

**The Commonwealth Fund Health Care Opinion Leaders Survey:
Congressional Priorities**
January 2007

Introduction

The Commonwealth Fund Health Care Opinion Leaders (HCOL) Survey was conducted by Harris Interactive on behalf of The Commonwealth Fund and *Modern Healthcare*, with responses from a broad group of 289 opinion leaders in health policy and innovators in health care delivery and finance. This was the ninth in a series of surveys designed to highlight leaders' perspectives on the most timely health policy issues facing the nation. This survey focused on priorities for the new Congress.

Summary

The U.S. health care system is in what many experts would call a crisis due, in large part, to the ever-increasing number of Americans living without health care coverage. Health insurance, health care costs, and the quality of care are pressing issues in policy circles—and in American homes. As in the HCOL survey conducted in January 2006, we asked leaders to share their views on the health care issues Congress should prioritize in the next five years. Once again, there is broad consensus among health care opinion leaders that *expanding coverage to the uninsured* is of great importance, with eight of 10 leaders describing this issue as absolutely essential or very important. The issue is the priority most often referred to as absolutely essential or very important among all four groups of leaders in the survey: academic/research institutions (90%), health care delivery (83%), government/labor/consumer advocacy (84%), and business/insurance/other health care industry (80 %).

The other issues most often referred to as absolutely essential or very important are: *ensuring Medicare's long-run solvency* (80%), *expanding the State Children's Health Insurance Program (SCHIP)* (76%), *moderating the rise in health care costs* (81%), and *increasing the use of information technology* (80%).

Health care opinion leaders see many achievable and desirable goals/targets for policy action within the next 10 years. Along the lines of expanding coverage for the uninsured, health care leaders would also like to reduce the proportion of the under-65 population that has no health insurance from 18 percent to 5 percent in the next decade, and think it can be done with the appropriate policy changes. They also favor decreasing the proportion of households spending more than 10 percent of their income on out-of-pocket health care costs and premiums from the current 17 percent to 10 percent in 10 years, while holding the total cost of health care as a proportion of gross domestic product (GDP) at the current figure of 16 percent.

The leaders also believe that the proportions of recommended care that children and adults receive can be dramatically increased (from the current 44% and 55%, respectively, to 80% and 75%) in the next 10 years, with similar increases in the proportions of recommended preventive

care that both children and adults receive (from the current 43% and 49%, respectively, to 85% and 75%).

As a whole, almost three of five health care leaders think that *mandating that all individuals buy coverage and providing subsidies and a pooled mechanism for the uninsured to purchase affordable insurance* (57%) and *providing federal matching funds for Medicaid/SCHIP coverage of adults below 150 percent of the federal poverty level and children below 300 percent of poverty* (57%) would be extremely or very effective ways to expand coverage, with *establishing a single-payer insurance system run by the federal government* (54%) and *covering everyone under Medicare* (53%) receiving slightly less support. Other options that were judged extremely/very effective by at least half of health care opinion leaders included: requiring employers who don't provide coverage to contribute to a fund that would pay for such coverage, and allowing individuals and small businesses to buy into the Federal Employees Health Benefits Program or a similar federal group option. By contrast only 14 percent think promoting tax-free health savings accounts would be an extremely/very effective way to expand coverage, and only 13 percent think permitting association health plans to provide coverage without state licensing restrictions would be extremely/very effective at expanding coverage.

While health care opinion leaders clearly agree on the need to expand coverage of the uninsured, they differ somewhat on what kind of reforms would be most effective in doing so. Among leaders from academic/research institutions, the top two choices as extremely or very effective options were *establishing a single-payer insurance system run by the federal government* (66%) and *covering everyone under Medicare* (63%), although a majority of leaders in this group also indicated that several other options had promise.

By contrast, leaders from both the health care delivery and business/insurance/other health care industry sectors most often responded that *mandating all individuals to buy coverage and providing subsidies and a pooled mechanism for the uninsured to purchase affordable insurance* (62% and 57%, respectively) would be extremely or very effective, with *providing federal matching funds for Medicaid/SCHIP coverage of adults below 150 percent and children below 300 percent of the poverty line* (58% and 53%, respectively) also viewed as a promising option.

Meanwhile, the options viewed as most promising by leaders from the government/labor/consumer advocacy sector were *requiring employers who don't provide coverage to contribute to a fund that would pay for coverage* (62%), with *establishing a single-payer insurance system run by the federal government* (54%), *covering everyone under Medicare* (54%), and *opening up Medicare to everyone not covered by an employer plan* (54%) also viewed as potentially effective options.

In addition to the high number of uninsured, the relentless increase in health care costs is seen as presenting a major challenge to the nation's health care system. When asked to assess a list of potential approaches to control health care costs and improve the quality of care, three of four health care leaders report that *reducing inappropriate care* would be extremely or very effective. The biggest support for this approach came from members of the business/insurance/other health care industry (83%). Other approaches that health care leaders most often thought would be extremely or very effective are *use of evidence-based guidelines to determine whether a test or procedure should be done* (70%), *increased and more effective use of information technology*

(66%), increased use of disease and care management strategies for the chronically ill (65%), and rewarding providers who are more efficient and provide higher-quality care (61%).

Detailed findings are provided below.

Key Findings

IMPORTANCE OF HEALTH CARE ISSUES FOR CONGRESS (Table 1)

Health care policy opinion leaders were asked to indicate which health care issues were absolutely essential or very important for Congress to address in the next five years, based on a list of 17 issues.

Expanding health insurance coverage to the uninsured is considered absolutely essential or very important for Congress to address by 88 percent of health care opinion leaders. There is near consensus among all sectors, with between 80 percent and 90 percent indicating this particular issue as absolutely essential/very important for Congress to address. Among the business/insurance/other health care industry leaders, 80 percent thought this issue to be absolutely essential or very important while 90 percent of health care opinion leaders from academic or research institutions thought so.

- Other issues thought to be most important for Congress to address included: reforming Medicare to ensure its long-run solvency (with 80% indicating it as absolutely essential or very important); expanding the State Children's Health Insurance Program (SCHIP) to reach all uninsured children (76%); enacting reforms to moderate the rising costs of health care for the nation (81%); and increasing the use of information technology to improve the quality and safety of care (80%).

ACHIEVABLE/DESIRABLE GOALS FOR POLICY ACTION (Table 2)

Health care policy opinion leaders were asked what they see as both an achievable and desirable goal or target for policy action within the next 10 years, based on a list of seven goals/targets.

- Currently, the proportion of the under-65 population that has no health insurance is 18 percent. Health care opinion leaders aim to decrease this number to 5 percent within the next 10 years. Over the same time frame, they would like to—and believe it is possible to—decrease the proportion of households spending more than 10 percent of their household income on out-of-pocket health care costs and premiums from the current 17 percent to 10 percent.
- Currently, adults receive little more than half (55%) of the recommended care and children receive less than half (44%). Leaders are in agreement that increasing those proportions to 75 percent and 80 percent, respectively, is an achievable goal in the next 10 years. The proportions of recommended preventive care received by adults and children are even lower (49% and 43%, respectively), but the 10-year goals would be to increase those proportions to 75 percent and 85 percent.
- Health care opinion leaders foresee the total cost of health care as a percentage of GDP staying about the same over the next 10 years.
- With regard to achievable and desirable goals, all sectors provided similar responses.

EFFECTIVENESS OF PROPOSED APPROACHES TO CONTROLLING RISING HEALTH CARE COSTS (Table 3)

Health care opinion leaders were asked to identify the approaches that they think will be effective in controlling the rising costs of health care and improving the quality of care, based on a list of 19 approaches.

- Three of four (75%) surveyed health care opinion leaders think that reducing inappropriate medical care will be effective/very effective in controlling rising costs of health care and will improve the quality of care. This is the case across all sectors, with business/insurance/other health care industry viewing this option most favorably (83%). Also, using evidence-based guidelines to determine whether a test or procedure should be done (70%), increased and more effective use of technology (66%), increased use of disease and care management strategies for the chronically ill (65%), and rewarding providers who are more efficient and provide higher-quality care (61%) all followed closely behind, capturing the majority of support across all sectors.
- The approach least considered effective/very effective is requiring consumers to pay a substantially higher share of their health care costs (16%).

EFFECTIVENESS OF REFORMS TO EXPAND COVERAGE FOR UNINSURED (Table 4)

Health care opinion leaders were asked to identify which reform would be effective in expanding coverage for the uninsured, based on a list of 15 reforms.

- Health care leaders' support was spread across the reform options presented. Almost three of five leaders support mandating that all individuals buy coverage and providing subsidies and a pooled mechanism for the uninsured to purchase affordable insurance (57%), and providing federal matching funds for Medicaid/SCHIP coverage of adults below 150 percent and children below 300 percent of poverty (57%). These approaches were viewed as promising by a majority of the leaders in each sector.
- Other reforms viewed favorably by a majority of leaders were establishing a single-payer insurance system run by the federal government (54%) and covering everyone under Medicare (53%). Approximately two of three (66%) leaders from academic/research institutions support establishing a single-payer insurance system run by the federal government.
- In general, health care opinion leaders from the health care delivery sector and business/insurance/other health care industry tended to favor a combination of public-private mixed approaches, such as mandated individual responsibility with subsidies for the uninsured and federal matching funds for low-income adults and children under Medicaid/SCHIP.
- Options such as promoting tax-free health savings accounts and permitting association health plans to provide coverage without state licensing restrictions were viewed as extremely or very effective by only 14 percent and 13 percent, respectively, of health care

opinion leaders. While opinion leaders from business/insurance/other health care industry were somewhat more supportive, only two of 10 viewed these options as extremely or very effective.

About the Respondents

Respondents come from a broad range of employment positions and settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 6):

- *Academic/Research Institutions* (48%)*
- *Health Care Delivery* (33%)* including medical societies or professional associations, allied health societies or professional associations or organizations, hospital or related professional associations or organizations, hospitals, nursing homes/long-term care facilities, clinics, and physician or other clinical practices.
- *Business/Insurance/Other Health Care Industry* (33%)* including health insurance, pharmaceutical, other industries/businesses, and health care improvement organizations.
- *Government/Labor/Consumer Advocacy* (13%)* including government, labor, and consumer advocacy.**

Respondents are teachers, researchers, or professors (30%), CEOs or presidents (27%), policy analysts (25%), or administration/management (25%), followed by physicians (18%), consultants (11%), or health care purchasers (10%). Others work as consumer advocates (9%), department head/deans (7%), or foundation officers (6%). Most respondents agreed to be named by The Commonwealth Fund as one of the survey participants (87%).

* Percentages add up to more than 100 as respondents were able to give more than one answer.

** Because the sample sizes for these groups were so small, we combined respondents who identified themselves as working for government, labor, or consumer advocacy into one group.

TABLE 1
IMPORTANCE OF HEALTH CARE ISSUES FOR CONGRESS

"How important do you think the following health care issues are for Congress to address in the next five years?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/Othe r Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Expand coverage for the uninsured	Absolutely essential/Very important (net)	88	90	83	80	84
	Absolutely essential	60	63	59	47	57
	Very important	28	27	24	33	27
	Somewhat/Not at all important (net)	11	9	15	18	14
	Somewhat important	11	9	14	17	11
	Not at all important	*	-	1	1	3
	No response	1	1	2	2	3
Reform Medicare to ensure its long-run solvency	Absolutely essential/Very important (net)	80	75	87	87	65
	Absolutely essential	44	42	53	44	43
	Very important	36	33	35	44	22
	Somewhat/Not at all important (net)	18	22	11	9	30
	Somewhat important	17	19	9	9	27
	Not at all important	2	4	1	-	3
	No response	2	2	2	4	5
Expand the State Children's Health Insurance Program (SCHIP) to reach all uninsured children	Absolutely essential/Very important (net)	76	78	71	70	76
	Absolutely essential	42	48	43	31	30
	Very important	34	30	27	39	46
	Somewhat/Not at all important (net)	22	19	27	28	22
	Somewhat important	20	15	25	26	22
	Not at all important	3	4	2	2	-
	No response	2	3	2	2	3
Enact reforms to moderate the rising costs of health care for the nation	Absolutely essential/Very important (net)	81	83	85	74	84
	Absolutely essential	41	43	45	40	51
	Very important	40	39	40	34	32
	Somewhat/Not at all important (net)	17	16	14	22	11
	Somewhat important	15	14	12	19	8
	Not at all important	2	2	2	3	3
	No response	2	1	1	3	5
Increase the use of information technology to improve the quality and safety of care	Absolutely essential/Very important (net)	80	75	80	85	81
	Absolutely essential	39	36	45	43	35
	Very important	40	39	35	43	46
	Somewhat/Not at all important (net)	19	23	19	13	16
	Somewhat important	17	20	16	12	16
	Not at all important	2	3	3	1	-
	No response	1	2	1	2	3

TABLE 1 (continued)
IMPORTANCE OF HEALTH CARE ISSUES FOR CONGRESS

"How important do you think the following health care issues are for Congress to address in the next five years?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Simplify and standardize the health insurance process to reduce administrative costs	Absolutely essential/Very important (net)	60	58	79	55	46
	Absolutely essential	31	34	46	23	16
	Very important	29	24	33	32	30
	Somewhat/Not at all important (net)	39	41	20	43	51
	Somewhat important	33	33	19	35	51
	Not at all important	6	7	1	7	-
	No response	1	1	1	2	3
Address the shortage of trained health professionals (e.g., primary care physicians and nurses)	Absolutely essential/Very important (net)	70	63	81	69	78
	Absolutely essential	30	27	46	31	19
	Very important	40	36	35	38	59
	Somewhat/Not at all important (net)	29	36	18	29	19
	Somewhat important	24	29	17	21	19
	Not at all important	5	7	1	7	-
	No response	1	1	1	2	3
Ensure that families are not exposed to excessive out-of-pocket costs in relation to income	Absolutely essential/Very important (net)	75	76	72	66	78
	Absolutely essential	27	33	19	22	24
	Very important	48	43	53	44	54
	Somewhat/Not at all important (net)	24	22	27	32	19
	Somewhat important	22	20	26	30	19
	Not at all important	2	3	1	2	-
	No response	1	1	1	2	3
Control the rising cost of prescription drugs	Absolutely essential/Very important (net)	66	66	74	61	68
	Absolutely essential	27	30	29	27	16
	Very important	39	36	44	34	51
	Somewhat/Not at all important (net)	33	32	25	36	30
	Somewhat important	28	27	23	31	30
	Not at all important	4	5	2	5	-
	No response	1	2	1	3	3
Reform Medicare payment to reward performance on quality and efficiency	Absolutely essential/Very important (net)	64	64	65	67	65
	Absolutely essential	24	21	25	32	19
	Very important	40	43	40	35	46
	Somewhat/Not at all important (net)	35	35	34	31	32
	Somewhat important	31	29	28	29	32
	Not at all important	4	6	5	2	-
	No response	1	1	1	2	3

TABLE 1 (continued)
IMPORTANCE OF HEALTHCARE ISSUES FOR CONGRESS

"How important do you think the following health care issues are for Congress to address in the next five years?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Narrow the gap between payments for primary care providers' and specialists' services	Absolutely essential/Very important (net)	54	55	62	56	57
	Absolutely essential	24	22	37	23	16
	Very important	30	33	25	33	41
	Somewhat/Not at all important (net)	45	43	36	41	38
	Somewhat important	35	33	28	33	35
	Not at all important	9	10	7	9	3
	No response	1	1	2	2	5
Reduce racial/ethnic disparities in care	Absolutely essential/Very important (net)	64	67	66	55	65
	Absolutely essential	24	29	31	17	8
	Very important	40	38	36	38	57
	Somewhat/Not at all important (net)	34	30	32	43	32
	Somewhat important	31	28	26	39	32
	Not at all important	3	3	5	3	-
	No response	2	2	2	2	3
Improve Medicaid coverage	Absolutely essential/Very important (net)	60	64	64	46	65
	Absolutely essential	18	22	17	10	19
	Very important	42	42	47	36	46
	Somewhat/Not at all important (net)	38	34	35	51	32
	Somewhat important	34	31	29	43	32
	Not at all important	4	3	5	9	-
	No response	2	2	1	3	3
Reform the system for handling malpractice complaints, judgments, and awards	Absolutely essential/Very important (net)	43	31	65	54	30
	Absolutely essential	17	9	31	22	11
	Very important	26	22	35	32	19
	Somewhat/Not at all important (net)	56	67	34	44	68
	Somewhat important	41	47	29	33	54
	Not at all important	15	20	4	11	14
	No response	1	1	1	2	3
Improve the quality and efficiency of nursing home and long-term care	Absolutely essential/Very important (net)	61	67	64	55	59
	Absolutely essential	16	19	18	10	14
	Very important	46	49	46	46	46
	Somewhat/Not at all important (net)	38	31	35	43	38
	Somewhat important	36	29	35	41	38
	Not at all important	1	2	-	1	-
	No response	1	1	1	2	3

TABLE 1 (continued)
IMPORTANCE OF HEALTH CARE ISSUES FOR CONGRESS

"How important do you think the following health care issues are for Congress to address in the next five years?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Control Medicaid costs	Absolutely essential/Very important (net)	58	51	66	61	57
	Absolutely essential	13	11	13	18	14
	Very important	45	41	54	43	43
	Somewhat/Not at all important (net)	41	46	33	37	41
	Somewhat important	35	38	28	33	38
	Not at all important	6	9	4	4	3
	No response	1	2	1	2	3
Provide incentives for individuals and employers to encourage the purchase of long-term care insurance	Absolutely essential/Very important (net)	27	23	35	23	24
	Absolutely essential	4	5	4	2	5
	Very important	22	18	31	21	19
	Somewhat/Not at all important (net)	72	75	63	74	73
	Somewhat important	49	53	49	47	51
	Not at all important	23	22	14	28	22
	No response	1	1	2	2	3

TABLE 2
ACHIEVABLE/DESIREABLE GOALS FOR POLICY ACTION

"What would you see as both an achievable and desirable goal or target for policy action within the next 10 years?"

Base: 289 Respondents

Median Percentage	Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/Ot her Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
	%	%	%	%	%
Proportion of under-65 population that has no health insurance (Currently: 18%)	5	5	5	9	8
Total cost of health care as a percentage of GDP (Currently: 16%)	16	16	16	16	15
Proportion of households spending more than 10 percent of their household income (5 percent for low-income households) on out-of-pocket health care costs and premiums (Currently: 17%)	10	10	12	12	10
Proportion of recommended care adults receive (Currently: 55%)	75	75	75	75	75
Proportion of recommended care children receive (Currently: 44%)	80	80	80	80	80
Proportion of recommended preventive care adults receive (Currently: 49%)	75	75	75	75	75
Proportion of recommended preventive care children receive (Currently: 43%)	85	85	90	85	85

TABLE 3
EFFECTIVENESS OF PROPOSED APPROACHES IN CONTROLLING RISING
HEALTH CARE COSTS

"Below is a list of approaches that have been proposed to control the rising costs of health care and improve the quality of care. How effective do you think each of these approaches would be?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Reduce inappropriate medical care	Extremely/Very effective (net)	75	72	76	83	73
	Extremely effective	31	28	33	39	32
	Very effective	44	44	43	44	41
	Somewhat/Not at all effective (net)	24	27	24	17	22
	Somewhat effective	22	25	23	17	22
	Not at all effective	1	1	1	-	-
	No response	1	1	-	-	5
Use evidence-based guidelines to determine whether a test or procedure should be done	Extremely/Very effective (net)	70	63	69	79	78
	Extremely effective	26	17	25	36	19
	Very effective	43	46	44	43	59
	Somewhat/Not at all effective (net)	30	37	31	21	19
	Somewhat effective	26	33	26	16	19
	Not at all effective	4	4	4	5	-
	No response	*	-	-	-	3
Increased and more effective use of information technology	Extremely/Very effective (net)	66	62	68	69	54
	Extremely effective	29	30	34	33	22
	Very effective	37	31	35	36	32
	Somewhat/Not at all effective (net)	34	38	32	31	43
	Somewhat effective	31	33	31	30	41
	Not at all effective	3	5	1	1	3
	No response	*	-	-	-	3
Increase the use of disease and care management strategies for the chronically ill	Extremely/Very effective (net)	65	58	73	67	62
	Extremely effective	21	14	33	26	5
	Very effective	45	43	40	41	57
	Somewhat/Not at all effective (net)	34	42	27	33	35
	Somewhat effective	31	38	24	32	30
	Not at all effective	3	4	3	1	5
	No response	*	-	-	-	3
Reward providers who are more efficient and provide higher quality care	Extremely/Very effective (net)	61	57	63	67	65
	Extremely effective	27	21	27	35	16
	Very effective	34	36	36	32	49
	Somewhat/Not at all effective (net)	38	43	36	33	32
	Somewhat effective	34	37	33	31	32
	Not at all effective	4	7	3	2	-
	No response	1	-	1	-	3

TABLE 3 (continued)
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		%	%	%	%	%
Allow Medicare to negotiate drug prices	Extremely/Very effective (net)	57	60	67	49	51
	Extremely effective	28	35	35	19	22
	Very effective	29	25	33	30	30
	Somewhat/Not at all effective (net)	42	38	33	51	46
	Somewhat effective	29	28	26	27	41
	Not at all effective	13	11	6	24	5
	No response	1	1	-	-	3
Reduce administrative costs of insurers and providers	Extremely/Very effective (net)	54	57	73	46	41
	Extremely effective	28	29	48	21	27
	Very effective	25	28	24	24	14
	Somewhat/Not at all effective (net)	46	43	27	54	57
	Somewhat effective	39	36	26	46	51
	Not at all effective	7	7	1	9	5
	No response	*	-	-	-	3
Establish a public/private mechanism to produce and disseminate information of effectiveness and best practices	Extremely/Very effective (net)	54	49	56	59	49
	Extremely effective	18	12	26	26	11
	Very effective	36	38	29	33	38
	Somewhat/Not at all effective (net)	46	50	44	41	49
	Somewhat effective	39	41	39	36	46
	Not at all effective	7	9	5	5	3
	No response	1	1	-	-	3
Have all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods or rates	Extremely/Very effective (net)	51	50	52	51	51
	Extremely effective	21	20	29	19	14
	Very effective	30	30	22	32	38
	Somewhat/Not at all effective (net)	48	50	48	49	46
	Somewhat effective	34	36	36	33	38
	Not at all effective	15	14	13	16	8
	No response	*	-	-	-	3
Consolidate purchasing power by public and private insurers working together to moderate rising costs of care	Extremely/Very effective (net)	50	50	52	48	62
	Extremely effective	15	13	15	20	19
	Very effective	35	37	37	28	43
	Somewhat/Not at all effective (net)	49	50	47	52	35
	Somewhat effective	37	39	37	35	22
	Not at all effective	12	11	11	17	14
No response	1	-	1	-	3	

TABLE 3 (continued)
EFFECTIVENESS OF PROPOSED APPROACHES IN CONTROLLING RISING
HEALTH CARE COSTS

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		%	%	%	%	%
Reduce reimbursement for procedures and increase reimbursement for primary care	Extremely/Very effective (net)	47	51	53	47	51
	Extremely effective	14	17	21	11	8
	Very effective	33	33	32	36	43
	Somewhat/Not at all effective (net)	52	49	47	53	46
	Somewhat effective	41	39	37	40	41
	Not at all effective	11	9	11	13	5
	No response	1	1	-	-	3
Make information on the comparative quality and costs of care of hospitals and physicians available to the public	Extremely/Very effective (net)	45	43	51	55	32
	Extremely effective	12	11	14	18	5
	Very effective	33	32	37	37	27
	Somewhat/Not at all effective (net)	55	57	49	45	65
	Somewhat effective	42	43	37	34	54
	Not at all effective	13	14	13	11	11
No response	*	-	-	-	3	
Encourage small employers to join larger group purchasing pools to buy health insurance for their employees	Extremely/Very effective (net)	41	39	59	40	30
	Extremely effective	12	10	19	13	11
	Very effective	29	29	40	28	19
	Somewhat/Not at all effective (net)	58	61	41	60	68
	Somewhat effective	44	48	34	41	43
	Not at all effective	15	13	7	18	24
No response	*	-	-	-	3	
Create a national agency to set quality standards and practice guidelines	Extremely/Very effective (net)	40	36	45	48	30
	Extremely effective	10	9	8	11	8
	Very effective	30	27	37	37	22
	Somewhat/Not at all effective (net)	59	64	54	52	68
	Somewhat effective	44	46	40	40	54
	Not at all effective	15	18	14	12	14
No response	1	-	1	-	3	
Encourage competition among insurers and providers	Extremely/Very effective (net)	35	33	41	43	32
	Extremely effective	10	9	15	10	8
	Very effective	24	24	26	33	24
	Somewhat/Not at all effective (net)	64	66	59	56	65
	Somewhat effective	39	40	37	36	43
	Not at all effective	25	26	22	20	22
No response	1	1	-	1	3	

TABLE 3 (continued)
EFFECTIVENESS OF PROPOSED APPROACHES IN CONTROLLING RISING HEALTHCARE COSTS

"Below is a list of approaches that have been proposed to control the rising costs of health care and improve the quality of care. How effective do you think each of these approaches would be?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Reduce fraudulent billing	Extremely/Very effective (net)	35	32	41	41	27
	Extremely effective	10	9	15	12	8
	Very effective	24	23	26	30	19
	Somewhat/Not at all effective (net)	65	68	59	59	70
	Somewhat effective	52	52	49	48	51
	Not at all effective	13	16	9	11	19
	No response	*	-	-	-	3
Reform the malpractice system	Extremely/Very effective (net)	30	20	52	37	22
	Extremely effective	12	6	23	16	16
	Very effective	18	14	28	21	5
	Somewhat/Not at all effective (net)	70	80	48	63	76
	Somewhat effective	52	56	43	49	49
	Not at all effective	18	25	5	14	27
	No response	*	-	-	-	3
Legalize the importation of brand name prescription drugs from Canada or other countries	Extremely/Very effective (net)	24	24	36	21	24
	Extremely effective	8	7	12	5	5
	Very effective	16	17	24	16	19
	Somewhat/Not at all effective (net)	75	75	64	78	73
	Somewhat effective	46	46	51	43	46
	Not at all effective	28	29	14	35	27
	No response	1	1	-	1	3
Require consumers to pay a substantially higher share of their health care costs	Extremely/Very effective (net)	16	12	21	18	8
	Extremely effective	2	1	1	3	-
	Very effective	14	11	20	15	8
	Somewhat/Not at all effective (net)	83	88	79	82	89
	Somewhat effective	47	43	53	51	41
	Not at all effective	36	45	26	31	49
	No response	1	1	-	-	3

TABLE 4

EFFECTIVENESS OF REFORMS TO EXPAND COVERAGE FOR UNINSURED

"Below is a list of possible reforms to expand coverage for the uninsured. How effective do you think each of these reforms is?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Mandate that all individuals buy coverage, and provide subsidies and a pooled mechanism for the uninsured to purchase affordable insurance	Extremely/Very effective (net)	57	59	62	57	41
	Extremely effective	20	24	25	16	14
	Very effective	37	36	37	41	27
	Somewhat/Not at all effective (net)	40	38	36	41	57
	Somewhat effective	32	30	26	36	43
	Not at all effective	8	8	9	5	14
	No response	2	3	2	1	3
Provide federal matching funds for Medicaid/SCHIP coverage of adults below 150% of poverty and children below 300% of poverty	Extremely/Very effective (net)	57	61	58	53	51
	Extremely effective	14	18	15	12	5
	Very effective	44	43	43	41	46
	Somewhat/Not at all effective (net)	42	38	41	47	46
	Somewhat effective	38	33	39	40	46
	Not at all effective	4	4	2	6	-
	No response	1	1	1	-	3
Establish a single-payer insurance system run by the federal government	Extremely/Very effective (net)	54	66	52	37	54
	Extremely effective	32	40	27	23	27
	Very effective	22	26	24	14	27
	Somewhat/Not at all effective (net)	45	32	47	63	43
	Somewhat effective	16	14	22	15	14
	Not at all effective	29	17	25	48	30
	No response	1	2	1	-	3
Cover everyone under Medicare	Extremely/Very effective (net)	53	63	49	35	54
	Extremely effective	30	40	21	20	30
	Very effective	22	23	28	15	24
	Somewhat/Not at all effective (net)	45	33	48	65	43
	Somewhat effective	18	18	25	18	19
	Not at all effective	27	14	23	47	24
No response	2	4	2	-	3	

TABLE 4 (continued)

EFFECTIVENESS OF REFORMS TO EXPAND COVERAGE FOR UNINSURED

"Below is a list of possible reforms to expand coverage for the uninsured. How effective do you think each of these reforms is?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Require employers who don't provide coverage to contribute to a fund that would pay for such coverage	Extremely/Very effective (net)	50	48	54	46	62
	Extremely effective	12	12	17	9	11
	Very effective	38	36	37	37	51
	Somewhat/Not at all effective (net)	49	51	45	54	35
	Somewhat effective	38	41	38	37	30
	Not at all effective	10	10	7	17	5
	No response	1	1	1	-	3
Allow individuals and small businesses to buy into the Federal Employees Health Benefits program or a similar federal group option	Extremely/Very effective (net)	50	54	55	44	51
	Extremely effective	13	14	17	11	3
	Very effective	37	39	38	33	49
	Somewhat/Not at all effective (net)	48	43	44	56	46
	Somewhat effective	38	36	38	41	35
	Not at all effective	10	8	6	15	11
	No response	2	3	1	-	3
Open up Medicare to everyone not covered by an employer plan	Extremely/Very effective (net)	47	56	44	31	54
	Extremely effective	16	17	14	13	16
	Very effective	31	38	31	18	38
	Somewhat/Not at all effective (net)	51	42	55	68	43
	Somewhat effective	35	32	37	44	30
	Not at all effective	17	10	18	24	14
	No response	2	2	1	1	3
Let near-elderly adults buy into Medicare	Extremely/Very effective (net)	46	46	43	38	51
	Extremely effective	14	13	14	12	11
	Very effective	32	33	29	27	41
	Somewhat/Not at all effective (net)	53	51	55	61	46
	Somewhat effective	43	43	41	49	43
	Not at all effective	10	9	14	12	3
	No response	1	2	2	1	3

TABLE 4 (continued)

EFFECTIVENESS OF REFORMS TO EXPAND COVERAGE FOR UNINSURED

"Below is a list of possible reforms to expand coverage for the uninsured. How effective do you think each of these reforms is?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Provide incentives or requirements to expand employer-based health insurance	Extremely/Very effective (net)	43	33	51	45	46
	Extremely effective	7	5	11	6	5
	Very effective	36	28	40	38	41
	Somewhat/Not at all effective (net)	55	65	48	55	51
	Somewhat effective	46	54	41	48	43
	Not at all effective	9	12	7	7	8
	No response	1	2	1	-	3
Establish an insurance system paid for by the federal government but provided through multiple private insurers	Extremely/Very effective (net)	41	47	41	27	35
	Extremely effective	14	17	13	10	8
	Very effective	27	30	28	17	27
	Somewhat/Not at all effective (net)	57	50	57	71	62
	Somewhat effective	36	36	34	44	43
	Not at all effective	21	14	23	28	19
	No response	2	3	2	2	3
Eliminate the two-year waiting period for the disabled to qualify for Medicare benefits	Extremely/Very effective (net)	40	43	40	35	49
	Extremely effective	11	14	11	7	8
	Very effective	29	30	29	28	41
	Somewhat/Not at all effective (net)	59	55	59	65	49
	Somewhat effective	49	46	52	52	41
	Not at all effective	10	9	7	13	8
	No response	1	1	1	-	1
Provide reinsurance for small business insurance plans	Extremely/Very effective (net)	36	28	47	43	38
	Extremely effective	4	4	7	4	3
	Very effective	31	24	40	38	35
	Somewhat/Not at all effective (net)	62	69	52	56	59
	Somewhat effective	52	60	46	44	51
	Not at all effective	10	9	5	13	8
	No response	2	4	1	1	3

TABLE 4 (continued)

EFFECTIVENESS OF REFORMS TO EXPAND COVERAGE FOR UNINSURED

"Below is a list of possible reforms to expand coverage for the uninsured. How effective do you think each of these reforms is?"

Base: 289 Respondents

		Total (n=289)	Academic/ Research Inst. (n=138)	Health Care Delivery (n=95)	Business/ Insurance/ Other Health care Industry (n=94)	Government/ Labor/ Consumer Advocacy (n=37)
		%	%	%	%	%
Provide tax credits or other subsidies to low-wage workers to buy coverage	Extremely/Very effective (net)	25	20	25	28	22
	Extremely effective	5	6	5	5	-
	Very effective	20	14	20	22	22
	Somewhat/Not at all effective (net)	74	78	73	71	76
	Somewhat effective	52	52	58	50	57
	Not at all effective	22	25	15	21	19
	No response	1	2	2	1	3
Promote tax-free health savings accounts	Extremely/Very effective (net)	14	8	19	22	14
	Extremely effective	5	3	8	5	5
	Very effective	9	5	11	17	8
	Somewhat/Not at all effective (net)	85	91	80	78	84
	Somewhat effective	39	33	54	41	27
	Not at all effective	46	57	26	36	57
	No response	1	1	1	-	3
Permit association health plans to provide coverage without state licensing restrictions	Extremely/Very effective (net)	13	8	15	19	8
	Extremely effective	2	1	2	2	-
	Very effective	11	7	13	17	8
	Somewhat/Not at all effective (net)	84	88	82	79	89
	Somewhat effective	39	40	51	37	49
	Not at all effective	45	49	32	41	41
	No response	3	4	3	2	3

TABLE 5
TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Base: 289 Respondents

	%
Teacher, Researcher, Professor	30
CEO/President	27
Policy Analyst	25
Administration/Management	25
Physician	18
Consultant	11
Health care purchaser	10
Consumer advocate	9
Department head/Dean	7
Foundation officer	6
Other	4
Retired	4
Other health care provider (not physician)	3
Lobbyist	3
Policymaker or policy staff (federal)	2
Policymaker or policy staff (state)	1
Regulator	*
Investment analyst	-

**TABLE 6
PLACE OF EMPLOYMENT**

"Which of the following best describes the type of place or institution for which you work?"

Base: 289 Respondents

	%
Academic and Research Institutions	48
Medical, public health, nursing, or other health professional school	24
Think tank/Health care institute/Policy research institution	12
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	7
Medical publisher	1
Business/Insurance/Other Health Industry	33
Health insurance and business association or organization	6
Pharmaceutical/Medical device trade association organization	-
Financial services industry	-
Health insurance/Managed care industry	8
Drug manufacturer	3
Device company	-
Biotech company	1
CEO, CFO, Benefits Manager	5
Polling organization	*
Health care consulting firm	6
Health care improvement organization	8
Accrediting body and organization (non-governmental)	1
Health Care Delivery	33
Medical society or professional association or organization	8
Hospital	13
Physician practice/Other clinical practice (patient care)	7
Hospital or related professional association or organization	5
Clinic	4
Nursing home/Long-term care facility	2
Allied health society or professional association or organization	2

Government/ Labor/ Consumer Advocacy	13
Labor/Consumers/Seniors' advocacy group	4
Staff for a federal elected official or federal legislative committee	-
Non-elected federal executive branch official	1
Staff for non-elected federal executive branch official	1
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	1
Staff for non-elected state executive branch official	1
Other	4

Appendix A

Methodology

This survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 289 opinion leaders in health policy and innovators in health care delivery and finance within the United States between November 14, 2006, and December 8, 2006. No weighting was applied to these results.

The original sample for this survey was developed using a two-step process. Initially, The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different sectors and professions who have a range of perspectives, based on their affiliations and involvement in various organizations and institutions. Harris Interactive then conducted an online survey with these experts, asking them to nominate others within and outside their own fields whom they consider to be leaders and innovators in health care. Based on the result of the survey and after careful review by Harris Interactive, The Commonwealth Fund, and a selected group of health care experts, the sample for this poll was created. This sample included 1,246 people. In 2006, The Commonwealth Fund and Harris Interactive joined forces with *Modern Healthcare* to add new members to the panel. The Fund and Harris were able to gain access to *Modern Healthcare's* database of readers. The Fund, Harris, and *Modern Healthcare* identified the readers in the database considered health care opinion leaders and invited them to participate in the survey. The final list included 1,467 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Data collection took place between November 14, 2006, and December 8, 2006. A total of four reminder e-mails was sent to anyone who had not responded. A total of 289 respondents completed the survey.

With a pure probability sample of 289 adults, one could say with a 95 percent probability that the overall results have a sampling error of +/- 5.8 percentage points. However, that does not take other sources of error into account. This online survey is not based on a probability sample and therefore no theoretical sampling error can be calculated.

About Harris Interactive

Harris Interactive is the 13th largest and fastest-growing market research firm in the world. The company provides research-driven insights and strategic advice to help its clients make more confident decisions, which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*, one of the longest-running, independent opinion polls, and for pioneering online market research methods. The company has built what could conceivably be the world's largest panel of survey respondents, the Harris Poll Online. Harris Interactive serves clients worldwide through its offices in the United States, Europe, and Asia; its wholly-owned subsidiary Novatris in France; and through a global network of independent market research firms. The service bureau HISB provides its market research industry clients with mixed-mode data collection and panel development services as well as syndicated and tracking research consultation. More information about Harris Interactive may be obtained at www.harrisinteractive.com.

To become a member of the Harris Poll Online, visit www.harrispollonline.com.