



Health Care Opinion Leaders’ Views on Congressional Priorities

KRISTOF STREMIKIS, STUART GUTERMAN, AND KAREN DAVIS

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.

ABSTRACT: More than nine of 10 leaders in health care and health care policy believe the general direction set by the Affordable Care Act is appropriate, with nearly seven of 10 favoring implementing the law with little or no change, according to a Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey. A large majority of leaders supports moving forward with each of the major elements of reform, including the individual mandate, state-based health insurance exchanges, and Medicaid expansion. Survey respondents believe payment approaches that encourage care coordination for patients with chronic diseases, establish greater alignment across public and private purchasers, and incentivize the use of evidence-based medicine will be effective in achieving a high performance health system. Eighty-one percent of leaders support expanding successful cost-containment pilots contained in the Affordable Care Act as part of a federal budget deficit reduction strategy.



OVERVIEW

As the nation approaches the one-year anniversary of the enactment of the Patient Protection and Affordable Care Act, debate continues over the relative merits of the law and the general direction of the country’s health system. There are wide differences of opinion in the incoming 112th Congress. Various members have pledged to fully fund and implement the law as enacted, modify the law by strengthening the role of public programs and the federal government, deny funding for provisions of the legislation during the appropriations process, or completely repeal the law and replace it with an alternative set of reforms. Implementation is ongoing despite continued debate in Congress, mixed support among the general public, and legal challenges in the nation’s court system.

The latest Commonwealth Fund/*Modern Healthcare* Health Care Opinion Leaders Survey asked experts in the field about health care policy priorities for the 112th Congress. More than nine of 10 leaders believe the general

For more information about this study, please contact:

Kristof Stremikis
Senior Research Associate
The Commonwealth Fund
ks@cmwf.org

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direction set by the Affordable Care Act is appropriate, and nearly seven of 10 favor implementing the law with little or no change. A large majority of respondents supports moving forward with all the major elements of reform, including the individual mandate, state-based health insurance exchanges, and expansion of Medicaid to cover individuals with incomes up to 133 percent of the federal poverty level. In addition, most leaders support provisions to create the following organizations to reform the payment and delivery system: the Center for Medicare and Medicaid Innovation, the Patient-Centered Outcomes Research Institute, and the Independent Payment Advisory Board. Only 9 percent of those surveyed feel the new law sets the wrong course for the nation; none of the respondents believe the health system does not require major reform.

Health care leaders were also asked for their views on innovative payment methods and approaches to reducing the federal budget deficit. Respondents believe strategies that encourage care coordination for patients with chronic diseases, make permanent increases in Medicare and Medicaid payments to primary care physicians, and establish greater alignment across public and private purchasers will be most effective in achieving a high performance health system. Large majorities support expanding successful cost-containment pilots included in the Affordable Care Act, extending Medicaid prescription drug rebates to individuals dually eligible for Medicare and Medicaid, and strengthening state health insurance exchanges by adding a public option or all-payer system in an effort to reduce the federal budget deficit.

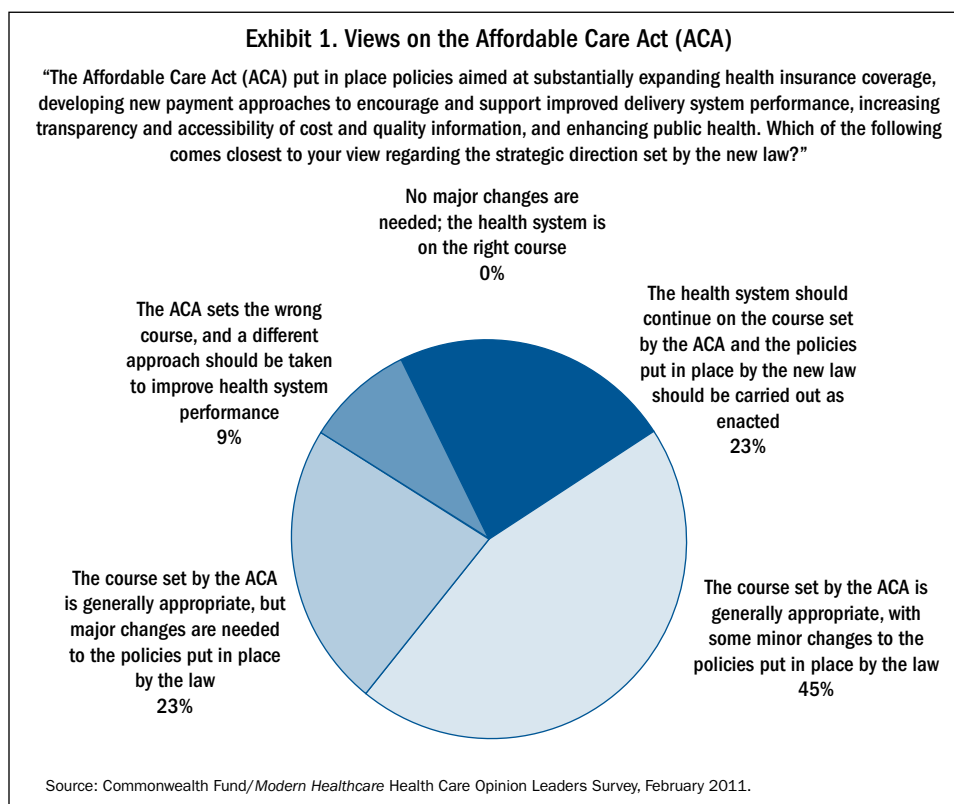
Many of these views are in line with the recommendations of the Commonwealth Fund Commission on a High Performance Health System, which has a mission to promote better access, improved quality, and greater efficiency across the U.S. health care system.¹ The Commission has concluded that meaningful reform of the health system will require multiple changes that extend affordable insurance coverage to all, align financial incentives to reward high-quality care, and begin to organize the health system to ensure better care coordination.² An analysis of the Affordable Care Act indicates that the significant insurance, payment, and delivery reform provisions included in the law utilize these strategies and place the nation on a path to a high performance health system that works for all Americans.³

The Health Care Opinion Leaders Survey

The Commonwealth Fund and *Modern Healthcare* recently commissioned Harris Interactive to solicit the perspectives of a diverse group of health care experts on priorities for the incoming 112th Congress. The 203 individuals who took part in the survey—the 24th 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 congressional priorities from January 3 to February 1, 2011.

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, from January 3, 2011, to February 1, 2011, among 1,311 opinion leaders in health policy and innovators in health care delivery and finance. The final sample included 203 leaders for a response rate of 15.5 percent. For analytic purposes, respondents were grouped into four nonexclusive sectors: academic/research institutions (54%); health care delivery (23%); business/insurance/other health care industry (22%); and government/labor/consumer advocacy (10%). Data from this survey were not weighted. A full methodology is available in [Appendix A](#).



Health care opinion leaders indicated extremely strong support for the general direction set by the Affordable Care Act.

More than nine of 10 leaders believe the general direction set by the Affordable Care Act is appropriate, and nearly seven of 10 favor implementing the law with little or no change (Exhibit 1). Support was relatively consistent across respondent categories, though leaders in health care delivery and industry were less likely than those in academic and research institutions to believe the law should be carried out as enacted and more likely to feel minor changes are needed (Table 1). Only 9 percent of those surveyed believe the new law sets the wrong course for the nation; none of the respondents believe the health system does not require major reform.

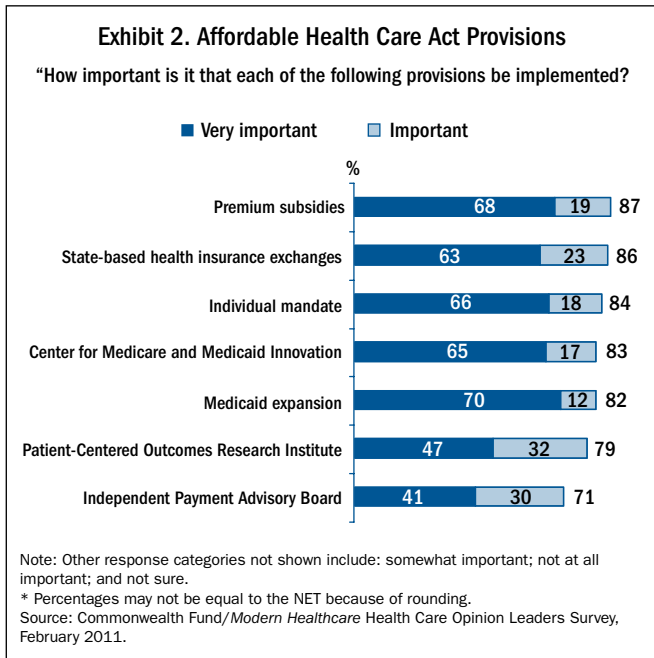
There was very strong support among respondents for moving forward with all the major elements of the law.

Opinion leaders were asked to rate the importance of implementing major provisions of the reform law. A large majority of respondents feels it is important or very important to move forward with each of its major elements, including premium subsidies (87%), state-

based health insurance exchanges (86%), the mandate for all individuals to have insurance coverage (84%), and the Medicaid expansion to cover individuals with incomes up to 133 percent of the federal poverty level (82%) (Exhibit 2). In addition, provisions to create the Center for Medicare and Medicaid Innovation (83%), the Patient-Centered Outcomes Research Institute (79%), and the Independent Payment Advisory Board (71%) received support from a substantial majority of respondents.

Health care opinion leaders believe strategies that emphasize primary care, encourage care coordination, and establish greater alignment across public and private purchasers will be most effective in achieving a high performance health system.

The Affordable Care Act includes numerous payment and delivery reform provisions designed to realign incentives and encourage providers to deliver high-quality, patient-centered care. Leaders were asked to rate the effectiveness of several of these and other initiatives designed to move toward a high performance health system.



An overwhelming majority (91%) of respondents believes payment options that improve care coordination for patients with chronic disease will be effective or very effective in achieving a high performance health system (Exhibit 3). Large majorities also think the following strategies will be effective: making permanent increases in Medicare and Medicaid payments to primary care physicians (72%), establishing greater alignment of payment methods and rates across public and private payers (69%), and accelerating the implementation of bundled payment methods (66%). Value-based insurance design (68%), in which patients’ copayments are structured to reflect the effectiveness of the treatment they are receiving, and reference pricing (59%), in which patients pay a price differential if a lower-priced but equally effective drug or service is available, also received significant support.

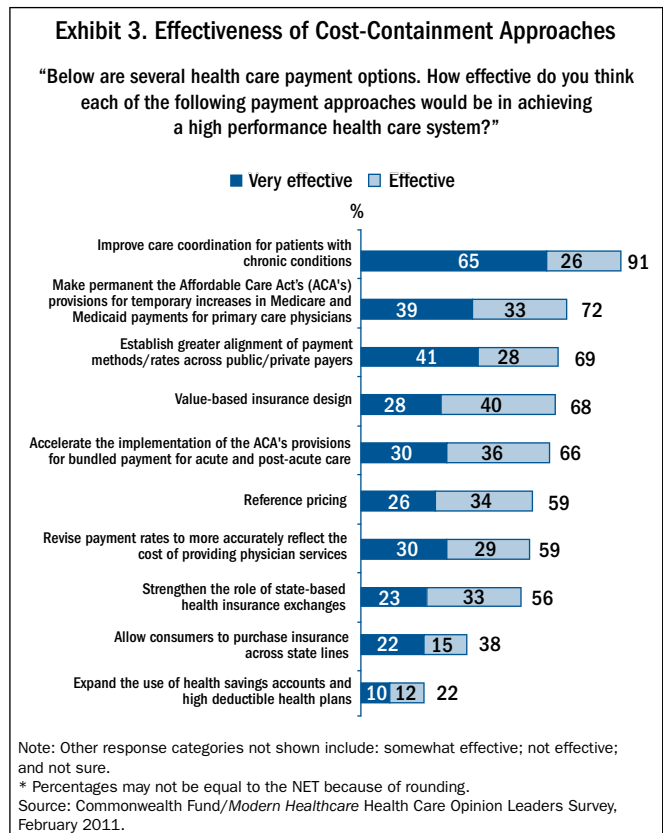
In contrast, allowing consumers to purchase insurance across state lines (38%) and expanding the use of health savings accounts (22%) are viewed effective by a small minority of leaders.

Large majorities support expanding successful cost-containment pilots included in the Affordable Care Act and other efforts to align payment and value as strategies to reduce the federal budget deficit.

Recently released federal budget reduction proposals, most notably from the National Commission on Fiscal Responsibility and Reform, cochaired by Alan Simpson and Erskine Bowles, and the Bipartisan Policy Center’s Debt Reduction Task Force, cochaired by Pete Domenici and Alice Rivlin, include options for decreasing federal health spending.⁴ Health care opinion leaders were asked to indicate their support for elements in these proposals.

Respondents are most supportive of expanding successful cost-containment pilots included in the Affordable Care Act (81%) (Exhibit 4). Extending Medicaid prescription drug rebates to dual-eligibles (61%) and strengthening state health insurance exchanges by adding a public option or all-payer system (61%) are also supported by a majority of leaders.

Adding a publicly sponsored health insurance plan to the insurance exchanges generated significant controversy in the summer of 2009, when Congress



was first crafting the legislation. While the bill passed by the House included such a measure, the final legislation approved by both chambers and signed into law did not. Commonwealth Fund analysis has shown that introducing a public plan has the potential to generate \$1 trillion to \$2 trillion in total health system savings over the 11-year, 2010–2020 period.⁵

Proposals by the National Commission on Fiscal Responsibility and Reform failed to generate support from a majority of leaders. The following strategies are supported or strongly supported by only a minority of respondents: redesigning Medicare cost-sharing (39%), giving the Independent Payment Advisory Board broader authority over payment by public and private payers (38%), and replacing the Medicare physician fees scheduled under the sustainable growth rate formula with a temporary payment freeze (36%). Restricting first-dollar coverage under Medigap (34%), converting Medicaid into a block grant program for states (26%), and converting Medicare into a premium support or voucher program (22%) garnered the least support.

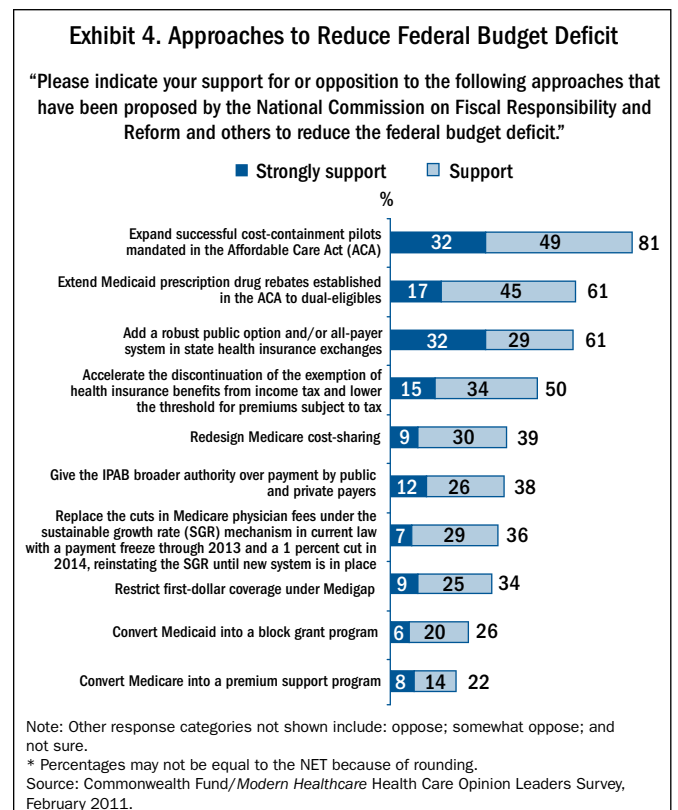
THE PATH TO A HIGH PERFORMANCE HEALTH SYSTEM

Health care opinion leaders overwhelmingly agree that the general direction set by the Affordable Care Act is appropriate; a strong majority favors implementing the law with little or no change. Most opinion leaders support moving forward with all the major elements of reform, including controversial provisions like the individual mandate, state-based insurance exchanges, and Medicaid expansion. In addition, they support the establishment of the Center for Medicare and Medicaid Innovation, the Patient-Centered Outcomes Research Institute, and the Independent Payment Advisory Board. Only 9 percent of those surveyed feel the new law sets the wrong course for the nation. No leaders believe the health system does not require major reform.

Innovative payment approaches are likely to be meticulously scrutinized and debated as congressional leaders seek to build on and improve the reform

bill. Opinion leaders are most supportive of payment methods that improve care coordination for patients with chronic disease, make permanent increases to Medicare and Medicaid payment to primary care providers, and establish greater alignment across public and private payers. Survey respondents also support the use of mechanisms that foster competition among providers and suppliers to increase the quality and lower the cost of care, including value-based benefit design and reference pricing for prescription drugs and services. Approaches that place a majority of the burden for cost control on consumers, such as allowing individuals to purchase insurance across state lines and expanding the use of health savings accounts, garner little support.

When asked to indicate support for federal budget deficit policies proposed by organizations like the National Commission on Fiscal Responsibility and Reform, respondents said they most support expanding successful cost containment pilots included in the Affordable Care Act, extending Medicaid prescription drug rebates to dual-eligibles, and adding a robust public option and/or all-payer system to state health insurance exchanges. Converting Medicaid into a



block grant program for states and changing Medicare into a premium support program, under which beneficiaries are given a voucher to purchase private coverage, are supported by few leaders.

Commonwealth Fund research and analysis has suggested that the enactment and implementation of the Affordable Care Act can help the nation enter a new era of health care. However, reform remains a work in progress, and members of the 112th and future

Congresses will need to build on and improve what has already been enacted. To that end, designing and vigilantly monitoring reform provisions that extend comprehensive and affordable insurance coverage to all Americans, that align financial incentives to reward high-quality care, and that begin to organize the delivery system to ensure better care coordination are steps most likely to lead to a health system that produces the best outcomes for patients, providers, and the country.

NOTES

¹ 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).

² 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).

³ K. Davis, *A New Era in American Health Care: Realizing the Potential of Reform* (New York: The Commonwealth Fund, June 2010).

⁴ The National Commission on Fiscal Responsibility and Reform, *The Moment of Truth: Report of the National Commission on Fiscal Responsibility and Reform* (Washington, D.C.: The White House, Dec. 2010).

⁵ C. Schoen, K. Davis, S. Guterman, and K. Stremikis, *Fork in the Road: Alternative Paths to a High Performance U.S. Health System* (New York: The Commonwealth Fund, June 2009).

APPENDIX A. METHODOLOGY

This survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 203 opinion leaders in health policy and innovators in health care delivery and finance within the United States from January 3, 2011, to February 1, 2011. Harris Interactive sent out individual e-mail invitations to the entire panel containing a password-protected link, and a total of four reminder e-mails 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 results 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 Congressional Priorities survey included 1,311 leaders. With this survey, we are using a new definition of the panel. Two hundred three of these panelists completed the survey, for a 15.5 percent response rate.

With a pure probability sample of 203 adults one could say with a 95 percent probability that the overall results have a sampling error of ± 6.88 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 is not projectable to the universe of health care opinion leaders.

ABOUT THE AUTHORS

Kristof Stremikis, M.P.P., is senior 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.

Stuart Guterman is vice president for Payment and System Reform at The Commonwealth Fund and executive director of the Commonwealth Fund Commission on a High Performance Health System. His prior positions include: director of the Office of Research, Development, and Information at the Centers for Medicare and Medicaid Services; senior analyst at the Congressional Budget Office; principal research associate in the Health Policy Center at the Urban Institute; and deputy director of the Medicare Payment Advisory Commission (and its predecessor, the Prospective Payment Assessment Commission); and chief of institutional studies in the Health Care Financing Administration's Office of Research. He can be e-mailed at sxg@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.

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