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PHYSICIANS FOUNDATION REPORT: PATIENT SURVEY

MAY 2016



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Objectives

In the summer of 2015, the Physicians Foundation conducted focus groups in New York, Chicago, and Los Angeles to explore the physician-patient relationship. The Foundation desired to gain further insights into this relationship and how it is being affected by the transition of solo and small group practitioners to larger healthcare/hospital systems. As part of this effort, the Foundation commissioned Nielsen (via The Harris Poll) to investigate:

- Coverage, use, and opinions on health insurance
- Experience and satisfaction levels with recent visits with HCPs
- Attitudes and perceptions of medicine
- Experience with and attitudes toward EMR/EHR
- Attitudes toward the Affordable Care and Patient Protection Act

Approach

- Sample: 1,511 adults in the U.S. ages of 27 and 75, who had seen the same doctor at least two times in the past 12 months: recruited and screened from the Harris Poll online panel.
- Target respondents received an email invitation describing the study in general terms. Prospective respondents who were interested were directed to a website to complete the survey online.
- The survey was administered via Nielsen secure servers and was accessible to all interested respondents until the survey quota (n=1,500) was filled. At that time, the site was disabled with a notice informing interested respondents that the study had been completed.
- Data collection was between February 1, 2016 and February 11, 2016; the survey took 15 minutes (on average) to complete.
- Data are weighted to reflect a nationally representative sample of U.S. adults between 27 and 75 years of age.

SUMMARY OF FINDINGS

The Doctor-Patient Relationship

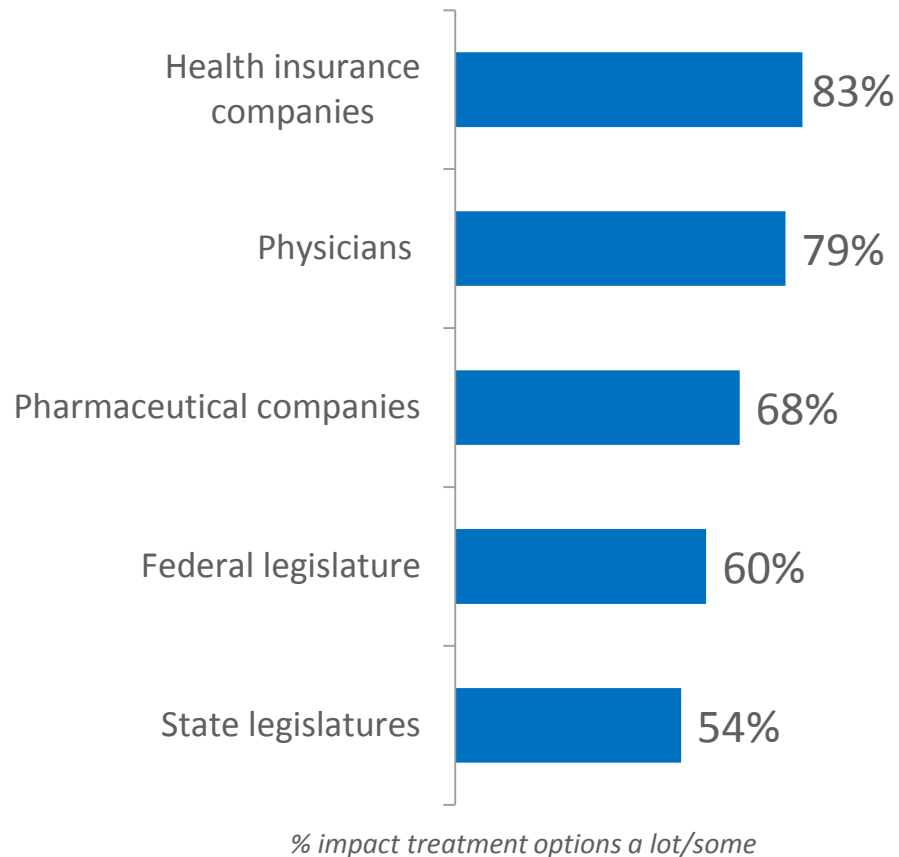
Among U.S. adults, the doctor-patient relationship is in very good shape. An overwhelming majority are very satisfied/satisfied with their most recent visit with their primary care physician (PCP).



- The majority of healthcare consumers are highly satisfied with aspects of their most recent visit for routine care.
- 90% were very satisfied/satisfied with:
 - Their PCP's ability to explain things in a way they could understand (95%).
 - The "respectfulness" of their PCP (96%).
 - How well their doctor listened to them during the most recent routine exam (93%).
 - How well knew their medical history (92%).
- Most (63%) *disagree* that the ACA has helped the doctor-patient relationship.
 - Three-quarters (74%) say their relationship with their doctor has stayed about the same since the ACA was passed.

Who's Impacting Treatment Options?

When it comes to available treatment options, U.S. healthcare consumers believe there is a hierarchy in the impact various players have. Health insurance companies are seen as having the most impact; physicians are a close second.



Routine Health Exams

The majority of U.S. adults visit PCPs for routine exams. While there is variation across some demographic groups, among the groups we examined, PCPs were the most often visited healthcare provider for routine exams.



For their most recent routine exam:

- About 78% U.S. adults visited a physician (PCP/specialist).
 - **By age:** 73% were 65+, 59% were 18-34 and 64% were 35-44.
 - **By employment status:** 67% employed full-time versus 57% unemployed.
 - **By income:** 70% with HH incomes of \$75 - \$149.9K; significantly more than those with HH incomes of \$150K+ (56%).
 - 22% with HH incomes of \$150K+ visited a specialist. That is significantly more than the 11% with HH incomes of \$25K-\$74.9K and 11% with HH incomes of \$75K-\$149.9K.

Healthcare Quality and Access

Half of U.S. adults are able to schedule sick visits within one day. Large majorities report that their appointment wait time and quality of care has stayed about the same since the ACA passed.



- 71% say wait time for their most recent routine exam was about what they expect.
- 51% are able to schedule an appointment for sick care within one day.
- 78% say appointment times are about the same now as before the ACA passed.
- 75% say that the quality of care they receive from their doctor is about the same as it was before the ACA passed.

Healthcare services are welcomed...

Overall, U.S. adults are quite willing to use services that make receiving healthcare services easier.



- 75% are willing to use **same-day appointments**. Some are significantly very likely/likely to use these appointments such that:
 - 84% of adults 18-34 and 85% of adults 35-44 versus 65% of adults 65+.
 - 80% with children in HH versus 72% without children in HH.
 - 81% with employer-sponsored health insurance versus 66% with Medicare or Medicaid (66%).
 - 80% with full-time and 78% with part-time employment versus 65% of the unemployed.
- 68% are willing to use **extended doctor office hours**.
 - 82% of adults 18-34 and 79% of adults 35-44 versus 45% of adults 65+.
 - 75% with children in HH versus 62% of those without children in HH.
 - 77% with employer-sponsored health insurance versus 49% with Medicare or Medicaid (49%).
 - 78% with full-time and 64% with part-time employment versus 63% of the unemployed.

...keep them coming

- 64% are willing to use **online scheduling**.
 - 73% of those 18-34 and 72% of adults 35-44 versus 52% of adults 65+.
 - 68% with children in HH versus 60% of those without children in HH.
 - 72% with employer-sponsored health insurance versus 54% with Medicare or Medicaid (54%)
 - 69% with full-time and 78% with part-time employment versus 47% of the unemployed.



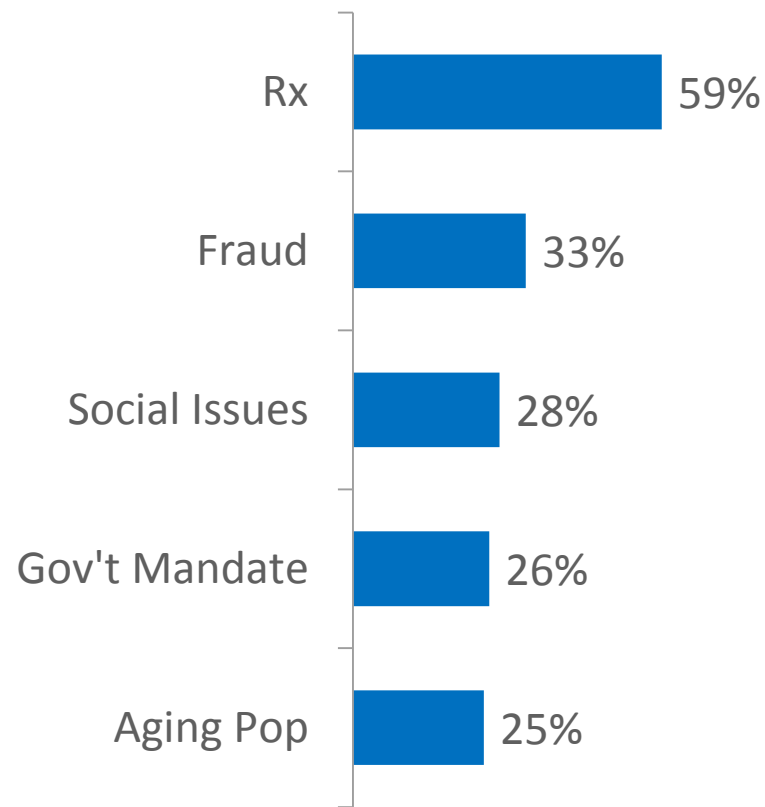
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- 71% are willing to use **e-mail** with their physician.
 - 84% of adults 18-34, 79% of those 35-44, and 72% of adults 45-54 versus 45% of those 65+.
 - 75% of those with children in HH versus to 62% of those without children in HH.
 - 77% with employer-sponsored health insurance versus 49% with Medicare or Medicaid (49%).
 - 78% with full-time and 64% with part-time employment versus 63% of the unemployed.

Cost Drivers of Healthcare

It's common knowledge that healthcare costs continue to rise. Among U.S. adults, the most often cited reason, (significantly greater than all other factors) is the cost of prescription drugs. Costs of physician fees comes in seventh with one out of five consumers citing it as a reason for rising healthcare costs.



The Healthcare Cost Burden

Costs affect consumers in several ways. Many are concerned with the future costs of seeking healthcare. Many U.S. adults use noncompliance techniques to reduce their overall healthcare costs. And, large segments of the population already have debt due to medical costs.



- 67% of adults are concerned with being able to pay for medical treatment if they get sick or are injured.
- 48% are not confident they could afford care if they become seriously ill.
- 40% have “medical” debt.
- 43% had an unexpected healthcare expense in the past 12 months; and, for 63% of these, it caused serious financial hardship.
- 25% of U.S. adults have skipped a medical test, treatment or follow-up or avoided a visit with a doctor for a medical problem (28%) in the past 12 months because of the cost. Because of cost:
 - 18% have skipped doses of medicine.
 - 27% have avoided filling a prescription.

The Challenge of Affordability

Consumers have varying opinions on the affordability of different aspects of health insurance. Most think PCP copays are affordable, but specialist copays are not. About similar numbers think insurance premiums and deductibles are not affordable.



- 21% say their PCP copay is unaffordable. While...
- 57% say their specialist copay is unaffordable.
 - Adults with employer-sponsored insurance are significantly more likely than those with government insurance i.e., Medicare/Medicaid to say this.
- 39% say their health insurance deductible is unaffordable.
 - Those with employer-sponsored/on their own insurance are both significantly more likely than those with Medicare/Medicare to say this.
- 34% of U.S. adults say their health insurance premium is unaffordable.
 - Those with employer-sponsored/on their own insurance are both significantly more likely than those with Medicare/Medicare to say this.

Technology and Healthcare

The American Recovery and Reinvestment Act of 2009 included a requirement that HCPs begin “meaningful use” of EMR by January 1, 2014. Part of the rationale for this requirement is the expectation it would lead to improved care. U.S. adults appear to have similar expectations of EMR.



- 66% of U.S. adults have access to their EMR through their doctor.
 - 71% say EMR access is very important/important and that all doctors should provide EMR access (85%).
- And, not only do patients say *they* should have access, 65% say *all* of their doctors should have access to their EMR.
- 67% say EMR use will improve healthcare quality in general, and result in improved quality of healthcare for themselves (65%).
- The four top reasons U.S. adults access their EMR are to: monitor their health (72%), request a prescription refill (38%), request an appointment (33%), and ask a physician a question (32%).

The ACA...where do we go now?

The ACA continues to be a “hot button” issue. Most U.S. adults state it hurts the healthcare system, that the healthcare system was better before the law passed, and that it should be repealed or reformed. These attitudes are largely influenced by political ideology or affiliation.



- 54% of U.S. adults strongly agree/agree the ACA should be repealed in it's entirety.
 - This is true more for Republicans (77%) than Democrats (27%).
- Similarly, 54% strongly agree/agree the healthcare system was better before the ACA passed.
 - Again, this is true more for Republicans (77%) versus Democrats 34%.
- And, 52% think the ACA hurts the healthcare system overall.
 - 83% of Republicans hold viewpoint versus 23% of Democrats.
- *Regardless* of political affiliation, there is agreement that the ACA should be reformed (75% strongly agree/agree).

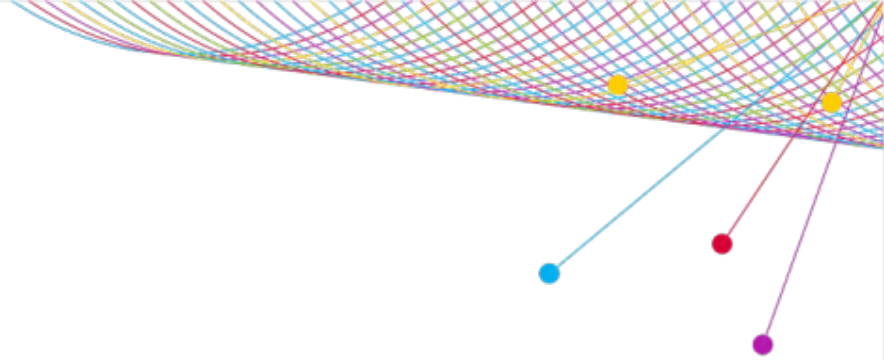
Physicians as Translator

Many U.S. adults find it more difficult to understand their health insurance now than before the ACA passed. To reduce their lack of understanding, many expect and rely on their physician to help.



- 55% of U.S. adults strongly agree/agree that the ACA has made health insurance more difficult to understand.
- 78% strongly agree/agree that doctors should know more about how the ACA impacts quality of care.
- 43% say they rely on their doctor to understand how the ACA impacts quality of care.
- 48% rely on their doctor to understand what their insurance covers.

DETAILED FINDINGS

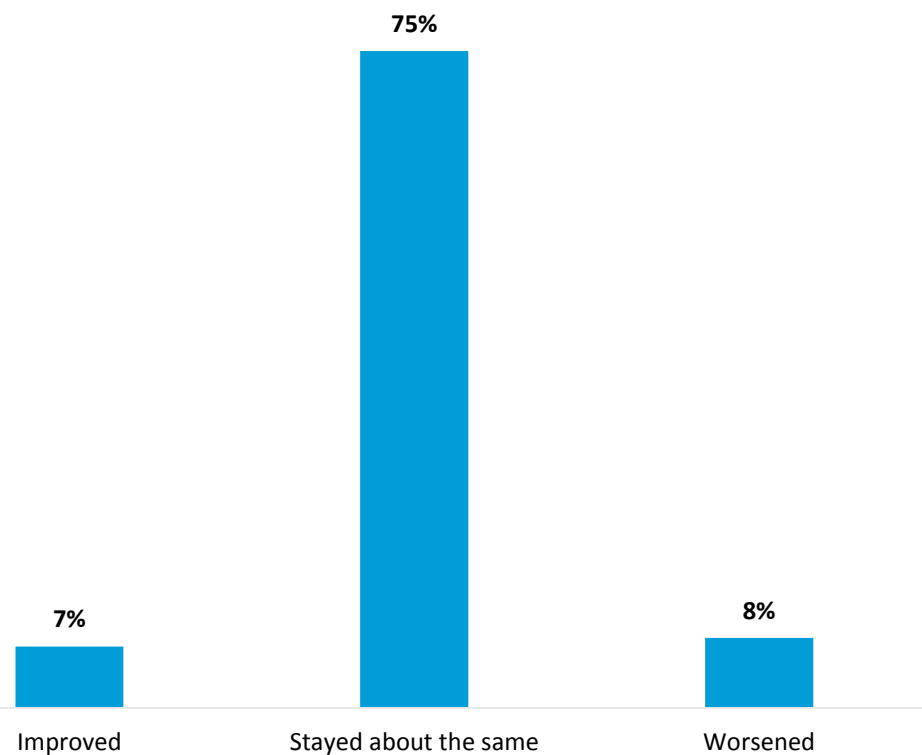


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DOCTOR-PATIENT RELATIONSHIP

Most say the quality of care they receive has stayed about the same since the ACA was passed

Has the quality of care that you receive from the doctor you see most often...



Adults 18-34 are significantly* more likely to report improvement in the quality of care they receive than adults 35-44, 55-64, and 65+.

Age	% improved
18-34	13%
35-44	5%
45-54	10%
55-64	4%
65+	5%

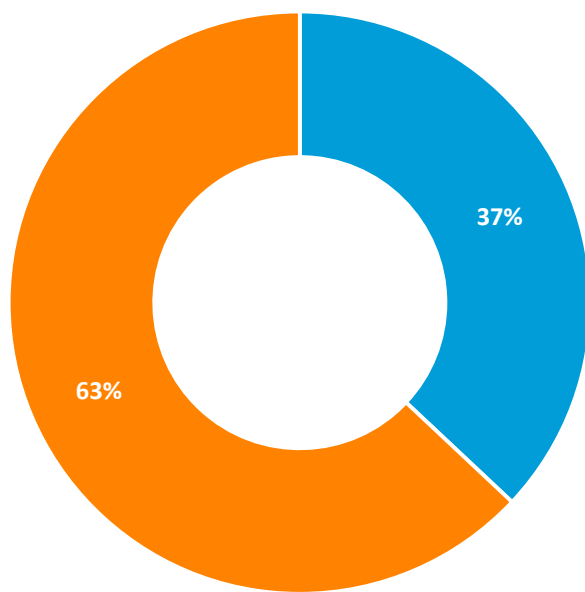
Base: All Qualified Respondents (n = 1,511)

Q550. Since the passage of the Affordable Care Act, that is since March 2010...

*p < .05

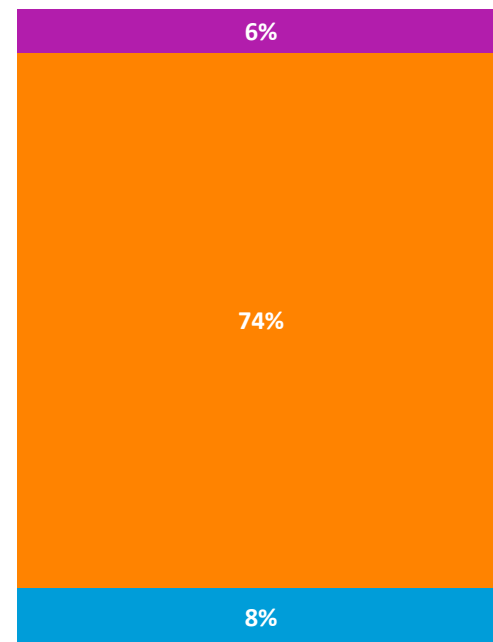
Majority disagree that the ACA has helped the doctor-patient relationship

% agree/disagree ACA has helped the doctor-patient relationship



■ Agree ■ Disagree

% indicating relationship with their doctor has improved/worsened



Has your relationship with your doctor that you see most regularly...

■ Improved ■ Stayed about the same ■ Worsened

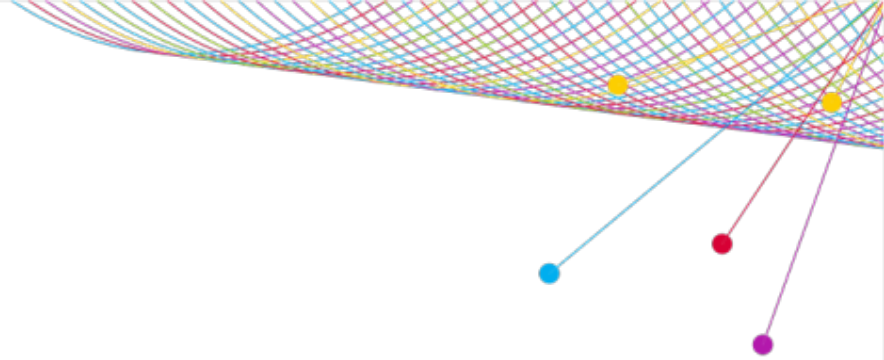
Adults 18-34 and 45-54 are significantly* more likely to report improvement in the relationship with the doctor they see most often than adults 55-64 or 65+.

Base: All Qualified Respondents (n = 1,511)

Q550. Since the passage of the Affordable Care Act, that is since March 2010, has your relationship with your doctor that you see most regularly...?

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA) - The passage of the ACA has helped the doctor patient relationship

*p < .05

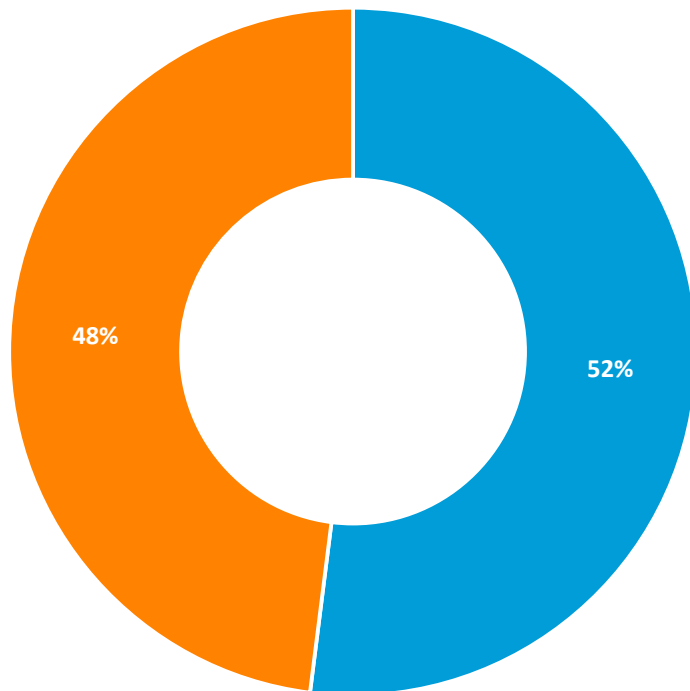


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THE HEALTHCARE LANDSCAPE & IMPACT ON PATIENTS

U.S. adults are split in their confidence they would be able to afford care if they became seriously ill

% confident/not confident they would be able to afford care needed

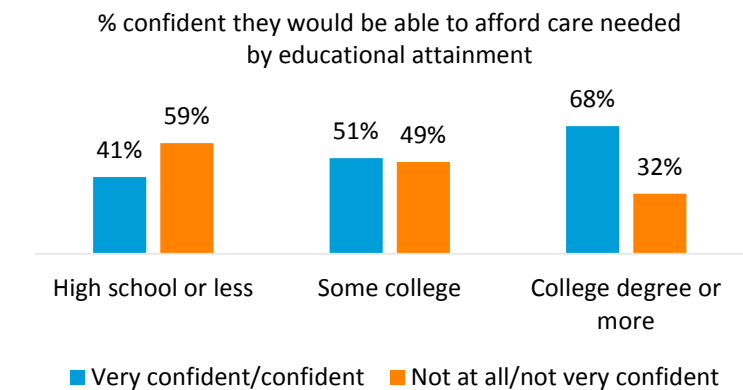
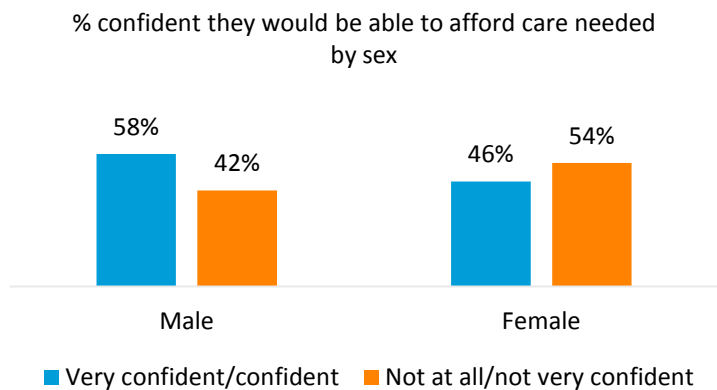
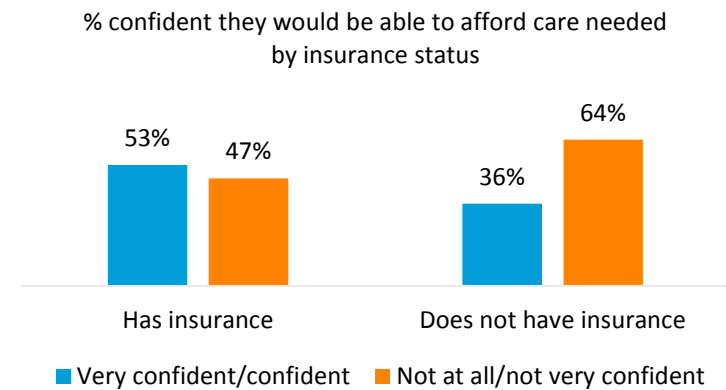
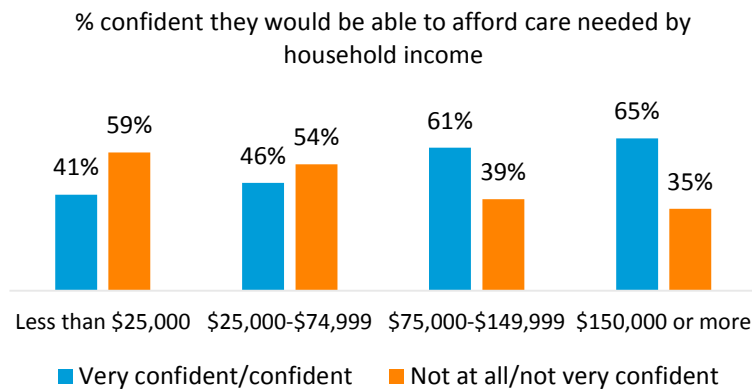


■ Very confident/confident ■ Not at all/not very confident

Base: All Qualified Respondents (n = 1,511)

Q425. How confident are you that if you become seriously ill, you will...? Be able to afford the care you need

Groups differ in confidence they could afford care needed if they became seriously ill

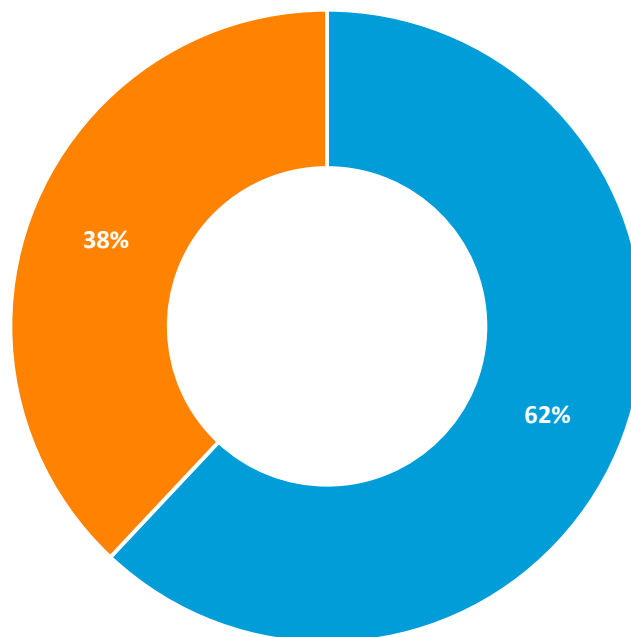


Base: All Qualified Respondents (n = 1,511)

Q425. How confident are you that if you become seriously ill, you will...? Be able to afford the care you need

Many are concerned about their ability to pay for medical treatment

% concerned with ability to pay for any medical treatment



■ Very/somewhat concerned ■ Not at all concerned/somewhat concerned

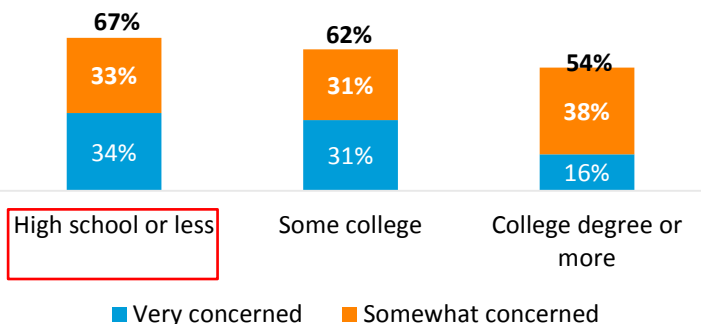
Base: All Qualified Respondents (n = 1,511)

Q420. To what extent are you concerned or not concerned with your ability to pay for any medical treatment if you were to get sick or injured?

Groups differ in level of concern with ability to pay for medical treatment

U.S. adults with a high school education or less are significantly* more likely to be concerned than those with a college education

% by educational attainment



High school or less

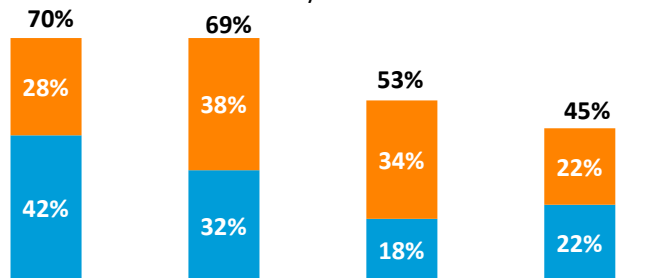
Some college

College degree or more

■ Very concerned ■ Somewhat concerned

U.S. adults with a household income under \$75,000 are significantly* more likely to be concerned than all others.

% concerned by household income



Less than \$25,000

\$25,000-\$74,999

\$75,000-\$149,999

\$150,000 or more

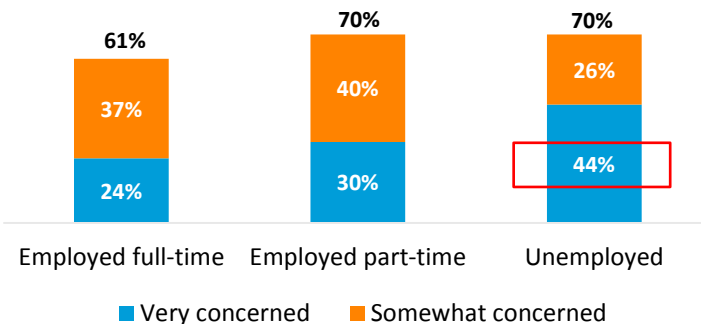
Base: All Qualified Respondents (n = 1,511)

Q420. To what extent are you concerned or not concerned with your ability to pay for any medical treatment if you were to get sick or injured?

*p < .05, **sums may be different due to rounding error

U.S. adults who are unemployed are significantly* more likely to be very concerned than those employed part- or full-time.

% by employment status



Employed full-time

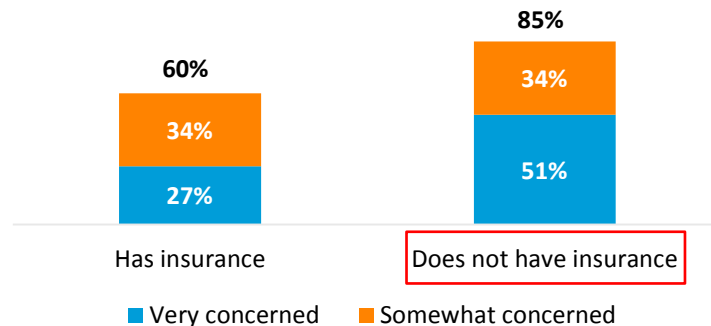
Employed part-time

Unemployed

■ Very concerned ■ Somewhat concerned

U.S. adults without health insurance are significantly* more likely to be concerned than those with health insurance.

% concerned by health insurance status

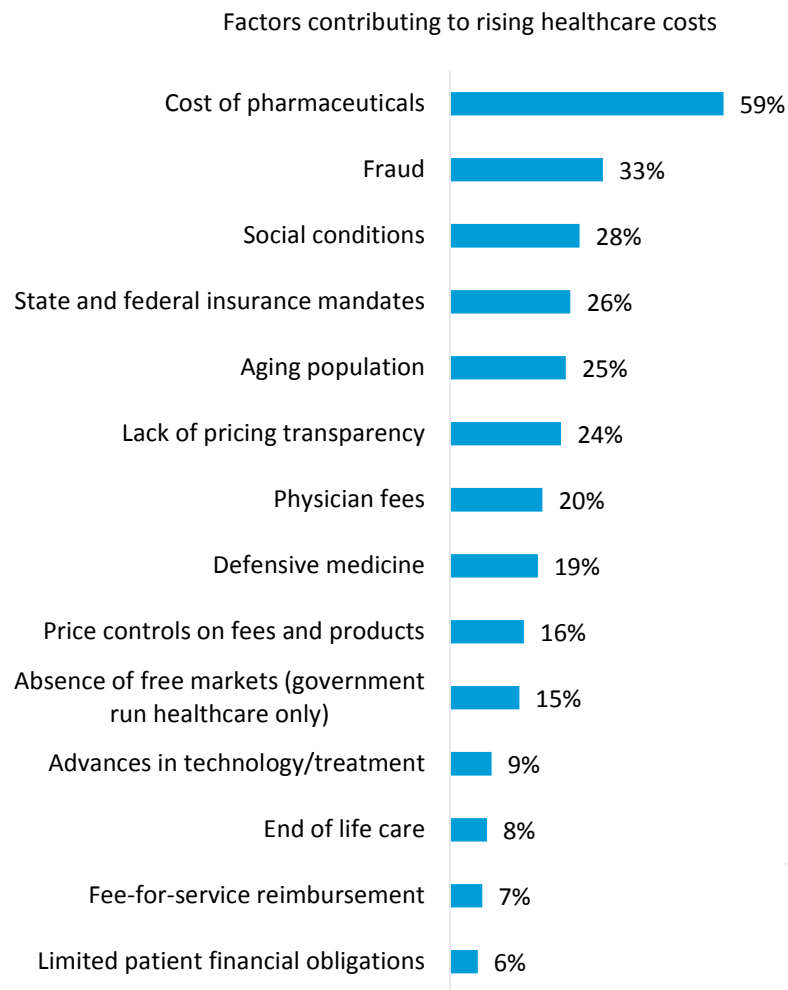


Has insurance

Does not have insurance

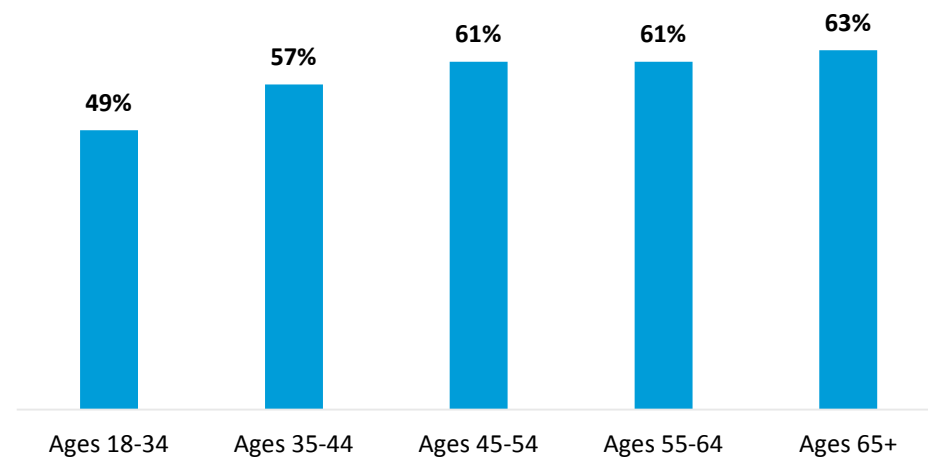
■ Very concerned ■ Somewhat concerned

Cost of prescription drugs is the most commonly cited factor for rising health care costs



Adults 55-64 and 65+) are significantly* more likely to report that drug prices are factor than adults 18-34.

% reporting drug prices as factor contributing to healthcare costs



Base: All Qualified Respondents (n = 1,511)

Q696. In your opinion, what are the top three factors that contribute to rising healthcare costs?

*p < .05

Some report skipping treatments or doctor visits due to cost

% skipping doctor visit or treatment due to cost

Skipped a medical test, treatment, or follow-up that was recommended by a doctor



Had a medical problem but did not visit a doctor

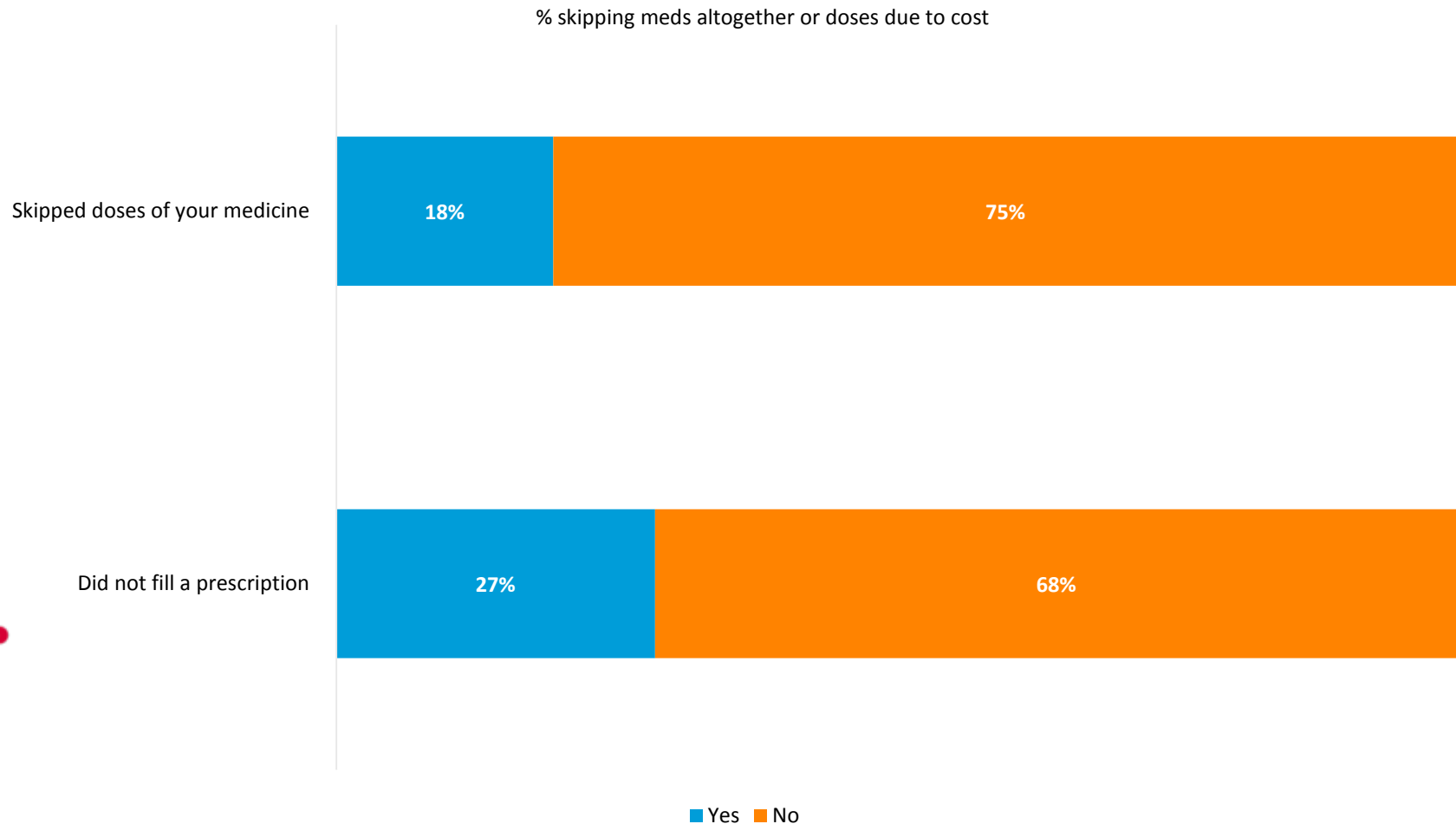


■ Yes ■ No

Base: All Qualified Respondents (n = 1,511)

Q465. During the past 12 months, was there a time when you...?

Similarly, some report skipping at least some doses or prescriptions altogether due to cost

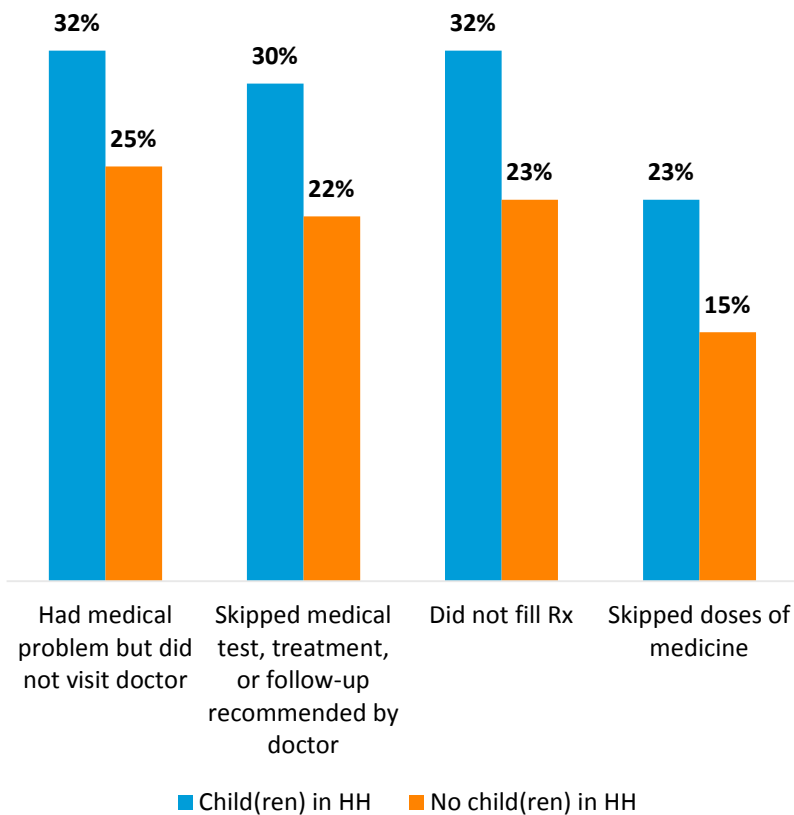


Base: All Qualified Respondents (n = 1,511)

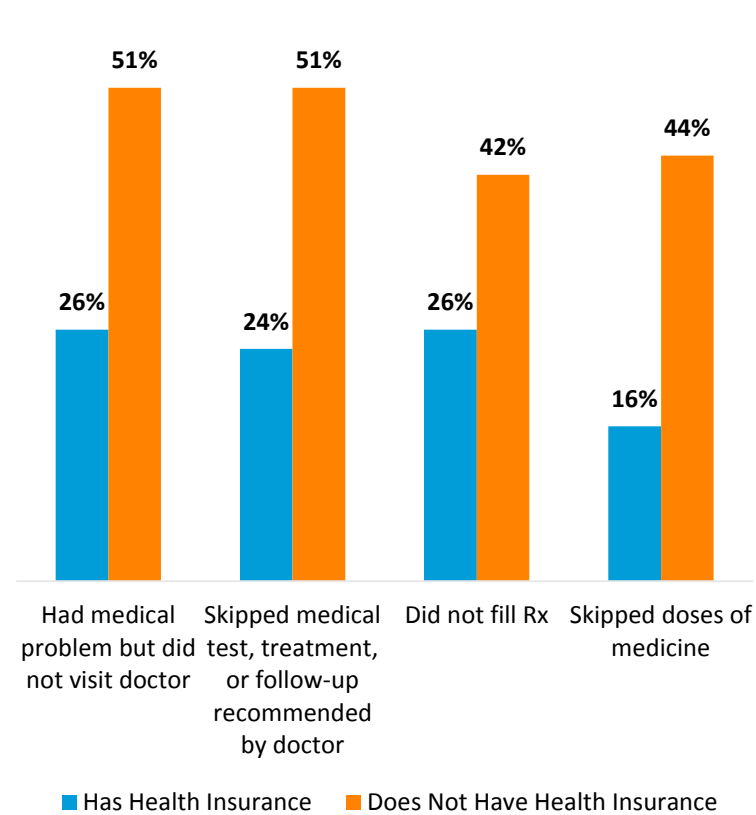
Q465. During the past 12 months, was there a time when you...?

Those with children or with no health insurance are more likely to skip care and prescriptions due to cost

% U.S. adults with/without children in household who skipped needed medical care due to cost



% U.S. adults with/without health insurance who skipped needed medical care due to cost



Base: All Qualified Respondents (n = 1,511)

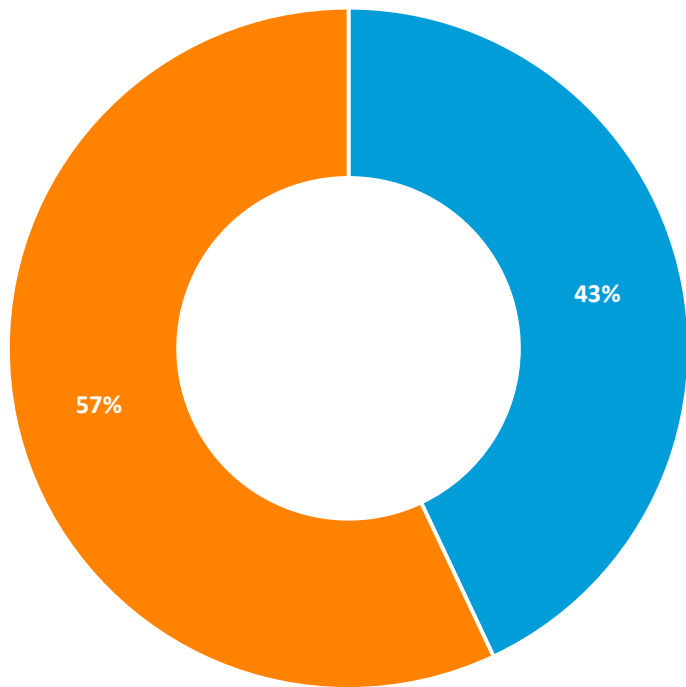
Q465. During the past 12 months, was there a time when you...?

*p < .05, not applicable and those who indicated they did not skip care or prescriptions omitted from graph

2 out of 5 had unexpected healthcare expense in past year

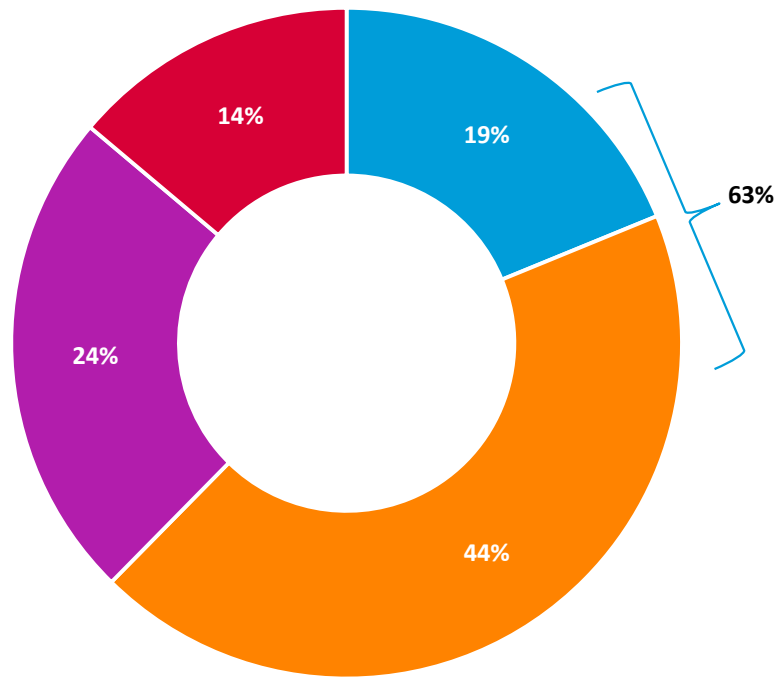
And, for many it created financial hardship

% with/without unexpected health care expense in past 12 months



- Had unexpected healthcare expense
- Did not have unexpected healthcare expense

Degree of financial hardship created by unexpected expense



- Serious financial hardship
- Some financial hardship
- Little financial hardship
- No financial hardship

Base: All Qualified Respondents (n = 1,511)

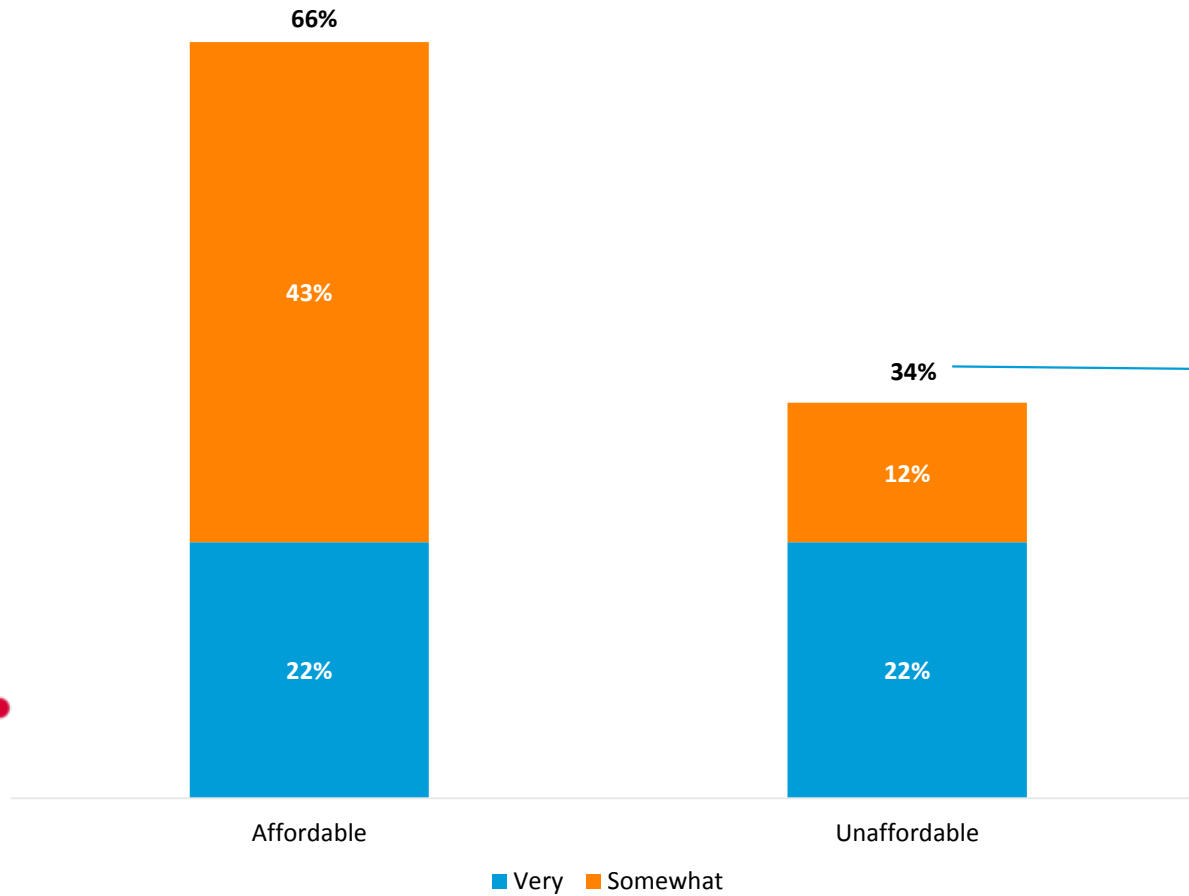
Q481. Did you have any unexpected health care expenses in the past 12 months?

Base: Had Unexpected Healthcare Expenses (n = 653)

Q490. What effect did this unexpected expense have on your personal finances? Did it create...?

1 out of 3 think their health insurance premium is unaffordable

% who think their health insurance premium is affordable/unaffordable



U.S. adults who receive health insurance through their employer or who buy it on their own are significantly more likely to say their premium is unaffordable than those who receive their insurance through Medicare or Medicaid.

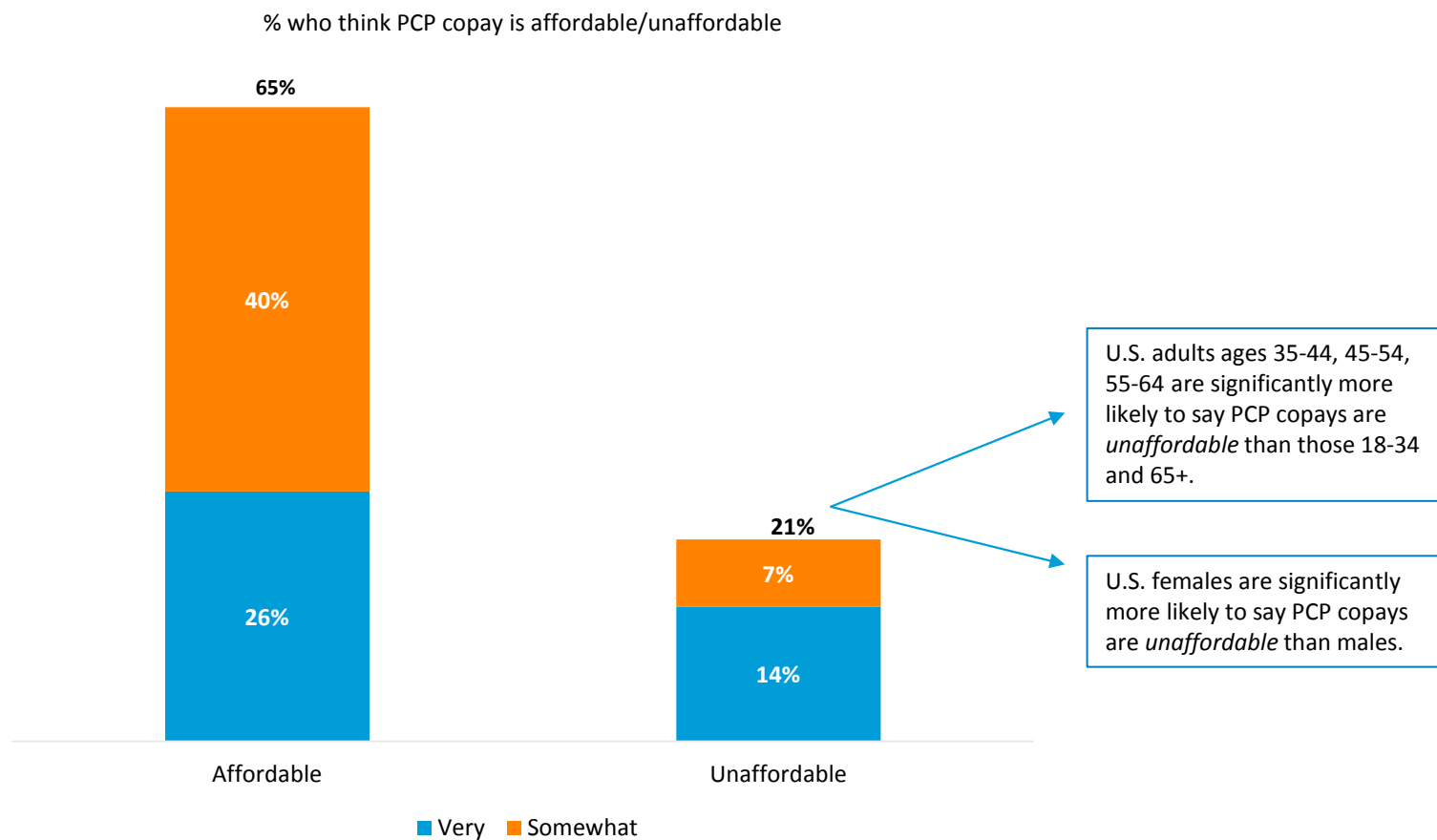
Base: Purchased Health Insurance (n = 1,169)

Q441. Thinking about the amount you currently pay out-of-pocket for the health insurance that covers you personally, how affordable do you think your current insurance premium is...?

*p < .05

**Percentages may not sum to 100% due to rounding.

1 out of 5 think their PCP copay is unaffordable



Base: Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)

Q445. Thinking about the amount you currently pay out-of-pocket for the visits to your primary care provider, such as your family physicians, internists, and gynecologists, how affordable do you think your current primary care copay is?

*p < .05

**Percentages may not sum to 100% due to rounding.

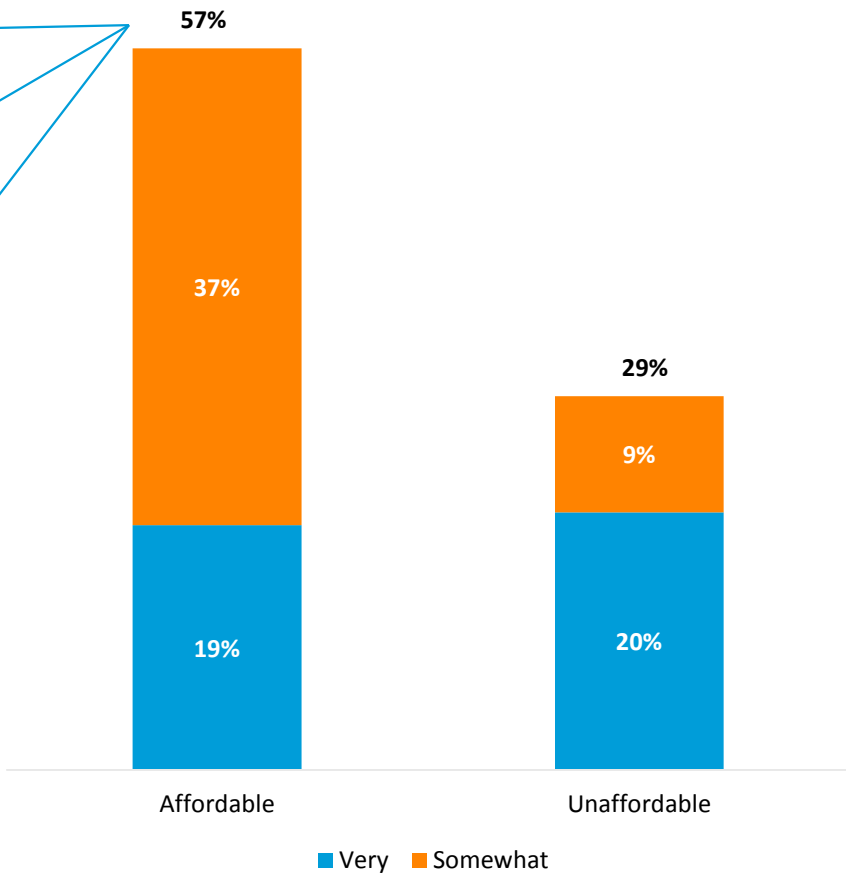
Half think their specialist copay is unaffordable

% who think specialist copay is affordable/unaffordable

U.S. males are significantly more likely to say specialist copays are *affordable* than females.

U.S. adults with a household income of less than \$25,000 are significantly less likely to say specialist copays are *affordable* than all other income categories (\$25,000 - \$74,999, \$75,000 - \$149,999, & \$150,000 or more).

U.S. adults who receive their health insurance through their employer are significantly more likely than those who receive it through Medicare or Medicaid to say their specialist copay is unaffordable.



Base: Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)

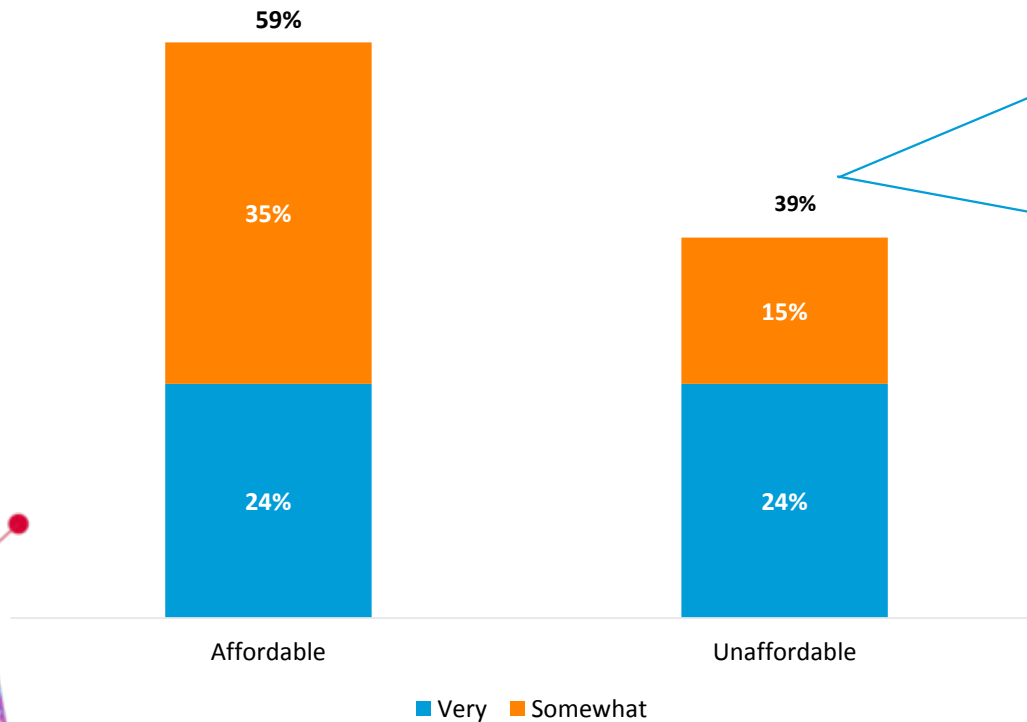
Q450. Thinking about the amount you currently pay out-of-pocket for the visits to any specialist physicians, such as oncologists (cancer doctors), cardiologists (heart doctors), orthopedists (bone doctors), etc., how affordable do you think your current specialist copay is?

*p < .05

**Percentages may not sum to 100% due to rounding.

Nearly 2 out of 5 think their insurance deductible is unaffordable

% who think insurance deductible is affordable/unaffordable



Adults 18-34 and adults 65+ are significantly more likely to say their insurance deductible is *affordable* than those 34-44, 45-54, & 55-64.

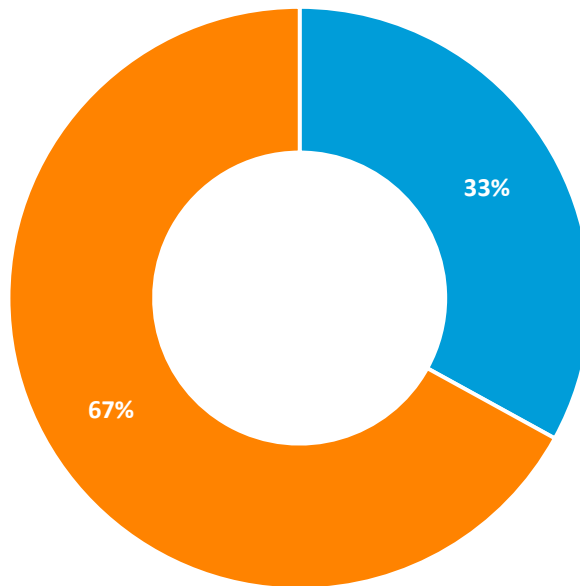
U.S. adults who get insurance through their employer or on their own are both significantly more likely to say their insurance deductible is *unaffordable* than those who get insurance through Medicare and Medicaid.

Base: Does Not Have Tricare/Indian Health Service Health Insurance (n = 1,374)

Q455. Thinking about the amount you currently pay out-of-pocket on a yearly basis for all healthcare before insurance begins to pay, how affordable do you think your current deductible is?
p < .05

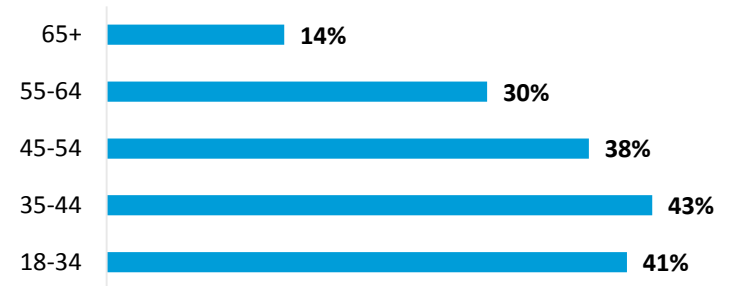
1 out of 3 have debt due to medical costs

% with/without debt because of medical costs

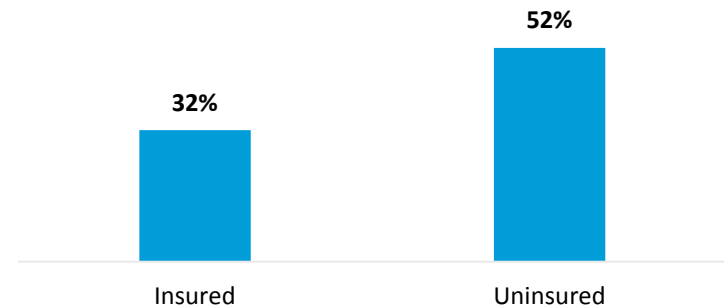


■ Has debt ■ Does not have debt

Adults 65+ are significantly* less likely than other age groups to debt because of medical costs



The uninsured are significantly* more likely than insured to debt because of medical costs



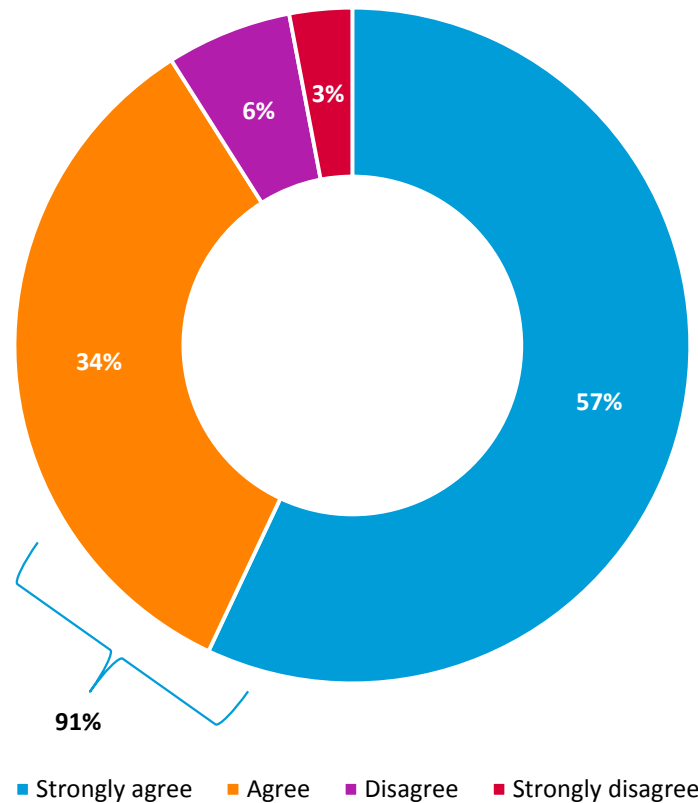
Base: All Qualified Respondents (n = 1,511)

Q415. Do you have any debt because of medical costs?

*p < .05

Most are concerned about how much healthcare costs will affect them in the future

Concerned future healthcare costs will affect them



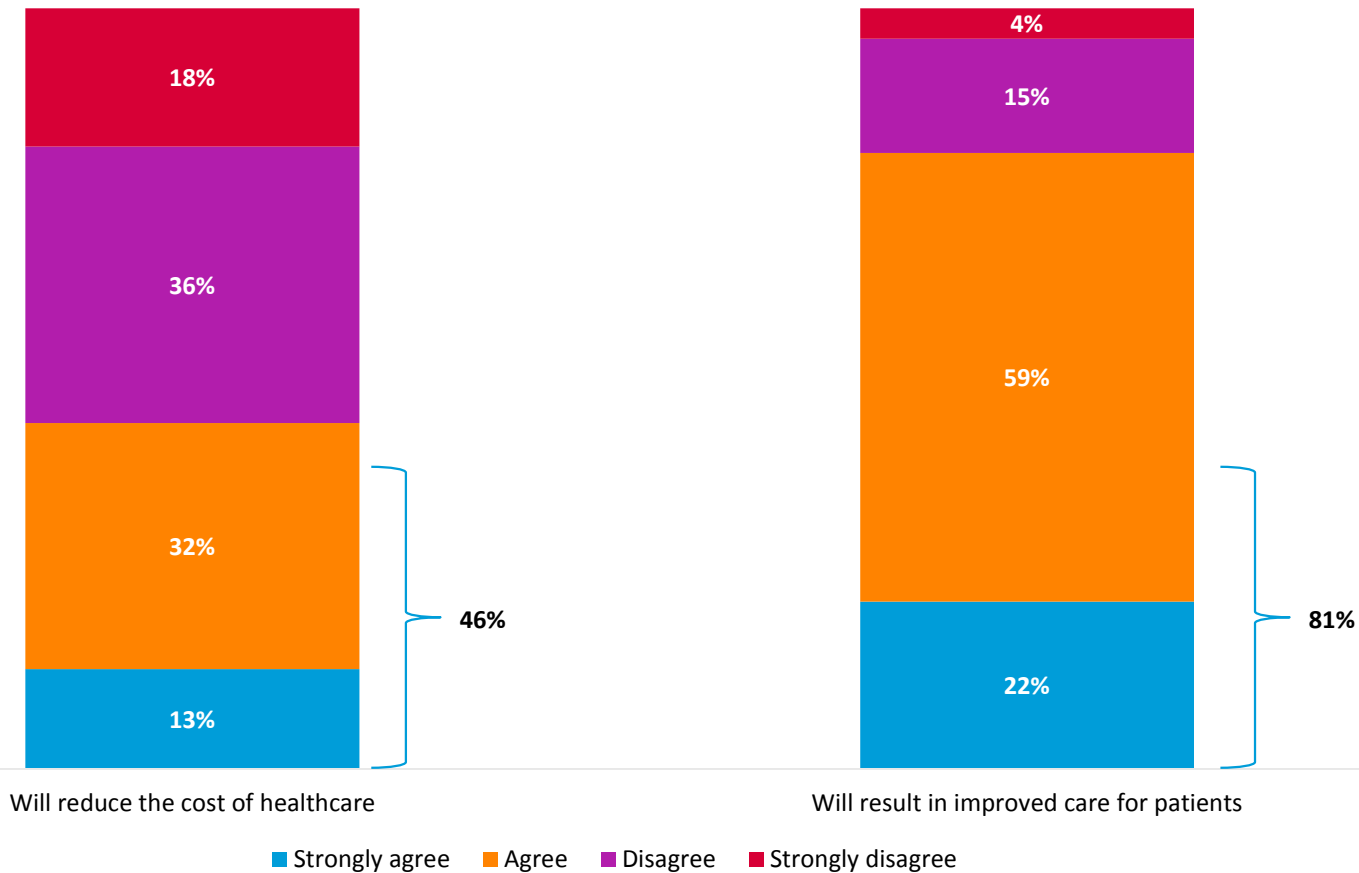
Base: All Qualified Respondents (n = 1,511)

Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.
-I am concerned about how much healthcare costs will affect me in the future.

Most think technological advances will result in improved patient care

And, almost half think it will result in lower costs

% agree/disagree technological advances will be beneficial



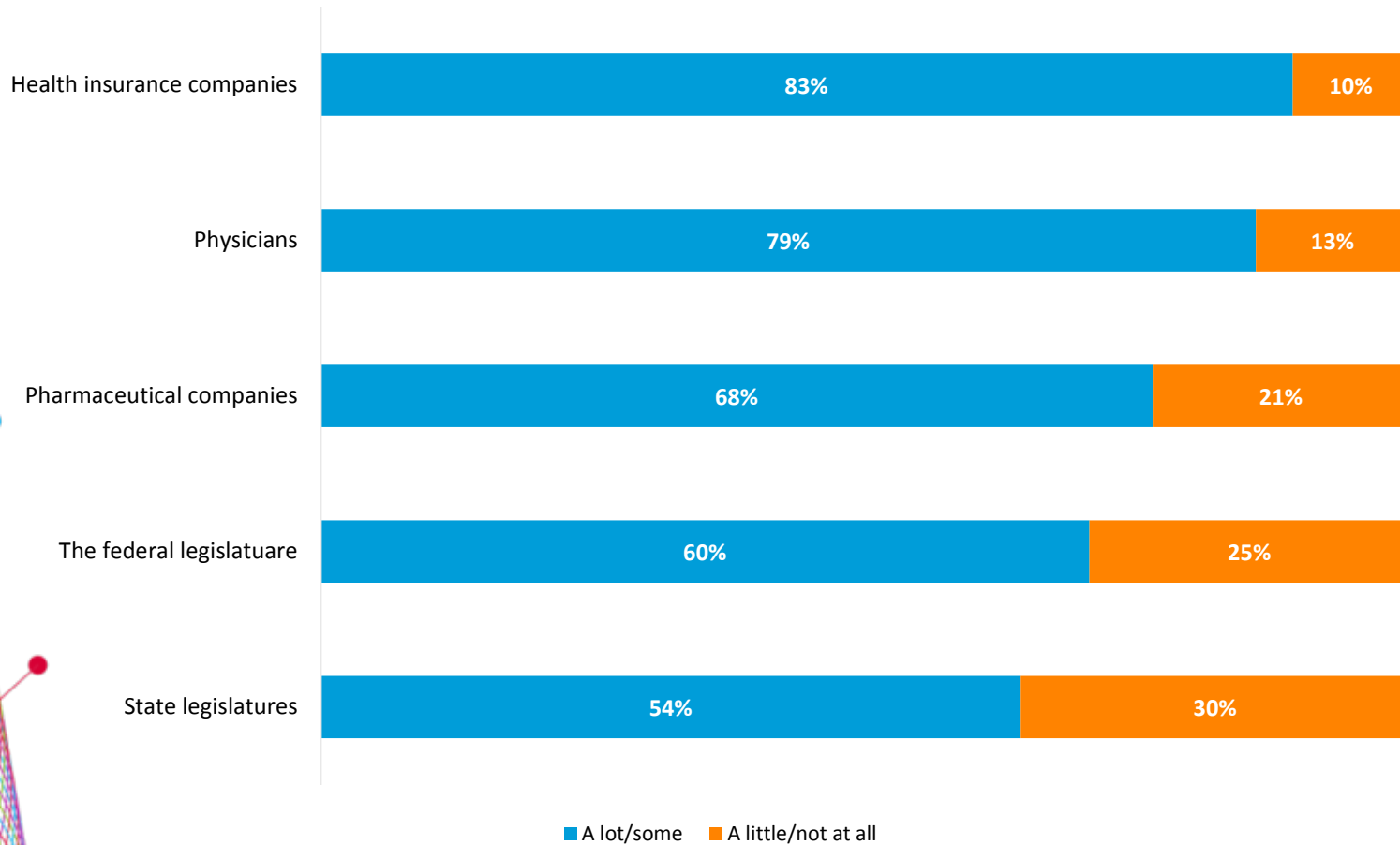
Base: All Qualified Respondents (n = 1,511)

Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.

- Technological advances will reduce the cost of healthcare
- New efficiencies brought by advances in technology will result in improved care for patients

U.S. adults are more likely to think insurance companies have impact on treatment options than doctors

How much each group, as a whole, impacts treatment options available to patients



U.S. adults are significantly* more likely to say health insurance companies impact treatment than physicians do.

Base: All Qualified Respondents (n = 1,511)

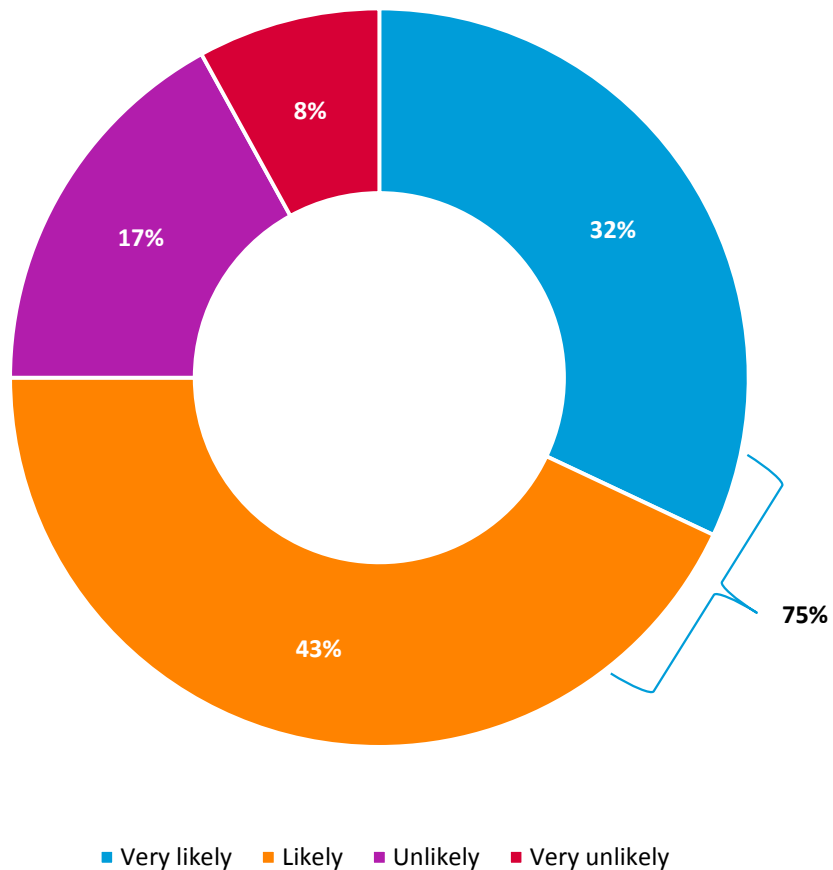
Q605. Overall, thinking about treatment options available for medical conditions please tell how much each group, as a whole, impacts treatment options available to patients..
p < .05



CURRENT AND FUTURE HEALTHCARE SERVICES

Most are likely to use same-day appointments for medical care

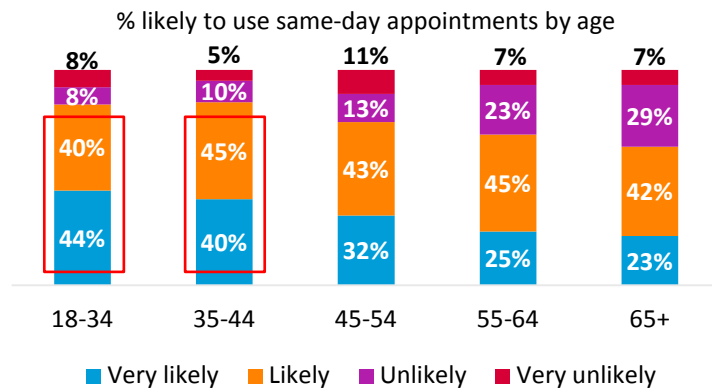
% likely/unlikely to use same-day appointments



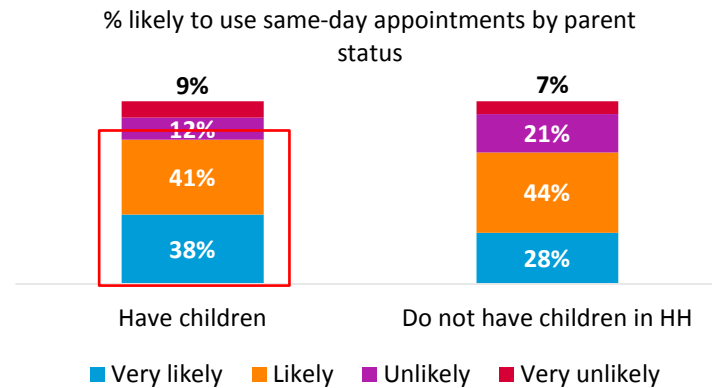
Base: All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

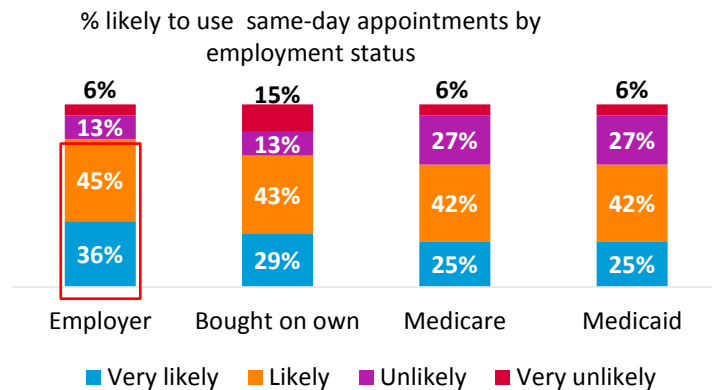
Likelihood to use same-day care differs by group



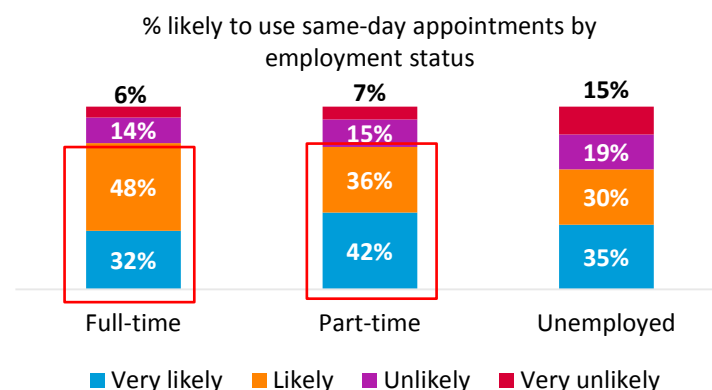
Adults 18-34 and 35-44 are significantly* more likely to be likely to use same-day appointments than adults 55-64 and 65+).



Adults with children in the household are significantly* more likely to use same-day appointments than those who do not have children in the household.



U.S. adults who receive health insurance through their employer are significantly* more likely to use same-day appointments than those who receive it through Medicare or Medicaid.



Adults both full-time and part-time employed are significantly* more likely to use same-day appointments than unemployed adults.

Base: All Qualified Respondents (n = 1,511)

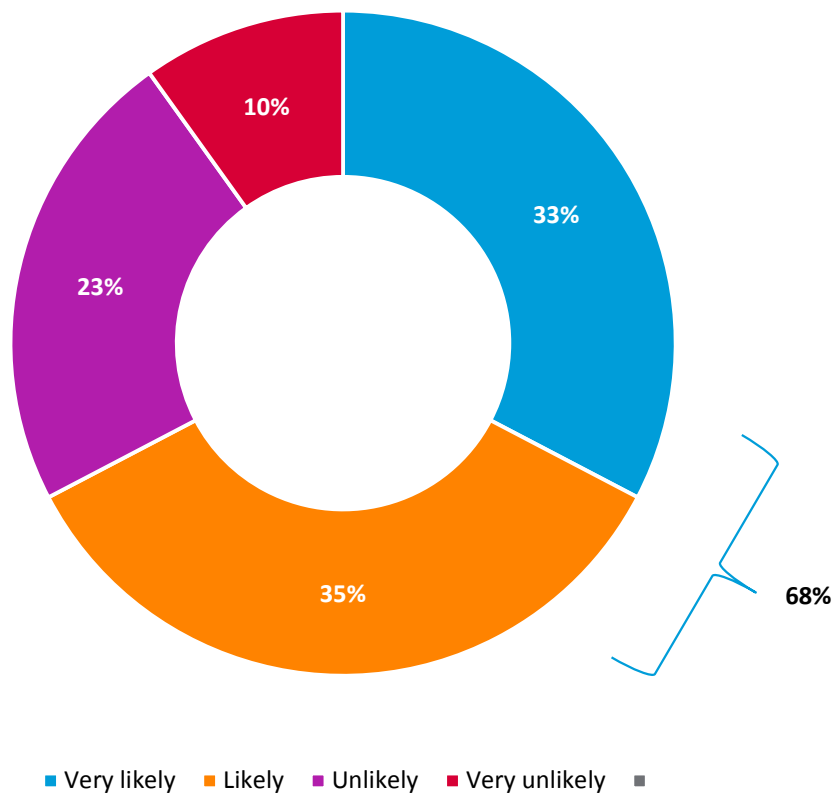
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

* p < .05, top 2 box vs. bottom 2 box

**Percentages may not sum to 100% due to rounding error

Similarly, most are likely to use extended doctor's office hours

% likely/unlikely to use extended office hours

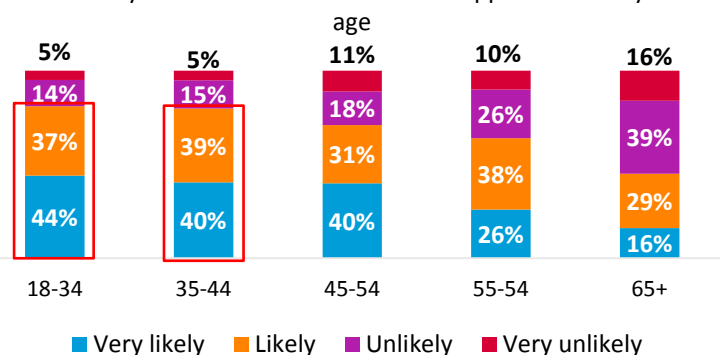


Base: All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

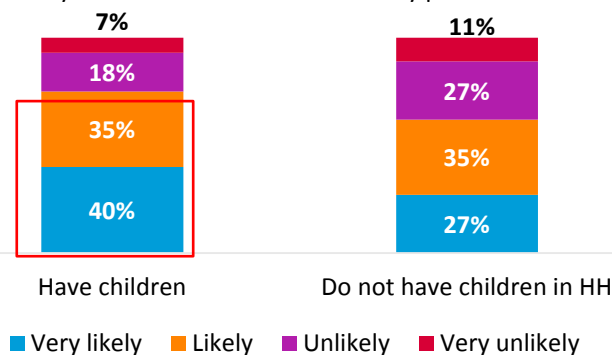
Likelihood to use extended office hours differs by group

% likely to use extended office hours appointments by age



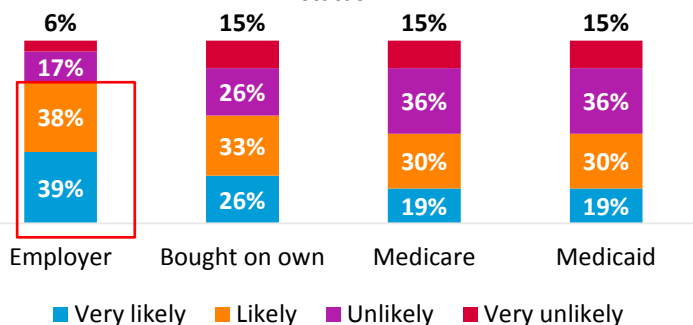
Adults 18-34 and 35-44 are significantly* more likely to use extended office hours than adults 55-64 and 65+.

% likely to use extended office hours by parental status



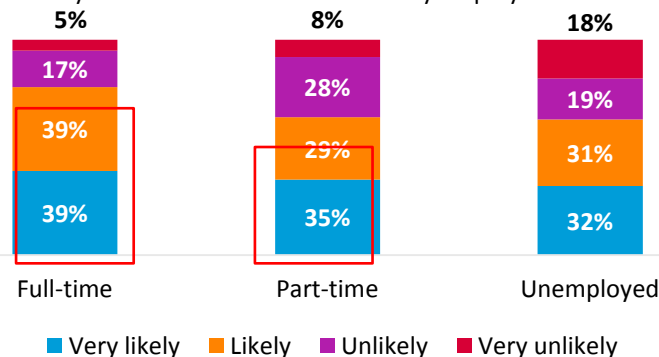
Adults with children in the household are significantly* more likely to use extended office hours than those who do not have children in the household.

% likely to use same-day appointments by insurance status



U.S. adults who receive health insurance through their employer are significantly* more likely to use extended office hours than those who receive it through Medicare or Medicaid.

% likely to use extended office hours by employment status



Adults both full-time and part-time employed are significantly* more likely to use extended office hours than unemployed adults.

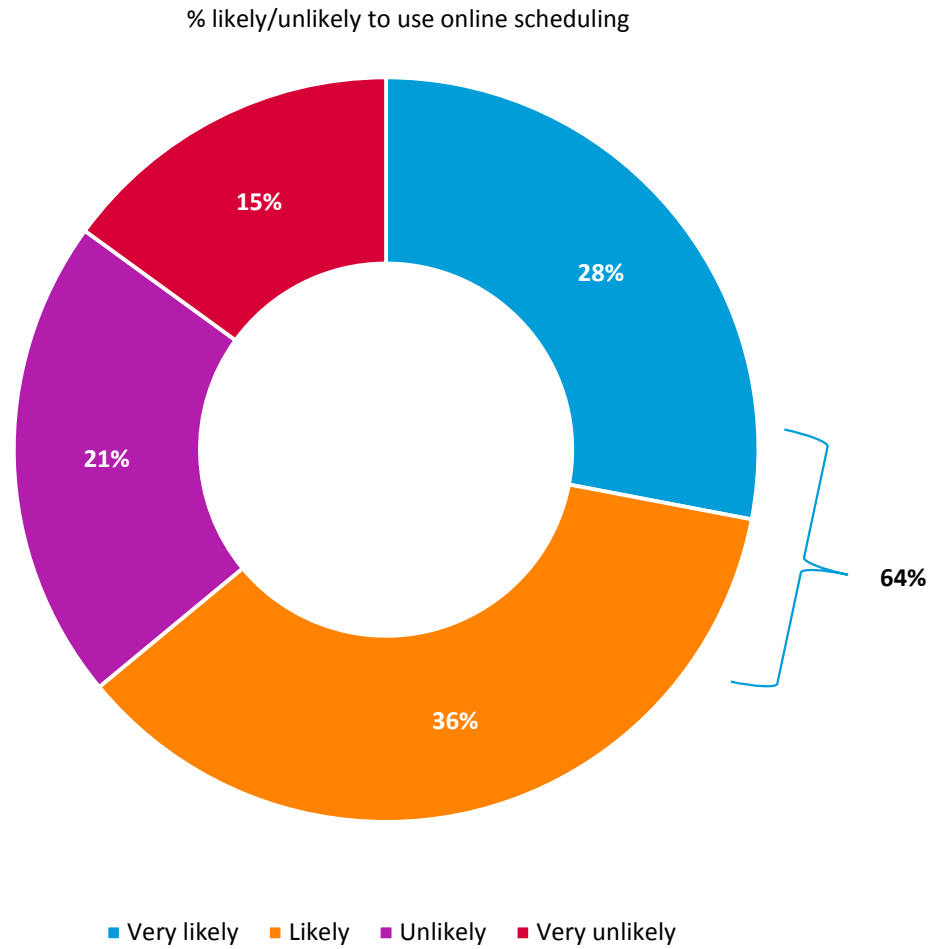
Base: All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

*p < .05, top 2 box vs. bottom 2 box

**Percentages may not sum to 100% due to rounding error

Most are also likely to use online scheduling

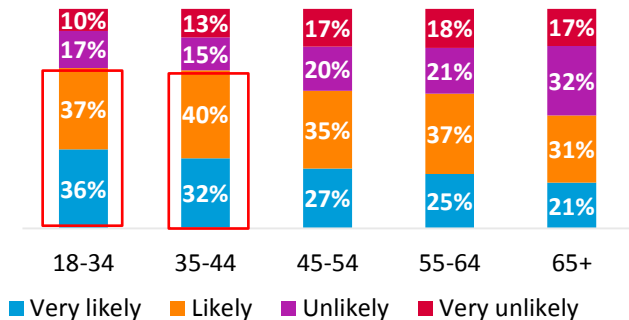


Base: All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

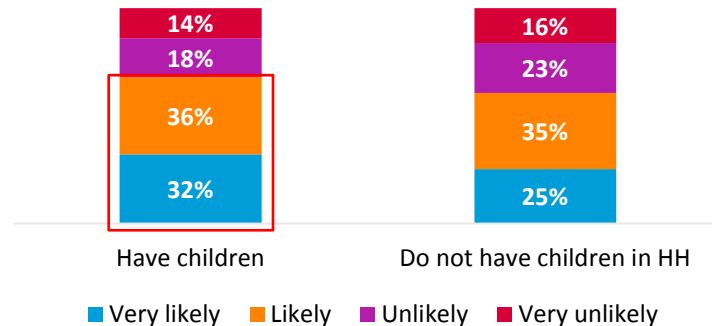
Likelihood to use online scheduling differs by group

% likely to use online scheduling appointments by age



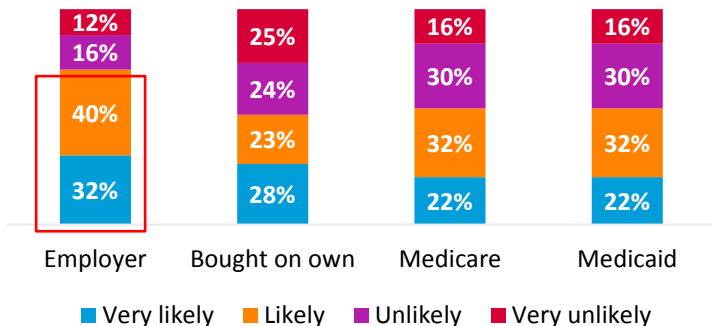
Adults 18-34, 35-44, 45-54 are significantly* more likely to use online scheduling than adults 65+.

% likely to use online scheduling by parental status



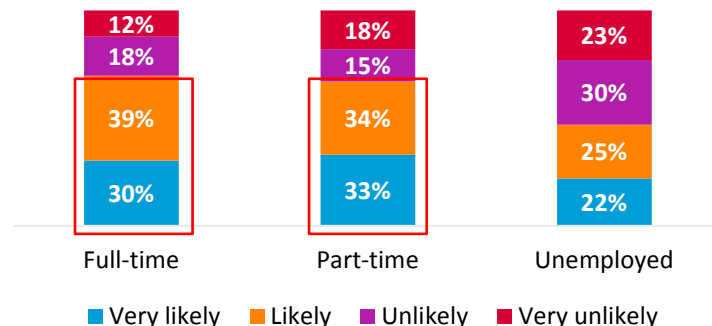
Adults with children in the household are significantly* more likely to use online scheduling ours than those who do not have children in the household.

% likely to use online scheduling by insurance status



U.S. adults who receive health insurance through their employer are significantly* more likely to use online scheduling than those who receive it through all other means.

% likely to use online scheduling by employment status



Adults who work either full-time or part-time are significantly* more likely to use online scheduling than unemployed adults.

Base: All Qualified Respondents (n = 1,511)

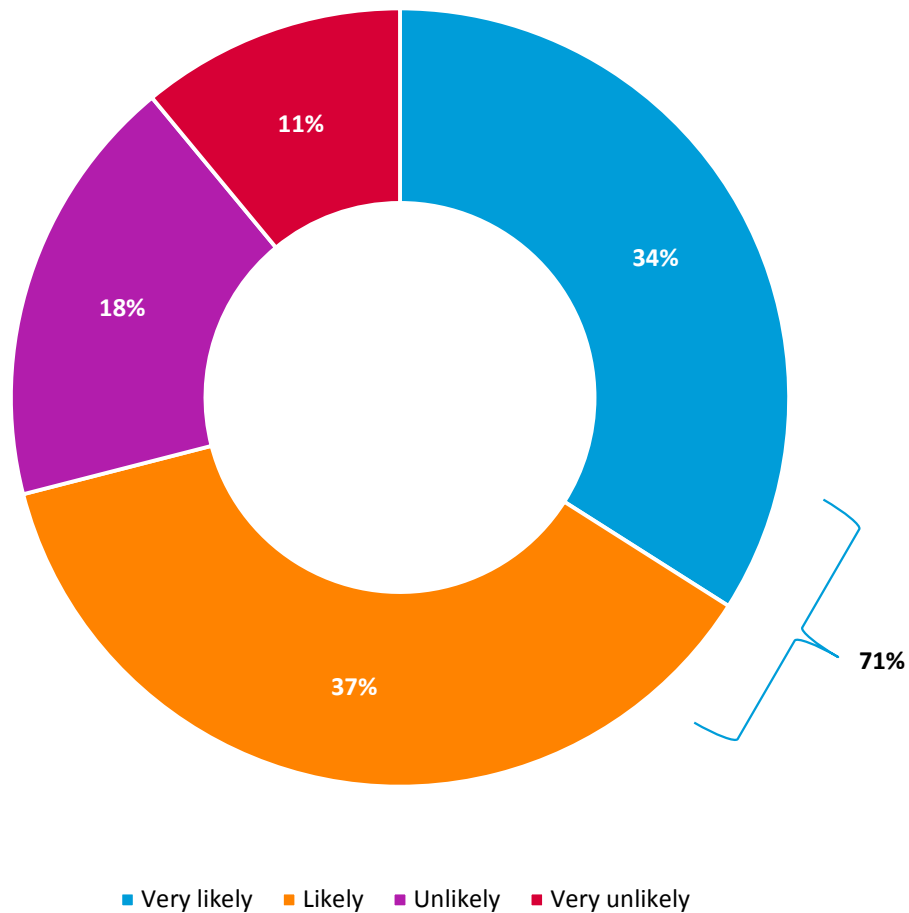
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

* p < .05, top 2 box vs. bottom 2 box

**Percentages may not sum to 100% due to rounding error

Most are also likely to use e-mail communication with their HCP for ongoing care

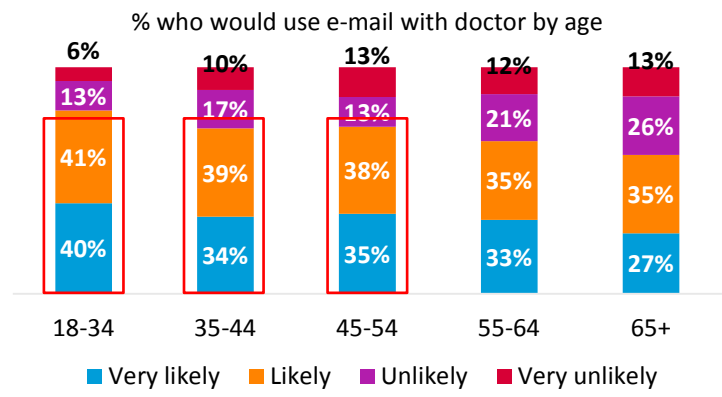
% likely/unlikely to use e-mail communication



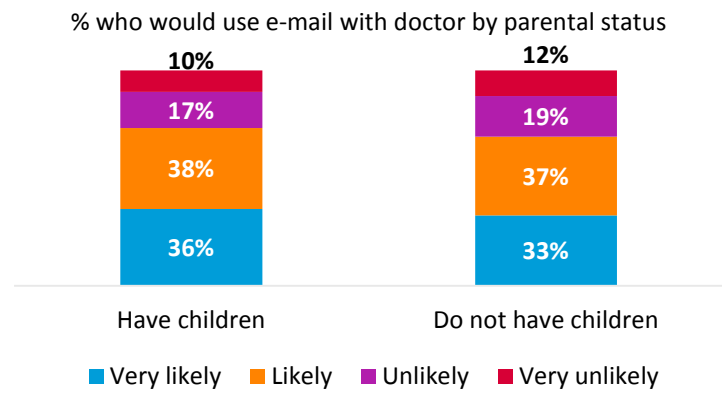
Base: All Qualified Respondents (n = 1,511)

Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

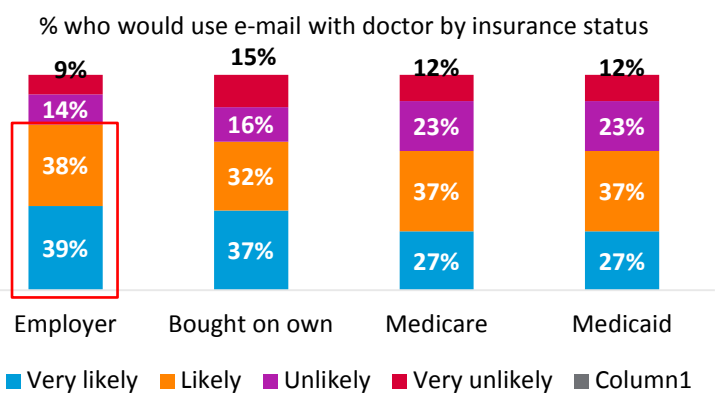
Likelihood to use e-mail with doctors differs by group



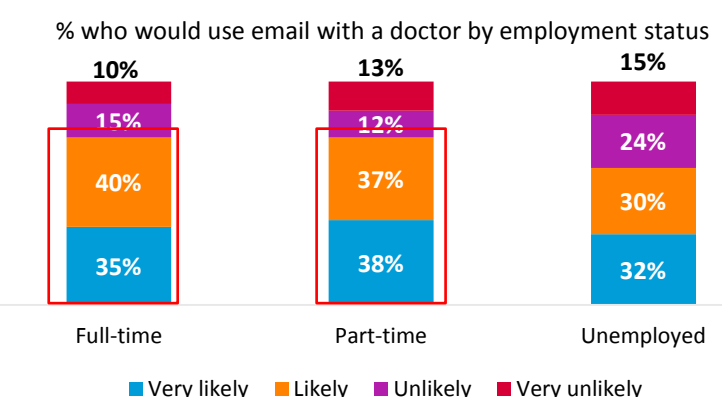
Adults 18-34, 35-44, and 45-54 are significantly* more likely to use e-mail communication with their doctor than adults 65+.



There is no difference between those with children in the household and those without in likelihood to use email with their doctor.



Adults who have insurance through their employer are significantly* more likely to use e-mail communication with their doctor than those who receive it through Medicare or Medicaid.



Adults both full-time or part-time employed are significantly* more likely to be likely to use e-mail with their doctor than unemployed adults.

Base: All Qualified Respondents (n = 1,511)

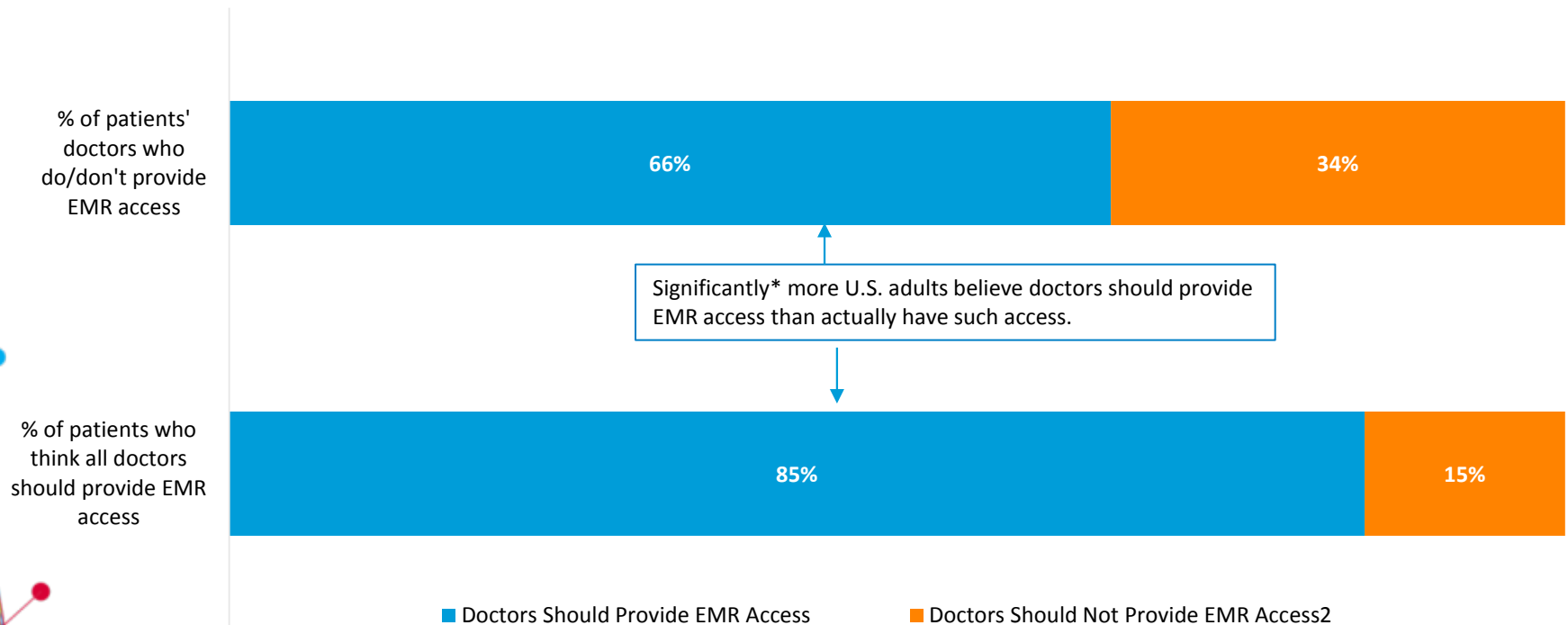
Q495. How likely would you be to utilize the following when seeing a health care provider for ongoing care (including preventive care, chronic care, acute or sickness care, etc.)?

* p < .05, top 2 box vs. bottom 2 box

**Percentages may not sum to 100% due to rounding error

A majority think they should have access to EMR

But, fewer actually do



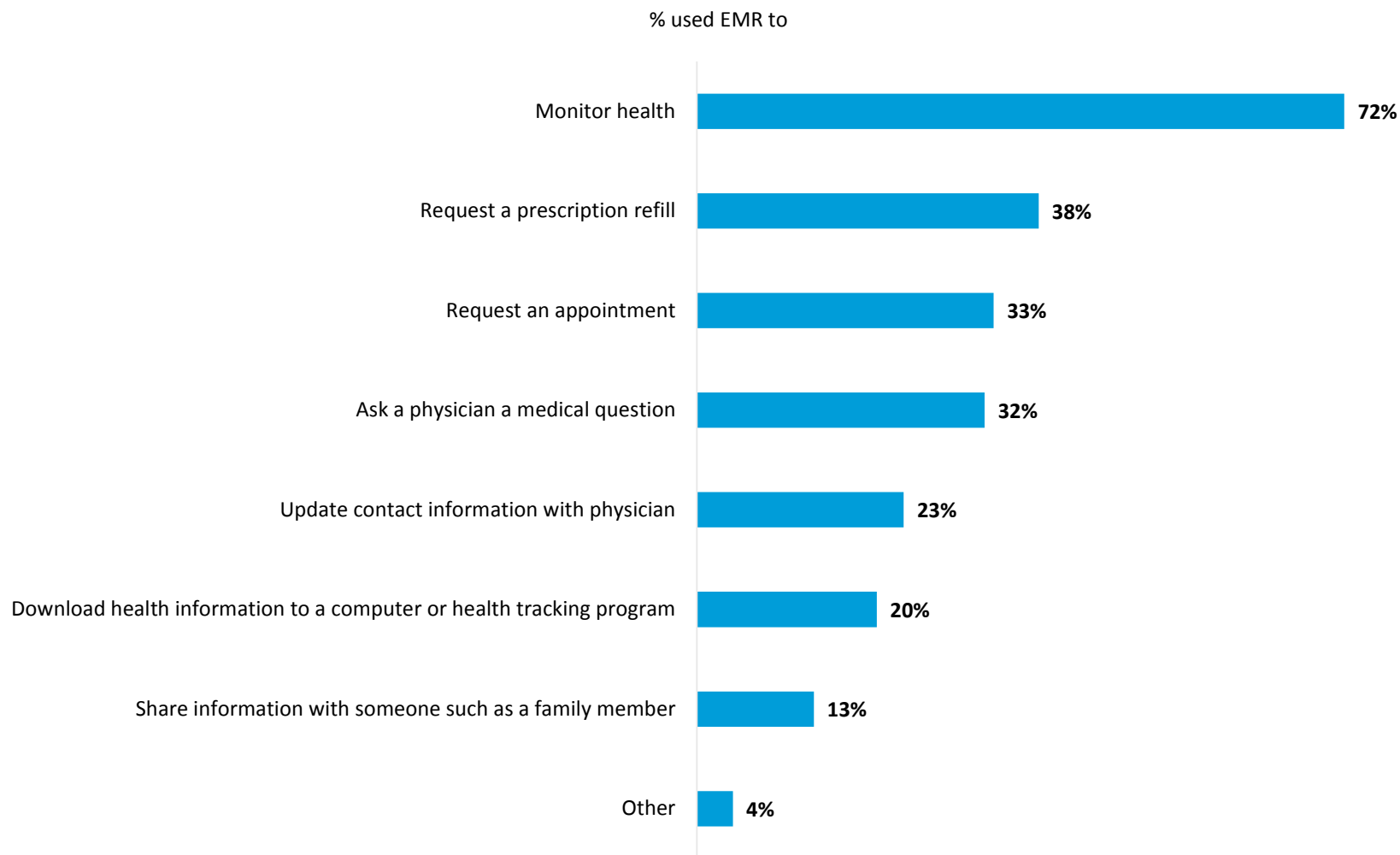
Base: All Qualified Respondents (n = 1,511)

Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.

-Does your doctor provide you access to your electronic medical records or electronic health records?

-Do you think all doctors should provide access to their EMR?

Among those who use EMR, monitoring health is the most common reason



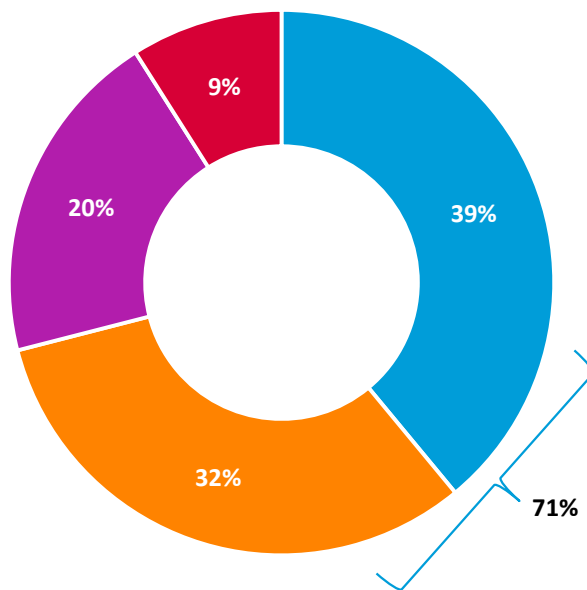
Base: Accessed EMR At Least 1 Time In Past 12 Months (n = 749)

Q730. In the past 12 months, that is since [CURRENT DATE - 365 DAYS; DISPLAY DAY, MONTH YEAR], for which of the following have you accessed your electronic medical records? Please select all that apply.

Most think EMR access is important

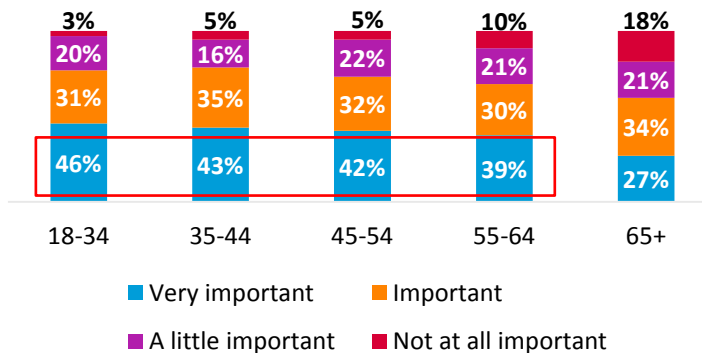
More in the 18-64 age groups than those 65+ think it's very important

% who think EMR access is important/not important



■ Very important ■ Important ■ A little important ■ Not at all important

% who think EMR access is/is not important by age



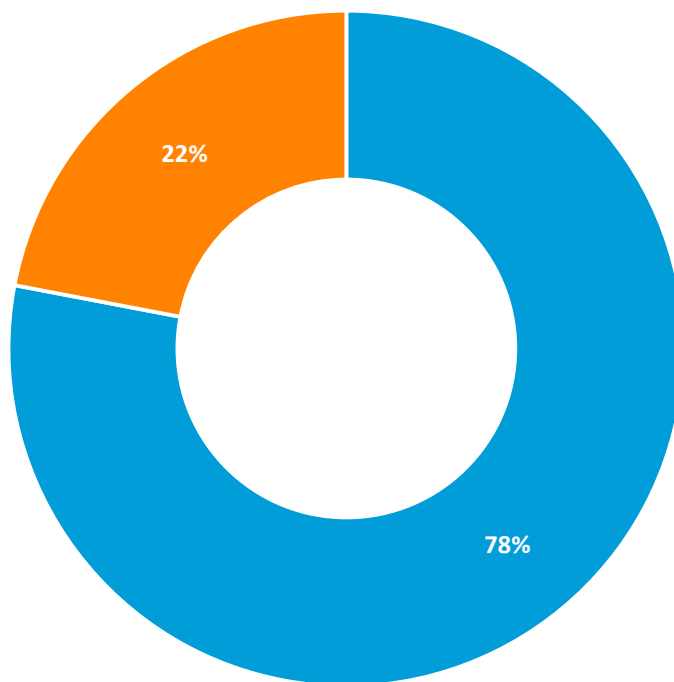
Adults 65+ are significantly* less likely than all other age groups to think EMR access is very important.

Base: All Qualified Respondents (n = 1,511)

Q735. How important is it to you to have access to your electronic medical records?

Most think all their doctors should have access to their EMR

% who think all their doctors should/shouldn't have EMR access



■ Think all their doctors should have EMR access

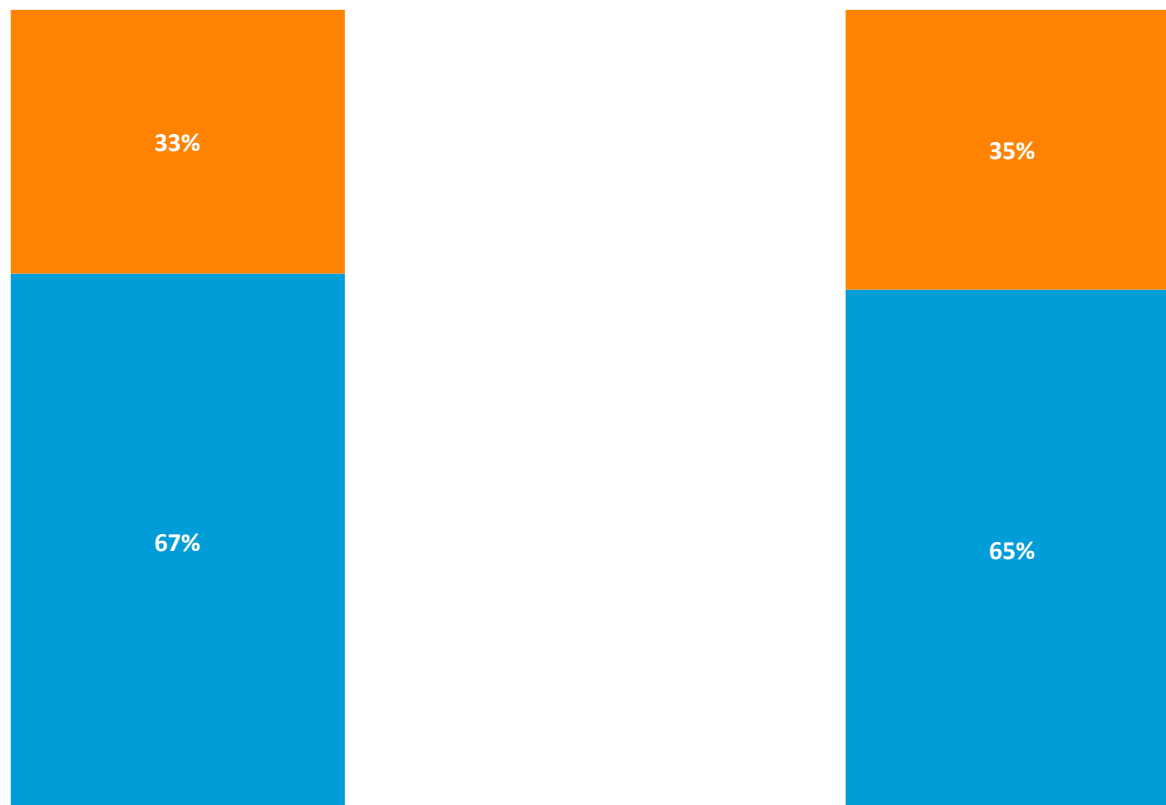
■ Do not think all their doctors should have EMR access

Base: All Qualified Respondents (n = 1,511)

Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.

-Should all of your doctors have access to your EMR?

And, most think EMR will result in improved healthcare in general and (specifically) for themselves



% of patients who think EMR will/will not improve healthcare in general

% of patients who think EMR will/will not improve healthcare for them

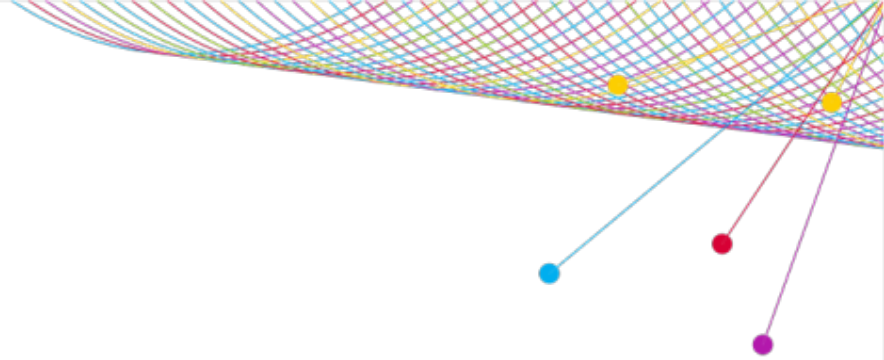
■ Will improve ■ Will not improve

Base: All Qualified Respondents (n = 1,511)

Q705. Electronic medical records (EMR), also called electronic health records (EHR), are medical records kept in a secure online database that is accessible to both healthcare providers and patients. Patients can often access their electronic medical records through a portal over the internet.

-Do you think EMR will improve the quality of healthcare for **you**?

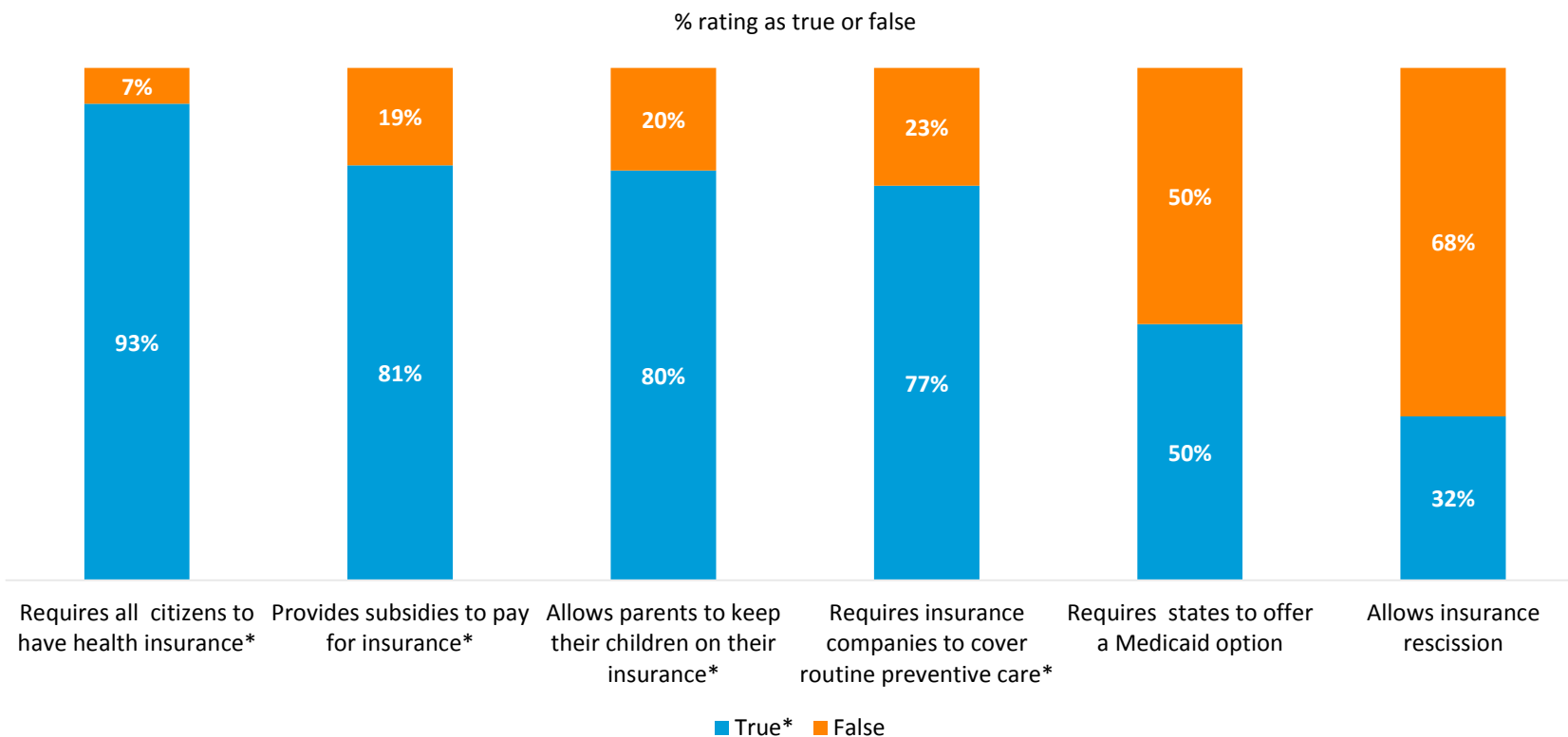
-Do you think EMR will improve the quality of healthcare **in general**?



nielsen
.....

THE AFFORDABLE CARE ACT

Many parts of the ACA are now understood by most U.S. adults, but confusion around other parts still exists



Base: All Qualified Respondents (n = 1,511)

Q306. For each, please tell us if you think the statement is true or false.

It requires all American citizens to have health insurance or pay a fine

It provides financial assistance to those with lower and moderate income to pay for insurance

It requires all states to offer a Medicaid option to all citizens

It allows insurance companies to cancel policies after they have been issued (sometimes call rescission)

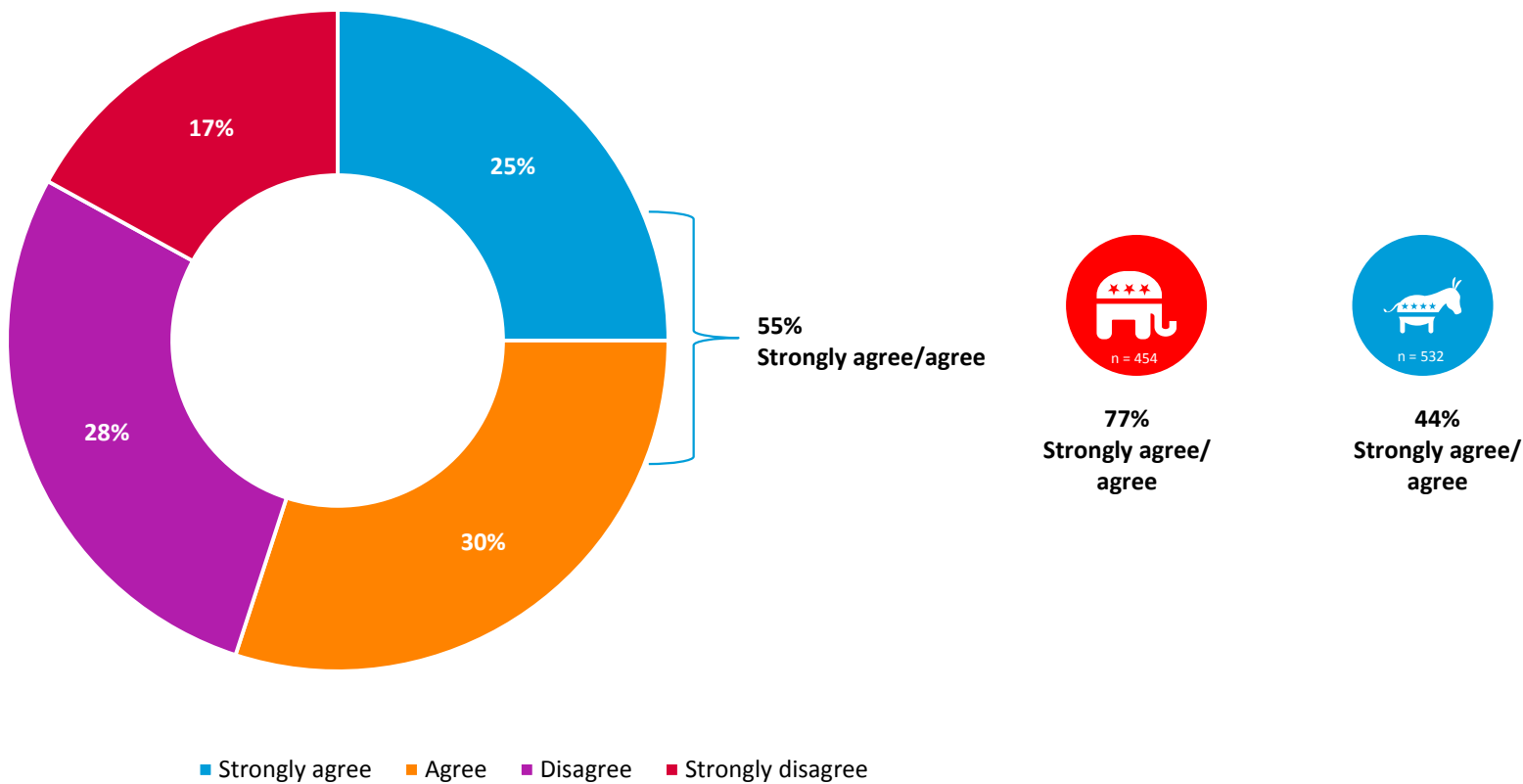
It allows parents to keep their children on their insurance up to age 26

It requires insurance companies to cover routine preventive care services, such as annual exams, routine vaccines or immunizations

Half find navigating parts of the healthcare system, such as insurance, more difficult since ACA passed

And, political affiliation matters

% agree/disagree ACA has made health insurance more difficult to understand



Base: All Qualified Respondents (n = 1,511)

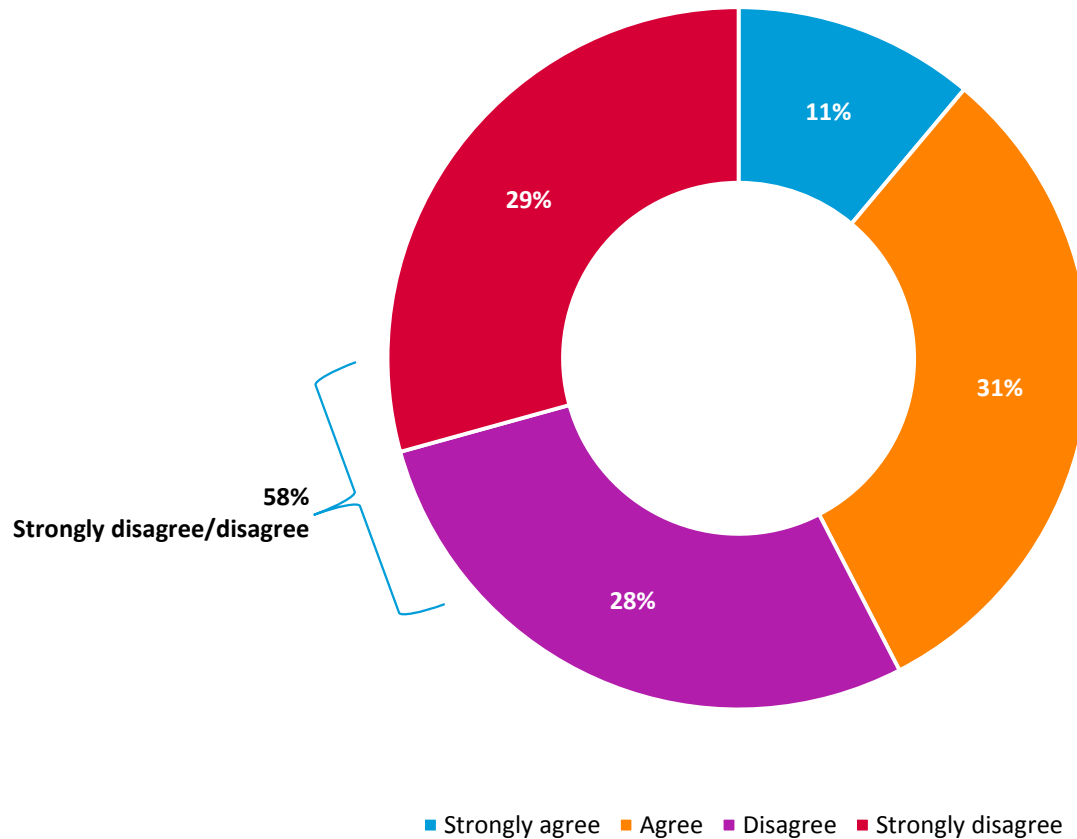
Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA).

- Since the passage of the ACA my health insurance seems more difficult to understand

*p < .05

About 3 out of 5 do not think health insurance has improved since ACA was passed

% agree/disagree health insurance improved since ACA passed



Base: All Qualified Respondents (n = 1,511)

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).

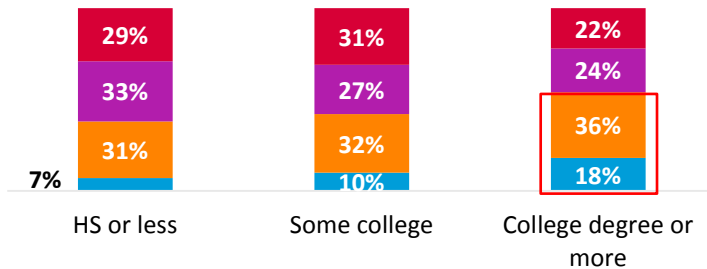
- Health insurance has been improved because of the passage of the ACA –

*p < .05

But, there are differences in this sentiment across groups

College educated are significantly* *more* likely than those with less than a college degree to strongly agree/agree that insurance has improved since ACA passed.

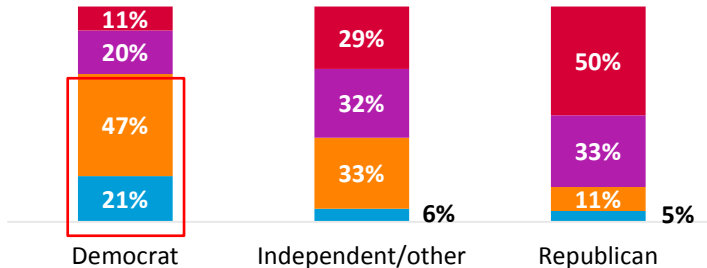
% agree/disagree by educational attainment



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Democrats are significantly* *more* likely than Independents and Republicans to strongly agree/agree that insurance has improved since ACA passed.

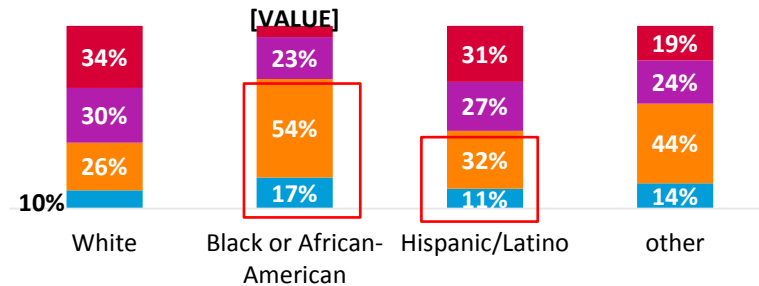
% agree/disagree by political affiliation



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Blacks/African-Americans are significantly* *more* likely than Whites and Hispanics to strongly agree/agree that insurance has improved since ACA passed.

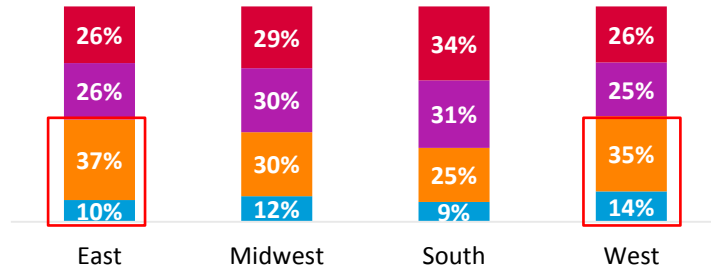
% agree/disagree by race/ethnicity



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Adults in the East and West are significantly* *more* likely than those in the South to strongly agree/agree that insurance has improved since ACA passed.

% agree/disagree by region of U.S.



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Base: All Qualified Respondents (n = 1,511)

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act (ACA).

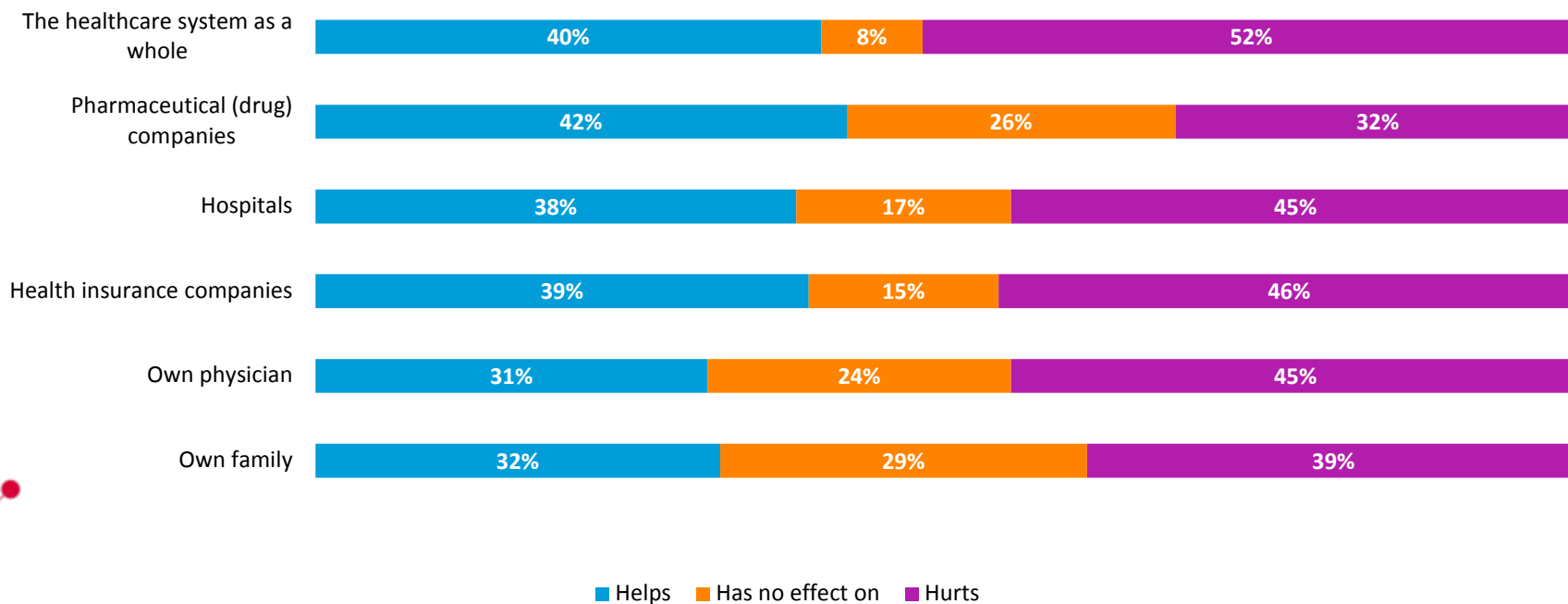
- Health insurance has been improved because of the passage of the ACA -

*p < .05

2 out of 5 think ACA hurts the healthcare system

Fewer think so for some players in the healthcare system

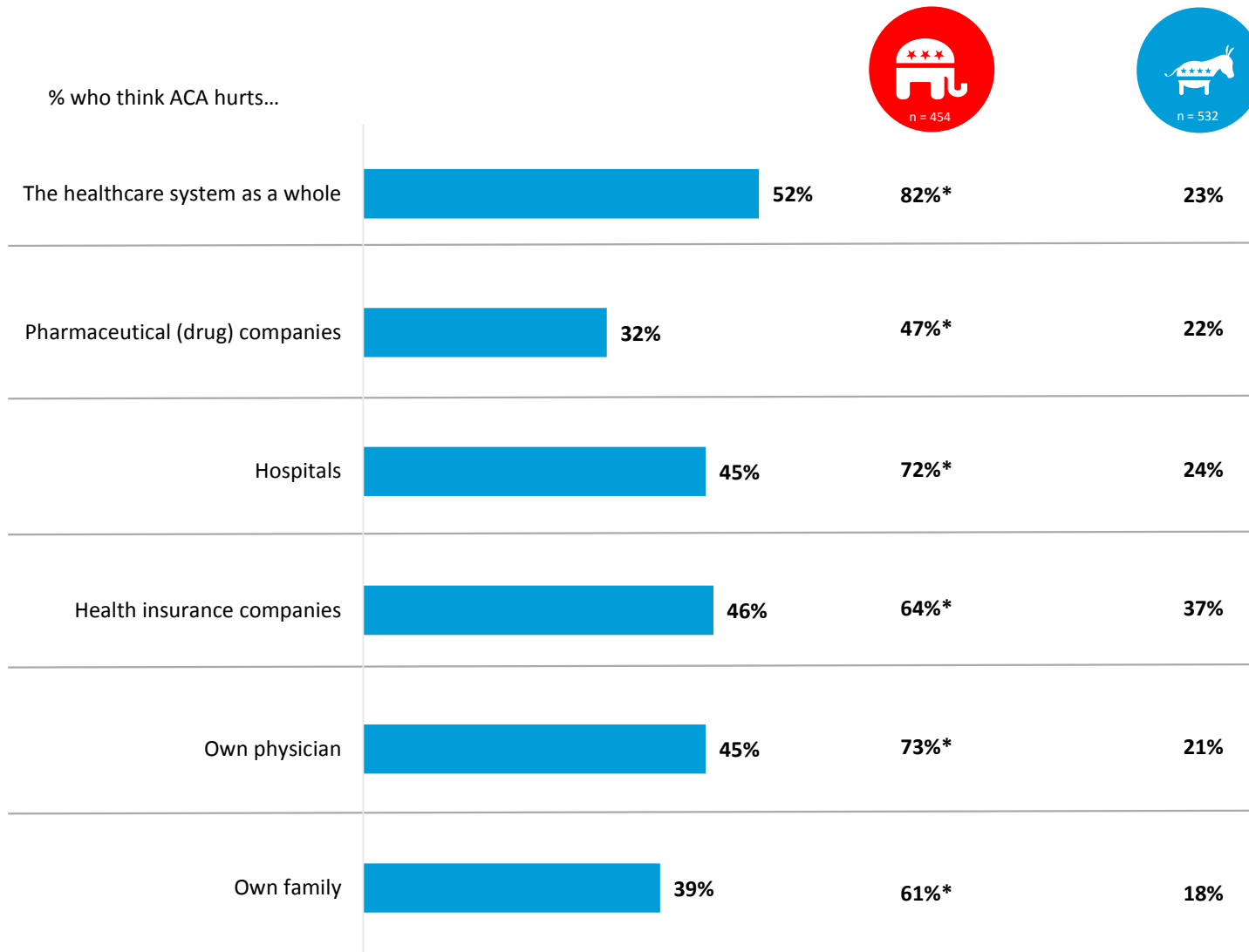
% who think ACA helps/hurts



Base: All Qualified Respondents (n = 1,511)

Q365. Do you think the Affordable Care Act helps, hurts, or has no effect on...?

...And, political affiliation matters



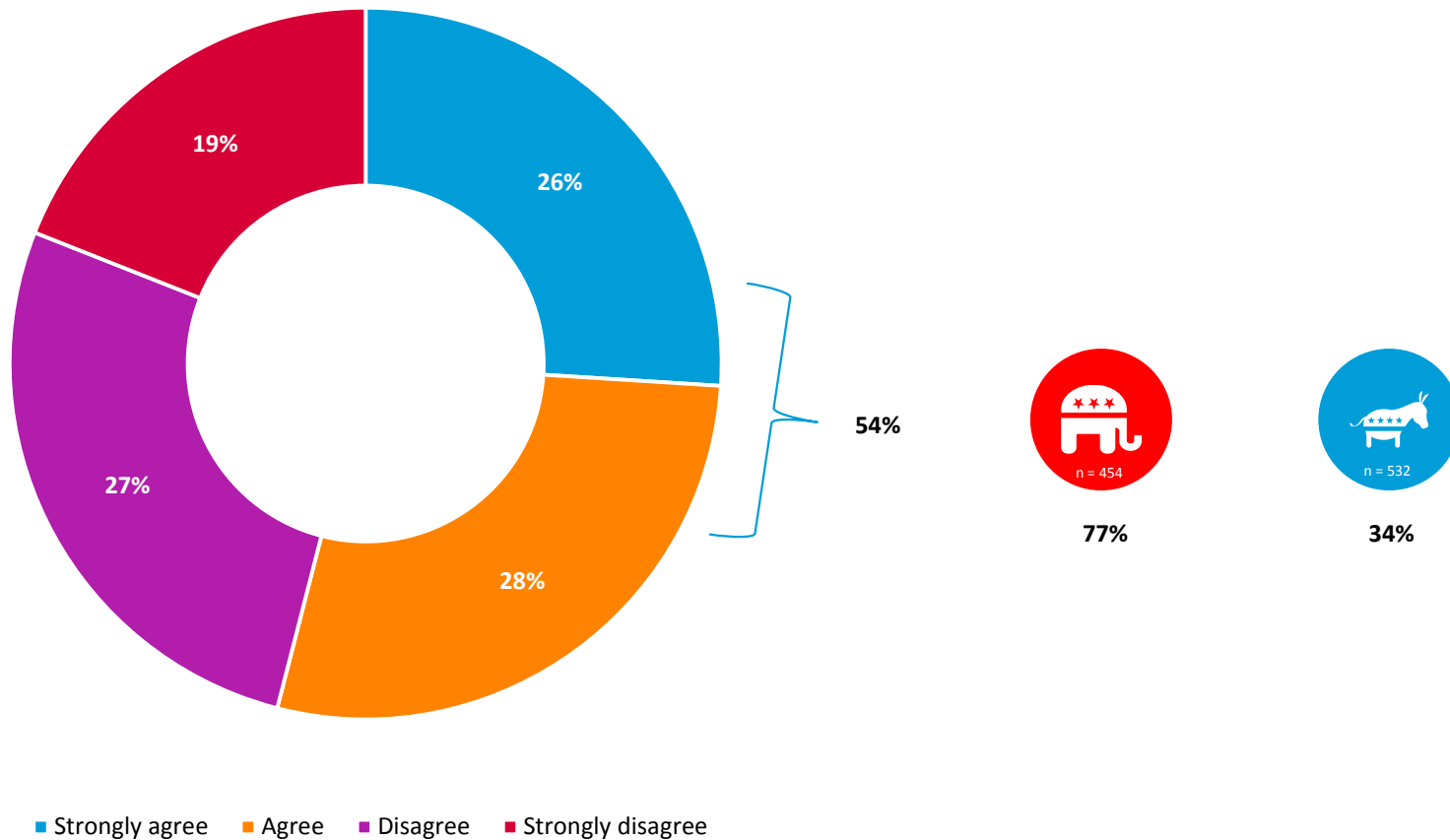
Base: All Qualified Respondents (n = 1,511)

Q365. Do you think the Affordable Care Act helps, hurts, or has no effect on...?

Half think the healthcare system was better before the ACA was passed

And, this too varies by political affiliation

% agree/disagree healthcare system was better before ACA was passed



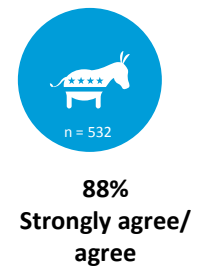
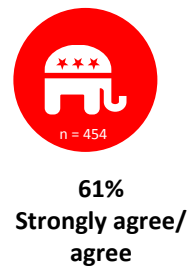
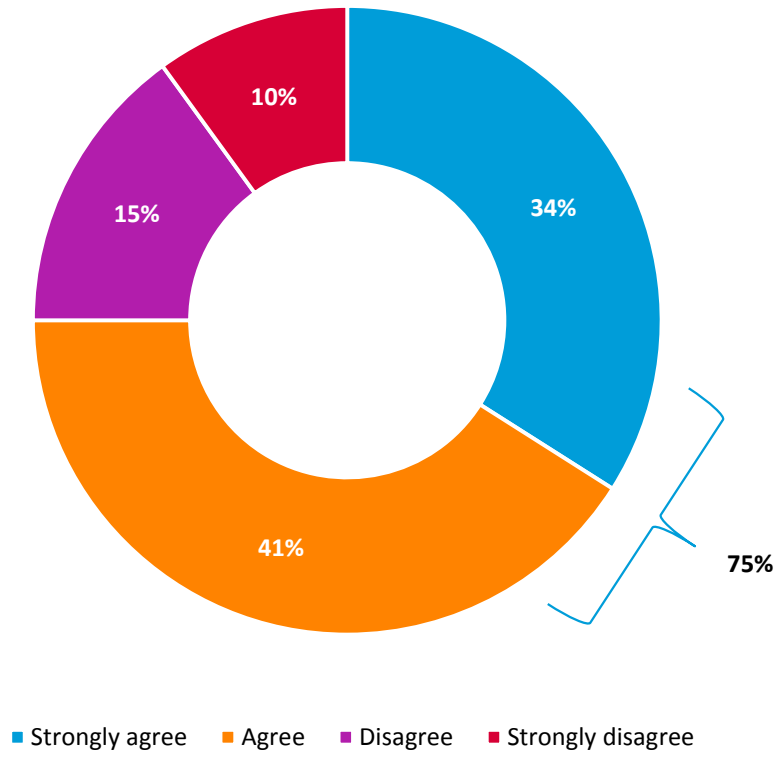
Base: All Qualified Respondents (n = 1,511)

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA).
 -Our healthcare system was better before the passage of the ACA

Yet, most, regardless of political affiliation, agree that while the ACA isn't perfect reform was needed

Though they differ significantly* in the extent to which they agree

% agree/disagree ACA not perfect, but reform was needed



Base: All Qualified Respondents (n = 1,511)

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA).

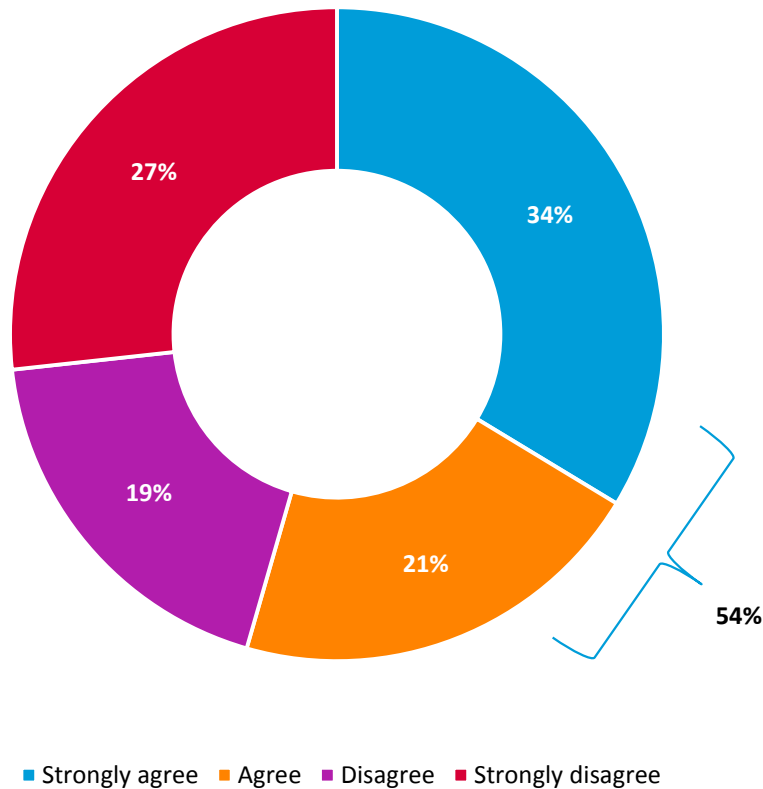
-While the ACA is not perfect, healthcare reform was needed –

*p < .05

Half think the ACA should be repealed in its entirety

But, political tendency matters

% agree/disagree government should repeal the Affordable Care Act in its entirety



Self-described conservatives are significantly* more likely to strongly agree/ agree than both moderates and liberals:

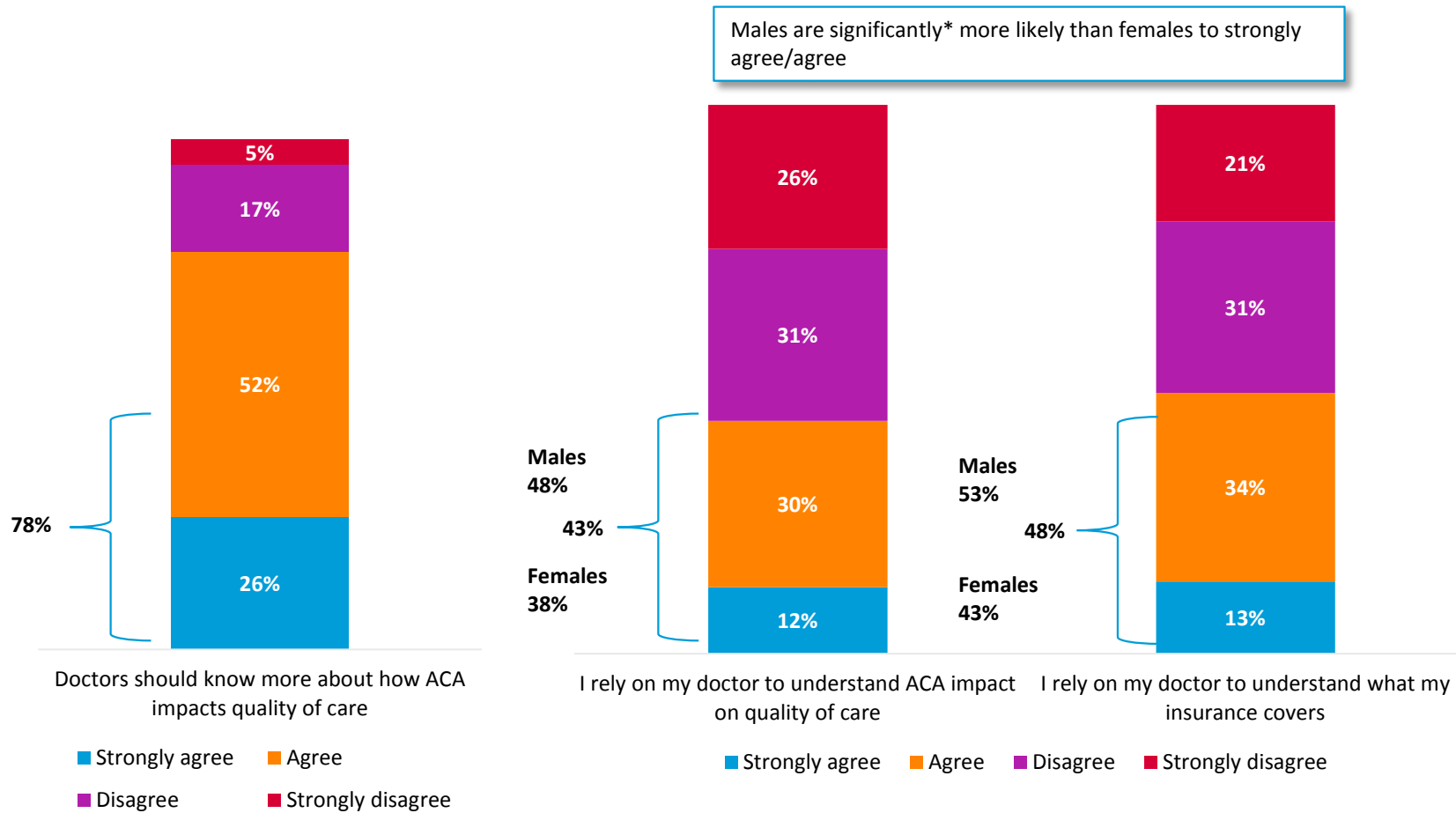
Conservative	79%
Moderate	51%
Liberal	27%

Base: All Qualified Respondents (n = 1,511)

Q665. Now thinking about the future of healthcare in America, please tell us the extent to which you agree or disagree with the following statements.

-The government should repeal the Affordable Care Act in its entirety

Many expect physicians to help them understand changes resulting from ACA



Base: All Qualified Respondents (n = 1,511)

Q560. Please tell us the extent to which you agree or disagree with the following statements about the Affordable Care Act(ACA).

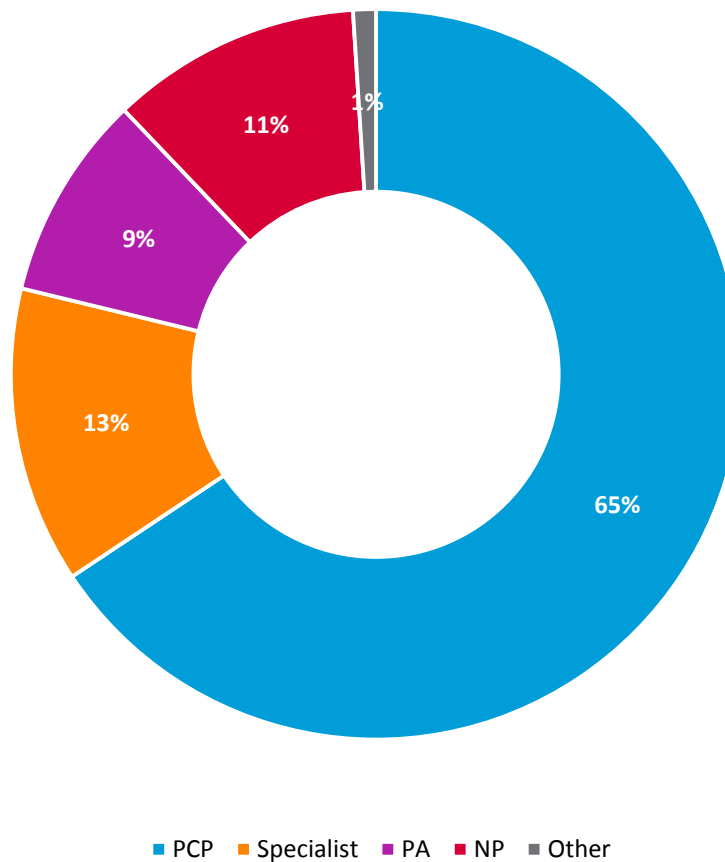
- Doctors should know more about how the ACA impacts the quality of healthcare
- I rely on my doctor to help me understand how the ACA impacts the quality of my healthcare
- I rely on my doctor to help me understand what my health insurance covers –

*p < .05, **Figures may not sum to 100% due to rounding error

RECENT VISITS TO HCPs

Most routine exams are conducted by PCPs

Who routine exam was with

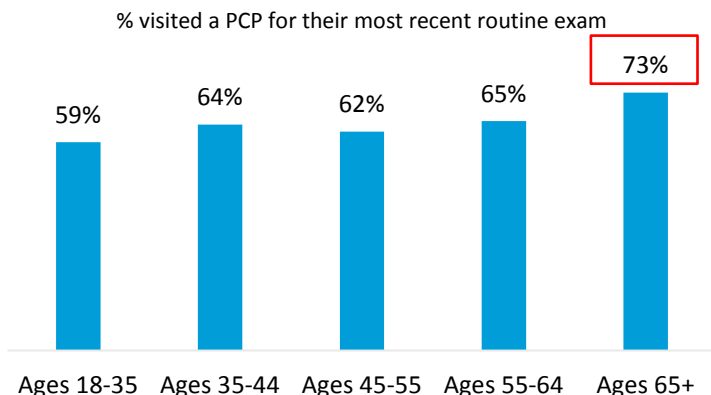


Base: All Qualified Respondents (n = 1,511)

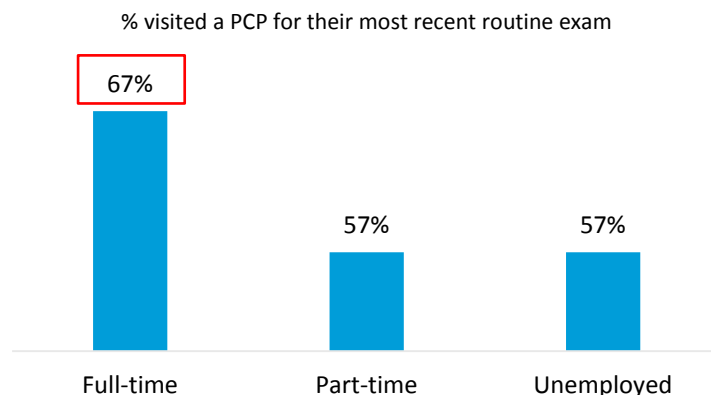
Q505. For the next few questions please think about the medical appointment you had for your most recent routine exam. Who was this routine exam with?

However, differences exist across age, employment status, insurance status, & parental status

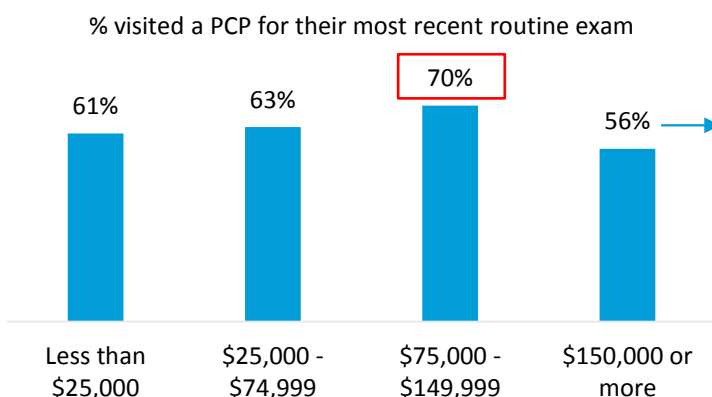
Adults 65+ are significantly more likely to have a routine exam with a PCP than those 18-34 and 45-54.



Those employed full-time are significantly more likely to report visiting a PCP for their last routine exam than those unemployed.

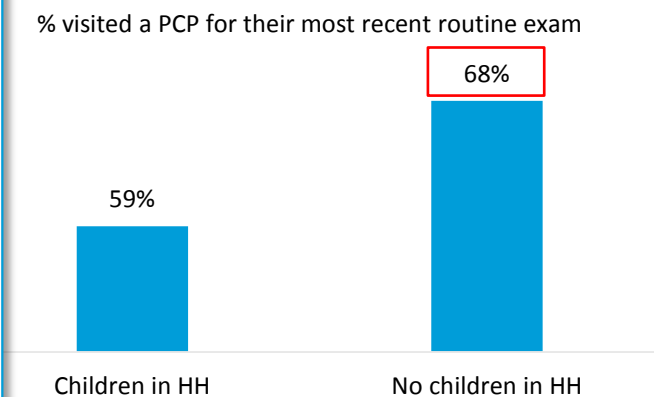


Those in the \$75,000 - \$149,999 income category are significantly more likely to report visiting a PCP for their last routine exam than those in the \$150,000 category.



22% of those with a household income of \$150,000 or more saw a specialist for their most recent routine exam, sig. more than those with \$25,000-\$74,999 or \$75,000-\$149,999.

Those with no children in the household are significantly more likely to report visiting a PCP for their last routine exam than with children.



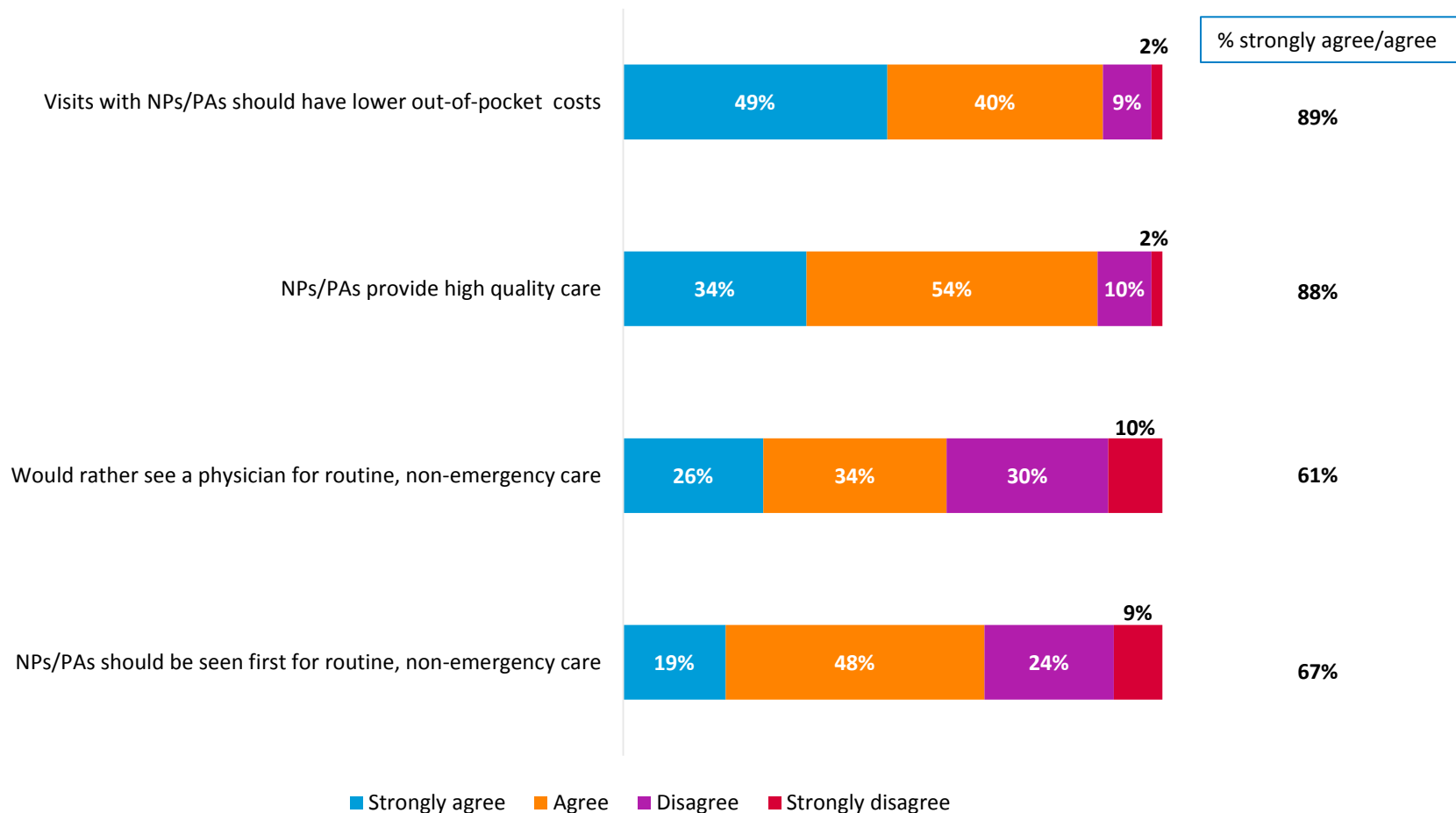
Base: All Qualified Respondents (n = 1,511)

Q505. For the next few questions please think about the medical appointment you had for your most recent routine exam. Who was this routine exam with?

p < .05

Majority think NPs/PAs provide quality care

But, 3 out of 5 still prefer seeing their physician for routine care



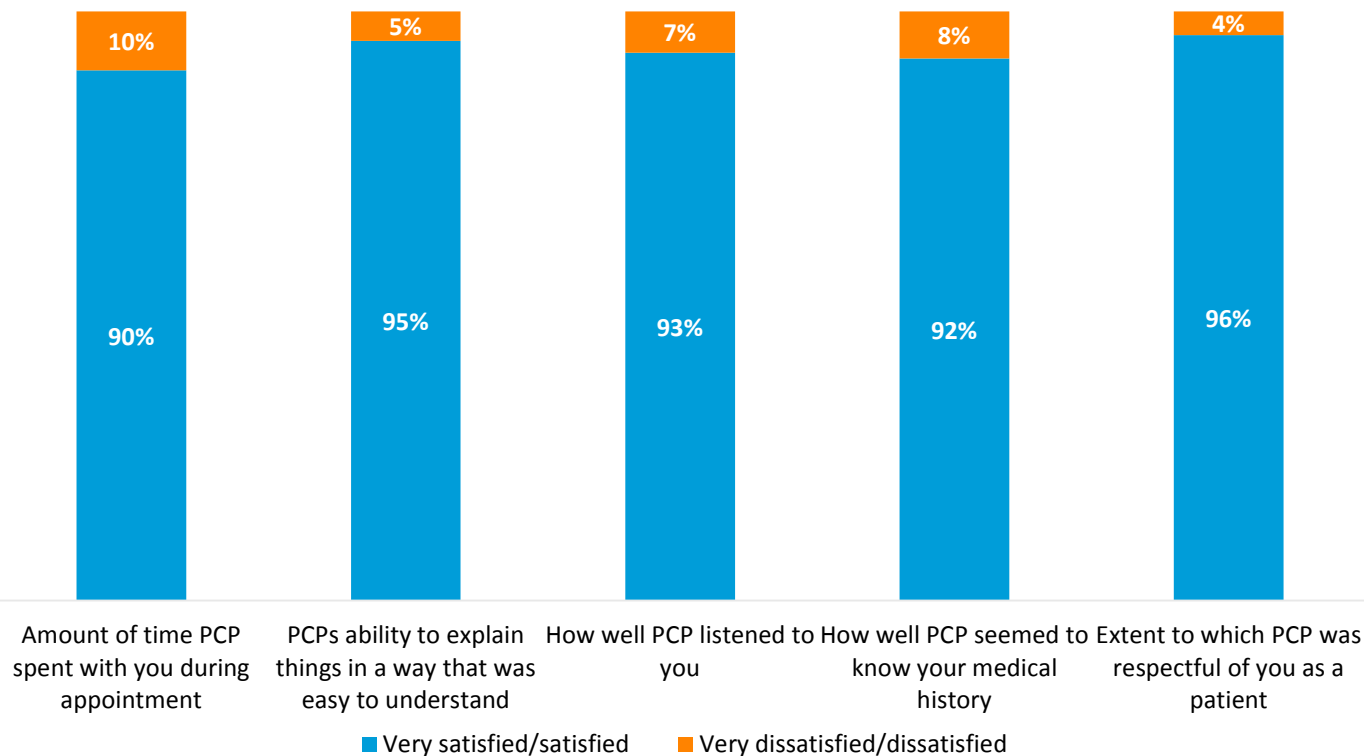
Base: All Qualified Respondents (n = 1,511)

Q630. People have a variety of opinions on healthcare delivery and reforms. For each of the following items, please tell us how much you agree or disagree with the statement.

- Visits with nurse practitioners or physician assistants should result in lower out-of-pocket costs for patients than visits with physicians
- Nurse practitioners and physician assistants provide high quality care for routine, non-emergency medical issues
- For routine, non-emergency issues, I would rather see a physician than a nurse practitioner or physician assistant even if it means a longer wait time
- Nurse practitioners and physician assistants provide high quality care for routine, non-emergency medical issues

Most were satisfied with various aspects of their most recent visit with their PCP

How satisfied or dissatisfied were you with the following?



Adults 65+ are significantly* more satisfied than those in the 35-44 age range on each factor of recent routine exam, except the extent to which the PCP was respectful where there was no statistical difference.

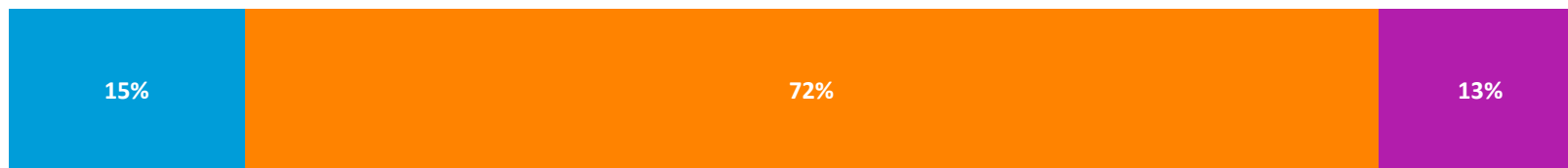
Base: Indicated Primary Care Physician For Most Recent Routine Exam (n = 976)

Q520. Since the passage of the Affordable Care Act, that is since March 2010, has quality of care that you receive from the doctor you see most often...?

* p < .05

7 out of 10 report wait times at appointments for routine care are in line with expectations

On the day of your appointment for your most recent routine exam, would you say your wait time was...



■ Longer than you would expect
 ■ About what you would expect
 ■ Shorter than you would expect

Adults 18-64 are significantly* more likely than adults 65+ to report longer than expected wait times for routine exams.

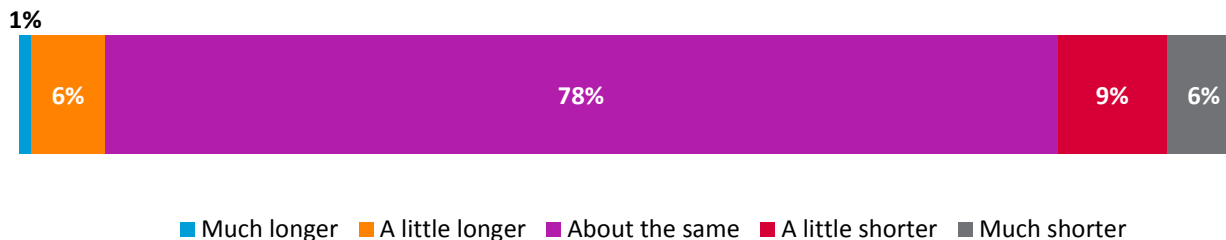
18-34	22%
35-44	19%
45-54	17%
55-64	15%
65+	6%

BASE: ALL QUALIFIED RESPONDENTS (n = 1,511)

Q510. On the day of your appointment for your most recent routine exam, would you say your wait time was...?

*p < .05

Most say their appointment wait time is about the same now as before the ACA was passed



Significantly more adults who report less than \$25,000 in household income report shorter wait times than all but top earners now compared to before the ACA.

Much/Little shorter	
Less than \$25,000	14%
\$25,000 - \$74,999	6%
\$75,000 - \$149,999	5%
\$150,000 or more	7%

Significantly more adults who report buying health insurance on their own report longer wait times now compared to before the ACA was passed than those who receive Medicare or Medicaid.

Much/Little longer	
Employer	14%
Bought on own	28%
Medicare	13%
Medicaid	13%

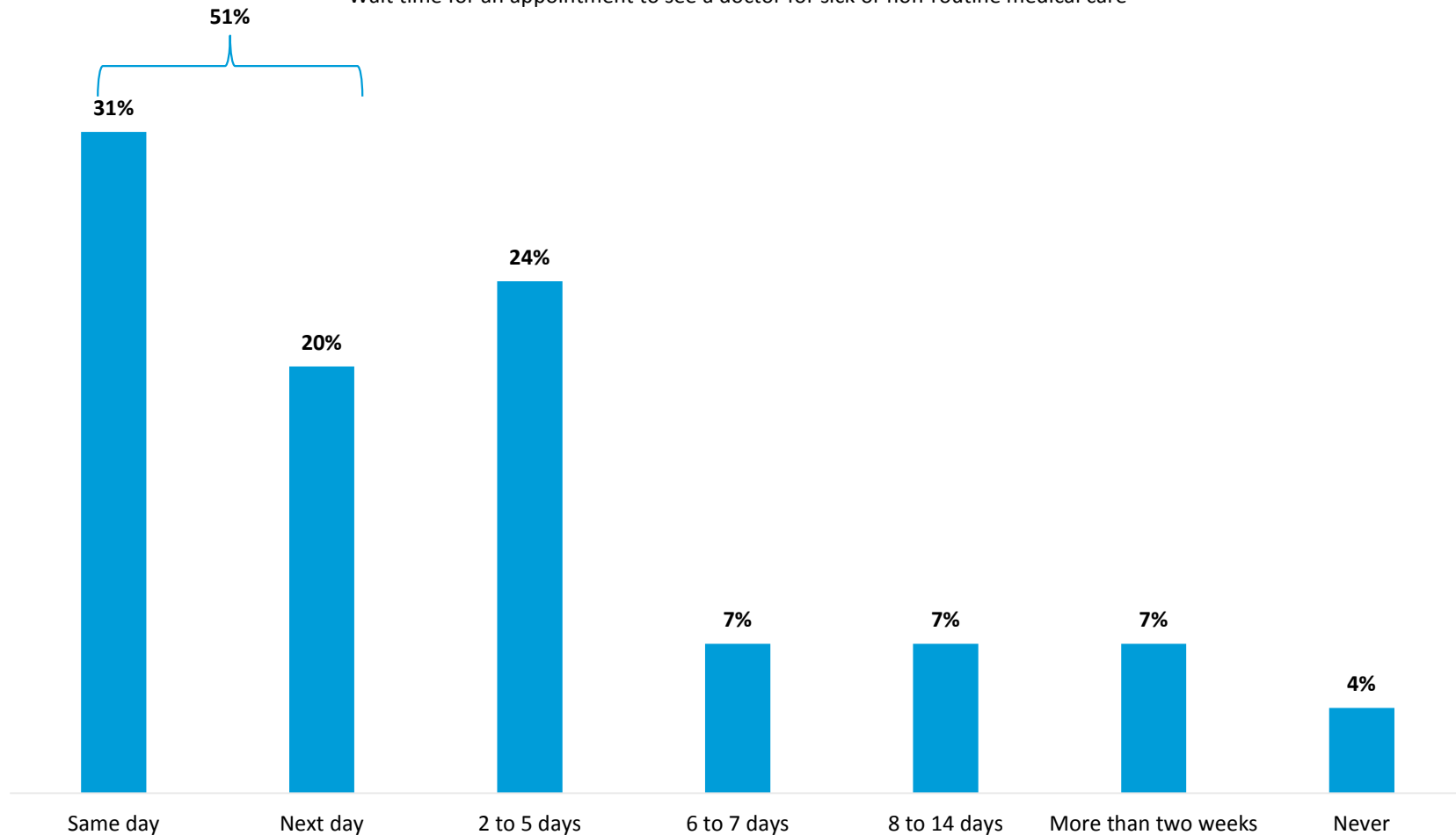
BASE: INDICATED PCP FOR MOST RECENT ROUTINE EXAM (n = 976)

Q525. Now thinking about the amount of time you had to wait for this appointment compared to the amount of time you had to wait for appointments before the Affordable Care Act was passed, do you feel like you had a...?

*p < .05

Half were able to schedule an appointment within a day the last time they were sick

Wait time for an appointment to see a doctor for sick or non-routine medical care



Base: All Qualified Respondents (n = 1,511)

Q530. About how long did you have to wait for an appointment to see a primary care physician?



APPENDIX: SAMPLE DEMOGRAPHICS

Sample demographics

	%*
Gender	
Male	39
Female	61
Age	
18-34	15
35-44	18
45-54	23
55-64	28
65 or older	16
Income	
Less than \$25,000	19
\$25,000 to \$74,999	47
\$75,000 to \$149,999	28
\$150,000 or more	6

	%*
Marital status	
Never married	13
Married	61
Divorced	13
Separated	2
Widow/Widower	4
Living with partner	7
Political affiliation	
Republican	30
Independent/other	35
Democrat	35
Physical health status	
Excellent	8
Very good	30
Good	38
Fair	19
Poor	5

	%*
Race	
White	78
Black-African American	8
Hispanic	10
Other	4
Education	
HS or less	29
Job training after HS	8
Some college	28
College or more	34

*Unweighted data