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ANALYSIS & COMMENTARY

Consumers' Interest In Provider Ratings Grows, And Improved Report Cards And Other Steps Could Accelerate Their Use

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ABSTRACT Encouraging patients and consumers to use data and other information in choosing health care providers is an important way to enhance patient engagement and improve the quality of care. The growing use of technology, including smart phones and near-ubiquitous Internet access, provides consumers with easy access to websites that collect and report assessments and ratings of providers, primarily physicians and hospitals. In addition to new technology, recent laws and changes in society and the delivery of care are laying the foundation for greater use by consumers of provider performance report cards. Such use could be accelerated if the shortcomings of current report card efforts were addressed. Recommendations include making online report cards easier to use and more understandable, engaging, substantive, and relevant to consumers' health and medical concerns and choices.

Encouraging patients and consumers to make use of performance, quality, and patient experience information in choosing health care providers is one of many ongoing efforts to improve the quality of care. A confluence of trends is prompting increased interest among policy makers and consumers in provider reviews and online ratings, or so-called report cards, although the methods used to create these ratings are hotly debated and providers—physicians in particular—complain about the burden that quality measurement places on them.[1] (For simplicity, the terms *ratings* and *report cards* are used interchangeably in this article.) These trends include the burgeoning use by consumers of online product reviews and comparisons; technological advances such as smart phones and tablets, which make such information easily accessible; continuing momentum toward provider accountability by payers; the advent of large and more easily searchable databases; and rising out-of-pocket health care spending, which is increasingly propelling consumers to compare prices for medical products and services, from prescription drugs to colonoscopies.

Two recent laws add impetus to these trends. The Affordable Care Act (ACA) promotes quality measurement and reporting by, for example, mandating public posting of performance information on Physician Compare—a website that must, over time, present "comparable information on quality and patient experience measures" for physicians who treat Medicare patients.[2] Physician Compare is one of several public Compare websites (including Hospital Compare and Nursing Home Compare) that are managed by the Department of Health and Human Services to collect provider quality ratings and report them to consumers.

More recently, the Medicare Access and CHIP Reauthorization Act of 2015 created a new quality measurement and payment system for physicians who treat Medicare patients. Under the act,

beginning in 2019 physicians will find their payments tightly tied to quality and performance measures, with most if not all performance metrics eventually being posted on Physician Compare.[3,4]

The ACA and the Medicare Access and CHIP Reauthorization Act, together with the above-mentioned social and consumer trends, have the potential to enhance the visibility, reliability, and consumer-friendliness of provider comparisons. In turn, that could provide an impetus for many more Americans to access provider quality information than is currently the case.

There is reason for caution, however. Convincing consumers to access and use technical information and data to compare hospitals, doctors, and nursing homes as they do other products and services has not proved easy.[5,6] This is understandable. After all, choosing a physician, hospital, or nursing home is not like choosing a car, washing machine, or hotel: The information is far more complex and emotionally laden.

In addition, meaningful information on providers has fallen short of what's available for other goods and services. For example, consumers can easily find the repair history of used cars sold by dealers, and electronic products are compared and rated on all major elements of their capacity and functions. In contrast, hospital and physician ratings often contain a confusing mix of measures that don't always discriminate between high and low performers.

Nevertheless, advocates for transparency and patient-centered care assert that health care can and should operate by the rules of the consumer marketplace, despite its complexity and the lack of direct consumer purchase for most medical services.[5–7] Some provider groups are slowly, often reluctantly, accepting this view. For example, the American Hospital Association is now participating in and supporting appropriate hospital quality ratings.[8,9]

Rating initiatives have been slower to develop for physicians than for hospitals (Exhibit 1). But while doctors have generally been cautious, if not skeptical, about physician rating sites, consumers' interest in physician ratings has been growing rapidly. Consumers are now reviewing and rating their doctors online much as they do other products and services, posting their opinions on websites designed specifically to solicit such reviews.

In addition, formal physician report cards based on performance metrics and standardized assessments of patients' experiences are also proliferating. However, consumers access them less frequently than they do the consumer review sites. Such formal report cards are maintained by a variety of organizations, in both the public and private sectors. Notably, the Robert Wood Johnson Foundation promoted the development and use of physician report cards in its $300 million Aligning Forces for Quality program between 2007 and 2014.[10]

The two approaches to physician ratings—ad hoc consumer reviews and formal report cards based on standardized quality metrics—need not be mutually exclusive. Both have value, if the data are accurate and the sites are managed with integrity. Indeed, capitalizing on the emerging popularity of consumers' reviews of doctors to whet the public's appetite for, and understanding of, physician ratings based on quality measures and standardized patient experience surveys presents an opportunity, if also a challenge. Put simply, consumers may well want to consult both reviews and report cards when searching for a doctor.

Traffic To Health And Provider Ratings Websites

About three-quarters of Americans with Internet access have searched for health or medical information online, and 16 percent went online in 2013 to interact with others who have the same health concerns.[11] Health-related Internet use is also rising among older people with chronic conditions: Nearly one-third of them reported going online to learn more about their own or a loved one's condition in 2012.[12]

Internet traffic to general health websites has grown rapidly in recent years. MedlinePlus, for example, maintained by the National Library of Medicine, reported 107.5 million unique visitors in the period October–December 2015 (Exhibit 2), up from 62.3 million in the same period in 2012.[13] WebMD,[14] one of the largest US commercial medical information sites, has experienced similar growth: It had 48.7 million unique visitors in September 2015, up from 20.2 million in April 2012.[15] For definitions of website reporting metrics, see the Notes to Exhibit 2.

Traffic to websites that invite consumers to review providers—particularly physicians—is also substantial, though not nearly at the same level as traffic to general health care sites. Healthgrades,[16] the largest private-sector provider ratings site, had 8.9 million unique visitors in September 2015 (Exhibit 2). And the company reports that six million consumer reviews of doctors had been posted as of September 2015, up from about four million as of 2011 (Evan Marks, chief strategy officer, Healthgrades, personal communication, September 16, 2015). The second-most-visited physician review site, Vitals,[17] had 2.1 million unique visitors in September 2015 (for additional information, see online

EXHIBIT 1

Chronology of provider report card initiatives

Date	Source of initiative	Description	Status
1987	Medicare	Releases hospital-specific mortality data	Terminated in early 1990s because of controversy over methodology
1990	*U.S. News & World Report*	Launches annual "Best Hospitals" report, originally based primarily on surveys of physicians	Ongoing, now factors in performance and other data
1990	New York State Department of Heath	Issues report on heart surgery outcomes and provider ratings	Ongoing, data not updated regularly
1993	Cleveland Health Quality Choice	Issues first local multistakeholder collaborative report on hospital performance	Ceased operations in 1999 as hospitals grew wary of the methods used
1993–95	California and Pennsylvania health departments	Join New York in publishing heart surgery outcomes and provider ratings	Ongoing, not widely promoted to the public
1995	AHRQ	Launches development of CAHPS, a survey instrument to measure the patient experience of care	Ongoing; results from over three million people to date
1998	Consumers' Checkbook	Launches "Guide to Top Doctors" based on surveys of physicians	Ongoing, now provides annual ratings of doctors in some fifty metropolitan areas
1998–2005	Medicare	Launches the Compare websites, beginning with Nursing Home Compare in 1998; Hospital Compare and Home Health Compare launched in 2005	Ongoing; latest addition is Physician Compare, mandated in 2010 Affordable Care Act (ACA)
2000	Leapfrog Group	Initiates ratings of hospitals with focus on safe care	Ongoing; 1,501 hospitals rated in 2014
2004	Healthgrades	Begins collecting online consumer reviews of physicians to rate them	Ongoing
2007	AHRQ	Creates Charter Value Exchange program to provide assistance to twenty-four regional stakeholder coalitions, with public reporting a priority	Program lapsed in 2014, but many coalitions are still operating
2007	Robert Wood Johnson Foundation	Launches Aligning Forces for Quality—sixteen efforts to improve quality, largely through measurement and public reports on provider performance	Program phased out in 2014, but many initiatives are still operating
2007–09	Consumers' Checkbook	Publishes ratings of some 25,000 doctors in Denver, Kansas City, Memphis, and Manhattan based on surveys of their patients; funded by federal government as an experiment	Has not been re-funded
2010	ACA	In general, deepens federal commitment to consumer-friendly ratings, strengthens existing public reporting programs, mandates the creation of Physician Compare, and creates PCORI	Ongoing
2011	Society of Thoracic Surgeons and *Consumer Reports*	Jointly publish ratings of physician groups and clinics that perform cardiac surgery	Ongoing
2011–12	*Consumer Reports*	Publishes hospital ratings based on Medicare and safety data	Ongoing
2014	California HealthCare Foundation	Adds ratings of physician groups at CalQualityCare.org	Ongoing
2015	ProPublica	Rates 16,000 surgeons who perform one or more of eight procedures, based on Medicare data	Plans to expand ratings in 2016 and beyond
2015	Consumers' Checkbook	Rates some 30,000 surgeons on fourteen procedures and three measures of quality care, based on Medicare data	Plans to expand ratings in 2016 and beyond
2015	Medicare Access and CHIP Reauthorization Act	Alters landscape of physician accountability based on clinical and patient experience measures and use of electronic health records	Mandates launch of new physician payment system in 2019

SOURCE Author's analysis. **NOTES** For a version of this exhibit that includes additional entries, see Appendix Exhibit A1 (see Note 18 in text). To access an interactive timeline, click on the Interactive Timeline in the box to the right of the article online. AHRQ is Agency for Healthcare Research and Quality. CAHPS is Consumer Assessment of Healthcare Providers and Systems. ACA is Affordable Care Act. PCORI is Patient-Centered Outcomes Research Institute.

EXHIBIT 2

Traffic to selected consumer-facing websites that present general medical or health information or that rate providers

Website sponsor (public or private status)	Information	Traffic	Comments
GENERAL MEDICAL OR HEALTH INFORMATION			
MedlinePlus (public)	Medical information and advice	107.5 million unique visitors, October–December 2015	One of the federal government's most visited websites
WebMD (private, for profit)	Medical information and advice	48.7 million unique visitors, September 2015	Recently added physician, hospital, and pharmacy directories that allow for consumer reviews
Mayo Clinic (private, nonprofit)	Medical information and advice	18.9 million unique visitors in September 2015	Part of Mayo Clinic's website, under "patient care and health information"
RATE PROVIDERS, NATIONAL LEVEL			
Healthgrades (private, for profit)	Hospital ratings based on Medicare and other data; consumer reviews of physicians	8.9 million unique visitors in September 2015	Company reports six million reviews of doctors as of September 2015
Hospital Compare and Physician Compare (public)	Quality metrics and ratings of more than 4,000 hospitals; directory, patient experience and quality metrics for physicians	3.7 million unique page views of Hospital Compare and 5.3 million unique page views of Physician Compare in 2015	Hospital ratings now use consumer-friendly five-star rating systems; individual physician profile pages will carry quality information starting in 2016
U.S. News & World Report (private, for profit)	"Best Hospital" ratings and "Physician Finder"	125,000 unique visitors per average day in 2015	Hospital ratings now partially based on quality metrics
Consumer Reports (private, nonprofit)	Ratings of some 4,000 hospitals based on safety, treatment outcomes, and patient experience, and Medicare data	2.6 million views of ratings pages and related content, November 2014–October 2015	Ratings available to subscribers only
Consumers Checkbook (private, nonprofit)	Ratings of 30,000 surgeons nationwide, based on fourteen procedures and three quality metrics, using Medicare data	Estimated 200,000 unique visitors, July–October 2015	Plans to expand surgeon ratings in 2016 and beyond
ProPublica (private, nonprofit)	Ratings of about 16,000 surgeons, with a focus on complications; data on payments to doctors by drug and device companies; uses Medicare data	2.2 million page views of surgeon ratings, July–October 2015	Plans to expand analysis in 2016 and beyond
RATE PROVIDERS, STATE LEVEL			
California Health Care Foundation (private, nonprofit)	CalQualityCare.org's ratings of hospitals, medical groups, and assisted living facilities	174,770 unique visitors, October 2014–October 2015	Data reported by providers based on selected measures and patient experience
Pennsylvania Health Care Cost Containment Council (private, nonprofit)	Ratings of hospitals physician practices and ambulatory surgery centers	55,000 unique visitors in 2013 (latest data available)	Data reported by providers based on selected measures and patient experience
Minnesota Community Measurement (private, nonprofit)	Minnesota Health Scores' ratings of 1,400 clinics, 535 medical groups, and 140 hospitals	65,000 unique visitors in 2015	Data reported by providers based on selected measures and patient experience

SOURCE Author's analysis and comScore Inc. **NOTES** For a version of this exhibit that includes additional entries, see Appendix Exhibit A2 (see Note 18 in text). The data vary in periods of time assessed and the ways in which website traffic is measured, according to the preferences of the website listed. "Page views" represent the total number of pages viewed by all visitors, including repeated views of the same page. "Unique page views" mean the numbers of different pages viewed during single sessions of viewing. For example, if a user viewed a single page ten times during a single session, that would count as one unique page view. "Unique visitors" means the numbers of visitors to a site, but subsequent visits by a single person count as more than one visitor. For example, if 1,000 people visited a site ten times over a year, they would be counted as 10,000 unique visitors. The data shown here have not been independently verified.

Appendix Exhibit A2).[18]

In 2012, 65 percent of adults knew that physician review sites existed, one in four had consulted a site when picking a primary care doctor, and 5 percent had rated a doctor online.[19]

In contrast, federal and state-based organizations that curate and report ratings based on quality metrics, patient experience surveys, or both report fewer users than the sites with ratings based on ad hoc consumer reviews. For example, Minnesota HealthScores,[20] which rates 1,400 clinics, 535 medical groups, and 140 hospitals in that state, had 65,000 unique visitors to its website in 2015 (Jim Chase, president, Min-

nesota Community Measurement, personal communication, October 14, 2015). Similarly, the Pennsylvania Health Care Cost Containment Council,[21] which rates providers and ambulatory surgery centers, reported having 55,000 visitors in 2013, the latest year for which it had full data (Rob Andersen, director of information services at the council, personal communication, October 22, 2015). Even in California, a leader in health care transparency, consumer traffic has been relatively low. The California HealthCare Foundation's CalQualityCare site[22]—which rates hospitals, medical groups, and assisted living facilities—reports 174,770 unique visitors in the period October 2014–October 2015 (Steven Birenbaum, senior communication officer, California Health Care Foundation, personal communication, October 26, 2015).

Traffic to the federal Compare websites is more robust than traffic to state-based sites but not at a level commensurate with their stature and potential. (The Centers for Medicare and Medicaid Services [CMS] released traffic data to its Compare websites in response to a federal Freedom of Information Act request filed by the author.) Notably, the number of unique page views in 2015 on Physician Compare (5.3 million), launched in 2011, is larger than the number of such views on Hospital Compare (3.7 million), launched in 2005 (Exhibit 2). CMS officials plan "a major push" to improve and promote consumer use of the Compare sites starting in 2016 (Kate Goodrich, director of quality measurement and value-based incentives, CMS, personal communication, October 8, 2015).

For their part, media organizations that create provider ratings, report them, or both—often using the same government data posted on the Compare sites—garner levels of traffic that are comparable to those of the federal sites and significantly more than those of the state-based sites. *Consumer Reports*, for example, launched nationwide hospital ratings based on Medicare and safety data in 2011–12.[23] The ratings had 2.6 million page views in the period November 2014–October 2015 (David Ansley, senior analyst for health product development, *Consumer Reports*, personal communication, October 16, 2015). *Consumer Reports* ceased publishing health plan ratings in 2014 to focus on hospital and physician ratings. The company plans to release new physician ratings in May 2016, in partnership with several regional public reporting initiatives.

U.S. News & World Report's "Best Hospitals" ratings,[24] launched in 1990, have also built a substantial audience over the past twenty-five years, in large part because *U.S. News* allows hospitals to use the results in marketing and advertising. Recently *U.S. News* launched a physician directory. Combined, the hospital ratings, directory, and related content attracted an average of 3.7 million visitors per month in 2015 (Ben Harder, chief of health analysis, *U.S. News & World Report*, personal communication, September 25, 2015).[25]

Similarly, two new media-sponsored initiatives attracted strong initial traffic in 2015, and both have upped the ante on physician report cards. ProPublica, an independent nonprofit organization, released ratings of 16,019 surgeons in July 2015, based on Medicare data related to complication rates for eight surgical procedures.[26] Although the ratings came under fire for alleged methodological flaws,[27,28] they racked up 2.2 million page views in the period July–October 2015—in part because of mainstream print media publicity (Stephen Engelberg, editor-in-chief, ProPublica, personal communication, November 2, 2015).

In addition, Consumers' Checkbook issued ratings of about 30,000 surgeons in 2015, also based on Medicare data.[29] Consumers' Checkbook reports about 200,000 unique visitors to its surgeon ratings in the period July–October 2015 (Robert Krugoff, president, Consumers' Checkbook, personal communication, November 1, 2015).

Provider Ratings Need Improvement

Recent research[5,6,30–32] indicates that many provider report card initiatives need improvement to be truly consumer-friendly. Emphasizing the inherent challenges of translating quality metrics for consumers, other research is informing efforts to improve methods, content, and presentation of provider comparisons and consumers' understanding of the information.[33–38]

Some key findings are as follows: Report cards are highly variable and inconsistent in the quality of their content, methods used, and consumer-friendliness of the presentation. The reliability, validity, and timeliness of data in many report cards are suboptimal. Many report card websites do not fully or adequately explain the context of the information. Most provider report cards contain overly complex information, data, and statistics that overwhelm a majority of consumers. Report cards often underestimate the emotional nature of health care decision making. Many report cards present measures of clinical quality that are not meaningful to consumers. Consumers have high interest in patient experience information, treatment complication and error rates, and rates of inappropriate or poor care. They are less interested in death and survival rates, possibly because that information has

emotional force and may undermine confidence in treatment. Most public reporting initiatives don't combine price and cost information with quality metrics.

Of particular note, L&M Policy Research and Mathematica Policy Research examined the history, successes, and limitations of the federal government's Compare websites, with an emphasis on Hospital Compare and Nursing Home Compare.[32] They concluded that the websites, while bold in scope and rich in reliable data, fall far short of being consumer-friendly.

Two nonprofit groups have rated provider report cards and also found them wanting. For three years the Health Care Incentives Improvement Institute has graded state-sponsored efforts to inform consumers about physician quality. The nonprofit group's 2015 report gives three states (California, Minnesota, and Washington) an A, one a B, two a C, three a D, and all the rest an F. "Public access to physician quality information across the country as a whole still remains elusive," the report concludes.[39] In similar ratings of state-based report card websites conducted by the Informed Patient Institute,[40] most sites got Cs and Ds between 2010 and 2015.

How Consumers Are Using Provider Report Cards

Consistent with the website traffic numbers cited above and in Exhibit 2, a Henry J. Kaiser Family Foundation survey found that around one in ten Americans say they saw clinical quality information comparing hospitals or doctors in 2014.[41] Of those who saw such information, however, the proportion who used it to make a choice of provider was much lower—4 percent for hospitals and 6 percent for doctors.

These findings are aligned with those from focus groups indicating that consumers who are aware of provider report cards often find the information difficult to understand and act upon.[36,42] One often-cited reason for that is the public's limited understanding of what quality care is and how it's measured. Most consumers focus primarily on the service components of care and their relationship with health professionals, not the care itself or the outcomes of that care.[36,37,42]

In addition, past research has found that most consumers like their own doctors, have little motivation to change doctors, and are reluctant to question a doctor's clinical judgments.[38,42–44] More recent research, however, indicates that heightened interest in the cost and value of care can be leveraged to generate interest among consumers in quality and shopping for providers.

For example, a 2012 focus-group study found that participants commonly associated high-quality care with high price. But once presented with explanatory information on using a combination of cost and quality information to gauge value, most participants agreed that such information could help them discriminate among providers and services much as similar information does when they purchase other products and services.[45] Another experiment found that when consumers were presented with a combination of cost and easy-to-understand quality data, they were more likely to choose lower-cost, higher-performing providers than higher-cost, lower-performing providers.[46]

Other recent research raises the prospect that consumer interest and trust in provider ratings could be undermined by disparities in the findings—in the same way that consumers can be confused by seemingly conflicting recommendations on preventive screenings, such as for prostate and breast cancers. For example, an analysis of five hospital report cards found wide disagreement in the rankings for treatment of four conditions, even when using the same metric (such as mortality).[47] A second study, of four hospital report cards, found that no single hospital was rated as a high performer by all four and that only 10 percent of 844 hospitals rated as being high performers by one report card were rated as such by the others.[48]

The authors of both studies note that each report card emphasizes different aspects of quality. This highlights the need for report card sponsors to provide clear context and explanations about what they are rating, how they measure it, and the limitations of their ratings.

The use of public reports by minority and vulnerable populations also remains a source of concern. A 2011 study of sixteen report card initiatives found that websites comparing hospitals were used primarily by consumers who were white, college educated, and over age forty-five.[36]

Improving Provider Report Cards

What can be learned from this examination of provider report cards, and how can reporting websites be improved? Exhibit 3 distills recommendations from researchers and leaders in the field of public reporting. The following are among the most important recommendations.

PARTNER WITH AND USE MEDIA Many media organizations are successfully using Medicare and other public data to create their own hospital and physician report cards. Federal and state agencies should also partner with media organizations to enhance awareness, dissemination, and use of their reports. For example, consumers and patients would benefit if the federal govern-

EXHIBIT 3

Recommendations for improving provider ratings and report cards

Area	Recommendations
Consumer use	Launch a public education campaign about quality and the value of evidence-based care; raise awareness of provider ratings Use social media to spread messages Promote partnerships between the media and sponsors of ratings and report cards Pass state laws that require providers to release existing report card data if requested by consumers or patients Enlist state and local government agencies, health insurance exchanges, and health care navigators as educators about ratings and report cards Use "teachable moments" such as choosing a surgeon for elective surgery to build awareness of report cards
Measures supply and infrastructure	Use government and public oversight to ensure the wise use of the $165 million that MACRA makes available for measure development to physician groups ($75 million over five years) and the National Quality Forum ($90 million over three years) Standardize existing clinical measures to reduce the burden of measurement on providers Eliminate duplicative, "topped out," and poorly designed measures, as well as process measures that no longer yield meaningful results Measure clinical results that consumers and patients can understand and use, such as complication and outcome measures for surgical procedures Promote consumer and patient participation in CAHPS Build into EHRs the capacity to include patient-reported outcomes
Data sources and methodology	Disseminate best practices in data processing, management, and public reporting Scale up efforts to determine standards for extracting clinical content, especially treatment outcomes, from EHRs and disease registries Harmonize standards for composite measures Accelerate research on the impact of five-star rating systems, and if the impact is positive, accelerate their adoption Move aggressively to update provider rating data every year
Content and presentation	Combine patient experience survey results, quality metrics, and information about costs whenever possible Make greater use of composite measures Layer information to provide ready access to five-star and composite ratings Explain in plain language data sources, methods, caveats, and limitations and the appropriate use of provider ratings and comparisons Minimize cognitive burden and help consumers process and synthesize information Make report cards understandable to consumers with low literacy and numeracy skills, who make up more than half of all consumers Make public reports fully compatible with and accessible via mobile device software

SOURCE Author's analysis. **NOTES** MACRA is Medicare Access and CHIP Reauthorization Act of 2015. CAHPS is Consumer Assessment of Healthcare Providers and Systems. EHR is electronic health record.

ment more assertively promoted the Compare websites, especially if it follows through on its promise to significantly improve the sites.

COMBINE CONSUMER REVIEWS WITH PATIENT EXPERIENCE AND CLINICAL QUALITY MEASURES Provider ratings should be based primarily on a combination of quality and outcome metrics and standardized patient experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys developed by the Agency for Healthcare Research and Quality. But report sponsors should consider supplementing their ratings with consumer reviews, including those that allow for open-ended comments. This would recognize and leverage the popularity of such consumer reviews in today's social media culture. For their part, websites that present only consumer reviews need to better explain the limits of such reviews and inform consumers about the importance of standardized quality ratings.

PROVIDE PUBLIC EDUCATION Efforts to educate the public about health care quality and safety have had limited success. These efforts need to be reimagined and ramped up, with a long-term commitment to enhancing the public's understanding of clinical care quality, the available data, and its importance to their health care. One focus should be on the potential harm from inappropriate, unnecessary, and excessive care, especially imaging tests and surgery. Insurers, accountable care organizations, patient-centered medical homes, and integrated health care systems should be enlisted—following regulations soon to be adopted under the Medicare Access and CHIP Reauthorization Act—in efforts to educate consumers on these issues as part of their mission to improve care.

The ABIM Foundation's Choosing Wisely campaign offers lessons in this context. Site visitors

downloaded that campaign's consumer-friendly two-page briefs (produced in collaboration with *Consumer Reports*) some 790,000 times in 2015 (Dominic Lorusso, director of health partnerships, *Consumer Reports*, personal communication, October 31, 2015).

Conclusion

Greater transparency of information and consumer empowerment are hallmarks of these changing times in health care. New laws and marketplace dynamics are laying the foundation for enhanced transparency, greater provider accountability, and consumer engagement. As consumers face rising premiums and higher out-of-pocket spending, they deserve no less than to be armed with clear comparative information on health plans, providers, treatment options, and costs. Fortunately, a broad and politically bipartisan consensus supports the notion that more consumer power in the health care marketplace adds momentum to system improvement and perhaps even price competition.

But deepening consumerism in health care may continue to develop gradually, as it has for two decades. A concerted effort by the public and private sectors could accelerate movement toward the "tipping point" and lead to much greater use of meaningful provider report cards in a truly patient-centered system. ■

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18 To access the Appendix, click on the Appendix link in the box to the right of the article online.

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