

Shifting the Health Care Approach: Quality Over Quantity



United States of Care and How We're Placing People at the Center of Health Care



Since early 2019, United States of Care (USofCare) has conducted an extensive deep listening effort to fully understand people's health care needs and desires. Through this work, we've learned that people want affordable, higher-quality care. They also seek more time with providers, better communication between providers, more personalized and customized care, and to not feel like they are just another bank account or cog in the system.

Overview



In 2022, we released our [United Solutions for Care](#), which provides a roadmap to achieve targeted, realistic improvements designed to make our health care system more affordable, dependable, personalized, and understandable.

As our team is working toward **near-term improvements**, we're also closely examining a select set of **root causes** of the challenges in our system. This includes our current, fragmented payment and delivery approach known as fee-for-service, which incentivizes quantity over quality. Since the passage of the Affordable Care Act in 2010, the federal government has prioritized shifting from fee-for-service to different value-based payment approaches, including through the Center for Medicare and Medicaid Innovation (CMMI). However, the concept of **value-based care remains unknown and misunderstood by the public.**



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USofCare and How We Are Placing People at the Center

In 2022, USofCare commissioned an initial review of existing public opinion research on value-based care and related concepts. In reviewing the small amount of publicly available research, we identified several challenges, including: significant misinterpretations and misunderstandings about what value-based care is; and fears that people would be guinea pigs, that value-based care is simply a cost-cutting measure that sacrifices quality, or that providers wouldn't want to care for people with existing or chronic health care needs. We also discovered that it would be difficult to counter these fears with data since each value-based care program is operating differently and therefore hard to compare and demonstrate overall impact.

What Public Opinion Research Tells Us



USofCare recently completed a **multi-part public opinion research project** to better understand how people react to concepts related to the overall appeal and need of value-based care, what messages resonate most, and what challenges could stand in the way of building broader public support for shifting toward an approach that prioritizes quality over quantity. We used an iterative research approach, drawing on several methodologies, including **focus groups**, a **national survey**, and a **mixed-method tool called ReMesh** to provide a comprehensive picture of people's desires and identify compelling messaging.



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Topline Takeaways

How People Describe Their Current Experience Getting Care

While people are satisfied with their insurance and the quality of care they receive, they **desire targeted improvements** that don't compromise their existing quality of care. People associate a consistent set of criticisms with a fee-for-service approach. Those criticisms include that fee-for-service is a **fragmented** system with **little coordination** between providers, that they spend **too much time waiting** versus time with their doctors, that there is an **overreliance on prescription drugs** to solve health issues, and that patients with money are prioritized over patients living on low incomes.

What People Want Their Experience To Be

Participants emphasize **increased quality** through a more human approach when talking about **what they want their health care experience to be**. They describe this approach as when their provider **genuinely cares**, treats patients as a **whole person** rather than a series of symptoms, **listens attentively**, and offers solutions that **address their problems' root causes**, rather than an over-reliance on medication. A better system isn't just one where they get in to see their doctor faster, but one where people feel their providers can address all their issues in the time they need.



When forced to choose, people prefer a model that pays for results rather than quantity, positioning value-based care as the preference over fee-for-service by more than a 4:1 margin.



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How People React to An Approach That Prioritizes Quality Over Quantity



Within the research, we introduce the concept of value-based care as one that would “pay doctors and providers for improving overall health, delivering higher-quality care, and helping coordinate their patients’ care.” Immediately, we saw high levels of support for this approach in all three research methods and across respondents’ party identification, ethnicity, age, education, and geography.

Through the research, we identified a messaging frame that’s effective with a strong majority of the public, including those who are persuadable (i.e., those who didn’t have strong opinions about either fee-for-service or value-based care).

- ★ Don’t use the term “value-based care” when communicating with the public.
 - ★ People don’t know what it is, why it’s needed, or how it works.
 - ★ Our research-based message frame effectively describes an approach to prioritizing quality over quantity while addressing common questions.
 - ★ Consider terms like “patient-first care,” “quality-focused care,” or “patient-first quality care.”
- ★ Keep the conversation simple and focused on the patient experience.
 - ★ Health care payment models are complex, but the way we communicate about them doesn’t need to be.
 - ★ Emphasize how this approach prioritizes quality over quantity.
 - ★ Talk about how it encourages a more personalized approach to addressing and managing health concerns.
- ★ Get ahead of concerns that it would increase cost, make it harder to see providers, or that it will be an overhaul to the system.



Effective Messaging for Introducing a Different Approach



#1 State the Need

All people deserve to have access to quality health care regardless of their race, income, or where they live.

No two people's health needs are the same, and our current fee-for-service model isn't meeting those needs.

Shifting to an approach that puts patients first will increase quality, the amount of personalized care they receive, and improve their overall health.

#2 Describe How It Works

Rather than paying for care based on the number of visits, tests, and procedures, this approach allows people to spend more time with their providers so they can get to know their patients and develop more personalized approaches to addressing their full set of unique concerns in fewer visits.

#3 Describe the Benefits

The approach also encourages providers to coordinate with one another while taking a broader view of all the factors that may be impacting a person's health, rather than jumping too quickly to the next patient, or to prescribe drugs and order potentially unnecessary procedures that drive up costs.

#4 Inoculate Against Potential Concerns

This approach is a targeted and straightforward fix that puts quality over quantity – eliminating the greed in our health care system that results in patients being treated as a series of symptoms rather than as a whole person, while helping identify and manage health concerns that could become very expensive if ignored.

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Shifting away from fee-for-service and toward an approach that prioritizes quality over quantity received high levels of support from the very beginning. We have the ability to increase and solidify support with additional positive messages that further describe how it works and its impact on the patient experience. However, **people do not connect with the current name of “value-based care”** and are skeptical about how it would work in practice.

Research participants call out several potential concerns around the logistics of how this approach would work, including the potential for increased costs, that it could be harder for people to see their providers and get care, that it could disproportionately disadvantage those with serious diagnoses or chronic conditions, and that it feels like an overhaul of our current system. While opposing messages generally fall flat in the research, they reinforce just enough of this skepticism that support comes back to original numbers, which are notably still very high. To maintain that high level of support, it is important to **use simple language and stay focused on how the approach will improve people’s experiences getting care**, with an emphasis on increasing high-quality care.

Looking ahead, we recommend further testing of messages that integrate real-world data as it becomes available.

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Terms to Watch



If You Hear This	Respond With This	Rationale
<p>“Value-based care”</p>	<p>“Patient-first care”</p> <p>“Quality-focused care”</p> <p>“Patient-first quality care”</p>	<p>“Value-based care” is subjective and encourages misinterpretations and misunderstandings of what is trying to be achieved. It is thought to be cheap, inferior, and low-quality. Rather than using the term “value-based care” shift the conversation to how the approach improves quality and puts patients first.</p>
<p>“This approach will increase cost.”</p>	<p>“This approach aims to reduce costs by helping identify and manage health concerns that could become very expensive if ignored.”</p>	<p>People are skeptical that an approach that will increase quality will also decrease their cost. As real-world cost impacts are known, we recommend testing and adding those specific examples to messages.</p>
<p>“This approach seems like a big fix or an overhaul of the health care system.”</p>	<p>“This approach is a targeted and straightforward fix.”</p>	<p>We know from past research that the majority of people prefer targeted fixes that won’t disrupt their existing care and providers. Solutions that feel like an overhaul (including comparisons to other countries’ health systems) often have less overall support.</p>
<p>“Providers will spend much more time with each patient, making it harder for me to get an appointment.”</p>	<p>“This more personalized approach helps address patients’ full set of unique concerns in fewer visits.”</p>	<p>There is a fear that the approach could make it harder for people to see their providers and get care because they are spending more time with each patient. It is helpful to emphasize that through this approach providers spend more time initially, avoiding repeat visits.</p>

