

# QUALITIES THAT MATTER

A report from  
Public Agenda by  
David Schleifer,  
Rebecca Silliman,  
Chloe Rinehart  
and Antonio Diep

JULY 2017

## Public Perceptions of Quality in Diabetes Care, Joint Replacement and Maternity Care



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Diabetes Care, Joint Replacement  
and Maternity Care**

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# QUALITIES THAT MATTER

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# EXECUTIVE SUMMARY

Low-quality care can be both tragic and financially costly for patients and families. It also wastes money for insurers, employers, providers, states and the federal government. Many entities have invested in reporting quality ratings and data to the public, in the hope that doing so will help people choose high-quality, reasonably priced care.<sup>1</sup> But there is considerable progress to be made in measuring and reporting on quality in ways that reflect what members of the public need and want.<sup>2</sup> Previous research suggests that people prioritize interpersonal aspects of quality, such as how doctors communicate with patients.<sup>3</sup> But does that mean people do not care about clinical aspects of quality, such as patients' health outcomes? What do people think makes for high-quality care? Do people understand that doctors and hospitals vary on specific measures of quality? How, if at all, do they find out about the qualities of doctors and hospitals that are important to them?

In order to explore these questions, Public Agenda conducted nationally representative surveys of people who have experienced one of three common types of health care for which quality and costs can vary: type 2 diabetes care, joint replacement surgery and maternity care. We found that most people across all three groups say both interpersonal qualities of doctors and clinical qualities of doctors and hospitals are important for high-quality health care. But while most people across the three groups spent a lot of time learning about the care they needed, fewer spent a lot of time learning about doctors or hospitals. Few are aware that quality or price varies for doctors or for hospitals. When deciding on a doctor, few people across the three groups knew or tried to find out whether a doctor or hospital had the clinical qualities they say are important. Even after receiving care, some are uncertain about how their doctors and hospitals stacked up on clinical qualities.

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<sup>1</sup> Anna D. Sinaiko, Diana Eastman and Meredith B. Rosenthal, "How Report Cards on Physicians, Physician Groups, and Hospitals Can Have Greater Impact on Consumer Choices," *Health Affairs* 31, no. 3 (2012): 602–11.

<sup>2</sup> American Institutes for Research, "Principles for Making Health Care Measurement Patient-Centered" (Washington, DC: American Institutes for Research, 2017), [http://aircpcpe.org/sites/default/files/PCM%20Principles\\_April182017\\_FINAL.pdf](http://aircpcpe.org/sites/default/files/PCM%20Principles_April182017_FINAL.pdf); Consumers Union Health Care Value Hub, "Consumer-Centric Healthcare: Rhetoric Vs. Reality" (Washington, DC: Consumers Union, 2017), [http://www.healthcarevaluehub.org/files/7614/9444/4390/Hub\\_RB\\_18\\_-\\_Consumer-Centric\\_Healthcare.pdf](http://www.healthcarevaluehub.org/files/7614/9444/4390/Hub_RB_18_-_Consumer-Centric_Healthcare.pdf).

<sup>3</sup> Jean Abraham, Brian Sick, Joseph Anderson et al., "Selecting a Provider: What Factors Influence Patients' Decision Making?" *Journal of Healthcare Management* 56, no. 2 (2011): 99–115; Marjan Faber, Marije Bosch, Hub Wollersheim et al., "Public Reporting in Health Care: How Do Consumers Use Quality-of-Care Information? A Systematic Review," *Medical Care* 47, no. 1 (2009): 1–8.

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Public Agenda conducted this research with support from the Robert Wood Johnson Foundation. The findings are based on three nationally representative surveys: a survey of 407 adults, ages 18 and older, diagnosed with type 2 diabetes between July 2013 and October 2016; a survey of 406 adults, ages 18 and older, who had a joint replacement between July 2013 and October 2016; and a survey of 413 women ages 18 to 44, who gave birth at a hospital between July 2013 and October 2016. Surveys were conducted in October 2016 in English using an online probability-based web panel that is representative of the U.S. population. Before fielding the surveys, Public Agenda conducted two focus groups with people recently diagnosed with type 2 diabetes, two focus groups with people who recently had a joint replacement and two focus groups with women who recently gave birth.

## Findings in Brief

### FINDING 1

**Across all three groups, people say interpersonal and clinical qualities of doctors and hospitals are important for high-quality health care.**

- Large majorities in all three groups regard almost all interpersonal and clinical qualities as somewhat or very important for high-quality care.
- More people recently diagnosed with type 2 diabetes and women who recently gave birth rate interpersonal qualities as very important, while fewer rate clinical qualities as very important.
- Most people who recently had a joint replacement rate both interpersonal and clinical qualities of providers as very important.
- The most common interpersonal quality that people across all three groups say is very important for high-quality care is that the doctor makes time for patients' questions and concerns.



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## FINDING 2

**Most people across all three groups had at least some choice among doctors. But fewer people who recently had a joint replacement or gave birth had much choice among hospitals.**

- Most people across the three groups say they had some or a lot of choice among doctors.
- The most common ways people heard about their doctors was from a friend, family member or co-worker or from another doctor or medical care provider.
- Very few people changed doctors while receiving diabetes care, prior to their joint replacement or during their pregnancy.
- Most people recently diagnosed with type 2 diabetes were already patients of their diabetes doctor before their diagnosis. About half of those who recently had a joint replacement or who recently gave birth were patients of their doctors prior to their surgery or childbirth.
- About half of people who recently had a joint replacement and half of women who recently gave birth say they had only one hospital to choose from.

## FINDING 3

**More people spent time learning about the care they needed than about doctors or hospitals. Few people knew or tried to find out if a doctor or hospital had the clinical qualities that they think are important.**

- Most people across the three groups spent a lot of time learning about their health situation or the type of care they needed. Fewer spent a lot of time learning about doctors or hospitals.
- More people report knowing or trying to find out whether a doctor had the interpersonal qualities they say are important. Fewer report knowing or trying to find out whether a doctor or hospital had the clinical qualities they say are important.
- Among those who say they did not know or try to find out whether or not a doctor or hospital had the qualities they think are important, many indicate it did not occur to them to do so and that knowing this information would not have influenced their decision.
- Among people recently diagnosed with type 2 diabetes or who recently had a joint replacement, the most common clinical qualities they know or try to find out about while deciding on a doctor are qualities that can be directly experienced by patients. Fewer know or try to find out about clinical qualities related to rates of patient outcomes.
- Across the three groups, the source most commonly used to know or try to find out about qualities of doctors and hospitals is their own doctor who provides their diabetes care or provided their joint replacement or maternity care.

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#### **FINDING 4**

**Few people across the three groups are aware of quality variation or price variation for doctors or for hospitals.**

- While overall few people are aware that quality varies, more people are aware that interpersonal qualities vary across doctors. Fewer are aware that clinical qualities vary across doctors or hospitals.
- Across all three groups, more people think clinical qualities that patients can experience directly are similar across doctors. Fewer think clinical qualities related to rates of patient outcomes are similar across doctors.
- Few people who recently had a joint replacement or women who recently gave birth are aware that hospitals vary on each of the clinical qualities.
- Few people are aware that doctors' prices vary or that hospitals' prices vary for diabetes care, joint replacement or maternity care.
- Most people across all three groups say high prices are not a sign of better-quality care.

#### **FINDING 5**

**Most people across the three groups rate the overall quality of care they received positively. But some are uncertain how their doctors and hospitals stacked up on clinical qualities.**

- Most people across the three groups rate the overall quality of care they received from their doctor or hospital as very good or excellent.
- Most people across all three groups say that, in their experience, their doctor had the interpersonal qualities they see as important. Fewer say that, in their experience, their doctor or hospital had the clinical qualities they see as important.
- Across all three groups, some people say that, in their experience, they do not know whether or not their doctor or hospital had clinical qualities related to rates of patient outcomes.
- Across all three groups, few people say they spent more out of pocket to get the quality of care they wanted.
- Across all three groups, few people chose a doctor or hospital in a less convenient location in order to get the quality of care they wanted.



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## FINDING 6

**About half of people across all three groups say there is enough information available about quality. Fewer say there is enough information about price.**

- About half of people across all three groups say there is enough information about the quality of doctors or hospitals for their respective type of care.
- Less than a third of people in each of the three groups say there is enough information about the prices of doctors or hospitals for their respective type of care.
- Across all three groups, about 1 in 5 do not know whether it is reasonable to expect people to compare prices and quality across different doctors.
- Over half of people across all three groups say insurers should be required to make public how much they pay doctors and hospitals.

## Implications

Based on these findings, this report concludes with implications for providers, insurance companies and other payers, employers and regulators so that efforts to improve quality and efforts to make quality information more readily available and easier to understand will be informed by and responsive to the needs of people who receive care. The implications can be found on page 74 of this report.

# INTRODUCTION

Low-quality care can be both tragic and financially costly for patients and families. Medical error is the third leading cause of death in the United States, claiming about 250,000 lives annually.<sup>4</sup> Lower-income, black and Hispanic people are more likely to get worse-quality care than other Americans.<sup>5</sup> Although quality varies, it is not generally associated with cost.<sup>6</sup> In fact, low-quality care is often costly and can even cause harm, wasting money for insurers, employers, providers, states and the federal government.

Measuring quality is crucial to improving quality, to paying doctors and hospitals based on patients' health outcomes, and to steering patients toward high-value providers. But quality has many dimensions that are measured in many ways. These dimensions of quality include patients' health outcomes, the process of providing care, patients' experience, people's access to care, and the ways hospitals and other providers are organized.<sup>7</sup> In fact, there are arguably now too many measures of quality in use, and providers spend too much time and money dealing with quality reporting.<sup>8</sup> Having so many different approaches to defining and measuring quality creates confusion rather than providing clarity. For example, a study found that the same hospital could be assigned different "scores" for its overall quality by four different rating systems, since each system uses its own rating methods based on different measures of quality.<sup>9</sup>

Meanwhile, many entities have invested in reporting information about quality, such as hospital ratings, to the public.<sup>10</sup> Such reporting is in part meant to help people—the actual users of health care, who bear increasing costs—make more informed decisions when choosing among providers.<sup>11</sup> However, a 2014 survey found that few Americans—just under a quarter—reported that they had seen or heard information comparing the quality of doctors or other providers during the past year.<sup>12</sup>

<sup>4</sup> Martin A. Makary and Michael Daniel, "Medical Error—The Third Leading Cause of Death in the US," *BMJ: British Medical Journal (Online)* 353 (2016).

<sup>5</sup> Agency for Healthcare Research and Quality, "2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy" (Rockville, MD: Agency for Healthcare Research and Quality, 2015), <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/index.html>.

<sup>6</sup> Peter S. Hussey, Samuel Wertheimer and Ateev Mehrotra, "The Association Between Health Care Quality and Cost: A Systematic Review," *Annals of Internal Medicine* 158, no. 1 (2013): 27–34.

<sup>7</sup> Agency for Healthcare Research and Quality, "National Quality Measures Clearinghouse" [database] (Rockville, MD: Agency for Healthcare Research and Quality), accessed May 27, 2017, <https://www.qualitymeasures.ahrq.gov/>.

<sup>8</sup> Michael J. McGinnis, Elizabeth Malphrus and David Blumenthal, "Vital Signs: Core Metrics for Health and Health Care Progress" (Washington, DC.: National Academies Press, 2015), <http://nationalacademies.org/HMD/reports/2015/vital-signs-core-metrics.aspx>; Lawrence P. Casalino, David Gans, Rachel Weber et al., "US Physician Practices Spend More Than \$15.4 Billion Annually to Report Quality Measures," *Health Affairs* 35, no. 3 (2016): 401–06.

<sup>9</sup> J. Matthew Austin, Ashish K. Jha, Patrick S. Romano et al., "National Hospital Ratings Systems Share Few Common Scores and May Generate Confusion Instead of Clarity," *Health Affairs* 34, no. 3 (2015): 423–30.

<sup>10</sup> Sinaiko et al., "How Report Cards on Physicians, Physician Groups, and Hospitals Can Have Greater Impact on Consumer Choices," 2012.

<sup>11</sup> Gary Claxton, Matthew Rae, Michelle Long et al., "Employer Health Benefits: 2016 Annual Survey" (Chicago: Kaiser Family Foundation and Health Research and Educational Trust, 2016), <http://kff.org/report-section/ehbs-2016-summary-of-findings/>.

<sup>12</sup> Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors: How Americans Evaluate Provider Quality in the United States" (Chicago: Associated Press-NORC, 2014), <http://www.apnorc.org/projects/Pages/finding-quality-doctors-how-americans-evaluate-provider-quality-in-the-united-states.aspx/>.



Even if more Americans see or hear information about quality, some researchers argue that it is unreasonable to expect people to function like choosy shoppers when it comes to navigating the complexities of health care.<sup>13</sup> Others maintain that people do not understand the measures of quality that experts use or that those measures do not reflect what matters to people who need care.<sup>14</sup> There is limited research on which aspects of health care quality matter to members of the public. Previous studies suggest that people prioritize interpersonal aspects of quality, such as how doctors communicate with patients.<sup>15</sup> But does that mean people do not care about clinical aspects of quality, such as patients' health outcomes?

Understanding public perspectives on and experiences with quality can help quality improvement and transparency efforts stay focused on what matters to people who receive care. What do people think makes for high-quality care? How do they view interpersonal qualities, such as doctors' listening skills, relative to more clinical qualities, such as infection rates after surgery? Do people understand that doctors and hospitals vary on specific measures of quality? How, if at all, do they find out if doctors or hospitals have the qualities that are important to them?

<sup>13</sup> Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill: University of North Carolina Press, 2016); Annemarie Mol, *The Logic of Care: Health and the Problem of Patient Choice* (London and New York: Routledge, 2008).

<sup>14</sup> American Institutes for Research, "Principles for Making Health Care Measurement Patient-Centered," 2017; Consumers Union Health Care Value Hub, "Consumer-Centric Healthcare," 2017; Linda Weiss, Maya Scherer and Anthony Shih, "Consumer Perspectives on Health Care Decision-Making Quality, Cost and Access to Information" (New York: New York Academy of Medicine, 2016), accessed May 27, 2017, [http://nyam.org/media/filer\\_public/3a/1a/3a1abec5-ad6b-407b-90ab-c8d4839015d4/phipfogrpconsumerpersfinal7-16.pdf/](http://nyam.org/media/filer_public/3a/1a/3a1abec5-ad6b-407b-90ab-c8d4839015d4/phipfogrpconsumerpersfinal7-16.pdf/).

<sup>15</sup> Weiss et al., "Consumer Perspectives on Health Care Decision-Making Quality, Cost and Access to Information," 2016; Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors," 2014; Abraham et al., "Selecting a Provider," 2011; Faber et al., "Public Reporting in Health Care," 2009.

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# THIS RESEARCH

Public Agenda, with support from the Robert Wood Johnson Foundation, set out to explore public perspectives on and experiences with quality by conducting research with three groups:

- People diagnosed with type 2 diabetes between July 2013 and October 2016.
- People who had joint replacement surgery between July 2013 and October 2016.
- Women who gave birth in the last three years between July 2013 and October 2016.

Previous research has explored the perspectives of Americans in general on quality or has explored perspectives on quality among specific patient populations.<sup>16</sup> Little research has compared perspectives on quality across patient populations.<sup>17</sup> A comparative approach can help providers, insurers, employers, regulators and others interested in quality improvement and transparency understand which perspectives of quality vary and which are similar across groups of people with different medical needs.

This research consists of three nationally representative surveys: one survey of 407 adults (ages 18+) recently diagnosed with type 2 diabetes, one survey of 406 adults (ages 18+) who recently had a joint replacement and one survey of 413 women (ages 18 to 44) who recently gave birth at a hospital. Surveys were conducted in October 2016 in English using GfK's KnowledgePanel, an online probability-based web panel that is representative of the U.S. population.

Before fielding the surveys, Public Agenda conducted two focus groups with people recently diagnosed with type 2 diabetes, one online and one in Philadelphia, PA; two focus groups with people who recently had a joint replacement, one online and one in Fort Lauderdale, FL; and two focus groups with women who recently gave birth, one online and one in New York, NY.

The methodology section and sample characteristics table at the end of the report provide detailed descriptions of how this research was conducted. The surveys' complete topline, including full question wording, can be found at [www.publicagenda.org/pages/qualities-that-matter](http://www.publicagenda.org/pages/qualities-that-matter).

<sup>16</sup> Maureen Maurer, Kirsten Firminger, Pam Dardess et al., "Understanding Consumer Perceptions and Awareness of Hospital-Based Maternity Care Quality Measures," *Health Services Research* 51 (2016): 1188–211; Michele Heisler, Reynard R. Bouknight, Rodney A. Hayward et al., "The Relative Importance of Physician Communication, Participatory Decision Making, and Patient Understanding in Diabetes Self-Management," *Journal of General Internal Medicine* 17, no. 4 (2002): 243–52; Eugene R. Declercq, Carol Sakala, Maureen P. Corry et al., "Listening to Mothers III Survey: Pregnancy and Birth" (New York: Childbirth Connection, 2013), [http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III\\_Pregnancy-and-Birth.pdf](http://transform.childbirthconnection.org/wp-content/uploads/2013/06/LTM-III_Pregnancy-and-Birth.pdf); Kevin J. Bozic, David Kaufman, Vanessa C. Chan et al., "Factors That Influence Provider Selection for Elective Total Joint Arthroplasty," *Clinical Orthopaedics and Related Research* 471, no. 6 (2013): 1865–72.

<sup>17</sup> Stef N. Groenewoud, Job A. Van Exel, Ana Bobinac et al., "What Influences Patients' Decisions When Choosing a Health Care Provider? Measuring Preferences of Patients with Knee Arthritis, Chronic Depression, or Alzheimer's Disease, Using Discrete Choice Experiments," *Health Services Research* 50, no. 6 (2015): 1941–72.



## Three Types of Care: Diabetes Care, Joint Replacement and Maternity Care

We selected diabetes care, joint replacement and maternity care because each is a common type of care for which costs and quality can vary. But across these three types of care, the duration of patients' interactions with their doctors—and, when necessary, with their hospitals—differs greatly. These three types of care also differ in how much time people have to compare or switch doctors.



### Type 2 Diabetes Care

**Prevalence:** Twenty-nine million Americans have diabetes, or 9.3 percent of the population, including 20 million people diagnosed with type 2 diabetes. Millions more are undiagnosed.<sup>18</sup> Diabetes is more prevalent among black, Hispanic and Native American people and people with less education.<sup>19</sup> Approximately 13 percent of black adults and 13 percent of Hispanic adults have been diagnosed with diabetes.<sup>20</sup>

**Types of providers and duration of care:** Diabetes requires constant self-management and, ideally, an ongoing relationship with a medical professional to monitor and manage symptoms and comorbidities. The long duration of diabetes means that people theoretically have opportunities to switch providers if they are dissatisfied with the quality of their care. About 90 percent of people with diabetes get their care from a primary care provider.<sup>21</sup>

**Quality variation:** Heart attacks, strokes, kidney disease, and eye and nerve damage are among the complications of poorly managed diabetes. Black, Hispanic and lower-income people tend to have higher rates of complications.<sup>22</sup> Variations in the quality of diabetes care depend at least in part on the type of provider from which people get their care.<sup>23</sup>

**Costs:** Diabetes has significant financial implications for individuals and for the health care system. In 2012, diabetes cost the United States \$176 billion in direct medical costs plus additional costs in disability, reduced productivity and premature death. In 2013, people with diabetes who had employer-sponsored insurance spent on average \$1,922 out of pocket on health care, while people without diabetes who had employer-sponsored insurance spent on average \$738 out of pocket. Employer-sponsored insurance spent on average \$14,999 per capita on people with diabetes but on average \$4,305 per capita on people without it.<sup>24</sup>

<sup>18</sup> American Diabetes Association (ADA), "Statistics About Diabetes," Data from National Diabetes Statistics Report, 2014, last modified February 19, 2015, [http://professional.diabetes.org/sites/professional.diabetes.org/files/media/fast\\_facts\\_12-2015a.pdf/](http://professional.diabetes.org/sites/professional.diabetes.org/files/media/fast_facts_12-2015a.pdf/).

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Jaime A. Davidson, "The Increasing Role of Primary Care Physicians in Caring for Patients with Type 2 Diabetes Mellitus," *Mayo Clinic Proceedings* 85, no. 12 (2010): S3–S4.

<sup>22</sup> Monica E. Peek, Algernon Cargill and Elbert S. Huang, "Diabetes Health Disparities," *Medical Care Research and Review* 64, no. 5 (2007): 1015–56S.

<sup>23</sup> Arleen F. Brown, Edward W. Gregg, Mark R. Stevens et al., "Race, Ethnicity, Socioeconomic Position, and Quality of Care for Adults with Diabetes Enrolled in Managed Care," *Translating Research into Action for Diabetes (TRIAD) Study* 28, no. 12 (2005): 2864–70; Erica S. Spatz, Kasia J. Lipska, Ying Dai et al., "Risk-Standardized Acute Admission Rates Among Patients with Diabetes and Heart Failure as a Measure of Quality of Accountable Care Organizations: Rationale, Methods, and Early Results," *Medical Care* 54, no. 5 (2016): 528–37.

<sup>24</sup> Health Care Cost Institute, "Per Capita Health Care Spending on Diabetes: 2009–2013," Issue Brief #10 (Washington, DC: Health Care Cost Institute, 2015), <http://www.healthcostinstitute.org/files/HCCI%20Diabetes%20Issue%20Brief%205-7-15.pdf/>.



## Joint Replacement Surgery

**Prevalence:** Joint replacement surgery is the most common inpatient surgery for Medicare beneficiaries.<sup>25</sup> Seven million Americans are living with artificial knees or hips.<sup>26</sup> Nearly 6 percent of people ages 80 and older have had hip replacements, and nearly 10 percent of them have had knee replacements.<sup>27</sup> Some researchers contend that joint replacement surgeries are performed too often and inappropriately.<sup>28</sup> Faulty hip implants have led to lawsuits and billions of dollars in legal settlements.<sup>29</sup>

**Types of providers and duration of care:** Joint replacement surgery is typically performed by orthopedic surgeons. As with maternity care, joint replacement surgeries are often planned in advance. While the surgery itself may take only a few hours, the pathway from presurgical assessment to postsurgical discharge can take about 14 months.<sup>30</sup>

**Quality variation:** Potential complications of joint replacement surgeries include infections and blood clots as well as prosthetic joints that fail and need to be replaced. Some hospitals have complication rates three times higher than others.<sup>31</sup> The field of orthopedic surgery is arguably a leader in developing

measures of quality based on patient-reported outcomes such as pain and physical functioning in daily life.<sup>32</sup>

**Costs:** In 2014, there were more than 400,000 hip and knee replacements, costing Medicare more than \$7 billion in hospitalizations alone. Some hospitals charge Medicare twice as much as other hospitals for joint replacement.<sup>33</sup> Variations in cost and quality prompted Medicare to institute value-based payment for hip and knee replacement in 2016, meaning that hospitals are paid based on the quality of care they provide.<sup>34</sup> That initiative helped both Medicare and hospitals save money with no negative impacts on quality.<sup>35</sup> The California Public Employees' Retirement System (CalPERS) found a fivefold variation in knee and hip replacement surgery prices in California with no differences in quality.<sup>36</sup> These disparities prompted CalPERS to institute reference pricing for hip and knee replacement, meaning they set a cap on how much they pay for the procedure and encourage beneficiaries to choose lower-priced providers. As a result, California medical facilities reduced the prices they charged for the procedure and both CalPERS and beneficiaries saved money.<sup>37</sup>

<sup>25</sup> Centers for Medicare & Medicaid Services, "Comprehensive Care for Joint Replacement Model, 80 FR 73273" (Washington, DC: U.S. Department of Health and Human Services, 2015), <https://innovation.cms.gov/initiatives/cjr/>.

<sup>26</sup> Hilal Maradit Kremers, Dirk R. Larson, Cynthia S. Crowson et al., "Prevalence of Total Hip and Knee Replacement in the United States," *Journal of Bone & Joint Surgery* 97, no. 17 (2015): 1386–97.

<sup>27</sup> Ibid.

<sup>28</sup> Daniel L. Riddle, William A. Jiranek and Curtis W. Hayes, "Using a Validated Algorithm to Judge the Appropriateness of Total Knee Arthroplasty in the United States: A Multi-Center Longitudinal Cohort Study," *Arthritis & Rheumatology* 66, no. 8 (2014): 2134–43; Hassan M. K. Ghomrawi, Bruce R. Schackman and Alvin I. Mushlin, "Appropriateness Criteria and Elective Procedures—Total Joint Arthroplasty," *New England Journal of Medicine* 367, no. 26 (2012): 2467–69, doi:10.1056/NEJMp1209998.

<sup>29</sup> Jeneen Interlandi, "What the J&J Hip-Replacement Lawsuit Means for You," *Consumer Reports*, December 5, 2016, <http://www.consumerreports.org/hip-replacement/j-and-j-hip-replacement-lawsuit/>.

<sup>30</sup> Aricca D. Van Citters, Cheryl Fahlman, Donald A. Goldmann et al., "Developing a Pathway for High-Value, Patient-Centered Total Joint Arthroplasty," *Clinical Orthopaedics and Related Research* 472, no. 5 (2014): 1619–35.

<sup>31</sup> Centers for Medicare & Medicaid Services, "Comprehensive Care for Joint Replacement Model," 2015.

<sup>32</sup> Elizabeth M. Schamber, Steven K. Takemoto, Kate Eresian Chenok and Kevin J. Bozic, "Barriers to Completion of Patient Reported Outcome Measures," *Journal of Arthroplasty* 28, no. 9 (2013): 1449–53.

<sup>33</sup> Centers for Medicare & Medicaid Services, "Comprehensive Care for Joint Replacement Model," 2015.

<sup>34</sup> Ibid.

<sup>35</sup> Amol D. Navathe, Andrea B. Troxel, Joshua M. Liao et al., "Cost of Joint Replacement Using Bundled Payment Models," *JAMA Internal Medicine* 177, no. 2 (2017): 214–22.

<sup>36</sup> James C. Robinson and Timothy T. Brown, "Increases in Consumer Cost Sharing Redirect Patient Volumes and Reduce Hospital Prices for Orthopedic Surgery," *Health Affairs* 32, no. 8 (2013): 1392–97.

<sup>37</sup> Ibid.



## Maternity Care

**Prevalence:** Nearly four million births took place in the United States in 2015.<sup>38</sup> Birth rates are higher among black, Hispanic and Native American people than among white people.<sup>39</sup>

**Types of providers and duration of care:** Ideally, maternity care involves regular prenatal care before birth. Women have some time to research and choose a provider and a hospital for childbirth once they become pregnant or even beforehand. Almost 99 percent of births take place at a hospital. Medical doctors attended almost 85 percent of hospital births, while nurse-midwives attended 8 percent and osteopathic doctors attended about 7 percent.<sup>40</sup>

**Quality variation:** Rates of major complications during birth are five times higher at some hospitals than at others.<sup>41</sup> The infant mortality rate for black people in California is twice as high as for nearly all other racial groups.<sup>42</sup> In 2014, about one-third of all U.S. births

were by cesarean section, a dramatic increase since the 1990s.<sup>43</sup> C-sections are now the most common surgical procedure in the United States.<sup>44</sup> While they are necessary in some cases, C-sections are 10 times more common at some hospitals than at others.<sup>45</sup> Since C-sections pose serious risks to mothers and babies, the U.S. Department of Health and Human Services has set a goal of reducing C-section rates for low-risk births.<sup>46</sup>

**Costs:** About half of all births are paid for by Medicaid.<sup>47</sup> C-sections are much costlier to women and their insurers than vaginal births.<sup>48</sup> But the price of both types of birth has risen dramatically. From 2004 to 2010, commercial insurers' average payment increased 49 percent for vaginal births and 41 percent for C-sections.<sup>49</sup> Average out-of-pocket costs to commercially insured women increased 400 percent for both vaginal births and C-sections during those years.<sup>50</sup>

<sup>38</sup> National Center for Health Statistics, "Births and Natality," [webpage] last updated March 31, 2017 (Atlanta: National Center for Health Statistics and Centers for Disease Control and Prevention, 2015), accessed June 2, 2017, <https://www.cdc.gov/nchs/fastats/births.htm/>.

<sup>39</sup> Jeffrey S. Passel, Gretchen Livingston and D'Vera Cohn, "Explaining Why Minority Births Now Outnumber White Births" (Washington, DC: Pew Research Center, 2012), <http://www.pewsocialtrends.org/2012/05/17/explaining-why-minority-births-now-outnumber-white-births/>.

<sup>40</sup> Brady E. Hamilton, Joyce A. Martin, Michelle J.K. Osterman et al., "Births: Final Data for 2014," *National Vital Statistics Reports* 64, no. 12 (2015), [https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64\\_12.pdf/](https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf/).

<sup>41</sup> Laurent G. Glance, Andrew W. Dick, J. Christopher Glantz et al., "Rates of Major Obstetrical Complications Vary Almost Fivefold Among US Hospitals," *Health Affairs* 33, no. 8 (2014): 1330–36.

<sup>42</sup> Jennifer Joynt, "Maternity Care in California: Delivering the Data" (Oakland: California Health Care Foundation, 2016), <http://www.chcf.org/publications/2016/06/maternity-care-california/>.

<sup>43</sup> Ibid.

<sup>44</sup> Anne Pfuntner, Lauren M. Wier and Carol Stocks, "Most Frequent Procedures Performed in U.S. Hospitals, 2010," HCUP Statistical Brief #149 (Rockville, MD: Agency for Healthcare Research and Quality, 2013), <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb149.pdf/>; Katy Backes Kozhimannil, Michael R. Law and Beth A. Virnig, "Cesarean Delivery Rates Vary Tenfold Among US Hospitals; Reducing Variation May Address Quality and Cost Issues," *Health Affairs* 32, no. 3 (2013): 527–35.

<sup>45</sup> Kozhimannil et al., "Cesarean Delivery Rates Vary Tenfold Among US Hospitals," 2013.

<sup>46</sup> Office of Disease Prevention and Health Promotion, "2020 Topics & Objectives: Maternal, Infant, and Child Health," [webpage] last updated June 1, 2017 (Washington, DC: U.S. Department of Health and Human Services, 2017), accessed June 2, 2017, <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives/>.

<sup>47</sup> Anne Rossier Markus, Ellie Andres, Kristina D. West et al., "Medicaid Covered Births, 2008 Through 2010, in the Context of the Implementation of Health Reform," *Women's Health Issues* 23, no. 5 (2013): e273–e80.

<sup>48</sup> Truven Health Analytics Market Scan, "The Cost of Having a Baby in the United States" (Washington, DC: Childbirth Connection; Berkeley, CA: Catalyst for Payment Reform; Pittsburgh, PA: Center for Healthcare Quality and Payment Reform, 2013), <http://transform.childbirthconnection.org/wp-content/uploads/2013/01/Cost-of-Having-a-Baby1.pdf/>.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

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## What questions did we ask?

For people recently diagnosed with type 2 diabetes, people who recently had joint replacement surgery and women who recently gave birth, we sought to explore questions that included the following:

- What qualities of doctors and—for joint replacement and maternity care—of hospitals do people think make for high-quality care?
- Do people think doctors or hospitals vary on key measures of quality or on price?
- How many people recently diagnosed with type 2 diabetes, people who recently had a joint replacement or women who recently gave birth know or find out about the aspects of quality they find important for their respective type of care? From what sources did they find out?
- How many people have switched providers because of concerns about quality?
- Do people feel they have had to pay more or go to a doctor or hospital in a less convenient location in order to get the quality of care that they want?
- Do people think there is enough information available about quality or about price?

## Which qualities did we ask about?

Quality has many dimensions. For diabetes care, joint replacement and maternity care, we asked about several aspects of quality, including the following:

- **Interpersonal qualities** of doctors, such as listening and communication skills.
- **Clinical qualities** of doctors, such as doctors' rates of patients with acute pain after surgery, and—for joint replacement surgery and maternity care—clinical qualities of hospitals, such as hospitals' infection rates after surgery.

Interpersonal qualities are crucial to patient experience, which correlates with patient outcomes.<sup>51</sup> More activated patients can have better health outcomes, while patients who feel disrespected are more likely to be nonadherent with medications.<sup>52</sup> We identified and selected the interpersonal qualities that we asked about through focus groups and background research, including examining the Agency for Healthcare Research and Quality's Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.<sup>53</sup>

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<sup>51</sup> Thomas D. Sequist, E. C. Schneider, M. Anastario et al., "Quality Monitoring of Physicians: Linking Patients' Experiences of Care to Clinical Quality and Outcomes," *Journal of General Internal Medicine* 23, no. 11 (2008): 1784–90; Sheldon Greenfield, H. S. Kaplan, J. E. Ware Jr. et al., "Patients' Participation in Medical Care: Effects on Blood Sugar Control and Quality of Life in Diabetes," *Journal of General Internal Medicine* 3, no. 5 (1988): 448–57.

<sup>52</sup> Altarum Institute and Oliver Wyman, "Right Place, Right Time: Improving Access to Health Care Information for Vulnerable Patients: Consumer Perspectives" (Ann Arbor, MI: Altarum Institute; New York: Oliver Wyman; Sponsored by the Robert Wood Johnson Foundation, 2017), [http://www.oliverwyman.com/content/dam/oliver-wyman/v2/publications/2017/jan/right-place-right-time/RPRT\\_Altarum.pdf](http://www.oliverwyman.com/content/dam/oliver-wyman/v2/publications/2017/jan/right-place-right-time/RPRT_Altarum.pdf); Judith H. Hibbard and Jessica Greene, "What the Evidence Shows About Patient Activation: Better Health Outcomes and Care Experiences; Fewer Data on Costs," *Health Affairs* 32, no. 2 (2013): 207–14.

<sup>53</sup> Agency for Healthcare Research and Quality, "CAHPS: Assessing Health Care Quality from the Patient's Perspective" (Rockville, MD: Agency for Healthcare Research and Quality, 2016), [https://www.ahrq.gov/cahps/about-cahps/cahps-program/cahps\\_brief.html/](https://www.ahrq.gov/cahps/about-cahps/cahps-program/cahps_brief.html/).





We identified the clinical qualities that we asked about by examining quality measures, treatment guidelines and standards of care for diabetes,<sup>54</sup> joint replacement<sup>55</sup> and pregnancy and childbirth.<sup>56</sup> By categorizing some qualities in our analysis as clinical, we do not mean to imply that those qualities are solely technical in nature. In fact, standards of care for diabetes, joint replacement and maternity care specify that providers should engage in practices such as, for maternity care, counseling pregnant women about how much weight to gain. The clinical qualities that we asked about do not include every outcome or process measure for these types of care. Instead, we selected key clinical qualities based on input from experts in these types of care. We did not use existing measures, guidelines or standards verbatim. Instead, we developed more easily understandable language so that we could ask members of the public about these qualities of care.

In addition to interpersonal and clinical qualities, we asked about education and training of doctors and—for joint replacement and maternity care—of teams at hospitals; timeliness of appointments; and physical condition of doctors' offices and—for joint replacement and maternity care—of hospitals. In the interests of brevity, this report does not discuss our findings regarding those aspects of quality.

<sup>54</sup> American Diabetes Association, "Standards of Medical Care in Diabetes—2015," *Diabetes Care* 38, suppl. 1 (2015), [http://care.diabetesjournals.org/content/suppl/2014/12/23/38.Supplement\\_1.DC1/January\\_Supplement\\_Combined\\_Final.6-99.pdf](http://care.diabetesjournals.org/content/suppl/2014/12/23/38.Supplement_1.DC1/January_Supplement_Combined_Final.6-99.pdf); Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative: How We Rate Hospitals & Doctor Groups—Payment Estimates" (San Francisco: University of California at San Francisco, 2017), [http://www.consumerreports.org/content/dam/cro/news\\_articles/health/PDFs/CAHealthCareCompare\\_methods.pdf](http://www.consumerreports.org/content/dam/cro/news_articles/health/PDFs/CAHealthCareCompare_methods.pdf).

<sup>55</sup> Joint Commission, "Candidate Performance Measure Profile" [draft] (Oakbrook Terrace, IL: Joint Commission, 2017), [http://www.jointcommission.org/assets/1/6/THTK\\_candidate\\_perf\\_meas\\_profile\\_.pdf](http://www.jointcommission.org/assets/1/6/THTK_candidate_perf_meas_profile_.pdf); Hospital Compare, "Complication Rate for Hip/Knee Replacement Patients" [webpage] (Baltimore: Centers for Medicare & Medicaid Services), accessed June 6, 2017, <https://www.medicare.gov/hospitalcompare/Data/Surgical-Complications-Hip-Knee.html>; Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative," 2017; U.S. Department of Health and Human Services, "HOOS, JR. and KOOS, JR. Outcomes Surveys" (New York: Hospital for Special Services), accessed May 28, 2017, <https://www.hss.edu/hoos-jr-koos-jr-outcomes-surveys.asp>; Hospital Compare, "Hospital Compare Overall Rating" [webpage] (Baltimore: Centers for Medicare & Medicaid Services), accessed May 28, 2017, <https://www.medicare.gov/hospitalcompare/Data/Measure-groups.html>.

<sup>56</sup> Joint Commission, "Perinatal Care" (Oakbrook Terrace, IL: Joint Commission, 2017), [https://www.jointcommission.org/perinatal\\_care/](https://www.jointcommission.org/perinatal_care/); American Congress of Obstetricians and Gynecologists National Committee for Quality Assurance Physician Consortium for Performance Improvement, "Maternity Care Performance Measurement Set" (Chicago: American Medical Association; Washington, DC: National Committee for Quality Assurance, 2012), <https://www.ahrq.gov/sites/default/files/wysiwyg/CHIPRA-BMI-Maternity-Care-Measures.pdf>; Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative," 2017; Joint Commission, "Perinatal Care," 2017.

## Box 1. Interpersonal and clinical qualities that we asked about in this research



Diabetes Care



Joint Replacement



Maternity Care

### Interpersonal Qualities of Doctors

That the doctor has helpful and respectful staff

That the surgeon has helpful and respectful staff

That the maternity care provider has helpful and respectful staff

That the doctor makes time for patients' questions and concerns

That the surgeon makes time for patients' questions and concerns

That the maternity care provider makes time for women's questions and concerns

That the doctor asks patients about preferences and expectations for their diabetes care

That the surgeon asks patients about preferences and expectations for joint replacement surgery

That the maternity care provider asks women about preferences and expectations for pregnancy and birth

That the doctor responds to patients' calls and emails

That the surgeon responds to patients' calls and emails

That the maternity care provider responds to patients' calls and emails

That the doctor communicates with his/her patients' other doctors and pharmacists

That the surgeon communicates with his/her patients' other doctors, physical therapists and pharmacists

That the maternity care provider communicates with his/her patients' other doctors

That the doctor understands the needs and values of the communities he/she serves

That the surgeon understands the needs and values of the communities he/she serves

That the maternity care provider understands the needs and values of the communities he/she serves

That the surgeon talks to patients about the risks of joint replacement surgery



### Diabetes Care



### Joint Replacement



### Maternity Care

#### Clinical Qualities of Doctors

That the doctor has a high rate of patients whose blood sugar is under control, compared with other doctors

That the surgeon has a low rate of patients with acute pain right after surgery, compared with other surgeons

That the maternity care provider has a low rate of inducing or augmenting birth—that is, starting or speeding up women's labor with medication—compared with other providers

That the doctor has a low rate of patients with nerve damage in their feet or legs, compared with other doctors

That the surgeon has a low rate of patients who need additional surgeries to have their joint replacement corrected, compared with other surgeons

That the maternity care provider has a low rate of doing episiotomies—that is, making a cut to enlarge the vaginal opening during birth—compared with other providers

That the doctor refers patients to diabetes self-management education and support classes

That the surgeon reviews patients' physical functioning before joint replacement surgery

That the maternity care provider counsels pregnant women about how much weight to gain

That the doctor counsels patients about losing weight

That the surgeon considers each patient's unique circumstances to decide whether to do the joint replacement surgery at all

That the maternity care provider asks pregnant women about depression, alcohol use and domestic violence

#### Clinical Qualities of Hospitals

That the hospital has a low rate of patients who have to be readmitted to the hospital within 30 days after joint replacement surgery, compared with other hospitals

That the hospital has a low C-section rate, compared with other hospitals

That the hospital has a low rate of patients who get infections after joint replacement surgery, compared with other hospitals

That the hospital has a low rate of bloodstream infections for newborns, compared with other hospitals

That the hospital has a low rate of patients who have heart attacks, blood clots or pneumonia after joint replacement surgery, compared with other hospitals

That the hospital has lactation consultants who help with breastfeeding

That the hospital's staff make patients move around after their joint replacement surgery

That the hospital has women's prenatal medical records available when they give birth



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# MAIN FINDINGS



## Across all three groups, people say interpersonal and clinical qualities of doctors and hospitals are important for high-quality health care.

- Large majorities in all three groups regard almost all the interpersonal and clinical qualities as somewhat or very important for high-quality care.
- More people recently diagnosed with type 2 diabetes and women who recently gave birth rate interpersonal qualities as very important, while fewer rate clinical qualities as very important.
- Most people who recently had a joint replacement rate both interpersonal and clinical qualities of providers as very important.
- The most common interpersonal quality that people across all three groups say is very important for high-quality care is that the doctor makes time for patients' questions and concerns.



In this research, we asked people recently diagnosed with type 2 diabetes, people who recently had a joint replacement and women who recently gave birth what they think makes for high-quality health care for diabetes, joint replacement surgery and care during pregnancy and childbirth, respectively. We asked them to rate the importance of multiple interpersonal and clinical qualities of doctors and—for joint replacement and maternity care—of multiple clinical qualities of hospitals for the type of care they had received; see box 1 for a list of the qualities we asked people to rate.

At the beginning of each survey, we asked respondents what type of medical professional provides the majority of their diabetes care, performed their joint replacement surgery or provided the majority of their medical care during pregnancy and childbirth. Subsequent survey questions were programmed to ask about that specific type of medical professional.<sup>57</sup> However, for the sake of brevity and consistency, we use the general term “doctor” to refer to those medical professionals across the rest of this report.

<sup>57</sup> For the full survey topline and question wordings, please go to [www.publicagenda.org/pages/qualities-that-matter](http://www.publicagenda.org/pages/qualities-that-matter).



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This research found that large majorities in all three groups rate almost all the interpersonal and clinical qualities as somewhat or very important for high-quality care.<sup>58</sup> According to previous research, people prioritize interpersonal aspects of quality.<sup>59</sup> But our findings suggest that people who have experienced diabetes care, joint replacement and maternity care grasp the importance of multiple dimensions of quality, including clinical qualities.

Since this research found that nearly everyone rates the qualities we asked about as somewhat or very important for their respective type of care, our analysis in this section focuses on people who say those qualities are very important.

**More people recently diagnosed with type 2 diabetes and women who recently gave birth rate interpersonal qualities as very important, while fewer rate clinical qualities as very important. Most people who recently had a joint replacement rate both interpersonal and clinical qualities of providers as very important.**

An average of 68 percent of people recently diagnosed with type 2 diabetes and an average of 72 percent of women who recently gave birth say that the various interpersonal qualities of doctors—such as *that the doctor makes time for patients' questions and concerns*—are very important for high-quality care.

In contrast, an average of only 41 percent of those recently diagnosed with type 2 diabetes and only 43 percent of women who recently gave birth say the various clinical qualities of doctors are very important—such as, for diabetes care, *that the doctor has a low rate of patients with nerve damage in their feet or legs, compared with other doctors*, or, for maternity care, *that the doctor has a low rate of doing episiotomies—that is, making a cut to enlarge the vaginal opening during birth—compared with other doctors*.

On average, more women who recently gave birth—60 percent—say that the various clinical qualities of hospitals are very important for high-quality care, such as *that the hospital has lactation consultants who help with breastfeeding*. Fewer on average say that the various clinical qualities of doctors are very important, such as *that the doctor counsels pregnant women about how much weight to gain*; see figure 1.

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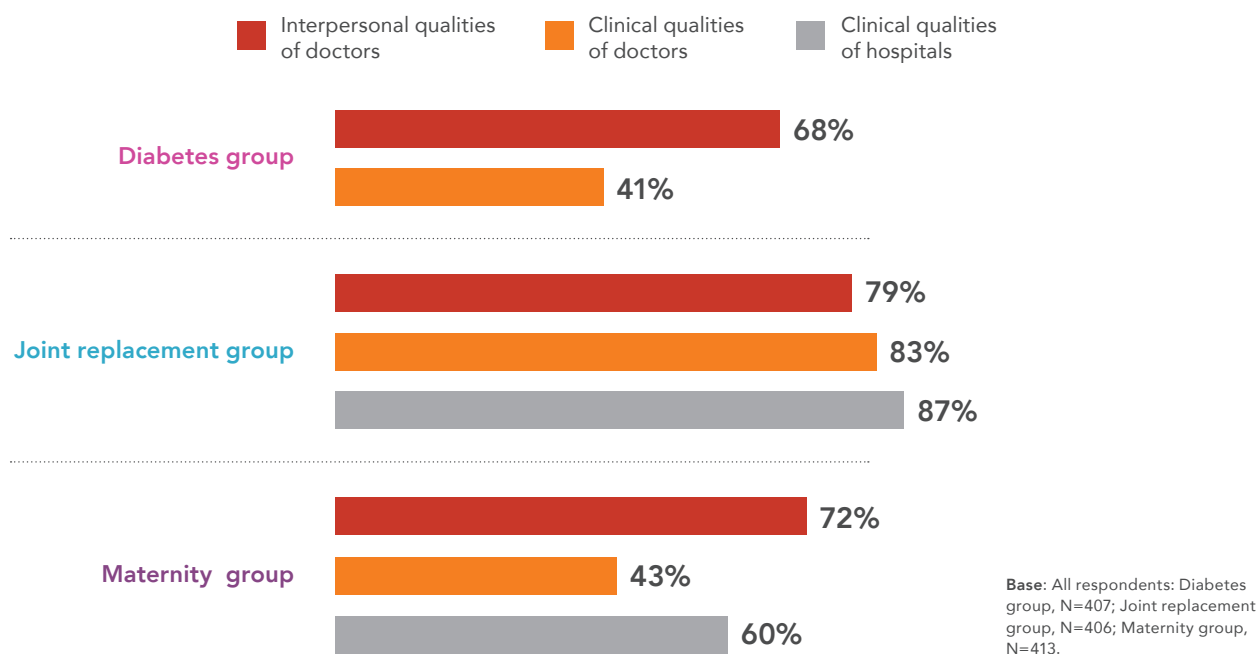
<sup>58</sup> Across all three groups, there were 39 qualities in total. For 32 qualities, at least 80 percent say that they are somewhat or very important for high-quality care. All 39 qualities were rated somewhat or very important by at least 60 percent of respondents.

<sup>59</sup> Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors," 2014; Abraham et al. "Selecting a Provider," 2011; Faber et al., "Public Reporting in Health Care," 2009.

However, most people who recently had a joint replacement say that interpersonal and clinical qualities are very important for high-quality care. Specifically, an average of 79 percent of people who recently had a joint replacement say that the various interpersonal qualities of doctors are very important for high-quality care. Likewise, 83 percent say that the various clinical qualities of doctors are very important—such as *that the doctor has a low rate of patients with acute pain right after surgery, compared with other doctors*—and 87 percent say the various clinical qualities of hospitals are very important—such as *that the hospital's staff makes patients move around after their joint replacement surgery*; see figure 1.

**People with different health care needs differ in how they view the importance of interpersonal qualities relative to clinical qualities.**

Figure 1. Average percent of people who say the various interpersonal or clinical qualities of doctors or hospitals are very important for high-quality care, by group:





These findings suggest that people with different health care needs differ in how they view the importance of interpersonal qualities relative to clinical qualities. For example, in focus groups, people who recently had a joint replacement surgery expressed concerns about clinical qualities because of the specific nature of the surgery. As one woman in Florida told us, “I think you need a really great experienced doctor, I think that’s the most important thing. I think you really need to do your homework and get a doctor that really knows what he’s doing and that specializes in that particular surgery.”<sup>60</sup>

By contrast, a man recently diagnosed with diabetes in our Philadelphia focus group summed up the importance of interpersonal qualities of doctors. He said a doctor “could be the most brilliant fellow in the world. If he comes in and looks at you like you’re a specimen, you’re not going to do well with that person.” And as one recent mother in our New York City focus group put it, her doctor’s listening skills and responsiveness were incredibly important to her since she was so nervous about giving birth for the first time. “He was really personable, and he didn’t dismiss my concerns. Even if it was foolish, he still comforted me, whatever it was. If something’s not feeling right to me and I have a question about it, he would answer it. He was available.”

<sup>60</sup> Quotes from focus groups have been minimally edited for clarity.

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## There are some modest demographic differences in how people view the importance of clinical qualities of doctors.

Our research found no clear pattern in differences by education, age, income, gender or insurance status in how people rate the importance of various qualities of doctors. Differences by race and ethnicity in how people rate the importance of interpersonal qualities of doctors are small. However, differences by race and ethnicity in how people rate the importance of clinical qualities of doctors are larger.

For example, among those recently diagnosed with type 2 diabetes and women who recently gave birth, black people were more likely than white people to say clinical qualities of doctors are very important. Among those recently diagnosed with type 2 diabetes, Hispanic people were also less likely than black people to say clinical qualities of doctors are very important. But among those who recently gave birth, Hispanic women were just as likely as black women to say clinical qualities of doctors are very important. Among those recently diagnosed with type 2 diabetes, 56 percent of black people say that clinical qualities of doctors are very important, while only 39 percent of white people and 39 percent of Hispanic people say these qualities of doctors are very important for high-quality health care for diabetes. Likewise, among women who recently gave birth, 52 percent of black women and 56 percent of Hispanic women say clinical qualities of doctors are very important, while only 35 percent of white women say those qualities are very important for high-quality health care for pregnancy and childbirth.

## WHICH SPECIFIC INTERPERSONAL QUALITIES OF DOCTORS ARE VERY IMPORTANT FOR HIGH-QUALITY CARE?

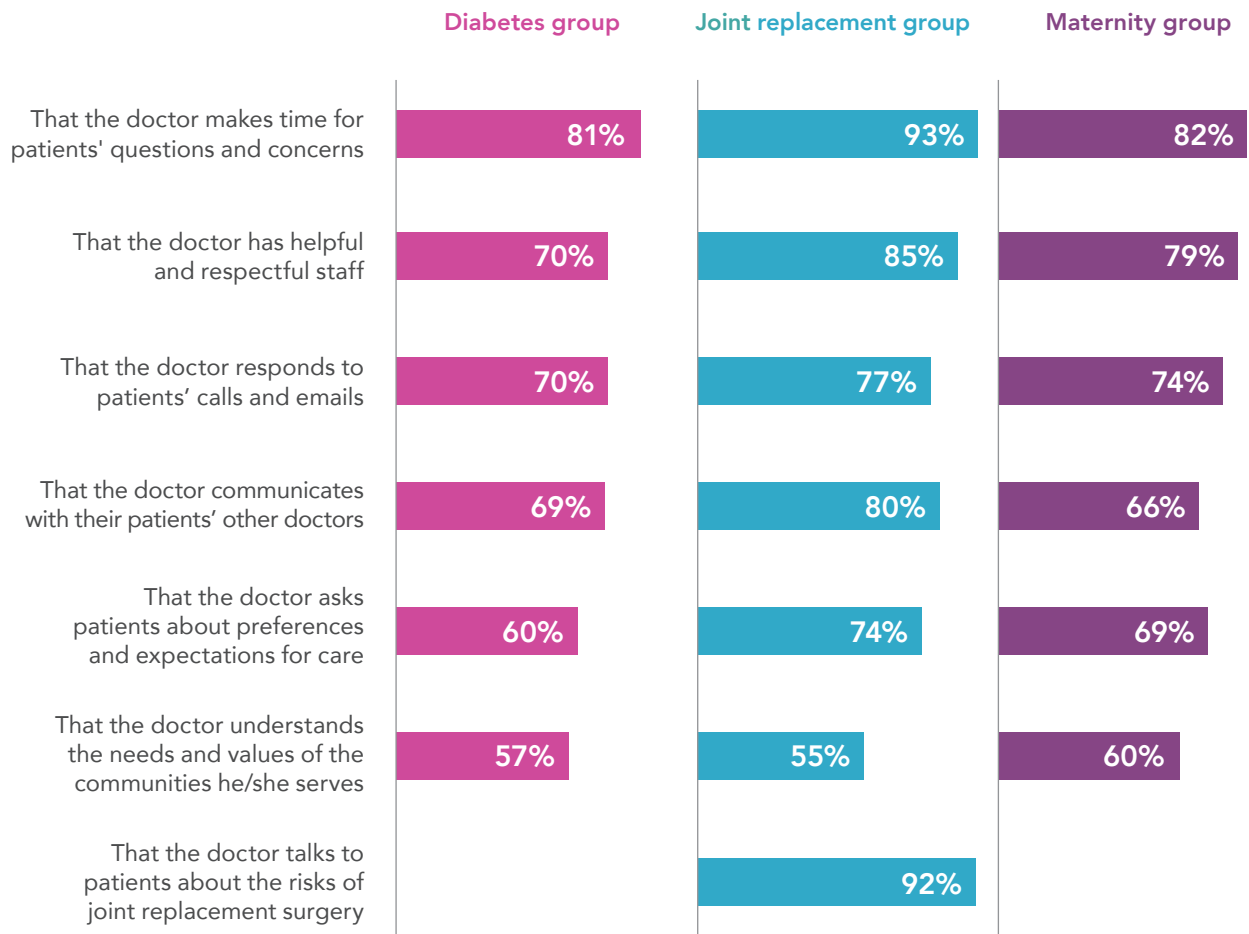
### The most common interpersonal quality that people across all three groups say is very important for high-quality care is *that the doctor makes time for patients' questions and concerns*.

Eighty-one percent of people recently diagnosed with type 2 diabetes, 93 percent of people who recently had a joint replacement and 82 percent of women who recently gave birth say that a very important quality of what makes for high-quality care is *that the doctor makes time for patients' questions and concerns*.

However, there are other qualities that most people also say are very important for high-quality care. For example, 92 percent of people who recently had a joint replacement say it's very important for high-quality care *that the doctor talks to patients about the risks of joint replacement surgery*. Fewer people, although still more than half in each group, say it is very important for high-quality care *that the doctor understands the needs and values of the communities he/she serves*; see figure 2.

Most people across all three groups say that interpersonal qualities of doctors are very important.

Figure 2. Percent who say each of the following interpersonal qualities of doctors is very important for high-quality care, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.



WHICH SPECIFIC CLINICAL QUALITIES OF DOCTORS ARE VERY IMPORTANT FOR HIGH-QUALITY CARE?

Among people with type 2 diabetes, the most common clinical quality of doctors that people say is very important for high-quality care is that the doctor counsels patients about losing weight.

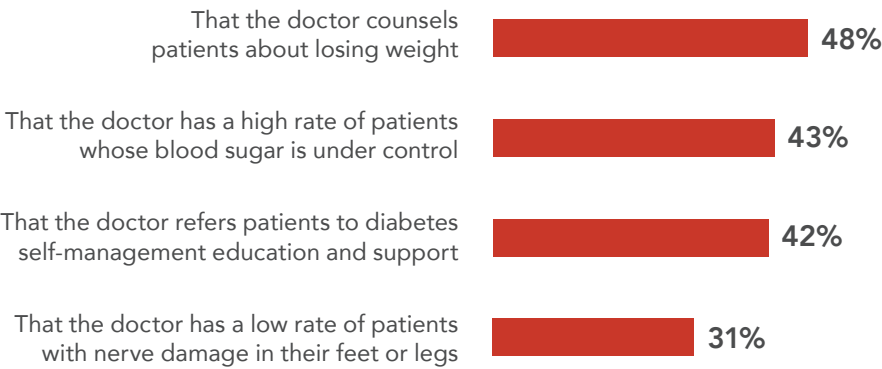
Forty-eight percent of people recently diagnosed with type 2 diabetes say it is very important for high-quality care that the doctor counsels patients about losing weight. Forty-three percent say it is very important that the doctor has a high rate of patients whose blood sugar is under control, compared with other doctors. Only 31 percent say it is very important that the doctor has a low rate of patients with nerve damage in their feet or legs, compared with other doctors; see figure 3.

In focus groups, some people recently diagnosed with type 2 diabetes explained that although doctors should provide guidance about how to manage symptoms and give nutrition advice, it is ultimately the patient’s responsibility to monitor and modify his or her behavior. For example, in our online focus group, a man recently diagnosed with type 2 diabetes said, “It’s not the doctor’s fault if the patient sits around eating chocolate cake all the time.”



Half of people recently diagnosed with type 2 diabetes say it is very important that the doctor counsels patients about losing weight.

Figure 3. Percent of those recently diagnosed with type 2 diabetes who say each of the following clinical qualities of doctors is very important for high-quality diabetes care:



Base: All respondents: Diabetes group, N=407.

## Each of the clinical qualities of doctors is rated as very important by most people who recently had a joint replacement.

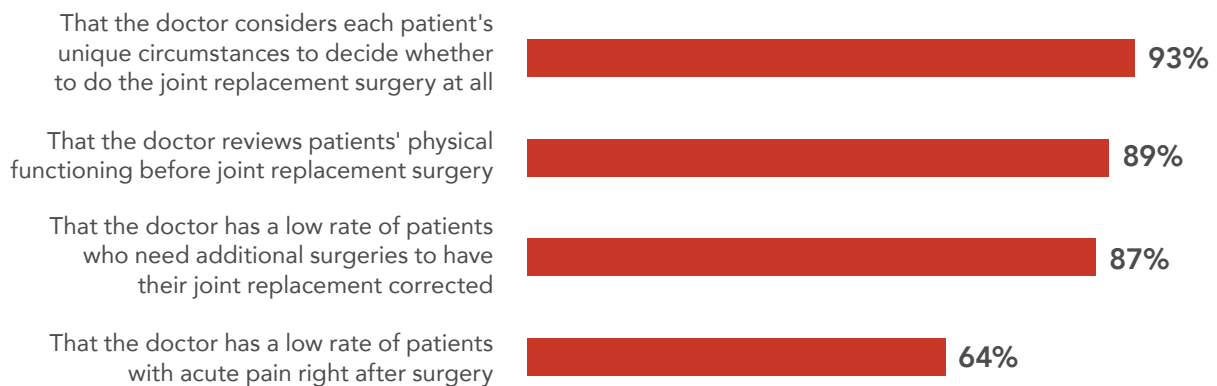
Some researchers contend that joint replacement surgeries are performed too often and inappropriately.<sup>61</sup> Faulty implants have in some cases meant people need to have their hip replacement surgeries performed again.<sup>62</sup> Our findings suggest that most people who have had a joint replacement think it is important for these surgeries to be performed only when necessary and to be done correctly.

Nearly everyone—93 percent—who recently had a joint replacement says it is very important for high-quality care *that the doctor considers each patient's unique circumstances to decide whether to do the joint replacement surgery at all*. Nearly all—89 percent—say it is very important *that the doctor reviews patients' physical functioning before joint replacement surgery*; see figure 4.



### Each of the clinical qualities of doctors is rated as very important by most people who recently had a joint replacement.

Figure 4. Percent of people who recently had a joint replacement who say each of the following clinical qualities of doctors is very important for high-quality joint replacement surgery:



Base: All respondents: Joint replacement group, N=406.

<sup>61</sup> Riddle et al., "Using a Validated Algorithm to Judge the Appropriateness of Total Knee Arthroplasty in the United States," 2014; Ghomrawi et al., "Appropriateness Criteria and Elective Procedures," 2012.

<sup>62</sup> Interlandi, "What the J&J Hip-Replacement Lawsuit Means for You," 2016.

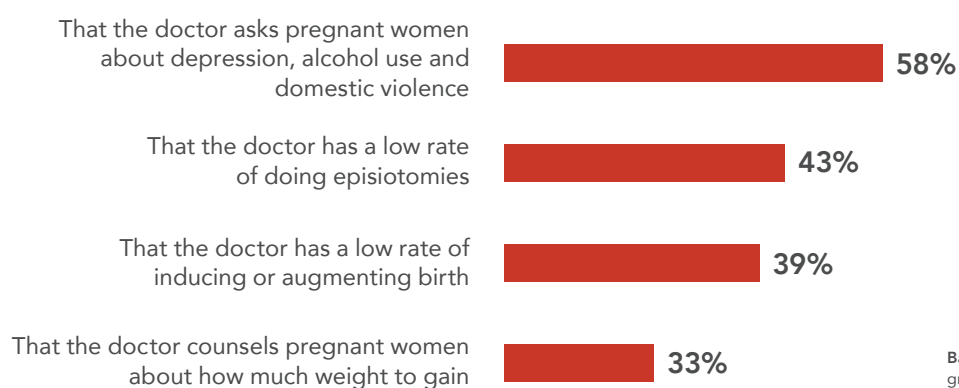
Among women who recently gave birth, more than half say it is very important that the doctor asks pregnant women about depression, alcohol use and domestic violence. Less than half say any of the other clinical qualities of doctors are very important for high-quality care.

Fifty-eight percent of women who recently gave birth say it is very important for high-quality maternity care that the doctor asks pregnant women about depression, alcohol use and domestic violence. By contrast, only 33 percent say it is very important that the doctor counsels pregnant women about how much weight to gain; see figure 5.



The most common clinical quality of doctors that women who recently gave birth say is very important for high-quality care is that the doctor asks pregnant women about depression, alcohol use and domestic violence.

Figure 5. Percent of women who recently gave birth who say each of the following clinical qualities of doctors is very important for high-quality maternity care:



Base: All respondents: Maternity group, N=413.

## WHICH SPECIFIC CLINICAL QUALITIES OF HOSPITALS ARE VERY IMPORTANT FOR HIGH-QUALITY CARE?

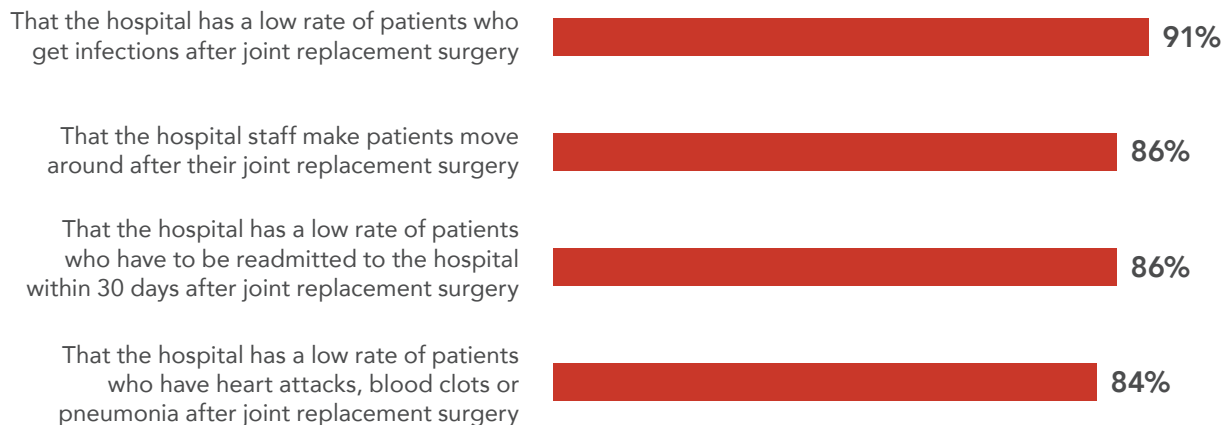
**Each of the clinical qualities of hospitals is rated very important by most people who recently had a joint replacement.**

Hospitals vary substantially in their rates of patients who experience complications such as infections that can require them to be readmitted after joint replacement surgery.<sup>63</sup> We found that 91 percent of people who recently had a joint replacement say that, for high-quality joint replacement, it is very important *that the hospital has a low rate of patients who get infections after joint replacement surgery, compared with other hospitals*. Eighty-six percent say it is very important *that the hospital has a low rate of patients who have to be readmitted to the hospital within 30 days after joint replacement surgery, compared with other hospitals*; see figure 6.



**Each of the clinical qualities of hospitals is rated as very important by at least 80 percent of people who recently had a joint replacement.**

Figure 6. Percent of people who recently had a joint replacement surgery who say each of the following clinical qualities of hospitals is very important for high-quality joint replacement surgery:



Base: All respondents: Joint replacement group, N=406.

<sup>63</sup> Centers for Medicare & Medicaid Services, "Comprehensive Care for Joint Replacement Model," 2015.

**Among women who recently gave birth, most say it is very important that the hospital has a low rate of bloodstream infections for newborns, compared with other hospitals. Less than 40 percent of women who recently gave birth say it is very important that the hospital has a low C-section rate, compared with other hospitals.**

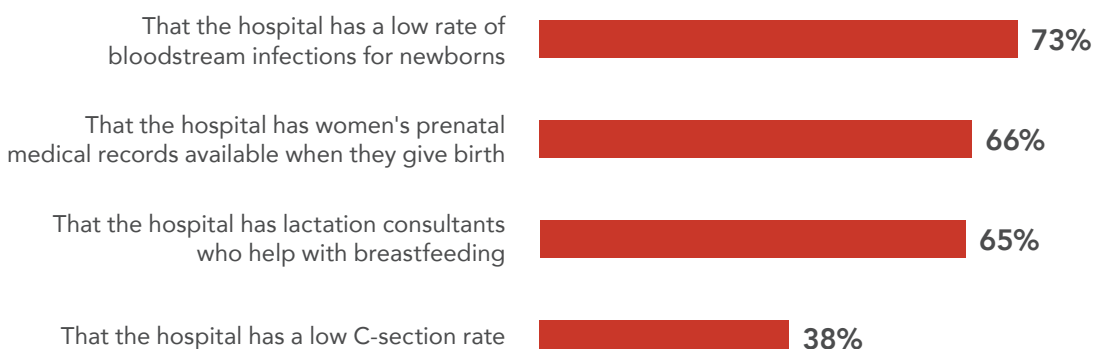
Among women who recently gave birth, 73 percent say it is very important that the hospital has a low rate of bloodstream infections for newborns, compared with other hospitals. Fewer—38 percent—say it is very important that the hospital has a low C-section rate, compared with other hospitals. This despite the fact that although cesarean sections are necessary in some cases, they pose serious risks to mothers and babies;<sup>64</sup> see figure 7.

Our focus group with recent mothers in New York City sheds light on our finding that fewer women who recently gave birth say a hospital's C-section rate is very important to them. When we showed the focus group statistics on C-section rates at New York City hospitals, some women in the group said the rates in and of themselves were incomplete, because they did not distinguish between medically necessary C-sections and C-sections that were chosen by mothers or forced upon them by the hospital. As one new mother put it, if a hospital has a high C-section rate, "it can be attributed to how many people just couldn't avoid it or it could be attributed to, 'I don't have time for this. It's happy hour. Let's cut this baby out.'"



**Few women who recently gave birth say that a hospital's C-section rate is very important to high-quality care.**

Figure 7. Percent of women who recently gave birth who say each of the following clinical qualities of hospitals is very important for high-quality maternity care:



Base: All respondents: Maternity group, N=413.

<sup>64</sup> Kozhimannil et al., "Cesarean Delivery Rates Vary Tenfold Among US Hospitals," 2013.







**Most people across all three groups had at least some choice among *doctors*. But fewer people who recently had a joint replacement or gave birth had much choice among *hospitals*.**

- Most people across the three groups say they had some or a lot of choice among doctors.
- The most common ways people heard about their doctors was from a friend, family member or co-worker or from another doctor or medical care provider.
- Very few people changed doctors while receiving diabetes care, prior to their joint replacement or during their pregnancy.
- Most people recently diagnosed with type 2 diabetes were already patients of their diabetes doctor before their diagnosis. About half of those who recently had a joint replacement or who recently gave birth were patients of their doctors prior to their surgery or childbirth.
- About half of people who recently had a joint replacement and half of women who recently gave birth say they had only one hospital to choose from.



Many insurers, regulators, consumer advocacy organizations and for-profit companies provide quality ratings, patient reviews and advice designed to help people choose doctors and hospitals.<sup>65</sup> But how much choice do people feel they have among doctors or among hospitals? How do they find out about the doctors who provide their care?

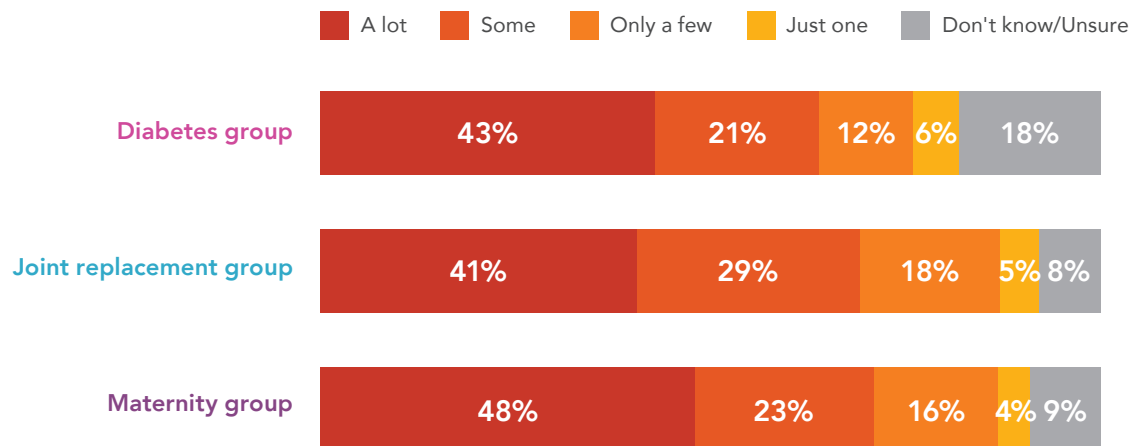
### **Most people across the three groups say they had some or a lot of choice among doctors.**

Sixty-four percent of those recently diagnosed with type 2 diabetes, 70 percent of people who recently had a joint replacement surgery and 71 percent of women who recently gave birth say they had some or a lot of doctors to choose from for their respective type of care, considering the area in which they live and their insurance coverage; see figure 8.

<sup>65</sup> See, for example, Joel Keehn, "How to Find a Good Doctor," *Consumer Reports*, March 30, 2017, accessed May 28, 2017, <http://www.consumerreports.org/doctors/how-to-find-a-good-doctor/>.

Most people across the three groups say they had some or a lot of choice among doctors.

Figure 8. Percent who say they could choose from a lot of, some, only a few or just one doctor, considering their insurance network or their area, or that they don't know, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

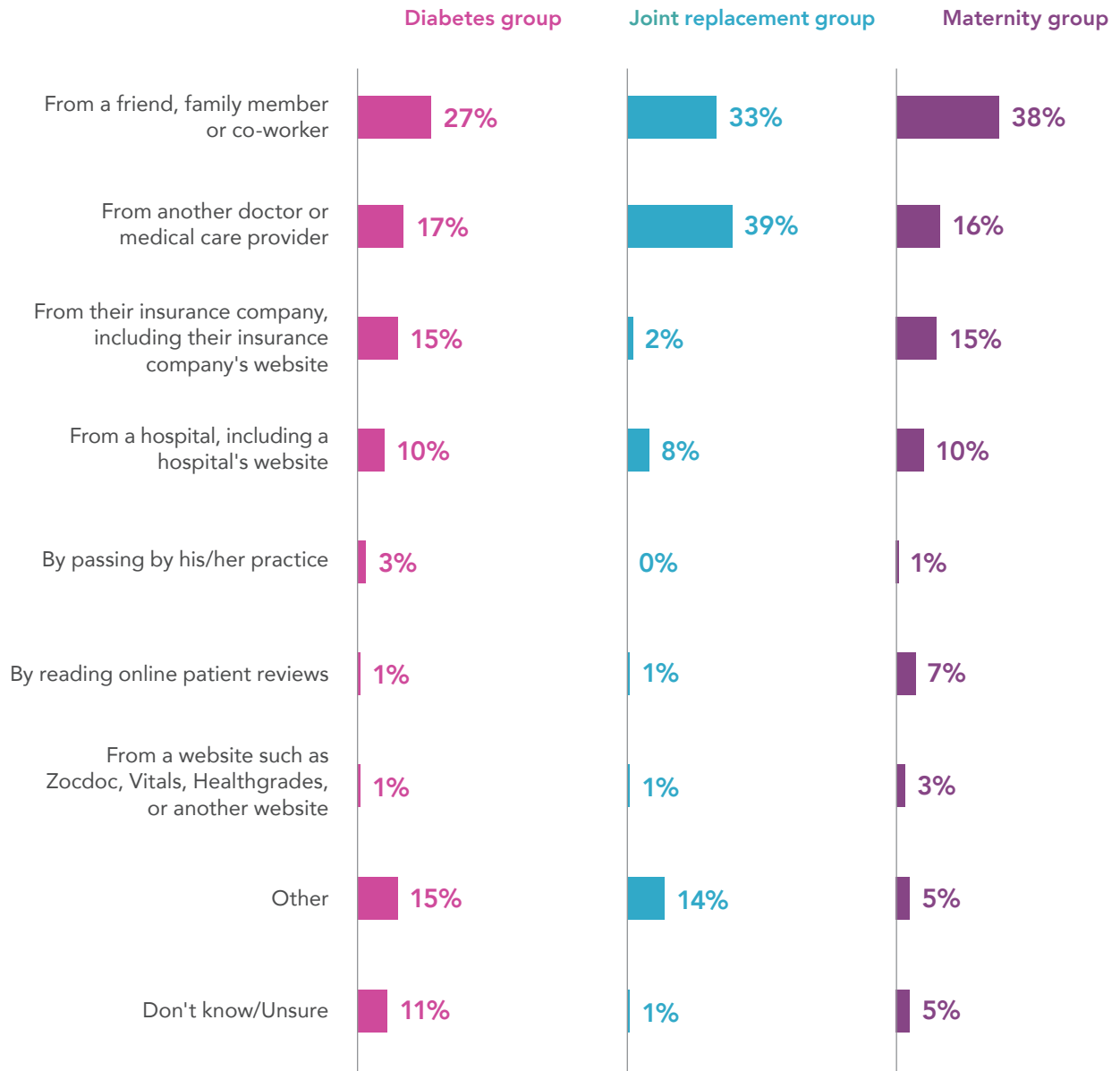
The most common ways people heard about their doctors was from a friend, family member or co-worker or from another doctor or medical care provider. Few heard about their doctor from patient reviews or third-party websites.

Among people recently diagnosed with type 2 diabetes and women who recently gave birth, the most common way people heard about their doctor for their respective type of care was from a friend, family member or co-worker. While a friend, family member or co-worker was among the most common ways people who recently had a joint replacement report hearing about their doctors, a similar percentage also say they heard about their doctor from another doctor or medical care provider. Very few people across the three groups heard about their doctor from a website such as Zocdoc or by reading online patient reviews; see figure 9.

As a woman recently diagnosed with type 2 diabetes in our Philadelphia focus group indicated, friends, family and co-workers may include doctors or other health care providers. She said, "Sometimes you get recommendations from friends. I know quite a few nurses, so I trust their words."

The most common ways people heard about their doctors was from a friend, family member or co-worker or from another doctor or medical care provider.

Figure 9. Percent who say they first heard about their doctor from each of the following sources, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.



**Most people recently diagnosed with type 2 diabetes were already patients of their diabetes doctor before their diagnosis. About half of those who recently had a joint replacement or who recently gave birth were patients of their doctors prior to their surgery or childbirth.**

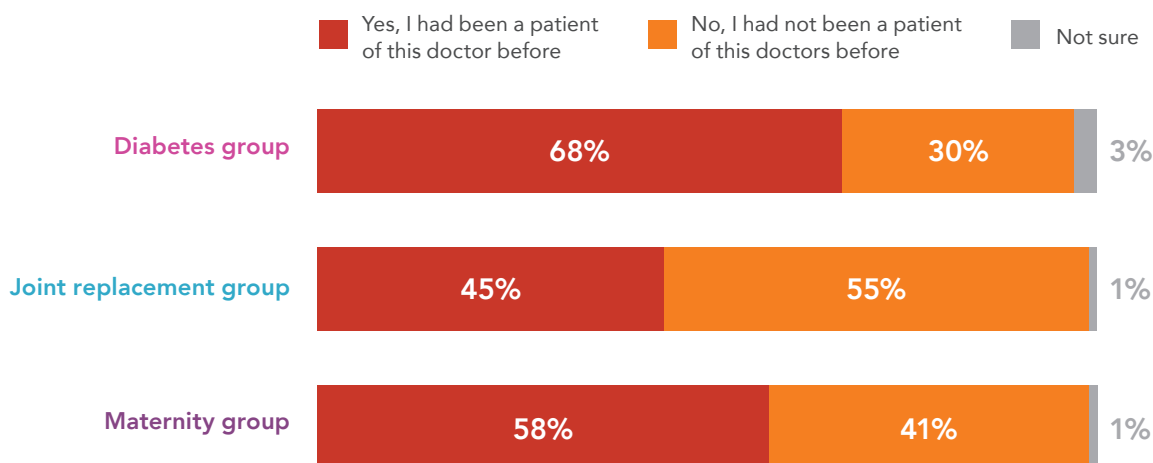
Among people recently diagnosed with type 2 diabetes, 68 percent were already patients of their diabetes doctor before being diagnosed. Most of them—75 percent—get the majority of their diabetes care from a primary care provider or general practitioner.

Among people who recently had a joint replacement, 45 percent were already patients of the doctor who performed their surgery before they knew they needed a joint replacement. Among women who recently gave birth, 58 percent were already patients of the doctor who provided the majority of their maternity care before their most recent pregnancy; see figure 10.

A woman in our New York City focus group who recently gave birth explained that she preferred to have her baby with the doctor who was already her regular OB-GYN. She said, “I didn’t really need to go looking for a new doctor or a new hospital. I was very happy with her for five years, so I just stuck with her the whole time.”

**Across all three groups, the percentage of people who were already patients of their doctors before getting their respective type of care varies.**

Figure 10. Percent who say if they had or had not been a patient of the doctor who provided their diabetes care, joint replacement surgery or maternity care prior to receiving that care, or they were not sure, by group:



**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.



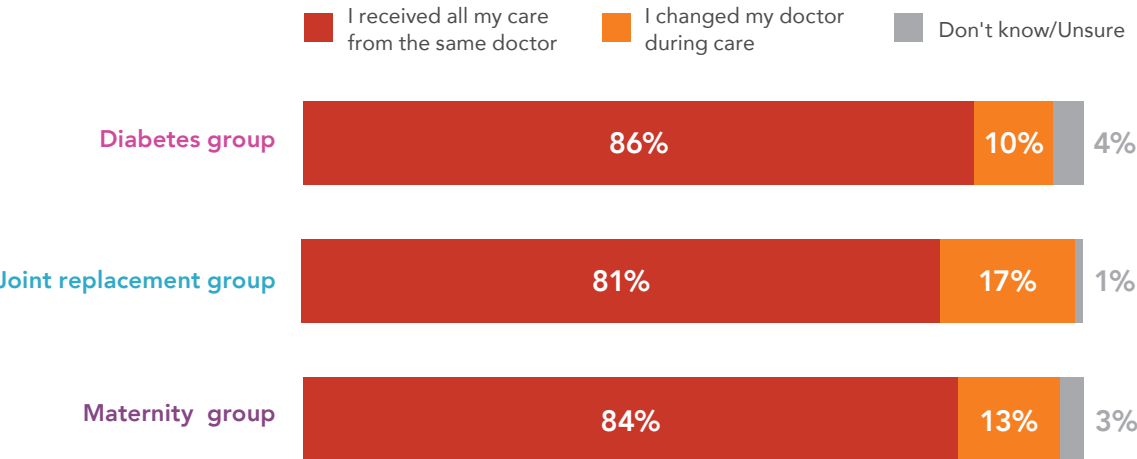
**Very few people changed doctors while receiving diabetes care, prior to their joint replacement or during their pregnancy.**

Ten percent of those recently diagnosed with type 2 diabetes changed their doctor while receiving diabetes care, 17 percent of people who recently had a joint replacement changed their doctor before they had their surgery and 13 percent of women who recently gave birth changed their doctor during their pregnancy; see figure 11.

Furthermore, only 12 percent of those recently diagnosed with type 2 diabetes think it is somewhat or very likely that they will switch to a different doctor for their diabetes care in the next three years. Seventy-nine percent say they are not likely to switch.

**Very few people changed doctors while receiving diabetes care, prior to their joint replacement or during their pregnancy.**

Figure 11. Percent who say they changed doctors during care, received all their care from the same doctor or they do not know, by group:



**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

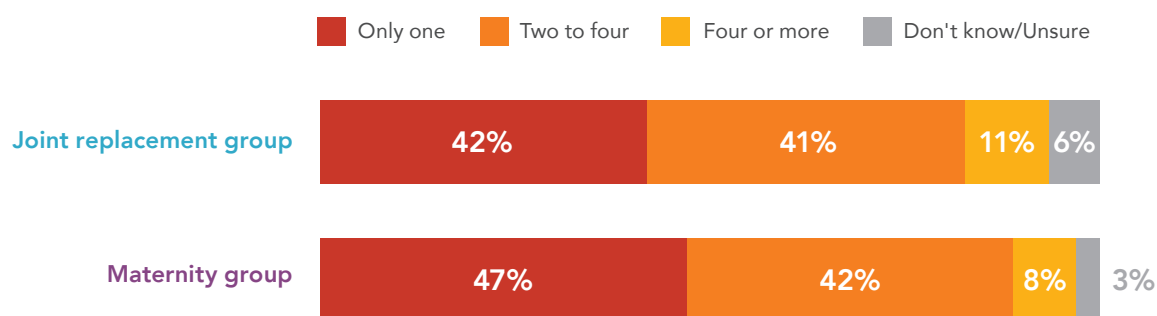
**About half of people who recently had a joint replacement and half of women who recently gave birth say they had only one hospital to choose from.**

Hospitals vary considerably in the quality of care they provide. For example, teaching hospitals have significantly lower mortality rates than nonteaching hospitals.<sup>66</sup> But do people feel they have much choice among hospitals?

Forty-two percent of people who recently had a joint replacement surgery and 47 percent of women who recently gave birth feel they could choose from only one hospital; see figure 12.

**About half of people who recently had a joint replacement and half of women who recently gave birth say they had only one hospital to choose from.**

Figure 12. Percent who feel they could choose from only one, two or three, or four or more hospitals, or that they don't know, by group:



**Base:** All respondents: Joint replacement group, N=406; Maternity group, N=413.

Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

<sup>66</sup> Laura G. Burk, Austin B. Frakt, Dhruv Khullar et al., "Association Between Teaching Status and Mortality in U.S. Hospitals," *JAMA* 317, no. 20 (2017): 2105–13.



**Most people who recently had a joint replacement or who recently gave birth decided on a doctor before choosing or being directed to a hospital.**

Of those who recently had a joint replacement, 69 percent first decided on a doctor and then chose or were directed to a hospital where their doctor worked. Only 10 percent say they first decided on a hospital for the surgery and then chose or were directed to a doctor who worked at the hospital.

Among women who recently gave birth, 54 percent first decided on a doctor and then chose or were directed to a hospital where their doctor worked. Only 28 percent say they first decided on a hospital for the birth and then chose or were directed to a doctor who worked at the hospital.







## **More people spent time learning about the care they needed than about doctors or hospitals. Few people knew or tried to find out if a doctor or hospital had the clinical qualities that they think are important.**

- Most people across the three groups spent a lot of time learning about their health situation or the type of care they needed. Fewer spent a lot of time learning about doctors or hospitals.
- More people report knowing or trying to find out whether a doctor had the interpersonal qualities they say are important. Fewer report knowing or trying to find out whether a doctor or hospital had the clinical qualities they say are important.
- Among those who say they did not know or try to find out whether or not a doctor or hospital had the qualities they think are important, many indicate it did not occur to them to do so and many indicate that knowing this information would not have influenced their decision.
- Among people recently diagnosed with type 2 diabetes or who recently had a joint replacement, the most common clinical qualities they know or try to find out about while deciding on a doctor are qualities that can be directly experienced by patients. Fewer know or try to find out about clinical qualities related to rates of patient outcomes.
- Across the three groups, the source most commonly used to know or try to find out about qualities of doctors and hospitals is their own doctor who provides their diabetes care or provided their joint replacement or maternity care.



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Previous research with the general public found that just under a quarter of Americans reported that they had seen or heard information comparing the quality of doctors or other providers during the past year.<sup>67</sup> How, then, do people know or try to find out about the qualities that are important to them or about doctors and hospitals for the type of care they need, if they do so at all?

<sup>67</sup> Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors," 2014.



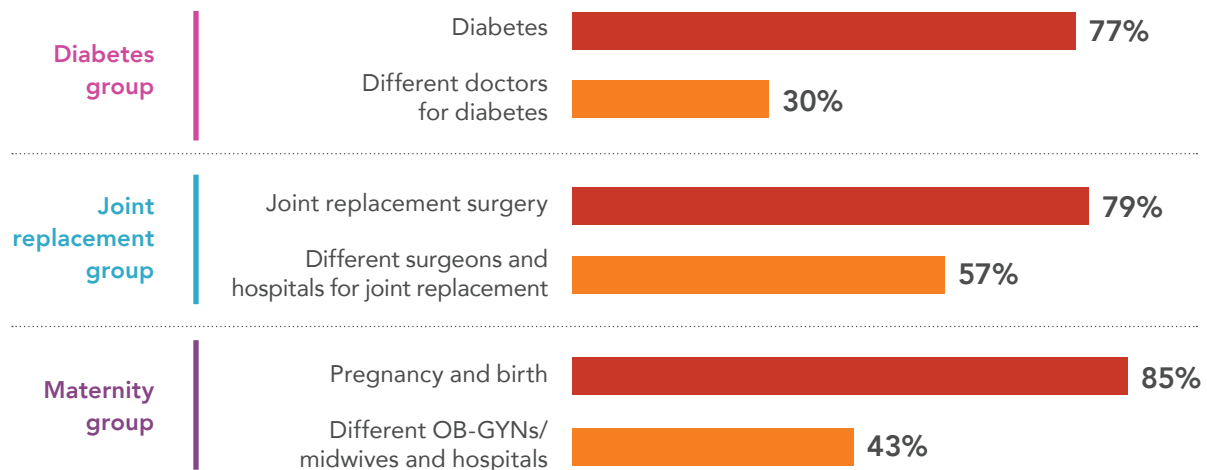
**Most people across the three groups spent a lot of time learning about their health situation or the type of care they needed. Fewer spent a lot of time learning about doctors or hospitals.**

Findings from the Pew Research Center indicate that 72 percent of U.S. Internet users looked online for health information in 2012.<sup>68</sup> Similarly, we found that most people across the three groups we surveyed had spent a lot of time learning about their health situation or the type of care they needed. For example, 77 percent of people recently diagnosed with type 2 diabetes say they spent a lot of time learning everything they could about diabetes. But 30 percent say they spent a lot of time finding out everything they could about different doctors for diabetes care. This finding is similar among people who recently had a joint replacement and women who recently gave birth; see figure 13.

In focus groups we heard that people wanted to be informed about their health situation or the care they needed in order to understand and participate in their care. For example, a woman in our online focus group who recently had a joint replacement said, “I feel like you should be well prepared and empowered, and equipped and educated on the surgery because things can go wrong.” A woman in our New York City focus group who recently gave birth talked about reading blogs for new mothers and learning after the fact that she did not need so many prenatal tests. She said, “There was a lot of things I didn’t know about, such as the amniocentesis test. I did that test, and I didn’t have to take it. I feel like I should have been more informed about it.”

**Most people across the three groups spent a lot of time learning about their health situation or the type of care they needed. Fewer spent a lot of time learning about doctors or hospitals.**

Figure 13. Percent who say they spent a lot of time learning everything they can about their health situation or about different doctors or hospitals, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.

<sup>68</sup> Susannah Fox and Maeve Duggan, “Health Online 2013” (Washington, DC: Pew Research Center, 2013), <http://pewinternet.org/Reports/2013/Health-online.aspx/>.



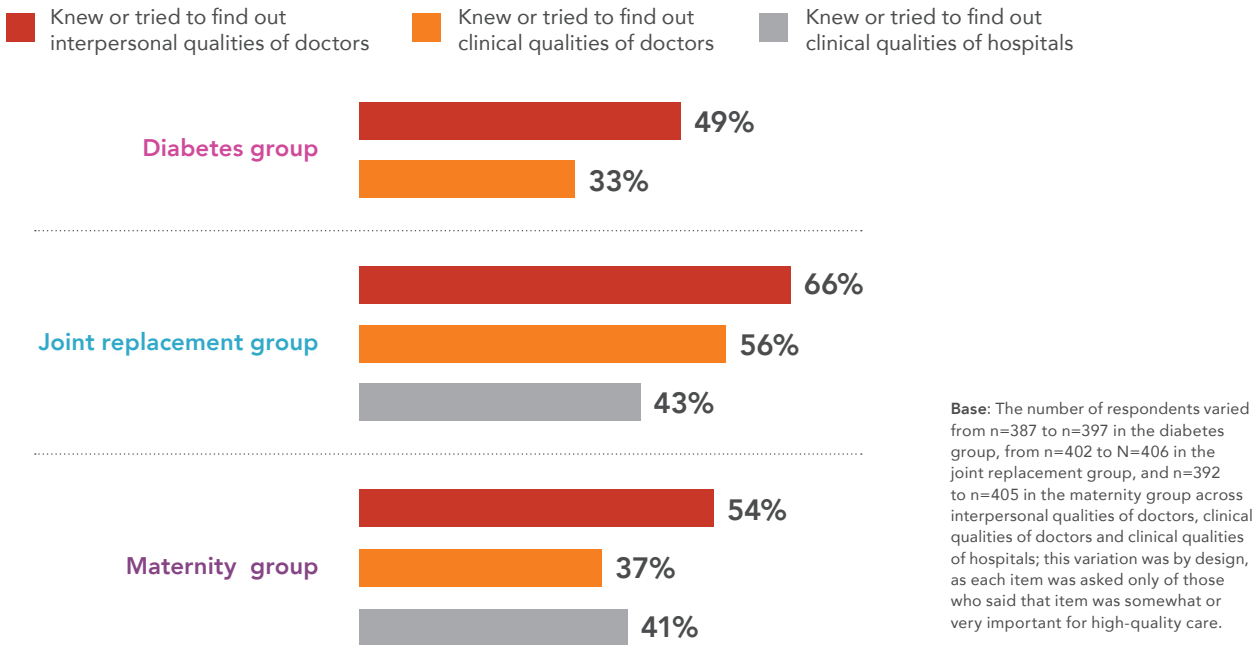
**More people report knowing or trying to find out whether a doctor had the *interpersonal* qualities they say are important. Fewer report knowing or trying to find out whether a doctor or hospital had the *clinical* qualities they say are important.**

As discussed in Finding 1, most people say multiple qualities of doctors and hospitals are important for high-quality diabetes care, joint replacement and maternity care. However, while deciding on a doctor or hospital, more people say they knew or tried to find out about the interpersonal qualities they say are important than about the clinical qualities they say are important.<sup>69</sup>

For example, while deciding on a doctor and a hospital, an average of 66 percent of people who recently had a joint replacement knew or tried to find out if the doctor had the interpersonal qualities they found important. But on average 56 percent of them knew or tried to find out if the doctor had the clinical qualities they think are important, and 43 percent of them knew or tried to find out if the hospital had the clinical qualities they think are important; see figure 14.

**While deciding on a doctor or hospital, few people knew or tried to find out whether the doctor or hospital had the clinical qualities they say are important for high-quality care.**

Figure 14. Average percent of people who knew or tried to find out whether or not doctors or hospitals had the qualities they view as important for high-quality care, by interpersonal qualities of doctors, clinical qualities of doctors and clinical qualities of hospitals, by group:



<sup>69</sup> Only respondents who said a quality was somewhat or very important for high-quality care were asked if they knew or tried to find out about it.

Among those who say they did not know or try to find out whether or not a doctor or hospital had the qualities they think are important, many indicate it did not occur to them to do so and many indicate that knowing this information would not have influenced their decision.

Among those who say that while deciding on a doctor or hospital, they did not know or try to find out about the qualities they say are important, most say it did not occur to them to try to find out this information. For example, while deciding on a doctor, 60 percent of women who recently gave birth say that it did not occur to them to find information about whether or not the doctor had the clinical qualities that they think are important; see figure 15.

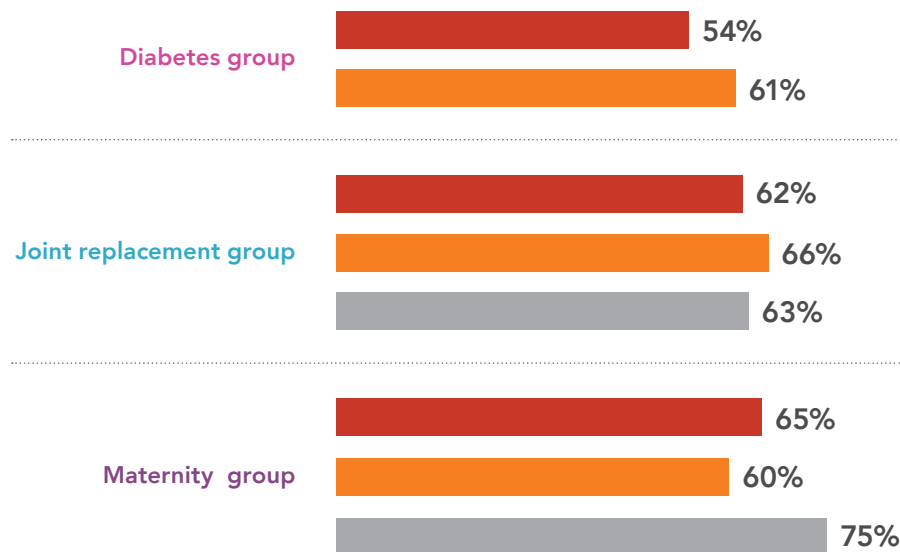
The qualities that we asked about are important for nearly everyone across all three groups. But since it did not occur to many people to find information about these qualities while deciding on a doctor or hospital, this finding raises the question of whether survey respondents would have identified these specific qualities had we not asked about them. It also raises the question of whether people are even aware that information exists about these qualities.

Among those who say they did not know or try to find out whether or not a doctor or hospital had the qualities they found important, many indicate it did not occur to them to do so.

Figure 15. Percent who indicate the following statement comes somewhat or very close to their view, by interpersonal or clinical qualities of doctors or hospitals, by group:

*It did not occur to me to find out this information.*

■ Interpersonal qualities of doctors ■ Clinical qualities of doctors ■ Clinical qualities of hospitals



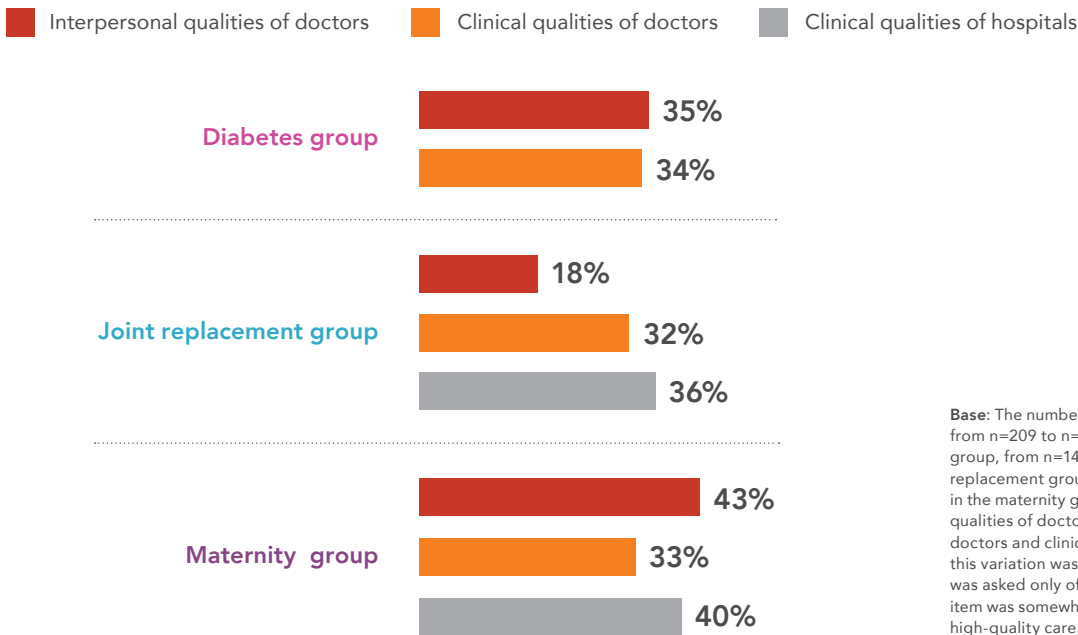
**Base:** The number of respondents varied from n=209 to n=239 in the diabetes group, from n=142 to n=147 in the joint replacement group, and n=159 to n=182 in the maternity group across interpersonal qualities of doctors, clinical qualities of doctors and clinical qualities of hospitals; this variation was by design, as each item was asked only of those who said that item was somewhat or very important for high-quality care.

In addition, among those who say that while deciding on a doctor or hospital, they did not know or try to find out about the qualities they say are important, few say that if they had known that information, it would have influenced their decision. For example, while deciding on a doctor, only 32 percent of people who recently had a joint replacement say that if they had known whether or not the doctor had the clinical qualities they think are important, it would have influenced their decision about the doctor; see figure 16.

Among those who say they did not know or try to find out whether or not a doctor or hospital had the qualities they found important, few indicate that knowing this information would have influenced their decision.

Figure 16. Percent who indicate the following statement comes somewhat or very close to their view, by interpersonal or clinical qualities of doctors or hospitals, by group:

*If I had known this information, it would have influenced my decision.*



**Base:** The number of respondents varied from n=209 to n=239 in the diabetes group, from n=142 to n=147 in the joint replacement group, and n=159 to n=182 in the maternity group across interpersonal qualities of doctors, clinical qualities of doctors and clinical qualities of hospitals; this variation was by design, as each item was asked only of those who said that item was somewhat or very important for high-quality care.

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WHICH INTERPERSONAL QUALITIES OF DOCTORS DO PEOPLE KNOW OR TRY TO FIND OUT ABOUT WHILE DECIDING ON A DOCTOR?

**The interpersonal qualities of doctors that most people say are very important are also the qualities that most people knew or tried to find out about while deciding on a doctor.**

While deciding on a doctor, most people knew or tried to find out about *whether or not the doctor has helpful and respectful staff* and *whether or not the doctor makes time for patients' questions and concerns*. Many people who recently had a joint replacement also knew or tried to find out *whether or not the doctor talks to patients about the risks of joint replacement surgery*. These are also the qualities that most people say are very important for high-quality care.



Among people who say that *the doctor makes time for patients' questions and concerns* is important for high-quality care, 56 percent of people recently diagnosed with type 2 diabetes, 71 percent of people who recently had joint replacement and 63 percent of women who recently gave birth knew or tried to find out whether or not the doctor does so.



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## WHICH CLINICAL QUALITIES OF DOCTORS AND HOSPITALS DO PEOPLE KNOW OR TRY TO FIND OUT ABOUT WHILE DECIDING ON A DOCTOR OR HOSPITAL?

**Among people recently diagnosed with type 2 diabetes or who recently had a joint replacement, the most common clinical qualities they know or try to find out about while deciding on a doctor are qualities that can be directly experienced by patients. Fewer know or try to find out about clinical qualities related to rates of patient outcomes.**

Some of the clinical qualities that we asked about are framed in terms of doctors' or hospitals' rates of patient outcomes, such as rates of infection or readmission. Other clinical qualities we asked about are framed in terms of patients' direct experience with doctors or hospitals, such as whether or not a doctor counsels women about how much weight to gain during pregnancy. These two framings are derived from existing sets of quality measures, treatment guidelines and standards of care for diabetes,<sup>70</sup> joint replacement<sup>71</sup> and pregnancy and childbirth.<sup>72</sup>

We found that similar percentages of people recently diagnosed with type 2 diabetes say both clinical qualities related to rates of patient outcomes and clinical qualities that could be experienced by patients themselves are very important. However, more people recently diagnosed with type 2 diabetes knew or tried to find out about clinical qualities of doctors that could be directly experienced by patients themselves, such as *whether or not the doctor counsels patients about losing weight*. Fewer knew or tried to find out about clinical qualities of doctors related to rates of patient outcomes, such as *whether or not the doctor has a high rate of patients whose blood sugar is under control, compared with other doctors*. We also saw this pattern among people who recently had a joint replacement; see box 2.

However, this pattern was not seen among women who recently gave birth. For example, while deciding on a doctor, similar percentages of women who recently gave birth knew or tried to find out about clinical qualities of doctors that could be experienced by patients themselves as knew or tried to find out about clinical qualities related to patient outcomes.

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<sup>70</sup> Joint Commission, "Perinatal Care," 2017; American Diabetes Association, "Standards of Medical Care in Diabetes—2015," 2015; Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative," 2017.

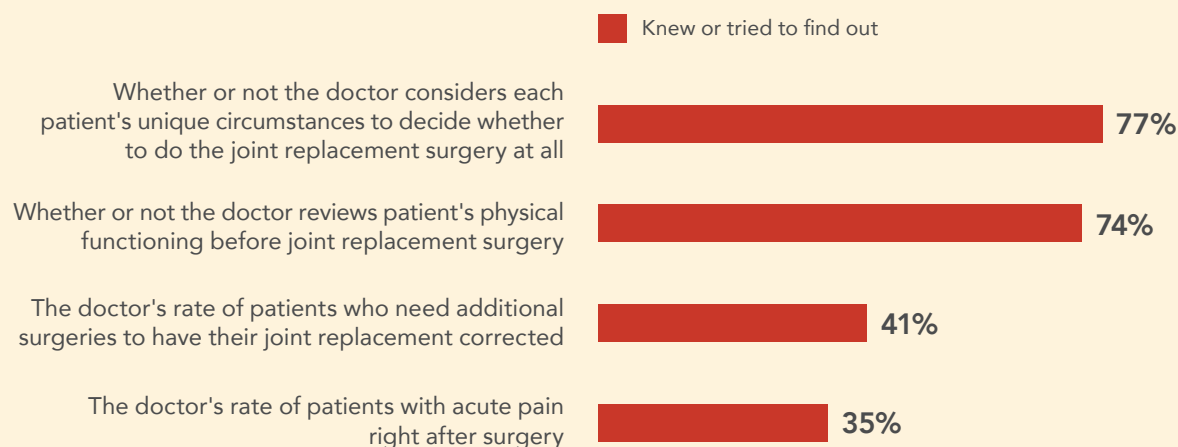
<sup>71</sup> Joint Commission, "Candidate Performance Measures for Total Hip & Total Knee Replacement," 2017; Hospital Compare, "Complication Rate for Hip/Knee Replacement Patients"; Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative," 2017; U.S. Department of Health and Human Services, "HOOS, JR. and KOOS, JR. Outcomes Surveys"; Hospital Compare, "Hospital Compare Overall Rating."

<sup>72</sup> American Congress of Obstetricians and Gynecologists National Committee for Quality Assurance Physician Consortium for Performance Improvement, "Maternity Care Performance Measurement Set," 2012; Consumer Reports, "2017 California Medical Price and Quality Transparency Initiative," 2017; Joint Commission, "Perinatal Care," 2017.



**Box 2. While deciding on a doctor, among people who recently had a joint replacement, most knew or tried to find out about clinical qualities of doctors that could be experienced by patients themselves.**

Figure 17. Percent of people who recently had a joint replacement who say they knew or tried to find out the following clinical qualities of doctors while deciding on a doctor:



**Base:** The number of respondents varied from n=362 to n=404 in the joint replacement group by design, as each item was asked only of those who said that item was somewhat or very important for high-quality care.





**Across all three groups, most people use three or more sources to know or try to find out about the qualities they think are important. The source they most commonly use is their own doctor who provides their diabetes care or provided their joint replacement or maternity care.**

Several previous studies show that few people use websites that show publicly available data on hospital quality information.<sup>73</sup> How, then, do people know or try to find out about the qualities of doctors and hospital that they think are important?

Out of a list of 13 sources, more than half of people across all three groups report using three or more different sources in order to know or try to find out about the qualities that they think are important. The most commonly used sources are their doctors who provide their diabetes care, joint replacement or maternity care and their relatives, friends and co-workers. Fewer people report using social media, online forums or Listservs. This is consistent with findings from a survey of the general public showing that online sources have not replaced doctors as sources of health information.<sup>74</sup>



Although few women who recently gave birth used patient reviews to know or try to find out about either the interpersonal or clinical qualities of doctors they think are important, patient reviews were nonetheless their third most commonly used source for both types of qualities.

For hospitals, among people who recently had a joint replacement and women who recently gave birth, the most commonly used sources are their doctors who provide their joint replacement or maternity care. Besides their own doctors, people who recently had a joint replacement and women who recently gave birth differ in the sources they used to know or try to find out about clinical qualities of hospitals.



Among people who recently had a joint replacement, 42 percent used a joint replacement education class or seminar to know or try to find out about the interpersonal qualities of doctors they think are important.

<sup>73</sup> Judith H. Hibbard, Jessica Greene, Shoshanna Sofaer et al., "An Experiment Shows That a Well-Designed Report on Costs and Quality Can Help Consumers Choose High-Value Health Care," *Health Affairs* 31, no. 3 (2012): 560–68; David A. Hanauer, Kai Zheng, Dianne C. Singer et al., "Public Awareness, Perception, and Use of Online Physician Rating Sites," *JAMA* 311, no. 7 (2014): 734–35; Altarum Institute and Oliver Wyman, "Right Place, Right Time," 2017.

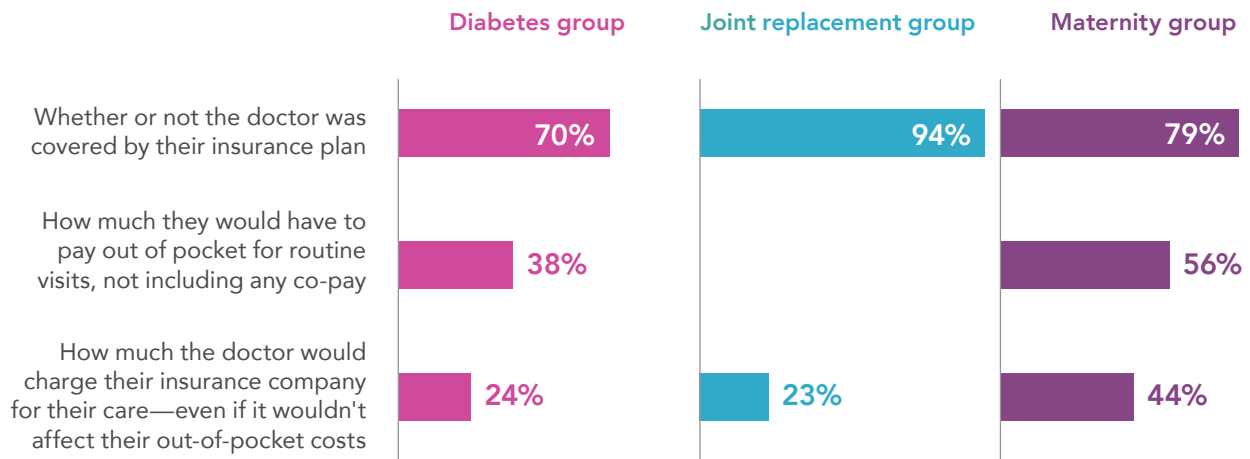
<sup>74</sup> Associated Press-NORC Center for Public Affairs Research, "Finding Quality Doctors," 2014.

**Most people across the three groups knew or tried to find out whether their doctor or hospital was covered by their insurance. Fewer knew or tried to find out their out-of-pocket costs or how much their insurance company would have to pay for their care.**

For example, among insured people recently diagnosed with type 2 diabetes, 70 percent knew or tried to find out if a doctor was covered by their insurance. Only 38 percent knew or tried to find out how much they would pay out of pocket for a routine doctor's office visit or medical test for their diabetes care, not including a co-pay. Only 23 percent of them knew or tried to find out how the doctor would charge the insurance company for their diabetes care even if it didn't affect their out-of-pocket costs; see figure 18.

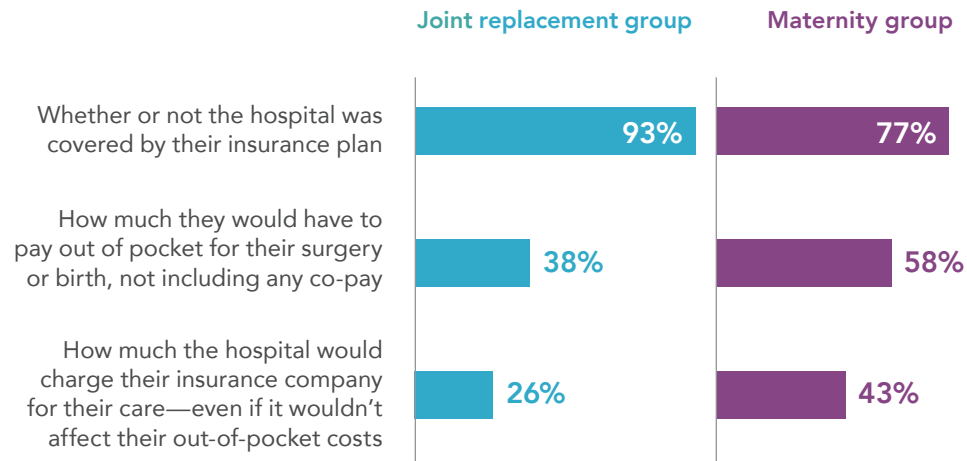
**Most people know or try to find out whether their doctor or hospital was covered by their insurance.**

Figure 18a. Percent who say they knew or tried to find out each of the following about their doctor, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.

Figure 18b. Percent who say they knew or tried to find out each of the following about their hospital, by group:



Base: All respondents: Joint replacement group, N=406; Maternity group, N=413.







## Few people across the three groups are aware of quality variation or price variation for doctors or for hospitals.

- While overall few people are aware that quality varies, more people are aware that interpersonal qualities vary across doctors. Fewer are aware that clinical qualities vary across doctors or hospitals.
- Across all three groups, more people think clinical qualities that patients can experience directly are similar across doctors. Fewer think clinical qualities related to rates of patient outcomes are similar across doctors.
- Few people who recently had a joint replacement or women who recently gave birth are aware that hospitals vary on each of the clinical qualities.
- Few people are aware that doctors' prices vary or that hospitals' prices vary for diabetes care, joint replacement or maternity care.
- Most people across all three groups say high prices are not a sign of better-quality care.



Research has shown that both doctors and hospitals vary in the quality of care they deliver and in the prices they charge.<sup>75</sup> But are people aware that quality varies or that price varies?

We asked people recently diagnosed with type 2 diabetes, people who recently had a joint replacement and women who recently gave birth whether or not they think doctors vary on two specific *interpersonal* qualities and on two specific *clinical* qualities. We also asked people who recently had a joint replacement and who recently gave birth whether they think hospitals vary on two specific *clinical* qualities; see box 3.

<sup>75</sup> Agency for Healthcare Research and Quality, "2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy," 2015.



**Box 3. We asked people if they think doctors and hospitals vary on each of the following interpersonal and clinical qualities for their respective type of care:**



**Diabetes Care**



**Joint Replacement**



**Maternity Care**

**Interpersonal Qualities of Doctors**

Asking patients about preferences and expectations for their diabetes care

Communicating with their patients' other doctors and pharmacists

Asking patients about preferences and expectations for joint replacement surgery

Communicating with their patients' other doctors, physical therapists and pharmacists

Asking women about preferences and expectations for pregnancy and birth

Communicating with their patients' other doctors

**Clinical qualities of doctors**

Having a high rate of patients whose blood sugar is under control, compared with other doctors

Referring patients to diabetes self-management education and support classes

Having a low rate of patients who need additional surgeries to have their joint replacement corrected, compared with other doctors

Reviewing patients' physical functioning before joint replacement surgery

Having a low rate of inducing or augmenting birth—that is, starting or speeding up women's labor with medication—compared with other doctors

Counseling pregnant women about how much weight to gain

**Clinical qualities of hospitals**

Having a low rate of patients who have to be readmitted to the hospital within 30 days after joint replacement surgery, compared with other hospitals

Having a low rate of patients who get infections after joint replacement surgery, compared with other hospitals

Having a low rate of C-sections, compared with other hospitals

Having a low rate of bloodstream infections for newborns, compared with other hospitals

Insured respondents were asked these questions about doctors and hospitals covered by their insurance plan. Uninsured respondents were asked these questions about doctors and hospitals in their area. For full question wordings, please see the survey topline at [www.publicagenda.org/pages/qualities-that-matter](http://www.publicagenda.org/pages/qualities-that-matter).



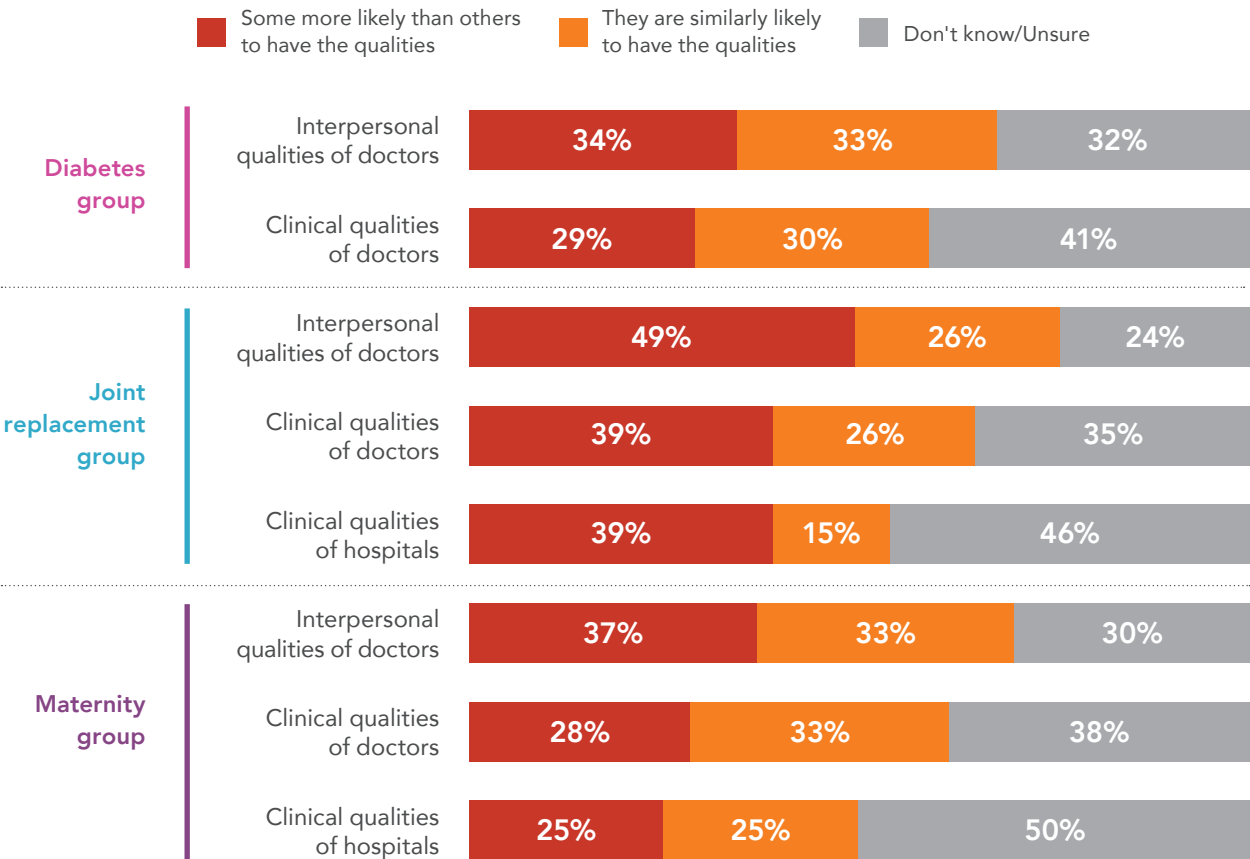
**More people are aware that interpersonal qualities vary across doctors. Fewer are aware that clinical qualities vary across doctors or hospitals.**

On average, only 34 percent of people recently diagnosed with type 2 diabetes, 49 percent of people who recently had a joint replacement and 37 percent of women who recently gave birth are aware that doctors in their insurance network or area vary on the two *interpersonal* qualities of doctors that we asked them about.

On average, fewer people across all three groups are aware that doctors vary on the two *clinical* qualities that we asked about or that hospitals vary on the two *clinical* qualities that we asked about; see figure 19.

**Across the three groups, awareness of quality variation is limited.**

Figure 19. Average percent of people in each group who say the following about two interpersonal qualities and two clinical qualities of doctors in their insurance network or area and two clinical qualities of hospitals in their insurance network or area, by group:



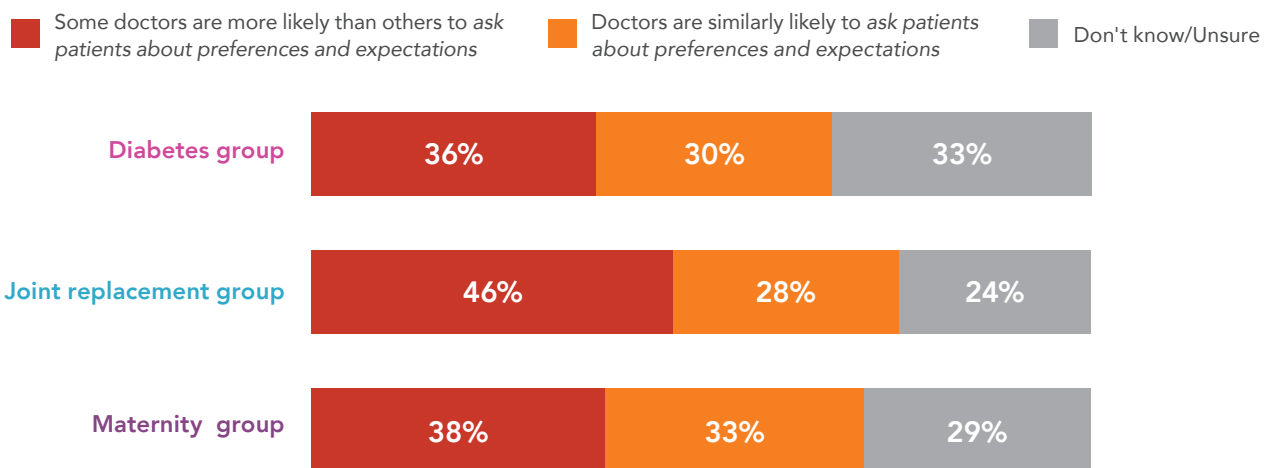
**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

**Between half and two-thirds of people are not aware that each of the interpersonal qualities varies across doctors.**

Studies have shown that doctors vary in how well they communicate with patients and coordinate care with patients' other providers.<sup>76</sup> Doctors also vary in how consistently they take patients' preferences into account in treatment decisions.<sup>77</sup> Our research finds that few people are aware that doctors vary in how likely they are to *communicate with their patients' other doctors* or *ask patients about preferences and expectations*; see figures 20a and 20b.

**Between half and two-thirds of people are not aware that interpersonal qualities vary across doctors.**

Figure 20a. Percent who say one of the following, by group:

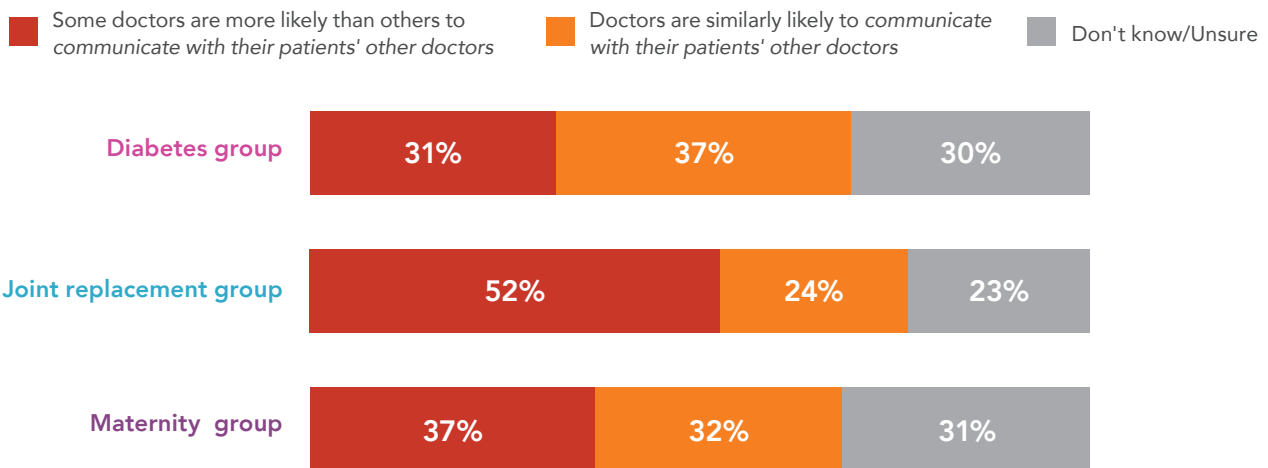


**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

<sup>76</sup> Brigham R. Frandsen, Karen E. Joynt, James B. Rebitzer and Ashish K. Jha, "Care Fragmentation, Quality, and Costs Among Chronically Ill Patients," *American Journal of Managed Care* 21, no. 5 (2015): 355–62; National Committee for Quality Assurance, "Overview of PCMH [Patient-Centered Medical Home]" (Washington, DC: National Committee for Quality Assurance), accessed May 28, 2017, <http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/why-pcmh/overview-of-pcmh#sthash.3Yhiaqwr.dpuf>; Anthony Shih, Karen Davis, Steven Schoenbaum et al., "Organizing the U.S. Health Care Delivery System for High Performance" (New York: Commonwealth Fund, August 2008), <http://www.commonwealthfund.org/publications/fund-reports/2008/aug/organizing-the-u-s--health-care-delivery-system-for-high-performance/>.

<sup>77</sup> Emily Oshima Lee and Ezekiel J. Emanuel, "Shared Decision Making to Improve Care and Reduce Costs," *New England Journal of Medicine* 368, no. 1 (2013): 6–8.

Figure 20b. Percent who say one of the following, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

**Across all three groups, more people think clinical qualities that patients can experience directly are similar across doctors. Fewer think clinical qualities related to rates of patient outcomes are similar across doctors.**

As we described in Finding 3, some of the clinical qualities that we asked about are framed in terms of doctors' or hospitals' rates of patient outcomes. Other clinical qualities we asked about are framed in terms of patients' direct experience with doctors or hospitals.

Our research found that more people think all doctors are pretty much the same when it comes to clinical qualities that patients can experience directly. Fewer think all doctors are pretty much the same when it comes to clinical qualities related to rates of patient outcomes. For example, our survey found that 38 percent of people who recently had a joint replacement think doctors are similarly likely to review patients' physical functioning. However, only 14 percent think that doctors have pretty much the same rates of patients who need additional surgeries to correct their joint replacement; see figures 21a and 21b.

We saw a similar pattern among people recently diagnosed with type 2 diabetes and women who recently gave birth. Therefore, it may be more difficult to help people learn that doctors can vary on clinical qualities that patients can experience directly than to help them learn that doctors can vary on clinical qualities related to rates of patient outcomes.



More people think clinical qualities that patients can experience directly are similar across doctors. Fewer think clinical qualities related to rates of patient outcomes are similar across doctors.

Figure 21a. Percent of people who recently had a joint replacement surgery who say one of the following about the doctors in their insurance network or area:

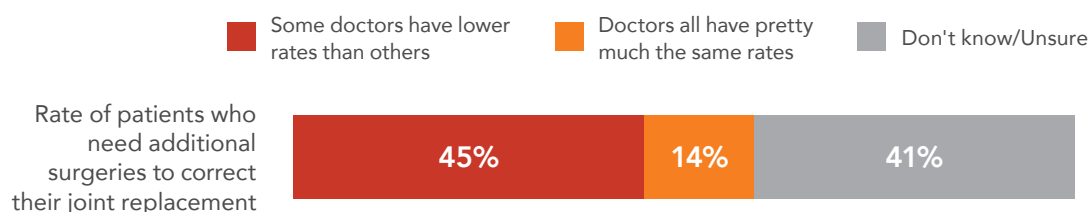


Figure 21b. Percent of people who recently had a joint replacement surgery who say one of the following about the doctors in their insurance network or area:



Base: All respondents: Joint replacement group, N=406.

Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the charts.

### Few people who recently had a joint replacement or women who recently gave birth are aware that hospitals vary on each of the clinical qualities.

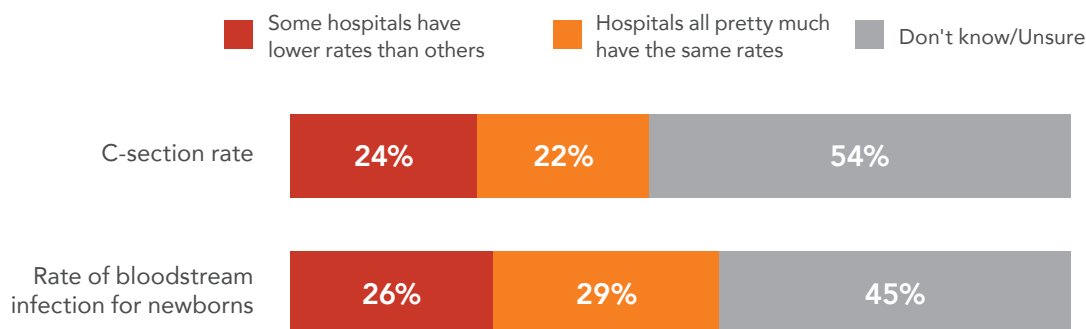
It is widely documented that C-section rates and bloodstream infection rates for newborns vary across hospitals.<sup>78</sup> But only 24 percent of women who recently gave birth are aware that *some hospitals have lower C-section rates than others*. Only 26 percent are aware that *some hospitals have lower rates of bloodstream infections for newborns than others*; see figure 22. Similarly, few people who recently had a joint replacement are aware that hospitals vary on the clinical qualities that we ask about.

<sup>78</sup> New York State Department of Health, "Measure View: Primary Cesarean" (New York: New York State Department of Health, 2017), accessed May 28, 2017, [https://profiles.health.ny.gov/measures/all\\_state/16535/](https://profiles.health.ny.gov/measures/all_state/16535/); Agency for Healthcare Research and Quality, "Neonatal Blood Stream Infection" (Rockville, MD: Agency for Healthcare Research and Quality and U.S. Department of Health and Human Services, 2015), accessed May 30, 2017, <http://bit.ly/2sygezNP/>; Kozhimannil et al., "Cesarean Delivery Rates Vary Tenfold Among US Hospitals," 2013.



### Few women who recently gave birth are aware that hospitals vary on clinical qualities.

Figure 22. Percent of women who recently gave birth who say one of the following about hospitals in their insurance network or area:



Base: All respondents: Maternity group, N=413.

Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

### Few people are aware that doctors' prices vary or that hospitals' prices vary for diabetes care, joint replacement or maternity care.

The prices of medical services vary considerably across providers.<sup>79</sup> But our previous survey of the general public shows that most Americans are not aware that doctors' prices vary or that hospitals' prices vary.<sup>80</sup>

This research similarly finds that few people are aware of variation among doctors' prices for diabetes care, joint replacement surgery or maternity care. Only 20 percent of people recently diagnosed with type 2 diabetes, 20 percent of people who recently had a joint replacement and 33 percent of women who recently gave birth say that some doctors in their insurance networks or areas charge more than others for the same services for their respective type of care; see figure 23a.

Similarly, few people who recently had a joint replacement—28 percent—and few women who recently gave birth—38 percent—say that some hospitals in their insurance networks or areas charge more than others for the same services for their respective type of care; see figure 23b.

<sup>79</sup> Hussey et al., "The Association Between Health Care Quality and Cost," 2013; U.S. Government Accountability Office, "Geographic Variation in Spending for Certain High-Cost Procedures Driven by Inpatient Prices" (Washington, DC: Government Accountability Office, 2014), <http://www.gao.gov/products/GAO-15-214/>; Office of the Attorney General of Massachusetts, "Examination of Health Care Cost Trends and Cost Drivers" (Boston: Office of Attorney General Maura Healy, 2015); Gorman Actuarial, Inc., "Why Are Hospital Prices Different?" (New York: New York State Health Foundation, 2016), <http://nyshealthfoundation.org/resources-and-reports/resource/an-examination-of-new-york-hospital-reimbursement/>; Elisabeth Rosenthal, "Paying Till It Hurts," *New York Times*, multipart series, 2014, accessed May 28, 2017, <https://www.nytimes.com/interactive/2014/health/paying-till-it-hurts.html/>.

<sup>80</sup> David Schleifer, Rebecca Silliman and Chloe Rinehart, "Still Searching: How People Use Health Care Price Information in the United States" (Brooklyn, NY: Public Agenda, 2017), <https://www.publicagenda.org/pages/still-searching/>.

In our focus group in New York City with women who recently gave birth, when we asked if anyone had tried to find out how much their birth would cost them at different hospitals, one woman responded, “I didn’t even think there was a difference.”

### Few people are aware that doctors’ prices vary or that hospitals’ prices vary.

Figure 23a. Percent who think the following about doctors in their insurance networks or areas, by group:

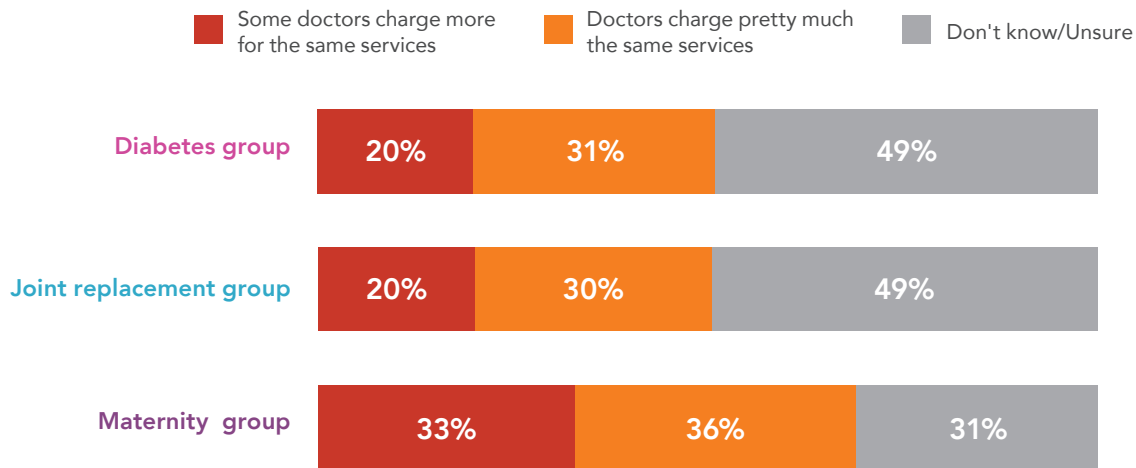
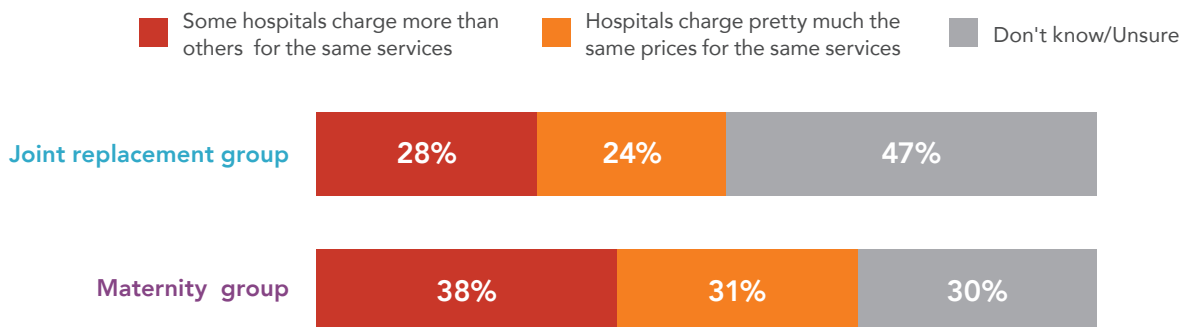


Figure 23b. Percent who think the following about hospitals in their insurance networks or areas, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.

Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the charts.



## Most people across all three groups say high prices are *not* a sign of better-quality care.

As our previous research showed, most Americans do not believe high prices are a sign of better-quality health care.<sup>81</sup> This research shows that most people across all three groups also do not think that higher prices are a sign of better quality for their respective type of care.

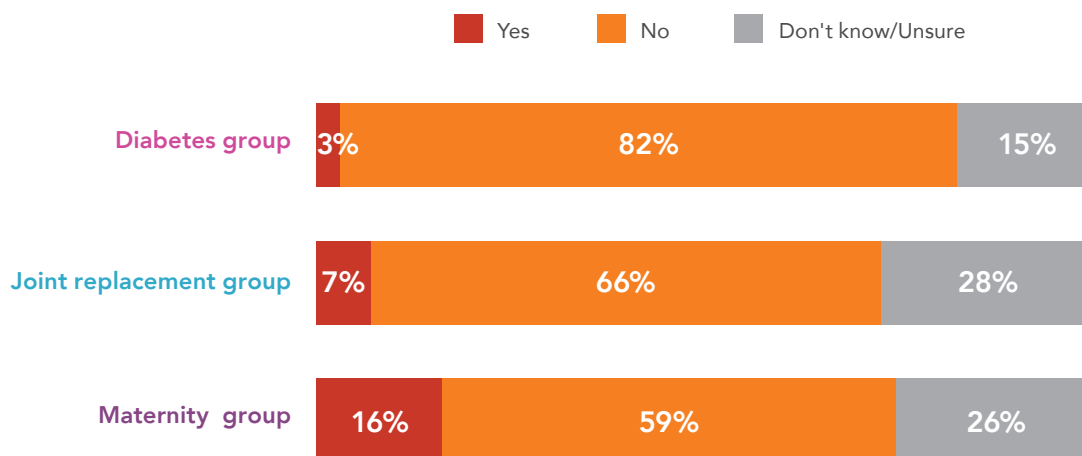
Among people recently diagnosed with type 2 diabetes, 82 percent say higher prices are not typically a sign of better-quality diabetes care. Sixty-six percent of people who recently had a joint replacement and 59 percent of women who recently gave birth also say this for their respective type of care; see figure 24.

During an online focus group with people who recently had a joint replacement, we asked if it was worth paying extra for a joint replacement surgery. A woman in the group responded, “Whatever they’re doing for \$60,000, I don’t think they’re doing a third better for \$99,000.”

### Most people say high prices are not a sign of better-quality care.

Figure 24. Percent who say yes, no or don’t know to the following question:

*When it comes to [diabetes care/joint replacement surgery/maternity care], would you say higher prices are typically a sign of better-quality care or not?*



**Base:** Random half: Diabetes group, n=204; Joint replacement group, n=208; Maternity group, n=205.

Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

<sup>81</sup> Ibid.; Kathryn A. Phillips, David Schleifer and Carolin Hagelskamp, “Most Americans Do Not Believe That There Is an Association Between Health Care Prices and Quality of Care,” *Health Affairs* 35, no. 4 (2016): 647–53.





## Most people across the three groups rate the overall quality of care they received positively. But some are uncertain how their doctors and hospitals stacked up on clinical qualities.

- Most people across the three groups rate the overall quality of care they received from their doctor or hospital as very good or excellent.
- Most people across all three groups say that, in their experience, their doctor had the interpersonal qualities they see as important. Fewer say that, in their experience, their doctor or hospital had the clinical qualities they see as important.
- Across all three groups, some people say that, in their experience, they do not know whether or not their doctor or hospital had clinical qualities related to rates of patient outcomes.
- Across all three groups, few people say they spent more out of pocket to get the quality of care they wanted.
- Across all three groups, few people chose a doctor or hospital in a less convenient location in order to get the quality of care they wanted.



Research with the general public has shown that 79 percent of Americans rate the overall quality of health care they receive positively.<sup>82</sup> But how do people rate the quality of doctors and hospitals specifically on the interpersonal and clinical qualities that are important to them?

### Most people across the three groups rate the overall quality of care they received from their doctor or hospital as very good or excellent.

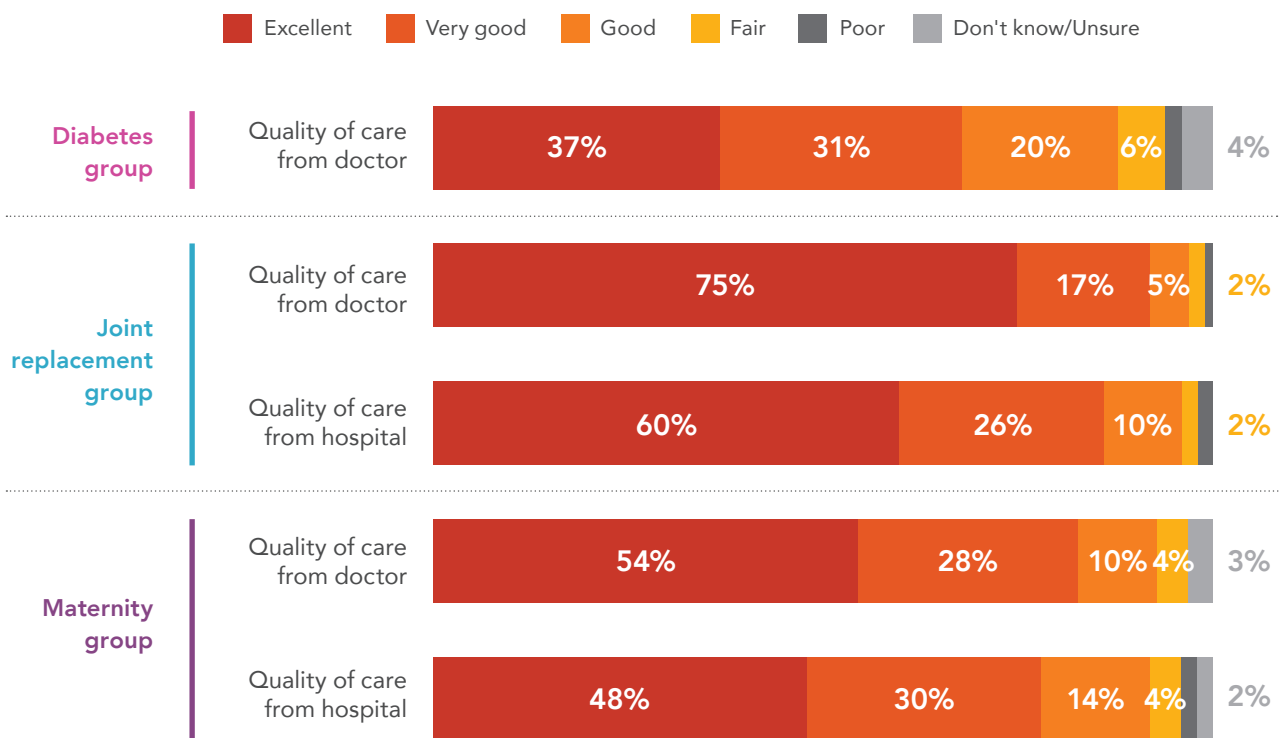
Across all three groups, 68 percent of people recently diagnosed with type 2 diabetes, 93 percent of people who recently had a joint replacement and 82 percent of women who recently gave birth say that the care they received from their doctors for diabetes, joint replacement surgery or pregnancy and childbirth was very good or excellent.

<sup>82</sup> National Public Radio, Robert Wood Johnson Foundation and Harvard T. H. Chan School of Public Health, "Patients' Perspectives on Health Care in the United States: A Look at Seven States and the Nation" (Washington, DC: National Public Radio; New York: Robert Wood Johnson Foundation; Cambridge, MA: Harvard T. H. Chan School of Public Health, 2016), accessed May 28, 2017, <http://www.npr.org/assets/img/2016/02/26/PatientPerspectives.pdf/>.

When we asked about hospitals, 86 percent of people who recently had a joint replacement and 78 percent of women who recently gave birth say the quality of care they received from their hospital was very good or excellent; see figure 25.

Most people rate the overall quality of care they received from their doctor or hospital as very good or excellent.

Figure 25. Percent who rate the quality of care they received from their doctor or their hospital as excellent, very good, good, fair or poor, or say they are unsure, by group:



**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

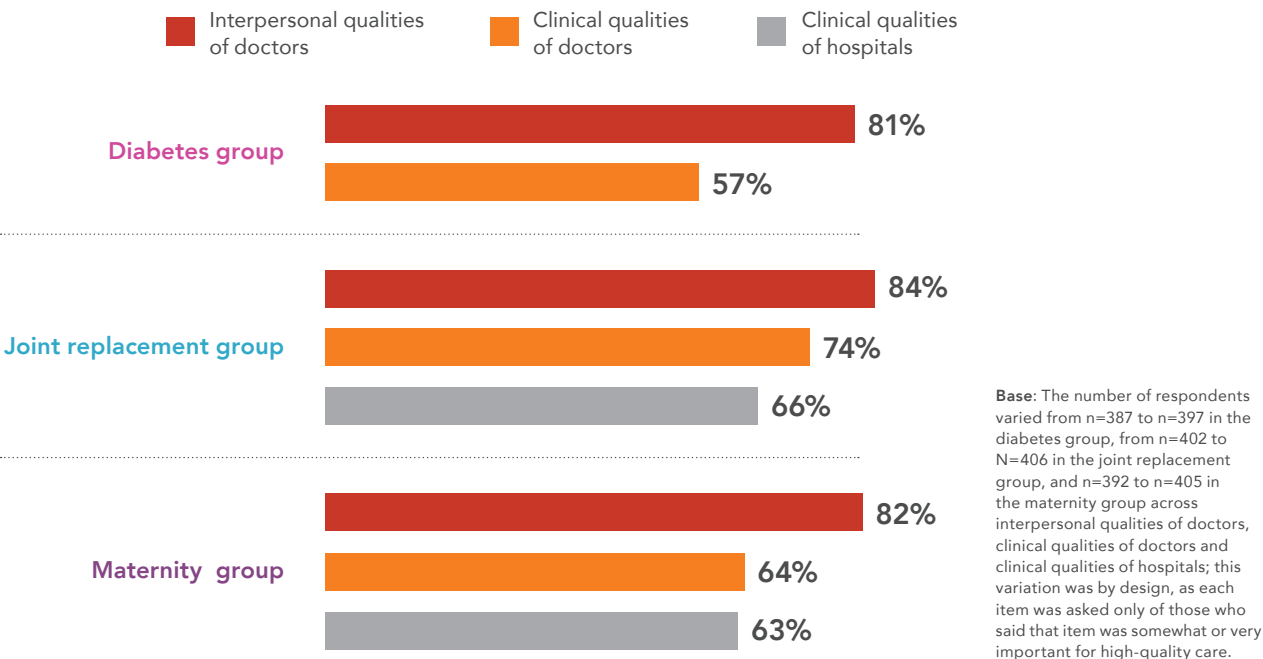


**Most people across all three groups say that, in their experience, their doctor had the interpersonal qualities they see as important. Fewer say that, in their experience, their doctor or hospital had the clinical qualities they see as important.**

In addition to asking people to rate the overall quality of care they received, we asked them about their experience with their doctor or hospital for each of the interpersonal and clinical qualities they see as important for high-quality care. On average most indicate that, in their experience, their doctor had the interpersonal qualities they see as important, while fewer say their doctor or hospital had the clinical qualities they see as important; see figure 26.

**On average, over 80 percent indicate that, in their experience, their doctor had the interpersonal qualities they see as important.**

Figure 26. Average percent who indicate that, in their experience, their doctor or hospital was somewhat or very close to having the various qualities, by group:



**Across all three groups, some people say that, in their experience, they do not know whether or not their doctor or hospital had clinical qualities related to rates of patient outcomes.**

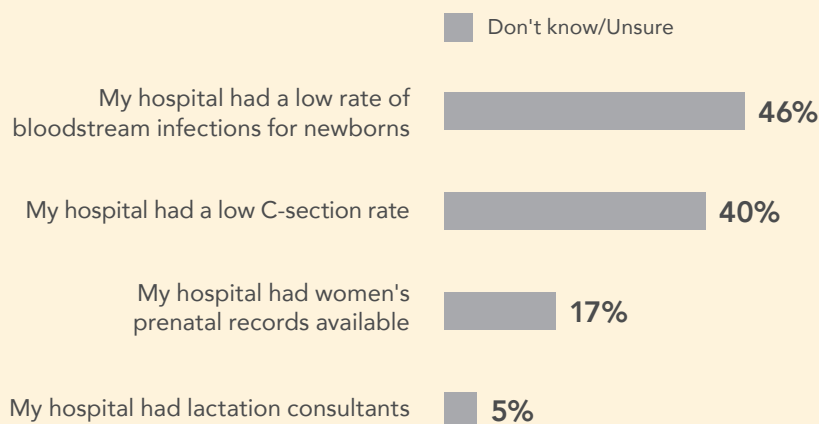
On average, most people across all three groups indicate that, in their experience, their doctor or hospital had the clinical qualities they see as important. However, some indicate that they do not know whether their doctor or hospital had clinical qualities related to rates of patient outcomes that they see as important. For example, 35 percent of people who recently had a joint replacement do not know if, in their experience, *their doctor had a low rate of patients with acute pain right after surgery, compared with other doctors*.

While most people rate each of the clinical qualities of doctors and hospitals as important for high-quality care and most rate the overall quality of their care positively, many people don't know whether they experienced certain clinical qualities that they rate as important. This suggests a potential disconnect between what people believe makes for high-quality care and whether they are able to assess their doctors and hospitals on these qualities based on their experience.



**Box 4. Among women who recently gave birth, more indicate that, in their experience, they do not know if their hospital had clinical qualities related to rates of patient outcomes.**

Figure 27. Percent of women who recently gave birth who indicate that, in their experience, they do not know if their hospital had each of the following qualities:



**Base:** The number of respondents varied from n=287 to n=376 in the maternity group by design, as each item was asked only of those who said that item was somewhat or very important for high-quality care.

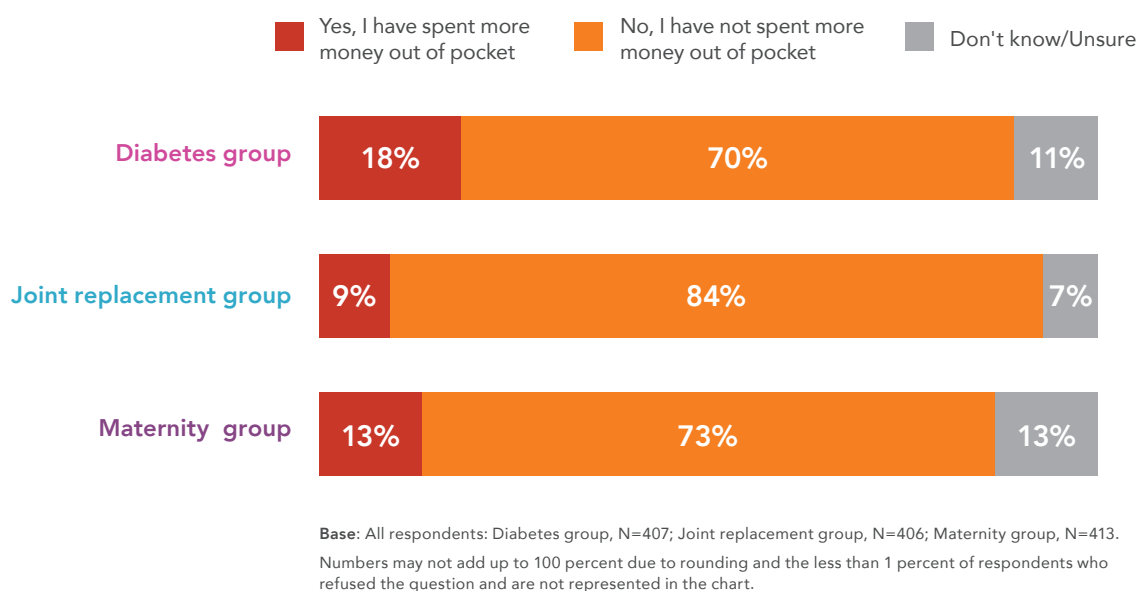


## Across all three groups, few people say they spent more out of pocket to get the quality of care they wanted.

Previous research has found that a third of U.S. adults report experiencing financial barriers to health care.<sup>83</sup> However, we found that among people in the three groups we surveyed, few say they spent more out of pocket to get the quality of care they wanted. Specifically, only 18 percent of people recently diagnosed with type 2 diabetes, 9 percent of people who recently had a joint replacement and 13 percent of women who recently gave birth say they spent more money out of pocket to get the quality of care they wanted; see figure 28.

### Few people say they spent more out of pocket to get the quality of care they wanted.

Figure 28. Percent who say they have or have not spent more out of pocket to get the quality of care they want, or that they don't know, by group:



## People worry about the costs of their care, but few say they had to forgo care because of cost.

We found that people worry or worried about the out-of-pocket costs of their care. Specifically, 47 percent of people recently diagnosed with type 2 diabetes, 26 percent of people who recently had a joint replacement and 42 percent of women who recently gave birth say they worry or worried some or a great deal about the out-of-pocket costs of their care.

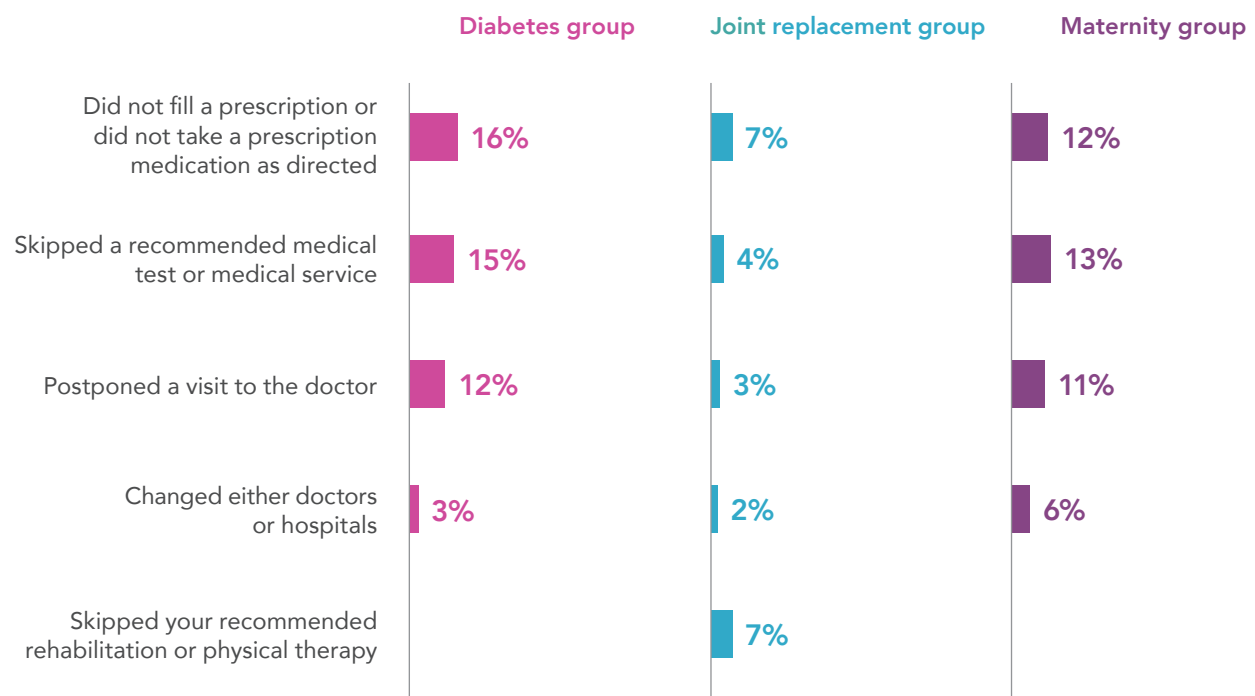
<sup>83</sup> Robin Osborn, David Squires, Michelle M. Doty et al., "In New Survey of Eleven Countries, US Adults Still Struggle with Access to an Affordability of Health Care," *Health Affairs* 35, no. 12 (2016): 2327–36, <http://content.healthaffairs.org/content/35/12/2327.abstract?=&right/>.

In our Philadelphia focus group with people newly diagnosed with type 2 diabetes, one woman talked about the challenge of paying for utilities, healthy food and her medications. She said, “It’s just those constant trade-offs. It is something that I go through weekly, daily, making those decisions and saying, ‘Can I do this or that?’ I do worry about money especially in the beginning of the year.”

However, few people report forgoing care because of cost. For example, only 16 percent of people recently diagnosed with type 2 diabetes, 7 percent of people who recently had a joint replacement and 12 percent of women who recently gave birth say they did not fill a prescription or did not take a prescription medication as directed because of cost; see figure 29. The same woman in our Philadelphia group also told us that at least one trade-off she has not had to make was with her prescriptions. She said, “It hasn’t happened too much with medications because a lot of them are generic and they have been working for me.”

### Few say they have had to forgo care because of cost.

Figure 29. Percent who say they did the following during their period of care because of the cost, by group:



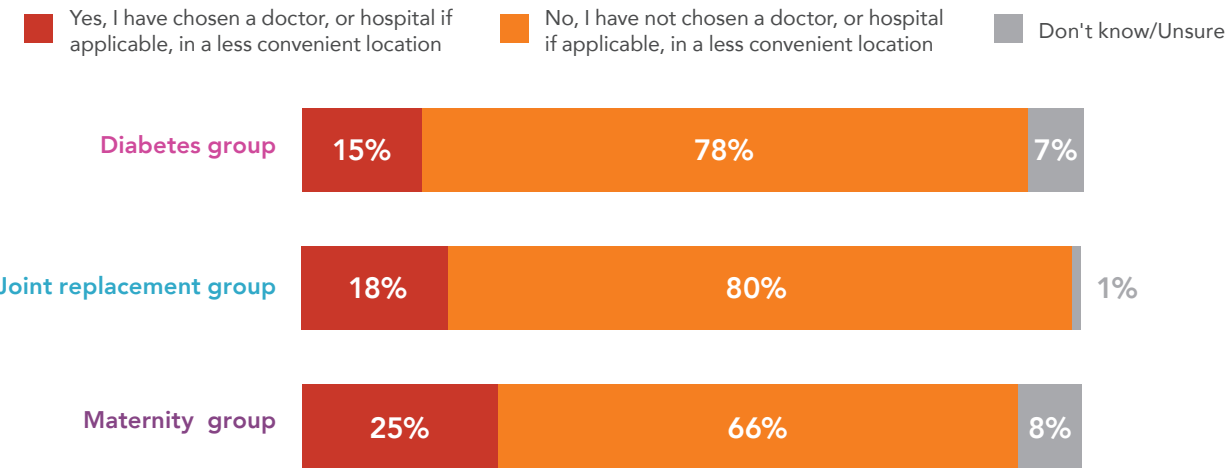
Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.

Across all three groups, few people chose a doctor or hospital in a less convenient location in order to get the quality of care they wanted.

Only 15 percent of people recently diagnosed with type 2 diabetes say they chose a doctor in a less convenient location in order to get the quality of care they wanted. Only 18 percent of people who recently had a joint replacement and 25 percent of women who recently gave birth say they chose a doctor or hospital in a less convenient location in order to get the quality of care they wanted; see figure 30.

Few say they made trade-offs between convenience and quality.

Figure 30. Percent who say they have or have not chosen a doctor, or hospital if applicable, in a less convenient location in order to get the quality of care they want, or that they don't know, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.







## About half of people across all three groups say there is enough information available about quality. Fewer say there is enough information about price.

- About half of people across all three groups say there is enough information about the quality of doctors or hospitals for their respective type of care.
- Less than a third of people in each of the three groups say there is enough information about the prices of doctors or hospitals for their respective type of care.
- Across all three groups, about 1 in 5 do not know whether it is reasonable to expect people to compare prices and quality across different doctors.
- Over half of people across all three groups say insurers should be required to make public how much they pay doctors and hospitals.



Our previous survey of the general public shows that nearly two-thirds of Americans—63 percent—say there is not enough information about how much medical services cost.<sup>84</sup> To what extent do people with specific health care needs express a desire for either health care price information or for information about quality?

### About half of people across all three groups say there is enough information about the quality of doctors or hospitals for their respective type of care.

Overall, among people recently diagnosed with type 2 diabetes, people who recently had a joint replacement and women who recently gave birth, about half indicate there is enough information available for patients to learn about the quality of different doctors or hospitals for their respective type of care. For example, 42 percent of people recently diagnosed with type 2 diabetes say there is enough information available to learn about the quality of different doctors for diabetes, while 30 percent say that there is not enough information available and 27 percent do not know; see figure 31.

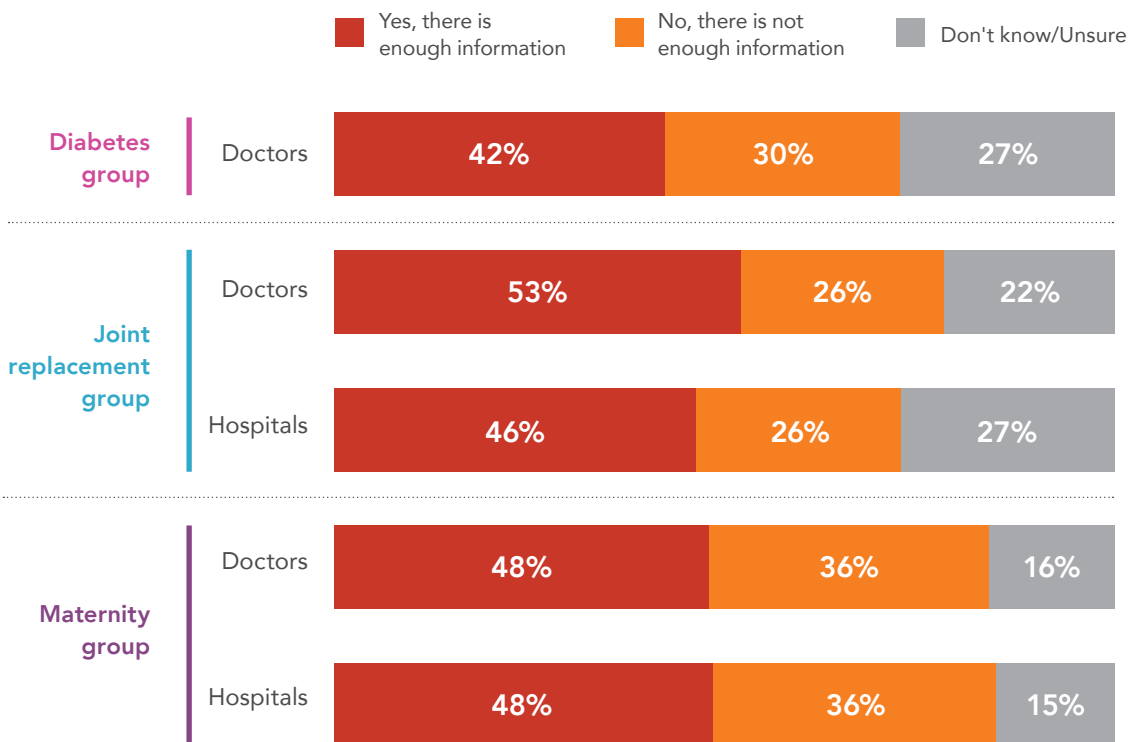
<sup>84</sup> Schleifer et al., "Still Searching," 2017.



Although there are many efforts to provide people with information about health care quality, it is important for that information to make sense to the people who need care. During our online focus group with people recently diagnosed with type 2 diabetes, we showed participants a website with information that lists doctors who have been recognized as providing high-quality care to patients with diabetes. But one woman in the group felt that the information was not easy to understand. She said, “I don’t even know what any of this stuff means. To me, this is more like something for professionals, not patients. It doesn’t look like it’s geared toward the patient.”

### About half of people say there is enough information about the quality of doctors or hospitals.

Figure 31. Percent who say there is or is not enough information available for patients to learn about the quality of different health care providers, or that they don’t know, by group:



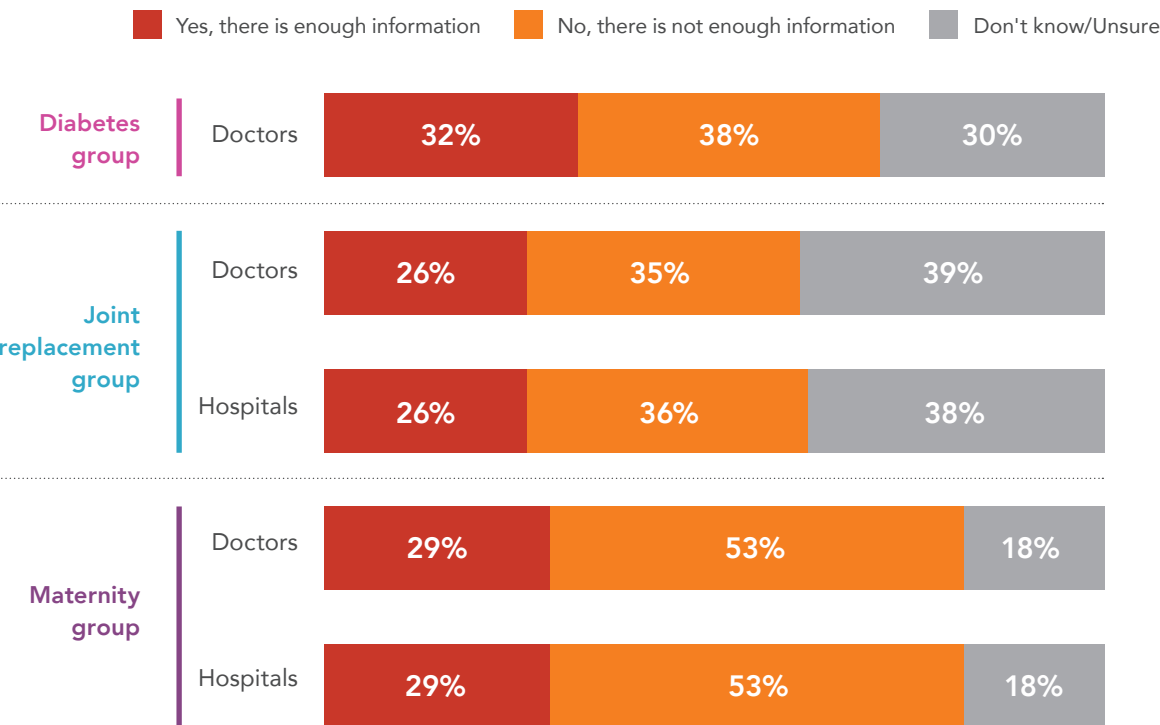
**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

**Less than a third of people across all three groups say there is enough information about the prices of doctors or hospitals for their respective type of care.**

Overall, among people recently diagnosed with type 2 diabetes, people who recently had a joint replacement and women who recently gave birth, less than a third say there is enough information available for patients to learn about the prices of different doctors or hospitals for their respective type of care. For example, 26 percent of people who recently had a joint replacement say there is enough information available about the prices of different hospitals for joint replacement surgery, 36 percent say that there is not enough information and 38 percent do not know; see figure 32. In our research with Americans overall, we found that only 23 percent say there is enough information about how much medical services cost.<sup>85</sup>

**Less than a third of people say there is enough information about the prices of doctors or hospitals.**

Figure 32. Percent who say there is or is not enough information available to learn about the prices of different health care providers, or that they do not know, by group:



**Base:** All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413. Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

<sup>85</sup> Ibid.

**About 20 percent of people across all three groups do not know whether it is reasonable to expect people to compare prices and quality across different doctors.**

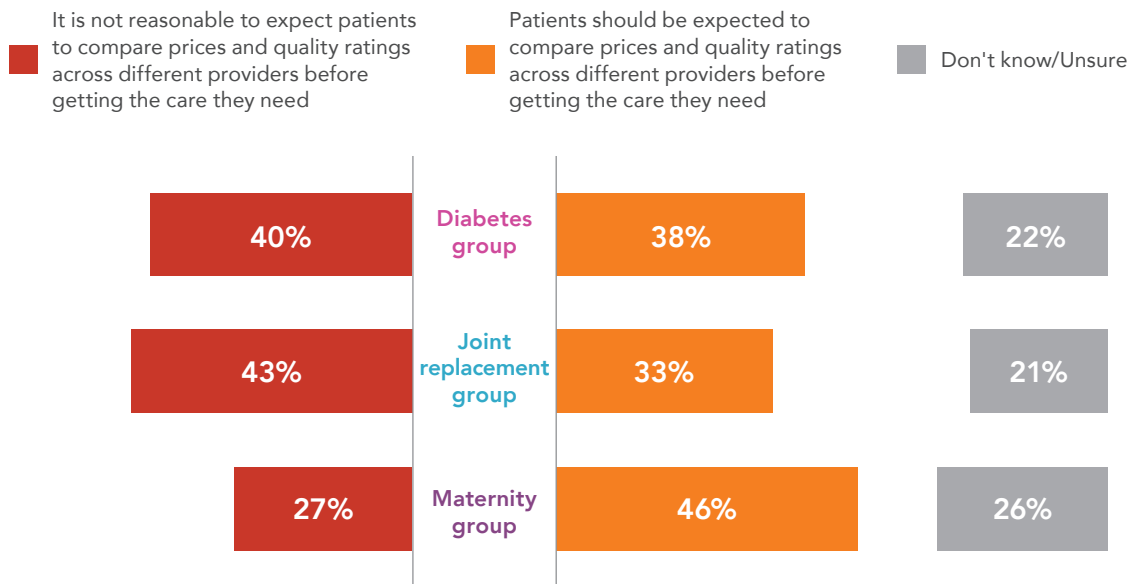
One rationale for making price and quality information more transparent is that it will enable people to find better-quality care at a better price—and perhaps even push doctors and hospitals to improve quality and get prices under control.

Our research found that more than half of people across the three groups either support the idea of patients comparing prices and quality of doctors and hospitals or are unsure about this idea. Less than half think it is not reasonable to expect people to compare prices and quality of doctors and hospitals.

For example, 38 percent of those recently diagnosed with type 2 diabetes say people should be expected to compare prices and quality ratings across different providers before getting diabetes care, and 22 percent do not know. However, 40 percent say it is not reasonable to expect people to compare prices and quality across different doctors; see figure 33.

**About 20 percent of people across all three groups do not know whether it is reasonable to expect people to compare prices and quality across different doctors.**

Figure 33. Percent who say they agree with either of the following statements, or that they don't know, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.

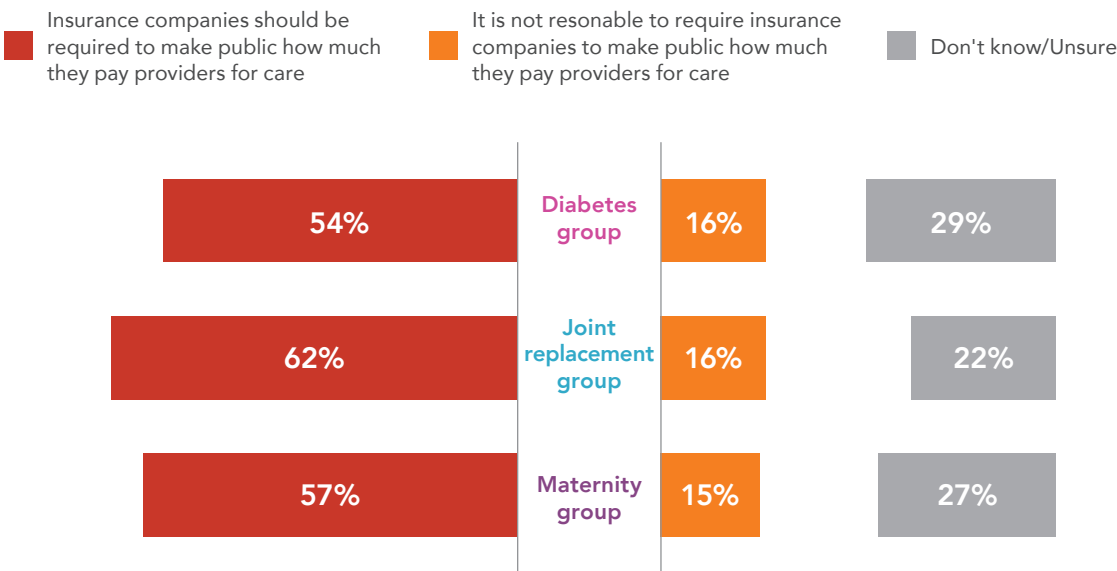
Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

**Over half of people across all three groups say insurers should be required to make public how much they pay doctors and hospitals.**

Our previous research found that 67 percent of Americans say insurance companies should be required to make public how much they pay doctors for medical services.<sup>86</sup> This research found that 54 percent of people recently diagnosed with type 2 diabetes, 62 percent of people who recently had a joint replacement and 57 percent of women who recently gave birth also say insurance companies should be required to make public how much they pay doctors and hospitals. However, around a quarter are unsure whether insurers should be required to do so; see figure 34.

**Most people think insurers should be required to make public how much they pay doctors and hospitals.**

Figure 34. Percent who say they agree with either of the following statements, or that they don't know, by group:



Base: All respondents: Diabetes group, N=407; Joint replacement group, N=406; Maternity group, N=413.  
Numbers may not add up to 100 percent due to rounding and the less than 1 percent of respondents who refused the question and are not represented in the chart.

<sup>86</sup> Ibid.



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# IMPLICATIONS



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This research shows that multiple interpersonal and clinical qualities of doctors and hospitals are important to people who have recently been diagnosed with type 2 diabetes, people who have recently had a joint replacement surgery or women who have recently gave birth. Yet few people across these three groups say that while deciding on a doctor or hospital, they actually knew or found out about the qualities that they think are important. Few are aware that quality varies, and many are uncertain how to rate their providers on specific clinical qualities.

There is considerable progress to be made in measuring and reporting on quality in ways that reflect what people need and want. Based on these findings, this report concludes with implications for providers, insurance companies and other payers, employers and regulators so that efforts to improve quality and efforts to make quality information more readily available and easier to understand will be informed by and responsive to the needs of people who receive care.

- **When defining quality, understand that people value different qualities of care depending on their health needs.** Our research found that people with different health needs rate the importance of interpersonal and clinical qualities differently. For example, more people recently diagnosed with type 2 diabetes rate interpersonal qualities as very important for high-quality care and fewer rate clinical qualities as very important. But most people who recently had a joint replacement rate both interpersonal and clinical qualities as very important. Therefore, there may not be a one-size-fits-all definition of high-quality care. Providers, insurance companies and other payers, as well as regulators and other leaders should define and communicate information about quality in ways that are tailored to specific health needs.
- **Continue to elevate the importance of interpersonal qualities of doctors.** We found that interpersonal qualities of doctors, such as asking patients about their preferences and expectations and making time for their questions and concerns, are very important to people in considering what makes for high-quality health care. Other research has shown that interpersonal qualities are crucial to patient experience and that there is a positive correlation between patient experience and patient outcomes.<sup>87</sup> Providers, payers and regulators as well as educators all have roles to play in measuring, reporting on and continuing to help doctors improve upon their interpersonal qualities.

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<sup>87</sup> Sequist et al., "Quality Monitoring of Physicians: Linking Patients' Experiences of Care to Clinical Quality and Outcomes," 2018; Greenfield et al., "Patients' Participation in Medical Care: Effects on Blood Sugar Control and Quality of Life in Diabetes," 1988.

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- **Explore ways to help people learn about clinical qualities of doctors and hospitals.**

We found that although many people across the three groups view clinical qualities as important, only some knew or tried to find out whether a doctor or hospital had these qualities. Among those who did not know or try to find out, many say it did not occur to them to do so. This suggests an opportunity to heighten public awareness of clinical qualities. Various sources, such as doctors, insurers, newspapers and magazines, may all have roles to play in helping people learn about these qualities.

- **Identify the sources people use to learn about the care they need, and use those sources to provide information about quality.** This research found that, across all three groups, more people spent time learning about their health situations and the care they need than spent time learning about doctors or hospitals. Efforts to publicly report information about quality should work in partnership with the existing sources that people already use to learn about their health concerns, symptoms and care. Those sources can be used to provide information about the qualities of doctors and hospitals as well as information about quality variation.

- **Doctors are important sources of information about quality.** Across all three groups, the source most people commonly use to find out about various qualities is their own diabetes, joint replacement or maternity care doctor. Although they are busy, doctors should have the information and preparation they need to talk about quality and quality variation with their patients, or should be able to guide patients to that information. However, this finding raises concerns given the possibility that doctors may not be willing to share information with patients about how they themselves rate on different qualities, particularly clinical qualities.

- **Consider the limitations of providing people with information about quality.** Some leaders and experts have expressed the hope that providing people with information about quality will help them make better choices among providers, driving improvements in the quality of care. However, our findings raise concerns about such hopes. We found that among people who did not know or try to find out about various qualities while deciding on a doctor or hospital, few say that information would have influenced their decisions. In addition, while most people across all three groups had at least some choice among doctors, few changed doctors while receiving care—perhaps because they were satisfied, since we found that most rate the overall quality of their care positively. This raises the concern that providing people with information about quality may not change their choices about doctors and hospitals. It underscores the need to focus on improving the quality of care that all doctors and hospitals provide, not just on helping people make better choices.

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# METHODOLOGY

## Summary

The findings in “Qualities that Matter” are based on three nationally representative surveys: one survey of 407 adults (ages 18+) diagnosed with type 2 diabetes between July 2013 and October 2016; one survey of 406 adults (ages 18+) who had joint replacement surgery between July 2013 and October 2016; and one survey of 413 women ages 18 to 44 who gave birth at a hospital between July 2013 and October 2016.

The diabetes and joint replacement interviews were conducted from October 5 through October 14, 2016, while the maternity interviews were conducted from October 5 through October 21, 2016. Each of the surveys was conducted online using samples from the GfK Group’s (GfK) KnowledgePanel. Respondents completed the surveys in English.

The surveys were designed by Public Agenda and fielded by GfK. The topline, which include full question wording and responses, can be found at [www.publicagenda.org/pages/qualities-that-matter](http://www.publicagenda.org/pages/qualities-that-matter).

Public Agenda also conducted six pre-survey focus groups with adults (ages 18+), two with recent mothers, two with people who recently had joint replacement surgery and two with people recently diagnosed with type 2 diabetes.

This work was funded through a grant to Public Agenda from the Robert Wood Johnson Foundation.

## The Survey

Data were collected through online interviews. The breakdown for each of the three surveys was as follows:

- For people diagnosed with type 2 diabetes between July 2013 and October 2016, a total of 411 adults (ages 18+) completed the survey.
- For people who had a joint replacement between July 2013 and October 2016, a total of 408 adults (ages 18+) completed the survey.
- For women who gave birth between July 2013 and October 2016, a total of 420 female adults (ages 18 to 44) completed the survey.

To enhance data quality, Public Agenda removed respondents who completed the survey in less than a quarter of the median response time for their respective survey or respondents who refused to answer 33 percent or more of the questions they were asked. The resulting “trimmed” sample sizes were 407 people with type 2 diabetes, 406 people who had a joint replacement and 413 women who gave birth.

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### **Web panel**

To collect data online, this survey was conducted using a sample from GfK's Knowledge Panel, an online probability-based web panel that is representative of the U.S. adult population. Panel members are randomly selected by GfK through an Address-Based Sampling (ABS) protocol using the latest delivery sequence file (DSF) of the United States Postal Service for address selection. It provides sampling coverage of 97 percent of the U.S. adult population across all 50 states and the District of Columbia.

### **Household selection**

The DSF-based sampling frame is appended with additional geodemographic data, making it possible for GfK to use a stratified random sampling to target households that are harder to recruit or those that exhibit higher rates of attrition. During the field period for this study, the stratification plan included the following four strata:

- Hispanic households with at least one 18- to 24-year-old;
- Remaining Hispanic households;
- Remaining households with at least one 18- to 24-year-old; and
- All remaining households.

Household samples are drawn quarterly. Adults from sampled households are invited to join KnowledgePanel through a series of mailings, including an initial invitation letter, a reminder postcard and a subsequent follow-up letter. Given that a subset of physical addresses can be matched to a corresponding landline telephone number, about five weeks after the initial mailing, telephone refusal-conversion calls are made to nonresponding households for which a telephone number is matched. Invited households can join the panel by completing and mailing back a paper form in a postage-paid envelope; calling a toll-free hotline phone number maintained by GfK; or going to a designated GfK website and completing the recruitment form online. Once joined, households are provided with access to the Internet and hardware if needed. GfK continually recruits new panel members throughout the year to offset panel attrition as people leave the panel.

### **Within-household selection**

During the initial recruitment of households for the KnowledgePanel, attempts are made to recruit every household member who is at least 13 years of age to become an active panel member. Once panel members are recruited, they are profiled by taking a Core Profile Survey that includes demographics and other questions such as health status.

### **Sampling from panel**

Individual members of the KnowledgePanel can be sampled for no more than one survey per week. Allowing for rare exceptions during some weeks, this limits a member's total assignments per month to four or six surveys. In certain cases, a survey sample calls for prescreening—that is, members are drawn from a subsample of the panel. In such cases, care is taken to ensure that all subsequent survey samples drawn that week are selected in such a way as to result in a sample that remains representative of the panel distributions.

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## Fielding

The survey was designed to be compatible with web interviews. GfK and members of Public Agenda's research team checked the programmed survey extensively to ensure skip patterns followed the design of the questionnaire. "Don't know/Unsure" was included as an explicit response category. Respondents could refuse to answer any question. The survey was offered only in English.

Based on panelists' responses to Core Profile Survey questions, which is administered annually separate from client surveys, GfK randomly recruited respondents for this survey by sampling from panelists who met any of the three following conditions: adults ages 18 and over with a diagnosis of type 2 diabetes; adults ages 18 and over who had or planned to have a joint replacement; women ages 18 to 44. Panelists received a notification email letting them know there is a new survey available for them to take. Panelists were then asked a series of qualifying questions to determine their eligibility for the survey. Respondents were asked, but not required, to complete the entire survey immediately after completing the eligibility screening questions.

After three days, automatic email reminders were sent to all qualifying nonrespondent panel members in the sample on day three of the field period. Beyond the email reminder on day three of the field period, additional email reminders to nonresponders were sent on day eight of the field period. Participants in the joint replacement survey received a cash equivalent of \$5 for their participation.

The web survey response rates using the American Association for Public Opinion Research (AAPOR) RR3 formula were the following:

- For people diagnosed with type 2 diabetes between July 2013 and October 2016, a random sample of 2,207 panel members with type 2 diabetes was invited to participate. A total of 1,564 responded to the invitation, and 411 adults (ages 18+) qualified and completed the survey, yielding a response to invitation rate of 71 percent and a qualification and completion rate of 26.3 percent. The recruitment rate for this study, reported by GfK, was 14 percent, and the profile rate was 63.6 percent, for a cumulative RR3 response rate of 6.3 percent.
- For people who had a joint replacement between July 2013 and October 2016, a random sample of 1,729 panel members who had or planned to have a joint replacement was invited to participate. A total of 1,095 responded to the invitation, and 408 adults (ages 18+) qualified and completed the survey, yielding a response to invitation rate of 63 percent and a qualification and completion rate of 37 percent. The recruitment rate for this study, reported by GfK, was 13.9 percent, and the profile rate was 63.0 percent, for a cumulative RR3 response rate of 5.6 percent.
- For women who gave birth between July 2013 and October 2016, a random sample of 5,417 women panel members ages 18 to 44 was invited to participate. A total of 2,566 responded to the invitation, and 420 women qualified and completed the survey, yielding a response to invitation rate of a 47 percent and a qualification and completion rate of 16 percent. The recruitment rate for this study, reported by GfK, was 11.7 percent and the profile rate was 65.8 percent, for a cumulative RR3 response rate of 3.7 percent.



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## Weighting

The final data for each of the surveys were weighted to correct for variance in the likelihood of selection for a given case and to balance the sample to known population parameters to correct for systematic under- or overrepresentation of meaningful social categories. The weighting procedure involved three steps.

The first step consists of the computation of design or base weights to reflect selection probabilities. In the second step, base weights are scaled to known population distributions to compensate for any undercoverage that may have occurred during the sampling phase. Finally, calculated weights are examined to identify and, if necessary, trim outliers at the extreme upper and lower tails of the weight distribution. The resulting weights are then scaled to the sum of the total sample size of all eligible respondents.

### Web panel weighting procedures

GfK designs its KnowledgePanel and recruitment procedures to ensure that active panel members are as representative of the adult population of the United States as possible, through both utilizing a broad set of geodemographic indicators and devoting resources to recruiting traditionally hard-to-reach adults—such as those without Internet access or Spanish-language-dominant Hispanics—in proper proportions as well. Consequently, the raw distribution of the KnowledgePanel fairly closely matches the U.S. population aside from disparities that may emerge for certain subgroups owing to differential attrition.

The panel still undergoes weighting before sampling is done for a specific survey. GfK has developed a patented methodology to ensure all samples behave as EPSEM, or equal probability of selection method. This methodology starts by weighting the pool of active members to the geodemographic benchmarks secured from the latest March supplement of the U.S. Census Bureau's Current Population Survey along several dimensions: gender, age, race, education, region, urbanicity, household income and homeownership status.

### Survey-specific weighting procedures

Using the weighted full web panel sample as measure of size, a PPS (probability proportional to size) procedure is used to select study specific samples. It is the application of this PPS methodology with the imposed size measures that produces fully self-weighting samples from the KnowledgePanel, for which each sample member can carry a design weight of unity.

Once the study sample has been selected and the survey administered, and all the survey data are edited and made final, design weights are adjusted to account for any differential nonresponse that may have resulted during the field period. Geodemographic distributions for the corresponding population were obtained from the weighted KnowledgePanel profile data and an iterative proportional fitting (raking) procedure was used to produce the final weights. Calculated weights were examined to identify and, if necessary, trim outliers at the extreme upper and lower tails of the weight distribution. The resulting weights were then scaled to aggregate to the total sample size of all eligible respondents.

Specifically, for this study the weighting procedure included the following for each of the three surveys:

- **Diabetes Survey:** Base weights were computed for all members assigned to the diabetes sample. Subsequently, the design weights of all respondents (qualified and not qualified) were adjusted to the distributions of adults with diabetes indexed by gender, race, census region, education and household income. The needed benchmarks were obtained from KnowledgePanel profile survey data. Finally, the resulting weights were trimmed and scaled to sum to the sample size of total respondents and qualified respondents.
- **Joint Replacement Survey:** Base weights were computed for all members assigned to the joints sample. Next, base weights of all respondents (qualified and not qualified) were weighted to the distributions of adults who had a joint replacement in the last three years indexed by gender, race, census region, education and household income. The needed benchmarks were obtained from KnowledgePanel profile survey data. Finally, the resulting weights were trimmed and scaled to sum to the sample size of total respondents and qualified respondents.
- **Maternity Survey:** Base weights were computed for all members assigned to the maternity sample. Subsequently, base weights of all respondents were weighted to the distributions of female adults 18 to 44 indexed by age, race, census region, education and household income. The resulting weights were then trimmed and scaled to sum to the sample size of total respondents and qualified respondents.

The following table provides summary weighting statistics for all and qualified respondents for each of the above three surveys. Included are the corresponding design effect and the overall margin of error.

Survey	Sample Size	Design Effect	Margin of Error (95% level)*
Diabetes	411	1.41	±5.7%
Joint Replacement	408	1.74	±6.4%
Maternity	420	1.38	±5.6%

As in all surveys, question order effects and other nonsampling sources of error could affect the results. Steps were taken to minimize these issues, including pretesting the survey instrument and randomizing order within question wordings as well as the order in which some questions were asked.

\* The margin of error for the trimmed samples is ±5.8 percent for the diabetes survey, ±6.4 percent for the joint replacement survey and ±5.7 percent for the maternity survey.

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## Pre-survey focus groups

Before developing the three survey instruments, we conducted six focus groups designed to be demographically representative of the populations with these conditions:

- One focus group with people diagnosed with diabetes in the last three years in Philadelphia, PA, on December 2, 2015. Nine people participated in this focus group.
- One focus group with people diagnosed with diabetes in the last three years conducted online December 15, 2015, using the InterVu focus group platform with sample supplied by IC International. Eight people participated in this focus group.
- One focus group with people who had a joint replacement in the last three years in Fort Lauderdale, FL, on February 4, 2016. Ten people participated in this focus group.
- One focus group with people who had a joint replacement in the last three years conducted online on February 9, 2016, using the InterVu focus group platform with sample supplied by IC International. Eight people participated in this focus group.
- One focus group with women who gave birth in the last three years in New York, NY, on December 21, 2015. Eight people participated in this focus group.
- One focus group with women who gave birth in the last three years conducted online on January 13, 2016 using the InterVu focus group platform with sample supplied by IC International. Ten people participated in this focus group.

Members of Public Agenda's research team designed the focus group moderator guides and moderated the focus groups. Focus groups were videotaped and professionally transcribed. Members of Public Agenda's research team analyzed the focus group transcripts.

More information about this study can be obtained at [www.publicagenda.org/pages/qualities-that-matter](http://www.publicagenda.org/pages/qualities-that-matter) or by emailing [research@publicagenda.org](mailto:research@publicagenda.org).

# SAMPLE CHARACTERISTICS

	Diabetes group N=407	Joint replacement group N=406	Maternity group N=413
<b>Insured status</b>			
Insured	95%	99%	90%
Uninsured	5%	1%	10%
Don't know	*	--	*
<b>Type of insurance [Base: Currently insured]</b>			
Insurance through employer or spouse's employer	48%	39%	66%
Medicare	43%	70%	4%
Medicaid	12%	5%	21%
Direct purchase	15%	21%	6%
Insurance through parents	*	--	2%
Other	12%	11%	3%
Don't know	2%	--	2%
Refused	*	*	1%
<b>Deductible status [Base: Currently insured]</b>			
Has a deductible	55%	50%	57%
Doesn't have a deductible	38%	44%	31%
Don't know	7%	5%	12%
Refused	*	*	1%
<b>Parental status</b>			
Parent or guardian of child under 18	14%	3%	100%
Not a parent or guardian of child under 18	85%	96%	--
Refused	--	*	--

	Diabetes group N=407	Joint replacement group N=406	Maternity group N=413
<b>Educational attainment</b>			
Less than high school or GED	4%	1%	5%
High school or GED	34%	14%	23%
Some college but no degree	22%	28%	18%
Associate's degree or technical school	8%	12%	12%
Bachelor's degree	20%	22%	26%
Graduate school or more	12%	24%	15%
Other	*	--	*
<b>Employment status</b>			
Full-time	32%	12%	38%
Part-time	8%	7%	13%
Self-employed	4%	5%	3%
Retired	35%	61%	--
A homemaker	4%	3%	38%
Disabled/handicapped	13%	9%	1%
Temporarily unemployed	1%	1%	4%
Other	2%	1%	2%
Refused	*	1%	*
<b>Household income</b>			
Less than \$50,000	48%	41%	42%
\$50,000 but less than \$100,000	31%	37%	35%
\$100,000 or over	21%	22%	23%



	Diabetes group N=407	Joint replacement group N=406	Maternity group N=413
Race/Ethnicity			
Hispanic	12%	3%	14%
Black	10%	7%	9%
White	71%	88%	69%
Other	4%	1%	5%
Two or more races	3%	1%	3%



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