

Markle Survey: The Public and Doctors Agree on Importance of Specific Privacy Protections for Health IT

January 2011

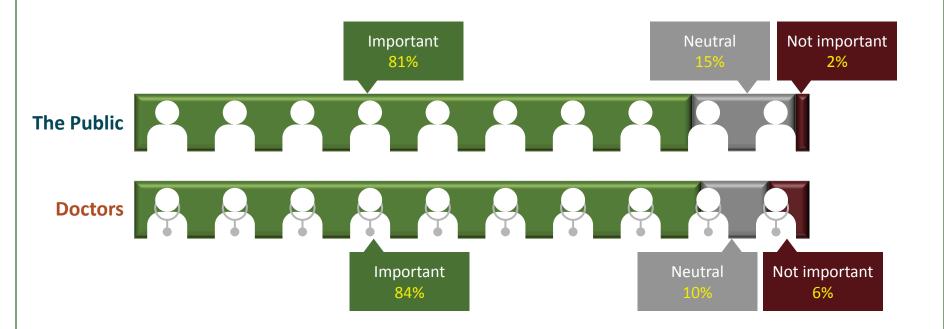
Markle Survey on Health In a Networked Life

Key Findings

- When asked about requirements necessary to make sure that federal incentive money for health IT would be well spent, more than 80 percent of both the individuals and doctors surveyed say privacy safeguards were important.
- Both groups express the importance of specific privacy policies including breach notification, audit trail, informed choices, and ability to request corrections.
- The public support for these privacy policies is very high and has been consistent over time in our surveys.

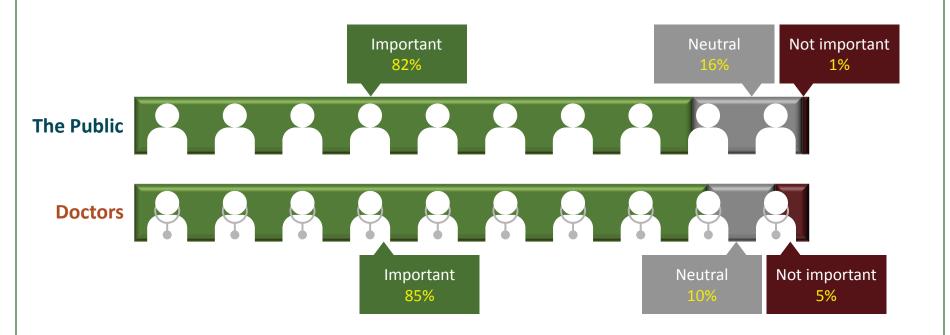
For the Billions of Dollars in Health IT Subsidies To Be Well-spent ...

Requiring protections and safeguards for patient privacy is ...



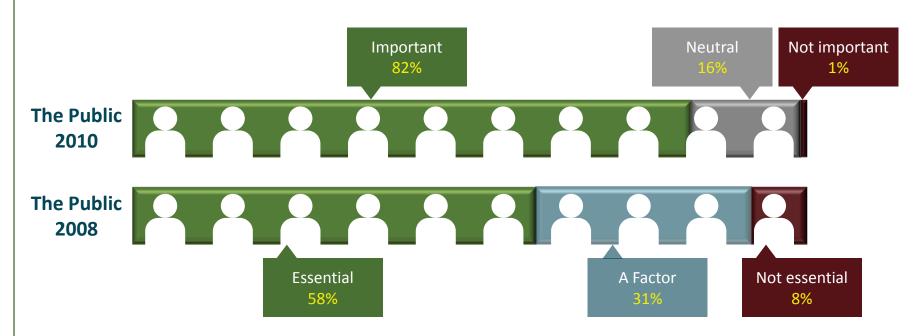
The Importance of Specific Policies: Breach Notification

A policy that individual patients be notified if their information falls into unauthorized hands in a way that could compromise their identity or expose their health information is ...



The Importance of Specific Policies: Breach Notification

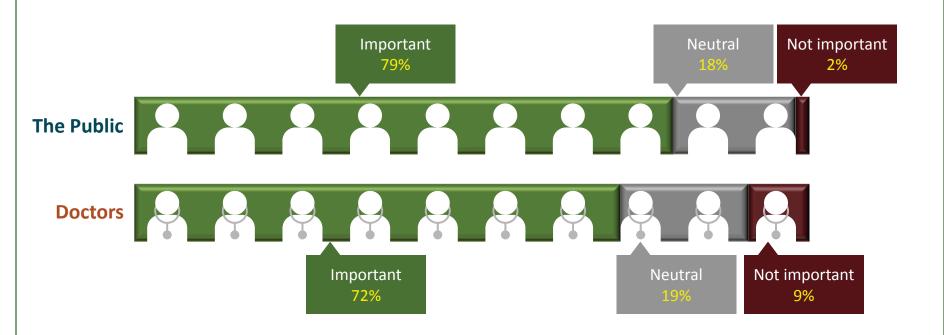
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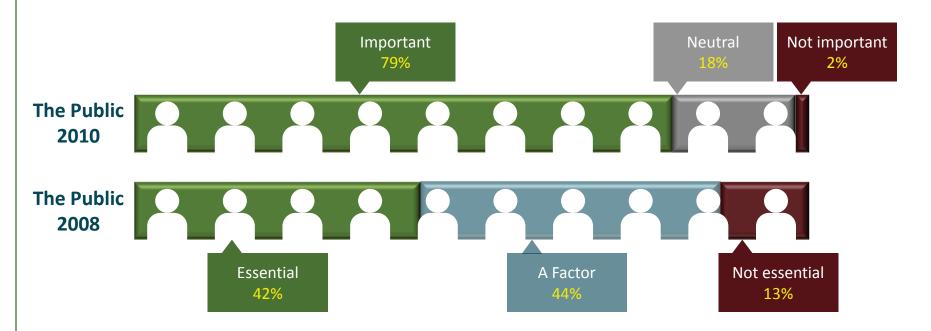
The Importance of Specific Policies: Informed Choices

A policy that individual patients be able to make informed choices about how their information is collected, shared and used is ...



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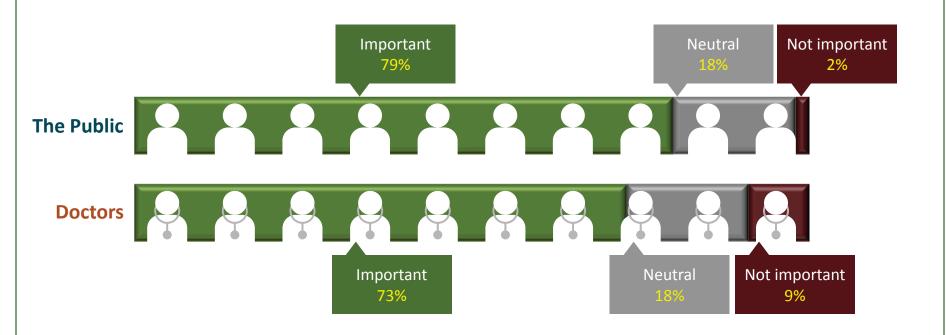
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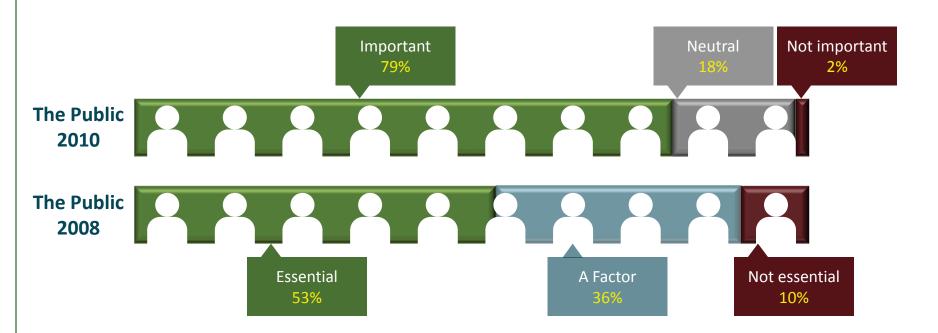
The Importance of Specific Policies: Audit Trail

A policy that individual patients be able to review who has had access to their personal health information is ...



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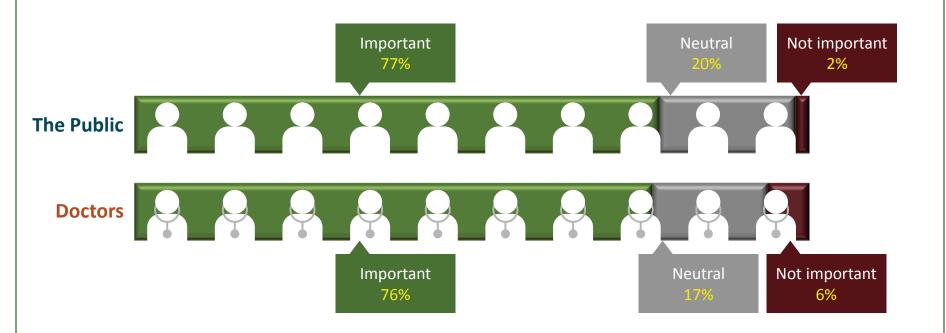
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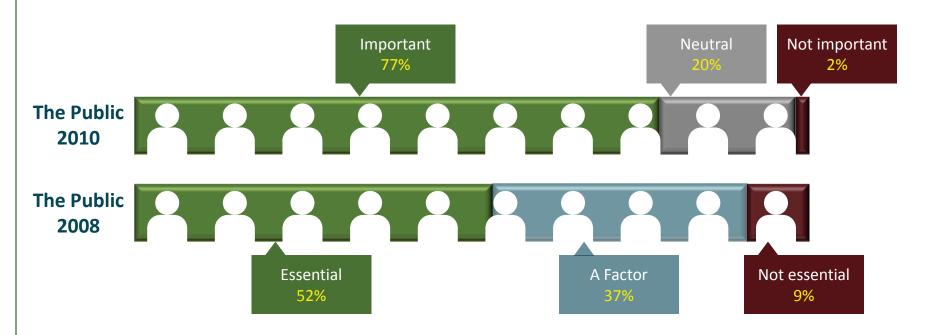
The Importance of Specific Policies: Corrections

A policy that individual patients must have a clear process to request corrections or dispute the way their information is handled is ...



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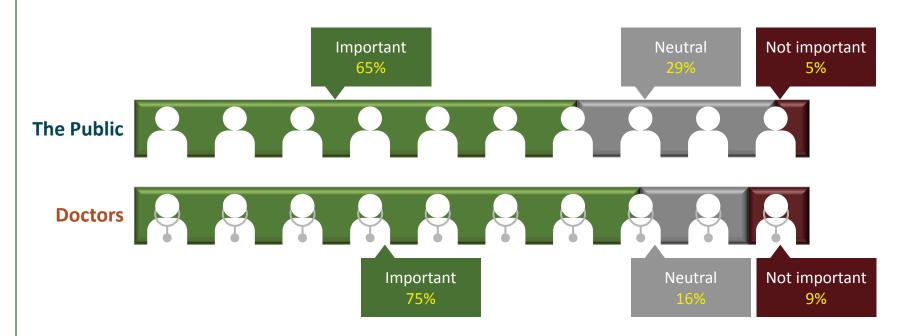
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Key Findings

- Solid majorities of the patients and doctors <u>do not</u> want the government collecting personally identifiable health information as part of the health IT incentives program.
- However, <u>if safeguards were in place to protect identity</u>, the vast majority of <u>both groups expressed willingness</u> to let composite information to be used to detect outbreaks, bio-terror attacks, and fraud, and to conduct research and quality and service improvement programs.
- The public's willingness to include de-identified information for these uses is remarkably consistent with Markle's 2006 survey.

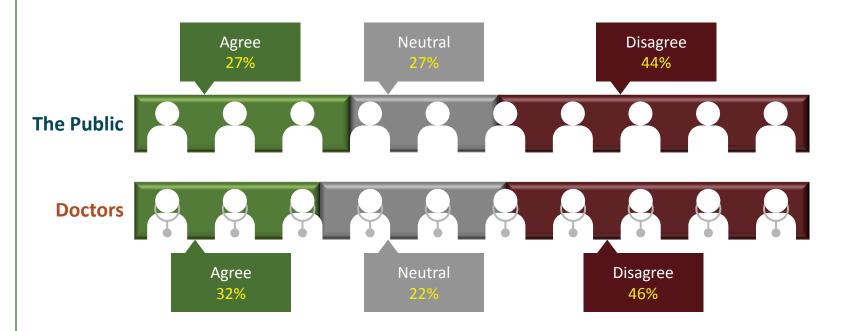
HEALTH IN A NETWORKED LIFE Importance of Specific Policies: No Government Collection of Personal Health Data

A policy that government could not collect health information that is personally identifiable for health information technology or health care quality-improvement programs is ...

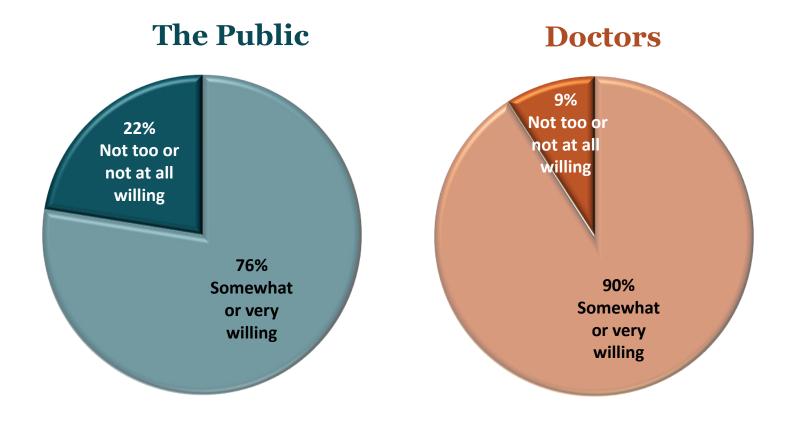


Without explicit safeguards to protect patient identity ...

I am OK with having my | my patients' personal health information included in databases for the federal government to improve health care quality (e.g., programs to reward doctors and hospitals that provide the best care.)

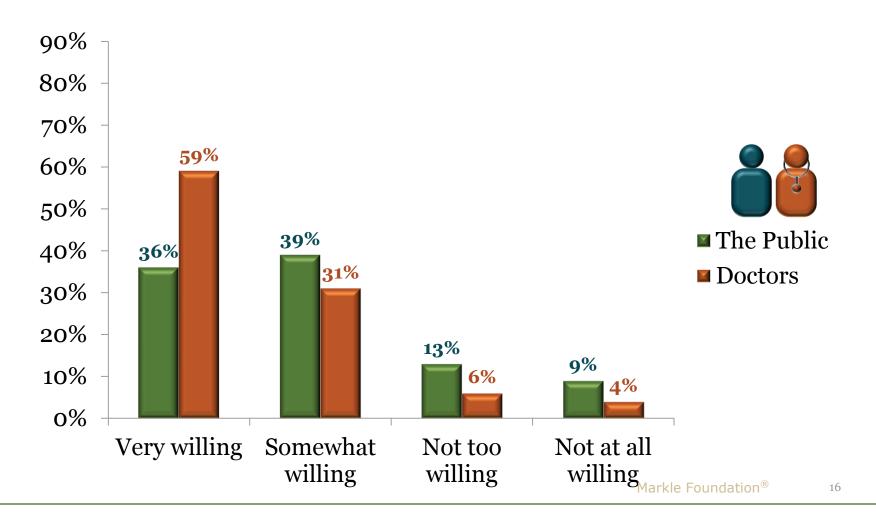


How willing would you be to allow patient records to be used by <u>public</u> <u>health officials to detect disease outbreaks early (E. coli, SARS, H1N1)</u>?



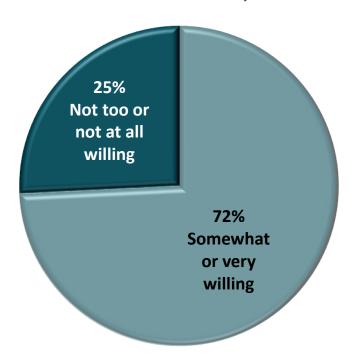
With safeguards to protect patient identity—Details

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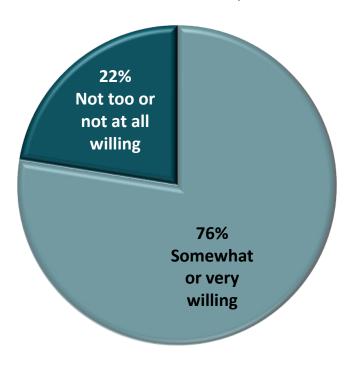


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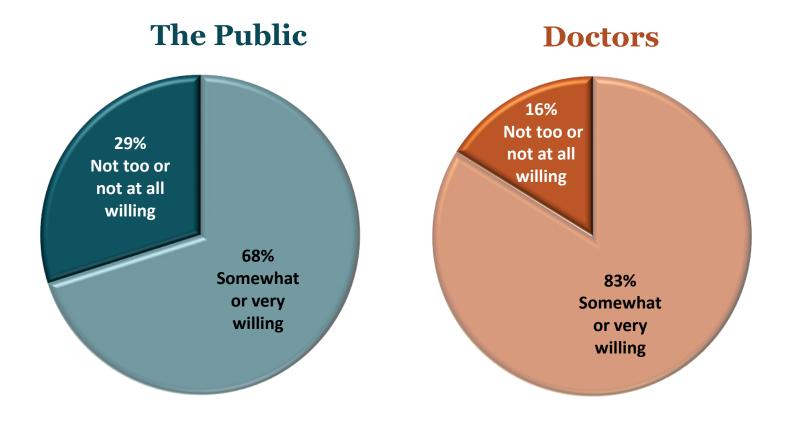
The Public, 2006



The Public, 2010

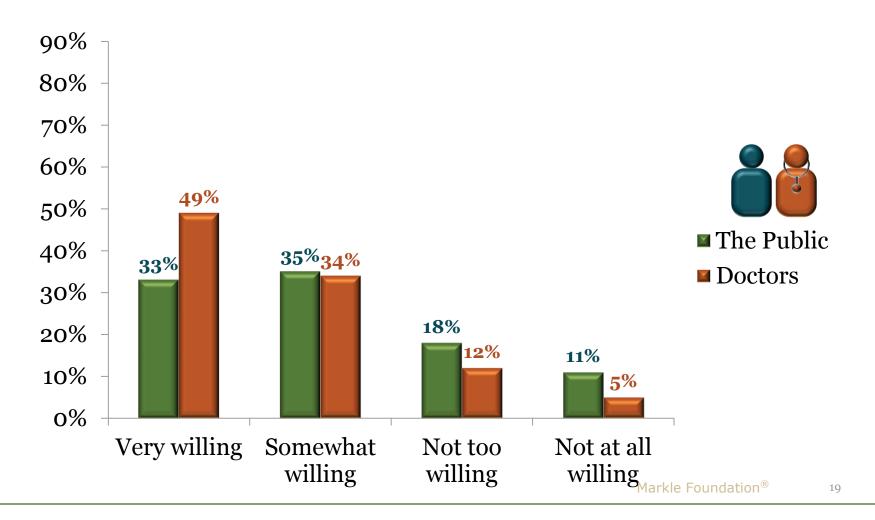


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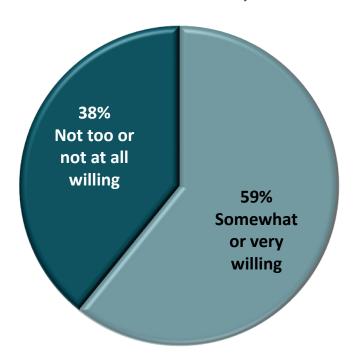
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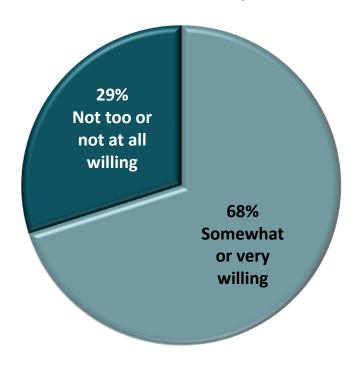


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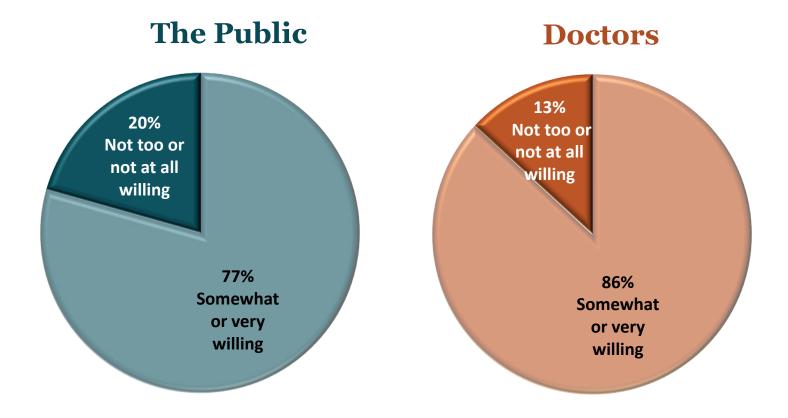
The Public, 2006



The Public, 2010

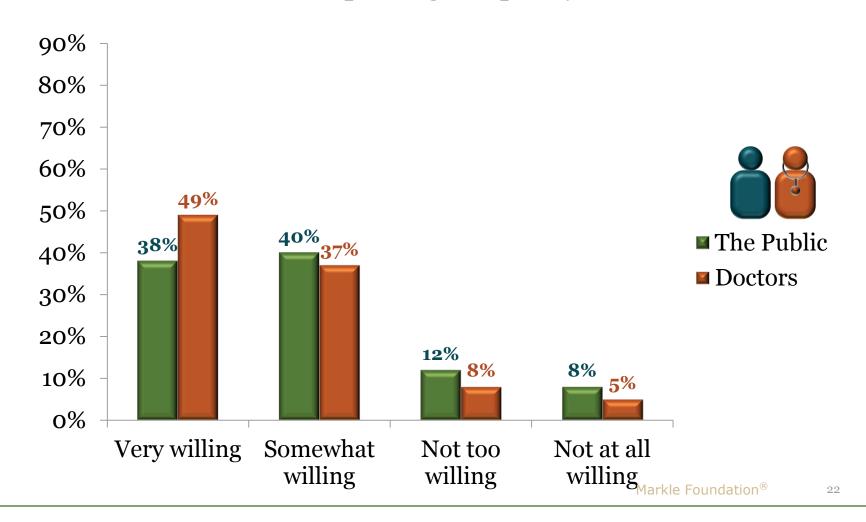


How willing would you be to allow patient records to be used by researchers to learn about improving the quality of health care?



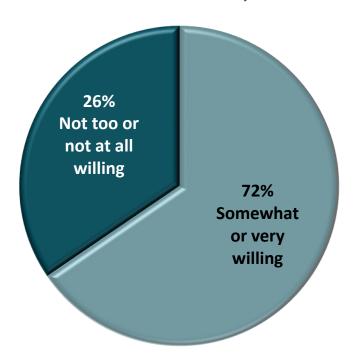
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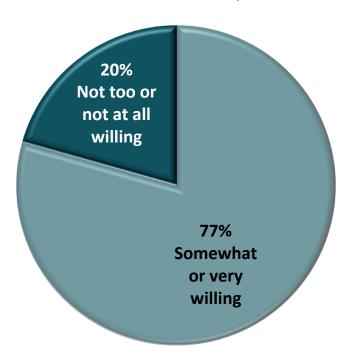


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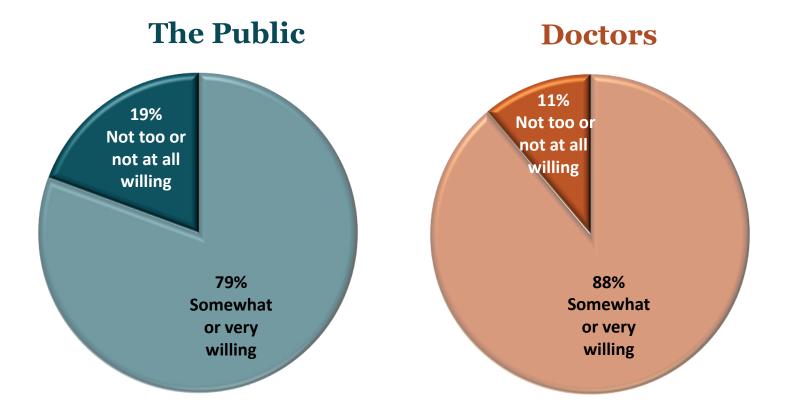
The Public, 2006



The Public, 2010

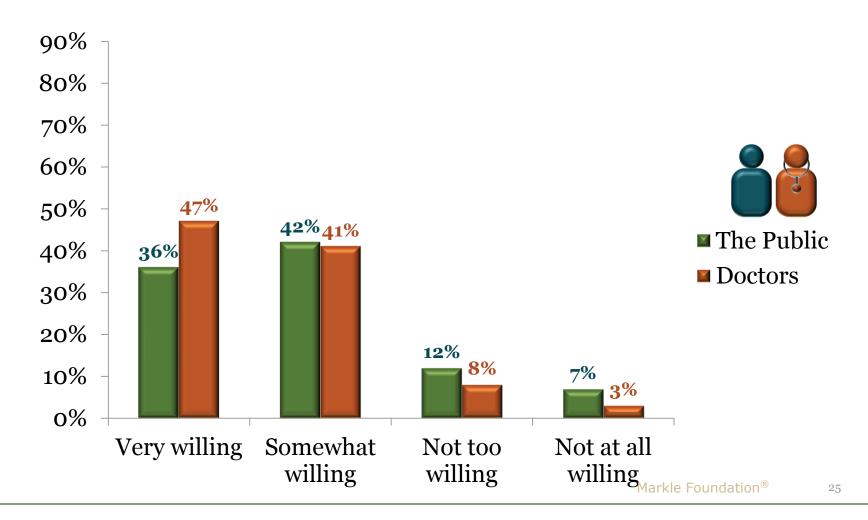


How willing would you be to allow patient records to be used by doctors and hospitals to learn how best to improve their services?



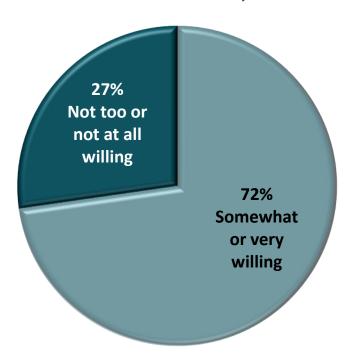
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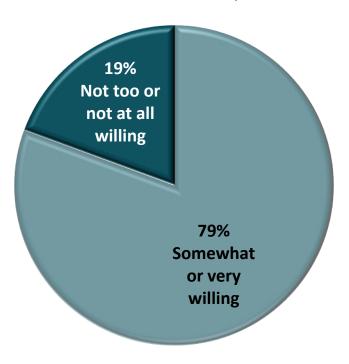


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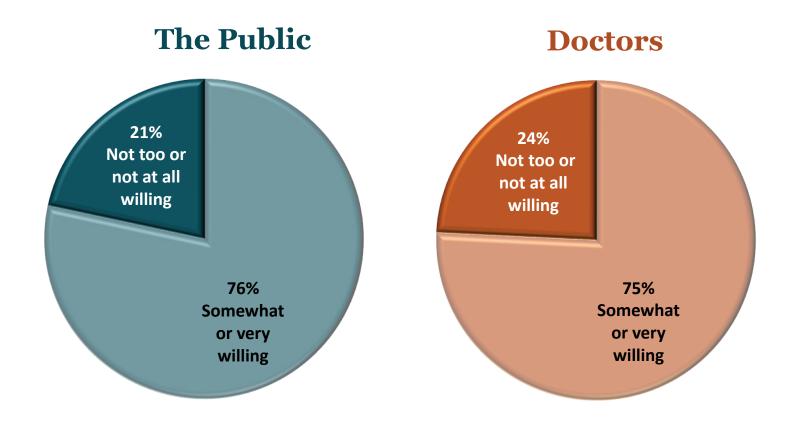
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The Public, 2010

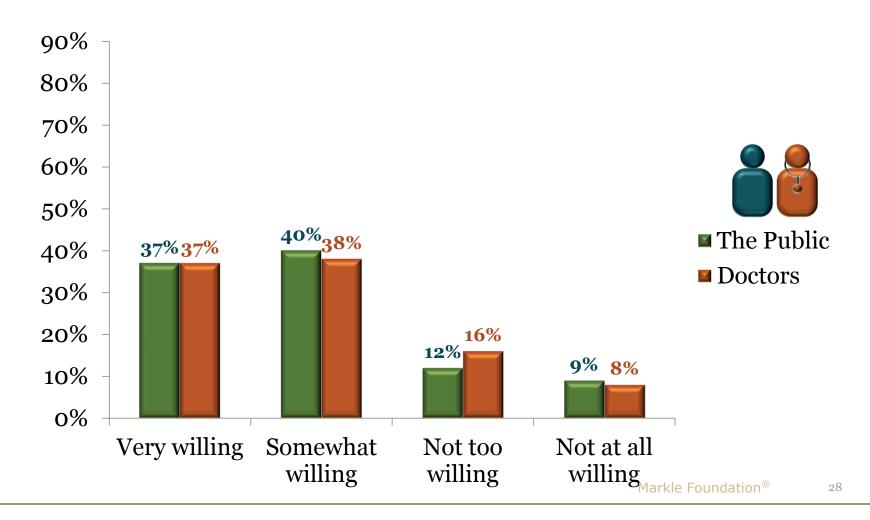


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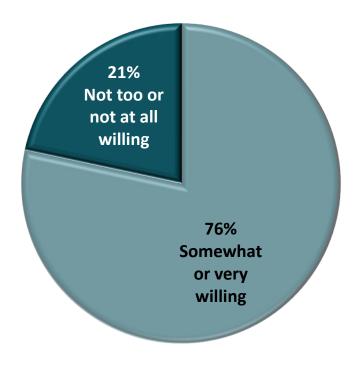
How willing would you be to allow patient records to be used by appropriate officials in order to detect medical fraud?

The Public, 2006

Not too or not at all willing

71%
Somewhat or very willing

The Public, 2010



Observations

- Since 2005, Markle has commissioned four nationwide surveys asking about the importance of privacy and security protections in three contexts:
 - Electronic PHRs.
 - Health information exchanges.
 - Health IT subsidies under the Recovery Act.
- The findings have been consistent: Big majorities of the public view privacy and security protections as important requirements for them to support and participate in health IT efforts.
- In this most recent survey (2010), we found physician views on the importance of privacy protections largely aligned with those of the public.

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.