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Maryland Health Care Commission (MHCC) Focus Groups: Consumer Feedback on Updates to the Maryland Hospital Performance Evaluation Guide

Outcomes from Focus Group Discussions on November 10, 2014

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1.0 INTRODUCTION

The Maryland Health Care Commission (MHCC) is an independent regulatory agency tasked with monitoring and reporting on the quality and performance of hospitals, nursing homes, health plans and other providers of healthcare services in the State. MHCC informs consumers about the quality of care provided by the various healthcare service providers that it monitors through its website (http://mhcc.maryland.gov). A portion of the MHCC website - *the Maryland Hospital Performance Evaluation Guide* (http://184.80.193.37/consumerinfo/hospitalguide/index.htm) - has been dedicated specifically to reporting information about the quality and performance of Maryland's 47 general acute care hospitals. This "Hospital Guide" has been developed to enable individuals to select a hospital for their care by reporting outcomes in areas such as patient satisfaction, rates of surgical and other healthcare associated infections, and costs for medical services.

In the past year, MHCC has awarded two contracts to Westat to conduct focus groups to collect feedback from Maryland residents about the Hospital Guide website. Westat conducted two rounds of focus groups (two discussion groups per round) in December 2013 and April 2014 under the first contract award. A third round of discussion groups was conducted in July 2014 under the second contract award. In each round of focus group discussions, participants have been asked to provide feedback about the layout, design and content of the Hospital Guide website. MHCC has been applying changes suggested by focus group participants over the past year to a progressive redesign of the site. Each new round of focus groups has served as a means to collect feedback about the implementation of the latest changes to the website design, and to present ideas for additional changes that are still under consideration by MHCC.

This summary report describes outcomes from the final round of focus groups that were conducted on November 10, 2014 under the second contract award. Outcomes from these discussions were intended to gather feedback from consumers about the layout and features of latest redesign of the Hospital Guide website that is due to be released to the public in late November 2014. Feedback from these discussion groups was intended to help MHCC identify any areas of the website that may need to be fine-tuned before the redesigned site is released to the public.

2.0 METHODOLOGY

Two discussion groups were convened at Westat's RW5 Conference Center in Rockville, MD on November 10, 2014 - one at 10:00 AM and another at 6:30 PM. Each discussion lasted about 90 minutes. Participants in each discussion were members of the general public who resided in the Washington DC metro area, and who had described themselves as Internet users in Westat's recruitment database. Participants were seated around a large conference table with the moderator and notetaker seated at the front end near a projection screen. The room was equipped with ceiling

microphones and a one-way viewing window that enabled client observers to view the session from an adjoining room.

The discussions were conducted following a guide that had been approved by MHCC project staff. A laptop and projector were used to display portions of the redesigned Hospital Guide website during the discussion. Each of the sessions was audio-taped with written consent obtained from each participant. A notetaker was present for each session. Observers from MHCC and staff from the subcontractor designing the new website were also present for both discussions. At the beginning of each session participants were informed that project representatives from MHCC were observing from behind the one-way window. Prior to the end of each session, the moderator collected questions from MHCC observers and presented them to the group for discussion. At the conclusion of each discussion, each participant received a $75 cash honorarium.

2.1 Characteristics of Focus Group Participants

Each participant was asked to complete a brief demographics questionnaire prior to the start of the focus group. This section describes the demographic and other characteristics reported by the participants.

2.1.1 Characteristics of Morning Focus Group Participants (10:00 am)

All nine of the individuals that were invited to participate in the morning discussion attended the focus group. Seven of the participants had attended one of the previous focus group discussions that Westat conducted about the MHCC Hospital Performance Evaluation Guide website; two had attended in April 2014, and five in July 2014. Two participants were brand new to these discussions about the website.

Table 2.1 shows the characteristics reported by the participants in the morning discussion. Most were between the ages of 45 and 64, and two thirds of all the participants were female. One male attendee was less than 30 years old, and one female was between the ages of 30-34. None of the morning participants were older than age 64. In terms of marital status, three of the morning participants were single/never married, two were married, and four were divorced. A little more than half of the participants were African-American, one was Asian, and three were White. None of the morning participants were Hispanic or Latino.

In terms of educational attainment (the highest grade completed), two participants reported that they had graduated high school, four had completed one or more years of college or technical school, two had an Associate's Degree, and one had completed post-graduate studies. The employment status of morning participants varied widely: three were employed full-time, two worked part-time, two were retired, and two were not employed. All nine of the morning participants had access to the Internet, and all reported that they used the Internet every day.

2.1.2 Characteristics of Evening Focus Group Participants (6:30 pm)

Ten individuals had been invited to participate in the evening discussion, and nine were in attendance. All nine had previously attended one of the previous focus group discussions about the Hospital Guide; five had attended in April 2014, and four in July 2014.

Characteristics of the evening discussion participants appear in Table 2.1. Six of the nine were age 45 and older; however, the span of all evening participants' ages ranged from under 30 up to 74 years of age. Just over half the participants (5) were female. The marital status of the evening group participants varied: three were single/never married, two were married, three were divorced, and one was widowed. Three members of the group were African-American, and four were White. Two participants reported being of mixed race: one described being of Asian and Hispanic origin and the other did not specify his/her origin.

Educational attainment[1] was higher for evening group participants compared to the morning group. Two evening group members had completed one or more years of college or technical school, one received an Associate's Degree, and five had graduated from college or technical school. The employment status of evening participants fell into one of two categories: employed full time (6) or retired (2). All nine of the evening participants had access to the Internet. Six reported that they used the Internet every day, one used it several times a week, and one only went on the Internet when necessary to look up information.

Table 2.1. Participant characteristics by discussion group

CHARACTERISTIC	AM Focus Group (N = 9)	PM Focus Group (N = 9)	TOTAL
Age			
Less than 30 years	1	1	**2**
30-34 years	1	1	**2**
35-44 years	-	1	**1**
45-54 years	3	2	**5**
55-64 years	4	2	**6**
65-74 years	-	2	**2**
Gender			
Male	3	4	**7**
Female	6	5	**11**

[1] One participant in the evening group did not complete the back page of the demographics questionnaire; therefore data are not available about his/her education, employment or Internet use.

CHARACTERISTIC	AM Focus Group (N = 9)	PM Focus Group (N = 9)	TOTAL
Marital status			
Single, Never married	3	3	**6**
Married	2	2	**4**
Divorced	4	3	**7**
Widowed	-	1	**1**
Race/Ethnicity			
African American	5	3	**8**
American Indian	-	-	**-**
Asian	1	-	**1**
White	3	4	**7**
Mixed race	**-**	2 *(1 Asian/Hispanic; 1 Did not specify)*	**2**
Hispanic/Latino			
Yes	-	1	**1**
No	9	8	**17**
Educational attainment*			
Less than high school	-	-	**-**
Some high school	-	-	**-**
High school graduate	2	-	**2**
Completed 1 yr college or tech.	2	1	**3**
Completed 2 yrs of college or tech.	1	-	**1**
Completed 3 yrs of college or tech.	1	1	**2**
Associates Degree	2	1	**3**
Graduate (college or tech. school)	-	5	**5**
Post-graduate study	1	-	**1**
Employment status*			
Employed full-time	3	6	**9**
Employed part-time	2	-	**2**
Retired	2	2	**4**
Not employed	2	-	**2**

CHARACTERISTIC	AM Focus Group (N = 9)	PM Focus Group (N = 9)	TOTAL
Use the Internet*			
Everyday	9	6	**15**
Several times a week	-	1	**1**
Once a week	-	-	**-**
Once a month	-	-	**-**
Only when necessary	-	1	**1**

*** One participant in the PM group did not complete the back page of the sheet; therefore, data are not available about his/her education, employment or Internet use**

3.0 DISCUSSION OUTCOMES

The moderator conducted the discussions following an MHCC-approved protocol. A laptop and projector were used to display portions of the redesigned Hospital Guide website throughout the discussion. Outcomes from each discussion were determined by conducting a detailed (line-by-line) analysis of the session transcript[2], reviewing observational notes and analyzing participant data. Quotes from respondents that accentuate particular findings are included and are referenced by the corresponding time of group and transcript page number.

Participants were informed that the website had been redesigned to incorporate some of the changes that had been suggested in prior groups, and that the purpose of the current discussion was to show them the revised site to obtain feedback before the site was released to the public in late November 2014.

3.1 Awareness of MHCC Hospital Guide Website

As in all of the previous focus group discussions about the MHCC Hospital Guide, the moderator asked if any of the new participants had ever heard about website before. Two members of the morning group had never participated in any of the previous discussions about the website, and neither had ever heard about the Hospital Guide website before. The other seven members of the morning group and all nine from the evening group were familiar with the Hospital Guide from their participation in previous discussions.

The email that each participant received to confirm their enrollment in one of the discussion groups included a link (http://mhcc.livanta1.com/) to the redesigned version of the website along with

[2] Transcripts of the discussions have been provided to MHCC as a separate deliverable.

instructions to look over the site over before the group convened. All participants in both discussion groups said they had taken a look at the redesigned site beforehand.

Two morning group participants said they had some difficulty viewing the redesigned site using Internet Browsers other than Internet Explorer:

- One had some trouble opening the redesigned site using Mozilla Firefox. She described encountering some of the security certificate warnings that participants had been told to expect on a few pages, but she was not sure if the difficulties she had viewing several other pages (not specified) on the site were also related to the certificate warning.

- Another morning participant viewed the website using Apple Safari, and noticed that the banners on the Home Page would not work for her using that browser. She said Safari doesn't use Adobe Flash Player and wondered if that was why the banners did not play for her.

None of the evening discussion participants reported having any browser-related difficulties viewing the website.

3.2 Maryland Health Care Quality Reports Home Page

Overall, participants in both discussion groups were complimentary about the design and content of the redesigned website. Participants were first shown the Maryland Health Care Quality Reports Home Page (see Exhibit 1), which has a menu of links to MHCC's various reports of provider quality and performance, including the Hospital Guide.

"I was really surprised and pleased with the very first thing that came up was a box that had sort of like framing kinds of areas you could go to…You know, having them define some of the information as readily available to you and that seemed to me like really nicer, user-friendly…" (6:30 PM, p.5).

Exhibit 1. Redesigned Maryland Heath Care Quality Reports Home Page

Participants offered the following feedback and suggestions while viewing the Maryland Health Care Quality Reports Home Page:

- The introductory text on the Home Page instructs the user to "*Click on the hyperlinks to learn more.*" Most of the morning group understood what the term "hyperlinks" was referring to; however, a few (3) were not sure what they are and would like additional text or instructions about using them on the site.

- A few respondents wondered why the introductory text on the Home Page was telling them that information about costs of services provided by doctors in Maryland *would* be available in 2015. "Why are we waiting all the way to the fall of 2015...why not tell us *now* how much the cost is going to be?" (10 AM, p. 20).

- The Home Page text tells users that the website uses information from "state and national sources". A few respondents said they would like to see a list of what those sources are and have a way to find out more about them through the MHCC website.

- Information that describes what MHCC is (*The Maryland Health Care Commission is an independent agency*…) appears "below the fold" on screen, so users with standard screen resolution settings won't see it unless they scroll down the page. A few respondents thought this description was quite informative, especially for first time site visitors, and suggested that the information could be brought up higher on the Home Page so it won't be missed. ["I was thinking as a first-time user, I didn't know what MHCC was. I saw their logo... thinking from the perspective of a first-time user, finding that information up front would have been a little easier. (6:30 PM, pp. 7-8)].

3.2.1 Health Plans Tab

The moderator showed both groups the page that displays after clicking the *Health Plans* tab on the Health Care Quality Reports Home Page. Participants seemed pleased with and curious to read more about the information that currently displays on this webpage. Group members were informed that MHCC is considering adding a link (e.g., *Need Health Insurance?*) to the website, perhaps in this section, for people who do not currently have insurance so they can connect to information and resources to learn more about their options. Members of both discussion groups thought that this kind of link would be a useful addition to the website ["…if you don't have health insurance and you're looking for that, its right there. (6:30 PM, p. 13)].

The kinds of information that they would want to be able to access by clicking a "*Need Health Insurance?"* link included:

- Links to local social service departments to apply for health care in person
- Links to insurance plan websites, including Maryland Medicaid.
- Links to the Maryland Heath Connection website to compare insurance plans and to see qualification for potential subsidies (Maryland's Health Care Exchange).

3.2.2 How to file a complaint

Group members were asked to offer feedback about MHCC's consideration to add a link to the left-hand menu bar on the Health Care Quality Reports pages that would allow users to learn how to file a complaint about a provider (e.g., *Need to file a complaint?*). Most participants in both groups thought this would be a useful option to have on the site. The kinds of information that group members would expect to see if they clicked on "*Need to file a complaint?"* included:

- Instructions for filing a complaint

- A drop down menu to select the type of complaint they want to make
- A text box or form field to type in the complaint details
- The number of and types of other complaints filed against that provider
- Who would be getting back in touch with them about the complaint, and how soon?

3.2.3 Home Page Banner

Participants in both groups liked the banners that cycled on screen on the Health Care Quality Reports Home Page, and most thought the illustrations/pictures and link titles matched well. Several thought that having "*(Learn More)*" beside the link title was redundant, since most already assumed that they could click on either the banner picture/illustration or the banner text to be taken to more information about that topic. One suggested that *Learn More* could appear if the user hovered the cursor over the banner before clicking it.

The only negative feedback received about the banner illustrations had to do with the word cluster design used for the Consumer Ratings banner:

- "The only issue that I had with this is how very, very busy the word collage was."(6:30 PM, p. 24)
- "Some of the terms also… are health care terms that, unless you're a health care professional, you don't know what -- what was the 'something rounding'?" (6:30 PM, p.24).

One evening participant said she tried to click on the individual words and phrases in this word cluster and expected to be taken to definitions or more information about those terms.

Several participants commented that the banners cycled quickly and all liked the idea of having a way to control movement through them (e.g., stop, backward or forward). In terms of content, most participants thought the current content was relevant, and would like to see the future banner topics address seasonal and public health issues being covered in the media (e.g. How is Maryland preparing for dealing with Ebola, HIV). A few evening participants mentioned how in previous discussions they had contemplated if a banner about Flu Vaccinations was useful; "… if I'm going to the Maryland Health Commission website, I don't know if I'm going there because I want to know whether the medical providers are vaccinated [for flu] or not. Like I don't think that's a number one reason why people are going." (6:30 PM, p.27). This respondent and others thought that issues like health care costs, consumer ratings, and information about physician and hospital quality (e.g. surgical infection rates) would be what drives most users to the MHCC website.

3.2.4 Consumer Ratings Banner and Landing Pages

Many of the participants across groups said they were not aware beforehand that the MHCC website provided information about consumer ratings for providers and health plans. The moderator clicked on the Home Page banner for *Consumer Ratings* to show participants the landing page and information that displayed (Exhibit 2). While participants understood what the introductory text was telling them, the page content was not what most expected to see. Most were expecting to be taken directly to a page with a list of hospital names that they could search through and review the consumer ratings.

> "I would have also thought that it would have gone directly to the hospital listing in the hospital ratings and this [Consumer Ratings banner landing page] would have been a background piece that if you wanted to, as we were talking about, drilling down to more, … then you could go to this to find out what it is, but not to have this as the first step. (6:30 PM, p. 37).

The moderator clicked the down arrow beside *Hospital (Learn More)* on this page. Upon reading the content that displayed, participants said they liked being able to read about the types of survey questions that are used to derive the consumer ratings. However, this was background information that they would expect to access from a main ratings page that listed the hospitals and consumer ratings. They did not consider the content of the Consumer Ratings banner landing page to be something they viewed before they saw the hospitals and rating page, but one that they could access after landing on a hospitals and rating page if they wanted to view more detail about how the ratings were derived.

Consumer Ratings

Publicly reporting how patients feel about their care can be an important tool in improving the transparency and quality of health care. Hospitals, nursing homes, home health agencies, and health plans are required to seek feedback from their patients, residents, and members on the quality of service provided. Although the questions differ for each type of provider, the survey results give another perspective to inform health care decisions.

Click on one of the topics below to get more information on the survey questions used to rate providers and health plans.

Hospital *(Learn More)* ▼

The hospital satisfaction survey collects data on how patients felt about their hospital stay. Some of the questions on the survey are:

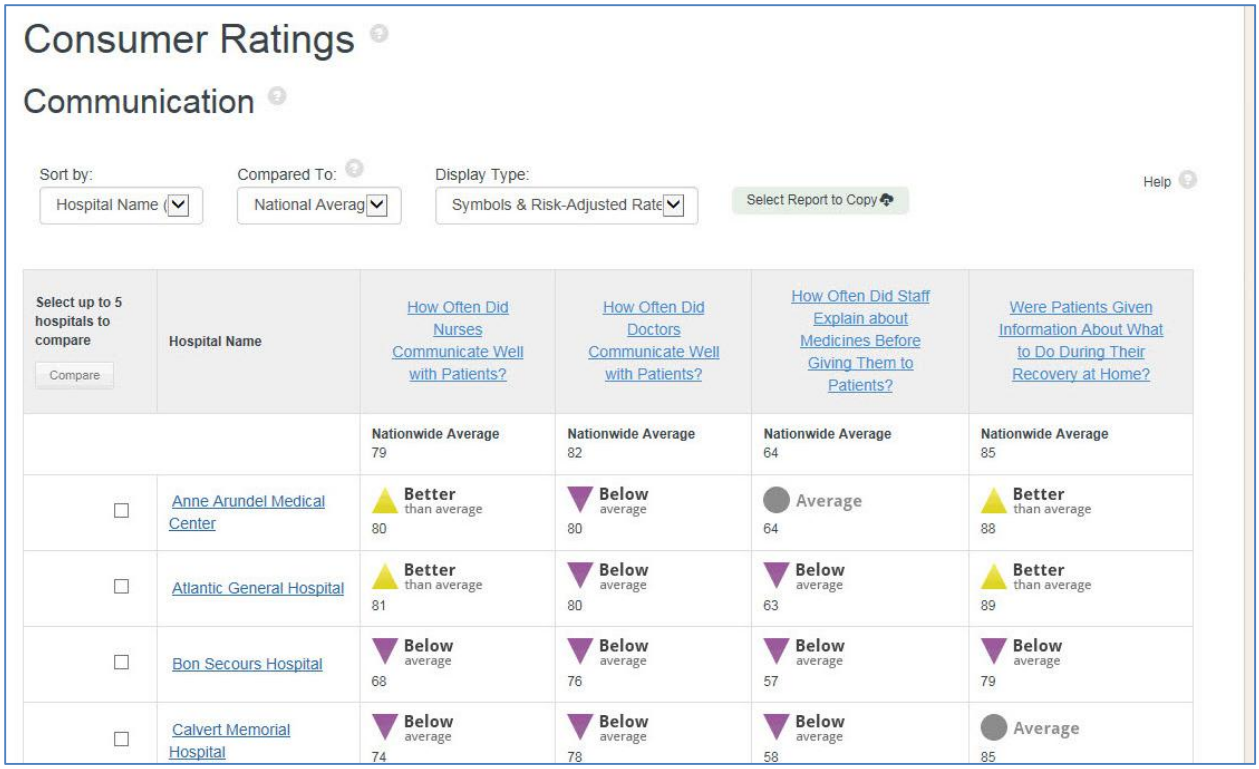
Communication
- How often did nurses communicate well with patients?
- How often did doctors communicate well with patients?
- How often did staff explain about medicines before giving them to patients?
- Were patients given information about what to do during their recovery at home?

Exhibit 2. Consumer Ratings Banner Landing Page

The moderator then clicked on the link at the bottom of the *Hospital (Learn More)* section (*To learn more…visit our Consumer Ratings page.*) Again, most said they were expecting to be taken directly to a page that listed hospital names and consumer ratings, not the resulting main Consumer Ratings landing page (Exhibit 3) with more descriptive text and a graph. Participants thought the information and graph that appeared on the main Consumer Ratings landing page were useful, but, again, regarded these as supplementary information that they would prefer to access via links from a page that listed hospitals and their ratings. Most participants recognized that the topic areas listed in the right-hand menu of the main Consumer Ratings landing page as the patient survey topic areas they had viewed on the previous page.

Exhibit 3. Consumer Ratings Main Landing Page

The moderator clicked on the *Communication* link from the right-hand menu of the main Consumer Ratings landing page. The page that displayed (Exhibit 4) with hospital names and ratings was what participants said they had been waiting to see all along whenever links had been clicked for the previous Consumer Ratings pages (banner and main landing page). As one evening respondent put it, "The methodology is interesting *after* you've looked at the five hospitals you're interested in." (6:30 PM, p. 42). Several in the group agreed with this.



Consumer Ratings

Communication

Sort by: Hospital Name (

Compared To: National Averag

Display Type: Symbols & Risk-Adjusted Rate

Select Report to Copy

Help

Select up to 5 hospitals to compare Compare	Hospital Name	How Often Did Nurses Communicate Well with Patients?	How Often Did Doctors Communicate Well with Patients?	How Often Did Staff Explain about Medicines Before Giving Them to Patients?	Were Patients Given Information About What to Do During Their Recovery at Home?
		Nationwide Average 79	Nationwide Average 82	Nationwide Average 64	Nationwide Average 85
☐	Anne Arundel Medical Center	Better than average 80	Below average 80	Average 64	Better than average 88
☐	Atlantic General Hospital	Better than average 81	Below average 80	Below average 63	Better than average 89
☐	Bon Secours Hospital	Below average 68	Below average 76	Below average 57	Below average 79
☐	Calvert Memorial Hospital	Below average 74	Below average 78	Below average 58	Average 85

Exhibit 4. Consumer Ratings, Communication Page for All Hospitals

The moderator demonstrated the various sorting and selection features on the page. Overall, participants in both groups seemed very interested in reading through the consumer rating information that is available for Maryland hospitals on this webpage. A few in the evening group pointed out that suggestions they had made in previous discussions (e.g. to select up to 5 hospitals to view at once) had been implemented.

Participants from both groups offered the following feedback and suggestions to help them better understand all of the information that is being reported on the Hospital Consumer Ratings page:

- Most were not sure what "Risk-Adjusted Rate" (RAR) means and would like a way (e.g. mouse over text display) to have this defined so they can know what it represents in relation to the other display options.

- It wasn't clear to most what the numbers that display below the ratings mean when the Symbols & Risk – Adjusted Rates display type was selected. A few wondered if it might represent a percentage relative to the Nationwide Average at the top of the column, while others thought it could be a ranking among hospitals. If this number is a percentage, they'd like to see a "%" appear beside each. They would also like to see a definition about what the Nationwide Average means.

- Most recognized the steps they would need to follow to select and compare up to 5 hospitals, and liked having this option. A few noticed that the Nationwide Average label that appears at the top of each column disappeared when a few hospitals were selected for comparison (Exhibit 5). Participants would like to still see the Nationwide Average display at the top of the column when specific hospitals are selected for comparison.

- While the symbol shapes seemed to work for most, it was suggested that the symbol colors needed to be changed to more closely match conventional meanings. For example, yellow is currently used as the symbol color for a Better than Average rating; however, as one participant noted, "…yellow is actually kind of a color more of alarm than,… you know, these [better than average ratings] are good things." (6:30 PM, p. 44). To some this color brought "caution" to mind, and they thought yellow might better be suited for Average or Below Average ratings.

- It wasn't clear to some what the gray rows (e.g. Deaths or returns to the hospital, Emergency Room) that appeared under the results for Communication when the 3 hospitals were selected were there for (Exhibit 5). After the moderator explained what they were, participants suggested that the rows/boxes might be more visible if shaded in blue (versus gray), and that *Learn More* could display when the user hovers the cursor over the box.

- A few seemed uncertain about how the sorting options at the very top of the page (Select Topic, Select Sub-Topic, and Refine Results) fit into everything else they were looking at on this page; "And when I saw the headings [Select Topic, etc.], I just blew past it at that point, because it was like, Okay. Here's another thing explaining what's what. I never saw the list was below it." (6:30 PM, p.45). [NOTE: Evening participants' explanations about what they thought the formatting of the higher level topic sorting could look like appears on pp. 45-48 in the 6:30 PM transcript.]

Compare Hospitals

Back to previous report

Compared To: National Average

Display Type: Symbols

Select Report to Copy

Help

Consumer Ratings

Communication Measures	Anne Arundel Medical Center	Atlantic General Hospital	Bon Secours Hospital
How Often Did Nurses Communicate Well with Patients?	Below average	Below average	Below average
How Often Did Doctors Communicate Well with Patients?	Below average	Below average	Below average
How Often Did Staff Explain about Medicines Before Giving Them to Patients?	Below average	Below average	Below average
Were Patients Given Information About What to Do During Their Recovery at Home?	Below average	Below average	Below average
Environment Measures	Anne Arundel Medical Center	Atlantic General Hospital	Bon Secours Hospital
How Often Were the Patients' Rooms and Bathrooms Kept Clean?	Below average	Below average	Below average
How Often Did Patients Receive Help Quickly from Hospital Staff?	Below average	Below average	Below average
How Often Was Patients' Pain Well-Controlled?	Below average	Below average	Below average
How Often Was the Area Around Patients' Rooms Kept Quiet at Night?	Below average	Below average	Below average
Satisfaction overall Measures	Anne Arundel Medical Center	Atlantic General Hospital	Bon Secours Hospital
How Do Patients Rate the Hospital Overall?	Below average	Below average	Below average
Would Patients Recommend the Hospital to Friends and Family?	Below average	Below average	Below average

Deaths or returns to the hospital

Emergency Room (ER)

Exhibit 5. Consumer Ratings, Communication Results Page for 3 Selected Hospitals

3.2.5 Circled Question Marks

Most of the participants in the morning discussion group did not notice the question marks circled in gray that appeared on this page beside some of the headers until the moderator pointed them out. Those that did notice them found them difficult to see with the gray coloring. The color around the question marks was changed from gray to green for the evening discussion group and this seemed to improve their visibility significantly. Members of both groups were not certain what they would get if they clicked on the question marks; some guessed this would yield FAQs or information about

that topic area. The moderator clicked on a few of the question marks and most participants were satisfied with the content that displayed.

A few in the evening group suggested that the questions marks could still be made a little larger to help users notice them on the page.

3.2.6 Help Feature

Very few participants noticed the *Help* feature that appeared on the right side of the page until the moderator pointed it out. Those that did see it were not sure what it was for. The content that displayed after the moderator clicked this feature was not what participants were expecting to see for Help; however, they did like the information that came up. Participants offered the following suggestions about the Help feature that appeared on this and other pages on the MHCC website:

- Display the content for "How do I Interpret?" first (as the default) instead of the Legend.

- When participants click Help it's usually because they want more information and/or can't find something they're looking for on the page or on the site overall [""Cause you're lost. (6:30 PM, p. 67)]. A few suggested that Help could offer a search function and/or site map to help them search the website content.

- A few said they use Help when they want to be able to communicate with someone to help them.

    - "…is there like a number to call just in case you have questions about the website, number one? Or, number two, sometimes, there's like an operator that can, when you type in, they'll come on and they're able to help you (e.g. Live Chat). (10AM, p.116)

    - "[I'm looking for] something that's going to be more direct in answering and giving you guidance and so forth, and, for me, that would be a telephone number." (6:30 PM, p.67).

3.3 Hospital Guide

The moderator demonstrated the drop down menu that now displays for the Hospital Guide tab on the Health Care Quality Reports Home Page, and this new format was well received by participants in both groups. Upon opening the landing page, participants read through the introductory text, which most found to be clear. Most understood the purpose of the topics in the right-hand menu.

One morning participant suggested (and a few others in that discussion agreed) that "Cancer Care" could be added as a topic to the right-hand menu since they thought many consumers might come to the Hospital Guide looking for information related specifically to that topic.

3.3.1 Top 25 Medical Conditions & Charges

This topic area piqued the interest of most participants in both groups. All thought the description on the Top 25 Medical Conditions & Charges landing page was clear, and that it offered them useful information about hospital charges, including the differences in hospital and physician billing.

The moderator opened the page for Top 25 Medical Conditions & Charges for All Hospitals (Exhibit 6) and reviewed the sorting features on the page. Participants in both groups seemed very interested in the information that is available on this page. They offered the following suggestions to help them better understand how to interpret the information that is being reported:

- The date range display format (2013/01-2013/12) took a moment for participants to read and comprehend. Reversing the format to 01/2013-12/2013 would be easier for them to read and interpret quickly. Some would like to have the option to select the reporting month and year from drop down menus.

- Most did not know what the column labels "APRDRG Description" and "APRDRG" were reporting, so they did not know what the corresponding numbers in those columns were telling them. The meaning of all the other column headings was clear to everyone. A few thought that clicking on the column headers would yield definitions of these terms.

- Most noticed the arrows that appear at the far left of each row, and had varying assumptions about what would happened if the arrow was clicked on. Most thought that it might yield a description or other details about the condition that was listed. None had expected that a list of hospitals would display under that condition, but many were happy with this outcome once they saw it.

- Many of the conditions listed were recognizable to most, but a few (e.g., Septicemia) were unfamiliar to some participants. Since the list of hospitals displays when the arrow beside the condition is clicked, a few were still left wanting some way to get a description of the condition so they can understand what it is.

- The following are formatting changes that participants thought would help consumers read and understand the screen content more easily:

    - A few noticed the instructions at the top to "*Click on the ➢ (arrow) for more details*", but were not sure what those details would be. Since this action yields the list of

hospitals by condition, participants would find it helpful if the instruction said something more direct, like "*Click on the ➢ (arrow) for hospital comparison*". [3] A few suggested that the font could be made a little bigger so this instruction is easier to spot and read.

- Make the arrows on the left side of each row a little bigger so they're easier to spot on the page.[4]

- Change column name labels with APRDRG to "medical condition" (or something similar) so consumers will understand what this is.

- Many thought it would be easier to read and interpret the meaning of the numbers under the Average Charge per Case and Average Charge per Day columns if dollar signs appeared beside each of the charge amounts.

Top 25 Medical Conditions & Charges (All Hospitals Combined)

2013/01 - 2013/12

** Click on ▸ for more details*
*** Sort by clicking column title*

	APRDRG Description	APRDRG	Number of Cases	Average Charge Per Case ($)	Average Charge Per Day ($)	Average Length of Stay (Days)
▸	Neonate birthwt >2499g, normal newborn or neonate w other problem	640	55,723	1,828.80	780.57	2.34
▸	Vaginal delivery	560	42,198	6,831.39	3,365.02	2.03
▸	Cesarean delivery	540	23,126	8,701.98	2,476.73	3.51
▸	Septicemia & disseminated infections	720	22,172	17,862.71	2,725.57	6.55
▸	Heart failure	194	16,893	10,563.92	2,312.99	4.56

Exhibit 6. Top 25 Medical Conditions & Charges, All Hospitals

Most participants noticed the instructions to "*Sort by clicking [the] column title*" at the top. However, some were a bit unsure how this worked until the moderator demonstrated this feature, first to identify the condition (APRDRG Description) with the highest Average Charge per Day, then to find the Maryland hospital that had the highest Average Charge per Day for that condition. The moderator had participants tell her the steps they would follow to conduct these sorts using the existing instructions on screen, which members of each group did correctly after some brief trial and error.

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[3] Participants offered this suggestion for all pages that display this instruction on the redesigned website

[4] Participants offered this suggestion for all pages that display these arrows on the redesigned website

After reading the information that is available, a few morning participants commented that most consumers might not think about seeking these details about hospital charges since their insurance might dictate the provider and covers the cost. However, they still thought this cost information was useful, particularly to those who pay deductibles and other out-of pocket costs for their health care coverage, and/or who may have the option of choosing from different providers.

3.3.2 Hospital Associated Infections (HAI)

Participants were shown the HAI landing page and asked to offer feedback about the page description and graph. Most across both groups seemed content with the page description, but had mixed reactions about the usefulness of the graph. Those who liked the graph suggested that it could be formatted as a bar graph and use the same color schemes for national and state rates that appeared in graphs on previous screens.

The information that displayed when the moderator clicked on the hyperlink for *It is important to note that HAIs are preventable* was the kind of information that members of both groups were expecting to see. Things that participants liked about the resulting page (linked from CDC.gov) included that it had illustrations, was colorful and was easy to read. Upon seeing this, a few morning participants said they would like to see more pictures or illustrations added to the Hospital Guide ["…I wish that the MHCC website had more pictures, like, for instance, with the hospitals, it might be a little too much, but just show a picture of the hospitals." (10 AM, p. 103)].

Central Line-Associated Bloodstream Infections (CLABSI) Page

The moderator described CLABSI for the groups and showed how information about these HAIs is reported in the current version of the MHCC Hospital Guide website (Exhibit 7). Participants were then shown the redesigned version of the CLABSI page (Exhibit 8), and several offered positive feedback about the new design ["…it's much more digestible."; "That's a considerable improvement." (6:30 PM, p. 105)].

A few noticed that the redesigned version of the CLABSI page seemed to omit information they once had about Number of Infections on the current Hospital Guide site. However, by now having become familiar with the features of the redesigned website, a few participants in both groups figured out that more information was available to them about each hospital by clicking the arrow on the left.

Central Line-Associated Bloodstream Infection (CLABSI) at all Maryland hospitals

Timeframe: Jul 2012 - Jun 2013
Last Updated: 1/30/2014

Hospitals are displayed by SIR (lowest to highest) within each category: better than national experience; no different than national experience; and, worse than national experience. When the SIR is the same for more than one hospital, the hospitals are ordered from highest to lowest number of central line days.

Neonatal Intensive Care Units

Symbol	
	Better than National Experience
	No different than National Experience
*	No Different than National Experience and No Infections Reported
	Worse than National Experience

Hospital	Number of Infections	Number of Central Line Days (CLD)	Number of Infections Predicted by National Experience	Ratio of Actual to Predicted Infections (SIR) What is this?	Hospital Performance What is this?
Johns Hopkins Hospital	6	7359	19.13	0.31	
Johns Hopkins Bayview Medical Center	0	888	2.31	0.00	*
St. Agnes Hospital	0	628	1.63	0.00	*
Howard County General Hospital	0	491	1.28	0.00	*
MedStar Franklin Square Medical Center	0	337	0.88	0.00	*

Exhibit 7. CLABSI data as Reported on Current MHCC Website

Central Line-Associated Bloodstream Infections (CLABSIs)

All Adult/Pediatric ICUs

2013/07 - 2014/06

** Click on ▸ for number of infections*
*** Sort by clicking column title*

Help

	Select up to 5 hospitals to compare Compare	Hospital Name	Hospital Performance
◂	☐	Shady Grove Adventist Hospital	Better
	Number of Infections: 0 **Number of Central Line Days (CLD):** 2426 **Number of Infections Predicted by National Experience:** 4.61 **Ratio of Actual to Predicted Infections (SIR):** 0.00 **95% LCI:** 0.00 | **95% UCI:** 0.80		
▸	☐	Prince George's Hospital Center	Better
▸	☐	Peninsula Regional Medical Center	Better

Exhibit 8. CLABSI data as Reported on Redesigned MHCC Website

Members of both groups seemed quite interested in reading through the detailed information that is available about each hospital on this page. A few had some questions about what some of the detailed information about CLABSI represented:

- Participants were not really sure if they correctly understood what was being reported by Number of Infections Predicted by National Experience. Could a gray/green question mark be offered here to help them better understand what is being reported?

- The box shows 95% "LCI" and "UCI". What do these abbreviations stand for? Did this mean that 95% of patients at that hospital got an infection?

- Clicking on the gray/green question marks beside SIR and LCI/UCI provided information that some found to be a little helpful, but it was written in technical language. Can this information be made available in a way that can be better understood by consumers?

3.3.3 Find a Hospital

The moderator clicked on the Find a Hospital link and asked for reactions to the information that displayed on screen (Exhibit 9). Most had expected to be taken right to a page that listed all 47 hospitals that they could select from, not a page that offered them sorting options to start. The moderator demonstrated the sorting options on this page and these seemed to make sense to most once they saw what they were. Some were particularly interested in the option to sort by zip code so they could see all the hospitals in a given area ["The geographic information is very helpful. (10 AM, p.126)]. A few mentioned that they would like the option to sort geographically by county as well as zip code.

There were mixed reactions about the label to "Run Report" to activate the search. Some thought that label was more appropriate to activate a data search like when they looked at the report details for HAIs by hospital, but didn't fit for a hospital search. A few in both groups suggested something more direct as a label to run the search results, such as "Find hospital" or "Get Summary".

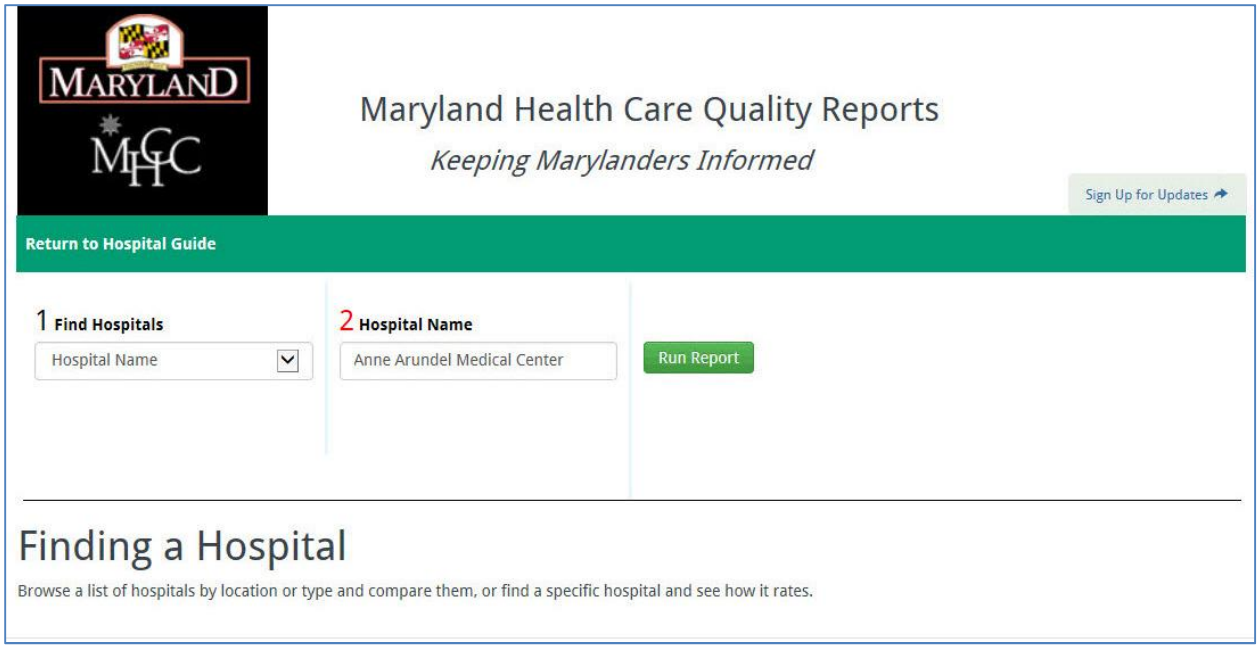


Exhibit 9. Find a Hospital Search page

The moderator selected a hospital and the resulting page was well received by most participants (Exhibit 10). Many liked that they could go to this section of the website to select one hospital and see the various data reports that the group had been looking at across all hospitals up to this point in the discussion.

Participants offered the following suggestions for Find a Hospital:

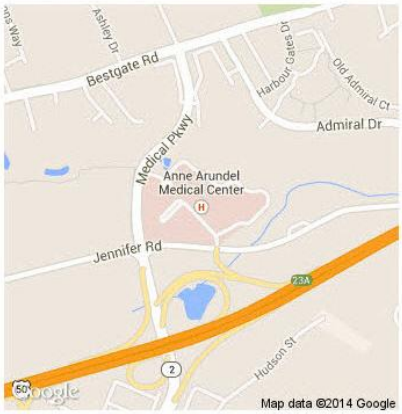
- A few members of the evening group suggested that Find a Hospital could appear in the left-hand menu on all of the pages in the Maryland Health Care Quality Reports portion of the MHCC website, not just the Hospital Guide pages.

- Internet users have become accustomed to having an option to "Get Directions" when a map is offered on a page. Consider adding this function as part of the hospital map in the summary.

- The hospital summary mentions whether a facility has been accredited by the Joint Commission on Accreditation, but most consumers probably won't know what that is. Consider adding an option for the user to get a definition and/or a link to the website.

Summary of Hospital Information: Anne Arundel Medical Center

2001 Medical Parkway
Annapolis, MD 21401



Total Beds: 317

Phone Number: 4434811307

Hospital Type: General

Parent Organization Name:

Provides Emergency Department Services: Yes

Participates in Medicare or Medicaid: Yes

Provides Trauma Center Services: No

Provides Urgent Care Center Services: No

Are pediatric services provided? Yes

Are pediatric ICU services provided? No

Is cardiac catheterization lab service provided? No

Are pharmacy services available on a walk-in basis? Yes

Are diagnostic X-ray services available to anyone with an appointment? No

Ratings for Health Conditions and Topics

- Consumer Ratings
- Deaths or returns to the hospital
- Emergency Room (ER)
- Heart attack and chest pain
- Heart failure
- Heart surgeries and procedures
- Maternity & Newborn
- Nursing care
- Other surgeries
- Patient safety
- Pneumonia
- Prevention and Treatment
- Preventive Care
- Stroke
- Summary Scores
- Surgical patient safety

Healthcare Associated Infections (HAI)

- Surgical Site Infections (SSI)
- Central Line-Associated Blood Stream Infections (CLABSI)
- Healthcare Worker Vaccinations (HCW)

Common Medical Conditions and Charges

- Conditions and Charges

Exhibit 10. Find a Hospital Results Page

3.4 Other Page Design Features

The moderator addressed the following webpage design topics as they came up naturally in the discussion, or as requested by MHCC staff.

3.4.1 Open Window Preferences

Both discussion groups were asked about their preferences related to new windows opening to view page content:

> Would they prefer that a new window opened each time a link was clicked (meaning they would have to close that page when finished)? Or, would they prefer that the current window remained active and displayed the new page content (meaning they'd click the BACK button or another link to return to the previous page)?

There was consensus among members of both groups about this. Participants didn't like the idea of having multiple windows open at one time. They'd prefer that a new window open only if the link, (1) takes the user off of the MHCC website; or, (2) opens a stand-alone document or report on the MHCC site.

If the link was going to take them away from the MHCC site, then participants wanted to see a notice display that would tell them they were about to leave the MHCC site. Otherwise, participants preferred that links used to navigate through the MHCC website all operate through the same window.

3.4.2 Provider Login Button

A few of the morning participants noticed the Provider Log-in button on the Health Care Quality Reports Home Page, and asked what it was for. At the start of both discussions the moderator had informed the groups that the redesigned site, like the current website, was designed for "consumers" like themselves to be able to search for information about Maryland healthcare providers, and as a tool that the providers themselves use to enter their data into the MHCC system. The moderator clicked *Provider Log-in* to show the page that displays, and explained that this was where providers will log in to the website to enter their data for MHCC. This seemed to make sense to group participants.

3.4.3 MHCC Button

Morning participants also noticed the *MHCC* button on the lower right corner of the Health Care Quality Reports Home Page and were not certain what would happen if they clicked it. Guesses included that the button was for MHCC staff who were running the website, or that it would take the user back to the top of the Home Page. None expected that it would take them to the main MHCC Home Page (Exhibit 11), which was different than the one they had been looking at up to this point.

One respondent summed up what others seemed to wondering when she asked, "So, what's the difference between this and the other page we were on?" (10AM, p. 29). The moderator showed the group that the page they had originally been looking at (the Health Care Quality Reports Home Page) could be reached from the main MHCC page by clicking the Maryland Hospital Performance Evaluation Guide link.

Participants liked the information that was on the main MHCC site, but many thought the original page they had viewed (Health Care Quality Reports Home Page) had actually been the main MHCC Home Page. Outcomes from this part of the discussion suggest that changing the label on the *MHCC* button on the Health Care Quality Reports Home Page to something like *MHCC Home Page* might help make the distinction between the two home pages more clear for users.

Exhibit 11. MHCC Main Webpage

3.4.4 Sign up for Updates Button

Toward the end of the evening discussion group one participant asked if MHCC was planning on receiving ongoing feedback about the website. She had noticed the *Sign up for Updates* button at the top right of the Health Care Quality Reports Home Page and wondered if she could provide feedback there. Most of her fellow participants said they never saw this button, and had various guesses about what it was for.

The moderator opened the page to show the group the resulting content (Exhibit 12). A few asked if a drop down menu could be added so they could select and specify the types of updates they wanted to receive instead of typing that in the text field.

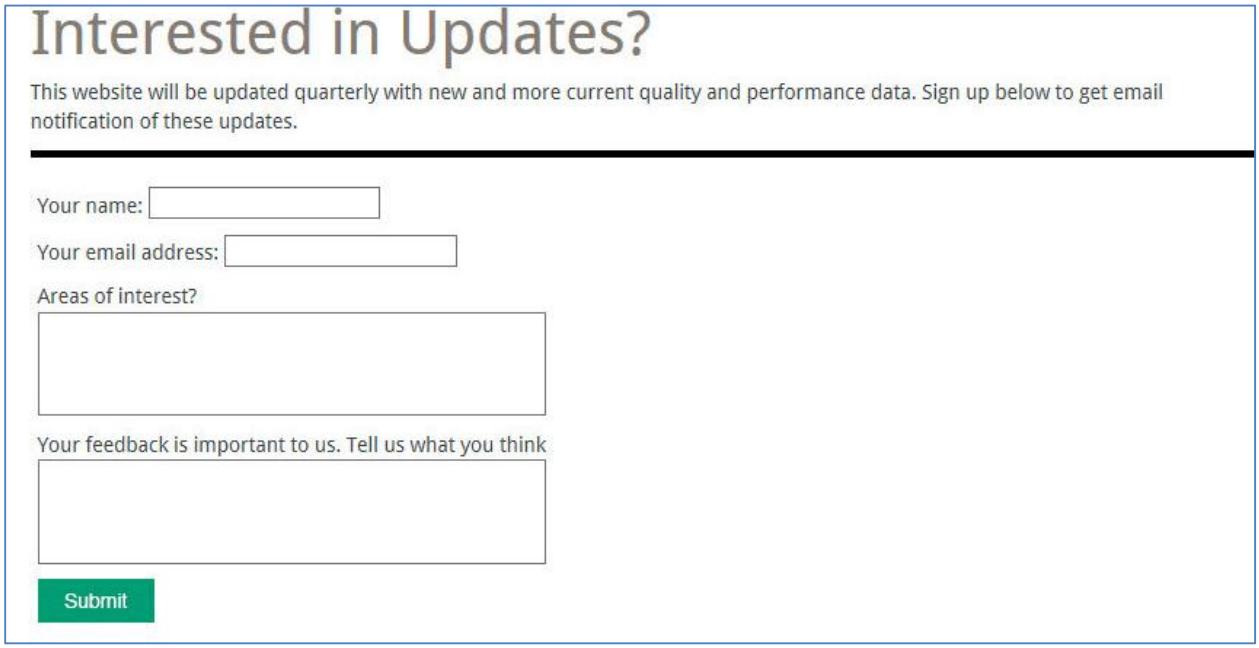


Exhibit 12. Sign up for Updates Page

3.4.5 Additional Participant Suggestions

Members of both discussion groups were curious how the public would be made aware of the redesigned website. Having become familiar with the content over the past few months through these discussions and their own use of the current site, several commented that the MHCC website offers useful information that they expect will be of great interest to the general public. They wanted to make sure that word about the website reached as many people as possible. Suggestions for publicizing the website included radio and TV public service announcements and notices in public health and social service agencies.