



***Exploring Health-Related Experiences and
Access to Care:
Differences between Online and Telephone
Survey Administration***

**Michelle McEvoy Doty, The Commonwealth Fund
Jordon Peugh and Jeffery Shand-Lubbers, Knowledge Networks**

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Introduction

- In an era of health reform where decisions concerning health care delivery are changing, researchers and policy makers need to rapidly gauge public opinions and needs.
- Online survey administration using a probability-based panel of respondents offers the possibility of getting results quickly without sacrificing integrity of data.
- This analysis compares results from nationally representative surveys of adults using two different data collection modes: online and telephone.

Research Objectives

- Explore the comparability of data collected online versus by telephone
- Highlight where results from the two modes align well
- Assess where responses do not converge and explore potential reasons for discrepancies
- Explore the impact of cell phone only households and the probability that certain sub-groups may be excluded with RDD samples

Research Methodology

Online Survey

- Knowledge Network's KnowledgePanel®
 - Probability-based panel of approximately 50,000 U.S. residents aged 13 and older
 - Built through Address Based Sampling (ABS) from 2009 to present (RDD sampling from 2000-2009)
 - Non-Internet households provided laptop and Internet access
- Web survey administered May 25 – June 7, 2010
 - 7 minute average survey duration, English only
 - Completed interviews with 1,039 adults (18+)
 - 68% survey cooperation rate (7.3% AAPOR Cumulative Response Rate for Probability-based Online Panels)
 - Data were weighted by age, sex, race, education, region, metropolitan area, and internet access (design effect 1.56)

Research Methodology

Telephone Survey

The Commonwealth Fund 2010 International Health Policy Survey

- Conducted from March to June 2010
- A national landline RDD sample of 2,501 U.S. adults, ages 18 and older
- Stratified sampling-representative sample of telephone households in continental US. Households selected through computerized RDD provided by Survey Sampling International
- Respondent selection within household based on the “most recent birthday” method
- CATI, English and Spanish interviews
- 26% response rate
- All sample records called 8 times or more
- Data were weighted by age, sex, race, education, region, household size (using March 2009 CPS)

Measures

- Identical questions on access to care, experiences with health care delivery, and demographics were fielded to both the online and telephone samples.

Outcome variables:

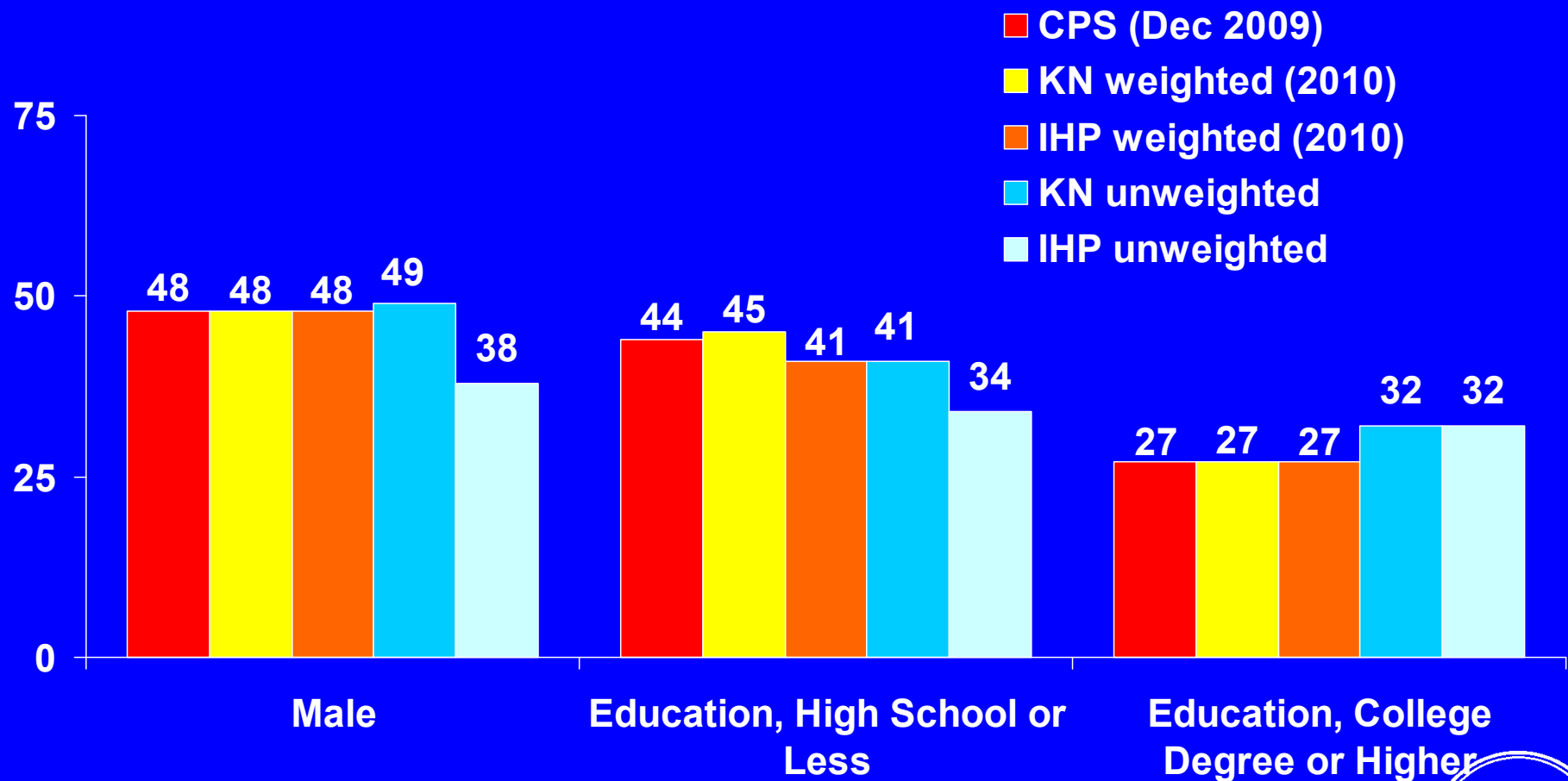
- Access to care including after-hours care (3 items)
- Cost-related access problems, including forgoing care and delaying preventive screening (3 items)
- Care coordination problems (4 items)

Demographic and health characteristics:

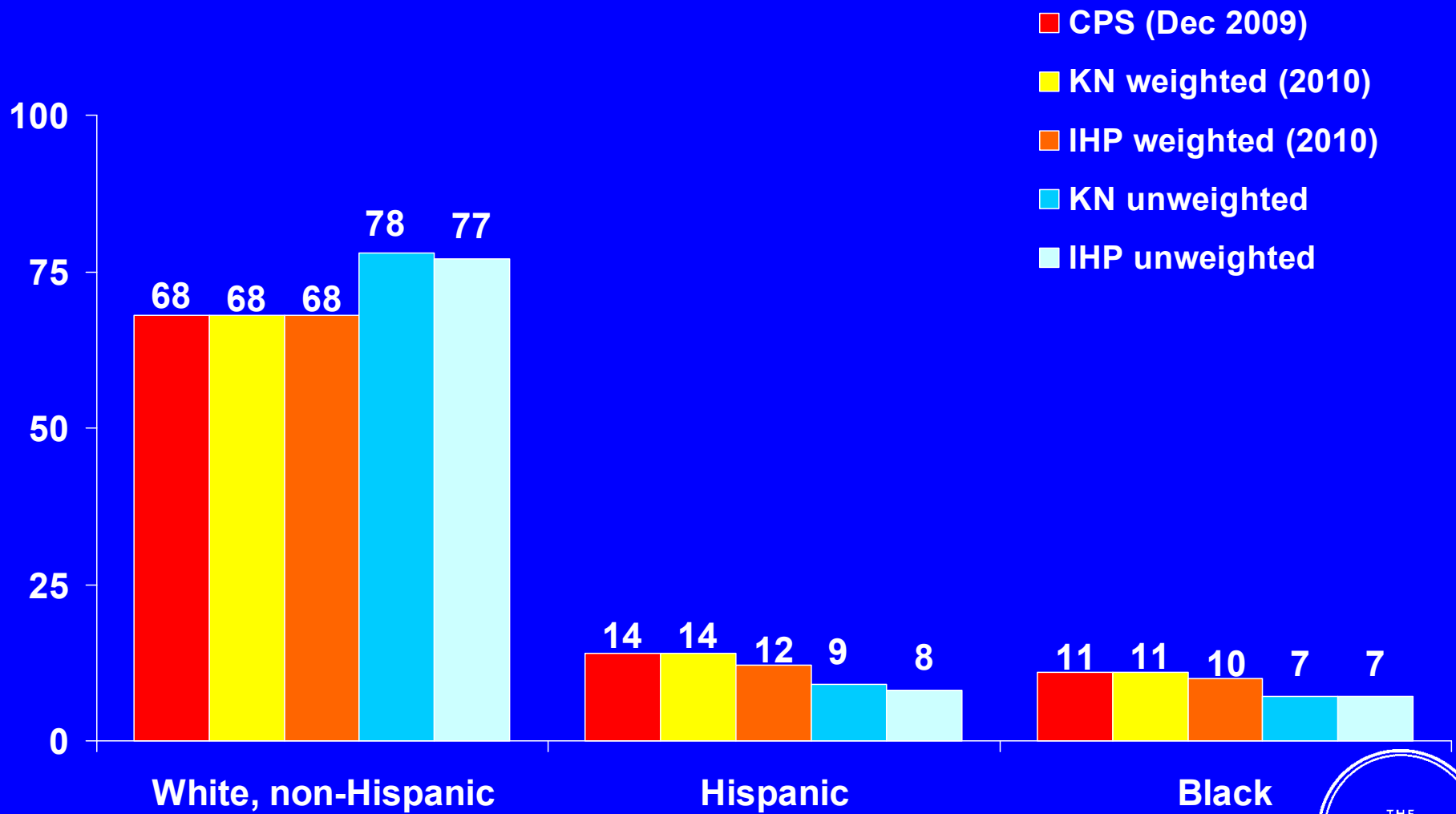
- Gender, age, race/ethnicity, education
- Health status, insurance status

Comparing Select Demographic Characteristics

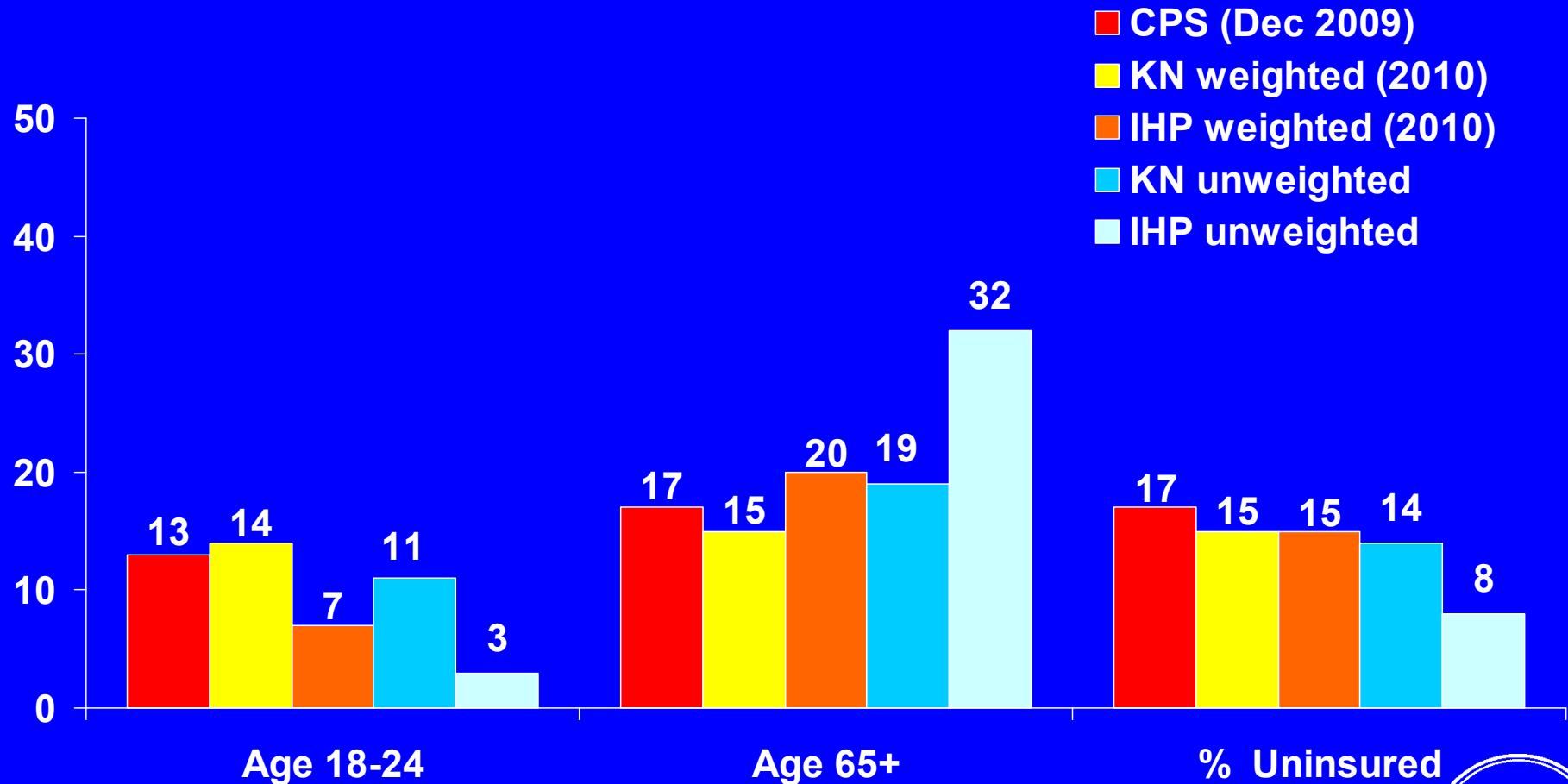
Comparing Select Demographic Characteristics: Gender and Education



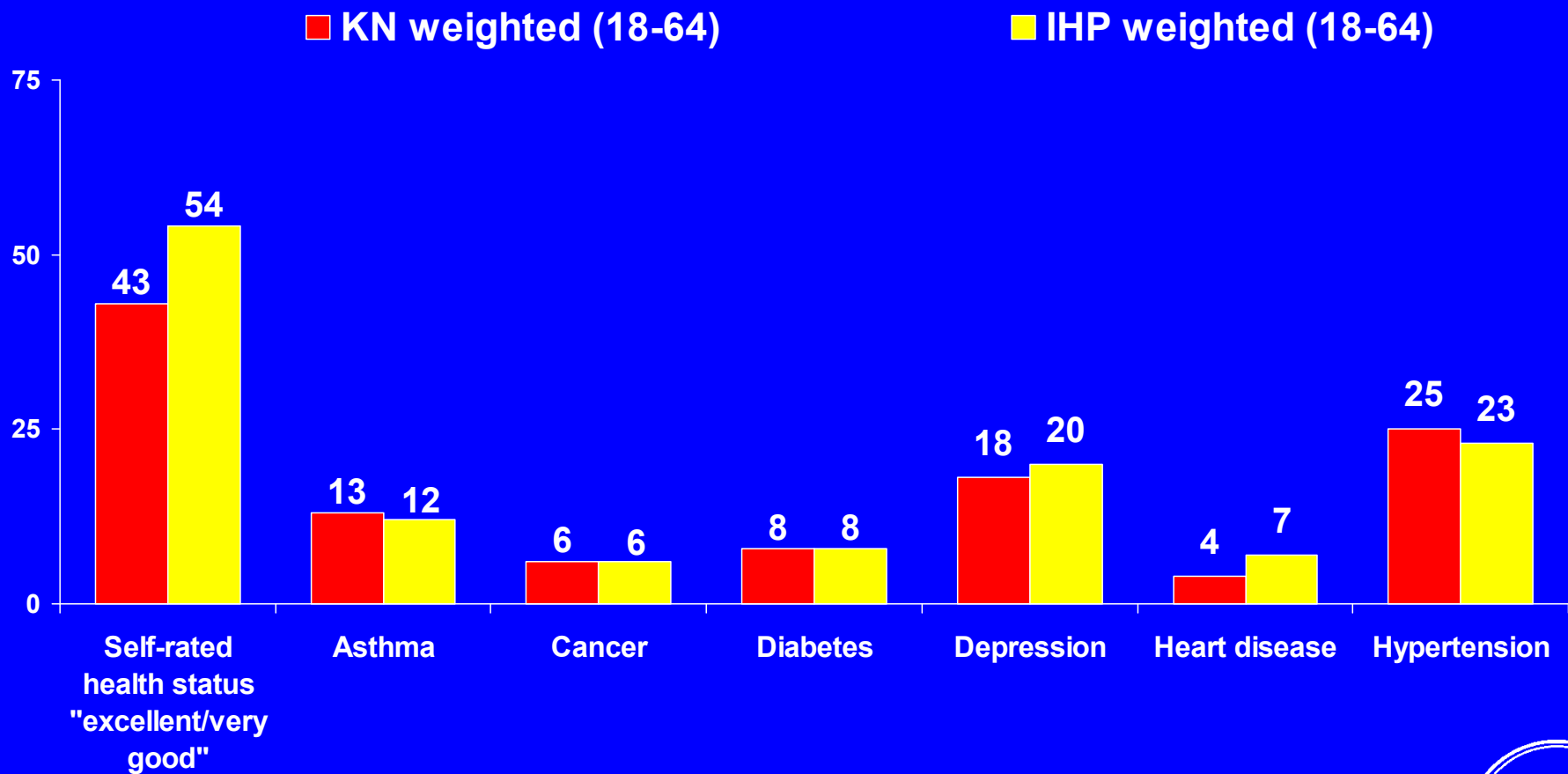
Comparing Select Demographic Characteristics: Race/Ethnicity



Comparing Select Demographic Characteristics: Age and Insurance Status



Comparing Health Status (18-64)



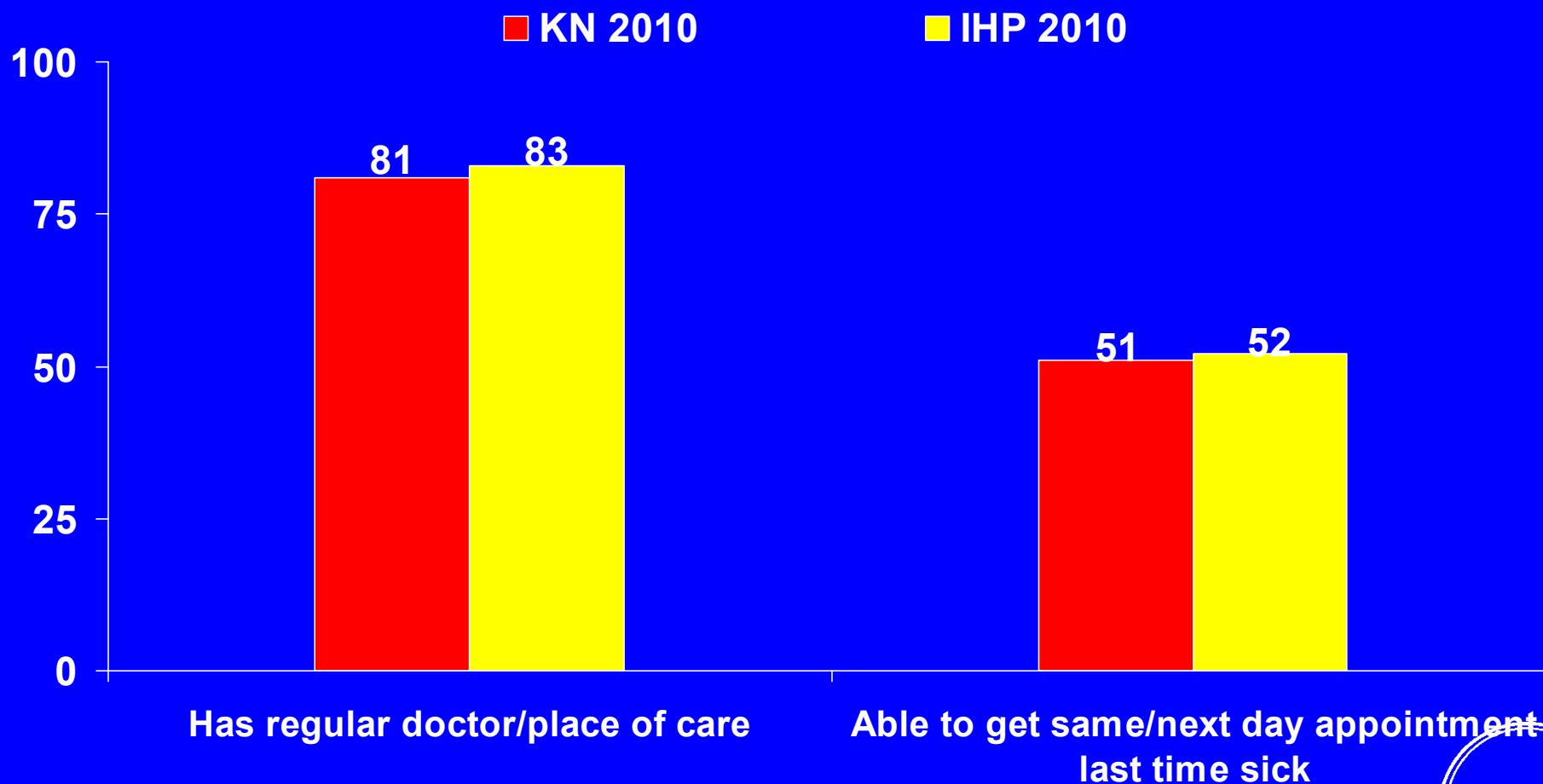
Base: Age 18-64 (KN n=880; IHP n=1,690)



Comparing Outcomes: Access to Care and Health Care Experiences

Access to care: Online and RDD Data Align Well on Having Regular Doctor and Ability to Get Timely Care

Percent of adults (age 18-64) in the past year reporting the following:

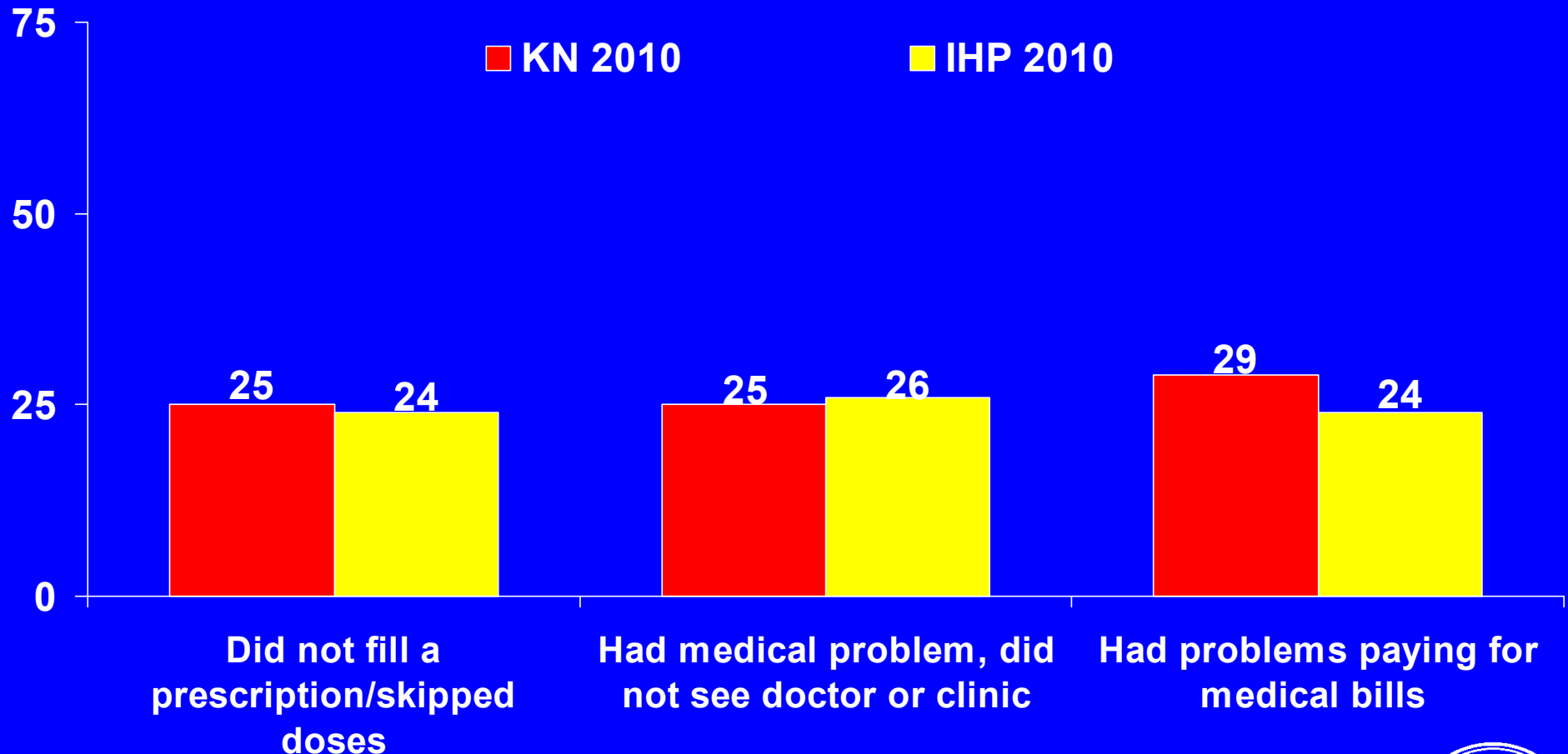


Base: Age 18-64 (KN n=880; IHP n=1,690)



Problems with Medical Bills and Affording Needed Care: Online and RDD Data Align Well

Percent of adults (age 18-64) in the past year reporting the following:

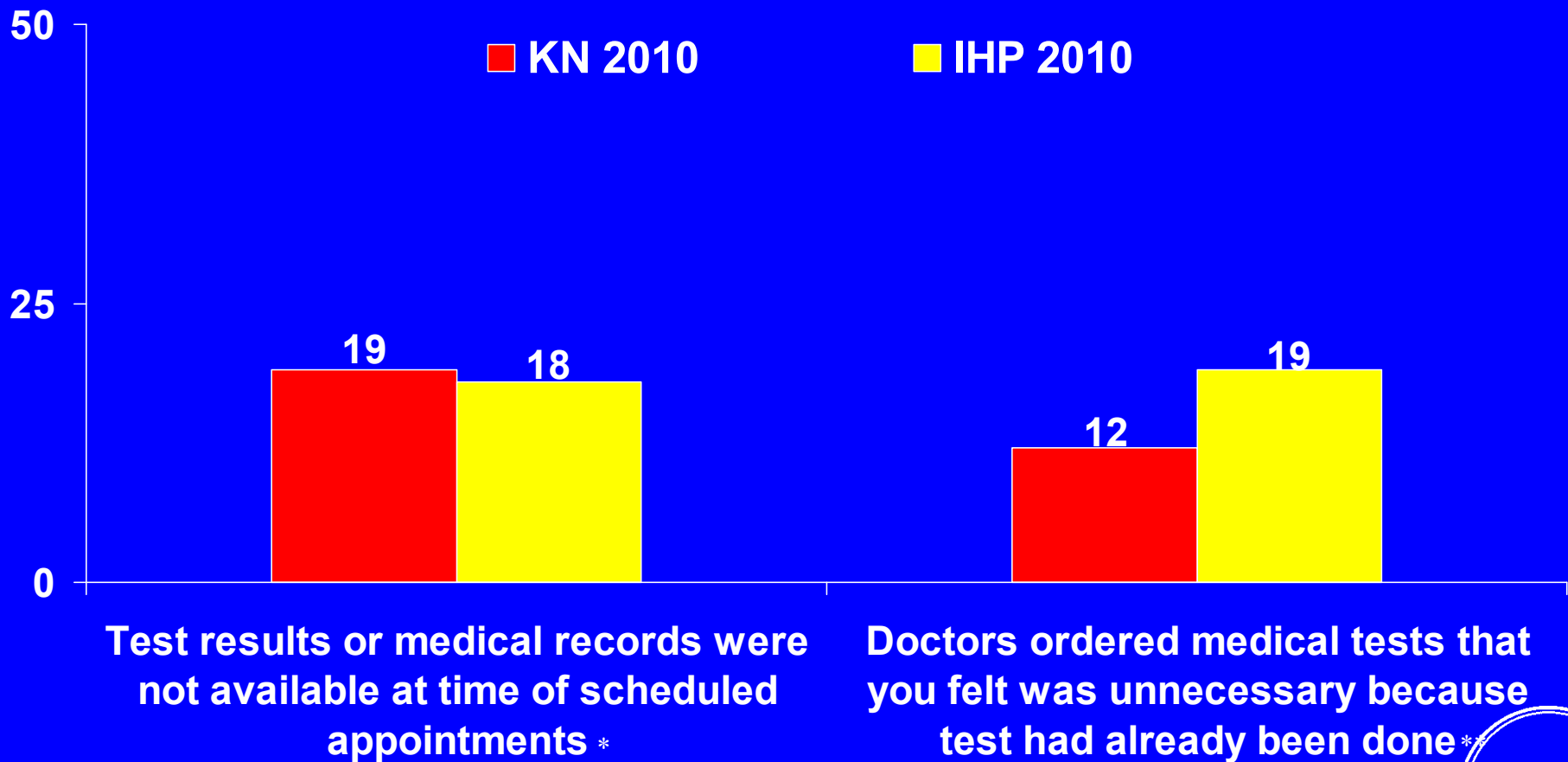


Base: Age 18-64 (KN n=880; IHP n=1,690)



Coordination Problems: Online and RDD Agreement in Availability of Test Results at Appointment

Percent of adults (age 18-64) in the past year reporting the following:



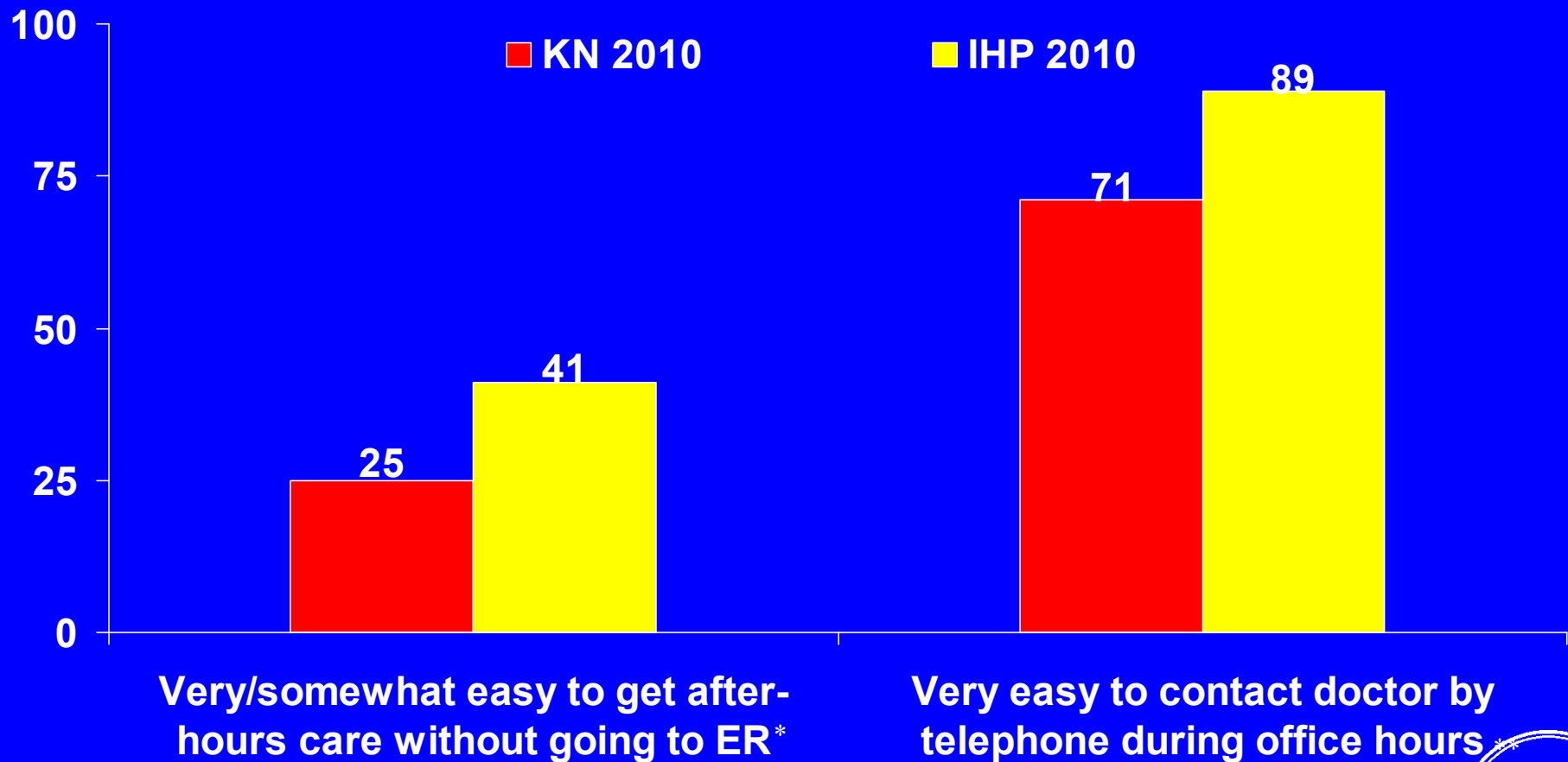
*Base: Age 18-64 (KN n=727; IHP n=1,639). Excludes those who did not receive care in past year.

**Base: Age 18-64 (KN n=735; IHP n=1,650). Excludes those who did not receive care in past year.



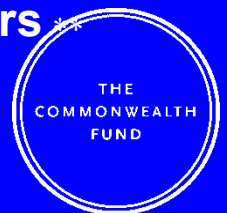
Access to care: RDD Respondents More Likely to Find it Easy to Contact Doctor and Get After-hours Care

Percent of adults (age 18-64) in the past year reporting the following:



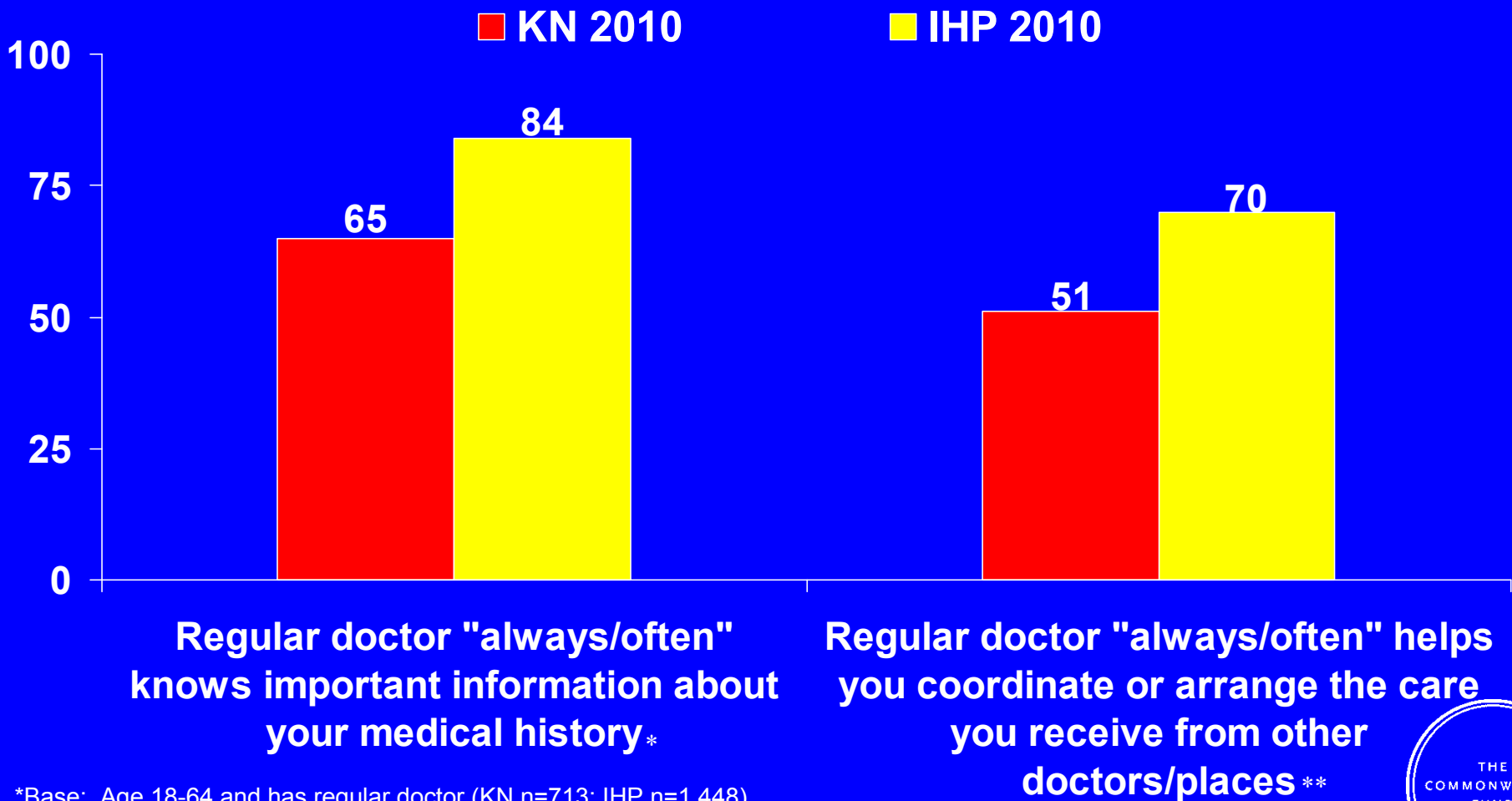
*Base: Age 18-64 (KN n=714; IHP n=1,560). Excludes those who never tried to get after-hours care.

**Base: Age 18-64 & Has Regular Doctor (KN n=663; IHP n=1,422). Excludes those who never tried to contact doctor.



Coordination of Care: RDD Respondents More Positive About Care and Coordination Received at Regular Doctor

Percent of adults (age 18-64) in the past year reporting the following:



*Base: Age 18-64 and has regular doctor (KN n=713; IHP n=1,448).

**Base: Age 18-64 and has regular doctor (KN n=602; IHP n=1,384). Excludes those who never see other doctors.



Inclusion of cell phones makes a difference

	KN		IHP
	Cell Only Mostly	Landline Only/Mostly	
Regular doctor/place (% yes)	81%	85%	85%
Able to get medical attention same/next day	54%	53%	55%
Finds it very easy to contact your doctor by phone during practice hours	24%	33%	41%
Regular doctor always knows important information about medical history	26%	39%	62%
Regular doctor always helps coordinate or arrange the care from other doctors/places	19%	36%	52%
In the past year, had a medical problem but did not visit doctor because of cost	33%	26%	22%

Summary

- RDD sample more demographically skewed than panel data.
- Mode has an impact on data collected, particularly for attitudinal variables.
 - Social desirability bias might result in telephone respondents overstating positive experiences with their doctors and their own health.
- RDD sample excludes cell phone-only/mostly; among online panel data cell-phone only/mostly are different.
- AAPOR response rates are low for both samples, particularly for panel data.

Policy Implications

- With the growing challenges for RDD due to shrinking response rates, difficulty in obtaining demographic representation, and exclusion of cell phone only/mostly households, a probability-based online sample presents an appealing alternative.
- An online survey using a probability-based sample can provide a demographically representative sample that is as good or better than RDD.
- However, cannot make direct comparisons between telephone and online data, particularly on attitudinal items, due to mode effects.
 - Need further exploration to know which data are closer to the “truth”
- The speed of data collection and relative cost saving associated with online data collection make this mode a positive addition to the arsenal of policy researchers.

For more information about this study please contact:

Michelle Doty

Director of Survey Research

The Commonwealth Fund

mmd@cmwf.org

www.commonwealthfund.org

Jordon Peugh

VP Health Care and Policy Research

Knowledge Networks

jpeugh@knowledgenetworks.com

www.knowledgenetworks.com

