastructure.⁵¹

It is, therefore, increasingly important that we find fair and effective ways to address the high costs of health care for individuals and families and for the nation as a whole. Price transparency alone is not sufficient to do so, particularly relative to stagnating U.S. earnings. But encouraging more price transparency may be one part of a response to these challenges if people use the information in ways that lead them to save money.

This research suggests price transparency has the potential to make a difference, at least in individuals' spending; a significant proportion of Americans have tried to find price information, some have actually compared prices and many of those who have compared feel they saved money. But a surprising proportion of Americans remain unaware that doctors' or hospitals' prices vary.

Based on these findings, this report concludes with implications and questions for policymakers, insurers, employers and providers, as well as for-profit and nonprofit price information providers, so efforts to make prices more transparent will be informed by and responsive to the perspectives and needs of the American public.

- **Help people compare prices to help them save money.** Consistent with findings from our 2015 report, this research found trying to compare prices across multiple providers is still less common than trying to check one provider's price. Yet people who have tried to compare prices are more likely to report saving money. This suggests that just making price information available is not enough to help people save money. Insurers, employers and policymakers should also adopt strategies to encourage people to compare prices. These might include creating financial incentives to compare prices, building awareness of price variation, experimenting with reference pricing or other creative benefit designs, or building information systems that make multiple prices available for comparison.

⁴⁹ David Squires and Chloe Anderson, "U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries" (New York: Commonwealth Fund, 2015), http://www.commonwealthfund.org/publications/blog/2016/nov/~/_link.aspx?_id=57BE0D4644B14EFBA898570C3AD17F41&_z=z.

⁵⁰ Robin Osborn, David Squires, Michelle M. Doty, Dana O. Sarnak and Eric C. Schneider, "In New Survey of Eleven Countries, US Adults Still Struggle with Access to and Affordability of Health Care," *Health Affairs* (2016): 10-1377.

⁵¹ Anne B. Martin, Micah Hartman, Benjamin Washington, Aaron Catlin and the National Health Expenditure Accounts Team, "National Health Spending: Faster Growth in 2015 as Coverage Expands and Utilization Increases," *Health Affairs* (2016): 1-11.

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- **Direct price transparency efforts toward people who face high out-of-pocket costs and toward those whose insurance coverage is unstable.** This research found Americans who have been uninsured at some point in the past 12 months are more likely to have tried to find price information before getting care than those who were fully insured. It also found people with higher deductibles are more likely to have tried to find price information before getting care. Insurers, providers, employers, policymakers and price information providers should, therefore, pay particular attention to the information needs of these people, who appear to be particularly interested in finding out about their out-of-pocket costs.
 - **Recognize the diversity of sources people use to try to find price information.** Besides friends, relatives and colleagues, the sources that Americans most commonly use to try to find price information include calling insurers and using insurers' websites, as well as asking doctors or receptionists. While online price information tools are proliferating, few people have heard of their states' price information websites or have used sites besides their insurers'. Policymakers, employers and others interested in helping people find price information should consider in-person or phone sources—like receptionists or insurers' customer service representatives—as part of the price information infrastructure and should consider how to ensure those sources are meeting people's needs efficiently. Past research has used insurance claims data to study whether people save money by using online price information tools provided by employers and insurers. But future research should also consider the impacts of in-person and phone sources of price information.
 - **Equip medical professionals and their staffs to discuss prices with patients or to refer patients to reliable sources of price information.** Doctors and their staffs emerged as trusted sources of price information for many Americans in this research, and many people are in favor of doctors and their staff talking to patients about price. How can doctors and their staffs—including receptionists and nurses—be equipped to handle these conversations? These professionals may not need to be able to tell people exactly what a certain medical services will cost them, but they could discuss costs and coverage more generally and guide people toward more specific price information if necessary.
 - **Employers should find ways to build trust with more of their employees.** Some employers have already invested in price information tools for their employees. Yet the percentage of people who would trust their employers as potential sources of price information is lower than the percentages who would trust other potential sources. Employers and employees could both benefit from lower health care spending. Therefore, it would be in employers' interests to become trusted sources of or trusted guides to price information for more of their employees.

- **States should consider a range of ways to make price information more transparent.**

Despite finding that fewer people would trust local, state and federal governments as sources of price information than would trust other potential sources, this research also found most people think it is important for their state governments to provide comparative price information. While few people in states that run price information websites have heard of those sites, even fewer have heard of sites run by for-profit or nonprofit price information providers. What can states reasonably do to fulfill people's interest in price information? Besides providing information themselves, how can states encourage insurers and providers to be more transparent about prices and help state residents understand the extent of price variation?

- **Support further exploration of variations among states in how people find and use price information.** This research found higher proportions of Floridians, New Hampshire residents and Texans have tried to find price information and have compared prices than Americans overall or residents of New York State. These state variations cannot be attributed to demographics or other characteristics for which we tested, such as deductible size. What accounts for these variations? How much do other states vary in how people find and use price information? It would be helpful to understand whether state policies or characteristics of health care markets might account for higher rates of seeking and comparing prices in these or other states.



METHODOLOGY

Summary

The findings in “Still Searching” are based on a nationally representative survey of 2,062 adults (ages 18+) and a set of representative surveys in four states: one survey of 802 adults in New York, one of 808 adults in Texas, one of 819 adults in Florida and one of 826 adults in New Hampshire. Interviews were conducted from July 29 through September 1, 2016, for each of the states and for the national survey, which included the 50 states and the District of Columbia. Each survey was conducted by telephone, including cell phones, and online. Respondents had the option to complete the survey in English or Spanish.

The surveys were designed by Public Agenda and fielded by Social Science Research Solutions Inc. (SSRS). The survey questionnaires, including full question wording, topline findings and sample characteristics can be found at <http://www.publicagenda.org/pages/still-searching>.

Public Agenda also conducted two pre-survey focus groups with demographically diverse groups of adults (ages 18+).

This work was funded through grants to Public Agenda from the Robert Wood Johnson Foundation and the New York State Health Foundation. It follows up on a national survey by Public Agenda—fielded in 2014 and published in 2015—that was funded by the Robert Wood Johnson Foundation. The methodology of this survey is similar to that of the previous survey to ensure comparability of results over time and to minimize the possibility that any stability or change in findings over time could be attributed to methodological differences. The methodology differs only in that, in this survey, 39 percent of interviews were completed through probability-based phone sampling and the remainder were completed through a nonprobability-based, opt-in web panel. In the survey published in 2015, 33 percent of interviews were completed through probability-based phone sampling and the remainder through a nonprobability-based, opt-in web panel. This survey asks most of the same questions that were asked in the previous one, as well as several new questions. Complete methodology, full question wordings, topline findings and sample characteristics for our first study can be found at <http://www.publicagenda.org/pages/how-much-will-it-cost>.

The survey

This study used a multi-modal design. Data were collected via telephone interviews, including cell phone interviews, and online. A total of 2,062 interviews were completed for the national survey with U.S. adults (ages 18+), of which 1,260 were conducted by web and 802 were completed by phone. For the state surveys, the breakdown was as follows:

- In New York, a total of 802 interviews were completed with adults (ages 18+), of which 481 were conducted by web and 321 were completed by phone.
- In Texas, a total of 808 interviews were completed with adults, of which 486 were conducted by web and 322 were completed by phone.
- In Florida, a total of 819 interviews were completed with adults, of which 497 were conducted by web and 322 were completed by phone.
- In New Hampshire, a total of 826 interviews were completed with adults, of which 505 were conducted by web and 321 were completed by phone.

Phone sample

To collect data by telephone, this survey used an overlapping RDD (random digit dialing) dual-frame (landline and cell phone) design. The RDD landline sample was generated by SSRS's sister company, Marketing Systems Group (MSG), no more than five business days before the commencement of data collection; this provided the most up-to-date sample possible by maximizing the number of valid telephone extensions. The RDD sample was prepared using MSG's proprietary GENESYS IDplus procedure, which not only limits sample to non-zero banks, but also identifies and eliminates approximately 90 percent of all nonworking and business numbers and ported cell phones.

About half the interviews for each of the surveys in this study were completed with respondents reached by cell phone. As with the landline sample, MSG generated a list of cell phone telephone numbers in a random fashion. Nonworking numbers were removed using MSG's CellWINS procedure. The national survey covered the 50 states and the District of Columbia.

Web sample

To collect data online, this survey was administered through a nonprobability-based, opt-in web panel including residents of the 50 states and the District of Columbia and provided to SSRS by ResearchNow. All web respondents were asked to complete the entire survey immediately after completing the eligibility screening questions.

Fielding

The survey was designed to be compatible with web and telephone interviews. Respondents to either could refuse to answer any question. Questions that allowed the telephone respondent to volunteer "don't know" as a response included "don't know" as an explicit response category in the web version.

Before the field period, the survey was programmed using CfMC computer-assisted telephone interviewing (CATI) software. The software was used to produce both a web and CATI version of the survey. SSRS and members of Public Agenda's research team checked the programs extensively to ensure skip patterns followed the design of the questionnaire. In addition, both the phone and web versions of the questionnaire were translated into Spanish.

The fielding began with a slow rollout of the survey. First-night interviews were completed with 28 respondents. A Public Agenda staff member, along with SSRS project managers, reviewed a set of recorded interviews from the first night of fielding. Following the review, the wording of a few questions was modified slightly.

The field period for this survey was July 29 through September 1, 2016. Telephone interviewers received both written materials on the survey and formal training. These included detailed explanations of why questions were being asked, the meanings and pronunciations of key terms, and pointers on potential obstacles to be overcome in getting good answers to questions and respondent problems that could be anticipated, as well as strategies for addressing the potential problems.

Within each landline household, a single respondent was selected through the following selection process: first, interviewers asked to speak with the youngest adult male/female at home. The term “male” appeared first for a randomly selected half of the cases and “female” for the other random half. If no males/females were at home during that time, interviewers asked to speak with the youngest female/male at home. Since cell phones were treated as individual devices and the interview might take place outside the respondent’s home, each cell phone interview was conducted with the person answering the phone.

To maximize survey response, the following procedures were enacted:

- Six follow-up attempts were made on average to contact nonresponsive numbers.
- Each nonresponsive number was contacted multiple times, with a programmed differential call rule used to vary the times of day and the days of the week of the callbacks.
- Respondents were allowed to set the schedule for callbacks.
- Specially trained interviewers contacted households where the initial calls resulted in refusal to attempt to convert the refusals into completed interviews.
- Respondents could choose to be interviewed in English or Spanish.

The telephone response rate for the national survey was calculated to be 12.8 percent using the American Association for Public Opinion Research Response Rate Three (RR3) formula and did not differ between landline and cell phone interviews. For the state surveys, the telephone response rates were calculated to be the following using the same formula: 12.1 percent for Florida, 10.0 percent for New Hampshire, 10.4 percent for New York and 14.4 percent for Texas.

Invitations to complete the web survey for both the national and state surveys were sent directly to potential respondents by the web panel company. In addition, reminder invites were sent to nonresponders to the web survey after a two-day period of nonparticipation. Of the 18,120 people on the panel who were invited to participate in the survey, we attained for the national survey 1,260 completes and 9 terminates, which meant 7 percent of people who were invited actually responded. For the state surveys, we had the following:

- In New York, 6,590 were invited to participate in the survey. We attained 481 completes and 10 terminates, meaning 7.5 percent of people who were invited actually responded.
- In Texas, 7,890 were invited. We attained 486 completes and 14 terminates, meaning 6.3 percent responded.
- In Florida, 6,800 were invited. We attained 497 completes and 6 terminates, meaning 7.4 percent responded.
- In New Hampshire, 3,260 were invited. We attained 505 completes and 2 terminates, meaning 15.6 percent responded.

Weighting

The final data for each of the surveys were weighted to correct for variance in the likelihood of selection for a given case and to balance the sample to known population parameters to correct for systematic under- or overrepresentation of meaningful social categories.

The weighting procedure involved the following steps:

First, a base weight was calculated for the telephone sample to correct (a) for the fact that, in an overlapping dual-frame design, respondents whose households answer both landlines and cell phones have a higher likelihood of inclusion than those in cell phone-only or landline-only households and (b) for the fact that respondents in households with just one qualifying adult are more likely to be included than those in households

with more than one qualifying adult. In the case of (a), dual-frame households were assigned a weight equal to half the weight assigned to single-mode households. In the case of (b), landline cases from households with a single qualifying adult received a weight of 1, and those with two or more qualifying adults received a weight of 2; in households for which no information was available about the number of adults, respondents were assigned the mean weight; and cell phone respondents received a weight of 1, as there was no within-household selection on the cell phones.

Second, the telephone sample was weighted to census population targets utilizing “raking”—that is, the iterative proportional fitting (IPF) process. Parameter estimates for the national adult population and the adult population in each surveyed state were drawn from the U.S. Census Bureau’s 2014 American Community Survey (ACS). For the national survey, data were balanced to resemble the population distribution for adults nationally along the following parameters: gender by region, gender by age, education, ethnicity and phone status (that is, cell phone only, not cell phone only).⁵² For the state surveys, data were balanced to resemble the population distribution for adults within each state along the following parameters: gender by age, education, ethnicity and phone status.

Third, to combine the online sample with the telephone sample, a propensity weight was created that modeled the online sample against the telephone survey. The propensity model included the following matching variables: gender, ethnicity, age, education, insurance status, political ideology, region, employment status, income and having ever worked in the health care industry. To reduce variance, this procedure included converting the continuous propensity weight into a five-class weight. The final base weight for the online sample was calculated by multiplying the propensity weight by the regular base weight (derived from the telephone sample).

Fourth, post-stratification weighting was conducted on the entire sample with final base weight applied. Data were “raked” using the IPF process to resemble the population distribution for adults along the following parameters: gender, age, education, ethnicity and phone status. Parameter estimates for the adult population both nationally and in each of the four states were drawn from the 2014 ACS.

The design effect for the national survey was 1.44, and the weight-adjusted margin of sampling error was +/-2.6 percentage points at the 95 percent confidence level.⁵³ For the state surveys, the design effect and the weight-adjusted margin of sampling error were as follows:

- 1.43 and +/-4.1 percentage points for New York
- 1.45 and +/-4.2 percentage points for Texas
- 1.52 and +/-4.2 percentage points for Florida
- 1.30 and +/-3.9 percentage points for New Hampshire

As in all surveys, question order effects and other nonsampling sources of error could affect the results. Steps were taken to minimize these issues, including pretesting the survey instrument and randomizing order within question wordings as well as the order in which questions were asked.

Pre-survey focus groups

Before developing the state survey instruments, we conducted two focus groups with demographically diverse participants, one in May 2016 in Dallas, Texas, and the other in June 2016 in Manchester, New Hampshire. These states were chosen for their approaches to providing health care price information, discussed in more detail in the introduction to this report. In total, 21 people participated in these focus groups.

More information about this study can be obtained at <http://www.publicagenda.org/pages/still-searching> or by emailing research@publicagenda.org.

⁵² The levels of cell phone only and not cell phone only were based on projections from the most recent account in the National Health Interview Survey (NHIS), conducted by the Centers for Disease Control and Prevention (CDC).

⁵³ This is technically a pseudo-margin of error for the entire sample. It depends on the probability and nonprobability samples combined.

SAMPLE CHARACTERISTICS

	National N=2,062	New York N=802	Texas N=808	Florida N=819	New Hampshire N=826
Insured status					
Insured	90%	91%	82%	84%	92%
Uninsured	10%	9%	18%	16%	8%
Type of insurance [Base: Currently insured]					
Insurance through employer	43%	46%	40%	32%	49%
Medicare	29%	30%	25%	35%	27%
Medicaid	12%	17%	9%	10%	13%
Direct purchase	14%	10%	13%	16%	12%
Other	5%	3%	5%	6%	4%
Don't know	1%	1%	*	1%	*
Refused	*	1%	1%	*	1%
Deductible status [Base: Currently insured]					
Has a deductible	60%	52%	66%	58%	65%
Doesn't have a deductible	32%	40%	26%	36%	29%
Don't know	8%	8%	8%	6%	7%
Refused	*	1%	*	*	-
Parental status					
Parent or guardian of child under 18	24%	27%	32%	26%	25%
Not a parent or guardian of child under 18	76%	72%	67%	74%	74%
Refused	*	1%	1%	*	1%

	National N=2,062	New York N=802	Texas N=808	Florida N=819	New Hampshire N=826
Educational attainment					
Less than high school or GED	3%	4%	6%	3%	2%
High school or GED	20%	18%	20%	20%	21%
Some college but no degree	21%	18%	23%	23%	21%
Associate's degree or technical school	16%	15%	14%	16%	15%
Bachelor's degree	25%	26%	21%	23%	25%
Graduate school or more	15%	18%	15%	15%	14%
Other	*	*	*	*	-
Refused	*	1%	1%	1%	*
Employment status					
Full-time	36%	41%	37%	34%	39%
Part-time	10%	11%	10%	10%	12%
Self-employed	8%	6%	9%	8%	9%
Not employed	46%	41%	43%	47%	40%
Refused	1%	1%	1%	1%	1%
Household income					
Less than \$50,000	46%	38%	47%	45%	44%
\$50,000 to less than \$100,000	30%	30%	29%	32%	30%
\$100,000 or over	17%	22%	15%	15%	17%
Don't know/Refused	7%	9%	9%	8%	9%

	National N=2,062	New York N=802	Texas N=808	Florida N=819	New Hampshire N=826
Race/Ethnicity					
Hispanic	10%	15%	26%	15%	3%
Black	11%	12%	12%	12%	1%
White	73%	63%	55%	66%	91%
Other	6%	7%	6%	5%	3%
Refused	1%	2%	1%	2%	2%
Political party affiliation					
Republican	25%	21%	30%	27%	21%
Democrat	34%	39%	28%	34%	24%
Independent	32%	30%	30%	27%	41%
Libertarian	*	*	*	*	*
No affiliation/Don't vote	1%	1%	*	1%	1%
Other	*	*	1%	1%	*
Don't know	4%	3%	5%	4%	3%
Refused	5%	4%	4%	5%	5%
Gender					
Male	47%	44%	43%	42%	37%
Female	53%	56%	57%	58%	63%
Age					
18–24	7%	7%	10%	6%	7%
25–29	8%	7%	6%	5%	7%
30–49	29%	32%	36%	31%	32%
50–64	31%	29%	27%	29%	33%
65+	25%	25%	21%	29%	21%



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David Schleifer, Carolin Hagelskamp and Chloe Rinehart

As Americans shoulder more health care costs, Public Agenda research suggests that many are hungry for more and better price information. However, some obstacles remain to increasing the number of Americans who compare prices before getting care. This research was supported by the Robert Wood Johnson Foundation and findings are based on a nationally representative survey of 2,010 adults conducted in 2014, along with focus groups and follow-up interviews.

http://www.publicagenda.org/files/HowMuchWillItCost_PublicAgenda_2015.pdf

Curbing Health Care Costs: Are Citizens Ready to Wrestle with Tough Choices? (2014)

Public Agenda and the Kettering Foundation

To inform policy and broaden the dialogue about controlling health care costs, Public Agenda, in partnership with the Kettering Foundation, conducted extended deliberative focus groups and in-depth follow-up interviews with Americans between the ages of 40 and 64. We sought answers to the following questions: What do Americans think about health care spending? In what ways, if any, do their initial thoughts and feelings change when they have the opportunity to deliberate over different approaches to controlling costs? Which changes to the health care system will people most readily accept, and which are likely to elicit resistance?

http://www.publicagenda.org/files/CurbingHealth-CareCosts_PublicAgenda_2014.pdf

Citizens' Solutions Guide: Health Care (2012)

Public Agenda

Public Agenda's Citizens' Solutions Guides series is a nonpartisan resource to help members of the public think through difficult policy issues, weighing values, priorities, pros, cons and tradeoffs. The Citizens' Solutions Guide: Health Care arms voters with the knowledge they need to understand the challenges and choices Americans face about health care.

http://www.publicagenda.org/files/PublicAgenda_CitizensSolutionsGuide_Healthcare.pdf

Coping with the Cost of Health Care: How Do We Pay for What We Need? (2009)

John Doble, Jared Bosk and Samantha DuPont

Public Agenda and the Kettering Foundation In 2008, the National Issues Forums, a nonpartisan, nationwide network of public forums for the consideration of public policy issues, facilitated deliberative forums with more than 1,000 citizens in 40 states and the District of Columbia to gain an understanding of how citizens can cope with the rising cost of health care. This report discusses the outcomes of those forums.

<http://www.publicagenda.org/files/Coping-With-The-Cost-Of-Health-Care-2009.pdf>

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PUBLIC AGENDA

About Public Agenda

Public Agenda helps build a democracy that works for everyone. By elevating a diversity of voices, forging common ground, and improving dialogue and collaboration among leaders and communities, Public Agenda fuels progress on critical issues, including education, health care and community engagement. Founded in 1975, Public Agenda is a nonpartisan, nonprofit organization based in New York City.

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Robert Wood Johnson Foundation

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About the New York State Health Foundation

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For more information, visit www.nyshealth.org and follow the Foundation on Twitter at [@nys_health](https://twitter.com/nys_health).

For more information about this study, visit: <http://www.publicagenda.org/pages/still-searching>
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