## TABLE 1
## PERCEIVED EFFECTIVENESS OF CURRENT PAYMENT APPROACH

"Under the current payment approach, payment is given to each provider for individual services provided to each patient. How effective do you think this payment system is at encouraging high-quality and efficient care?"

Base: 222 respondents

| | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|
| | % | % | % | % | % |
| **Very effective/Effective (Net)** | **7** | **7** | **10** | **8** | **4** |
| Very effective | 2 | 2 | 2 | 3 | — |
| Effective | 5 | 5 | 8 | 5 | 4 |
| Somewhat effective | 22 | 23 | 27 | 17 | 23 |
| Not effective | 69 | 68 | 60 | 71 | 73 |
| Not sure | 2 | 2 | 3 | 3 | — |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

**TABLE 2**
**EXPECTED EFFECTIVENESS OF POLICY STRATEGIES FOR IMPROVING PERFORMANCE**

"How effective do you think each of the following policy strategies would be in improving U.S. health system performance (improving quality and/or reducing costs)?"

Base: 222 respondents

| | | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|---|
| | | **%** | **%** | **%** | **%** | **%** |
| Fundamental provider payment reform with broader incentives to provide high-quality and efficient care over time | **Very effective/Effective (Net)** | **85** | **81** | **88** | **80** | **85** |
| | Very effective | 45 | 32 | 53 | 37 | 54 |
| | Effective | 40 | 49 | 35 | 43 | 31 |
| | Somewhat effective | 11 | 15 | 8 | 13 | 12 |
| | Not effective | 1 | 1 | — | 2 | 4 |
| | Not sure | 3 | 4 | 3 | 6 | — |
| Bonus payments for high-quality providers and/or efficient providers | **Very effective/Effective (Net)** | **55** | **43** | **62** | **62** | **57** |
| | Very effective | 14 | 6 | 22 | 11 | 15 |
| | Effective | 41 | 37 | 40 | 51 | 42 |
| | Somewhat effective | 36 | 50 | 28 | 30 | 23 |
| | Not effective | 8 | 7 | 8 | 6 | 19 |
| | Not sure | 2 | 1 | 2 | 2 | — |
| Public reporting of information on provider quality and efficiency | **Very effective/Effective (Net)** | **53** | **45** | **52** | **51** | **58** |
| | Very effective | 18 | 9 | 17 | 19 | 35 |
| | Effective | 35 | 36 | 35 | 32 | 23 |
| | Somewhat effective | 39 | 47 | 40 | 41 | 27 |
| | Not effective | 6 | 6 | 5 | 5 | 12 |
| | Not sure | 2 | 2 | 3 | 2 | — |

| | | Total (n=222) | Academic/ Research Inst. (n=101) | Health Care Delivery (n=60) | Business/ Insurance/ Other Health Care Industry (n=63) | Government/ Labor/ Consumer Advocacy (n=26) |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Incentives for patients to choose high-quality, efficient providers | **Very effective/Effective (Net)** | **42** | **26** | **45** | **49** | **54** |
| | Very effective | 15 | 7 | 20 | 16 | 12 |
| | Effective | 27 | 19 | 25 | 33 | 42 |
| | Somewhat effective | 42 | 57 | 35 | 33 | 27 |
| | Not effective | 13 | 14 | 18 | 14 | 15 |
| | Not sure | 3 | 3 | 2 | 3 | 4 |
| Increased competition among health care providers | **Very effective/Effective (Net)** | **28** | **20** | **24** | **41** | **20** |
| | Very effective | 10 | 8 | 7 | 17 | 12 |
| | Effective | 18 | 12 | 17 | 24 | 8 |
| | Somewhat effective | 42 | 47 | 40 | 35 | 50 |
| | Not effective | 27 | 31 | 33 | 24 | 23 |
| | Not sure | 3 | 3 | 3 | — | 8 |
| Increased government regulation of providers | **Very effective/Effective (Net)** | **25** | **26** | **12** | **24** | **30** |
| | Very effective | 9 | 7 | 5 | 8 | 15 |
| | Effective | 16 | 19 | 7 | 16 | 15 |
| | Somewhat effective | 45 | 51 | 50 | 41 | 42 |
| | Not effective | 28 | 20 | 37 | 33 | 27 |
| | Not sure | 1 | 2 | — | 2 | — |
| More consumer cost-sharing | **Very effective/Effective (Net)** | **19** | **14** | **20** | **27** | **23** |
| | Very effective | 5 | 3 | 3 | 10 | 4 |
| | Effective | 14 | 11 | 17 | 17 | 19 |
| | Somewhat effective | 30 | 24 | 35 | 37 | 19 |
| | Not effective | 49 | 60 | 43 | 37 | 58 |
| | Not sure | 1 | 2 | 2 | — | — |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 3
## EXPECTED EFFECTIVENESS OF PAYMENT APPROACHES AT FACILITATING A MORE EFFICIENT SYSTEM

"How effective do you think each of the following payment approaches would be in facilitating a more efficient health care system?"

Base: 222 respondents

| | | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|---|
| | | **%** | **%** | **%** | **%** | **%** |
| A blend of the modified fee-for-service and bundled per-patient payment systems | **Very effective/ Effective (Net)** | **62** | **55** | **69** | **62** | **58** |
| | Very effective | 25 | 19 | 32 | 25 | 31 |
| | Effective | 37 | 36 | 37 | 37 | 27 |
| | Somewhat effective | 25 | 32 | 22 | 22 | 31 |
| | Not effective | 7 | 8 | 3 | 8 | 12 |
| | Not sure | 6 | 6 | 7 | 8 | — |
| Bundled per-patient payment (a single payment for all services provided to the patient during the year), with bonus payments for high quality | **Very effective/ Effective (Net)** | **51** | **55** | **43** | **58** | **47** |
| | Very effective | 19 | 17 | 20 | 29 | 12 |
| | Effective | 32 | 38 | 23 | 29 | 35 |
| | Somewhat effective | 27 | 27 | 28 | 21 | 35 |
| | Not effective | 14 | 13 | 17 | 14 | 12 |
| | Not sure | 7 | 5 | 10 | 6 | 8 |
| A modified fee-for-service system, with bonus payments for high quality and efficiency | **Very effective/ Effective (Net)** | **23** | **14** | **32** | **26** | **16** |
| | Very effective | 5 | 2 | 10 | 5 | 4 |
| | Effective | 18 | 12 | 22 | 21 | 12 |
| | Somewhat effective | 57 | 64 | 57 | 54 | 62 |
| | Not effective | 17 | 19 | 12 | 16 | 19 |
| | Not sure | 2 | 2 | — | 2 | 4 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 4
## PREFERRED PAYMENT SYSTEM

"Of these options, which do you prefer?"

Base: 222 respondents

| | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|
| | **%** | **%** | **%** | **%** | **%** |
| A blend of the modified fee-for-service (with bonus payments for high quality and efficiency) and bundled per-patient payment systems (a single payment for all services provided to the patient during the year with bonus payments for high quality) | 53 | 49 | 63 | 44 | 50 |
| Bundled per-patient payment (a single payment for all services provided to the patient during the year), with bonus payments for high quality | 23 | 29 | 15 | 30 | 19 |
| A modified fee-for-service system, with bonus payments for high quality and efficiency | 9 | 7 | 13 | 6 | 8 |
| The current fee-for-service payment system (payment to each provider for individual services provided to each patient) | 1 | — | — | 2 | 4 |
| None of these | 11 | 11 | 7 | 16 | 15 |
| Not sure | 3 | 4 | 2 | 2 | 4 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 5
## EXPECTED EFFECTIVENESS OF PLANS FOR IMPROVING EFFICIENCY

"Two approaches for encouraging improved efficiency are "paying for performance on efficiency" (providing bonus payments for high performance on measures of efficiency) and "shared accountability for resource use" (holding health care organizations including hospitals and physicians accountable for use of resources in care of patients over time and sharing a portion of any savings with the accountable care organizations). How effective do you believe each of these approaches would be in improving efficiency?"

Base: 222 respondents

| | | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|---|
| | | **%** | **%** | **%** | **%** | **%** |
| Shared accountability for resource use | **Very effective/ Effective (Net)** | **57** | **58** | **62** | **63** | **42** |
| | Very effective | 24 | 25 | 25 | 22 | 23 |
| | Effective | 33 | 33 | 37 | 41 | 19 |
| | Somewhat effective | 27 | 28 | 27 | 24 | 35 |
| | Not effective | 7 | 6 | 5 | 8 | 12 |
| | Not sure | 8 | 9 | 7 | 5 | 8 |
| Paying for performance on efficiency | **Very effective/ Effective (Net)** | **37** | **30** | **41** | **47** | **35** |
| | Very effective | 7 | 3 | 13 | 10 | 8 |
| | Effective | 30 | 27 | 28 | 37 | 27 |
| | Somewhat effective | 43 | 51 | 35 | 35 | 54 |
| | Not effective | 12 | 12 | 15 | 13 | 8 |
| | Not sure | 7 | 7 | 7 | 5 | 4 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 6
## SUPPORT FOR STRATEGIES TO REALIGN PAYMENT FOR IMPROVED EFFICIENCY AND EFFECTIVENESS

"Several approaches to realigning provider payment have been suggested to improve the efficiency and effectiveness with which health care is delivered. Please indicate your level of support for each."

Base: 222 respondents

| | | Total (n=222) | Academic/ Research Inst. (n=101) | Health Care Delivery (n=60) | Business/ Insurance/ Other Health Care Industry (n=63) | Government/ Labor/ Consumer Advocacy (n=26) |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Revise the Medicare resource-based relative value schedule (RBRVS) to increase payments for primary care | **Strongly support/Support (Net)** | **85** | **83** | **90** | **85** | **85** |
| | Strongly support | 63 | 65 | 75 | 52 | 58 |
| | Support | 22 | 18 | 15 | 33 | 27 |
| | Somewhat support | 9 | 13 | 7 | 6 | 15 |
| | Do not support | 4 | 3 | 2 | 6 | — |
| | Not sure | 2 | 1 | 2 | 2 | — |
| Pay for transitional care services, such as phone calls to high-risk patients following hospital discharge | **Strongly support/Support (Net)** | **77** | **79** | **82** | **63** | **81** |
| | Strongly support | 36 | 39 | 40 | 22 | 27 |
| | Support | 41 | 40 | 42 | 41 | 54 |
| | Somewhat support | 14 | 12 | 13 | 22 | 15 |
| | Do not support | 5 | 6 | 3 | 13 | — |
| | Not sure | 2 | 4 | — | — | 4 |
| Pay physician practices a monthly per-patient fee for serving as a patient-centered medical home that meets standards and demonstrates better outcomes for patients | **Strongly support/Support (Net)** | **74** | **71** | **82** | **75** | **69** |
| | Strongly support | 43 | 43 | 50 | 35 | 50 |
| | Support | 31 | 28 | 32 | 40 | 19 |
| | Somewhat support | 17 | 20 | 8 | 19 | 27 |
| | Do not support | 6 | 8 | 7 | 5 | — |
| | Not sure | 3 | 2 | 3 | 2 | 4 |
| Eliminate payments resulting from avoidable infections and other complications that occur in the hospital ("never events") | **Strongly support/Support (Net)** | **67** | **64** | **58** | **71** | **69** |
| | Strongly support | 38 | 36 | 25 | 46 | 38 |
| | Support | 29 | 28 | 33 | 25 | 31 |
| | Somewhat support | 25 | 28 | 27 | 24 | 23 |
| | Do not support | 7 | 6 | 15 | 5 | 8 |
| | Not sure | 1 | 2 | — | — | — |

| | | Total (n=222) | Academic/ Research Inst. (n=101) | Health Care Delivery (n=60) | Business/ Insurance/ Other Health Care Industry (n=63) | Government/ Labor/ Consumer Advocacy (n=26) |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Reduce physician fees for unusually high-priced, high-volume services | **Strongly support/Support (Net)** | **65** | **74** | **62** | **58** | **58** |
| | Strongly support | 33 | 42 | 27 | 29 | 23 |
| | Support | 32 | 32 | 35 | 29 | 35 |
| | Somewhat support | 18 | 13 | 17 | 25 | 27 |
| | Do not support | 9 | 6 | 12 | 11 | 12 |
| | Not sure | 7 | 6 | 8 | 5 | — |
| A global fee for hospital acute-care episodes including the hospital admission and post-acute care, inpatient physician services, and all inpatient or emergency care for 30 days after the hospital discharge | **Strongly support/Support (Net)** | **61** | **66** | **58** | **65** | **50** |
| | Strongly support | 26 | 24 | 25 | 25 | 19 |
| | Support | 35 | 42 | 33 | 40 | 31 |
| | Somewhat support | 21 | 16 | 13 | 21 | 8 |
| | Do not support | 10 | 10 | 17 | 8 | 12 |
| | Not sure | 9 | 9 | 10 | 6 | — |
| Reduce DRG (diagnosis-related group) payments for unusually profitable hospital services, such as some cardiac and orthopedic procedures | **Strongly support/Support (Net)** | **56** | **63** | **43** | **59** | **69** |
| | Strongly support | 29 | 35 | 18 | 30 | 27 |
| | Support | 27 | 28 | 25 | 29 | 42 |
| | Somewhat support | 21 | 22 | 18 | 22 | 15 |
| | Do not support | 15 | 9 | 25 | 14 | 15 |
| | Not sure | 8 | 7 | 12 | 5 | — |
| Financial incentives/ penalties for hospitals based on their 30-day readmission rates | **Strongly supportSupport (Net)** | **54** | **54** | **43** | **62** | **62** |
| | Strongly support | 16 | 19 | 10 | 11 | 27 |
| | Support | 38 | 35 | 33 | 51 | 35 |
| | Somewhat support | 26 | 24 | 32 | 21 | 27 |
| | Do not support | 15 | 19 | 20 | 14 | 8 |
| | Not sure | 5 | 4 | 5 | 3 | 4 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 7
## SUPPORT FOR STRATEGIES TO REDUCE GROWTH OF HEALTH CARE COSTS

"Please indicate your level of support for each of the following strategies to reduce the growth of health care costs."

Base: 222 respondents

| | | Total (n=222) | Academic/ Research Inst. (n=101) | Health Care Delivery (n=60) | Business/ Insurance/ Other Health Care Industry (n=63) | Government/ Labor/ Consumer Advocacy (n=26) |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medicare should negotiate pharmaceutical prices | **Strongly support/Support(Net)** | **72** | **77** | **78** | **63** | **73** |
| | Strongly support | 51 | 57 | 53 | 38 | 54 |
| | Support | 21 | 20 | 25 | 25 | 19 |
| | Somewhat support | 11 | 11 | 10 | 13 | 12 |
| | Do not support | 12 | 8 | 7 | 21 | 12 |
| | Not sure | 3 | 3 | 5 | 2 | 4 |
| Reimbursement for durable medical equipment should be based on competitive bidding with Medicare paying a price based on the distribution of bids | **Strongly support/Support(Net)** | **73** | **80** | **65** | **70** | **69** |
| | Strongly support | 41 | 40 | 38 | 35 | 38 |
| | Support | 32 | 40 | 27 | 35 | 31 |
| | Somewhat support | 11 | 8 | 13 | 16 | 15 |
| | Do not support | 2 | 3 | 7 | — | — |
| | Not sure | 12 | 9 | 13 | 13 | 15 |
| Differential rates among payers should be narrowed over time, bringing up Medicaid and Medicare and lowering commercial payments | **Strongly support/Support(Net)** | **57** | **54** | **55** | **54** | **57** |
| | Strongly support | 23 | 25 | 22 | 22 | 15 |
| | Support | 34 | 29 | 33 | 32 | 42 |
| | Somewhat support | 22 | 21 | 25 | 25 | 31 |
| | Do not support | 13 | 16 | 12 | 11 | 8 |
| | Not sure | 7 | 9 | 8 | 8 | 4 |
| The Sustainable Growth Rate formula underlying Medicare physician payment should be replaced with a budget target for Medicare outlays per beneficiary across all Medicare services | **Strongly support/Support(Net)** | **40** | **40** | **48** | **38** | **35** |
| | Strongly support | 11 | 14 | 8 | 8 | 4 |
| | Support | 29 | 26 | 40 | 30 | 31 |
| | Somewhat support | 17 | 18 | 17 | 21 | 19 |
| | Do not support | 15 | 14 | 20 | 17 | 19 |
| | Not sure | 26 | 28 | 15 | 22 | 27 |

| | | Total (n=222) | Academic/ Research Inst. (n=101) | Health Care Delivery (n=60) | Business/ Insurance/ Other Health Care Industry (n=63) | Government/ Labor/ Consumer Advocacy (n=26) |
|---|---|---|---|---|---|---|
| | | % | % | % | % | % |
| Medicare should achieve savings by adjusting payment updates in high-cost geographic areas | **Strongly support/Support(Net)** | **45** | **50** | **36** | **46** | **39** |
| | Strongly support | 17 | 18 | 18 | 14 | 12 |
| | Support | 28 | 32 | 18 | 32 | 27 |
| | Somewhat support | 23 | 25 | 30 | 25 | 23 |
| | Do not support | 15 | 12 | 20 | 8 | 27 |
| | Not sure | 15 | 13 | 10 | 19 | 12 |
| States should be encouraged to reinstitute all-payer systems of establishing hospital payment rates | **Strongly support/Support(Net)** | **41** | **49** | **32** | **33** | **50** |
| | Strongly support | 16 | 25 | 10 | 11 | 15 |
| | Support | 25 | 24 | 22 | 22 | 35 |
| | Somewhat support | 15 | 12 | 20 | 21 | 19 |
| | Do not support | 20 | 19 | 22 | 22 | 8 |
| | Not sure | 22 | 20 | 25 | 21 | 23 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 8
## SUPPORT FOR MEDICARE HEALTH BOARD

"Recently, there has been policy interest in creating a Medicare Health Board that would enable Medicare to innovate within broad guidelines. Congress would establish a Medicare Health Board, headed by full-time Board members with long terms (e.g., 9 years) to make Medicare payment and benefit decisions subject to Congressional guidelines. Congress would also delegate to the Medicare Health Board authority to set specific payment methods and rates and address other payment and coverage issues. Please indicate your level of support for such a process."

Base: 222 respondents

| | **Total** (n=222) | **Academic/ Research Inst.** (n=101) | **Health Care Delivery** (n=60) | **Business/ Insurance/ Other Health Care Industry** (n=63) | **Government/ Labor/ Consumer Advocacy** (n=26) |
|---|---|---|---|---|---|
| | **%** | **%** | **%** | **%** | **%** |
| **Strongly support/Support(Net)** | **56** | **60** | **50** | **53** | **47** |
| Strongly support | 21 | 26 | 23 | 16 | 12 |
| Support | 35 | 34 | 27 | 37 | 35 |
| Somewhat support | 21 | 15 | 23 | 30 | 27 |
| Do not support | 9 | 8 | 10 | 10 | 8 |
| Not sure | 14 | 18 | 17 | 8 | 19 |

Notes: Total respondents adds up to 222 because of overlap in respondent groups.
Percentages may not add up to 100 percent because of rounding or no response.

## TABLE 9
## TYPE OF EMPLOYMENT

"How would you describe your current employment position?"

Base: 222 respondents

| | % |
|---|---|
| Researcher/Professor/Teacher | 31 |
| CEO/President | 26 |
| Policy analyst | 22 |
| Physician | 18 |
| Management/Administration | 14 |
| Consultant | 12 |
| Health care purchaser | 7 |
| Foundation officer | 6 |
| Consumer advocate | 5 |
| Dean or department head | 5 |
| Retired | 5 |
| Policymaker or policy staff (federal) | 4 |
| Policymaker or policy staff (state) | 3 |
| Lobbyist | 3 |
| Other health care provider (not physician) | 3 |
| Regulator | 1 |
| Investment analyst | — |
| Other | 6 |

Note: Percentages do not add up to 100 percent because of overlap in employment types.

## TABLE 10
## PLACE OF EMPLOYMENT

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

Base: 222 respondents

| | % |
|---|---|
| **Academic and Research Institutions** | **45** |
| Medical, public health, nursing, or other health professional school | 21 |
| Think tank/Health care institute/Policy research institution | 15 |
| University setting not in a medical, public health, nursing, or other health professional school | 7 |
| Foundation | 5 |
| Medical publisher | 1 |
| **Other Industry/Business Settings** | **25** |
| Health care consulting firm | 10 |
| Health care improvement organization | 7 |
| CEO, CFO, Benefits Manager | 3 |
| Accrediting body and organization (non-governmental) | 1 |
| Polling organization | 1 |
| Other | 5 |
| **Professional, Trade, Consumer Organizations** | **20** |
| Medical society or professional association or organization | 9 |
| Hospital or related professional association or organization | 5 |
| Labor/Consumer/Seniors' advocacy group | 3 |
| Health insurance and business association or organization | 2 |
| Allied health society or professional association or organization | 1 |
| Pharmaceutical/Medical device trade association organization | 1 |
| Financial services industry | — |
| **Health Care Delivery** | **18** |
| Hospital | 9 |
| Health insurance/Managed care industry | 6 |
| Clinic | 5 |
| Physician practice/Other clinical practice (patient care) | 4 |
| Nursing home/Long-term care facility | 1 |
| **Government** | **6** |
| Non-elected state executive-branch official | 3 |
| Staff for a state elected official or state legislative committee | 1 |
| Staff for a federal elected official or federal legislative committee | 1 |
| Non-elected federal executive-branch official | 1 |
| Staff for non-elected federal executive-branch official | — |
| Staff for non-elected state executive-branch official | — |
| **Pharmaceutical Industry** | **2** |
| Drug manufacturer | 2 |
| Biotech company | 1 |
| Device company | — |

Note: Percentages in respondent groups do not add up because of overlap in subgroups.