Summary and Chartpack

The Kaiser Family Foundation/Agency for Healthcare Research and Quality

2006 Update on Consumers' Views of Patient Safety and Quality Information

September 2006

Methodology

The *2006 Update on Consumers' Views of Patient Safety and Quality Information* is a joint project of the Kaiser Family Foundation and the Agency for Healthcare Research and Quality. Representatives of the two organizations worked together to develop the survey questionnaire and analyze the results.

The survey was conducted by telephone from August 3-8, 2006 among a randomly selected nationally representative sample of 1,216 respondents 18 years of age and older. Interviews were conducted as part of the Kaiser Family Foundation *Health Poll Report Survey*. Telephone interviews were conducted by Princeton Survey Research Associates. The margin of sampling error for the overall survey is plus or minus three percentage points. For results based on subsets of respondents the margin of error is higher. Note that sampling error is only one of many potential sources of error in this or any other public opinion poll.

Before answering questions on medical errors, respondents were all read a common definition of medical errors. They were told, "Sometimes when people are ill and receive medical care, mistakes are made that result in serious harm, such as death, disability, or additional or prolonged treatment. These are called medical errors. Some of these errors are preventable, while other may not be."

Note: Percentages may not always add up to 100% due to rounding. "Vol." indicates that a response was volunteered by the respondent, and not offered as an explicit choice.

SUMMARY OF FINDINGS

QUALITY INFORMATION AND COORDINATION OF CARE

Overall perception of health care quality in the U.S.

In 2006, the public is somewhat more likely to say they are dissatisfied (51%) than satisfied (44%) with the overall quality of health care in this country (Chart 1). Since 1993, people have been fairly evenly divided on the question of overall satisfaction with quality of care in the country, with between four in ten and half saying they are satisfied, and similar shares saying they are dissatisfied (Chart 2).

Exposure to and use of quality information

The shares of the public saying they have seen and/or used health care quality information in the past year are similar in 2006 to the shares in 2004. The share of people using quality information is higher than it was in 2000, however the vast majority are still not using quality information to make health care decisions.

- Just over a third (36%) of the public says that in the past year they have seen information comparing the quality of different health plans, hospitals, or doctors. People were most likely to say they have seen information comparing the quality of health plans (29%) and hospitals (24%), and were less likely to say they have seen information comparing the quality of doctors (12%). About half of those who have seen quality information, or one in five (20%) of all Americans, say they used this information to make a decision about their care (Chart 3).

- The share saying they have seen any information comparing the quality of different health plans, hospitals, or doctors increased from 27% in 2000 to 35% in 2004, and remained relatively steady at 36% in 2006. Similarly, the share saying they have used this information to make health care decisions increased from 12% in 2000 to 19% in 2004, and remained steady at 20% in 2006 (Chart 3).

Reported problems with coordination of care

Most people say that coordination among the different health professionals they see is at least a minor problem, though there has been a slight decrease in reports of such problems between 2004 and 2006.

- Six in ten (60%) say that coordination among all of their different health professionals is a problem, including just over a quarter (26%) who say that it is a "major" problem (Chart 4). Many people also report specific problems with coordination of care, including having to wait longer for test results than they thought appropriate (48%), seeing a health care professional who did not have all of their medical information (42%), having to wait for a health professional or make another appointment because they did not have the appropriate medical information (24%), and being sent for duplicate medical tests (19%) (Chart 5).

- Between 2004 and 2006, there has been a slight decline in reports of problems with coordination of care, with the share saying that coordination among their different health providers is not a problem at all increasing from 26% to 36% (Chart 4). In addition, there were small but significant decreases between 2004 and 2006 in the shares saying they have ever had to wait longer than they thought appropriate for test results (from 55% to 48%), seen a health care professional who did not have all of their medical information (from 48% to 42%), and had to wait for a health professional or make another appointment because they did not have the appropriate medical information (from 32% to 24%) (Chart 6).

QUALITY INFORMATION AND COORDINATION OF CARE (CONTINUED)

Steps taken by individuals to improve coordination of care

Perhaps as a result of reported problems with coordination of care, many people say they have taken steps on their own to help with this coordination.

- About a third (34%) say they or a family member have created their own set of medical records to ensure that their health care providers have all of their medical information (Chart 7).
- many people also report taking specific steps that are in line with the "Five Steps to Safer Health Care," developed by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association. The recommended five steps to safer healthcare are:
  1. Ask questions if you have doubts or concerns.
  2. Keep and bring a list of ALL the medicines you take.
  3. Get the results of any test of procedure.
  4. Talk to your doctor about which hospital is best for your health needs.
  5. Make sure you understand what will happen if you need surgery.
- Large shares of the public say they have (Chart 8):
  - Asked their doctor questions about their health or any treatment that he or she has prescribed (83%)
  - Called to check on the results of medical tests they had done (71%)
  - Checked the medication that a pharmacist gave them with the prescription that their doctor wrote (70%)
  - Talked to a surgeon about the details of surgery such as exactly what they will be doing, about how long it will take, and the recovery process (67%)
  - Brought a list of all of the medications they were taking to a doctors appointment, including non-prescription drugs (54%)
  - Brought a friend or a relative to a doctor's appointment so that they could help ask questions and understand what the doctor was telling them (45%)
  - Told a doctor, nurse, or surgeon about any drug allergies when they did not ask for this information (42%)
  - Consulted their doctor about the hospital that they go to (39%)
- The share saying they have ever brought a list of all the medicines they were taking to a doctor's appointment increased from 48% in 2004 to 54% in 2006, but in all other measures the shares who report these activities remained consistent between 2004 and 2006 (Chart 8).

MEDICAL ERRORS

Familiarity and perceived frequency of medical errors

In 2006, more than half the public reports knowing the meaning of the term "medical error," an increase from 2002 and 2004. More than four in ten say that when people seek help from a health professional, preventable medical errors occur "very" or "somewhat often."

- In 2006, more than half the public (55%) say they know what the term "medical error" means, compared with around four in ten (43%) in 2004 and three in ten (31%) in 2002. By contrast, the share saying they have never heard the term before decreased from four in ten (40%) in 2002 to 19% in 2004 and 17% in 2006 (Chart 9).
- Survey respondents were read the following definition of a serious medical error: "Sometimes when people are ill and receive medical care, mistakes are made that result in serious harm, such as death, disability, or additional or prolonged treatment. These are called medical errors. Some of these errors are preventable, while others may not be." After hearing this definition, more than four in ten (43%) say they think such preventable errors are made very or somewhat often, including about one in ten (9%) who say they occur very often (Chart 10).
- The share of the public saying that preventable errors occur very or somewhat often was nearly half (49%) in 2002, decreased to just over a third (36%) in 2004, and increased again to 43% in 2006 (Chart 10).

Perceived causes of medical errors

The public is more likely to blame individual health professionals for causing medical errors, rather than the institutions where they work.

- Nearly half (48%) of people say that mistakes made by individual health professionals are a more important cause of preventable medical errors than the mistakes made by institutions where they work. Just over one-third (36%) of Americans disagree, saying mistakes made by institutions are a more important case of medical errors (Chart 11).

MEDICAL ERRORS (CONTINUED)

Reporting of medical errors

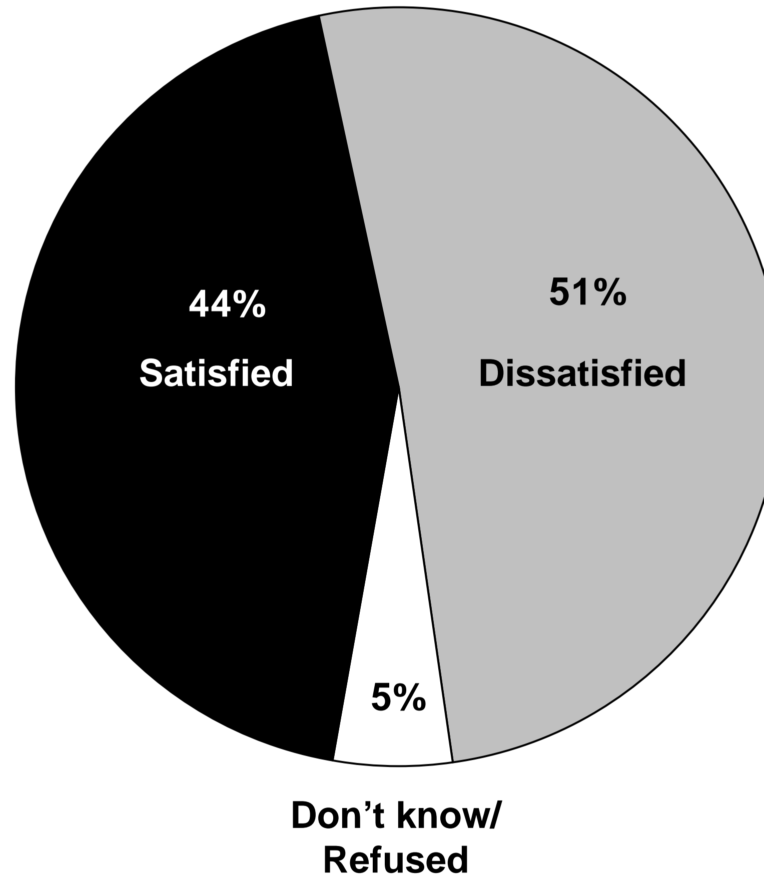
The vast majority say that physicians should be required to tell their patients if a preventable medical error is made in their care. The vast majority also say that reporting of medical errors should be required and most say that this information should be released to the public (Chart 12).

- Nearly nine in ten (87%) say that physicians should be required to tell patients if a preventable medical error resulting in serious harm is made in their care. About one in ten (9%) disagree.
- Similarly, nearly nine in ten (87%) say that reporting of serious medical errors should be required, while one in ten (9%) disagree and say that reporting serious medical errors should be voluntary.
- Nearly two in three (63%) say that if medical errors are reported, hospitals should release this information to the public, while about three in ten (29%) disagree and say that information on medical errors should be confidential and only used to learn how to prevent future mistakes.

Chart 1

General Satisfaction with Quality of Healthcare in U.S.

Thinking about the country as a whole, are you generally satisfied or dissatisfied with the quality of health care in this country?

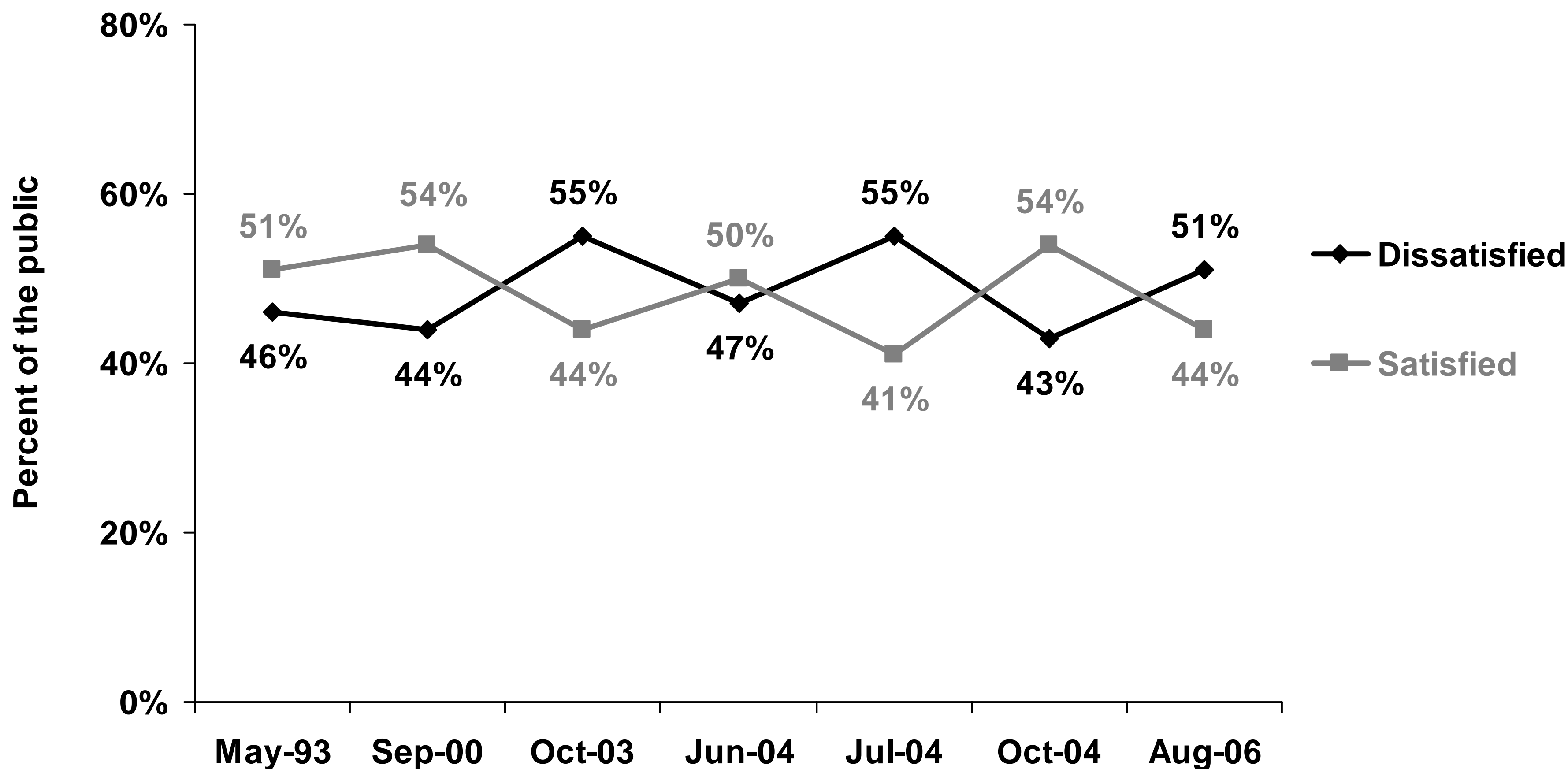


Source: Kaiser Family Foundation/Agency for Healthcare Research and Quality *2006 Update on Consumers' Views of Patient Safety and Quality Information* (conducted August 3-8, 2006)

Chart 2

Trend in Satisfaction with Quality of Care in U.S.

Thinking about the country as a whole, are you generally satisfied or dissatisfied with the quality of health care in this country?



Note: Don't know responses not shown.

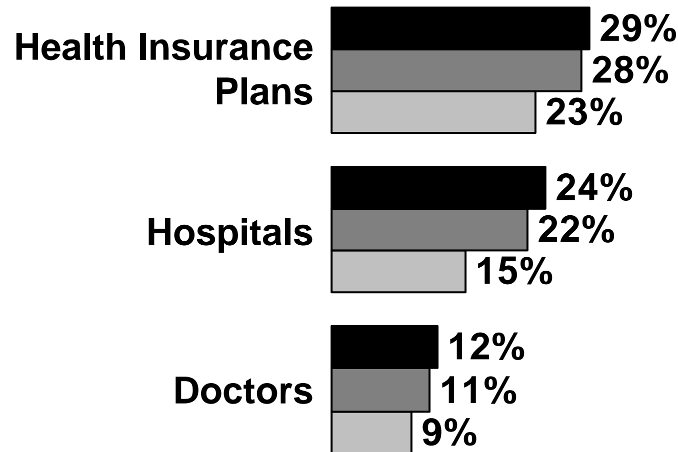
Sources: Gallup/CNN/USA Today Poll (May-93); Gallup Poll (Sept-00); ABC/Washington Post Poll (Oct-03); Kaiser Family Foundation *Health Poll Report* surveys (Jun-04, Oct-04); KFF/AHRQ/Harvard School of Public Health (Jul-04); KFF/AHRQ (Aug-06)

Chart 3

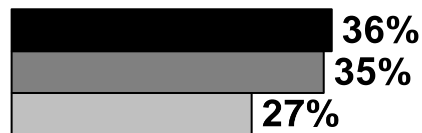
Exposure To And Use Of Quality Information

■ 2006 ■ 2004 ■ 2000

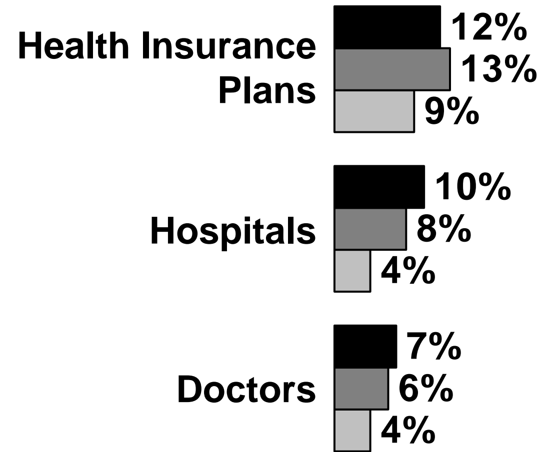
Percent who say they saw information in the past year comparing quality among…



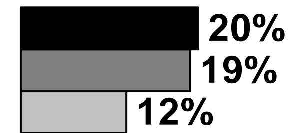
Percent who say they saw information on ANY of the above…



Percent who say they saw quality information in the past year and used it to make health care decisions…



Percent who say they saw and used information on ANY of the above…

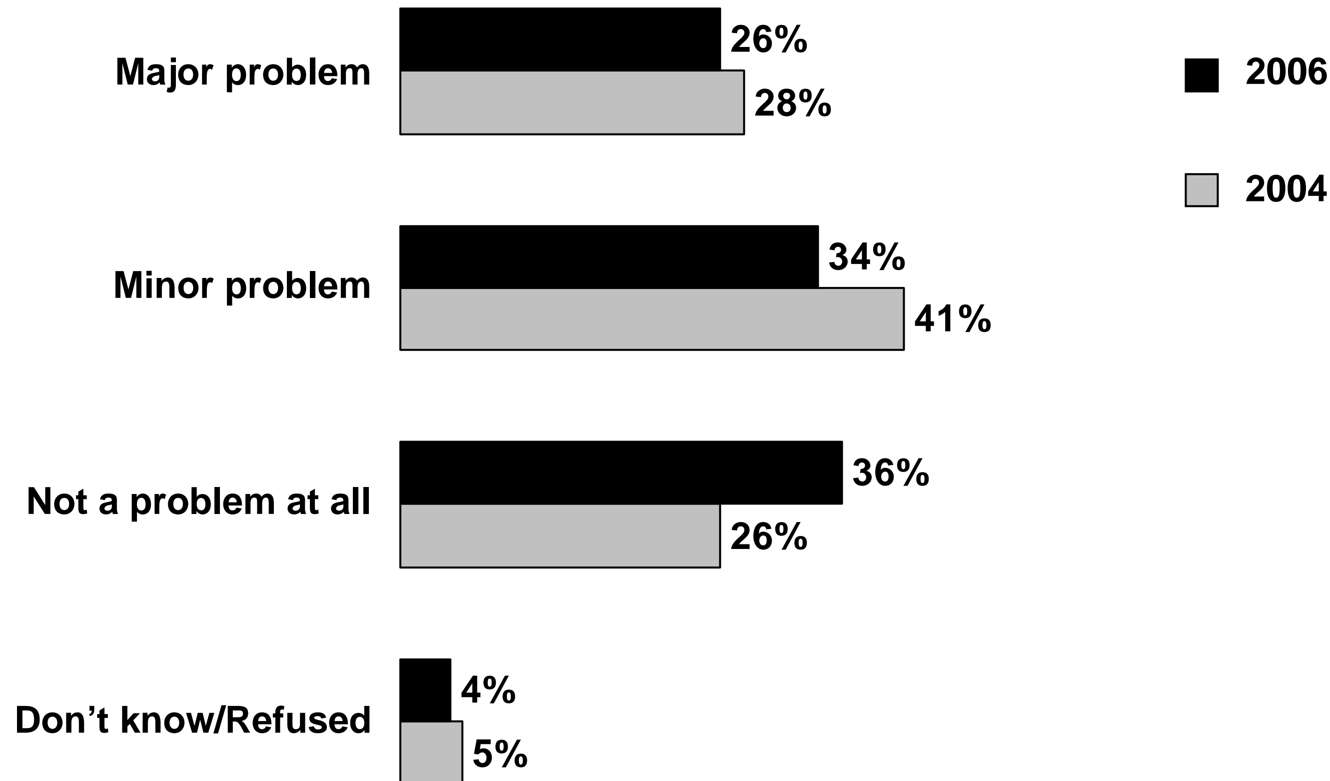


Sources: Kaiser Family Foundation/Agency for Healthcare Research and Quality *2006 Update on Consumers' Views of Patient Safety and Quality Information* (conducted August 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7-September 5, 2004); KFF/AHRQ: *National Survey on Americans as Health Care Consumers: An Update on The Role of Quality Information* (conducted July 31-Oct. 13, 2000)

Chart 4

Reported Problems with Coordination Among Providers

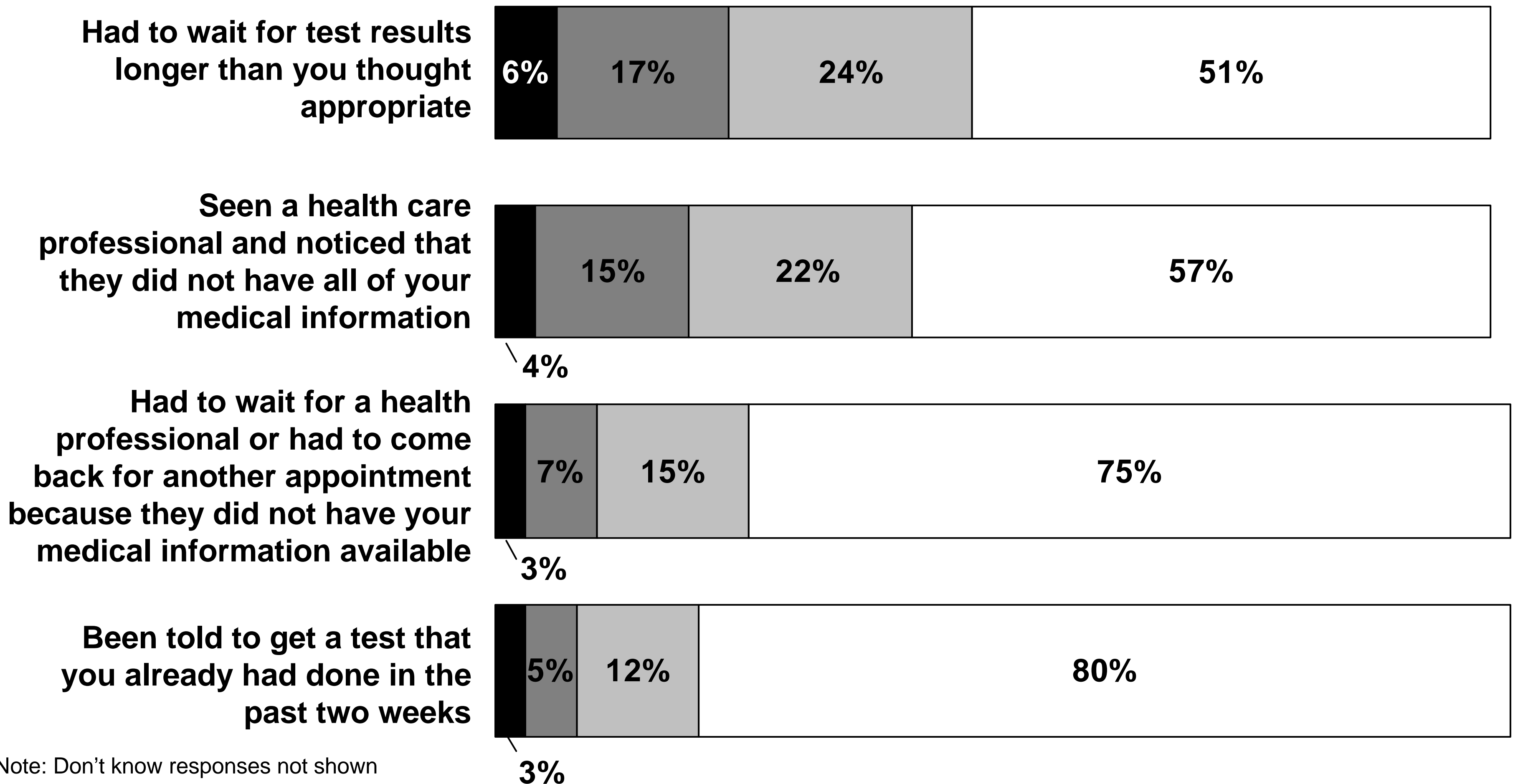
In general, do you think that coordination among all of the different health professionals that you see is a major problem, a minor problem, or not a problem at all?



Sources: Kaiser Family Foundation/Agency for Healthcare Research and Quality *2006 Update on Consumers' Views of Patient Safety and Quality Information* (conducted August 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7-September 5, 2004)

Chart 5

Reports of Coordination Problems



Note: Don't know responses not shown

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Chart 6

Trends in Reports of Coordination Problems

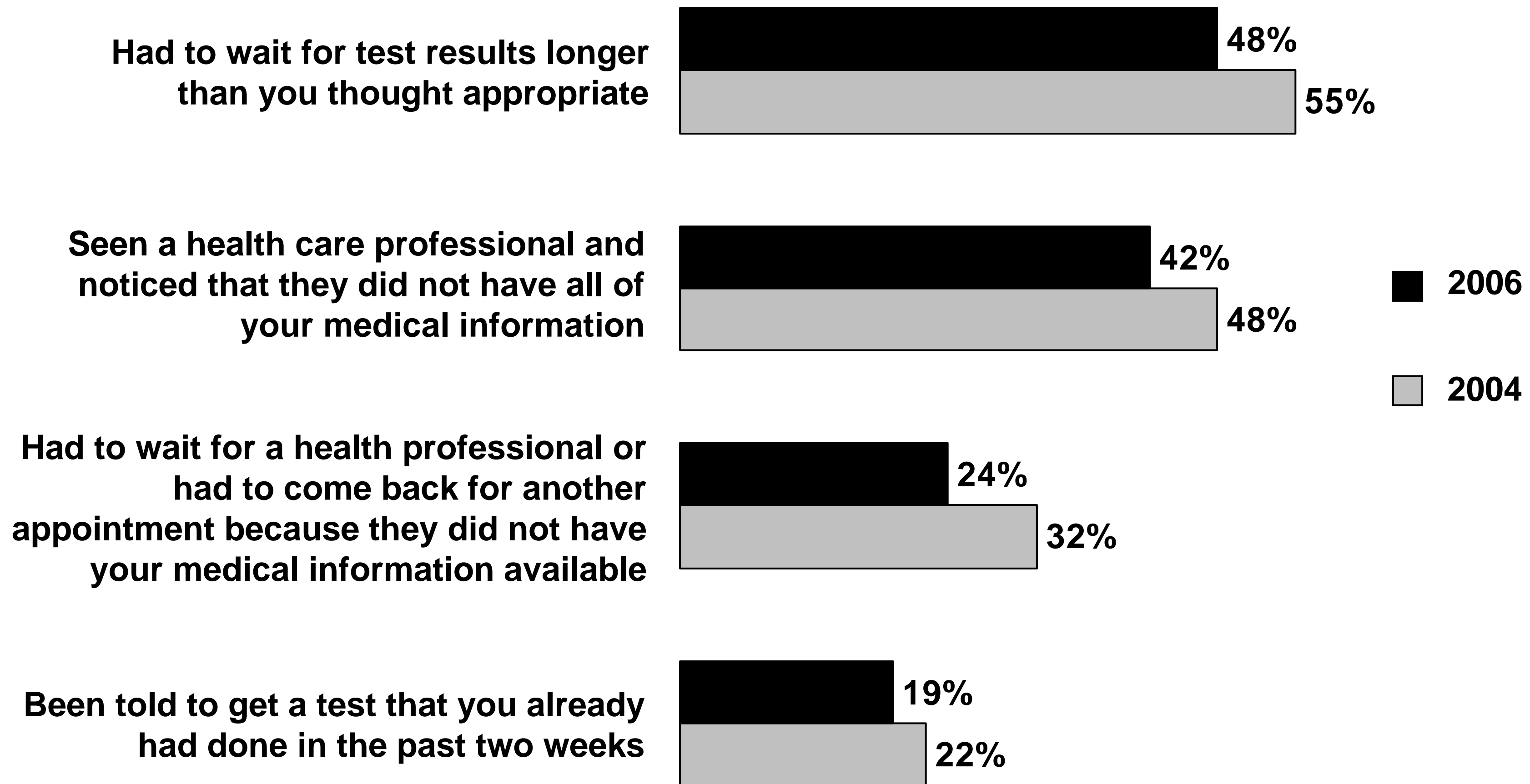

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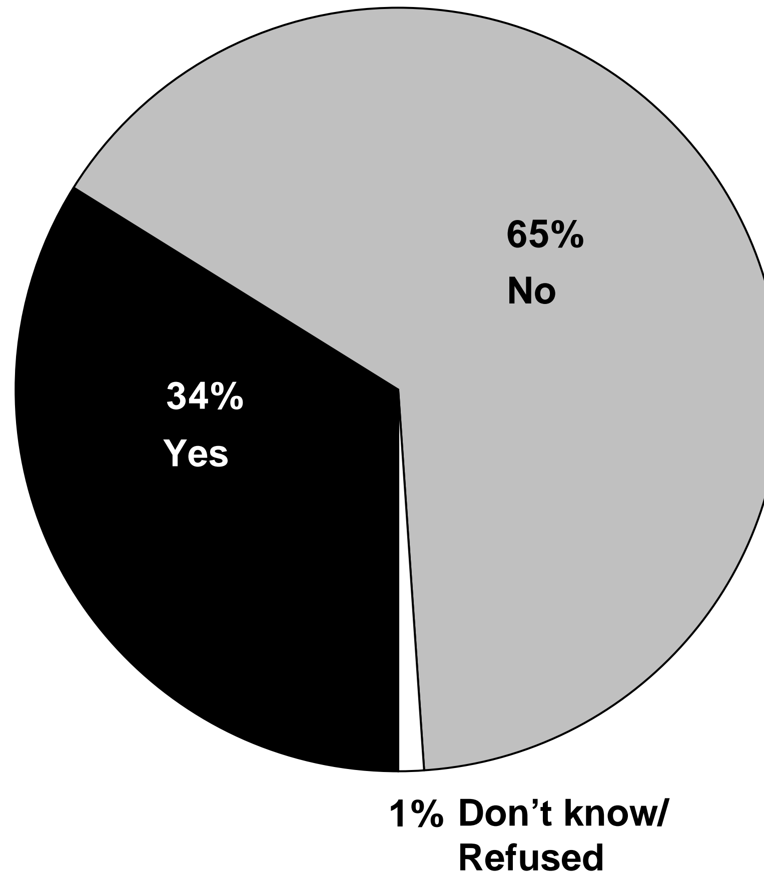
Chart 7

Creating Personal Medical Records

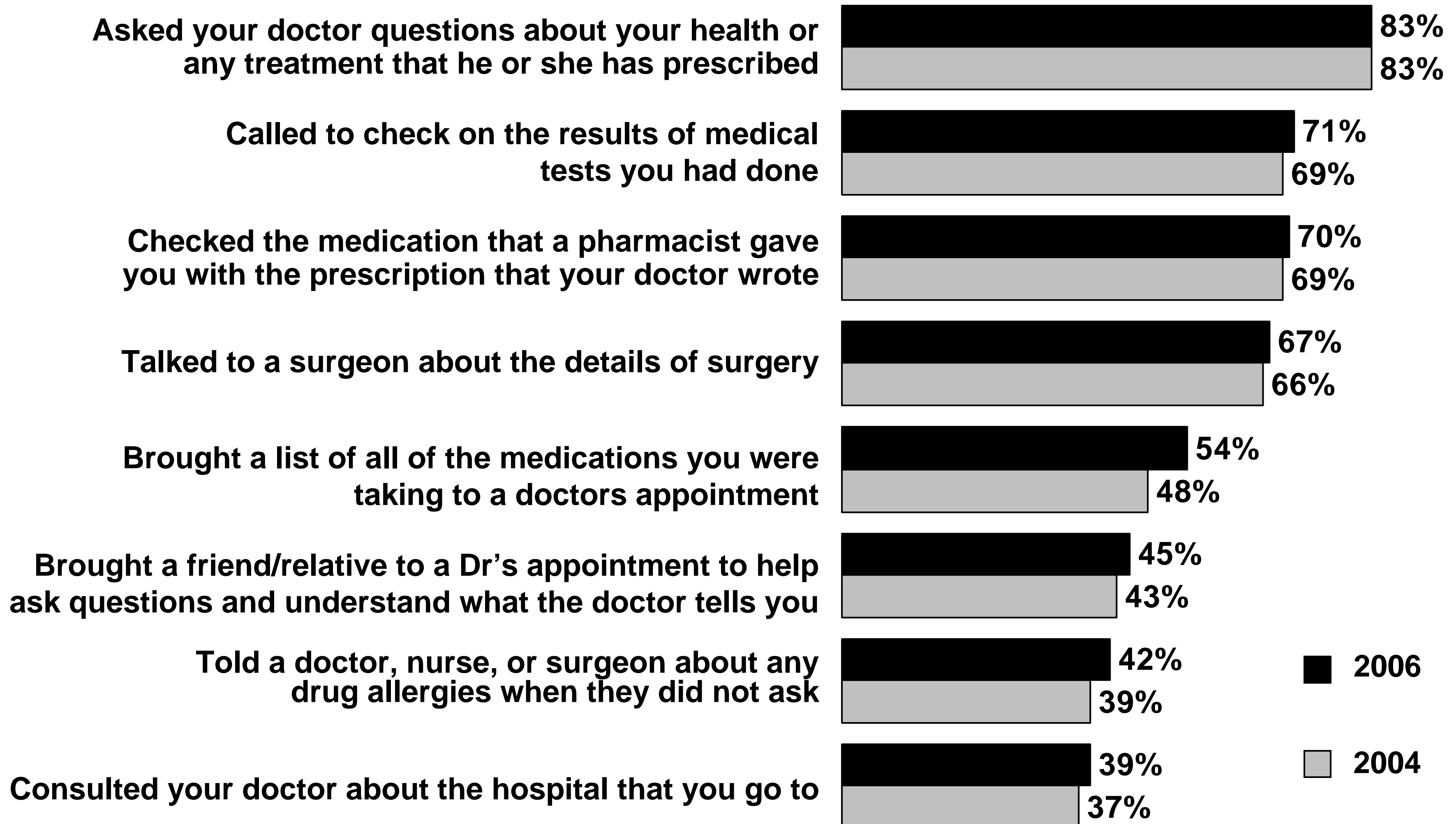
Have you or a family member ever created your own set of medical records to ensure that you and all of your health care providers have all of your medical information, or not?



Source: Kaiser Family Foundation *Health Poll Report* survey (conducted August 3-8, 2006)

Chart 8

Reported Activities Related to Coordination of Care

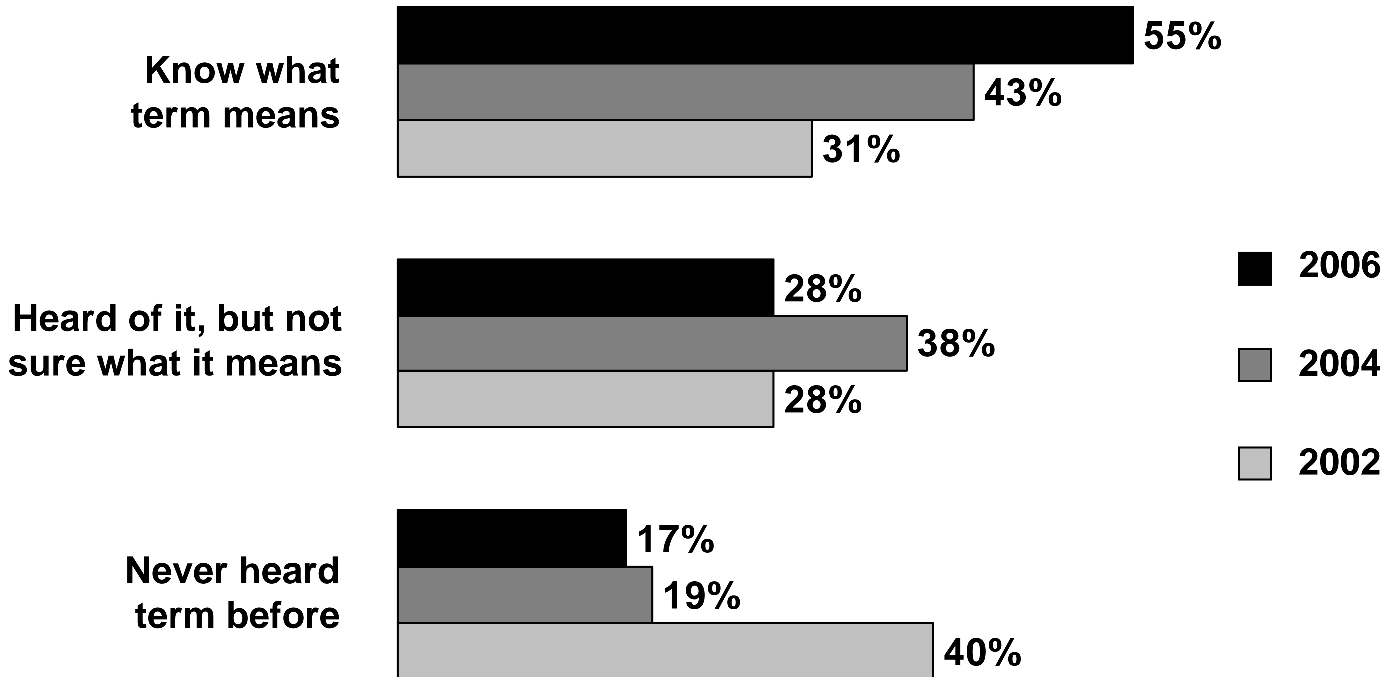


Source: Kaiser Family Foundation *Health Poll Report* survey (conducted August 3-8, 2006)

Chart 9

Familiarity with the Term "Medical Error"

How familiar are you with the term "medical error"? Do you know what this term means; have you heard of it, but are not sure what it means; or have you never heard of the term "medical error"?



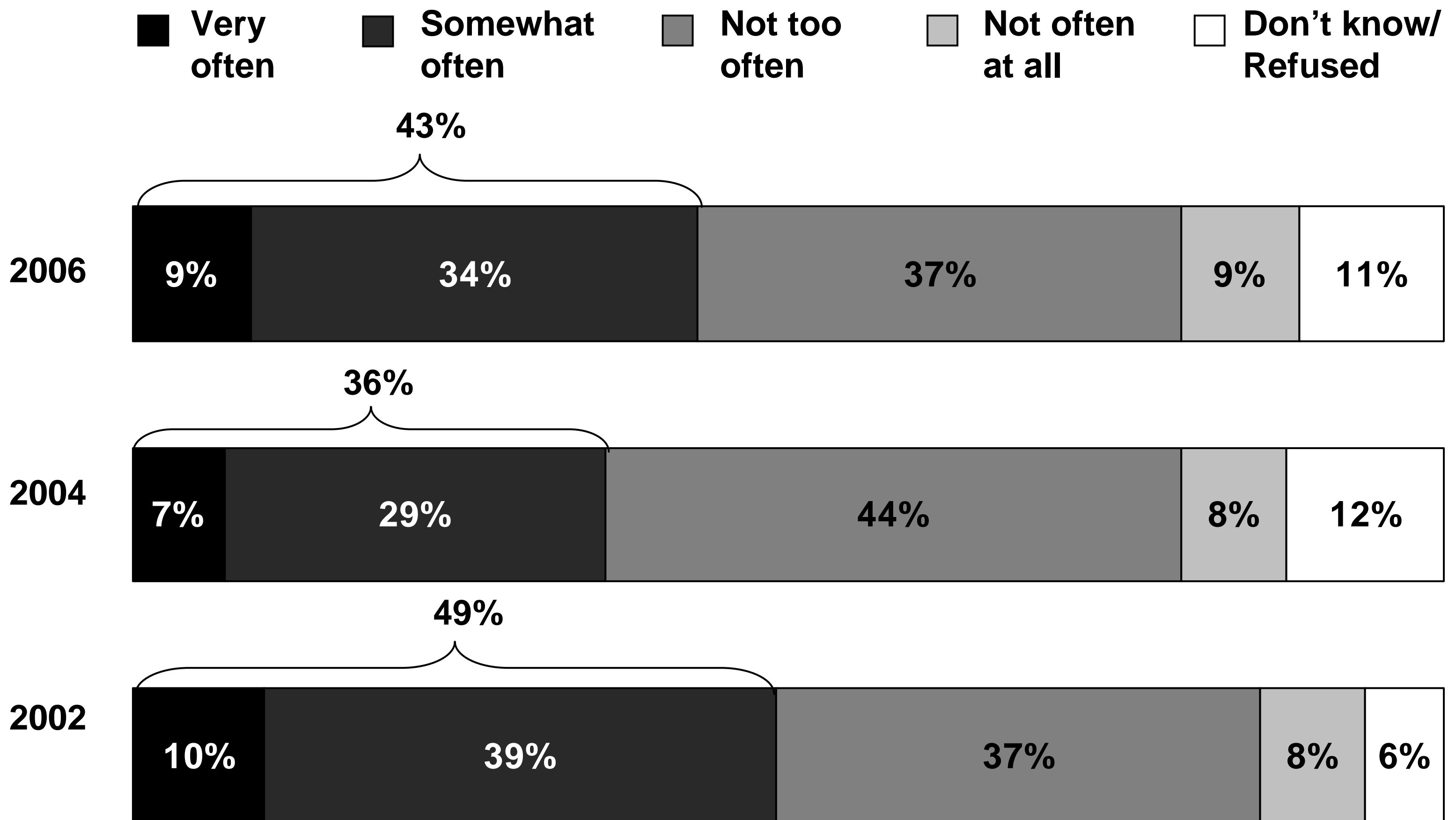
Source: Kaiser Family Foundation *Health Poll Report* survey (conducted August 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7 – September 5, 2004)

Chart 10

Views on Frequency of Medical Errors

(After being read a common definition of preventable medical errors)

When people seek help from a health professional, how often do you think such preventable medical errors are made in their care?

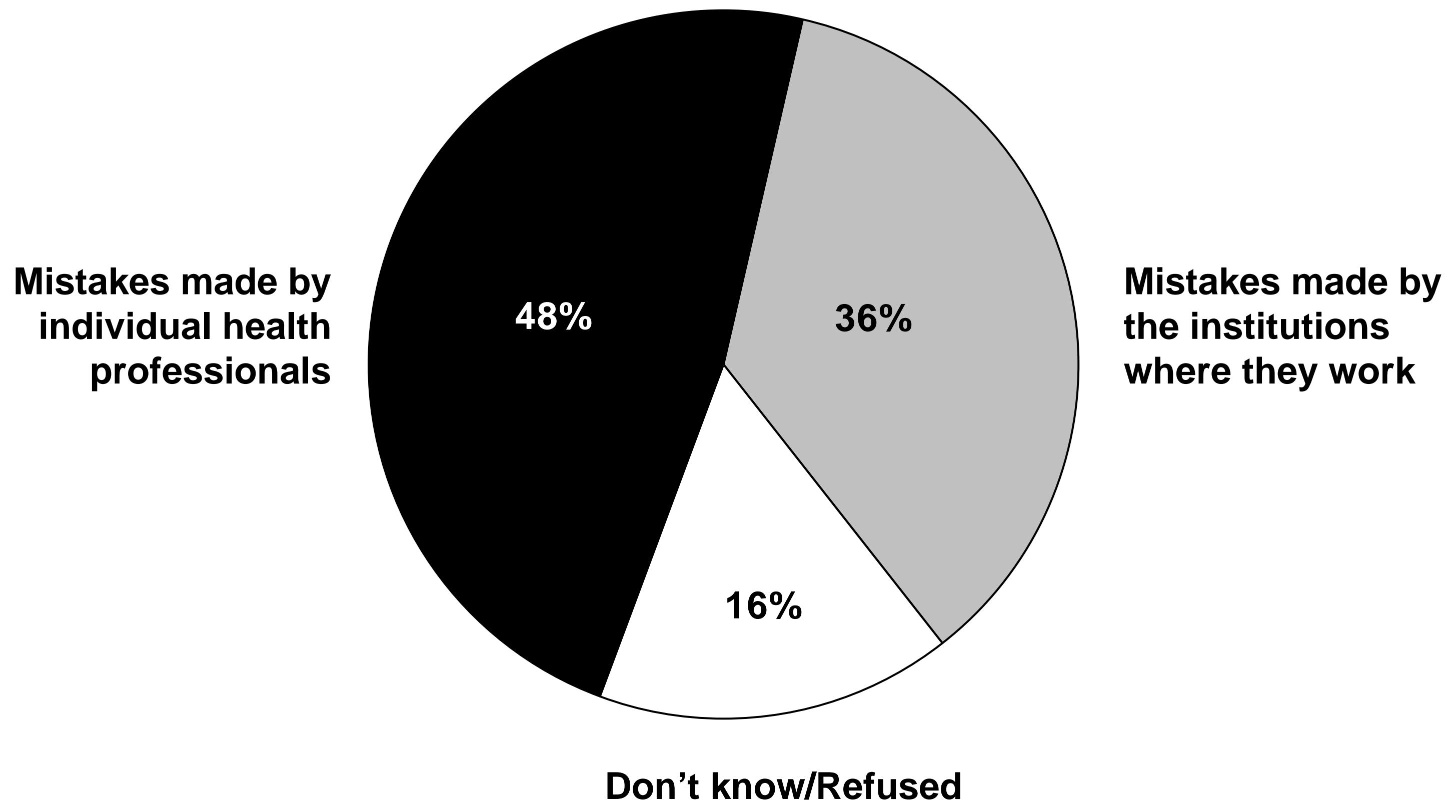


Sources: Kaiser Family Foundation *Health Poll Report* survey (conducted Aug. 3-8, 2006); KFF/AHRQ/Harvard School of Public Health *National Survey on Consumers' Experiences with Patient Safety and Quality Information* (conducted July 7-Sept. 5, 2004); KFF/Harvard School of Public Health *Medical Errors: Practicing Physician and Public Views* (conducted April 11-June 11, 2002).

Chart 11

Views on Responsibility for Preventable Medical Errors

Which of the following do you think is the MORE important cause of preventable medical errors that result in serious harm?

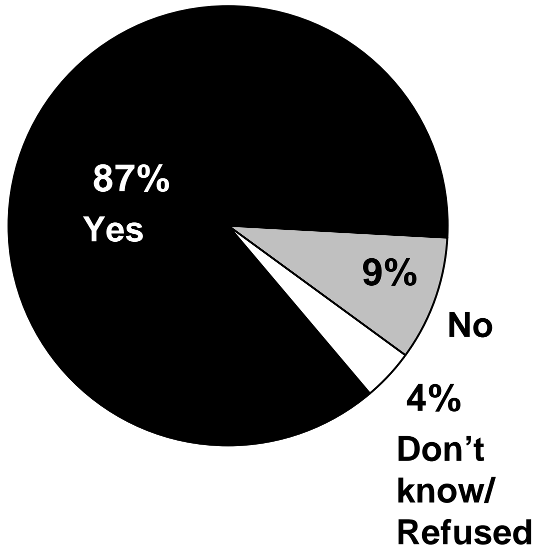


Source: Kaiser Family Foundation *Health Poll Report* survey (conducted August 3-8, 2006)

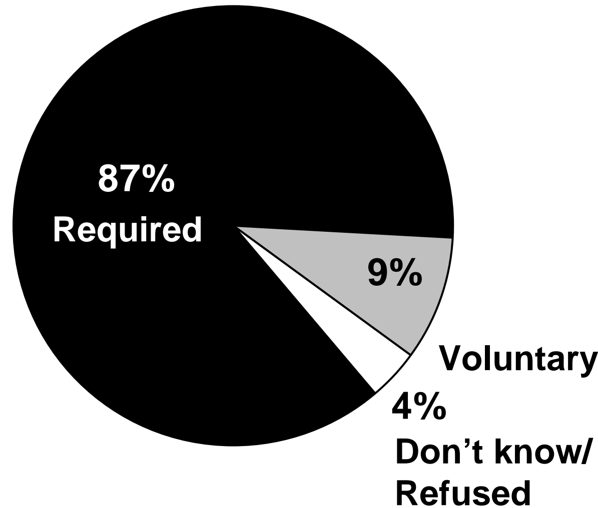
Chart 12

Views On Required Reporting Of Medical Errors

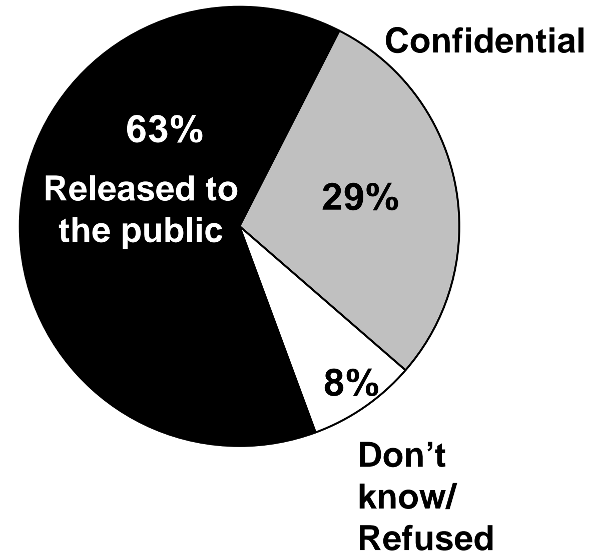
Should physicians be required to tell patients if a preventable medical error resulting in serious harm is made in their OWN care?



Percent who say reporting of serious medical errors that result in serious injury or harm should be…



Assuming that medical errors are reported, hospital reports of serious medical errors should be…



Source: Kaiser Family Foundation *Health Poll Report* survey (conducted August 3-8, 2006)

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The mission of the Agency for Healthcare Research and Quality (AHRQ), a part of the U.S. Department of Health and Human Services, is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ's patient safety initiative is designed to address the most critical aspects of patient safety improvement: how to identify errors and their causes; collect and report information on patient safety problems; and improve safety through the use of evidence-based interventions, tools, and practices, including health information technology.