

**TABLE 1
MEDICARE'S SUCCESS AT SPECIFIC OBJECTIVES**

“How successful has Medicare been in accomplishing each of the following specific objectives?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=214)	Academic/ Research Inst. (n=110)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Providing guaranteed access to basic needed medical care for the elderly and the disabled	n=	214	110	42	59	16
	Extremely/Very Successful	83%	86%	74%	76%	94%
	Extremely Successful	42%	45%	40%	39%	38%
	Very Successful	42%	41%	33%	37%	56%
	Somewhat Successful	15%	13%	24%	19%	6%
	Not Very/Not At All Successful	2%	1%	2%	5%	-
	Not Very Successful	1%	1%	-	3%	-
Not At All Successful	*	-	2%	2%	-	
Providing beneficiaries with stable, predictable coverage over	n=	214	110	42	59	16
	Extremely/Very Successful	82%	89%	83%	73%	81%
	Extremely Successful	37%	41%	33%	32%	44%
	Very Successful	45%	48%	50%	41%	38%
	Somewhat Successful	16%	9%	14%	27%	19%
	Not Very/Not At All Successful	1%	2%	2%	-	-
	Not Very Successful	1%	2%	-	-	-
Not At All Successful	*	-	2%	-	-	
Helping to decrease income and racial disparities through improved access to care and providing support for health care providers serving the poor and uninsured	n=	214	110	42	59	16
	Extremely/Very Successful	36%	39%	38%	27%	38%
	Extremely Successful	7%	12%	-	2%	6%
	Very Successful	29%	27%	38%	25%	31%
	Somewhat Successful	42%	44%	33%	46%	44%
	Not Very/Not At All Successful	17%	13%	29%	22%	6%
	Not Very Successful	14%	10%	21%	20%	6%
Not At All Successful	3%	3%	7%	2%	-	

* denotes less than 1% of respondents

TABLE 1 (CONT'D)
MEDICARE'S SUCCESS AT SPECIFIC OBJECTIVES

“How successful has Medicare been in accomplishing each of the following specific objectives?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
Encouraging the growth of integrated health care delivery systems and HMOs	n=	214	110	42	59	16
	Extremely/Very Successful	5%	5%	5%	-	-
	Extremely Successful	1%	1%	-	-	-
	Very Successful	4%	5%	5%	-	-
	Somewhat Successful	32%	37%	29%	22%	50%
	Not Very/Not At All Successful	61%	56%	64%	73%	50%
	Not Very Successful	40%	45%	43%	39%	38%
	Not At All Successful	21%	12%	21%	34%	13%
Using its purchasing leverage to improve the quality of care	n=	214	110	42	59	16
	Extremely/Very Successful	6%	8%	7%	3%	-
	Extremely Successful	*	-	-	-	-
	Very Successful	6%	8%	7%	3%	-
	Somewhat Successful	30%	30%	31%	29%	19%
	Not Very/Not At All Successful	63%	61%	62%	66%	81%
	Not Very Successful	49%	53%	40%	42%	81%
	Not At All Successful	14%	8%	21%	24%	-
Using its purchasing leverage to control health care costs	n=	214	110	42	59	16
	Extremely/Very Successful	4%	5%	-	3%	-
	Extremely Successful	1%	1%	-	-	-
	Very Successful	3%	4%	-	3%	-
	Somewhat Successful	33%	35%	38%	27%	31%
	Not Very/Not At All Successful	62%	58%	62%	69%	69%
	Not Very Successful	38%	38%	36%	37%	63%
	Not At All Successful	23%	20%	26%	32%	6%

* denotes less than 1% of respondents

TABLE 1 (CONT'D)
MEDICARE'S SUCCESS AT SPECIFIC OBJECTIVES

“How successful has Medicare been in accomplishing each of the following specific objectives?”

Note: Percentages may not add up to 100 percent due to rounding or no response

	n=	213	110	41	59	16
Using its purchasing leverage to promote high health system performance	Extremely/Very Successful	3%	5%	2%	2%	-
	Extremely Successful	1%	1%	-	-	-
	Very Successful	2%	4%	2%	2%	-
	Somewhat Successful	26%	28%	20%	20%	13%
	Not Very/Not At All Successful	70%	66%	78%	78%	88%
	Not Very Successful	47%	49%	61%	36%	88%
	Not At All Successful	23%	17%	17%	42%	-

* denotes less than 1% of respondents

**TABLE 2 [1/3]
MEDICARE PAYMENT METHODS**

“Policymakers also have expressed interest in facilitating Medicare’s ability to develop, implement, and test innovations in payment methods (such as medical homes, accountable care organizations, and other models of health care organization) and other program improvements in a way that is flexible and timely—while protecting the program’s fiscal integrity—and allows for the adoption of approaches that appear to be successful.

How strongly would you favor or oppose expansion of the Secretary of Health and Human Services’ authority to put Medicare payment pilots that meet appropriate requirements on a ‘fast track,’ with the ability to extend their duration and scope if they appear to be successful?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

	Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
	%	%	%	%	%
Strongly/Somewhat Favor	95%	97%	93%	93%	94%
Strongly Favor	74%	76%	79%	69%	94%
Somewhat Favor	21%	22%	14%	24%	-
Neither Favor Nor Oppose	*	-	-	2%	-
Strongly/Somewhat Oppose	4%	3%	7%	5%	6%
Somewhat Oppose	2%	-	5%	3%	-
Strongly Oppose	2%	3%	2%	2%	6%

**TABLE 2 [2/3]
MEDICARE PAYMENT METHODS**

“Policymakers also have expressed interest in facilitating Medicare’s ability to develop, implement, and test innovations in payment methods (such as medical homes, accountable care organizations, and other models of health care organization) and other program improvements in a way that is flexible and timely—while protecting the program’s fiscal integrity—and allows for the adoption of approaches that appear to be successful.

How strongly would you favor or oppose expansion of the Secretary of Health and Human Services’ authority to work with private payers, providers, and other interested parties to develop and implement multi-payer payment initiatives (including Medicare, Medicaid, and private payers) in selected areas.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

	Total (n=209)	Academic/ Research Inst. (n=106)	Health Care Delivery (n=41)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
	%	%	%	%	%
Strongly/Somewhat Favor	94%	93%	93%	95%	88%
Strongly Favor	68%	70%	71%	64%	69%
Somewhat Favor	26%	24%	22%	31%	19%
Neither Favor Nor Oppose	3%	5%	-	3%	13%
Strongly/Somewhat Oppose	2%	2%	7%	2%	-
Somewhat Oppose	*	-	-	2%	-
Strongly Oppose	2%	2%	7%	-	-

**TABLE 2 [3/3]
MEDICARE PAYMENT METHODS**

“Policymakers also have expressed interest in facilitating Medicare’s ability to develop, implement, and test innovations in payment methods (such as medical homes, accountable care organizations, and other models of health care organization) and other program improvements in a way that is flexible and timely—while protecting the program’s fiscal integrity—and allows for the adoption of approaches that appear to be successful.

How strongly would you favor or oppose requiring Medicare to participate in the development of state/regional/national all-payer databases, including Medicare, Medicaid, and private insurance data, to provide a foundation for research, policy development, and monitoring and evaluation?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

	Total (n=214)	Academic/ Research Inst. (n=110)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
	%	%	%	%	%
Strongly/Somewhat Favor	91%	93%	88%	86%	94%
Strongly Favor	73%	74%	74%	66%	81%
Somewhat Favor	18%	19%	14%	20%	13%
Neither Favor Nor Oppose	3%	4%	2%	3%	-
Strongly/Somewhat Oppose	7%	4%	10%	10%	6%
Somewhat Oppose	4%	1%	7%	8%	-
Strongly Oppose	2%	3%	2%	2%	6%

* denotes less than 1% of respondents

TABLE 3
REDUCING MEDICARE ADVANTAGE PAYMENTS TO MATCH COSTS IN LOCAL AREAS

“Payments to Medicare Advantage plans in 2009 are projected to be 13 percent (\$11 billion, or \$1,100 per enrollee) greater than the corresponding costs in traditional Medicare. Policymakers have proposed reducing these payments to correspond more closely to the costs that Medicare Advantage plans face in their local areas. How strongly do you favor or oppose these proposals?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

	Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
	%	%	%	%	%
Strongly/Somewhat Favor	76%	81%	88%	63%	94%
Strongly Favor	55%	60%	60%	41%	81%
Somewhat Favor	21%	21%	29%	22%	13%
Neither Favor Nor Oppose	7%	5%	5%	8%	-
Strongly/Somewhat Oppose	18%	14%	7%	29%	6%
Somewhat Oppose	10%	10%	5%	10%	-
Strongly Oppose	8%	4%	2%	19%	6%

**TABLE 4
MEDICARE ADVISORY COUNCIL**

“Members of Congress and the Administration have discussed the creation of an independent Medicare advisory council with authority to make payment and benefit design decisions within parameters established by Congress and subject to review by the President and Congress. Please indicate the degree to which you favor or oppose the creation of an independent Medicare advisory council.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

	Total (n=214)	Academic/ Research Inst. (n=110)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
	%	%	%	%	%
Strongly/Somewhat Favor	75%	82%	76%	73%	69%
Strongly Favor	44%	50%	40%	36%	56%
Somewhat Favor	31%	32%	36%	37%	13%
Neither Favor Nor Oppose	7%	7%	2%	8%	-
Strongly/Somewhat Oppose	18%	11%	21%	19%	31%
Somewhat Oppose	9%	7%	7%	10%	19%
Strongly Oppose	9%	4%	14%	8%	13%

**TABLE 5
MEDICARE ADVISORY COUNCIL AUTHORITY**

“If Congress were to create an independent Medicare advisory council, please indicate the degree to which you favor or oppose granting the entity the following authority, subject to Congressional and Presidential review.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Develop, test, and implement payment reforms rapidly and flexibly	n=	215	111	42	59	16
	Strongly/Somewhat Favor	88%	94%	83%	83%	94%
	Strongly Favor	57%	58%	52%	56%	75%
	Somewhat Favor	31%	36%	31%	27%	19%
	Neither Favor Nor Oppose	3%	4%	-	3%	6%
	Strongly/Somewhat Oppose	9%	3%	17%	14%	-
	Somewhat Oppose	3%	2%	7%	3%	-
	Strongly Oppose	6%	1%	10%	10%	-
Collaborate in multi-payer initiatives including Medicare, private payers, and/or Medicaid	n=	214	111	41	59	16
	Strongly/Somewhat Favor	89%	92%	83%	86%	94%
	Strongly Favor	50%	55%	37%	44%	56%
	Somewhat Favor	39%	37%	46%	42%	38%
	Neither Favor Nor Oppose	5%	5%	7%	3%	-
	Strongly/Somewhat Oppose	6%	3%	10%	10%	6%
	Somewhat Oppose	2%	3%	2%	-	6%
	Strongly Oppose	4%	-	7%	10%	-
Alter beneficiary incentives based on effectiveness of services, drugs, and devices	n=	213	111	42	58	15
	Strongly/Somewhat Favor	86%	87%	83%	84%	87%
	Strongly Favor	45%	48%	45%	33%	53%
	Somewhat Favor	41%	40%	38%	52%	33%
	Neither Favor Nor Oppose	5%	5%	5%	2%	7%
	Strongly/Somewhat Oppose	9%	7%	12%	14%	7%
	Somewhat Oppose	5%	5%	7%	5%	7%
	Strongly Oppose	4%	2%	5%	9%	-

**TABLE 5 [CON'T]
MEDICARE ADVISORY COUNCIL AUTHORITY**

“If Congress were to create an independent Medicare advisory council, please indicate the degree to which you favor or oppose granting the entity the following authority, subject to Congressional and Presidential review.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Establish provider participation standards	n=	214	110	42	58	16
	Strongly/Somewhat Favor	76%	81%	69%	76%	88%
	Strongly Favor	44%	50%	36%	38%	50%
	Somewhat Favor	32%	31%	33%	38%	38%
	Neither Favor Nor Oppose	14%	15%	19%	10%	13%
	Strongly/Somewhat Oppose	10%	5%	12%	14%	-
	Somewhat Oppose	4%	2%	2%	5%	-
	Strongly Oppose	6%	3%	10%	9%	-
Encourage fundamental delivery system reform	n=	215	111	42	59	16
	Strongly/Somewhat Favor	86%	86%	83%	88%	81%
	Strongly Favor	64%	69%	64%	59%	75%
	Somewhat Favor	22%	17%	19%	29%	6%
	Neither Favor Nor Oppose	6%	6%	7%	2%	13%
	Strongly/Somewhat Oppose	8%	7%	10%	10%	6%
	Somewhat Oppose	3%	5%	2%	-	6%
	Strongly Oppose	5%	2%	7%	10%	-
Meet 10-year targets on spending per beneficiary	n=	215	111	42	59	16
	Strongly/Somewhat Favor	67%	73%	52%	73%	81%
	Strongly Favor	33%	34%	31%	31%	31%
	Somewhat Favor	35%	39%	21%	42%	50%
	Neither Favor Nor Oppose	14%	14%	21%	7%	-
	Strongly/Somewhat Oppose	19%	13%	26%	20%	19%
	Somewhat Oppose	10%	7%	17%	10%	13%
	Strongly Oppose	8%	5%	10%	10%	6%

**TABLE 5 [CON'T]
MEDICARE ADVISORY COUNCIL AUTHORITY**

“If Congress were to create an independent Medicare advisory council, please indicate the degree to which you favor or oppose granting the entity the following authority, subject to Congressional and Presidential review.”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 215 respondents

		Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)	
	n=	215	111	42	59	16
Develop policies that could be applied by Congress not only to Medicare, but also to Medicaid and other payers, to align incentives across the health care system	Strongly/Somewhat Favor	79%	79%	81%	76%	94%
	Strongly Favor	50%	52%	55%	46%	63%
	Somewhat Favor	28%	27%	26%	31%	31%
	Neither Favor Nor Oppose	5%	7%	2%	3%	6%
	Strongly/Somewhat Oppose	16%	14%	17%	20%	-
	Somewhat Oppose	9%	10%	10%	5%	-
	Strongly Oppose	7%	4%	7%	15%	-

**TABLE 6
SUGGESTED CHANGES TO MEDICARE**

“Policymakers have suggested many additional changes to the Medicare program. How strongly do you favor or oppose changing Medicare in the following ways?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 215 respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Using Medicare’s leverage to negotiate pharmaceutical drug prices	n=	215	111	42	59	16
	Strongly/Somewhat Favor	81%	84%	88%	73%	75%
	Strongly Favor	60%	65%	74%	51%	56%
	Somewhat Favor	21%	19%	14%	22%	19%
	Neither Favor Nor Oppose	4%	5%	5%	3%	6%
	Strongly/Somewhat Oppose	14%	11%	7%	24%	19%
	Somewhat Oppose	7%	7%	7%	8%	19%
Strongly Oppose	7%	4%	-	15%	-	
Filling in the Medicare Part D coverage gap (“donut hole”) by some combination of increased copayments, additional government funding, and pharmaceutical price discounts	n=	213	111	42	58	15
	Strongly/Somewhat Favor	79%	79%	90%	74%	93%
	Strongly Favor	47%	56%	48%	36%	47%
	Somewhat Favor	32%	23%	43%	38%	47%
	Neither Favor Nor Oppose	10%	11%	7%	7%	7%
	Strongly/Somewhat Oppose	11%	10%	2%	19%	-
	Somewhat Oppose	8%	6%	2%	14%	-
Strongly Oppose	3%	4%	-	5%	-	
Having Medicare offer its own comprehensive benefit package option as an alternative to Medigap or Medicare Advantage, including hospital, physician, prescription drug, and other services with modest cost-sharing and a limit on beneficiaries’ out-of-pocket costs	n=	215	111	42	59	16
	Strongly/Somewhat Favor	69%	75%	74%	53%	75%
	Strongly Favor	39%	46%	38%	17%	44%
	Somewhat Favor	30%	29%	36%	36%	31%
	Neither Favor Nor Oppose	14%	15%	14%	15%	6%
	Strongly/Somewhat Oppose	17%	10%	12%	32%	19%
	Somewhat Oppose	12%	7%	10%	19%	13%
Strongly Oppose	5%	3%	2%	14%	6%	

* denotes less than 1% of respondents

TABLE 6 (CONT'D)
SUGGESTED CHANGES TO MEDICARE

“Policymakers have suggested many additional changes to the Medicare program. How strongly do you favor or oppose changing Medicare in the following ways?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total	Academic/ Research Inst.	Health Care Delivery	Business/ Insurance/ Other Health Care Industry	Government/ Labor/ Consumer Advocacy
Eliminating the two-year waiting period currently required for the disabled before they become eligible for Medicare benefits	n=	215	111	42	59	16
	Strongly/Somewhat Favor	83%	83%	88%	78%	94%
	Strongly Favor	56%	60%	64%	44%	56%
	Somewhat Favor	27%	23%	24%	34%	38%
	Neither Favor Nor Oppose	8%	7%	7%	10%	6%
	Strongly/Somewhat Oppose	8%	10%	5%	12%	-
	Somewhat Oppose	7%	9%	5%	8%	-
	Strongly Oppose	1%	1%	-	3%	-
Permitting older adults ages 50-64 to purchase coverage under Medicare	n=	213	110	42	58	16
	Strongly/Somewhat Favor	74%	80%	79%	66%	63%
	Strongly Favor	43%	54%	38%	29%	19%
	Somewhat Favor	31%	26%	40%	36%	44%
	Neither Favor Nor Oppose	8%	9%	5%	12%	19%
	Strongly/Somewhat Oppose	18%	11%	17%	22%	19%
	Somewhat Oppose	8%	5%	10%	9%	13%
	Strongly Oppose	10%	6%	7%	14%	6%

* denotes less than 1% of respondents

**TABLE 7
MEDICARE REVENUE AND SPENDING**

“The Medicare Hospital Insurance Trust Fund is projected to exhaust its resources in 2017. Policymakers have considered several changes to improve Medicare’s fiscal situation. How strongly do you favor or oppose each of the following changes to increase Medicare revenues or reduce Medicare spending?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Raising payroll taxes to ensure Medicare’s long-term solvency	n=	214	111	42	58	16
	Strongly/Somewhat Favor	61%	64%	57%	60%	75%
	Strongly Favor	12%	12%	12%	7%	19%
	Somewhat Favor	50%	52%	45%	53%	56%
	Neither Favor Nor Oppose	10%	11%	12%	5%	6%
	Strongly/Somewhat Oppose	29%	25%	31%	34%	19%
	Somewhat Oppose	17%	18%	19%	19%	19%
	Strongly Oppose	12%	7%	12%	16%	-
Having higher-income Medicare beneficiaries pay higher premiums	n=	215	111	42	59	16
	Strongly/Somewhat Favor	70%	69%	76%	63%	81%
	Strongly Favor	23%	28%	14%	15%	19%
	Somewhat Favor	47%	41%	62%	47%	63%
	Neither Favor Nor Oppose	10%	12%	2%	15%	6%
	Strongly/Somewhat Oppose	20%	19%	21%	22%	13%
	Somewhat Oppose	13%	13%	14%	15%	-
	Strongly Oppose	7%	6%	7%	7%	13%
Requiring Medicare beneficiaries to pay a higher share of their health care costs	n=	214	111	42	59	15
	Strongly/Somewhat Favor	36%	31%	48%	41%	33%
	Strongly Favor	7%	6%	5%	7%	-
	Somewhat Favor	29%	24%	43%	34%	33%
	Neither Favor Nor Oppose	19%	22%	17%	19%	13%
	Strongly/Somewhat Oppose	45%	48%	36%	41%	53%
	Somewhat Oppose	30%	32%	24%	29%	40%
	Strongly Oppose	15%	16%	12%	12%	13%

**TABLE 7 [CON'T]
MEDICARE REVENUE AND SPENDING**

“The Medicare Hospital Insurance Trust Fund is projected to exhaust its resources in 2017. Policymakers have considered several changes to improve Medicare’s fiscal situation. How strongly do you favor or oppose each of the following changes to increase Medicare revenues or reduce Medicare spending?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Reducing Medicare payments to doctors, hospitals, and other providers across-the-board	n=	214	111	41	59	16
	Strongly/Somewhat Favor	19%	21%	7%	20%	13%
	Strongly Favor	2%	2%	-	3%	-
	Somewhat Favor	17%	19%	7%	17%	13%
	Neither Favor Nor Oppose	10%	12%	10%	10%	13%
	Strongly/Somewhat Oppose	71%	68%	83%	69%	75%
	Somewhat Oppose	35%	39%	22%	41%	56%
	Strongly Oppose	36%	29%	61%	29%	19%
Reducing Medicare payments to doctors, hospitals, and other providers in high-cost areas	n=	215	111	42	59	16
	Strongly/Somewhat Favor	63%	69%	36%	75%	69%
	Strongly Favor	21%	28%	5%	24%	13%
	Somewhat Favor	42%	41%	31%	51%	56%
	Neither Favor Nor Oppose	10%	12%	14%	10%	13%
	Strongly/Somewhat Oppose	27%	19%	50%	15%	19%
	Somewhat Oppose	17%	15%	21%	10%	13%
	Strongly Oppose	10%	4%	29%	5%	6%
Increasing funding to the Recovery Audit Contractor program to reduce fraud and abuse	n=	213	110	42	59	15
	Strongly/Somewhat Favor	64%	67%	45%	63%	73%
	Strongly Favor	26%	25%	12%	32%	33%
	Somewhat Favor	38%	43%	33%	31%	40%
	Neither Favor Nor Oppose	20%	20%	19%	24%	13%
	Strongly/Somewhat Oppose	15%	13%	36%	14%	13%
	Somewhat Oppose	11%	10%	19%	14%	7%
	Strongly Oppose	5%	3%	17%	-	7%

**TABLE 7 [CON'T]
MEDICARE REVENUE AND SPENDING**

“The Medicare Hospital Insurance Trust Fund is projected to exhaust its resources in 2017. Policymakers have considered several changes to improve Medicare’s fiscal situation. How strongly do you favor or oppose each of the following changes to increase Medicare revenues or reduce Medicare spending?”

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Offering a high-deductible health plan with full coverage after the deductible (examples range from \$2,700 to \$4,000) is met and a contribution (examples range from \$1,250 to \$1,600) to a medical savings account that can be used to partially offset out-of-pocket costs before the deductible is met	n=	213	110	42	59	15
	Strongly/Somewhat Favor	42%	34%	57%	42%	33%
	Strongly Favor	11%	9%	14%	8%	-
	Somewhat Favor	31%	25%	43%	34%	33%
	Neither Favor Nor Oppose	17%	21%	17%	19%	7%
	Strongly/Somewhat Oppose	41%	45%	26%	39%	60%
	Somewhat Oppose	20%	22%	10%	20%	33%
Strongly Oppose	21%	24%	17%	19%	27%	
Capping federal spending per Medicare beneficiary through premium support (providing a fixed federal contribution toward beneficiaries’ purchase of private health coverage)	n=	213	111	42	59	15
	Strongly/Somewhat Favor	26%	25%	33%	24%	27%
	Strongly Favor	6%	6%	-	7%	-
	Somewhat Favor	21%	19%	33%	17%	27%
	Neither Favor Nor Oppose	17%	16%	10%	22%	7%
	Strongly/Somewhat Oppose	57%	59%	57%	54%	67%
	Somewhat Oppose	27%	28%	33%	29%	27%
Strongly Oppose	30%	31%	24%	25%	40%	

**TABLE 8
IMPROVING MEDICARE EFFICIENCY**

“Policymakers also have considered changes to Medicare policies that would be intended to encourage more coordinated, effective, and efficient health care for its beneficiaries. How effective do you think each of the following policies would be in improving care and reducing Medicare cost growth?

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Using Medicare’s leverage to accelerate adoption of electronic medical records and other health information technology, including decision-support aids	n=	215	111	42	59	16
	Extremely/Very Effective	59%	56%	52%	59%	81%
	Extremely Effective	23%	22%	24%	17%	25%
	Very Effective	36%	34%	29%	42%	56%
	Bottom 2 Box	40%	42%	48%	41%	19%
	Somewhat Effective	31%	35%	33%	27%	19%
	Not Effective	9%	7%	14%	14%	-
Developing evidence-based guidelines or protocols to help providers determine when and for whom a given test or procedure is most effective	n=	214	110	42	59	16
	Extremely/Very Effective	58%	56%	67%	53%	69%
	Extremely Effective	26%	25%	24%	17%	44%
	Very Effective	32%	32%	43%	36%	25%
	Bottom 2 Box	42%	44%	33%	47%	31%
	Somewhat Effective	34%	36%	29%	34%	25%
	Not Effective	8%	7%	5%	14%	6%
Rewarding providers for performance on quality and efficiency	n=	213	109	42	59	16
	Extremely/Very Effective	59%	52%	69%	59%	75%
	Extremely Effective	24%	22%	33%	20%	31%
	Very Effective	35%	30%	36%	39%	44%
	Bottom 2 Box	40%	46%	31%	41%	25%
	Somewhat Effective	33%	39%	24%	34%	19%
	Not Effective	7%	6%	7%	7%	6%

**TABLE 8 [CON'T]
IMPROVING MEDICARE EFFICACY**

“Policymakers also have considered changes to Medicare policies that would be intended to encourage more coordinated, effective, and efficient health care for its beneficiaries. How effective do you think each of the following policies would be in improving care and reducing Medicare cost growth?

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
Incentivizing Medicare beneficiaries to designate a primary care “medical home” and rewarding providers for coordinating care and ensuring receipt of preventive care	n=	215	111	42	59	16
	Extremely/Very Effective	62%	59%	74%	58%	56%
	Extremely Effective	19%	16%	19%	15%	13%
	Very Effective	43%	43%	55%	42%	44%
	Bottom 2 Box	36%	39%	21%	41%	44%
	Somewhat Effective	29%	32%	17%	31%	38%
	Not Effective	7%	7%	5%	10%	6%
Paying for disease management services for patients with high-cost or chronic conditions	n=	215	111	42	59	16
	Extremely/Very Effective	50%	45%	64%	49%	44%
	Extremely Effective	19%	19%	31%	12%	25%
	Very Effective	31%	26%	33%	37%	19%
	Bottom 2 Box	49%	53%	36%	51%	56%
	Somewhat Effective	43%	46%	29%	42%	38%
	Not Effective	7%	7%	7%	8%	19%
Paying for transitional care services for patients who are being discharged from the hospital or other institutional setting	n=	215	111	42	59	16
	Extremely/Very Effective	57%	56%	55%	56%	63%
	Extremely Effective	18%	20%	24%	12%	25%
	Very Effective	39%	36%	31%	44%	38%
	Bottom 2 Box	40%	41%	40%	44%	38%
	Somewhat Effective	34%	34%	36%	34%	38%
Not Effective	7%	6%	5%	10%	-	

**TABLE 8 [CON'T]
IMPROVING MEDICARE EFFICACY**

“Policymakers also have considered changes to Medicare policies that would be intended to encourage more coordinated, effective, and efficient health care for its beneficiaries. How effective do you think each of the following policies would be in improving care and reducing Medicare cost growth?

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: respondents

		Total (n=215)	Academic/ Research Inst. (n=111)	Health Care Delivery (n=42)	Business/ Insurance/ Other Health Care Industry (n=59)	Government/ Labor/ Consumer Advocacy (n=16)
“Bundled payment”- —that is, a single payment for all the services provided to a beneficiary for a specified period of time (such as payment for acute care episodes, including the beneficiary’s hospital stay and 30 days post-discharge, or comprehensive care payment, including all services provided to the beneficiary during a year of coverage)	n=	215	111	42	59	16
	Extremely/Very Effective	65%	63%	60%	75%	69%
	Extremely Effective	20%	18%	17%	22%	19%
	Very Effective	44%	45%	43%	53%	50%
	Bottom 2 Box	33%	34%	36%	24%	31%
	Somewhat Effective	25%	26%	26%	17%	19%
	Not Effective	7%	8%	10%	7%	13%

**TABLE 9
TYPE OF EMPLOYMENT**

"How would you describe your current employment position?"

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 215 respondents

	%
Researcher/Professor/Teacher	29%
CEO/President	29%
Policy analyst	21%
Physician	20%
Management/Administration	15%
Consultant	10%
Foundation officer	7%
Retired	7%
Dean or department head	6%
Consumer advocate	5%
Healthcare purchaser	4%
Policymaker or policy staff (federal)	2%
Lobbyist	2%
Other healthcare provider (not physician)	2%
Policymaker or policy staff (state)	1%
Other	6%

* denotes less than 1% of respondents

**TABLE 10
PLACE OF EMPLOYMENT**

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

Note: Percentages may not add up to 100 percent due to rounding or no response

Base: 214 respondents

	%
Academic and Research Institutions	52%
Medical, public health, nursing, or other health professional school	23%
Think tank/Health care institute/Policy research institution	16%
Foundation	9%
University setting not in a medical, public health, nursing, or other health professional school	6%
Medical Publisher	*
Government	2%
Non-elected state executive-branch official	1%
Staff for a state elected official or state legislative committee	*
Staff for non-elected state executive-branch official	*
Professional, Trade, Consumer Organizations	20%
Medical society or professional association or organization	6%
Health insurance and business association or organization	5%
Hospital or related professional association or organization	4%
Labor/Consumer/Seniors' advocacy group	4%
Financial services industry	1%
Allied health society or professional association or organization	*
Pharmaceutical/Medical device trade association organization	-
Health Care Delivery	16%
Hospital	7%
Physician practice/Other clinical practice (patient care)	7%
Health insurance/Managed care industry	7%
Clinic	5%
Nursing home/Long-term care facility	1%
Pharmaceutical Industry	2%
Drug manufacturer	2%
Biotech company	1%
Other Industry/Business Settings	21%
Health care consulting firm	8%
Health care improvement organization	4%
CEO, CFO, Benefits Manager	2%
Accrediting body and organization (non-governmental)	1%
Other	7%
Other	6%

* denotes less than 1% of respondents

Please note that respondents may fall into more than one of these categories.