

Strategies to Improve Health Care Quality in Virginia: Survey of Residents Age 50+

May 2007



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Survey Fielding Conducted by Woelfel Research, Inc.

Report Prepared by Anita Stowell-Ritter

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AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. We produce *AARP The Magazine*, published bimonthly; *AARP Bulletin*, our monthly newspaper; *AARP Segunda Juventud*, our bimonthly magazine in Spanish and English; *NRTA Live & Learn*, our quarterly newsletter for 50+ educators; and our website, www.aarp.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

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Dedication
Dr. Richard Morrison
AARP Health Policy Volunteer Member,
Executive Council, AARP Virginia
2004-2007

It is with great honor and pride that we dedicate this AARP Research Study on “Strategies to Improve Health Care Quality in Virginia: Survey of Residents Age 50+” to Dr. Richard Morrison. After a highly successful health care policy career in Virginia and internationally, he served as a volunteer member of AARP Virginia’s Executive Council from 2004 until he passed away in March 2007. Dr. Morrison organized the first AARP Virginia Task Force on Improving the Safety and Quality of Healthcare in Virginia. He was one of the authors of AARP’s Public Policy Institute study entitled: “Implementing Continuing Competency Requirements for Health Care Practitioners, published July 2006. Dr. Morrison has made a significant contribution to health care reform in Virginia and all states through his volunteer work at AARP.

Background

As documented evidence of quality problems in the nation’s healthcare system continues to mount, the state of quality has become a major public policy issue. Quality problems are pervasive, occurring across all care settings and delivery models. On average, Americans receive recommended care only slightly more than 50 percent of the time, experience preventable medical mistakes, and too often, receive care with little or no demonstrated value.¹ Moreover, some socioeconomic, racial and ethnic groups experience health disparities as well.

The 2006 Health Confidence Survey found that most Americans are satisfied with their own personal care. More than half of respondents reported they are either “extremely satisfied” (16%) or “very satisfied” (37%) with the care they received; an additional 34 percent were “somewhat satisfied.”² Nevertheless, only 36 percent of adults 18 and over say they have seen any information about quality.³

In 2007, multiple stakeholders—consumers, purchasers, providers, elected officials, certifying medical boards—are pursuing many different avenues to achieve improvement in the care patients receive. AARP supports a broad agenda of reform, including greater transparency and public accountability through publicly-reported performance assessments, such as reports about doctor and hospital quality, more widespread adoption of health information technology, and better alignment between payment and performance.

The Institute of Medicine has recommended “training and ongoing licensure and certification (to) reflect the need for lifelong learning and evaluation of competencies.”⁴ In addition, AARP believes that consumers and patients need reassurance from state licensure boards that the doctors and other health professionals who treat them continue to maintain their skills and proficiency in their respective fields after initial licensure. As a first step toward this policy goal, in August 2006, AARP Virginia surveyed a sample of Virginia residents age 50 and over to learn about respondents’ perceptions about factors that influence health care quality and to assess the public’s understanding and knowledge of Virginia’s existing licensure requirements for health professionals to maintain competence. This survey tested the preference for and the acceptability of certain health care system changes that potentially could improve the quality of care provided in the Commonwealth of Virginia. This research included questions which probed respondents’:

¹ McGlynn, E., Asch, S., Adams, J., Keese, B. et. al., “The Quality of Health Care Delivered to Adults in the United States,” *New England Journal of Medicine*, 348:26, June 26, 2003.

² Employment Benefit Research Institute, 2006 Health Confidence Survey, Wave IX, November 2006.

³ Kaiser Family Foundation/Agency for Healthcare Research and Quality, 2006 Update on Consumers’ Views of Patient Safety and Quality Information, September 2006.

⁴ Committee on Quality of Health Care In American, Institute of Medicine, *Crossing the Quality Chasm*, P 12, Washington, DC, 2001.

- Understanding of what it means to be licensed in the Commonwealth of Virginia
- Awareness of requirements for licensure of health professionals in the Commonwealth
- Preferences for specific processes that could be employed to determine health professionals continuing competence and the frequency that such processes should be undertaken
- Opinions regarding the usefulness of specific types of information to be used in comparing doctors
- Support for actions to help reduce medical errors

All responses to survey questions are contained in the annotated survey questionnaire that appears in Appendix I.

Methodology Overview

AARP commissioned Woelfel Research, Inc. (WRI) to conduct a telephone survey of residents age 50 and older in Virginia. A total of 800 interviews were completed. The survey was pretested on October 27, 2006 and interviewing was completed November 29, 2006. The sample was drawn using random digit dialing (RDD) methodology.

The sample was weighted to reflect the age and gender distribution of the Commonwealth's 50+ population. The weighted sample is 800. The survey has a sampling error of plus or minus 3.78 percent. Weighted responses to all survey questions are in the attached annotated questionnaire. The survey has a response rate of 12 percent and a cooperation rate of 75 percent.

A detailed description of the methodology immediately follows the Conclusion section of this report.

Highlights

- More than two in five respondents reported they are either “extremely satisfied” (15%) or “very satisfied” (39%) with the care they received.
- Fewer than half (48%) of respondents say they have seen any information about quality during the past 12 months.
- While 94 percent of respondents report that their doctor is licensed in the Commonwealth of Virginia, 64 percent report never having checked to see whether the doctor is board certified.
- More than half (52 percent) of respondents incorrectly believe that “being licensed” means that the health care professional has undergone periodic evaluation and assessment. However, licensure simply means that the health care professional met existing requirements at the time the license was issued.
- When questioned about the qualifications a health care professional must have to practice in the Commonwealth, more than two in three (68%) respondents incorrectly say that health care professionals are currently required to demonstrate they have up-to-date knowledge and skills needed to provide quality care. The Commonwealth of Virginia does not require health care professionals to demonstrate up-to-date knowledge and skills.
- Nearly all (95%) respondents believe licensed health care professionals in Virginia should be required to show they have the up-to-date knowledge and skills needed to provide quality care as a condition of retaining their license.
- Nine in ten (90%) respondents say it is at least very important for health care professionals to periodically be re-evaluated to show they are currently competent to practice safely.
- A majority of respondents indicate health care professionals should be evaluated on their qualifications (84%), be rated by their patients (79%) and other health care professionals with whom they work (79%), and pass a written test of medical knowledge (78%) at least every five years. In addition, nearly nine in ten (88%) say it is at least very important for health care professionals to have high success rates for those diseases and conditions they treat most often.
- Almost a third (30%) of respondents report that they or a family member have experienced a medical error in Virginia.

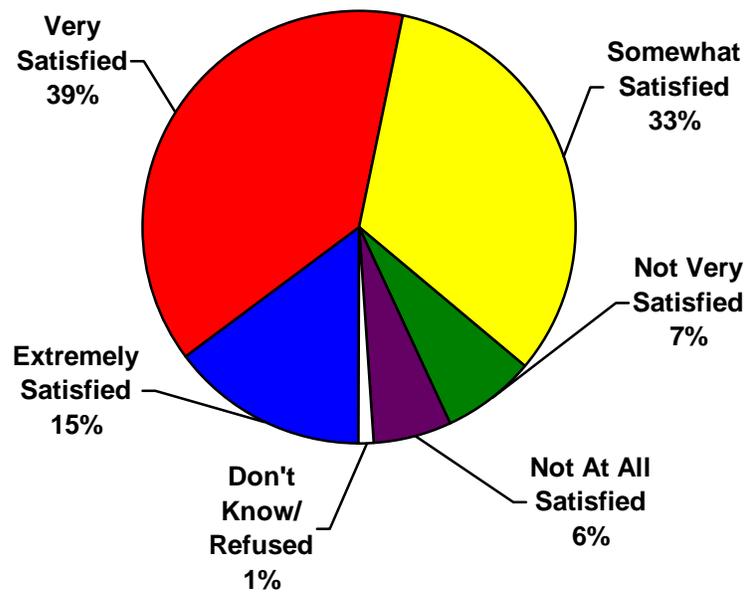
- Almost all respondents support a range of proposals to reduce medical errors. More than nine in ten respondents support the following: having enough nurses to provide good patient care (99%); requiring hospitals to report all serious medical errors to a state agency (97%); requiring hospitals to have quality control systems designed to reduce medical errors (96%); requiring doctors, nurses, pharmacists, and other medical professionals to have their skills periodically re-evaluated (95%); suspending the license of a health care professional who has a pattern of committing medical errors (95%); having better training for health care professionals (93%); limiting the number of hours residents and trainees can work to avoid fatigue (93%); and using ONLY health care professionals especially trained in intensive care medicine to practice in intensive care units (91%).

Detailed Findings

A majority of respondents report they are satisfied with the quality of the health care they or a family member receive.

Respondents were asked to rate their level of satisfaction with the quality of health care they or a family member receive. More than half report they are at least very satisfied with the quality of the care they receive, and another one in three state they are somewhat satisfied. About one is seven, however, say they are not very or not at all satisfied with the quality of care they receive.

**Satisfaction with Health Care Quality
(N=800)**



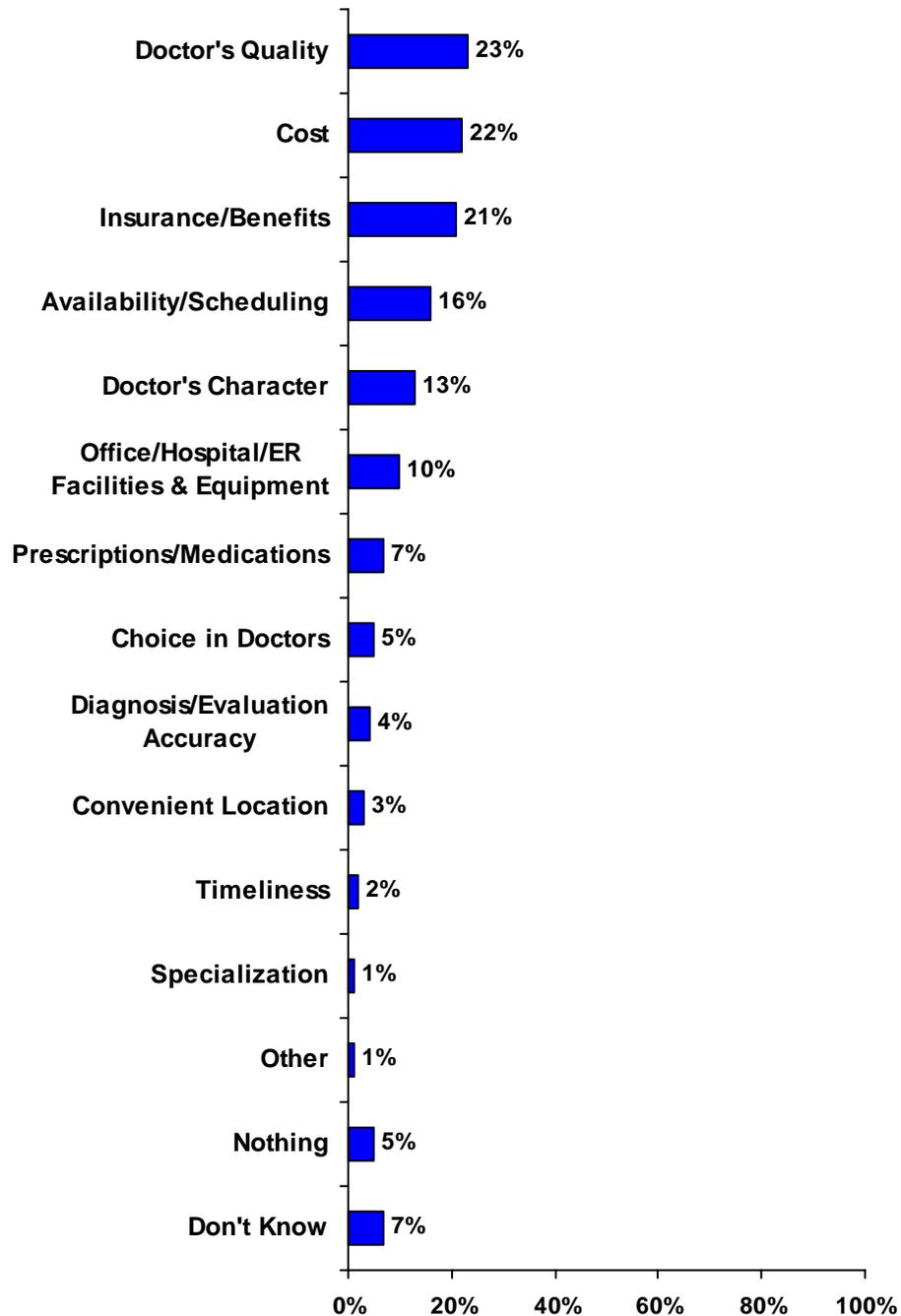
Three in ten respondents report they or a member of their family have experienced a medical error.

Respondents were asked whether they or a member of their family had ever been involved in a situation in Virginia where a medical error occurred. Three in ten (30%) say they have. Nearly seven in ten (68%) report they have not.

In an open-ended question, more than one in five respondents report the doctor's experience, competency, and knowledge are the most important factors influencing the quality of care they and their family receive.

More than one in five respondents also believe that in addition to the doctor's experience, competency, and knowledge, costs and insurance coverage are the most important factors to them. More than one in ten also say the doctor's availability/scheduling, the doctor's character, and the establishment (office's, hospital's, and emergency room's facilities and equipment) are the most important factors influencing the quality of care they receive.

Most Important Factors Influencing the Quality of Care (N=800)



While the vast majority of respondents report that the doctor they visit most often is licensed in Virginia, most respondents do not know whether that doctor is board certified.

Ninety-four percent of respondents say the doctor they visit most often is licensed in the Commonwealth of Virginia. However, only slightly more than one in three (35%) report they have asked or checked with anyone, such as a receptionist, nurse, doctor, friend, or co-worker to ascertain whether the doctor is board-certified – that is, has had additional training or testing in the field of his or her specialization.

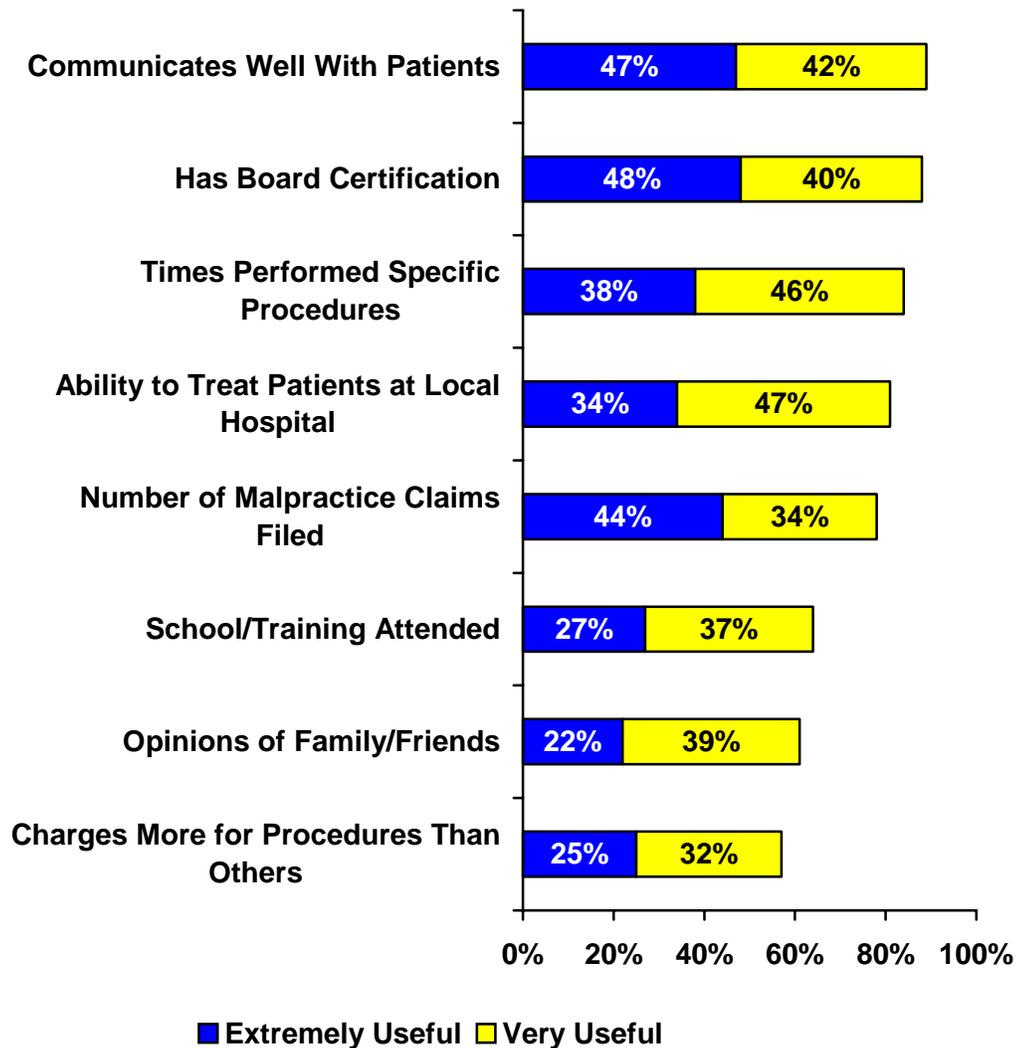
Fewer than half of respondents say they remembered seeing any information comparing different doctors, hospitals, or health plans during the past 12 months.

Respondents were told information comparing doctors, hospitals, and health insurance plans is available in different places. They were also told information might be given out at work, come to their home through the mail, appear in a newspaper or a magazine, or could be found on certain Internet web sites. They were then asked if they remembered seeing any of this information during the past twelve months. Fewer than half (48%) say they reported seeing this information while half (50%) report they do not remember seeing such information. Two percent indicate they are unsure.

Respondents are eager for information that would help them compare and select doctors. About nine in ten respondents report it would be very useful to have information on whether a doctor communicates well with patients and whether a doctor is board certified.

Respondents were provided with a list of eight types of information and asked how useful each would be to them for the purpose of comparing doctors. Nearly half of respondents indicate having information on whether a doctor communicates well with patients and whether the doctor is board certified would be extremely useful to them, and four in ten or more say such information would be very useful.

Useful Information for Comparing Doctors (N=800)



More than half (52 percent) of respondents incorrectly believe that “being licensed” means that the health care professional has undergone periodic evaluation and assessment.

Licensure simply means that the health care professional met existing requirements at the time the license was issued. The Commonwealth of Virginia, does not have a comprehensive process for evaluating the skills of health professionals beyond initial licensure.

Nearly all respondents believe all Virginia licensed health care professionals should be required to demonstrate they have the up-to-date knowledge and skills needed to provide quality care.

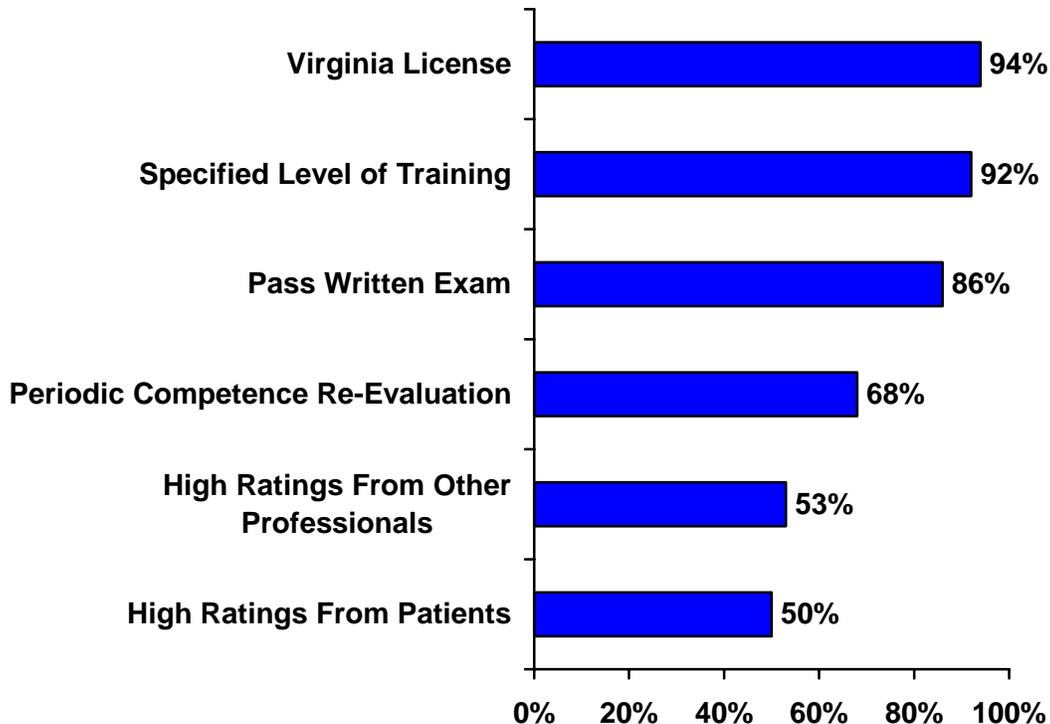
Ninety-five percent of respondents say all health care professionals should be required to demonstrate they have up-to-date knowledge and skills as a condition of retaining their license to practice in Virginia. Only three percent indicate health care professionals should not be required to demonstrate to state licensing officials that their knowledge and skills continue to meet requirements. Two percent indicate they don't know whether this is a good idea. Currently in Virginia, health professionals are not required to demonstrate they have up-to-date knowledge and skills to practice their profession.

While most respondents correctly answered that health care professionals must be licensed by the Commonwealth, have completed a specified level of training, and have passed a written exam of their medical knowledge, more than two in three respondents incorrectly believe that health care professionals are periodically re-evaluated to show they are currently competent to practice safely as a condition of their license to practice in Virginia.

More than two in three respondents incorrectly say health care professionals are currently re-evaluated as a condition of their license to practice in Virginia.

Respondents were provided with a list of six qualifications and asked whether health care professionals are required to meet these qualifications to practice in Virginia. Nearly nine in ten or more respondents correctly answered that health care professionals must be licensed by the Commonwealth of Virginia (94%), have completed a specified level of training (92%), and have passed a written exam of their medical knowledge (86%).

Perceived Qualifications Health Care Professionals Must Meet to Practice in Virginia (N=800)

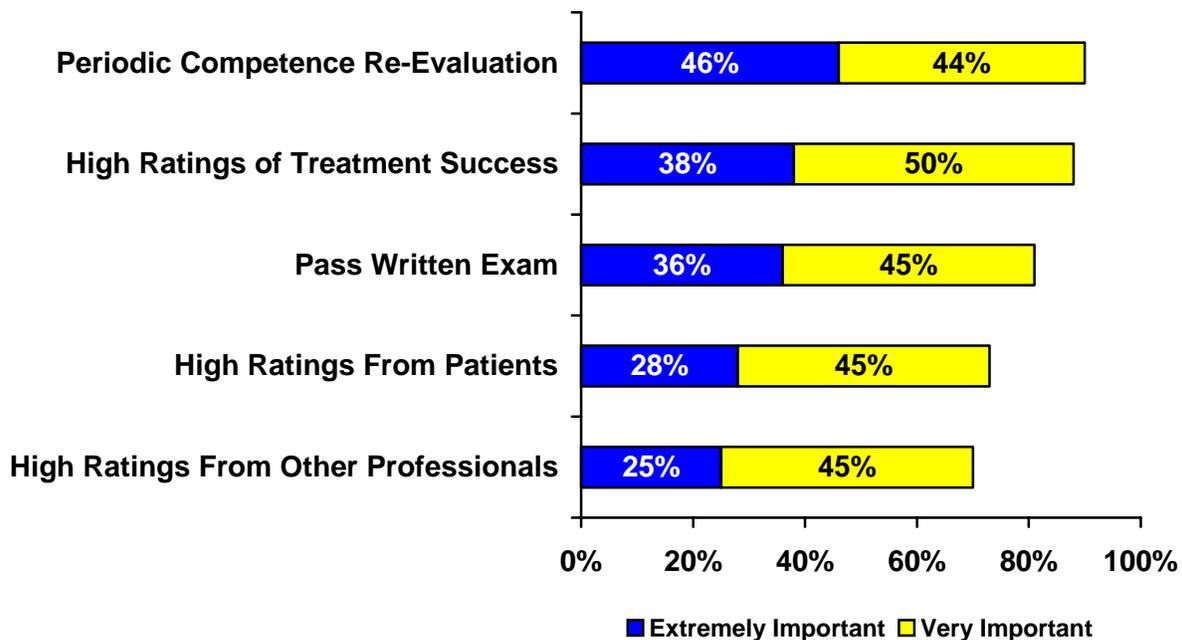


To ensure quality, nine in ten respondents believe it is at least very important for health care professionals to be periodically re-evaluated to show they are currently competent to practice.

Respondents were provided with a list of five possible requirements for licensure that could be implemented to ensure that health care professionals continue to provide high-quality services. They were asked their opinion of the importance of each requirement.

Nine in ten respondents say it is at least very important for health care professionals to be re-evaluated to show they are currently competent to practice safely. Nearly nine in ten also say it is at least very important for health care professionals to have high success rates for those diseases and conditions they treat most often. Slightly more than eight in ten report it is at least very important for health care professionals to pass a periodic written test of their medical knowledge. Seven in ten or more also believe it is at least very important for health care professionals to receive high ratings from their patients and from health care professionals with whom they work.

Importance of Specific Practices to Ensure that Virginia Health Care Professionals Provide High Quality Services (N=800)



More than eight in ten respondents believe health care professionals should be evaluated at least every five years by the state Board on their ability to practice safely. Almost eight in ten believe that they should also be required at least every five years to pass a written test of medical knowledge and be rated by health care professionals with whom they work as well as by their patients.

Respondents were presented with a list of four possible evaluation tools that could be required to help determine health care professionals' continued ability to practice safely. In addition, respondents were asked how often health care professionals practicing in Virginia should be asked to meet these requirements. More than eight in ten (84%) respondents indicate professionals should be evaluated at least every five years on their qualifications and their ability to practice their profession safely by the state government board that grants them a license to practice. Only three percent of respondents say they should not be required to be evaluated.

More than three in four respondents also believe that health care professionals should be required to be rated by their patients, by health care professionals with whom they practice, and to pass a written test of medical knowledge at least every five years. Only about one in eight or fewer respondents indicate health care professionals should never be required to meet these requirements.

**Preferred Frequency of Specific Practices to Ensure
Virginia Health Care Professionals Provide High Quality Services
(N=800)**

Frequency	Evaluated on	Rated by	Rated by	Pass Written
	Qualifications	Patients	Health Professions	Examination
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Not at all	3	13	11	7
Every 2 yrs.	39	47	44	37
Every 5 yrs.	45	32	35	41
Every 8 yrs.	4	2	5	5
Every 10 yrs.	6	3	2	9

Respondents are highly supportive of a number of strategies to reduce medical errors. Nearly all respondents believe having enough nurses to provide good patient care would be a good idea to help reduce medical errors.

Respondents were provided with a list of fourteen actions that might be helpful in reducing medical errors. They were asked whether each action would be a good idea or not a good idea to reduce medical errors. Nearly all respondents say having enough nurses to provide good patient care would be a good idea to help reduce medical errors.

More than nine in ten respondents indicate requiring hospitals to report all serious medical errors to a state agency; requiring hospitals to have quality control systems in place designed to reduce medical errors; requiring doctors, nurses, pharmacists, and other medical professionals periodically to show they are currently competent; suspending the license of a health care professional who has a pattern of committing medical errors; having better training for health care professionals; limiting the number of hours residents and trainees can work to avoid fatigue; and using ONLY health care professionals especially trained in intensive care medicine to practice in intensive care units would be good ideas to reduce medical errors.

Nearly nine in ten also think it would be a good idea to require doctors, nurses, pharmacists, and other medical professionals to show periodically they are good at communicating with patients to help reduce medical errors.

Between 60 and 80 percent of respondents also think it would be a good idea to increase the amount of time health care professionals spend with patients; limit certain high-risk medical procedures to those hospitals that perform a lot of these procedures; have hospitalized patients cared for by hospital-employed doctors in addition to their regular doctors; use computers to order drugs and medical tests; and include a pharmacist on hospital rounds as a means to reduce medical error.

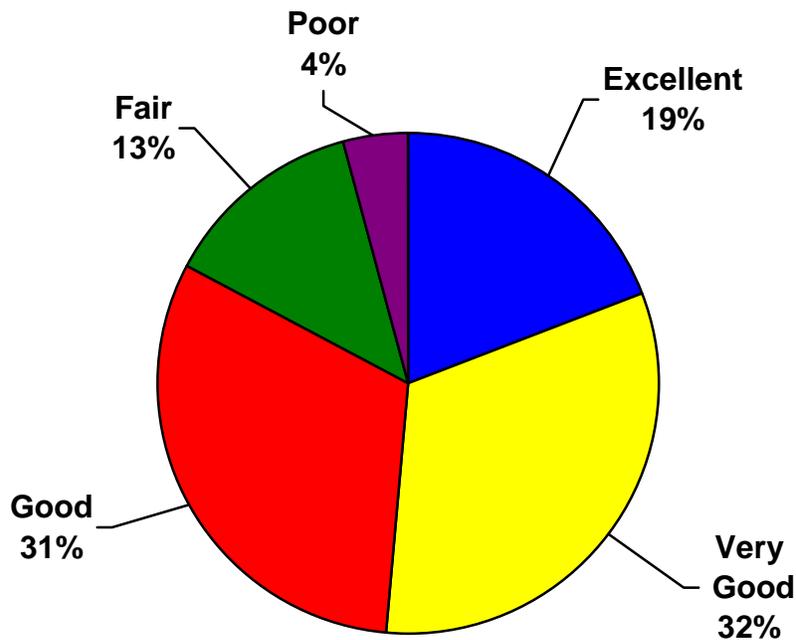
Strategies to Help Reduce Medical Errors (N=800)

	Good Idea	Not Good Idea
	<u>%</u>	<u>%</u>
Have enough nurses to provide good patient care	99	<.5
Require hospitals to report all serious medical errors to a state agency	97	2
Require hospitals to have in place quality control systems designed to reduce medical errors	96	2
Require doctors, nurses, pharmacists, and other medical professionals to show periodically they are currently competent	95	2
Suspend the license of a health care professional who has a pattern of committing medical errors	95	3
Have better training for health care professionals	93	3
Limit the number of hours residents or trainees can work to avoid fatigue	93	5
Use ONLY health care professionals especially trained in intensive care medicine on intensive care units	91	6
Require doctors, nurses, pharmacists, and other medical professionals to show periodically they are good at communicating with patients.	89	7
Increase the amount of time health care professionals spend with patients	84	8
Limit certain high-risk medical procedures to those hospitals that perform a lot of these procedures	78	16
Have hospitalized patients cared for by hospital-employed doctors in addition to their regular doctors	71	22
Use computers to order drugs and medical tests	63	24
Include a pharmacist on hospital rounds	63	29

More than half of respondents rate their health status as at least very good.

When asked to personally evaluate their health status, more than half of respondents rate their status as excellent or very good. Slightly more than three in ten say their health status is good. Fewer than one in five indicated their health status is fair or poor.

**Respondent's Self-Reported Health Status
(N=800)**



The majority (92%) of respondents report they currently are covered by a health insurance or health plan, including Medicare or Medigap insurance. Eight percent indicate they are not covered.

Conclusion

The survey found that respondents do not understand the meaning of licensure. Nearly all respondents believe health care professionals should be required to demonstrate they have up-to-date knowledge and skills as a condition for retaining their license to practice in Virginia. Only about four in ten respondents realize that this is not an existing requirement. Further, nearly all respondents believe it is important (extremely, 46%; very, 44%, or somewhat important, 8%) for health care professionals to be periodically re-evaluated to show they are currently competent to practice. More than eight in ten believe health care professionals' qualifications and ability to practice safely should be re-evaluated at least every five years. This evaluation practice is not currently required in Virginia.

A majority of respondents also state that health care professionals should also be evaluated at least every five years by their patients and other health professionals with whom they work. Similarly, they believe that health professionals should be required to pass a written test of medical knowledge at least every five years. These practices are not currently required in Virginia.

Existing research reveals the high cost to the American public resulting from medical errors. In fact, a notable percentage (30%) of survey respondents reported they or family members have been involved in a situation in Virginia where a medical error occurred. This compares to national figures of 34 percent in 2004.⁵ Findings from this research reveal strong support for a number of changes that could help to reduce medical errors.

There is strong support among survey respondents for a wide range of practices designed to reduce medical errors. These practices include:

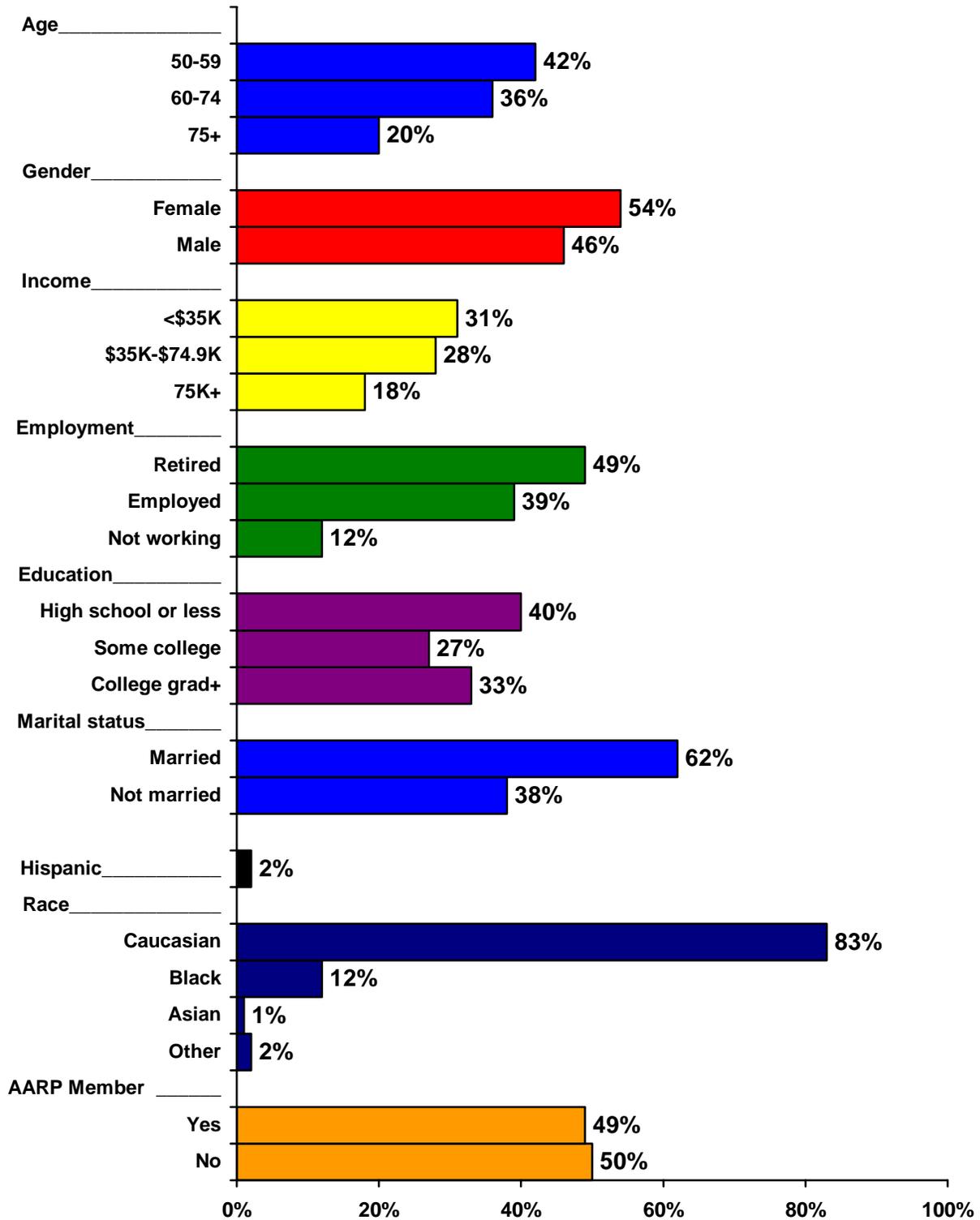
- Having enough nurses to provide good patient care (99%)
- Requiring hospitals to have in place quality control systems designed to reduce medical errors (97%)
- Suspending the license of a health care professional who has a pattern of committing medical errors (95%)
- Having better training for health care professionals (93%)
- Limiting the number of hours residents or trainees can work to avoid fatigue (93%)
- Using ONLY health care professionals especially trained in intensive care medicine on intensive care units (91%); and
- Requiring doctors, nurses, pharmacists, and other medical professionals to periodically demonstrate they are good at communicating with their patients (89%)

⁵ Kaiser Family Foundation/Agency for Healthcare Research and Quality/Harvard School of Public Health, national Survey on Consumers; Experiences With Patient Safety and Quality Information, November 2004.

While fewer than half of respondents report they had seen information comparing doctors, hospitals, and health plans in the past 12 months, there is strong interest in having such information available. At least eight in ten respondents would find information on the following items useful when they compare doctors:

- How well a doctor communicates with his/her patients
- Whether a doctor is board certified
- How many times a doctor has performed a specific medical procedure
- Whether a doctor has permission to treat patients at a particular local hospital

Respondent's Demographic Characteristics (N=800)



Methodology

AARP commissioned Woelfel Research, Inc. (WRI) to conduct a telephone survey of residents age 50 or older in Virginia. A total of 800 interviews were completed.

The sample was designed to represent the Virginia adult population age 50 and over. The telephone sample was provided by Scientific Telephone Samples (STS) according to WRI specifications. The sample was drawn using standard list-assisted random digit dialing (RDD) methodology. *Active blocks* of telephone numbers (area code + exchange + two-digit block number) that contained three or more residential directory listings were selected with probabilities in proportion to their share of listed telephone households; after selection, two more digits were added randomly to complete the number. This method guarantees coverage of every assigned phone number regardless of whether that number is directory listed, purposely unlisted, or too new to be listed. Sampled phone numbers were compared against business directories and matching numbers purged.

The survey includes questions that were developed by AARP staff and questions that were adapted, with permission, from survey instruments developed by the Kaiser Family Foundation and the American Board of Internal Medicine Foundation⁶. In order to improve the quality of the data, the questionnaire was pre-tested with a small number of respondents. The pretest interviews were monitored by AARP and WRI staff and conducted using experienced interviewers whom could best judge the quality of the answers given and the degree to which respondents understood the questions. The questionnaire was modified based on the results of the pretest.

The pretest interviews were conducted on October 27, 2006 and interviewing was completed November 29, 2006. Up to 10 attempts were made to contact every sampled telephone number. Sample was released for interviewing in replicates, which are representative subsamples of the larger sample. Using replicates to control the release of sample ensures that complete call procedures are followed for the entire sample. It also ensures that the geographic distribution of numbers called is appropriate. Calls were staggered over times of day and days of the week to maximize the chance of making contact with potential respondents. Each household received at least one daytime call in an attempt to find someone at home.

The sample was weighted to reflect the age and gender distribution of the state's 50+ population. The weighted sample is 800. The survey has a sampling error of plus or minus 3.78 percent. Weighted responses to all survey questions are in the attached annotated questionnaire. The survey has a response rate of 12 percent and a cooperation rate of 75 percent.

⁶ Kaiser Family Foundation/Agency for Healthcare Research and Quality, 2006 Update on Consumer' Views of Patient Safety and Quality Information, September 2006; American Board of Internal Medicine Foundation (ADD CITE TO ABIM/GALLUP SURVEY FORWARDED SEPARATELY)

Appendix I

Annotated Survey Questionnaire

2006 Virginia Quality of Health Care Survey

Screener and Introduction

Hello, my name is (FIRST AND LAST NAME). This is not a sales call; we are conducting a survey of the opinions of Virginia residents' age 50+ about health care quality issues. (IF NEEDED: Your individual responses are anonymous and will be held in the strictest confidence.)

(N=800)

Survey Instrument

Q1. Overall, how satisfied are you with the quality of health care you and your family members receive in Virginia? Would you say you are extremely satisfied, very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?

<u>%</u>	
15	Extremely satisfied
39	Very satisfied
33	Somewhat satisfied
7	Not very satisfied
6	Not at all satisfied
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

Q2. In your opinion what are the most important factors that influence the quality of health care that you and your family receive? (NOTE TO INTERVIEWER: PROBE: Is there anything else? Record Verbatim: Record up to three responses)

<u>%</u>	
23	Doctor's quality, experienced, competent, knowledgeable
22	Cost, price
21	Insurance coverage, benefits from employer
16	Availability, timeliness of scheduling
13	Doctor's character, bedside manor (trustworthy, how they treat you as a person)
10	Establishment (Good hospital, emergency room, equipment, machines)
7	Prescriptions, medications
5	Selection, ability to pick your own doctor
4	Diagnosis, evaluation accuracy
3	Convenient location
2	Timeliness in waiting room
1	Specialization, good referrals
1	Other
5	Nothing
7	Don't Know

Q3. I am going to read you two statements about what it could mean for a health care professional to be licensed to practice in the Commonwealth of Virginia. For purposes of this survey, health care professionals refer to doctors, nurses, dentists, etc. unless otherwise stated.

Please indicate which of the two statements best represents your understanding of the meaning of being licensed. (NOTE TO INTERVIEWER: Randomize items 1 and 2. Repeat the statements as necessary.)

<u>%</u>	
38	The health care professional was competent when the license was first issued
52	The health care professional is currently competent regardless of when the license was issued
9	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

Q4. Do you believe all licensed health care professionals in Virginia should be required to show they have the up-to-date knowledge and skills needed to provide quality care as a condition of retaining their license?

<u>%</u>	
95	Yes
3	No
2	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

Q5. I am going to read you a list of possible qualifications that a health care professional (including doctors, nurses, dentist, etc.) might need to practice their profession. To the best of your knowledge, are health care professionals practicing in Virginia required to?

(NOTE TO INTERVIEWER: Randomize items. REPEAT THE QUESTION AS NECESSARY)

a. Have completed a specified level of training

<u>%</u>	
92	Yes
3	No
5	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

b. Have passed a written exam of their medical knowledge

<u>%</u>	
86	Yes
4	No
10	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

c. Have received high ratings from health care professionals with whom they work

<u>%</u>	
53	Yes
28	No
18	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

d. Have received high ratings from patients

<u>%</u>	
50	Yes
35	No
15	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

e. Be licensed by the Commonwealth of Virginia

<u>%</u>	
94	Yes
2	No
4	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

f. Be periodically re-evaluated to show that they are currently competent to practice safely

<u>%</u>	
68	Yes
16	No
16	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

Q6. I am going to read you a list of processes that could be used to assure that a health care professional continues to be well qualified. In your opinion, how important is each of the following processes in assuring that Virginia professionals provide high quality services? Would it be extremely important, very important, somewhat important, not very important, or not at all important?

(NOTE TO INTERVIEWER: Randomize list. REPEAT THE QUESTION AS NECESSARY)

a. Passing a periodic written test of medical knowledge

<u>%</u>	
36	Extremely important
45	Very important
15	Somewhat important
2	Not very important
1	Not at all important
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

b. Receiving high ratings from health care professionals with whom they work

<u>%</u>	
25	Extremely important
45	Very important
21	Somewhat important
5	Not very important
3	Not at all important
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

c. Receiving high ratings from their patients

<u>%</u>	
28	Extremely important
45	Very important
20	Somewhat important
5	Not very important
2	Not at all important
<.5	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

d. Having high success rates for those diseases and conditions they treat most often

<u>%</u>	
38	Extremely important
50	Very important
8	Somewhat important
2	Not very important
<.5	Not at all important
3	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

e. Being periodically re-evaluated to show that they are currently competent to practice safely

<u>%</u>	
46	Extremely important
44	Very important
8	Somewhat important
1	Not very important
<.5	Not at all important
1	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

Q7. How often should a Virginia health care professional be required to perform each of the following practices? Should it be every two years, every five years, every eight years, or every ten years, or should they not be asked to perform the practice at all?

(NOTE TO INTERVIEWER: Randomize questions. REPEAT QUESTION AS NECESSARY)

a. Pass a written test of medical knowledge

<u>%</u>	
37	Every 2 years
41	Every 5 years
5	Every 8 years
9	Every 10 years
7	Not at all
2	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

b. Be rated by health care professionals with whom they work

<u>%</u>	
44	Every 2 years
35	Every 5 years
5	Every 8 years
2	Every 10 years
11	Not at all
2	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

c. Be rated by their patients

<u>%</u>	
47	Every 2 years
32	Every 5 years
2	Every 8 years
3	Every 10 years
13	Not at all
3	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

d. Be evaluated on their qualifications and their ability to practice their profession safely by the state government board that grants them a license to practice

<u>%</u>	
39	Every 2 years
45	Every 5 years
4	Every 8 years
6	Every 10 years
3	Not at all
2	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

We would now like to shift the focus of our questions and speak more specifically about your personal experience in obtaining information about health care professionals practicing in Virginia.

Q8. Is the DOCTOR you visit most often licensed in Virginia?

<u>%</u>	
94	Yes
2	No
4	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

Q9. Have you ever asked or checked with anyone, such as a receptionist, nurse, doctor, friend, or co-worker, if a DOCTOR is board-certified -- that is, has had additional training and testing in his or her specialization

<u>%</u>	
35	Yes
64	No
2	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

Q10. Information comparing doctors, hospitals, and health insurance plans is available in different places. For example, it might be given out at work, come to your home by mail, appear in a newspaper or magazine, or be found on an Internet web site. In the past 12 months, do you remember seeing ANY information comparing different doctors, hospitals, or health plans?

<u>%</u>	
48	Yes
50	No
2	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

Q11. I am going to read you a list of types of information that might be useful when you compare doctors. How useful is each of the following types of information to you when you compare doctors? Would it be extremely useful, very useful, somewhat useful, not very useful, or not at all useful?

(NOTE TO INTERVIEWER: Randomize. REPEAT THE QUESTION AS NECESSARY)

a. Whether a doctor attended a well-known medical school or training program

<u>%</u>	
27	Extremely useful
37	Very useful
23	Somewhat useful
6	Not very useful
4	Not at all useful
2	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

b. Whether a doctor has permission to treat patients at a particular local hospital

<u>%</u>	
34	Extremely useful
47	Very useful
11	Somewhat useful
4	Not very useful
2	Not at all useful
2	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

c. Whether a doctor is board certified, that is, has had additional training and testing in his or her specialization

<u>%</u>	
48	Extremely useful
40	Very useful
8	Somewhat useful
1	Not very useful
1	Not at all useful
2	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

d. Whether a doctor communicates well with his or her patients

<u>%</u>	
47	Extremely useful
42	Very useful
7	Somewhat useful
1	Not very useful
2	Not at all useful
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

e. Whether a doctor charges more than others for the same medical procedure

<u>%</u>	
25	Extremely useful
32	Very useful
21	Somewhat useful
9	Not very useful
7	Not at all useful
5	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

f. How many malpractice suits have been filed against him or her

<u>%</u>	
44	Extremely useful
34	Very useful
11	Somewhat useful
3	Not very useful
4	Not at all useful
4	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

g. How many times a doctor has performed a specific medical procedure

<u>%</u>	
38	Extremely useful
46	Very useful
9	Somewhat useful
3	Not very useful
1	Not at all useful
3	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

h. Opinions of your friends and family

<u>%</u>	
22	Extremely useful
39	Very useful
26	Somewhat useful
7	Not very useful
5	Not at all useful
2	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

Q12. I am going to read you a list of actions that might reduce medical errors. In your opinion, would each of the following actions be a good idea or not a good idea in helping to reduce medical errors? (NOTE TO INTERVIEWER:

Randomize.

REPEAT QUESTION AS NECESSARY)

a. Including a pharmacist on hospital rounds when doctors review the progress of patients

<u>%</u>	
63	Yes, a good idea
29	No, not a good idea
9	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

b. Increasing the amount of time health care professionals spend with patients

<u>%</u>	
84	Yes, a good idea
8	No, not a good idea
7	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

c. Using computers for ordering drugs and medical tests instead of paper records

<u>%</u>	
63	Yes, a good idea
24	No, not a good idea
12	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

d. Requiring hospitals to report all serious medical errors to a state agency

<u>%</u>	
97	Yes, a good idea
2	No, not a good idea
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

e. Having hospitalized patients cared for by hospital-employed doctors in addition to their regular doctors

<u>%</u>	
71	Yes, a good idea
22	No, not a good idea
7	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

f. Having better training for health care professionals

<u>%</u>	
93	Yes, a good idea
3	No, not a good idea
3	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

g. Having enough nurses to provide good patient care

<u>%</u>	
99	Yes, a good idea
<.5	No, not a good idea
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

h. Limiting the number of hours residents or trainees can work to avoid fatigue

%
93 Yes, a good idea
5 No, not a good idea
2 (DO NOT READ) Don't know
<.5 (DO NOT READ) Refused

i. Using ONLY health care professionals especially trained in intensive care medicine on intensive care units

%
91 Yes, a good idea
6 No, not a good idea
3 (DO NOT READ) Don't know
<.5 (DO NOT READ) Refused

j. Limiting certain high-risk medical procedures to those hospitals that perform a lot of these procedures

%
78 Yes, a good idea
16 No, not a good idea
7 (DO NOT READ) Don't know
<.5 (DO NOT READ) Refused

k. Suspending the license of a health care professional who has a pattern of committing medical errors

%
95 Yes, a good idea
3 No, not a good idea
2 (DO NOT READ) Don't know
<.5 (DO NOT READ) Refused

l. Requiring hospitals to have in place quality control systems designed to reduce medical errors

%
96 Yes, a good idea
2 No, not a good idea
1 (DO NOT READ) Don't know
<.5 (DO NOT READ) Refused

m. Requiring doctors, nurses, pharmacists and other medical professionals to show periodically they are currently competent

<u>%</u>	
95	Yes, a good idea
2	No, not a good idea
2	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

n. Requiring doctors, nurses, pharmacists and other medical professionals to show periodically they are good at communicating with patients

<u>%</u>	
89	Yes, a good idea
7	No, not a good idea
4	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

Q13. Have you ever been involved in a situation in Virginia where a medical error was made in YOUR OWN medical care or that of a FAMILY member?

<u>%</u>	
30	Yes
68	No
1	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

The following questions are for classification purpose only and will be kept entirely confidential.

D1. Are you currently covered by any form of health insurance or health plan including Medicare or Medigap insurance?

<u>%</u>	
92	Yes
8	No
<.5	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

D2. How would you describe your health status? Is it excellent, very good, good, fair, or poor?

<u>%</u>	
19	Excellent
32	Very Good
31	Good
13	Fair
4	Poor
<.5	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

D3. In the last 12 months, have you accessed the Internet from your home, work, or from some other source such as your local library?

<u>%</u>	
55	Yes
45	No
<.5	(DO NOT READ) Don't know
0	(DO NOT READ) Refused

D4. What is your age as of your last birthday? _____ (in years)

<u>%</u>	
42	50-59
36	60-74
20	75+
2	(DO NOT READ) Refused

D5. What is your current marital status? Are you?

<u>%</u>	
62	Married
2	Not married, living with partner
2	Separated
11	Divorced
17	Widowed
6	Never married
1	(DO NOT READ) Refused

D6. Are you or your spouse or partner a member of A-A-R-P, formerly known as the Association of Retired Persons?

<u>%</u>	
49	Yes
50	No
1	(DO NOT READ) Don't know
<.5	(DO NOT READ) Refused

D7. What is your race? Are you?

<u>%</u>	
83	White or Caucasian
12	Black or African American
1	American Indian or Alaska Native
1	Asian
<.5	Native Hawaiian or other Pacific Islander
14	Other
<.5	(DO NOT READ) Don't know
2	(DO NOT READ) Refused

D8. Are you of Hispanic, Spanish, or Latino origin or descent?

<u>%</u>	
2	Yes
96	No
1	(DO NOT READ) Don't know
1	(DO NOT READ) Refused

D9. What is the highest level of education that you completed?

<u>%</u>	
13	0-12 th grade (no diploma)
27	High school graduate (or equivalent)
16	Post-high school education (no degree)
11	2-year college degree
13	4-year college degree
6	Post-graduate study (no degree)
14	Graduate or professional degree (s)
1	(DO NOT READ) Refused

D10. Which of the following best describes your current employment status? Are you?

<u>%</u>	
4	Self-employed, part-time
7	Self-employed, full-time
6	Employed, part-time
22	Employed, full-time
49	Retired, not working at all
10	Not in labor force for other reasons
2	Unemployed but looking for work
1	(DO NOT READ) Refused

D11. What is your 5-digit Zip Code? (WRITE IN YOUR ZIP CODE.) _ _ _ _ _

D12. What was your annual household income before taxes in 2005? Was it?

<u>%</u>	
9	Less than \$10,000
10	\$10,000 to less than \$20,000
12	\$20,000 to less than \$35,000
12	\$35,000 to less than \$50,000
9	\$50,000 to less than \$60,000
7	\$60,000 to less than \$75,000
18	\$75,000 or more
6	(DO NOT READ) Don't know
19	(DO NOT READ) Refused

NOTE TO INTERVIEWER: Record the gender of the respondent.

<u>%</u>	
46	Male
54	Female

**This completes all the questions we have.
Thank you for participating in this survey.**

AARP
Knowledge Management
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