Consumer Survey Aligning Forces Initiative

Quality Counts

September 2008

Conducted by

The Pennsylvania State University Survey Research Center

Under the Direction of

The Aligning Forces for Quality (AF4Q) Evaluation Team

Dennis Scanlon, Ph.D.

Principal Investigator

The survey and data analysis for this project were funded by a grant from The Robert Wood Johnson Foundation

Address correspondence to: **Daniel Maeng**, Quantitative Data Manager, 504 Ford Building, The Pennsylvania State University, University Park, PA 16802, 814-863-8062, ddm12@psu.edu

Table of Contents

BACKGROUND	1
SCREENER QUESTIONS (TO IDENTIFY RESPONDENTS WITH CHRO	NIC ILLNESS) 2
SERVICE USE AND ASSESSMENT OF CARE	3
Limitations in Activities	3
Sources of Obtaining Health Care Services	4
Use of Health Services	4
Coordination among Health Care Professionals	6
Problems Getting Recommended Care	6
Interaction with Health Care Professionals	7
Communication with Health Care Professionals	9
Discrimination	10
Patient/Consumer Engagement and Self-Management	10
Diabetes/High Blood Sugar	
Hypertension/High Blood Pressure	
Heart Disease	15
Asthma	16
Depression	16
PATIENT ACTIVATION	17
COMPARATIVE INFORMATION	18
Choosing a Doctor	19
Quality Reports	21
Trust	
RESPONDENT CHARACTERISTICS	26
APPENDIX A	29
APPENDIX B	30
APPENDIX C	43

BACKGROUND

This report presents findings from a survey of adults with chronic conditions conducted in Maine¹ from April 3, 2008 and July 11, 2008. The survey was carried out as part of an evaluation of the Robert Wood Johnson Foundation's Aligning Forces for Quality (AF4Q) Initiative. AF4Q is a national program designed to help communities dramatically improve the quality of the health care they provide for chronic diseases in ambulatory settings.

The AF4Q Initiative specifically aims to align three key drivers of quality improvement:

- Performance measurement and public reporting
- Capacity to help physicians in the community improve the quality of ambulatory, chronic illness care
- Consumer engagement

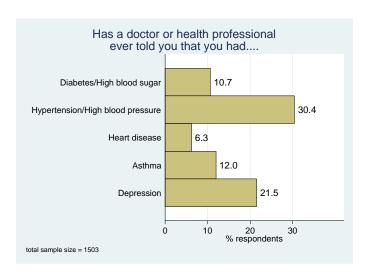
This baseline consumer survey was administered in the first year of the program to provide information on the current level of consumer engagement in the 14 AF4Q communities as well as a national sample; the information may assist the communities in planning and intervention activities. The Foundation also will consider funding a follow-up survey three or more years into the Aligning Forces program in order to provide a pre-post comparison.

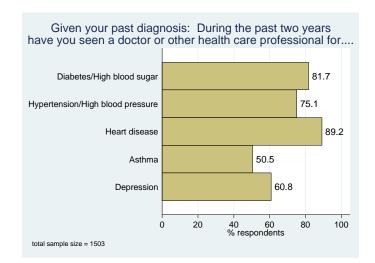
Details about the survey methodology and the construction of the graphs and tables are contained in Appendix A.

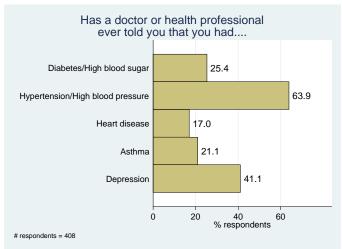
¹ RDD (random digit dialing) sample was purchased from Survey Sampling International. The sample was targeted to include the state of Maine. Geographic targeting was based on Federal Information Processing Standard (FIPS) codes predicted by area code and prefix exchanges.

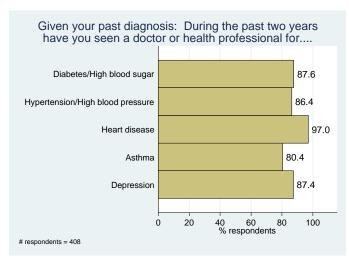
SCREENER QUESTIONS TO IDENTIFY RESPONDENTS WITH CHRONIC CONDITIONS

In order to identify individuals with chronic conditions who were eligible for the full survey, "screener" questions were asked of all people contacted. The first graph illustrates the estimates from the survey of the prevalence of the five chronic conditions in the population. This is based on all persons eligible for the short screener survey. The second graph illustrates the proportion of the population with one of the five chronic conditions that has seen a physician or health care professional within the last two years for that condition. (Whenever the term "health care professional" is used, we mean doctors, nurses, nurse practitioners, physician assistants, therapists, pharmacists and others who help manage the patient's condition.) The third and fourth graphs are similar to the first two, except include only those persons identified in the screener interview with one or more chronic conditions. These represent the respondents in the full survey.









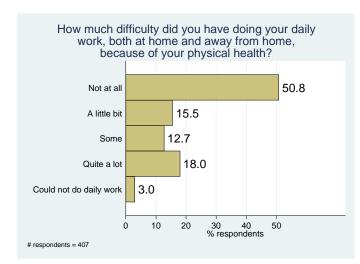
SERVICE USE AND ASSESSMENT OF CARE

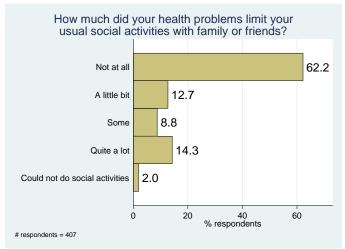
The sets of figures on pages 3-11 contain information from respondents on limitations in activities, use of medical services, assessments of the care they received, and their personal actions as the patient/consumer. The figures on pages 12-16 summarize condition-specific medical experiences among those individuals who said they had one or more of the five chronic conditions (diabetes, hypertension, heart disease, asthma, and depression).

Limitations in Activities

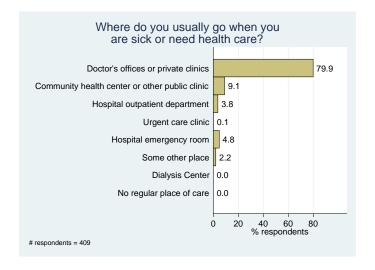
During the past 4 weeks...

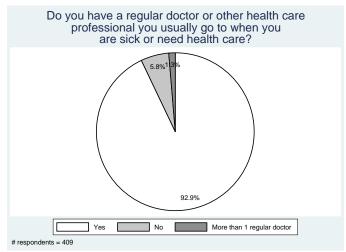




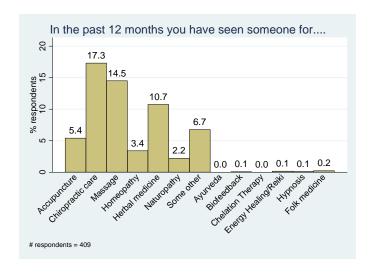


Sources of Obtaining Health Care Services



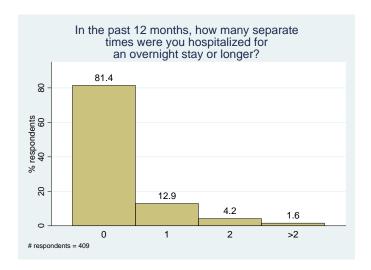


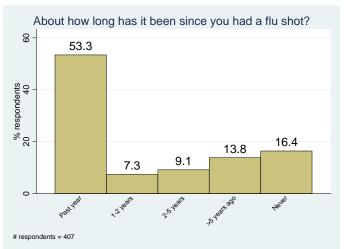
Use of Health Services

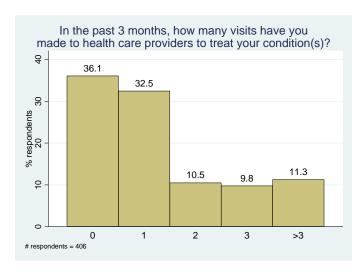


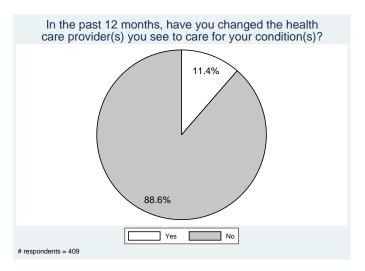


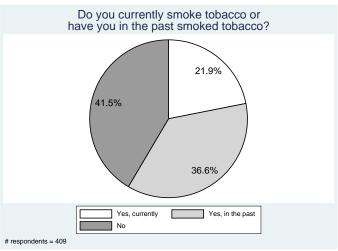
Use of Health Services (continued)



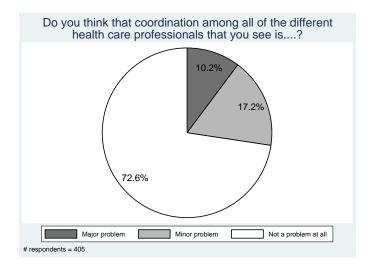


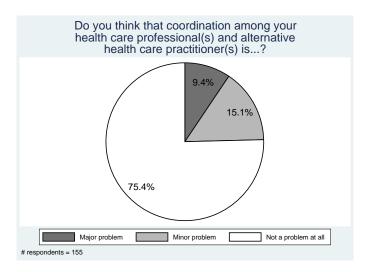




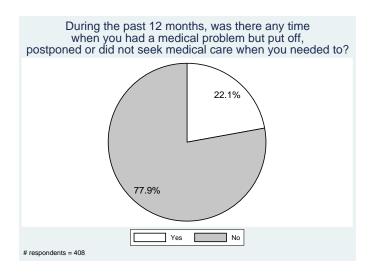


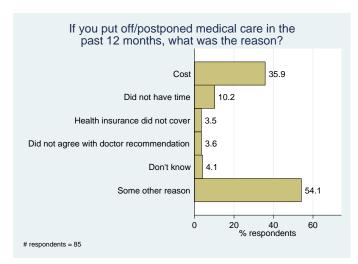
Coordination among Health Care Professionals





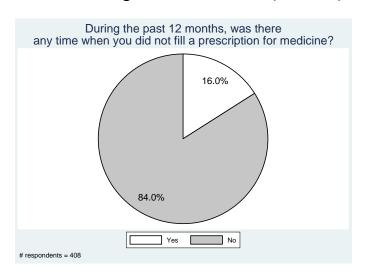
Problems Getting Recommended Care*

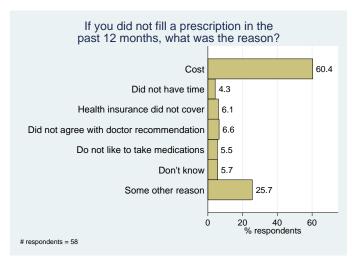




^{*}See Appendix C for recorded responses in the "some other reason" category for: If you put off/postponed medical care in the past 12 months, what was the reason?

Problems Getting Recommended Care (continued)*

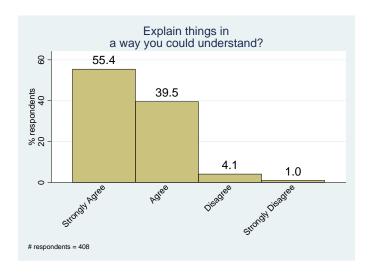


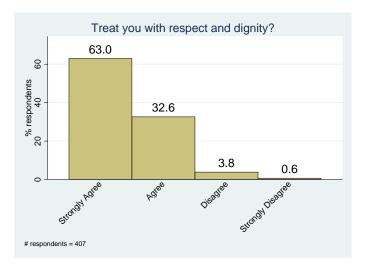


^{*}See Appendix C for recorded responses in the "some other reason" category for: If you did not fill a prescription in the past 12 months, what was the reason?

Interaction with Health Care Professionals

Thinking about the past 6 months, did your health care professional(s)...



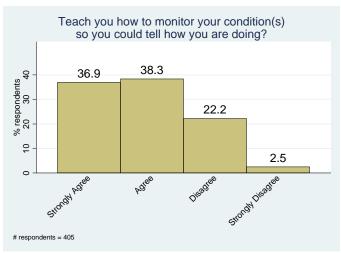


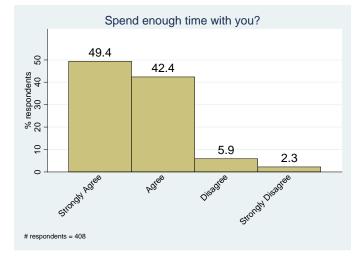
Interaction with Health Care Professionals (continued)

Thinking about the past 6 months, did your health care professional(s)...



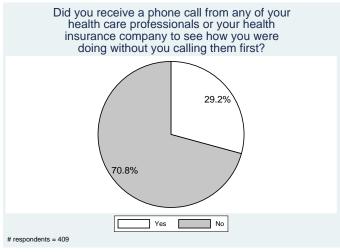


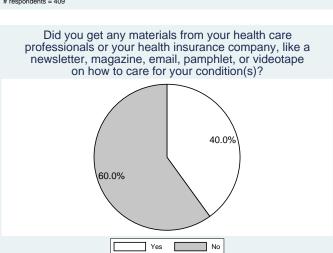


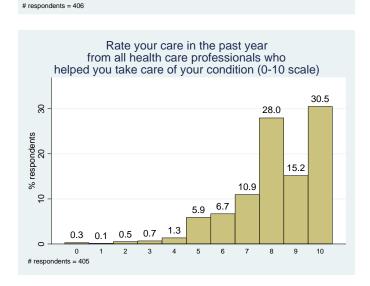


Communication with Health Care Professionals

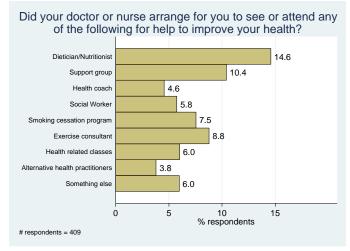
In the past 12 months...



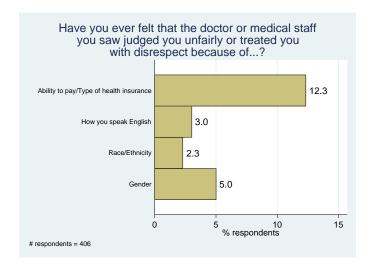


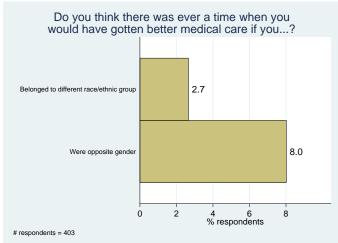






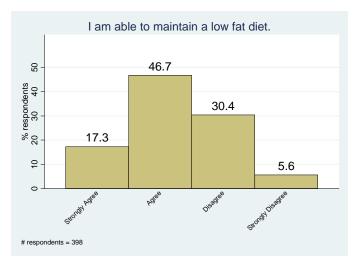
Discrimination



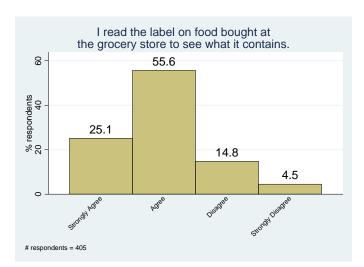


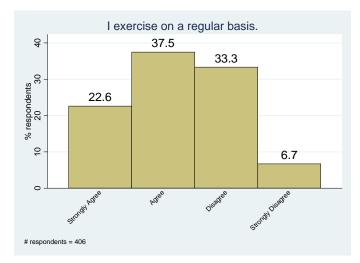
Patient/Consumer Engagement and Self-Management



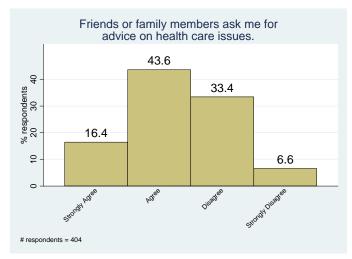


Patient/Consumer Engagement and Self-Management (continued)

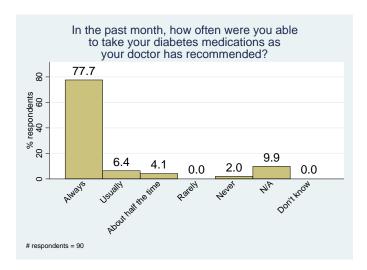


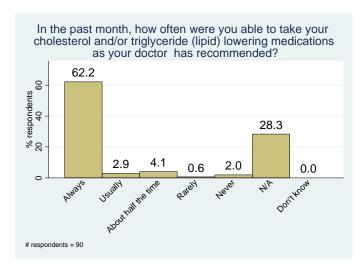


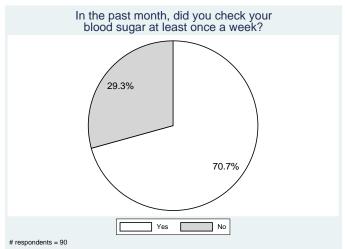


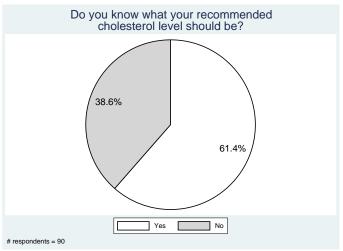


Diabetes/High Blood Sugar





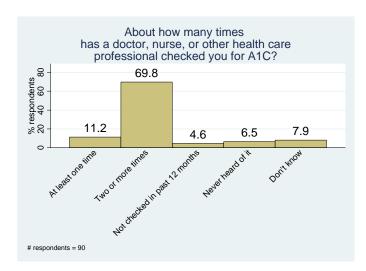


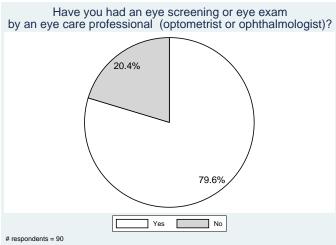


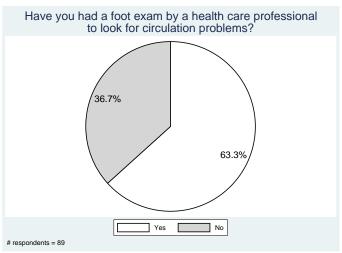
Diabetes/High Blood Sugar (continued)

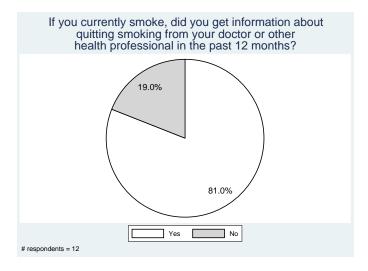
In the past 12 months...



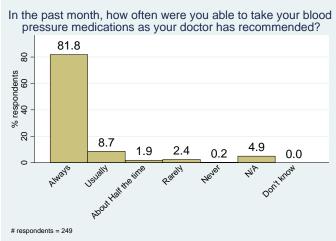


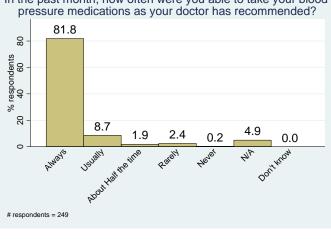


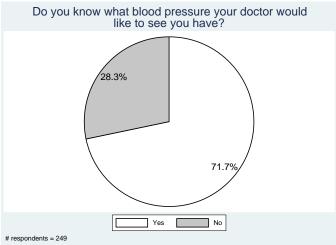


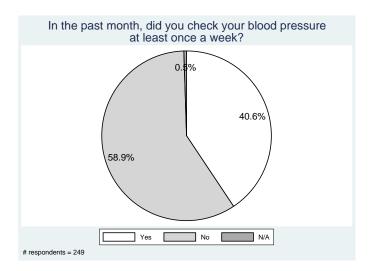


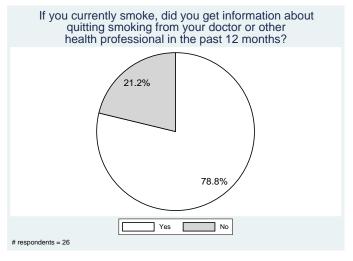
Hypertension/High Blood Pressure



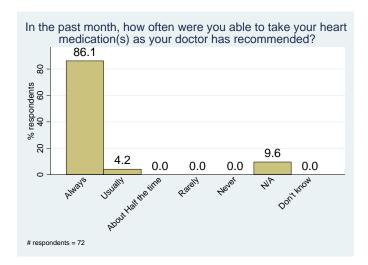


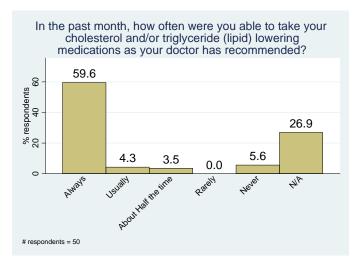


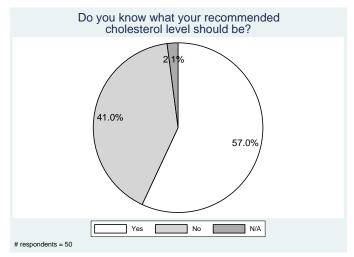


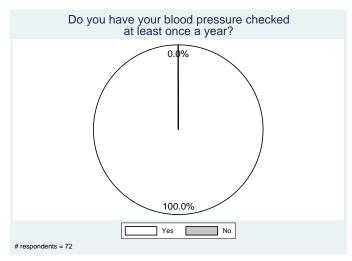


Heart Disease

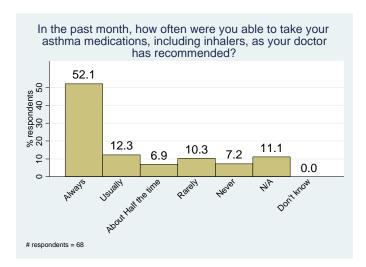


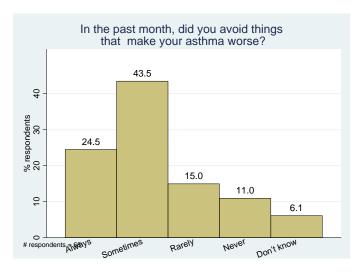


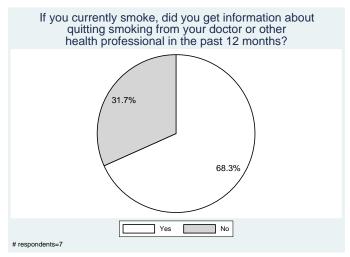




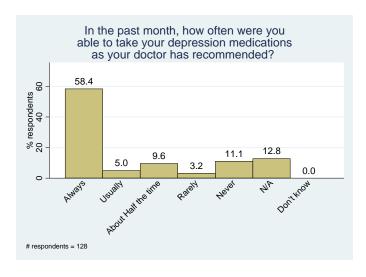
Asthma

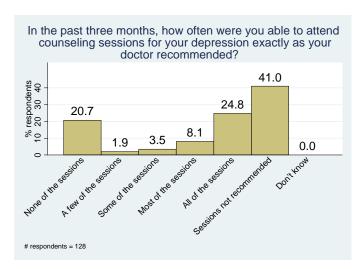






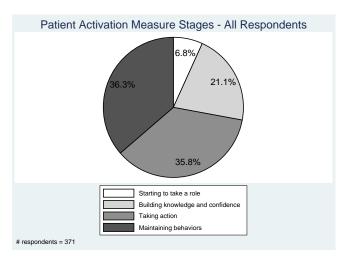
Depression

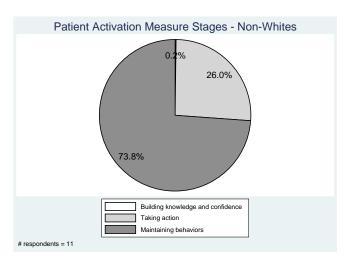


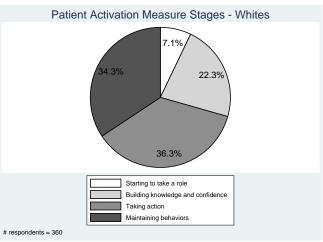


PATIENT ACTIVATION

The Patient Activation Measure© (PAM-13)² is a 13-item survey instrument that produces a uni-dimensional scale reflecting "a developmental model of patient activation" (Hibbard et al., 2004).³ During the phone interviews, respondents are asked to state whether they "strongly agree, agree, disagree, or strongly disagree" on each of the 13 items included as part of this scale [e.g., "When all is said and done, I am the person who is responsible for managing my health condition(s)."] Each item is then assigned a numerical value based on the response ("strongly agree" receives the highest value; "strongly disagree" receives the lowest). All the values are then aggregated to obtain a single "raw score," which, in turn, is converted to each respondent's "activation level" based on an algorithm developed by Hibbard et al. The respondents are then further classified under four activation "stages" based on their activation levels.





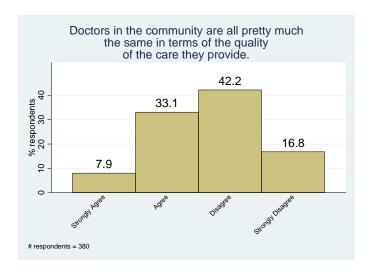


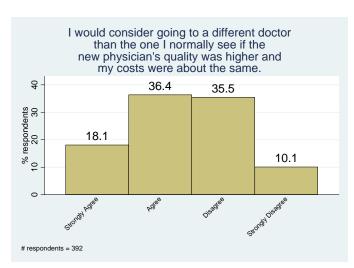
² The Patient Activation Measure is copyrighted by Insignia Health. For licensee use only. All rights reserved.

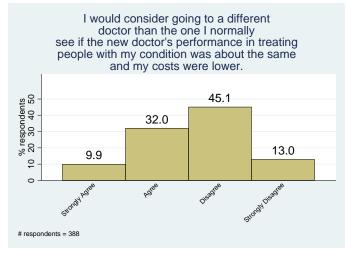
³ Hibbard, J. Judith, Jean Stockard, Eldon R. Mahoney, and Martin Tusler. 2004. "Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers," *Health Services Research* 39(4): 1005-1026.

COMPARATIVE INFORMATION ABOUT DOCTORS, HOSPITALS, PLANS AND QUALITY

This next set of figures addresses respondent knowledge of, and attitudes towards, variation in quality of care and sources of information regarding quality. Factors that are important in selecting care providers also are addressed.

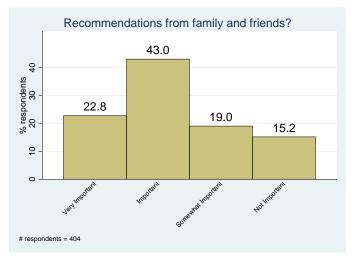


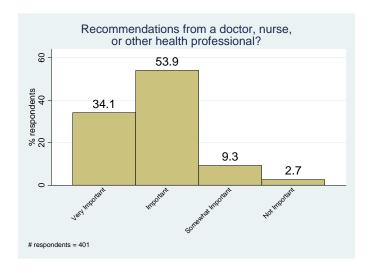


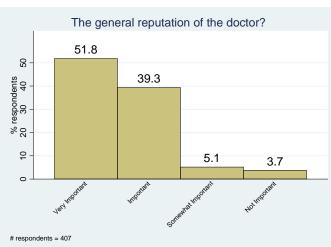


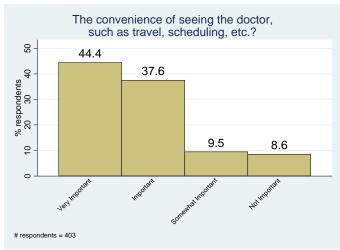
Choosing a Doctor

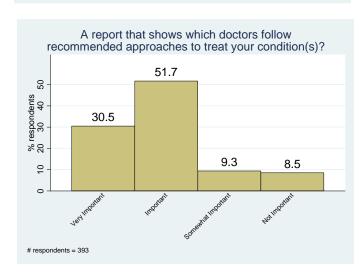
The next time you choose a doctor to treat your condition(s), how important might you consider...

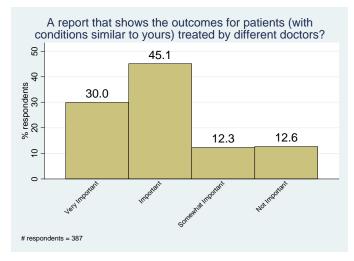






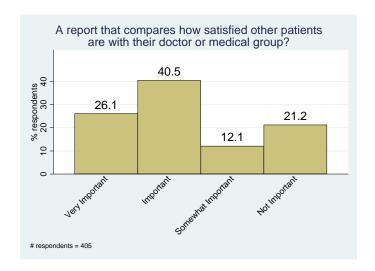


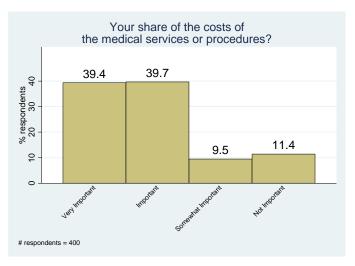


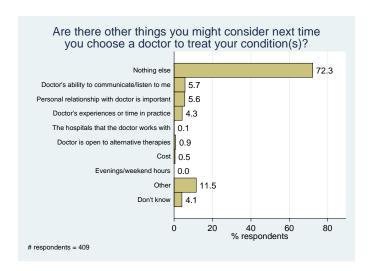


Choosing a Doctor (continued)*

The next time you choose a doctor to treat your condition(s), how important might you consider...



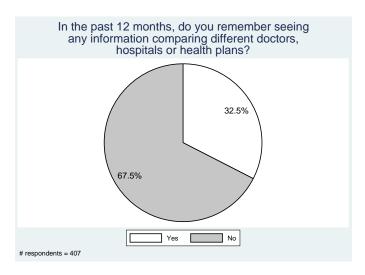


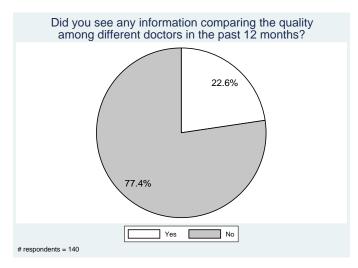


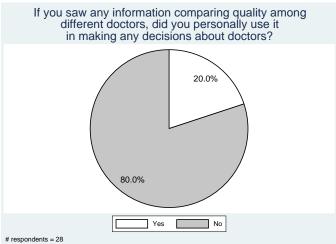
^{*}See Appendix C for recorded responses in the "other" category for:

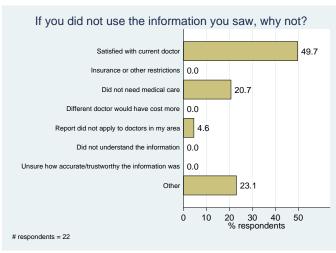
Are there other things you might consider next time you choose a doctor to treat your condition(s)?

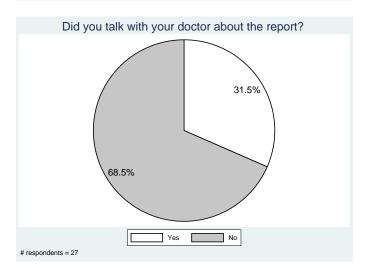
Quality Reports*

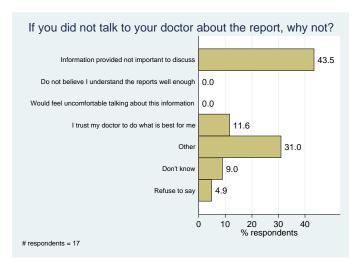




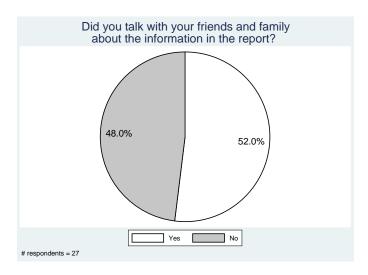


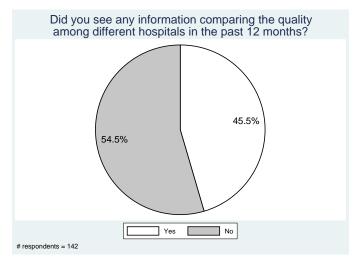


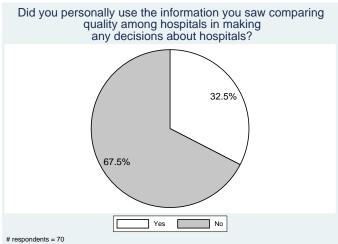


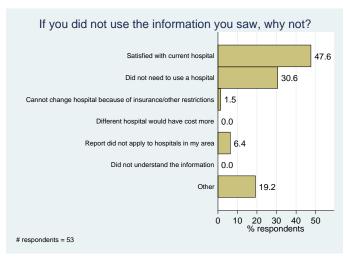


Quality Reports (continued)

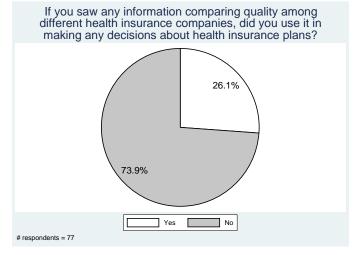




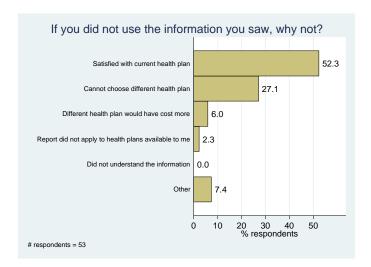








Quality Reports (continued)



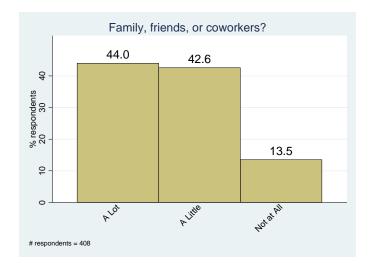
^{*}See Appendix C for recorded responses in the "other" category for:

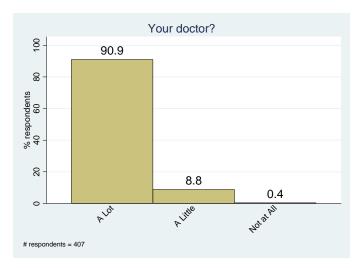
If you did not use the information you saw (comparing the quality among doctors/hospitals/health plans), why not?

If you did not talk with your doctor about the report, why not?

Trust

Would you trust information about the quality of health care provided by doctors if the information came from...

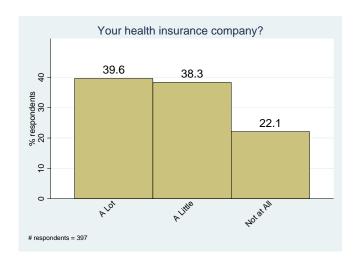




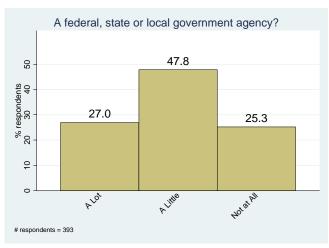
Trust (continued)

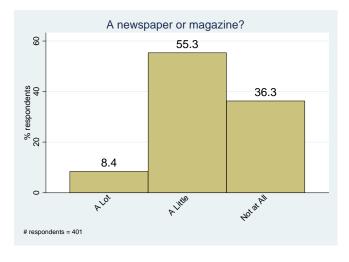
Would you trust information about the quality of health care provided by doctors if the information came from...

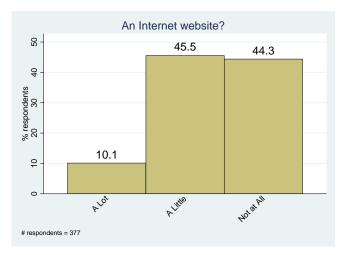








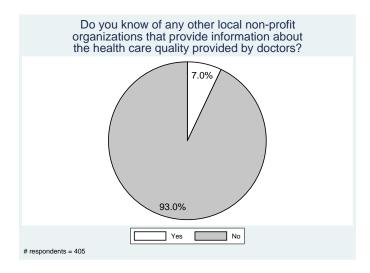


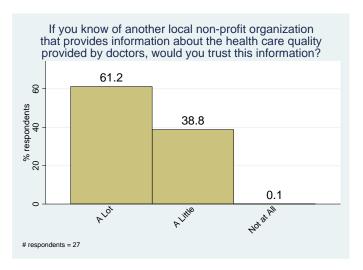


Trust (continued)

Would you trust information about the quality of health care provided by doctors if the information came from...

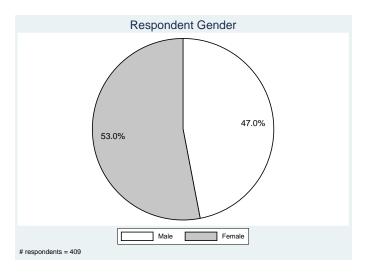


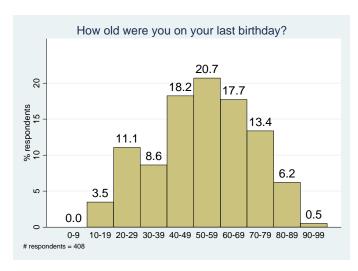


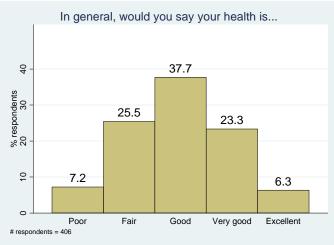


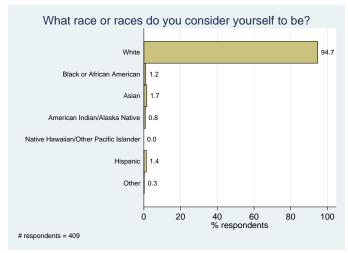
RESPONDENT CHARACTERISTICS

The final set of figures contains information about the demographic characteristics of the survey respondents. Like the responses displayed in the figures up to this point, the responses in these figures are "weighted" to more closely reflect the demographic characteristics of the site population (Appendix A discusses the weighting process of the data). Unweighted figures are available upon request.

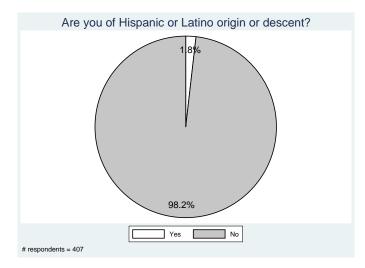


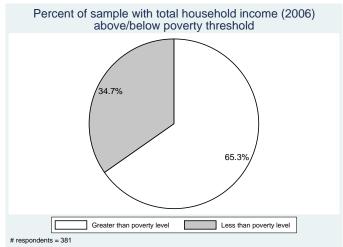


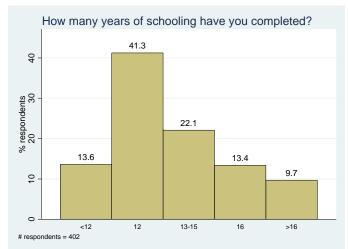


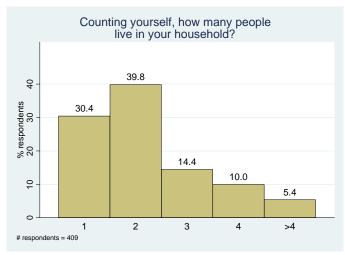


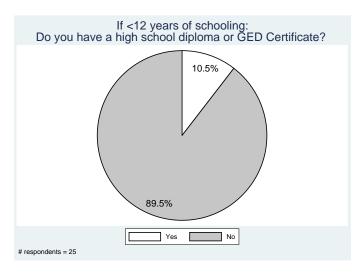
Respondent Characteristics (continued)

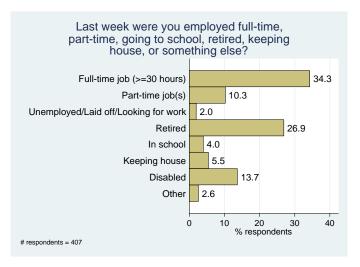




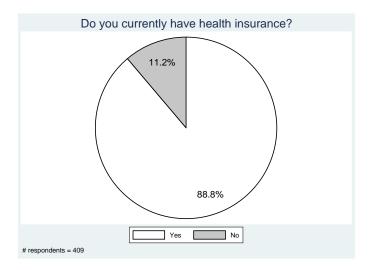


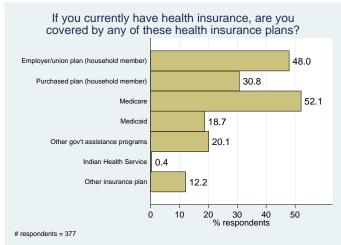


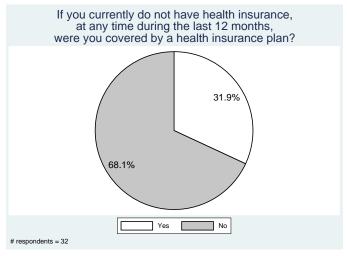




Respondent Characteristics (continued)







APPENDIX A

Overview of Methods

The sampling design for this study was a random digit dialing (RDD) telephone sample. The telephone interviews were conducted from April 3, 2008 and July 11, 2008. The design was created to yield a sample of 350 respondents 18 years of age and older with a chronic illness. After the completion of the surveys, we were able to complete 59 additional surveys, resulting in a total sample size of 409. The respondents were selected in a short screener interview from a representative sample of persons in households with telephones (land lines) in the designated market areas. Weights were computed to adjust for any differences between the sample and the population in terms of two factors: demographic characteristics and presence of chronic conditions. First, because those who agreed to participate in the telephone survey may be systematically different from those who refused, the weights reflect different probabilities of the respondents being drawn into the sample from the population based on their demographic characteristics. Second, among those who were identified as having one or more chronic conditions, those who completed the survey may be systematically different from those who failed to do so, particularly by the types of chronic conditions they have. Therefore, statistical adjustments were made to the weights to reflect different probabilities of survey completion.

Caution: The figures are representative of the target population of this survey (i.e., individuals who are 18 years of age and older with one or more of the following chronic conditions: diabetes, hypertension, heart disease, asthma, and depression); not of the site's general population. Accordingly, the distributions of the demographic characteristics shown in this report may be significantly different in comparison to those obtained via other population-based survey data, such as the US Census.

All figures reflect weighted percentages whereas the "numbers of respondents" represent the unweighted numbers of individuals in the sample who gave a valid response to the respective questions. As a result, a calculation based on the total sample size of 409 and any of the shown percentage figures does not necessarily lead to the numbers of respondents reported.

Response and Cooperation Rate Calculations

The response and cooperation rate calculations are based on the American Association for Public Opinion Research (AAPOR) standard definitions. Response rates were calculated for the screener survey as well as the full survey. The response, refusal and cooperation rates for the full survey use a screened eligibility and/or a working household eligibility percentage to estimate the eligibility of unknown cases.

The table below shows the final outcome for all call attempts made within the selected sample.

Screened Eligibility Percentage	40.88%
Working Household Eligibility Percentage	52.30%
Response Rate: Full Survey	22.81%
Response Rate: Screener Survey	24.86%
Cooperation Rate: Full Survey	29.80%
Cooperation Rate: Screener Survey	37.67%

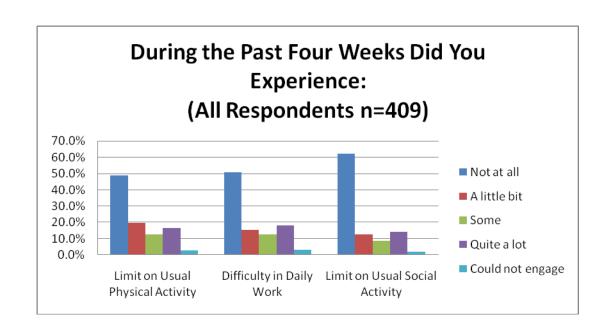
APPENDIX B

There is no new information in Appendix B. However, to facilitate comparison of findings, we bring together responses to different questions from the main report and present the data in the following tables and graphs.

Note: All tables and figures are shown as percentages.

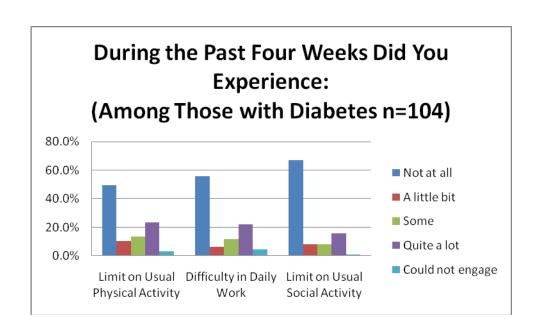
During the Past Four Weeks Did You Experience: (All Respondents n=409)

	Limit on Usual Physical Activity	Difficulty in Daily Work	Limit on Usual Social Activity
Not at all	48.6	50.8	62.2
A little bit	19.5	15.5	12.7
Some	12.5	12.7	8.8
Quite a lot	16.7	18.0	14.3
Could not engage	2.7	3.0	2.0



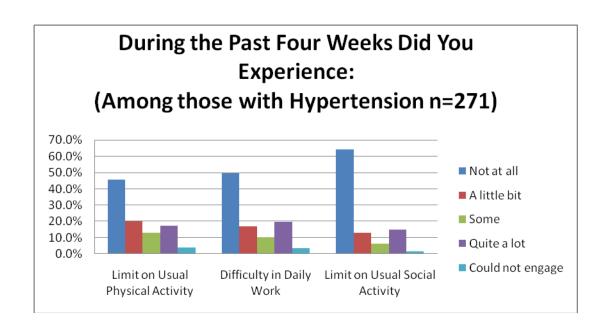
During the Past Four Weeks Did You Experience: (Among Those with Diabetes n=104)

	Limit on Usual	Difficulty in	Limit on Usual
	Physical Activity	Daily Work	Social Activity
Not at all	49.5	55.6	67.1
A little bit	10.5	6.4	8.3
Some	13.3	11.6	8.0
Quite a lot	23.5	22.1	15.8
Could not engage	3.3	4.4	0.8



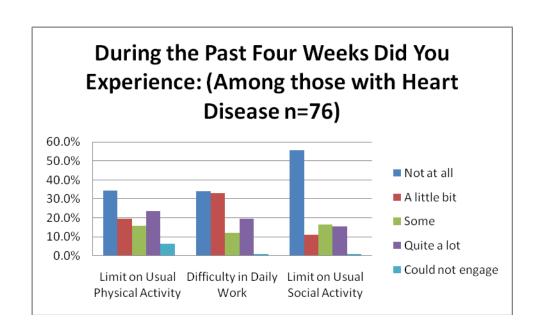
During the Past Four Weeks Did You Experience: (Among those with Hypertension n=271)

	Limit on Usual Physical Activity	Difficulty in Daily Work	Limit on Usual Social Activity
Not at all	45.8	49.5	64.0
A little bit	20.2	16.8	13.0
Some	12.9	10.4	6.5
Quite a lot	17.5	19.6	14.8
Could not engage	3.7	3.7	1.7



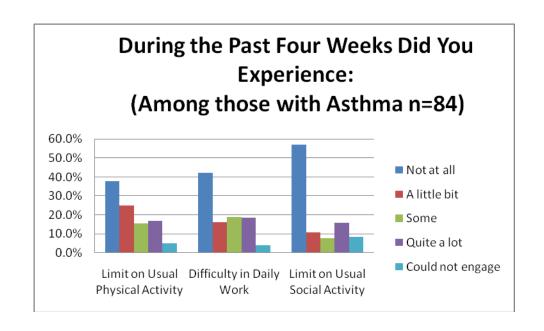
During the Past Four Weeks Did You Experience: (Among those with Heart Disease n=76)

	Limit on Usual Physical Activity	Difficulty in Daily Work	Limit on Usual Social Activity
Not at all	34.2	34.1	55.7
A little bit	19.7	33.2	11.0
Some	15.9	12.1	16.5
Quite a lot	23.7	19.5	15.6
Could not engage	6.5	1.2	1.2



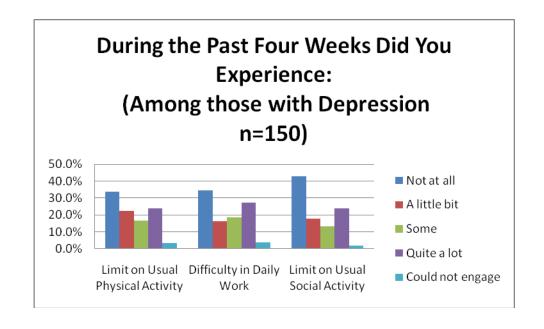
During the Past Four Weeks Did You Experience: (Among those with Asthma n=84)

	Limit on Usual	Difficulty in	Limit on Usual	
	Physical Activity	Daily Work	Social Activity	
Not at all	37.7	42.0	57.1	
A little bit	25.0	16.2	10.8	
Some	15.5	19.0	7.8	
Quite a lot	16.7	18.7	15.9	
Could not engage	5.1	4.2	8.5	



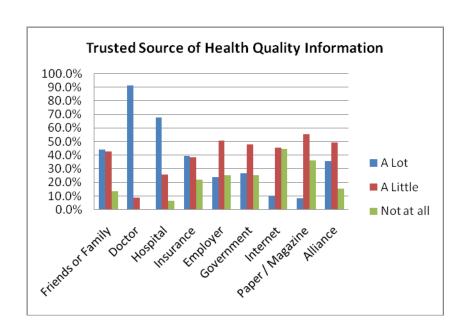
During the Past Four Weeks Did You Experience: (Among those with Depression n=150)

	Limit on Usual Physical Activity	Difficulty in Daily Work	Limit on Usual Social Activity
Not at all	33.8	34.4	42.9
A little bit	22.2	16.1	17.9
Some	16.8	18.5	13.4
Quite a lot	23.9	27.3	24.0
Could not engage	3.3	3.7	1.8



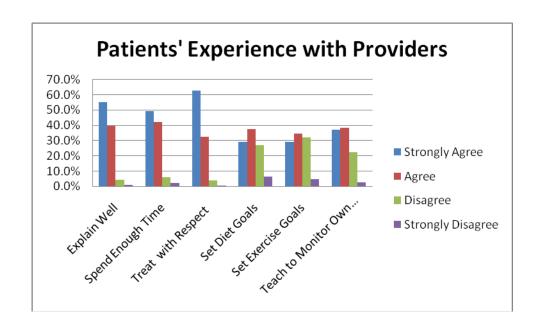
Trusted Source of Health Quality Information

	Friends or							Paper /	
	Family	Doctor	Hospital	Insurance	Employer	Government	Internet	Magazine	Alliance
A Lot	44.0	90.9	67.8	39.6	24.0	27.0	10.1	8.4	35.5
A Little	42.6	8.8	25.6	38.3	50.6	47.8	45.5	55.3	49.3
Not at									
all	13.5	0.4	6.6	22.1	25.4	25.3	44.3	36.3	15.2



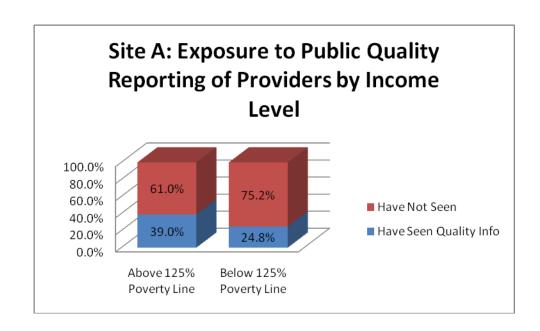
Patients' Experience with Providers

	Explain Well	Spend Enough Time	Treat with Respect	Set Diet Goals	Set Exercise Goals	Teach to Monitor Own Health
Strongly Agree	55.4	49.4	63.0	29.2	28.9	36.9
Agree	39.5	42.4	32.6	37.6	34.6	38.3
Disagree	4.1	5.9	3.8	26.8	32.0	22.2
Strongly Disagree	1.0	2.3	0.6	6.4	4.4	2.5



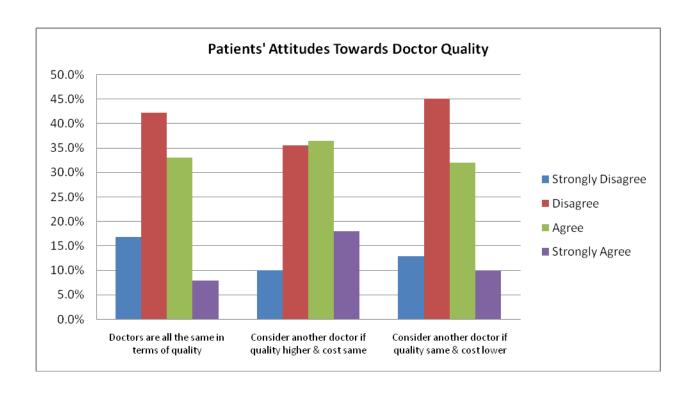
Exposure to Public Quality Reporting of Providers by Income Level

	Above 125%	Below 125%
Exposure to Public Reporting	Poverty Line	Poverty Line
Have Seen Quality Info	39.0	24.8
Have Not Seen	61.0	75.2



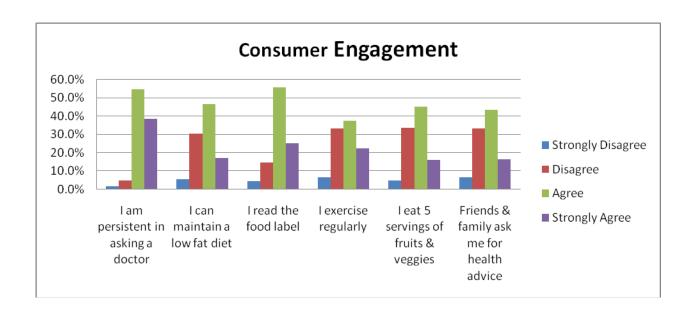
Patients' Attitudes Towards Doctor Quality

	Doctors are all the same in terms of quality	Consider another doctor if quality higher & cost same	Consider another doctor if quality same & cost lower
Strongly Disagree	16.8	10.1	13.0
Disagree	42.2	35.5	45.1
Agree	33.1	36.4	32.0
Strongly Agree	7.9	18.1	9.9



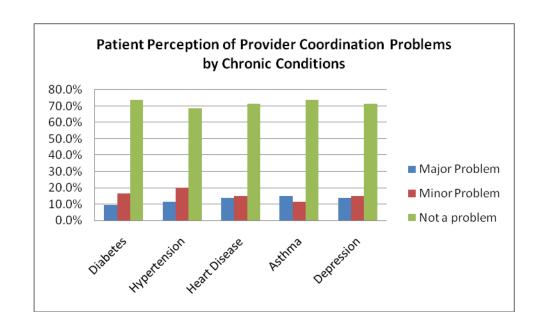
Consumer Engagement

	I am persistent in asking a doctor	I can maintain a low fat diet	I read the food label	l exercise regularly	I eat 5 servings of fruits & veggies	Friends & family ask me for health advice
Strongly Disagree	1.8	5.6	4.5	6.7	4.9	6.6
Disagree	5.0	30.4	14.8	33.3	33.7	33.4
Agree	54.7	46.7	55.7	37.5	45.2	43.6
Strongly Agree	38.5	17.3	25.1	22.6	16.2	16.4



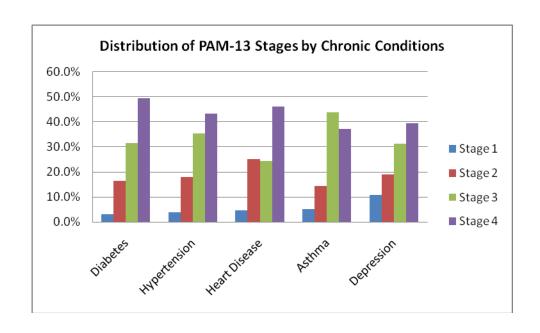
Patient Perception of Provider Coordination Problems by Chronic Conditions

	Diabetes	Hypertension	Heart Disease	Asthma	Depression		
Major Problem	9.5	11.3	13.8	15.0	13.7		
Minor Problem	16.6	19.9	14.9	11.5	14.9		
Not a problem	73.9	68.8	71.3	73.6	71.4		



Distribution of PAM-13 Stages by Chronic Conditions

	Diabetes	Hypertension	Heart Disease	Asthma	Depression		
Stage 1	3.1	3.8	4.6	5.2	10.8		
Stage 2	16.4	17.8	25.0	14.2	18.9		
Stage 3	31.4	35.3	24.4	43.6	31.1		
Stage 4	49.2	43.2	46.0	37.1	39.3		



APPENDIX C

The following are recorded responses from survey participants to the "other" category for several questions identified below; the responses were not depicted in the graphs in the main report but we provide them here for a more detailed representation of the sample.

(Note: R = Respondent)

If you put off/postponed medical care in the past 12 months, what was the reason? (pg.6)

- Depression
- They couldn't fit her in
- Fuel costs
- Complete lack of coordination sent to surgeon, no blood work available and he didn't know she had leukemia
- R's condition causes constant sprains; has had sprains before and did not feel the need to go see the doctorthought could handle the sprain on R's own
- · Hate my doctor
- Afraid of medications and only goes to the doctor when absolutely has to
- Doctor and specialist never got back even when they said that they would within 10 days
- Lives in a small town and doesn't really trust the receptionist to not discuss the issue with others in the town
- Not enough time
- Not much they can do
- · Lack of transportation and illness
- Just didn't want to
- "I don't like doctors"
- Doctor was sick himself so appointment was delayed
- Has to see other professional before going to next appointment
- Work schedule and the hospital's scheduling
- Difficulty in locating someone
- R postponed for 18 months due to not much pain then finally went because R had great pain in feet
- Had to drop health insurance
- Too busy
- Because I wanted to be sure that I really needed to go; wait to see if it got better because of the cost
- Stubborn
- Time constraint
- Location and lack of specialists in her area
- Sometimes don't want to know what's wrong
- Doctor was at a seminar and wanted to see him.
- Difficult to get care that is needed through the VA
- No transportation
- Wasn't confident that the treatment would work
- Had to cancel appointment for weather
- · Not being listened to by doctor

- Most problems get better on their own; just need a little time
- · Previous bad experiences with surgery
- The doctors had limited approaches
- Lack of transportation
- She didn't think it was that big of a deal at first.
- Too many medical problems going on at once
- Doesn't like going to the doctor
- Cost and travel time
- I have to depend on community transportation and have not always been able to be picked up; I've missed seven appointments. I have to go to take care of my pump and I have MS and I'm paralyzed from the neck down
- R thinks she can take of herself
- For arthritis treatment, doesn't think it's worth the trouble sometimes
- No transportation
- She is 82 and has never been ill or had surgery until this past year; did not need to go before that. She was hesitant to go the doctor.
- Knee problem, for instance. R can't afford treatment now because R doesn't have health insurance; when R does get health insurance, it will be a pre-existing condition

If you did not fill a prescription in the past 12 months, what was the reason? (pg.7)

- Had to alternate her medicine because the doctors couldn't fit her in
- R got confused on what pharmacy had [the prescription] and couldn't find the bottle
- One expired and her doctor left; had to find a new doctor
- "It was vitamins that I take from the doctor"
- She did not think she needed it
- Change in health care made it too expensive
- "I wanted to get samples from doctor"
- R felt that the medication was being rejected by her body; she didn't like it
- R as to go to doctor to get a refill; didn't have the chance
- Chose to go with homeopathic medicine instead of prescribed
- Major problem with drug company
- Medicine made her sick
- "It's a lot of work to fill prescriptions doctors call for full blood work, it's a hassle."
- Felt she was taking too many pills already; pharmacist said it was too many pills as well
- Changed prescription
- The medicines didn't work, and the doctors didn't listen to him.
- Did not want to take it
- "I wanted to use alternative prescription; I did not want to use the sleep medicine because it was knocking me out"

Are there other things you might consider next time you choose a doctor to treat your conditions(s)? (pg. 20)

- Length of time in the community
- Academic credentials
- "More information about up and coming treatments that are going to be available; maybe in the form of a magazine or things that the doctors pay attention to."
- Gender
- The ability to communicate and coordinate with [doctors]
- Asking doctor for a recommendation for next doctor
- Location
- The attitude and sincerity of the doctor R has had very serious problems due to doctor negligence
- Traveling
- How many times they have done surgery and how experienced they are
- When calling a doctor's office, to have the person pick up and be attentive rather than listening to recording. Also, doctors calling patients in for a reason that is not necessary; that is a waste of time.
- "I think you need to think about what's available, where you are, and your ability to go elsewhere if they send you, which I can do. I suppose maybe a lot of other people may not be able to do."
- Whether provider has malpractice claims or any violation against license
- It's important that they are very technical.
- Doctor's involvement in care
- R would follow recommendations from family and friends.
- Doctor's age older one are set in their ways.
- Feeling heard by them
- Ratings online
- Specializing in my condition
- R would be interested in whether the doctor had a specialty
- The practice group the doctor is associated with
- Finding a doctor that accepts the Maine Medicare
- To form a bond w/ the doctor
- Personality/ bedside manner
- Research online about doctor/medical group
- Expertise
- Case Load
- Not arrogant, willing to listen, and to try new things
- Recommendation from my doctor
- They have to be human have a personality
- Personality
- Specializing in woman's health
- Personal interaction and pro-activeness in the doctor-patient relationship
- R wants a doctor that is high quality and just as good as the previous. Would go to family or friends or other patients and would check him out well.

- R would want the doctor to be as much like my current doctor
- Doctors working together in other specialty fields
- "My concern is that they know what my condition is and know how to treat it."
- · Cost of prescriptions
- Good bedside manner
- Personality
- Success of other procedures performed by that doctor
- See doctor and not assistants or others in the group
- Doctor that follows up
- Travel time
- · Proximity to work place
- More prone to choose a female doctor than a male
- Recommendations from family and friends
- Whether or not they would take my insurance and allow me to participate in decision making
- Available technology
- Whether the doctor is a private doctor vs. one that works for a very large practice
- Has to be within the insurance that she has
- Looking for a doctor that is more willing to work with alternative medicine
- Doctor who treats me like a human being, not a number
- Prefer female doctor
- How close they are to R
- The administrative help and how they treat patients. "I've walked out of appointments before because of how I was treated by the receptionist."
- Also including the staff. "I almost changed my doctor because of one nasty secretary/receptionist."
- "That the doctor spends time with me and I'm not rushed. I left the doctor that just came in, read my chart and told me I was doing well or not well."
- Doctor's ability to see patient as an active player in the patient's health care
- A doctor that understand men's issues
- That they encourage

If you did not use the information you saw comparing the quality among doctors, why not? (pg. 21)

- Was in the service; you take the doctor that was given to you
- Did not pertain to anything I had
- Not in area
- It was not available to me beforehand

If you did not talk to your doctor about the report, why not? (pg. 21)

- R didn't get information that deals with his doctor
- I had no concerns
- Because they wouldn't listen; they think they know it all
- When I go to the appointment there is only a specific amount of time to talk about why I am there.
- Haven't seen the doctor since
- I feel that I was unhappy about the care received and so I looked it up to see if it was available.
- "I don't care"
- Didn't think to talk to the doctor about it

If you did not use the information you saw comparing the quality among hospitals, why not? (pg.22)

- No other choices
- different hospitals offered different procedures
- It was more for cardiac and cancer
- I did not require it.
- Already had the information
- R likes the doctors she has at this hospital
- Nationally ranked hospitals
- Didn't use the information because it didn't apply to my conditions
- Distance; no need; nothing happened
- Goes to VA hospital
- The hospital is too far for R
- Haven't really needed a hospital in the past 12 months

If you did not use the information you saw comparing the quality among health plans, why not? (pg. 23)

- R is a doctor and he didn't use the information as a patient, but as scholar/professional.
- Hard to understand the differences; some are more expensive than expected.
- Changed insurance
- R was already in a health plan; didn't need information
- Stuck with original insurance company
- Did not apply to me.
- R belongs to a group and it was a group decision
- Didn't have to
- Did have to consider what supplemental policy to use with Medicare