

The role of outcome information in choosing a hospital

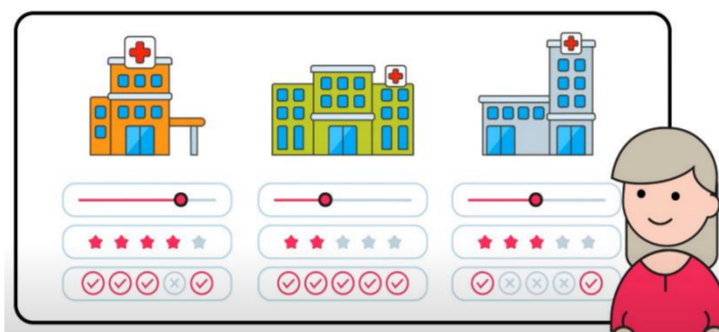
Exploratory research among patients with breast cancer, inguinal hernia and dialysis.

dr. Mariska Hackert, Anouk Splinter, Annemijn Doppenberg, Elmar Pels, Edith Dekker, dr. Cornelia van Uden-Kraan

Background

Patients in the Netherlands have a free choice of healthcare provider. Comparative (outcome) information (clinical and patient-reported) may help them when choosing a hospital. However, this information is hard to find, and only a few patients actively choose a hospital when needed.

Aim: to examine the potential role of comparative (outcome) information in choosing a hospital, and how this should be presented, among patients with breast cancer, inguinal hernia and dialysis.



Methods

Questionnaire (N=62,84,50): simulating real-life choices between two hospitals (i.e. sets of hospital characteristics) each time.

	Hospital A	Hospital B
Travel time from home	30 minutes	30 minutes
Number of inguinal hernia operations	1200 per year	650 per year
Grade satisfaction received information	9	7
Grade satisfaction shared decision-making	5	9
Pick up daily activities	after 30 days	after 7 days
Chronic pain	10 out of 100 patients	15 out of 100 patients

Focus groups (N=6,7,3): motivating which, how, and when (outcome) information should be presented.

Results

Patients prioritized different hospital characteristics when making trade-offs between sets of characteristics in contrast to rating them individually.

Compared to structure and process information, outcome information often proved to be decisive.

PROMs were used in trade-offs; *but* focus groups showed that patients consider PROMs as too subjective to base a hospital choice on.

"You can't say: one group has more nerve pain than the other. It's subjective, something that varies from person to person."

Patients-like-me data specify more clearly what patients can expect from a hospital.

"I am 78 years old and would like to know what happened to my peers. Do they more often have a relapse or not?"

Providing the national average on each hospital characteristic did not seem to help patients in choosing between hospitals.

"If my hospital has a substantial different score, this information would help me to have a discussion about it."

Conclusion

Comparative (outcome) information on hospitals should become increasingly available to patients, e.g., patient decision aids should be introduced to patients by the general practitioner and be accessible from home. Future research should further examine our mixed results regarding PROMs.