The State of the Art
of Price Transparency Tools
and Solutions

November 20, 2013

Dear Colleagues,

Last November, Catalyst for Payment Reform (CPR) issued a call to action, asking health plans, providers, and policymakers to support greater price transparency. It focused on four points:

A) Consumers need access to comprehensive price and quality information;

B) Plans and providers need to remove contractual restrictions ("gag clauses") that impede making such information available;

C) Self-funded employers and purchasers have a right to use their own claims data to develop benefit designs and tools that meet their needs;

D) Anti-trust laws must be enforced to prevent providers and health plans from using price information in an anti-competitive manner.

At that time, we also issued Comprehensive Specifications for the Evaluation of Transparency Tools, a checklist of features that tools should contain to meet the needs of consumers.
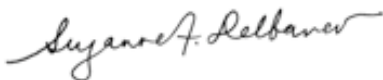
Through recent conversations with health plans and employers, CPR has learned that gag clauses are now posing fewer challenges, and more health plans are sharing employer claims data with independent vendors. CPR is pleased to see this progress. Our employer-purchaser members will continue to challenge those plans and providers who are holding out, and CPR invites others to join these efforts by using our Health Plan RFI Questions on Payment Reform and Model Health Plan Contract Language.

This fall, CPR took an in-depth look at the leading price transparency products to see how they are living up to our goals. Overall, we were pleased to learn that such products are becoming more robust. Designed to facilitate informed shopping, most contain both price and quality information, often permitting side-by-side comparisons. But many still have a long way to go if they are to help consumers, employers, and other purchasers who deploy them move forward.

This report describes major features products require if they are to meet consumer and employer needs. They should be "easy" and engage consumers readily as they struggle to understand price, cost, and value. Health plans and vendors also must be flexible and responsive. They must allow employer-purchasers to customize their products, work with other vendors to support seamless health care strategies, and report openly on the impact of their products, even as they work to improve them over time.

As always, we welcome your feedback as we work to advance price transparency and catalyze a higher-value health care system.

Sincerely,

Suzanne Delbanco, Ph.D.
Executive Director
Catalyst for Payment Reform

EXECUTIVE SUMMARY

In the fall of 2012, Catalyst for Payment Reform (CPR)—a national nonprofit organization working on behalf of employers and other health care purchasers—developed Comprehensive Specifications for the Evaluation of Transparency Tools, with the goal of helping employers and other purchasers select tools and solutions most helpful for their populations. This fall, CPR worked actively with a dozen health plans and independent vendors, examining their approaches to such tools. Drawing on findings from these evaluations, this report examines both features common to these products and how they differ. Finally, it focuses on key considerations when selecting a product.

Over the last several years, nonprofit organizations, some states, health plans, and independent vendors have made significant strides in developing "products" designed to help consumers shop for health care. Focusing on cost and quality, and designed to enable comparisons, most products now contain information on hospitals and physicians, price and quality, and the consumer's share of costs.

Products available today differ in a number of strategic ways. Some are "high touch," interacting with consumers over the phone and/or via push messages. Others encourage consumers to search online by physician, procedure, or medical condition. Some vendors choose to display general price levels; others cite specifics. Some plans and vendors highlight the total cost of care for a procedure or treatment; others focus on the consumer's share of costs. Products differ in how they display value to consumers and in how they attempt to influence choices of care. Many have evolved to support wellness activities, and some concentrate on the appropriateness of care.

Based on CPR's 2012 Comprehensive Specifications and our further work on price transparency, we find that the key considerations for employers and other purchasers are whether the product:

- Is easy to use

- Allows consumers to understand their share of cost, the total cost, and their spending and utilization to date

- Shows quality measures that matter to consumers

- Allows consumers to compare price and quality easily and side-to-side

- Helps consumers identify and understand value

- Contains information on pharmacy and ancillary services, as well as other information designed in particular to assist the elderly and the chronically-ill

- Helps consumers avoid unneeded care and find less expensive care options

- Encourages consumers to use it

- Is easily customized, while integrating smoothly with other platforms and products

- Gives employers reports on utilization and savings, and involves them in continuous quality improvement activities

In the broader context, many challenges to price transparency persist, including gag clauses and weak state laws. Before we can achieve fully-functional transparency in health care, these and many other obstacles need careful attention.

INTRODUCTION

Over the past several years, health plans and independent vendors have developed tools and other products and services to help consumers shop for health care based on quality and price information. In a world of ever rising health care costs, employers and purchasers are increasingly interested in using these solutions to engage employees to become part of the answer to rising costs by encouraging them to be savvy shoppers. And at a time employees are taking on an ever-growing share of their own health care costs, many may need these tools and other supports to help them make well-informed decisions.

In the fall of 2012, Catalyst for Payment Reform (CPR)—a national nonprofit working on behalf of employers and other health care purchasers—developed Comprehensive Specifications for the Evaluation of Transparency Tools to help employers and purchasers select the tools and solutions most helpful for their populations. Alongside these Specifications, CPR also issued an Action Brief on Price Transparency, outlining the steps employers and purchasers should take to push for greater transparency. To learn more details about their tools and solutions, in the fall of 2013, CPR gathered information and participated in live demonstrations with a dozen health plans and independent vendors.[1] That exercise gave CPR valuable insight into how these products are evolving and diverse strategies that plans and vendors are enlisting to meet the needs of employers and consumers. **Throughout the paper, we provide examples of tools and solutions with certain features—but these examples are not intended to be an exhaustive list of all the products with these features. Please note CPR did not give plans and vendors the opportunity to review this report in advance of its publication. Any reader is encouraged to contact CPR with suggested corrections or clarifications.**

Plans and vendors have taken a broad range of approaches to help consumers understand both the quality and cost of health care. Consumer-oriented websites—called "tools" throughout this report—are the most common approach. Reflecting conscious design decisions by those who make the tools, they vary significantly in the information they provide and how they present it to consumers. Meanwhile, some transparency solutions are deliberately oriented around person-to-person (telephonic and email), "high touch" support, rather than stand-alone, self-directed online tools, though they may incorporate these as well. In these cases, we refer to the product as a "transparency solution," instead of a "tool."

This report starts with a brief overview—a reminder—of why consumers need quality and price transparency. It examines common features that most products in the market have today. It then discusses the different approaches the tools and solutions take, and which ones employers might consider, given their benefit design and employee health strategy. Finally, it concludes with CPR's assessment of the features all products need if they are to be useful to both consumers and the employers and purchasers who help pay for their health care.

Overview: why consumers need quality and price transparency, and how tools can help

With consumers on the hook for a growing share of their health care costs, they have motivation to become savvy shoppers. According to the Kaiser Family Foundation, the average monthly premium contribution by families covered by employer-sponsored insurance more than doubled from 2001 to 2011, to $344 per month,[2] though median household income decreased by six percent during the same period.[3] And this trend will likely continue as more employers plan to offer consumer-directed health plans. According to an American Association of Preferred Provider Organizations (AAPPO)-commissioned analysis of the Mercer National Survey of Employer-Sponsored

> Consumers need help understanding that health care costs vary widely, with little correlation with quality.

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1 CPR included vendors that had a product focused primarily on price transparency that is currently available and has at least one large employer customer. CPR may have inadvertently overlooked some independent vendors meeting these criteria.

2 Kaiser Family Foundation. 2012 Employer Benefits Survey. Accessed at: http://kff.org/private-insurance/report/employer-health-benefits-2012-annual-survey/

3 DeNavas-Walt C, Proctor BD, Smith JC. Income, Poverty and Health Insurance Coverage in the United States: 2011. Current Population Reports. U.S. Census Bureau. Accessed at: www.census.gov/prod/2012pubs/p60-243.pdf

Health Plans, 61 percent of large employers and 48 percent of all employers expect to offer Consumer Directed Health Plans (CDHPs) five years from now. Today, 20 percent of Americans insured through their employer are enrolled in plans with a deductible of $1,000 or more.[4]

But consumers need help understanding that health care costs vary widely, with little-to-no correlation with quality. For example, one survey found total prices charged to employers or health care purchasers for colonoscopies in the San Francisco Bay Area ranged from $900 to $7,200, and for knee arthroplasty from $3,000 to $29,000.[5] In other cases, commercial insurer reimbursements may range from below Medicare rates to more than 400 percent above Medicare rates within the same market.[6] In many situations, consumers have little to no information about the price of their health care—either what their care costs in absolute terms (i.e., the total cost charged to the employer or health care purchaser, plus the patient's portion of the cost), or what their share of cost will be (i.e., the patient's portion of the cost, or the out-of-pocket cost).

Yet today, few purely public resources exist to help the average consumer find information about price and quality (though health plans do make them freely available to patient members). And, in most areas, there is little, if any, public reporting about individual physician outcomes. Hospital outcomes are easier to find, for example from The Leapfrog Group, or the CMS Hospital Compare website, though they are often vague and hard to interpret. A 2013 Report Card on State Price Transparency Laws, issued by CPR and the Health Care Incentives Improvement Institute (HCI3), found public policy is often also of little help—29 states received an "F" when it comes to putting laws in place that enable consumers to find consistent, meaningful price information on providers and hospitals.

The good news, however, is that studies have shown that consumers want to shop carefully for care and will do so when provided with the right information in the right format. Hibbard et al found through a controlled, randomized experiment that when consumers are given easy-to-understand information on price and quality, 90 percent will choose the best value provider (defined as lowest price with best quality).[7] Their experiment emphasizes that the presentation of health care information—how information is framed, explained, communicated, and labeled—is important. Presentation helps reduce misinterpretations of data and increases the confidence consumers feel when comparing health care options. And the characteristics of consumer populations also matter: Peters et al found that the way information is presented matters more in guiding comprehension and choice for populations with lower levels of numeracy.[8] Their research demonstrates that a "less is more" approach to presenting quality and price information, with easy to evaluate information communicated via well-tested symbols, may be the most effective way to steer consumers into choosing options with the best value.[9] Overall, price transparency tools can help consumers make informed health care decisions confidently by creating user-friendly interfaces that meet the needs of specific employee populations.

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4   Buntin M, Havoland A, McDevitt R, Sood N. Study of high-deductible health plans finds substantial cost savings, but less preventive care. *American Journal of Managed Care* 2011 17(3): 222-230.
5   Renda L. Focusing on What Matters Most--Health Behavior and Accountability. The Institute for Health Care Consumerism. Accessed at: www.theihcc.com/en/communities/employee_communication_education/focusing-on-what-matters-most-%E2%80%93-healthy-behavior-a_gqk6ur59.html
6   Ginsburg PB. Wide Variation in Hospital and Physician Payment Rates Evidence of Provider Market Power. Center for Studying Health System Change. HSC Research Brief No. 16, Nov 2010. Accessed at: www.hschange.com/CONTENT/1162/
7   Hibbard JH, Greene J, Sofaer S, Firminger K, and J Hirsh "An Experiment Shows that a Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care," *Health Affairs* 2012 31(3) 560-568
8   Peters, E., N. Dieckmann, A. Dixon, J. H. Hibbard, and C. K. Mertz (2007, April). Less is more in presenting quality information to consumers. *Medical Care Research and Review* 64 (2), 169-190.
9   Peters, E. et al (2007).

The evolution of consumer quality and price transparency tools: a growing industry

Over the last several years, nonprofit organizations, some states, health plans, and independent vendors have made significant strides in the types of "products" available to consumers to help them shop for health care based on cost and quality. A 2006 report[10] released by the California HealthCare Foundation examined products offered by the leading plans and independent vendors and found the following for those they examined:

1. In all but a few cases, consumers were unable to do side-by-side comparisons of provider costs

2. Some tools based cost estimates on regional averages

3. Few products provided the cost to the member (out-of-pocket)

4. Tools did not readily allow consumers to compare costs and quality information at the same time

5. Overall, utilization of these products was low. While the report did not examine the utilization of specific products, it did report that in 2006 only about 10 percent of consumers researched the cost and quality of their health care, either online or offline. Among those who did, about half tapped online resources.

A lot has changed in seven years. As this report details, tools have evolved—most of those CPR examined now address the five shortcomings CHCF identified in 2006. Moreover, there is now a much larger market for such tools and solutions. Today, all the major national health plans offer a price transparency tool or solution of some kind, and there are growing numbers of independent vendors in the space. According to a recent survey from Towers Watson, almost a third of large employers currently have some kind of price and quality transparency tool in place (from their health plan or an independent vendor), 17 percent plan to add a tool in 2014, and another 25 percent are planning to add a tool in 2015 or 2016.[11]

According to one research report, the total market for price transparency products and services was $540 million in 2012 and will increase to $3.09 billion, which translates to a compound annual growth rate of 55 percent over the span of 2012 to 2016.[12] Since the start of 2010, startups in the health care price transparency space have raised $400M across 49 deals.[13]

In addition to online cost calculator tools, a whole crop of new websites—both public and fee-based—share patient-generated reviews of providers. Websites such as Healthgrades, Vitals, and Angie's List, allow the public to search for a provider by location or specialty and see patient-generated reviews, along with an overall rating, based on patient feedback. Many of those who offer the tools and solutions CPR examined partner with these companies to share patient-generated reviews.

Some newer, publicly available nonprofit price transparency websites have emerged as well, such as FAIR Health, Inc. FAIR Health was established in October of 2009 as part of the settlement of a case brought by then New York State Attorney General Andrew Cuomo against the health insurance industry regarding its methods for determining out-of-network reimbursement. The settlement provided for the creation of a new, independent, not-for-profit corporation—FAIR Health, tasked with: establishing an independent database of healthcare charge information with the support of academic experts; developing a free website to educate consumers about the insurance reimbursement process; and, creating a research platform for policymakers and researchers.[14]

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10 California Healthcare Foundation (2006) "Health Care Cost Comparison Tools: A Market Under Construction," available: www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/H/PDF%20 HealthCareCostComparisonTools.pdf

11 Towers Watson "Health Care Changes Ahead." September 2013. Accessed at www.towerswatson.com/en-US/ Insights/IC-Types/Survey-Research-Results/2013/09/2013-Health-Care-Changes-Ahead-Survey

12 Price Transparency Market to Grow to $3B," Healthcare Finance News, published June 7, 2013, www. healthcarefinancenews.com/news/research-aite-groups-shows-price-transparency-market-reach-3b-2016

13 "Within Digital Health, Healthcare Cost Transparency is an Increasingly Hot Area Among VCs,"CB Insights, Last Modified Sept 12, 2013, www.cbinsights.com/blog/trends/healthcare-cost-transparency

14 "About Fair Health," Fair Health, accessed on November 11, 2013. www.fairhealth.org/about-us

Consumers' use of online health care cost and quality information and use of specific price transparency tools seems to be increasing, although a controlled experiment is not possible, given so many new products that did not exist even five years ago. In a 2013 report from PricewaterhouseCoopers' Health Research Institute, 31 percent of U.S. consumers reported reading online reviews of doctors.[15] Among the independent price transparency vendors, some report employee engagement rates (use of the tool to research cost and quality) as high as 70 percent.[16] However, CPR's 2013 National Scorecard on Payment Reform, based on a national survey of health plans, found that while 98 percent of responding plans said they offer a cost calculator tool, just two percent of their patient members use these tools.[17] Clearly there is more work to be done by plans, vendors, and other purchasers to drive utilization.

Today's tools may also have price data from a higher proportion of providers, though CPR has not conducted a formal study to quantify this. But, in a recent interview with Workforce Magazine, for example, a Cigna spokesperson explained that "gag clauses," provisions in a contract between a health plan and a health care provider prohibiting the health plan from releasing information about that provider's payment, block information on only about one percent of providers.[18] While it may only impact information on a small proportion of providers, in specific geographic areas gag clauses can significantly limit the information available to consumers (see example below that is footnoted).[19]

Another barrier, both historical and current, is that some health plans will not allow self-insured employers or other customers to give their own claims data, particularly the payment amounts, to an independent vendor for use in a consumer transparency tool. This issue, among others, was the impetus behind a public CPR Statement on Price and Quality Transparency, endorsed by employer, consumer, and labor groups in late 2012. Anecdotally, CPR has learned fewer employers may be experiencing these issues this year.

Compared to seven years ago, today's products may be able to display information for a larger number of procedures, tests, and services as well, though CPR did not conduct a formal comparison. The 2006 CHCF Report revealed that among the tools they examined, most displayed cost estimates for between approximately 200-350 procedures, conditions, and tests. In contrast, for example, a recent report explains that Aetna has 550 services in its cost estimator.[20]

The marketplace today: basic features of most products

When CPR examined products available today from a dozen national health plans and independent vendors, CPR found most have the following features in common:

1. Information on in-network physicians and hospitals, including credentials, contact information, and hospitals where physicians have admitting privileges

2. Price information on basic procedures and diagnostic tests, such as colonoscopies

> CPR's 2013 National Scorecard on Payment Reform, based on a national survey of health plans, found that while 98 percent of responding plans said they offer a cost calculator tool, just two percent of their patient members use these tools.[17]

> Another barrier, both historical and current, is that some health plans will not allow self-insured employers or other customers to give their own claims data, particularly the payment amounts, to an independent vendor for use in a consumer transparency tool.

15 iHealthBeat. "For What Types of Health Care Services Have Consumers Read or Written Online Reviews?" Last modified May 8, 2013, www.ihealthbeat.org/picture-of-health/2013/for-what-types-of-health-care-services-have-consumers-read-or-written-online-reviews

16 Matthews, Scott (2012, December) "Six Drivers of Engagement,"Castlight Health, http://content.castlighthealth.com/rs/castlighthealth/images/Engagement-White-Paper-December-2012.pdf

17 CPR gathered data via eValue8 from November 2012 through February 2031.

18 Huff, Charlotte. (2013) "The Pulse on Health Care Pricing." Workforce Magazine. www.workforce.com/articles/9349-the-pulse-on-health-care-pricing

19 Ibid.

20 Hostetter, Martha and Sarah Klein,"Quality Matters – Health Care Price Transparency: Can It Promote High Value Care?" *Commonwealth Fund Newsletters,* published online April/May, 2012, www.commonwealthfund.org/Newsletters/Quality-Matters/2012/April-May/In-Focus.aspx

3. At least some basic price information for primary care, specialty care, labs, and hospitals

4. Price information that reflects the total cost of care, as well as the consumers' share of the cost

5. Some form of basic quality information on hospitals, individual physicians, or both

6. Some form of cost and quality comparison across multiple providers

7. Cost and quality information for consumers in a variety of different plan designs

It is notable that among the products CPR examined, many available today show the full cost of care, as well as the consumers' out-of-pocket expected cost—an improvement from shortcomings highlighted in CHCF's 2006 report. CPR's 2013 National Scorecard on Payment Reform reported 86 percent of health plans have a cost calculator tool that shares the member's out-of pocket costs.[21]

Unlike the 2006 examination of these tools, today many tools and solutions base their costs on real claims data.[22] Many independent vendors report they use claims data and/or other sophisticated databases to generate price information—not just regional averages, as was largely the case in 2006,[23] and advertise that they have accurate cost/price information. For example, Truven Health Analytics says, "For Employers, supplementing your data with MarketScan data provides you with up to 100 times the amount of information. This breadth of data results in highly accurate estimates, within 10 percent of actual cost."[24] It is important to note, however, that there have not yet been independent studies about the accuracy of price estimates in these products.

It is also notable that many tools today allow consumers to compare provider costs in a side-by-side manner —in some cases even for individual physicians—Fas well as quality information from a variety of sources.[25] CPR's 2013 National Scorecard on Payment Reform revealed that 77 percent of responding health plans have physician and hospital choice tools that integrate a cost calculator.

Products today may be more sophisticated in how they represent costs for a full episode of care. Several of the tools CPR examined have a sophisticated user interface that walks the consumer through the various tests and procedures they might have as part of a full episode of care—such as from pregnancy through labor and delivery. For example, UnitedHealthcare's my Healthcare Cost Estimator (myHCE.com) displays a specific total cost estimate for the services in the treatment episode. According to a UnitedHealthcare

21 Data was collected via NBCH's eValue8 platform, from November 2012 through February 2013.

22 For example, Dr. Eric Bricker, "Exclusive Health Care Data Analytics Update," *Compass HealthCare Consumerism Blog*, last modified October 30, 2013, accessed November 12, 2013, www.compassphs.com/blog/?p=1822; HealthSparq, "Real World Transparency Solutions," published online 2013, accessed November 12, 2013, HealthSparq, "Real World Transparency Solutions," published online 2013, accessed November 12, 2013, www.HealthSparq.com/admin/wpcontent/uploads/2013/08/ HealthSparq_Transparency_Solutions_Overview_June_2013.pdf; Hobson, K. May 3,2011, "Incoming CEO of Change: Healthcare on Price Transparency," Wall Street Journal's Health Blog, http://blogs.wsj.com/ health/2011/05/03/incoming-ceo-of-changehealthcare-on-price-transparency/

23 Jeffrey Rice, "HealthCare Blue Book: Delivering Fair Upfront Pricing for Patients and Providers," Hospital Newspaper, accessed November 12, 2013, www.hospitalnewspaper.com/webpages/news/displaynews.aspx? PT=columns&cat=Consultants+Corner&ID=3c3d71cc-1fa3-45cb-8124-db6f1b5b0fea; www.hospitalnewspaper.com/webpages/news/displaynews.aspx?PT=columns&cat=Consultants+Corner&ID =3c3d71cc-1fa3-45cb-8124-db6f1b5b0fea and "HealthSparq Transforms Healthcare by Delivering Innovative Consumer Transparency Solutions to Health Insurers," PR Newswire, last modified April 2, 2013, www. prnewswire.com/news-releases/HealthSparq-transforms-healthcare-by-delivering-innovative-consumer- transparency-solutions-to-health-insurers-201063301.html

24 "Cost Calculator," Truven Health Analytics, accessed October 31, 2013, http://truvenhealth.com/assets/ EMP_11269_1212_TCC_Consumers_PS_FINAL_web.pdf

25 Examples include United Healthcare, United Health Care. Frequently Asked Questions. Accessed November 11, 2013. www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/myHealthcare_ Cost_Estimator_FAQ.pdf; and Castlight Health, "Castlight Intro," video, 3:00, Accessed November 12, 2013, http://hr.iu.edu/benefits/castlight_videos/castlight-intro.html

brochure available online, "There are 154 services or Care Paths currently included in myHCE procedures for common ambulatory and outpatient services such as radiology, lab, office visits, consultations, preventative services, and outpatient procedures. By the end of mid 2013, the number of Care Paths will have increased to approximately 190 which will include selected high-volume inpatient services."[26]

And finally—like everything online—user interfaces have evolved. For example, Castlight Health explains its portal is "highly personalized with an intuitive interface similar to the most popular online comparison shopping tools."[27] An increasing number already have, or have plans to add a mobile "app" to which consumers can gain access from their smartphones.[28]

Differences in products today, and deliberate, diverse strategies

Today, plans and vendors have a wide variety of approaches and strategies with regard to how their products show quality, price, and value. The following briefly summarizes the different strategic approaches plans and vendors have taken.

Web-based, versus high touch/proactive ways to contact the consumer

The vast majority of plans and vendors CPR examined offer an online searchable, sortable tool that conveys information to consumers about their health care choices. Some allow the user to search on many criteria and for a wide array of providers, procedures, and services. Others contain a more narrow band of information, either on purpose or because they are still actively adding to the tool. In contrast, some vendors have chosen to create a much more "high touch" product for consumers, relying primarily on phone calls and emails as the dominant method of communication between the consumer and a professional health navigator of some kind. For example, Compass Professional Health Services provides patient advocacy services to employees through trained "Health Pros," able to speak with employers via phone or over email.[29] Medical Advocate Program (MAP) offers a high-touch telephonic solution that allows consumers to speak with a nurse to help them "understand their health care options and alternatives."[30]

These types of approaches may be most useful to employers with employee populations who are not online, or for a variety of reasons, are less likely to be savvy, self-directed shoppers. In other cases, they may be a good "first-step" solution for employers who wants to do more employee "hand-holding" as they transition to a benefit design in which employees incur a larger share of cost, or greater responsibility for how they make use of a defined benefit. Some vendors take a hybrid approach, offering online tools with telephonic outreach or assistance for those who need it. Some of the vendors who traditionally have offered more web-based tools also offer higher-touch options for employers and purchasers who want to "buy up." For example Castlight Health offers telephonic registration and conference call capability for employees whose employers purchase Castlight Health's "premium" product.[31]

> High-touch approaches may be most useful to employers with employee populations who are not online, or for a variety of reasons are less likely to be savvy, self-directed shoppers.

26 United Health Care. Frequently Asked Questions. Accessed November 11, 2013. www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/myHealthcare_Cost_Estimator_FAQ.pdf

27 "Castlight Health's Health Care Portal Launched by Esterline Corporation to Complement Innovative Health Benefit Design," Last Modified October 12, 2013, www.castlighthealth.com/2011/esterline/

28 For example, Truven Health Analytics, HealthSparq, Change Healthcare, Healthcare Blue Book and Castlight Health all advertise they have a mobile application on their websites.

29 "Services for Employers," Compass Professional Health Services, accessed October 31, 2013, www.compassphs.com/services-employers

30 Delphi Florida, "Medical Advocate Program" video, 6:11, Accessed November 11, 2013, www.delphifl.com/map.htm

31 Castlight Health, "Castlight Guides," video, 1:36, August 19, 2013, http://vimeo.com/72676002

> Some plans and vendors choose to highlight the total cost of care for a procedure or treatment; for example, the total amount the health plan will pay. Others focus equally on the consumers' share of cost, which is highlighted online visually.

Point of entry for searching for and comparing providers and treatment options

In the world of online tools, some products encourage consumers to start their interaction with the tool by searching for a physician, test, or procedure.[32] Others dissuade the consumer from starting off with a physician search. For some this is a strategic decision. As the CEO of Change Healthcare explained in a piece in the Wall Street Journal, "Not every service is price-sensitive … we don't see people changing their primary-care providers, for example, because they're more likely to have established a relationship. But things like prescriptions, imaging services, lab tests and maybe specialists all might be possible opportunities for switching and saving."[33]

Level of complexity/amount of information displayed

Some vendors deliberately choose to provide the consumer with less information, so that they are not overwhelmed when making a choice based on cost or quality data. For example, the co-founder of ClearCost Health explained in a recent press release, "One of our driving principles at ClearCost Health is to create the simplest possible experience for the consumer. Health care can be confusing and stressful, so we strive at every turn to make the health care shopping experience as straightforward as possible."[34] For some products, this would be a very simple display of quality measures—like stars—rather than significant detail about quality metrics and their underlying sources of data.

With regard to price, some vendors choose to display general price levels, tagging them as reasonable, or fair to give the consumer a sense if the price is a good price. For example, Healthcare Blue Book uses "intuitive color coding for ease of understanding."[35] A press release citing its partnership with Priority Health explains the mechanics: "Healthcare Blue Book uses Priority Health contracted fees to determine a fair price for health care services. The easy-to-understand results provide members with a traffic light visual to help them identify price ranges for facilities in each of Michigan's geographic regions. Costs are assessed by market, on a scale: at or below fair price (indicated by green), slightly above fair price (yellow) or among the most expensive (red)."[36] Meanwhile, other tools may elect to show actual prices for specific procedures[37] and/or a detailed cost breakdown of all components of a medical procedure.[38]

Type of price information displayed

Some plans and vendors choose to highlight the total cost of care for a procedure or treatment; for example, the total amount the health plan will pay.[39] Others focus equally on the consumers' share of cost, which is highlighted online in a visual way. For example, Cigna emphasizes in a member facing video, "know what you

> No product CPR examined gave an explicit value score, or allowed consumers to "adjust" the value algorithm, based on features most important to them.

32 Castlight Health, "Castlight Intro," video, 3:00, Accessed November 12, 2013, http://hr.iu.edu/benefits/castlight_videos/castlight-intro.html

33 Hobson, K. May 3,2011, "Incoming CEO of Change: Healthcare on Price Transparency," *Wall Street Journal's Health Blog*, http://blogs.wsj.com/health/2011/05/03/incoming-ceo-of-changehealthcare-on-price-transparency/

34 "RedBrick Health and ClearCost Health Announce Integrated Wellness and Transparency Platform," PR Newswire, last modified June 19th, 2013, www.prnewswire.com/news-releases/redbrick-health-and-clearcost-health-announce-integrated-wellness-and-transparency-platform-212127911.html

35 "Employers" Healthcare Blue Book, accessed on October 31, 2013, www.healthcarebluebook.com/page_EmployerFront.aspx

36 "New health care price comparison tool will save consumers thousands," Priority Health Newsroom, last modified August 23, 2013, www.priorityhealth.com/about-us/press-room/releases/2013/healthcare-blue-book-launch#sthash.KZTRr4VR.dpuf

37 "Cigna Provides Highly Accurate Prices for 200+ Procedures And Health Professional Quality Information to its U.S. Customers," Cigna Newsroom, last modified March 1, 2012 http://newsroom.cigna.com/NewsReleases/cigna-provides-highly-accurate-prices-for-200+-procedures-and-health-professional-quality-information-to-its-us-customers.htm

38 "United Health Care Cost and Quality Transparency Initiative: Frequently Asked Questions," United Health Care, accessed November 11, 2013. www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/myHealthcare_Cost_Estimator_FAQ.pdf Priority Health, "Priority Health Launches Healthcare Blue Book" video, 2:51, Last Modified August 20, 2013, http://www.youtube.com/watch?v=naN5CPf2KdI&feature=youtu.be

39 Priority Health, "Priority Health Launches Healthcare Blue Book" video, 2:51, Last Modified August 20, 2013, www.youtube.com/watch?v=naN5CPf2KdI&feature=youtu.be

will pay before you go to the doctor's office."[40] For the former group, this may be a strategic choice to help make consumers more aware of the total cost of their care to the employer or health plan, not just their out-of-pocket costs. Some products, such as United Healthcare's myHCE, encourage consumers to understand the price for a total episode of care as well, while others, such as Cigna's tool, show prices for each specific procedure, test, and service.[41, 42]

Helping the consumer understand value

Several products CPR examined sorted results based on the best combination of cost and quality and/or provided a graphic symbol next to high-quality, low-cost providers. Some introduced the concept of provider efficiency. However, no product CPR examined gave an explicit value score or allowed consumers to "adjust" the value algorithm, based on an extensive list of features most important to them (though some did allow the consumer to sort results based on provider location or other basic features). More detail about what CPR believes should be included in these products to convey value to consumers is described in the Hallmarks of Robust Products section below.

Driving engagement and utilization

Using tactics like email alerts to encourage the consumer to use the tool to shop and save money, some products have a strong consumer engagement component. Personalized messages and "scorecards" that help consumers understand how they are spending money on care are another tactic. For example, Change Healthcare uses its "Ways to Save" alerts to shop on behalf of employees and deliver personalized messages to their email accounts or phones. Change Healthcare notes in a case study that when 80 percent of employees were provided with a "Ways to Save" alert, 66 percent acted on it.[43] Castlight Health relies on "Castlight Rewards" to encourage consumers to use higher-value providers through reward points.[44] Beyond the capabilities of the tools or solutions, CPR has noted elsewhere that providing information alone is unlikely to change behavior—there must be incentives provided by the employer or health plan that promote to examine it and act on it.

Support for wellness and/or appropriate care

Many of the products we examined contain features that support appropriate care and/or wellness. In some cases, products contain avatars or pop up messages that encourage consumers to avoid unneeded care. For example, Truven Health Analytics Inc. displays "Gina," an avatar who can advise on both recommended and potentially unneeded care.[45]

In other cases, products can remind consumers about the need for preventive care and provide incentives to seek preventive care and

> Beyond the capabilities of the tools or solutions, CPR has noted elsewhere that providing information alone is unlikely to change behavior—there must be incentives provided by the employer or health plan that promote to examine it and act on it.

> Tools that display the consumer's share of cost and the total cost of care can help educate employees about the total cost of the health care they use. When the information is presented effectively, it can encourage consumers to shop for affordable options, even when they have met their deductibles and out-of-pocket maximums.

40 "Cigna Provides Highly Accurate Prices for 200+ Procedures And Health Professional Quality Information to its U.S. Customers," Cigna Newsroom, Last Modified March 1, 2012, http://newsroom.cigna.com/NewsReleases/cigna-provides-highly-accurate-prices-for-200+-procedures-and-health-professional-quality-information-to-its-us-customers.htm

41 "United Health Care Cost and Quality Transparency Initiative: Frequently Asked Questions," United Health Care, accessed November 11, 2013. www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/myHealthcare_Cost_Estimator_FAQ.pdf

42 "Cigna Provides Highly Accurate Prices for 200+ Procedures And Health Professional Quality Information to its U.S. Customers" http://newsroom.cigna.com/NewsReleases/cigna-provides-highly-accurate-prices-for-200+-procedures-and-health-professional-quality-information-to-its-us-customers.htm

43 Doug Ghertner, "Cerner's Employee Engagement Efforts Have Been a Tremendous Success…and We've Got the Data to Prove It," Change Healthcare's Blog Trendsparency, last modified Oct 1, 2013, accessed November 12, 2013, www.trendsparency.net

44 "Castlight Rewards: Motivation Made Simple," Castlight Health, accessed November 12, 2013, www.castlighthealth.com/solutions/rewards/

45 "Cost Calculator," Truven Health Analytics, accessed October 31, 2013, http://truvenhealth.com/assets/EMP_11269_1212_TCC_Consumers_PS_FINAL_web.pdf

participate in wellness activities. Some products integrate with other wellness tools, even those offered by other vendors. For example, ClearCost Health recently announced a partnership with the wellness vendor Redbrick.[46] These types of enhancements or partnerships can help remind the consumer about needed preventive care and also encourage preventive care and wellness activities through additional incentives.

Hallmarks of Robust Products

CPR has developed a list of features that may make products particularly useful both to the consumer and the employer-purchaser. It is based on CPR's 2012 Comprehensive Specifications for the Evaluation of Transparency Tools, conversations with employers, a review of consumer engagement literature, and an examination of a dozen tools and solutions available on the market today.

The (web-based) product is easy to use

If there is anything we can learn from the recent success of Apple's products, it is that user interface matters. Those products that allow consumers to identify information that is most important and to search easily for the information they need may be more likely to get used and have their intended effect. In the most general terms, user-friendly tools have easy-to read graphics, highlight important information, use simple language, offer side-by-side comparisons, and are easily accessible. It is notable that several products today also have a mobile "app," allowing consumers to gain access to information from almost anywhere.

The product allows consumers to understand their share of cost, the total cost, and spending and utilization to date

Most employers want employees to understand how much their health care and health care decisions affect (and cost) the employer. Some tools display both the consumer's share of cost and the total cost of care. When presented effectively, such information can encourage consumers to shop for affordable options, even when they have met their deductibles and out-of-pocket maximums. The best of these tools and solutions may become "information hubs" where consumers can quickly view their spending to date, including HSA/HRA/FSA balances and progress toward deductibles, information about their use of health care services, and opportunities to reduce spending.

The product shows quality measures that matter to consumers (based on the latest evidence)

While all the products CPR examined show consumers quality information, the sources and scope of the information presented varied dramatically. Quality measurement in health care is a field that is ever-changing and often full of controversy. Yet some studies conducted to date, as well as insights provided by experts, tell us that some measures of quality may be more reliable than others, and some are more meaningful to consumers. To ensure they are comprehensive and meaningful to consumers, health plans, and independent vendors should continuously review the data sources and the quality measures they place in their tools and solutions. The Consumer Purchaser Alliance provides a list of criteria that should be used when developing performance measures for use by consumers.[48]

In addition, health plans and independent vendors should continue to pay attention to research addressing on the role and reliability of patient-generated reviews. Many of the tools CPR reviewed contain patient reviews of providers; in some cases these are featured prominently. They may—intentionally or unintentionally—make consumers believe they are a strong proxy for provider quality. There is a difference between patient satisfaction and patient's experience with the care they receive. Satisfaction focuses on customer service

> Moreover, even if a tool or solution were to use the term "value" (or a symbol to represent value), consumers may struggle with the term if they are not properly educated about its meaning.

46 "RedBrick Health and ClearCost Health Announce Integrated Wellness and Transparency Platform," PR Newswire, last modified June 19th, 2013, www.prnewswire.com/news-releases/redbrick-health-and-clearcost-health-announce-integrated-wellness-and-transparency-platform-212127911.html

47 "Aon Hewitt Survey Reveals Growing Shift in How Employers Intend to Offer Health Care Benefits in the Future," Aon Hewitt Newsroom, last modified Feb 28, 2013, http://aon.mediaroom.com/2013-02-28-Aon-Hewitt-Survey-Reveals-Growing-Shift-in-How-Employers-Intend-to-Offer-Health-Care-Benefits-in-the-Future

48 Consumer Purchaser Alliance, accessed November 12, 2013, http://healthcaredisclosure.org/

issues such as bedside manner, time waiting to be seen by the doctor, or ease of parking. Patient experience of care captures clinical quality information that can only be reported by the consumer—was your pain managed adequately, what is your functional status, did you understand your discharge instructions? When patient experience of care is measured systematically, research suggests a correlation with provider quality,[49] but to determine the correlation between positive patient-generated reviews and objective provider quality, more research needs to be done.

The product allows consumers easily to compare price and quality side-by-side

Most tools today allow consumers to view some version of a side-by-side comparison. When information about provider price and quality is presented in an easy-to-read format on a single screen, the consumer can more readily select the highest-quality provider at the lowest cost. Seeing the information side-by-side, with both price and quality data, also helps consumers understand value, as described further below.

The product helps consumers identify and understand value

No product CPR examined gave consumers 1) an explicit value "score" to help them prioritize which facility or provider offers the "highest overall value" (best care at the most affordable price), 2) defined value in a fully comprehensive way, according to CPR, and 3) allowed consumers to sort for "highest-value" based on their personal preferences (e.g. how they might personally weigh the importance of price versus quality). Most products sort search results (online) or prioritize options based on the best combination of highest quality at lowest cost—and in some cases, on other customer preferences, like location. But this is an important start, since consumers need to see cost and quality information presented together to understand value, according to research conducted by the National Committee for Quality Assurance (NCQA).[50]

Using a special name or symbol based on specific measures of quality and efficiency, the health plan tools CPR reviewed highlight particular providers who meet certain criteria along those two dimensions using a special name or symbol. For example, UnitedHealthcare has its United Premium providers, while Aetna has its Aexcel designated providers.[51] However, many of these measures were developed by plans to create narrow or tiered networks; price transparency tools do not necessarily convey their meaning to consumers in an easy-to-understand manner. In most cases, the consumer can hover over the symbol to get a brief description—usually that the provider designation applies to providers who meet certain quality and efficiency measures. But consumers may not be aware, at least initially, that they should be concerned about efficiency. And some consumers may even associate the term "efficiency" with lower quality. A 2012 focus group study conducted by the NCQA found that many consumers initially associate higher costs—and more tests and procedures—with higher quality.[52] Only Kaiser members, who were significantly educated about the importance of resource use and evidence-based care, really understood that more isn't necessarily better.[53]

Moreover, even if a tool or solution uses the term "value" (or a symbol to represent value), consumers may struggle with the term itself if they are not properly educated about its meaning. Research by American Institutes for Research indicates consumers often believe high-value means "receiving care that is patient-centered and that demonstrates high technical proficiency."[54] A California HealthCare Foundation Issue

49 Isaac, T., Zaslavsky, AM., Cleary, PD. & BE Landon, "The Relationship between Patients' Perception of Care and Measures of Hospital Quality and Safety," *Health Services Research*, 2010; 45(4): 1024–1040. doi: 10.1111/j.1475-6773.2010.01122.x

50 California HealthCare Foundation, "Value Judgment: Helping Health Care Consumers Use Quality and Cost Information," Issue Brief, published online December, 2012, www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/V/PDF%20ValueJudgmentQualityCostInformation.pdf

51 "United Health Care Cost and Quality Transparency Initiative: Frequently Asked Questions," United Health Care, accessed November 11, 2013. www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Health%20Resources%20for%20Patients/myHealthcare_Cost_Estimator_FAQ.pdf and "Aetna's health care cost transparency tools," Aetna Inc., last modified February 2009, www.aetna.com/producer/e.briefing/2009-02/nat2_09_trans.html

52 California HealthCare Foundation, "Value Judgment: Helping Health Care Consumers Use Quality and Cost Information," Issue Brief, published online December, 2012, www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/V/PDF%20ValueJudgmentQualityCostInformation.pdf

53 Ibid.

54 Aligning Forces for Quality, "Consumer Beliefs and Use of Information about Health Care Cost, Resource Use, and Value Findings From Consumer Focus Groups," published online October 2012, http://forces4quality.org/consumer-beliefs-and-use-information-about-health-care-cost-resource-use-and-value-findings-consumer

> Today's tools may need to evolve further to ensure that consumers understand and use what they offer, including the concept of value.

Brief on the NCQA study notes that "Consumers can understand value if it is presented in a way that is relatable to other choices they make outside of health care," and gives an example of a focus group participant noting he would like "Nordstrom care at a Target price." The study also notes that consumers need to see cost and quality information together to understand that more expensive isn't better, and that overall value means the best combination of cost and quality.

Today's tools may need to evolve further to ensure that consumers understand and use what they offer, including the concept of value. For example, a tool could offer a value symbol or overall score that communicates that choosing the highest-quality, highest-efficiency provider means one is less likely to spend time going in for unneeded tests and procedures (noting also that higher-cost providers are not necessarily better). Such an icon and explanation could be modeled after other industries; for example, Consumer Reports has had great success educating consumers about what it means to choose a "best buy" for everything from toasters to cars.

In addition, products should allow consumers quickly and easily to insert their own preferences into the value equation. Some already allow consumers to prioritize their preferences; for example, providers in a given location or of a certain gender may appear in search results first, based on the consumers' inserted preference. But some consumers may want to select the highest-quality provider, regardless of price. Some might want to find the absolute lowest-cost provider, as long as he or she provides at least average care. Developing more sophisticated ways to calculate value based on consumer preferences—and more intuitive ways to explain its importance—may be the next frontier.

> Products should be able to help consumers estimate the annual cost for their care, including prescriptions, to help them manage their care and their costs.

The product provides consumers with information on pharmacy and ancillary services, as well as other information to help chronically-ill patients and older adults

Since chronic disease accounts for 75 percent of health care spending in the US,[55] the best tools and solutions should help consumers that have one or more chronic illnesses, such as diabetes or arthritis. Products should be able to help them estimate the annual cost for their care, including prescriptions, and to help them manage their care and their costs. A number of tools and solutions CPR examined had some ability to do this. For example, Truven Health Analytics allows consumers to search by a condition, and then the tool displays recommended yearly services (such as procedures, lab work, and prescriptions), the cost of those services (as line items and in total), and the costs to the consumer.[56]

Unfortunately, some of the tools CPR examined have limited ability to share information about prescriptions and ancillary services, such as durable medical equipment and home health, key areas of spending for older patients.

The product helps consumers avoid unneeded care and helps them find less expensive care options

Some of the products available today do this explicitly, and some do this indirectly, such as by showing lower-cost treatment options first in search results. For example, after consumers look up a procedure or condition on HealthSparq, they can click on "show details" and see a treatment timeline that shows various tests, medications, consultations and imaging and points at which they can save money. For example, the patient could have an abdominal X-ray in a nonhospital setting, which might be less expensive.[57] In particular, the Choosing Wisely campaign provides considerable information that could be turned into prompts to help consumers avoid unneeded care.

> The Choosing Wisely campaign, for example, provides information that could be turned into prompts to help consumers avoid unneeded care.

55 "Chronic Diseases: The Power to Prevent, the Call to Control: At a Glance, 2009," Centers for Disease Control and Prevention, www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm

56 Coluni, Bobby, "Save $3.6 Billion in US HealthCare Spending Through Price Transparency," Thomas Reuters, published online February 2012, http://spu.edu/depts/hr/documents/health_plan_price_transparency.pdf

57 Elizabeth Hayes, "Shop for Surgery, Online, From Home," Portland Business Journal, September 6, 2013, accessed November 12, 2013, www.bizjournals.com/portland/print-edition/2013/09/06/shop-for-surgery-online-from-home.html?page=3

The product encourages consumers to use it

The old saying "if you build it they will come" does not apply to transparency tools and solutions, especially those available from health plans. As CPR's National Scorecard on Payment Reform shows, only two percent of health plan enrollees use cost calculator tools offered to them. Employers, plans, and vendors all have roles to play to ensure consumers use transparency products. First and foremost, any price transparency tool or solution should be paired with a benefits strategy that encourages the consumer to shop before seeking care. If the consumer has little to no vested financial interest, or has a plan that makes no financial distinction between high-value and low-value providers and services, there will be little incentive to use the price transparency products. CPR and the VBID Institute provide greater detail about how to pair price transparency with strategies such as reference pricing, Centers of Excellence, and Value Based Insurance Design in the September 2013 paper, A Potent Recipe for Higher-Value Health Care.

Second, employers can team with their plan(s) and/or vendor(s) to deploy some practical tactics, especially during open enrollment, to encourage consumers' use of tools. A 2012 Pacific Business Group on Health publication, Tips for Getting Employees to Use Online Health Plan Tools, offers employers and plans several ideas to increase utilization, including offering employees direct incentives, getting better reports on utilization, strong employee communication about the importance of the tool, and taking advantage of open enrollment as a teachable moment. Based on CPR's examination of the tools and solutions, many independent vendors have strong strategies to drive utilization, and they report significant uptake.

The product integrates well with other platforms and products and can be customized when needed

From an employer and purchaser perspective, managing multiple products and relationships with different vendors can be challenging and resource intensive. They are eager for price transparency products to integrate seamlessly with other products they may be enlisting as part of their health care strategy. Purchasers will look for which plans and vendors are willing to work cooperatively with other vendors. From the consumer perspective, seamless integration may help drive utilization. For example, having a "single sign on" from one website to gain access to a whole suite of transparency and wellness tools is much more user-friendly than having to go to multiple places for information. For employers and purchasers, customization matters as well. For example, if an employer wants to steer employees to use designated "Centers of Excellence," it is helpful if the tool or solution can be customized to highlight the Centers of Excellence and remind consumers about their existence, importance, and potential quality and cost benefits. In another example, Wellpoint and Castlight Health recently announced a partnership around reference pricing, set to launch in 2014.[58]

The product gives employers useful reports on utilization and savings and allows employers to participate in continuous improvement

Finally, from a practical standpoint, those who pay for these products need to know how well they are working. Employers and other purchasers need regular reports from health plans and vendors about the use and impact of these products, as well as access to the tool or solution on an ongoing basis, so they can understand how it works and can support its use by their populations.

> First and foremost, any price transparency tool or solution should be paired with a benefits strategy that encourages the consumer to shop for care.

> Based on CPR's examination of the tools and solutions, many independent vendors have strong strategies to drive utilization and report significant uptake.

> Employers and other purchasers will look for which plans and vendors are willing to work cooperatively with other vendors.

58 JK Wall, "WellPoint rolls out program with cost ceilings for procedures," *Indiana Business Journal*, July 15, 2013, accessed November 12, 2013, www.ibj.com/wellpoint-rolls-out-program-with-cost-ceilings-for-procedures/PARAMS/article/42450

> In the broader context, there are still a number of challenges to price transparency—such as provider gag clauses and weak state laws—that may need to be addressed before we can achieve truly comprehensive transparency.

CONCLUSION

Price transparency products on the market today show significant evolution. Still, health plans and vendors have much to do to help consumers understand cost and quality differences, why both matter, and which choices bring the best overall value according to their preferences. The best products will also use strategies to steer consumers toward recommended care and away from unneeded care. To offer greater benefit and appeal to consumers, employers, and other purchasers, products should also integrate seamlessly with others, such as wellness platforms. All products need also to focus on ways to boost member utilization.

In the broader context, a number of challenges to price transparency persist—such as provider gag clauses, weak state laws, and the fact that some self-insured employers still struggle to get contracted health plans to give them their own claims data to work with independent vendors to implement a solution or tool. Together, employers, other health care purchasers, consumers, and policymakers need to overcome such challenges and continue to push for price transparency. More ideas about how to advance price transparency can be found at www.catalyzepaymentreform.org/how-we-catalyze/special-initiatives/price-transparency. But overall, CPR sees important advances under way.