THE COMMONWEALTH FUND
HEALTH CARE OPINION LEADERS SURVEY:
MEDICARE PART D

July 2006

TABLE 1
ASSESSMENT OF MEDICARE PART D

"Prescription drug coverage under Medicare Part D became available to all beneficiaries for the first time beginning on January 1, 2006 and beneficiaries were required to sign up by May 15. Now that the first-ever Part D enrollment period has ended, how much do you agree or disagree with the following statements?"

Base: All Respondents

Agree (net)	**Total** (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Enacting Medicare Part D was, on balance, good for beneficiaries.	68	59	67	95	56
The current benefit structure, which includes a coverage gap (or "doughnut hole"), during which beneficiaries are fully responsible for covered drug costs in excess of an initial threshold until they reach a maximum of $3,600 in out-of-pocket costs, will, on balance, help beneficiaries who are most vulnerable to high drug costs.	36	17	30	59	15
Making Medicare drug coverage available through private plans only was, on balance, good for beneficiaries.	30	34	28	54	22

Note: Highlight denotes significant difference

TABLE 2
PREFERRED ACTIONS ON LATE ENROLLMENT PENALTY
"Congress is reconsidering the penalty for failing to enroll in the new prescription drug program by the May 15 deadline. Which of the following actions would you prefer Congress to take?"

Base: All Respondents

	Total (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Extend the enrollment deadline and remove the penalty	51	56	49	37	56
Leave the deadline in place, but allow people to enroll in the program next year without penalty	39	37	49	44	37
Leave the deadline and the penalty in place	8	4	—	22	4
None of these	3	4	2	—	4

Note: Highlight denotes significant difference

TABLE 3
REDUCING COMPLEXITY OF THE PART D BENEFIT

"Many Medicare beneficiaries have reportedly been confused by the complexity of the Part D benefit and the number of plans among which they have to choose. Which of the following approaches would you recommend to address this issue? Please select all that apply."

Base: All Respondents

	Total (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Plans should be required to use the same terms to describe the same benefits	88	89	88	83	89
Benefits should be more standardized to reduce the variation among plans	77	82	86	68	89
Better information on the available choices should be provided to beneficiaries (cost sharing, formulary structure, etc.)	69	67	63	68	85
Medicare should limit the number of plans available in each area	43	47	42	34	44
The system should be left as is	2	1	—	2	4
None of these	3	3	2	2	—

TABLE 3a
CHANGES IN THE MEDICARE DRUG BENEFIT

"To what extent do you favor/oppose the following proposed changes in the Medicare drug benefit program (assuming that increased financing were available)?"

Base: All Respondents

Favor (net)	**Total** (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Allow plans to offer coverage through the coverage gap as an option to the enrollee, with an additional premium, without pushing back the catastrophic coverage threshold	79	79	84	90	74
Fill in the coverage gap ("doughnut hole") by some combination of increased copayments and additional government funding	71	72	84	59	78
Raise the income level needed to qualify for a low-income subsidy (135% or 150% of poverty, depending on the level of the subsidy)	62	57	67	59	74
Eliminate the assets test needed to qualify for a low-income subsidy ($7,500 or $11,500 for an individual and $12,000 or $23,000 for a couple, depending on the level of the subsidy)	57	58	47	54	67

Note: Highlight denotes significant difference

TABLE 3b
HIGHEST PRIORITY CHANGES
"Please select which change, if any, would be your highest priority."

Base: All Respondents

	Total (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Fill in the coverage gap ("doughnut hole") by some combination of increased copayments and additional government funding	31	38	37	17	22
Eliminate the assets test needed to qualify for a low-income subsidy ($7,500 or $11,500 for an individual and $12,000 or $23,000 for a couple, depending on the level of the subsidy)	27	24	26	29	44
Allow plans to offer coverage through the coverage gap as an option to the enrollee, with an additional premium, without pushing back the catastrophic coverage threshold	16	13	12	34	—
Raise the income level needed to qualify for a low-income subsidy (135% or 150% of poverty, depending on the level of the subsidy)	14	14	16	10	19
None of these	10	8	7	10	15

Note: Highlight denotes significant difference

TABLE 4
PROVIDING PRESCRIPTION DRUG COVERAGE
THROUGH TRADITIONAL MEDICARE PROGRAM

"One alternative to the current policy would be to make prescription drug coverage available as part of the Medicare program, rather than only through private plans. To what extent do you favor/oppose each of these proposed options?"

Base: All Respondents

Favor (net)	**Total** (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Offer a comprehensive benefits option that combines all Medicare benefits in one package as an alternative to having to supplement basic Medicare coverage with both private drug plan coverage and Medigap insurance	78	85	84	61	85
Offer an alternative option for prescription drug coverage through the traditional Medicare program, in addition to private plans under Part D	64	72	79	46	67
Leave the current situation as is, with prescription drug coverage available on a voluntary basis through private plans in Part D	17	10	14	37	7

Note: Highlight denotes significant difference

TABLE 5
GIVING MEDICARE AUTHORITY TO NEGOTIATE DRUG PRICES
"How much do you favor or oppose giving Medicare the authority to negotiate prices for drugs provided to Part D enrollees?"

Base: All Respondents

	Total (N=180)	**Academic/ Research Inst.** (n=98)	**Health Care Delivery** (n=43)	**Business/ Insurance/ Other Health Care Industry** (n=41)	**Other** (n=27)
	%	**%**	**%**	**%**	**%**
Favor (net)	**82**	**90**	**88**	**61**	**96**
Strongly favor	61	70	67	37	81
Favor	21	19	21	24	15
Oppose (net)	**14**	**6**	**9**	**37**	**4**
Oppose	7	2	7	17	—
Strongly oppose	8	4	2	20	4
Don't know	2	3	—	2	—

Note: Highlight denotes significant difference

TABLE 6
TYPE OF EMPLOYMENT
"How would you describe your current employment position?"

Base: All Respondents

	%
Teacher, researcher, professor	29
Physician	14
CEO/President	15
Policy analyst	28
Administration/Management	16
Consultant	13
Department head/Dean	6
Foundation officer	8
Health care purchaser	4
Policymaker or policy staff (federal)	2
Consumer advocate	7
Other health care provider (not physician)	2
Lobbyist	3
Policymaker or policy staff (state)	2
Regulator	—
Other	3
Retired	6
Investment analyst	—

TABLE 7
PLACE OF EMPLOYMENT
"Which of the following best describes the type of place or institution for which you work?"

Base: All Respondents

	%
Academic and Research Institutions	**54**
Medical, public health, nursing, or other health professional school	27
Think tank/Health care institute/Policy research institution	18
University setting not in a medical, public health, nursing, or other health professional school	7
Foundation	9
Medical publisher	1

Business/Insurance/Other Health Industry	**23**
Health care consulting firm	7
Health insurance/managed care industry	5
CEO/CFO/Benefits manager	3
Drug manufacturer	3
Health care improvement organization	3
Accrediting body and organization (non-governmental)	1
Biotech company	1
Device company	1
Polling organization	1
Health insurance and business association or organization	1
Pharmaceutical/Medical device trade association organization	1
Health Care Delivery	**24**
Medical society or professional association or organization	9
Hospital	6
Physician practice/Other clinical practice (patient care)	4
Hospital or related professional association or organization	4
Clinic	3
Nursing home/Long-term care facility	1
Allied health society or professional association or organization	1
Other	**15**
Labor/Consumers/Seniors' advocacy group	6
Staff for a federal elected official or federal legislative committee	2
Non-elected federal executive branch official	1
Staff for non-elected federal executive branch official	—
Non-elected state executive branch official	1
Staff for a state elected official or state legislative committee	1
Staff for elected non-federal executive branch official (repeat)	—
Staff for non-elected state executive branch official	1
Other	4

TABLE 8
PERMISSION TO BE NAMED AS A SURVEY PARTICIPANT

Base: All Respondents

	%
Yes	86
No	13

Appendix A

Methodology

This survey was conducted online by Harris Interactive on behalf of The Commonwealth Fund among 180 opinion leaders in health policy and innovators in health care delivery and finance within the United States between June 1, 2006, and June 19, 2006. No weighting was applied to these results.

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 sectors 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 1,246 people.

Harris Interactive sent out individual e-mail invitations containing a password-protected link to the entire sample. Data collection took place between June 1, 2006, and June 19, 2006. A total of four reminders was sent to anyone who had not responded. A total of 180 respondents completed the survey.

With a pure probability sample of 180 adults one could say with a ninety-five percent probability that the overall results have a sampling error of +/-7 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.

About Harris Interactive

Harris Interactive is the 13th largest and fastest-growing market research firm in the world. The company provides research-driven insights and strategic advice to help its clients make more confident decisions which lead to measurable and enduring improvements in performance. Harris Interactive is widely known for *The Harris Poll*, one of the longest running, independent opinion polls and for pioneering online market research methods. The company has built what could conceivably be the world's largest panel of survey respondents, the Harris Poll Online. Harris Interactive serves clients worldwide through its United States, Europe and Asia offices, its wholly-owned subsidiary Novatris in France and through a global network of independent market research firms. The service bureau, HISB, provides its market research industry clients with mixed-mode data collection, panel development services as well as syndicated and tracking research consultation. More information about Harris Interactive may be obtained at www.harrisinteractive.com.

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