



FINDING QUALITY DOCTORS: HOW AMERICANS EVALUATE PROVIDER QUALITY IN THE UNITED STATES

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INTRODUCTION

A new survey conducted by the Associated Press-NORC Center for Public Affairs Research shows that Americans do not think that information about the quality of health care providers is easy to come by, and they lack trust in information sources that tend to produce such indicators. When it comes to what being a quality health care provider means, there is a disconnect between how experts and consumers define it. Most Americans focus on the doctor-patient relationship and interactions in the doctor's office, with fewer thinking about the effectiveness of treatments or their own health outcomes. Further, individuals report that they value provider quality over cost and are willing to pay more for higher-quality doctors, but when asked directly in the survey, few report having done so. The nationally representative survey, conducted with funding from the Robert Wood Johnson Foundation, also shows that those without insurance face more challenges in finding provider quality and cost information.

The United States spends at least two and a half times more on health care than most developed countries across the globe. At the same time, the country lags behind a number of developed nations on several health metrics.¹ Further, a recent

government report shows that 30 percent of recommended health care in the United States is not received, with great disparities in quality for minorities and people in poverty, and with dramatic variations by region. As a result, the quality of health care in America has been rated as only fair.² The government report also notes that measuring quality is important to improving the quality of patient care, but defining it is a difficult task, as provider quality measures are not collected in a national standardized database.

One component of the Affordable Care Act (ACA) is the federal government's emphasis on collecting more health care quality data and making it transparent and accessible to the public. Major investments are being made in health care systems like Accountable Care Organizations and in tools like Physician Compare. Similarly, health insurers and employers are exploring new benefits designs that incentivize consumers to select providers and hospitals that provide the highest-quality care while reducing costs through value-based provider networks and tiered health plans.

These changes and the integration of provider quality information assume that health care consumers can

¹ The Organization for Economic Co-Operation and Development Statistics. <http://www.oecd.org/health/health-systems/oecd-health-statistics-2014-frequently-requested-data.htm>

² Agency for Health Care Quality. <http://www.ahrq.gov/research/findings/nhqrdr/nhqr13/2013nhqr.pdf>

understand health care quality and are able and willing to access such data and apply it to their health care decision-making. This new survey provides important data on this assumption and reveals the types of provider quality information consumers would use and trust.

The AP-NORC Center conducted a survey of American adults to better understand their perceptions of health care provider quality, what they think provider quality means, how accessible such quality information is, how much they trust that information, and the connection between provider quality and cost. The study produces new and actionable data during a crucial period of the Affordable Care Act's implementation. Interviews were conducted with 1,002 adults age 18 and over.

Key findings from the study include:

- When it comes to defining provider quality, most Americans tend to focus on certain aspects of quality relating to doctor-patient interactions and doctors' personality traits, rather than the effectiveness of the care provided or the patient's own health outcomes.
- Consumers agree with health policy experts in principle that public reporting requirements for doctors would improve health care quality. Overwhelming majorities say requiring doctors to report the effectiveness of their treatments and patient satisfaction with care would improve the quality of care provided in the United States.
- Yet, this survey shows that less than a quarter of consumers are receiving provider quality information. Most people are not very confident they could find provider quality information they can trust on their own, including direct comparisons of physicians.

WHEN ASKED TO DESCRIBE A HIGH-QUALITY PROVIDER, MOST AMERICANS FOCUS ON THE DOCTOR-PATIENT RELATIONSHIP.

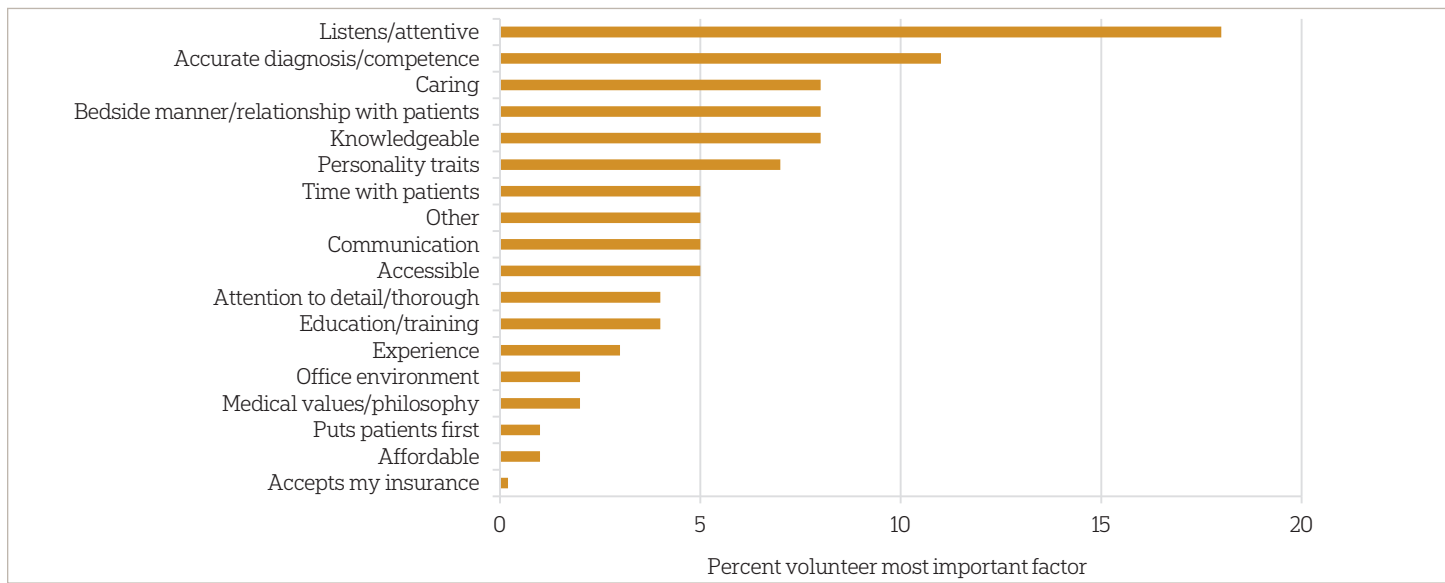
When Americans are asked to volunteer what they think is the most important factor that makes a high-quality doctor, responses vary widely but mostly focus on doctor-patient relationships and personality (59 percent), rather than on the delivery of care or the patient's own health outcomes (29 percent). Most frequently, Americans say that a quality doctor listens, is attentive, or shows interest in them (18 percent). Other top responses focus on doctor-patient interactions and their traits, including that the doctor has a caring attitude (8

- Americans report that they would trust word-of-mouth and personal recommendations from doctors far more than provider quality data coming from the government or third parties.
- Getting information on the cost of provider care is even more challenging for Americans than finding information about provider quality. A third of Americans say it is easy to find information they trust related to the costs of provider care. Fewer say it's easy to find data that compares a provider's costs and quality.
- About half of Americans believe that higher quality health care generally comes at a higher cost, while 37 percent say there is no real relationship between quality and cost.
- Despite the fact that more Americans are now insured as a result of the ACA, those without insurance face more challenges in finding information about provider quality and cost; at the same time, they are more likely than the insured to think public reporting of such information would improve the overall quality of care doctors provide.

Additional information, including the survey's complete topline findings and methodology, can be found on the AP-NORC Center's website at www.apnorc.org.

percent), good bedside manner (8 percent), various other positive personality traits (7 percent), and time spent with patients (5 percent). Relating to the delivery of care or patients' own health outcomes, 11 percent values most a doctor's ability to accurately diagnose and fix their health problem, and 8 percent mention a knowledgeable doctor.

Most important factor that makes a high-quality doctor

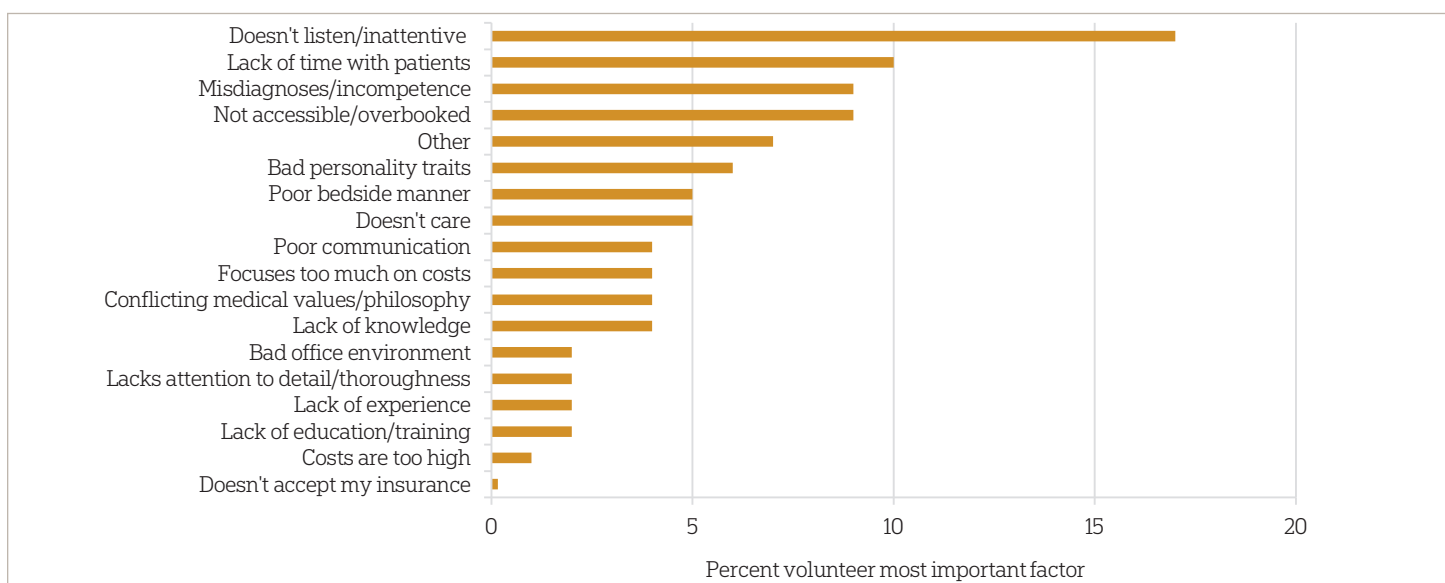


Question: Thinking about doctors or other health care providers generally, what do you think is the most important factor that makes a high-quality doctor or other health care provider?

When asked to name the most important factor that makes a poor-quality doctor, Americans' answers closely mirror what they cite as most important in making a high-quality doctor. They describe poor-quality doctors as those who do not listen or are inattentive (17 percent), do not spend enough time with patients (10 percent), and are overbooked or difficult to make

appointments with (9 percent). Doctors with bad personality traits (6 percent), poor bedside manner (5 percent), and those who are uncaring (5 percent) are also frequently mentioned as poor-quality. Nine percent mention a response related to health outcomes—that a poor-quality doctor is one who misdiagnoses or fails to fix their health problems.

Most important factor that makes a poor-quality doctor



Question: Thinking about doctors or other health care providers, what do you think is the most important factor that makes a poor-quality doctor or other health care provider?

Americans must weigh a variety of factors when choosing a health care provider, and some factors influence their decisions more than others. Although a doctor’s bedside manner is the most common top-of-mind consideration when thinking about provider quality, when Americans are asked to rate the importance of a list of considerations for choosing a doctor, they rank the quality of care they can expect to receive highly. Eight in 10 say that a doctor’s experience with a specific medical procedure, treatment, or surgery is an extremely or very important factor in their choice. Seventy-seven percent say that board certification—that is, a doctor with additional training and testing in his or her area of specialty—is important. Seven in 10 weigh heavily whether a doctor has had any disciplinary actions or malpractice suits taken against him or her, and also whether the treatments a doctor uses are considered by experts to be effective. Less than half (48 percent), however, say that attending a well-known medical school or training program is important to their choice.

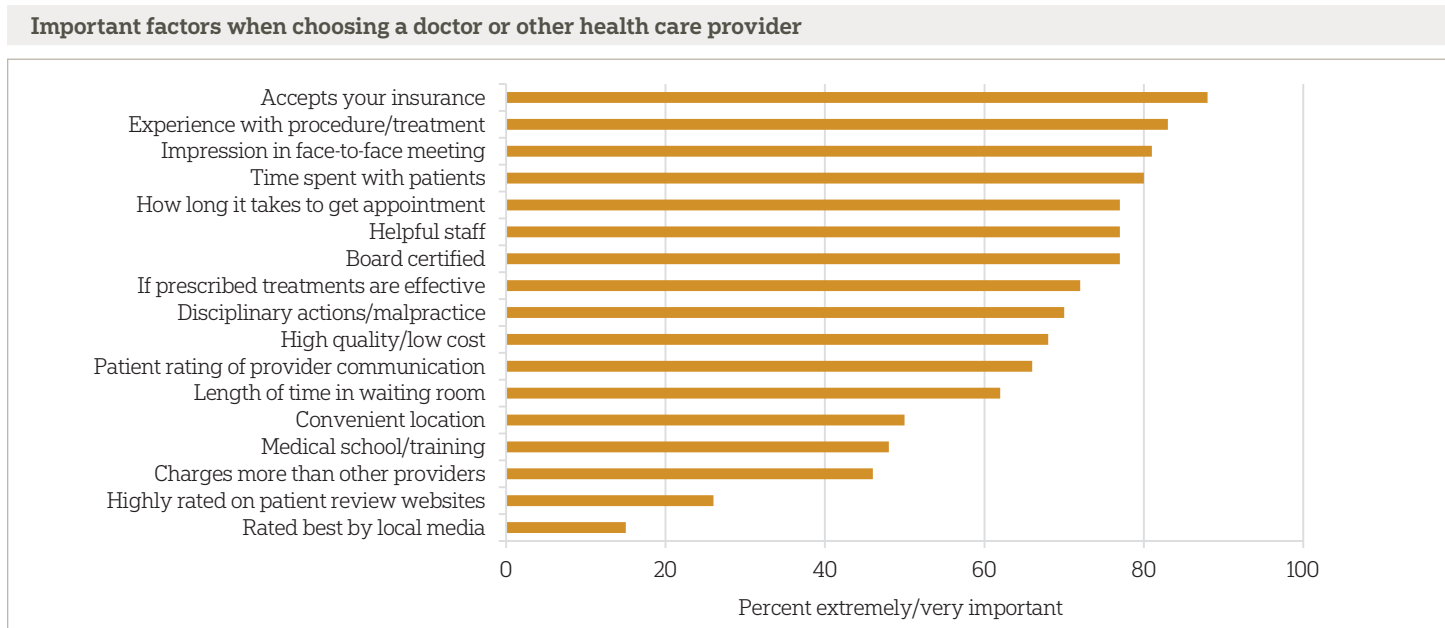
When it comes to decisions about health care providers, Americans also indicate that they want direct experience with a doctor and they want to be treated well during their visit. Eighty-one percent say that their impression of a doctor after a face-to-face meeting with him or her is extremely or very important to their choice. Eight in 10 say the same about how much time a doctor spends with each patient. More than three-quarters emphasize a helpful office staff and how long they have to wait to get an appointment. Fewer, but still a majority, say the length of time in the waiting room (62 percent) and the convenience of the doctor’s location (50 percent) are important factors in their choice of providers.

More women than men say that a helpful office staff (91 percent vs. 61 percent) is important in their choice.

Americans do not seem to put much stock in overall rating systems of doctors or other care providers. Very few Americans say that high ratings on patient websites like HealthGrades.com, Yelp, or Angie’s List (26 percent) or being rated “the best” by a local newspaper or magazine (15 percent) are extremely or very important to their decision-making process. In fact, nearly half (46 percent) say that each of these ratings systems is not too important or not important at all. Americans appear more interested in specific aspects of doctor or provider care. Two-thirds say that patients’ ratings of provider communication are an important factor.

In the aggregate, Americans continue to express that, while they are concerned about costs, quality is a more important factor in their choice of doctor. Nearly 7 in 10 say that whether a health care provider provides the highest-quality care at the lowest possible cost is an important factor in their choice of health care provider. When asked just about costs, that number drops considerably, with less than half (46 percent) of Americans saying that whether a provider charges more than others do is an important factor in their choice.

While overall value and comparative costs may not be a factor in choosing a provider, insured Americans do think about their insurance coverage. Among Americans currently covered by a health plan, 88 percent say that whether or not a provider accepts their insurance is an extremely or very important factor in their choice of doctor. This was the highest of any of the factors asked.



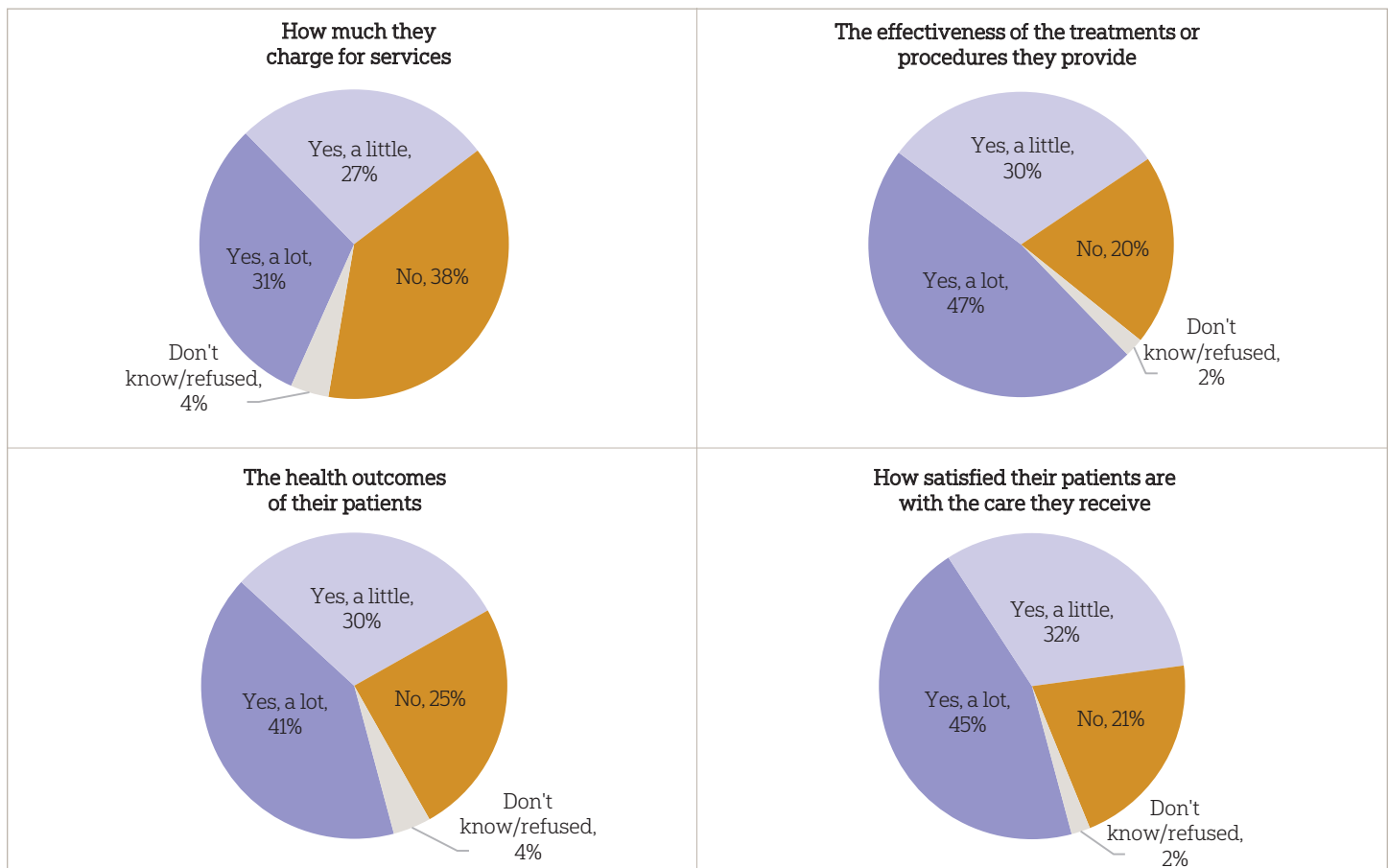
Question: When choosing a doctor or other health care provider, please tell me how important each of the following factors are to your choice.

MAJORITIES THINK SEVERAL PUBLIC REPORTING REQUIREMENTS WOULD IMPROVE THE QUALITY OF CARE PROVIDED; FEWER THINK REPORTING COSTS WOULD IMPROVE QUALITY.

Consumers generally agree with health policy experts that requiring health care providers to publicly report patient satisfaction and health outcomes would improve health care quality.³ Nearly 8 in 10 Americans say that if doctors or other health care providers were required to publicly report information about how satisfied their patients are with the care they receive—or information about the effectiveness of the treatments or procedures they provide—the quality of care

provided would improve. Seven in 10 say that if doctors were required to report the health outcomes of their patients, it would lead to improvements in the quality of care. Fewer, but still a majority (57 percent), think requirements for doctors to report how much they charge for services would improve the quality of care.

Perceptions of whether specific public reporting requirements would improve quality of care



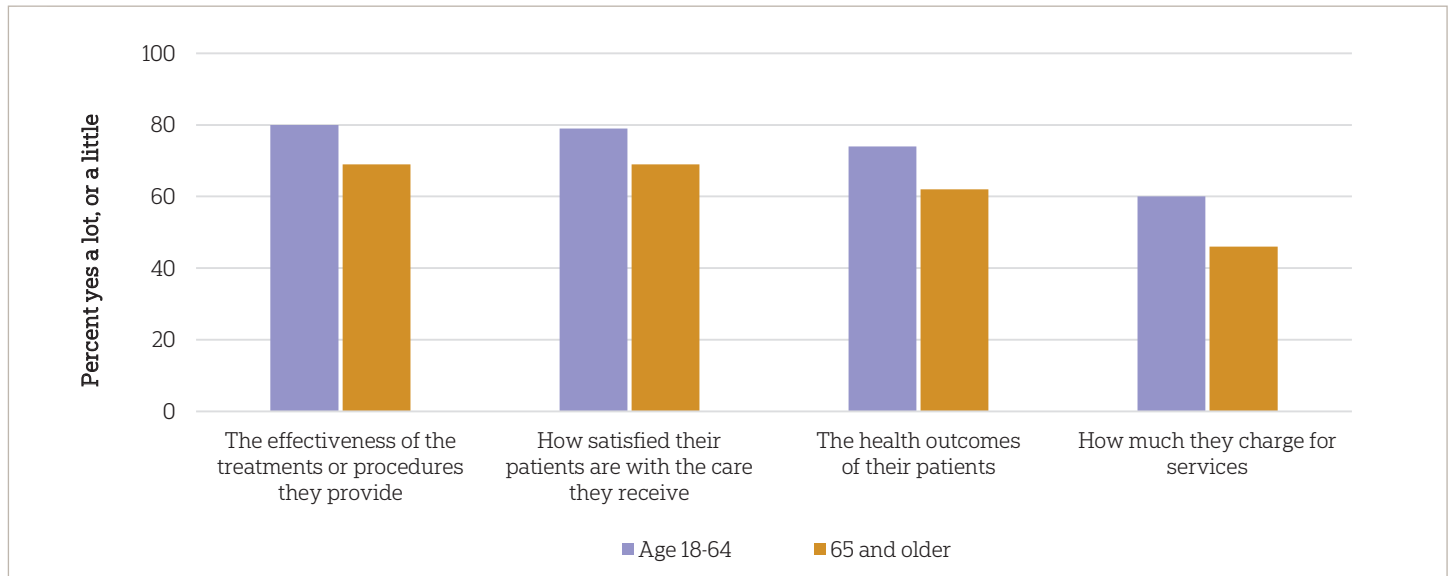
Question: If doctors or other health care providers are required to publicly report information about [ITEM], do you think it will lead to improvements in the quality of care they provide, or not?

³ Quality was defined for respondents as: "Quality health care generally means providing safe, effective, and timely care to achieve the best possible results."

The percentage of Americans who say that requiring doctors to publicly report various types of information would improve the quality of care they receive varies by age. Seniors, who are mostly covered by Medicare, hold distinct opinions when

compared to adults age 18 to 64. Adults age 65 and older are less likely to think each of the public reporting requirements tested in the survey would improve the quality of health care.

Perceptions of whether specific public reporting requirements would improve quality of care by age



Question: If doctors or other health care providers are required to publicly report information about [ITEM], do you think it will lead to improvements in the quality of care they provide, or not? IF YES: Do you think it will lead to a lot of improvement in the quality of care they provide or just a little improvement?

Americans who rate their overall health as somewhat or very good are more likely than those who rate their overall health poorly to say that if doctors or other health care providers are required to publicly report information about how much they charge for services, it will lead to a lot of improvement in the quality of care they provide (59 percent vs. 45 percent).

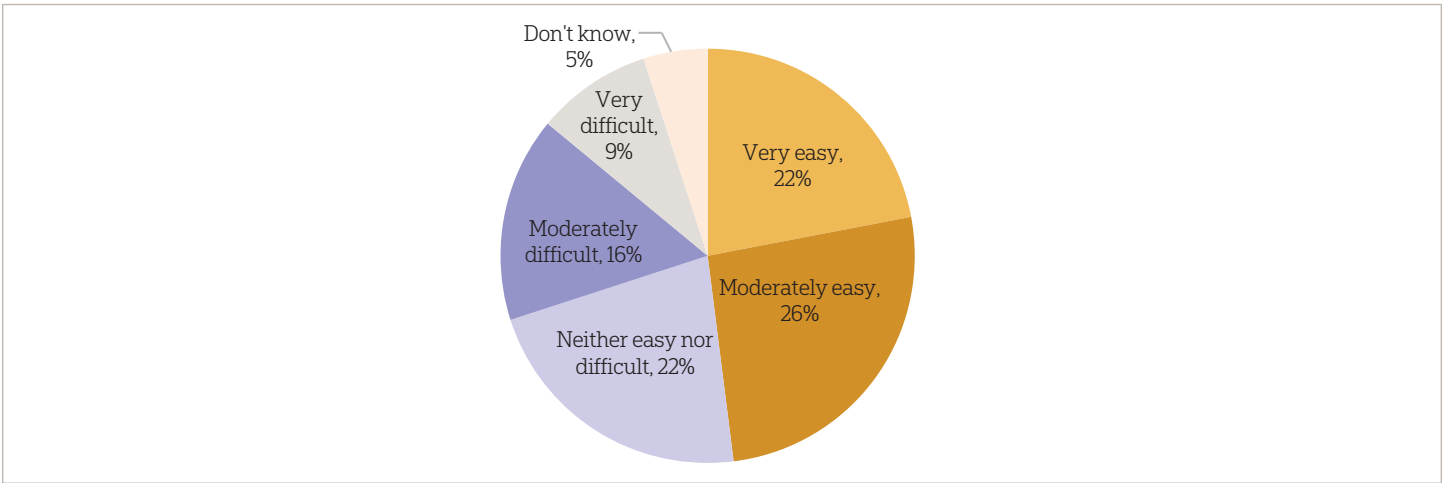
In addition, there are notable differences between the insured and uninsured over the degree to which public reporting of costs and outcomes will improve quality. Forty-three percent of the uninsured say a requirement to report cost information would improve care a lot, compared with 29 percent of those with insurance. On the potential requirement to report health outcomes, 53 percent of the uninsured think this would improve quality a lot, compared to 39 percent of insured people.

IN THE CURRENT HEALTH CARE LANDSCAPE, FINDING TRUSTWORTHY INFORMATION ABOUT PROVIDER QUALITY IS A CHALLENGE FOR MOST AMERICANS.

Americans say it is a challenge to find information about provider quality and other information they might use when making decisions about doctors. Further, it is easier to find information about certain aspects of the care provided by doctors than other aspects. Fewer than half of Americans (48 percent) report that it is easy to find information they can trust about the quality of care provided by different doctors in their local areas, a quarter say it is difficult, and 22 percent say it is neither easy nor difficult to find such quality information.

General opinions about the quality of health care one receives relates to perceptions of how easy it is to find trustworthy quality information. A slim majority of Americans who rate the health care they receive as very or somewhat good (51 percent) say quality information about providers is easy to find, compared to 36 percent of those rating the health care they receive neutrally or poorly.

Ease of finding information comparing health care quality of providers



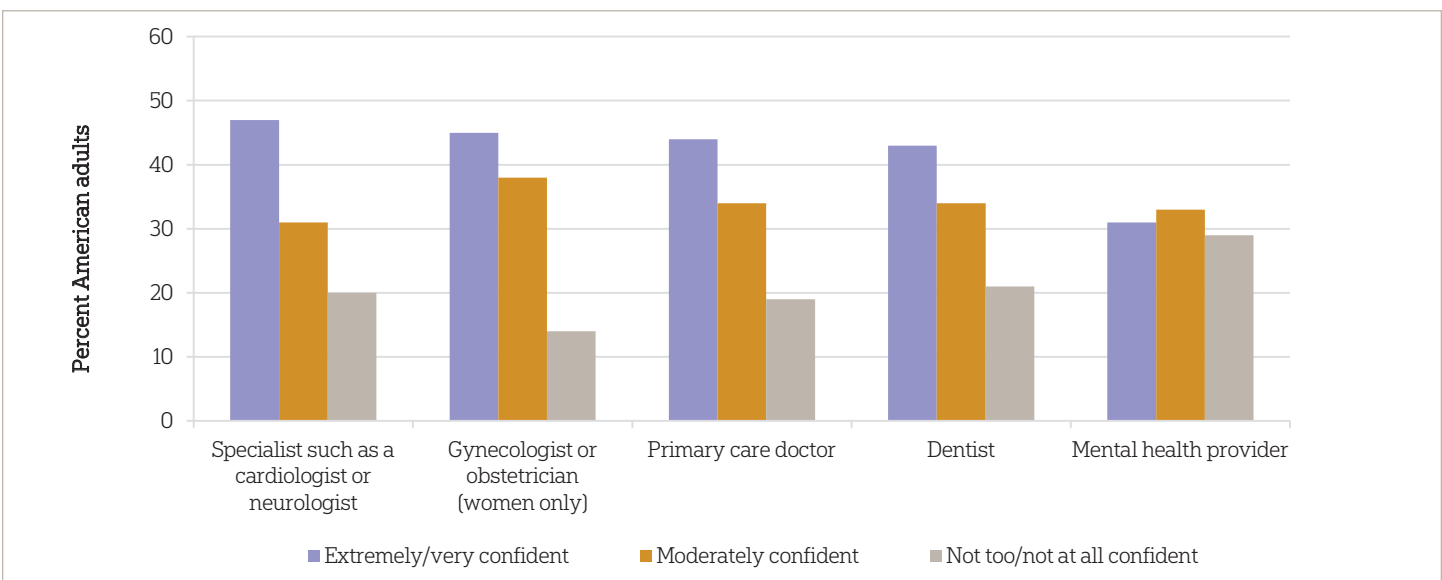
Questions: How easy or difficult is it to find information that you can trust about the...quality of health care provided by different doctors or other health care providers in your area?

AMERICANS ARE MORE CONFIDENT IN THEIR ABILITY TO FIND QUALITY INFORMATION TO HELP THEM CHOOSE PROVIDERS THAN THEY ARE ABOUT FINDING SPECIFIC PROVIDER QUALIFICATIONS.

Americans are more confident they can find general quality information about doctors than specific provider information like training or their costs. Fewer than half of Americans report that they are extremely or very confident that they could find quality information to help them choose a specialist, a gynecologist or obstetrician (women only), a primary care doctor, a dentist, or a mental health provider.

Forty-seven percent report they are extremely or very confident they could find information to help them pick a specialist, 45 percent are confident they could find information about a gynecologist or obstetrician, 44 percent about a primary care doctor, and 43 percent about a dentist. Americans are least likely to say they are confident that they could find quality information about mental health providers like psychologists or social workers (31 percent).

Americans' confidence that they could find health care quality information by provider type



Question: Suppose you needed to see a [ITEM]. How confident are you that you could find health care quality information that would help you choose a [ITEM]?

Uninsured Americans are less confident in their ability to find quality information for some types of providers than the insured. Compared with the insured, more than twice as many Americans without coverage say that they are not too confident or not at all confident in finding information to help choose a primary care doctor (35 percent vs. 16 percent) or a specialist (37 percent vs. 17 percent).

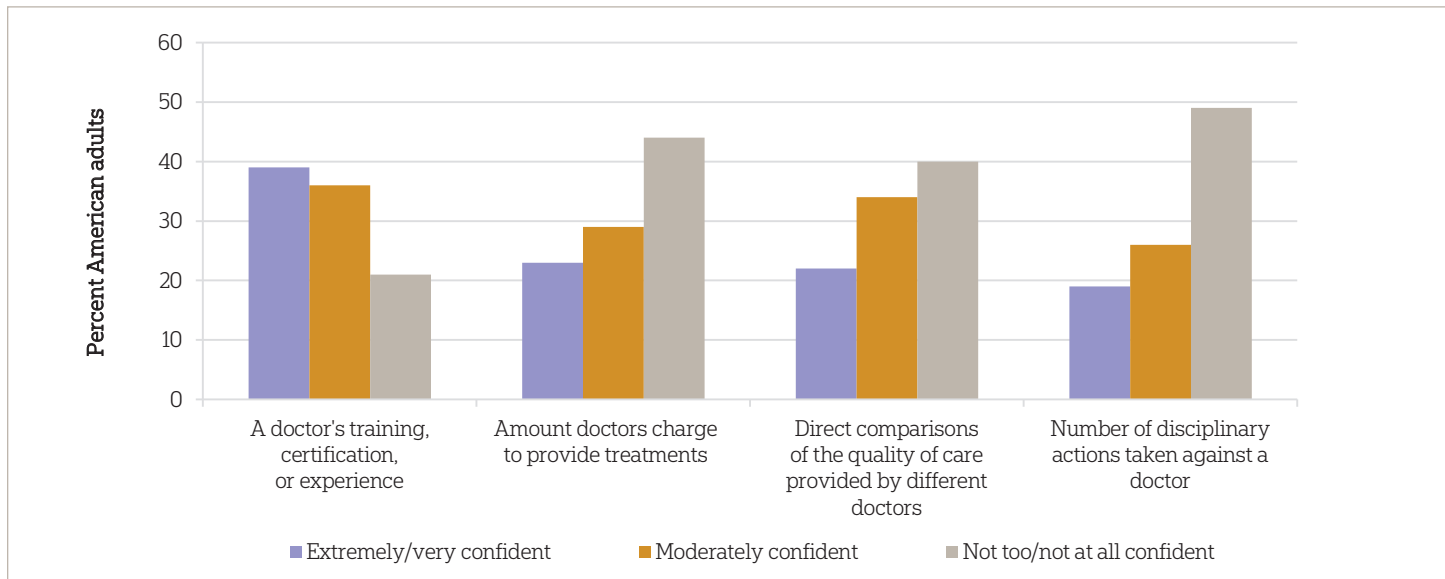
Overall, Americans are less confident in their ability to find specific information about doctors and other health care providers. Nearly half (49 percent) are not too confident or not at all confident that they could get information about the number of disciplinary actions taken against a doctor or other health care provider if they needed it, 19 percent are extremely or very confident, and 26 percent are moderately confident. Forty-four percent lack confidence that they can find information about the amount that different doctors or other health care providers in their area would charge for particular treatments or procedures. Four in 10 say they are not confident they could find direct comparisons of the quality of care from

providers in their area. Americans are more confident, however, that they could find information about providers' training, certification, and experience—39 percent say they are extremely or very confident, 36 percent are moderately confident, and 21 percent say they are not too confident or not at all confident they could find this information.

Adults with private insurance are less likely than those who are covered by Medicare, Medicaid, Tricare, or other public programs to say they are extremely or very confident they could find information about costs for a particular treatment or procedure (19 percent vs. 30 percent, respectively) and information comparing provider quality (19 percent vs. 31 percent).

Perceptions of the overall quality of one's health care are also related to confidence in finding information. Those who rate the health care they receive positively are more confident that they could find specific provider information than those who rate their health care neutrally or poorly.

Americans' confidence levels about finding specific health care provider information



Question: How confident are you that you could get information about [ITEM] if you needed it?

LESS THAN A QUARTER OF AMERICANS HAVE SEEN INFORMATION COMPARING DOCTORS IN THE PAST YEAR—THAT INFORMATION MOSTLY COMES FROM INFORMAL SOURCES LIKE FRIENDS OR FAMILY.

Just under a quarter of Americans (23 percent) remember seeing information that compares different doctors in the last year. Insurance and health status relate to whether or not an individual has seen comparative provider quality information over the last year. Americans who have private insurance are

more likely to say they have seen quality information than those who are publicly insured (27 percent vs. 17 percent). Further, those who are currently receiving regular medical treatment or who are making regular visits to a doctor for a chronic health problem are slightly more likely than those

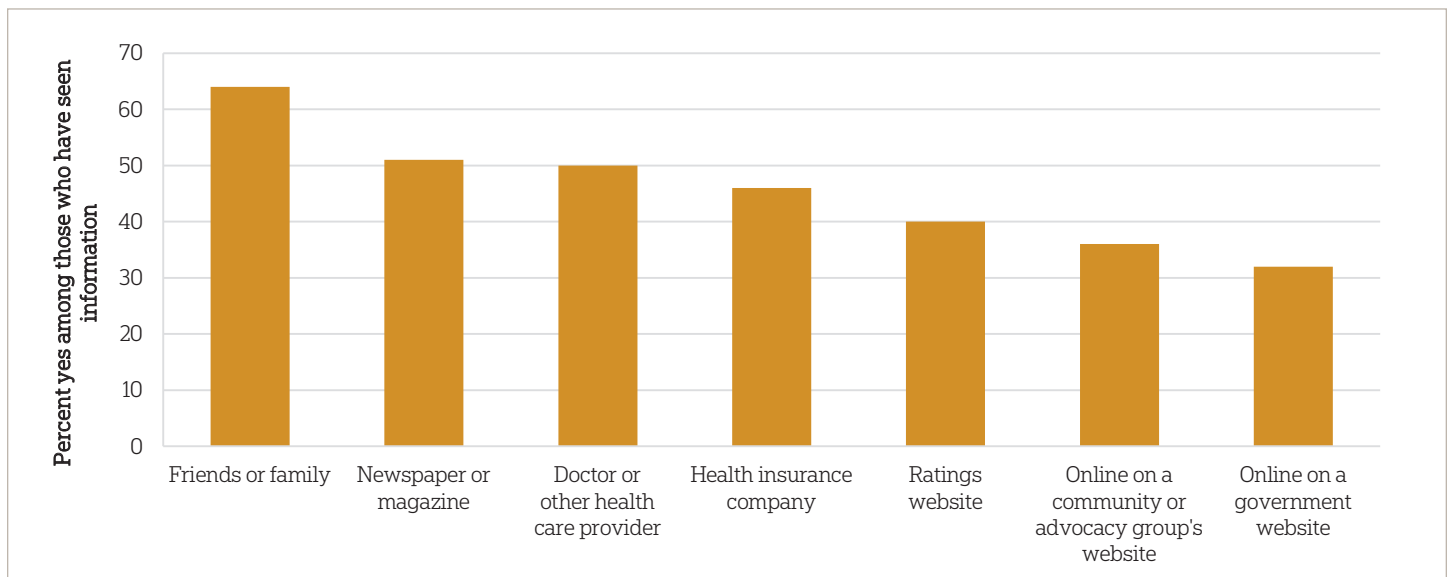
who are not to say they remember seeing any comparative information (27 percent vs. 21 percent). Age is also a factor: a quarter of adults age 18 to 64 have seen some sort of quality information comparing doctors, compared to 16 percent of seniors.

Much of the provider quality information Americans are accessing, however, does not come from sources that might provide official data on health care delivery and outcomes. For those who say they have seen information comparing doctors or other health care providers in the past year, friends or family are the most common sources of such information. Two-thirds of those who have seen or heard information comparing the quality of health care providers say they saw

or heard it from their friends or family. About half have seen or heard comparative information in a newspaper or magazine (51 percent), directly from a doctor or other health care provider (50 percent), or provided by a health insurance company (46 percent).

Online sites are less frequently Americans' sources for quality information. Four in 10 say they saw information on a ratings website such as HealthGrades.com, Yelp.com, or Angie's List, and fewer say they saw information online on a community or advocacy group's website (36 percent) or online on a government website (32 percent). Thirty-six percent say they saw comparative quality information from other sources not tested in the survey.

Percent saying they have seen quality information comparing doctors by source, among those who have seen any information



Question: Did you see or hear information from any of the following sources comparing the quality of doctors or other health care providers during the past 12 months, or not?

When the 23 percent of those who have seen any information comparing doctors were asked whether they actually used that quality information to make decisions about providers, 49 percent report they did, and 50 percent did not. This results in about 11 percent of Americans seeing and using provider quality information.

Those who say they actually used the quality information they saw are most likely to have gotten that information from friends or family (63 percent), on a ratings website (53 percent), or directly from their doctor (53 percent). The smallest proportion have seen or heard information online on a government website (38 percent).

Provider quality information sources among those who used the information they saw or heard	
Source of Information	% Who saw or heard information from source
Through friends or family	63
On a ratings website	53
Directly from a doctor	53
Online on a community or advocacy group's website	48
Provided by health insurance company	44
In a newspaper or magazine	39
Online on a government website	38
Somewhere else	36

Those who have seen but did *not* use provider quality information were asked why they did not use it in their decision-making process. The most common reasons for not using it include not needing to make choices at the time (77 percent) and the information not being specific to personal health care conditions or concerns (71 percent). Fewer than

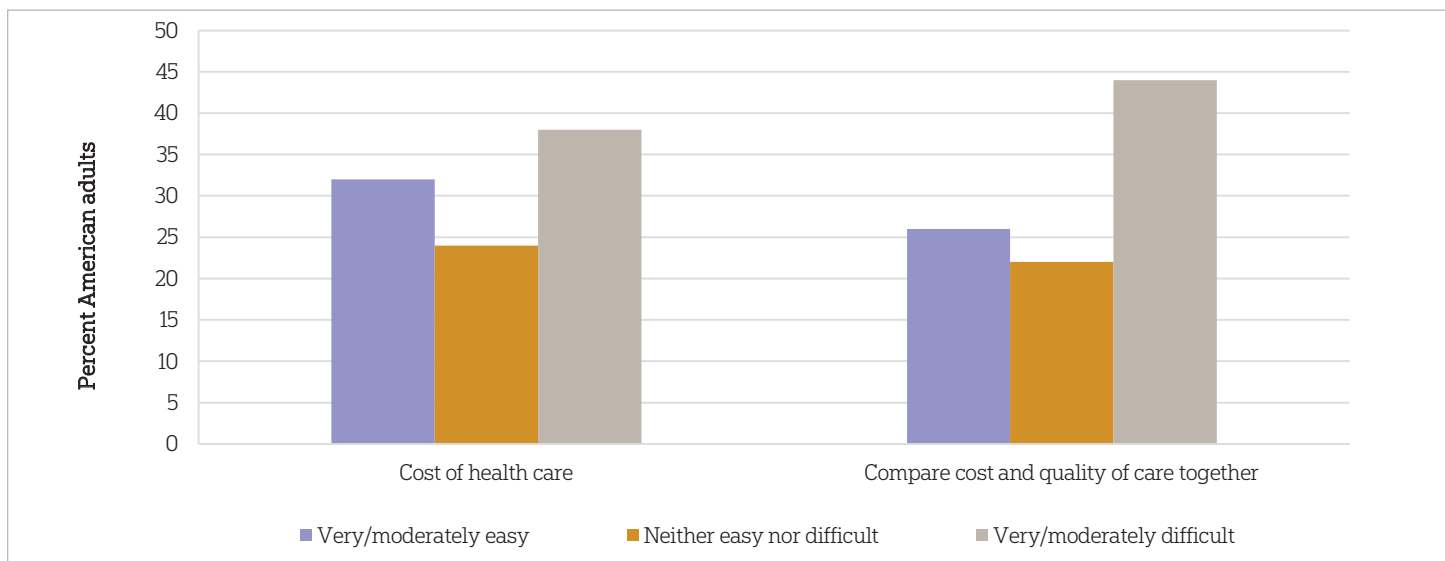
half say the information didn't cover the specific doctors or health care providers they needed to know about (38 percent); factors other than quality, such as location or cost, were more important in their decision-making (34 percent); or the information was confusing or difficult to understand (19 percent).

AS MUCH AS AMERICANS STRUGGLE TO FIND PROVIDER QUALITY DATA, INFORMATION ABOUT THE COST OF CARE IS EVEN HARDER TO FIND.

This survey shows that finding information about the costs of health care provided by different doctors is even more difficult for consumers than finding information about provider quality; finding both cost and quality information in the same place is an even greater challenge. As mentioned above, about half of Americans (48 percent) report that it is easy to find information they can trust about the quality of care provided by doctors in their local areas. When asked the same question

about information showing providers' costs, a third (32 percent) report that it is easy, while nearly 4 in 10 (38 percent) say it is difficult, and about a quarter (24 percent) say it is neither easy nor difficult. Finding trustworthy sources that compare the cost and quality of care together is even more challenging, with 44 percent reporting it is difficult, 22 percent saying it is neither easy nor difficult, and 26 percent saying it is easy.

Ease of finding information comparing costs of care, and cost and quality together



Questions: How easy or difficult is it to find information that you can trust about the...cost of health care provided by different doctors or other health care providers in your area?

Now, how easy or difficult is it to find a source of information that you can trust that compares the cost of care and quality of care together?

Uninsured Americans face the greatest challenges in finding information they can trust about the cost of health care provided by doctors. Roughly half (51 percent) of those without coverage say it is moderately or very difficult to find this information, compared to 36 percent of those who do have coverage. And within the group of insured individuals, those with private coverage are more likely than those who are publicly insured to say that finding cost information is difficult (39 percent vs. 27 percent, respectively). The privately insured are also more likely than the publicly insured to say combined cost and quality information is difficult to find.

General opinions about the quality of health care one receives relate to perceptions of how easy it is to find trustworthy cost

information. Thirty-five percent of those who rate the health care they receive positively say cost information is easy to come by, compared to 19 percent of those who report neutral or poor ratings.

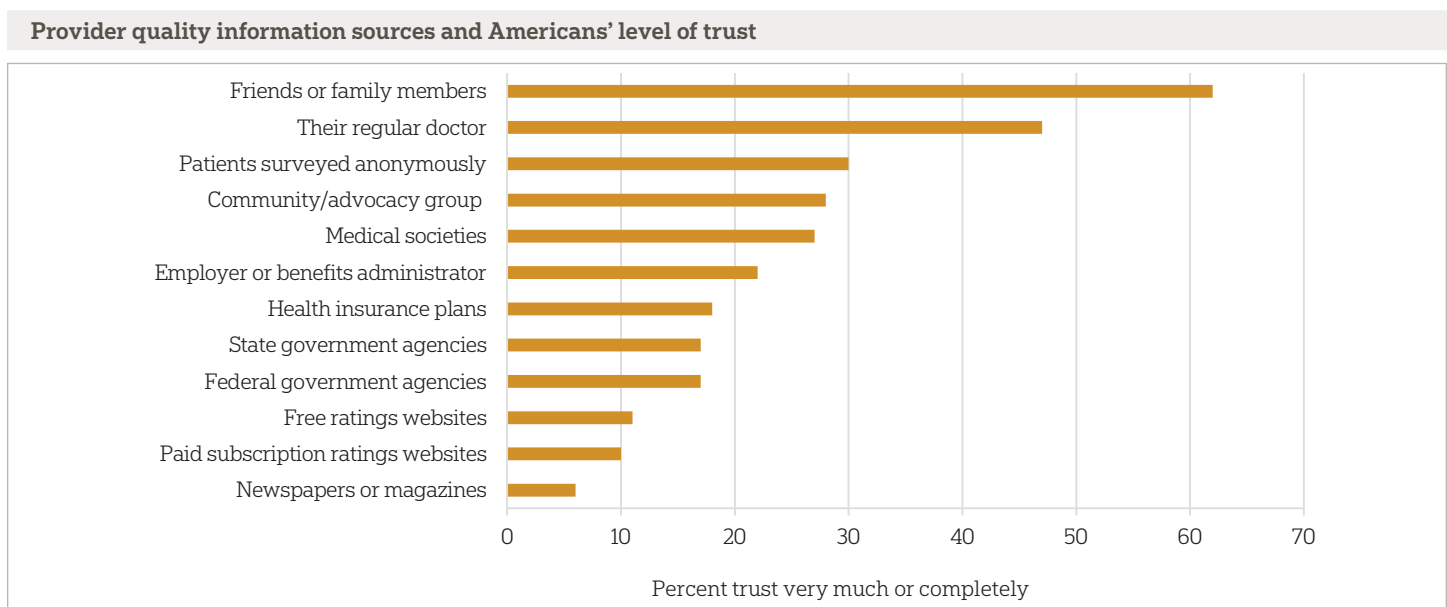
Further, as reported above, about a quarter of the public has seen or heard any information comparing different doctors in the past year. Among this group, finding combined cost and quality information is scarce: 3 in 10 say the information they saw included information about the cost of care. This means that overall about 7 percent of Americans have seen quality information comparing doctors that also included cost information.

AMERICANS LACK TRUST IN PROVIDER QUALITY INFORMATION FROM THE GOVERNMENT AND THIRD PARTIES, BUT TRUST INFORMATION FROM FRIENDS AND FAMILY AND THEIR OWN PROVIDERS.

With the implementation of the ACA and efforts from the federal government to provide the public with comprehensive health quality information through sources such as Physician Compare, it is important to know the provider quality information sources Americans trust. Six in 10 Americans say they would very much or completely trust quality ratings of doctors or other health care providers they receive from friends or family members, and roughly half say they would trust quality ratings they receive from their regular doctor or other individual health care provider.

providers. Three in 10 say they trust quality ratings from patients who are surveyed anonymously about the quality of care they received, from a community or advocacy group that evaluates health care providers, or from groups of doctors or other health care providers like medical societies. For sources such as an employer or someone who deals with health benefits, health insurance plans, state government agencies, federal government agencies, free ratings websites, paid subscription ratings websites, and newspapers or magazines—fewer Americans say they trust the quality information they provide than distrust it.

Beyond those two sources, however, Americans overwhelmingly lack trust in quality ratings of health care



Question: If you saw quality ratings of doctors or other health care providers from each source, how much would you trust the information? Would you trust this source completely, very much, moderately, slightly, or not at all?

Women are more likely than men to say they would trust quality ratings from friends or family members (66 percent vs. 56 percent) and patients surveyed anonymously (34 percent vs. 25 percent). In addition, there are differences between seniors and those age 18 to 64 in their trust in provider quality sources. Adults age 65 and older are less likely than those age 18 to 64 to trust a community or advocacy group, paid subscription ratings websites like Angie’s List, federal government agencies, and patients who are surveyed anonymously. Seniors are more likely than adults age 18 to 64 to trust their regular health care provider, however.

But even trust in information from one’s own health care provider diminishes for those who do not interact with the health care system as much. While Americans who go to a doctor’s office for check-ups less than yearly are more likely than those who go at least once a year to say they would very much or completely trust quality ratings from patients who

are surveyed anonymously (38 percent vs. 28 percent), they are less likely to say they would trust quality ratings from their regular doctor (30 percent vs. 51 percent). Further, those who are currently receiving regular medical treatment for a chronic health problem are more likely than those who are not to trust quality ratings from their regular doctor (52 percent vs. 44 percent).

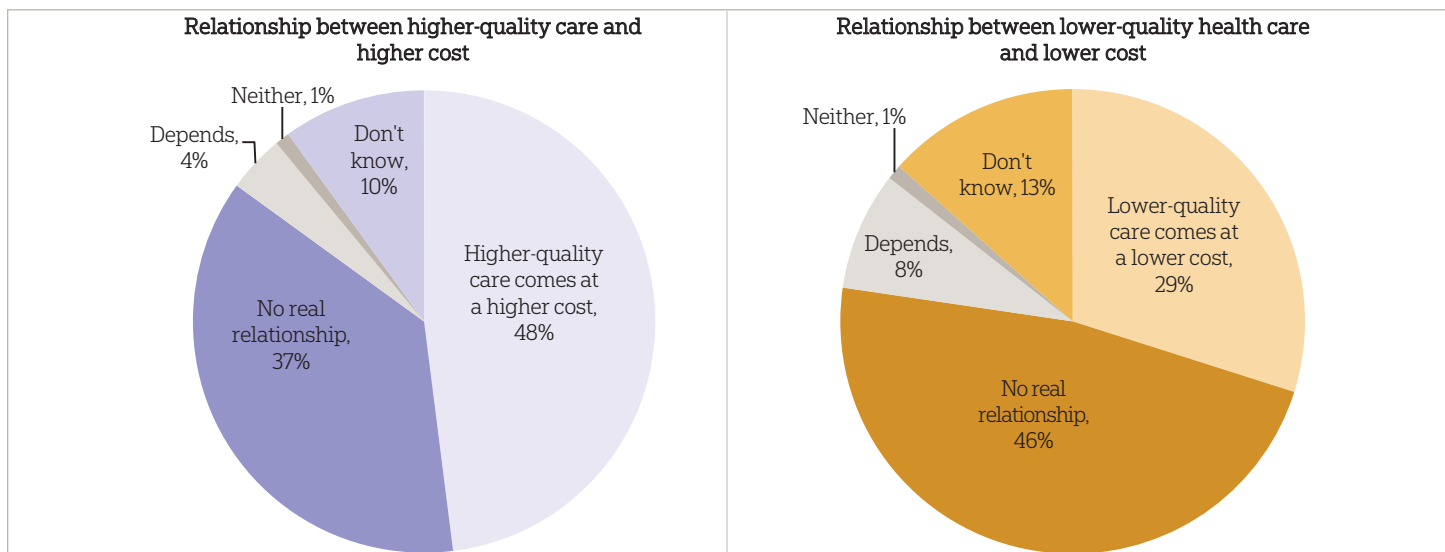
Americans who rate the quality of care they receive as somewhat or very good are more likely than those who rate it as somewhat or very poor to say they trust ratings from their regular health care provider (53 percent vs. 13 percent) or groups of doctors (29 percent vs. 14 percent). Those who say they would recommend their doctor to family or friends are also two times more likely than those who would not recommend their doctor to say they trust quality ratings from their regular health care provider (53 percent vs. 25 percent).

AMERICANS ARE DIVIDED OVER WHETHER THEY THINK HIGH-QUALITY HEALTH CARE COMES AT A HIGHER COST.

When it comes to the connection between cost and quality, Americans’ perceptions vary depending on how the question is framed. A random half of the survey sample was asked if higher-quality health care usually comes at a higher cost, or if there is no real relationship between cost and quality. Nearly half (48 percent) say that higher quality comes at higher costs, 37 percent say there is no real relationship, 4 percent volunteer that it depends or neither statement applies, and 10 percent say they do not know.

The other half of the survey sample was asked an alternate question: whether lower-quality care comes at a lower cost. Fewer people recognize a relationship between lower-quality care and lower costs. Just about 3 in 10 Americans (29 percent) think that lower-quality care comes at a lower cost, while the most common response is that there is no real relationship (46 percent). Eleven percent volunteer that it depends, neither statement applies, or both statements apply; and 13 percent do not know.

Americans’ perceptions of the relationship between health care quality and cost



Questions: When it comes to health care, does (higher-quality health care usually come at a higher cost/lower-quality health care usually come at a lower cost), or is there no real relationship between the quality and cost of health care?

The difference in perceptions of high- versus low-quality health care and the relationship to cost can partially be attributed to insurance status and age. About 48 percent of adults with health care coverage say higher quality comes at a higher cost, but 27 percent say lower quality comes at a lower cost. In comparison, about 42 percent of the uninsured say higher quality comes at a higher cost, while 36 percent of

these people say lower quality comes at a lower cost. Further, more than a third of seniors (35 percent) and half of adults 18 to 64 (51 percent) say higher quality comes with higher costs; alternatively, 20 percent of seniors and 31 percent of adults age 18 to 64 think lower-quality health care comes with lower costs.

Perceptions of the relationship between health care cost and quality by insurance status and age

	% Saying higher quality comes at a higher cost	% Saying lower quality comes at a lower cost
Adults with health care coverage	48	27
Adults without health care coverage	42	36
Adults age 65 and over	35	20
Adults age 18 to 64	51	31

Questions: When it comes to health care, does (higher-quality health care usually come at a higher cost/lower-quality health care usually come at a lower cost), or is there no real relationship between the quality and cost of health care?

Americans who are publicly insured are more likely than those with private insurance to say there is no real relationship between high-quality health care and higher costs (48 percent vs. 33 percent). Opinions about the relationship between cost and quality also differ regionally.

Adults living in the West are less likely to think higher-quality care comes at a higher cost (33 percent) than people living in the Northeast (51 percent), Midwest (51 percent), or South (53 percent).

WHEN WEIGHING COST AND QUALITY, AMERICANS SAY QUALITY IS MORE IMPORTANT AND THEY ARE WILLING TO PAY MORE FOR IT, BUT FEW HAVE DONE SO IN PRACTICE.

Americans say that both quality and cost are important to them when choosing health care providers, with slightly more placing high importance on quality over cost. Sixty-two percent of Americans say that, given equal quality ratings between two health care providers, out-of-pocket costs would be an extremely or very important factor in their choice between the two. On the other hand, 68 percent say that, given equal out-of-pocket costs between two health care providers, the providers' quality ratings would be an important factor in their choice.

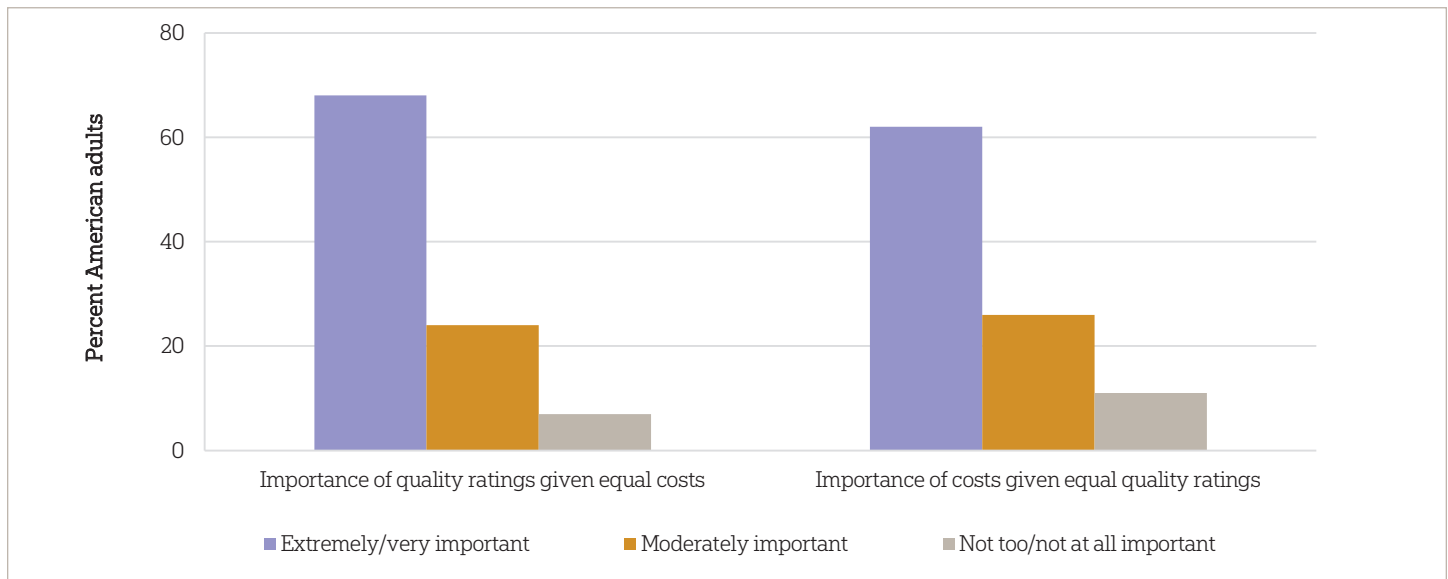
The high level of importance Americans place on provider quality is reflected in the finding that nearly two-thirds (64 percent) are willing to pay more to see a doctor or health care provider with higher-quality ratings. But when asked whether they have actually used a health care provider out of their network because they believed they offered higher-quality care, 3 in 10 have done so.

Demographic groups approach the tradeoffs of cost versus quality differently, with some more willing than others to pay more for quality care. Americans age 65 or older are less likely to rate cost as an extremely or very important factor given

equal quality ratings compared to any other age group. Additionally, women are more likely than men to rate quality (74 percent vs. 62 percent) as important when choosing between doctors. The uninsured, moreover, are more likely than the insured to say cost is extremely important given equal quality (43 percent vs. 23 percent).

Lower-income Americans focus more on costs when weighing their options of doctors or health care providers. Americans earning less than \$50,000 a year are less likely than those earning more to say they are willing to pay more to see a doctor with a higher-quality rating (54 percent vs. 75 percent, respectively). Americans with some college experience (68 percent) or a college degree (75 percent) are more likely than those with a high school degree or less (52 percent) to say that they would be willing to pay more to see a better doctor. They are also more likely to have actually used a doctor outside of their provider network.

Importance of quality and cost given equal ratings



Questions: If two doctors or other health care providers' quality ratings were about equal, how important would out-of-pocket costs be as a factor when choosing between them? Would out-of-pocket costs be not at all important, not too important, moderately important, very important, or extremely important?

If two doctors or other health care providers' out-of-pocket costs were about equal, how important would quality ratings be as a factor when choosing between them? Would quality ratings be not at all important, not too important, moderately important, very important, or extremely important?

MOST AMERICANS SAY THEY RECEIVE GOOD HEALTH CARE AND WOULD RECOMMEND THEIR OWN DOCTOR.

Despite difficulties finding provider quality and cost information, Americans are positive about the health care they receive generally and about their own providers specifically. Consistent with other recent surveys on the topic, this survey shows that most people say they receive good health care and would recommend their doctor to a friend or family member. Adults' evaluations of the health care they receive also vary depending on factors such as their race, age, education, insurance status, and how often they visit a doctor. About 8 in 10 Americans report receiving very good or somewhat good care, and 76 percent say they would recommend the doctor they see most often to a friend or family member.

Asked about the quality of care at various local health care facilities, people with experience using that type of facility are most likely to say the care is very or somewhat good at local doctors' offices (88 percent), followed by retail clinics (82 percent), hospitals (81 percent), walk-in clinics (76 percent), and emergency rooms (69 percent).

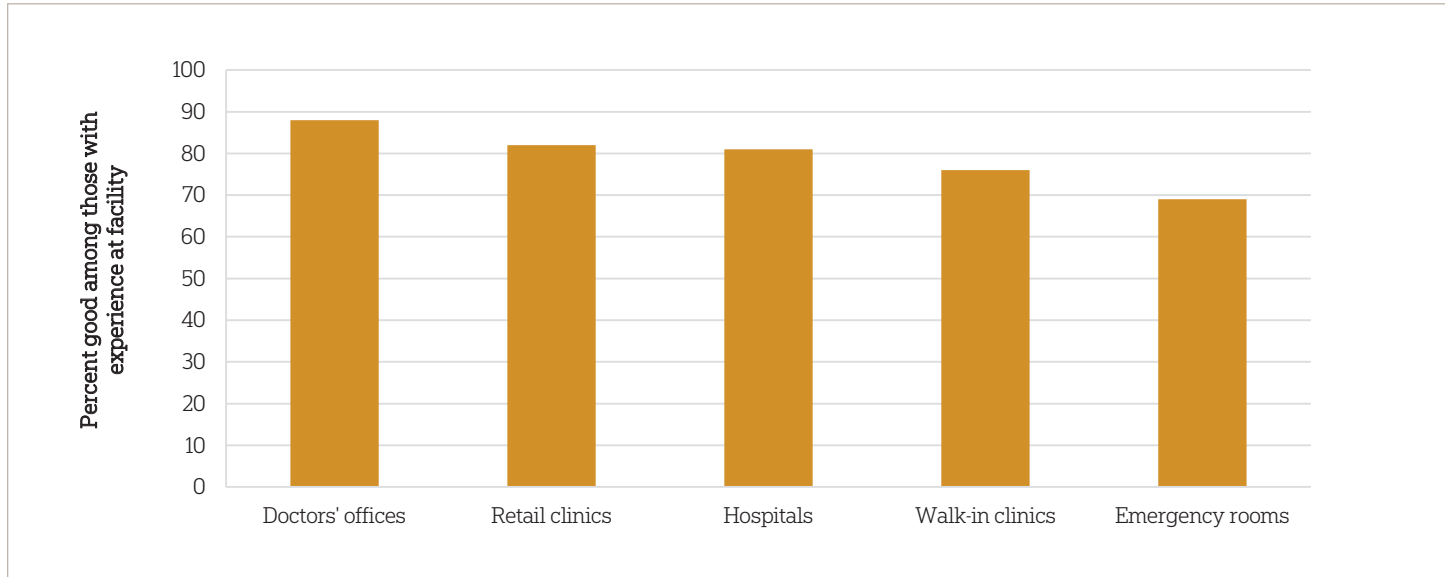
The frequency with which Americans receive health care is associated with their views about the quality of their care.

People who go to the doctor for regular check-ups are more likely to rate the health care they receive as very or somewhat good (89 percent) than are those who do not go to the doctor for regular check-ups (65 percent). Moreover, about 8 in 10 people who go for regular check-ups would recommend their doctor compared with half of those who do not go for regular check-ups.

The insured (88 percent) are far more likely than the uninsured (57 percent) to say the health care they receive is very or somewhat good. Likewise, 8 in 10 of those who are insured would recommend their doctor compared to 54 percent of the uninsured. These findings remain robust even when controlling for demographic and other socioeconomic factors.

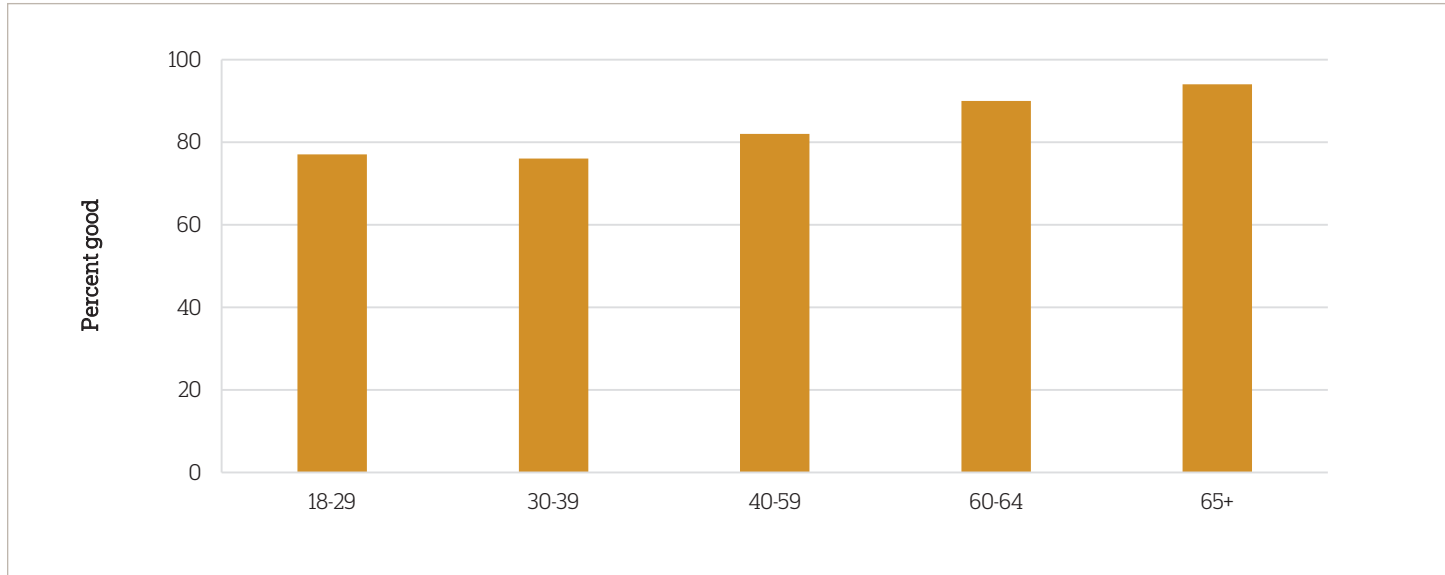
Older Americans tend to rate the quality of care they receive more positively than do younger Americans. More than 90 percent of adults age 60 and over say the health care they receive is very or somewhat good, compared to about 77 percent of those age 18-39.

Ratings of the quality of health care at various facilities among those with experience



Question: Based on what you've experienced yourself, please tell me if you think the quality of care provided at the following kinds of health care facilities in your area is good, poor, or neither good nor poor. If you haven't had any experiences with any of these facilities, just tell me.

Ratings of the quality of health care received by age



Question: In general, how would you rate the health care that you receive? Would you say it is good, poor, or neither good nor poor?

Americans' education levels are also associated with their evaluations of health care. Two-thirds of college graduates say the health care they receive is very good, while half of those without a college degree rate their health care as very good. Education remains robust as a factor even when controlling for one's insurance status in a multivariate analysis.

Evaluations of health care quality at various local facilities vary by region, as well as by race and ethnicity. People living

in the West are less likely to rate the quality of doctor's offices in their area as very or somewhat good (67 percent) than people living in the South (85 percent), Midwest (85 percent) or Northeast (89 percent). Further, blacks tend to have more positive opinions than whites or Hispanics. For example, more blacks say local doctor's offices are good (89 percent) than whites (81 percent) or Hispanics (74 percent).

ABOUT THE STUDY

Study Methodology

This survey, funded by the Robert Wood Johnson Foundation, was conducted by the Associated Press-NORC Center for Public Affairs Research between May 27 and June 18, 2014. Staff from NORC at the University of Chicago, The Associated Press, and the Robert Wood Johnson Foundation collaborated on all aspects of the study.

This random-digit-dial (RDD) survey of the 50 states and the District of Columbia was conducted via telephone with 1,002 adults age 18 and older. In households with more than one adult age 18 or older, we used a process that randomly selected which eligible adult would be interviewed. The sample included 595 respondents on landlines and 407 respondents on cell phones. Cell phone respondents were offered a small monetary incentive for participating, as compensation for telephone usage charges. Interviews were conducted in both English and Spanish, depending on respondent preference. All interviews were completed by professional interviewers who were carefully trained on the specific survey for this study.

The RDD sample was provided by a third-party vendor, Marketing Systems Group. The final response rate was 25 percent, based on the American Association of Public Opinion Research (AAPOR) Response Rate 3 method. Sampling weights were calculated to adjust for sample design aspects

(such as unequal probabilities of selection) and for nonresponse bias arising from differential response rates across various demographic groups. Poststratification variables included age, sex, race, region, education, and landline/cell phone use. The weighted data, which thus reflect the U.S. population, were used for all analyses. The overall margin of error was +/- 4.0 percentage points, including the design effect resulting from the complex sample design. All analyses were conducted using STATA (version 13), which allows for adjustment of standard errors for complex sample designs. All differences reported between subgroups of the U.S. population are at the 95 percent level of statistical significance, meaning that there is only a 5 percent (or less) probability that the observed differences could be attributed to chance variation in sampling. Additionally, bivariate differences between subgroups are only reported when they also remain robust in a multivariate model controlling for other demographic, political, and socioeconomic covariates. The unweighted sample sizes for the main demographic groups evaluated in the report are listed in the table below.

A comprehensive listing of all study questions, complete with tabulations of top-level results for each question and unweighted sample demographics, is available on the AP-NORC Center's website: www.apnorc.org.

Demographic Group	
Insured-NET	N=905
Privately insured	N=613
Publicly insured	N=280
Other type of insurance	N=8
Have insurance, unspecified	N=4
Uninsured-NET	N=94
18-64 years of age	N=680
65 years of age and older	N=289

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The founding principles of the AP-NORC Center include a mandate to carefully preserve and protect the scientific integrity and objectivity of NORC and the journalistic independence of AP. All work conducted by the Center conforms to the highest levels of scientific integrity to prevent any real or perceived bias in the research. All of the work of the Center is subject to review by its advisory committee to help ensure it meets these standards. The Center will publicize the results of all studies and make all datasets and study documentation available to scholars and the public.

The complete topline data are available at www.apnorc.org.

For more information, visit www.apnorc.org
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