

Markle Survey: Public and Doctors Alike Support Allowing Individuals to Download Their Own Health Information

January 2011

Markle Survey on Health In a Networked Life

Key Findings: Support for the Blue Button Idea

■ A simple idea has emerged from Markle Connecting for Health, public-private collaboration: leverage the public investments in health IT to enable individuals to download their own medical information securely with the click of a button.

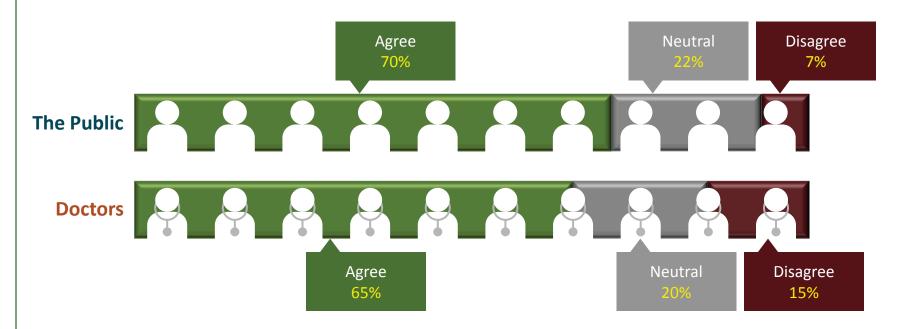
Government leads the way:

Both Medicare and the VA for the first time ever offer a blue button for beneficiaries and veterans to download their own information.



Remarkable Agreement Between the Public and Doctors

Patients should be able to download and keep their own copies of their personal health information.



Key Finding: Majority of the Public Says Electronic Copies Are an Important Requirement for Health IT Subsidies

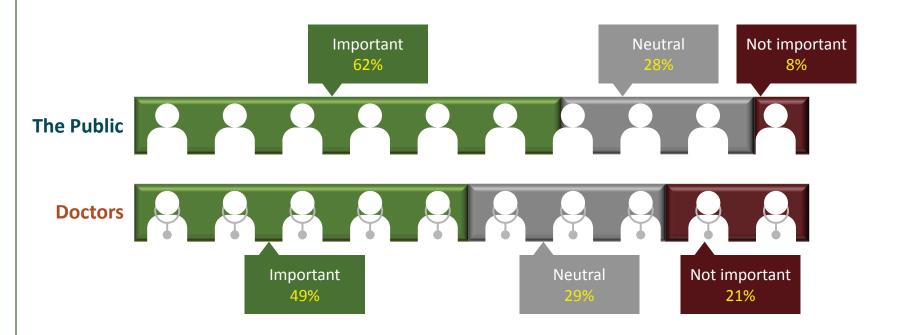
- •In order to qualify for new federal subsidies for using health IT, health care providers and hospitals must meet requirements to give patients electronic copies of:
 - Lists of medications
 - After-visit summaries
 - Lab results
 - Other pertinent information

Survey findings:

- 62 percent of the public called this requirement important for the health IT subsidies to be well spent.
- Roughly half of the doctors surveyed agreed with them.

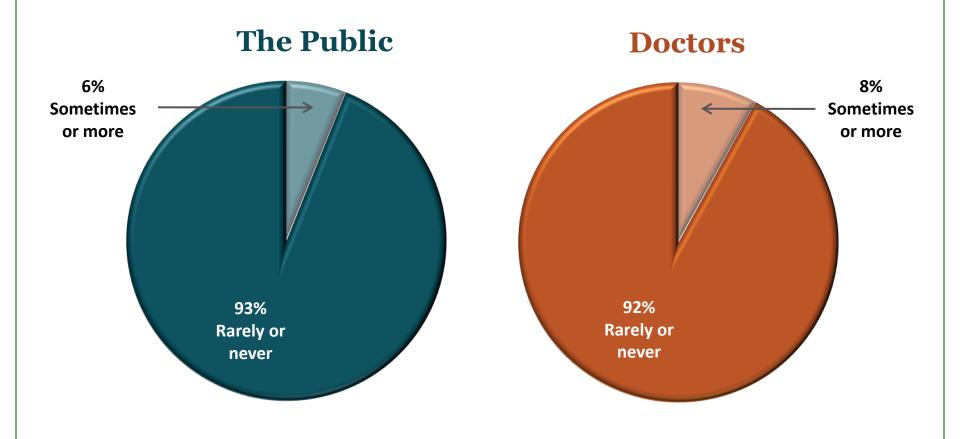
For the Billions of Dollars in Health IT Subsidies To Be Well-spent ...

Requiring that patients receive secure online copies of their health information from the participating doctors and hospitals is...



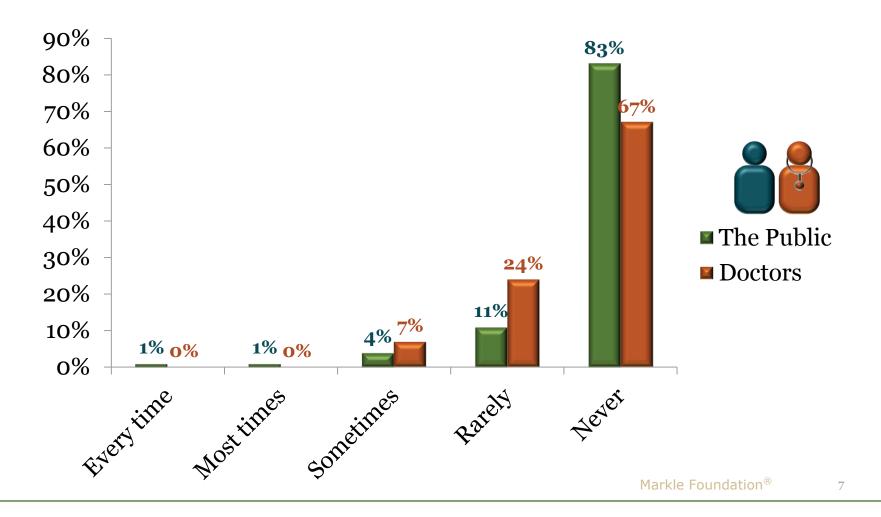
Patients Seldom Request Health Records in Electronic Format

How often do you | do your patients ask for copies of personal health information or medical records in electronic format?



Patients Seldom Request Health Records in Electronic Format - Details

How often do you | do your patients ask for copies of personal health information or medical records in electronic format?



Observations

•Solid majorities of both the public and doctors surveyed support the principle that people ought to be able to download and keep copies of their personal health information.

•But patients today seldom request copies in electronic format.

•The blue button can help raise awareness about delivering electronic copies of personal health information to engage patients and their families, which is a priority of federal health IT incentives program.

Methodology

- Markle commissioned two separate but coordinated surveys with largely parallel questions to be conducted independently by Knowledge Networks (KN).
- **General Population Sample:** An initial sample of 2,493 people was drawn randomly from KN's KnowledgePanel, a probability-based web panel designed to be representative of the U.S. non-institutionalized population age 18 and up, including both online and offline households (households are provided access to the Internet and hardware if needed). From the initial sample, 1,582 responded to this online survey—a completion rate of 63 percent. The survey was conducted August 10 through August 24, 2010.
- **Physician sample**: An initial sample of 2,867 physicians was drawn from Knowledge Networks Physicians Consulting Network, an online opt-in convenience panel consisting of physician members invited to join from reputable listed samples such as the AMA Masterfile and prescriber lists. From the initial sample, 779 physicians responded to this online survey—a completion rate of 27 percent. The physician survey was conducted August 10 through August 26, 2010. The panel generally reflects the U.S. physician population on known demographics, although it somewhat under-represents younger physicians and hospital-based physicians. The study sample consisted of 26 percent primary care doctors (defined as internal medicine, general practice or family practice) and 74 percent specialists.
- The general population sample can validly be projected to the U.S. population, with margin of error of +/- 3.0 percent. Although we believe the physician sample is a highly defensible reflection of U.S. physicians, because it was not drawn entirely by random we are not as comfortable projecting its results to all U.S. physicians. Because the sample is based on those who were invited to join from multiple sources without known probabilities of selection, estimates of theoretical sampling error cannot be calculated.