

The Commonwealth Fund Health Care Opinion Leaders Survey

March 2006

Introduction

The Commonwealth Fund Health Care Opinion Leaders Survey was conducted by Harris Interactive on behalf of The Commonwealth Fund, with responses from a broad group of over 250 opinion leaders in health policy and innovators in health care delivery and finance. This was the seventh in a series of bimonthly surveys designed to highlight leaders' perspectives on the most effective and timely health policy issues facing the nation. The survey focused on health policy priorities for Congress over the next five years. Some of the questions were repeated from two previous surveys, conducted in December 2004 and February 2005.

Summary

About a year ago, we asked health care opinion leaders what they thought were the top health policy priorities facing Congress. We posed the same questions in this poll and, once again, leaders report that *expanding coverage to the uninsured* is unquestionably the top priority for Congress to address. This is the top priority for a large majority of leaders from academic/research institutions, health care delivery, and government/labor/advocacy, whereas leaders from business/insurance/other health care industry rank it a close second to *increased use of information technology to improve the quality and safety of care*, which is the second-highest priority for panelists from the other sectors. Leaders overall think that *enacting reforms to moderate the rising costs of medical care for the nation* needs to be the third priority on Congress' five-year to-do list.

Respondents expect that the total cost of health care as a percentage of the gross domestic product (GDP) could be held to its current level—but no better—over the next 10 years. However, they believe that a major change in the nation's number of uninsured is possible. Currently, nearly one of five U.S. residents under age 65 (18%) have no health insurance. Panelists believe that that with the right policy action, however, the percentage of people without health insurance can and should be reduced to just 5 percent of the under-65 population within 10 years. Respondents from the business/insurance/other health care industry are less optimistic, citing a target of one in 10 without insurance within a decade. Leaders agree that one of the best ways to expand such coverage to the uninsured is to *allow individuals and small businesses to buy into the Federal Employees Health Benefits Program or a similar federal group option*. This reform was also the most popular choice of leaders in the December 2004 survey.

It is estimated that patients currently receive about half of their recommended care. While panelists disagree on many other issues—depending on the sector they represent—leaders of all sectors agree that this level of quality is not acceptable. Respondents believe that an achievable and desirable 10-year policy target is *having patients receive more than three-quarters of recommended care*.

When asked about the daunting task of controlling health care costs while also improving the quality of care, panelists overall responded that the best way to achieve both goals is to rely on *effective use of information technology* as well as *incentives for efficient, high-quality providers*. By comparison, leaders in the government sector were more skeptical about the use of information technology to improve care, and were instead focused on the use of *evidence-based guidelines to determine whether a test or procedure should be done*.

Key Findings

Note: All rankings are based on absolute numbers and in some cases may not be statistically significant.

Top health policy priorities for Congress (Tables 1a/b)

Respondents were asked to indicate up to five health care priorities for Congress to address in the next five years, based on a list of 13 items.

- As in December 2004, the top priority for Congress to address is *expansion of coverage for the uninsured*, which was mentioned by 83 percent of all respondents (87% previously, but the difference is not statistically significant). There is near consensus among the sectors, with the exception of the business/insurance/other health care industry category, which ranked coverage expansion a close second.
 - ◇ Academic/Research Institution: 87%
 - ◇ Health Care Delivery: 75%
 - ◇ Business/Insurance/Other Health Care Industry: 67%, rank 2
 - ◇ Government/Labor/Consumer Advocacy: 91%

- At a somewhat distant second, with nearly two of three panelists (62%) supporting it, is *increased use of information technology to improve the quality and safety of care*.
 - ◇ Academic/Research Institution: 57%
 - ◇ Health Care Delivery: 65%
 - ◇ Business/Insurance/Other Health Care Industry: 70%, rank 1
 - ◇ Government/Labor/Consumer Advocacy: 64%

- *Enacting reforms to moderate the rising costs of medical care for the nation* ranked third overall and is supported by a small majority of respondents (51%). This option ranks lower for leaders from the business/insurance/other health care industry than it does among panelists from other sectors.
 - ◇ Academic/Research Institution: 54%
 - ◇ Health Care Delivery: 52%
 - ◇ Business/Insurance/Other Health Care Industry: 48%, rank 5
 - ◇ Government/Labor/Consumer Advocacy: 48%

- Overall, *Medicare reforms to ensure long-run solvency* is fourth on the list of priorities and was mentioned by less than half of the respondents (44%). The ranking varies somewhat depending on the sector and, as in 2004, it did not make it into the top five priorities for government/labor/consumer advocacy. Panelists from business/insurance/other health care industry are significantly more likely than academics and leaders from the government/labor/consumer advocacy to make this issue a top priority.
 - ◇ Academic/Research Institution: 44%
 - ◇ Health Care Delivery: 48%
 - ◇ Business/Insurance/Other Health Care Industry: 62%, rank 3
 - ◇ Government/Labor/Consumer Advocacy: 27%, rank 9

- *Medicare payment reform to reward performance on quality and efficiency* was chosen as a priority by a large minority (42%), making it the fifth priority overall. However, health care delivery and government/labor/consumer advocacy view it as a lower priority than do other sectors.

- ◇ Academic/Research Institution: 41%
 - ◇ Health Care Delivery: 38%, rank 6
 - ◇ Business/Insurance/Other Health Care Industry: 53%
 - ◇ Government/Labor/Consumer Advocacy: 36%, rank 6
- Other priorities that did not make the top five overall but were ranked as one of the top five priorities by at least one of the sectors include:
 - Addressing racial/ethnic disparities in care (30%):*
 - ◇ Government/Labor/Consumer Advocacy: 42%, rank 4
 - Administrative simplification and standardization (29%)*
 - ◇ Health Care Delivery: 39%, rank 5
 - Address shortage of trained health professionals (e.g., primary care physicians and nurses) (23%)*
 - ◇ Health Care Delivery: 44%, rank 5

Health Care Insurance: Goals for the Next 10 Years (Table 2)

In February 2005, respondents were asked to indicate what they saw as desirable and achievable targets for policy action over the next 10 years and we repeated this question in February 2006.

- The proportion of under-65 population without health insurance is now about 18 percent. Leaders agree that within 10 years the proportion of uninsured among the under-65 population could be less than half what it is now. The median number cited across all groups is 8 percent. The figures for individual sectors vary from 5 percent to 10 percent.
 - ◇ Academic/Research Institution: 6% (median), (5% in February '05)
 - ◇ Health Care Delivery: 6% (median), (7% in February '05)
 - ◇ Business/Insurance/Other Health Care Industry: 10% (median) (10% in February '05)
 - ◇ Government/Labor/Consumer Advocacy: 5% (median), (7% in February '05)
- The total cost of health care as a percentage of the GDP is now about 16 percent.* Panelists from all sectors report that, over the next decade, health care spending as a percentage of GDP could be held at approximately the same as the current level, with only a 1 to 2 percentage point difference. Leaders have not changed their position at all since the question was asked in 2005.
 - ◇ Academic/Research Institution: 16% (median)
 - ◇ Health Care Delivery: 16% (median)
 - ◇ Business/Insurance/Other Health Care Industry: 17% (median)
 - ◇ Government/Labor/Consumer Advocacy: 15% (median)

*Total cost of health care in February '05 was given as 15 percent.

- The proportion of recommended care that patients receive is currently about 55 percent. Overall, respondents across all sectors say that in 10 years this number could be increased significantly, to a median of 78 percent.
 - ◇ Academic/Research Institution: 77% (median)
 - ◇ Health Care Delivery: 78% (median)
 - ◇ Business/Insurance/Other Health Care Industry: 76% (median)
 - ◇ Government/Labor/Consumer Advocacy: 81% (median)

Top priorities for controlling costs and improving quality of care (Tables 3a/b)

Respondents were asked to indicate up to five priorities for action among a number of proposed ways to control the rising costs of health care and improve the quality of care.

Note: All rankings are based on absolute numbers and in some cases may not be statistically significant.

- Overall, *increased and more effective use of information technology* receives the most support as the top priority (64%) for controlling costs and improving quality of care. Panelists representing academic/research institutions and the government/labor/consumer advocacy are less likely than their counterparts in other sectors to endorse information technology that highly.
 - ◇ Academic/Research Institution: 57%, rank 2
 - ◇ Health Care Delivery: 75%
 - ◇ Business/Insurance/Other Health Care Industry: 77%
 - ◇ Government/Labor/Consumer Advocacy: 52%, rank 4

- *Rewarding providers who are more efficient and provide higher quality of care* is near the top of the list of cost-control and quality-improvement priorities (61%), with academia and government/labor/consumer advocacy sectors especially supportive of this issue, ranking it number one.
 - ◇ Academic/Research Institution: 60%, rank 1
 - ◇ Health Care Delivery: 65%
 - ◇ Business/Insurance/Other Health Care Industry: 63%
 - ◇ Government/Labor/Consumer Advocacy: 64%, rank 1

- Increased use of disease and care management strategies for the chronically ill ranked third, with more than half of the panel (53%) overall sharing this opinion.
 - ◇ Academic/Research Institution: 52%
 - ◇ Health Care Delivery: 52%
 - ◇ Business/Insurance/Other Health Care Industry: 50%
 - ◇ Government/Labor/Consumer Advocacy: 55%

- There is much less agreement about what other actions should make up the remainder of the list of top five priorities. Overall, using evidence-based guidelines to determine whether a test or procedure should be done ranks fourth, with 47 percent of respondents endorsing this action. However, evidence-based guidelines rank second for respondents from government/labor/consumer advocacy, but only fifth for their counterparts from health care delivery and from business/insurance/other health care industry.
 - ◇ Academic/Research Institution: 49%
 - ◇ Health Care Delivery: 46%, rank 5
 - ◇ Business/Insurance/Other Health Care Industry: 42%, rank 5
 - ◇ Government/Labor/Consumer Advocacy: 61%, rank 2

- *Making information on comparative quality and cost of health care providers available to the public* rounds out the top five list overall, with slightly more than one of three among all respondents (37%) choosing this solution. Leaders in the health care delivery sector are less likely than their colleagues to consider it a top priority.
 - ◇ Academic/Research Institution: 34%, rank 6
 - ◇ Health Care Delivery: 19%, rank 10
 - ◇ Business/Insurance/Other Health Care Industry: 48%, rank 4
 - ◇ Government/Labor/Consumer Advocacy: 39%, rank 5

- Other ways of controlling costs and improving the quality of care that made it into the top five for some sectors but ranked lower overall include:

Reduce administrative costs of insurers and providers (33%)

- ◊ Academic/Research Institution: 35%, rank 5
- ◊ Health Care Delivery: 48%, rank 4

Have all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods or rates (33%)

- ◊ Academic/Research Institution: 35%, rank 5

Reducing inappropriate medical care and fraud (23%)

- ◊ Government/Labor/Consumer Advocacy: 39%, rank 5

Top priorities for action to expand coverage for the uninsured (Tables 4a/b)

Respondents were asked to indicate up to five priorities for action to expand coverage for the uninsured, based on a list of potential reforms.

- *Allowing individuals and small businesses to buy into the Federal Employees Health Benefits Program or similar federal group option* tops the list of actions to expand coverage to the uninsured, with a small minority of respondents overall (51%) selecting this issue. The only sector that ranks this solution lower, at number three, is government/labor/advocacy. This item also topped the list overall when we asked this question in December 2004.
 - ◊ Academic/Research Institution: 50%
 - ◊ Health Care Delivery: 58%
 - ◊ Business/Insurance/Other Health Care Industry: 48%
 - ◊ Government/Labor/Consumer Advocacy: 45%, rank 3
- The second most important priority for action overall is *requiring employers who don't provide coverage to contribute to a fund that would pay for such coverage*, but fewer than half of respondents (46%) endorsed this as a priority. Not surprisingly, this is an especially appealing proposal for panelists from the government/labor/advocacy sector, and less attractive to those in the business/insurance/other health care industry category.
 - ◊ Academic/Research Institution: 44%, rank 3 (tie)
 - ◊ Health Care Delivery: 54%, rank 2
 - ◊ Business/Insurance/Other Health Care Industry: 35%, rank 3 (tie)
 - ◊ Government/Labor/Consumer Advocacy: 64%, rank 1 (tie)
- A substantial minority of respondents (43%) consider *letting near-elderly adults buy into Medicare-for-all* the third top priority for action. However, there is little consensus among the different sectors, with this option making it to the top of the list of priorities for respondents from government/labor/consumer advocacy, but only seventh for their counterparts in health care delivery.
 - ◊ Academic/Research Institution: 44%, rank 3
 - ◊ Health Care Delivery: 31%, rank 7
 - ◊ Business/Insurance/Other Health Care Industry: 42%, rank 2 (tie)
 - ◊ Government/Labor/Consumer Advocacy: 64%, rank 1(tie)

- *Providing federal matching funds for Medicaid/State Children's Health Insurance Program (SCHIP) coverage of everyone below 150 percent of the poverty level* ranked fourth for panelists overall and was selected by 41 percent of all respondents, but again, rankings among the sectors differ greatly, with academia and government/labor/consumer advocacy having chosen it as their second priority.
 - ◇ Academic/Research Institution: 45%, rank 2
 - ◇ Health Care Delivery: 33%, rank 6
 - ◇ Business/Insurance/Other Health Care Industry: 32%
 - ◇ Government/Labor/Consumer Advocacy: 48%, rank 2 (tie)

- About one of three of all panelists selected the fifth priority of *establishing a single-payer insurance system*. Respondents working in government/labor/advocacy ranked it much higher than the other groups, and consider it the second-highest priority (tied with providing federal matching funds for Medicaid/SCHIP).
 - ◇ Academic/Research Institution: 42%, rank 4
 - ◇ Health Care Delivery: 44%, rank 4
 - ◇ Business/Insurance/Other Health Care Industry: 28%
 - ◇ Government/Labor/Consumer Advocacy: 48%, rank 2 (tie)

- Other priorities that made it into the top-five list of actions to expand coverage for the uninsured, once again, varied greatly by sector. Actions include:
 - Open up Medicare to everyone not covered by an employer plan (35%)*
 - ◇ Academic/Research Institution: 39%, rank 5
 - ◇ Health Care Delivery: 40%, rank 5
 - ◇ Business/Insurance/Other Health Care Industry: 32%, rank 4
 - ◇ Government/Labor/Consumer Advocacy: 30%, rank 5 (tie)

 - Provide tax credits or other subsidies to low-wage workers to buy coverage (32%)*
 - ◇ Business/Insurance/Other Health Care Industry: 32%, rank 4

 - Provide incentives or requirements to expand employer-based health insurance (32%)*
 - ◇ Health Care Delivery: 48%, rank 3
 - ◇ Business/Insurance/Other Health Care Industry: 42%, rank 2 (tie)
 - ◇ Government/Labor/Consumer Advocacy: 30%, rank 5 (tie)

 - Mandate that all individuals buy coverage and provide new tax credits for the uninsured to purchase insurance in the individual market.*
 - ◇ Business/Insurance/Other Health Care Industry: 35%, rank 3 (tie)

About the Respondents

Respondents come from a broad range of employment positions and settings. For analytical purposes we combined respondents into four sectors (for a more detailed description of respondents' place of employment please refer to Table 5):

- *Academic/Research Institutions* (56%)*
- *Health Care Delivery* (19%)*, including medical societies or professional associations, allied health societies or professional associations or organizations, hospital or related professional associations or organizations, hospitals, nursing homes/long-term care facilities, clinics, and physician or other clinical practices.
- *Business/Insurance/Other Health Care Industry* (24%)*, including health insurance, pharmaceutical, other industries/business, and health care improvement organizations.
- *Government/Labor/Consumer Advocacy* (13%)*, including government, labor, and consumer advocacy.**

Respondents most often mentioned that they are teachers, researchers, or professors (39%) or policy analysts (23%), followed by CEOs and presidents (19%) and physicians (17%). Others work in administration or management (15%) or as consultants (11%). Most respondents agreed to be named by The Commonwealth Fund as one of the survey participants (85%).

* Percentages add up to more than 100 as respondents were able to give more than one answer.

** Because the sample sizes for these groups were very small, we decided to combine respondents who identified themselves as working for government, labor, and consumer advocacy into one group.

TABLE 1a
TOP PRIORITIES FOR CONGRESS IN NEXT 5 YEARS

"Which of the following health care issues should be the top priorities for Congress to address in the next five years?" (Multiple response)

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Expand coverage to the uninsured	83%	87%	75%	67%	91%
Increased use of information technology to improve the quality and safety of care	62%	57%	65%	70%	64%
Enact reforms to moderate the rising costs of medical care for the nation	51%	54%	52%	48%	48%
Medicare reforms to ensure long-run solvency	44%	44%	48%	62%	27%
Medicare payment reform to reward performance on quality and efficiency	42%	41%	38%	53%	36%
Address racial/ethnic disparities in care	30%	33%	29%	22%	42%
Administrative simplification and standardization	29%	30%	38%	25%	39%
Medicaid reforms to improve coverage	29%	28%	31%	27%	33%
Address shortage of trained health professionals (e.g., primary care physicians and nurses)	23%	20%	44%	17%	24%
Control rising cost of prescription drugs	22%	24%	27%	20%	30%
Malpractice reform	17%	9%	27%	33%	3%
Improve the quality of nursing homes and long-term care	14%	17%	8%	8%	24%
Improve incentives to purchase long-term care insurance	10%	11%	6%	13%	9%
Control Medicaid costs	6%	9%	2%	5%	3%

TABLE 1b
TOP 5 PRIORITIES FOR CONGRESS IN NEXT 5 YEARS

Ranking Summary

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	Rank	Rank	Rank	Rank	Rank
Expand coverage to the uninsured	1 (1)*	1 (1)	1 (1)	2 (1)	1 (1)
Increased use of information technology to improve the quality and safety of care	2 (n/a)**	2 (n/a)	2 (n/a)	1 (n/a)	2 (n/a)
Enact reforms to moderate the rising costs of medical care for the nation	3 (4)	3 (3)	3 (5)	5 (5)	3 (4)
Medicare reforms to ensure long-run solvency	4 (3)	4 (4)	4 (3)	3 (3)	
Medicare payment reform to reward performance on quality and efficiency	5 (5)	5		4 (4)	
Address racial/ethnic disparities in care					4
Administrative simplification and standardization					5
Address shortage of trained health professionals (e.g., primary care physicians and nurses)	n/a***		5		

* ranking in 2004

** wording change in 2006

*** new item in 2006

TABLE 2**GOALS FOR THE NEXT 10 YEARS**

"Please indicate what you would see as both an achievable and a desirable target or goal for policy action for the next 10 years."

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	Median %	Median %	Median %	Median %	Median %
The proportion of under-65 population that has no health insurance (now about 18%)	5	6	6	10	5
The total cost of health care as a percentage of the GDP (now about 15%)	16	16	16	16	16
Portion of recommended care that patients receive	77	77	78	76	81

TABLE 3**WAYS TO CONTROL RISING COSTS AND IMPROVE QUALITY**

"Below is a list of ways that have been proposed to control the rising costs of health care and improve the quality of care. Which of the following should be the top priorities for action?"

(Multiple Response)

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Increased and more effective use of information technology	64%	57%	75%	77%	52%
Reward providers who are more efficient and provide higher-quality care	61%	60%	65%	63%	64%
Increased use of disease and care management strategies for the chronically ill	53%	52%	52%	50%	55%
Use evidence-based guidelines to determine whether a test or procedure should be done	47%	49%	46%	42%	61%
Make information on comparative quality and costs of care of hospitals and physicians available to the public	37%	34%	19%	48%	39%
Reduce administrative costs of insurers and providers	33%	35%	48%	33%	30%
Have all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods or rates	33%	35%	42%	28%	21%
Consolidate purchasing power by public and private insurers working together to moderate rising costs of care	25%	25%	25%	22%	30%
Reduce inappropriate medical care and fraud	23%	18%	29%	27%	39%
Create a national agency to set quality standards and practice guidelines	21%	21%	23%	12%	36%
Encourage small employers to join larger group purchasing pools to buy health insurance for their employees	18%	15%	19%	17%	24%
Malpractice reform	18%	15%	23%	28%	3%
Legalize the importation of brand name prescription drugs from Canada or other countries	12%	14%	13%	10%	12%
Encourage competition among insurers and providers	11%	13%	6%	10%	3%
Require consumers to pay a substantially higher share of their health care costs	10%	11%	10%	12%	6%

TABLE 3b
WAYS TO CONTROL RISING COSTS AND IMPROVE QUALITY
 Ranking Summary

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	Rank	Rank	Rank	Rank	Rank
Increased and more effective use of information technology	1 (2)*	2 (1)	1 (1)	1 (2)	4 (2)
Reward providers who are more efficient and provide higher-quality care	2 (n/a)**	1 (n/a)	2 (n/a)	2 (n/a)	1 (n/a)
Increased use of disease and care management strategies for the chronically ill	3 (n/a)***	3	3	3	3
Use evidence-based guidelines to determine whether a test or procedure should be done	4 (n/a)***	4	5	5	2
Make information on comparative quality and costs of care of hospitals and physicians available to the public	5 (3)			4 (3)	5 (4)
Reduce administrative costs of insurers and providers	(4)	5 (4)	4 (3)	(5)	
Have all payers, including private insurers, Medicare, and Medicaid, adopt common payment methods or rates	(n/a)***	5			
Reduce inappropriate medical care and fraud				(5)	5

* ranking in 2004

**wording change in 2006

***new item in 2006

TABLE 4a
EXPANDED COVERAGE FOR THE UNINSURED

"Below is a list of possible reforms to expand coverage for the uninsured. Which of the following should be the top priorities for action?" (Multiple Response)

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	%	%	%	%	%
Allow individuals and small businesses to buy into the Federal Employees Health Benefits Program or similar federal group option	51%	50%	58%	48%	45%
Require employers who don't provide coverage to contribute to a fund that would pay for such coverage	46%	44%	54%	35%	64%
Let near-elderly adults buy into Medicare	43%	44%	31%	42%	64%
Provide federal matching funds for Medicaid/SCHIP coverage of everyone below 150% of poverty	41%	45%	33%	32%	48%
Establish a single-payer insurance system	38%	42%	44%	28%	48%
Open up Medicare to everyone not covered by an employer plan	35%	39%	40%	32%	30%
Provide tax credits or other subsidies to low-wage workers to buy coverage	32%	33%	31%	32%	27%
Provide incentives or requirements to expand employer-based health insurance	32%	26%	48%	42%	30%
Mandate that all individuals buy coverage and provide new tax credits for the uninsured to purchase insurance in the individual insurance market	29%	28%	31%	35%	18%
Provide reinsurance for small business insurance plans	22%	23%	10%	25%	12%
Eliminate two-year waiting period for the disabled for Medicare	21%	21%	13%	17%	42%
Promote tax-free health savings accounts	16%	11%	19%	32%	3%
Permit association health plans to provide coverage without state licensing	5%	4%	13%	5%	--

TABLE 4b
EXPANDED COVERAGE FOR THE UNINSURED
Ranking Summary

Base: 251 Respondents

	Total	Academic/ Research Institution	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
	Rank	Rank	Rank	Rank	Rank
Allow individuals and small businesses to buy into the Federal Employees Health Benefits Program or similar federal group option	1 (1)*	1 (1)	1 (1)	1 (1)	3 (3)
Require employers who don't provide coverage to contribute to a fund that would pay for such coverage	2 (n/a)***	3 (tie)	2	3 (tie)	1 (tie)
Let near-elderly adults buy into Medicare	3 (3)	3 (tie); (4)	(3)	2 (tie); (4)	1 (tie); (1)
Provide federal matching funds for Medicaid/SCHIP coverage of everyone 150% below poverty	4 (n/a)***	2		4 (tie)	2 (tie)
Establish a single-payer insurance system	5 (n/a)**	4	4	5	2 (tie)
Open up Medicare to everyone not covered by an employer plan	(n/a)***	5	5	4 (tie)	5 (tie)
Provide tax credits or other subsidies to low-wage workers to buy coverage	(n/a)***			4 (tie)	
Provide incentives or requirements to expand employer-based health insurance	(n/a)**		3	2 (tie)	5 (tie)
Mandate that all individuals buy coverage and provide new tax credits for the uninsured to purchase insurance in the individual insurance market	(n/a)**			3 (tie)	
Eliminate two-year waiting period for the disabled for Medicare					4
Promote tax-free health savings accounts	(n/a)**			4 (tie)	

* ranking in 2004

**wording change in 2006

***new item in 2006

**TABLE 5
PLACE OF EMPLOYMENT**

"Which of the following best describes the type of place or institution for which you work?"

Base: 251 Respondents

	%
Academic and Research Institutions	
Medical, public health, nursing, or other health professional school	27%
Think tank/Health care institute/Policy research institution	16%
University setting not in a medical, public health, nursing, or other health professional school	9%
Foundation	7%
Medical publisher	2%
Professional, Trade, Consumer Organizations	
Medical society or professional association or organization	8%
Hospital or related professional association or organization	2%
Allied health society or professional association or organization	1%
Health insurance and business association or organization	2%
Pharmaceutical/Medical device trade association organization	1%
Financial services industry	*
Labor/Consumers/Seniors' advocacy group	6%
Other industry/business settings/other	
Health care consulting firm	7%
CEO, CFO, Benefits Manager	2%
Accrediting body and organization (non-governmental)	1%
Polling organization	1%
Other	2%
Health care improvement organization	5%
Health Care Delivery	
Health insurance/managed care industry	4%
Hospital	6%
Nursing home/Long-term care facility	1%
Clinic	2%
Physician practice/Other clinical practice (patient care)	6%
Government	
Non-elected federal executive branch official	1%
Staff for non-elected federal executive branch official	1%
Non-elected state executive branch official	1%
Staff for a state elected official or state legislative committee	*
Staff for non-elected federal executive branch official (repeat)	1%
Staff for non-elected state executive branch official	--
Staff for a federal elected official or federal legislative committee	1%
Pharmaceutical industry	
Drug manufacturer	4%
Biotech company	1%
Device company	--
Retired	4%

TABLE 6
TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Base: 318 Respondents

	%
Teacher, Researcher, Professor	39%
Physician	17%
CEO/President	19%
Policy Analyst	23%
Administration/Management	15%
Consultant	11%
Department head/Dean	4%
Foundation officer	7%
Health care purchaser	4%
Policymaker or policy staff (federal)	2%
Consumer advocate	5%
Other health care provider (not physician)	2%
Lobbyist	2%
Policymaker or policy staff (state)	1%
Regulator	1%
Other	4%
Retired	4%
Investment analyst	--

TABLE 9
PERMISSION TO BE NAMED AS A SURVEY PARTICIPANT

Base: 318 Respondents

	%
Yes	85
No	15

Appendix A

Methodology

The online survey was conducted by Harris Interactive with 251 opinion leaders in health policy and innovators in health care delivery and finance between January 17, 2006, and February 8, 2006.

The sample for this survey was developed by using a two-step process. Initially, The Commonwealth Fund and Harris Interactive jointly identified a number of experts across different industries and professional sectors with a range of perspectives, based on their affiliations and involvement in various organizations and institutions. 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 1,283 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Of the 1,283 e-mail invitations, 121 were returned as undeliverable. Harris Interactive determined that the undeliverable e-mail addresses appeared to be randomly distributed among the different sectors and affiliations. Data collection took place between January 17, 2006, and February 8, 2006. A total of three reminders was sent to anyone who had not responded. The response rate was 22 percent. Typically, samples of this size are associated with a sampling error of +/- 6 percent.