



HARVARD
School of Public Health

Summary & Chartpack

NPR/Kaiser Family Foundation/Harvard School of Public Health

The Public and the Health Care Delivery System

April 2009

Summary

As the debate over health care reform gets underway, one of the consistent themes has been an effort to divine ways to make the health care delivery system more efficient and value-based. Once confined to expert conferences, discussions of electronic medical records, coordination of care and overtreatment now routinely appear in the mainstream media. This survey is an attempt to bring the public's views into that discussion. While the topics are often complex, the goal is to better understand Americans' experiences as they relate to these areas and their current views on possible policy changes.

Electronic Medical Records (EMR)

The public holds mixed views when it comes to the use of electronic medical records, with most believing it is important to adopt EMR technology and that doing so would improve the country's health care delivery system while at the same time questioning both the confidentiality of such a system and the potential for cost savings.

On the positive side, fully three in four say it is important for their health care providers to use electronic medical records (EMR). A large proportion of the public also sees benefits to nationwide adoption of this technology. Majorities say that if the United States adopted greater use of an EMR system, their own doctors would do a better job coordinating their care (72 percent say this is at least somewhat likely), that the overall quality of care in the country would be improved (67 percent) and that fewer people would get unnecessary medical care (58 percent.) Just over half (53 percent) say there would be fewer medical errors.

Although many proponents of EMRs believe they will lower health care costs, the majority of Americans do not think this is likely to be the case. Currently, a larger proportion say that the adoption of EMR would *increase* the cost of health care in America than say it would decrease the cost (34 percent vs. 22 percent). Perhaps more importantly, significantly more say moving towards computer-based medical records is likely to increase their *own family's* health care costs (39 percent) than say it will bring their own costs down (12 percent). In each case the remainder thought that the change would make little difference either way, or didn't know enough about the subject to answer.

There are also significant concerns about the privacy of online health records. Roughly six in ten Americans (59 percent) lack confidence that EMR systems would be able to protect the confidentiality of patients' records. And an even larger percentage (76 percent) say they think it is at least somewhat likely that "an unauthorized person" would get access to their records if they were placed online.

Americans may not currently be able to identify whether or not their providers are using EMR. One in ten say they have been able to access medical test results online. And nearly half (46 percent) said their doctor "enter[s their] health information into a computer while [they] are present." We do not, of course, know whether this means the physician's office indeed keeps their records online. According to a recent article in the *New England Journal of Medicine*, roughly 17 percent of American physicians have a basic electronic health record system.¹

¹ "[Health Care and the American Recovery and Reinvestment Act](#)", Robert Steinbrook, M.D. Article (10.1056/NEJMp0900665) published at NEJM.org on February 17, 2009.

Coordination of Care

Americans see a lot of doctors, and many report having problems coordinating all the care they receive. Nine in ten report seeing at least one doctor or health professional over the past two years, and seven in ten have seen at least two. Nearly three in ten Americans say they have seen four or more health professionals during that time period.

Overall, just over four in ten Americans report at least minor problems with coordinating care between their different doctors, while half say this is not a problem at all. One in six (17 percent) say they experience “major problems” coordinating their health care services. These figures, while still significant, are down somewhat from recent years.

The survey covered six specific issues at least somewhat related to coordination of care, and these are ranked by frequency of experience below. Overall, half had experienced at least one of these issues, and a quarter had experienced two or more. Not surprisingly, coordination of care problems were more frequent among those who had seen multiple health professionals in recent years. Among those who reported seeing four or more doctors over the past two years, fully two thirds (67 percent) had experienced at least one of the issues listed in the chart below.

In the past two years, when getting care for a medical problem, was there ever a time when you...

	Yes	No
Had to bring an X-ray, MRI, or other type of test result with you to a doctor's appointment	29	70
Had to wait for test results longer than you thought reasonable	19	80
Received conflicting information from different doctors or health care professionals	17	82
Had to redo a test or procedure because the doctor didn't have the earlier test results	12	88
Had to come back for another appointment because a health professional did not have your medical information available	10	90
Tried to get two of your doctors to talk to each other and failed	8	91

Overtreatment and Undertreatment

A sizeable number of Americans say that the country's health care system has an overtreatment problem, but even more say *undertreatment* is a serious issue.

Half the public (49 percent) believes the American health care system has a “major problem” with “too many patients getting medical tests and treatments that they don't really need.” At the same time, only 16 percent say that they themselves have received unnecessary care.

Looking to the opposite end of the spectrum, fully two in three Americans (67 percent) say the health care system has a major problem with “too many patients *not* getting the medical tests and treatments they need.” In terms of personal experiences with undertreatment, one in ten report having had a doctor deny them a medical test or treatment that they wanted in the past two years because the physician did not think it medically necessary.

Those one in ten Americans who reported having personally experienced at least three ‘coordination of care’ issues themselves are more likely to see overtreatment in the system as a whole (63 percent see overtreatment as a major problem, compared to 48 percent of other Americans). They are also more likely to report that they had gotten tests and treatments they probably didn't really need: 48 percent say they may have experienced overtreatment, compared to 12 percent among the rest of the population.

Patient and Doctor Interactions around Effectiveness and Cost

According to the survey, most Americans (72 percent) believe that there is not always clear scientific evidence about which treatment is likely to work best for any one patient. This belief in the uncertainty inherent in medical treatment suggests that the public might welcome the concept of more comparative effectiveness research. But it also suggests that they will be particularly sensitive to whether it is their doctor or some other body who is navigating these uncertain decisions on their behalf.

In terms of personal experience, the survey suggests that there is already a fair bit of communication around treatment decisions: 60 percent of Americans report that their doctor “often” discusses his or her reasons for recommending a treatment. On the other end of the spectrum, roughly two in ten say they rarely or never have this kind of talk with their doctor, and another two in ten say it happens sometimes.

As to the content of these discussions, roughly half of Americans (48 percent) report having talked to their doctor about the scientific evidence related to a treatment option, and nearly as many (44 percent) have heard about the doctor’s experience using the treatment on other patients. Just under half (46 percent) had talked about how a treatment’s effectiveness compared to that of other, less expensive options. Least common was to have discussed cost (about three in ten report having done so).

Evaluating the cost effectiveness of any medical treatment is obviously a complicated and technical process. In terms of public perceptions, about one in ten (9 percent) say that, in their view, their doctor has at some point recommended an expensive medical test or treatment in a case where a less expensive option would have been just as good. The same percentage say they have had the opposite experience, having been recommended a less effective but cheaper option.

The survey suggests that Americans’ faith in their doctors extends even to the sensitive question of money. According to the survey, two in three (65 percent) say their doctor’s charges are reasonable, and perhaps more importantly, nearly as many (63 percent) say they believe that their doctor is working to keep the cost of their health care down.

Perhaps because of this faith in doctors’ efforts to restrain costs, most are not asking about the cost of medical or lab tests they are getting – twenty two percent say they have done so over the past two years, compared to eight in ten who have not. Not surprisingly, those without insurance are more likely to have asked the price of a treatment (31 percent versus 20 percent of the insured). Overall, nearly four in ten Americans (37 percent) say they don’t think even their doctor knows how much tests cost, while half (51 percent) say they do think their medical provider is aware of the charges.

Most Americans favor the current system of physician reimbursement. Seven in ten say they prefer having their insurance company pay their doctor a fee for each visit, while 25 percent say they think it would be better for doctors to get paid a yearly amount for care.

The Role of Government and Insurers in Cost and Comparative Effectiveness

Earlier this year Congress and the president passed legislation that will expand funding for comparative medical effectiveness research. This type of study may involve comparing different ways of treating particular conditions on the basis of factors such as benefits, risks, or costs.

The survey suggests there is a distinct sense of discomfort on the part of the public with having insurers or the government involved in making decisions about which tests and treatments *should* be covered by insurance.

In the case of insurers, a narrow majority believe that insurance companies should foot the bill even if a costly treatment has not been shown to be the most effective response to a health problem. Specifically, 56 percent think that insurance companies should have to cover expensive treatments even if they have not been proven more effective than other, less expensive options. Roughly one in three (35 percent) did not think such treatments should be covered by insurance.

In the case of the federal government, while 55 percent would favor “a panel of experts from an independent scientific organization” weighing in on such matters, this drops to 41 percent in favor when the words “appointed by the federal government” are added to that description. Support is at a similar level for having the NIH or “another government health agency” make such decisions (42 percent favor, 57 percent oppose).

In the context of ongoing discussions about whether comparative and cost effectiveness research would result in insurance companies denying coverage for certain procedures, the survey also measured what is currently happening to those who have been denied coverage. Overall, one in four Americans (26 percent) with insurance report having had some treatment or medicine recommended by their doctor but denied coverage by their insurance company. Asked what happened in that situation, 40 percent said their doctor gave them a different treatment instead, 20 percent paid for the treatment out of their own pocket, 20 percent went without treatment, and 9 percent eventually got the insurance company to pay.

The Cost of Care

Many Americans are experiencing the rise in health care costs personally. Half say the amount they pay for their family’s health care, including insurance, has gone up in the past year, with 21 percent saying it went up “a lot” and 17 percent saying this was a “big problem” for them.

These higher bills can be hard to meet. Just over one in four (27 percent) say someone in their household has had problems paying medical bills over the past year.

Overall, about 45 percent have taken some action to try to reduce the cost of their health care over the past year, including 32 percent who have skipped dental care, 21 percent who haven’t filled a prescription and 20 percent who have skipped a recommended medical test or treatment.

There are other ways in which people are not taking care of themselves properly: one in four Americans have gone to work sick because worried about the financial consequences of taking time off.

The Uninsured and Cost

The high cost of health care particularly impacts those without health insurance. The most common reason the uninsured give for going without coverage is cost: 37 percent say health insurance is too expensive. Other reasons for not having coverage include: lack of employment or job loss, named by 22 percent; not being eligible for employer's coverage or employer not offering coverage (11 percent); or not needing it (9 percent).

Overall, 6 percent of Americans say that they or someone in their household has been denied coverage because of pre-existing conditions in the past year.

Finally, the survey finds a large gap between what the average health insurance policy costs and what uninsured people are willing to pay. Majorities report being willing to pay \$25, \$50 or even \$100 per month for coverage, but only 29 percent would pay \$200 per month, and only 6 percent say they would pay \$400.

Methodology

The NPR/Kaiser Family Foundation/Harvard School of Public Health survey, *The Public and the Health Care Delivery System*, is part of a series of projects about health-related issues by NPR (National Public Radio), the Henry J. Kaiser Family Foundation, and the Harvard School of Public Health. Representatives of the three organizations worked together to develop the survey questionnaire and to analyze the results, with NPR maintaining sole editorial control over its broadcasts relating to the survey results. The survey research team included Mollyann Brodie, Ph.D., Liz Hamel, Claudia Deane and Carolina Gutiérrez from the Kaiser Family Foundation; Professor Robert Blendon, Sc.D., and John Benson, M.A. of the Harvard School of Public Health; and Anne Gudenkauf, Joe Neel, Julie Rovner, Joanne Silberner, Richard Knox, Joseph Shapiro and April Fulton from NPR.

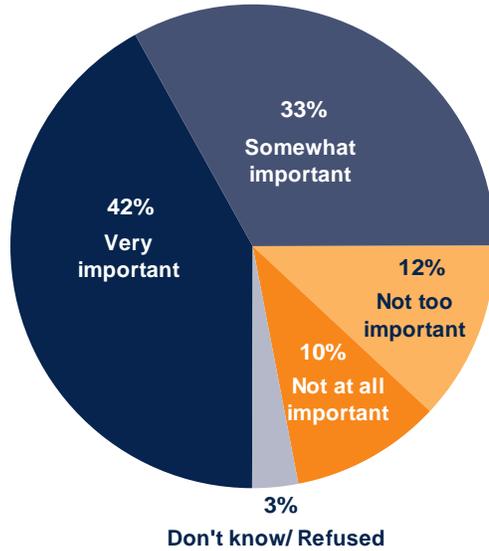
Fieldwork was done by telephone March 12 – March 22, 2009 among a nationally representative sample of 1,238 randomly selected respondents ages 18 and over by Social Science Research Solutions. All groups have been weighted to reflect their actual distribution in the nation. Interviews were conducted in English and Spanish.

The margin of sampling error for the survey is +/- 3.5 percentage points. For results based on smaller subsets of respondents the margin of sampling error is somewhat higher

CHART 1

Perceived Importance of EMR

How important do you think it is for the health care providers you see to use electronic or computer-based medical records instead of using paper-based records?



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

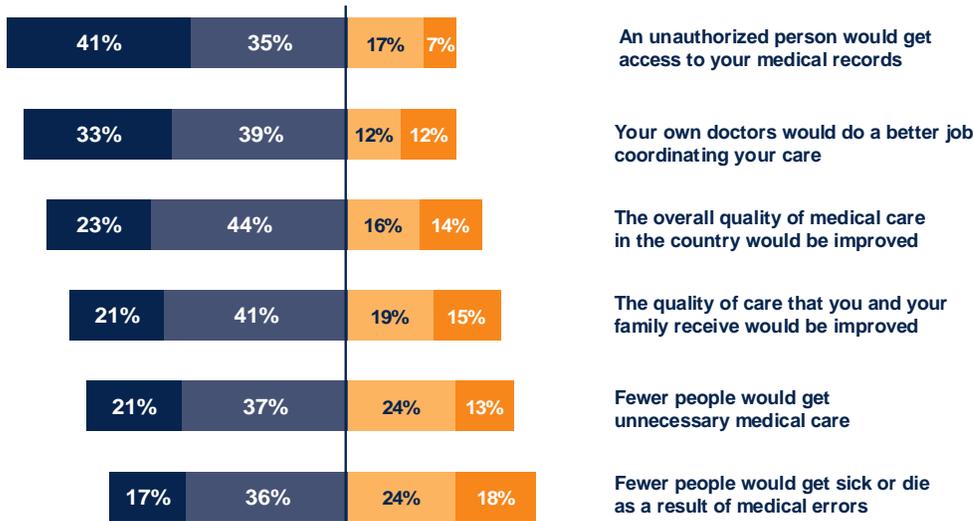


CHART 2

If the U.S. adopted EMR...

If the U.S. adopted a system where medical records were kept electronically and could be shared online, how likely do you think it is that...?

Very likely Somewhat likely Not too likely Not at all likely



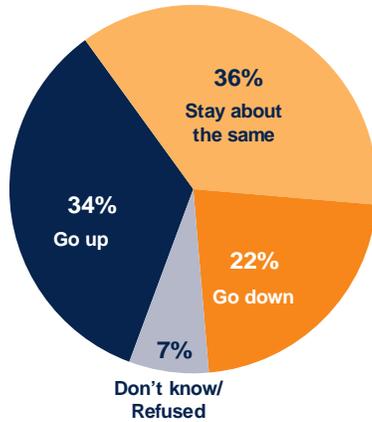
Note: Various items based on half samples; "Don't know/Refused" responses not shown.
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



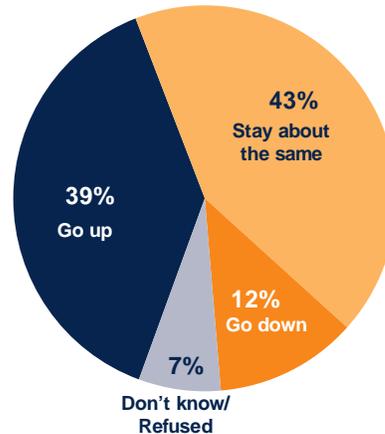
Impact of Electronic Medical Records on Cost

If the U.S. adopted a system where medical records were kept electronically and could be shared online, do you think the overall cost of each of the following would go up, go down, or stay about the same?

Cost of health care in the country



Your family's health care costs

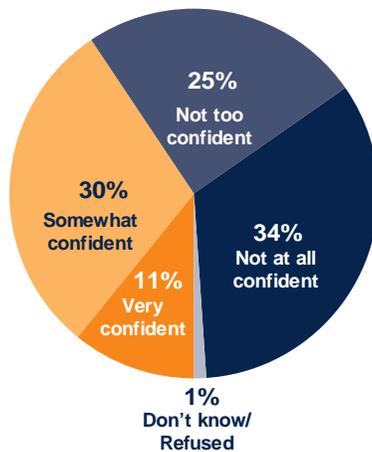


Note: Questions asked of separate half-samples.
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

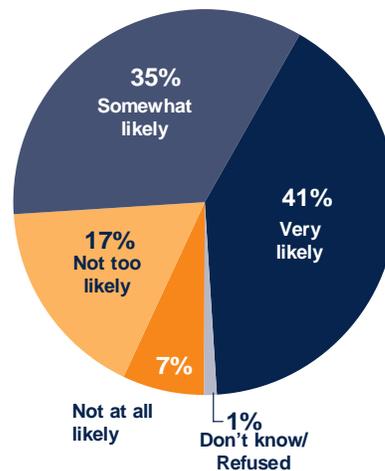


Confidence in Privacy of Medical Records

If your medical records and personal health information were to be stored electronically and could be shared online, how confident are you that those records and information would remain confidential?



If the U.S. adopted a system where medical records were kept electronically and could be shared online, how likely do you think it is that an unauthorized person would get access to your medical records?

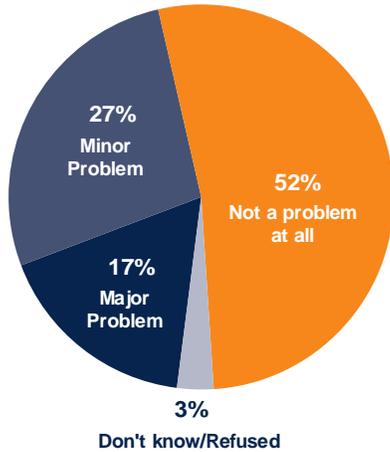


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

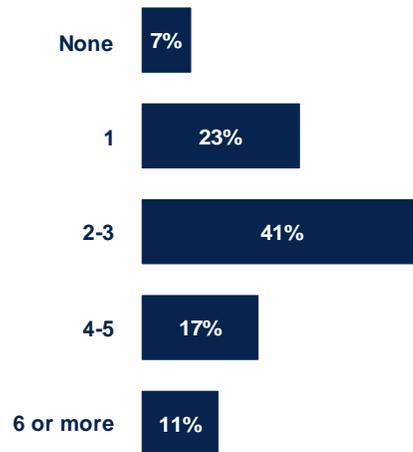


Perceived Coordination of Care Problems

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



How many different doctors and other health professionals have you seen in the past two years?

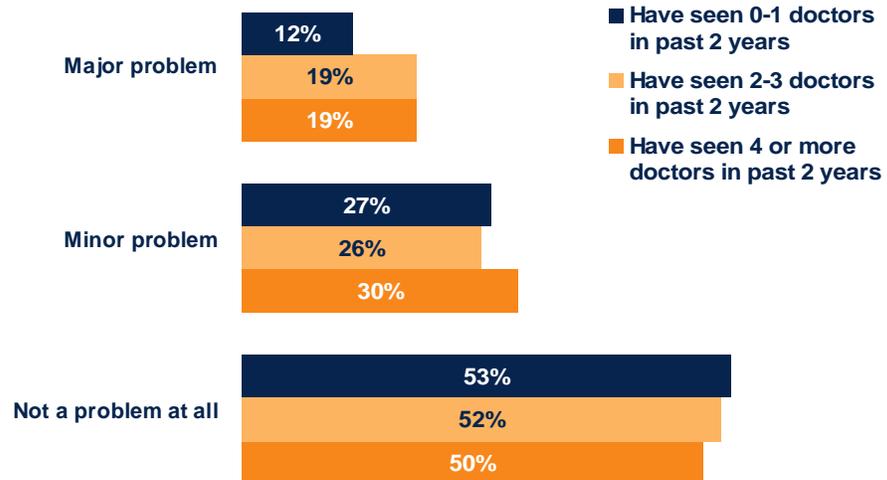


Note: "Don't know/Refused" responses not shown in the bar graph on the right.
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Perceived Coordination of Care Problems by Number of Doctors

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

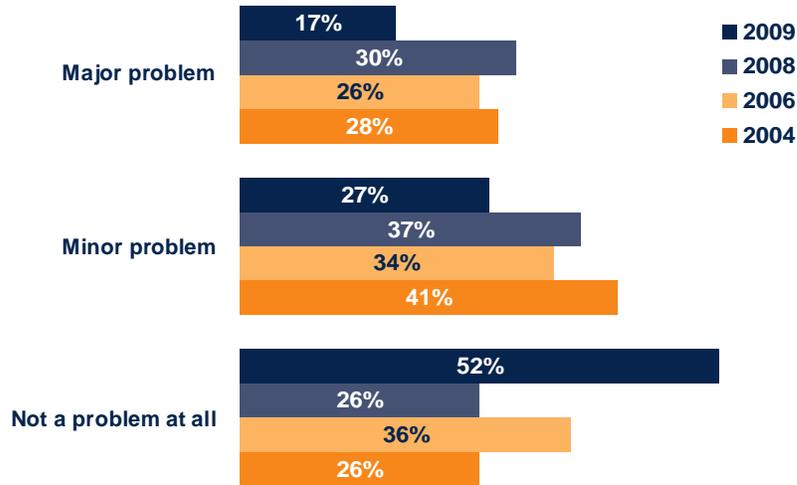


Note: "Don't know/Refused" responses not shown.
Sources: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Coordination of Care: Time Trend

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



Note: "Don't know/Refused" responses not shown.

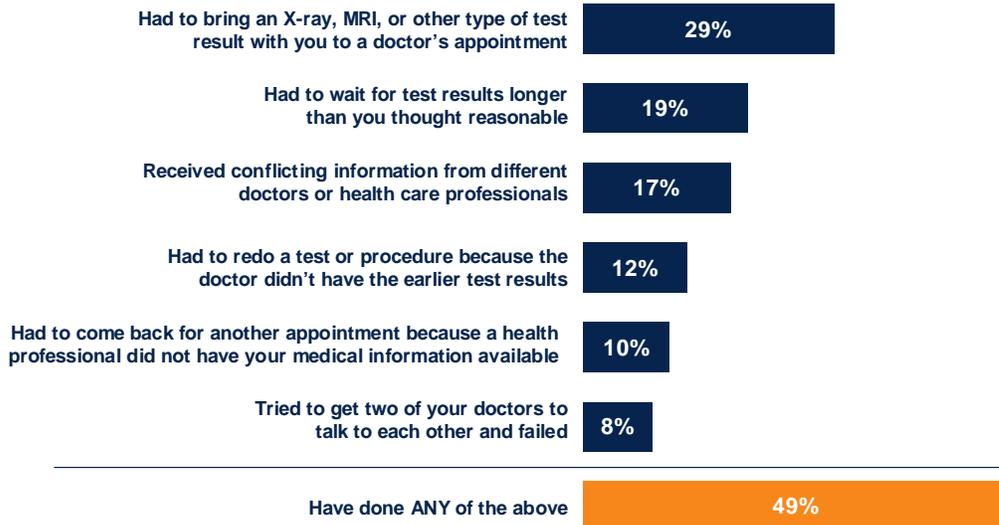
Sources: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009); *Kaiser Health Tracking Poll: Election 2008* (conducted Jul 29-Aug 6, 2008); *Kaiser Family Foundation Health Poll Report* (conducted Aug 3-8, 2006); *Kaiser Family Foundation/Agency for Healthcare Research and Quality/Harvard Consumers' Experiences with Patient Safety and Quality Information Survey* (conducted Jul 7-Sep 5, 2004)



Coordination of Care: Personal Experiences

In the past two years, when getting care for a medical problem, was there ever a time when you have done each of the following, or not?

Percent saying "yes" to each of the following:

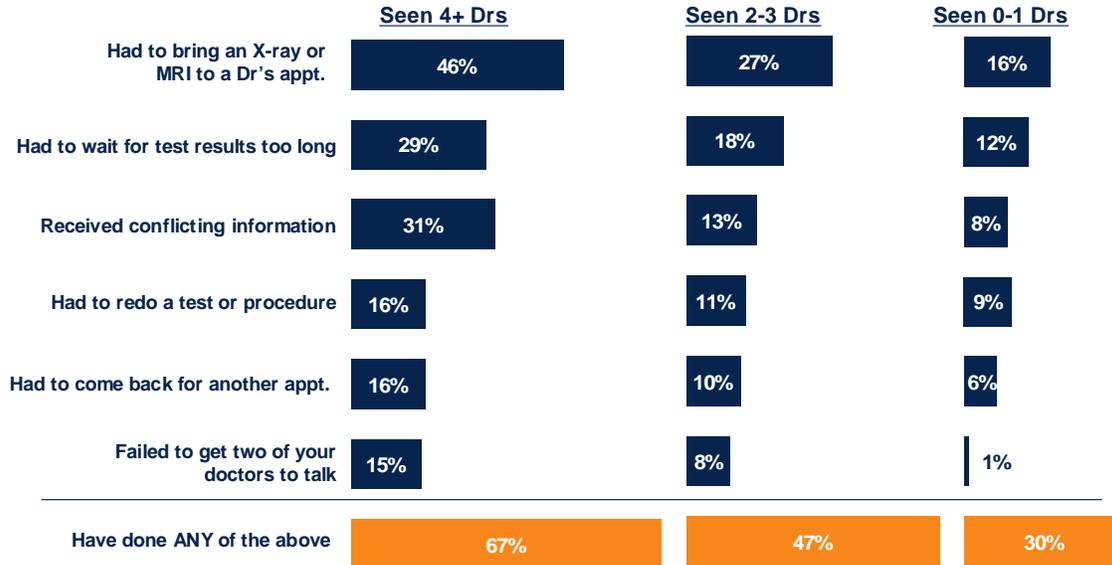


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Coordination Problems Rise Among Those with More Physicians

Percent among each group who say they have done each of the following in the past two years, when getting care for a medical problem.



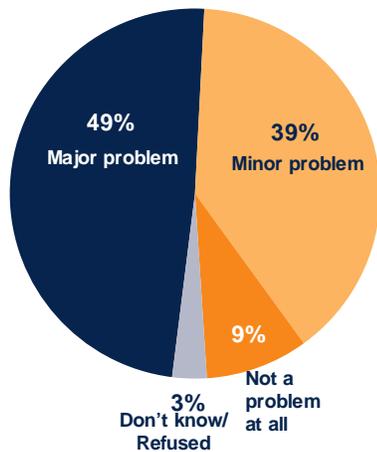
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



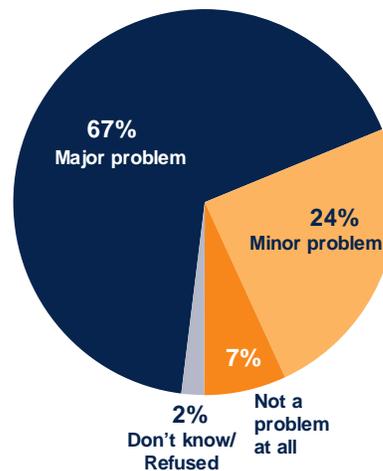
Are Americans Overtreated or Undertreated?

Do you think each of the following is a major problem, minor problem, or not a problem with the U.S. health care system?

Too many patients getting medical tests and treatments that they don't really need



Too many patients NOT getting the medical tests and treatments that they really need



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Overtreatment/Undertreatment: National Views vs. Personal Experience

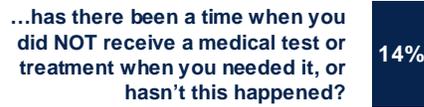
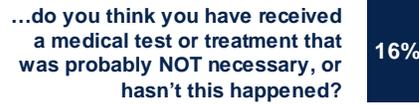
Do you think each of the following is a major problem, a minor problem, or not a problem with the U.S. health care system?

Percent saying "major problem" to each:



In the past two years...

Percent saying "yes" to each:

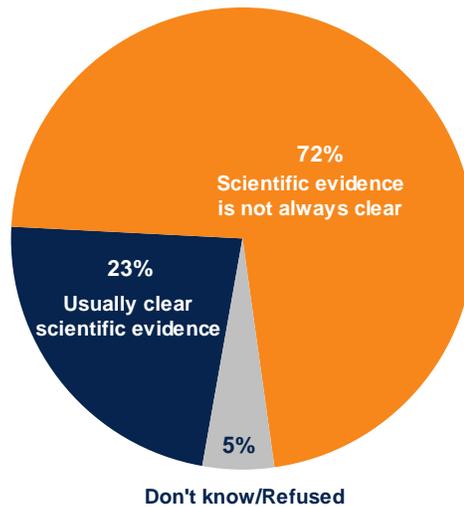


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Public Belief in Scientific Uncertainty

When doctors make decisions between different treatment options for a patient, do you think there is usually clear scientific evidence about which treatment is likely to work best, or do you think the scientific evidence is not always clear about which will work best?

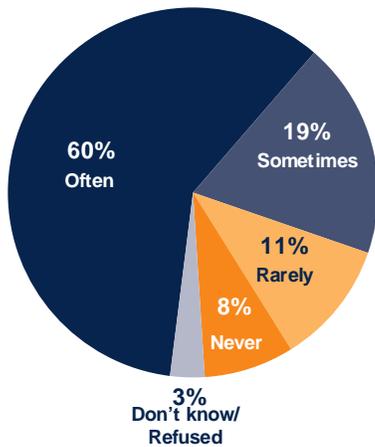


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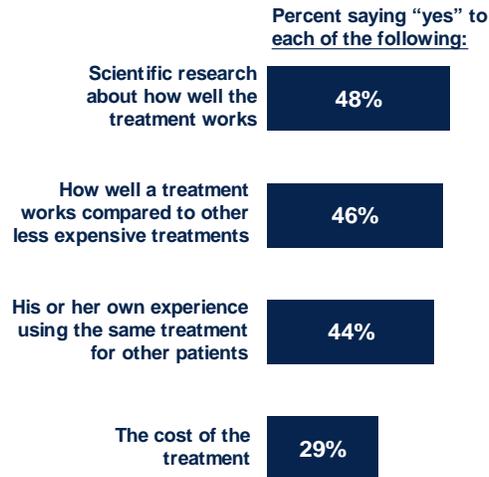


Views of Doctors' Decision-making Process

How often does your doctor discuss with you his or her reasons for recommending a particular treatment?



Has your doctor ever talked with you about each of the following as being a reason for his or her recommendations, or not?



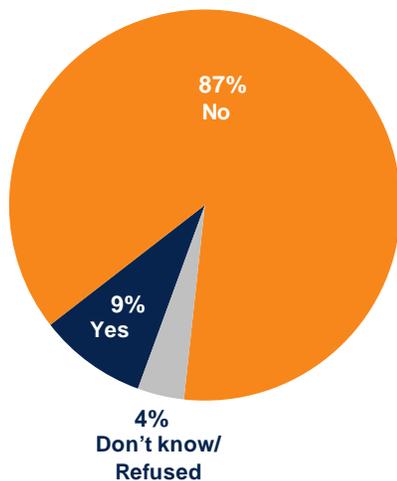
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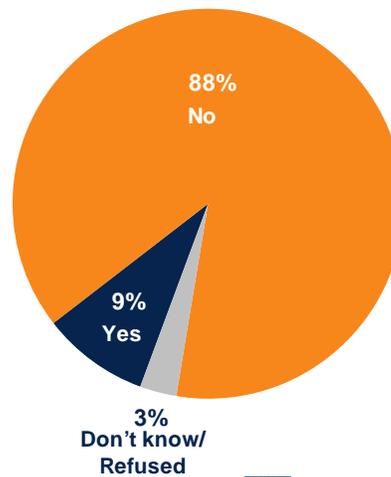
Factoring in Cost and Effectiveness

In the past two years, do you think your doctor has ever recommended...

... an **expensive medical test or treatment for you** when a less expensive alternative would work just as well, or hasn't this happened?



... a medical test or treatment for you that is **not as effective** as other treatments but is less expensive, or hasn't this happened?

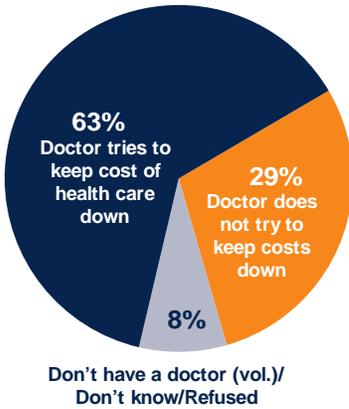


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

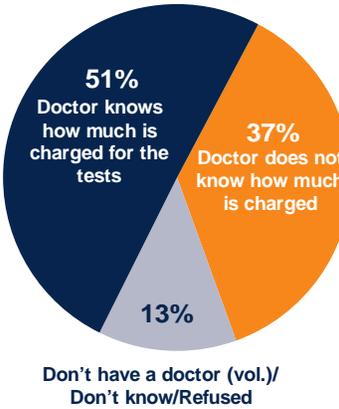


Doctors, Patients and the Bottom Line

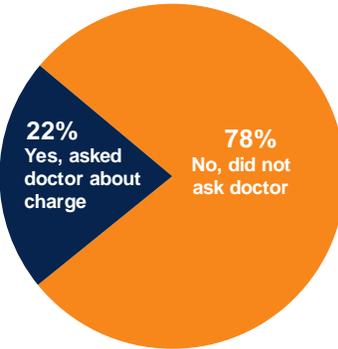
Do you think your doctor tries to keep the cost of health care down for you, or not?



When your doctor orders medical or lab tests, do you think he or she knows how much is charged for the tests, or not?



In the past two years, have you ever asked your doctor what would be charged for a medical or lab test, or not?

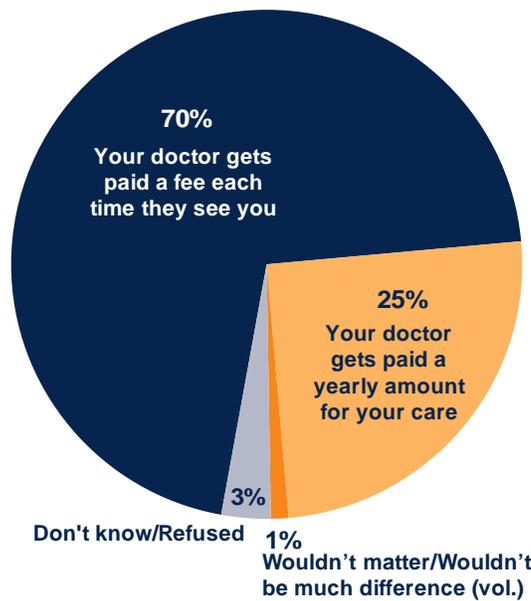


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Physician Payments

Here are two different ways insurance companies could pay doctors. Which of these do you think would be better?

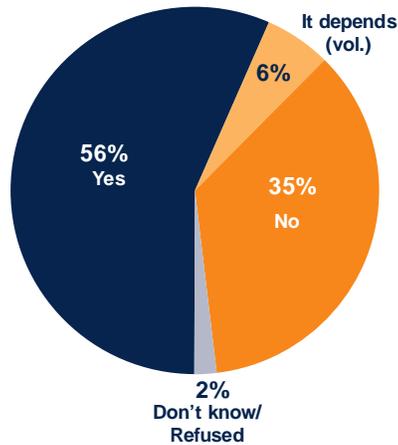


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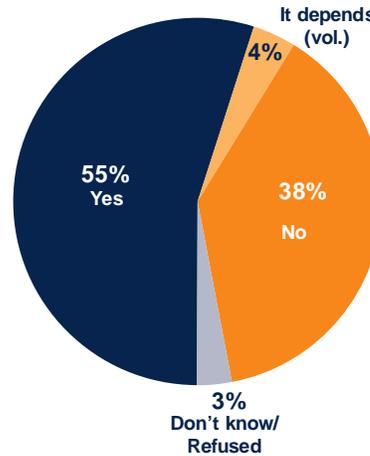


Cost Effectiveness and Insurance Coverage

If an expensive medical treatment has not been proven to be more effective than other, less expensive treatments, do you think insurance companies should have to pay for it, or not?



If *your doctor recommends* an expensive medical treatment, but it has not been proven to be more effective than other, less expensive treatments, do you think your insurance company should have to pay for it, or not?

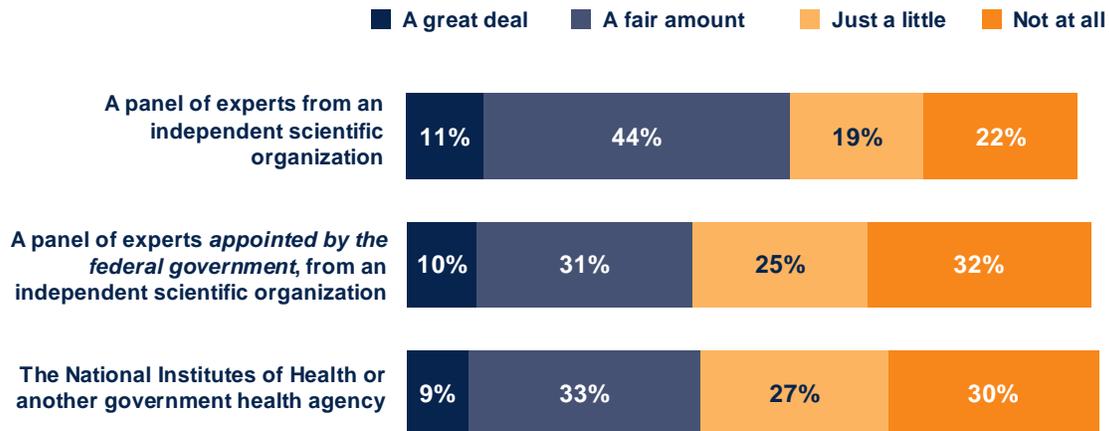


Note: Each question asked of separate half sample
 Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Who Do You Trust to Referee Effectiveness?

There has been some discussion about having an outside group make recommendations on which tests and treatments should be paid for by insurance. How much would you trust each of the following to make these recommendations?



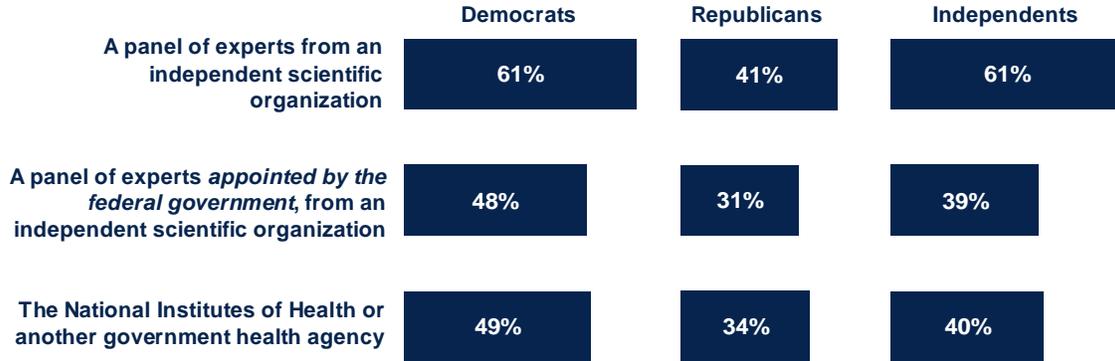
Note: Various items asked of separate half sample. "Don't know/Refused" responses not shown.
 Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Whose Recommendations Would You Trust: By Party

There has been some discussion about having an outside group make recommendations on which tests and treatments should be paid for by insurance. How much would you trust each of the following to make these recommendations?

Percent among each group who say they would trust each "A great deal" or "A fair amount"



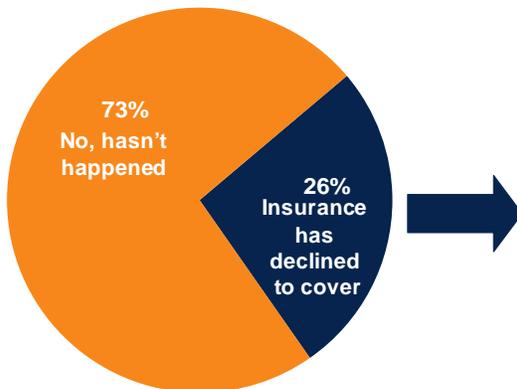
Note: Various items asked of separate half sample. "Don't know/Refused" responses not shown.
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



When Coverage of Treatment is Denied

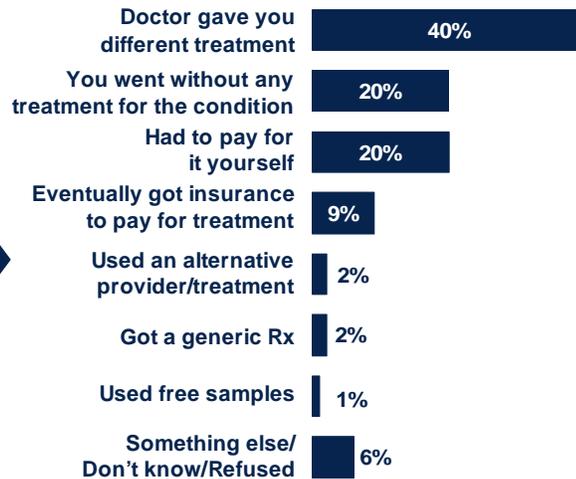
AMONG THE 84% WITH HEALTH INSURANCE:

In the past year, has a doctor ever recommended a treatment or prescription drug for you, but you found out your insurance company wouldn't pay for it, or hasn't this happened?



AMONG THE 26% WHOSE INSURANCE HAS DECLINED TO COVER A TREATMENT OR PRESCRIPTION DRUG:

Which of the following best describes what happened in this situation?



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

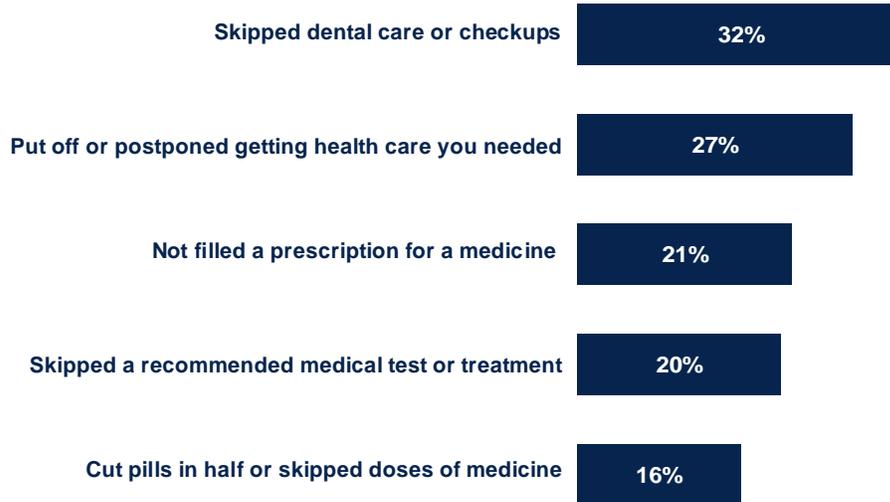


CHART 21

Postponing Care

In the past 12 months, have you or another family member living in your household done any of the following because of the COST, or not?

Percent saying they or a household member has done each



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)

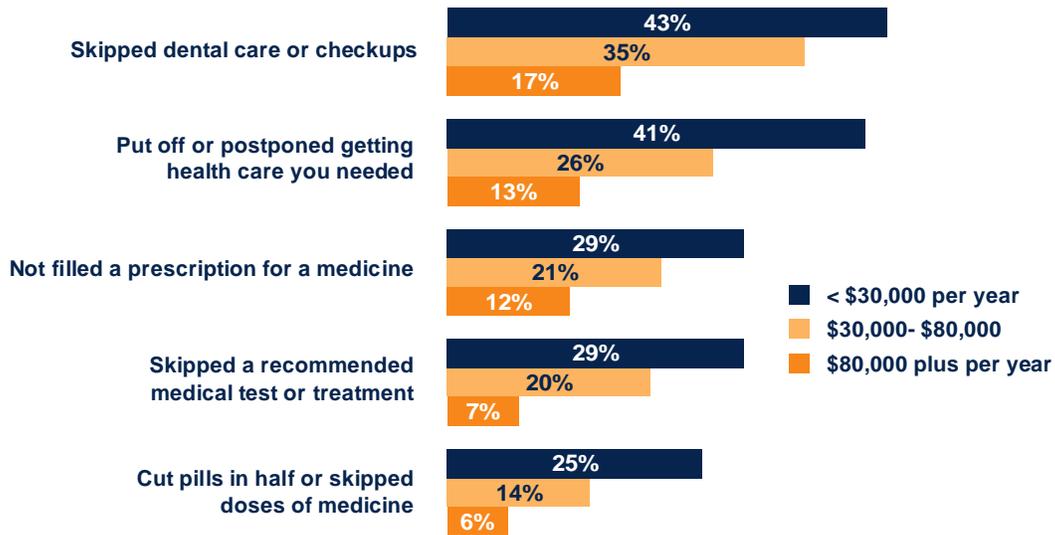


CHART 22

Postponing Care by Income

In the past 12 months, have you or another family member living in your household done any of the following because of the COST, or not?

Percent saying they or a household member has done each

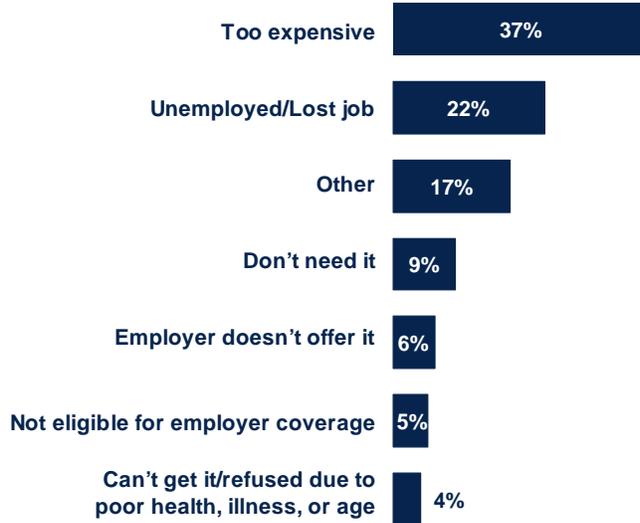


Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Reasons for not Having Health Insurance

AMONG THE 16% WHO SAY THEY ARE CURRENTLY UNINSURED:
 What's the main reason you do not currently have health insurance?

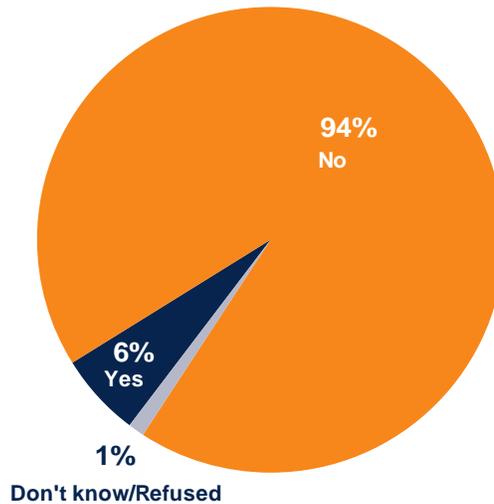


Note: Don't know/ Refused not shown
 Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Denial Due to Pre-existing Condition

In the past 12 months, were you or another family member living in your household denied health insurance coverage because of a pre-existing medical condition, or not?



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



How Much Would Uninsured be Willing to Pay for Coverage?

AMONG THE 15% OF UNINSURED ADULTS AGES 18-64:

If you were shopping for a health insurance policy, what is the highest amount you would be willing to pay for a monthly premium, that is the amount you pay each month for health insurance?



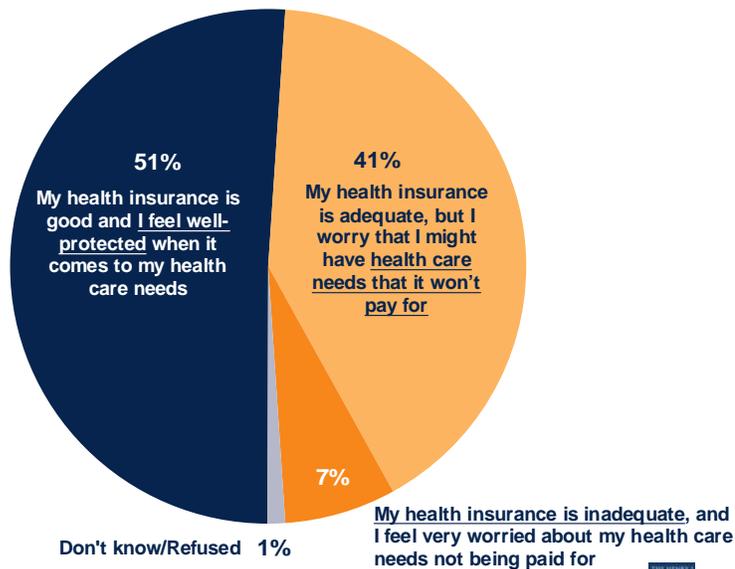
Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)



Worry about Coverage Extends to Insured

AMONG THE 84% OF AMERICANS WHO CURRENTLY HAVE HEALTH INSURANCE:

Which of the following three statements comes closest to your own view about your current health insurance coverage?



Source: NPR/KFF/HSPH *The Public and the Health Care Delivery System* (Mar. 12-22, 2009)





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