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WSJ.com/Harris Interactive Study Asks: "Are There Fair And Reliable Ways to Assess Healthcare Quality?"

Electronic Medical Records, Consumer Ratings of Doctors Are Appealing

A new Wall Street Journal Online/Harris Interactive Health-Care Poll shows that most U.S. adults believe there are fair and reliable ways to assess healthcare quality. Compared to two years ago, fewer people are unsure about this; and consumers' views of what might be considered fair measures of quality has evolved over time.

U.S. adults are most likely to favor the use of patient satisfaction surveys above all other quality measures; this was true two years ago as well. Most adults are also interested in participating in and using web-based consumer ratings tools. This suggests that consumer oriented initiatives like the partnership between WellPoint® and Zagat® to allow consumers to rate their doctors could generate high levels of consumer engagement.

These are some of the results of an online survey of 2,015 U.S. adults conducted by Harris Interactive between February 6 and 8, 2008 for the Wall Street Journal Online's Health Industry Edition.

Most adults today believe it is fair to measure healthcare quality based on the use of electronic medical records; two years ago fewer than half of all adults believed this was a fair measure of quality. Similarly, more adults today believe it's fair to assess quality based upon the use of medical tests that measure how well doctors are managing patients with chronic medical conditions, the frequency with which doctors provide preventive screening tests to their patients and assessments of physicians by medical boards and third party organizations. Far fewer consumers believe that assessing doctors' prescribing habits (such as their use of generic vs. brand name prescription drugs) is a fair measure of quality.

Katherine Binns, President of the Healthcare Division at Harris Interactive, said "These findings suggest that as quality measurement in healthcare becomes more readily available to consumers and they become more familiar with these measures that trust in the process will increase. At the end of the day, however, it's feedback from their peers – other patients – that matters most to consumers."

Health-Care Poll

Table 1

Fairness and Reliability of Measuring and Comparing Quality of Care

“Do you think there are fair and reliable ways to measure and compare the quality of care provided by different hospitals and different medical groups?”

Base: All adults

	Total		
	2003	2006	2008
	%	%	%
There are fair and reliable ways	58	49	60
There are not any fair and reliable ways	11	16	14
Not sure	31	35	26

Table 2

Fairness of Eight Methods Used to Measure and Compare Quality of Care

“Please indicate whether or not you think it would be fair for health plans to measure and compare the quality of care provided by medical groups using the following methods?”

Base: All adults

			Fair	Not Fair	Not Sure
Patient satisfaction surveys	2006	%	69	9	21
	2008	%	76	9	15
Frequency of preventive screening tests (like blood pressure readings, blood tests for cholesterol diabetes and tests for osteoporosis)	2006	%	55	17	29
	2008	%	64	14	23
Medical tests that measure how well doctors are managing patients with chronic medical conditions (like heart disease, diabetes, and asthma and high cholesterol)	2006	%	61	11	28
	2008	%	68	10	22
The use of electronic medical records and other information tools	2006	%	47	21	32
	2008	%	58	15	27
Assessments by third party organizations that monitor healthcare quality (like the Joint Commission on Accreditation of Healthcare Organizations [JCAHO], National Committee for Quality Assurance [NCQA], and Foundation in Accountability [FACCT])	2006	%	57	11	32
	2008	%	65	11	25
Assessments by medical boards	2006	%	58	13	29
	2008	%	66	9	25
Malpractice suits	2006	%	41	27	32
	2008	%	42	31	27
The types of medications they prescribe for the patients (such as generic vs. brand name medications)	2008	%	38	37	25

Note: Percentages may not add up exactly to 100% due to rounding.

Health-Care Poll

Table 3

Public Interest in Rating Their Doctors

“If your health plan had a website where you could rate doctors on issues like trust, communications, medical knowledge, availability and office environment, how interested would you be in providing that type of feedback about your doctors?”

Base: All adults

	Total
	%
Very/Somewhat Interested (NET)	87
Very interested	38
Somewhat interested	50
Not Very/At All Interested (NET)	13
Not very interested	10
Not at all interested	2

Note: Percentages may not add up exactly to 100% due to rounding.

Table 4

Public Interest in Using Consumer Ratings of Doctors

“If your health plan posted physician ratings on trust, communications, medical knowledge, availability and office environment, how likely would you be to refer to those ratings when choosing a new doctor?”

Base: All adults

	Total
	%
Very/Somewhat Likely (NET)	91
Very likely	44
Somewhat likely	47
Not Very/At All Likely (NET)	9
Not very likely	8
Not at all likely	1

Table 4

“Pay for Performance” Health Insurance Plans

“Do you favor or oppose health insurance plans paying more to hospitals and medical groups which have been shown to provide better care and paying less to those which have not?”

Base: All adults

	Total		
	2003	2006	2008
	%	%	%
Favor	44	33	38
Oppose	16	13	15
Not sure	40	54	47

Health-Care Poll

Downloadable PDFs of Wall Street Journal Online/Harris Interactive Health-Care Polls are posted at http://www.harrisinteractive.com/news/newsletters_wsj.asp.

Methodology

Harris Interactive conducted this online survey within the United States between February 6 and 8, 2008 among a national cross section of 2,015 adults age 18 and over. Figures for age, gender, race/ethnicity, education, income and region were weighted where necessary to align with population proportions. Propensity score weighting was also used to adjust for respondents' propensity to be online.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, Harris Interactive avoids the words "margin of error" as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal.

Respondents for this survey were selected from among those who have agreed to participate in Harris Interactive surveys. The data have been weighted to reflect the composition of the U.S. adult population. Because the sample is based on those who agreed to be invited to participate in the Harris Interactive online research panel, no estimates of theoretical sampling error can be calculated.

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