



Public Responsibility to Report Study  
Report of Findings  
May 2024



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## STUDY OVERVIEW

### Background

- HRRRI protects the public through regulatory research and collaborative exchange with strategic partners to promote evidence-based healthcare regulation.
- The organization's Strategic Plan identified six Themes to address, one of which is Behavioral and Disciplinary Measures. To help address this Theme and its corresponding Goals, Outputs, and Outcomes, HRRRI asked Element to conduct a research study with patients and caregivers.

### Objectives

- Gauge the extent to which the public believes they are or should be responsible for reporting substandard care and misconduct of practitioners.
- Determine how familiar the public is with how they would report offenses if they wanted to.
- Identify current barriers to reporting substandard care and misconduct of practitioners among the public.
- Determine the extent to which patients and caregivers who have recently experienced substandard care and / or misconduct reported it.

### Methodology

- Online survey consisted of 36 questions with a mix of closed and open-ended questions. To qualify respondents had to:
  - Be U.S. residents.
  - Have seen one or more of the healthcare and counseling provider types as either a patient and/or an involved caregiver within the last two years: Dentist, Nurse or Nurse Practitioner, Occupational Therapist, Pharmacist, Psychologist, Physical Therapist, Physician, Physician Assistant, or Social Worker.
- 1,018 surveys completed between April 15 and May 1, 2024.
  - First 700 respondents comprise a representative group of U.S. adults, of which 92 had a reportable issue (13%).
  - Booster sample collected an additional 231 respondents who had a reportable issue; reportable issue data in this report is based on the combined total of those groups (n=323).



## KEY FINDINGS

### **Substandard care and misconduct are issues that the general public takes seriously and are familiar with.**

- Almost all respondents think the general public should be responsible for reporting substandard care and misconduct of practitioners (87%), with nearly half agreeing strongly.
  - Older respondents, Blacks, and those not holding college degrees are most likely to believe that the general public has the responsibility to report.
- About two-thirds of respondents see most of six issues asked about as substandard care, though they are less likely to feel that way about situations that don't affect patients negatively.

### **Respondents seem to believe in the importance of reporting to State Licensing Boards even though most admit not having a thorough understanding of them.**

- Just under half say they would know how and where to report an issue if they experienced one. Among them, majorities say they would contact the provider's organization (62%) or the State Licensing Board (60%).
- Interestingly, three in ten say they are familiar with the roles of healthcare-affiliated State Licensing Boards (30%) and just 5% say they are "very familiar."
  - Younger men, Hispanics, and Blacks are most likely to indicate being familiar with State Licensing Boards.

### **The description of State Licensing Boards read by respondents only helps solidify the importance of them in the minds of respondents.**

- After reading the description, nearly all believe that the general public should be responsible for reporting issues to State Licensing Boards (84%).
- Additionally, nearly 80% say they would be likely to report an issue to a State Licensing Board if they experienced one.



- Groups who are most likely to do so include women overall (46% “very likely”), women ages 35 to 54 (85% “very” or “somewhat likely”), and non-college grads (47% “very likely”).

**Nearly all of those in the reportable issue group took some action, though they were much more likely to talk about it with others than report it.**

- A very large majority (78%) say they talked to friends and family members about the violation/issue.
- Two-thirds decided to stop utilizing the provider’s service and about 40% say they reported the issue or contacted someone at an organization that they thought could help them.

**Among those who contacted someone at an organization were, by far, most likely to contact the provider’s place of employment (66%).**

- A quarter of that group (25%) say they reported the issue to their state licensing board, meaning 10% of all those who had a reportable violation or issue did so.

**Those who didn’t report the issue are most likely to cite anticipated ambivalence or lack of knowledge as the reason for not doing so.**

- Nearly two-thirds (63%) of those who didn’t report say it was because they didn’t think it would have an impact.
- Six in ten (60%) say they didn’t know the best way to report.

**The few who did report their issue or violation to their State Licensing Board generally had a positive experience.**

- The process of submitting the issue to the State Licensing Board was easy for 75% of respondents.
- More than six in ten (62%) are satisfied with the action taken by the board.
- Nearly two-thirds (64%) feel confident that the provider’s service or behavior will change as a result of reporting to the State Licensing Board.



- Among the three entities to which respondents most often reported issues, satisfaction with the provider's organization or place employment lags behind that of State Licensing Boards and Patient Advocacy Groups in terms of ease, satisfaction, and confidence that the provider's service or behavior will change.
- From just a few responses, more information about how to report, taking reports more seriously, and improving response times are suggested as ways to make reporting to State Licensing Boards better.

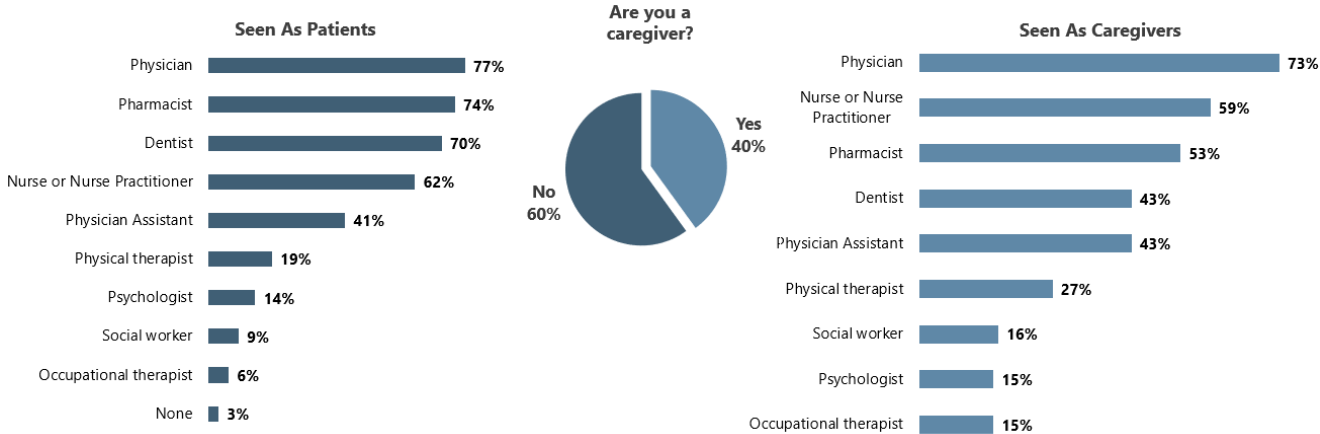


# RESPONDENT PROFILE

The demographic characteristics of the patients and caregivers surveyed is shown below.

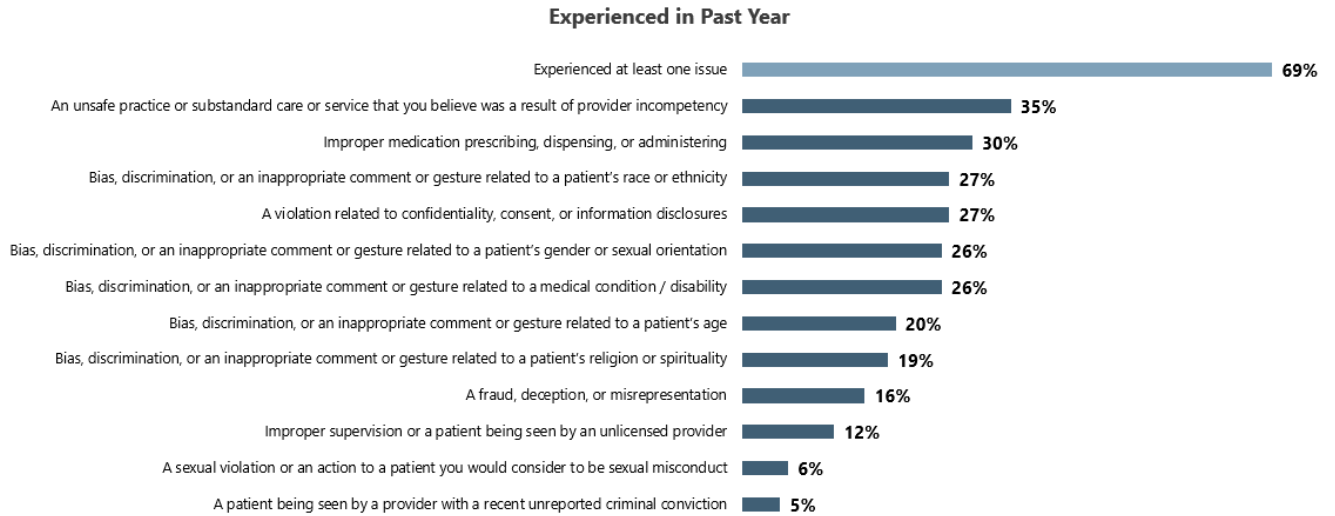
Age		Gender		Children Under 18		Race / Ethnicity		Education		Employment Status		Household Income		Region	
18 to 34	31%	Male	48.1%	Yes	27%	White / Caucasian	76%	High school grad or less	39%	Employed full-time	41%	Less than \$40,000	33%	Northeast	24%
35 to 54	32%	Female	51.6%	No	73%	Black / African American	15%	Associate or two-year degree	20%	Employed part-time	12%	\$40,000 to \$69,999	23%	South	39%
55+	37%	Other gender /non-binary	0.3%			Asian / Asian American	7%	Bachelor's degree	28%	Retired	23%	\$70,000 to \$99,999	19%	Midwest	23%
Average	48					Other	3%	Advanced degree	12%	Stay at home parent	5%	\$100,000+	20%	West	13%
										Student	3%	Prefer not to answer	4%		
						Hispanic*	9%			Unemployed	10%	Average	\$72,600		
										Unable to work due to a disability or medical condition	5%				

The profiles of providers seen by patients and caregivers over the past two years is shown below.



## EXPERIENCING REPORTABLE ISSUES

Five percent each say they experienced an issue related to bias, discrimination, or an inappropriate comment or an unsafe practice or substandard care in the past two years.



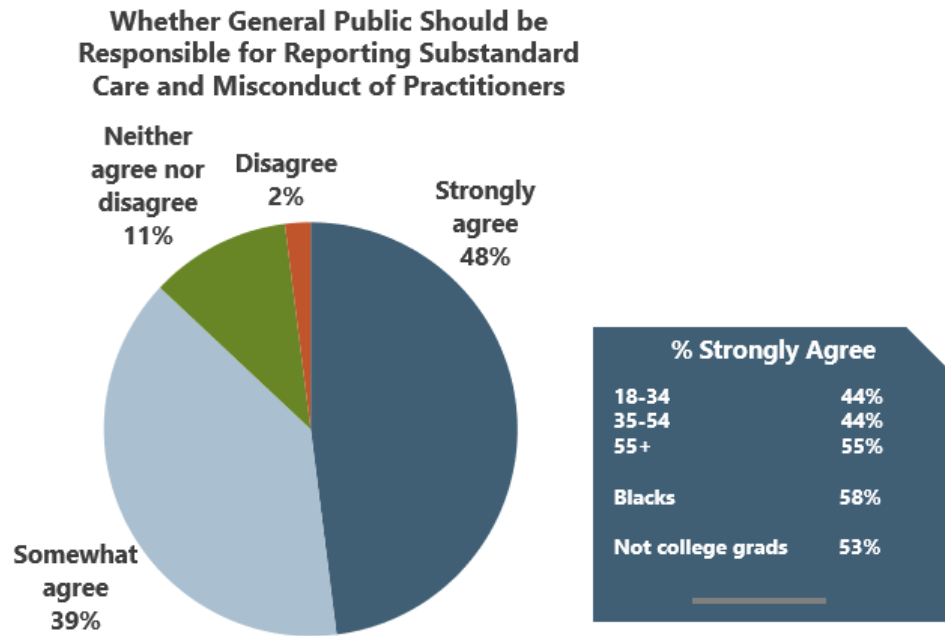
- o Younger respondents are more likely to say they experienced issues or violations and Hispanics are much more likely to indicate that.

When looking in detail, no single issue or violation has been experienced by a sizable percentage of the public either as a patient or as a caregiver.



## PERCEPTIONS OF GENERAL PUBLIC RESPONSIBILITY

Almost all think the general public should be responsible for reporting substandard care and misconduct of practitioners (87%), with nearly half agreeing strongly.



Among the few (14 respondents) who do not think the general public should be responsible for reporting, the largest numbers say that practitioners' peers and practice colleagues (13 respondents), patients' and caregivers' lawyers (12 respondents), and administrative and support staff at the practitioners' offices (12 respondents) should report instead.

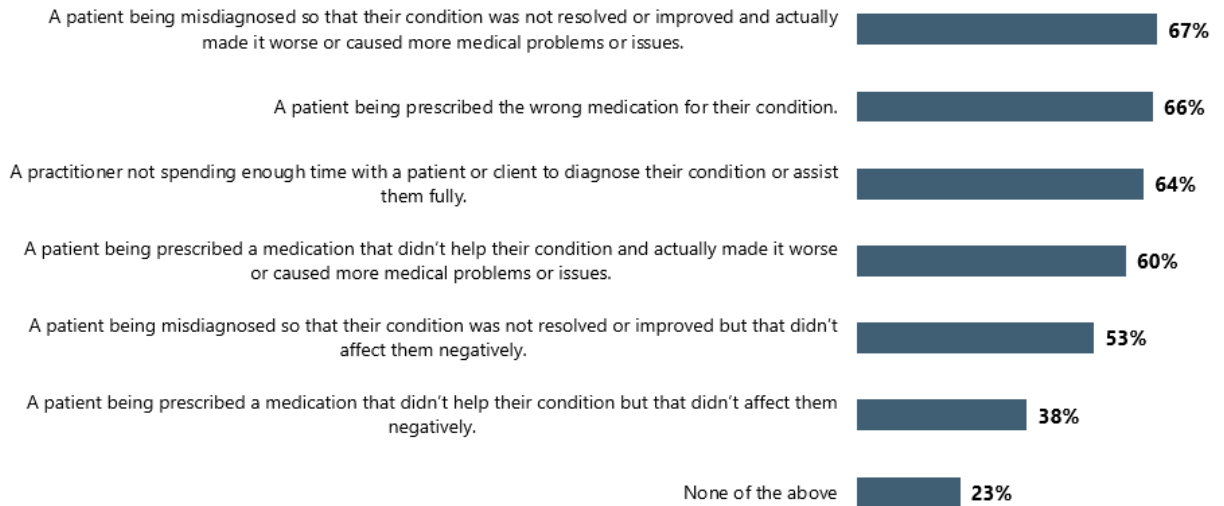




## WHAT IS CONSIDERED SUBSTANDARD CARE

About two-thirds of respondents see most of the issues asked about as substandard care, though they are less likely to feel that way about situations that don't affect patients negatively.

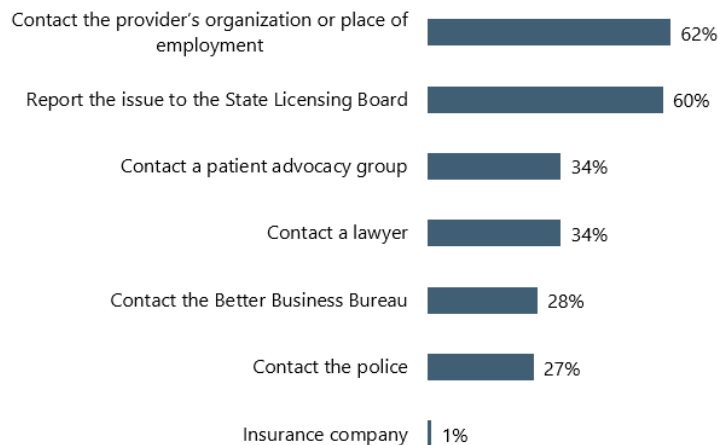
### What Consider To Be Substandard Care



- o Those who tend to be more likely to consider the issues substandard care include older respondents, non-Hispanics, whites, and those who are college educated. Those who experienced an issue are more likely to feel that at least one of the scenarios should be considered substandard care.

Just under half say they would know how and where to report an issue if they experienced one (44%). Among them, majorities say they would contact the provider's organization or the State Licensing Board. Older respondents and whites/non-Hispanics are more likely than average to say they would report to the State Licensing Board.

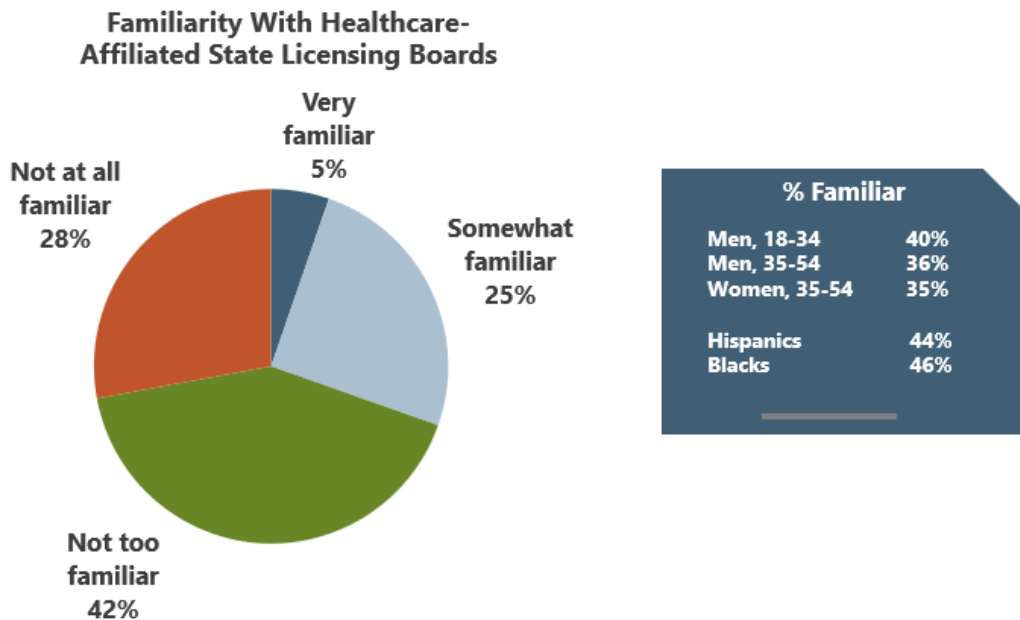
### To Whom or What Entity Would They Report Issues (Among those saying they know how and where to report)



## PERCEPTIONS OF STATE LICENSING BOARDS

Three in ten say they are familiar with the roles of healthcare-affiliated State Licensing Boards, though just 5% say they are “very familiar.”

- In addition to a few differences by gender/age and ethnicity, those who experienced an issue are somewhat more likely than those who did not to say they are familiar with the roles of State Licensing Boards (39% vs. 29%).

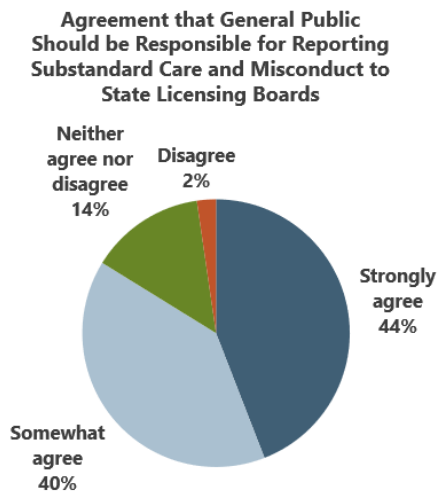


After reading the description, nearly all believe that the general public should be responsible for reporting issues to State Licensing Boards (84%).

- Older respondents and those with advanced degrees are more likely to feel that the general public should be responsible for reporting issues to State Licensing Boards.

**Description Provided to Respondents**

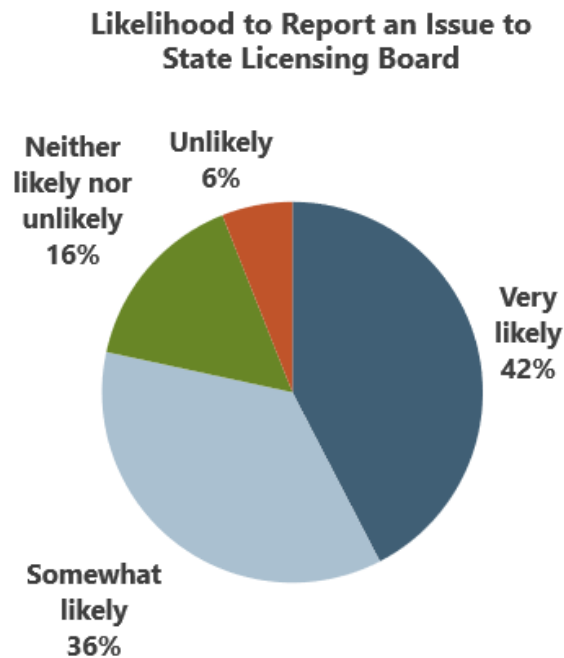
State Licensing Boards in healthcare are designed to protect the public by providing service and leadership that promote safe and competent healthcare services. Most boards strive to do this by creating a strong foundation of laws and regulatory standards in various healthcare areas, effective tools and systems to assess entry-level and continuing competence among providers, and provide public and professional awareness of resources for public protection. While it may vary slightly from one board to the next, most utilize at least some of the following as part of their services: examinations and certifications, membership, professional standards, and continuing education.



Asked only of the 16 respondents who did not think the general public should be responsible for reporting substandard care and misconduct to State Licensing Boards, the largest numbers feel that major or minor reasons for that are:

- The general public is not trained well enough to know what is and is not substandard care and / or misconduct (13 respondents)
- Easy ways for the general public to report through State Licensing Boards are not available (10 respondents)

Nearly 80% say they would be likely to report an issue to a State Licensing Board if they experienced one.

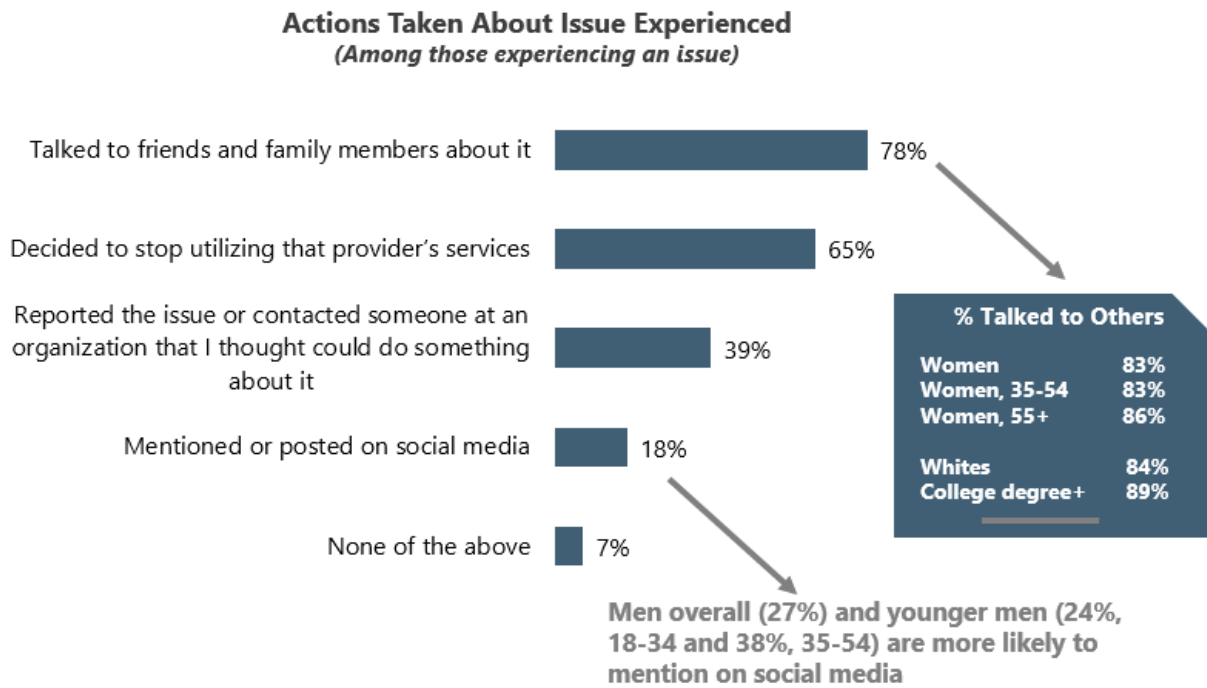


- Groups who are most likely to do so include women overall (46% “very likely”), women ages 35 to 54 (85% “very” or “somewhat likely”), and non-college grads (47% “very likely”).



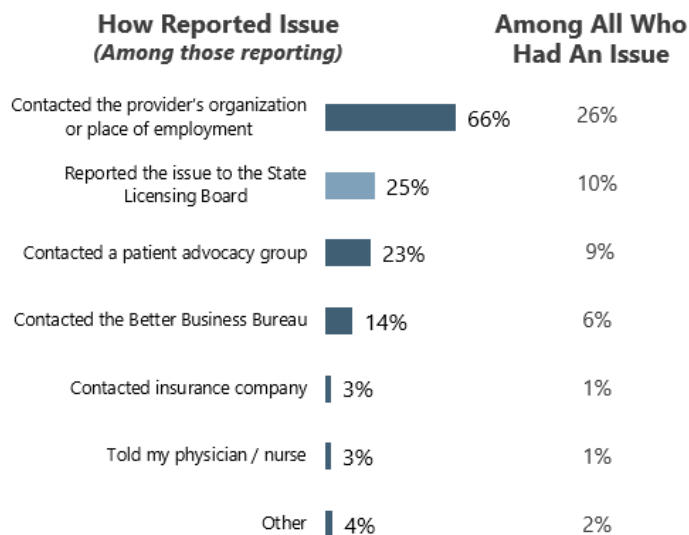
## ACTIONS TAKEN REGARDING ISSUE EXPERIENCED

Among those experiencing a reportable issue, the largest numbers say they talked to friends or family members about it or stopped using the provider’s services.



Base: Those experiencing an issue (n=323)

Among the four in ten who say they reported the issue, the largest number, by far, contacted the provider’s organization or place of employment (66%). A quarter say they contacted the State Licensing Board.



Base: Those experiencing an issue and reporting it (n=127)

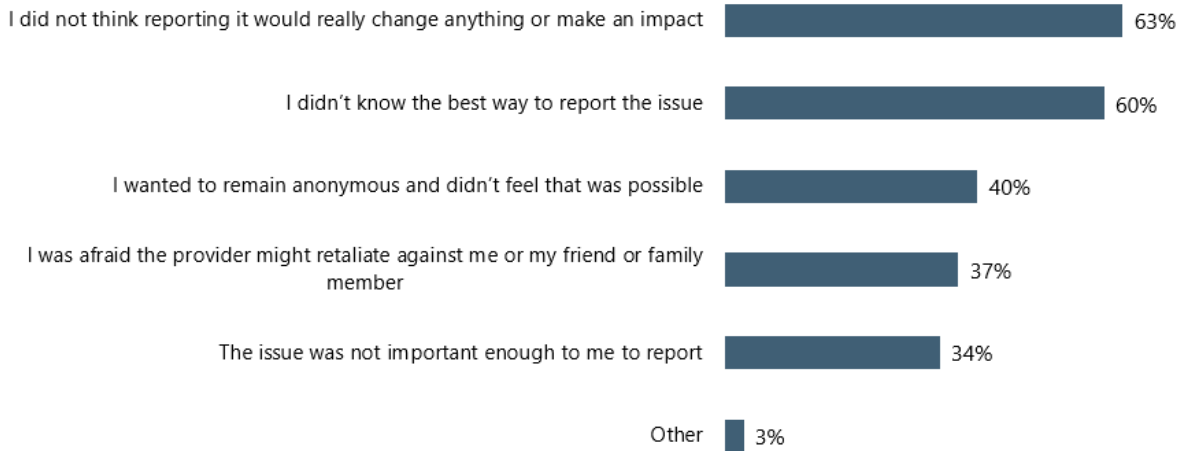
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The reasons most often given by the general public for not reporting are that they didn't think doing so would change anything or they didn't know how to report.

**Why Did Not Report Issue**  
*(Among those not reporting)*

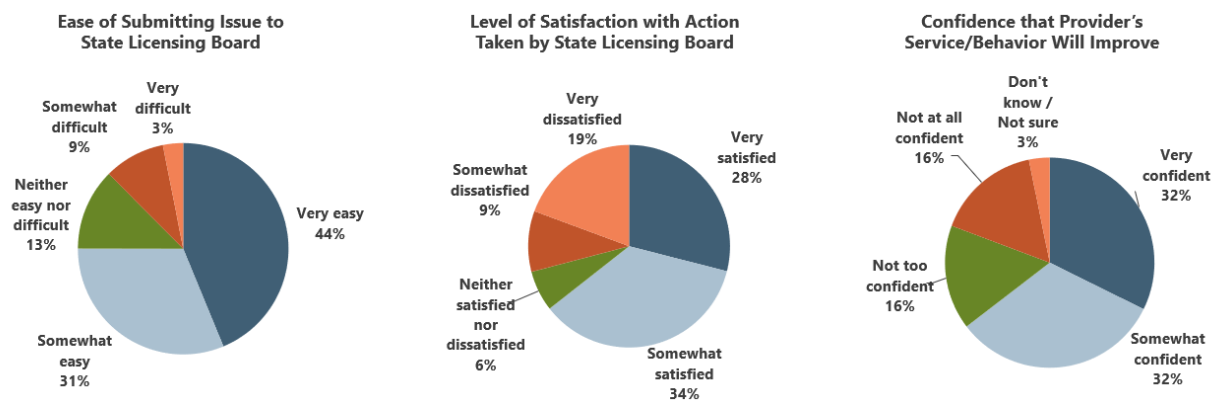


Base: Those experiencing an issue but not reporting it (n=184)

## EXPERIENCE WITH STATE LICENSING BOARDS

In general, those who reported an issue to the State Licensing Board feel the process was easy, they are mostly satisfied with the action taken, and they are confident that the provider's service will improve.

- It is important to note, however, that fully 28% are dissatisfied with the action taken by the State Licensing Board.



Base: Patients and Caregivers who contacted the State Licensing Board (n=32)



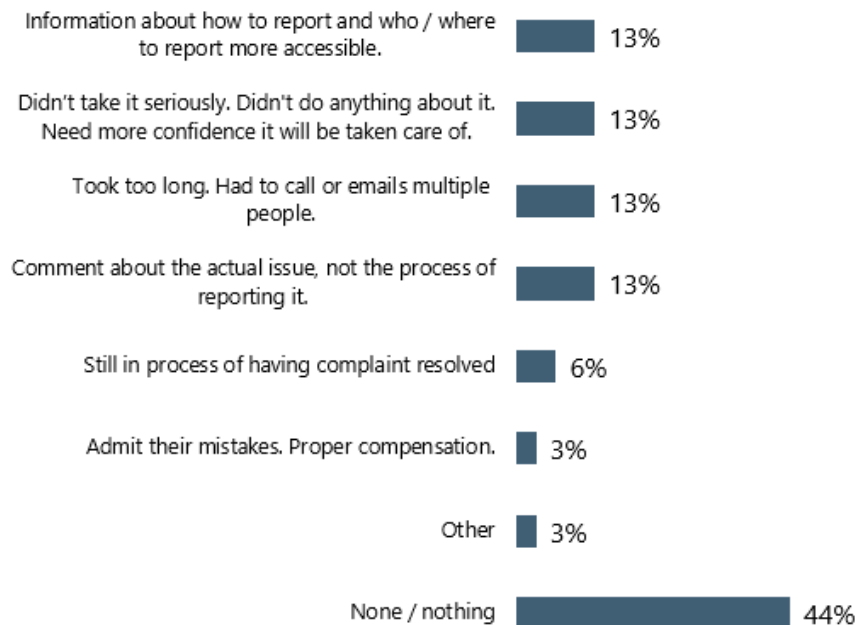
Among the three entities to which respondents most often reported issues, satisfaction with the provider’s organization or place employment lags behind that of State Licensing Boards and Patient Advocacy Groups in terms of ease, satisfaction, and confidence that the provider’s service or behavior will change.



Base: Patients and Caregivers who contacted the provider’s organization or place of employment (n=58), the State Licensing Board (n=32), and Patient Advocacy Groups (n=12)

From just a few responses, more information about how to report, taking reports more seriously, and improving response times are suggested as ways to make reporting to State Licensing Boards better.

**What Would Make Reporting to State Licensing Board Better**  
*(unaided mentions coded)*



Base: Those indicating they reported issue (n=32)



Verbatim responses to the question:

*What, if anything, would have made the process of reporting or your feelings about the outcome of your submission better? What could be improved?*

### **How Reporting to State Licensing Board Could Improve**

*A better way to voice my opinion, like a better way to boil an egg.*

*A full guarantee that there would never be any backlash for what I say is the truth. and I would get real help.*

*Acknowledgement without condescending remarks.*

*An apology from the provider.*

*Being able to receive and act on it quickly to being handled.*

*Every process for us civilians, aka slaves of America, is long, drawn out, and tedious. Government understands the amount of time and energy it takes to properly file any complaint. Usually complaints do little to nothing when its citizen v Corporation. There is no improving something [with] a system designed against its citizens purposely.*

*Have providers listen to patient advocates and plan treatment accordingly.*

*I never was contacted back from the board.*

*More streamlined communication. In other words, rather than being pawned off to several people, I want to go directly to the person I need to speak to to report the issue.*

*Prescription after proper correct diagnosis.*

*The Board closes the case without even looking into or investigating the allegations.*

*The board has yet to take action or contact me.*

*The help service could be improved. I believe that a patient should not receive bad care due to their physical or personal condition. (Translated from Spanish.)*

*The urgency of what happened was not how I wished it would be. It took almost 7 months to get a resolved case.*

*The way of expressing them and the spelling in its entirety could be improved in order to be more frank and give more quality and confidence.*

*There should be a toll-free confidential number to report it to and the sign should be placed in clear view in every medical facility.*

*We are still in the process of having our complaint resolved. It would be helpful to have the information about who and where to report these incidents to more easily available. I knew where to go for the information but the other person that the incident happened to didn't.*

