



What Do Americans Think About the Role of Quality of Care Information When Making Decisions About Their Health Care?

Background

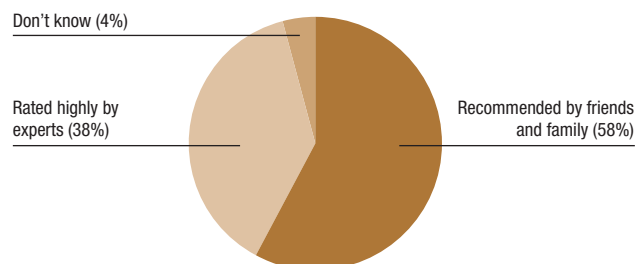
Ensuring that all Americans—especially those with chronic conditions—receive high-quality care is central to the Robert Wood Johnson Foundation’s (RWJF) mission to improve health and health care. Currently, RWJF focuses on improving the quality of chronic disease management in outpatient settings, because it has proven to have a strong effect on both health outcomes and the cost of care. Reporting of quality of care information, for use by the public in making decisions about their health care, is a strategy to influence outpatient care quality.

This document highlights the results from a survey conducted in April 2006 by the Harvard School of Public Health and RWJF. The team polled a nationally representative sample of 1,082 adults age 18 and older to determine their perception of the quality of care information they receive when making decisions about their health care.

Key Findings

- Some 58 percent of Americans surveyed indicated that they were more likely to follow the recommendations of friends and family than expert ratings when choosing a physician or a medical practice.

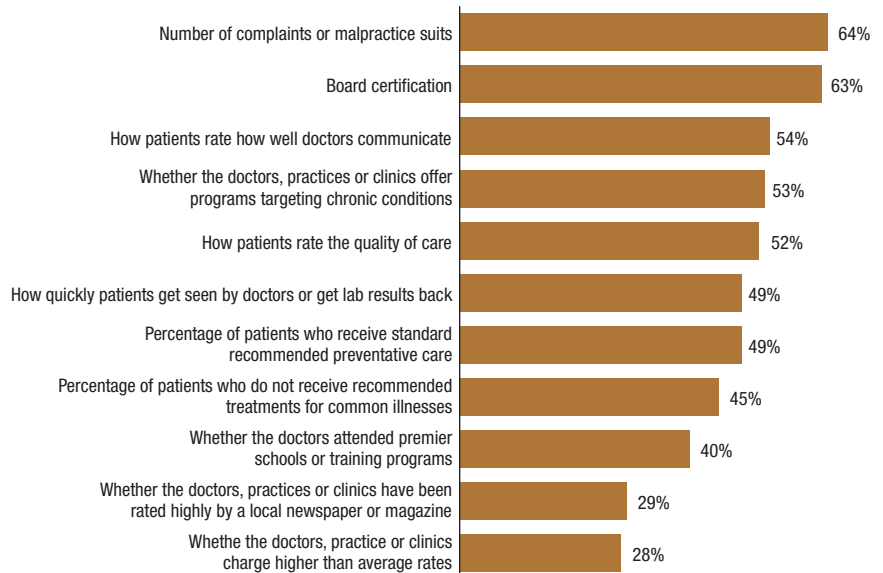
Americans place primary importance on recommendations by family and friends when choosing between physicians or practices



Source: Harvard School of Public Health and the Robert Wood Johnson Foundation. Quality of Care Survey, April 2006

- The quality indicators that Americans found most useful when choosing a doctor or medical practice were whether the physician was board certified (63%) and how many complaints and malpractice suits were filed (64%) against a particular physician or practice. However, quality indicators such as whether the doctors or their practices have been rated highly by a local newspaper, patient ratings on physicians’ communications, physician office wait times, and how patients rate the quality of care, were seen as “somewhat helpful” to those surveyed.

Complaints and Board Certification were primary indicators used to choose a doctor or practice



Source: Harvard School of Public Health and the Robert Wood Johnson Foundation. Quality of Care Survey, April 2006

- Some 16 percent of respondents had seen or received information rating the quality of doctors or practices in their community in the past 12 months. Of those who had seen quality ratings, 45 percent used the information when deciding where to get care.
- Findings suggest that ratings information to help guide decision-making would be used more by the public if it were provided by Consumer Reports’ Special Health Edition or on special health segments on local television news.
 - Some 65 percent of respondents said that they would be “very likely” or “somewhat likely” to use ratings from Consumer Reports’ Special Health Edition to make decisions about their care, compared to 43 percent who responded that they would be “very likely” or “somewhat likely” to use ratings from Web sites such as *WebMD.com* to aid in making these decisions.
 - Some 59 percent of respondents mentioned that they would use special health segments on local news to inform health care decisions.
 - One percent mentioned referring to the American Medical Association or Medical Certification Board for help in making health care decisions.

- A quarter of respondents mentioned that they would rely on recommendations from friends and family or health care professionals as a source of ratings information when making health care decisions.
- Most Americans are satisfied with their own personal medical care despite being dissatisfied with the health care system. Of those who received medical care in the past year, more than 80 percent reported that the services and physician care they received was “good” or “excellent.” This seeming contradiction could be due to system-level questions of the survey being focused on costs, bureaucracy, waste and loss of insurance, rather than on individual experiences, which are rated more positively.
- Whites were significantly more likely than African Americans and Hispanic Americans to say that the medical and health services they received in the past 12 months were “excellent” or “good” (87% vs. 77% and 72%, respectively). Whites were significantly more likely than Hispanic Americans to say that the physician care they received was “excellent” or “good” (86% vs. 76%).

Methodology

This study and survey instrument was jointly prepared by the staff of the Harvard School of Public Health and the Robert Wood Johnson Foundation. The study was analyzed by researchers at Harvard under the direction of Robert J. Blendon, Sc.D. The research team also included John M. Benson, M.A., Channtal Fleischfresser, and Kathleen Weldon all of the Harvard School of Public Health, and Melissa J. Herrmann of ICR/International Communications Research (Media, Pa.).

Fieldwork was conducted by telephone by ICR/International Communications Research between April 7 and April 12, 2006. The “quality of care” survey was conducted with a nationally representative sample of 1,082 adults age 18 and older. Of those, 101 were African-American respondents and 102 were Hispanic American respondents. Additional results came from another survey called the “Health Priorities” survey conducted between April 5 and April 9, 2006, with a nationally representative sample of 1,108 adults age 18 and older. Of those, 110 were African-American respondents and 117 were Hispanic American respondents. The margin of error for the total samples in each survey was plus or minus three percentage points at the 95 percent confidence level.

Possible sources of nonsampling error include nonresponse bias, as well as question wording and ordering effects. Nonresponse in telephone surveys produces some known biases in survey-derived estimates because participation tends to vary for different subgroups of the population. To compensate for these known biases, sample data are weighted to the most recent U.S. Census Bureau data available from the Current Population Survey for gender, age, race, education, as well as number of adults and number of telephone lines in the household. Other techniques, including random-digit dialing, replicate subsamples, callbacks staggered over times of day and days of the week, and systematic respondent selection within households, are used to ensure that the sample is representative.

—Meghna Ranganathan

Meghna Ranganathan is a Robert Wood Johnson Foundation program associate