Who Are You Talking To?
New Insights Into the Audience for
Consumer Reports on Health Care Quality

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Speakers:

Patrick McCabe, Partner at GYMR Public Relations

Jeff Rabkin, President of Wowza

Operator

Greetings and welcome to the webinar from the Agency for Healthcare Research and Quality's TalkingQuality Web site: Who are you talking to? New Insights Into the Audience for Consumer Reports on Health Care Quality. At this time, all participants are in a listen-only mode. A brief question-and-answer session will follow the formal presentation. If anyone should require operator assistance during the conference, please press star [*] 0 on your telephone keypad. As a reminder, this conference is being recorded. It is now my pleasure to introduce your host, Lise Rybowski. Thank you. You may begin.

Lise Rybowski

Good afternoon everyone. Welcome to the webinar. My name is Lise Rybowski and I will be your moderator today. This webinar is being brought to you by TalkingQuality. Next slide please. Which is a product of the Agency for Healthcare Research and Quality or AHRQ. Launched about a year ago, the TalkingQuality Web site is a comprehensive resource for the many organizations around the country that are informing consumers about health care quality. The material in this site was developed by a team of researchers with expertise in quality measurement and reporting, health care communication, and cognitive science. The site also benefited from the input of an editorial board composed of experienced quality reporters and researchers from around the country. Next slide.

We're expecting several hundred people on this webinar today and many of you indicated that you're not that familiar with the TalkingQuality Web site. I'd like to take a few minutes just to give you a quick overview of the site. First, I'd like to draw your attention to the cycle, which is there to remind you that reporting to consumers is an iterative process where you learn to do a better job each time. Next slide please. As the cycle suggests, TalkingQuality covers all of the different aspects of a reporting project. There's information to help you think through the early stages of planning a reporting project, what you can report about quality, and how you can display and describe that information. There's also guidance on distributing quality reports, promoting them, and motivating people to use them.

And finally the site can help you to figure out how to evaluate your project. Going back to the home page for a minute, I'd like to draw your attention to a few features on this Web site. First you'll see the spotlight box on the right, where we highlight new resources and other news that may be of interest to you. If you subscribe to the TalkingQuality list, which you can do by clicking at that little red envelope at the top of the page, you'll get an e-mail telling you that there's something new in the spotlight. Some of you may also be aware of the report card compendium, which is a searchable listing of comparative quality reports for consumers. You might want to check out the compendium to see how others are reporting information you'd like to report. If you're starting a reporting project or even if you're in the middle of one, you may want to take a look at our planning tool, which is called "Your Project Checklist". You'll find that under the spotlight box. You'll find key points about specific topics, links to relevant information in the site and most importantly a to-do list that you can use to keep track of decisions and tasks related to your project.

And finally, there's an extensive resources section, where you can find links to various kinds of helpful information, including the materials from this webinar. If you'd like a more thorough overview of the TalkingQuality site, I encourage you to check out the video tour that's now available in the spotlight of the Web site. Next slide, please, One thing you'll see come up repeatedly in TalkingQuality is the idea that you need to think hard about the audience for your comparative quality reports and design the information to meet their needs. The nature of your audience affects the information that will interest them, the language that will resonate with them, the displays that will make sense to them, and the ways in which you can reach them. TalkingQuality does provide a lot of helpful information about communicating with consumer audiences. There's advice on how to write for consumers, how to design reports that support their understanding and use of quality information, and how to test language and displays to make sure they work for your audience. So what we really don't know is who is that audience? It's the question we all struggle with. Who are the people who are looking at and maybe using our quality reports and what are the implications for report developers. Next slide.

We have two speakers with us here today to help us answer those questions. First we'll hear from Patrick McCabe from GYMR Public Relations in Washington D.C.. Then we'll hear from Jeff Rabkin who is President of Wowza in Minneapolis, MN. Next slide. Patrick will be sharing some very interesting findings from research done on behalf of the Robert Wood Johnson Foundation. His presentation offers several useful insights into the types of people who are receptive to information about health care quality. Then Jeff will talk about the development of user personas and how you can use them to improve your quality report. Next slide.

When they're done speaking, we'll do our best to answer as many questions from the audience as we can in the time we have left. You can send us a question at any time by selecting "ask a question" from the navigation bar at the bottom of your screen, as shown circled in the slide. Just type your question in the text box and select "submit." We'll address the questions during the Q and A session. We really do want to hear from you so I hope that you'll please send us all your questions. And at any time during the webinar you can download a version of the slides that has room for notes, as well as some related materials, by selecting "event materials" as shown here on the left side of your screen.

The page you see when you select – "event materials" also lets you know what to do if you have technical problems. Next slide. But if you need any help during the webcast, just select "help" on the upper right portion of your screen. If you've dialed into the telephone line to hear the audio, you can

also hit star [*] 0. If you have any trouble hearing us through your computer speakers, you can join us by phone by dialing 877-709-8156. And then enter the pass code. The number is 370462 pound [#]. If you notice that your computer freezes up during the presentations and we hope that doesn't happen, try hitting the F5 button on your keyboard to refresh your screen. Keep in mind that it is possible that you'll experience a lag in the slides due to your own internet connection speed. It may also help to log out and log back into the webinar, but we hope you won't have to do that. Finally, if you have any other questions, you can call for technical help directly by dialing 1-866-490-5412. Okay, now that I'm done with the housekeeping information, I'd like to turn this over to Patrick of GYMR. Patrick, thanks again for being here today.

Patrick McCabe

Okay, thanks Lise and hi everybody. My name again is Patrick McCabe and I work at GYMR Public Relations in Washington D.C. And today I'm going to talk about one of the research projects that the Robert Wood Johnson Foundation [RWJF] has funded to help people better communicate about the quality of care and equality of care that they receive in communities around the country. So let's look at this first slide.

Many of you are probably familiar with that program. It's called Aligning Forces for Quality. It's RWJF flagship program to improve quality and equality of care around the nation and it's currently operating in 16 different communities. And what they're doing is basically three different things. They have a series of efforts to help engage consumers in their care and help them really understand what quality is. And then they have a range of programs to help physicians and nurses and others improve the quality of care that they provide. And then, third, and this is what I'm going to spend some time on today, is they're measuring the performance of providers in communities and publicly reporting that to communities. Now RWJF and these communities have been at this for a few years, but when they began this, it really had not been done before. They were true pioneers. So they didn't know how to explain this information in a way that Joe Consumer could understand. They certainly didn't know how to display it on a Web site and a public report. And they sure didn't know, and this is a biggie, who would use it and when they would use it and what they would get from it.

So early last year, my firm GYMR, began working with another firm in Cincinnati and it's called IPSO's Understanding Unlimited and it's a firm that has done a lot of work with a number of consumer product companies including Proctor and Gamble and others. They're usually marketing products that consumers already know about and already know that they need. Dish soap, washers and dryers, things that people know that they need it in their life and they understand what makes a product better or worse than others. But we wanted to give them a real challenge. We wanted them to think about how do you market something, these Web sites that compare quality in a way that people understand what it means, even though we know they've never seen these products before. So that was their big challenge.

Now, this research builds on previous research that the foundation had conducted, and from previous lit reviews and other work that we've done we know that sort of the low hanging fruit or the people who make most health care decisions for households in America are women who are ages about 33 to 55 and that makes sense because they're managing their own health, but also the health of their husband and of their children and in many cases of their aging parents. So think for a moment if you are one of those women ages 33 to 55 on the phone, you probably feel that that sounds pretty

familiar to you. If you're not, take a moment and think about some of those people, who might that be, and think for a moment about her daily life and the information that she manages and how she probably makes choices about health care because I'm going to talk about that in a moment.

Okay, let's go to the next slide. Okay. So a quick overview of what were we looking for. First, we wanted to get a gut reaction. We knew this was a concept -- this concept of using comparative information about quality provided by local physicians was something that people hadn't thought about. So we really wanted a gut reaction. What do you think of it? Would you use it? We wanted to identify where people already get this kind of information, what are sources that they might go for that. And third, we wanted to think about what changes in your life or what happens in your life that would drive you to use this information. And we called that decision points. And from those decision points we were able to identify a number of marketing opportunities. So, again, I'd like you to think for yourself. When you think about finding quality care, where would you go and what might happen in your life that might drive you to that? And I'll talk in a moment about what most of the women that we spoke with were feeling. Okay. Let's go to the next slide.

Okay. So what did we do? Well we met with 21 women. Again these are women roughly in their early 30s to mid-50s. They were either chronically ill themselves or they were managing the chronic illness of a child or of a spouse or of an aging parent. Virtually all of them were internet savvy. That was one of our requirements. And we went into their home for three full hours. So think of that. We're strangers and we go to their home for three hours and there were three of us. One of us asked all the questions. And a second filmed everything we saw or heard. And a third person took notes.

Okay. So what did we do for three hours? Well we watched everything they did and we really paid a lot of attention to how they use their computer. So we asked a series of questions. Where would you find treatment information about diabetes? And we watched what links they went to or what they put in search engines and what words they used. We asked them to use the internet to find a local doctor. We asked them to use the internet to compare different doctors. We asked them how they would find a definition of what quality means. We asked them how they would find out what the standards or the best guidelines for care for their condition might be. Then we asked them where they kept information. Did they have a notebook where they kept all of their doctors' -- the guidelines or guidance that they received from their doctors? Did they have flyers? What did they have to help them really track their disease to make better sense of it?

And we also looked at what was in their environment. And we asked them to show us their favorites, what was on their computer as their favorites. We looked at what were the books on their bookshelves. Were there books about managing their disease? Were there notes about the doctor -- from the doctor, the doctor's appointment on the refrigerator or on the calendar, all of those types of things. And we also asked them where they get information they trust and whether or not they trust their doctor and when they might look for a new doctor. And trust came up over and over again. It was a big part of this. And the idea of someone that they trust versus someone that they don't trust for giving them good information.

Now it's important to say from the outset that virtually everyone we talked to, all 21 women, thought that the premise of a site that compares the quality of care that different providers deliver was a really good idea. They really liked the idea. They thought it was a valuable resource. Almost the same number, nearly all of them also however, initially said that they would have a very low or a moderately

low interest in actually going to the site and using it. And this is for a variety of reasons. Some of those are listed on this slide. The biggies are they either feel they already receive quality care or they don't know what quality care is. They equate it with the information that they receive on Angie's List, not data-driven information as well. Or they just never even heard of this concept. They have never heard of a site that compared the doctor's actual performance or they trust other people and this is big and I'm going to talk about this in a moment, they trust other people to help them find quality care. So they use the internet to find information about their disease, but actually making choices about providers is largely relied upon others.

And then last, but not least and this is very, very big and I think many of us can relate to this in our own lives -- finding a good doctor is hard. Once people have found a doctor, whether or not they believe he or she is as good or he or she could be, they don't want to change doctors and they don't want to question their doctors and that was very, very big. The level of loyalty that most people had to their physician was very, very high. Okay, let's go to the next slide.

When you talk to people in their home for three hours, you learn an awful lot about whether they'd be interested in information like this or a site like this or whether they want it. And I imagine that many of you on this webinar are not developing comparative reports on provider performance, but I still think that it's relevant to know well what makes -- what type of people are interested in this information and who is it. Well, think about those that have a low interest. And this might surprise you. Those that have a low interest are in a really good place with their doctor. They're content. They feel they have a good network of referral sources. They rely on others. They have lots of friends who tell them what to do with their health care and they're comfortable with their care. These people talk about their health care in ways that are a bit emotional. They -- in many respects, they're in denial. I'm talking about the type of people who have low interest, who are emotional, and in denial about some of the aspects of their care. Okay, let's go to the next slide.

So who's high interest? Well high interest people have been burned before. They were cynical. They felt that they've had a bad experience with their doctor in the past. They weren't comfortable just relying on other people.

Okay, so they rely on -- the thing they rely on, the go-to girl in their circle, people who they find to be very health savvy, who know all sorts of information about their condition or who just know information about aspects of the community and who has resources that can help them. These types of people tend to be more confident and more information seeking. Let's go to the next slide. Okay. So then we looked at what are the decision points. So now we know who's likely to use the information and who's not likely to use the information and what are the decision points, what are the opportunities for providing this information to people when they want it? And the first biggie is that there's been a change. There's either been a change in their physical location or there's been a change in their insurance status.

So, number one, someone has moved. Either the doctor has moved or the patient has moved or the insurance status has changed. And this could be as simple as open enrollment has changed. They're being asked to find a new provider because their insurance has been altered or because it's an open enrollment period. The second big point here is because there's a change in health status. They have new health needs or concerns. Maybe it's time for them to have their first mammogram. Maybe there's preventive care that they're interested in or, secondly, their conditions worsens. And

this -- we found over and over again. The person who diagnosed them was seen as a hero. So this was someone that they weren't interested in evaluating the quality of his or her care because they viewed this person as sort of heroic in identifying their condition. But if the condition worsened, if they didn't feel better than they were very apt to try to find a different resource.

And, third, and this is a biggie and this is what most people said. If they had a problem with their doctor, and a problem would be a misdiagnosis or just lack of a diagnosis or medication error. That would all cause them to want to use comparative information to evaluate performance. Also, poor service and these were things that were not necessarily provided by the physician or the provider, but things that were provided by staff at the front desk and others. If they felt that they were treated rudely, that would be an opportunity to look for a new physician.

Okay. Quick point on this slide. Going back to the last one for one moment, please. Okay. Quick point on this slide. If the person that was ill was a child, so if this woman is managing the illness of a child, her threshold for getting -- for seeking information is very low. If her child is sick, she is eager to find information and do so quickly. If her husband is sick, she's willing to do so also, but there's a level of anger really that goes along with it and if it's her parent, she finds this information, but she generally has a hard time convincing her parent to take action on it. If it's her own illness, and this was interesting, she tended to put herself last in terms of looking for high quality care for herself. If her child was sick, she really, really spent a lot of time finding the right care. Okay. Next item.

So where did they go to get information? Well the biggie is national Web sites. As I mentioned, we checked where all of these women were going to find information and for nearly all of them Google was the dominant search engine. In fact, 20 of 21 women used Google as their dominant search engine. When we asked them to find information on their condition, virtually all of them, all 21 went to WebMD. Now if you'll recall, we asked them what else was bookmarked on their sites. And national associations like the American Heart Association or Diabetes Association were bookmarked on their sites, so we knew that they went to other locations for information as well, but Google was really dominant.

They also went to their insurer. They were really, really comfortable and familiar with their insurer's Web sites because they wanted to see who was in their network. And increasingly their insurance companies were providing information about where to get the best -- where to get high quality care or what makes high quality care, which was interesting. Locally, again by looking at their favorites, local news sites, either local newscasters or city magazines, that type of thing were bookmarked on their sites. They put a high level of credibility in people who are on local newscasts. Health events also. They went to health events, but only if the health event was about the condition that they really cared about did they think that the information that was delivered there was trustworthy.

And lastly -- and this is important and I mentioned this a couple of times -- they relied on other people, other women, trusted friends or ancillary care providers, the nurse in the office, someone who ran a patient support group, that type of information, to provide them with good resources. Okay, that's the end of this slide. There's lots of other information that's available on RWJF's Web site. I think those URL's are available to you. There's also a Facebook page called "Transformation Has Begun" which has this information as well. And I'm hoping I didn't cut out any time in the last couple slides here.

Lise Rybowski
No. We actually heard that part.

Patrick McCabe
I'm sorry about that.

Lise Rybowski
That's okay. It happens. Well thank you so much, Patrick. I appreciate it. As Patrick said, there are links to a report called "Consumer Decision Points" that you can find in the event materials, links that you see on the screen, and we also will have that available on the TalkingQuality Web site, a link to it. And if you have any questions for Patrick, please go ahead and use that Q and A link to send us questions and we will answer it at the end. I'm going to go ahead and turn this over to Jeff Rabkin at Wowza. Jeff, go ahead and thanks again Patrick for your presentation.

Jeff Rabkin
Well thank you, Lise. Good afternoon to everybody who's on the webcast. And thank you, Patrick, for a good intro into what I'm going to talk about today, which is user personas -- I'm going to talk a little bit about what user personas are, how they're being used by some of our clients, and how you can use them and some ideas on how you can start to create user personas to kind of guide your own work. Next slide.

So first we have a lot of the things that Patrick was talking about and where we all start, which is in demographics. So we have that woman who's 35 to 50 years old and maybe we start to kind of fill in some of the concrete information to create somewhat of a silhouette of who our target person -- who our target market is. But those concrete things really don't give us a very clear understanding of who the target audience is. So next slide.

So then we kind of add some of what I call the squishy stuff, the behaviors and attitudes and start to put some personality into who we define as a target market or a target audience. In the case of a web development, the user is -- you know, the user center design we're talking about who's using this information, who's using the Web site. Again, when we put psychographic information into the picture, we get a little bit clearer sense of who we're talking about. But let's go to the next slide.

But, still, within the organizations that we all work in, there are lots of people who are guiding decisions, who are providing input, and they may have very different views and opinions and imaginations as to who that target audience is. So, for example, if we talk about that woman who's 35 to 50 who has three kids and goes to church on Sunday, you know, the doctor and the panel might have a vision of the patient that he or she just saw. Somebody else might be imagining their next-door neighbor. Somebody else might be thinking of themselves as the target audience or of the user. And so we all have very different ideas of who this is based on that kind of what I would consider sketchy information that defines the target audience. The next slide, please.

I'm going to take a quick poll here. So the question is when you were a child, did you have an imaginary friend? So if everybody wants to kind of answer that question. When I was a kid, I was

one of those kids who did have an imaginary friend. Actually, I had two, Bubba and Ston and my sister still teases me about that. She's one of those rational people who's actually a physician. Now I get to make up and play with imaginary friends as part of my job, which is kind of nice. I don't know if we have results on -- do we have results on that? Here we go. Yeah, so I think I'm talking to a lot of people who are more like my sister than me. But the user persona is an imaginary friend. So I want you to kind of think about, even though most of you apparently didn't have imaginary friends, I want you to think about it's the imaginary friend that's in some ways very real, but is imaginary. And this imaginary friend is the persona that we create based on assumptions and based on the data and information that we have. So if you think about what Patrick just presented, there's a lot of information that starts to paint a picture of who that user might be, but still there's enough left over, enough room for all of us to imagine somebody different. What we do next is -- we can go to the next slide.

What we do is we create this fictional character and then everybody can imagine and sees the same person, that same fleshed out character. And so when we have a discussion amongst a group of decision makers and we're deciding, well, what kind of information should or shouldn't be in a report or what kind of features or functions should be in a Web site. Instead of one person saying, well, my grandmother wouldn't use that or my neighbor wouldn't use that, we can all say would Marge use that. Can we go to the next slide? So we could use Marge. We could use a cartoon character and focus -- everybody focus on that, but that's not going to help guide the goals and objectives that our communications have. So instead what we do is we create a user persona based on either assumptions that we have about the target audience or -- and/or data that we've collected on the target audience. So there's really two different kinds of user persona approaches, and kind of an amalgamation of those two approaches. Go to the next slide.

So it becomes sort of a ratio between science and imagination. You take the information and research that's being conducted either through surveys, through focus groups, things like that, and then add to that assumptions and imaginations to start to create composite characters based on the people who either know we're using the site, who we want to design the site for or who we think assume that the site's going to be for. Go to the next slide.

So I'm going to kind of introduce you to a few of these imaginary friends that we play with over here and that help -- that kind of sit next to us in our cubicles and help guide the design of our communications. But, more importantly, they help guide our clients in decision-making about what to include in their communications, what not to include, and how those communications should be structured and designed. And I also want to point out that these personas can be used for lots of different things. They don't necessarily need to be just used for designing user-centered Web sites. They can be used in making decisions and coming up with ideas for promotions, marketing, advertising, really anything that is connecting the organization with the end user or the customer.

So this is Martin, and Martin is created totally out of our imagination. There was no research whatsoever that went into Martin's creation. Instead, Martin was created to help stimulate ideas and new thinking for the theater in their efforts to develop new audiences. So the theater has three primary personas that they -- that are based on research and are based on their audience, but we created Martin as someone who's not part of their audience to really stimulate strategic planning and idea generation around how to reach an audience that they're not currently serving. Next slide.

And now we'll go to Detroit. The Detroit Area Health Council was in the process of redesigning their consumer quality data report, and in the process of doing that, we helped them conduct focus groups and meetings with health care professionals and with different consumer groups. But a lot of the focus of that research work was really more around the reports and around the data and how people were understanding it and those kinds of issues. And so in this case we used a little bit of research, a little bit of the data driven approach to persona development, but more of these personas were based on assumptions. And actually Geraldine and Sharon are go-to gals. Our assumption – our main assumption with these personas was that it was the kind of people who others seek for information and others seek for guidance who would be the most powerful users and the most likely users of this kind of data. They're people who are very motivated by information and are the people who others come to. So we invented these two characters. This is a good example of how you don't have to have just one user persona. You can have more than one. But to be careful not to have too many or else you end up with sort of the same problem of not having a user persona at all, where there's too much conflict. So in this case we have two personas and they were very useful for GDAHC to coalesce around and get their multiple stakeholders to focus on central and very specific target audience. Next slide.

Now we go to Humboldt County, the Community Health Alliance. Here we add a little bit more research to the development of these two personas. Kathy is a nurse, and a little tidbit here, if you can't read it, is on a weekday morning if Kathy's Subaru Outback isn't parked outside of Has Beans at 8:45, chances are she's driving out to a patient's house for a home visit. So it kind of gives you a flavor of how we wanted these people to be very local. We want to paint very vivid, specific pictures of what their day is like. And we want to have somebody who feels very real for everybody to think about and to guide the development of the sites. In Kathy's case, she was developed by one-on-one interviews. We brought in nurses and other health care professionals because we wanted to make sure that we were designing the site in a way that those people would want to use it and, more importantly, refer patients to use it.

And then Sylvia, who was really our primary user persona on the Community Health Alliance's project, Sylvia is a chronic disease patient and she is kind of a composite character who we created not from one-on-one interviews, but from the various women that we met in focus groups that we conducted in two different places within Humboldt County. This -- Sylvia is a good example of how a user persona doesn't necessarily have to be the primary user of the site. In this case we had developed another persona who was really probably more likely to be the persona, but we designed the site for Sylvia because we decided that if we could make the site work for Sylvia, it would work for the other personas. So creating multiple personas can be very valuable and then choosing the persona that sort of serves the greatest number the best is often a good way to go about using them. Next slide.

And now we move on to the Health Improvement Collaborative of Greater Cincinnati. And HIC is actually really strong in consumer marketing and they've done a lot of really great work in interviewing patients, conducting groups and are really putting together a lot of good consumer insights. And so we had a good start with that. And we also helped conduct additional consumer research, mainly through focus groups, and we used a lot of the people that we met to help guide the development of these personas. We also created a survey that we -- a paper survey that the participants of the research filled out to help provide additional information. And then another kind of unique process that we included in the development of these personas was we selected certain criteria that we

thought would be important. And it kind of connects with some of the things Patrick was talking about in terms of certain kinds of important things that need to be considered, like numeracy and literacy as far as how these people can understand data. There were other things like how secure these people were. So rather than using socioeconomic information, we were looking at do people have a fairly secure life? Or they have a vulnerable lifestyle situation, things like that. Then we also used the Myers-Briggs personality as a guide. We would kind of assign different Myers-Briggs categories to different people as we developed personas.

And then what we did was we created three personas that are sort of one on each end of a spectrum and one in the middle. And Latoya was kind of in the middle. She is in the middle in terms of numeracy and literacy. She was kind of in the middle in terms of the personality, you know, secure lifestyle and computer savviness and some of these other aspects that help guide the development of these individuals, specific people. And then Patti, who was on the far end of the spectrum, we created Patti as sort of the anti-user. She was like -- we know that Patti will never use this Web site. And so by creating this spectrum of personas, we were able to sort of zero in on that one sort of middle ground persona and create a very specific person that allowed us to design a site that would kind of meet the needs of a broad range of people, but focus the development team on somebody very specific. Next slide.

And here's a picture of Will. He's our front end developer. It's a very grainy picture, I see. And in the background you can see his -- he has his imaginary friend, Latoya, watching over him as he makes decisions about what to include or not include in the web design. So I'll pass it back on to you, Lise.

Lise Rybowski

Thanks so much, Jeff. That was really great. I think you've given us a lot of ideas for how to think about the uses of the reports and what kind of people they are and what they might need, and I know at least some of us will be thinking about our old imaginary friends too.

We have received several questions so far, and we do have about 15, 20 minutes left to address them, so I want to get started with that. While we're doing that, I wanted to make sure everyone knows you can continue to ask questions by going to that "ask a question" link on your screen and you just type in the question and click on submit and we will see it.

So let's just move ahead. I have a number of questions here already. One question that -- I had a number of questions for Patrick. Patrick, one question that came in was whether you had been talking about where people look for information, and one person wanted to know whether those who you talked to used hospital or health system Web sites to find information about physicians and whether anyone considered that to be a source of trusted information.

Patrick McCabe

That's a good question. No one in particular used hospitals or health clinic information. Several used their insurer, but most relied on WebMD. 20 of the 21 went to WebMD to find out about their condition. For the very few that were actually interested in comparing care, it is probably about 6 of the 21, they looked for Angie's List, which of course only has experience information.

Lise Rybowski

Okay. That's interesting. That says something about where people get a start. Another question, Patrick, that I want to ask you because it looks like a couple of people have sent in variations on this, is why did you focus on women? And do you think that men's approach to health care seeking is different? And why?

Patrick McCabe

That's a great question. We had done formative research several years prior that had shown that when it comes to making decisions about health care, it was the domain of women, basically 30 to 55. But men had strong opinions, but they were not the decision maker for the family's health care. So picking the doctor was the domain of the mother.

Lise Rybowski

So we know who's in charge.

Patrick McCabe

Right.

Lise Rybowski

Now we have a question for Jeff that looks like it came from someone very far away, in New Zealand. Jeff, how do you know if you've chosen consumers that are truly representative? And I know you and I talked a little bit about some of the testing that you did to test some of your assumptions. So could you talk a little bit about that?

Jeff Rabkin

Sure. Ideally you would have a lot of data and information about your users. In the case of most of the work around the health care quality reporting, there's little to none in terms of who's actually using your -- using this information, partly because it's a relatively new field and because the volume of visitors coming to these sites is not sufficiently large to really collect very good data. If we were doing a consumer product and we could use polls and sales information and surveys and all kinds of things to gather information about who the user is and then create user personas based on aggregating and compositing different aspects of that kind of known user information. So in the case of most of the work that we're doing around health care quality, a lot of it's based on assumptions or based on sort of desire. So we might assume that there's a certain kind of person who's coming to it or we in a sense choose who we think we want to attract and then design based on that.

Patrick McCabe

Yeah this is Patrick. I would just add, we had a few who were uninsured, but most were insured. There was a difference in race, ethnicity, and income levels as well.

Lise Rybowski

Patrick, I want to follow up. I see a question that's related to what you were just talking about. Somebody wanted to know do you have any idea what people typed into Google or other sites to get information about health care quality? What did they search on?

Patrick McCabe

That's great. They searched on diabetes quality. And they tended to get more marketing type sites for products that would help people manage their blood sugar. It was very, very much for-profit driven. But they usually put the word whatever their disease state was and quality. But most of the prime real estate was taken up by companies that sell product.

Lise Rybowski

Okay. Jeff, I want to go back to you for a minute here. We have a question about the kind of information you use to develop these personas. The question is, you know, it's very challenging looking at psychographic data, so how do you collect that kind of information and what are maybe some other ways to get the information you would need to create these personas?

Jeff Rabkin

Okay. Yeah. Typically one-on-one interviews are the primary tool for developing data to create the personas. So if you have a specific set of data, knowing who your audience is, and then you can produce screeners to find participants and then engage in one-on-one interviews with them and then take the information that's gleaned from those interviews and create composite characters or personas. That's one approach to doing that. As far as -- there are other market research techniques for finding psychographic and demographic information, and there may be -- if there's a specific kind of audience that you're trying to generate information on, there may be -- already may be some of that information available, you know, through other -- in other sources.

Lise Rybowski

I'm going to ask a question, another question of you, Jeff, sort of that I've seen come up from a few people here. How do you know what the user that's reflected in this persona, how do you know what characteristics of a site are going to appeal to that person, and isn't the work that you do on the site still going to be limited by the designer's own biases and preferences?

Jeff Rabkin

Well, yeah, that's a really good question. One of the most important and valuable things about the user persona is the designer and the design team and the programmers all use that persona to help guide those designs. So if we've got a 30-year-old male programmer who's never been sick, he may not -- we don't want him thinking about how the site should be designed from his point of view. So we have -- you know, that's why Will has Latoya sitting next to him, and all of us think about Latoya as we're working on Cincinnati's site, so that we can stop and say, hey, would Latoya understand that? How would Latoya do that? So it helps all of us from a -- not only the organization, the client

organization, but the design team and the writers all can focus on that. And then when we're evaluating the work, we try to evaluate it together through that persona's eyes.

Lise Rybowski

Okay. Thanks, Jeff. Patrick, we've gotten a few questions for you that sort of all address a related theme which is to what extent did you see differences by either non-English speakers versus English speakers, people with different kinds of insurance, urban versus rural. I wasn't -- if you -- could you speak to any differences because of demographics?

Patrick McCabe

Yeah. Easy question. No real differences there. No real differences there. We had a mix of insurance status. We had a mix of rural and urban. We had a mix of education level. The differences were based on whether they felt -- whether they didn't -- as I said before whether they were cynical about the process, whether they'd experienced a quote unquote crisis in care. That's what the big difference was. That is what they saw as sort of opening their eyes if there were differences in quality. But otherwise it didn't matter if they were wealthy or not wealthy, on Medicaid or on the best insurance possible. It was really based on what their previous experience had been.

Lise Rybowski

Okay. I've also gotten a few questions that I think both of you might be able to comment on. Did you see any differences -- or I don't know if you even looked at this -- in terms of users of physician level information versus hospital information?

Patrick McCabe

Yeah. In our case we were careful to say provider and let people interpret that as they would and they interpreted that as physician. We were dealing with people who were chronically ill, though, of course. All of them had identified a chronic illness for themselves or their children, spouse or aging parent. So in our case they generally saw their provider as either their primary care physician or as the specialist that treated their particular situation.

Lise Rybowski

Jeff, did you do anything with hospital information versus physician level?

Jeff Rabkin

Well, not really in terms of the user persona. One of the things that we do think about in terms of designing the user personas would be kind of a motivation level, what their experience with health care is. There might be real specifics about -- that could be incorporated into a user persona about what their choice level is. A lot of people based on their insurance may not have very many choices or who may have different experiences. And so the degree of specificity that one wants to sort of include in a user persona could get to that level if it seemed like it would be useful and helpful.

Lise Rybowski

Okay. Patrick, there's a question here that I'm particularly interested in. The person wrote in, you mentioned that people may not be motivated to seek quality information online because they equated it with Angie's List, so information that's not data-driven. Can you expand on this a little bit? And does this deduct that people are looking for interest in quality sites that do offer objective data.

Patrick McCabe

What I was saying there is that when people think of quality, they think of patient experience. The concept of using measures to sort of evaluate quality is a really a foreign concept to Joe Consumer. In fact, we heard repeatedly when we talked about that, I don't understand your use of measures as a noun. Isn't measure a verb? You know from consumers. So they view -- right now most people view quality as does the doctor look me in the eye when I speak to him, you know, do I wait in the waiting room a long time, can I get an appointment quickly, much more service-based issues.

Lise Rybowski

Related to that question, did you get any indication from the people that you interviewed how they feel about the measurement of quality of care and whether they think it can even be done?

Patrick McCabe

Yeah. I think they were -- that goes back to the point of they're all interested in the idea. They think it's a great idea. But for the bulk of people, they trust their doctor. So they think, gee, this is a great idea. It doesn't apply to me because my doctor is terrific or my provider is terrific. But for all of those other people, this is really going to be helpful. We didn't spend a lot of time showing them sample sites. The purpose of this was not to evaluate sites. It was to sort of identify what would make people come to sites. And what would make them come to sites as I mentioned was this idea that either they've moved or their doctor has moved or something has happened in their relationship with their physician. It's all about the relationship. If the relationship has been altered, then they want to seek out a different provider, and at that point they might be willing to question who provides better quality. But if it's all going along sort of status quo, they're not really interested in looking at evaluations of quality.

Lise Rybowski

Okay.

Jeff Rabkin

Yeah I want to kind of echo that. We see exactly that same thing in various cities in different research that we've done, seems to continually reconfirm exactly what Patrick is saying.

Lise Rybowski

Okay. And, Jeff, one question for you, and -- we have probably time for another two more after that. I have a question here about if you're trying to design a site so it appeals to the audience; can you talk a little bit about how testing of the Web site relates to the work that you've been doing with these user personas?

Jeff Rabkin

Yeah. That's a good question. Because the user persona is fictitious, it's really hard to get them to give us much input when we do testing. So we -- a lot of our testing isn't specific to the audience. Its usability testing, to find kind of technical, navigational product -- sort of obstacles in the site. Another part of the testing that we do is understandability, where we'll just kind of bring in different people and watch them use the site and listen to them think out loud and see if they understand the Web site. And then we've worked with Patrick's group on different research in terms of understandability and consumer friendly language and things like that that we bring in. But as far as at this point, with the quality work and the user personas, they're not really specific to the understandability research that we've conducted. You know if you were able to kind of screen with enough detail to find people who closely match that persona, that might be helpful, but a lot of it is kind of theoretical at this point.

Lise Rybowski

Then I'm going to give one last question to Patrick. Did your research look at the type of data or information that the women you were interviewing would find useful? Was it -- were they more interested in clinical measures versus patient experience measures? Did you look at that at all?

Patrick McCabe

Yeah. They were definitely more interested in patient experience measures. And we have tested subsequently sort of a combination of patient experience with clinical and sort of process and outcome measures. And that seems to provide sort of the holistic approach for people to see what's really going on in a particular provider location. But clearly -- and I've seen some comments on this in the Q and A here. Clearly the relationship is the nexus for all of this, which makes sense, that they want the patient experience information. They all think about quality through the lens of what's the relationship like with the doctor. And from that then they may be able to evaluate his or her care.

Lise Rybowski

Okay. Great. Well, I'm going to let you have the last word on that one. I'm afraid we are running out of time. So I want to thank everyone for joining us today. I hope our audience can stick around just a few minutes longer to fill out the evaluation form that's going to pop up on your screen in just a minute. We just have a few more quick slides for you. And Jeff and Patrick, of course, I can't thank you enough for participating in this webinar and sharing your findings with us.

If we can go to the next slide. Now that the webinar is over, we have a few more things for you to look forward to. First, we're starting a series of podcasts, so you'll see the first one, an interview about branding quality reports, later this month. Then in June, we'll be releasing another podcast where you can hear about the criteria used by the Informed Patient Institute to rate the quality reports

that rate providers. And as I mentioned earlier, there's a video tour of the site available now in our "spotlight" box. We're always updating the Report Card Compendium and of course, we are always adding resources to TalkingQuality, including the ones that Patrick alluded to earlier from the Robert Wood Johnson Foundation, so do check back on the TalkingQuality site to see what's new. Next slide, please.

If you have any questions or comments after this webinar, please send them to us at www.talkingquality.ahrq.gov. And if you know of anyone who will be sorry they missed this webinar, you can let them know they will be able to find the slides as well as the recordings on the TalkingQuality site. I know I saw a couple questions about that. So yes, we do make everything available on the TalkingQuality site for anyone who missed it or wants to listen to it again. So the evaluation is going to pop up. Please fill it out and thank you very much for joining us today, and have a great afternoon. Thanks a lot. Bye bye.

Operator
This concludes the teleconference. You may disconnect your lines. Thank you for your participation.

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