

# THE GALLUP ORGANIZATION

for

The American Board of Internal Medicine

*Awareness of and Attitudes Toward Board-Certification of Physicians*

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## Introduction and Methodology

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The following report is based on the findings of a survey of the general public. The study examines the adult public's knowledge of certification of physicians and their attitudes toward certification and re-certification of physicians.

The survey results are based on 1001 telephone interviews with a national sample of adults age 18 and over. Interviewing was conducted by the Gallup Organization's full-time interviewing staff during July 7 – August 3, 2003. A three-call design was used; that is one initial call and up to two additional calls were made to a household to reach an eligible respondent. For results based on samples of this size, one can say with 95% confidence that the error attributable to sampling and other random effects could be plus or minus three percentage points. In addition to sampling error, question wording and practical difficulties in conducting surveys can introduce error or bias in the findings of opinion polls.

## Survey Overview

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### Physician Visits In Past Year

While the large majority of adults surveyed report having made at least one visit to a physician in the past 12 months, some were more likely than others to do so. This includes women (90% vs. 73% among men); adults age 50 and over (89% vs. 76% among those under age 50), and those who describe their health as fair or poor (91% vs. 80% among those whose health is good or better).

Adults most likely to have made more than ten visits to a medical doctor were, not surprisingly, those who described their health as poor or fair.

### Public Knowledge of Qualifications For All Doctors To Practice Medicine in U.S.

The vast majority of respondents – 98% or more – are aware that doctors must complete a certain level of training, have passed a written exam of their medical knowledge, and be licensed by the state where they work before they can practice medicine in the U.S.

At least three in five adults believe that doctors must receive high ratings from the physicians they work with (68%) and/or receive high ratings from patients (63%). More than half (56%) believe physicians must receive high ratings from the nurses they work with.

A large majority (84%) believe that doctors must be evaluated by an independent board of doctors as to their ability to practice medicine before they can practice medicine.

### Importance of Continued Evaluations/Ratings Of Doctors In Practice

Continuing evaluations after a doctor has started practicing medicine appear to be very important to a majority of the adult public. Respondents were asked to consider doctors already practicing medicine. Once in practice, 64% percent rate evaluations by an independent board of doctors as to a doctor's ability to practice medicine as very important. Even more --73% -- rate periodic re-evaluations as very important. Also considered very important by at least two-thirds of those surveyed include passing a written test of medical knowledge, having high success rates for diseases and conditions they treat most often, and maintaining a low number of malpractice claims. Nearly three in five (58%) feel patient ratings are very important.

About half (52%) say it is very important that practicing physicians should practice their technical skills in a simulated situation.

### **Frequency of Ratings, Testing, Evaluations, Skills Practice**

Typically, adults feel that doctors should be required to pass a written test of medical knowledge every three to five years. Similarly, 52% report that doctors should be re-evaluated on their qualifications every three to five years. Approximately one-third feel these types of things should take place more frequently – every one to two years.

When it comes to patient ratings and ratings by nurses, respondents to the survey were more likely to feel these should be done every one to two years. However, they were divided in how frequently doctors should practice their technical skills – 42% felt this should occur every one to two years, while 41% felt every three to five years would be reasonable.

### **Public Expectations Regarding the Time Physicians Should Devote To Keeping Up With New Developments**

Respondents were asked to assume a doctor spends 160 hours at his or her practice a month. When asked how much of this time the doctor should spend keeping up with new developments, 22% of adults would expect the doctor to spend three hours or less out of that 160 hours keeping up with new developments. Another 25% would like doctors to spend four to five hours out of 160, while one in five (19%) feel six to eight hours is appropriate. One-third (34%) believe doctors should spend nine or more hours of the 160 hours.

### **Awareness of Licensing and Board-Certification of Physicians**

Eight in every ten adults report that their doctor is state-licensed. The remaining adults either do not know, don't know what state licensing is, or say their doctor is not state licensed. There was little variation across demographic groups in awareness of state licensing.

Fewer than three-quarters (72%) report that the doctor they see most often is board-certified. Eleven percent said they didn't know what board-certified means and 15% said they didn't know if their doctor was board-certified.

Reported awareness of whether or not a doctor was board-certified increases with the age of a respondent, ranging from 58% among those 18-34 to 83% among those age 50 and over. However, there were no statistical differences in responses by educational level attained.

Aside from age, those more likely to be aware that their doctor is board-certified include adults who have a household member who works in the healthcare field and those who know their doctor is state-licensed.

## Opinion on Board Certification

When read a definition of board-certification, overwhelmingly, adults feel that physicians should go through a formal certification process. Ninety-eight percent feel doctors should meet rigorous standards set by an independent, professional organization of medical doctors.

In addition, most adults (79%) once informed of what certification involves, feel that re-certification of physicians is very important. An additional 16% say this is somewhat important.

## Importance of Certification for Primary vs. Specialist

When asked how likely they would be to find a new doctor if they knew their doctor's board certification had expired, more than half (54%) said they would be very likely to do so. Another 27% report they would be "somewhat likely." Seventeen percent would not be likely to change doctors. Women were more likely than men to say they would be very likely to find another doctor in this instance. Adults age 35 and over, especially those age 65 and over and those who have not attended college were also more likely to say they would be very likely to find a new doctor.

Adults are even more inclined to say they would change specialists if they knew a specialist's such as a surgeon, heart or cancer specialist's board certification had expired. Three-quarters say they would be very likely to find a new specialist in this event, and another 15% said they would be somewhat likely. Nine percent would not be likely to find a new specialist. Again, women were more likely than men to say they would be very likely to find a new specialist.

## Researched Physician's Credentials

One-third (33%) of all adults surveyed say they have at some point inquired as to whether or not a physician was board-certified – two-thirds (67%) report they have not.

One in every five adults (21%) say they have visited a web site to verify a physician's credentials – 79% have not. Adults under age 65 and college-educated adults are more likely than those age 65 and over and those who have not attended college to have checked a web site for information on a doctor's certification. Interestingly, those aware that the doctor they see most frequently is board-certified are more likely than those who do not know to say they have researched a physician's credentials either by checking with someone or searching the web.

Those who describe their health as excellent or very good are also more likely than their counterparts to have searched an Internet site to check a doctor's credentials.

## **Preference Between Board-Certified Physician vs. Recommendation of Trusted Friend/Family Member**

When given the choice between a board-certified physician and a physician who was not board-certified but was recommended by a trusted friend or family member, 75% opt for the board-certified physician, while 23% select the physician who was recommended by a friend or family member.

Adults who describe their health as fair or poor are more likely than those who say their health is excellent, very good or good to choose the physician who is board-certified. Respondents age 65 and over and adults between the ages of 35-49 are more likely than those age 18-34 to choose the board-certified physician. On the other hand, those age 18-34 are more likely than adults age 35 and over to select the physician recommended by a trusted friend or family member.

# Detailed Findings

## Description of Personal Health

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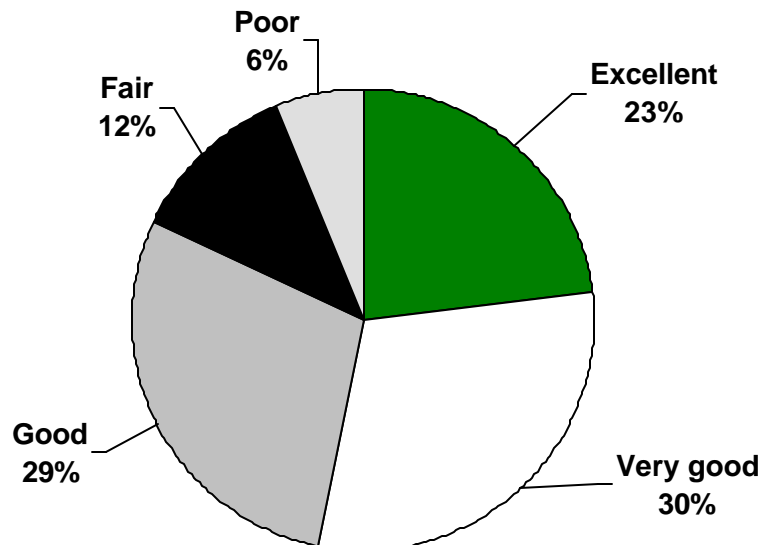
*Q.1 How would you describe your overall health today, would you say it is excellent, very good, good, fair, or poor?*

When asked to describe their overall health, more than half of all adults surveyed report their health as either very good (30%) or excellent (23%). Another 29% say their health is good, while nearly one in five feel their health is either fair (12%) or poor (6%).

Perceptions of one's health varies by age, with those age 65 and over less likely than adults under age 50 to say their health is excellent. Still, the large majority among all age groups describe their health as good or better (very good or excellent).

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### DESCRIPTION OF PERSONAL HEALTH (n=1001)



## Physician Visits in Past 12 Months

*Q.2 How many times in the past 12 months would you say you have been to see a medical doctor? Your best estimate is fine.*

The large majority (82%) of adults report having visited a medical doctor at least once in the past 12 months. Eighteen percent say they have not. Approximately four in ten (41%) report having visited a physician once (22%) or twice (19%). An additional one in five (19%) said they visited a medical doctor three to four times in the past year, while 13% percent say they had made between five to ten visits. Nearly one in ten said they made more than ten visits.

Those more likely than others to have made ten or more visits to a physician include women, adults age 50 and over, and those who describe their health as fair or poor.

### PHYSICIAN VISITS IN PAST 12 MONTHS

	GENDER			AGE				HEALTH IS...		
	Total %	Male %	Female %	18-34 %	35-49 %	50-64 %	65+ %	Excellent/Very Good %	Good %	Fair/Poor %
None	18	27	10	23	24	12	8	21	19	7
Once	22	24	21	24	27	21	13	30	18	8
Twice	19	18	19	20	15	20	21	21	20	10
3-4 times	19	16	22	16	14	22	28	18	20	19
5-6 times	8	6	11	5	10	8	11	5	11	13
7-9 times	3	2	4	3	4	3	4	2	5	5
10 times	2	1	2	2	1	1	3	1	1	4
More than 10 times	9	5	11	7	5	13	10	2	6	32
Don't know/Refused	*	1	*	0	0	0	2	0	*	2
Total	100	100	100	100	100	100	100	100	100	100
Number of Interviews	(1001)	(458)	(543)	(262)	(278)	(263)	(191)	(551)	(281)	(167)

\*Less than one-half of one percent.

## Knowledge of Qualifications A Physician Must Have Before Practicing Medicine

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*Q.3 To the best of your knowledge, before doctors can practice medicine in the United States, which of the following qualifications must they all have?*

- *Have completed a certain level of training*
- *Have passed a written exam of their medical knowledge*
- *Have received high ratings from physicians they work with*
- *Have received high ratings from nurses they work with*
- *Have received high ratings from patients*
- *Be licensed by the state where they work*
- *Be evaluated by an independent board of doctors as to their ability to practice medicine*

The vast majority (98% or more) of respondents in the survey are aware that doctors must have completed a certain level of training, have passed a written exam of their medical knowledge and be licensed by the state where they work before they can practice medicine in the U.S.

Slightly more than two-thirds (68%) believe that doctors need to receive high ratings from the physicians they work with before they can practice medicine. Nearly as many (63%) think that physicians need to receive high ratings from the patients. More than half (56%) believe physicians must receive high ratings from the nurses they work with.

Approximately eight in ten (84%) believe that doctors must be evaluated by an independent board of doctors as to their ability to practice medicine.

Women are more likely than men to believe that doctors must be licensed in the state where they work, be evaluated by an independent board of doctors and received high ratings from physicians and nurses they work with, and their patients. In addition, those who have not attended college are more likely to believe that physicians need to be rated both by the physicians and nurses they work with, their patients and evaluated by an independent board before they can practice medicine in the U.S.

Those who reported ten or more visits to a medical doctor in the past year were more likely to believe that doctors must receive high ratings from patients before they can practice medicine in the U.S.

**PERCENT WHO BELIEVE PHYSICIANS MUST HAVE QUALIFICATION (n=1001)**

	GENDER			EDUCATION	
	Total %	Male %	Female %	No College %	College %
Have completed a certain level of training	99	98	99	98	100
Be licensed by the state where they work	98	96	99	97	99
Have passed a written exam of their medical knowledge	98	97	99	98	98
Be evaluated by an independent board of doctors as to ability to practice medicine	84	80	87	89	81
Have received high ratings from physicians they work with	68	64	71	79	59
Have received high ratings from patients	63	57	68	78	51
Have received high ratings from nurses they work with	56	49	62	68	47

## Importance of Evaluations/Testing of Physicians While In Practice

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*Q.4 Using a 5-point scale where 5 means very important and 1 means not important at all, please think about doctors who practice medicine. Once a doctor is practicing, how important are each of the following in assuring you that the doctor continues to be qualified? How about ...?*

- *Periodically passing a written test of medical knowledge*
- *Receiving high ratings from physicians they work with*
- *Receiving high ratings from nurses they work with*
- *Receiving high ratings from their patients*
- *Practicing their technical skills in a simulated situation*
- *Having high success rates for disease or conditions they treat most often*
- *Maintaining a low number of malpractice claims*
- *Earning a credential or award for high quality patient care*
- *Being evaluated by an independent board of doctors as to their ability to practice medicine*
- *Being re-evaluated on their qualifications every so many years*

Continuing evaluations after a doctor has started practicing medicine appears to be very important to a majority of the adults surveyed. More than seven in ten (73%) adults rate as very important (“5”) that physicians in practice be re-evaluated on their qualifications every so often. More than three in every five (64%) adults rate as very important that physicians be evaluated by an independent board of doctors as to their ability to practice medicine.

Approximately two-thirds (68%) rate as very important that doctors periodically pass a written test of medical knowledge or have high success rates for diseases/conditions they treat most often. Nearly as many (66%) feel it is very important that physicians maintain a low number of malpractice claims.

Patient ratings are considered by 58% of those surveyed as very important. Fewer (about half - 49%) feel that high ratings from doctors they work with are very important and even fewer (43%) say that it is very important that doctors receive high ratings from the nurses they work with. One in every two (52%) rate as very important that physicians practice their technical skills in a simulated situation.

Fewer than half (47%) rate as very important that doctors earn awards for high quality patient care.

**IMPORTANCE OF EVALUATIONS/TESTING (n=1001)**

	Very Important "5" %	"4" %	"3" %	"2" %	Not Important at All "1" %	DK/ RF %	Total %	MEAN
Being re-evaluated on their qualifications every so many years	73	17	7	1	2	*	100	4.6
Periodically passing a written test of medical knowledge	68	19	9	2	2	0	100	4.5
Having high success rates for disease or conditions they treat most often	68	20	8	2	1	1	100	4.5
Maintaining a low number of malpractice claims	66	15	11	4	3	1	100	4.4
Being evaluated by an independent board of doctors as to their ability to practice medicine	64	19	12	2	3	*	100	4.4
Receiving high ratings from their patients	58	24	12	4	2	0	100	4.3
Practicing their technical skills in a simulated situation	52	23	16	5	3	1	100	4.2
Receiving high ratings from physicians they work with	49	24	18	4	5	*	100	4.1
Earning a credential or award for high quality patient care	47	25	18	5	4	1	100	4.1
Receive high ratings from nurses they work with	43	24	20	7	6	*	100	3.9

\*Less than one-half of one percent.

## Opinions Regarding Frequency With Which Practicing Doctors Should Be Required to Be Evaluated

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*Q.5. In your opinion, how often should doctors in practice be required to (read and rotate)..? Would you say every 1-2 years, every 3-5 years, every 6-8 years or every 9-10 years?*

- *Pass a written test of medical knowledge*
- *Be rated by physicians they work with*
- *Be rated by the nurses they work with*
- *Be rated by their patients*
- *Practice their technical skills in a simulated situation*
- *Be re-evaluated on their qualifications every so many years*

While evaluations, testing and skills practice for physicians are considered very important to adults, when asked how often these events should take place, typically, respondents say every 3-5 years for written tests (47%) or re-evaluations (52%). About one-third feel these should take place every 1-2 years.

One in every two (49%) feel that ratings by patients should be performed every 1-2 years, while 38% say this should be required every 3-5 years. Forty-five percent of adults feel that ratings by nurses be performed every 1-2 years and 39% think this should be every 3-5 years.

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**OPINIONS ON HOW FREQUENTLY PHYSICIANS SHOULD BE EVALUATED (n=1001)**

	EVERY...					DK/RF %	Total %
	1-2 Years %	3-5 Years %	6-8 Years %	9-10 Years %	Less Freq./ Never %		
Be rated by their patients	49	38	6	3	3	1	100
Be rated by the nurses they work with	45	39	7	5	3	1	100
Practice their technical skills in a simulated situation	42	41	8	6	2	1	100
Be rated by physicians they work with	40	45	9	5	1	*	100
Pass a written test of medical knowledge	33	47	11	7	1	1	100
Be re-evaluated on their qualifications every so many years	32	52	8	6	1	1	100

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\*Less than one-half of one percent.

## Amount of Time Physicians Should Devote To Keeping Up With New Developments in Medicine

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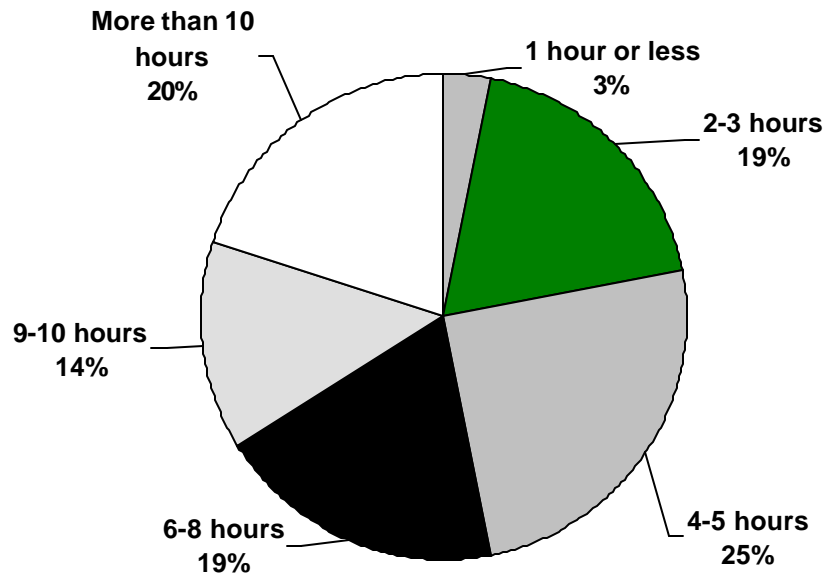
*Q.6 Assuming a doctor spends about 40 hours a week, which would be about 160 hours a month at his or her practice. Of these 160 hours each month, how many hours do you think a doctor should devote to keeping up with new developments in medicine? Would you say:*

- *One hour or less*
- *Two to three hours*
- *Four to five hours*
- *Six to eight hours*
- *Nine to ten hours*
- *More than ten hours*

To help determine what expectations patients have for their physicians in keeping up with new developments, everyone was asked how much time they felt a doctor should devote to these activities. Respondents were asked to assume that the doctor spends 160 hours a month at his or her practice. The vast majority expect doctors to spend more than one hour. Roughly one in five (19%) feel that out of the 160 hours, doctors should spend two to three hours, while one in four (25%) believe they should spend four to five hours. Another 19% report that doctors should spend six to eight hours. Fewer feel doctors need to spend nine to ten hours. Still one in every five (20%) think doctors should spend more than ten hours keeping up with new developments.

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**TIME PHYSICIANS SHOULD DEVOTE TO KEEPING UP WITH NEW DEVELOPMENTS  
(HOURS OUT OF A TOTAL OF 160 HOURS) (n=1001)**



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## Awareness of Whether or Not Primary Doctor Is State-Licensed

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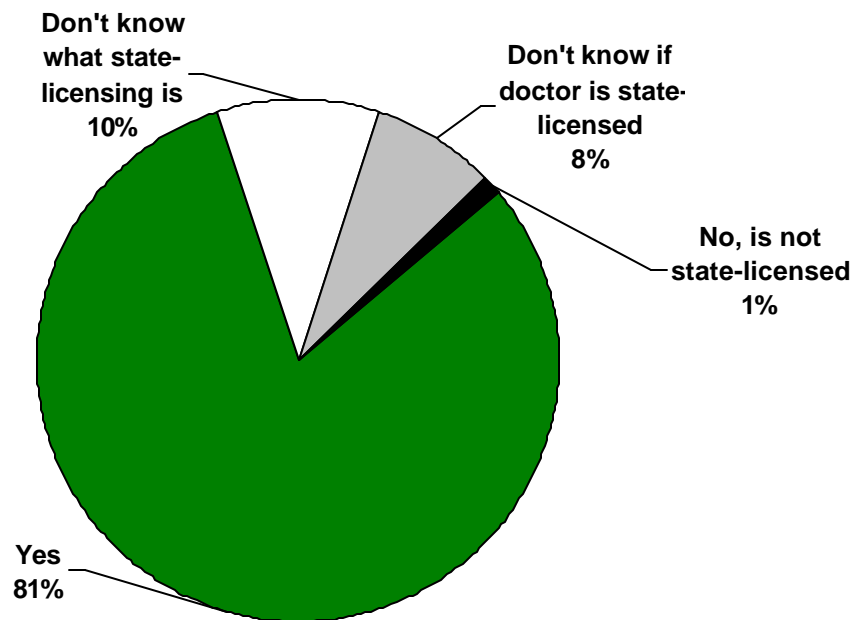
*Q.7 Now thinking about your primary doctor, that is, the doctor that you, or another member of your household visits most often, is this doctor state-licensed? If you are not sure, please tell me that as well.*

Eight in every ten adults report that their doctor is state-licensed. The remaining adults either do not know or don't what state licensing is or say their doctor is not state licensed.

There were no differences in reported knowledge of state-licensing by number of visits to a M.D. or educational level attained by the respondent.

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### AWARE DOCTOR IS STATE-LICENSED (n=1001)



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## Awareness of Whether or Not Primary Doctor is Board-Certified

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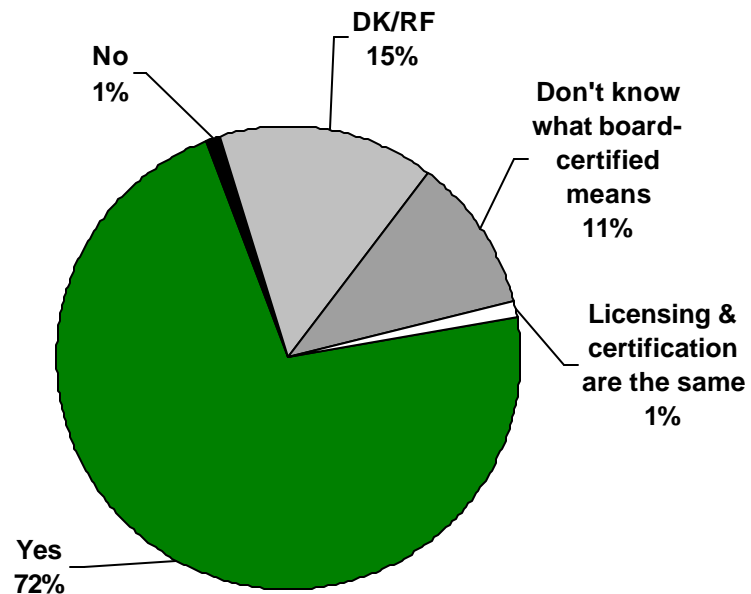
*Q.8 Is this doctor that you're thinking of board-certified? Again, if you are uncertain, please tell me.*

When asked if they knew if their doctor was board-certified, fewer than three-quarters (72%) said "yes." Eleven percent said they didn't know what board-certified means and 15% said they didn't know if their doctor was board-certified.

Awareness was similar among most demographic groups. However, awareness of whether or not a doctor was board-certified increases with the age of respondent ranging from 58% among those 18-34 to 83% among those 50 and over. There were no differences in responses by educational level of the respondent. Those more likely to be aware that the doctor was board-certified include those who have a household member who works in the healthcare field and those who know their doctor is state-licensed.

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### IS PRIMARY DOCTOR BOARD-CERTIFIED? (n=1001)



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**IS PRIMARY DOCTOR BOARD-CERTIFIED?**

	Yes %	No %	DK/What Board Certified Means %	Licensing & Certification are the Same %	DK %	Total %	NI
Total	72	1	11	1	15	100	(1001)
<b>GENDER</b>							
Male	70	1	12	1	16	100	(458)
Female	75	1	11	*	13	100	(543)
<b>AGE</b>							
18-34	58	1	17	1	23	100	(262)
35-49	72	2	12	1	13	100	(278)
50-64	83	1	6	*	10	100	(263)
65+	82	1	7	0	10	100	(191)
<b>EDUCATION</b>							
H.S. or less	72	1	12	1	14	100	(377)
College	72	1	11	1	15	100	(619)
<b># OF VISITS TO M.D. PAST YEAR</b>							
None/1-2	70	1	12	1	16	100	(583)
3-4	74	1	13	1	11	100	(198)
5-9	80	2	5	0	13	100	(116)
10+	75	1	12	0	12	100	(101)
<b>H.H. MEMBER REQUIRE ON-GOING CARE</b>							
Yes	76	2	8	1	13	100	(431)
No	70	*	14	1	15	100	(564)

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\*Less than one-half of one percent.

## Opinion on Certification

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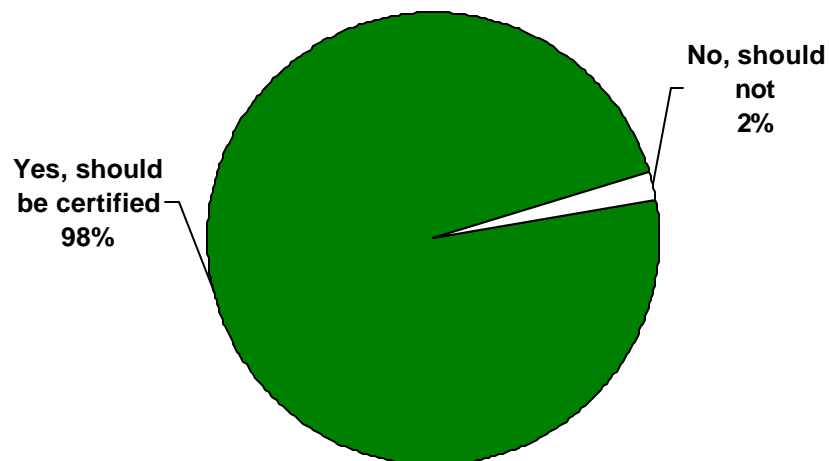
*Q.9 As you may know, licensing is a procedure where doctors are granted a license or permission to practice medicine in a given state. Doctors cannot legally practice medicine without a license. Board certification is a voluntary process whereby doctors must meet rigorous standards of medical knowledge, clinical skills, and judgment. These standards are set by an independent, professional organization made up of medical doctors. The initial certification expires after a certain time period and doctors who want to maintain their certification must complete a re-certification process involving evaluation of their qualifications.*

*Do you believe that doctors should or should not be certified, that is, demonstrate that they have met certain training requirements and passed an examination?*

Overwhelmingly, adults feel that physicians should be required to demonstrate that they have met certain training requirements based on standards set by an independent, professional organization made up of medical doctors.

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### SHOULD DOCTORS BE REQUIRED TO BE BOARD-CERTIFIED? (n=1001)



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## Extent To Which Re-Certification Is Important

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*Q.10 How important do you think it is that doctors be formally re-certified? Would you say this is very important, somewhat important, not too important, or not important at all?*

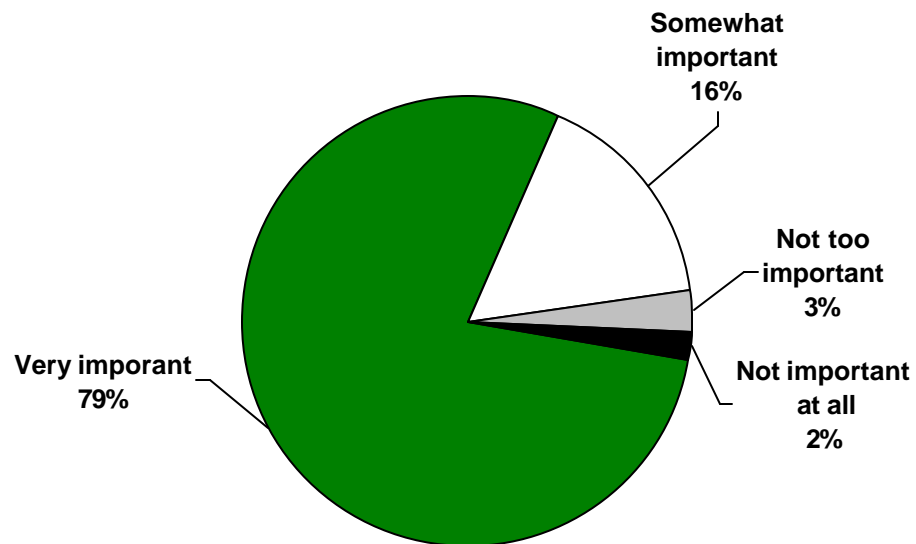
*Q.11 If you knew that the doctor you see most frequently had an expired board certification, what is the likelihood you would find a new doctor – would this be very likely, somewhat likely, not too likely, or not likely at all?*

Most adults (79%) once informed of what certification involves, feel that re-certification of physicians is very important. An additional 16% say this is somewhat important.

Women were slightly more likely than men to feel this is very important (82% vs. 76%).

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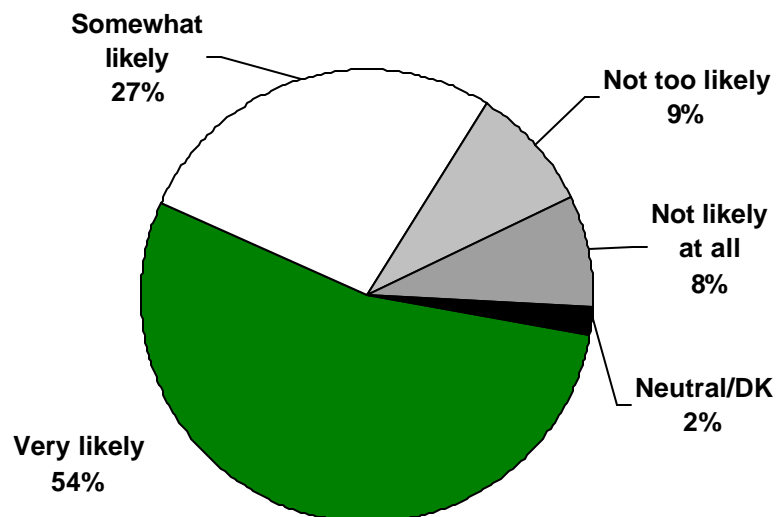
### IMPORTANCE OF FORMAL RE-CERTIFICATION OF PHYSICIANS (n=1001)



When asked how likely they would be to find a new doctor if they knew their doctor's board certification had expired, more than half (54%) said they would be very likely to do so. Another 27% report they would be "somewhat likely." Seventeen percent would not be likely to change doctors. Women were more likely than men to say they would be very likely to find another doctor. Adults age 35 and over, especially those age 65 and over and those who have not attended college are also more likely to report that they would be very likely to find another doctor.

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**LIKELIHOOD OF FINDING ANOTHER DOCTOR IF CURRENT DOCTOR'S CERTIFICATION HAS EXPIRED (n=1001)**



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**LIKELIHOOD OF FINDING ANOTHER DOCTOR IF CURRENT DOCTOR'S CERTIFICATION HAS EXPIRED**

	Very Likely %	Somewhat Likely %	Not Too Likely %	Not Likely at All %	Neutral/DK/RF %	Total %	NI
TOTAL	54	27	9	8	2	100	(1001)
GENDER							
Male	47	29	12	9	3	100	(458)
Female	60	24	7	7	2	100	(543)
AGE							
18-34	45	35	11	9	*	100	(262)
35-49	57	28	8	4	3	100	(278)
50-64	52	26	10	10	2	100	(263)
65+	65	12	9	8	6	100	(191)
EDUCATION							
H.S. or less	58	22	8	9	3	100	(377)
College	51	30	10	6	3	100	(619)
DESCRIBES HEALTH AS							
Excellent/Very good	52	29	10	8	1	100	(551)
Good	54	27	10	6	3	100	(281)
Fair/Poor	59	20	7	10	4	100	(167)

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\*Less than one percent.

## Likelihood of Seeking Board-Certified Specialist

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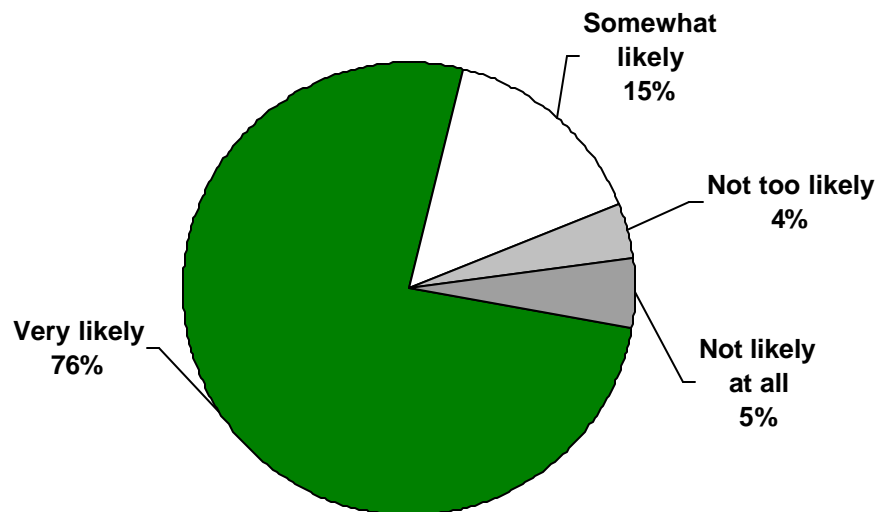
*Q.12 If you needed to see a specialist, such as a surgeon or a heart or cancer specialist, and you knew that the specialist's board certification had expired, what is the likelihood you would find a new specialist – would this be very likely, somewhat likely, not too likely, or not likely at all?*

When adults are asked about their likelihood to change specialists if the specialist's board certification had expired, they are more likely to say they would do so than if it were their primary doctor's board certification. At least three-quarters (76%) of those surveyed said they would be very likely to find a new specialist. Another 15% said they would be "somewhat likely." Nine percent said they would not be likely to find a new specialist.

Women were more likely than men to say they would be very likely to find a new specialist (81% vs. 72%).

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### LIKELIHOOD OF FINDING NEW SPECIALIST IF SPECIALIST'S CERTIFICATION HAS EXPIRED (n=1001)



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**LIKELIHOOD OF FINDING A NEW SPECIALIST IF SPECIALIST'S CERTIFICATION HAS EXPIRED**

	Very Likely %	Somewhat Likely %	Not Too Likely %	Not Likely at All %	Neutral/DK/RF %	Total %	NI
TOTAL	76	15	4	5	*	100	(1001)
GENDER							
Male	72	18	4	5	1	100	(458)
Female	81	12	3	4	*	100	(543)
AGE							
18-34	71	21	4	4	*	100	(262)
35-49	81	13	3	2	1	100	(278)
50-64	76	12	4	8	0	100	(263)
65+	79	10	3	6	2	100	(191)
EDUCATION							
H.S. or less	73	16	4	6	1	100	(377)
College	80	13	3	4	*	100	(619)
DESCRIBES HEALTH AS							
Excellent/Very good	75	16	4	5	*	100	(551)
Good	78	15	4	2	1	100	(281)
Fair/Poor	78	10	2	10	*	100	(167)

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\*Less than one-half of one percent.

## Incidence of Having Researched A Physician's Credentials

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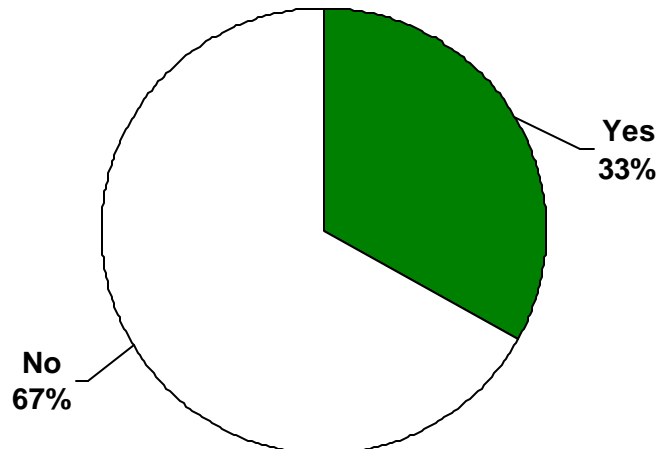
*Q.13 Have you ever asked or checked with anyone, such as a receptionist, nurse, doctor, friend, or coworker, if a doctor was board-certified?*

*Q.14 Have you ever visited a web site or other source of information to verify a doctor's credentials?*

One-third (33%) of all adults surveyed say they have at some point inquired as to whether or not a physician was board-certified – two-thirds (67%) have not.

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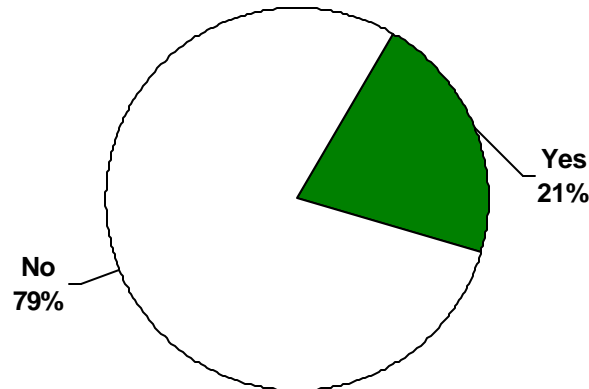
### INQUIRED ABOUT PHYSICIAN'S CERTIFICATION (n=1001)



Asked if they had ever visited a web site or other source of information to verify a doctor's credentials, 21% of the adults surveyed report that they have done so.

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**EVER VISITED A WEB SITE TO VERIFY PHYSICIAN'S CREDENTIALS (n=1001)**



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Adults under age 65 are more likely than those age 65 and over to have used the Internet to check on a doctor's credentials. College-educated adults are more likely than those who have not attended college to have checked a web site for information on a doctor's certification.

Those aware that the doctor they see most frequently is board-certified are more likely than those who do not know, to have researched a physician's credentials either by checking with someone or searching the web. Of interest, those who describe their health as excellent or very good are more likely than their counterparts to say they have searched an Internet site to check on a doctor's credentials.

**EVER RESEARCHED A PHYSICIAN'S CREDENTIALS**

(Percent saying "yes")

	By Asking Someone %	By Searching Web Site %	NI
TOTAL	33	21	(1001)
GENDER			
Male	31	20	(458)
Female	34	22	(543)
AGE			
18-34	28	23	(262)
35-49	32	22	(278)
50-64	38	22	(263)
65+	33	13	(191)
EDUCATION			
H.S. or less	31	11	(377)
College	34	28	(619)
H.H. MEMBER WORKS IN HEALTHCARE			
Yes	38	30	(431)
No	31	18	(564)
AWARENESS THAT PRIMARY DR. IS BOARD-CERTIFIED			
Yes	40	25	(744)
No	12	10	(243)
DESCRIBE HEALTH AS			
Excellent/Very good	34	24	(551)
Good	29	18	(281)
Fair/Poor	35	15	(167)

## Choosing a Doctor Who Is Board-Certified vs. Recommendation of Friend or Family Member

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*Q.15 Suppose you had a choice between two doctors: the first is board-certified; the second is not board-certified, but was recommended by a trusted friend or family member. Which doctor would you choose?*

*-The first who is board-certified*

*-The second who is not board-certified but was recommended by a trusted friend or family member*

When offered the choice between a board-certified physician and a physician who was not board-certified but recommended by a trusted friend or family member, 75% opt for the board-certified physician while 23% choose the physician who was recommended by a friend or family member.

Adults who describe their health as fair or poor are more likely than those who say their health is excellent, very good or good to choose the physician who is board-certified. Those age 65 and over and those between the ages of 35-49 are more likely than adults in the younger age category of 18-34 to choose the board-certified physician. Those age 18-34 are more likely than adults 35 and over to select the physician recommended by a trusted friend or family member.

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**IMPORTANCE OF DOCTOR WHO IS BOARD-CERTIFIED VS. RECOMMENDATION OF TRUSTED FRIEND/FAMILY MEMBER**

	Board-Certified Physicians %	Not Board-Certified But Recommended by Trusted Friend/Family Member %	Other/DK/RF %	Total %	NI
TOTAL	75	23	2	100	(1001)
GENDER					
Male	72	27	1	100	(458)
Female	77	21	2	100	(543)
AGE					
18-34	67	32	1	100	(262)
35-49	77	22	1	100	(278)
50-64	74	22	4	100	(263)
65+	84	14	2	100	(191)
EDUCATION					
H.S. or less	81	18	1	100	(377)
College	70	27	3	100	(619)
DESCRIBE HEALTH AS..					
Excellent/Very good	72	27	1	100	(551)
Good	73	24	3	100	(281)
Fair/Poor	84	13	3	100	(167)
H.H. MEMBER WORKS IN HEALTHCARE					
Yes	70	29	1	100	(431)
No	76	22	2	100	(564)

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# Technical Appendix

## Respondent Profile

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### Health

- More than half described their overall health as either very good (30%) or excellent (23%). Another 29% said they were in “good” health, while nearly one in five reported their health as fair (12%) or poor (6%). While perceptions of one’s health varies by age, the large majority among all groups describe their health as good or better.

### Visits to Physician

- Most (82%) had made at least one visit to a medical doctor within the past 12 months.

### On-Going Care

- Two in every five (41%) said they had someone in the household who had a health condition that required on-going medical care.

### Children

- One-third said they had children under the age of 18 currently living in their household.

### Work in Healthcare Industry

- 21% said that someone living in their household worked in some capacity in the healthcare field.

### Gender

- 48% were male; 52% female

### Age

- 28% were between the ages of 18-34
- 30% between the ages of 35-49
- 23% between the ages of 50-64 and
- 18% were age 65 and over

### Education

- 10% percent had less than a high school education
- 30% were high school graduates
- 3% attended a trade school
- 26% had some college but did not graduate
- 30% were college graduates including 11% who had postgraduate degrees

## Sampling Tolerances

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In interpreting survey results, it should be borne in mind that all sample surveys are subject to sampling error, that is, the extent to which the results may differ from what would be obtained if the whole population had been interviewed. The size of such sampling errors depends largely on the number of interviews.

The following tables may be used in estimating the sampling error of any percentage in this report. The computed allowances have taken into account the effect of the sample design upon sampling error. They may be interpreted as indicating the range (plus or minus the figure shown) within which the results of repeated samplings in the same time period could be expected to vary, 95 percent of the time, assuming the same sampling procedures, the same interviewers, and the same questionnaire.

The first table shows how much allowance should be made for the sampling error of a percentage:

### RECOMMENDED ALLOWANCE FOR SAMPLING

#### ERROR OF A PERCENTAGE

#### IN PERCENTAGE POINTS (AT 95 IN 100 CONFIDENCE LEVEL)\*

#### S A M P L E S I Z E

	1000	750	500	300	200	100
PERCENTAGES NEAR 10	2	2	3	3	4	6
PERCENTAGES NEAR 20	3	3	4	5	6	8
PERCENTAGES NEAR 30	3	3	4	5	6	9
PERCENTAGES NEAR 40	3	4	4	6	7	10
PERCENTAGES NEAR 50	3	4	4	6	7	10
PERCENTAGES NEAR 60	3	4	4	6	7	10
PERCENTAGES NEAR 70	3	3	4	5	6	9
PERCENTAGES NEAR 80	3	3	4	5	6	8
PERCENTAGES NEAR 90	2	2	3	3	4	6

\* THE CHANCES ARE 95 IN 100 THAT THE SAMPLING ERROR IS NOT LARGER THAN THE FIGURE SHOWN.

The table would be used in the following manner: Let us say a reported percentage is 33 for a group which includes 1000 respondents. Then we go to row "percentages near 30" in the table and go across to the column headed "1000". The number at this point is 3, which means that the 33 percent obtained in the sample is subject to a sampling error of plus or minus 3 points. Another way of saying it is that very probably (95 chances of 100) the true figure would be somewhere between 30 and 36, with the most likely figure the 33 obtained.

In comparing survey results in two samples, such as, for example, men and women, the question arises as to how large a difference between them must be before one can be reasonably sure that it reflects a real difference. In the tables below, the number of points which must be allowed for in such comparisons is indicated.

Two tables are provided. One is for percentages near 20 or 80; the other for percentages near 50. For percentages in between, the error to be allowed for is between those shown in the two tables.

RECOMMENDED ALLOWANCE FOR SAMPLING  
ERROR OF THE DIFFERENCE BETWEEN  
20 % AND 80 %

-----  
IN PERCENTAGE POINTS  
(AT 95 IN 100 CONFIDENCE LEVEL)\*  
S A M P L E S I Z E

	=====					
	1000	750	500	300	200	100
1000	4					
750	4	4				
500	4	5	5			
300	5	5	6	7		
200	6	6	7	7	8	
100	8	9	9	9	10	11

RECOMMENDED ALLOWANCE FOR SAMPLING  
ERROR OF THE DIFFERENCE BETWEEN  
50 % AND 50 %

-----  
IN PERCENTAGE POINTS  
(AT 95 IN 100 CONFIDENCE LEVEL)\*

S A M P L E S I Z E

	=====					
	1000	750	500	300	200	100
1000	4					
750	5	5				
500	5	6	6			
300	7	7	7	8		
200	8	8	8	9	10	

100 10 11 11 12 12 14

# The Questions