
**Consumer Attitudes toward Family / Primary Care Physicians
and the U.S. Healthcare System**



CONTENTS

<u>SECTION</u>	<u>Page</u>
I BACKGROUND	2
II SPECIAL NOTES	2
III EXECUTIVE SUMMARY	4
IV DETAILED RESULTS	15
A Level of Satisfaction with One's Family Doctor/PCP	15
B Extent to Which Family Doctor is Able to Exercise Independent Judgment regarding Patient Care	18
C Factors Responsible for the Rising Cost of Healthcare.....	20
D Influence of Insurance Companies on the Quality of Patient Care	24
E Perception Regarding the Impact of the Healthcare Reform Law	26
F Views Regarding the Future of the Healthcare System in the U.S.....	31
 APPENDIX	
1 % who have a Family Doctor/PCP	33
2 Primary Insurance Type	34
3 Number of Visits to Family Physician in the Past Year.....	36
4 Respondent Profile.....	38

I BACKGROUND

This report highlights findings from an online survey conducted among adults 18 years of age and over within the United States. Conducted on behalf of [The Physicians Foundation](#), the study was designed to explore attitudes toward family doctors/primary care physicians and views regarding a number of healthcare issues; including the Patient Protection and Affordable Care Act (otherwise known as the Healthcare Reform Law), and the future of the healthcare system in the U.S.

A total number of 2,236 adults participated in the survey, with 1,807 having a family physician or primary care doctor. The survey was conducted by Harris Interactive – utilizing their [“Quick Query”](#) Omnibus service – with interviews completed between July 23-25, 2012.

II SPECIAL NOTES

- Respondents for this survey were selected from among those who have agreed to participate in Harris Interactive surveys. The data have been weighted to reflect the composition of the adult population (as necessary, for age, sex, race/ethnicity, education, region and household income). Propensity score weighting was used to adjust for respondents’ propensity to be online.
- Results herein are reported separately for total, males and females, three age groups, three income groups, and two educational-attainment levels. Where relevant, results were tested for statistical significance, at a 95 percent level of confidence.

For gender and education: When results were found to be significantly different a small arrow is inserted in the relevant results table, pointing in the direction of the significantly higher of the two numbers.

For age and income: When results were found to be significantly different an italicized letter (“*a*,” “*b*” and/or “*c*”) is inserted immediately to the right of the significantly higher of the two numbers. These postscripts correspond to the column headings in each of the tables. For example:

For income the corresponding letters are “*a*” for the “Under \$50k” group, “*b*” for the “\$50k-\$74.9k” group, and “*c*” for the “\$75k & over” group.

If the letter “*c*” appears to the right of a number in the “Under \$50k income” column; that indicates that the “Under \$50k” percent is significantly higher than the “\$75k & over” percent.

- Maximum error ranges for the bases shown in the tables (at a 95 percent confidence level) are as follows:

<u>Sample Size</u>	<u>Maximum error range</u>
2,236 (Total).....	+/- 2.0 points
1,807 (Total who have a family doctor or PCP)...	+/- 2.3 points
810 (Males)	+/- 3.4 points
997 (Females).....	+/- 3.1 points
370 (18-34 years of age).....	+/- 5.1 points
655 (35-54 years of age).....	+/- 3.8 points
782 (55 years of age & over).....	+/- 3.5 points
796 (Less than college graduate).....	+/- 3.5 points
1,009 (College graduate or above).....	+/- 3.1 points
606 (Less than \$50k annual HH income)	+/- 4.0 points
332 (\$50k-\$74.9k annual HH income).....	+/- 5.4 points
625 (\$75k annual HH income & above)	+/- 3.9 points

- Note that standard error calculation and the use of significance tests apply to random probability samples and are included herein to serve as a guide-only. Such statistical calculations should be interpreted accordingly.

III EXECUTIVE SUMMARY

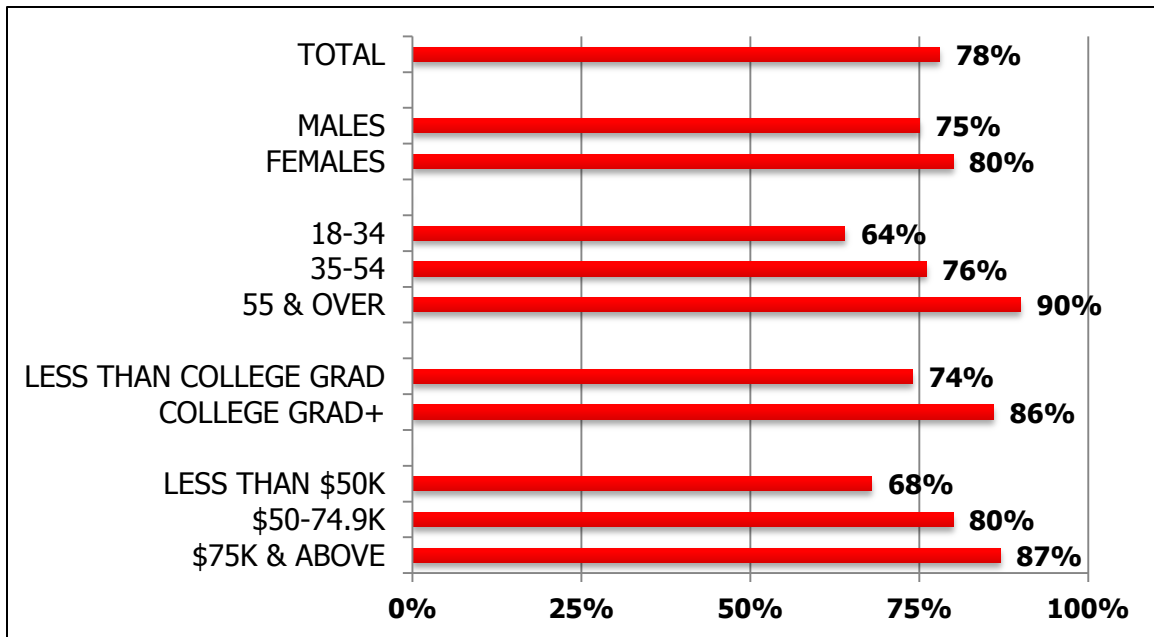
A Respondent Profile

Of the 2,236 respondents in the survey, 78 percent had a family physician or primary care doctor. Of these, 95 percent had health insurance, with half having employer-offered coverage, 23 percent having Medicare (46 percent of those 55 years of age and over), nine percent having a self-paid/individual plan and five percent having Medicaid.

Ninety-four percent of those who had a PCP/family doctor had visited that doctor at least once in the past year. During the 12 month period, these respondents had visited their doctor an average of 3½ times.

The typical respondent (after weighting) was 48 years old, with median annual HH income of \$65,200, and living in a household with an average of 1.6 other members. Forty-five percent were males, 55 percent females. Fifty-nine percent were married, and one-third were college graduates. Forty-four percent were employed full-time, another 12 percent were employed part-time. Eight percent were students.

Percent who have a Family Physician or Primary Care Doctor



B The Family Doctor/Primary Care Physician

What jumps out as one scans these survey results is how happy the vast majority are with their family doctor. Among those who had visited a family physician or primary care doctor (at least once) in the past year, 79 percent said that they were “very satisfied” or “extremely satisfied” with the visit(s). Only one percent said that they were “not at all satisfied.” When asked why so satisfied, responses were extensive and varied:

Many focus on customer-service-type reasons (he/she cares about my health, is personable/friendly, etc.), communication-related reasons (he/she listens to me, takes time to talk with me, answers questions), treatment-related reasons (he/she addresses all my needs, is thorough, provides good/accurate diagnosing and treatment, etc.) and the general intelligence and competence of their doctor.

The confidence and enthusiasm were echoed over and over. Following are just a few of the verbatim responses to the open-ended question as to why many respondents are so satisfied with the family doctor:

- *“Because he is an excellent doctor. He knows me and understands my medical needs.”*
- *“Because he is extremely knowledgeable and is responsible for my being alive today.”*
- *“(The) doctor takes the time to converse and examine, striving to help me be healthier.”*
- *“He follows my diabetes very carefully. He graduated from pharmacy school before being a doctor and he stays up on the latest medications to treat the diabetes plus my Lupus pain and he wasn't afraid to take the insurance company on when they wanted to prescribe something else other than what he wanted.”*
- *“He goes out of his way to help me and provides uninterrupted individualized attention to me when I am there. He will spend time to talk to me and answer questions even when they pertain to health issues that are not directly related to the reason for my appointment.”*
- *“He is a doctor who takes the time to listen to everything you say. He is efficient and considerate. He follows up everything. Nothing escapes his attention. He specializes in Senior Medicine, and all the seniors love him.”*

- *“He is a wonderful doctor and a good man. He is not in his profession just for the money; he cares and knows about his patients and does not forget them when they leave the room.”*
- *“She is very pleasant and friendly. She always prescribes the right medicine the first time around.”*
- *“He is knowledgeable and competent. He takes care to refer only to the very best of specialists when that is necessary. Most importantly, I can always get an appointment and he takes all the time I need to discuss my concerns. There is no sense of being rushed.”*
- *“He knows his ‘stuff’. I can get an appointment when I need one. He takes my insurance. He will spend time with me and he never appears rushed. He offers samples of new medications. He returns phone calls.”*
- *“He’s a regular Dr. Marcus Welby. He sits down and talks TO you, not OVER your head. He listens to what’s wrong and tries to fix it. He’s an angel!”*
- *“I have been using my doctor for the past 20 years. He knows me and I know him. He trusts my judgment and when I suggest something or ask questions he knows I am not making things up.”*
- *“My doctor is real easy to talk to. She listens to my questions and seems to really care.”*
- *“She talks to us and explains what is happening clearly. We have no insurance and she takes that into consideration when prescribing medications.”*

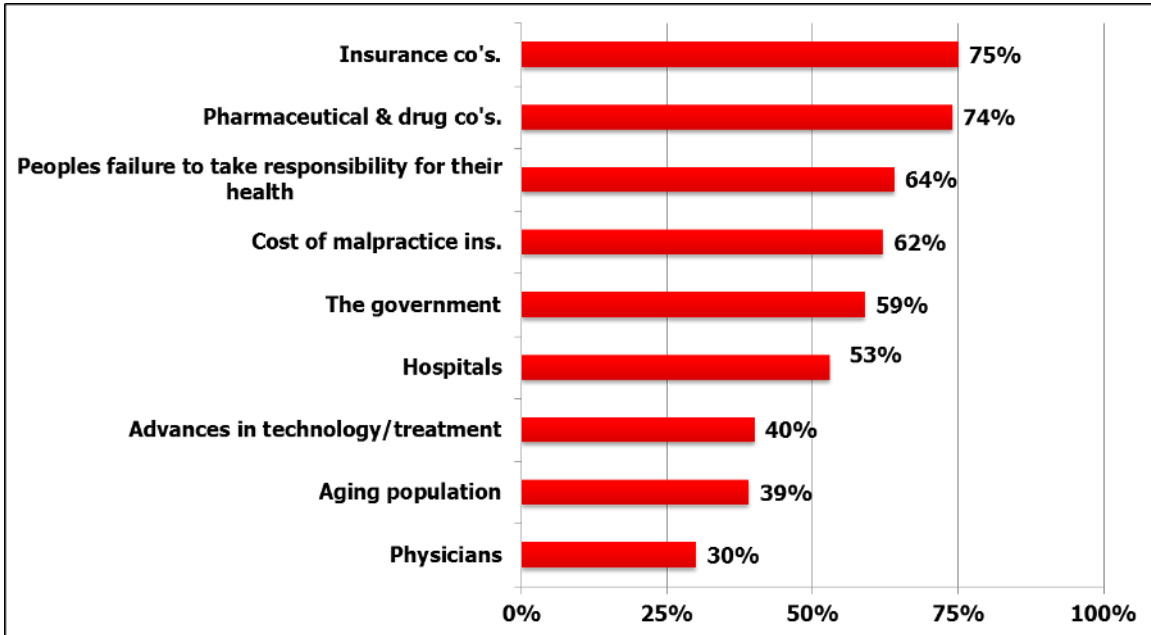
Further indication of how positive so many are with their family doctor/PCP: Most report that their doctor always exercises independent judgment, despite possible pressures “from hospitals, government and insurance companies.” When asked directly, 64 percent said that their doctor is always able to exercise independent judgment when providing care. Only five percent said that he/she is rarely or never able to exercise such independent judgment.

It’s worth noting that – as positive as most were – confidence in the physician’s judgment and satisfaction with the visit(s) appears to grow even stronger as one ages. Among those 55 years of age and over, for example, 83 percent were “very” or “extremely satisfied” with their recent visit(s), and 71 percent said that their doctor is “always able to exercise independent judgment when providing care, considering the influences that hospitals, government and insurance companies may have on his/her practice.”

C Factors Responsible for the Rising Cost of Healthcare

As shown below, one more indication of the positives related to the family doctor/PCP: When given a list of factors that might be to blame for rising healthcare costs, 75 percent of respondents who have a family doctor / PCP said that insurance companies were “very” or “completely responsible,” 74 percent said that pharmaceutical/drug companies were “very” or “completely responsible,” 62 percent said that the cost of malpractice insurance was responsible, and 59 percent said the government was responsible. In contrast, only 30 percent felt that physicians were responsible (with one percent saying “completely responsible,” plus 29 percent saying “very responsible”).

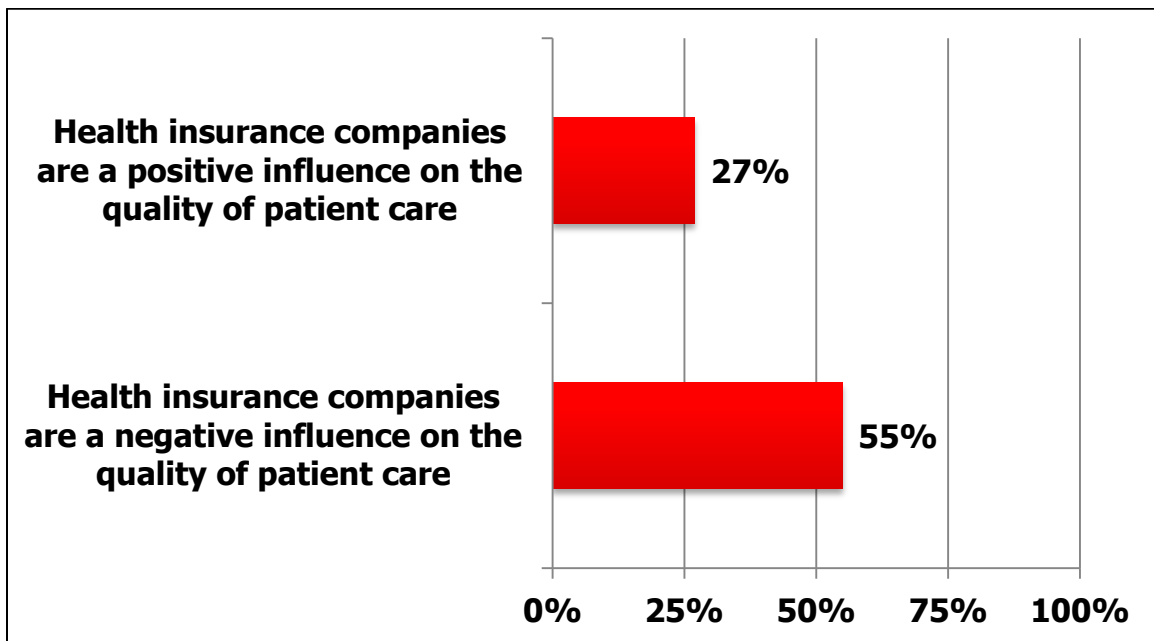
**Factors Responsible for the Rising Cost of Healthcare in the U.S.
(% citing factor as “Completely Responsible” or “Very Responsible”)**



D The Influence of Insurance Companies on Quality of Care

As previously highlighted, 75 percent perceived insurance companies as very responsible for rising healthcare costs in the U.S. In addition to this viewpoint, a majority of consumers feel that insurance companies are negatively impacting quality of care. Fifty-five percent said that insurance companies were a negative influence on the quality of patient care, vs. only 27 percent who said that insurers were a positive influence. This represents a two-to-one / negative-to-positive ratio. In fact, regardless of gender, age, educational attainment or income, significantly more respondents were negative regarding the influence of insurance companies on patient care than were positive.

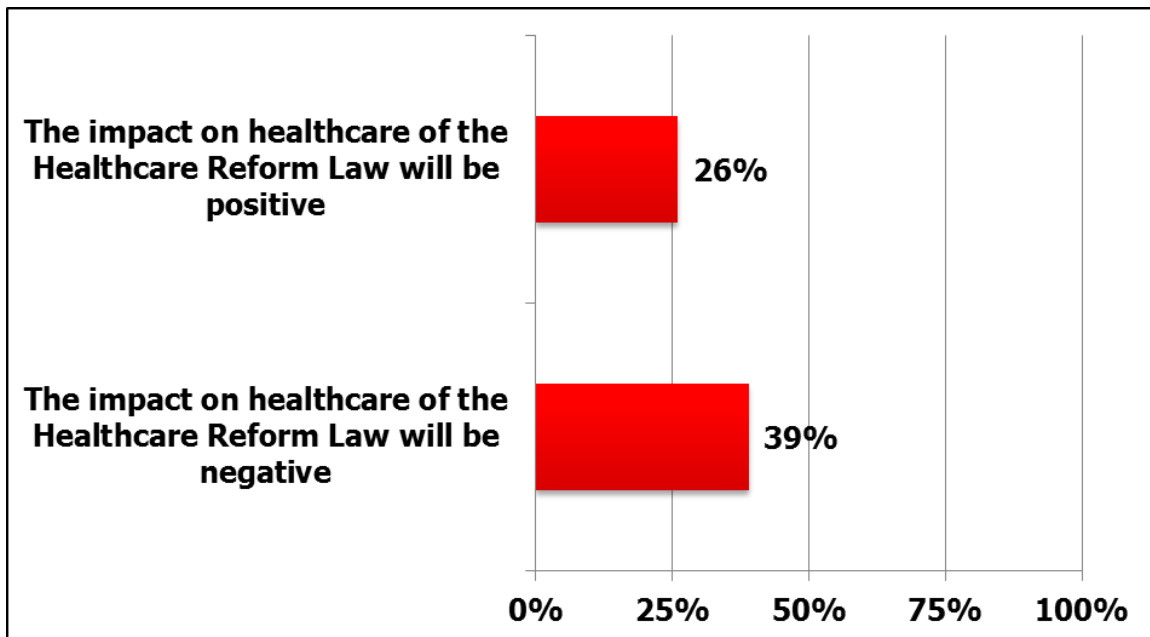
**The Influence of Insurance Companies
on the Quality of Patient Care**



E Impact on Healthcare of the Healthcare Reform Law

The new Healthcare Reform Law (PPACA) comes under considerable criticism in this survey, as significantly more respondents see the impact of the law on personal and family healthcare as negative rather than positive. Thirty-nine percent believe the impact of the law on healthcare will be negative, vs. 26 percent who feel the impact will be positive. In other words, 35 percent express no opinion regarding the impact of the new law; and among the 65 percent who do express an attitude, 60 percent feel the impact of the law will be negative, vs. 40 percent who believe the impact will be positive.

Attitude about the Impact of the Healthcare Reform Law



Perhaps not surprisingly, reasons for feeling the impact will be negative often focus on the same issues as reasons for feeling the impact will be positive: For example, many of those who are negative cite “increased cost” and “lowered quality of care,” while many of those who are positive cite “lowered costs” and “improved quality of care.” Also not unexpected, many of those who are positive about the impact focus on improved coverage of pre-existing conditions; and many of those who are negative are skeptical because of government involvement. Below are a sampling of verbatim responses offering positive and negative perspectives.

“Why do you think the impact of the Healthcare Reform Law will be positive?”

- *“I have pre-existing conditions and have been turned down for healthcare in the past and was looking at a lifetime cap. The fact that both of those two threats have now been eradicated is a very positive impact.”*
- *“By assuring coverage and making others pay for their own coverage vs. using the ER as a way to get treatment which we pay for.”*
- *“Because it is to help those who are unable to afford health insurance and that would include my family.”*

- *“My parents are uninsured, because my father is self-employed. Health care reform will allow my parents to purchase health care at a reasonable rate that was otherwise not available to them. Further, it will be beneficial that no one can be denied for pre-existing conditions, and that I as a woman cannot be charged more than a man.”*
- *“It should reduce my cost of healthcare and reduce the ability of insurance companies to make financial rather than appropriate medical decisions about my healthcare.”*
- *“I am hoping that doctors will have more authority on how they practice and will not have to turn people away because they do not have health insurance or access to health care.”*
- *“It will cut insurance costs. It will insure everyone. It pays for itself.”*
- *“A general lowering of cost for each individual due to the new requirement that eliminates free loaders will be good for any user of medical services.”*
- *“It puts everyone on an even playing field. The insured no longer have to pay for the uninsured.”*
- *“It will lower cost and give all insurance and prevent insurance companies from controlling health cost.”*
- *It will require insurance companies and drug companies to provide better care without limiting coverage based on prior issues.”*
- *“Anything that takes power away from the insurance companies is wonderful. insurance is a scam and the companies are evil!!”*
- *“1. The affordable care act will prevent payers from imposing caps on coverage. 2. If we should need to switch insurers (such as when my spouse retires), it will prevent insurers from rejecting us due to pre-existing conditions. 3. It will increase the percentage of insured persons in the nation as a whole, resulting in overall better health for all of us. 4. It may rationalize the way Medicare reimbursement is calculated, removing the incentive for providers to carry out diagnostic tests and procedures that are not justified.”*
- *“My health insurance will not change and others will be insured, so health costs will not be driven up by uninsured.”*

- *“We need a true universal health care system. But this is a good start. Anyone who wants to scrap it is either misinformed or a selfish jerk.”*
- *“I like that insurance companies must spend 80 percent of the premiums on the care of the contributors, I like the fact many more Americans will receive coverage. And I like the fact that those who can afford will have to buy health insurance, because the young and the healthy do have accidents, they do get sick and I don't want to pay for their emergency care if they refuse to buy insurance when they could well afford it.”*

“Why do you think the impact of the Healthcare Reform Law will be negative?”

- *“It will be government controlled, not offering doctors the opportunity to take proper care of their patients as they did in the past. We will be losing quality doctors and specialty physicians. The country will (be) controlled by socialized medicine where you will not receive the great medical care Americans have in the past.”*
- *“It will cost A LOT more.”*
- *“Too expensive, too restrictive, and it will not really provide complete care through people's entire lives.”*
- *“Doctors will have less time for patients. They will be limited in the type of care they can give to the elderly. A committee will decide what health care you can have and not the doctor. it will be a very bad thing for us all.”*
- *“I feel doctors will not be able to exercise some programs without authorization of insurance.”*
- *“Too much government control, and will limit what a doctor can do even more due to the added costs for them administratively.”*
- *“It disregards my doctor's decisions. It thinks it can judge the necessities for my health even though the decision makers are not medical people in any way shape or form. They have the power of life or death with the only considerations that of the bottom line.”*
- *“When I have to help pay for someone else's insurance, they get the benefit not the person paying for it. Also the doctors have less time to spend on our problems.”*

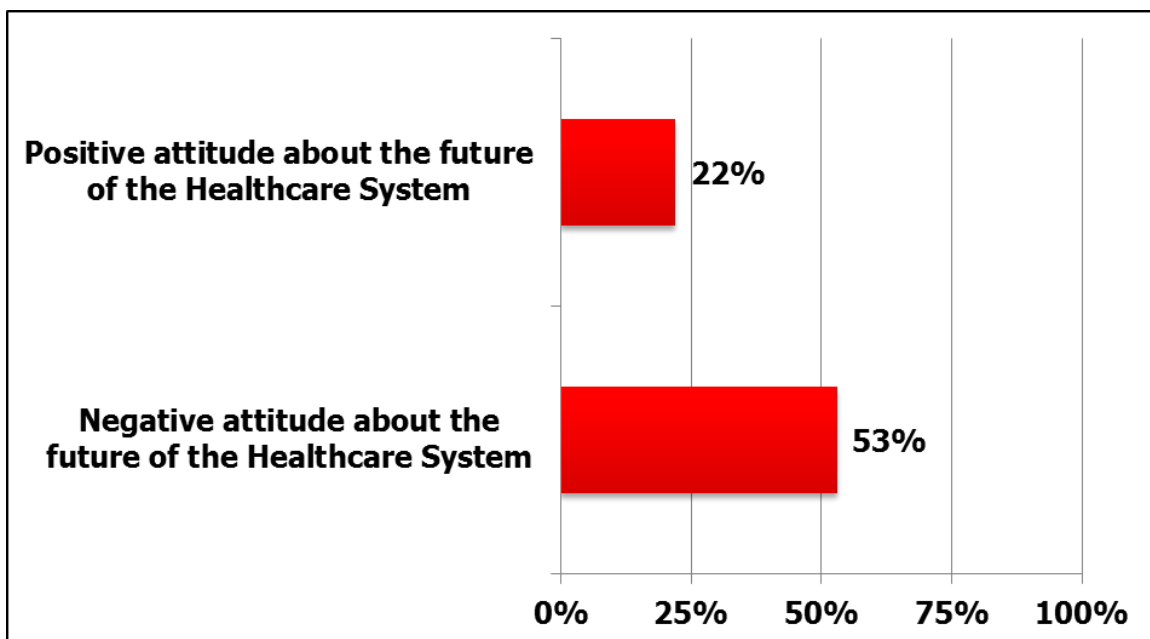
- *“It will cost more and treatments will be decided by administrators not doctors.”*
- *“Universal health insurance hasn't worked in other countries and I have yet to see a viable plan that doesn't involve me working to provide insurance for others and receiving substandard care for myself.”*
- *“I think that the health care legislation, in its totality will be a huge detriment to our health care. There are pieces and parts that are great, but overall it will be horribly expensive and will lower the quality of doctors, as it becomes less and less profitable for someone to spend all that money and time going to Medical School. Obamacare is horrible.”*
- *“It limits people's choices. It is extremely costly. It will drive us to the brink of socialized medicine, which is a total nightmare. I believe it will make our health care very poor.”*
- *“I believe that procedures/treatments that may benefit patients will be ignored in favor of cheaper remedies. I also believe that many doctors will (be) restricted in their time and medical practices for cost reasons.”*
- *“The government can't even deliver the mail, how does anyone expect them to handle healthcare? I think prices will increase and services will decline. I expect to see rationing. I expect that less and less qualified people will enter the healthcare field, fewer and fewer doctors. The government will screw it up completely in my estimation.”*
- *“The recent healthcare law will mean more and more people will be forced into government-provided or subsidized insurance as workplaces stop offering insurance. This will mean higher cost for diminished care and long waits as in all other countries which have nationalized health care.”*
- *“I think with the influx of new patients there will be a shortage of doctors, making it more difficult to make appointments. I think there will be tons more paperwork for the doctors, and much more government interference in the relationship between doctor and patient. I think the overall quality of health care will suffer dramatically.”*
- *“While I believe ‘death panels’ is a little over the top, rationing is almost inevitable and insurance companies will gain even more control over treatment choices than they currently enjoy.”*
- *“I think my premiums are going to go up to cover those that will get insurance and have to do nothing for it.”*

- *“Do the math. How can you add 30 million people and not have the costs go up or the quality of service go down? The law is blatantly unconstitutional, and now the corruption has even entered the Supreme Court.”*
- *“The U.S. Congress has a long history, not to say tradition, of meddling in things it should stay out of, messing them up, and then declaring itself exempt from laws they impose upon others.”*
- *“Will raise costs, limit treatments available, reduce number of doctors, create large wait times, is chock full of taxes, takes away our liberty, has non-healthcare people making decisions about people's health, makes hard working people cover costs for those who choose not to work. Just another huge, costly entitlement plan we can't afford. Will end up as socialized medicine that is poor quality and hard to get.”*
- *“I don't want to dump the finest healthcare system in the entire world to cover illegal aliens, welfare bums or Obama voters.”*
- *“Obamacare is not what it is being presented as. It will do nothing but raise taxes for the middle class and provide pathetic healthcare and will be damaging to the elderly and will be restrictive to everyone else except for anyone under the Obama umbrella. The government has failed at everything it has tried to run and healthcare will be another failure. GOD HELP US ALL!”*
- *“For one thing it takes health care choices away from the patient and treatment choices away from doctors and hospitals. The government does not know anything about healthcare. So many restrictions are being placed on doctors and hospitals that many will have to go out of business. The ‘reform law’ has so much in it that I don't believe that anyone truly knows what all is in it. At 69, I do not trust it.”*

F Attitude about the Future of the Healthcare System in the U.S.

With so many being negative about the impact of the Healthcare Reform Law, it's probably not surprising that many are negative about the future of the healthcare system in the U.S. in general. In fact, the majority (53 percent) are negative. In contrast, only 22 percent are positive about the future of the healthcare system. In other words, among the 75 percent who express an opinion, 71 percent are negative about the future of the healthcare system, vs. 29 percent who are positive.

Attitude about the Future of the Healthcare System



IV DETAILED RESULTS

A Level of Satisfaction with One's Family Doctor/Primary Care Physician

How satisfied are patients with their family doctor? As per Table 1a below, the level of satisfaction is impressively high: Almost 80 percent say that they are “very” or “extremely satisfied with their family doctor/PCP.” Another 19 percent say they are “somewhat satisfied.” Only one percent say they are “not at all satisfied.”

Note that males are significantly more likely than females to be “very” or “extremely satisfied,” and as one ages, it appears that level of satisfaction increases.

Table 1a
Level of Satisfaction with Family Doctor or PCP
(Among Those Who Have Visited a Family Physician or
Primary Care Doctor at Least Once in the Past Year)

Question: In general, how satisfied, if at all, were you with your family physician or primary care doctor visit(s) in the past 12 months?

<u>Level of Satisfaction</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
Extremely satisfied	37	38	36	30	38 <i>a</i>	40 <i>a</i>
Very satisfied	42	44	41	43	42	43
Extremely + Very satisfied (NET)	79	82 ←	77	72	80 <i>a</i>	83 <i>a</i>
Somewhat satisfied	19	10	21	25	19	17
Not at all satisfied	1	-	2	2	1	1
Base (#)	1693	757	936	340	602	751

As mentioned, nearly 80 percent are “very” or “extremely” satisfied with their family doctor. And, as shown in Table 1b, this holds true regardless of educational level or income.

Table 1b
Level of Satisfaction with Family Doctor/PCP
(Among Those Who Have Visited a Family Physician or
Primary Care Doctor at Least Once in the Past year)

Question: In general, how satisfied, if at all, were you with your family physician or primary care doctor visit(s) in the past 12 months?

<u>Level of Satisfaction</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		<u>< Col. Grad</u> (%)	<u>Col. Grad+</u> (%)	<u><\$50k</u> (%) <i>a</i>	<u>\$50k- \$74.9k</u> (%) <i>b</i>	<u>\$75k & over</u> (%) <i>c</i>
Extremely satisfied	37	40	← 31	36	42 <i>c</i>	34
Very satisfied	42	40	46	40	35	47
Extremely + Very satisfied (NET)	79	80	78	76	78	81
Somewhat satisfied	19	18	22	22	21	18
Not at all satisfied	1	2	-	2	1	1
Base (#)	1693	751	942	575	309	582

The 79 percent of survey respondents who were “extremely” or “very satisfied” with their family doctor were asked reasons why. Table 1c on the following page presents results to this open-ended question. As shown, there was a wide array of responses; with 42 percent focusing on customer service-related reasons (cares about me/my health, personable/friendly, takes sufficient time with me, etc.), 36 percent focusing on communication-related reasons (listens to me, takes time to talk with me, answers questions, easy to talk to, etc), 35 percent focusing on treatment-related reasons (addresses all my problems, thorough/takes time when examining me, good/accurate diagnosing, etc.), and 26 percent focusing on general reasons (like doctor, honest/trustworthy, good/happy/satisfied with experience, etc.).

Table 1c
Reasons Why “Extremely” or “Very Satisfied with Family Doctor/PCP

<u>Reasons</u>	(%)
Positive (Net)	95
Customer service-related reasons (Sub-Net)	42
Caring/Cares about me/my health.....	13
Personable/Friendly/Good personality.....	12
Patient/Takes sufficient time with me/Doesn't rush you in and out..	10
Provides good/quality care	6
Other positive customer service mentions.....	13
Communication-related reasons (Sub-Net)	36
Listens tome/my concerns.....	17
Takes time to talk with me/Explains situation/issues	11
Answers questions	7
Other positive communication mentions.....	10
Treatment-related reasons (Sub-Net)	35
Addresses all my problems/needs.....	9
Thorough/Takes time when examining me.....	7
Good/Accurate diagnosing/treatment	4
Other positive treatment mentions.....	21
General/Positive reasons (Sub-Net)	26
Good/Like doctor physician	11
Good/Happy/Satisfied with experience.....	5
Efficient/Good job.....	4
Other positive mentions	7
Scheduling-related reasons (Sub-Net).....	17
Availability/Able to get appointment in timely manner.....	7
Quick/Fast/Handles everything in timely manner.....	5
Other positive scheduling mentions.....	7
Intelligence-related reasons (Sub-Net)	12
Intelligent/Knowledgeable	7
Professional	4
Other positive intelligence mentions.....	2
Relationship-related reasons (Sub-Net).....	10
Have been with same doctor for long time	6
Other positive relationship mentions	6
Negative reasons (Net).....	3
Neutral reasons (Net)	1
None/No reason	1
Don't know/NA.....	2
Base (# who are “extremely” or “very” satisfied with doctor).....	1,340

B Extent to Which Family Doctor is Able to Exercise Independent Judgment Regarding Patient Care

Are family physicians and primary care doctors able to exercise independent judgment in light of the influences of insurance companies and other outside pressures? The scorecard here is also impressively positive, as patients appear to have considerable confidence in the judgment of their family doctor. When asked to what extent their doctor is able to exercise independent judgment “considering the influences that hospitals, government and insurance companies may have,” 64 percent say their doctor “always exercises independent judgment,” and another 31 percent say he/she is “sometimes able to exercise independent judgment.” Only five percent say that the physician “rarely” or “never” is able to exercise independent judgment.”

Table 2a
Extent to Which Doctor is Able to Exercise Independent Judgment Regarding Patient Care
(Among Those Who Have a Family Physician or Primary Care Doctor)

Question: To what extent do you feel your doctor is able to exercise independent judgment when providing care, considering the influences that hospitals, government and insurance companies may have on his/her practice?

	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%)	<u>35-54</u> (%)	<u>55+</u> (%)
My doctor is ...				<i>a</i>	<i>b</i>	<i>c</i>
...always able to exercise ind. judgment	64	67	← 62	51	65 <i>a</i>	71 <i>ab</i>
...sometimes able to exercise ind. judgment	31	29	33	41	30	26
Always + Sometimes (NET)	95	96	95	92	95	98 <i>a</i>
...rarely able to exercise ind. judgment	4	3	5	6	4	2
...never able to exercise ind. judgment	1	2	-	2	1	-
Base (#)	1807	810	997	370	655	782

As per Table 2a (on the previous page), among older patients in particular, confidence in the doctor's judgment is strong, as 71 percent of those 55 years of age and older say that their doctor "always exercises independent judgment."

As shown below, while family doctors fare well here across all education and income groups, those respondents who are college graduates are slightly less positive on this issue vs. their non-degreed counterparts: 67 percent of those without a college degree say that their doctor is always able to exercise independent judgment, vs. 59 percent among the college graduates.

Table 2b						
Extent to Which Doctor is Able to Exercise						
<u>Independent Judgment Regarding Patient Care</u>						
(Among those who have a Family Physician or Primary Care Doctor)						
<i>Question: To what extent do you feel your doctor is able to exercise independent judgment when providing care, considering the influences that hospitals, government and insurance companies may have on his/her practice?</i>						
	<u>Total</u>	<u>Education</u>		<u>Annual HH Income</u>		
	(%)	<u>< Col. Grad</u>	<u>Col. Grad+</u>	<u><\$50k</u>	<u>\$50k-\$74.9k</u>	<u>\$75k & over</u>
		(%)	(%)	(%)	(%)	(%)
				<i>a</i>	<i>b</i>	<i>c</i>
My doctor is ...						
...always able to exercise ind. judgment	64	67	59	64	65	63
...sometimes able to exercise ind. judgment	31	28	37	30	31	33
Always + Sometimes (NET)	95	95	96	94	96	97 <i>a</i>
...rarely able to exercise ind. judgment	4	4	3	5	4	3
...never able to exercise ind. judgment	1	1	1	1	-	1
Base (#)	1807	798	1009	606	332	625

C Factors Responsible for the Rising Cost of Healthcare

Respondents were given a list of nine factors and asked how responsible they felt each was for “influencing the rising cost of healthcare in the U.S.” Of the nine factors, the dominant influencers are “insurance companies” and “pharmaceutical/drug companies” (see Table 3).

Approximately three-quarters of respondents cite each of these entities as “very responsible” or “completely responsible” for the rising cost of healthcare. In comparison, 64 percent cite “people’s failure to take responsibility for their health,” 62 percent cite “the cost of malpractice insurance,” 59 percent cite “the government,” and 53 percent cite “hospitals.”

Of the nine factors – and consistent with the positives we previously reported regarding experiences with their doctor visit(s) – physicians fare well here: Only 30 percent of respondents believe that doctors are “very responsible” for rising cost; vs. the 75 percent for insurance companies, 74 percent for pharmaceutical companies, 59 percent for “the government,” and 53 percent for hospitals.

Table 3
Factors Responsible for the Rising Cost of Healthcare in the U.S.
(Among those who have a Family Physician or Primary Care Doctor)

Question: How responsible, if at all, do you think each of the following entities or factors are for influencing the rising cost of healthcare in the U.S.?

	Entities or Factors			
	<u>Ins. co's.</u> (%)	<u>Pharma & drug co's</u> (%)	<u>Peoples failure to take resp. for their health</u> (%)	<u>Cost of mal-practice insurance</u> (%)
Completely responsible	14	8	9	5
Very responsible	61	66	55	58
Very + Completely (NET)	75	74	64	62
Somewhat responsible	22	22	31	32
Not at all responsible	3	3	5	6
Base (#)	1807	1807	1807	1807

	Entities or Factors				
	<u>The Gov't</u> (%)	<u>Hospitals</u> (%)	<u>Advances in technology/ treatment</u> (%)	<u>Aging population</u> (%)	<u>Doctors</u> (%)
Completely responsible	15	2	1	1	1
Very responsible	45	51	39	38	29
Very + Completely (NET)	59	53	40	39	30
Somewhat responsible	31	39	48	48	57
Not at all responsible	10	8	12	13	13
Base (#)	1807	1807	1807	1807	1807

Table 3a presents the incidence citing each factor as “very” or “completely responsible,” broken out by gender and age, and Table 3b presents the incidence broken out by education and income. It’s noteworthy that older adults (35 & over) appear more negative toward many of the factors compared with their younger counterparts:

Versus those under 35 years of age, those 35+ are significantly more likely to attribute responsibility for rising costs to insurance companies, pharmaceutical companies, hospitals, cost of malpractice insurance and peoples failure to take responsibility for their health.

Table 3a
Factors Responsible for the Rising Cost of Healthcare in the U.S.
(% Citing Factor as “Completely Responsible” or “Very Responsible”)
(Among those who have a Family Physician or Primary Care Doctor)

Question: How responsible, if at all, do you think each of the following entities or factors are for influencing the rising cost of healthcare in the U.S.?

<u>Factor</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
Insurance co’s.	75	73	77	66	78 <i>a</i>	77 <i>a</i>
Pharma & drug co’s.	74	74	74	62	76 <i>a</i>	80 <i>a</i>
Peoples failure to take responsibility for their own health	64	72 ←	57	57	68 <i>a</i>	64 <i>a</i>
Cost of malpractice ins.	62	61	63	44	66 <i>a</i>	69 <i>a</i>
The government	59	59	60	54	60	62 <i>a</i>
Hospitals	53	52	54	42	55 <i>a</i>	58 <i>a</i>
Advances in technology/ treatment	40	39	41	37	42	40
Aging population	39	43 ←	36	37	40	40
Physicians	30	29	31	29	30	30
Base (#)	1807	810	997	370	655	782

Table 3b
Factors Responsible for the Rising Cost of Healthcare in the U.S.
(% Citing Factor as “Completely Responsible” or “Very Responsible”)
(Among those who have a Family Physician or Primary Care Doctor)

Question: How responsible, if at all, do you think each of the following entities or factors are for influencing the rising cost of healthcare in the U.S.?

Factor	Total (%)	Education		Annual HH Income		
		< Col. Grad (%)	Col. Grad+ (%)	<\$50k (%)	\$50k-\$74.9k (%)	\$75k & over (%)
				<i>a</i>	<i>b</i>	<i>c</i>
Insurance co's.	75	77 ←	70	76	74	74
Pharma & drug co's.	74	76 ←	71	74	79	74
Peoples failure to take responsibility for their own health	64	62	66	59	68 <i>a</i>	67 <i>a</i>
Cost of malpractice ins.	62	63	61	61	68 <i>ac</i>	61
The government	59	65	49	64 <i>c</i>	61	56
Hospitals	53	56	47	54	55	51
Advances in technology/ treatment	40	41	38	42	36	37
Aging population	39	36 →	46	36	42	41
Physicians	30	33 ←	25	36 <i>bc</i>	25	27
Base (#)	1807	798	1009	606	332	625

D Influence of Insurance Companies on the Quality of Patient Care

Not only do many attribute rising healthcare costs to insurance companies, many are also negative regarding these insurers influence on quality of care.

Respondents were asked what kind of influence they felt health insurance companies have on the quality of patient care, and as shown in Tables 4a and 4b, most are negative: 55 percent are either “negative” or “very negative” regarding the influence of insurance companies; vs. only 27 percent who are positive.

Note below that those 35 years of age and over are significantly more negative regarding the influence of insurance companies on quality of care than are those adults under 35.

<u>Influence</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
Very positive influence	6	4	→ 7	6	6	5
Positive influence	21	23	19	22	16	25
Very positive + Positive (NET)	27	27	27	28	22	30 <i>b</i>
Negative influence	44	44	44	33	49	48
Very negative influence	11	11	11	11	11	11
Very negative + Negative (NET)	55	55	55	44	59 <i>a</i>	59 <i>a</i>
No influence	18	18	18	28 <i>bc</i>	19 <i>c</i>	12
Base (#)	1807	810	997	370	655	782

Also note (as per Table 4b) that those with college degrees are more likely than non-college grads to feel that insurance companies have a negative influence on the quality of patient care. And those with incomes of \$50k & over are more likely than those with incomes of less than \$50k to feel that insurance companies have a negative influence.

<u>Influence</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		< Col. Grad (%)	Col. Grad+ (%)	<\$50k (%) <i>a</i>	\$50k- \$74.9k (%) <i>b</i>	\$75k & over (%) <i>c</i>
Very positive influence	6	7 ←	4	8 <i>c</i>	5	4
Positive influence	21	22	19	27	16	20
Very positive + Positive (NET)	27	29 ←	23	36 <i>bc</i>	21	24
Negative influence	44	40	52	34	51	50
Very negative influence	11	12	10	12	12	10
Very negative + Negative (NET)	55	52 →	62	46	63 <i>a</i>	60 <i>a</i>
No influence	18	19 ←	15	18	15	17
Base (#)	1807	798	1009	606	332	625

E Perception Regarding the Impact of the Healthcare Reform Law

More respondents are negative than positive regarding the impact on healthcare of the new Healthcare Reform Law. Thirty-nine percent say that the impact of the new law on healthcare will be negative vs. 26 percent who feel the impact will be positive. As one ages, skepticism appears to grow: 25 percent of those under 35 feel the impact will be negative, vs. 40 percent of those 35-54 years of age, vs. 45 percent of those 55 and over.

Table 5a
Perceived Impact on Healthcare of the Healthcare Reform Law
(Among those who have a Family Physician or Primary Care Doctor)

Question: Based on what you've read or heard about the recent healthcare reform law, what kind of impact do you think it will have on you or your family's healthcare?

<u>Impact</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
Very positive impact	10	11	9	11	9	10
Positive impact	16	19	14	17	19	13
Very positive + Positive (NET)	26	30 ←	23	28	28 <i>c</i>	23
Negative impact	21	21	21	16	22	23
Very negative impact	18	19	17	9	18 <i>a</i>	23 <i>ab</i>
Very negative + Negative (NET)	39	40	38	25	40 <i>a</i>	45 <i>a</i>
No impact	25	24	27	27	24	25
NA/Have not read or heard anything about recent healthcare laws	10	7	→ 13	20 <i>bc</i>	8	6
Base (#)	1807	810	997	370	655	782

As per Table 5b, there is an interesting contrast between the patterns by income and education:

It appears that, as income grows, attitude becomes more negative. Among those with under \$50k annual income, 32 percent feel the Healthcare Reform Law will have a negative impact. In contrast, among those with \$50K and higher incomes, this incidence is over 40 percent.

Yet the college graduates are more positive regarding the impact of the new law than are those with less than college degrees. Indeed, among the college graduates, the proportion that feels the impact of the new law will be positive is almost equal to the proportion feeling that the impact will be negative (31 percent saying “positive,” vs. 33 percent saying “negative”). Put another way, among those expressing an attitude, 64 percent of the non-college graduates perceive the impact of the new law to be negative, vs. 51 percent of the college grads.

Table 5b
Perceived Impact on Healthcare of the Healthcare Reform Law
(Among those who have a Family Physician or Primary Care Doctor)

Question: Based on what you've read or heard about the recent healthcare reform law, what kind of impact do you think it will have on you or your family's healthcare?

<u>Impact</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		<u>< Col. Grad</u> (%)	<u>Col. Grad+</u> (%)	<u><\$50k</u> (%) <i>a</i>	<u>\$50k-\$74.9k</u> (%) <i>b</i>	<u>\$75k & over</u> (%) <i>c</i>
Very positive impact	10	10	10	13 <i>b</i>	6	11 <i>a</i>
Positive impact	16	14	21	17	14	16
Very positive + Positive (NET)	26	23	→ 31	29 <i>b</i>	20	27 <i>a</i>
Negative impact	21	22	18	18	21	23
Very negative impact	18	19	← 15	15	23 <i>ac</i>	17
Very negative + Negative (NET)	39	41	← 33	32	44 <i>a</i>	41 <i>a</i>
No impact	25	24	28	25	25	27
NA/I have not read or heard anything about recent healthcare laws	10	12	← 7	13 <i>c</i>	11 <i>c</i>	5
Base (#)	1807	798	1009	606	332	625

The 26 percent responding that the new Healthcare Reform Law would have a positive impact on healthcare were asked (open-ended) why, and results are shown below. As shown, roughly one-third cited quality of care-related reasons for their optimism, one-third cited cost-related reasons, and one-third focused on access-related factors.

Table 5c
Reasons Why Positive Regarding the Impact of the Healthcare Reform Law

<u>Reasons</u>	(%)
POSITIVE REASONS (NET)	83
Quality of care-related (NET)	34
Pre-existing conditions will be covered/No more waiting period for pre-existing conditions	18
Quality of care will be good/better	6
More coverage/options	6
Preventive healthcare coverage	5
Other quality of care-related	3
Cost-related (NET)	32
Costs/premiums will be lowered/more affordable/more competitive	27
Other cost-related	7
Access-related reasons (NET)	31
Everyone will now be covered/deserves healthcare	13
Increased access to medical care/services	12
Adult children can be covered under parents policy	6
Other access-related reasons	1
NEGATIVE REASONS (NET)	7
NEUTRAL REASONS	7
Don't know/None/NA	6
Base (# who have a family doctor or PCP and are positive about the impact on healthcare of the Healthcare Reform Law)	458

As with those who were positive, the 39 percent who responded that the new Healthcare Reform Law would have a negative impact were asked why. As per Table 5d, cost-related negatives led the way here, with 45 percent focusing on these factors; followed by concerns about decreased quality of care (37 percent).

<u>Reasons</u>	(%)
NEGATIVE REASONS (NET)	92
Cost-related (NET)	45
Increased cost of benefits/healthcare	38
Raises taxes/Paying for people who don't have healthcare	6
Increase deductibles/co-pay	4
Other cost-related	3
Quality of care-related (NET)	37
Quality of care will decrease	16
Less coverage/limited treatment	14
Dr. availability/Longer wait time to see Dr./schedule appts	7
Inability of Drs./Patients to make independent decisions	6
Other quality of care-related	1
General/Non-specific reasons	27
Bad idea/Disagree with law/Socialized medicine	7
Will negatively affect Medicare/Drs. will stop accepting Medicare patients	5
Will be forced to have health insurance	4
Other general reasons	16
Government-related reasons (NET)	21
Too much gov't control	14
Other government-related reasons	9
Access-related reasons (NET)	14
Lose primary care doctor/Limits choice of PCPs, specialists	6
Death panels/Seniors not able to get proper healthcare	4
Other access-related reasons	5
NEUTRAL REASONS (NET)	3
POSITIVE REASONS (NET)	2
Don't know/None/NA	6
Base (# who have a family doctor or PCP and are negative about the impact on healthcare of the Healthcare Reform Law)	736

One-quarter of respondents felt that the new law would have no impact on their personal or family’s healthcare; and reasons why they felt this way are reported below. Most here report that they “already have healthcare” and/or that the law “will not change our current situation.”

<u>Reasons</u>	(%)
NEUTRAL/GENERAL REASONS (NET)	78
Already have healthcare	49
Will not change our current situation	33
Not familiar/Don’t know enough about law	4
Other neutral reasons	11
NEGATIVE REASONS (NET)	7
Cost-related (SUB-NET)	5
Other negative (NET)	2
POSITIVE REASONS (NET)	6
Cost-related	4
Other positive (NET)	3
Don't know/None/NA	15
Base (# who have a family doctor or PCP and feel the Healthcare Reform Law will have no impact on healthcare)	444

F Views Regarding the Future of the Healthcare System in the U.S.

As per Table 5a, substantially more survey respondents were negative than positive about the impact on healthcare of the new Healthcare Reform Law (39 percent saying “negative impact,” vs. 27 percent saying “positive impact”). And as shown below, a majority have a negative attitude regarding “the future of the Healthcare System ” in general.

- 53 percent are negative about the future of the Healthcare system in the U.S., vs. only 22 percent who are positive: a negative-to-positive ratio of almost 2½-to-1. This negative outlook is true regardless of sex or age; but appears extra-dramatic among females (where 52 percent are negative and only 19 percent are positive), and among those 55 years of age and older (where 60 percent are negative, vs. only 22 percent who are positive).

Table 6a
Attitude About the Future of the Healthcare System in the U.S.
(Among those who have a Family Physician or Primary Care Doctor)

Question: How positive or negative do you feel about the future of the healthcare system in the U.S.?

<u>Attitude</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
Very positive	3	3	3	4	4	2
Somewhat positive	19	23	15	21	16	20
Very + Somewhat positive (NET)	22	26 ←	19	25	20	22
Neutral	25	20 →	29	31 <i>c</i>	29 <i>c</i>	18
Somewhat negative	31	32	30	32	29	32
Very negative	22	22	22	12	22 <i>a</i>	27 <i>ab</i>
Very + Somewhat negative (NET)	53	54	52	43	51	60 <i>ab</i>
Base (#)	1807	810	997	370	655	782

While many more are negative than positive regarding the future of the healthcare system regardless of educational attainment or income, the negativism among those with annual HH incomes above \$50k stands out. Compared with those with incomes under \$50k, those with incomes above this level are significantly more likely to be negative about the future of the healthcare system (see Table 6b).

Table 6b
Attitude About the Future of the Healthcare System in the U.S.
(Among those who have a Family Physician or Primary Care Doctor)

Question: How positive or negative do you feel about the future of the healthcare system in the U.S.?

<u>Attitude</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		< Col. Grad (%)	Col. Grad+ (%)	<\$50k (%)	\$50k-\$74.9k (%)	\$75k & over (%)
				<i>a</i>	<i>b</i>	<i>c</i>
Very positive	3	4	2	5 <i>bc</i>	2	2
Somewhat positive	19	17	23	19	15	23
Very + Somewhat positive (NET)	22	21	25	24 <i>b</i>	17	25 <i>b</i>
Neutral	25	26	23	29 <i>bc</i>	17	22
Somewhat negative	31	28	36	26	42	31
Very negative	22	25	15	21	24	22
Very + Somewhat negative (NET)	53	54	51	46	66 <i>ac</i>	52 <i>a</i>
Base (#)	1807	798	1009	606	332	625

APPENDIX

1 % Who have a Family Doctor or PCP

Among the total sample of 2,236 respondents, 78 percent acknowledge having a family doctor or primary care physician. As age increases, income increases and educational attainment increases, the likelihood of having a family doctor or PCP significantly increases. For example:

- 90 percent of those 55 years of age and older have a family doctor or PCP. This is significantly higher than the 76 percent incidence among those between 35 and 54; and both age groups have significantly higher incidences vs. those under 35 years of age.
- College graduates are significantly more likely to have a family doctor or PCP vs. those with less than a college degree.
- Those with annual HH incomes in the \$50,000 to \$75,000 range are significantly more likely to have a family doctor or PCP than are those with incomes under \$50,000. And those with incomes of \$75,000 or higher are more likely to have a family doctor or PCP than those with incomes below \$75,000.

Table A1
% who have a Family Physician or Primary Care Doctor

Total.....	78%
Gender	
Males.....	75%
Females.....	80%
Age	
(a) 18-34	64%
(b) 35-54	76% <i>a</i>
(c) 55+	90% <i>ab</i>
Education	
Less College Grad..	74%
College Grad+	86%
Income	
(a) Less than \$50k ..	68%
(b) \$50-\$74.9K.....	80% <i>a</i>
(c) \$75k+	87% <i>ab</i>

2 Primary Insurance Type

In terms of type of insurance coverage, 50 percent have an employer-offered health plan, 23 percent Medicare (46 percent of those 55 years of age and older), nine percent self-paid/individual plans, and five percent Medicaid.

<u>Type of Insurance</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%)	<u>35-54</u> (%)	<u>55+</u> (%)
				<i>a</i>	<i>b</i>	<i>c</i>
Employer-offered (e.g., Oxford, United, BCBS)	50	54 ←	46	52 <i>c</i>	65 <i>ac</i>	35
Medicare	23	19 →	26	6	6	46 <i>ab</i>
Self-paid/individual	9	9	9	14 <i>bc</i>	9	6
Medicaid	5	4 →	7	11 <i>bc</i>	5 <i>c</i>	2
Continuation cvg. (e.g., COBRA)	2	3 ←	1	3	2	1
Other	6	8	5	9	5	6
None	5	5	6	5	8	3
Base (#)	1807	810	997	370	655	782

Table A2b
Primary Insurance Type
(Among those who have a Family
Physician or Primary Care Doctor)

Question: Which of the following types of health insurance, if any, do you consider your primary insurance?

<u>Type of Insurance</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		<u>< Col. Grad</u> (%)	<u>Col. Grad+</u> (%)	<u><\$50k</u> (%)	<u>\$50k- \$74.9k</u> (%)	<u>\$75k & over</u> (%)
				<i>a</i>	<i>b</i>	<i>c</i>
Employer-offered (e.g., Oxford, United, BCBS)	50	40 →	69	28	57 <i>a</i>	70 <i>ab</i>
Medicare	23	27 ←	14	30 <i>bc</i>	22 <i>c</i>	14
Self-paid/individual	9	10	7	9	14 <i>ac</i>	7
Medicaid	5	7 ←	2	13 <i>bc</i>	1	1
Continuation cvg. (e.g., COBRA)	2	1	2	2	1	2
Other	6	8	3	9	2	4
None	5	7	3	10	3	2
Base (#)	1807	798	1009	606	332	625

3 Number of Visits to Family Physician in the Past Year

Those adults with a family doctor/PCP have visited their doctor an average of 3½-times in the past year. Interestingly – with an average of 3.9 visits - younger respondents (18-34) are visiting somewhat more often (see Table A3a). As per Table A3b, note that as income and educational level increases, the average number of visits decreases.

Table A3a
Number of Visits to Family Physician/PCP in Past Year
(Among those who have a Family Physician or Primary Care Doctor)

Question: Approximately how many visits to your family physician or primary care doctor did you personally make in the past 12 months?

<u># of visits</u>	<u>Total</u> (%)	<u>Gender</u>		<u>Age</u>		
		<u>Males</u> (%)	<u>Females</u> (%)	<u>18-34</u> (%) <i>a</i>	<u>35-54</u> (%) <i>b</i>	<u>55+</u> (%) <i>c</i>
0	6	7	6	7	8	4
1	24	24	23	32	27	16
2	25	27	23	30	25	27
3	14	13	15	15	11	16
4	12	13	12	7	10	17
5 or more	19	17	21	19	19	20
Base (#)	1807	810	997	370	655	782
Avg #	3.5	3.6	3.4	3.9 <i>b</i>	3.1	3.5

Table A3b
Number of Visits to Family Physician/PCP in Past Year
(Among those who have a Family Physician or Primary Care Doctor)

Question: Approximately how many visits to your family physician or primary care doctor did you personally make in the past 12 months?

<u># of visits</u>	<u>Total</u> (%)	<u>Education</u>		<u>Annual HH Income</u>		
		<u>< Col. Grad</u> (%)	<u>Col. Grad+</u> (%)	<u><\$50k</u> (%) <i>a</i>	<u>\$50k- \$74.9k</u> (%) <i>b</i>	<u>\$75k & over</u> (%) <i>c</i>
0	6	6	7	4	7	7
1	24	20	31	21	19	27
2	25	24	26	20	25	29
3	14	16	11	18	12	11
4	12	12	12	11	15	12
5 or more	19	22	13	26	21	13
Base (#)	1807	798	1009	606	332	625
Avg #	3.5	3.9	← 2.6	3.9 <i>c</i>	3.3 <i>c</i>	2.6

4 Respondent Profile

Table A4
Respondent Profile

	<u>Unweighted</u> (%)	<u>Weighted</u> (%)
Region		
Northeast	25	23
Midwest.....	25	24
South.....	31	30
West.....	19	23
Gender		
Males	45	45
Females	55	55
Age		
18-34.....	20	25
35-44.....	17	16
45-54.....	20	18
55 & over.....	43	42
Education		
High School or less	15	37
Some college	30	29
College graduate or higher.....	56	33
Annual HH Income		
Less than \$35k.....	21	21
\$35k-\$49.9k	13	11
\$50k-\$74.9k	18	17
\$75k & above	35	37
Base (# with a family physician or primary care doctor)	1,807	1734