



Research Brief

STILL SEARCHING

How People Use Health Care Price Information in the United States

A research brief
from Public Agenda
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This brief explores how Americans overall and residents of four states—New York, Texas, Florida and New Hampshire—are trying to find and use health care price information and their attitudes about prices. Important findings include:

- 50 percent of Americans have tried to find out before getting care how much they would have to pay out of pocket, not including copays, and/or how much their insurers would pay, including 20 percent who have tried to compare prices across multiple providers.
- Higher percentages of Texas, Florida and New Hampshire residents have tried to find price information and have tried to compare prices than New York State residents and Americans overall.
- Of Americans who have tried to compare prices, 53 percent report saving money. In New York State, Texas, Florida and New Hampshire, people who have tried to compare prices are also more likely to report saving money than those who have tried to check one provider's price.
- 70 percent of Americans say higher prices are not typically a sign of better quality medical care.
- 56 percent of Americans are not aware that doctors' prices vary, and 54 percent are not aware that hospitals' prices vary.
- 80 percent of Americans think it is important for their state governments to provide people with comparative price information.



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Americans bear a significant share of their health care costs in the form of high deductibles and insurance premiums, as well as copayments and, sometimes, coinsurance.¹ Health care systems in the United States have historically not made it easy for people to find out how much their care will cost them. In 2016, 43 states received grades of “F” from Catalyst for Payment Reform for their price transparency laws.² But in recent years, insurers, state governments, employers and other entities have been trying to make price information more easily available to individuals and families. In this changing landscape of price transparency, this research explores people’s behaviors, attitudes and perspectives related to health care price information.

Findings are based on a nationally representative survey of 2,062 U.S. adults and representative surveys of 802 New York State adults, 819 Florida adults, 808 Texas adults and 826 New Hampshire adults, conducted from July through September 2016 by telephone, including cell phones, and online.³ For more details about the methodology, see page 22 of this research brief.

This research was conducted by Public Agenda and funded by the Robert Wood Johnson Foundation and the New York State Health Foundation, and it follows up on a previous national survey conducted by Public Agenda with support from the Robert Wood Johnson Foundation, published in 2015.⁴ For the full report and for separate briefs on findings from the surveys in New York State, Florida, Texas and New Hampshire, as well as for the full topline, methodology, question wordings and sample characteristics, please go to <http://www.publicagenda.org/pages/still-searching>.



MAIN FINDINGS



Half of Americans have tried to find price information before getting care. People who have to pay more out of pocket are more likely to have tried to find price information.

Fifty percent of Americans have tried to find out before getting care how much they would have to pay out of pocket—not including copays—and/or how much their insurers would pay. Similarly, nearly half of New York State residents—48 percent—have tried to find price information before getting care. However, 56 percent of Floridians, 57 percent of New Hampshire residents and 59 percent of Texans have done so. Our 2015 report found that 56 percent of Americans had tried to find this information.⁵

Insured Americans with higher deductibles are more likely to have tried to find price information before getting care than those with lower deductibles. Among insured people with deductibles above \$3,000, 69 percent say they have tried to find price information before getting care. In contrast, 50 percent of insured Americans with deductibles of less than \$500 have done so; see figure 1.

Insured Americans with higher deductibles are more likely to try to find price information.

Figure 1. Percent who say they have tried to find price information before getting care, by deductible amount:



Base: Currently have insurance: National, n = 1,853.

Estimates for groups indicated by * are not statistically different from each other, and groups indicated by ** are not statistically different from each other; groups indicated by * are statistically different from groups indicated by ** at the p < .05 level.

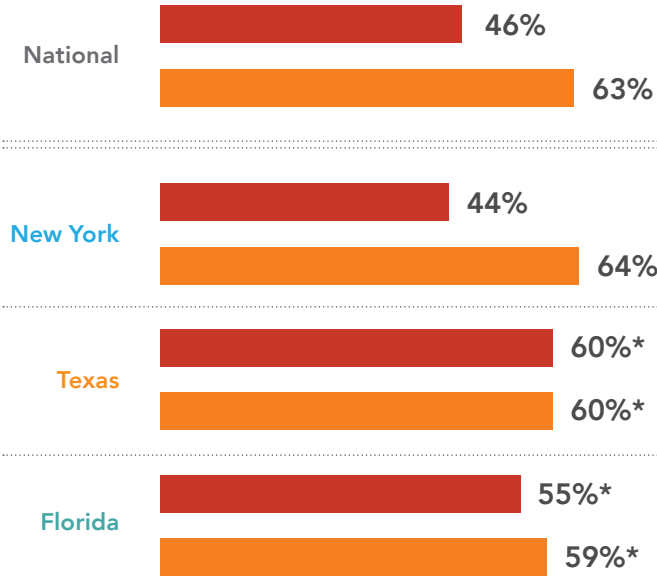
Americans who were uninsured at some point in the past year are more likely to have tried to find price information than those who were fully insured over the past year.

Sixty-three percent of Americans who were uninsured at some point in the past 12 months have tried to find price information before getting care. By contrast, 46 percent of Americans who were fully insured in the past 12 months have done so. In Texas and Florida, however, there is no relationship between being uninsured in the past 12 months and trying to find price information; see figure 2.⁶

People who were uninsured at some point in the past year are more likely to have tried to find price information.

Figure 2. Percent who say they have tried to find price information before getting care, by insurance status by state:

Fully insured in past 12 months Uninsured at some point in past 12 months



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819.
Group estimates are statistically different from each other at the p < .05 level, except those indicated by a *.



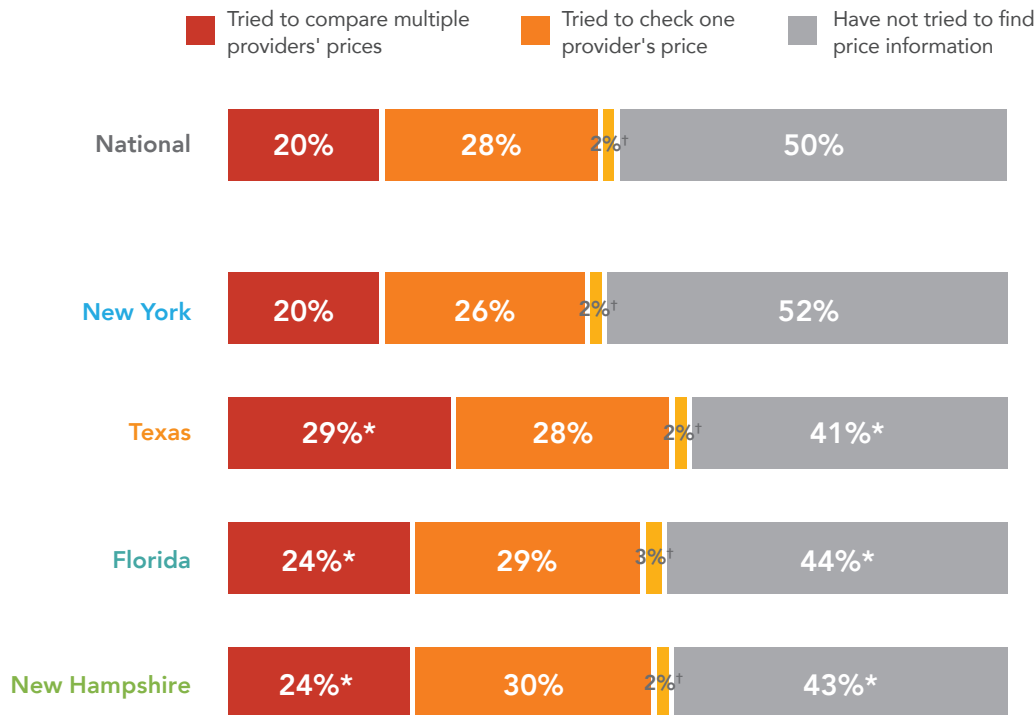
Only some Americans have tried to compare prices. Of those who have tried to compare prices, more than half say they saved money.

One promise of health care price transparency is that people will use price information to “shop around”—that is, they will compare two or more providers’ prices and consider price in their health care decision-making.

Twenty percent of Americans have tried to compare prices across multiple providers before getting care. About one in three Americans—28 percent—have tried to find out a single provider’s price rather than comparing. Larger percentages of Texas, Florida and New Hampshire residents have tried to compare prices. Our 2015 research found that 21 percent of Americans had tried to compare prices, and 33 percent had tried to find out a single provider’s price; see figure 3.

One in five people have tried to compare prices across multiple providers before getting care.

Figure 3. Percent who say they have done one of the following before getting care, by state:



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819; New Hampshire, N = 826.

† Indicates people who report having tried to find price information before getting care but answer “don’t know” or refuse to answer when asked whether they have tried to compare prices across multiple providers or not.

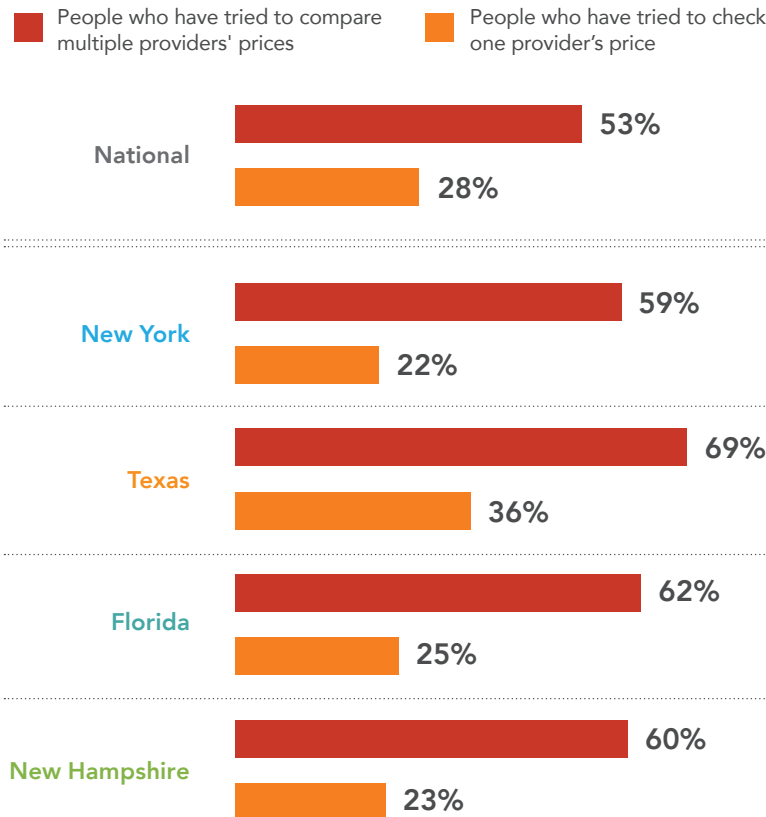
* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

Of Americans who have tried to compare prices, more than half report saving money.

Fifty-three percent of Americans who have tried to compare multiple providers' prices before getting care report saving money, while only 28 percent of those who have tried to check one provider's price report saving money. A similar pattern holds in New York State, Texas, Florida and New Hampshire: people who have tried to compare prices are more likely to report saving money than those who have tried to check only one provider's price; see figure 4.

Americans who have tried to compare prices report saving money.

Figure 4. Percent who say they saved money when they have tried to find price information before getting care, by state:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019; New York, n = 382; Texas, n = 476; Florida, n = 462; New Hampshire, n = 475.
Group estimates are statistically different from each other at the p < .05 level.

Americans who have tried to compare prices are more likely to be aware of price variation. As we discuss in more detail on page 15, we found limited awareness that doctors' prices vary or that hospitals' prices vary. Those who have tried to compare prices, however, are more likely than others to be aware of price variation; see figures 5a and 5b.

People who have tried to compare prices are more likely to be aware of price variation.

Figure 5a. Percent who say some *doctors* charge more than others for the same services:

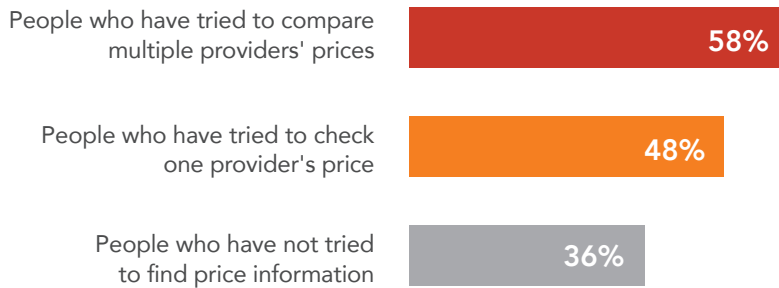
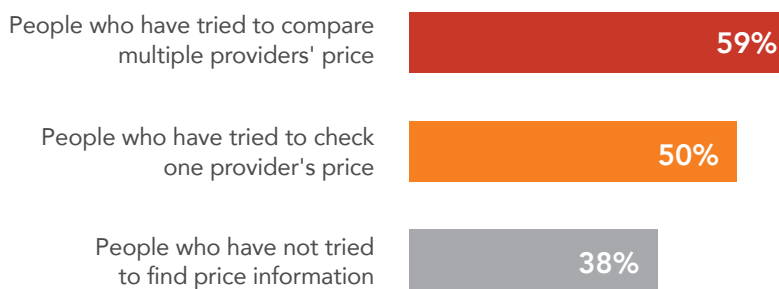


Figure 5b. Percent who say some *hospitals* charge more than others for the same services:

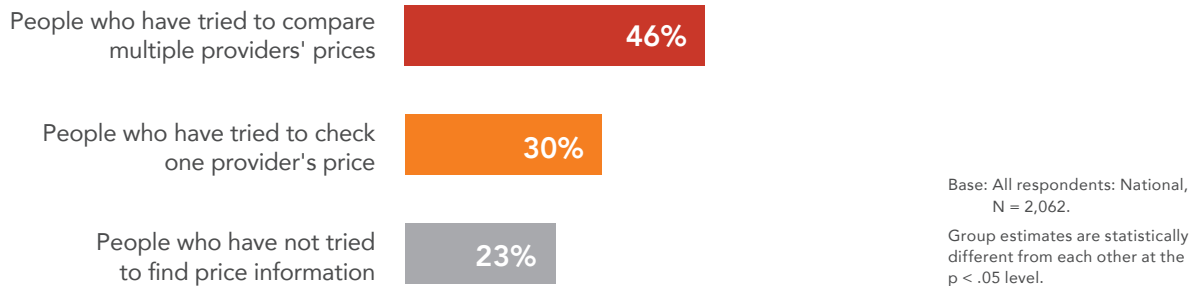


Bases: Each are a random half:
National, n = 1,025.
Group estimates are statistically different from each other at the p < .05 level.

Americans who have tried to compare prices are more likely to make health care decisions for another adult family member. We found that 46 percent of Americans who have tried to compare prices make health care decisions for another adult family member. But only 30 percent of those who have tried to check one provider's price and 23 percent of those who have not ever tried to find price information make health care decisions for another adult family member; see figure 6.

People who have tried to compare prices are more likely to make health care decisions for another adult family member.

Figure 6. Percent who say they make health care decisions for another adult family member:



Most Americans do not think prices are a sign of quality in health care. Of those who have tried to compare prices, most have chosen less expensive care.

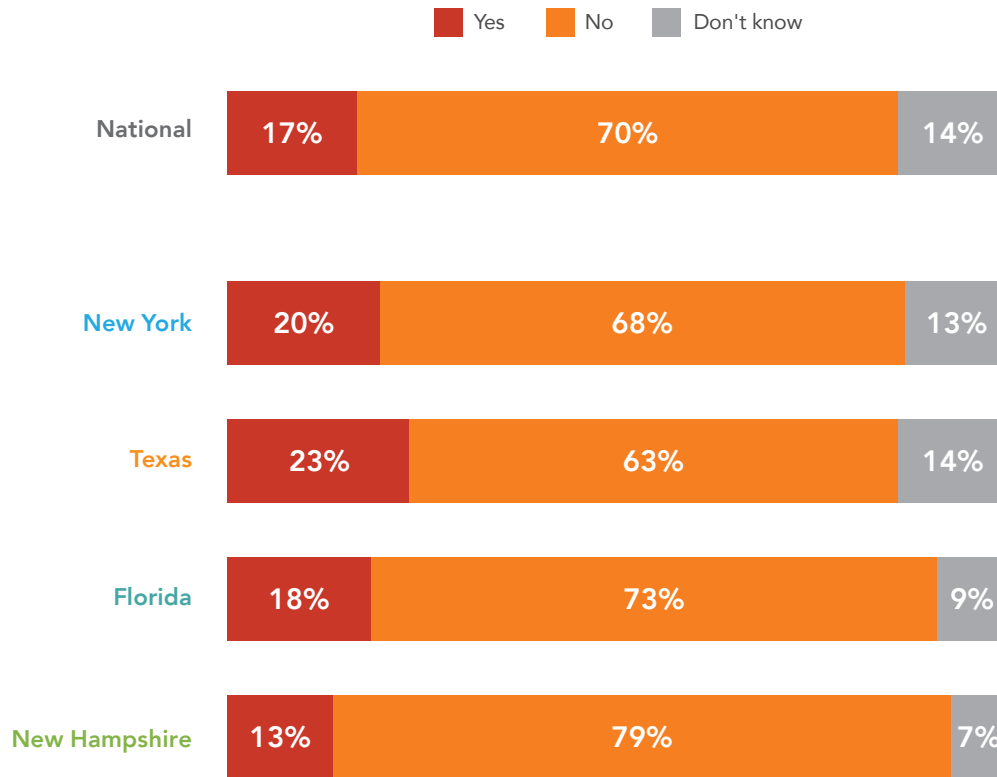
Before the publication of our 2015 report, some health care experts expressed the concern that making price information transparent could actually lead people to choose higher-priced care.⁷ This concern was based on the assumption that people think price is a sign of quality in health care. But this research indicates most Americans do not believe price and quality are associated in health care. Findings from our national survey and from our 2015 research similarly indicate that most Americans do not believe price and quality are associated.⁸

Most Americans do not think higher-priced care is better quality. Using four different questions, we asked Americans about their views on the relationship between cost and quality. We found most Americans understand that health care price and quality are not associated. Seventy percent of Americans say, for example, that higher prices are not typically a sign of better medical care. This is similar to what we found in New York State, Texas, Florida and New Hampshire; see figure 7.

Most Americans do not equate cost with quality in health care.

Figure 7. Percent who say yes, no or don't know to the following question, by state:

Would you say higher prices are typically a sign of better quality medical care, or not?



Base: Random quarter: National, n = 529; New York, n = 211; Texas, n = 195; Florida, n = 190; New Hampshire, n = 203.

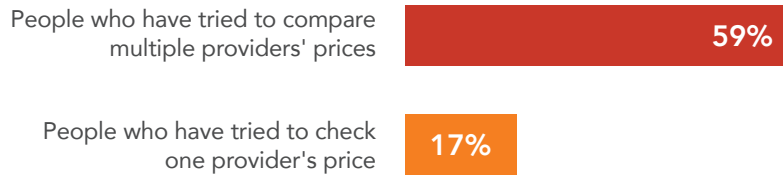
* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Some Americans have already chosen lower-priced care, and more say they would be inclined to do so. Fifty-nine percent of Americans who have tried to compare prices say they chose a less expensive doctor, hospital, medical test or treatment, as compared to 17 percent of those who have tried to check a single provider's price; see figure 8.

People who have tried to compare prices chose less expensive care.

Figure 8. Percent who say they have used price information to choose a less expensive doctor, hospital, medical test or treatment:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019.
Group estimates are statistically different from each other at the p < .05 level.

Among people who have tried to check a single provider's price before getting care, 58 percent indicate that if they compared prices, they would be inclined to choose less expensive doctors. However, 36 percent of them would not be inclined to do so, and 7 percent don't know.

Among people who have not ever tried to find price information before getting care, 40 percent indicate they would be inclined to choose less expensive doctors if they knew prices in advance. However, 43 percent of them would not be inclined to do so, and 17 percent don't know.



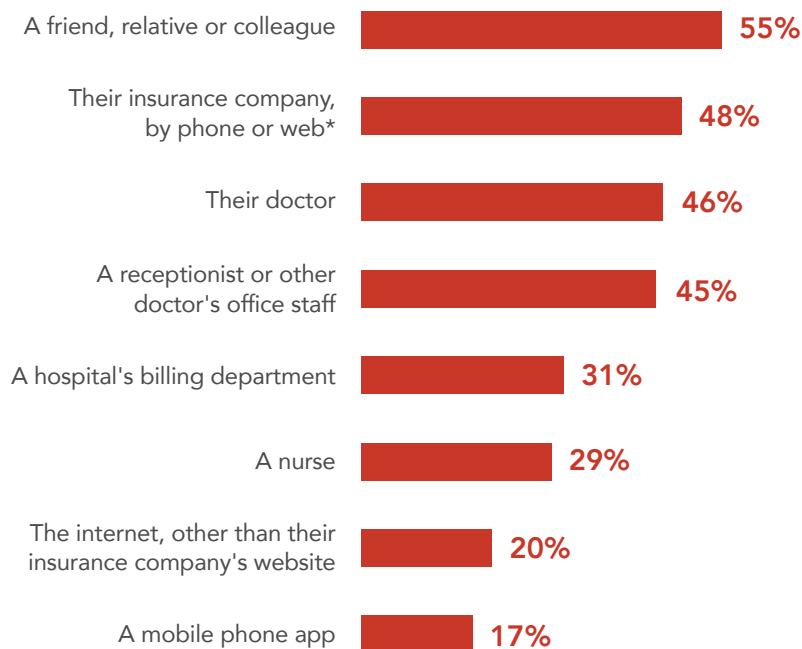
Americans turn to friends, relatives and colleagues; insurance companies; doctors; and receptionists when they try to find price information.

Researchers have found that few people use online price information tools when those tools are offered to them by their insurers or employers.⁹ This has led some experts to assume people are not interested in price information and do not care how much their health care costs.¹⁰ However, as our survey found, online tools are only one among many sources people use to try to find price information.

The sources that Americans most commonly use to try to find price information include friends, relatives and colleagues; insurance companies; doctors; and receptionists. Few people report trying to find price information by using websites other than their insurers'; see figure 9.

People turn to the following sources for price information:

Figure 9. Percent who say they have tried to find price information before getting care, from the following sources:



Base: Have tried to find out price information at least once before getting care: National, n = 1,019.

*Base: Have tried to find out price information at least once before getting care and currently or ever insured: National, n = 997.

Americans who have not ever tried to find price information before getting care say they would be likely to use sources similar to those used by people who have tried to find price information. We asked Americans who have not ever tried to find price information which sources they would be likely to use if they wanted to find out prices before getting medical care. The sources that most Americans who have not ever tried to find price information indicate they are likely to use include calling their insurance companies or looking on their insurers' websites (46 percent); asking their doctors (43 percent); a friend, relative or colleague (38 percent); receptionists or other staff members in their doctors' offices (34 percent); websites other than their insurers' (33 percent); a hospital's billing department (33 percent); a nurse (28 percent); and a mobile phone app (23 percent).

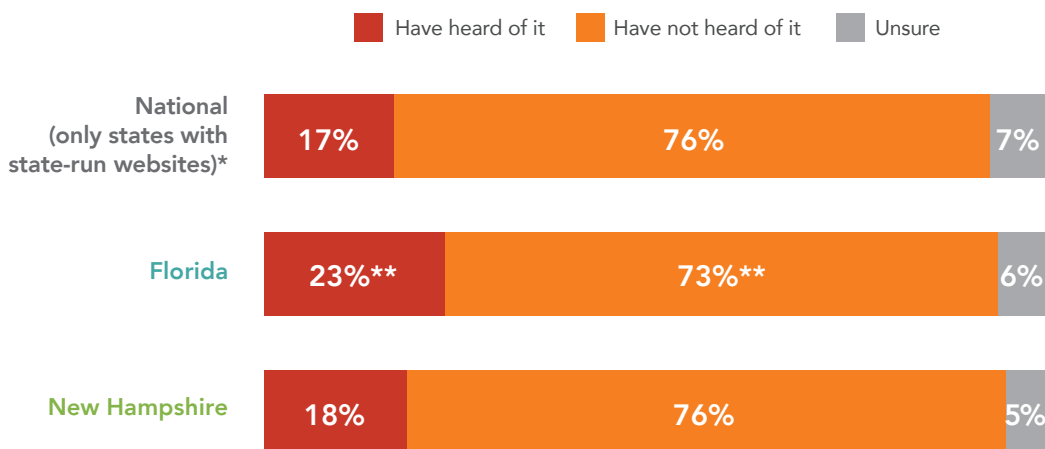
Few people have heard of their states' price information websites. Even fewer have heard of price information websites run by for-profit or nonprofit price information providers.

State governments in Florida and New Hampshire each administer a health care price information website—Florida Health Finder and New Hampshire Health Cost, respectively. Twenty-three percent of Floridians say they have heard of Florida Health Finder, and 18 percent of New Hampshire residents say they have heard of New Hampshire Health Cost.

In our national survey, 17 percent of residents of states with state-administered price information websites indicate they have heard of the names of their states' websites; see figure 10. Seven percent of people in those states who have tried to find price information say they have used their states' websites.¹¹

Few people have heard of their states' price information websites.

Figure 10. Percent who say they have heard of their states' price information websites, they have not heard of them or they are not sure, by state:



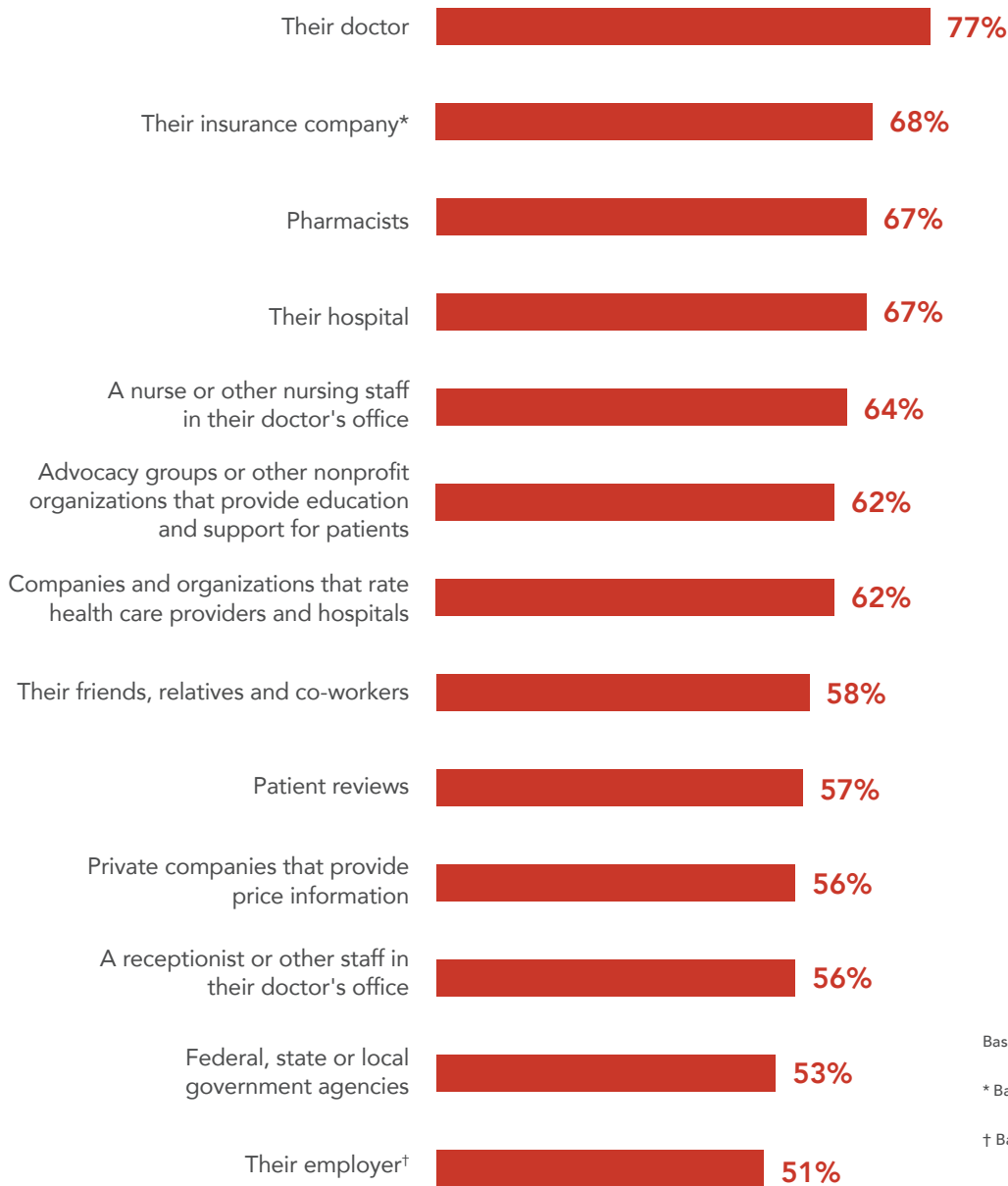
Base: All respondents: Florida, N = 819; New Hampshire, N = 826.
 *Base: Live in one of the 21 states with state-run websites: National: n = 967.
 ** Indicates state estimate is statistically different from the national estimate and from the other state estimate at the p < .05 level
 Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

We also created a list of seven websites run by for-profit or nonprofit price information providers and asked survey respondents about a random four of them.¹² Most Americans—75 percent—did not recognize any of those websites. Twenty-five percent were familiar with one to four of them. None were familiar with all seven.

Doctors and insurers are trusted sources of price information. Fewer people would trust their employers for price information. We found that most Americans—77 percent—would trust their doctors a great deal or some when it comes to finding out about the price of medical care; see figure 11.

Health care providers and insurance companies are trusted sources of price information.

Figure 11. Percent who say they do or would trust each of the following a great deal or some as a source of information about the price of medical care:



Base: All respondents: National, N = 2,062.

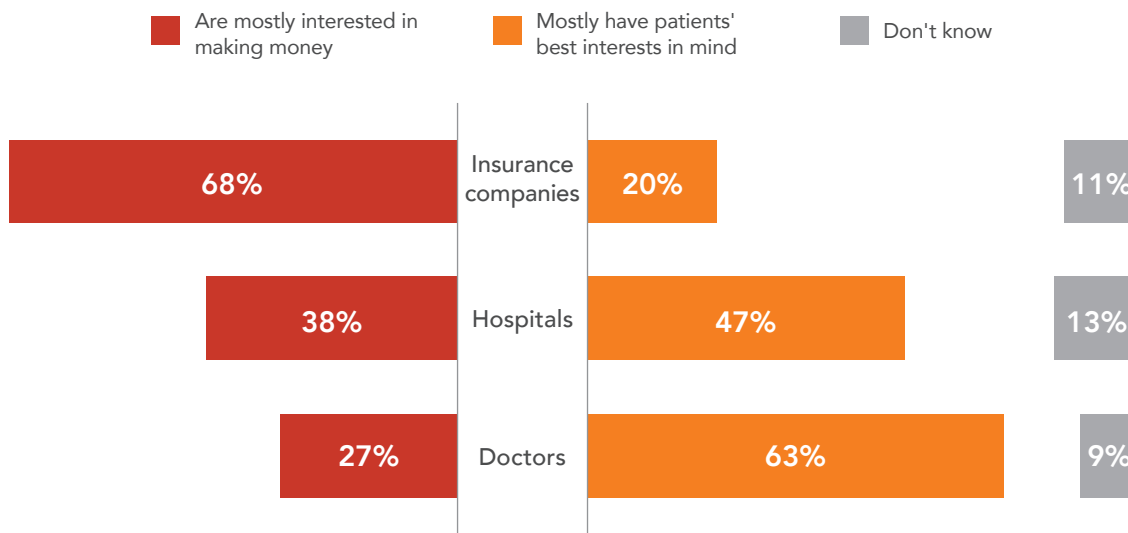
* Base: Currently insured: National, n = 1,853.

† Base: Currently employed and not self-employed: National, n = 952.

Most Americans—68 percent—think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals. Only 20 percent think insurers have patients’ best interests in mind, and 11 percent do not know. When asked the same question about hospitals and doctors, 38 percent of Americans say they think hospitals are mostly interested in making money, and 27 percent think doctors are; see figure 12.

About two-thirds of Americans think insurance companies are mostly interested in making money. Fewer think that of doctors or hospitals.

Figure 12. Percent who say they think each of the following is mostly interested in making money or mostly has patients’ best interests in mind, or they don’t know:



Base: All respondents: National, N = 2,062.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.



Potential barriers to increasing the use of price information by Americans include limited awareness of price variation and uncertainty about how to find price information.

Awareness of price variation among Americans is limited. When it comes to doctors, 44 percent of Americans say some charge more than others for the same services. But over half—56 percent—either believe doctors charge pretty much the same prices for the same services (37 percent) or they don’t know (19 percent); see figure 13a.

When it comes to hospitals, 45 percent of Americans say some charge more than others for the same services. But over half—55 percent—either believe hospitals charge pretty much the same prices for the same services (32 percent) or they don't know (23 percent); see figure 13b.

More residents of New Hampshire, Florida and Texas are aware of price variation than are residents of New York State; see figures 13a and 13b.

Awareness of price variation is limited.

Figure 13a. Percent who say they think the following about *doctors* in their insurance networks or in their areas, by state:



Base: Random half: National, n = 1,025; New York, n = 406; Texas, n = 410; Florida, n = 394; New Hampshire, n = 419.

* Indicates state estimate is statistically different from the national estimate at the p < .05 level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Figure 13b. Percent who say they think the following about *hospitals* in their insurance network or in their area, by state:



Base: Random half: National, n = 1,025; New York, n = 407; Texas, n = 409; Florida, n = 395; New Hampshire, n = 418.

* Indicates state estimate is statistically different from the national estimate at the p < .05 level.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Of people who have not tried to find price information, about half indicate they are not sure how to do so. Fifty-seven percent of Americans who have not tried to find price information before getting care indicate they would like to know the prices of medical services in advance. However, 51 percent of them indicate they are not sure how to do so.

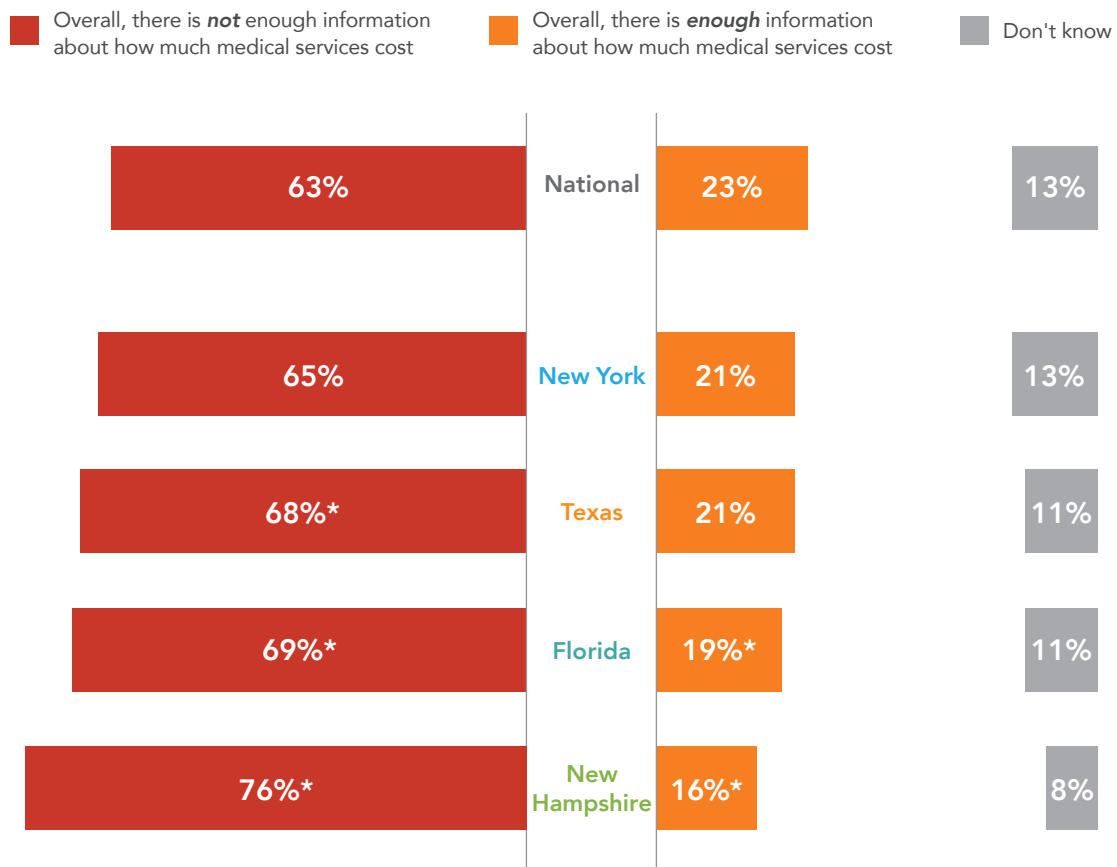


Americans want to know more about health care prices.

Most Americans say there is not enough health care price information. Nearly two-thirds of Americans—63 percent—say there is not enough information about how much medical services cost. However, 23 percent say there is enough information, and nearly 13 percent do not know. This finding is similar in New York State, Texas, Florida and New Hampshire; see figure 14.

Most Americans say there is not enough health care price information.

Figure 14. Percent who say one of the following statements comes closest to their view, by state:



Base: All respondents: National, N = 2,062; New York, N = 802; Texas, N = 808; Florida, N = 819; New Hampshire, N = 826.

* Indicates state estimate is statistically different from the national estimate at the $p < .05$ level.

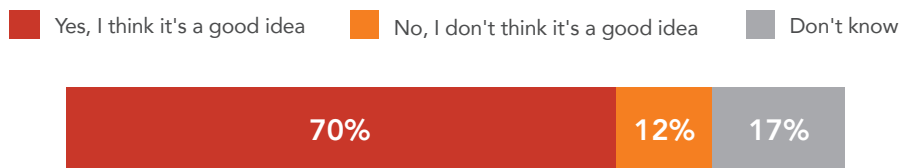
Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the chart.

Most Americans think it is important for their state governments to provide price information. Eighty percent of Americans think it is important for their state governments to provide people with information that allows them to compare prices before getting care. Because our survey did not ask how important it is for other entities—such as insurers or employers—to provide comparative price information, this finding may say as much about people’s desire for more information about health care prices as it does about their desire for information specifically from their state governments.

Most Americans favor doctors and their staffs discussing prices with patients. However, fewer say a doctor or their staff has brought up price in conversation with them. Seventy percent of Americans think it is a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests or procedures or referring them to specialists; see figure 15a. However, only 28 percent say a doctor or their staff has brought up price in conversation with them; see figure 15b.

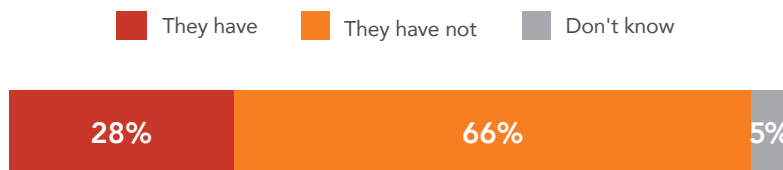
Most people favor doctors and their staffs discussing prices with patients. Fewer report a doctor or their staff has brought up prices in conversation with them.

Figure 15a. Percent who say it is or is not a good idea for doctors and their staffs to discuss prices with patients before ordering or doing tests, procedures or referrals, or that they do not know:



Base: All respondents: National, N = 2,062.

Figure 15b. Percent who say a doctor or their staff has or has not brought up in conversation with them the price of a test, procedure or referral, or that they do not know:



Base: All respondents: National, N = 2,062.

Numbers may not add up to 100 percent due to rounding and the less than one percent of respondents who refused the question and are not represented in the charts.



IMPLICATIONS

Based on these findings, this brief concludes with implications and questions for policymakers, insurers, employers and providers, as well as for-profit and nonprofit price information providers, so that efforts to make prices more transparent will be informed by and responsive to the perspectives and needs of the American public.

- **Help people compare prices to help them save money.** Consistent with findings from our 2015 report, this research found that trying to compare prices across multiple providers is still less common than trying to check one provider's price. Yet people who have tried to compare prices are more likely to report saving money. This suggests that just making price information available is not enough to help people save money. Insurers, employers and policymakers should also adopt strategies to encourage people to compare prices. These might include creating financial incentives to compare prices, building awareness of price variation, experimenting with reference pricing or other creative benefit designs, or building information systems that make multiple prices available for comparison.
- **Direct price transparency efforts toward people who face high out-of-pocket costs and toward those whose insurance coverage is unstable.** This research found Americans who have been uninsured at some point in the past 12 months are more likely to have tried to find price information before getting care than those who were fully insured. It also found people with higher deductibles are more likely to have tried to find price information before getting care. Insurers, providers, employers, policymakers and price information providers should, therefore, pay particular attention to the information needs of these people, who appear to be particularly interested in finding out about their out-of-pocket costs.

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- **Recognize the diversity of sources people use to try to find price information.** Besides friends, relatives and colleagues, the sources Americans most commonly use to try to find price information include calling insurers and using insurers' websites, as well as asking doctors or receptionists. While online price information tools are proliferating, few people use state-run price information websites or other sites besides their insurers'. Policymakers, employers and others interested in helping people find price information should consider in-person or phone sources—like receptionists or insurers' customer service representatives—as part of the price information infrastructure and should consider how to ensure those sources are meeting people's needs efficiently. Past research has used insurance claims data to study whether people save money by using online price information tools provided by employers and insurers. But future research should also consider the impacts of in-person and phone sources of price information.
 - **Equip medical professionals and their staffs to discuss prices with patients or to refer patients to reliable sources of price information.** Doctors and their staffs emerged as trusted sources of price information for many Americans in this research, and many people favor doctors and their staffs talking to patients about price. How can doctors and their staffs—including receptionists and nurses—be equipped to handle these conversations? These professionals may not need to be able to tell people exactly what certain medical services will cost them, but they could discuss costs and coverage more generally and guide people toward more specific price information, if necessary.
 - **Employers should find ways to build trust with more of their employees.** Some employers have already invested in price information tools for their employees. Yet the percentage of people who would trust their employers as potential sources of price information is lower than the percentages who would trust other potential sources. Employers and employees could both benefit from lower health care spending. Therefore, it would be in employers' interests to become trusted sources of or trusted guides to price information for more of their employees.
 - **States should consider a range of ways to make price information more transparent.** Despite finding that fewer people would trust local, state and federal governments as sources of price information than would trust other potential sources, this research also found most people think it is important for their state governments to provide comparative price information. While few people in states that run price information websites have heard of those sites, even fewer have heard of sites run by for-profit or nonprofit price information providers. What can states reasonably do to fulfill people's interest in price information? Besides providing information themselves, how can states encourage insurers and providers to be more transparent about prices and help state residents understand the extent of price variation?
 - **Support further exploration of variations among states in how people find and use price information.** This research found that higher proportions of Floridians, New Hampshire residents and Texans have tried to find price information and have compared prices than Americans overall or residents of New York State. These state variations cannot be attributed to demographics or other characteristics for which we tested, such as size of deductible. What accounts for them? How much do other states vary in how people find and use price information? It would be helpful to understand whether state policies or characteristics of health care markets might account for higher rates of seeking and comparing prices in the states we surveyed or others.

METHODOLOGY IN BRIEF

This brief summarizes findings from a nationally representative survey of 2,062 U.S. adults ages 18 and older and representative surveys of 808 adults in Texas, 802 adults in New York State, 819 adults in Florida and 826 adults in New Hampshire. Interviews were conducted from July through September 2016.

Respondents could choose to complete the survey in English or Spanish. Data for both surveys were collected through 40 percent phone interviews, including cell phones, and 60 percent online surveys. The phone response rate for the national survey was 12.8 percent using the American Association for Public Opinion Research's Response Rate Three (RR3) formula. For the state surveys, the telephone response rates were calculated to be the following using the same formula: 12.1 percent for Florida, 10.0 percent for New Hampshire, 10.4 percent for New York and 14.4 percent for Texas. Response rates did not differ between landline and cell phone interviews.

For both surveys, the phone sample was weighted to correct for variance in the likelihood of selection for a given case. Phone and online samples were combined using propensity score matching and were weighted to general population demographics.

The weight-adjusted margin of error is +/-2.6 percentage points for the national survey, +/- 4.1 percentage points for New York, +/- 4.2 percentage points for Texas, +/- 4.2 percentage points for Florida and +/-3.9 percentage points for New Hampshire. Differences reported between subgroups are statistically significant at the $p < .05$ level unless otherwise stated. The surveys were designed by Public Agenda and fielded by Social Science Research Solutions, Inc.

Public Agenda conducted this research with support from the Robert Wood Johnson Foundation. The research in New York State was funded by the New York State Health Foundation. For briefs on all four states and for the full national research report, including topline findings, full question wordings and sample characteristics, please go to <http://www.publicagenda.org/pages/still-searching>.

ENDNOTES

- ¹ Agency for Healthcare Research and Quality, “Table II.F.1, Table II.F.2, Table II.F.3, Table II.F.4, Table II.F.5 and Table II.F.6,” Medical Expenditure Panel Survey Insurance Component Tables, 1996–2015, generated using MEPSnet/IC on January 31, 2017, https://meps.ahrq.gov/mepsweb/data_stats/MEPSnet/IC/startup.
- ² Catalyst for Payment Reform and Health Care Incentives Improvement Institute, “Report Card on State Price Transparency Laws” (Oakland CA: Catalyst for Payment Reform, 2016), <http://www.hci3.org/wp-content/uploads/2016/07/reportcard2016.pdf>.
- ³ Telephone and online samples were combined using propensity score matching techniques and weighted to the general U.S. population. See the methodology in the full report for a detailed description of how this research was conducted.
- ⁴ David Schleifer, Carolin Hagelskamp and Chloe Rinehart, “How Much Will It Cost? How Americans Use Prices in Health Care” (New York, NY: Public Agenda, 2015), <http://www.publicagenda.org/pages/how-much-will-it-cost>.
- ⁵ This percentage includes those who say they have ever tried to find out how much they would have to pay out of pocket, not including a copay, in any one or more of the following four situations: before visiting a primary care doctor, before visiting a specialist doctor, before a hospital stay or before getting a medical test. It also includes those who say they have ever tried to find out before getting care what a doctor or medical facility would charge their insurance companies. Schleifer, Hagelskamp and Rinehart, “How Much Will It Cost?” 2015.
- ⁶ New Hampshire was excluded from this analysis because so few residents of that state were uninsured at some point during the past 12 months.
- ⁷ Ateev Mehrotra, Peter S. Hussey, Arnold Milstein and Judith H. Hibbard, “Consumers’ and Providers’ Responses to Public Cost Reports, and How to Raise the Likelihood of Achieving Desired Results,” *Health Affairs* 31, no. 4 (2012): 843–51; Anna D. Sinaiko and Meredith B. Rosenthal, “Increased Price Transparency in Health Care—Challenges and Potential Effects,” *New England Journal of Medicine* 364, no. 10 (2011): 891–94.
- ⁸ Kathryn A. Phillips, David Schleifer and Carolin Hagelskamp, “Most Americans Do Not Believe that There Is an Association Between Health Care Prices and Quality of Care,” *Health Affairs* 35, no. 4 (2016): 647–53; David Schleifer, Rebecca Silliman and Chloe Rinehart, “Still Searching: How People Use Health Care Price Information in the United States, New York State, Florida, Texas and New Hampshire” (Brooklyn, NY: Public Agenda, 2017), <http://www.publicagenda.org/pages/still-searching>.
- ⁹ Sunita Desai, Laura A. Hatfield, Andrew L. Hicks, Michael E. Chernew and Ateev Mehrotra, “Association Between Availability of a Price Transparency Tool and Outpatient Spending,” *JAMA* 315, no. 17 (2016): 1874–81; Anna D. Sinaiko, Karen E. Joynt and Meredith B. Rosenthal, “Association Between Viewing Health Care Price Information and Choice of Health Care Facility,” *JAMA Internal Medicine* 176, no. 12 (2016): 1868–70; Aparna Higgins, Nicole Brainard and German Veselovskiy, “Characterizing Health Plan Price Estimator Tools: Findings from a National Survey,” *American Journal of Managed Care* 22, no. 2 (2016): 126–31.
- ¹⁰ Austin Frakt, “Price Transparency Is Nice. Just Don’t Expect It to Cut Health Costs,” *New York Times*, December 19, 2016, https://www.nytimes.com/2016/12/19/upshot/price-transparency-is-nice-just-dont-expect-it-to-cut-health-costs.html?_r=0.
- ¹¹ This includes residents of Arkansas, California, Colorado, Florida, Illinois, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oregon, South Dakota, Utah, Vermont, Virginia and Wisconsin.
- ¹² These websites were Castlight Health, Healthcare Blue Book, Clear Health Costs, Fair Health, Pricing Health Care, Guroo and New Choice Health.



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