The Kaiser Family Foundation/Harvard School of Public Health

National Survey on Consumer Experiences With and Attitudes Toward Health Plans

August 2001
Section I: Experiences With Health Plans
(among privately insured adults ages 18 to 64)
About Half of Insured Adults Report Some Kind of Problem With Their Health Plan Over the Past Year
(among privately insured adults ages 18 to 64)

Percent of insured adults under age 65 who...

Did not report a problem with their health plan

Reported a problem with their health plan

Type of Problem that Occurred Most Recently

- 13% Delays or denials of coverage or care
- 13% Billing or payment problems
- 10% Difficulty seeing a physician
- 8% Communication or customer service problems
- 4% Problem type unspecified

Source: Kaiser Family Foundation/Harvard School of Public Health *National Survey on Consumer Experiences With and Attitudes Toward Health Plans*, August 2001 (conducted July-August 2001).
### Chart 2

**How much effect, if any, did the problem have in terms of...**

*(among privately insured adults ages 18 to 64)*

<table>
<thead>
<tr>
<th>Did it have a major effect, a minor effect, or no effect at all in...?</th>
<th>Yes, problem major effect</th>
<th>Yes, problem minor effect</th>
<th>Yes, problem no effect at all</th>
<th>No problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the amount of stress you felt</td>
<td>16%</td>
<td>19%</td>
<td>12%</td>
<td>52%</td>
</tr>
<tr>
<td>Making you pay more for health care than you should have</td>
<td>13%</td>
<td>11%</td>
<td>23%</td>
<td>52%</td>
</tr>
<tr>
<td>Making you lose time at work, school, or other important life activities</td>
<td>10%</td>
<td>11%</td>
<td>26%</td>
<td>52%</td>
</tr>
<tr>
<td>Delaying or preventing you from getting health services or medical treatment you needed</td>
<td>7%</td>
<td>12%</td>
<td>28%</td>
<td>52%</td>
</tr>
<tr>
<td>Bringing about a decline in your health</td>
<td>4%</td>
<td>10%</td>
<td>33%</td>
<td>52%</td>
</tr>
</tbody>
</table>

*Note: Don’t know not shown*

*Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).*
Chart 3

Worry About Health Plans
(among privately insured adults ages 18 to 64)

Percent who say they are worried that “If [they] become sick—their health plan will be more concerned about saving money than providing the best treatment”

- Very worried: 24%
- Somewhat worried: 32%
- Not at all worried: 25%
- Not too worried: 18%
- Don’t know/refused: 1%

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Worry about Health Plan, by Type of Plan  
(among privately insured adults ages 18 to 64)

Percent by type of health plan, who say they are worried that “If [they] become sick—their health plan will be more concerned about saving money than providing the best treatment”

<table>
<thead>
<tr>
<th></th>
<th>“Very” Worried</th>
<th>“Somewhat” Worried</th>
<th>“Not Too” Worried</th>
<th>“Not at All” Worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Managed Care</td>
<td>25%</td>
<td>34%</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>“Strict” Managed Care</td>
<td>31%</td>
<td>36%</td>
<td>21%</td>
<td>11%</td>
</tr>
<tr>
<td>“Loose” Managed Care</td>
<td>21%</td>
<td>32%</td>
<td>28%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Contact With Health Plans Is a Common and Generally Positive Experience
(among privately insured adults ages 18 to 64)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent who in the past year contacted their health plan...</th>
<th>Of those who contacted their plan, the percent who say their recent experiences in dealing with their health plan have been...</th>
</tr>
</thead>
<tbody>
<tr>
<td>For any reason</td>
<td>76%</td>
<td><strong>34%</strong> very positive</td>
</tr>
<tr>
<td>To file a claim</td>
<td>56%</td>
<td><strong>46%</strong> somewhat positive</td>
</tr>
<tr>
<td>To get information about covered benefits</td>
<td>37%</td>
<td><strong>13%</strong> very negative</td>
</tr>
<tr>
<td>To sign up with a particular doctor</td>
<td>23%</td>
<td><strong>5%</strong> somewhat negative</td>
</tr>
<tr>
<td>For some other reason</td>
<td>29%</td>
<td><strong>2%</strong> don't know/refused/mixed</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Chart 6
Making the Grade
(among privately insured adults ages 18 to 64)

Percent of each group who give their health plan a grade of...

A or B 62%
C, D, or F 37%

Note: Don’t know not shown
Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Chart 7

Grades Vary
(among privately insured adults ages 18 to 64)

Percent of each group who give their health plan a grade of...

- A or B
- C, D or F

<table>
<thead>
<tr>
<th>Traditional Insurance</th>
<th>“Loose” managed care</th>
<th>“Strict” managed care</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reporting problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74%</td>
<td>63%</td>
<td>58%</td>
</tr>
<tr>
<td>23%</td>
<td>36%</td>
<td>41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People not reporting problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
</tr>
<tr>
<td>49%</td>
</tr>
<tr>
<td>74%</td>
</tr>
<tr>
<td>24%</td>
</tr>
</tbody>
</table>

Note: Don’t know not shown
Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Section II:
Attitudes Towards Health Plans
Impact of Managed Care

“During the past few years, HMOs and other managed care plans have…”

- **DECREASED time doctors spend with patients**: 61%, 64%, 61%, 67%
- **Made it HARDER for sick to see specialists**: 59%, 62%, 63%, 59%
- **NOT made much difference to health care costs**: 55%, 59%, 55%, 59%
- **DECREASED quality of health care for sick**: 51%, 50%, 50%, 54%
- **Made it EASIER to get preventive services such as immunizations and health screenings**: 46%, 40%, 38%, 39%

For each one please tell me if each of the following generally do a “good job” or a “bad job” of serving their consumers...

<table>
<thead>
<tr>
<th>Industry</th>
<th>“Bad Job”</th>
<th>“Good Job”</th>
<th>“Mixed/neither good nor bad job”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oil companies</td>
<td>52%</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>HMOs, or Health Maintenance Organizations</td>
<td>46%</td>
<td>30%</td>
<td>11%</td>
</tr>
<tr>
<td>Health insurance companies</td>
<td>43%</td>
<td>38%</td>
<td>14%</td>
</tr>
<tr>
<td>Managed care health plans</td>
<td>39%</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>Pharmaceutical companies</td>
<td>33%</td>
<td>52%</td>
<td>11%</td>
</tr>
<tr>
<td>Lawyers</td>
<td>29%</td>
<td>45%</td>
<td>15%</td>
</tr>
<tr>
<td>Banks</td>
<td>19%</td>
<td>68%</td>
<td>9%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>17%</td>
<td>67%</td>
<td>14%</td>
</tr>
<tr>
<td>Doctors</td>
<td>11%</td>
<td>75%</td>
<td>13%</td>
</tr>
<tr>
<td>U.S. Postal Service</td>
<td>10%</td>
<td>83%</td>
<td>6%</td>
</tr>
<tr>
<td>Nurses</td>
<td>4%</td>
<td>89%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Note: Don’t know not shown

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences with and Attitudes Towards Health Plans, August 2001 (conducted July-August 2001); Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
In general, do you think managed care health plans are doing a good job or a bad job in serving health care consumers?

Chart 10

Changing Views of Managed Care Plans

Note: Don’t know not shown

Section III:
Patients’ Bill of Rights
### Chart 11

**Ranking Health Care Priorities**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very Important</th>
<th>Most Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making health care more affordable</td>
<td>85%</td>
<td>30%</td>
</tr>
<tr>
<td>Making prescription drugs more affordable for people age 65 and over</td>
<td>84%</td>
<td>15%</td>
</tr>
<tr>
<td>Making Medicare more financially sound for future generations</td>
<td>80%</td>
<td>13%</td>
</tr>
<tr>
<td>Protecting patients' rights in HMOs and managed care plans</td>
<td>75%</td>
<td>7%</td>
</tr>
<tr>
<td>Helping families with the cost of caring for elderly or disabled family members who need long-term help</td>
<td>73%</td>
<td>13%</td>
</tr>
<tr>
<td>Increasing the number of Americans covered by health insurance</td>
<td>72%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation/Harvard School of Public Health *National Survey on Consumer Experiences With and Attitudes Toward Health Plans*, August 2001 (conducted July-August 2001).
Opinion on a Comprehensive Patients’ Bill of Rights

“A law, called the Patients’ Bill of Rights, has been proposed that would require HMOs, other managed care plans, and health insurance companies to provide people with more information about their health plan, make it easier for people to see medical specialists, allow appeals to independent reviewers when someone is denied coverage for a particular medical treatment, and give people the right to sue their health plans. Do you favor or oppose such a law?”

Note: Don’t know not shown
If the Patients’ Bill of Rights were enacted, what effect—if any—do you think it would have on health insurance premiums for people like you?

Do you think it would lead to health insurance premiums…

- Going up: 60%
- Would not be much affected: 27%
- Going down: 6%
- Don’t know/refused: 7%

(Among the 60% who think premiums will go up) Do you think having a Patients’ Bill of Rights would be worth the increased cost of health insurance premiums, or NOT worth the increase?

- Would be worth it: 50%
- Would not be worth it: 37%
- Don’t know/refused: 13%

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Chart 14

“If this Patients’ Bill of Rights were enacted, do you think people like you would be better off, worse off, or not affected much either way?”

- Better off: 46%
- Not much affected: 40%
- Worse off: 6%
- Don’t know/ refused: 8%

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Criticisms Register …

Do you favor or oppose Patients’ Bill of Rights?

- Favor: 81%
- Oppose: 12%
- Don’t know: 7%

Would you still favor if…?

...you heard it would increase the cost of health insurance premiums usually shared by employers and workers by about 20 dollars per month for a typical family – that is, a little over 200* dollars per year?

- Still favor: 58%
- Oppose initially and switch to oppose: 31%
- Don’t know: 11%

...it meant that some companies might stop offering health care plans to their workers because the employers are afraid they might be sued along with the health plan?

- Favor: 34%
- Oppose: 53%
- Don’t know: 13%

*Possible premium increases are based on estimates prepared by the Congressional Budget Office (CBO) for Senate bill 872, cited in an April 23, 2001 letter from CBO Director Daniel L. Crippen to Senator Don Nickles, and an average family premium of $529 per month from the 2000 Kaiser/HRET Employer Health Benefits Survey.

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
If the Patients’ Bill of Rights were enacted…

Do you think it would make employers more likely to STOP offering health insurance for their workers, or not?

- No, would not be more likely: 46%
- Yes, would be more likely to stop offering insurance: 42%
- Don’t know/refused: 12%

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Chart 17

How important is it to you that this law includes the right to sue a health plan?

- Very important: 38%
- Somewhat important: 31%
- Not too important: 12%
- Not at all important: 8%
- Don’t know/ refused: 8%
- Oppose Patients’ Bill of Rights: 3%

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
A “Real” Patients’ Bill of Rights, Or Not?

“If a proposal for a Patients’ Bill of Rights did not include the right to sue your health plan, would you still consider it a “real” Patients’ Bill of Rights, or not?”

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Patients should be allowed to sue for economic losses, get a LIMITED amount of money for pain and suffering, BUT NOT get additional money to punish health plans, because this would drive up the cost of people’s health insurance premiums too much.

Patients should be allowed to sue their health plans for unlimited amounts of money to compensate them for their economic losses and pain and suffering, AND get additional money as a way of punishing health plans and discouraging bad conduct in the future.

Patients shouldn’t have ANY rights to sue health plans (VOL.)

Source: Kaiser Family Foundation/ Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
As you may know, President Bush and most Democrats in Congress have endorsed different versions of a Patients’ Bill of Rights. Both versions include the right to sue your health plan. Do you think these two proposals…?

- 80% Don’t know enough about this particular issue
- 13% Take fundamentally different approaches to the right to sue
- 7% Are very similar in how they deal with the right to sue, with only minor differences in the details

Source: Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans, August 2001 (conducted July-August 2001).
Methodology

The Kaiser Family Foundation/Harvard School of Public Health National Survey on Consumer Experiences With and Attitudes Toward Health Plans was designed and analyzed by researchers at the Kaiser Family Foundation and Harvard School of Public Health. The Kaiser/Harvard survey research team was led by Dr. Mollyann Brodie, Vice President of the Kaiser Family Foundation and Professor Robert Blendon of the Harvard School of Public Health. Fieldwork was conducted by telephone by Princeton Survey Research Associates between July 2 and August 8, 2001. The survey included a nationally representative random sample of 1,205 adults age 18 and over. The margin of sampling error for the total sample is plus or minus 3 percentage points. For the 721 respondents ages 18 to 64 with private health insurance, the margin of sampling error is plus or minus 4 percentage points. The margin of sampling error may be higher for some of the other sub-groups noted in the analysis.

Because many people are unsure of - or don’t know -- what kind of health insurance they have, respondents were asked a series of questions about their health plan to establish what type of coverage they actually have. They were asked if they were required to do any of the following by their plan: choose doctors from a list and pay more for doctors not on the list; select a primary care doctor or medical group; and/or obtain a referral before seeing a medical specialist or a doctor outside the plan. Respondents were listed as being in “strict” managed care if they reported their plans had all of these characteristics; listed as being in “loose” managed care if they had some but not all; and were listed as having “traditional” health insurance if they reported their plans had none of these characteristics.

The Kaiser Family Foundation is an independent, national health philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.