

TABLE 1
APPROPRIATE AND REALISTIC TARGETS TO REDUCE COST GROWTH
 “In 2009, health care will account for almost 17% of the nation’s economy (gross domestic product [GDP]). It is currently projected to increase to 21% of GDP by 2020.

In developing policies to reduce cost growth, what do you think is an appropriate and realistic target to try to achieve by 2020?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 211 Respondents

	Total (n=211)	Academic/ Research Inst. (n=95)	Health Care Delivery (n=48)	Business/ Insurance/ Other Health Care Industry (n=57)	Government/ Labor/ Consumer Advocacy (n=26)
	%	%	%	%	%
Lower than 16% of GDP	19	19	13	16	27
16% of GDP (percentage in 2005)	14	8	13	12	23
17% of GDP (current percentage)	22	22	31	19	8
19% of GDP (halfway between current and projected percentage)	41	44	40	49	38
21% of GDP (projected percentage for 2020)	4	6	4	4	4
Higher than 21% of GDP	-	-	-	-	-

TABLE 2
PERCEPTION OF SGR MECHANISM

“The Sustainable Growth Rate (SGR) mechanism is a formula that was enacted by Congress to control Medicare physician spending growth by reducing fees when spending exceeds a target amount. In recent years, it has produced a series of scheduled across-the-board physician fee reductions that have been superseded by legislation. Policymakers have proposed modifying or eliminating the SGR mechanism, but that would result in higher Medicare spending and an increased federal budget deficit.

Please indicate which of the following statements about the SGR best describes your view.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 213 Respondents

	Total (n=213)	Academic/ Research Inst. (n=96)	Health Care Delivery (n=48)	Business/ Insurance/ Other Health Care Industry (n=58)	Government/ Labor/ Consumer Advocacy (n=26)
	%	%	%	%	%
The SGR should be enforced as written, to slow the growth of Medicare spending.	3	4	-	3	8
The SGR should be repealed, to avoid sharp reductions in physician fees that might hinder Medicare beneficiaries’ access to services.	4	7	2	-	-
The SGR should be replaced with separate spending targets for different physician services, to cut fees for services that have contributed most to cost growth while avoiding cuts in fees for other services.	14	17	17	10	19
The SGR should be replaced with separate category-specific spending targets for both physician and other types of Medicare services.	9	9	2	12	8
The SGR should be replaced with fundamental provider payment reform.	66	60	71	72	58
Unable to judge.	4	2	8	2	8

TABLE 3

PERCEIVED EFFECTIVENESS OF POLICY STRATEGIES FOR CONTROLLING HEALTH CARE COSTS

“How effective do you think each of the following broad policy strategies would be in controlling costs while maintaining or improving quality?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 213 Respondents

		Total	Academic/ Research Inst..	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Reporting information on provider quality and efficiency.	n=	213	96	48	58	26
	Extremely effective/ Very effective (Net)	30%	26%	31%	36%	23%
	Extremely effective	10%	5%	6%	19%	8%
	Very effective	20%	21%	25%	17%	15%
	Somewhat effective	52%	55%	54%	43%	54%
	Not effective	17%	19%	13%	21%	19%
	Not sure	0	-	2%	-	4%
Pay-for-performance, with rewards for high- quality and efficient providers.	n=	211	95	48	57	26
	Extremely effective/ Very effective (Net)	45%	31%	46%	61%	42%
	Extremely effective	9%	5%	13%	16%	4%
	Very effective	35%	25%	33%	46%	38%
	Somewhat effective	44%	55%	40%	26%	42%
	Not effective	10%	14%	13%	12%	12%
	Not sure	1%	1%	2%	-	4%
Malpractice liability reform.	n=	212	96	48	57	26
	Extremely effective/ Very effective (Net)	24%	16%	42%	23%	12%
	Extremely effective	8%	5%	17%	9%	8%
	Very effective	16%	10%	25%	14%	4%
	Somewhat effective	42%	43%	38%	46%	46%
	Not effective	32%	42%	15%	32%	38%
	Not sure	2%	-	6%	-	4%
Provider payment	n=	213	96	48	58	26

reform, moving away from fee-for-service toward more bundled payment.	Extremely effective/ Very effective (Net)	70%	72%	69%	64%	77%
	Extremely effective	32%	28%	35%	41%	31%
	Very effective	38%	44%	33%	22%	46%
	Somewhat effective	22%	21%	19%	33%	19%
	Not effective	3%	3%	4%	-	-
	Not sure	5%	4%	8%	3%	4%

All-payer rate setting.	n=	210	95	48	56	26
	Extremely effective/ Very effective (Net)	40%	42%	35%	36%	31%
	Extremely effective	17%	17%	15%	20%	12%
	Very effective	22%	25%	21%	16%	19%
	Somewhat effective	31%	34%	27%	29%	46%
	Not effective	16%	12%	19%	21%	8%
	Not sure	13%	13%	19%	14%	15%
Incentives for patients to choose high-quality, efficient providers.	n=	213	96	48	58	26
	Extremely effective/ Very effective (Net)	35%	25%	40%	50%	38%
	Extremely effective	12%	4%	15%	19%	4%
	Very effective	23%	21%	25%	31%	35%
	Somewhat effective	49%	56%	48%	29%	46%
	Not effective	15%	16%	13%	19%	15%
	Not sure	2%	3%	-	2%	-
More consumer cost sharing.	n=	211	96	48	56	26
	Extremely effective/ Very effective (Net)	19%	17%	17%	29%	19%
	Extremely effective	7%	4%	8%	9%	12%
	Very effective	13%	13%	8%	20%	8%
	Somewhat effective	48%	48%	52%	45%	54%
	Not effective	31%	35%	27%	27%	27%
	Not sure	1%	-	4%	-	-

TABLE 4
LEVEL OF SUPPORT FOR MEDICARE STRATEGIES TO CONTROL HEALTHCARE PRICES

“Medicare is the largest payer for health services in the United States. Total Medicare spending depends on both the prices charged for care and the amount of care provided. Please indicate your level of support for each of the following strategies focused on the prices Medicare pays for health care.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 213 Respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Medicare should negotiate pharmaceutical prices.	n=	213	96	48	58	26
	Strongly support/ Support (Net)	82%	81%	88%	76%	88%
	Strongly support	56%	56%	67%	45%	62%
	Support	26%	25%	21%	31%	27%
	Oppose	8%	9%	4%	10%	4%
	Strongly oppose	6%	3%	4%	12%	8%
	Not sure	4%	6%	4%	2%	-
Payment for durable medical equipment should be based on competitive bidding.	n=	213	96	48	58	26
	Strongly support/ Support (Net)	91%	92%	90%	90%	96%
	Strongly support	49%	54%	46%	38%	58%
	Support	42%	38%	44%	52%	38%
	Oppose	3%	3%	4%	3%	-
	Strongly oppose	1%	1%	2%	-	-
Medicare should reduce payment updates for providers in high-cost geographic areas.	n=	212	95	48	58	26
	Strongly support/ Support (Net)	55%	62%	40%	55%	62%
	Strongly support	18%	20%	13%	16%	27%
	Support	37%	42%	27%	40%	35%
	Oppose	24%	24%	27%	22%	12%
	Strongly oppose	5%	4%	17%	3%	4%
Differential payment rates among payers should be narrowed over time, bringing up Medicaid and Medicare and lowering commercial payments.	n=	213	96	48	58	26
	Strongly support/ Support (Net)	72%	65%	77%	76%	77%
	Strongly support	23%	26%	23%	21%	23%
	Support	48%	39%	54%	55%	54%
	Oppose	16%	22%	8%	16%	12%
	Strongly oppose	2%	1%	6%	2%	4%
	Not sure	10%	13%	8%	7%	8%

TABLE 5
PERCEIVED IMPORTANCE THAT VARIOUS POLICIES BE INCLUDED IN THE FIRST PHASE OF A PHASED APPROACH TO UNIVERSAL COVERAGE

“The following is a list of specific policies that have recently been proposed as a means of slowing the rate of health care cost growth in Medicare. Please indicate your level of support for each of the following strategies.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 214 Respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Increase prescription drug coverage premiums for beneficiaries with higher incomes.	n=	214	97	48	58	26
	Strongly support/ Support (Net)	64%	61%	71%	67%	50%
	Strongly support	14%	11%	21%	19%	4%
	Support	50%	49%	50%	48%	46%
	Oppose	23%	26%	25%	19%	27%
	Strongly oppose	8%	9%	2%	9%	12%
Bundle payments to reward hospitals with low 30-day readmission rates.	n=	213	96	48	58	26
	Strongly support/ Support (Net)	86%	91%	73%	88%	85%
	Strongly support	28%	27%	23%	40%	31%
	Support	58%	64%	50%	48%	54%
	Oppose	6%	4%	15%	5%	8%
	Strongly oppose	2%	-	6%	2%	-
Bring payment of Medicare managed care plans in line with the traditional fee-for-service Medicare program.	n=	212	96	48	57	26
	Strongly support/ Support (Net)	77%	81%	77%	68%	73%
	Strongly support	43%	52%	46%	28%	50%
	Support	34%	29%	31%	40%	23%
	Oppose	10%	7%	10%	16%	8%
	Strongly oppose	2%	1%	-	4%	8%
Decrease payments to home health agencies.	n=	212	96	47	58	26
	Strongly support/ Support (Net)	21%	24%	11%	26%	27%
	Strongly support	2%	2%	-	2%	8%
	Support	18%	22%	11%	24%	19%
	Oppose	43%	46%	43%	38%	27%
	Strongly oppose	8%	7%	17%	9%	-
	n=	213	96	48	58	26

Establish a streamlined approval system for generic drugs and prevent drug companies from blocking the introduction of generic competitors.	n=	213	96	48	58	26
	Strongly support/Support (Net)	94%	98%	92%	93%	96%
	Strongly support	59%	63%	54%	62%	69%
	Support	35%	35%	38%	31%	27%
	Oppose	2%	-	4%	2%	-
	Strongly oppose	0	-	-	2%	-
	Not sure	3%	2%	4%	3%	4%
Utilize radiology benefit managers to avoid unnecessary CAT and MRI scans.	n=	211	94	48	57	26
	Strongly support/Support (Net)	63%	62%	52%	67%	81%
	Strongly support	18%	17%	13%	21%	15%
	Support	45%	45%	40%	46%	65%
	Oppose	18%	16%	29%	14%	8%
	Strongly oppose	3%	3%	6%	4%	4%
	Not sure	16%	19%	13%	16%	8%
Increase funding to the Recovery Audit Contractor (RAC) program to eliminate fraud and abuse and ensure program integrity.	n=	212	96	48	57	26
	Strongly support/Support (Net)	65%	69%	48%	72%	73%
	Strongly support	16%	19%	6%	14%	15%
	Support	49%	50%	42%	58%	58%
	Oppose	14%	11%	21%	11%	12%
	Strongly oppose	7%	1%	21%	4%	4%
	Not sure	14%	19%	10%	14%	12%
Expand the Hospital Quality Improvement Program, linking payment to performance on specific quality measures.	n=	211	94	48	58	26
	Strongly support/Support (Net)	87%	84%	90%	84%	85%
	Strongly support	31%	24%	25%	41%	31%
	Support	55%	60%	65%	43%	54%
	Oppose	6%	6%	2%	10%	4%
	Strongly oppose	1%	-	2%	3%	8%
	Not sure	6%	10%	6%	2%	4%
Reform the physician payment system to improve quality and efficiency.	n=	213	96	48	58	26
	Strongly support/Support (Net)	97%	99%	94%	93%	96%
	Strongly support	57%	52%	56%	62%	62%
	Support	40%	47%	38%	31%	35%
	Oppose	1%	-	2%	2%	-
	Strongly oppose	1%	-	2%	3%	4%
	Not sure	1%	1%	2%	2%	-

TABLE 6
EFFECTIVENESS OF DIFFERENT APPROACHES TO OPTIMIZING UTILIZATION OF
HEALTH CARE SERVICES

“How effective do you think each of the following approaches would be in reducing avoidable, duplicative, or unnecessary utilization of health care services?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 212 Respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Enhance the role of primary care through implementation of the ‘medical home’ model.	n=	212	96	48	58	25
	Extremely effective/ Very effective (Net)	50%	46%	65%	53%	40%
	Extremely effective	17%	15%	31%	14%	20%
	Very effective	33%	31%	33%	40%	20%
	Somewhat effective	38%	39%	31%	38%	40%
	Not effective	5%	6%	2%	7%	4%
	Not sure	7%	9%	2%	2%	16%
Improve disease management for patients with high-cost or chronic conditions.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	58%	56%	67%	55%	54%
	Extremely effective	24%	19%	33%	22%	23%
	Very effective	34%	37%	33%	33%	31%
	Somewhat effective	36%	39%	27%	34%	38%
	Not effective	5%	4%	6%	10%	8%
	Not sure	0	1%	-	-	-
Develop evidence-based medicine guidelines or protocols to help providers determine when and for whom a given test or procedure should be done.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	57%	51%	67%	55%	50%
	Extremely effective	23%	15%	27%	24%	31%
	Very effective	34%	35%	40%	31%	19%
	Somewhat effective	37%	40%	31%	40%	50%
	Not effective	6%	9%	-	5%	-
	Not sure	0	-	2%	-	-
Expand the availability and interoperability of health information technology, including electronic medical records and decision support.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	58%	53%	63%	59%	62%
	Extremely effective	20%	14%	29%	19%	15%
	Very effective	39%	38%	33%	40%	46%
	Somewhat effective	37%	41%	33%	36%	35%
	Not effective	4%	5%	2%	3%	4%
	Not sure	1%	1%	2%	2%	-

Reward more efficient providers/penalize less efficient providers.	n=	213	97	47	58	26
	Extremely effective/ Very effective (Net)	55%	49%	60%	60%	58%
	Extremely effective	22%	19%	21%	28%	12%
	Very effective	34%	31%	38%	33%	46%
	Somewhat effective	37%	44%	28%	33%	27%
	Not effective	6%	3%	13%	7%	12%
	Not sure	2%	3%	-	-	4%
Require patients to pay a substantially higher share of their health care costs.	n=	213	97	48	57	26
	Extremely effective/ Very effective (Net)	18%	18%	23%	19%	23%
	Extremely effective	3%	2%	2%	5%	8%
	Very effective	15%	15%	21%	14%	15%
	Somewhat effective	36%	32%	31%	46%	38%
	Not effective	43%	49%	40%	30%	38%
	Not sure	2%	1%	6%	5%	-
Require prior authorization for expensive or high-volume health care services.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	23%	20%	21%	28%	27%
	Extremely effective	5%	4%	6%	9%	4%
	Very effective	18%	15%	15%	19%	23%
	Somewhat effective	56%	61%	50%	52%	58%
	Not effective	18%	16%	27%	19%	12%
	Not sure	3%	3%	2%	2%	4%
Require that patients be provided with objective information on risks and benefits of alternative treatment approaches before undergoing invasive procedures.	n=	212	96	48	57	26
	Extremely effective/ Very effective (Net)	44%	42%	50%	44%	50%
	Extremely effective	14%	9%	21%	18%	19%
	Very effective	30%	32%	29%	26%	31%
	Somewhat effective	45%	43%	40%	46%	42%
	Not effective	10%	15%	8%	11%	8%
	Not sure	1%	1%	2%	-	-
Provide improved transitional care for patients who are being discharged from the hospital or other institutional setting.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	62%	58%	69%	64%	73%
	Extremely effective	19%	16%	29%	22%	19%
	Very effective	43%	41%	40%	41%	54%
	Somewhat effective	34%	35%	29%	34%	27%
	Not effective	1%	2%	-	-	-
	Not sure	3%	5%	2%	2%	-

TABLE 7
EFFECTIVENESS OF DIFFERENT PROPOSALS TO REDUCING GROWTH OF HEALTH CARE COSTS

“How effective do you think each of these proposals for structural change in health services markets would be in reducing the growth of health care costs?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 214 Respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government / Labor/ Consumer Advocacy
		%	%	%	%	%
Increase the supply of primary care providers and public health practitioners through loan repayment programs, training grants, and infrastructure support.	n=	213	97	48	57	26
	Extremely effective/ Very effective (Net)	49%	42%	60%	53%	58%
	Extremely effective	23%	18%	35%	23%	23%
	Very effective	27%	25%	25%	30%	35%
	Somewhat effective	38%	40%	35%	33%	35%
	Not effective	10%	14%	2%	11%	4%
	Not sure	3%	3%	2%	4%	4%
Increase the supply of primary care providers by raising payments for primary care services, providing additional payments for providers who serve as a patient-centered medical home accountable for quality and efficiency, rewarding providers for high-quality and coordinated care, and offer incentives that encourage patients to enroll in medical homes.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	61%	55%	65%	67%	69%
	Extremely effective	29%	25%	48%	29%	27%
	Very effective	32%	30%	17%	38%	42%
	Somewhat effective	27%	28%	31%	21%	27%
	Not effective	10%	13%	4%	10%	4%
	Not sure	2%	4%	-	2%	-
Establish a public/private center for comparative effectiveness to produce and disseminate information on effectiveness, guide clinical practice, and inform benefit design.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	54%	52%	58%	52%	62%
	Extremely effective	22%	15%	31%	22%	35%
	Very effective	32%	36%	27%	29%	27%
	Somewhat effective	39%	39%	40%	41%	35%
	Not effective	5%	6%	2%	7%	4%
	Not sure	1%	3%	-	-	-

Provide funding to accelerate the adoption of health information technology, promote uniform standards for interoperability, and establish health information exchange networks.	n=	214	97	48	58	26
	Extremely effective/ Very effective (Net)	50%	44%	60%	47%	58%
	Extremely effective	19%	19%	31%	16%	4%
	Very effective	31%	26%	29%	31%	54%
	Somewhat effective	43%	47%	35%	45%	38%
	Not effective	7%	8%	2%	9%	4%
	Not sure	0	-	2%	-	-
Reform the malpractice liability system.	n=	212	96	47	58	26
	Extremely effective/ Very effective (Net)	31%	20%	51%	33%	19%
	Extremely effective	12%	7%	23%	5%	8%
	Very effective	19%	13%	28%	28%	12%
	Somewhat effective	44%	47%	38%	50%	50%
	Not effective	23%	32%	6%	16%	31%
	Not sure	2%	1%	4%	2%	-
Promote the growth of integrated delivery systems.	n=	213	96	48	58	26
	Extremely effective/ Very effective (Net)	62%	64%	60%	53%	73%
	Extremely effective	25%	27%	31%	14%	31%
	Very effective	37%	36%	29%	40%	42%
	Somewhat effective	27%	26%	31%	28%	23%
	Not effective	6%	7%	4%	10%	4%
Not sure	5%	3%	4%	9%	-	

**TABLE 8
TYPE OF EMPLOYMENT**

"How would you describe your current employment position?"

Base: 211 Respondents

	%
Policy analyst	24
Researcher/Professor/Teacher	30
Dean or department head	5
Policymaker or policy staff (federal)	2
Policymaker or policy staff (state)	2
CEO/President	24
Management/Administration	18
Lobbyist	1
Consultant	14
Physician	18
Other health care provider (not physician)	3
Consumer advocate	8
Health care purchaser	8
Foundation officer	6
Retired	4
Other	4

**TABLE 9
PLACE OF EMPLOYMENT**

"Which of the following best describes the place or institution for which you work or if retired last worked?"

Base: 212 Respondents

	%
Academic and Research Institutions	45
Medical, public health, nursing, or other health professional school	19
University setting not in a medical, public health, nursing, or other health professional school	8
Think tank/Health care institute/Policy research institution	15
Foundation	7
Government	1
Non-elected state executive-branch official	1
Professional, Trade, Consumer Organizations	22
Medical society or professional association or organization	6
Allied health society or professional association or organization	2
Hospital or related professional association or organization	6
Health insurance and business association or organization	4
Labor/Consumer/Seniors' advocacy group	5
Health Care Delivery	16
Hospital	6
Nursing home/Long-term care facility	1
Clinic	2
Physician practice/Other clinical practice (patient care)	5
Health insurance/Managed care industry	5
Pharmaceutical Industry	2
Drug manufacturer	2
Other Industry/Business Settings	27
CEO, CFO, Benefits Manager	5
Health care consulting firm	10
Health care improvement organization	8
Accrediting body and organization (non-governmental)	2
Other	7