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# Data Brief

COMMISSION ON A HIGH PERFORMANCE HEALTH SYSTEM

## Health Care Opinion Leaders' Views on Priorities for the New Congress

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**ABSTRACT:** The ninth Commonwealth Fund Health Care Opinion Leaders Survey highlighted the perspectives of a diverse group of experts on what the health care priorities for the 110th Congress should be. The survey found that covering the uninsured is at the top of the list, with 88 percent of respondents saying that covering the uninsured is “absolutely essential” or “very important.” Other top priorities include controlling rising health care costs, reforming Medicare to ensure long-term solvency, and increasing the use of information technology to improve the quality and safety of patient care. Opinion leaders’ responses closely align with the principles laid out by the Fund’s Commission on a High Performance Health System, creating a compelling case for change.

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### Background

Covering the uninsured should be a top health care priority for the new Congress, according to respondents to the latest Commonwealth Fund Health Care Opinion Leaders Survey. Other top priorities include controlling rising health care costs, reforming Medicare to ensure long-term solvency, and increasing the use of information technology to improve the quality and safety of patient care. These responses confirm the principles laid out by The Commonwealth Fund Commission on a High Performance Health System, which is seeking to promote greater access, quality, and efficiency across U.S. health care.<sup>1</sup>

Since 2004, the Health Care Opinion Leaders Survey has highlighted the perspectives of leading experts on the key health policy issues facing the nation. For the new survey, Harris Interactive solicited the perspectives of 289 leaders from four broad sectors—academia and research; health care delivery; business, insurance, and other health industries; and government, labor, and advocacy groups—regarding what the health care priorities for

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the new U.S. Congress should be. They were asked about the issues Congress should address in the next five years, achievable and desirable goals for policy action, and the effectiveness of different proposals for controlling health care costs and covering uninsured Americans. The new survey is the first in the series to be conducted in partnership with the magazine *Modern Healthcare*.

**Consensus: Congress Should Expand Coverage for the Uninsured**

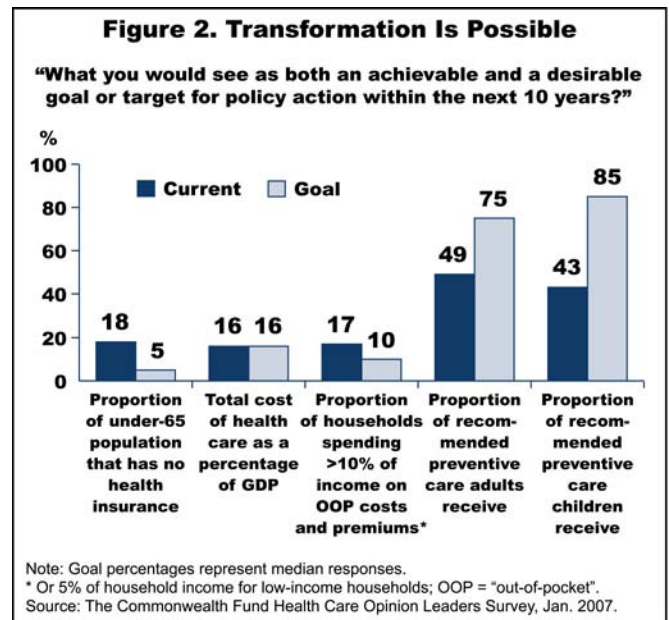
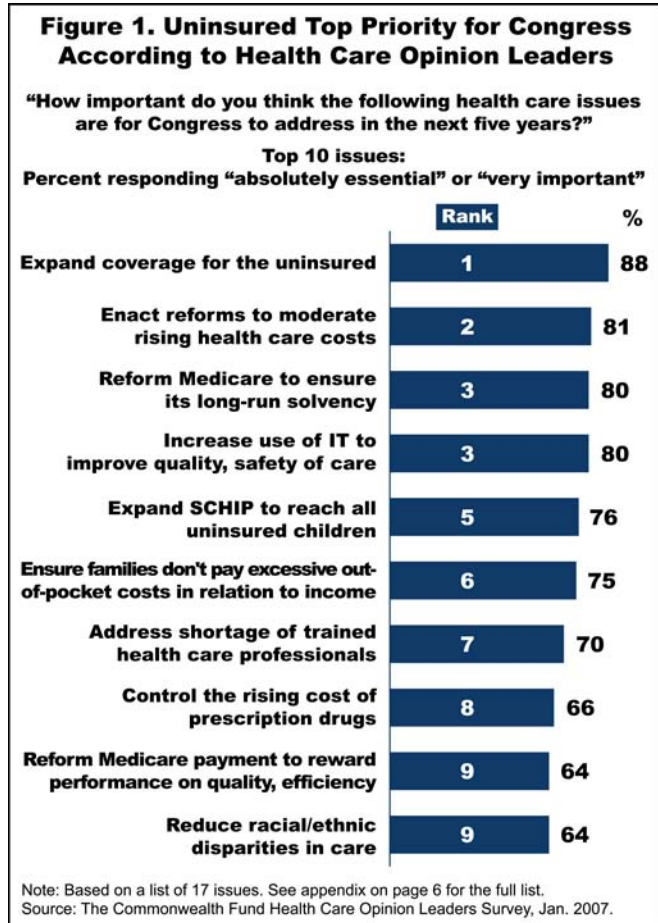
Survey respondents were asked to indicate how important it is for Congress to address 17 different issues in the next five years.<sup>2</sup> According to 88 percent of respondents, covering the uninsured is “absolutely essential” or “very important” (Figure 1). There is near-consensus among all sectors, with between 80 percent and 90 percent saying this particular issue is a top priority for Congress. Other important priorities include: controlling rising

health care costs (81%), reforming Medicare to ensure the program’s long-term solvency (80%), and increasing the use of information technology to improve the quality and safety of patient care (80%).

**Reducing Uninsured Rates, Cost Burdens, and Improving Care Are Attainable Goals**

Opinion leaders were also asked to select from a list of seven achievable and desirable goals or targets for policy action within the next 10 years. On average, the respondents said that reducing the proportion of uninsured from 18 percent to 5 percent and holding health spending to 16 percent of gross domestic product (GDP) are both achievable and desirable goals (Figure 2). These are ambitious goals, and they would require adoption of significant steps to reverse recent trends. Since 2000, the number of uninsured people has increased from 40 million to 47 million and family premiums under employer coverage have increased by 81 percent.<sup>3</sup> Health spending as a percent of GDP has risen from 13.8 percent in 2000 to 16 percent in 2004.<sup>4</sup>

Respondents, on average, also said the proportion of households spending more than 10 percent of income (or 5 percent for those with low incomes) on health care costs could and should be reduced from the current 17 percent to 10 percent,

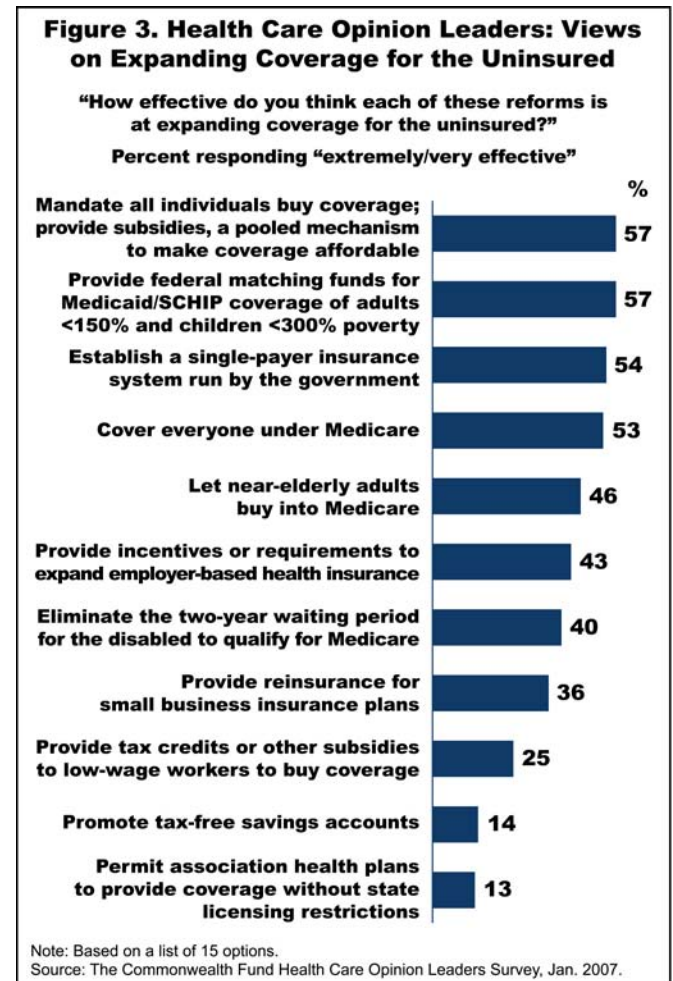


and that the proportion of people receiving recommended preventive care could and should be increased from 49 percent to 75 percent for adults and from 43 percent to 85 percent for children.

### Leaders Find Various Approaches to Covering the Uninsured Effective

Opinion leaders agree on the importance of expanding health coverage for the uninsured and, in large part, on effective approaches for doing so. Presented with a list of 15 reforms, majorities of respondents said that extremely/very effective strategies include: mandating that all individuals buy coverage, combined with subsidies and a pooling mechanism (57%); providing states with matching funds for expanded Medicaid/State Children's Health Insurance Program (SCHIP) coverage for poor children and adults (57%); creating a single-payer insurance system (54%); or covering everyone under Medicare (53%) (Figure 3). Experts were less confident that providing tax credits or subsidies to low-wage workers (25%) would be an effective strategy. Promoting tax-free savings accounts (14%) and allowing association health plans run by business and professional groups to provide coverage without state licensing restrictions (13%) were least often rated as extremely/very effective strategies to expand coverage.

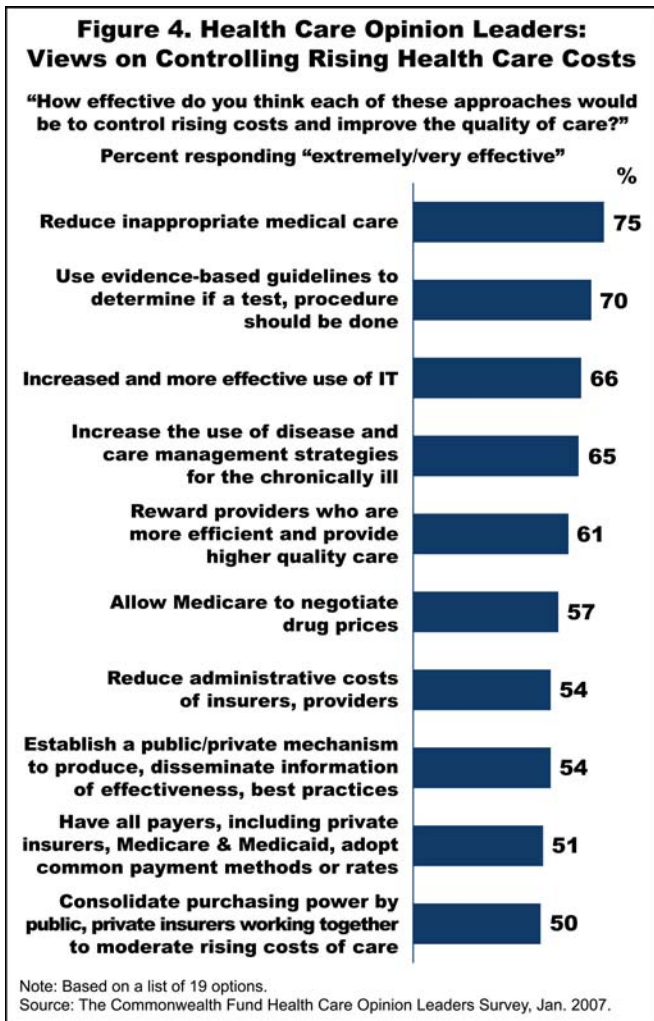
There was some variation across groups regarding which reforms would be extremely/very effective strategies to expand coverage for the uninsured. Among respondents from academia and research organizations, the largest share—66 percent—believe that a single-payer insurance system would be an extremely/very effective strategy. Sixty-two percent of respondents from the health care delivery sector and 57 percent of business, insurance, and other industry leaders said an individual mandate to buy coverage would be an extremely/very effective reform. In contrast, 62 percent of respondents from government, labor, and consumer advocacy organizations—the largest share of this group—believe that requiring employers that currently do not provide



coverage to contribute to a fund to pay for coverage is an extremely/very effective strategy to cover the uninsured. Table 1 ranks the reforms by the percentage of respondents in each group who indicated the reform would be extremely/very effective.

### Reducing Inappropriate Care, Increasing Use of Evidence-Based Guidelines and IT Could Help Control Costs

When asked to identify effective approaches (based on a list of 19 approaches) for controlling the rising costs and improving the quality of health care, three of four experts said reducing inappropriate care would be extremely/very effective (Figure 4). The greatest support for this strategy comes from business/insurance/other health industry leaders (83%). Other approaches health care leaders think would be effective in reducing costs are the 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%), and increased use of disease and care management strategies for the chronically ill (65%). Requiring consumers to pay a substantially higher share of their health care costs was thought to be extremely/very effective by the smallest share of respondents (16%).

### Building Momentum for a High-Performance System

With ever-increasing numbers of uninsured Americans, rapidly rising health care costs, and concerns about the quality of care, more and more Americans see a health system in crisis. In confronting these problems, The Commonwealth Fund

Commission on a High Performance Health System has developed a set of keys to higher performance, based on the following principles:

- Extend health insurance to all.
- Pursue excellence in the provision of safe, effective, and efficient care.
- Organize the care system to ensure coordinated and accessible care for all.
- Increase transparency and reward quality and efficiency.
- Expand the use of information technology and exchange.
- Develop the workforce to foster patient-centered and primary care.
- Encourage leadership and collaboration among public and private stakeholders.

Health care opinion leaders’ responses to this survey closely align with those of the Commission with respect to the critical issues facing our health system. This is not surprising: each of the 19 members of the Commission was selected based on his or her standing as an expert in the health care field. According to a Commonwealth Fund survey released last year, the opinion leaders’ views on health insurance, health care costs, and quality of care are also in close agreement with those of the general public.<sup>5</sup>

When a large and highly diverse group of health care experts name the same few critical issues as priorities for Congress—and those priorities also align with public opinion—the result is a compelling case for action. Clearly, the nation cannot afford to continue on a course in which affordable, high-quality health care is increasingly beyond the reach of even middle-class families. All Americans deserve a high-performing health care system that yields true value for the significant resources it commands.

## NOTES

- <sup>1</sup> The Commonwealth Fund Commission on a High Performance Health System, *Framework for a High Performance Health System for the United States* (New York: The Commonwealth Fund, Aug. 2006).
- <sup>2</sup> For more details, see Harris Interactive, *The Commonwealth Fund Health Care Opinion Leaders Survey: Congressional Priorities* (New York: The Commonwealth Fund, Jan. 2007).
- <sup>3</sup> C. Schoen, K. Davis, S. K. H. How, and S. C. Schoenbaum, "U.S. Health System Performance: A National Scorecard," *Health Affairs* Web Exclusive (Sept. 20, 2006):w457–w475; K. Davis, C. Schoen,

S. Guterman, T. Shih, S. C. Schoenbaum, and I. Weinbaum, "Slowing the Growth of U.S. Health Care Expenditures: What Are the Options?" (New York: The Commonwealth Fund, forthcoming).

- <sup>4</sup> C. Smith, C. Cowan, S. Heffler, A. Catlin, and the National Health Accounts Team, "National Health Spending in 2004: Recent Slowdown Led by Prescription Drug Spending," *Health Affairs* Jan./Feb. 2006 25(1):186–96.
- <sup>5</sup> C. Schoen, S. K. H. How, I. Weinbaum, J. E. Craig, Jr., and K. Davis, *Public Views on Shaping the Future of the U.S. Health System* (New York: The Commonwealth Fund, Aug. 2006).

**Table 1. Effectiveness of Reforms to Expand Coverage for the Uninsured According to Sector—Top Five Ranking Summary**

	Academia/ Research	Health Care Delivery	Business/ Insurance/ Other Industry	Government/ Labor Consumer Advocacy
Mandate that all individuals buy coverage, with subsidies and pooled insurance to increase affordability	4 (59%)	1 (62%)	1 (57%)	
Provide federal matching funds for Medicaid/SCHIP coverage for low-income adults	3 (61%)	2 (58%)	2 (53%)	5* (51%)
Establish a single-payer insurance system run by the government	1 (66%)	5 (52%)		2* (54%)
Cover everyone under Medicare	2 (63%)			2* (54%)
Require employers who don't provide coverage to contribute to a fund to pay for such coverage		4 (54%)	3 (46%)	1 (62%)
Allow buy-in to the Federal Employees Health Benefits Program or similar federal group option		3 (55%)	5 (44%)	5* (51%)
Open up Medicare to everyone not covered by an employer plan	5 (56%)			2* (54%)
Provide incentives or requirements to expand employer-based health insurance			4 (45%)	
Let near-elderly adults buy into Medicare				5* (51%)

\* When percentages were equal, options were assigned the same rank.

Rank based on proportion of respondents indicating reform would be "extremely effective" or "very effective"; statistical significance of differences cannot be precisely determined.

Source: The Commonwealth Fund Health Care Opinion Leaders Survey, Jan. 2007.

**Appendix. Importance of Health Care Issues for Congress  
According to Health Care Opinion Leaders**

**“How important do you think the following health care  
issues are for Congress to address in the next five years?”  
Percent responding “absolutely essential” or “very important”**

<b>Rank</b>	<b>Percent</b>	<b>Health Care Issue</b>
1	88%	Expand coverage for the uninsured
2	81%	Enact reforms to moderate the rising costs of health care for the nation
3*	80%	Reform Medicare to ensure its long-run solvency
3*	80%	Increase the use of information technology to improve the quality and safety of care
5	76%	Expand the State Children’s Health Insurance Program (SCHIP) to reach all uninsured children
6	75%	Ensure that families are not exposed to excessive out-of-pocket costs in relation to income
7	70%	Address the shortage of trained health professionals (e.g., primary care physicians and nurses)
8	66%	Control the rising cost of prescription drugs
9*	64%	Reform Medicare payment to reward performance on quality and efficiency
9*	64%	Reduce racial/ethnic disparities in care
11	61%	Improve the quality and efficiency of nursing home and long-term care
12*	60%	Simplify and standardize the health insurance process to reduce administrative costs
12*	60%	Improve Medicaid coverage
14	58%	Control Medicaid costs
15	54%	Narrow the gap between payments for primary care providers’ and specialists’ services
16	43%	Reform the system for handling malpractice complaints, judgments, and awards
17	27%	Provide incentives for individuals and employers to encourage the purchase of long-term care insurance

Base: 289 respondents.

\* When percentages were equal, options were assigned the same rank.

Rank based on proportion of respondents indicating reform would be “absolutely essential” or “very important”; statistical significance of differences cannot be precisely determined.

Source: The Commonwealth Fund Health Care Opinion Leaders Survey, Jan. 2007.

## ABOUT THE AUTHORS

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**Karen Davis, Ph.D.**, president of The Commonwealth Fund, is a nationally recognized economist with a distinguished career in public policy and research. In recognition of her work, she received the 2006 AcademyHealth Distinguished Investigator Award. Before joining the Fund, she served as chairman of the Department of Health Policy and Management at The Johns Hopkins Bloomberg School of Public Health, where she also held an appointment as professor of economics. She served as deputy assistant secretary for health policy in the Department of Health and Human Services from 1977 to 1980 and was the first woman to head a U.S. Public Health Service agency. A native of Oklahoma, she received her doctoral degree in economics from Rice University, which recognized her achievements with a Distinguished Alumna Award in 1991. Ms. Davis has published a number of significant books, monographs, and articles on health and social policy issues, including the landmark books *Health Care Cost Containment; Medicare Policy; National Health Insurance: Benefits, Costs, and Consequences;* and *Health and the War on Poverty*.

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**Barry Scholl, M.S.J.**, has been vice president for communications and publishing for The Commonwealth Fund since August 2006. In this position, he is responsible for promoting the Fund's programs, products, and policy ideas, and is actively involved in shaping messages emanating from the work of the Commission on a High Performance Health System and other Fund programs. Prior to joining the Fund, Mr. Scholl was vice president for communications and marketing at the National Committee for Quality Assurance (NCQA), one of the nation's leading health care quality organizations. Earlier, he worked as a journalist and editor for several organizations. Mr. Scholl holds a B.A. in English from SUNY Binghamton and an M.S.J. from the Medill School of Journalism at Northwestern University.

## METHODOLOGY

The Commonwealth Fund Health Care Opinion Leaders Survey was conducted online by Harris Interactive between November 14 and December 8, 2006. The survey was delivered via e-mail to a panel of 1,246 opinion leaders in health policy and innovators in health care delivery and finance; 289 responded. The sample was developed by The Commonwealth Fund, *Modern Healthcare*, and Harris Interactive. Typically, samples of this size are associated with a sampling error of  $\pm 5.8\%$ .

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