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**Job 27901\_C**

**May 21, 2007**

**J:\US\NYC\27xxx\279xx\27901 CMWF Leaders Year  
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**The Commonwealth Fund Panel of Expert May 2007 (The Commonwealth Fund)**

**TITLE FOR INITIAL SURVEY PAGE: The Commonwealth Fund Health Care Opinion Leaders Survey**

**Field Period: June 2007**

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**SUBJECTS FOR QUESTIONNAIRE**

400: Preloaded variables  
500: Introduction  
600: Improving Health Care Quality and Safety in the United States  
700: Health Information Technology  
800: Pay-for-Performance  
900: Integrated Delivery Systems  
1100: Medical Home  
1000: Demographics

**Proprietary Questions Not To Be Released:** ALL

**Harris Interactive-approved Results Items:** N/A

**Use of Instant Results System:** NO

**Harris Interactive-approved Soft Exit Items:** N/A

**Survey Progress Bars:** Dynamic

**Number of Response Equivalentents (REs):** 20

**Estimated Survey Duration:** 8 minutes

**Survey Template:** HI CORPORATE

**TTT Code (Q23):** 359999

**Survey Description:** Survey on opinion leaders in the health care field

**Demographics Template:** CUSTOM

[PROGRAMMER NOTE: PLEASE ENSURE THAT ALL MISSING DATA IS REPRESENTED IN SPSS DATA SET AS OUT OF RANGE NEGATIVE NUMBERS. ALL QUESTIONS IN THE SURVEY ARE NON-MANDATORY.]

**SECTION 400: PRE-LOADED VARIABLE**

**BASE: ALL RESPONDENTS**

**Q400** (QV8) Fund List

- 1 Academic and Research Institution
- 2 Government
- 3 Health Care Delivery
- 4 Other Industry/Business Setting
- 5 Pharmaceutical Industry
- 6 Professional Trade, Consumer Organization
- 99 MISSING

**BASE: Preloaded all respondents**

Q403 (QV9) email address

**BASE: preloaded all respondents**

Q404 (QV10) Full Name

**BASE: All RESPONDENTS**

Q405 (QV11) Sample ID

**BASE: ALL RESPONDENTS**

**Q75** (QV7) 998 **General Client Sample**

**BASE: ALL RESPONDENTS**

**Q99** SCREENER QUALIFICATION IDENTIFICATION QUESTION (DOES NOT APPEAR ON SCREEN)

- 1 SCREENER QUALIFIED RESPONDENTS, (all are eligible who have answered at least 1 question and have gone through entire survey) QUOTA OPEN
- 6 NOT SCREENER QUALIFIED (other)

**SECTION 500 INTRODUCTION**

**BASE: ALL RESPONDENTS**

**Q505** <center><font size=-1><l>The progress bar below indicates approximately<BR>what portion of the survey you have completed.</l></font></center>

Thank you for participating in the Commonwealth Fund Health Care Opinion Leaders Survey. We would like to ask for your input on the current quality and safety of health care in the United States. Your responses will be reported in the aggregate only and will never be linked to you personally.

**SECTION 600: IMPROVING HEALTH CARE QUALITY AND SAFETY IN THE UNITED STATES**

**BASE: ALL RESPONDENTS**

**Q600 As presidential candidates and Congress are working on health care reform, which of the following should be their primary focus? *Select one answer.***

	<b>Total (N=214)</b>
Focus first on achieving health insurance for all	33
Focus first on improving quality and safety	2
Focus first on improving efficiency and value for money	13
Work simultaneously on all three fronts (ANCHOR)	50
Focus on something else [Specify] (ANCHOR)	2
Not sure (ANCHOR)	*

**BASE: RESPONDENTS WHO SAID FOCUS ON SOMETHING ELSE (Q600/5)**

**Q605 What should they focus on?**

[TEXT BOX]

**BASE: ALL RESPONDENTS**

**Q610 If you have any other additional comments to your response please express them here.**

[LARGE TEXT BOX – CAN HOLD UP TO 1,000 CHARACTERS]

**BASE: ALL RESPONDENTS**

**Q615 Who should be primarily responsible for improving the quality and safety of care delivered in the United States? *Select two from the following list of groups.***

[PN: ALLOW TO SELECT ONLY 2 RESPONSES.]

	<b>Total (N=214)</b>
The provider community (e.g., physicians, nurses, hospitals, nursing homes); specialty boards or societies	68
Government (federal and state) agencies	47
Managed care plans/insurance companies	11
Employers	3
Independent organizations such as the Joint Commission, the National Committee for Quality Assurance, the Institute for Healthcare Improvement	45
Other [Specify] (ANCHOR)	1
No one (ANCHOR) (E)	-
Don't know (ANCHOR)(E)	-

**BASE: RESPONDENTS WHO SAID OTHER (Q615/6)**

**Q620 You said that someone else should be primarily responsible for improving the quality and safety of care delivered in the United States. Who should it be?**

[TEXT BOX]

**BASE: ALL RESPONDENTS**

**Q625 Below is a list of key strategies that have been proposed for improving quality and safety of care. How effective do you think these strategies are?**

**BASE: 214 RESPONDENTS**

	Very effective	Effective	Somewhat effective	Not effective	Not sure
Accelerating the adoption of health information technology	36	30	28	2	2
Public reporting of provider performance on quality measures	30	29	35	5	1
Financial incentives for improved quality of care (e.g., pay-for-performance)	15	36	38	8	2
Stronger regulatory oversight of providers	17	33	38	8	2
National voluntary quality campaigns, such as the recent Institute for Healthcare	8	31	45	12	3

**BASE: ALL RESPONDENTS**

**Q630 There are currently many different government and private sector quality-of-care entities working independently from each other on various quality measurement and quality improvement activities. Do you support the creation of a new public-private entity that would coordinate all of these efforts and set a national quality agenda?**

	<b>Total (N=214)</b>
Do not support	16
Somewhat support	22
Support	27
Strongly support	29
Not sure	5

**BASE: ALL RESPONDENTS**

**Q635 Congress in 2005 passed the Patient Safety and Quality Improvement Act, which calls for a system of voluntary and confidential reporting of patient safety events (events that adversely affect patients). These events would be reported to Patient Safety Organizations (PSOs), who would analyze the data, and help providers implement measures to improve patient safety. Please rate your level of agreement with the following statements.**

**BASE: 214 RESPONDENTS**

	Strongly agree	Agree	Somewhat agree	Disagree	Not sure
The Patient Safety and Quality Improvement Act is sufficient to improve patient safety.	*	7	21	62	10
Working with Patient Safety Organizations should not be voluntary i.e. all providers should be required to work with the Patient Safety Organizations.	40	35	13	8	2
Information about a physician's or hospital's patient safety events should not be	28	32	19	16	4

<b>SECTION 700: HEALTH INFORMATION TECHNOLOGY</b>
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[PN: BANK Q700 AND Q701 ON THE SAME PAGE]

**BASE: ALL RESPONDENTS**

Q700 It is generally believed that the use of health information technology (HIT), such as electronic medical records, is related to improved quality and efficiency of care, yet only about 1 in 4 physician practices currently utilize electronic medical records. At the current rate of adoption, it will take at least 10-15 years for 90% of providers to use EMRs.

**BASE: ALL RESPONDENTS**

Q701 What type of assistance, if any, should be given to providers to help finance health information technology? *Select all that apply.*

	<u>Total</u> (N=214)
Grants	42
Subsidized loans	55
HIT specific pay-for-performance programs (e.g., bonuses or higher payment rates for providers who utilize HIT)	59
Pay-for-performance programs that are not HIT-specific, but reward performance that is easier to achieve with HIT (e.g., the use of disease registries)	48
None – providers should bear the costs themselves (ANCHOR)	9

**BASE: ALL RESPONDENTS**

Q705 Who should play a leading role helping providers to finance health information technology? *Select all that apply.*

	<u>Total</u> (N=214)
Federal government	70
State government	36
Health plans/Insurers	58
Employers/Other	26
No one - providers should bear most of the costs themselves (ANCHOR)	18

**BASE: ALL RESPONDENTS**

Q710 Should Medicare require the use of electronic medical records for all providers participating in Medicare? *Select one answer.*

	<u>Total</u> (N=214)
Yes, in 10 years	20
Yes, in 5 years	70
No	7
Not sure	3

**BASE: ALL RESPONDENTS**

**Q715 In order for health information technology to be maximally useful, health information must be exchanged across providers and provider settings. Many health information exchange networks (HIENs) are emerging. What financial role should the government (federal or state) play in fostering the development of HIENs? *Select one answer.***

	<b><u>Total</u></b> <b>(N=214)</b>
The government should help finance the development, but not the ongoing operations of HIENs	36
The government should help finance the ongoing operations, but not the development of HIENs	2
The government should help finance both the development and ongoing operations of HIENs	42
The government should not help finance HIENs at all	7
Not sure (ANCHOR)	13

**BASE: ALL RESPONDENTS**

**Q720 What financial role should private insurers/payers play in fostering the development of HIENs? *Select one answer.***

	<b><u>Total</u></b> <b>(N=214)</b>
Private insurers/payers should help finance the development, but not the ongoing operations of HIENs	14
Private insurers/payers should help finance the ongoing operations but not the development HIENs	11
Private insurers/payers should help finance both the development and ongoing operations of HIENs	52
Private insurers/payers should not help finance HIENs at all	8
Not sure (ANCHOR)	14

<b>SECTION 800: PAY-FOR-PERFORMANCE</b>
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[PN: BANK Q800 AND Q801 ON THE SAME PAGE]

**BASE: ALL RESPONDENTS**

Q800 Over the past 5 years, there has been a rapid growth of pay-for-performance (P4P) programs by both public and private payers. Almost all of these programs are characterized by offering physicians, hospitals, or other providers a bonus payment on top of fee-for-service payment for performance on quality measures.

**BASE: ALL RESPONDENTS**

Q801 Do you support the expansion of pay-for-performance programs, including by Medicare? *Select one answer.*

	<b>Total (N=214)</b>
Do not support	13
Somewhat support	36
Support	21
Strongly support	24
Not sure	6

**BASE: ALL RESPONDENTS**

Q805 Some have argued that aside from the current pay-for-performance programs, more fundamental payment reform is critical (e.g., payment based on longitudinal episodes of care or capitation) to achieve needed gains in quality and efficiency. Which of the following statements best reflects your beliefs on this issue? *Select one answer.*

	<b>Total (N=214)</b>
Fundamental payment reform is needed, and current pay-for-performance programs are an important transitional step	47
Fundamental payment reform is needed, and current pay-for-performance programs neither hinder nor help a transition to such reform	23
Fundamental payment reform is needed, and current pay-for-performance programs are an unnecessary distraction to reform efforts	25
Fundamental payment reform is not needed	1
Not sure (ANCHOR)	3

**SECTION 900: INTEGRATED DELIVERY SYSTEMS**

[PN: BANK Q900 AND Q905 ON THE SAME PAGE]

**BASE: ALL RESPONDENTS**

**Q900** In the next section, we would like to ask your opinions about integrated delivery systems (e.g., Kaiser Permanente, Intermountain Health System) and large multi-specialty group practices (e.g., Mayo Clinic).

**BASE: ALL RESPONDENTS**

**Q905** Do you support fostering the integration of currently unrelated providers (ie: promoting the formation of integrated delivery systems or “virtual integration” by information technology or new payment systems)?

	<b>Total (N=214)</b>
Do not support	6
Somewhat support	18
Support	24
Strongly support	49
Not sure	3

**BASE: ALL RESPONDENTS**

**Q910** There are several potential barriers to the growth of integrated delivery systems. Please rate how much of a barrier each of these are.

**BASE: 214 RESPONDENTS**

	Not a barrier	Minor barrier	Major barrier	Not sure
Culture of physician autonomy	*	19	79	1
Current laws and regulations	7	36	35	20
Lack of financial incentives for integration	5	19	69	7
Consumer resistance	35	44	14	6



**SECTION 1100: MEDICAL HOME**

[PN: BANK Q1100 AND Q1105 ON THE SAME PAGE]

**BASE: ALL RESPONDENTS**

**Q1100** Medical Homes are primary care practices staffed by multidisciplinary teams that are designed to offer accessible, continuous, and coordinated care. They are patient-centered, and actively try to engage their patients in care management and decision-making.

**BASE: ALL RESPONDENTS**

**Q1105** Would you support giving Medicare beneficiaries a financial incentive (e.g., reduced Part B premiums) to be registered with a Medical Home? This Medical Home would be accountable for all of the beneficiaries' primary care services and responsible for coordinating all of the beneficiaries' specialty care. *Select one answer.*

	<b><u>Total</u></b> <b>(N=214)</b>
Do not support	7
Somewhat support	20
Support	27
Strongly support	39
Not sure	7

**BASE: ALL RESPONDENTS**

**Q1110** Medical Homes provide services, such as care coordination, that are not reimbursed under the current system. Do you support Medicare payment reform to support Medical Homes? *Select one answer.*

	<b><u>Total</u></b> <b>(N=214)</b>
Do not support	5
Somewhat support	17
Support	29
Strongly support	44
Not sure	5

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**SECTION 1000: Demographics**

**BASE: ALL RESPONDENTS**

**Q1000** How would you describe your current employment position? Please select all that apply.

	<b>Total (N=214)</b>
Policy analyst	18
Researcher/Professor/Teacher	30
Dean or department head	6
Policymaker or policy staff (federal)	2
Policymaker or policy staff (state)	2
CEO/President	25
Management/Administration	22
Lobbyist	2
Consultant	12
Regulator	1
Physician	18
Other health care provider (not physician)	2
Consumer advocate	9
Health care purchaser	6
Foundation officer	7
Investment analyst	-
Retired	4
Other [ASK Q1001]	6

**BASE: RESPONDENTS WHO ARE IN "OTHER" EMPLOYMENT POSITION (Q1100/96)**

**Q1001** Please describe your current employment position.

[TEXT BOX]

**BASE: ALL RESPONDENTS**

**Q1010** Which of the following best describes the type of place or institution for which you work or, if retired, last worked? Please select all that apply.

[PROG. NOTE: DO NOT RANDOMIZE]

[MULTIPLE RESPONSE]

**BASE: 214 RESPONDENTS**

	<i>%</i>
<b>Academic and Research Institutions</b>	<b>44</b>
Medical, public health, nursing, or other health professional school	22
Think tank/Health care institute/Policy research institution	10
University setting not in a medical, public health, nursing, or other health professional school	8
Foundation	8
Medical publisher	1
<b>Government</b>	<b>6</b>
Staff for a state elected official or state legislative committee	1
Staff for a federal elected official or federal legislative committee	-
Non-elected state executive-branch official	1
Non-elected federal executive-branch official	2

Staff for non-elected state executive-branch official	-
Staff for non-elected federal executive-branch official	1
<b>Professional, Trade, Consumer Organizations</b>	<b>21</b>
Medical society or professional association or organization	7
Allied health society or professional association or organization	1
Hospital or related professional association or organization	4
Health insurance and business association or organization	5
Pharmaceutical/Medical device trade association organization	1
Financial services industry	*
Labor/Consumer/Seniors' advocacy group	4
<b>Health Care Delivery</b>	<b>26</b>
Hospital	13
Nursing home/Long-term care facility	2
Clinic	6
Physician practice/Other clinical practice (patient care)	5
Health insurance/Managed care industry	12
<b>Pharmaceutical Industry</b>	<b>2</b>
Drug manufacturer	2
Device company	*
Biotech company	-
<b>Other Industry/Business Settings</b>	<b>23</b>
CEO, CFO, Benefits Manager	2
Polling organization	1
Health care consulting firm	8
Health care improvement organization	7
Accrediting body and organization (non-governmental)	2
Other	4

**BASE: RESPONDENTS WHO WORK FOR "OTHER" INSTITUTION (Q1110/96)**

Q1011 What other type of place or institution do you work for?

[TEXT BOX]

**BASE: ALL RESPONDENTS**

Q1500 All responses to this and future surveys will be kept confidential. Results will be reported to the Commonwealth Fund in such a way that no responses can be attributed to any individual.

In reporting the results of these surveys, the Commonwealth Fund would like to highlight the fact that the survey sample is made up of an authoritative collection of experts with a wide range of affiliations and perspectives.

For that purpose, may the Commonwealth Fund list your name as a participant in this survey?

	<b>Total (N=214)</b>
Yes	88
No	11
No answer	1

[CONSULT WITH EMAIL FROM SURVEY METHODOLOGY ABOUT ADDING A CONFIRMING QUESTION AFTER THIS FOR THE NEXT SURVEY]

**BASE: ALL RESPONDENTS**

**Q60** Status of Respondent (Does not appear on screen)

(159) [PROGRAMMER NOTE: EVERYBODY MEETS CRITERIA FOR STUDY]

- 1 Qualified Complete (RESPONDENT who went through entire survey and answered at least 1 question)
- 6 Not Qualified (ALL OTHERS)

[PROGRAMMER NOTE: PLEASE USE STANDARD HARRIS TEXT FOR RESPONDENTS WHO SUSPEND BEFORE COMPLETION OF SURVEY]

[PROGRAMMER NOTE: PLEASE INCLUDE THIS TEXT ON THE THANK YOU PAGE WITH NO LOYALTY OR RETENTION LINKS.]

This completes the survey. Your answers have been recorded. <p>

Thank you very much for taking the time to participate in this survey.

[ALSO INCLUDE THE SURVEYHELP DESK AND UNSUBSCRIBE LINKS BUT NO HARRIS POLL ICONS.]

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