Topline Results from a
National Survey of n=1,066 Americans Ages 50 and Older
Conducted for
The Campaign for Better Care
April 1, 2010

Conducted March 26 through 30, 2010
Margin of error: ± 3 percentage points

Introduction
This survey is about health care issues. The study is not political and it is not about health care reform. It is sponsored by a non-partisan, non-profit organization that works on health care issues. Your responses are completely confidential. Thank you for participating.

1. How important do you think it is to improve the quality of health care services in this country?

   (n=1,066)
   
   Very important................................................................. 68
   Somewhat important......................................................... 27
   Not too important.............................................................. 4
   Not at all important ......................................................... 1
   Refused ............................................................................. 0
   Important ........................................................................... 95
   Not important ................................................................... 5

2. Thinking about the past five years, do you think the quality of health care services in this country has:

   Gotten better ..................................................................... 18
   Gotten worse ..................................................................... 37
   Stayed about the same ...................................................... 44
   Refused ............................................................................. 1
3. How worried are you about the quality of health care services you receive getting worse in the future?

- Very worried ................................................................. 35
- Somewhat worried ......................................................... 42
- Not too worried ............................................................. 17
- Not at all worried ........................................................... 6
- Refused ........................................................................... 1

**Worried** ........................................................................ 76
**Not worried** ................................................................. 23

**Experiences**

4. Have you ever been told by a doctor or health care provider that you have a chronic health condition or illness, like diabetes, high blood pressure, heart disease, COPD, arthritis, or something else?

- Yes .................................................................................. 65
- No .................................................................................... 34
- Refused ........................................................................... 1

5. IF YES TO Q4: Do you have more than one chronic health condition or illness?

- Yes .................................................................................. 60
- No .................................................................................... 40
- Refused ........................................................................... 1

6. During the past year, have you helped an elderly friend or family member with any health care issues, like arranging medical appointments, talking to doctors, taking them to doctor’s appointments or for tests, or otherwise helping them manage their health care?

- Yes .................................................................................. 39
- No .................................................................................... 60
- Refused ........................................................................... 1
Thinking about when you get medical care, how often do you ....

**RANDOMIZE**

7. Wish your doctors talked and shared more information with each other

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>20</td>
</tr>
<tr>
<td>Sometimes</td>
<td>33</td>
</tr>
<tr>
<td>Once in awhile</td>
<td>21</td>
</tr>
<tr>
<td>Never</td>
<td>26</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
</tr>
<tr>
<td><strong>Frequently /sometimes</strong></td>
<td><strong>52</strong></td>
</tr>
<tr>
<td><strong>Once in awhile /never</strong></td>
<td><strong>47</strong></td>
</tr>
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</table>

8. Leave a doctor’s office or hospital feeling unsure about what you’re supposed to do when you go home

<table>
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<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>22</td>
</tr>
<tr>
<td>Once in awhile</td>
<td>31</td>
</tr>
<tr>
<td>Never</td>
<td>39</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
</tr>
<tr>
<td><strong>Frequently /sometimes</strong></td>
<td><strong>29</strong></td>
</tr>
<tr>
<td><strong>Once in awhile /never</strong></td>
<td><strong>70</strong></td>
</tr>
</tbody>
</table>

9. Wish your doctor had more time to spend talking with and listening to you

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>19</td>
</tr>
<tr>
<td>Sometimes</td>
<td>32</td>
</tr>
<tr>
<td>Once in awhile</td>
<td>22</td>
</tr>
<tr>
<td>Never</td>
<td>25</td>
</tr>
<tr>
<td>Refused</td>
<td>2</td>
</tr>
<tr>
<td><strong>Frequently /sometimes</strong></td>
<td><strong>50</strong></td>
</tr>
<tr>
<td><strong>Once in awhile /never</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>

10. Feel tired of describing your health problems or repeating your medical history every time you go to a doctor’s office or hospital

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>17</td>
</tr>
<tr>
<td>Sometimes</td>
<td>28</td>
</tr>
<tr>
<td>Once in awhile</td>
<td>23</td>
</tr>
<tr>
<td>Never</td>
<td>31</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
</tr>
<tr>
<td><strong>Frequently /sometimes</strong></td>
<td><strong>45</strong></td>
</tr>
<tr>
<td><strong>Once in awhile /never</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>
In the past two years, was there ever a time when you:

RANDOMIZE

11. Tried to get two doctors to talk to each other and share information about you or your care
   Yes ............................................................................................................. 18
   No .............................................................................................................. 80
   Refused ................................................................. 1

12. Had to bring an X-ray, MRI, or other type of test result with you to a doctor’s appointment
   Yes ............................................................................................................. 30
   No .............................................................................................................. 69
   Refused ................................................................. 1

13. Received conflicting information from different doctors
   Yes ............................................................................................................. 20
   No .............................................................................................................. 79
   Refused ................................................................. 1

14. Were given a wrong diagnosis when you first asked a doctor about a health problem because the doctor did not have the right information or enough information about you
   Yes ............................................................................................................. 10
   No .............................................................................................................. 89
   Refused ................................................................. 1

15. Had a doctor or nurse give you the wrong medical care for a health problem because the doctor did not have the right information or enough information about you
   Yes ............................................................................................................. 8
   No .............................................................................................................. 91
   Refused ................................................................. 1

16. Had to make sure that your doctor knew what another doctor said or prescribed, because the doctors were not in contact with each other
   Yes ............................................................................................................. 29
   No .............................................................................................................. 70
   Refused ................................................................. 1

17. Had to go back for an extra doctor’s appointment because the doctor did not have all of the information for you
   Yes ............................................................................................................. 14
   No .............................................................................................................. 85
   Refused ................................................................. 1
18. Had to redo a test or procedure because the doctor or the hospital didn’t have the earlier test results

Yes ............................................................................................................. 13
No .............................................................................................................. 86
Refused ....................................................................................................... 1

19. When your doctor prescribes a new medication, does he or she talk to you about any potential interactions with other drugs or over-the-counter medications you might be taking?

Yes ............................................................................................................. 49
No .............................................................................................................. 33
Have not been prescribed any medication............................................... 18
Refused ....................................................................................................... 1

20. Do you know if your doctor uses an electronic medical record for you?

Yes – my doctor has an electronic medical record for me ....................... 37
No – my doctor does not have an electronic medical record for me...... 14
I’m not sure .................................................................................................. 48
Refused ....................................................................................................... 1

21. Some medical practices are moving toward more of a team approach to health care. What comes to mind when you think of a “team” approach to health care? (There is no right or wrong answer.) OPEN END.

22. Do you currently have a health care provider you can call at any time to answer questions, help you understand your health, and help you get the health care you need?

Yes ............................................................................................................. 71
No .............................................................................................................. 28
Refused ....................................................................................................... 1

23. IF NO IN 22 – NOT WORKING: How helpful would it be to have a point-person in your doctor’s office who you could call at any time to ask questions, help you understand your health, and help you get the health care you need?

Very helpful .................................................................................................. 59
Somewhat helpful ........................................................................................ 31
Not too helpful ............................................................................................. 5
Not at all helpful ........................................................................................... 3
Refused ....................................................................................................... 3

Helpful ........................................................................................................... 90
Not helpful .................................................................................................... 8
Demographics

24. What is your main source of health insurance coverage?

- A plan through your or your spouse’s employer .................. 38
- Medicare ................................................................................. 35
- Medicaid .................................................................................. 3
- Tricare/VA ................................................................................ 5
- A plan you purchased yourself through the private market ....... 6
- I do not have insurance coverage right now ......................... 6
- Other (specify) ......................................................................... 6
- Not sure ..................................................................................... 0
- Refused ..................................................................................... 1

25. In the past 12 months, how many times have you, yourself: RANDOMIZE

a. Had a doctor visit

- 0 ........................................................................................ 14
- 1 time .................................................................................. 11
- 2 .......................................................................................... 15
- 3 .......................................................................................... 15
- 4 .......................................................................................... 14
- 5-9 ....................................................................................... 21
- 10+ ....................................................................................... 8
- Don’t know ............................................................................. 1
- Refused .................................................................................. 1

b. Had an overnight stay in a hospital

- 0 ........................................................................................ 84
- 1 time .................................................................................. 10
- 2 .......................................................................................... 2
- 3 .......................................................................................... 1
- 4 .......................................................................................... 0
- 5-9 ....................................................................................... 1
- 10+ ....................................................................................... 0
- Don’t know ............................................................................. 0
- Refused .................................................................................. 2
c. Been to the emergency room

0 .............................................................................................................. 77
1 time ................................................................................................. 14
2 ........................................................................................................... 5
3 ......................................................................................................... 1
4 ......................................................................................................... 0
5-9 ..................................................................................................... 0
10+ ................................................................................................. 0
Don’t know ...................................................................................... 0
Refused ............................................................................................ 2

26. How many different prescription medicines do you take on a regular basis?

None ................................................................................................. 22
One or two ..................................................................................... 27
Three or four .................................................................................. 23
Five or more .................................................................................. 27
Refused ............................................................................................ 2

Demographics

Gender

Men ................................................................................................. 46
Women ......................................................................................... 54

Age

50 - 54 .......................................................................................... 23
55 - 59 .......................................................................................... 20
60 - 64 .......................................................................................... 17
65 - 69 .......................................................................................... 13
70 - 74 .......................................................................................... 13
75 & over ....................................................................................... 15

Race

White ............................................................................................. 76
Black .............................................................................................. 10
Latino .............................................................................................. 9
Other .............................................................................................. 4
2+ Races, Non-Hispanic ............................................................... 1
Education

1-11th grade................................................................. 15
High School Graduate .................................................. 33
Non-college post H.S.................................................... 18
Some college ............................................................. 7
College graduate ....................................................... 15
Post-graduate school ............................................... 12

Income

Less than $5,000 ........................................................... 2
$5,000 to $7,499 ......................................................... 1
$7,500 to $9,999 ........................................................ 3
$10,000 to $12,499 ....................................................... 3
$12,500 to $14,999 ....................................................... 3
$15,000 to $19,999 ....................................................... 5
$20,000 to $24,999 ....................................................... 6
$25,000 to $29,999 ....................................................... 6
$30,000 to $34,999 ....................................................... 7
$35,000 to $39,999 ....................................................... 6
$40,000 to $49,999 ....................................................... 10
$50,000 to $59,999 ....................................................... 10
$60,000 to $74,999 ....................................................... 11
$75,000 to $84,999 ....................................................... 7
$85,000 to $99,999 ....................................................... 5
$100,000 to $124,999 ................................................... 6
$125,000 to $149,999 ................................................... 3
$150,000 to $174,999 ................................................... 2
$175,000 or more ..................................................... 3