

The Kaiser Family Foundation/Agency for Health Care Research and Quality

Summary

National Survey on

Americans as Health Care Consumers:
An Update on The Role of Quality Information

December 2000

Methodology:

The results of the Kaiser Family Foundation/Agency for Healthcare Research and Quality *National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information* are based on a telephone survey conducted between July 31 and October 9, 2000, among a randomly selected nationally representative sample of 2,014 adults 18 years or older. Representatives from both organizations worked together to develop the survey questionnaire and to analyze the results. Fieldwork was conducted by Princeton Survey Research Associates for the Kaiser Family Foundation. The margin of sampling error is +/-2 percentage points. For results based on subsets of respondents the margin of error is higher. Note that in addition to sampling error there are other possible sources of measurement error.

Trends from 1996 are from the Kaiser Family Foundation/Agency for Healthcare Research and Quality *Americans as Health Care Consumers: The Role of Quality Information* national survey conducted from July 26-September 5, 1996 with 2,006 adults. Fieldwork for this survey was also conducted by Princeton Survey Research Associates. The margin of error for that survey is +/-3 percentage points.

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

The Agency for Healthcare Research and Quality is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services.

OVERVIEW:

This summarizes results from the Kaiser Family Foundation and the Agency for Health Care Research and Quality survey conducted to learn more about the role of quality information in consumer's healthcare decision-making, and to assess changes over time by making comparisons to a similar survey conducted in 1996.

As in 1996, Americans are more likely to say that quality of care is their biggest concern in choosing a health plan, over low cost, a wide range of benefits, and having a wide choice of doctors. People are more likely than they were in 1996 to say that there are big differences in the quality of health care among specialists, hospitals, and health plans. Furthermore, the public is still more likely to choose doctors and hospitals that they are familiar with, over those that are more highly rated, although this gap has narrowed over time. And, as in 1996, people are more likely to say they rely on recommendations of friends, family, and health professionals they know than on standardized quality indicators.

Only about one in ten Americans have used information that compares quality among health plans, hospitals or doctors to help them make their health care choice. This may be expected when considering that few people have seen any comparative quality information (about a quarter say they have about health plans, 15% about hospitals, and about one in ten about doctors). Even among those who have seen quality information, many say that they did not need to make a decision at the time they saw the information or that the information wasn't specific to their personal health care issue or concern. Furthermore, about 4 in ten Americans with employer sponsored health plan coverage say they have no choice in health plans at all, making comparative quality information about plans less relevant.

Despite the fact that few people have used comparative quality information for their decision-making, most Americans believe that information about medical errors, providers' past experiences, and patients' experiences in getting care would tell them a lot about the quality of doctors, hospitals, and health plans. These measures may resonate so well with people given that they are more concerned about mistakes happening when they receive health care services than when they fly on an airplane.

Most Americans get their health insurance through their employer and many large employers have been interested in making quality information available to their employees. However, six in 10 people say they don't trust their employer to provide them with information about the quality of the health plans available to them because employer's main concern is too save money on their health benefits.

Doctors and pharmacists are considered highly trustworthy sources of information about prescription drugs, but less than one in ten Americans trust information that comes from health websites on the Internet or through advertisements.

Americans see a role for government in terms of promoting, monitoring, or providing information about the quality of health care. Furthermore, the public believes in their right to know. Almost three-quarters say the government should require health care providers to report all serious medical

errors to make sure this information is publicly available, and reject concerns about protecting the privacy of patients and medical staff as reasons to withhold this data.

HIGHLIGHTS:

I. Health Care Quality

- **Americans say that quality of care is their biggest concern in choosing a health plan.** The public is about equally likely now as they were in 1996 to say that quality of care is their biggest concern in choosing a health plan, over low cost, a wide range of benefits, and having a wide choice of doctors. (Chart 1)

Biggest Concern in Choosing a Health Plan		
	2000	1996
Quality of care	44%	42%
Low cost	18	17
Wide range of benefits	17	14
Wide choice of doctors	15	17

- **Americans are more likely now than in 1996 to say there are big differences in the quality of local health plans, hospitals, and specialists.** More than half the public says there are big differences in the quality of care among local health plans, an increase from 1996 (55% vs. 47%). Nearly half the public says there are big differences between local hospitals, an increase from 1996 (47% vs. 38%). Forty-two percent say that there are big differences in local specialists, an increase from 28% in 1996. Forty-five percent of Americans say there are big differences in the quality of care at local nursing homes (no comparison data for 1996). (Chart 2)
- **Americans are about equally likely as they were in 1996 to say there are big differences in quality among local family doctors.** Forty percent of people say there are big differences in the quality of care between local family doctors and general practitioners, similar to results from 1996 (37%). (Chart 2)

II. Defining “Quality”

- **When asked in an open-ended question to name the most important factor in determining the quality of health care patients receive, people are most likely to mention doctors’ qualifications as key to determining the quality of care patients receive.** People

mentioned the qualifications of doctors (22%), followed by ability to choose your own doctor (7%), the patient/provider relationship (7%), insurance coverage of care and procedures (6%), affordability/cost (5%), and availability of appointments (5%). (Chart 3)

- ***When given a list of different types of information, the public is more likely to choose medical errors, information about providers' experiences, and information about patients' experiences getting needed medical care than most other quality indicators as informative to their choice of doctor, hospital, or health plan.***
 - A majority of Americans say they can tell “a lot” about quality from information about medical errors and providers' past experiences. For example, helpful information includes comparing the number of medical errors made by health plans' doctors and hospitals (71%), the number of malpractice suits a doctor has filed against him or her (70%), reports of medical errors at hospitals (69%), a health plans' percentage of doctors who have had a complaint filed against them or lost malpractice lawsuits (67%), how much experience the hospital has in performing a particular test or procedure (66%), and the number of times a doctor has done a specific medical procedure (65%), and whether a doctor is board certified and has had additional training and testing in their specialty area (63%).
 - Patient experiences getting needed care were also frequently cited as quality indicators, including whether the plan has programs to help people with chronic illnesses (67%), how easy it is for plan members to see specialists (66%), how quickly patients in a health plan can see a doctor when they need an appointment (64%), the percentage of plan members who get preventive care for things like high blood pressure (63%), whether the plan will help you find the care you need (61%), how easy it is for plan members to get lab tests they need (60%), how easy it is for plan members to get lab tests they need (60%), the range of health benefits available beyond basic medical coverage (60%), patient survey results on how well the doctor communicates (57%), how many patients die after having surgery at the hospital (57%), patient surveys about how well the health plan's doctors communicate (57%) or about the quality of care in that plan (55%), the number of patients at a hospital who do not get standard recommended treatments (51%), and how patients who are surveyed rate the quality of care at a hospital (50%). (Charts 4 – 7)
 - Other information that fewer people considered useful indicators of quality among *doctors* include whether a doctor has admission privileges to a particular local hospital (37%), whether the doctor was highly rated by a local newspaper or magazine (26%), or whether a doctor charges more than other doctors (19%).
 - Other information that fewer people considered useful indicators of quality for *hospitals* include whether the hospital has been accredited (47%), whether the hospital is a teaching hospital (44%), and whether the hospital was highly rated by a newspaper or magazine (29%).

- For *health plans*, fewer people thought the following indicators useful turnover rates of doctors in a health plan (52%) whether the plan has been accredited (38%) and what health improvement programs the plan offers or pays for (34%).

- ***Measures related to medical errors and potential harm may resonate with the public because they are more concerned about errors or mistakes happening when receiving health care, particularly at a hospital or doctor’s office, than when they fly on airlines or eat food from the supermarket.*** The public is more likely to say that they are very concerned about serious errors or mistakes happening when they receive care at a hospital (47%), or when they receive health care in general (47%), or doctor’s office (40%) than when they fill a prescription at a pharmacy (34%), fly on U.S. commercial airliners (32%), eat foods purchased at the supermarket (30%). Six percent of the public report that they have experienced a medical error in the past year. (Chart 8)

III. What Influences Decisions

- ***The majority of people say they feel confident that they are getting enough information to make the right choices about their health care.*** The majority of the public says they felt confident that they had enough information to make the right choices the last time they decided on a treatment option (81%), doctor (79%), new prescription drug (79%), hospital (73%), or health plan (67%). (Chart 9)
- ***As in 1996, if they had to choose a new hospital, doctor, or health plan, people are more likely to rely on the recommendations of people they know than on standardized quality indicators.*** Around 6 in 10 Americans would rely “a lot” on friends and family members or on their regular doctors to make choices. Less than half Americans say they would rely on indicators such as patient surveys, consumer groups, and newspapers and magazines. (Charts 10 – 12)
 - In choosing a new doctor, people are more likely to rely a lot on friends and family members (65%) and their regular doctors or other individual doctors (64%) than patient surveys (41%), their employers (26%), groups of doctors like state medical societies (24%), government agencies (14%), consumer groups (16%), and ratings in newspapers or magazines (7%).
 - In choosing a new hospital, people are more likely to rely a lot on their regular doctors or other individual doctors (64%) and friends and family members (63%) than patient surveys (41%), groups of doctors like state medical societies (28%), their employers (25%), consumer groups (18%), government agencies(15%), and ratings in newspapers or magazines (12%).
 - In choosing a new health plan, people are more likely to rely a lot on their regular doctors or other individual doctors (60%) and friends and family members (60%) than patient surveys (39%), their employers (29%), groups of doctors like state medical societies (25%), consumer groups (16%), government agencies(13%), and ratings in newspapers or magazines (8%).

- ***Similarly, people seeking quality information are more likely to ask for recommendations from people than know instead of contacting official groups or looking at printed information.*** The majority of people say that if they wanted to find information comparing the quality of different doctors, hospitals, or health plans, they would be “very likely” to ask for recommendations from friends, family members, or co-workers (70%) or from a doctor, nurse, or other health professional they know (65%). (Chart 13)
 - Fewer people choose sources of quality information such as contacting someone at or referring to information from their health plan (37%), going online to get quality information (28%), calling a toll-free number to hear recorded information (18%), and referring to a section of a newspaper or magazine that lists quality information (17%).
- ***Familiarity plays a more important role than expert ratings in the selection of doctors and hospitals.*** More people say that they would choose a surgeon they had seen before but who was not well rated (50%) than a surgeon they had not seen before who was rated higher (38%). Similarly, people are more likely to choose a hospital that is familiar (62%) over one that is rated higher (32%). (Chart 14)
- ***However, the gap between those choosing familiar doctors and hospitals over those that are higher rated by independent experts has narrowed since 1996.*** In 1996, people were even more likely than they are in 2000 to choose the surgeon they had seen before over the higher-rated surgeon (76% in 1996 vs. 50% in 2000), and to choose the hospital that is familiar over a more highly rated hospital (72% in 1996 vs. 62% in 2000). (Note that some of the drop in choosing a familiar surgeon may be due to a slight wording change in the question that was made between the 1996 and 2000 surveys). (Chart 14)
- ***In thinking about information about prescription drugs, the public trusts doctors and pharmacists, but are considerably less likely to trust information that appears in advertisements or on health websites.*** Seventy-six percent of the public says they trust their doctor “a lot” to provide accurate information about prescription drugs and 70% say they trust their pharmacist. About half trust printed information in prescription drug packages and 37% trust government agencies like the FDA. Few have “a lot” of trust in health websites (9%) or advertisements for prescription medicines (6%). (Chart 25)

The Role of Friends, Family, and Employers

- ***People are equally likely now as in 1996 to say that the opinions of friends and family members are a good source of information about health plans.*** The majority of people (67%) say that the opinions of friends and family are a good source of information about health plans. We found similar results in 1996, when 69% said this. In 2000 and 1996, 27% of the public said that friends and family do not have enough knowledge and experience to provide good information about health plans. (Chart 15)

- ***In choosing a health plan, the public says recommendations of friends and family and the recommendations of experts are about equally likely to play an important role in their choice of health plans.*** The public is about equally likely to choose a health plan recommended by friends as a health plan rated highly by experts (47% vs. 45%). This has shifted since 1996, when people were more likely to choose a health plan recommended by friends and family (52%) over one recommended by experts (43%). (Chart 15)
- ***Eleven percent of Americans have seen quality information that was given out at work.***
- ***Around one-fourth of Americans say they would rely “a lot” on information from their employers when choosing a new doctor, hospital, or health plan.*** This ranks lower than reliance on friends and family, doctor recommendations, and patient surveys, but higher than government agencies, consumer groups, and newspapers or magazines. (Charts 10 – 12)
- ***However, 6 in 10 people say that employers are not a good source of information about quality.*** Sixty-one percent of the public now says they do not trust employers because their main concern is saving the company money, while 29% say that employers are a good source of information about health plan quality because employers examine plans closely when deciding which ones to offer. (Chart 16)

IV. Exposure to and Use of Quality Information

- ***Few Americans have actually used quality information to make their health care choices.*** Four percent of Americans have used quality information in selecting a doctor, 4% in selecting a hospital, 9% in choosing a health plan, and 12% have used any quality information in making decisions in the last year. In 1996, 4% of Americans said they had used quality information about doctors, 6% had used quality information about hospitals, 12% had used information about health plans, and 15% had used any quality information in making decisions. (Chart 17)
- ***It may not be surprising that so few people have used this type of information given that less than 3 in 10 Americans have seen quality information in the last year.*** Twenty-seven percent of Americans have seen ANY information comparing the quality of different doctors, hospitals, or health plans. Twenty-three percent of Americans say they have seen information comparing the quality among health plans, 15% say they have seen information comparing quality among hospitals, and 9% say they have seen information comparing quality among doctors. (Chart 18)
- ***Furthermore, many Americans do not have a choice of health plan.*** Fifty-five percent of Americans with employer-based health coverage have a choice of health plans, but 41% say their employer offers only one plan. (Chart 19)

- ***The majority of people who saw quality information said they did not use it, but often this was because they did not need to make a decision at the time or the information was not specific to their health concerns.*** The majority of people who had seen quality information but did not use it said that this was because they did not need to make a decision at that time about their doctor (67%), hospital (71%), or health plan (65%) or that the information was not specific to their personal health conditions of concerns (59% for doctors, 48% for hospitals, and 43% for health plans). (Chart 20)
 - Other commonly listed reasons for not using the quality information they had seen about doctors, hospitals, and health plans: factors other than quality, such as location or cost, were more important (44%, 40%, and 39%), the information didn't cover the specific doctor, hospital or health plan they needed to know about (43%, 35%, and 37%), and the information was confusing or difficult to understand (22%, 15%, and 25%).
- ***As in 1996, more than 8 in 10 of people who saw quality information said they thought the quality information they saw would be useful.*** Eighty-seven percent of people who saw information on health plans said it would be useful to someone making decisions about health plans, 86% of people who saw quality information on doctors thought it would be useful, and 85% of people who saw information comparing hospitals thought it would be useful. This is about the same as in 1996 (87%, 86%, and 83%). (Chart 21)
- ***People were most likely to have seen quality information in a newspaper or magazine or to have gotten it in the mail.*** Seventeen percent of Americans say that they saw quality information in a newspaper or magazine, 15% saw quality information that came through the mail, 11% saw information that was given out at work, and 7% saw that they saw quality information online.

V. The Internet

- ***One of the biggest changes in the country since 1996 has been the increasingly widespread adoption and use of the Internet. However, few people are currently tuning to the web to find quality information and few have a lot of trust in information provided over health websites.*** Only 7% of people have actually seen quality information over the Internet. However, when asked where they would turn, 28% of Americans say they would go online to get quality information, although far more would ask for recommendations of friends, family, and co-workers (70%) or from a health professional they know (65%). Just 9% say they have “a lot” of trust in health websites to provide accurate information about prescription, but an additional 31% say they trust this source “somewhat.” (Chart 24)

VI. The Role of Government in Information about Quality

- ***Sixty-three percent of the public says the government should be involved in promoting, monitoring, or providing information about quality of health care.*** People were most likely to say that the government should work directly with providers to improve quality (28%), 21% said that the government should go further and penalize providers that fail to meet standards, and 12% said that the government should just make sure information is available. Thirty percent of Americans say the government should not be involved in this at all. (Chart 22)
- ***Nearly three-quarters of the public favors mandatory reporting and public availability of medical error information.*** Seventy-three percent of the public says the government should require health care providers to report all serious medical errors to make sure this information is publicly available, while 21% say that reporting of medical errors should be done a voluntary basis to ensure privacy for patients and medical staff. (Chart 23)

VII. Special Groups

- Seniors.** Seniors' willingness to use recommendations of friends and family as a resource for quality information appears mixed. Seniors are more likely than Americans under age 65 to say they would choose a health plan recommended highly by friends over a plan recommended highly by experts. However, they are less likely than younger Americans to say they would be "very likely" to ask friends, family members, and co-workers for recommendations when comparing the quality of health care or to ask friends and family members for specific recommendations of doctors, hospitals, or health plans. Seniors are more likely than younger Americans to say they felt confident that they had enough information to make the right choices the last time they had to choose a doctor, hospital, or health plan, and less likely to say there are big differences in quality among family doctors, specialists, hospitals, nursing homes), and health plans. (Chart 26)

	Seniors	Under Age 65
Would choose a health plan recommended highly by friends	51%	44%
Would choose a health plan recommended highly by experts	37	49
Say friends or family members would have "a lot" of influence on choice of		
doctors	57	67
hospitals	48	66
health plans	46	63
Say they felt "very confident" that they had enough information to make the right choices the last time they had to choose a		
doctor	62	46
hospital	55	45
health plan	44	34
Say there are "big differences" in the quality of care among		
family doctors	30	42
specialists	34	43
hospitals	34	50

nursing homes	37	47
health plans	47	57

- People with a Chronic Disease or Disability.** People with a chronic disease or disability are more concerned than people without a disease or disability about errors or mistakes happening when receiving health care in general, care at a doctor’s office, or prescription medicines. Furthermore, they are more likely than people without a chronic condition to say they have experienced a medical error in the past year. Perhaps related to this heightened concern, people with a chronic disease or disability are more likely than people without these conditions to say they would seek quality information in a variety of places such as ordering a printed booklet or contacting a state agency for quality information. (Chart 27)

	People with a Chronic Disease or Disability	People Without a Chronic Disease or Disability
“Very concerned” about errors or mistakes happening when		
receiving health care in general	57%	45%
receiving care at a doctor’s office	47	38
filling prescription medicines	43	33
Experienced a medical error in the last year	14	5
“Very likely” to seek quality information, for example by		
ordering a printed booklet	27	19
contacting a state agency for quality information	30	18

- People Who Have Had Difficulty Communicating with a Provider.** People who say they or other family members have ever had difficulty communicating with a provider because of language or cultural difficulties are less likely than people who have not had these difficulties to say they felt confident that they had all the information they needed the last time they chose a doctor, hospital, or treatment option. They are also more likely than people who have not had communication difficulties to say that there are big differences in quality among family doctors, specialists, and hospitals and to say they experienced a medical error within in the last year. (Chart 28)

	People Who Have Had Difficulty Communicating with a Provider	People Who Have Not Had Difficulty
Felt “very confident” that they had enough information to make the right choices the last time they chose a		
doctor	38%	51%
hospital	36	48
new treatment option	34	44
Say there are “big differences” in quality among		
family doctors	49	39
specialists	53	40
hospitals	57	45
Experienced a medical error in the last year	13	5

- Racial and Ethnic Minorities.*** Blacks are more likely than Whites to have concerns about errors or mistakes in health care, with Hispanics’ concern falling between these groups. Blacks and Hispanics are more likely than Whites to say they think the government should be involved in promoting, monitoring, or providing information about the quality of health care. However, in terms of the reporting of medical errors, Blacks and Hispanics are more concerned about privacy than Whites. Blacks and Hispanics are more likely than Whites to say that reporting should be done on a voluntary basis to ensure the personal privacy of patients and staff involved. (Chart 29)

	Blacks	Hispanics	Whites
“Very concerned” about errors or mistakes happening when			
receiving health care in general	71%	45%	43%
receiving care at a hospital	62	57	44
Say the government should be involved in promoting, monitoring, or providing	79	69	60

information about quality of care

Reporting of medical errors should be done on a voluntary basis to ensure the privacy of patients and staff involved	32	29	19
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