MARKLE HEALTH IN A NETWORKED LIFE

Markle Survey: Large Majorities of the Public and Physicians Agree on Information-Sharing Priorities for Health IT

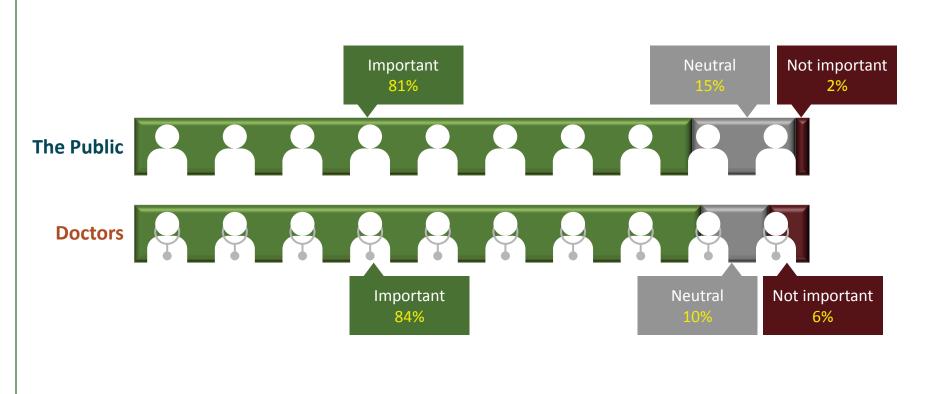
January 2011

Markle Survey on Health In a Networked Life

HEALTH IN A NETWORKED LIFE Key Findings

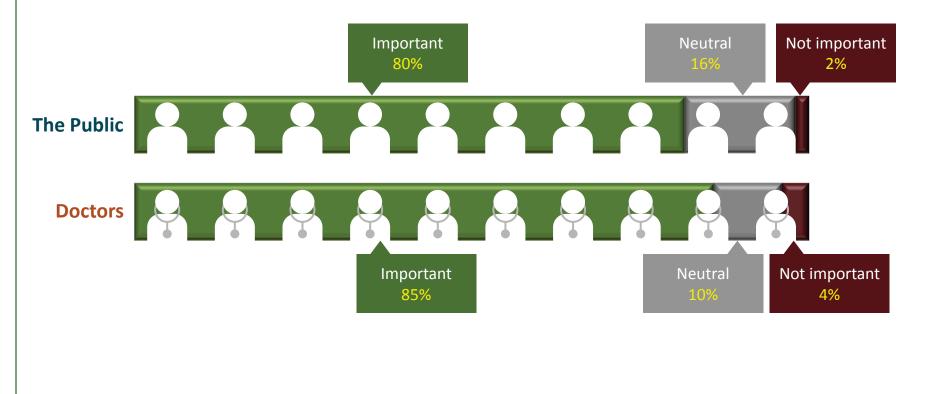
- For public subsidies of health IT to be well spent, roughly 4 in 5 of the public and doctors favor privacy protections and requirements that participating hospitals and doctors share information to better coordinate care, cut unnecessary costs, and reduce medical errors.
- Both groups agree on the importance of requirements that publicly supported technology be used to measure progress and improve outcomes for chronic diseases.
- 62 percent of the public and 49 percent of physicians express the importance of requirements to give patients secure online copies of their personal health information.

Requiring protections and safeguards for patient privacy is ...

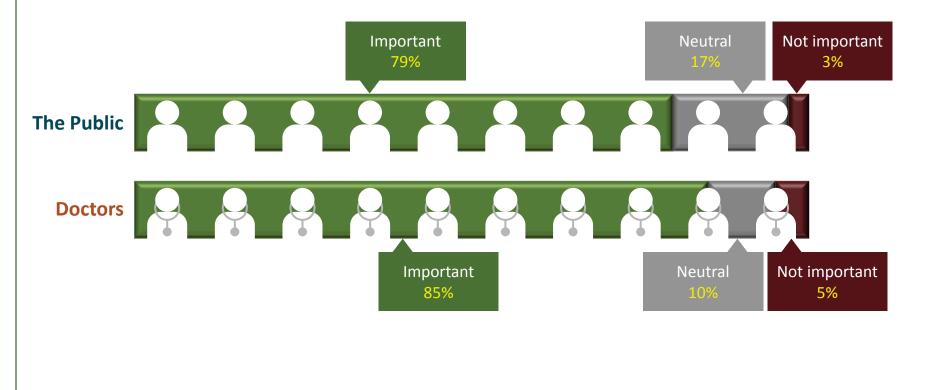


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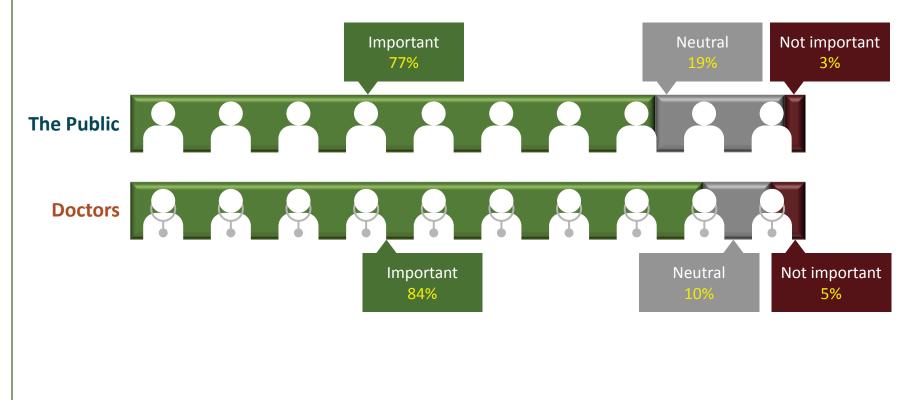
Requiring the participating doctors and hospitals to share information to reduce medical errors is ...



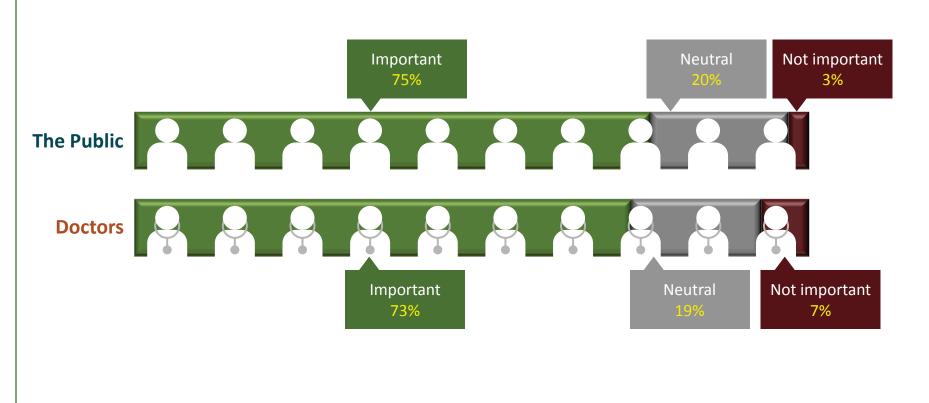
Requiring the participating doctors and hospitals to share information to cut avoidable costs like repeating tests is ...



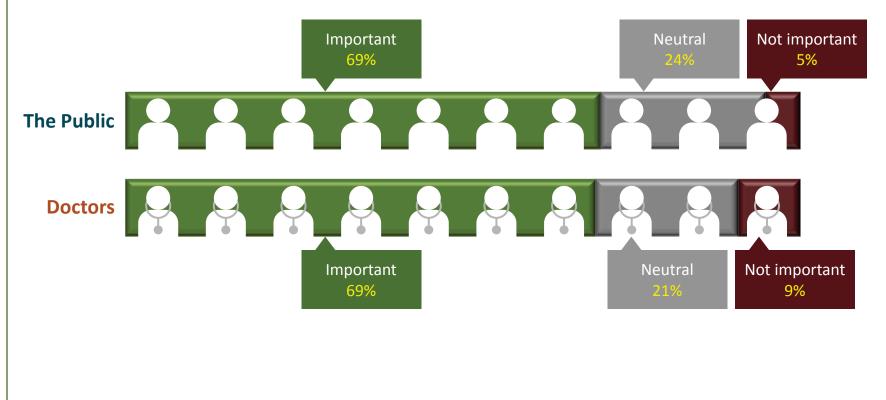
Requiring the participating doctors and hospitals to share information to better coordinate patient care is ...



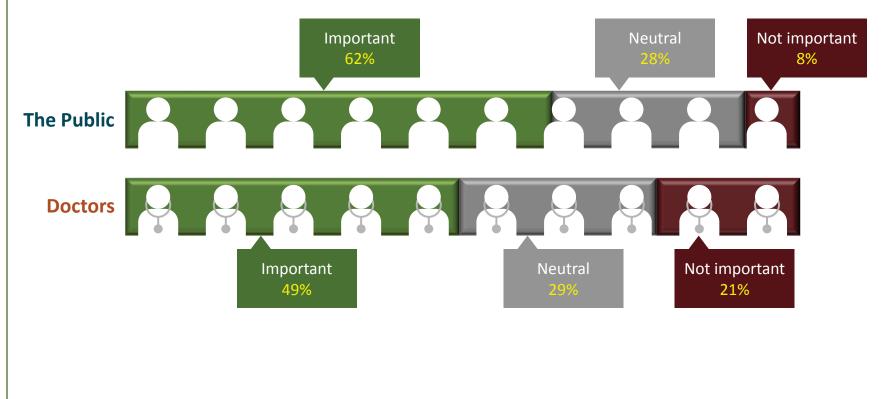
Measuring progress on improving health care quality and safety is ...



Having specific requirements that the technology be used to improve the nation's health in areas like heart disease, obesity, diabetes, asthma, etc., is ...



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



9

Observations

- **Areas of strongest agreement**: Roughly 80 percent majorities of both groups say the following are important to ensure the health IT subsidies will be well spent:
 - Protect privacy
 - Share information to:
 - Cut unnecessary costs
 - Coordinate patient care
 - Reduce medical errors
- Both groups appear to want accountability, by agreeing on the ۲ importance of goals and progress measurement.
- High levels of public/physician agreement on priorities for health IT program – but low levels of familiarity with the program – suggests an opportunity for more communications with both doctors and the public. Markle Foundation[®] 10

HEALTH IN A NETWORKED LIFE 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.