



Health Care Opinion Leaders' Views on Health Reform, Implementation, and Post-Reform Priorities

KRISTOF STREMIKIS, KAREN DAVIS, AND RACHEL NUZUM

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by The Commonwealth Fund. The views presented here are those of the authors and not necessarily those of The Commonwealth Fund or its directors, officers, or staff.

For more information about this study, please contact:

Kristof Stremikis, M.P.P.
Research Associate
The Commonwealth Fund
ks@cmwf.org

To learn more about new publications when they become available, visit the Fund's Web site and register to receive Fund e-mail alerts.

Commonwealth Fund pub. 1387
Vol. 29

ABSTRACT: Nearly nine of 10 leaders in health care and health care policy believe the comprehensive health reform legislation passed by Congress and signed into law by President Obama will successfully expand access to affordable health insurance coverage, the latest Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey finds. Virtually all of the key features of the health reform law—including income-related subsidies, new insurance market rules, and innovative payment methods—are supported by an overwhelming majority of opinion leaders. Looking toward implementation, respondents identified the nation's supply of primary care providers, states' capacity to implement reform, and enforcement of the individual mandate as areas of potential concern. Longer term, opinion leaders believe that improved affordability provisions for low- and moderate-income families, prevention and control of chronic disease, and stronger cost controls are the most important issues to be readdressed in the next two to three years.

★ ★ ★ ★ ★

Overview

After more than a year of debate, the United States Congress passed sweeping health reform legislation, signed into law by President Barack Obama in March 2010.¹ The law was designed to accomplish three major goals advanced by the president: expanding access to affordable health insurance to those without coverage, improving the affordability and stability of insurance to those who already have it, and controlling rising health care costs while reducing the federal budget deficit.² Major features of the law include a requirement for individuals to be covered by insurance, income-related premium subsidies to help low- and moderate-income families purchase private coverage, new insurance market rules to improve the availability and security of coverage, and payment and system reform provisions designed to reduce the growth of health care costs.³

In the latest Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey, leaders in health care and health policy were asked for

their views on whether health reform will achieve its major objectives, potential issues during implementation, and priority areas for further consideration and action in subsequent years. Nearly nine of 10 respondents felt that reform will successfully expand access to affordable health insurance for Americans without coverage. Large majorities support key elements of the comprehensive reform package, including income-related premium subsidies, new insurance exchanges and market rules, and payment reform initiatives. Looking toward implementation, respondents identified the nation's supply of primary care providers, the states' capacity to implement reform, and enforcement of the individual mandate as areas of potential concern. Longer term, opinion leaders believe that improved affordability provisions for low- and moderate-income families, prevention and control of chronic disease, and stronger cost controls are the most important issues to be readdressed in the next two to three years.

These views are in line with the recommendations of The Commonwealth Fund Commission on a High Performance Health System, which has a mission to promote better access, improved quality, and greater efficiency across the U.S. health care system.⁴ In February 2009, the Commission put forward an integrated set of coverage, payment, and delivery system changes that mirror many of the health reform provisions now enacted as law.⁵ By extending coverage to millions of Americans and encouraging the delivery of more effective and efficient care, such policy changes yield greater value for health spending, return

substantial savings to families, businesses, and the public sector, and place the nation on a more sustainable fiscal path.

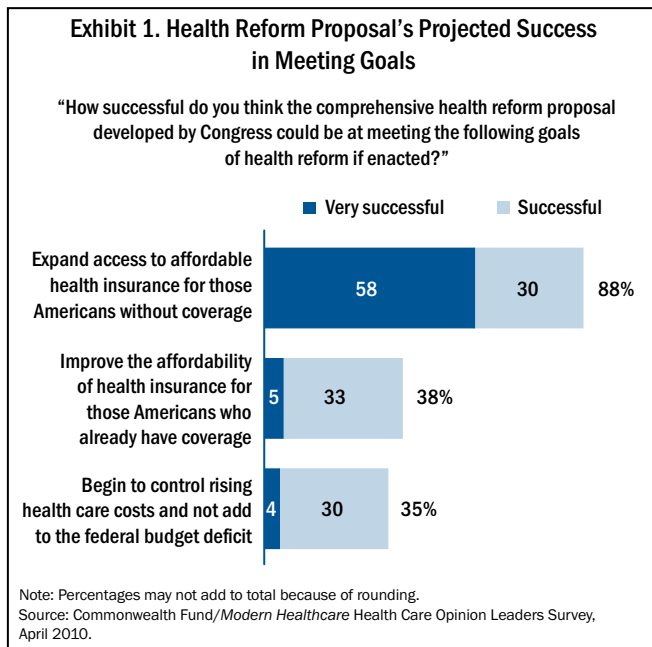
THE HEALTH CARE OPINION LEADERS SURVEY

The Commonwealth Fund and *Modern Healthcare* commissioned Harris Interactive to solicit the perspectives of a diverse group of health care experts on health reform legislation, implementation, and post-reform priorities. The 201 individuals who took part in the survey—the 21st in a continuing series of surveys assessing the views of experts on key health policy issues—represent the fields of academia and research; health care delivery; business, insurance, and other health industries; and government, labor, and advocacy groups (see Methodology, [Appendix A](#)). Respondents were asked for their perspective on reform between February 16, 2010, and March 15, 2010, while legislation was still pending in Congress; responses were compiled before the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed into law in late March.

Nearly nine of 10 survey respondents think health reform will expand access to affordable health insurance for Americans without coverage. Eighty-eight percent of opinion leaders believe that health reform will successfully expand access to affordable health insurance to the millions of Americans who currently do not have coverage (Exhibit 1). However,

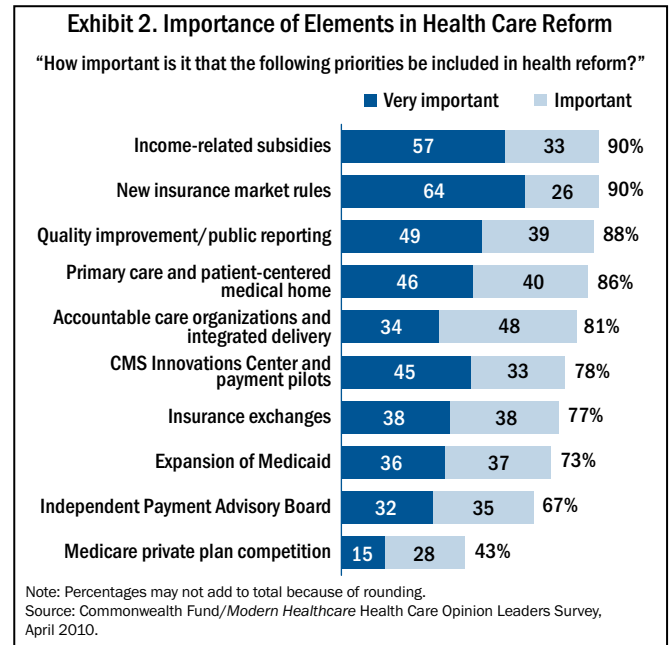
ABOUT THE HEALTH CARE OPINION LEADERS SURVEY

The Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey was conducted online within the United States by Harris Interactive on behalf of The Commonwealth Fund between February 16, 2010, and March 15, 2010, among 1,336 opinion leaders in health policy and innovators in health care delivery and finance. Legislation was still pending in Congress during this time, and responses were compiled before the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed into law in late March. The final sample included 201 respondents from various industries, for a response rate of 15.0 percent. Data from this survey were not weighted. A full methodology is available in [Appendix A](#).



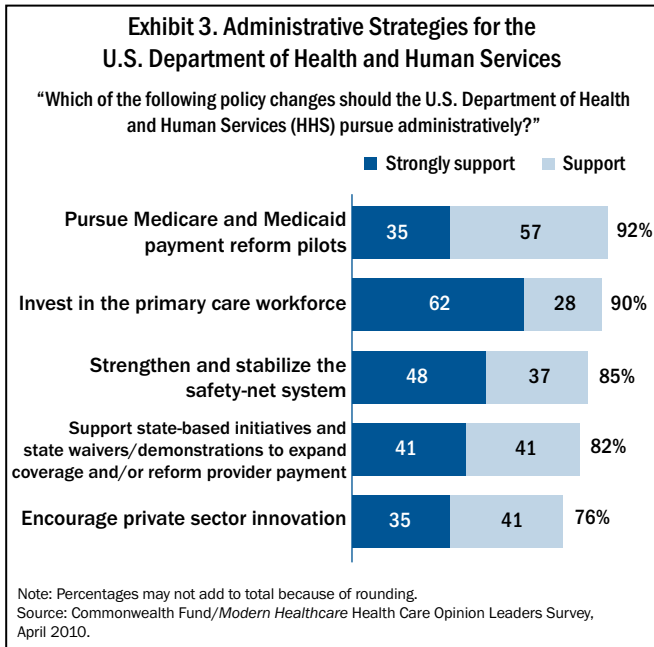
respondents were less likely to believe the legislation will improve the affordability of health insurance for those Americans who already have coverage (38%) and begin to control rising health care costs and not add to the federal budget deficit (35%). Differences among respondent categories were particularly sharp, with half of those in academic and research institutions believing the law would improve affordability compared with only 25 percent of those in business, insurance, and other health care industries (Table 1). Similarly, 44 percent of those in academia and research believe the law will be successful or very successful in beginning to control rising health care costs compared with 16 percent of those in business and industry.

Opinion leaders overwhelmingly support major elements of new health reform law. Nearly all of the major features of the reform bills recently signed into law are supported by large majorities of opinion leaders (Exhibit 2). Income-related subsidies (90%), new insurance market rules (90%), and quality improvement and public reporting (88%) were among the provisions most likely to be seen as important or very important. Several innovative payment reform initiatives, including patient-centered medical homes (86%), accountable care organizations (81%), and a new



payment innovation center to be housed within the Center for Medicare and Medicaid Services (78%) were also seen as important or very important to substantial majorities of leaders. Support was also high and generally uniform for expansion of Medicaid (73%). Creation of an independent payment advisory board was viewed as important or very important by two-thirds of health care opinion leaders. In contrast, only 43 percent of opinion leaders saw ensuring Medicare private plan competition as important or very important.

More than nine of 10 health care opinion leaders support administrative action at the Department of Health and Human Services to pursue payment reform pilots and invest in the primary care workforce. Ninety-two percent of survey respondents support or strongly support the U.S. Department of Health and Human Services pursuing Medicare and Medicaid payment reform pilots administratively (Exhibit 3). More than eight of 10 leaders also supported administrative action to invest in the primary care workforce (90%), strengthen and stabilize the safety net system (85%), and support state-based initiatives and state waivers and demonstrations to expand coverage and/or reform provider payment (82%).

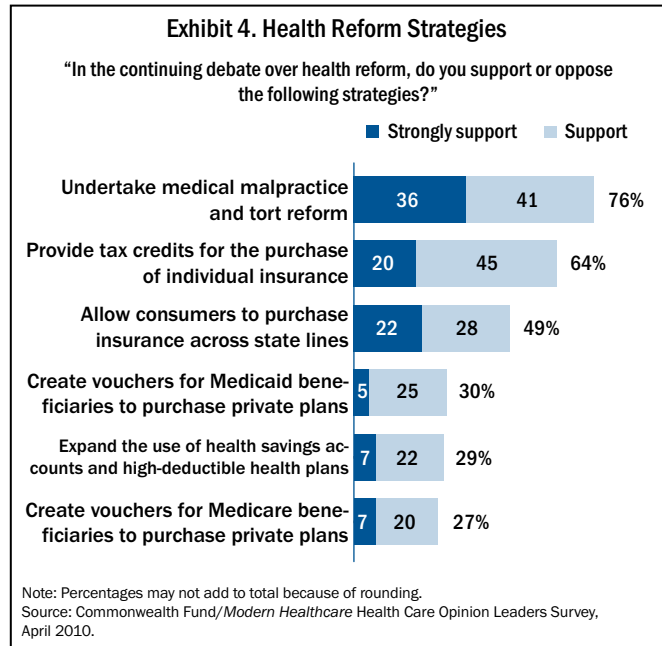


Seventy-six percent of survey respondents support undertaking medical malpractice and tort reform.

Opinion leaders were asked about several alternative strategies presented during the health reform debate. Seventy-six percent of respondents support or strongly support undertaking medical malpractice and tort reform (Exhibit 4). While major tort reform was not included in the bill signed by the president, grants for states to test alternatives to civil tort litigation were authorized in the Patient Protection and Affordable Care Act and are set to be appropriated in 2011.⁶

A majority (64%) of leaders also supports or strongly supports providing tax credits for purchasing individual insurance. The new law provides tax credits or income-related premium assistance to low- and moderate-income families enrolled through insurance exchanges, but not the individual insurance market. Several market-based strategies, such as creating vouchers for Medicaid (30%) and Medicare (27%) beneficiaries to purchase private plans, and expanding the use of health savings accounts and high-deductible health plans (29%), received insubstantial support, even among those in business, insurance, and other health care industries (Table 4).

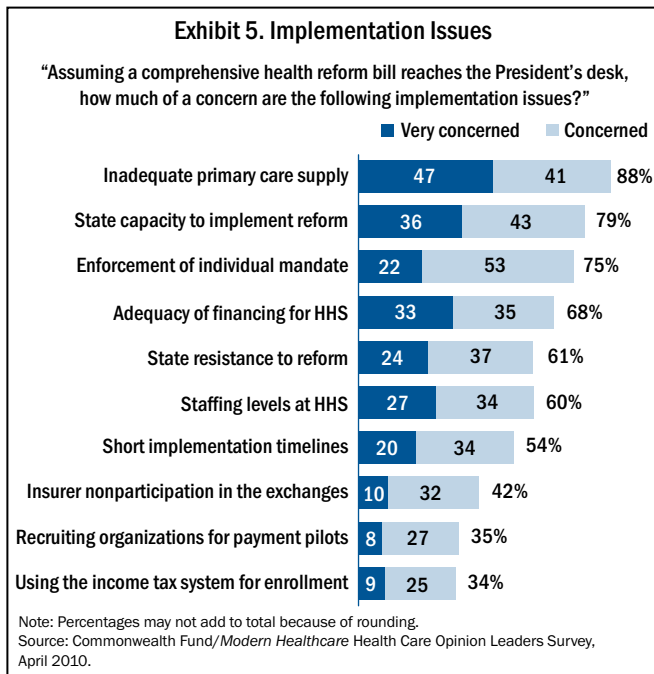
Nearly nine of 10 leaders are concerned or very concerned about the nation’s supply of primary care providers. Respondents were asked to identify



areas of potential concern during implementation of health reform. Nearly nine of 10 leaders (88%) are concerned or very concerned about the nation’s supply of primary care providers (Exhibit 5), including all (100%) of those in health care delivery (Table 5). Large majorities also identified state capacity to implement reform (79%) and enforcement of the individual mandate (75%) as potential problems during implementation. Leaders expressed concern about resources at the Department of Health and Human Services, with 68 percent concerned or very concerned about adequate financing for the agency and 60 percent concerned or very concerned about staffing levels. Substantially fewer mentioned concerns about insurers not participating in the exchanges (42%), recruiting organizations for payment pilots (35%), and using the income tax system for enrollment (34%).

More than eight of 10 opinion leaders favor accelerating receipt of funds for coverage expansion and extending the higher federal matching rate for Medicaid.

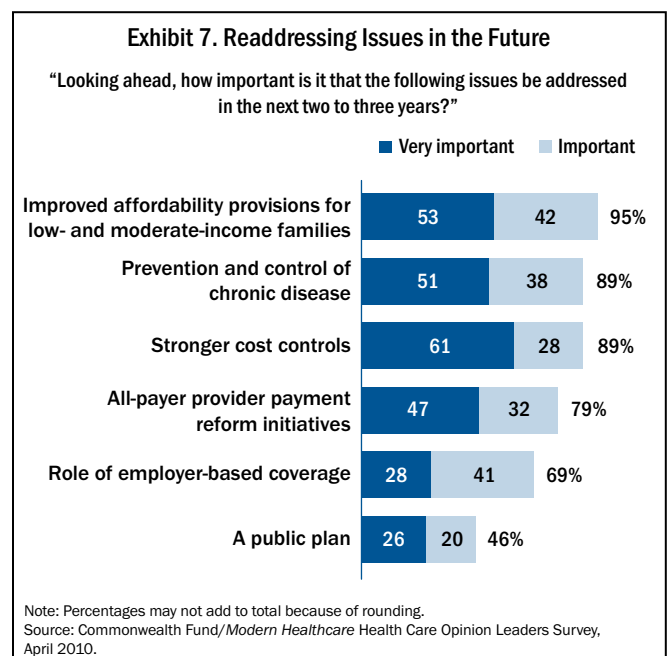
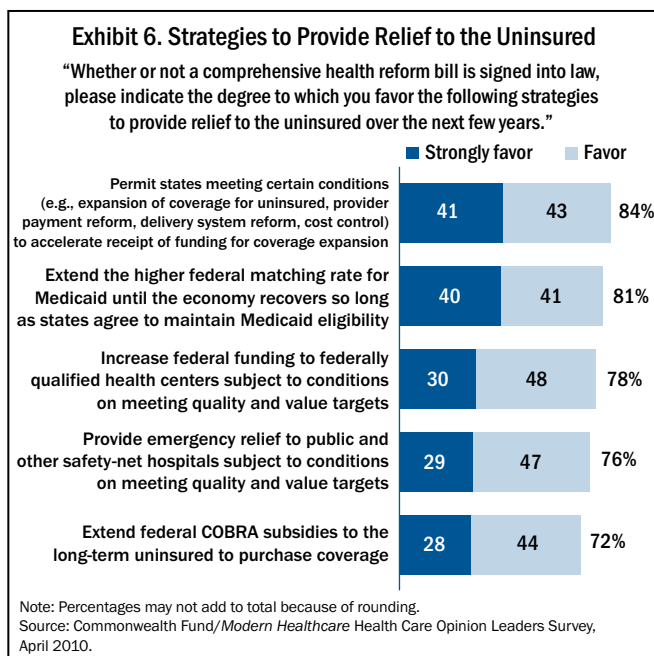
While several coverage expansion provisions such as coverage of young adults under parents’ policies are set to take effect in 2010, commentators have expressed concern about the “gap years” before state-based exchanges and income-related premium assistance become available in 2014.⁷ Opinion leaders expressed strong support for strategies that provide



relief to the uninsured over the next few years. Eighty-four percent of respondents favor or strongly favor accelerating receipt of federal funding for coverage expansion for states leading on innovations such as cost control and payment and system reform (Exhibit 6). An overwhelming majority (81%) also favor extending the higher federal matching rate for Medicaid until the economy recovers. Other policies garnering substantial majorities include increasing federal funding to federally qualified health centers

meeting quality and value targets (78%), providing emergency relief to public and other safety-net hospitals meeting quality and value targets (76%), and extending federal Consolidated Omnibus Budget Reconciliation Act (COBRA) subsidies to the long-term uninsured (72%).

Nearly nine of 10 respondents believe improved affordability provisions for low- and moderate-income families, prevention and control of chronic disease, and stronger cost controls will need to be readdressed in the next two to three years. Nearly all (95%) opinion leaders believe it is either important or very important to readdress affordability provisions for low- and moderate-income families in the next two to three years (Exhibit 7). Nearly nine of 10 (89%) report that prevention and control of chronic disease and stronger cost controls are also important to readdress in the near future. All-payer provider payment reform initiatives were seen as important or very important for 79 percent of respondents, and enjoyed uniform support across academic and research institutions, health care delivery, and business, insurance, and other health care industries (Table 7). About half (46%) of opinion leaders felt the public plan option should be revisited.



THE PATH TO A HIGH PERFORMANCE HEALTH SYSTEM

Health care opinion leaders overwhelmingly agree that the comprehensive health reform legislation recently signed into law will be successful in expanding access to affordable health insurance to Americans without coverage. Large majorities support key features of the reform package, including income-related premium subsidies, new insurance exchanges, and consumer-oriented market rules. These initiatives are projected by the Congressional Budget Office to help extend coverage to 32 million previously uninsured Americans by 2019.⁸ With the enactment of reform legislation, the U.S. now joins all other major industrialized countries by providing a system for ensuring access to essential health care.

However, the business of moving the U.S. health care system toward high performance remains unfinished. Opinion leaders identify the nation's supply of primary care providers, the states' capacity to implement reform, and enforcement of the individual mandate as areas of potential concern during implementation of the reform package. Longer term, leaders believe that improved affordability provisions for low- and moderate-income families, prevention and control of chronic disease, and stronger cost controls are important issues that will need to be readdressed in the next two to three years. More than three of four respondents also support changes to the nation's medical malpractice and tort system.

Policymakers must continue to develop and pursue innovative payment and system reform initiatives as they seek greater value and lower costs for American businesses and families. The Patient Protection and Affordable Care Act provides an important foundation of coverage and a means for testing new ways of paying doctors and hospitals to reward value rather than volume of services. An independent payment advisory board will be established and charged with issuing recommendations to achieve federal health spending targets, as well as nonbinding recommendations for private payers to harmonize private and public payment and achieve systemwide savings. Monitoring the progress and success of these efforts will be critical as the country continues down the path toward a high performance health system that works for all Americans.

NOTES

- ¹ S. Gay Stolberg and R. Pear, "Obama Signs Health Care Overhaul Bill, With a Flourish," *New York Times*, March 24, 2010.
- ² K. Davis, What's at Issue: Making Coverage Affordable for Every American (New York: The Commonwealth Fund, March 2010).
- ³ S. R. Collins, K. Davis, R. Nuzum, S. D. Rustgi, S. Mika, and J. L. Nicholson, *The Comprehensive Congressional Health Reform Bills of 2009: A Look at Health Insurance, Delivery System, and Financing Provisions* (New York: The Commonwealth Fund, updated Jan. 2010).
- ⁴ The Commonwealth Fund Commission on a High Performance Health System, *Keeping Both Eyes on the Prize: Expanding Coverage and Changing the Way We Pay for Care Are Essential to Make Health Reform Work for Families and Businesses* (New York: The Commonwealth Fund, Nov. 2009).
- ⁵ The Commonwealth Fund Commission on a High Performance Health System, *The Path to a High Performance U.S. Health System: A 2020 Vision and the Policies to Pave the Way* (New York: The Commonwealth Fund, Feb. 2009).
- ⁶ H.R. 3590, Patient Protection and Affordable Care Act, available at: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf.
- ⁷ Collins, Davis, Nuzum et al., *The Comprehensive Congressional Health Reform Bills of 2009*, 2010.
- ⁸ Congressional Budget Office, *Letter to the Honorable Nancy Pelosi* (Washington, D.C.: Congressional Budget Office, March 2010), available at <http://www.cbo.gov/ftpdocs/113xx/doc11379/Manager%27sAmendmenttoReconciliationProposal.pdf>.

APPENDIX A. METHODOLOGY

This survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 201 opinion leaders in health policy and innovators in health care delivery and finance within the United States between February 16, 2010, and March 15, 2010. Harris Interactive sent out individual e-mail invitations to the entire panel containing a password-protected link and a total of four reminder emails were sent to those that had not responded. No weighting was applied to these results.

The initial sample for this survey was developed using a two-step process. The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different professional sectors with a range of perspectives based on their affiliations and involvement in various organizations. 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. The final list included 1,246 individuals.

In 2006, The Commonwealth Fund and Harris Interactive joined forces with *Modern Healthcare* to add new members to the panel. The Commonwealth Fund and Harris Interactive were able to gain access to *Modern Healthcare's* database of readers. The Commonwealth Fund, Harris Interactive, and Modern Healthcare identified readers in the database that were considered to be opinion leaders and invited them to participate in the survey. This list included 1,467 people. At the end of 2006, The Commonwealth Fund and Harris Interactive removed those panelists who did not respond to any previous surveys. In 2007 recruitment for the panel continued with *Modern Healthcare* recruiting individuals through their *Daily Dose* newsletter. In addition, Harris Interactive continued to recruit leaders by asking current panelists to nominate other leaders. The final panel size for the Health Reform survey included 1,336 leaders. With this survey we are using new definition of the panel. Two hundred and one of these panelists completed the survey, for a 15.0% response rate.

With a pure probability sample of 201 adults one could say with a 95 percent probability that the overall results have a sampling error of ± 6.91 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.

The data in this brief are descriptive in nature. They represent the opinions of the health care opinion leaders interviewed and are not projectable to the universe of health care opinion leaders.

ABOUT THE AUTHORS

Kristof Stremikis, M.P.P., is research associate for the president of The Commonwealth Fund. Previously, he was a graduate student researcher in the School of Public Health at the University of California, Berkeley, where he evaluated various state, federal, and global health initiatives while providing economic and statistical support to faculty and postdoctoral fellows. He has also served as consultant in the director's office of the California Department of Healthcare Services, where he worked on recommendations for a pay-for-performance system in the Medi-Cal program. Mr. Stremikis holds three undergraduate degrees in economics, political science, and history from the University of Wisconsin at Madison. In May 2008, he received a Master of Public Policy degree from the Goldman School at the University of California, Berkeley. He can be e-mailed at ks@cmwf.org.

Karen Davis, Ph.D., is president of The Commonwealth Fund. She is a nationally recognized economist with a distinguished career in public policy and research. In recognition of her work, Ms. Davis 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*. She can be e-mailed at kd@cmwf.org.

Rachel Nuzum, M.P.H., is the senior policy director for The Commonwealth Fund and the Commission on a High Performance Health System. In this role, she is responsible for implementing the Fund's national policy strategy for improving health system performance, including building and fostering relationships with congressional members and staff and members of the executive branch to ensure that the work of the Fund and its Commission on a High Performance Health System informs their deliberations. Her work also includes fostering public-private collaboration on health system performance improvement, especially with national associations of key stakeholders. Previously, she headed the Fund's program on State Innovations. Ms. Nuzum has over 10 years of experience working in health policy at the federal, state, and local levels of government as well as in the private sector. Immediately prior to joining the Fund, she was a legislative assistant for Senator Maria Cantwell (D-Wash.), serving as a policy adviser on health, retirement, and tax issues. She holds a B.A. in political science from the University of Colorado and an M.P.H. in Health Policy and Management from the University of South Florida. She can be e-mailed at m@cmwf.org.

Editorial support was provided by Deborah Lorber.

