2017 Xerox eHealth Survey Results

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Prepared For:

Xerox

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Research Method and Note about the Report

Research Method

The survey was conducted online within the United States by Harris Poll on behalf of Xerox between January 26-30, 2017 among 3,172 adults ages 18+.

Results were weighted for age within gender, region, race/ethnicity, income, and education where necessary to align them with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents' propensity to be online.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, Harris Poll avoids the words "margin of error" as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal.

Respondents for this survey were selected from among those who have agreed to participate in online surveys. The data have been weighted to reflect the composition of the adult population. Because the sample is based on those who agreed to participate in our panel, no estimates of theoretical sampling error can be calculated.

A Note about Reading the Report

The percentage of respondents has been included for each item.

- o An asterisk (*) signifies a value of less than one-half percent.
- A dash represents a value of zero.
- Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple responses.

How to Read Data Tables: Key Terms & Statistical Significance Testing

<u>Tabs or Cross-tab(s)</u>: This is short for cross-tabulations, or data tables. Raw survey data are tabulated to depict the results based on aggregate groups of respondents, typically, the "Total" sample, as well as subgroups that can be compared against one another to see if there are statistically significant differences among them (e.g., men vs. women).

Banner: A banner is essentially a set of cross-tabs.

<u>Banner point</u>: A banner point is a column in the data tables – a single banner, or page of cross-tabs, can typically include about 20 columns, or banner points (depends partly on the banner point titles/labels). Banner points enable us to compare two or more groups to one another to see if there are statistically significant differences among them (e.g., the data for "men" would be contained in one banner point and "women" in another, with the two columns stat-tested against one another to determine if the differences are statistically significant).

<u>Statistical significance testing</u>: Two or more banner points can be tested for significant differences based on a statistical formula called a t-test – whether or not a difference between 2 or more groups is significant depends not only on the magnitude of the difference, but also on the sizes of the samples being compared (i.e., the smaller the samples, the larger a difference would have to be in order to be considered statistically significant).

Significance testing is done at the 95% confidence level, and the test is performed on percentages as well as means. Each subgroup is contained in a banner point and assigned a letter. When the percentage of one subgroup is significantly different from the percentage of another subgroup, the letter representing one of the two samples appears next to the percentage (or mean) of the other sample.

For example, the proportion of males answering "yes" to a particular question may be compared to the percentage of females answering "yes" to the same question, as follows:

- In the table below, the male sample is assigned the letter B and the female sample is assigned the letter C.
- 67% of women said "yes" a proportion that is significantly greater than the 57% of males who said "yes."
- To indicate that women are significantly more likely to say "yes" than are men, the letter B (i.e., the letter assigned to the male subgroup) appears next to the "67%" in the female column.
- Similarly, the 37% of men who said "no" is significantly greater than the 29% of women who said "no," so the letter C (i.e., the letter assigned to the female subgroup) appears next to the "37%" in the male column.
- It is these letters that indicate statistically significant differences among two or more subgroups if there are no letters next to a percentage, then the differences are not statistically significant and may not be described as true differences in attitude or behavior among subgroups.

		Gender	
	Total	Male	Female
	(A)	(B)	(C)
Unweighted Total	977	488	489
Weighted Total	967	464	503
Yes	611	274	337
	63%	57%	67% B
No	319	171	148
	33%	37% C	29%
Don't Know	37	18	19
	4%	4%	4%

Key Findings

Information Security Generates Concern

Should you be apprehensive about your medical data, such as charts, test results and billing info, ending up in the wrong hands? It seems many are, as nearly half of Americans (47%) express that they are concerned about the security of their personal healthcare information – roughly 1 in 10 (11%) go so far as to say they are very concerned. It seems this concern is more prevalent among younger adults – perhaps because they may be more in-tune with technological capabilities in terms of hacking these days. Adults ages 18-34 are twice as likely to say they are very concerned with this matter than those ages 55+ (14% vs. 7%).

When it comes to worrying about personal information being stolen, however, it seems healthcare information takes a backseat to other types of information. While two thirds of Americans are worried about having their identity (68%) or bank information (67%) stolen, less than half (44%) are worried about having their personal health information stolen – perhaps because they find their health information of less value to thieves compared to the other two or think it is a less common type of personal information that is stolen. Adults ages 45-54 show more concern over the safety of their healthcare records compared to those ages 65 and older; 47% are worried about their healthcare information being stolen compared to 40% of those 65+. Men seem to be less troubled by this issue as they are more likely than women to say they are not at all worried about their personal healthcare information being stolen (24% vs. 19%).

Even though some express concerns with security, it seems that most Americans are likely to trust their healthcare provider to keep their information secure. Over half (56%) believe their personal healthcare information is kept confidential and safe by their healthcare providers and only 4% of Americans report an unauthorized individual having access to their personal healthcare information on at least one occasion. What's interesting here is that more young adults report a breach of security for the healthcare information; and older adults are more likely to think their information is secure. Adults ages 65+ are more likely than their younger counterparts to think their healthcare information is kept safe (67% vs. 54%) whereas adults ages 18-54 are three times as likely to report unauthorized people having access to that information (6% vs. 2%). The real questions is, are older adults really experiencing less breaches or are they just not aware of the breach occurring in the first place, given their confidence in security?

In terms of being billed for another patient's services, Americans seem confident that it is unlikely as only one quarter (25%) are worried about that happening to them. Though it seems that trust in billing systems may vary with different age groups as those ages 18-34 and 45-54 are more likely to have this worry than those ages 35-44 and 55+ (32% and 30% vs. 24% and 19%). Again, there are gender differences - men do not seem to find this issue as stressing as they are more likely than women to say they are not at all worried about getting billed for someone else's services (42% vs. 35%).

Providing Better And More Secure Service

While the majority of Americans (81%) are confident in their healthcare providers' ability to efficiently share their personal healthcare information with each other, it does not mean that it is always happening. Many seem to think there is room for improvement when it comes to providing better or more efficient care for patients. Nearly 9 in 10 Americans (87%) believe the quality of service of healthcare providers would be improved if there was better information sharing and coordination among different providers. This seems to be a stronger sentiment among women as they are more likely than men to feel this way (88% vs. 85%).

Security also seems to play a role in improving patient services, as 87% of Americans think wait times for test results and diagnoses would reduce if providers were able to securely share and access digital patient information from various providers. When sharing information among providers, it seems that the digital route is the way to go with over three quarters of Americans (76%) citing that healthcare information is more securely shared between providers using a secure electronic method rather than via fax. Women seem to have more confidence in digital methods as they are more likely than men to view that to be more secure than fax (79% vs. 73%).

Putting Less Burden On The Patient

With all of the advancements we are seeing in technology, it is a bit surprising that roughly 1 in 5 Americans (21%) have been to a medical appointment where the healthcare provider did not have all of their previous medical information and it impacted their appointment. Perhaps this issue is arising not because of lack of available technology to share information but lack of sharing by providers. It seems that older adults have less experience with this problem than younger adults, which begs the question, are their providers doing a better job at sharing their medical information or are they just less perceptive to the issue? While only 15% of adults ages 65+ have experienced this issue, nearly one quarter of adults ages 18-54 (23%) report experiencing a healthcare provider not having all of their previous medical information, impacting their appointment. Furthermore, nearly half of Americans (49%) admit they would rather do something else than coordinate between different doctors' offices to ensure they have all of their records and personal health information. Younger adults seem keener to avoid dealing with this coordination than older adults. When asked what they would rather do than organize this information sharing:

- 24% of adults ages 18-44 say they would rather wait in line at the DMV vs. 13% of adults ages 55+
- Adults ages 18-54 were more than twice as likely to say they would rather do their taxes by hand than those ages 55+ (18% vs. 8%)
- Adults ages 18-44 were nearly three times as likely as adults 45+ to say they would rather switch mobile phone providers (16% vs. 6%)
- 11% of adults ages 18-34 say they would rather spend a night in jail vs. 4% of adults ages 35+

If providers could find a better way to share patient information, perhaps it could alleviate patient's frustrations as nearly one third of Americans (32%) find it exasperating to repeatedly provide their personal healthcare information when a provider doesn't have access to all of it. It appears that men have more patience than women when it comes to providing this information, as they are less likely to report irritation due to the duplicated efforts than women (27% vs. 36%). Additionally, over half of Americans (54%) would rather do something else than fill out the same healthcare forms with their personal health info repeatedly:

- 19% of Americans would rather wait in line at the DMV
- 14% of Americans would rather do their taxes by hand
- 9% of Americans would rather get a root canal, with men more apt to deal with that physical pain as an alternative than women (10% vs. 7%)
- 5% of Americans would rather spend a night in jail, with men preferring this potentially dangerous alternative than women (7% vs. 4%)

Overall, it seems that providers can make vast improvements in patient satisfaction if they can develop better processes for coordinating information which in turn would take the burden off of the patient.

Topline Data

BASE: U.S. RESPONDENTS

Q5 How worried are you about each of the following?

Having my personal healthcare information (e.g., charts, test results, billing information) stolen

n=	3,172
Very/Somewhat Worried (Net)	44%
Very worried	12%
Somewhat worried	32%
Not very/Not at all worried (Net)	56%
Not very worried	35%
Not at all worried	21%

Having my identity stolen

n=	3,172
Very/Somewhat Worried (Net)	68%
Very worried	22%
Somewhat worried	46%
Not very/Not at all worried (Net)	32%
Not very worried	23%
Not at all worried	9%

Having my bank information (e.g., account numbers, balances) stolen

	n=	3,172
Very/Somewhat Worried (Net)		67%
Very worried		23%
Somewhat worried		44%
Not very/Not at all worried (Net)		31%
Not very worried		23%
Not at all worried		8%
Not applicable		2%

Getting billed for another patient's services

n=	3,172
Very/Somewhat Worried (Net)	25%
Very worried	8%
Somewhat worried	17%
Not very/Not at all worried (Net)	75%
Not very worried	37%
Not at all worried	38%

Getting Zika

n=	3,172
Very/Somewhat Worried (Net)	16%
Very worried	6%
Somewhat worried	11%
Not very/Not at all worried (Net)	84%
Not very worried	32%
Not at all worried	52%

BASE: U.S. RESPONDENTS

Q10 How concerned are you about the security of your personal healthcare information (e.g., charts, test results, billing information)?

	n=	3,172
Very/Somewhat Concerned (Net)		47%
Very concerned		11%
Somewhat concerned		36%
Not Very/Not At All Concerned (Net)		53%
Not very concerned		36%
Not at all concerned		17%

BASE: U.S. RESPONDENTS

Q15 How confident are you in your healthcare providers' ability to efficiently (e.g., in a timely manner, correctly) share your personal healthcare information with each other?

n=	3,172
Very/Somewhat Confident (Net)	81%
Very confident	33%
Somewhat confident	48%
Not Very/Not At All Confident (Net)	16%
Not very confident	12%
Not at all confident	3%
Not applicable	4%

BASE: U.S. RESPONDENTS

Q20 How much do you agree or disagree with each of the following statements?

Summary Of Strongly/Somewhat Agree

n=	3,172
If healthcare providers were able to securely share and access digital patient information from various providers, wait times to get test results and diagnoses would go down.	87%
The quality of service of healthcare providers would be improved if there was better information sharing and coordination among different providers.	87%
Healthcare information is more securely shared between providers via secure electronic methods than via fax.	76%

Summary Of Strongly/Somewhat Disagree

n=	3,172
Healthcare information is more securely shared between providers via	24%
secure electronic methods than via fax.	24%
The quality of service of healthcare providers would be improved if there	120/
was better information sharing and coordination among different providers.	13%
If healthcare providers were able to securely share and access digital patient	
information from various providers, wait times to get test results and	13%
diagnoses would go down.	

BASE: U.S. RESPONDENTS

Q23 Which of the following are true for you? Select all that apply.

n=	3,172
My personal healthcare information is kept confidential and safe by my healthcare provider(s).	56%
My healthcare providers coordinate care with each other.	35%
I find it frustrating to have to provide my personal healthcare information repeatedly when a provider doesn't have access to all of it.	32%
I have been to a medical appointment where the healthcare provider did not have all of my previous medical information and it impacted the appointment.	21%
There has been at least one instance where an unauthorized individual has had access to my personal healthcare information.	4%
None of these	17%

BASE: U.S. RESPONDENTS

Q25 Which of the following would you rather do than coordinate between different doctors' offices to ensure they have all your records and personal health information? Select all that apply.

n=	3,172
Anything (Net)	49%
Wait in line at the DMV	19%
Do my taxes by hand	14%
Switch mobile phone providers	11%
Get a root canal	7%
Spend a night in jail	6%
Something else	19%
Nothing	51%

BASE: U.S. RESPONDENTS

Q30 Which of the following would you rather do than fill out the same healthcare forms with your personal healthcare information repeatedly? Select all that apply.

n=	3,172
Anything (Net)	54%
Wait in line at the DMV	19%
Do my taxes by hand	14%
Switch mobile phone providers	11%
Get a root canal	9%
Spend a night in jail	5%
Something else	21%
Nothing	46%