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Interpersonal and Clinical Qualities Matter to People Receiving Diabetes, Joint Replacement, and Maternity Care

key findings

- Across all three groups, a majority of people say both interpersonal and clinical qualities of doctors and hospitals are important for high-quality care. But how important depends on their health needs.
- Few people across the three groups are aware that quality varies or that price varies for doctors or for hospitals.
- More people across the three groups spent time learning about the care they needed than about doctors or hospitals providing that care.
- Few people across the three groups knew or tried to find out if a doctor or hospital had the clinical qualities that they think are important.

The Question:

What qualities of physicians and hospitals matter to patients?

Low-quality health care can be both tragic and financially costly for patients and families. Many entities have invested in reporting quality ratings and data to the public, in the hope that doing so will help people choose high-quality, reasonably priced care. But there is considerable progress to be made in measuring and reporting on quality in ways that reflect what members of the public need and want. Previous research suggests that people prioritize interpersonal aspects of quality, such as how doctors communicate with patients. But does that mean people do not care about clinical aspects of quality? David Schleifer, Ph.D., and colleagues at Public Agenda sought to examine this question and related issues in a Robert Wood Johnson Foundation-funded study that explored perspectives on quality among people who have recently experienced one of three common types of health care: type 2 diabetes care, joint replacement surgery and maternity care. A full report and a short brief on the findings from this research, as well as the full survey topline, methodology, question wordings and sample characteristics are available at www.publicagenda.org/pages/qualities-that-matter.

The Implications:

People with different health needs differ in how they view the importance of interpersonal qualities relative to clinical qualities. As such, there may not be a one-size-fits-all definition of high-quality care. The study's findings also highlight the need to focus on improving quality of care, not just on helping people make better-informed choices.

More people recently diagnosed with type 2 diabetes rate interpersonal qualities, such as the doctor making time for patients' questions and concerns, as very important for high-quality care and fewer rate clinical qualities as very important. But most people who recently had a joint replacement rate both interpersonal and clinical qualities as very important. Although many people across the three groups view clinical qualities as important, only some knew or tried to find out whether a doctor or hospital had these qualities, indicating an opportunity to heighten public awareness of clinical qualities. More people spent time learning about the care they needed than about doctors or hospitals providing that care, so efforts to publicly report information about quality should work in partnership with the sources that people already use to learn about their health concerns. Finally, providing people with information about quality may not change their choices about doctors and hospitals. While most people across all three groups had at least some choice among doctors, few changed doctors while receiving care. Among people who did not know or try to find out about various qualities while deciding on a doctor or hospital, few say that information would have influenced their decisions. This underscores the need to focus on improving the quality of care that all doctors and hospitals provide, not just on helping people make better-informed decisions.

Contact Us

For more information on the results from this grant, please contact the principal investigator David Schleifer, Ph.D., at dschleifer@publicagenda.org.

**If you would like to learn more about other related work, please contact:
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